

**From:**  
**To:** [Community Affairs Committee \(SEN\)](#)  
**Cc:**  
**Subject:** RE: Senate Community Affairs committee Centrelink inquiry public hearing Friday 4 October 2019 - Mandurah  
**Date:** Thursday, 10 October 2019 5:36:55 PM

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RE: Questions on notice from Mandurah hearing.

Hi Carol

I'm not sure that I was able to note down all the things I was asked for or offered to provide on notice at last week's hearing.

I note I will be away over the next two weeks so may be delayed in responding to requests once the hansard is out.

Attached below are some of the materials I mentioned:

- 100 Families Baseline report
- Food Relief Framework
- Previous relevant WACOSS submissions

Here are relevant links:

<https://100familieswa.org.au/>

[https://100familieswa.org.au/wp-content/uploads/2019/08/Baseline\\_Report\\_Web.pdf](https://100familieswa.org.au/wp-content/uploads/2019/08/Baseline_Report_Web.pdf)

<https://wacoss.org.au/wp-content/uploads/2019/10/Food-Relief-Framework-report.pdf>

<https://wacoss.org.au/wp-content/uploads/2019/10/Food-Relief-Framework-briefing.pdf>

<https://wacoss.org.au/wp-content/uploads/2019/03/Cashless-Debit-Card-Submission-2019.pdf>

<https://wacoss.org.au/wp-content/uploads/2019/02/Inquiry-into-ParentsNext.pdf>

<https://wacoss.org.au/wp-content/uploads/2017/10/WACOSS-Cashless-Debit-Card-Submission-final.pdf>

<https://wacoss.org.au/wp-content/uploads/2017/07/WACOSS-Robo-debt-Submission.pdf>

Regards

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*Leader, Policy & Research*

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*I work at WACOSS every Wednesday to Friday (at BCEC Curtin Mondays and Tuesdays).*



wa council of  
social service



*Ngala kaaditj Noongar Wadjuk moort keyen kaadak nidja boodja* – in the spirit of deepening relationship, we acknowledge Wadjuk Noongar people as the original custodians of this land. We acknowledge the Traditional Owners of Country throughout Western Australia and recognise their continuing connection to land, waters and community. We pay our respects to them and their cultures, and to Elders both past and present.

**RAISE**  
**THE RATE**

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**100 Families WA**

# **Insights into Hardship and Disadvantage in Perth, Western Australia: The 100 Families WA Baseline Report**

**The 100 Families WA Project**  
**August — 2019**

## **100 Families WA Project Partners**

Anglicare WA, Jacaranda Community Centre, The Centre for Social Impact The University of Western Australia (CSI UWA), the UWA Social Policy, Practice and Research Consortium, UWA School of Population and Global Health, Wanslea Family Services, Centrecare, Ruah Community Services, UnitingCare West, Mercycare, and WACOSS.

Through action research to reduce hardship and disadvantage for families living in Western Australia, the *100 Families WA* project is working towards a vision of an economically, socially and culturally just WA where all families are supported to thrive together.

*"A good day involves feeling productive; getting myself engaged with services that help me to overcome the obstacles I face which are associated with not having a home. Generally feeling engaged with both services and my community"*

*"Kids are at school, house is clean, food in the fridge. Money in the bank. Work coming up. Friends and family coming over."*

*"Food on the table, bills paid and everyone happy and healthy."*



100 Families WA

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The 100 Families WA project acknowledges its principal funder Lotterywest for its long-term support to this critical project. Also acknowledged are the significant in-kind and cash contributions made by the project partners. Seed funding for the project was provided by E/Prof D’Arcy Holman through the School of Population and Global Health and from the Bankwest Foundation.



Project Funding: Lotterywest

The 100 Families WA project

100 Families WA is a collaborative research project between Anglicare WA, Jacaranda Community Centre, the Centre for Social Impact The University of Western Australia (CSI UWA), the UWA Social Policy, Practice and Research Consortium, the UWA School of Population and Global Health, Wanslea Family Services, Centrecare, Ruah Community Services, UnitingCare West, Mercycare, and WACOSS. 100 Families WA has a commitment to ongoing engagement in the project of those with lived experience of poverty, entrenched disadvantage and social exclusion.

The overarching goal of the project is to develop an ongoing evidence base on poverty, entrenched disadvantage and social exclusion in Western Australia that will be used by the policy and practice community in Western Australia continuously over time to understand better the lives of those in low income poverty, entrenched disadvantage and social exclusion; the impact and effectiveness of the community sector and government initiatives and service delivery processes; and what those in entrenched disadvantage see as important for positive change.





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# Executive Summary

Inspired by the presentation at the 2016 Western Australian Council of Social Services (WACOSS) Conference of Dame Diane Robertson of Auckland City Mission on the Family 100 project, which sought to gain a deeper understanding of the lives of families living in poverty in Auckland, a group of researchers from The University of Western Australia, along with several service providers teamed up to scope how we could develop a comprehensive understanding of disadvantage in Western Australia.

The *100 Families WA* project team comprises, from The University of Western Australia, the School of Population and Global Health, the Social Policy, Practice and Research Consortium, and the Centre for Social Impact, along with not-for-profit service partners Anglicare, Centrecare, Jacaranda Community Centre, Mercycare, Ruah Community Services, Uniting Care West, Wanslea, and WACOSS. On May 2nd 2018, the Honourable Mark McGowan MLA Premier of Western Australia announced that Lotterywest had awarded a grant to the *100 Families WA* project to complete the first stages of a study of entrenched disadvantage in Western Australia.

The *100 Families WA* project began in earnest in July 2018, and seeks to build a deep, rich understanding of entrenched disadvantage in Western Australia by researching *with* rather than *on* those experiencing it. Community Conversations with those with lived experience, facilitated by the UWA Consumer and Community Health Research Network, informed the topics that our data collection explores, the language used in recruitment materials, and the methods of recruitment. A Community Advisory Group meets approximately every second month to discuss and provide advice on various aspects of the project. Acknowledging the range of family structures that one can be part of, where most studies of poverty are undertaken at the household level, the *100 Families WA* project conceptualises family and household separately. The family is comprised of whomever an individual thinks of as their family, whereas the household pertains to those that live together.

The *100 Families WA* project utilises a unique combination of longitudinal quantitative data, fortnightly qualitative interviews with family members, and linked administrative data together with active engagement of those with lived experience in the design of the study to develop a

comprehensive picture of entrenched disadvantage in Perth. Baseline surveys with 400 family representatives identified by service delivery agencies as experiencing entrenched disadvantage took place between November 2018 and April 2019. From the 400 people that completed the survey, 100 that indicated interest were selected to take part in fortnightly interviews for a year, beginning in May 2019. A second wave of surveys with the original 400 family representatives will be undertaken in November 2019, and a third wave in November 2020. The *100 Families WA* project has sought consent from those that completed the survey to link administrative data relating to people’s interactions with systems such as the health, justice, and child protection systems, throughout their lives, in order to observe and track their journeys through the health and social service system. Finally, in 2021 we will undertake a series of co-design workshops to translate the findings of the *100 Families WA* project into actionable policy and practice recommendations.

This report presents the results of the baseline survey. The baseline survey examined the following key domains: demographics, family and household composition, income, material deprivation, social and personal connections, health status, employment status, mental health outcomes, substance use, wellbeing and quality of life, and adverse life experiences. The baseline survey also presented family members with the opportunity to provide answers to open-ended questions: ‘what would you do with a spare \$100?’, ‘what does a good day look like for you?’, ‘what do you need to be safe and well?’, and ‘what is the one thing that would make the biggest positive change in your life?’

**Demographics:** 69.0% of *100 Families WA* family members are female, 33.3% of *100 Families WA* families identified as Aboriginal and Torres Strait Islander, and the mean

age of *100 Families WA* family members was 43.9 years. Over half (55.3%) have children in their care or in their household, 20.5% have a permanent physical disability, and 17.0% have caring responsibilities for someone else in their family unit with a physical or intellectual disability.

**Education:** 42.5% did not complete high school but 34.0% hold a non-school qualification of TAFE Certificate III or above.

**Housing:** One in three males and one in 10 females (17.3% overall) were homeless at the time of survey, 41.5% were living in public or community housing, and 31.8% were in private rental accommodation.

**Household composition:** 27.0% of *100 Families WA* family members were in single adult households, 19.0% were living with other adults, 26.3% were single adults with children, and 24.8% were living with two or more adults and children.

**Income:** 75.3% of *100 Families WA* family members did not receive any wage or salary based income, and were thus Centrelink dependent. The impacts of a low level of income are evident in financial stress indicators: 67.8% of *100 Families WA* family members could not pay utility bills on time in the year prior to survey, 51.0% had gone without meals, 69.5% sought assistance from welfare or community organisations, 52.5% called on friends and family for assistance, and 44.3% had pawned or sold something. In terms of income-related protection from further entrenchment in poverty, 79.0% reported that they did not have and could not afford to have \$500 in savings for an emergency, 68.5% did not have and could not afford home contents insurance, and 46.6% of those with a vehicle did not have and could not afford comprehensive vehicle insurance.

**Health:** The vast majority (84.3%) of *100 Families WA* family members report diagnosis of at least one chronic health condition, with 68.7% reporting diagnosis of 2 or more chronic conditions. Dental problems (54.3%), back problems (44.8%), asthma (31.3%), arthritis (30.5%), and hypertension (28.5%) were the most common chronic conditions reported by *100 Families WA* family members.

**Mental Health:** *100 Families WA* family members report levels of depression, anxiety, and stress, measured by the DASS-21, which are substantially higher than Australian general population studies. Over two thirds (69.3%) of *100 Families WA* family members report diagnosis of at least one mental health condition. Anxiety disorders (46.5%) and depression (57.8%) were the most commonly reported mental health conditions. More than one in four (26.3%) of *100 Families WA* family members had been diagnosed with post-traumatic stress disorder, and 20.9% of women had been diagnosed with postpartum depression.

**Health service utilisation:** The mean number of GP visits among *100 Families WA* family members in the year prior to survey was 13.8, though almost 1 in 5 (18.8%) visited the GP at least weekly over the year prior to survey. *100 Families WA* family members visited the emergency department an average of 1.37 times in the year prior to survey. The mean number of inpatient hospitalisations was 0.6, and the mean number of nights spent as a hospital inpatient by *100 Families WA* family members in the year prior to survey was 2.2.

**Alcohol and Other Drug use:** With the exception of tobacco, the majority of *100 Families WA* family members fall into the ‘low risk’ category for each substance measured on the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST), which includes having never tried a given substance. Tobacco (42.3% at moderate risk, 11.0% at high risk), followed by cannabis (21.3% and 4.5%), alcohol (14.8% and 4.8%), and then amphetamines (14.0% at moderate risk, 3.8% at high risk) were the substances with the highest proportions of *100 Families WA* family members in the moderate or high risk categories. For the remainder of substance categories – cocaine, inhalants, hallucinogens, and opioids, less than 10% of *100 Families WA* family members were at moderate or high health risk due to their use.

**Employment:** 13.0% were employed, 18.0% were unemployed, and 68.5% were not in the labour force. The majority (86.3%) of *100 Families WA* family members had a debt that was not a mortgage on their home.

**Financial stress:** Over half (54.0%) had overdue utility bills, 60.5% had a personal loan, 39.0% had overdue personal bills, and 26.5% had a loan from a payday lender. The impact of debt on *100 Families WA* family members was significant; 65.2% reported that they had experienced an inability to sleep as a result of their debt, 60.3% had experienced stress-related illness, 65.2% felt they were unable to do what they wanted to do in their daily lives due to having debt, and 43.2% had experienced relationship breakdown attributable to their debt.

**Wellbeing:** 56.0% of *100 Families WA* family members reported scores on the World Health Organisation WHO-5 Wellbeing Index that were indicative of depression. In terms of quality of life, scores on the World Health Organisation Quality of Life – Brief (WHOQOL-BREF) across the physical health, psychological, social relationships, and environmental domains, were substantially lower than Australian general population scores.

**Food security:** Food security involves the ability to safely access and afford adequate food to meet nutritional needs. Only 19.3% people in the study had food security. With regard to food security among children within the *100 Families WA* sample, 41.7% of families had children who are food secure, 47.2% have low food security, and 11.1% have very low food security among children.

**Adverse life experiences:** Over half (51.8%) had experienced homelessness, 78.0% had experienced domestic violence (as victim, perpetrator, or witness), 24.3% had experienced foster or out of home care as an adolescent, and 22.8% had experienced prison as an adult.

**Service use:** Food emergency relief (71.8%), health services (63.0%), mental health and counselling (45.5%) and financial services (44.5%) were the most commonly accessed services among *100 Families WA* family members. The mean number of services accessed per service type ranged from 1.47 to 2.82.

This baseline report demonstrates that the disadvantage experienced by those living in hardship in Perth spans multiple domains of socioeconomic wellbeing and is deep and persistent. Nevertheless, despite undeniable, multiple disadvantages, there is significant strength and resilience among *100 Families WA* family members. The responses to the open-ended questions bears this out strongly. The fortnightly qualitative interviews taking place with 100 of these families will shed light on exactly what life is like for those living in hardship, including what is working, and what is not for families.



# 1. Introduction

The *100 Families WA* project is a unique collaboration between researchers at The University of Western Australia (the Centre for Social Impact, School of Population and Global Health, and the Social Policy Practice and Research Consortium), seven not-for-profit agencies: Anglicare, Centrecare, Jacaranda Community Centre, Mercycare, Ruah Community Services, Uniting Care West, and Wanslea, and the Western Australian Council of Social Services (WACOSS).

Inspired by the Auckland City Mission Family 100 project, the project partners collaboratively designed the *100 Families WA* project in order to understand the lived experience of entrenched disadvantage in Western Australia in order to improve practice and policy such that the lives of Western Australians experiencing hardship are improved. The *100 Families WA* project engages with families over a number of years to identify: what works in the current policy and practice environment, what should be expanded, what barriers exist, and how we can break the cycle of entrenched disadvantage.

At the commencement of the project, the *100 Families WA* project enlisted the UWA Consumer and Community Health Research Network to lead Community Conversations with members of the community affected by entrenched disadvantage. These Community Conversations sought to gain preliminary insight on what entrenched disadvantage looks like for those experiencing it, and guidance on how the project can appropriately recruit families to the study. During the Community Conversations, it emerged that the term ‘hardship’ was preferable to ‘entrenched disadvantage’ for some people. As such, entrenched disadvantage and hardship are used interchangeably in this report. Similarly, the project has received feedback that the use of the words ‘participant’ and ‘respondent’ (common terms in research studies) is alienating. Therefore, this report refers to those who completed the survey as ‘family members’ or people or adults or children depending on the context.

The *100 Families WA* project involves a rich data collection process which includes a longitudinal quantitative survey conducted with 400 families across Perth, fortnightly qualitative interviews with 100 of the 400 families, data linkage processes linking survey responses with WA health and other service use administrative records, research translation workshops, continuing Community Conversations following baseline results, and policy and practice workshops.

Undertaking such a large-scale project across a large number of partners requires strong collaboration and governance. Figure 1 outlines the general structure of the project. University partners from both the Centre for Social Impact and School of Population and Global Health, and representatives from all seven not-for-profit partner agencies and the Western Australian Council of Social Services (WACOSS) form the Project Team. The Project Team meets monthly to discuss and action issues related to the project. Underneath the larger Project Team are the Management Group and other key-issue subgroups that meet as required, and often by circular, to progress action in specific areas of the project, such as communications and advocacy. The project structure is flexible such that it allows the formation of sub-groups to address particular issues as they arise, and the cessation of the sub-group if and when the issue is addressed.

Informing both the overarching Project Team and the sub-groups are the Advisory Reference Group and the Community Advisory Group. The Advisory Reference Group comprises high-level decision makers in the government, not-for-profit, research, and private sectors that can inform and influence the agenda on entrenched disadvantage in Western Australia. The Community Advisory Group is a group of experts by experience that provide invaluable advice and guidance on how to progress the project in an effective and respectful way to those with lived experience of disadvantage.

**Entrenched disadvantage is a complex and multifaceted construct, representing the intersection of income poverty, material deprivation, the inability to maintain a quality of life that the average Australian agrees is acceptable, and social exclusion, the lack of resources, opportunities, and abilities to participate in society (McLachlan, Gilfillan, & Gordon, 2013).**

Much of the existing knowledge in relation to entrenched disadvantage in Australia is derived from population-representative studies which do not include those who are not in private residential dwellings and under-sample those in highly vulnerable situations. In light of the lack of in-depth research of those in entrenched disadvantage, the Project Team developed a method of recruitment that relied on those with low income who were receiving support from project partners in the service system and a survey to provide a baseline of socioeconomic wellbeing among those experiencing entrenched disadvantage. The baseline survey also included questions on life history and provided preliminary insights into the lived experience of entrenched disadvantage through answers to open-ended questions. A total of 400 family members completed the survey.

Using the findings of the first large-scale survey of Western Australians experiencing entrenched disadvantage, this report presents a profile of *100 Families WA* survey participants. The report aims to:

- Understand the demographic, household, and family characteristics of families experiencing hardship in Perth, Western Australia.
- Examine the current circumstances of families experiencing hardship in Perth in terms of economic participation, health, mental health, and wellbeing.
- Identify the prevalence of known outcomes of poverty, such as material deprivation, food insecurity, service utilisation, and debt.
- Detail preliminary insights into the lived experience of entrenched disadvantage through analysis of responses to open-ended survey questions.
- Provide a voice of lived experience of those experiencing hardship in Perth and highlight areas for policy and practice responses.

As at August 2019, fortnightly, qualitative interviews with a subset of 100 family members drawn from the quantitative sample are underway. In November 2019, a second wave of the survey will be conducted to track change over time and explore issues that emerged as needing further exploration during the course of the project. A ‘Year 1’ report will be released mid-2020, and 2021 will be heavily focused on translating the research findings into policy and practice.

The *100 Families WA* project has significant aspirations and is actively seeking funding to pursue them. Within the bounds of the current project, these aspirations include a third and fourth wave of the survey and the collection and analysis of linked administrative data to understand more comprehensively the journeys that people follow through life and the service system. Extending beyond, aspirations include extension of the current project with an increased sample to become a cohort study, geographic expansion to examine the lived experience of entrenched disadvantage in regional and remote Western Australia, as well as a rollout of the 100 Families model nationally, and place-based subprojects to examine, in detail, the nature of entrenched disadvantage in particular areas (such as Local Government Areas) and develop solutions accordingly.

Figure 1 *100 Families WA* Project Structure





As displayed in Figure 2 below, the 100 Families WA project involves a rich research design and a strong partnership bringing together academics from different disciplinary backgrounds, families, community service organisations, community advocacy organisations, policy-based stakeholders and those with lived experience of entrenched disadvantage.

Data collection and analysis arises from the interaction of all the various stakeholders either directly engaged in or with the 100 Families WA project using a transdisciplinary research approach. This large scale project collaboration provides a holistic view of the impact of a broad range of factors, including social policy and practice settings, on WA families. The various community service organisations engaged in the project contribute to the project design, connect the team with families utilising their services, and provide insight into service delivery and practice.

The determination of ‘the family’ in the project is defined by study participants themselves. It may be a single person or an extended related (or unrelated) group of people. Families in the project have been actively involved at every stage of the project as equal partners in this transdisciplinary participatory action research project.

The 100 Families WA project involves four components: (1) an annual longitudinal survey (the baseline wave of which is the subject of the present report); (2) fortnightly qualitative interviews; (3) linked administrative data; and, (4) research translation and policy and practice development.

The qualitative component involves following intensively for one year one in four interested people (i.e., 100 families) that completed the baseline survey. The interviewer-family member experience will be immersive and intimate to develop a candid account of each family’s story. Families will actively engage in the research process and reflect, together with the research team, on different themes to create an evidence base that is meaningful and comprehensive.

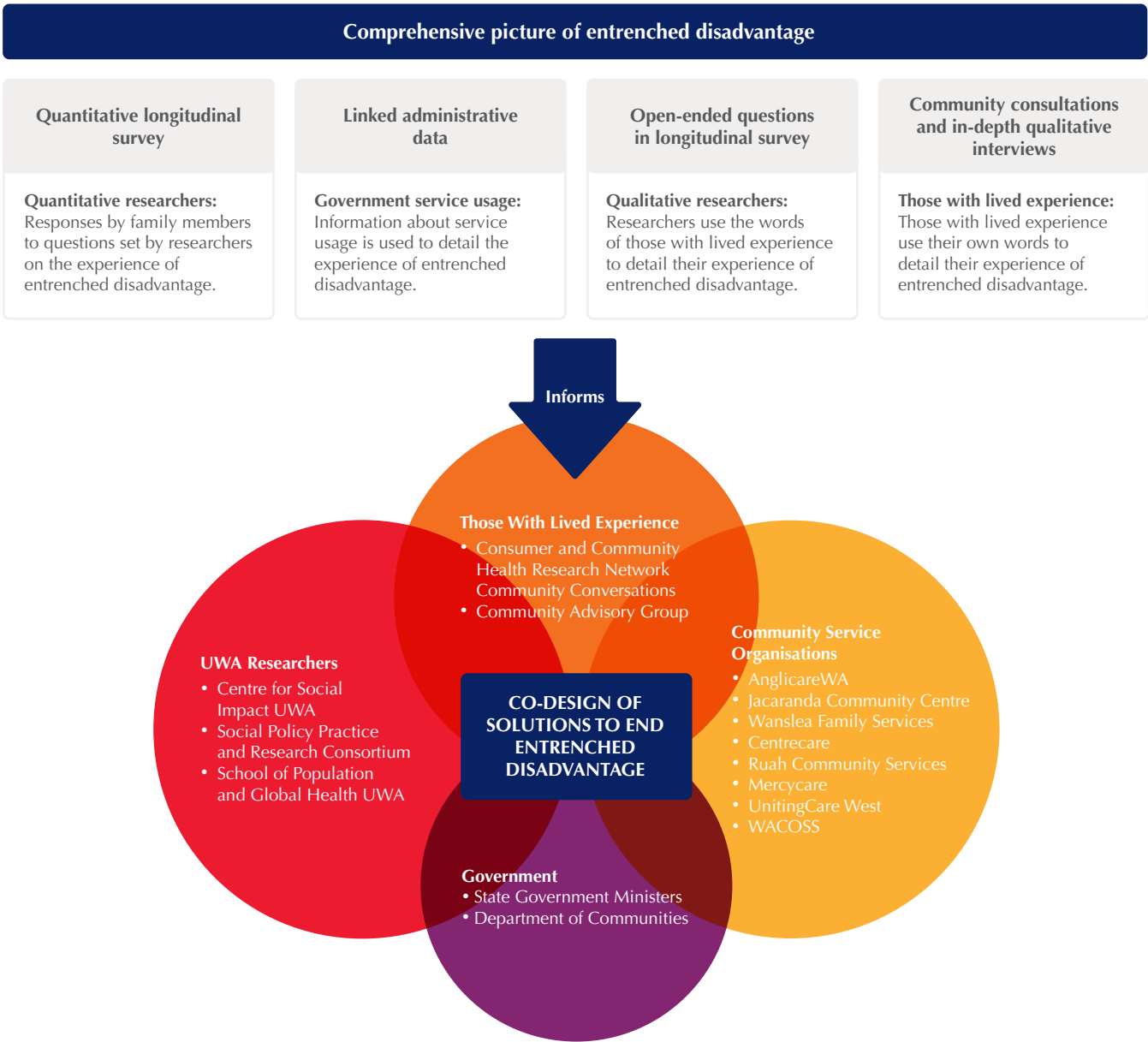
Analysis of linked government service use administrative data will provide information on the extent to which families have interacted with government services over time, including prior to their involvement in the project. The majority of baseline survey participants have consented to have their Western Australian government service use administrative data and their Centrelink administrative data, linked.

Participatory action research is fundamental to the project; the team will research entrenched disadvantage with the families not on the families. The project team engaged with families and stakeholders to inform the development of both survey and interview content and interpret the findings for policy and practice responses.

The 100 Families WA project is concerned with examining entrenched disadvantage in Western Australia. As such, the project needed to recruit a group of families that could be said to meet the criteria of living in entrenched disadvantage. As noted above, the concept of entrenched disadvantage is a complex one. In operationalising entrenched disadvantage to enable the not-for-profit partner agencies to identify families that could participate in the study, we needed to minimise the burden on case workers and the potential burden on families in a complex eligibility test. We wanted to be as inclusive as possible, and decided as a project team that having families in the study that were on the cusp of ‘eligible’ in terms of their experience of disadvantage was preferable to potentially excluding such families from participation.

To minimise burden we asked the service delivery agency project partners to identify clients that were experiencing two or more of the following: reliance on welfare payments, unstable housing, unemployment or underemployment, physical or mental disability, or mental health issues, inadequate social support, and low education. These factors were selected as known correlates of entrenched disadvantage that would generally be known or readily identified by case workers with relatively minimal burden on the worker or the potential participant.

Figure 2 100 Families WA Project Stakeholder and Activity Map



The project team set up survey hubs within the partner agencies, across the Perth metropolitan area. Family members referred by service delivery agencies that were interested in participating in the study attended their most conveniently located agency. An interviewer from the research team explained the study in full, provided each participant with a Participant Information Form for their records, and sought informed consent. Consenting participants then completed a survey on the Qualtrics survey software platform, guided by the interviewer. A total of 400 family members completed the survey between 27th November 2018 and 5th April 2019. The study protocol was approved by The University of Western Australia Human Research Ethics Committee (RA/4/20/4793).

The survey was approximately one hour in length and covered a number of domains of socioeconomic status, health outcomes and quality of life and wellbeing outcomes. The survey also includes questions on lifetime experiences.

- Demographics
- Housing
- Economic participation
- Health
- Drug and alcohol
- Mental health
- General wellbeing and quality of life
- Use of Services
- Adverse life experiences
- Optional, open-ended questions to close out the survey

- o What does a good day look like for you?
- o What do you need to be safe and well?
- o If you had to name one thing that would make the biggest positive difference in your life, what would it be?
- Participant contact details and whether they’re interested in interviews.

Almost 90% (88.5%) of family members indicated that they wanted to be considered for inclusion in the fortnightly, qualitative interviews taking place over a one-year period.



### 3. Demographics

A total of 400 family members undertook the *100 Families WA* baseline survey; of these, 69.3% were female. The overrepresentation of females relative to the Australian population is common among samples drawn from services.

For example, 61% of clients of Specialist Homelessness Services (SHS) were female in 2017/18 (AIHW, 2019a). Gender differences in service use start early in life and persist throughout life. Males are less likely to seek help from services, less likely to report awareness of services available, and more likely to report feelings of shame as a barrier to seeking help (Chandra & Minkovitz, 2006; Pattyn, Verhaeghe, & Bracke, 2015; Parslow et al. 2004).

The mean age of the family members was 43.9 years (range 18-75). Males were slightly older than females in the *100 Families WA* sample, with a mean age of 46.2 years compared with 43.0 years for females. One third of the overall sample (28.1% of males and 35.7% of females) identified as Aboriginal and Torres Strait Islander, a more than tenfold overrepresentation relative to the Western Australian population proportion of 3.1%. As with females, Aboriginal and Torres Strait Islanders are overrepresented in the service context – 25% of SHS clients that provided information about their cultural identification identified as Aboriginal and Torres Islander (AIHW, 2019a). This overrepresentation is reflective of need rather than service ‘overuse’; there are longstanding issues with cultural appropriateness of services and intergenerational trauma that present barriers to Aboriginal people seeking the services that they need (Taylor, Bessarab, Hunter, & Thompson, 2013; Liaw et al. 2011)

Compared with 60.3% of the Western Australian population, 78.0% of family members were born in Australia (ABS, 2016a). The higher proportion of family members born in Australia is largely accounted for by the higher proportion of Aboriginal and Torres Strait Islanders in the sample. The discrepancy can also be attributed to the method of recruitment, as those born in Australia may have greater awareness of the services available and, on the other hand, some services will not be accessible to non-citizens or non-permanent residents. A small proportion of family members (13.0%) were employed but facing difficult circumstances. Almost one third (33.0%) were engaged in home duties, and 22.0% stated that they were unable to work due to a health condition or disability.

The prevalence of a permanent physical disability was higher among males (29.8%) than females (16.6%) within the *100 Families WA* sample. A slightly higher proportion of *100 Families WA* family members than the Australian population (20.5% versus 18.3%) report having a permanent, physical disability that limits their mobility (ABS 2016b).

In terms of physical disability among other members of the family, 16.3% of the overall *100 Families WA* sample (11.6% of males and 18.4% of females) reported that someone else in their family unit had a permanent physical disability; 5.0% of family members had a child within their family unit that had a permanent physical disability. While 17.0% of *100 Families WA* family members (compared with 11.6% of Australians) cared for other members of their family that had a physical or intellectual disability, caring responsibilities disproportionately fall to females – 8.8% of male *100 Families WA* family members reported that they cared for another family members with a disability, compared with 21.7% of females.

While 27.0% of the overall sample reported that they were members of a single-adult household, this was much more common in males than females: 47.0% of males versus 18.1% of females were in single adult households. Males were also more likely than females to live with other adults, without children (24.0% of males versus 17.0% of females). Females were more likely than males to be single parents (35.0% of females versus 6.6% of males lived with a child or children and no other adults), and more likely to live with other adults and a child or children (28.5% of females versus 16.5% of males).

The *100 Families WA* project determines family boundaries and structure based solely on how participants in the study themselves define and identify their family unit. All participants in the study are deemed to belong to a family. Our approach acknowledges that ‘family’ is a matter for each individual alone. To guide participants’ determination of what constitutes their family, we provided the general statement “You determine who your family is but for some it may be the person or people who rely on each other for day-to-day living (e.g. share income, social support, share meals)”.

In the context of the *100 Families WA* project, then, there is a conceptual difference between ‘a household’ and ‘a family’. A household comprises those people that live together in a dwelling (or, in the absence of a dwelling, stay together in short-term accommodation or ‘on the street’), whereas a family comprises whoever the individual considers to be family members. This approach honours the views of family members as to what constitutes their family rather than imposing a particular formation and limiting the family structure to only those living in the same dwelling.

In terms of how the difference between household and family presents among the 400 family members surveyed, while 108 family members (27.0% of the overall sample) were living in single adult households, less than half of these (43 family members) reported that they were also members of a single person family (i.e. did not identify anybody other than themselves as part of their family unit). On the other hand, a minority of the sample (5.5%) were not living in single person households but identified themselves as a single person family. Due to the open nature of the definition of family and the various different ways in which the notion of family can be interpreted, it is difficult to speculate as to the circumstances around people’s families. A person could, for instance, live in a share house with people they do not know and, therefore, do not consider the people they live with to be part of their family. On the other hand, a person could feel that their family is not a source of support, despite living with them. The nature of family and family relationships are something the *100 Families WA* project expects to explore in much greater detail with the 100 families undertaking qualitative interviews.

With regard to accommodation circumstances, 17.3% of family members were experiencing homelessness the night before they were surveyed: 6.8% were rough sleeping, 1.5% were staying with friends and family due to having nowhere else to stay, 4.5% were in short-medium term accommodation for the homeless, and 4.5% were in temporary accommodation. Males were much more likely than females to report homelessness the night before survey, across all types of homelessness. Almost one-third (33.0%) of males versus 9.7% females reported experiencing homelessness the night before survey; 14.0% of males were rough sleeping compared with 3.6% of females, 1.7% of males and 1.4% of females were staying with friends and family due to

having nowhere else to stay, 7.4% and 2.9% of males and females, respectively, were living in short-medium term accommodation, and 9.9% of males and 1.8% of females were living in temporary accommodation the night before survey. Public and community housing was the most common type of accommodation among both sexes, with 44.0% of females and 36.4% of males residing in public or community housing the night before survey, followed by private rental (35.7% of females and 23.1% of males). Almost 10% (9.5%) of *100 Families WA* family members (10.5% of females and 7.4% of males) owned their own house (with or without a mortgage).

In conclusion, relative to the overall Western Australian population, females and Aboriginal and Torres Strait Islanders are overrepresented among family members. *100 Families WA* family members are much less likely to be employed, with the majority not in employment and not seeking work due to home duties and illness or disability. There is an even distribution of family members across different categories of household composition, and just over half of the sample live with children. A high proportion of family members were experiencing homelessness the night before the survey. Among those who were housed, public housing was the most common type of accommodation (41.5% of family members), though almost one third (31.8%) were residing in private rental accommodation the night before the survey. In terms of the difference between household and family, 10.8% of family members were living in single adult households as single person families, while 5.5% were not living by themselves but identified as a single person family. The nature of family will be explored in greater depth in qualitative interviews with 100 of the families.

Table 1 Demographics of *100 Families WA* Family Members (N=400)

	Male	Female	Total*
n(%)	121 (30.3%)	277 (69.3%)	400 (100.0%)
Mean age (years)	46.2	43.0	43.9
Aboriginal and Torres Strait Islander n(%)	34 (28.1%)	99 (35.7%)	133 (33.3%)
Australian-born n(%)	97 (80.2%)	213 (76.9%)	312 (78.0%)
Permanent physical disability (self) n(%)	36 (29.8%)	46 (16.6%)	82 (20.5%)
Employed n(%)	14 (11.6%)	38 (13.7%)	52 (13.0%)
Household composition			
• Single adult	58 (47.9%)	50 (18.1%)	108 (27.0%)
• Two or more adults, no children	29 (24.0%)	47 (17.0%)	76 (19.0%)
• Single adult with child(ren)	8 (6.6%)	97 (35.0%)	105 (26.3%)
• Two or more adults with child(ren)	20 (16.5%)	79 (28.5%)	99 (24.8%)
Accommodation circumstances the night before survey			
• Homeless**	40 (33.0%)	27 (9.7%)	69 (17.3%)
• Public/community housing	44 (36.4%)	122 (44.0%)	166 (41.5%)
• Private rental	28 (23.1%)	99 (35.7%)	127 (31.8%)
• Own house (purchased or mortgaged)	9 (7.4%)	29 (10.5%)	38 (9.5%)

\* Total includes participants that did not identify as binary male or female. Data for non-binary family members is not presented separately as n ≤ 5.

\*\* Includes sleeping rough, staying with friends and family due to having nowhere else to stay, short-medium term accommodation for the homeless, and temporary accommodation





Accordingly, if income is limited, so is one's ability to meet their needs and the needs of their family. Three quarters (75.3%) of family members reported that income support payments (Centrelink payments) were their sole source of personal income, that is, that they received no wage or salary based income. It is now well-established that most income support payments in Australia are not adequate enough to fulfil their purpose of providing for a minimum standard of living (Klapdor, 2013).

Table 2 Proportion of 100 Families WA Family Members (N=400) That Experienced Selected Financial Stressors Due to a Shortage of Money, Year Prior to Survey

The high prevalence of financial stressors and the behaviours required to attempt to alleviate those stressors – seeking assistance, pawning, selling things and taking on risky debt– reflect the compounding impact of poverty. The inability to meet even basic needs due to a shortage of money requires reallocation of resources such as time and what little money there is towards seeking help. This use of time and money comes at the opportunity cost of other activities, such as employment, seeking work, strengthening social relations, and building mental wellbeing. Related to mental wellbeing, the stress of not being able to meet one's needs can have a detrimental effect on mental health outcomes, creating or exacerbating mental health issues, and creating further barriers to exit from poverty. The persistent and compounding nature of poverty, particularly with regard to the time spent meeting basic needs among those experiencing poverty, were key findings of the Auckland City Mission Family 100 project, which served as inspiration for the *100 Families WA* project.

as a single measure of poverty, more recent conceptualisations and measurements adopt multi-dimensional frameworks incorporating, in addition to income, measures of deprivation and one's ability to function and participate in the society in which they live (Stiglitz, Sen, & Fitoussi, 2009; OECD, 2008; Scutella, Wilkins, & Kostenko, 2009).

Table 2 presents the list of the ‘Essentials of life’ in Australia, along with the proportion of the sample that does not have each item and cannot afford it, and the proportion of the Household, Income and Labour Dynamics in Australia (HILDA) Wave 14 (conducted in 2014) sample that does not have each item and cannot afford it (Saunders & Wilkins, 2016). The HILDA survey is a longitudinal, population-representative survey that follows more than 17,000 Australians each year, collecting information across topics such as household and family relationships, economic participation, education, and health. Therefore, due to the population-representative nature of HILDA and the Essentials of life items forming the basis of material deprivation measurement in Australia, it can be said that Table 2 compares the level of material deprivation among the *100 Families WA* sample with that of the general Australian population.

medical treatment when needed, compared with more than 1 in 10 family members. Similarly, only 0.5% of Australians, compared with 15.5% of family members, cannot afford medicines when prescribed by a doctor, and 5.2% of Australians, compared with 45.3% of the *100 Families WA* sample, cannot afford a yearly dental check-up. In terms of housing, 0.3% of Australians versus 18.5% of *100 Families WA* family members indicated that they cannot afford a decent and secure home; less than 1% (0.7%) of Australians, compared with 16.3% of family members, cannot afford a home with doors and windows that are secure. Further, 2.3% of Australians and 19.0% of family members cannot afford a roof and gutters that do not leak.

room of the house adequately warm when it is cold, this was the case for 15.0% of *100 Families WA* family members. Only 0.3% of Australians do not have and cannot afford a washing machine, compared with 14.8% of *100 Families WA* family members. One in three family members cannot afford to access the internet at home, compared with 1.7% of Australians, and 8.8% of *100 Families WA* family members cannot afford a telephone, while almost all Australians can.

Table 3 Proportion of the 100 Families WA Sample (N=400) and the Hilda Wave 14 Sample that do Not Have and Cannot Afford the Essentials of Life

<sup>1</sup>Families that have a motor vehicle. <sup>2</sup>Households that have a motor vehicle. <sup>3</sup>Families with children in care and/or in their household <sup>4</sup>Households with children under 15. <sup>5</sup>Families with children that are enrolled in school. <sup>6</sup>Households with children aged under 15 attending school. \*Estimate not reliable.



Material deprivation has significant adverse impacts on children across the critical domains of education, health and leisure activities. Almost one in three (31.3%) of family members, compared with 6.8% of Australians, could not afford new school clothes each year for their school-aged children. More than 1 in 4 (26.3%) of family members could not afford to send their school-aged children to school activities that cost money, compared with 2.1% of Australians. Similarly, 27.1% of *100 Families WA* family members, compared with 3.7% of Australians, could not afford a regular hobby or leisure activity for their children. Almost six percent (5.9%) of the *100 Families WA* sample could not afford a separate bed for each child, compared with 0.8% of Australians. Finally, 10.4% of family members, versus 3.3% of Australians, could not afford a yearly dental check-up for their children. The relatively low proportions of both samples that report that dental check-ups for children are unaffordable can be attributed to the Commonwealth

Child Dental Benefits Schedule, under which basic dental treatment to the value of \$1,000 over two calendar years is bulk billed via Medicare for children aged 2-17 whose parents or guardians are in receipt of Family Tax Benefit A (Department of Human Services, 2019).

The remaining items are items that facilitate social and family relationships, but cost money. For example, while buying presents for immediate family or close friends at least once a year was unaffordable for 38.3% of 100 Families family members, only 2.2% of Australians were not able to afford this. Similarly, while only 2.5% of Australians cannot experience and afford getting together with friends or relatives for a drink or meal at least once a month, close to one-third (29.0%) of *100 Families WA* family members cannot experience this due to it being unaffordable. Finally, while a week’s holiday away from home was out of reach for quite a few Australians (16.5%), this was the case for almost three-quarters (72.3%) of family members.

In conclusion, the consequences and impact of low income are very easy to see among the *100 Families WA* sample. More than half of family members were unable to pay utility bills on time, had sought help from welfare or community organisations, had sought financial help from friends and family, or gone without meals. Almost half had pawned or sold something due to a shortage of money in the year prior to survey. In addition, the level of material deprivation among the *100 Families WA* sample greatly exceeds that among the Australian population-representative HILDA sample, across every item considered essential for Australian life. The differences between the two samples were most pronounced in discretionary child-related expenses, such as new school uniforms, school excursions and events, and hobbies or leisure activities for children, along with car and home contents insurance, items relating to housing quality, and leisure.

## 5. Health

**The relationship between income poverty and poor health can be characterised as a vicious cycle: poor health can have a detrimental effect on household income through increased healthcare costs and limited ability to partake in income-generating activities, which can create or maintain poverty, and poverty creates limitations with regard to access to nutritional food and access to health care, particularly preventative healthcare, which in turn creates or compounds ill health, and so on (Wagstaff, 2002).**

Compared with 50% of Australians, 84.3% of family members surveyed report diagnosis of at least one long-term health condition, and 68.7% report diagnoses of two or more chronic health conditions (versus 23% of Australians). The mean number of diagnosed chronic health conditions among family

members was 3.5. Table 3 examines the prevalence of chronic health conditions among family members, compared with the Australian population. With the exception of deafness, chronic health conditions are substantially more common among family members than among the general population. Twice as many *100 Families WA* family members than Australians reported diagnosis of arthritis (30.5% versus 15.0%), and 11.3% of family members compared with 3.8% of Australians report diagnosis of osteoporosis. Almost three times as many reported diagnosis of asthma – 31.3% of the *100 Families WA* sample versus 11.2% of the Australian population. Almost half (44.8%) of family members, compared with 16.4% of the Australian population had been diagnosed with back problems. Dental problems were twice as prevalent among family members as among the general population (54.3% versus 26.0%).

Blindness was reported by 8.3% of family members, compared with 0.6% of Australians. Rates of deafness were marginally lower among the *100 Families WA* sample compared with the Australian

population (10.5% versus 11.1%), and rates of epilepsy were also similar (3.0% among the Australian population and 5.0% among family members). Cancer was experienced by 9.0% of family members and 1.8% of Australians. Hepatitis C was reported by 7.3% of family members, and liver disease was report by 7.8%. Estimates of Australian population rates for Hepatitis C and liver disease are difficult to ascertain and not commonly reported due to the introduction of curative treatments for the former and the hidden nature of the latter (The Kirby Institute, 2016; AIHW, 2015).

Chronic Obstructive Pulmonary Disease was twice as prevalent among the *100 Families WA* sample as in the general Australian population (5.3% versus 2.5%). Similarly, 11.5% of family members reported diagnosis of heart, stroke, and vascular disease, compared with 4.8% of Australians. Almost 1 in 5 family members, compared with 1 in 20 Australians reported diagnosis of diabetes. Kidney disease was almost seven times more prevalent among the *100 Families WA* sample as in the general Australian population (6.8% versus 1.0%).

Table 4 Proportion of the *100 Families WA* Sample (N=400) and the Australian Population Experiencing Chronic Health Conditions

Conditions:	100 Families WA sample	Australian Population
Arthritis	30.5%	15.0% <sup>1</sup>
Asthma	31.3%	11.2% <sup>1</sup>
Back problems	44.8%	16.4% <sup>1</sup>
Blindness	8.3%	0.6% <sup>2</sup>
Cancer	9.0%	1.8% <sup>1</sup>
Chronic Obstructive Pulmonary Disease	5.3%	2.5% <sup>1</sup>
Deafness	10.5%	11.1% <sup>3</sup>
Dental problems	54.3%	26.0% <sup>4</sup>
Diabetes	18.5%	4.9% <sup>1</sup>
Epilepsy	5.0%	3.0% <sup>5</sup>
Heart, stroke and vascular disease	11.5%	4.8% <sup>1</sup>
Hepatitis C	7.3%	–*
Hypertension	28.5%	10.6% <sup>1</sup>
Kidney disease	6.8%	1.0% <sup>1</sup>
Liver disease/cirrhosis	7.8%	–**
Osteoporosis	11.3%	3.8% <sup>1</sup>

<sup>1</sup>ABS (2018), National Health Survey, 2017-18. <sup>2</sup>AIHW (2016), Australia’s Health 2016. <sup>3</sup>ABS (2015), National Health Survey, 2014-15. <sup>4</sup>Untreated tooth decay. AIHW (2018a) Australia’s Health 2018. <sup>5</sup>Estimate, Epilepsy Australia. \*Population rates of Hepatitis C are difficult to ascertain due to the introduction of curative treatments. \*\* Population rates of liver disease are difficult to ascertain due to its hidden nature.

**The relationships between these chronic conditions cannot be understated, such that experience of one significantly increases the risk of others.**

For example, Hepatitis C is a common precursor to liver disease; hypertension and diabetes are significant risk factors for heart, stroke and vascular disease. These comorbidities (co-occurrences of more than one medical condition) increase mortality risk (Charlson, Pompei, Ales, & Mackenzie, 1987) and increases the difficulty and complexity of treatment, further compounding the chronicity of conditions and, in turn, mortality risk (Starfield et al. 2003). Further, the relationship between ill health and poverty as articulated by Wagstaff (2002) are clear among family members. The impact of very high prevalence of back problems is evident in the high proportion of the sample that are not in the labour force due to long-term

illness or disability, and some confirmatory evidence of this is found in open-ended question responses from family members (explored further in Chapter 11). Of course, it is not only back problems for which these relationships exist; each of these chronic conditions and the physical pain, stress, and time and financial cost incurred as a result of them contribute to the entrenchment of disadvantage.

Another element of health that the *100 Families WA* baseline survey explored was health service utilisation. The majority (n=367 or 91.8%) of family members reported that they had visited a GP in the 12 months prior to survey. The mean number of GP visits was 13.8, indicating that, on average, family members are visiting the GP more than monthly. Almost 1 in 5 (18.8%) of family members visited the GP weekly or more frequently in the year prior to their survey. The distribution of GP visits among the *100 Families WA* sample can be seen in Figure 3.



Figure 3 Number of GP Visits in the 12 Months Prior to Survey, 100 Families WA Family Members (N=400)

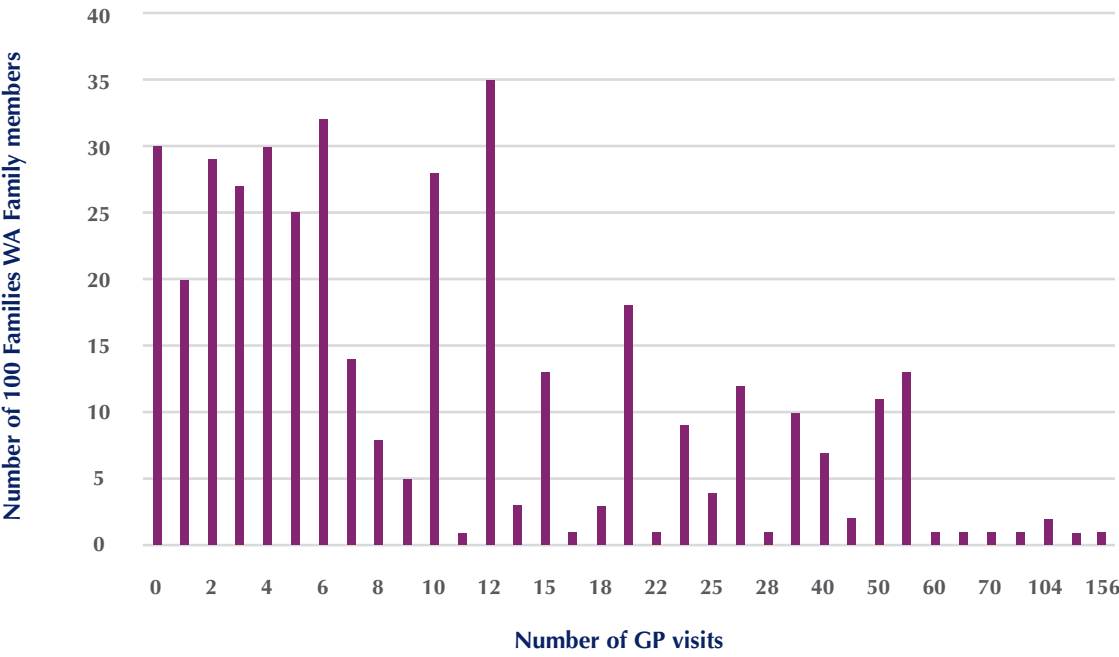
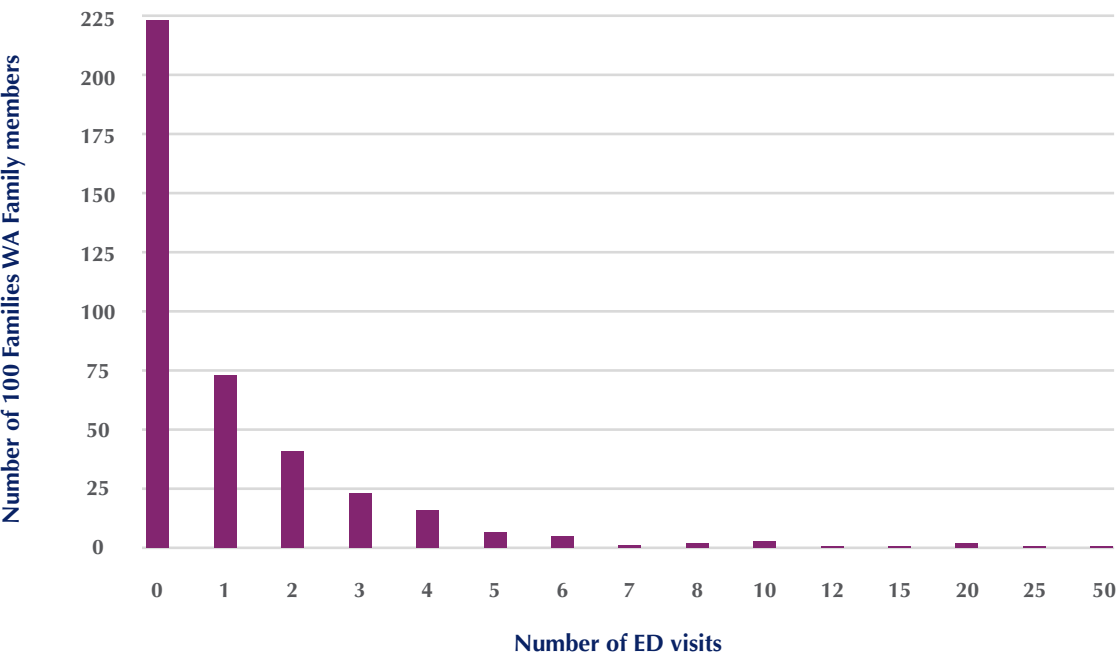


Figure 4 Number of Emergency Department Visits in the 12 Months Prior To Survey, 100 Families WA Family Members (N=400)



Figures 3 to 5 illustrate the distribution of emergency department visits, hospital inpatient admissions, and nights spent as a hospital inpatient for family members in the year prior to survey. For both emergency department visits and hospital inpatient admissions, over half of family members had not experienced either in the 12 months prior to undertaking the baseline survey. It is not uncommon for the median number of visits to emergency departments and hospital inpatient visits to be 0; more than 2 in 3 Australians did not visit an emergency department over the

2017-18 financial year (AIHW, 2018b), and 87% of Australians did not have a hospital admission over 2016-17 (ABS, 2017). Therefore, although a large proportion of family members did not use either service, health service utilisation in terms of emergency department visits and hospital inpatient admissions is still higher among family members than among the general Australian population.

In terms of means, the mean number of emergency department visits among family members over the 12 months prior to survey

was 1.37 and the mean number of inpatient admissions was 0.6. The mean number of nights spent in hospital in the year prior to survey among family members was 2.2. For comparison to another group experiencing significant disadvantage, among a sample of individuals experiencing chronic homelessness in Melbourne, the mean number of emergency department visits was marginally higher than among the 100 Families WA sample at 1.75, and the mean number of nights spent in hospital was more than double that of family members at 5.3 (Flatau et al. 2018a).

Figure 5 Number of Hospital Inpatient Admissions in the 12 Months Prior to Survey, 100 Families WA Family Members (N=400)

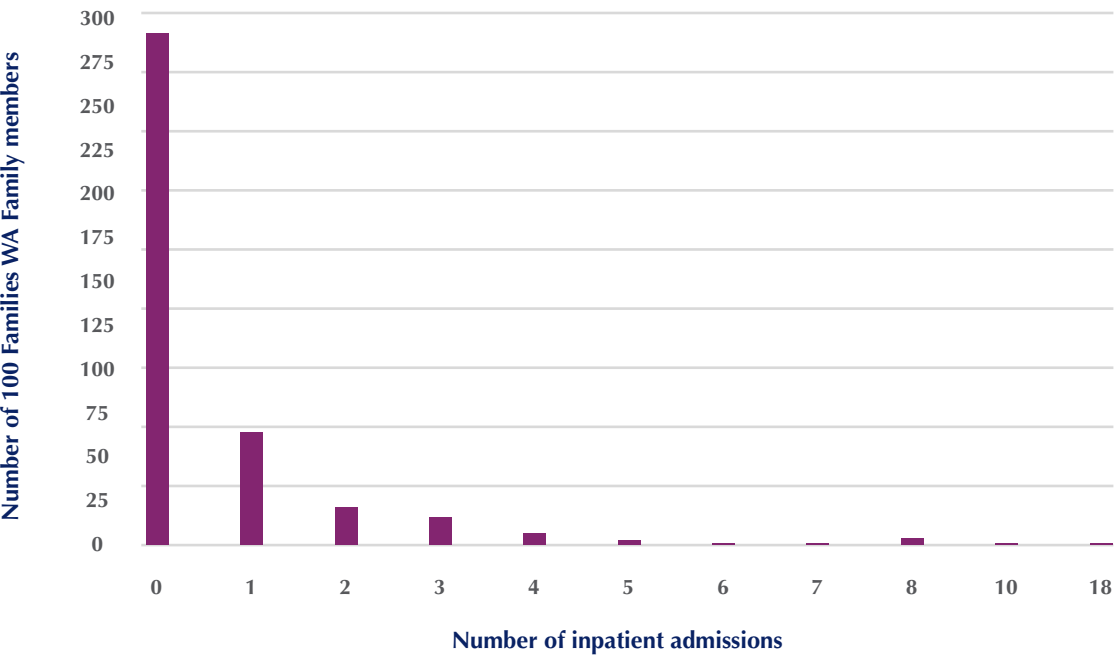
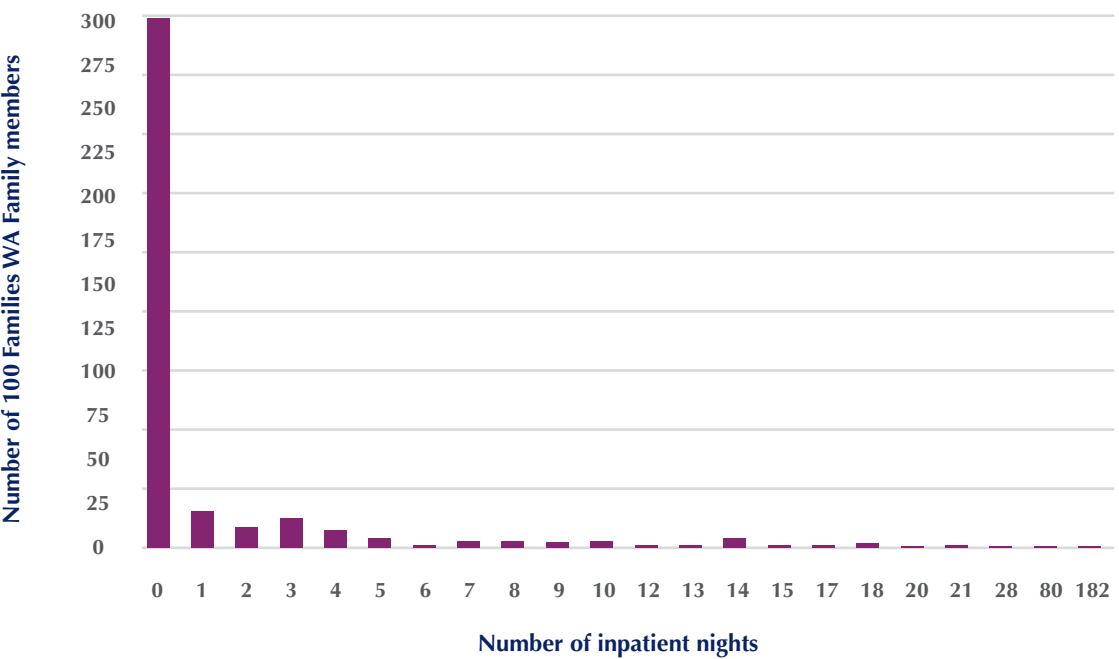


Figure 6 Number of Nights Spent In Hospital as an Inpatient in the 12 Months Prior to Survey, 100 Families WA Family Members (N=400)



In summary, the health of 100 Families WA family members in terms of prevalence of chronic health conditions is markedly poorer than the Australian population. Accordingly, health service utilisation in terms of GP visits, emergency department visits, and hospital inpatient admissions are higher than in the general Australian population. However, it can be argued that the level of health

service utilisation is not commensurate to the level of health disadvantage, such that the difference in the rate at which chronic health conditions are experienced among 100 Families WA family members compared with the Australian population appears to be far greater than the difference in the rate of health service utilisation. This may be attributable to the cost of seeking health care.

Even under a universalised and subsidised healthcare system, the cost of prescriptions, specialist appointments, and not to mention the cost of travel and opportunity cost of time that could be spent addressing more immediate needs such as getting food, quickly make seeking healthcare in the absence of an abject emergency untenable for many.





## 6. Mental Health and Substance Misuse

**Disadvantage, poor mental health, and substance misuse are strongly related to one another. Those living in disadvantage are exposed to greater levels of stress, have less resources with which to seek help from medical professionals, and are subject to social exclusion and stigma, all of which contribute to increased likelihood of poor mental health and maladaptive coping behaviours such as substance misuse (Kuruvilla & Jacob, 2007; Murali & Oyeboode, 2004).**

At the same time, mental health conditions can limit opportunities for gaining employment and reducing the stresses of very low income and financial hardship. The *100 Families WA* baseline survey included the 21-item Depression, Anxiety, and Stress Scales (DASS-21; Lovibond & Lovibond, 1995), which is comprised of three subscales measuring levels of stress, anxiety, and depression. *100 Families WA* family members were asked to indicate the frequency with

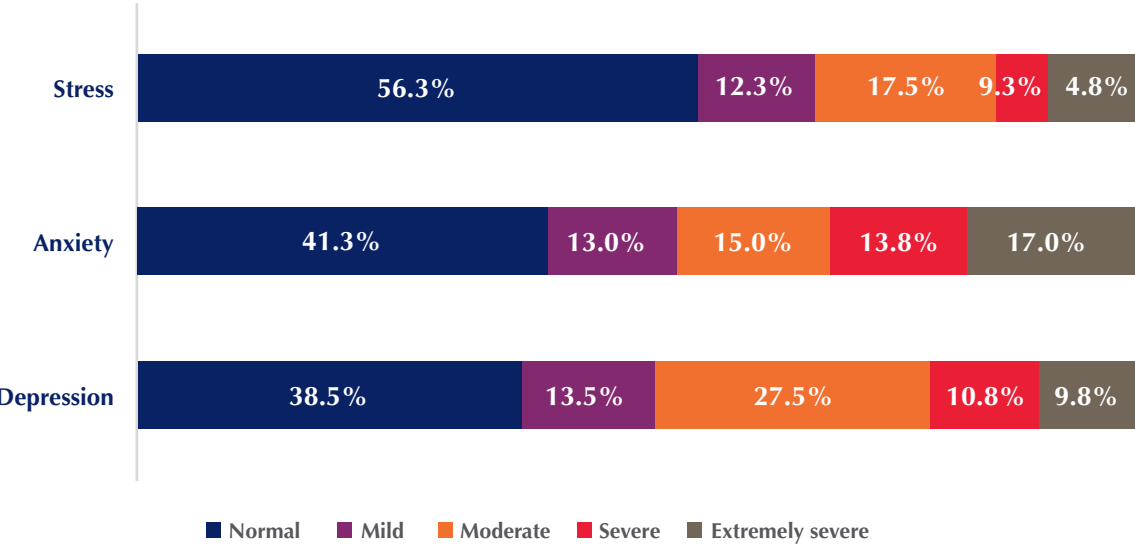
which they experienced certain physical and emotional feelings indicative of stress, anxiety and depression over the week prior to survey – never, sometimes, often, or almost always (scored 0-3). An example item of the stress subscale is ‘I found it hard to wind down’, of the anxiety subscale, an example item is ‘I felt I was close to panic’, and ‘I found it difficult to work up the initiative to do things’ is an example of the depression subscale.

Scores for each subscale (stress, anxiety, and depression) are then calculated by summing the scores of the items within each subscale; the minimum score for each subscale is 0 and the maximum is 21. Among family members, the mean score on the stress subscale was 7.36, compared with an Australian population-representative mean of 3.99; the mean score on the anxiety subscale among family members was 5.44 (versus 1.74 among Australians), and the mean depression score of family members was 6.55, compared with 2.55 among Australians (Crawford, Cayley, Lovibond, Wilson, & Hartley, 2011).

Scores on each of the subscales of the DASS-21 can also be placed into 5 categories of distress – normal, mild, moderate, severe,

and extremely severe. The proportion of family members in each category of distress, by subscale, is presented in Figure 7. While the largest proportions of the sample (56.3%, 41.3%, and 38.5% for stress, anxiety, and depression, respectively) fall into the ‘normal’ category, substantial proportions are experiencing severe and extremely severe stress. Just over 15% of family members surveyed were experiencing severe or extremely severe stress (9.8% and 4.8%, respectively), over the week prior to survey. Almost 1 in 3 (30.8%) and over 1 in 5 (21.6%) family members were experiencing severe or extremely severe anxiety and depression, respectively. Notably, a larger proportion of family members were experiencing extremely severe anxiety than severe (17.0% versus 13.8%, respectively), and the proportions of those experiencing severe and extremely severe depression were quite evenly split (10.8% versus 9.8%). More than 1 in 4 (27.5%) of family members were experiencing moderate depression; 15.0% and 17.5% of family members were experiencing moderate anxiety and stress, respectively. Finally, mild depression, anxiety, and stress were experienced by 13.5%, 13.0%, and 12.3% of family members, respectively.

Figure 7 Proportion of the *100 Families WA* Sample (N=400) in Each Category of Distress on the DASS-21, by Subscale (Stress, Anxiety, Depression)

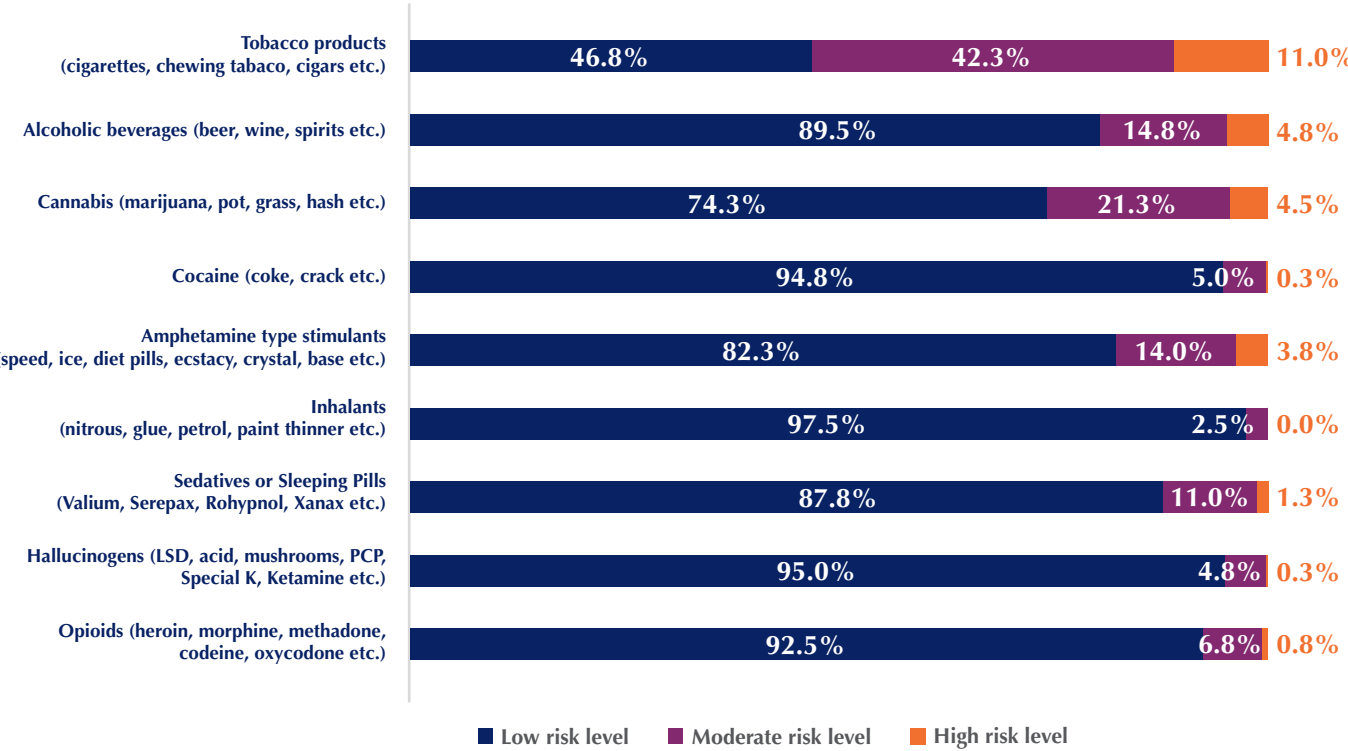


In terms of mental health conditions, 69.3% of *100 Families WA* family members reported that they had been diagnosed with at least one mental health condition. Unsurprisingly, in light of the high levels of anxiety and stress among family members evident on the DASS-21, anxiety disorders and depression were the most common mental health conditions reported by family members, with 46.5% and 57.8%, respectively, reporting that they have been diagnosed with anxiety disorders and depression. More than 1 in 4 (26.3%) of family members reported diagnosis of post-traumatic stress disorder, and 1 in 5 women (20.9%) had been diagnosed with post-partum depression. Sixteen percent of *100 Families WA* family members reported diagnosis of panic disorder, 10.0% had been diagnosed with obsessive-compulsive disorder, and 10.3% had bipolar disorder.

Fourteen percent of family members reported that they had been diagnosed with alcohol or substance dependence. The World Health Organization’s Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) detects risky substance use behaviour to indicate a level of health risk indicated by an individual’s use of a given substance (Humeniuk, 2008). Figure 8 outlines the proportion of the *100 Families WA* sample in each category of risk (low, moderate, or high) for each substance as measured on the ASSIST scale. With the exception of tobacco, the majority of family members fall into the ‘low risk’ category for each substance, which includes having never tried a given substance. Tobacco, followed by cannabis, alcohol, and then amphetamines were the substances with the highest proportions of family members in the moderate or high risk categories. Forty-two

percent of family members surveyed were at moderate health risk due to tobacco use, with an additional 11.0% at high risk. More than 1 in 5 (21.3%) were at moderate health risk due to cannabis use, and an additional 4.5% were at high risk. Almost fifteen percent (14.8%) were at moderate health risk due to alcohol use, with an additional 4.8% at high risk. Fourteen percent were at moderate health risk due to amphetamine use, and an additional 3.8% were at high risk. Non-medical use of sedatives created a moderate health risk in 11.0% of family members, and a high health risk for an additional 1.3%. For the remainder of substance categories – cocaine, inhalants, hallucinogens, and opioids, less than 10% of family members were at moderate or high health risk due to their use.

Figure 8 Proportion of the *100 Families WA* sample (n=400) in each category of health risk due to non-medical substance use, by substance



To summarise, mental health among the *100 Families WA* sample is an area of concern. Levels of stress, anxiety and depression are substantially higher than those found in studies of the general Australian population, and over two-thirds (69.3%) of family members are contending with at least one diagnosed mental health condition. With low levels of resources with which to address their mental health concerns, the pathway to entrenched disadvantage is quite clear.

Despite this, only a minority (and for most substances, a small minority) of family members engaged in risky substance use. Alcohol, tobacco and marijuana were the substances that posed health risks to the largest proportion of family members, though it is worth noting that the concerning rates of methamphetamine use in Perth, Western Australia (Walsh, 2019) are evident among family members, with the proportion of family members encountering health risks

due to methamphetamine use only marginally smaller than those encountering health risks due to alcohol use. These results indicate a clear need for mental health support among those most vulnerable, and provide a compelling counterargument to suggestions that substance misuse is the cause for the majority of those experiencing disadvantage in the developed world.



# 7. Economic Participation

Economic participation is a central means of engaging with, contributing to, and benefiting from modern society (Saunders, 2017).

In addition to generating the income required to sustain the life that one expects and aspires to in a given society, economic participation can serve as a means of social connection and source of personal identity and pride (Ashforth & Mael, 1989).

The cyclical nature of poverty is evident once again in the relationship between poverty, education and employment. Education forms the foundation for economic participation; higher educational attainment is associated with a broader range of employment opportunities, and higher income (De Gregorio & Lee, 2002). Low family income is a significant barrier to children’s educational attainment, directly through constraints on ability to participate in supportive extracurricular activities, constraints on transport options, and difficulty in providing school lunches, and indirectly through poorer health and fewer out-of-school experiences (Ladd, 2012). Children from lower-income families are also more likely to have parents with lower educational attainment themselves, which further negatively affects educational attainment, contributing to the intergenerational transmission of poverty (Goodman & Gregg, 2010). To describe the cycle simply: one needs higher income to break out of poverty; as a result of poverty, one has (on average) lower educational attainment; due to lower educational attainment, one faces significant difficulty in obtaining employment that would provide the higher income required to break out of poverty.

With regard to common barriers to employment, unsurprisingly, 38.8% of family members reported that illness or disability made it difficult for them to get employment, and 25.0% reported that child care responsibilities presented barriers to employment. Related to both caring responsibilities and illness and disability, 23.0% family members encountered difficulty accessing flexible work arrangements such as work during school hours or modified workloads. One in five (20.0%) reported that discrimination made it difficult for them to get employment, and 21.5% felt that there were not enough jobs available. In addition,

In light of this cycle, it is unsurprising that educational attainment among *100 Families WA* family members is low. While 69% of Australians hold a non-school qualification (a diploma, certificate or degree), less than half (43.0%) of family members reported holding a non-school qualification. Further, 42.5% of family members surveyed did not complete high school. While, as mentioned above, it is unsurprising to find relatively low levels of educational attainment among those experiencing hardship, it is somewhat surprising that over one third (35%) of *100 Families WA* family members are experiencing hardship with educational attainment of a TAFE Certificate III or above. This indicates that there are mediating factors at play with regard to the relationship between educational attainment and entrenched disadvantage among a sizeable number of family members, for example adverse life events or discrimination. The educational and employment experiences of family members will be investigated further and in depth in the forthcoming qualitative interviews.

Table 5 outlines the employment situation of family members in the week before they were surveyed. Less than one third (31%) of family members were participating in the labour force, that is, employed or actively seeking employment. Thirteen percent of family members were employed the week prior to survey, 18.0% were unemployed, and 68.5% of family members were classified in the not in the labour force category. The 68.5% of family members that were not in the labour force comprised 33.0% who were engaged with home duties, 21.5% who were experiencing a long term illness or disability, 3.3% who were students, and 10.8% that were otherwise not engaged in work and not actively looking for work. The low engagement with the labour force – 65.7% of Australians are in the labour force while 68.5% of family members are not in the labour force – indicates that those in entrenched disadvantage face significant barriers to employment, such as the aforementioned low educational attainment, caring responsibilities, and ill health.

Table 5 Employment Situation of *100 Families WA* Family Members (N=400) in the Week Prior to Survey

	%	N
Employed	13.0	52
Unemployed	18.0	72
Not in labour force	68.5	274
Home duties	33.0	132
Student	3.3	13
Not engaged in work and not actively looking for work	10.8	43
Unable to work due to health condition or disability	21.5	86
Other – not specified	0.5	2
Total	100.0	400

19.8% felt they had the wrong educational qualifications or not enough educational qualifications, and 17.3% reported difficulty accessing skills training and education. A lack of accessible, affordable transport options was reported by 17.0% of family members as a barrier to getting employment; 16.8% felt that there was not enough help available to get employment, and 11.8% felt there was not enough help available to maintain employment.

These barriers to employment are further compounded by extended periods of time outside of the workforce; 17.8% of *100*

*Families WA* family members indicated that they had never worked in a job of 35 hours or more per week, and an additional 41.5% of family members indicated that it had been 5 or more years since they had worked in such a job. One in 20 (5.5%) family members reported that they were, at the time of survey, working in a job of 35 hours or more per week. In terms of explaining why 5.5% of family members are experiencing entrenched disadvantage while working full-time, it may be that those with full-time employment have only recently attained it and are thus beginning a pathway out of disadvantage, it may be that their hours were temporarily high at the time

of survey, or it may be that the level of income that they are receiving is simply too low to support their family, despite working full time.

Debt is a significant problem for families experiencing hardship; low income, along with low rates and levels of asset ownership to cushion against unexpected expenses or income loss, often mean that debt must be taken on to make ends meet (Aratani & Chau, 2010). The vast majority (86.3%) of family members surveyed reported having a debt other than a mortgage; 60.5% had a personal loan (e.g. car loan, personal bank loan, loan from Centrelink, loan from friends or relatives outside of their family unit), 26.5% had a loan from a payday lender, 54.0% had a debt arising from overdue household bills, and 39.0% had a debt arising from overdue personal bills. More than 1 in 5 (21.8%) of those renting had overdue rent; 14.3% of family members had credit card debts, and 10.5% had student loans (HECS, VET Fee HELP).

The impact of debt in terms of stress and psychological strain can be severe (Jenkins et al. 2008). Of *100 Families WA* family members surveyed that had debt, 65.2% had experienced inability to sleep as a result of having debt, 62.0% had experienced fear that they would never pay off their debt, 60.3% had experienced stress-related illness, and 47.5% reported physical ill health resulting from having debt.

In terms of the impact of debt on daily life, 58.0% of family members with debt reported that they had avoided answering the phone due to their debt, 65.2% felt they were unable to do the things they want to do in daily life, 48.7% experienced fights with their family, and 43.2% experienced relationship breakdown attributable to having debt. Almost 1 in 3 *100 Families WA* family members (31.0%) with debt reported that they had had to move home as a result of their debt.

The economic participation of *100 Families WA* family members paints a complex and interesting picture. While, in line with previous studies on poverty in developed countries, there is generally low educational attainment and low economic participation among family members, there are also large segments of the sample that are well-educated and/or employed, yet still facing significant disadvantage and barriers to economic participation. Among those not participating in the labour force, illness and disability and home duties (including caring responsibilities) are the major reasons, accounting for over half of the *100 Families WA* sample not being in the labour force. Irrespective of labour force status, the overwhelming majority of family members experienced the negative impact of low economic participation, in the form of debt and its attendant negative psychological consequences. We anticipate that the financial aspects of hardship are going to be a dominant theme in the qualitative interviews.

# 8. Wellbeing and Quality of Life

Hardship and disadvantage, by their nature, have detrimental effects on wellbeing and quality of life.

The inability to meet basic needs and the stress associated with that, along with poor health and mental health that contribute to and compound disadvantage, have negative impacts across all domains of life. This has been evident among *100 Families WA* family members throughout all of the other sections of this report. The present section examines overall wellbeing among family members, using two measures of overall wellbeing, namely the World Health Organisation’s WHO-5 Wellbeing Index (WHO-5) and the WHO Quality of Life – Brief (WHOQOL-BREF). The proportion of family members that are unable to access the fundamental need of adequate food, measured by the United States Department of Agriculture (USDA) Household Food Security Module (FSM), is also presented as a core component of overall wellbeing. Finally, acknowledging the importance of social relations to quality of life, the proportion of family members that have access to common types of social support is explored.

The WHO-5 is a short measure of an individual’s subjective wellbeing that has been widely used across the world, and has strong

validity as both a screening tool for depression and a measure of outcomes of interventions (Topp, Østergaard, Søndergaard, & Bech, 2015). Individuals are asked to identify, on a 6-point scale from ‘all of the time’ (5) to ‘at no time’ (0), how frequently they have experienced five statements. An example statement is ‘I have felt calm and relaxed’. The sum of scores across the statements is then multiplied by four to provide a score out of 100, where 0 represents the worst quality of life and 100 represents the best quality of life. The mean WHO-5 score among family members was 50.5, indicating that family members had a quality of life that was almost exactly half way between the best possible and the worst possible. In terms of the WHO-5 as an indicator of depression, 56.0% of family members had scores that indicated poor wellbeing and depression.

The WHOQOL-BREF is comprised of 26 items, 24 measuring quality of life across four domains: physical health, psychological, social relationships, and environment, and 2 ‘benchmarking’ items examining satisfaction with overall life and satisfaction with health. Table 6 outlines the mean scores of family members on the four domains of wellbeing, along with the mean scores on the two benchmarking items. Results are disaggregated by gender.

Overall life satisfaction among family members was 3.18 out of a possible total of 5, with female family members reporting slightly higher life satisfaction than male family members. Satisfaction with health was slightly lower than overall life satisfaction, with the mean among all family members 3.02 out of 5, and female family members reporting lower satisfaction with health than male family members. The mean score on the physical health domain on the WHOQOL-BREF among family members was 54.7; an indicative general Australian population norm on the physical health domain of the WHOQOL-BREF is a score of 73.5 (Hawthorne, Herrman, & Murphy, 2006). The sharp differential between *100 Families WA* scores and indicative scores for the general Australian population is evident across all domains of quality of life using the WHOQOL-BREF. The mean score of family members on the psychological domain of wellbeing was 56.4, compared to a population mean of 70.6 (Hawthorne, Herrman, & Murphy, 2006). On the social relationships domain, family members on average recorded a score of 53.3 (versus an Australian mean of 71.5). The mean score of family members on the environment domain was 55.7, compared with 75.1 among Australians (Hawthorne, Herrman, & Murphy, 2006).





Table 6 Mean Scores of *100 Families WA* Family Members (N=400) on the Whoqol-Bref, by Quality of Life Domain, by Sex

	Male	Female	Total*
Mean life satisfaction (out of 5)	3.10	3.22	3.18
Mean satisfaction with health (out of 5)	3.15	2.97	3.02
Quality of life score (out of 100), by domain			
Physical health	55.7	54.4	54.7
Psychological	56.1	56.7	56.4
Social relationships	49.5	55.2	53.3
Environment	56.0	55.8	55.7

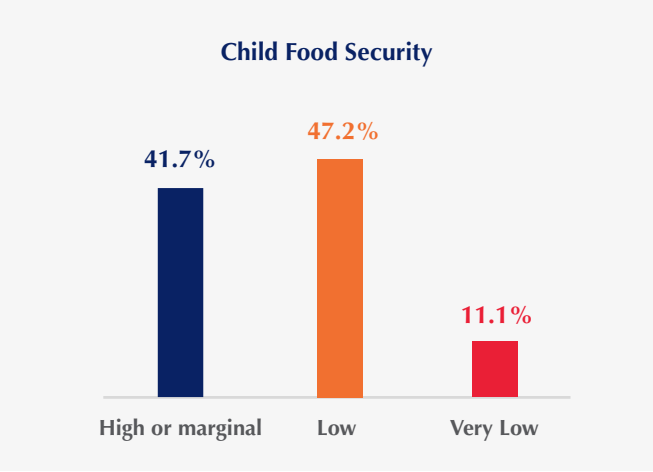
\* Total includes participants that did not identify as binary male or female. Data for non-binary family members is not presented separately as n ≤ 5.

Food security is the ability to safely and legally access and afford food that is sufficient in quality and quantity to meet nutritional needs (Thornton, Pearce & Ball, 2013). Those in hardship are more likely to experience food insecurity, and food insecurity is, in turn, associated with poor health outcomes such as increased risk of diabetes, hypertension, and high cholesterol, as well as higher risk of mortality in both developing and developed countries (Walker et al. 2019). Further, food insecurity tends to be quite persistent, such that a household that experiences it during a given year will experience it for the duration of that year (Walker et al. 2019).

The USDA FSSM is a multi-item measure of food insecurity that asks people about the extent to which certain statements about their food situation apply to them. Single-item measures, though known to underreport population prevalence of food insecurity, estimate that 5.5% of Australians are food insecure (Ramsey, Giskes, Turrell, & Gallegos, 2012). Figures 9 and 10 present the proportion of family members in each category of food security among adults and children, respectively. Those with high or marginal food security are considered food secure, those with low or very low food security are food insecure. Sixty-two percent

of family members report very low food security among adults, and a further 18.8% report low food security among adults. That is, only 19.3% of *100 Families WA* family members have food security among adults in their family. With regard to food security among children within the *100 Families WA* sample, 41.7% are food secure, 47.2% have low food security, and 11.1% have very low food security among children.

Figure 9 Proportion of the *100 Families WA* Sample (N=400) in Each Category of Food Security Among Children on the USDA Household Food Security Module.



Having support available, from someone to lend an ear, to someone to lend a hand when you're unwell, is a critical component of wellbeing. The psychological comfort of knowing that there's someone to call on cannot be underestimated. We asked family members whether they had someone that does not live with them to call on for different types of support in a time of crisis. The results are reported in Table 7. While the majority of family members have someone they can turn to for most types of support, these proportions decrease in line with the

resources required of the person providing support. For example, 79.3% of family members have someone they can turn to for advice on what to do and 70.0% have someone to turn to for emotional support, but only 43.3% have someone that can provide emergency money and 54.3% have someone that can provide emergency accommodation. This is unsurprising; the social networks of those in hardship are more likely to consist of fellow people experiencing hardship, who themselves do not have resources to spare (Gallie, Paugam, & Jacobs, 2003).

Just over half (53.8%) of family members surveyed had someone outside of their household that they could turn to for help in maintaining family or work responsibilities, and 66.3% felt they had someone that could help out when they had a serious illness or injury. Finally, 67.8% felt they had someone that could provide them with emergency food. It is unclear if this proportion is high because family members are accessing services that provide food.

Table 7 Proportion of *100 Families WA* Family Members that do and do not Have Access to Selected Types of Support

If you needed to, could you ask someone who does not live with you for this type of support in a time of crisis?		
Type of support	Yes	No
Advice on what to do	79.3%	20.8%
Emotional support	70.0%	30.0%
Help out when you have a serious illness or injury	66.3%	33.8%
Help in maintaining family or work responsibilities	53.8%	46.3%
Provide emergency money	43.3%	56.8%
Provide emergency accommodation	54.3%	45.8%
Provide emergency food	67.8%	32.3%

In sum, *100 Families WA* family members report lower wellbeing and quality of life than the average Australian. In addition, food security, particularly among adults, is very low, with less than 20% of family members reporting food insecurity among adults. Most family members report that social supports from people outside the household are available to them, though the proportion of the sample that have access to support that requires resources of the support provider, such as emergency money or food, is lower than the proportion that have access to emotional support and advice. It is important to note that these measures are self-report, that is, these figures do not represent an external judgement on wellbeing and quality of life, but rather the feelings of family members about their own wellbeing and quality of life. Given the nature of hardship (it is hard, after all), it is not terribly surprising that family members feel they have low wellbeing and quality of life. However, family members continue to forge their path through life, reflecting a great deal of strength and resilience. The sources of this strength and resilience will be explored in-depth in the qualitative interviews.

## 9. Adverse Life Experiences

**Those that experience disadvantage are more likely to experience certain adverse experiences in their lives. Reflecting the cyclical and insidious nature of disadvantage, these adverse life experiences can act as pathways into disadvantage as well as consequences of disadvantage.**

Further, the experiences themselves, as well as the trauma associated with the experience, create significant barriers to exit from disadvantage.

In exploring the extent to which family members had experienced adverse life events, the *100 Families WA* project wanted to mitigate, as much as possible, the triggering of any past trauma. The project team felt that these events and the issues surrounding them could be explored more in-depth with the family members once a relationship had been developed. Therefore, as the baseline survey represented the first meeting of the family members and the project, the survey presented a list of common life experiences for people experiencing hardship, and asked family members to indicate whether they had experienced it. Results are presented in Table 8.

Over half (51.8%) of family members reported that they had experienced homelessness at some point in their lives. This is partially explained by the sampling frame of the baseline survey, such that many of the agencies from which family members were recruited provide homelessness services. However, this represents a very high proportion; the 2014 ABS General Social Survey asked respondents whether they had experienced any type of homelessness in their lives, and 10.6% of the Australian population-representative sample had (ABS, 2014). Therefore, the proportion of family members with experiences of homelessness is almost five times greater than that of the general Australian population. In addition, 29.0% of family members reported that they had been evicted from the home they were living in at some point in their lives. Given the low financial and often low social resources available to someone experiencing disadvantage, eviction can easily lead to homelessness. Also with regard to adverse experiences related to housing, 42.5% of family members reported that they had run away from home before the age of 18. Homelessness in childhood and adolescence often begins with children being thrown out of home or running away from home due to violence in the family home, and can represent the beginning of a long journey of disadvantage and homelessness (Flatau, Thielking, Mackenzie, & Steen, 2015).

The relationship between disadvantage and out of home care is well-established (Barth, Wildfire, & Green, 2006). The lack of material resources of people experiencing disadvantage often leads to housing instability and homelessness, resulting in children being placed in foster or out of home care to ensure that they are housed. Further, disadvantage often co-occurs with mental health and substance misuse issues, leading to the involvement of child welfare services and removal of children (McGuinness & Schneider, 2007). Almost one quarter (24.3%) of family members had themselves experienced foster or out of home care, and 18.3% had experienced having their own child or children removed from their care.

Experiences of imprisonment, as a juvenile or as an adult, can significantly negatively affect one's trajectory through life. Employment opportunities are harder to attain with a criminal record, and prisoners are at extremely high risk of homelessness, to name just a few life outcomes that are negatively affected by experience of imprisonment (AIHW, 2019b). Twelve percent of family members had experiences of juvenile detention in their life, and 22.8% of family members had been to prison as an adult. Though estimates of the population prevalence of imprisonment are not widely available, the rate of imprisonment in Australia is 222 people per 100,000 adults.



That is, 0.2% of the Australian adult population are in prison. Among Australians entering prison in 2018, 73% had been incarcerated before, 45% within the previous 12 months (AIHW, 2019b). Therefore, although not directly comparable due to *100 Families WA* family members being asked about lifetime experience of prison, and Australian rates representing those currently in prison, the proportion of family members who had been in prison is very high. Given the impact of prison on other life outcomes, particularly with respect to social and economic participation, it is reasonable to state that experiences of prison compound disadvantage and contribute to the entrenchment of disadvantage.

Domestic violence is a major issue in Australia, with 1 in 6 women and 1 in 16 men experiencing violence at the hands of an intimate partner (AIHW, 2019c). The emotional and practical trauma of experiencing domestic violence – it can force changes in housing situations and is a leading driver of homelessness among women, it can result in breakdown of other social relationships and make forming new relationships very difficult – has long lasting impacts on one’s life. *100 Families WA* family

Table 8 Proportion of *100 Families WA* Family Members (N=400) with Experience of Selected Adverse Life Events

Experience	Proportion of <i>100 Families WA</i> family members with this experience in their lifetime
Foster/out of home care	24.3%
Juvenile detention	12.0%
Ran away from home (prior to 18)	42.5%
Eviction	29.0%
Imprisonment (as an adult)	22.8%
Homelessness	51.8%
Having child(ren) removed from care	18.3%
Domestic violence (as victim, perpetrator or witness)	78.0%

members were asked whether they had experienced domestic violence in their lives, be it as victim, perpetrator, or witness, and 78.0% reported that they had.

This section has outlined the proportion of family members that have experienced some of the adverse life events that are correlated with hardship, as precipitators, consequences, and barriers to exit from disadvantage. Unsurprisingly, particularly in light of 26.3% of family members reporting diagnosis of

post-traumatic stress disorder (see Section 6 of this report), significant numbers of family members had experienced homelessness, domestic violence, foster or out of home care, eviction, running away from home, having their children removed from their care, and prison and juvenile detention. Support for people when these events occur, and support to deal with the surrounding effects of these events, including trauma, is critical in order to break the cycle of disadvantage.

## 10. Service Use

**A key finding of the Auckland City Mission Family 100 project, from which *100 Families WA* was inspired, was the number of services accessed and the corresponding amount of time that families had to spend visiting services in attempts to fulfil their basic needs.**

In light of this, as well as *100 Families WA* family members being recruited from services, the baseline survey examined the services used by *100 Families WA* family members in the 12 months prior to survey. The proportion of families that accessed each different service type, and the mean number of services accessed for those that accessed a given service type, are presented in Table 9.

Emergency relief related to food was the most commonly accessed type of service, with 71.8% of family members surveyed accessing an average of 2.71 food emergency relief services in the 12 months prior to survey. It is important to note that the number of services does not reflect the number of visits – a person could visit one service weekly, or 10 services once each. Health services were the next most common type of service, accessed by 63.0% of family members. The mean number of health services accessed in the year prior to survey was 2.82. Mental health and counselling services were accessed by 45.5% of family members surveyed (mean number of 2.42 services); a mean number of 1.99 financial services were accessed by 44.5% of *100 Families WA* family members; employment services were accessed by 41.8% of family members (mean number of 2.18 services).

Over one third (38.0%) of family members accessed housing pathway or housing support services (mean: 1.96 services), and 28.8% had accessed a mean number of 2.79 emergency accommodation services. Over one quarter (27.5%) of family members surveyed had accessed an average of 1.79 legal services, and just under a quarter (23.5%) had accessed an average of 1.99 services for essential items such as laundry or bathroom facilities. Almost 1 in 5 (19.3%) of family members had accessed family and parenting services in the year prior to survey (mean: 2.48 services), and 16.5% had accessed an average of 1.47 addiction support services.

Table 9 Proportion of *100 Families WA* Family Members (N=400) That Access Services, and Mean Number of Services Accessed, by Service Type

Service Type of service	Proportion of <i>100 Families WA</i> family members that accessed in prior 12 months	Mean number of services accessed
Emergency accommodation services	28.8%	2.79
Housing pathway/housing support services	38.0%	1.96
Food emergency relief services	71.8%	2.71
Essential items e.g. laundry or bathroom facilities	23.5%	1.99
Health services	63.0%	2.82
Addiction support	16.5%	1.47
Mental health and counselling	45.5%	2.42
Legal services	27.5%	1.79
Financial services	44.5%	1.99
Employment services	41.8%	2.18
Family and parenting services	19.3%	2.48

These findings paint an interesting picture of service use. Although it stands to reason that a high proportion of family members access services, given that the project recruited from service delivery agencies, it is significant that visiting more than one service was consistently required to meet the need attended to by the service. The number of services accessed, the time spent accessing them, and the satisfaction with the service will be a prominent theme in the qualitative interviews.





# 11. The Lived Experience of Entrenched Disadvantage

This section presents analysis of responses to some of the open-ended questions in the baseline survey, to provide insights into the lived experience of disadvantage. The first question to be analysed is ‘If you were given \$100, what would you spend it on?’ Family members overwhelmingly responded that they would spend a spare \$100 on basic necessities – 68.5% mentioned food, 8.8% mentioned non-food grocery items such as toiletries and sanitary items, and 15.5% mentioned new clothing, and mostly for their children. Just over fourteen percent (14.5%) said that they would pay bills ranging from school fees, to utility bills, car registration to council rates. Transport, such as petrol for the car or Smartrider credit, was identified by 10.3% of family members as what they would spend a spare \$100 on. Notably, almost twice as many family members indicated that they would spend the money on presents or luxuries for other people (mostly their children) than those that said they’d spend it on luxuries, such as a day out or massage, for themselves.

The next question is ‘What does a good day look like for you?’ There was substantially more variation in the answers of family members to this question than to the question regarding a spare \$100 above. A common theme in terms of what a good day looks like for family members was children and grandchildren being well. This was often expressed in simple statements such as “if my kids are happy, I’m happy”, “having a happy child”, or “seeing my children smiling is a good day for me”. Sending the children off to school was an important component of children being well:

- “I get up and get the kids ready for school. Drop them off and then come home and clean the house and do the washing. Then make dinner and pick the kids up from school and then help them do homework. Watch a movie together”
- “Kids get to school on time and listen and do what is asked and no fighting”

“Getting organised for school. Dropping my son off and me getting home and getting some housework done.”

Spending time with their children was another important aspect of what a good day looks like for *100 Families* WA family members:

- “A day like today, spending time with my little ones”
- “Relaxing with my kids watching movies and going out to eat”
- “Spending quality time with my daughter.”

Another common theme with respect to what a good day looked like for *100 Families* WA family members, partially evidenced above, was the importance of having the house in order and getting housework done:

- “Clean house, dinner made, and happy children”
- “Waking up, chores done, food in the cupboards, family happy, petrol in the car, at least 2 bills paid”
- “Kids are at school, house is clean, food in the fridge. Money in the bank. Work coming up. Friends and family coming over.”

For a lot of *100 Families* WA family members, a good day was one where things went according to plan, and a routine could be followed:

- “I wake up, I do my morning program, I get things ready for the day. I take my daughter to daycare, and do what I need to do for the day”
- “A good day for me is when I have nothing come up against me. Everything with family and grandkids is well and no sad news”

“A day with no drama. Fun with my family and a peaceful rest”

“Everything runs smoothly and on time and planned.”

Feeling productive was important for *100 Families* WA family members to have a good day:

- “Not much pain and I achieve something that's good. I get something constructive done that I was meant to remember and I remember it”
- “When I get out of bed at a reasonable time, have food in my fridge to eat, get a couple of things achieved (either planned or unexpectedly) and get treated by others pleasantly”

“Productive. I like to have a lot of things done. And just positive energy.”

This focus on being productive was often linked to *100 Families* WA family members’ sense of self-worth, and their perceptions of the extent to which they were valued by others:

- “Achieving what I have set out to do feels good”
- “Wake up feeling well rested and feeling motivated to participate in "life". Feeling a sense of satisfaction by getting through another day clean and sober”
- “A good day involves feeling productive; getting myself engaged with services that help me to overcome the obstacles I face which are associated with not having a home. Generally feeling engaged with both services and my community”

“A good day is when I feel cheerful, when I remember to have a sense of humour in difficult situations. When I feel loved and support and I’m able to achieve some household tasks. When I’ve had a good day at work and I appreciate my abilities.”

Related to sense of self, the freedom to control how they spend their time and their choices was an important part of a good day for family members:

- “When I am not scared or beholden to others whether financially, physically, spiritually, or emotionally”
- “When I'm in control of my body and can move it freely.”

The absence of financial strain, and in particular the ability to put food on the table, was a very common theme among *100 Families* WA family members in identifying what a good day looks like to them:

- “Rent and bills paid and not accumulating. Food in the fridge, home clean and tidy. To have a job and to be part of the community”
- “A good day would mean me having money for all my needs so that I can eat and enjoy life”

- “When there is food in the cupboard, when I am in front with things - like paying the bills”
- “Food on the table, bills paid and everyone happy and healthy.”

Work, either in a current job or the prospect of finding a job, was an important component of a good day for many family members:

“I really like work too. I enjoy working, I'm thinking about going down to less days due to my age but I really enjoy it. It's a really good environment here, I help the younger ones and the students”

“Have a good day, wake up refreshed, come to work and see everyone happy and not suffering including family”

“Having a job interview, doing things for my grandchildren and children”

“Waking up, having breakfast to eat and a job to go to. Having dinner and a nice warm bed to come home to.”

The absence of drama and stress, particularly with respect to social relationships, was an important aspect of a good day for *100 Families* WA family members:

- “Getting up and not arguing, driving and relaxing all day”
- “Kids getting up without fighting, listening, going to school. Everyone happy and getting along”

“Sunny, warm and no one is hassling me”

“When I feel happy and all my family are happy and make me feel like I'm somebody.”

Good health was an important component of a good day for *100 Families* WA family members, in particular the absence of pain, and good sleep:

- “I wake up, if I'm well rested and pain free, that's a good day. There are good bits to each day, getting out makes a difference”
- “Not having any pain. Being able to walk without walking aides”
- “Being able to function enough to go to work or to do one household task or to be able to get out of the house and meet someone for a coffee. It’s a day when my fatigue is more manageable.”

The weather was mentioned by quite a few family members as important to having a good day – for most it was having the sun shine, though some preferred cold weather or specified that a good day was one that is “not too hot”.

In conclusion, a good day for *100 Families* WA family members is one where basic necessities are fulfilled – there is a roof over their head, food is on the table, pain is under control, and bills are paid – and, accordingly, they do not have to worry about these things. Quality time and positive relationships with friends and family were important, as was the ability to relax and enjoy their time together (or alone, for some). In short, it is not so much the presence of money or things that makes a good day for family members, it is the absence of financial and social stress that allows them to enjoy the simple things in life, like sunshine and time with family and friends that make a good day. The link between these freedoms and one’s sense of self-worth, and their perceptions of their worth to others, was articulated both directly and indirectly by many *100 Families* WA family members.

The next question asked of *100 Families* WA family members was “what do you need to be safe and well?” Flatau et al. (2018b) analysed the responses to this question when posed to homeless individuals during Registry Week events around Australia and, unsurprisingly, over 80% of respondents stated that a home was what they needed to be safe and well. While 17.3% of *100 Families* WA family members were homeless at the time of survey, 44.8% mentioned a home as essential to their safety and wellbeing. Much like the homeless individuals in the report by Flatau et al. (2018b), for many *100 Families* WA family members, it was simply “a roof over my head”, “shelter” or “a house”. For others, concerns about physical safety and the security of the home were present:

- “Door locked and security locked, backdoor open for cat to get in and out, so people knock at door”
- “Need more security around the house”
- “Security - environment (the housing, the area). Having enough money to do the things that I need, having a car that gets me from A to B, and knowing my children are safe.”



Stability and security of tenancy in the home was also a prominent necessity for safety and wellbeing:

**“Stable clean home for the girls and enough money to feed and clothe my girls”**

**“Proper stability in public housing, government benefits, a wide range of support from government”**

**“I'd like to own my own home so I'd know that we always have a roof over our heads.”**

Food was a prominent theme, often mentioned with shelter, indicating that, much like in Flatau et al. (2018b), family members concerns around safety and wellbeing centre on the fulfilment of basic needs:

**“We have a roof over a head and food in our bellies”**

**“A roof over my head and food on the table for the people I care about the most.”**

Having enough money and the absence of financial stress or strain were also mentioned by a number of *100 Families WA* family members as necessary for them to be safe and well:

**“Enough money to pay the bills comfortably without payment arrangements, be able to go shopping to [buy] some biscuit or chocolate, not stressing about paying car registration”**

**“Comfortable home, don't have to worry about anything, such as money [and] health. Good financial support to go through everyday basic needs”**

**“To have all finances in control and not have to worry about bills and food and money for leisure.”**

Health was a significant concern for *100 Families WA* family members with regard to their safety and wellbeing:

**“My first priority in my life is my health and knowing that I can live another day and be successful at everything that I do and also being around those who I love and care for each day”**

**“I need to make sure my health is intact and that my home is secure”**

**“I wish something could be done about my kidneys. I only have about 23% use left in my kidneys. I have looked after myself. Also have diabetes and blood pressure”**

**“I need to take my meds, I need to practice distress tolerance. I need my kids and my support network. And to be not near any violent people or triggering people. “**

Positive relationships with friends, family, and other social supports were also commonly mentioned *100 Families WA* family members in determining what they need to be safe and well:

**“Secure housing, contact with the community, cultural interaction that is stimulating”**

**“A good home and great company without drama and stress”**

**“The love and support of my partner and a place to call home”**

Children were also a strong element of safety and wellbeing among *100 Families WA* family members, often representing the reason for or link between other requirements for safety and wellbeing such as money, food and housing:

**“I need my kids with me and I need to stay strong in my faith”**

**“To feel safe and well I need money to send my children to school and get them what they need. Need clothes and food on the day table”**

**“Food in my stomach, nutritious food, money in my bank to provide for my kids”**

**“I need Centrelink issues to do with my son sorted so that he’s able to live a better life and be more supported.”**

Education and employment were mentioned as important components to safety and wellbeing by a significant number of *100 Families WA* family members:

**“A secure home, secure education, nice group of people around me”**

**“The basic stuff, security (job security, somewhere stable to live etc.) A bit of extra money.”**

**“I need security from a job, to be more active and start socializing more.”**

**“Secure house, children in school, me studying, a car, employment”**

Independence, self-worth and self-actualisation were the ultimate requirements for the safety and wellbeing of many *100 Families WA* family members:

**“To feel that I can cope with the bad day and feel good about myself”**

**“A clean & inspiring environment. Good food and a place I am proud to call home. People I can truly be myself around and that can motivate and support my decisions in life”**

**“Food, being able to feel safe, and try to strive at everyday day obstacles”**

**“Beyond shelter and food, personal growth, becoming a better person and helping others.”**

Therefore, much like the factors that contributed to a good day for family members, the things that family members referred to be safe and well are primarily about the basic necessities of life – food, shelter, physical safety, health, and money. Social relationships and support, particularly relationships with children and families, were critical for *100 Families WA* family members’ feelings of safety and wellbeing. Education and employment, along with the ability to achieve one’s goals and potential in life, were also important to safety and wellbeing. Of course, none of these factors operated in isolation for *100 Families WA* family members – many wanted safe and secure housing for their children, others wanted strong social relationships so they could achieve their potential in life, and many wanted the bills paid so that they could have less stress in their life.

Finally, we asked *100 Families WA* family members ‘If you had to name one thing that would make the biggest positive difference in your life, what would it be?’ The most common theme was money or financial stability, with over 20 family members citing that a lotto win would make the biggest positive difference in their life. Employment was the next most common theme, with almost one in five *100 Families WA* family members stating that a job would make the biggest positive difference in their lives. The importance of a job to other life outcomes, particularly the derivation of identity and self-worth was clear for many *100 Families WA* family members:

**“Having more of a solid career. At the moment I only do a small amount of work”**

**“Working again. Contributing, doing what normal people do. Come home from work, have tea go to sleep, have other stuff to think about”**

**“To get employment to improve the quality of my life”**

**“Getting a good employer who is a leader”**

**“Being able to work to have financial independence”**

**“Doing a job that is meaningful to me well into the future.”**

Changes in the health domain were another common thing that family members believed would make positive differences in their lives, for example “a cure for mental illness”, giving up addictions, and having necessary operations. Having their children returned to their care and/or being able to look after their children was commonly mentioned by *100 Families WA* family members as something that would make a positive difference in their lives. Finally, familial and social relationships were important areas for positive change. For some family members, this meant finding a partner, while for others, this meant being safely away from their partner. However, for most, positive social and familial relationships meant seeing their friends and family thrive independently.

This section has provided preliminary insights into the lived experience of disadvantage through analysis of open-ended questions posed in the *100 Families WA* baseline survey. Through this analysis and accompanying quotes, we see that family members aspire to the kind of life that most Australians expect. *100 Families WA* family members want a safe, stable home, good health, the ability to find meaningful work, to provide for their children financially and emotionally, and to form strong, positive connections with the people and communities that surround them so as to enable them to fulfil their potential. As stated, these are the things that most Australians expect from their lives, and the absence of these things therefore is a representation of the material deprivation experienced by *100 Families WA* family members. The barriers to and facilitators of achievement of these aspirations need to be deeply understood in order to achieve the *100 Families WA* project’s goal of breaking free from entrenched disadvantage





## 12. Conclusion and Next Steps

**Entrenched disadvantage is characterised by severe, long-term disadvantage across multiple domains of wellbeing. These multiple areas of disadvantage serve to compound each other, contributing to entrenchment and/or cycles of disadvantage and, often, the intergenerational transmission of disadvantage.**

The insidious nature of entrenched disadvantage and its severe, human consequences coupled with the opportunity to create positive change are the prime motivations for the *100 Families WA* project. The project seeks, through research with people with lived experience, to understand the lived experience of disadvantage such that actionable steps with regard to policy, practice, and advocacy can be made to break the cycle of entrenched disadvantage.

This baseline report has provided insight into the nature of entrenched disadvantage and deprivation in Perth, Western Australia, as experienced by *100 Families WA* family members. The baseline survey, completed by 400 family members identified by service delivery agencies as experiencing hardship or disadvantage, examined outcomes across material deprivation, health, mental health, substance use, economic participation, wellbeing and quality of life, adverse life experiences, and service use. Open-ended questions also provide some preliminary insights into the lived experience of disadvantage among family members.

In terms of income and material deprivation, three quarters of *100 Families WA* family members relied entirely on Centrelink for income support payments (that is, they did not receive any wage or salary-based income). The impact of an income level that is insufficient for the maintenance of a decent standard of living in Australia is evident across several indicators of financial-related strain. For instance, the vast majority (86.3%) of *100 Families WA* family members had a debt that was not a mortgage on their homes, 67.8% had missed utility bills in the year prior to survey, and 44.3% had sold or pawned something in the year prior to survey. Material deprivation, not having access to what most Australians consider the ‘essentials of life’ due to a lack of affordability, was substantially higher among *100 Families WA* family members than Australian population-representative studies (Saunders & Wilkins, 2016).

*100 Families WA* family members suffered from chronic health conditions at much higher rates than the general Australian population. Health service utilisation, in the form of emergency department visits and hospital inpatient admissions, was higher than that of the general Australian population, but not as high as other vulnerable populations such as the chronically homeless (Flatau et al. 2018a). Mental health conditions were prevalent among *100 Families WA* family members, with over two-thirds (69.3%) of family members reporting at least one diagnosis. Anxiety disorders and depression were the most common types of mental health conditions among *100 Families WA* family members, and one in four had been diagnosed with post-traumatic stress disorder. Levels of depression, anxiety and stress in the two weeks prior to survey were also substantially higher than that of the general Australian population (Crawford et al. 2016). Health risk due to current substance misuse was low among *100 Families WA* family members, with alcohol, cannabis and tobacco, followed by methamphetamine, being the substances with the highest proportions of *100 Families WA* family members at moderate or high risk.

Adverse life experiences were prevalent among family members, with over half experiencing homelessness, about one in four experiencing foster or out of home care, and more than one in five experiencing prison as an adult. Self-perceived quality of life among *100 Families WA* family members is markedly lower than that of the general Australian population across the domains of physical health, psychological, social relationships, and environment. The majority of both adults and children (though, notably, a lower proportion of children than adults) were experiencing food insecurity, the inability to safely access and afford adequate food to meet nutritional needs.

In terms of social supports outside of the household in a time of crisis, many family members did not feel they had a person to turn to, especially for emergency money, emergency accommodation, or help maintaining family and work responsibilities in a time of crisis. As expected due to families being recruited to the *100 Families WA* project through service agencies, access to non-government services was common among *100 Families WA* family members. Food emergency relief was the most commonly accessed service, followed by health services, mental health and counselling services, and financial services.

Somewhat unsurprisingly, in light of high levels of chronic physical health conditions and mental health conditions, economic participation among *100 Families WA* family members is low, with over two-thirds of family members not in the labour force. Caring responsibilities and long term illness or disability were the most common reasons that *100 Families WA* family members were not in the labour force. As mentioned above, the majority of *100 Families WA* family

members had some form of debt. This debt, undoubtedly compounded by low income and low employment, had significant negative impacts on the lives of *100 Families WA* family members. The majority reported that they had suffered inability to sleep, stress-related illness, and an inability to do what they wanted to do with their lives due to having debt.

Analysis of the open-ended questions: ‘what would you do with a spare \$100?’, ‘What does a good day look like for you?’, ‘What do you need to be safe and well?’, and ‘If you had to name one thing that would make the biggest positive difference in your life, what would it be?’ provide some preliminary insights into the lived experience of disadvantage.

Ultimately, it is clear that family members are concerned about fulfilling their most basic needs such as food, shelter, clothing, and health. Most are focused on the satisfaction of these needs for the people they love, particularly their children, and would, if given the option, choose to dedicate any extra resources to them. *100 Families WA* family members see the link between having their basic needs met, the associated reduction in stress, and their ability to achieve other things in life such as employment, positive social relationships, and a sense of purpose and meaning.

With regard to next steps for the project, fortnightly, qualitative interviews with 100 of the 400 family members that completed the survey are now underway. These will explore how daily life is navigated by *100 Families WA* family members, and provide clear ways in which policy and practice change can be actioned to positively impact the lives of those experiencing entrenched disadvantage in Western Australia. A second wave survey with the 400 family members will begin in November 2019, and a third Wave in November 2020. The focus of 2021 will be on translating the findings of the *100 Families WA* project into policy, practice, and advocacy, through a series of co-design processes including, of course, those with lived experience. Agency partners are committed to learning from the project how we can work together to improve the social services system to better meet the needs of people experiencing entrenched disadvantage. This will be done continuously throughout the project, as research findings are released. In terms of longer-term aspirations of the project, we seek to collect and analyse linked administrative data, establish subprojects in other regions of Australia, including regional and remote areas, and establish Australia’s largest knowledge base on entrenched disadvantage.



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Submission to the Senate Community Affairs Legislation Committee inquiry into the  
**Social Security (Administration) Amendment (Income Management and Cashless Welfare)**  
**Bill 2019**

*7 March 2019*

The Western Australian Council of Social Service Inc. (WACOSS) welcomes the opportunity to make a submission to the Senate Community Affairs Legislation Committee inquiry into the Social Security (Administration) Amendment (Income Management and Cashless Welfare) Bill 2019.

WACOSS is the peak body of community service organisations and individuals in Western Australia. WACOSS stands for an inclusive, just and equitable society. We advocate for social and economic change to improve the wellbeing of Western Australians and to strengthen the community services sector that supports them. WACOSS is part of a national network consisting of ACOSS and the State and Territory Councils of Social Service, who assist people on low incomes and experiencing disadvantage Australia wide.

We acknowledge the contributors to this submission, including Beverley Walley, whose response to the Senate Community Affairs Legislation Committee's inquiry into the Social Services Legislation Amendment (Cashless Debit Card) Bill 2017 is appended to this submission.

WACOSS strongly opposes the extension of the cashless debit card trials to June 2020.

#### **Evaluation Data**

The extension of the trials relies on the findings of the ORIMA Research. Along with many other organisations and individuals, WACOSS identified serious shortcomings with this evaluation in our [submission](#) to the 2017 inquiry.

As we noted, the analysis relied in large part on secondary survey data of reported purchasing patterns (many of them given some time after the fact), rather than on primary data of income support recipients' consumption of goods that cannot be purchased with the card. This results in several confounding factors that directly impact the reliability and validity of the research results, and the ability to draw conclusions from it that allow the attribution of causality of changes in behaviour and wider social outcomes. These include research design and sampling strategy, questionnaire design, recall bias and social desirability bias, rising refusal rates and the combination of longitudinal and intercept data among others.

'Recall bias' is where reliability is impaired because people's memories of past patterns of behaviour are unreliable and shown to be easily influenced by the context in which questions about historic behaviour are asked. Recall data needs to be tested against primary sources of data such as actual spending behaviour. Self-reports are also at a high risk of 'social desirability bias', where participants respond in what they consider to be a socially acceptable way. Interviewees were asked to provide personal ID before being interviewed about a government program with a high public profile that

includes coercive powers, then questioned about alcohol consumption, gambling and illicit drug use. Researchers working with Aboriginal people (and a significant proportion of those interviewed were Aboriginal) are particularly conscious of cultural conventions where it is considered polite to agree with others and there is a risk they will only tell a stranger or a person in authority what they think they want to hear. It is, in fact, specifically stated in the final evaluation report that this is a particular concern around self-reports of illegal drug use and as a result these reports should be “interpreted with caution.”

Though these trials are taking place in areas with a high proportion of Aboriginal people, such as the East Kimberley, there was no indication given as to how the survey evaluation engaged with people whose primary language was not English. This is of particular importance considering the difficulties reported in the trial for Aboriginal subjects accessing support for problems with the Cashless Debit Card from Indue due to language barriers. There are robust and well-established ethical principles for conducting research with Aboriginal people – both the [AIATSIS \(2012\) Guidelines](#) and the [NHMRC \(2003\) Guidelines](#) – but neither is mentioned or appear to have been adhered to in the evaluation.

We also noted that the data from the East Kimberley and Ceduna sites were weighted equally, despite the East Kimberley having a much higher rate of trial participants (1247 compared to 757). The description of the first and second survey sampling periods as ‘waves’ is somewhat misleading, as this language is properly associated with a longitudinal study model. The second stage of the study is in fact a combination of a second round of systematic intercept sampling and follow-up sampling of 134 subjects. This data is not analysed separately and it is unclear whether this model introduced a systematic bias into the findings.

The high level of non-responders and refusers to the survey undermines the representativeness of the results. It is important to acknowledge that the experiences of non-responders are often different to those who respond to surveys, and sometimes dramatically so. We noted that there was a dramatic increase in the refusal rate to the second round of the survey (89 refusals in ‘Wave 1’ vs ‘222 in ‘Wave 2’ in Ceduna). This is partially masked by the way the data is reported, as follow up surveys with those who agreed to be re-interviewed in the first round and were directly contacted are included, producing an apparent refusal rate of 24% rather than the actual refusal rate of new interviewees of 48%.

Furthermore, a significant proportion of the respondents in the interviews reported none of the behaviours the trial was intended to target – 180 of the 552 respondents (31.5%) in wave 1 and 228 of the 479 respondents (42%) in wave 2 reporting not drinking, gambling or taking drugs before or during the trial period. The proportion of those not doing so significantly increasing in the second wave at the same time the refusal rate has also risen dramatically.

Taken together, these factors cast significant doubt on the representativeness of the survey findings. As a result, the ability to meaningfully generalising from the survey findings as to the impact the trials have had on behaviour and consumption is very limited.

We recommend that the Committee takes note of the [Queensland Council of Social Service Review of the Cashless Debit Card Trial and Evaluation](#) and the [Australian National University Centre for Aboriginal Economic Policy Research Cashless Debit Card Evaluation](#), both of which clearly elucidate the fundamental limitations of the ORIMA Research evaluation report.

## **Kalgoorlie 'Baseline' Report**

We note that the report from the Future of Employment and Skills Research Centre at the University of Adelaide entitled *Cashless Debit Card Baseline Data Collection in the Goldfields Region: Qualitative Findings* faces many of the same problems and limitations as the ORIMA Research. The report relies upon interviews conducted with 66 stakeholder representatives and 64 CDC participants within the Goldfields CDC sites and is limited in its generalisability to broader population groups.

The interviews highlight shared community concerns about social harm and dysfunction within the Goldfields and emphasise considerable gaps in service coverage and functionality within the region. Critical ongoing issues in the region include alcohol and drug misuse, child safety and welfare, family violence, poverty, lack of opportunity and crime. While some respondents expressed hope that the CDC trial may provide a stimulus or avenue to prompt action on these problems and bring in additional services, resources and support, it is clear from their responses that the CDC alone is not considered to be an effective solution to these underlying issues.

During a WACOSS consultation visit to Kalgoorlie in June 2018, we heard from both community service providers and those with lived experience of the cashless debit card system. We were particularly concerned by a number of personal stories shared with us that highlighted the personal and financial problems created by the manner in which the CDC was implemented, particularly in relation to the cancellation of existing direct debit arrangements, the time taken to navigate and get approval to meet ongoing financial commitments, the need to constantly renegotiate ongoing payments through the shop-front, and the financial costs of payment cancellations and delays.

Many people who are reliant on income support, including single parents and carers for people with a disability, are in fact exceptionally good at budgeting to balance their financial needs and obligations against their meagre income on a day-by-day and week-by-week basis, and arbitrary decisions to interfere in and over-ride their household budgets can result in unnecessary financial hardship and distress. Efforts at financial management assistance should start from the position of understanding current household budgetary arrangements and the reasons behind ongoing expenditure arrangements. Assistance should be directed to where it is needed to improve financial management skills and build ongoing budgeting capacity. It is notable that many of those surveyed supported a more targeted approach to the provision of support and intervention based on need.

We also note that the perceptions of some stakeholders of improvements in spending patterns and crime rates need to be grounded in real data, and more detailed analysis is required to separate out seasonal factors or the impacts of wider economic cycles, as well as changes in policing or service provision, from changes attributable to the trial.

## **Impacts of the Trials**

As we noted in our previous submission, while the ORIMA research has been used as a justification for extending and expanding the trials, no credence seems to have been placed on the finding in both the Wave 1 and 2 reports that the *majority* of participants indicated that the card had made their lives *worse*, rather than better. As an outcome from the trials, this seems to be an extraordinary failure and something should at the very least be taken as an indication that the trials should be put on hold until an appropriate fix or service response can be determined, if not permanently ending the trials.

Individuals that we have spoken to in the East Kimberley have reported a serious sense of disempowerment amongst participants in the trial. They have observed a continued deteriorating in

the quality of life for families and children, who have experienced significant suffering while on the Cashless Debit Cards as a result of mental ill-health, chronic illness and violence.


One East Kimberley resident stated that participants “are not LIVING being on the welfare card and trying to put bread and food on the table, they are just SURVIVING.”

A social worker whose clients have been using cashless cards informed WACOSS that they have observed clients buying ‘allowed’ products using the card, which they have then exchanged for products and services they are not able to purchase using the card. Typically, however, the clients were needing to spend more on the allowed products they intended to trade than the value of the item for which they were trading. As a result, the card was not preventing them obtaining the items they were not able to purchase with it, but was simply seeing them spending more of their income on those items, contributing to higher levels of financial hardship and increased negative social outcomes.

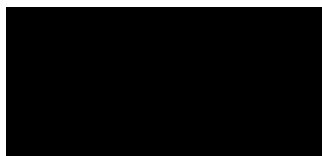
It is the position of WACOSS that mandatory income management will inevitably disempower participants. Income management approaches can be effective, but in order to be so they must be genuinely voluntary and supported by appropriate wrap-around, holistic services that enable those effected to address their particular needs and take control of their own finances. It is crucial that people are the decision-makers in their own lives and that is in no way diminished by a person requiring social security payments for any period of time.

Attempting to address complex social issues in highly impoverished regions with a blunt instrument like the Cashless Debit Card is simply inappropriate. Instead, the investment and focus should be on job creation and providing appropriate, culturally-accessible services that support people to address alcohol and other drug misuse and problem gambling.

An approach that empowers and respects people as the decision-makers in their lives is needed to design a system that supports communities, rather than the punitive and paternalistic approach of the cashless debit card.

If you would like to discuss this submission further, please contact the WACOSS Research and Policy Development Leader Chris Twomey 

Yours sincerely,



Louise Giolitto  
Chief Executive Officer  
WACOSS

## APPENDIX 1

Submission to the Senate Community Affairs Legislation Committee on the:

### **Social Services Legislation Amendment (Cashless Debit Card) Bill 2017**

*29 September 2017*

Public and Joint submission from:

**Beverley Walley**

**Gailene Chulung**

We live in Kununurra and lead a group of people who are opposing the extension of the cashless welfare card trial. We and much of our community, oppose this trial as it is a paternalistic measure that aims to allow the government to tell Indigenous people how to spend their money. This cashless card will cause more problems and issues for already struggling families. We will outline issues concerning this trial.

1. The government claims the trial was community based and was driven by the community, in reality it was not. The trial was and is contested. Rather a limited and privileged group of people have had more opportunity for input than the majority of the impacted community.
2. Community was not informed or aware of who the leaders were who were being consulted in regards to signing on to the trial. We understand now that many of those leaders were leaders of organisations and not representative of leaders from our communities.
3. The introduction of the trial was rushed and this has caused much hardship to the people impacted by the trial. It was announced in February 2016 and the roll out was April 2016. This resulted in less than two months' public lead time. It meant people being on the card prior to even understanding what it was and how it would impact them, let alone how it even worked.
4. After the trial started there was a town meeting held at White Gum Park in Kununurra to hear community concern. Approximately 80 people attended to express their frustrations as to why the card had to be compulsory and why a broader representative of community people were not consulted.
5. We found similar oversight in the coordination of the 2016 Kununurra Community panel
  - a. Many people did not understand how the panel was to work
  - b. Many did not understand that there were opportunities to change quarantined amounts
  - c. Majority of people did not know how to make a request for changed quarantined amount
  - d. Many people neither had access to technology nor the technology literacy to take part
6. This Cashless Debit Card certainly targets Indigenous people regardless of official government communication as this trial disproportionately impacts Indigenous people.

7. Our experience tells us that government communication has not improved since the roll out and vulnerable people continued to be caught off guard by it. For example, one mother told me she could not put her child on the school bus because the bus only takes cash and her income support entitlements were on her card.
8. While the government talked about providing wrap around services for people impacted by the card through a 1.6-million-dollar budget to community organisation. It was not and is not clear if the funds are for services who provide support to people impacted by the card or a substitution for existing programs which are already running on tight budgets.
9. The ORIMA Evaluation The ORIMA Evaluation commissioned by the government to evaluate the trial is methodically 'flawed' for the following reasons;
  1. The data presented claims causality and 'proof of concept', however causality cannot be shown because the impact of the card cannot be isolated from other programs operating in the East Kimberly including 'Taking Away Alcohol Management'(TAMS) that record and restrict alcohol purchases by individuals in Kununurra and Wyndham.
  2. TAMS was a yearlong trial introduced five months (12 December 2015) before the CDC. An evaluation of the TAMS trial presented inconclusive evidence on the effectiveness of the trial, as those effects could not be separated from the CDC trial.
  3. While undertaking the evaluation, the ORIMA team offered \$30 food vouchers to people if they took part in the survey; this brings some suspicion regarding the supposed volunteer nature of taking part.
  4. If the CDC trial was successful as claimed by Government, then we ask the question, why are there further restrictions being placed on alcohol purchasing?

This card is causing shame for the people, it is disempowering already vulnerable people rather than addressing drug, alcohol and addiction abuse in this region. Programs such as this should be designed with our community in a consultative manner. Furthermore, those people and families affected by these programs should be provided with the appropriate support to take control of their own finances and deal with any addiction, mental health problems or impacts of trauma.

We would like to see government collaborate with community to set up local action groups to tackle these issues, not punish a large proportion and block them out of an opportunity to participate in the change.

We would like to acknowledge the Western Australian Council of Social Service's support in writing and submitting this submission.

Submission to the Senate Community Affairs Reference Committee

**Inquiry into ParentsNext, including its trial and subsequent broader rollout**

*1 February 2019*

The Western Australian Council of Social Service Inc. (WACOSS) welcomes the opportunity to make a submission to the Senate Community Affairs Reference Committee on the ParentsNext program.

WACOSS is the peak body of community service organisations and individuals in Western Australia. WACOSS stands for an inclusive, just and equitable society. We advocate for social and economic change to improve the wellbeing of Western Australians and to strengthen the community services sector that supports them. WACOSS is part of a national network consisting of ACOSS and the State and Territory Councils of Social Service, who assist people on low incomes and experiencing disadvantage Australia wide.

WACOSS supports the recommendations made in the submission by the Australian Council of Social Service.

In preparation of this short submission, WACOSS has consulted with its members, including those who are ParentsNext program providers or whose clients are part of the ParentsNext program. WACOSS also convenes and supports the Community Relief and Resilience network that brings together emergency relief and financial counselling services to better understand and respond to those experiencing financial hardship and personal crisis.

The concept of supporting people to be able to overcome barriers to employment, including single mothers, through reskilling and prepare them for employment or to re-enter the workforce is unquestionably positive. WACOSS has serious concerns, however, about the effectiveness of the ParentsNext program to achieve that goal and the assumptions underpinning the program design. Becoming a parent can be a critical life event for many young parents that causes them to re-evaluate and re-focus their life goals on longer-term family-oriented outcomes. A positive strength-based intervention with a focus on participation and career development can play a critical role in helping young parents identify their aspirations and meeting their full potential. At the same time parenting can be very stressful, emotional, exhausting and overwhelming – meaning young parents can be easily overwhelmed and discouraged.

Program providers have expressed concerns to WACOSS relating to the targeted compliance penalties and the compulsory nature of the program for those who have received Parenting Payments for at least six months, has a youngest child aged under 6 years, and has no reported earnings from employment in the previous six months. The punitive nature of the scheme and the



denial of agency for parents is not considered by service providers to result in improved parenting confidence and knowledge.

It has been suggested to WACOSS that, the activity requirements and compliance penalties are in fact having the perverse outcomes of disengaging parents, putting increased pressure on sole parents and could lead to further traumatisation and social isolation.

While some providers may be able to achieve positive outcomes for their clients, these providers are finding they must find ways to work around the program in order to give parents the assistance they actually need.

Food relief agencies have reported to WACOSS that they have had ParentsNext program clients seeking food from their services, due to having had their payments suspended for not meeting ParentsNext activity requirements. These clients are reported to have multiple unmet needs, none of which ParentsNext is orientated to address and may actually be exacerbating. WACOSS has even been informed of instances where parents have stayed with abusive partners due to their fears of the impact of compliance penalties.

Despite the explicit target of this program being parents with young children, it does not appear to recognise in any way the reality of life for single parents or the different circumstance of individual cases. Further, it does not recognise the important value of the unpaid work that mothers undertake, but seemingly treats them as 'intentionally unemployed' despite being full-time caregivers.

Forcing parents into activities to make them 'employment ready' that do not recognise their existing qualifications and skills or the availability of appropriate and meaningful employment serves no positive purpose. In addition, the program makes no allowance for the cost and availability of the childcare that is not only necessary for these parents to undertake the required work activities, but also to be able to re-enter the workforce.

In one story relayed to WACOSS, a single mother of three, including two very young twins, only had access to a donated twin pram that was too wide to fit through doorways. As the sole carer of these children, this clearly posed a barrier for the mother to be able to attend some of her required work activities. It was only through referral to receive counselling that she was able to then postpone the required activities for enough time to be able to organise child care and travel arrangements.

It is well-established that the early years are critical to a child's social and intellectual development. Placing parents into heightened situations of stress such as having to navigate their way through punitive programs, as well as forcing their separation from their children as they undertake their required activities in no way assists in creating the supportive and caring environments that children need to thrive.

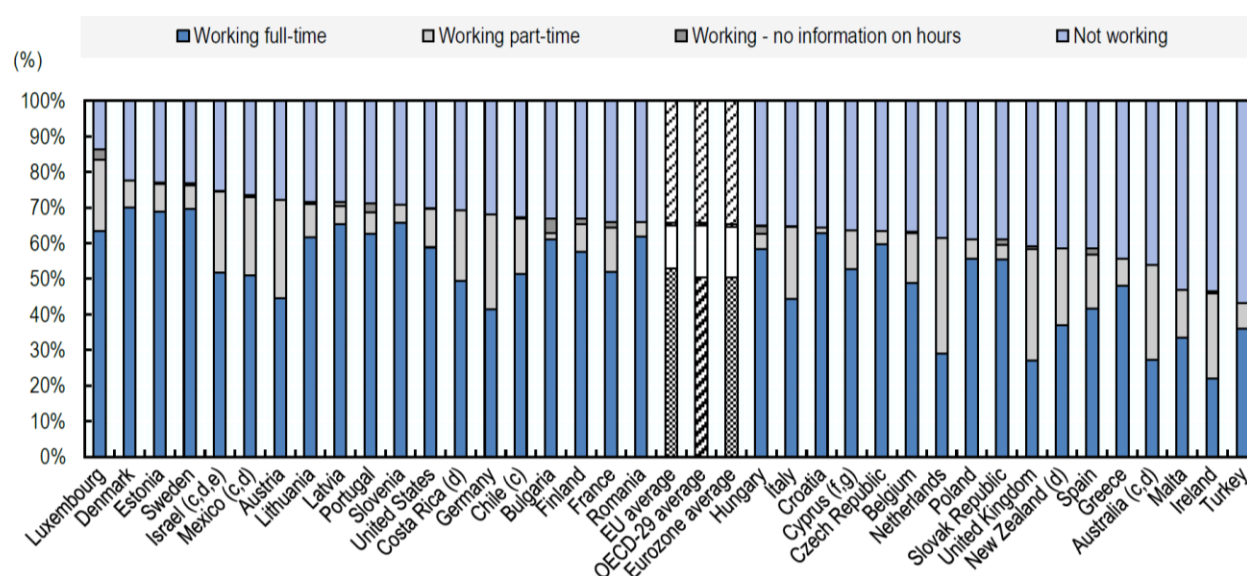
A 2017 OECD report into labour market participation in Australia outlines that underrepresented groups in the labour market, including lone parents with young children, can face multiple barriers

to employment.<sup>1</sup> The report found that the employment rate for single mothers in Australia was the third-lowest in the OECD, after Ireland and Turkey, at 50.8 per cent in 2014.

The report found that the most significant barriers to employment for underrepresented groups were stated to be lacking work experience, low education and poor health. Crucially, the report stated that employment intervention alone was not sufficient to enable these groups to re-enter employment, but that integrated support was needed that addressed their health as well as their care responsibilities.

**Chart – Employment status of single parents, 2014**

Distribution (%) of single parents with at least one child aged 0-14 by employment status



Source: OECD Family Database, [www.oecd.org/els/family/database.htm](http://www.oecd.org/els/family/database.htm)

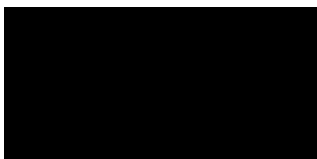
Access to free or affordable child care, as well as flexibility in work arrangements can be crucial to enabling parents, when they are ready, to re-enter the workforce. A punitive mandatory program that is structurally unable to take into account the individual needs and circumstances of either the parents or the children is clearly fundamentally flawed.

WACOSS expects to continue to hear and collect more stories from frontline services and those with lived experience of Parent Next through our networks

If you would like to discuss this submission further, please contact the WACOSS Research and Policy Development Leader Chris Twomey at [chris@wacoss.org.au](mailto:chris@wacoss.org.au) or 9420 7222.

<sup>1</sup> OECD (2017), *Connecting People with Jobs: Key Issues for Raising Labour Market Participation in Australia*, Connecting People with Jobs, OECD Publishing, Paris

Yours sincerely,



Louise Giolitto  
Chief Executive Officer  
WACOSS

Submission to the Senate Community Affairs Legislation Committee on the:

**Social Services Legislation Amendment (Cashless Debit Card) Bill 2017**

*29 September 2017*

The Western Australian Council of Social Service Inc. (WACOSS) welcomes the opportunity to comment on the Social Services Legislation Amendment (Cashless Debit Card) Bill 2017

WACOSS is the peak body of community service organisations and individuals in Western Australia. WACOSS stands for an inclusive, just and equitable society. We advocate for social change to improve the wellbeing of West Australians and to strengthen the community sector service that supports them. WACOSS is part of a national network consisting of ACOSS and the State and Territory Councils of Social Service, who assist low income and disadvantaged people Australia wide.

WACOSS supports the submissions on CDC prepared by ACOSS and QCOSS.

**Trial Limitations**

Our overriding concern with the proposed legislative extension of the Cashless Debit Card trials is the significant gap between the actual evidence of the impacts of the trials carried out to date and the claims being made politically about that evidence. Quite simply the evidence is not there to support the claims of positive impacts and improved outcomes being made by Minister for Social Services and the Minister for Human Services to justify extending the measures to other populations and location.

We note that the repeal of section 124PF of the *Social Security (Administration) Act 1999* as proposed in this Bill removes the limitations on the Cashless Debit Card trial period, the number of trial areas and the number of trial participants.

The explanatory memorandum states that by removing these limitations, more flexibility is provided for the expansion of the trials.

It is our position that the provision of flexibility to allow ongoing expansion of the Cashless Debit Card trials has not been justified and we have significant concerns around the research that is being used to support their continuation and expansion.

The Council strongly advocates for evidence-based policy and believes that is critical that changes to key legislation impacting on the daily lives and well-being of Australians is independently and transparently examined, tested and justified. This, we believe, is particularly critical when such changes impact upon some of the most disadvantaged and vulnerable members of our community to curtail their access to the resources necessary to achieve a basic standard of living and their ability to exercise some choice and control.

Significant concerns have been raised publicly by academic experts into the methodology of the trial evaluations conducted by Orima Research (including Dr Janet Hunter at CAEPR, ANU and Prof. Eva Cox at Jumbunna, UTS). We expect the committee will receive several reports from social

researchers (noting submissions are not yet publicly available). The analysis relies in large part on secondary survey data of reported purchasing patterns (many of them given some time after the fact), rather than on primary data of income support recipients' consumption of goods that cannot be purchased with the card. This results in several confounding factors that directly impact the reliability and validity of the research results, and the ability to draw conclusions from it that allow the attribution of causality of changes in behaviour and wider social outcomes. These include research design and sampling strategy, questionnaire design, recall bias and social desirability bias, rising refusal rates and the combination of longitudinal and intercept data among others.

'Recall bias' is where reliability is impaired because people's memories of past patterns of behaviour are unreliable and shown to be easily influenced by the context in which questions about historic behaviour are asked. Recall data needs to be tested against primary sources of data such as actual spending behaviour. Self-reports are also at a high risk of 'social desirability bias', where participants respond in what they consider to be a socially acceptable way. Interviewees were asked to provide personal ID before being interviewed about a government program with a high public profile that includes coercive powers, then questioned about alcohol consumption, gambling and illicit drug use. Researchers working with Aboriginal people (and a significant proportion of those interviewed were Aboriginal) are particularly conscious of cultural conventions where it is considered polite to agree with others and there is a risk they will only tell a stranger or a person in authority what they think they want to hear. It is, in fact, specifically stated in the final evaluation report that this is a particular concern around self-reports of illegal drug use and as a result these reports should be "interpreted with caution."

Though these trials are taking place in areas with a high proportion of Aboriginal people, such as the East Kimberley, there is no indication given as to how the survey evaluation engaged with people whose primary language was not English. This is of particular importance considering the difficulties reported in the trial for Aboriginal subjects accessing support for problems with the Cashless Debit Card from Indue due to language barriers. There are robust and well-established ethical principles for conducting research with Aboriginal people – both the [AIATSIS \(2012\) Guidelines](#) and the [NHMRC \(2003\) Guidelines](#) – but neither is mentioned or appear to have been adhered to in this research.

We also note that the data from the East Kimberley and Ceduna sites were weighted equally, despite the East Kimberley having a much higher rate of trial participants (1247 compared to 757). The description of the first and second survey sampling periods as 'waves' is somewhat misleading, as this language is properly associated with a longitudinal study model. The second stage of the study is in fact a combination of a second round of systematic intercept sampling and follow-up sampling of 134 subjects. This data is not analysed separately and it is unclear whether this model introduces a systematic bias into the findings.

The high level of non-responders and refusers to the survey undermines how representative its results should be considered to be. It is important to acknowledge that the experiences of non-responders are often different to those who respond to surveys, and sometimes dramatically so. We note that there was a dramatic increase in the refusal rate to the second round of the survey (89 refusals in 'Wave 1' vs 222 in 'Wave 2' in Ceduna). This is partially masked by the way the data is reported, as follow up surveys with those who agreed to be re-interviewed in the first round and were directly contacted are included, producing an apparent refusal rate of 24% rather than the actual refusal rate of new interviewees of 48%.

Furthermore, a significant proportion of the respondents in the interviews reported none of the behaviours the trial was intended to target – 180 of the 552 respondents (31.5%) in wave 1 and 228

of the 479 respondents (42%) in wave 2 reporting not drinking, gambling or taking drugs before or during the trial period. The proportion of those not doing so significantly increasing in the second wave at the same time the refusal rate has also risen dramatically.

Taken together, these factors cast significant doubt on the representativeness of the survey findings. As a result, the ability to meaningfully generalising from the survey findings as to the impact the trials have had on behaviour and consumption is very limited.

It should be noted that, while this research has been used as a justification for extending and expanding the trials, no credence seems to have been placed on the finding in both the Wave 1 and 2 reports that the majority of participants indicated that the card had made their lives worse, rather than better. As an outcome from the trials, this seems to be an extraordinary failure and something should at the very least be taken as an indication that the trials should be put on hold until an appropriate fix or service response can be determined, if not permanently ending the trials.

The survey data includes significant personal reports of increased hardship as a result of the trials. 52% ran out of money to buy food during the trial and 26% reported doing so on a fortnightly basis. 19% were unable to pay the rent or mortgage during the period, 6% on a fortnightly basis. 35% reported being unable to pay bills, 11% fortnightly. 45% couldn't pay for their child's needs (such as school books) with 19% doing so fortnightly. 44% couldn't pay for essential times during the trial, 19% fortnightly. 55% were forced to borrow money from family and friends during the trial, 21% were doing so regularly. 43% ran out of money because they had given it to family or friends, 17% did so regularly. These are significant hardships, which do not meet with community expectations of basic living standards.

It is also important to remember in this context that the 2014 evaluation of the income management component of the Northern Territory Intervention found no impact on alcohol consumption or related harm, with no evidence that outcomes for children had improved.

### **Disallowable Instruments**

The explanatory memorandum also states that the amendments do not remove the legislative safeguards protecting how, when and where the cashless debit can operate, by virtue of only being implemented in a location with the introduction of a disallowable instrument.

WACOSS is concerned that although the legislative instruments are disallowable by Parliament, the level of oversight and consultation will in fact be reduced should it be possible for the Government to apply the cashless debit card to locations without having to go through the process of amending the existing legislation. In the absence of credible evidence of the claimed benefits of the card, this appears to be an attempt to facilitate more widespread roll-out of these controversial measures without appropriate public scrutiny.

### **Conclusion**

WACOSS is opposed to the blanket application of cashless debit cards or income management.

Restricting access to cash should only be adopted when there is full community support, the program is co-designed with communities, and those effected are provided a pathway out and adequate and appropriate support to take control of their own finances and to deal with any existing addictions, mental health problems or history of trauma. We note that the explanatory


memorandum states that these legislative amendments will provide the opportunity for Government to co-design the parameters of the trials with interested communities, and tailor the program to meet community need. It is not however clear why, considering the legislation only sets out the utmost limits of the trials, a co-designed and tailored approach could not and has not been taken with the existing trials. The proposed amendments may provide Government with the 'flexibility' to undertake such processes, but there is nothing the community can rely on as a guarantee that such processes will take place.

This kind of targeting and quarantining of income support should not take place in the absence of the provision of a suite of wrap-around, community-led and run supports to address social issues such as addiction. This is because, fundamentally, restricting access to cash does not address the underlying issues that contribute to social problems.

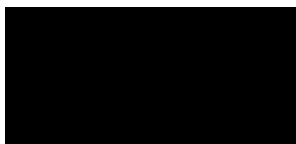
An approach that genuinely seeks to tackle these issues through providing the kind of supports that people need to overcome life-events of this nature is what is needed in our communities. It is not something we have seen with these trials.

There is simply not enough evidence of meaningful benefit to those effected by the trials to justify the harm produced by these measures and the curtailing of their basic human rights.

While the Prime Minister continues to claim that 'the best form of welfare is a job' it is evident that no matter how unpleasant or demeaning they make accessing income support, nor how far below the poverty line the level of payments fall – you simply cannot force people into jobs when the jobs they need aren't there. The resources being spent on complex cashless debit card arrangements and trials would have a much greater impact if spent on job creation, on providing appropriate support for those who need help to deal with alcohol, drug or gambling addictions and mental health problems.

If you would like to discuss this submission further, please feel free to contact the WACOSS Research and Policy Development Leader 

Yours sincerely,



Louise Giolitto  
Chief Executive Officer  
WACOSS

Submission to the Community Affairs References Committee Inquiry into:

**The design, scope, cost-benefit analysis, contracts awarded and implementation associated with the Better Management of the Social Welfare System initiative**

*From the Western Australian Council of Social Service*

*April 2017*

Thank you for the opportunity to participate in this inquiry.

The Western Australian Council of Social Service Inc. (WACOSS) is the peak body of community service organisations and individuals in Western Australia. WACOSS stands for an inclusive, just and equitable society. We advocate for social change to improve the wellbeing of West Australians and to strengthen the community sector service that supports them. WACOSS is part of a national network consisting of ACOSS and the State and Territory Councils of Social Service, who assist low income and disadvantaged people Australia wide.

**Procedural Justice**

WACOSS supports the principle of ensuring that people receive the level of support they are entitled to, that inadvertent errors are corrected in a fair and timely manner, and deliberate attempts to defraud the Commonwealth are prosecuted.

The Council is concerned however, that the Online Compliance Intervention System (OCI) is needlessly causing anxiety among people who have done the right thing and reported their earnings.

We urge the committee to consider (and the Commonwealth to adopt) a principled approach to procedural justice for those accessing all Commonwealth payments or subsidies or incurring Commonwealth debts (including through Medicare and our tax system).

We believe that, where a citizen has engaged in good faith with a Commonwealth service or support to which they are (or have just cause to believe to be) entitled, and have complied with all directions and requirements and provided all the information requested, have not withheld any relevant information or sought to mislead the relevant authorities – then they should not be held retrospectively liable and penalized for mistakes that were made by Commonwealth systems or staff.

In this context, we do not believe it is reasonable or fair to expect former-clients of Centrelink to be able to re-source information that they have already supplied to Centrelink staff many years previously, and the onus of proof should be on Centrelink to demonstrate there are reasonable grounds to believe they have deliberately defrauded or misled the Commonwealth.

The shifting of the onus of proof onto former service users in circumstances where the Commonwealth has yet to demonstrate the reliability and validity of its data-linking and data-matching techniques between DHS and ATO systems is simply not appropriate.

We argue that the onus should be on Centrelink investigative staff to demonstrate that all efforts have been made to cross-check all data and that an exhaustive search of client files has been made to rule out likely and well-known sources of error prior to an allegation being made and a debt being levied.



Given the number of stories presented in evidence to the Committee of errors of mis-categorisation of data provided to Centrelink, the failure to adequately match employer records and employment periods to Centrelink and ATO reporting periods, it is clear that a much higher level of human analysis and cross-checking must be required before it is appropriate for Centrelink to commence debt-recovery proceedings. This is particularly true where there is good reason to believe that many of the clients involved are likely to be extremely vulnerable and lack the capacity to engage with complex administrative systems.

Furthermore, there should be a limitation on how far back it is reasonable to expect former Centrelink clients to have kept employment records. We have been told that Centrelink used to advise its clients that it needed to keep copies of their pay-slips for at least six months, but have not yet been able to verify this information.

We are particularly concerned that one potential source of significant errors is the failure by employers to properly or accurately report on employment periods, leading the ATO and/or Centrelink to make assumptions about likely employment dates that may not match those reported in good faith by former Centrelink clients.

The potential impact and risk of over-recovering debts from vulnerable people should have been better considered before such a system was implemented. Doing so would have required the Department to engage with stakeholders, such as the community services sector and payment recipients. In the absence of that engagement, the system has inevitably been confusing, stressful and incapable of adequately addressing concerns as they have arisen.

### **The Changing Role of Centrelink**

The Council is concerned that the role of Centrelink staff and the manner in which the social security system now operates has changed significantly over the past decade in ways that have made it increasingly less fit for the changing nature of work within our economy and community.

Centrelink staff used to play a key role in supporting and assisting disadvantaged and vulnerable clients to access, understand and navigate the social security support system to ensure they received the assistance to which they were entitled with a view to facilitating better life outcomes. Over the last decade we have increasingly seen the implementation of a new managerialism, which is increasingly rule-driven and risk adverse, and where the role of staff has shifted from that of helper and facilitator to that of gate-keeper and enforcer of compliance. These changes have coincided with a reduction in employee satisfaction, retention and morale, higher rates of turn-over and a de-skilling of the workforce.

This change in roles has coincided with a shift in attitudes, from an appreciation of the impacts of societal disadvantage and understanding of the personal consequences of structural unemployment and economic change, to a culture of individual blame and mistrust where reliance on income support is seen as a result of a personal failing, a lack of character and motivation rather than opportunity that is best tackled by compliance. There is no evidence to support the assumption that increasing the level of poverty and suffering of the un-employed and under-employed will lead to better workforce outcomes, and many reasons to suspect that it makes them less resilient and flexible, and hence less able to respond to emerging labour market opportunities.

### **A Fit-for-purpose Social Safety Net for the Twenty-first Century**

The technology and administrative systems that have enabled the development of the Online Compliance Intervention (OCI) system that links DHS and ATO data have the potential to greatly

simplify and strengthen the administration of income support and supplementary payment systems. Currently the administration of Centrelink services and supports has become unnecessarily complex, burdensome and expensive for both staff and recipients alike. This level of complexity is both unnecessary and counter-productive, reflecting a policy pre-occupation with compliance and risk-management rather than one geared towards producing better economic and social outcomes.

Given the emergent capacity that has been (poorly) demonstrated by OCI to link income support, social security entitlement, income and tax data, there is an opportunity to develop and put into place a simpler, easier to use, more flexible and responsive system of managing and delivering entitlements and reporting workforce participation and income that is more fit-for-purpose.

The nature of work within our community has changed dramatically in the last two decades, with increasing levels of short-term and insecure employment, increasing uncertainty in hours worked and income received from week to week, and increasing levels of underemployment. A fit-for-purpose social security safety net would allow greater simplicity and flexibility in the application of reporting periods and compliance activities, secure in the knowledge that it would ultimately have access to all income data. Such data and analysis will increasingly move from being retrospective to real-time, and clients will increasingly expect to have access to their records to enable them to track their entitlements and obligations so they can make more informed budgeting and work activity decisions. Doing so would also substantially reduce the administrative overheads of the system, while providing greater income security and hence social resilience for clients.

While such a move makes clear economic and social sense, it is at odds with the prevailing political narrative that seeks to blame the unemployed and under-employed for their own disadvantage and increasingly take control of their daily lives through participation requirements, compliance activities and income management. An evidence-based approach to workforce preparedness, resilience and flexibility that takes its lead from best practice in other jurisdictions with more developed and diversified knowledge and service economies will result in a modern and progressive social security safety net that makes us forwardly competitive in a rapidly changing world and better able to respond to innovation and opportunity.

### **Vulnerability and Risk**

It seems clear that in designing the system, the Department of Human Services gravely underestimated the complexity of what they are seeking from people in order to respond to the debt notices. The OCI system has placed undue emotional and financial burden on recipients, as they seek to provide income evidence. Recipients were not provided with any increase in support or assistance, despite the demands being made upon them being significantly more severe.

It should be noted that, before the implementation of OCI, Centrelink systems were already difficult and burdensome for many people from disadvantaged backgrounds and vulnerable populations to navigate. The Council is concerned that the implementation of OCI has exacerbated existing and long standing issues with Centrelink access, customer service delivery and support.

WACOSS is greatly concerned that people who are vulnerable and at risk are being targeted by OCI, with Centrelink being too restrictive as to who they are marking as 'vulnerable'. The criteria for vulnerability needs to be reviewed and potentially expanded in light of OCI impacts, along with greater support for clients be provided. It should be noted that the OCI process has significant potential to *make* someone vulnerable or increase their level of vulnerability, and that needs to be taken into account in any attempt to design a debt-recovery program and client engagement strategy by the Department of Human Services.

The prioritisation of on-line channels like myGov as primary access points creates issues for those without access or the ability to manoeuvre through digital systems. Further, there have been longstanding usability issues with the myGov website, making its prioritisation inappropriate at such a time. Given that a number of historic alleged debts are being targeted that predate the implementation of myGov, it is neither fair nor reasonable to expect that former clients will be able to navigate or have access to the system.

Though WACOSS understands the minor changes announced in January have made small improvements, the system remains fundamentally flawed and continues to place too great a burden on potentially vulnerable individuals.

It is clear from the evidence that has been reported to the Committee to date that the accuracy of the automated information needs to be validated by a human before being acted upon and significant efforts need to be undertaken to cross-check all existing client information and file-notes. The removal of the human element in this process has not led to any positive outcomes.

By placing the onus of proof on recipients, with highly onerous demands (such as providing income evidence retrospectively over a six-year period) and without appropriate support being provided to Centrelink clients to adequately respond to the debt notices, it is difficult to come to any conclusion other than that the likelihood of clients over-paying debts was of no concern to the Department or the Government.

We believe that serious questions need to be answered about the lawfulness and accuracy of the debt-matching process, and support the recommendations made in the *Victorian Legal Aid* submission, in particular:

- To ensure responsible, lawful, government decision making and action (recommendations 1-6)
- To ensure responsible engagement with Centrelink customer (recommendations 7-9);
- To ensure transparency and access to Departmental operational information (recommendations 10-12)
- To ensure responsible handling of social security information (recommendations 13-15)

### **Policy rationale and workforce outcomes**

As far as we are aware, there is no rational policy justification for the personal impacts and financial consequences for individuals required to disprove allegations of overpayment or fraud retrospectively. The lack of information and support provided to current and former Centrelink clients placed in these circumstances is unfair and unjust. It cannot be linked in any credible way to improving employment outcomes for those who have at some point relied on income support. If anything the added personal and financial stress may put at risk their ability to maintain current employment arrangements and act as a disincentive for them to take on any short-term, casual, precarious or part-time work in the future.

This program should have been suspended as soon as the flaws and high error-rates became clear. OCI is undermining public confidence in our social security system (and other critical Federal tax, transfer and entitlements systems by association, including the ATO and Medicare) and creating distrust in the capabilities and opportunities presented by data linkage. It is fundamentally undermining trust in the governance of our personal data during a period of significant change where we face many challenging data policy issues relating to privacy and social licence.

The program places undue and unnecessary pressure on government support recipients, and making people more vulnerable, when it seems clear that a modern, responsive workforce policy would seek to enhance the resilience of those moving in and out of precarious employment to support them to achieve more secure employment and financial arrangements to make a greater contribution to our community and economy.

### **A Case Study – Patricia’s Story**

*Patricia is 75 years old and lives in an aged care residential community facility. Patricia officially retired ten years ago. Since this time Patricia has taken some casual employment, which ceased about five years ago. Because she notified the Department about this work, Patricia was understandably very shocked to recently receive an automated debt recovery notification of approximately \$2,000 for overpayments that were incurred 5-10 years ago. Most distressing to Patricia was the nominated deduction of \$180 per fortnight that commenced almost immediately. Diagnosed with the early stages of Alzheimer’s, and too confused to respond to the letter alone, Patricia sought support from a lawyer at a local Community Legal Centre. On her behalf, this practitioner negotiated a much lower repayment rate of \$25/fortnight. Patricia would not have been able to survive on her remaining disposable pensioner income if this had not happened.*

*Patricia also relayed a story about another couple in the aged care centre who received an automated account from the Department for \$15,000. Like Patricia, this was the first time that these pensioners were aware that they had any debt outstanding. Unlike Patricia, however, this elderly couple did not have the confidence or resources to have the notification verified. Absolutely distraught and feeling helpless, they have made a decision to sell their car to settle this debt. This couple have opted to remain anonymous with Patricia encouraging them to get support in the interim.*

### **Recommendations:**


WACOSS and other members of the COSS Network has been consulted in the construction of the national submission by ACOSS, and endorses all the recommendations in that submission.

In particular, WACOSS believes the following recommendations need to be actioned immediately by the Government and Department.

- The Commonwealth Government must immediately stop the Online Compliance Intervention program, including any existing debt recovery action that has arisen.
- There must be an independent review of all alleged debts raised by the OCI that are under repayment or have been repaid, to assess whether they are owed and, if so, whether they are accurate. This should include review of the 10% recovery fee.
- The Government and the Department must not publicly release people’s protected information under any circumstances.
- The Government must reverse planned funding cuts to Community Legal Centres and properly fund Community Legal Centres and Legal Aid Commissions that assist people with social security issues, including programs such as the OCI (with proper assessment of the impact on demand of new programs).
- The Government must restore Centrelink staffing levels to adequate levels. Centrelink staff must be involved in the assessment of potential debts, and to be able to respond in a timely way people adversely affected by Centrelink decision.

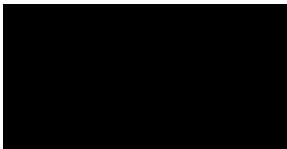
Further, in response to the changing nature of employment within our economy and in recognition that our current social security safety-net is no longer fit for purpose:

- The Commonwealth Government should commit to a broader review of our social security system that considers the opportunities offered by data linkage processes and online reporting systems to develop a simple and more flexible system that is 'fit for purpose' and increases the capacity of those in insecure and precarious work to respond more readily to labour market opportunities (and hence to improve their financial security and enhance their contribution to our economy and community).

Should you wish to discuss the contents of this submission further, please contact Chris Twomey, Research and Policy Development Leader, 

Yours sincerely

**Louise Giolitto**



**Chief Executive Officer**

# Food Relief Framework

## Briefing

August 2019



## The premise of the Food Relief Framework

*Secure the basic right for every person in Western Australia to be food secure, with support from all sectors of the community*

# Overview

## Context

Food insecurity is responsible for a growing social, health and economic burden in Australia, largely driven by financial hardship. According to Foodbank, over four million Australians experienced food insecurity at least once in the preceding 12 months in 2018, and more than 508,000 charitable meals are provided each month in this State.

Food relief across Western Australia is vast and varied – the sector is made up of multiple ‘segments’, including indirect and direct services (see Diagram 1). The sector struggles to meet the demand for food relief, with most stakeholders in the food relief system not resourced to respond adequately to the increasing demand and the complexity of issues facing people who experience food insecurity.

## Current landscape

Lotterywest funded the Western Australian Council of Social Service to auspice the Food Relief Framework Project in 2017. The need for a framework came from the community sector after it was recognised that improvements to the service system can be made to better respond to need.

A WA Food Relief Framework Working Group was established and extensive stakeholder and community consultation across regional and metropolitan areas was undertaken. The high level findings paint a stark picture.

1. Food insecurity is rarely an emergency, it is much more likely to be entrenched and periodic, over a longer period, with limited pathways out.
2. There are major gaps in transport logistics and infrastructure between food retail, food rescue and food relief organisations.
3. Food relief is not adequate to meet the nutritional, cultural and social needs of those who experience food insecurity.
4. There is a wide range of food relief models, from queuing for food in parks to more dignified and socially acceptable methods, such as supermarket shopping vouchers or eating seated meals that allow individual choice.
5. Food insecurity does not exist in isolation and food relief services are not well integrated with other service areas.

6. The food relief sector is under-equipped to work in this complex environment, relying mainly on a voluntary workforce, often with limited resources.
7. There are no evaluation systems to map, monitor and measure the need for, or impact of, food relief services.
8. Critically, there is no central location in government for oversight and coordination.

## The Framework

The conversations with stakeholders around the State, about what we needed to do to change this, mobilised the involvement and commitment of a diverse range of people, groups and agencies, including the state government. A new picture of food insecurity emerged. Importantly we established a baseline of food insecurity in WA through the development of the Food Stress Index.

In partnership with providers and consumers, we identified what good practice for services looks like and we designed a set of attributes that consumers can expect across service provision. We know what we need to do now to make sure we can assess the impact of service delivery going forward. And we have established some key platforms and resources to continue this work.

We now have a greater understanding of the different and integrated policy levers that can be used to alleviate the condition of poverty and food insecurity.

The WA Food Relief Framework is the roadmap to improved outcomes for people and families. It provides the basis for how we can work together to better assist those who experience food insecurity. The Framework also delivers a deeper understanding about why food insecurity exists in WA and sets out pathways that provide solutions to an issue that has far-reaching consequences.

This work was only possible because of the effective relationships built amongst us in the sector. We have role modelled what good cooperation and collaboration can look like. We have generated widespread interest. Other jurisdictions have told us that WA is leading the way. This foundational work will translate into better outcomes for people who live with food insecurity and entrenched hardship in the longer term.

Lotterywest recently granted additional funds to support the finalisation of specific activities that have arisen out of the Food Relief Framework and that go beyond the original scope of the Project.

To ensure enduring change we are now relying on others’ engagement and contributions.

## The invitation

The Food Relief Framework invites all levels of civil society – government, community and the corporate and commercial sectors – to address gaps in food security in Western Australia.

With the WA Premier's leadership, the Food Relief Roundtable will be tasked with overseeing this. The invitation to key players from the different sectors to join will include all levels of government, producers, transporters, retailers, wholesalers, providers, researchers, funders, media, lawyers and emergency services, amongst others. The attention that this Framework has already garnered around Australia attests to how important this work is, and that the highest level of political, business and community representation on the Roundtable is therefore warranted.

In addition to overseeing and assisting the progression of the recommendations of the Framework, members of the Roundtable will bring new perspectives and ideas. This agenda of the Roundtable will span, but not be limited to, the following areas.

1. Initiatives and collaborations to improve appropriate and nutritious food security in Western Australia
  - a. Gaps in supply, transport and storage
  - b. Natural disaster management
  - c. Other factors that will increase food security
2. Measuring and monitoring
3. Food security governance and accountability for the next five years





# Solutions

The summary of the recommendations listed here are interconnected and part of an overall food relief system, there is overlap between both the solutions and accountability for them.

## MAPPING AND MONITORING

- ✓ Identify a host for the Food Stress Index and its data collection, to map, measure and monitor the potential risk of food insecurity and need for food relief across Western Australia

## SUPPLY

- ✓ Prepare a submission for tax deductibility of transport and storage of rescued nutritious food to the Australian Taxation Office to increase the supply of these foods for food relief
- ✓ Convene an inaugural Food Relief Roundtable, comprising representatives from all segments of the WA system
- ✓ Expand platforms to share resources between the commercial and food rescue services
- ✓ Ensure safe, nutritious and affordable food for remote Aboriginal community stores and regional Aboriginal funerals
- ✓ Investment in infrastructure to distribute pre-packed frozen meals

## PROVISION

- ✓ Support widespread use of outcomes oriented service delivery to promote flexible services tailored to needs and circumstances
- ✓ Ensure adequate funding component built into service contracts for backbone and centrally organised workforce support

- ✓ Continue developing and maintaining resources and platforms to assist providers with giving relevant information and referrals pathways, and strengthening local partnerships
- ✓ Pilot place-based funding for local solutions to food insecurity
- ✓ Continue progressing data collection and reporting systems with an outcomes focus
- ✓ Support widespread use of a volunteer Food Safety Code of Practice and other resources
- ✓ Support widespread adoption of food relief service provider Practice Principles

## CONSUMPTION

- ✓ Support widespread adoption of Consumer and Provider Charter for food relief
- ✓ Design and trial a supermarket card voucher system, enabling consumers to shop in mainstream stores
- ✓ Explore, support and evaluate alternative models of providing food relief
- ✓ Ensure lived experience input into designing, implementing and evaluating food relief policies, services and responses

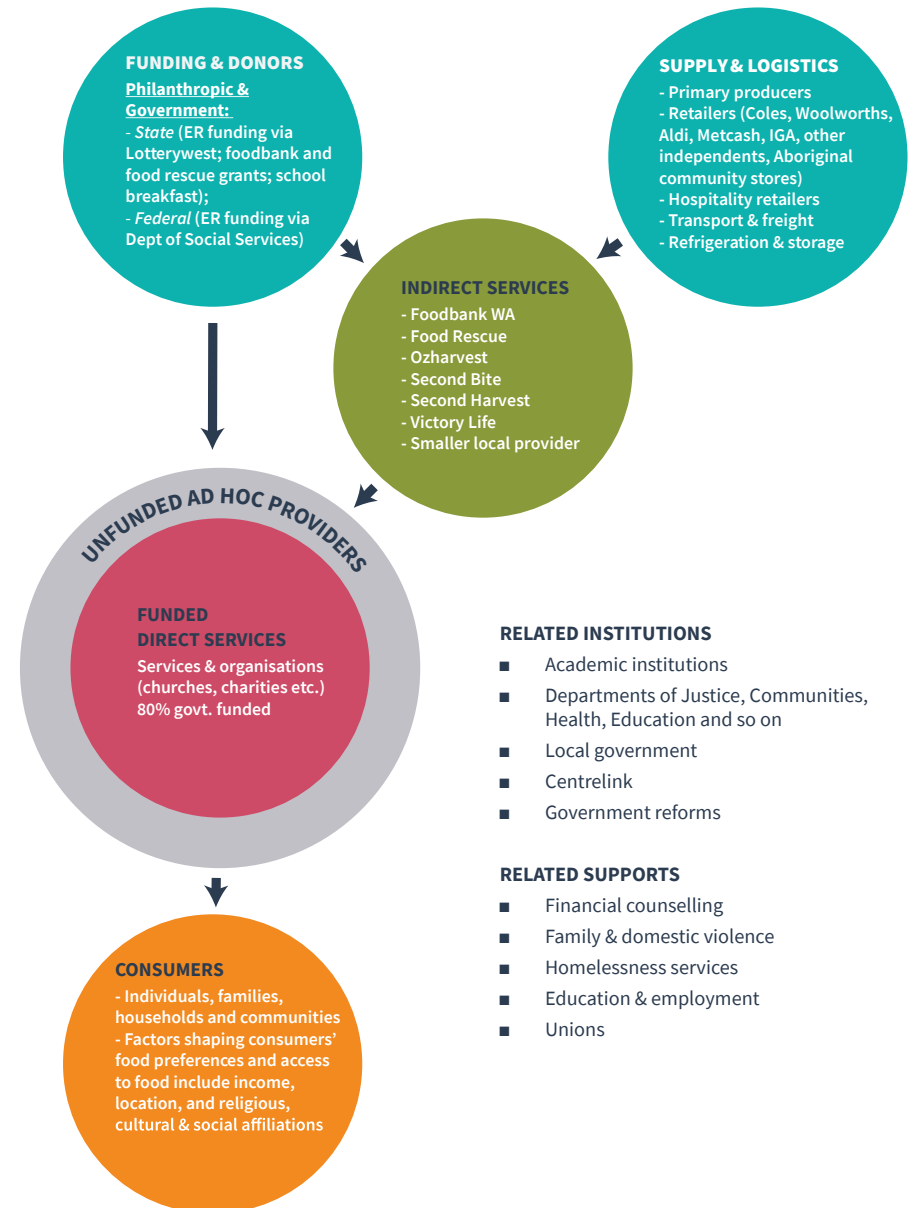
## POLICY COORDINATION AND LEADERSHIP

- ✓ Proactive Government leadership on an issue impacting many Western Australians
- ✓ Develop and resource a nutrition-focused food relief policy
- ✓ Ensure evidenced based and sustained funding for greater efficacy in service delivery
- ✓ Strengthen the role for and relationships with Local Government
- ✓ Align Food Relief Framework with current government reforms and priorities



Diagram 1

### Map of the WA food relief system (how it works)



# Food Stress Index

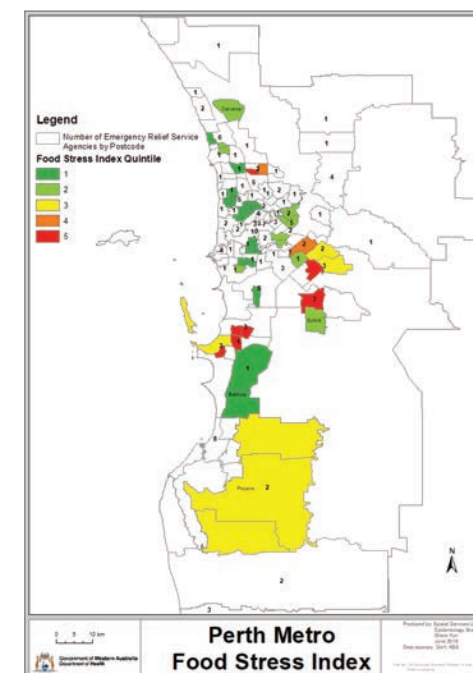
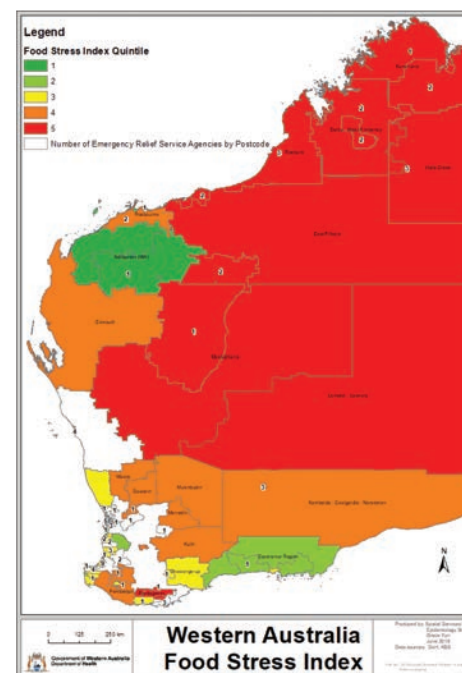
As mentioned, the Framework Working Group has overseen the development of a Food Stress Index, a tool that can geographically map food insecurity risks across the State. The tool can provide crude estimates of the types and amounts of food required for food relief.

The Food Stress Index combines multiple socio-economic data sets, which are designed as a measure of overall advantage or disadvantage, with food affordability. Food affordability is determined by applying the food prices from the WA Food Access and Cost Survey to basic nutritious meal plans to ascertain the proportion of weekly household income needed to purchase the food basket. Together these variables created the Index, able to predict the proportion of households in an area that are likely to be suffering

food stress. With this information, we are able to estimate the amount of food required for food stressed families in each geographic area.

The Food Stress Index can be used to estimate how much food relief is required for various scenarios, for example, the requirements for 100 per cent food relief at a local government area level in natural disasters such as floods, cyclones and earthquakes.

Food insecurity is increasingly in focus around Australia, and other states, industry and researchers are very interested in the Food Stress Index as a tool in the prediction of future need and targeted responses. The location-specific data generated via the Index will also be vital for a range of other sectors too.



**WACOSS  
stands for  
an inclusive,  
just, and  
equitable  
society**

We advocate for social change to improve the wellbeing of Western Australians and to strengthen the community services sector that supports them.



# WA Food Relief Framework Report 2019

state  
sector  
relief  
map  
funding  
coordination  
opportunities  
nutrition  
assist  
security  
outcomes  
food  
insecurity  
government  
collaborations  
logistics  
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safe  
WACOSS  
health  
choice  
issue  
services  
stakeholder  
corporate  
partnership  
regional  
visibility



wa council of  
social service





*The path to food security begins with defining the problem, then designing solutions.*

## The premise of the Food Relief Framework

**Secure the basic right for every person in Western Australia to be food secure, with support from all sectors of the community**



## Acknowledgements

The Food Relief Framework Working Group acknowledge the First Nations Peoples, on whose land this work took place. We acknowledge those who have gone before us, those who are here today, and those who will come in the future.

Lotterywest funded the Western Australian Council of Social Service to develop the WA Food Relief Framework in partnership with key stakeholders (the Project). This report is the conclusion of that stage of the Project.

The Framework was developed with significant contributions from the members of the Framework Working Group, which was established from the onset of this Project. In addition to those named below, past and present members include Greg Hebble and Roslyn Giglia, Foodbank WA; Kelly McIntyre, Department of Communities; Deb Edwards and John Godfrey, Department of Social Services; Lorna Pritchard, Natalie Venables, Lucy Westcott, Pauline Logan and Lucy Reynolds, Lotterywest; Sheena Cher, Manna; David Settelmaier, Minister McGurk's office; Jennifer Keen, OzHarvest; Andrew York and Rod Sweett, St Vincent de Paul; Lindsay Boyer and Phil Jennings, Salvation Army; Jim Mullan, Second Bite; and Ann Bartlett and Ruth Aspinall, South Metropolitan Health Service.

As independent chair of the Working Group, Helen Creed's involvement has been invaluable, spanning multiple facets of this Project, in addition to

facilitating meetings. Lockie McDonald, Principal at Fullsky, recruited to the Project, went beyond his contracted remit to provide ongoing support. This Project would also not have been possible without the efforts and guidance of Dr Christina Pollard from East Metropolitan Area Health Service who was instrumental in instigating the creation of a WA Food Stress Index and other related research. Tim Landrigan, a Curtin University PhD candidate, developed the Index as part of his thesis under the supervision of Professor Deborah Kerr, Professor Satvinda Dhaliwal and Dr Pollard. The Framework provided the impetus to further develop the Index to identify local government areas of particular concern and estimate the quantity and types of food needed for food relief. The East Metropolitan Health Service supported this work and funded the 2017 Food Access and Costs Survey. Ashurst and Law Access organised pro bono legal advice which is still ongoing. Last, but by no means least, WACOSS staff members Leela James and Dr Jennie Gray provided strategic leadership across all aspects of the project as well as overarching coordination support.

This Framework relied on the insights and inputs of people with lived experience, service providers and other local network members from around the state. This Project would not have been possible without their wholehearted engagement.

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## Glossary

**Charitable food sector** is comprised of both funded and unfunded providers of free or subsidised food for the purpose of alleviating food insecurity arising from poverty.

**Food stress** occurs when a person, couple or family have to spend more than 25% of their disposable income on food. Food stress is an indication of increased likelihood of food insecurity.

**Food insecurity** is the reduced or unreliable access to nutritionally appropriate or safe foods, or the reduced or unreliable ability to obtain foods in socially conventional ways.

**Food relief** is the provision of food to people in need. Food relief is also called food assistance and is a key part of emergency relief.

**Indirect service providers** are the suppliers, producers and deliverers of food for the charitable food sector. This includes the organisations, who are responsible for the logistical transport and storage of the food, and the wholesalers whose role is to source, bank and/or distribute food to direct services providers.

**Direct service providers** deliver food straight to recipients through a variety of different methods.

**Consumers** are the recipients of the provision of food relief. Consumers are also referred to as service users and clients as well as consumers. These terms are used interchangeably in this report. Consumers can refer to an individual, couple, family or household.

**Food surplus** and **food waste** refers to excess retail food that has not been sold.

**Commercial and corporate** refers to the continuum of public and private business activity, from local enterprises and smaller producers to national retailers and networks. They are used together throughout the report.

# Overview



## Context

Food insecurity is responsible for a growing social, health and economic burden in Australia, largely driven by poverty and inadequate income and/or financial hardship. In 2018, over four million Australians experienced food insecurity at least once in the preceding 12 months, according to Foodbank. Western Australian charitable food services all reported dramatic increases in the demand for food relief, with the number of people seeking food relief, up 39 percent between 2017 and 2018, with more than 508,000 meals provided each month in Western Australia.<sup>1</sup>

Food relief across the state is vast and varied – the sector is made up of multiple ‘segments’, including indirect and direct services (see Diagram 1). The sector struggles to meet the demand for food relief, with most segments in the food relief system not resourced to respond adequately to the increasing demand and the complexity of issues facing people who experience food insecurity.

## Current landscape

Lotterywest funded the Western Australian Council of Social Service to auspice the Food Relief Framework Project in 2017. The need for a framework came from the community sector after it was recognised that improvements to the service system can be made to better respond to need.

In the absence of existing data, the food relief sector collaborated to map the issue and identify solutions to address gaps in the State’s food security system. A WA Food Relief Framework Working Group was established and extensive stakeholder and community consultation across regional and metropolitan areas was undertaken, engaging service providers, government, consumer groups, and the corporate sector. The high level findings paint a stark picture.

1. Food insecurity is rarely an emergency, it is much more likely to be entrenched and periodic over a longer period, with limited pathways out.

2. There are major gaps in transport logistics and infrastructure between food retail, food rescue and food relief organisations.
3. Food relief is not adequate to meet the nutritional, cultural and social needs of those who experience food insecurity.
4. There is a wide range of food relief models, from queuing for food in parks to more socially acceptable methods, such as supermarket shopping vouchers or eating seated meals that allow individual choice.
5. Food insecurity does not exist in isolation and food relief services are not well integrated with other service areas.
6. The food relief sector is under-equipped to work in this complex environment, relying mainly on a voluntary workforce, often with limited resources.
7. There are no evaluation systems to map, monitor and measure the need for, or impact of, food relief services.

8. Critically, there is no central location in government for oversight and coordination.

The WA Food Relief Framework is the roadmap to improved outcomes for people and families. It provides the basis for how can we work together to better assist those who experience food insecurity. The Framework also delivers a deeper understanding about why food insecurity exists in WA.

The focus on addressing food insecurity is increasing across Australia, and the WA Framework is considered to be at the forefront as it aims to develop a comprehensive response to the problem. This report is the culmination of that work, setting out pathways that provide solutions to an issue that has far reaching consequences.

## Progress

This Project began with a problem that was widely recognised – we do not have the systems in place to ensure sufficient and nutritious food to address growing food insecurity in Western Australia. The way that this problem was articulated, and the solutions needed to address it, differed. This depended on which segment of the charitable food sector that it was being viewed from; suppliers, providers, consumers, government, researchers and funders, plus others.

Our conversations with stakeholders around the State, about what we needed to do to change this, mobilised the involvement and commitment of a diverse range of people, groups and agencies, including the state government. A new picture of food insecurity emerged.

Importantly we established a baseline of food insecurity in WA through the development of the Food Stress Index. This marker was not known before this Project.

We have better insights into the complexities and challenges people, families and communities who live with food insecurity, encounter everyday by undertaking conversations with consumers using

food relief services. A lived experience framework is being piloted to facilitate the ongoing input of consumers’ perspectives and ideas into food relief policies and models.

In partnership with providers and consumers, we identified what good practice for services looks like and we designed a set of attributes that consumers can expect across service provision. We know what we need to do now to make sure we can assess the impact of service delivery going forward. And we have established some key platforms and resources to continue this work.

We now have a greater understanding of the different and integrated policy levers that can be used to alleviate the condition of poverty and food insecurity.

The improvements and innovations that have been implemented, since we commenced, are evident in changed practices. Service providers are moving towards a holistic outcomes focus. There are new alliances between primary producers and food rescue operators. Local networks have been established and others have been reinvigorated. There is enhanced clarity about food regulations for the charitable food sector. Local government has increasingly become connected to the provision of local food relief. We have a mechanism that will allow us to set targets to keep us on track and measure against in the future.

These foundational outputs will translate into better outcomes for people who live with food insecurity and entrenched hardship in the longer term.

Lotterywest recently granted additional funds to support the finalisation of specific activities that have arisen out of the Food Relief Framework and that go beyond the original scope of the Project.

This work was only possible because of the trusting and effective relationships built amongst us. We have role modelled what good cooperation and collaboration can look like. We have generated widespread interest. Other jurisdictions have told us that WA is leading the way.

To ensure enduring change we are now relying on others’ engagement and contributions.



# The invitation

The Food Relief Framework invites all levels of civil society – government, community and the corporate and commercial sectors – to address gaps in food security in Western Australia.

Understanding the potential of the Framework to address food insecurity in the State, the Working Group has involved key stakeholders in the WA Government and community service sector in designing and building this roadmap. This shared development has meant early and diverse commitment to the strategies recommended.

With the WA Premier's leadership, the Food Relief Roundtable will be tasked with overseeing these. The Premier will invite key players from the different sectors to join. This will include all levels of government, producers, transporters, retailers, wholesalers, providers, researchers, funders, media, lawyers and emergency services, amongst others.



Members of the Food Relief Roundtable will assist the implementation of the solutions, as well as bringing new viewpoints and visions to an issue that is escalating. The inaugural Roundtable agenda will cover:

1. Ways to improve appropriate and nutritious food security
2. Measuring and monitoring
3. Food security governance and accountability

The attention that this Framework has already garnered around Australia attests to how important this work is, and that the highest level of political, business and community representation on the Roundtable is therefore warranted.

The Roundtable will be the first time that these diverse stakeholders come together to collaborate on an issue that impacts a significant proportion of Western Australians and that all members have a stakeholder interest in addressing. The Food Relief Framework provides the platform for this work to happen.





The summary of the solutions listed here have been identified and designed with a range of representatives and groups who are partners to the Food Relief Framework, and who are eager to see these implemented. The purpose of the solutions, and the role of the sector stakeholders responsible for the carriage of these, are explained in the report. And some of them have already begun. Because the recommendations are interconnected and part of an overall food relief system, there is overlap between both the solutions and accountability for them.

MAPPING AND MONITORING

- ✓ Identify a host for the Food Stress Index and its data collection, to map, measure and monitor the potential risk of food insecurity and need for food relief across Western Australia

SUPPLY

- ✓ Convene an inaugural Food Relief Roundtable, comprising representatives from all segments of the WA system
- ✓ Prepare a submission for tax deductibility of transport and storage of rescued nutritious food to the Australian Taxation Office to increase the supply of these foods for food relief
- ✓ Expand platforms to share resources between the commercial and food rescue services
- ✓ Ensure safe, nutritious and affordable food for remote Aboriginal community stores and regional Aboriginal funerals
- ✓ Investment in infrastructure to distribute pre-packed frozen meals

PROVISION

- ✓ Support widespread use of outcomes oriented service delivery to promote flexible services tailored to needs and circumstances
- ✓ Ensure adequate funding component built into service contracts for backbone workforce support
- ✓ Continue developing and maintaining resources and platforms to assist providers with giving relevant information and referrals pathways, and strengthening local partnerships
- ✓ Pilot place-based funding for local solutions to food insecurity
- ✓ Continue progressing data collection and reporting systems with an outcomes focus
- ✓ Support widespread use of a volunteer Food Safety Code of Practice and other resources
- ✓ Support widespread adoption of food relief service provider Practice Principles

CONSUMPTION

- ✓ Support widespread adoption of Consumer and Provider Charter for food relief
- ✓ Design and trial a supermarket card voucher system, enabling consumers to shop in mainstream stores
- ✓ Explore, support and evaluate alternative models of providing food relief
- ✓ Ensure lived experience input into designing, implementing and evaluating food relief policies, services and responses

### POLICY COORDINATION AND LEADERSHIP

- ✓ Proactive Government leadership on an issue impacting many Western Australians
- ✓ Develop and resource a nutrition-focused food relief policy
- ✓ Ensure evidenced based and sustained funding for greater efficacy in service delivery
- ✓ Strengthen the role for and relationships with Local Government
- ✓ Align Food Relief Framework with current government reforms and priorities



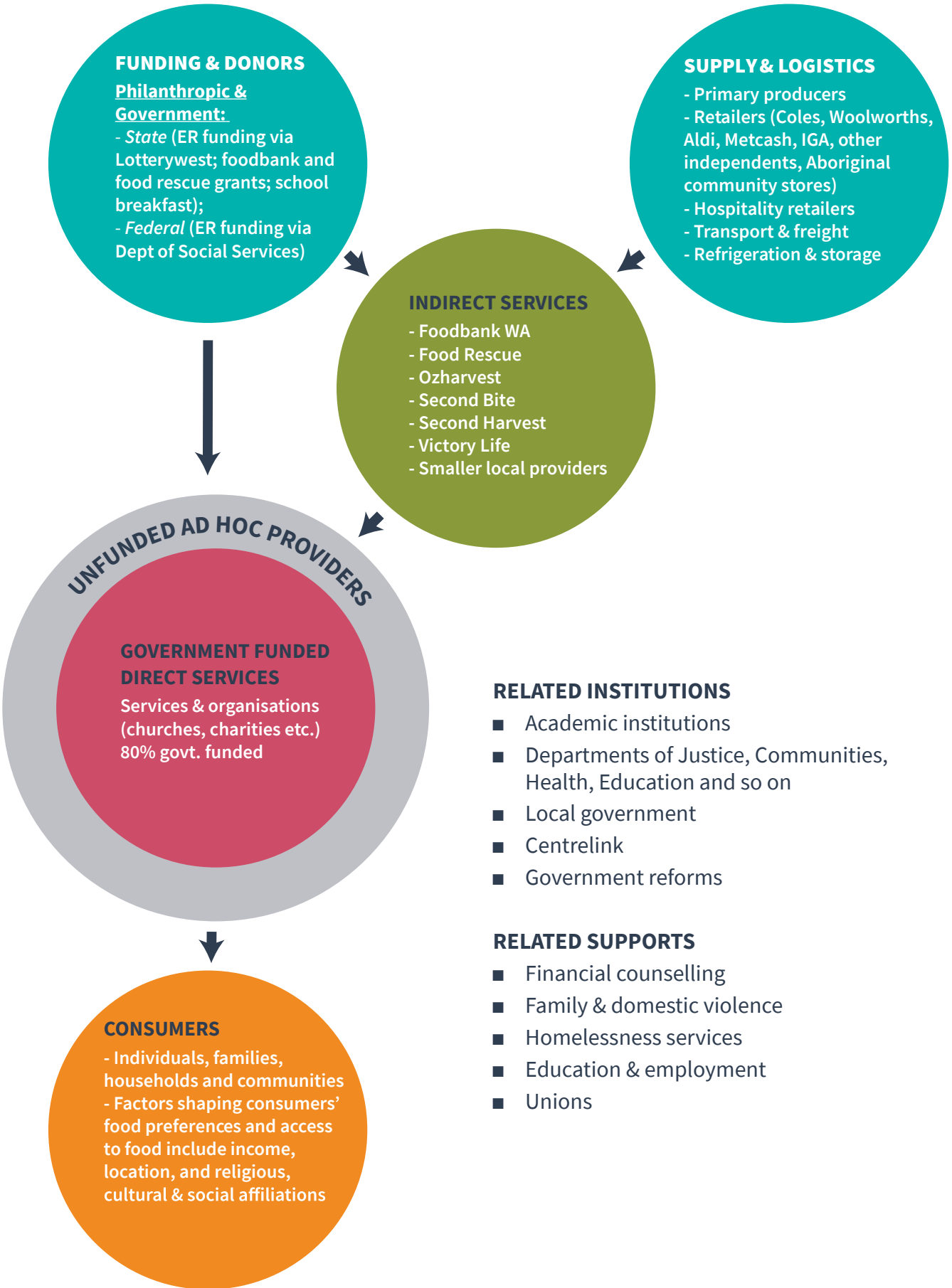
# 4 Background





Diagram 1

Map of the WA food relief system (how it works)



The drivers and experiences of food insecurity

A truly dignified food system is one where every individual and family has access to adequate, safe and nutritious food without the need for emergency food relief services. Conversely, food insecurity is ‘the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire safe, nutritious food in socially acceptable ways (...without resorting to emergency food supplies, scavenging, stealing or other coping strategies).’<sup>2</sup>

Food insecurity is often a precursor to chronic disease. Food stress also affects people’s mental, social and emotional wellbeing.<sup>3</sup>

The prevalence of food insecurity is accelerating in developed countries and it has significant public health, social, and economic consequences.<sup>4</sup> Although the cost of food insecurity in Australia has yet to be determined, it is likely to be substantial and impact future generations. In the United States, for example, it is estimated that food insecurity costs in excess of A\$90 billion a year in increased medical care costs, lost educational attainment and worker productivity, and investment burden into the emergency food system in the country.<sup>5</sup>

The demand for food relief is increasing. Over 710,000 people a month rely on food relief in Australia, of which one quarter are children.<sup>6</sup> Foodbank’s 2018 report into child hunger found that more than one in five children are living in a food insecure household. Almost nine out of ten parents (87 per cent) in food-insecure households have skipped a meal so their children can eat, and for more than one in three (36 per cent) this is a weekly occurrence. At least once a week, three in ten parents (29 per cent) have to go a whole day without eating.<sup>7</sup>

Of the more than four million Australians who experienced food insecurity at least once in the preceding 12 months, one in four go an entire day without eating at least once a week, according to Foodbank Australia.<sup>8</sup>

More often than not, food insecurity and hunger is framed as an issue encountered by an individual, without acknowledging the systemic causes of food insecurity. Stagnant and low wages, inadequate social security payments and supports, and cost of living pressures combine to play a significant role in food insecurity.<sup>9</sup>

Western Australia has been going through an economic downturn due to the collapse of the mining boom, related job losses, and increasing unemployment. These economic changes increase the likelihood of financial stress and reliance on social security, the specific drivers of food insecurity in WA.<sup>10</sup> A 2018 survey of low paid and underemployed people confirmed that almost half had recently experienced food insecurity and that this was rising.<sup>11</sup> More than a quarter of university students also surveyed in 2018 said they had lived with food insecurity, and that they had not eaten when hungry because they did not have enough money.<sup>12</sup>

Food insecurity may be temporary and episodic as people drift in and out of changing economic circumstances and are tipped over the edge by unforeseen circumstances, for example, redundancy, housing crisis, illness, accidents and relationship breakdowns.

The reality, however, is that the need for food relief is no longer experienced as a short term emergency, and has become for some a day-to-day reality, over an extended period of time, sometimes decades, that is unequivocally associated with financial hardship.

Although there is a range of corroborating data that reveals how food insecurity plays out in Western Australia, the extent and severity of food insecurity in the State is relatively unseen and underestimated.

A 2015 Health Department survey found that one in fifteen adult (6.5 per cent) Western Australians

reported that someone in their household had eaten less than they should because they could not afford enough food in the past 12 months.<sup>13</sup> Similarly in 2017, 4.6 per cent of households in the Perth metropolitan area reported that someone in their household had run out of food because they could not afford more.<sup>14</sup> The incidence of food insecurity is increasing. Soon to be published research, using a multi-item questionnaire to assess food security across Australian households, estimates that approximately 13 per cent of respondents from WA live with very low food security.<sup>15</sup>

Regional and remote communities are being hit the hardest and are a third more likely to experience food insecurity than those living in capital cities.<sup>16</sup> Recent studies on the prevalence of food insecurity amongst regional and remote Western Australians found that children were especially vulnerable.<sup>17</sup> Aboriginal people and families in particular, who make up 3 per cent of the WA population, are another group known to experience significantly higher levels of food insecurity, across both the metropolitan and regional and remote areas.<sup>18</sup>

People often experience multiple financial stressors at one time, for example, unaffordable housing and underemployment, and this cumulative impact on food security needs to be considered. In Australia, 41 per cent of people who experienced food insecurity recently reported not paying bills in order to buy food. 56 per cent said they had been unable to buy food due to an unexpected expense or large bill and 38 per cent due to having to pay rent or make a mortgage repayment. 35 per cent said they are unable to buy food because it was too expensive.<sup>19</sup>

The current food relief system provides food to people rendered vulnerable to food insecurity due to their financial and social circumstances. Although it is greatly appreciated by those who live with food insecurity, the system in its current form fails to meet the needs of those it serves. For example, the length of time people need to access services is much longer than the system is set up to provide for. A survey of recipients of food relief in inner-city Perth found that over half had used the services for over a year; 7.5 years was the most common length of time, clearly demonstrating the lack of pathways out of food insecurity.<sup>20</sup>

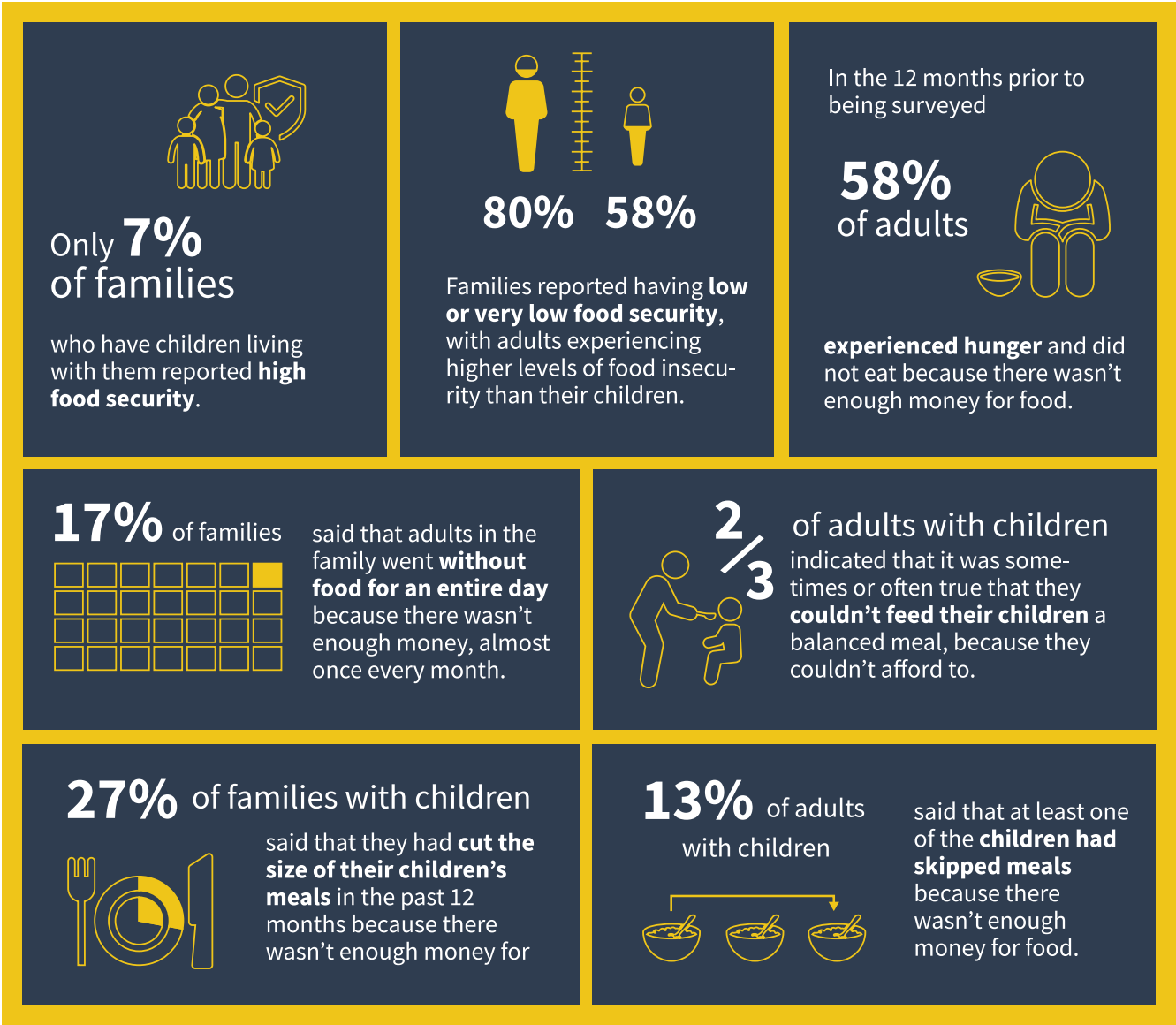
Many consumers report needing to use multiple services to access enough suitable food, further highlighting the inadequacies of the current system.<sup>21</sup> Seeking food relief, rather than seeking employment, is the priority for many who must access food for themselves and their family, and which in itself can lead to further hardship and an embedding of food insecurity.

A snapshot of key findings taken from the [100 Families WA](#) longitudinal baseline survey highlights the impact of financial hardship on hunger and food insecurity. Responses collected from 400 families living in entrenched disadvantage across Perth showed that almost 80% are food insecure.<sup>22</sup>

The Commonwealth Department of Environment and Energy estimates food waste costs the Australian economy \$20 billion each year.<sup>23</sup> Over five million tonnes of food ends up as landfill, enough to fill 9,000 Olympic sized swimming pools. This is equivalent to one in five shopping bags ending up in the bin, or \$3,800 worth of groceries per household each year.<sup>24</sup>

It is important to make clear the relationship between food waste and food insecurity, as they are often connected when surplus food is recovered and re-distributed for food relief consumption. Whilst this may provide some short term remedies in the system, it does not solve the fundamental and separate problems of inadequate income on the one hand, and reducing excess food in the system and improving the distribution of food on the other.<sup>25</sup>

The need for a Food Relief Framework in Western Australian was galvanised by a recognition of both the growing levels of food insecurity across the state and the decline in adequate income levels, and the work and recommendations in this report reflect this.



100 Families WA longitudinal baseline survey highlights

# Existing responses to food insecurity

Even though Australians prefer to turn to friends or family rather than face the stigma of needing to seek food assistance from a charity or community group, sometimes there is no choice. Across Australia, the dominant response to food security has been driven by the community sector in the face of commercial and government failure to address the increasing demand for emergency food relief.

Over the last 200 years the food recovery and relief system has evolved and now a range of

organisations in Western Australia provide access to food for people in need (please refer to the list at back of this report). Funding is provided by way of local, state and federal governments, philanthropic foundations and corporate sponsors. The sector is appreciative of, and reliant on, Lotterywest in particular, whose WA grants have ensured the provision of food relief to people living with financial hardship in the longer term.



Food producers, retailers and manufacturers also support these organisations and services with donated food. Food donations usually comprise of surplus or unsaleable food that would otherwise be wasted, or basic staple foods that are purchased for food banking. Subsidised food is made available by direct services through vouchers purchased from supermarkets as well.

The models for provision of food relief are too numerous to mention in detail. Delivery happens through a diverse range of philosophical, operational and business models and includes food pantries and banks, collecting donated food for distribution, soup and community kitchens and meals, the provision of food hampers, supermarket or Foodbank vouchers and so on, funded and unfunded. More than thirty different models have been identified in inner-city Perth alone.<sup>26</sup>

The processes by which consumers are able to access food relief are equally diverse. Some providers determine eligibility following an appointment and assessment while others have an 'open door policy' meaning people can walk in and access food whenever the service is open. Some providers deliver to the consumer's door and make no further inquiries, where others provide food to people as part of an integrated program.

While each method makes a contribution to feeding people, it is generally accepted that most models achieve little more than this for a short length of time, because they are crisis and supply driven. Many providers are operating with stagnant, declining or unreliable financial support, and/or an inconsistent food supply based primarily on donated or rescued waste food, have no formal food safety or nutrition policy or regulatory framework, and limited nutrition capacity and expertise.<sup>27</sup> There are no current good practice food service guidelines for food relief food service delivery to assist providers either.

And while collaboration between organisations exists, many operate in silos. There is no overarching mechanism to assist in coordinated planning that promotes a more effective and efficient charitable food relief sector in Western Australia. Equally, there is a lack of quantitative

and qualitative data to define and understand demand for food relief services and the impact of the response in WA.

In sum, this means that the food relief service system is generally not able to address the underlying causes of food insecurity and hunger, or ensure consistent and dignified access to safe and nutritious food relief despite the dedicated work of volunteers and agencies.

## A new approach in Western Australia

At a workshop convened in early 2017, a group representing the Western Australian charitable food sector joined together to identify some of the shared challenges. There was a widespread desire to co-design a strategic framework for better charitable food relief across the state.

It was apparent that the food relief system sector was in need of mapping, including supply and demand, a deeper understanding of the set of circumstances unique to respective regions around the State, the impact of the various service models being used, the safety and nutritional value of food being distributed, and the different service user cohort's needs. It was agreed that an analysis to show potential areas of service duplication and gaps would allow the sector to better match delivery with demand. The development of a State Food Relief Framework was identified as being able to provide this.

The Framework is the scaffolding needed to facilitate stakeholder strategising. This includes building the capacity of the sector and generating opportunities for co-operation and partnership, which will translate into improved outcomes for service users. From the outset it was decided that the input of lived experience was essential to the Framework. This means being inclusive of and respecting consumer perspectives in any service delivery planning and policy formulations.



Integral to developing a deeper and shared understanding of the need for food relief was knowledge about the structural obstacles that make food, a basic human right in our society, less accessible for some, and what keeps people and families living with entrenched hardship.

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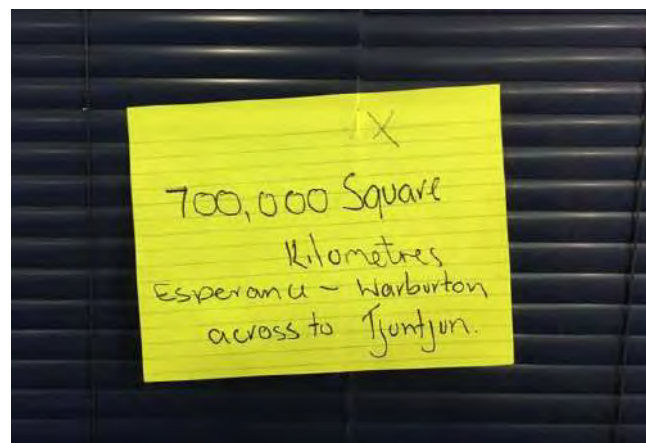
The Western Australian Council of Social Service, the peak body for the community services sector, was nominated to auspice the Project. The Council's mission is to advocate for social change

to improve the well-being of all Western Australians and strengthen the services that supports them.<sup>28</sup> WACOSS has been working with the food relief sector for many years and this work to review and make recommendations about better ways of delivering relief to those who experience food insecurity, was crucially undertaken in partnership with the key charitable food sector representatives.

A Framework Working Group provided the governance for the Project, comprising executive and senior level members from the community sector and government and an independent chair.



This Project engaged and leveraged from existing knowledge, experience and networks, including primary producers, food suppliers and distributors, and already established regional forums. In addition to charitable food providers, this included other programs such as hardship assistance, financial counselling and housing supports, because the work in these other areas is connected with the supply of food relief. This broader focus reflects the complexity of issues that people and families experiencing food insecurity invariably encounter.



Central to the development of the Framework was the input of food relief providers from around the State. There were fifteen regional and metropolitan consultation sessions, comprising around 150 representatives. In addition, four lived experience forums were hosted, made up of 26 people across the metropolitan region. Relevant people from the corporate sector and different government departments were also engaged on a one-on-one basis.

Following the conclusion of these community conversations, [regional summaries](#) were produced and emerging themes were organised into draft recommendations. In August 2018, a stakeholder group with relevant specialist expertise from around the State came together in a think-tank to consider these preliminary findings and solutions. Using feedback from the think-tank, a [Food Relief Framework interim report](#) was finalised and circulated to all stakeholders for further comment.

The Framework management team developed an [implementation plan](#) from the recommendations in the report, which included an articulation of what

has already happened as a result of the Project. It became apparent that the process of developing a Framework was already assisting in supporting and sustaining existing and new partnerships and initiatives, which in turn is enhancing the capacity and capability of the sector as a whole. We also began to concurrently solve some sector concerns with existing resources, while further researching and innovating responses to more complex issues in the future. Case studies are used throughout the report to showcase these achievements.

This analysis and the recommendations in this report are structured around the roles of the key stakeholder groups and each section foregrounds the experience of food insecurity and food relief services from the perspective of either suppliers, providers or consumers. Conversations and considerations with the respective groups were framed by the posing of critical questions. There is, inevitably, overlap between these groups who together make up the food relief system.

As the imperative of safe, nutritious and dignified charitable food is pivotal to the solutions listed in the Framework, the leadership role for the State Government in this work is highlighted.

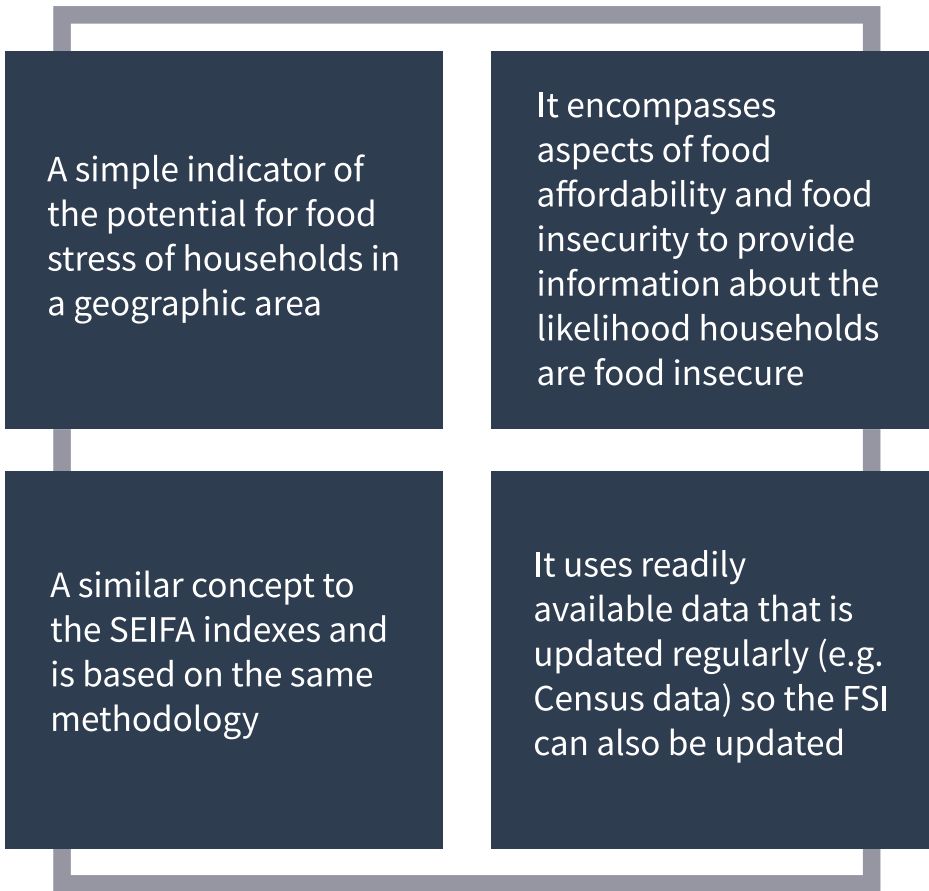
This report begins by introducing the Food Stress Index, an essential tool for estimating the risk of food insecurity by geographical location in Western Australia, developed as part of the Framework. The report concludes with recommendations about where to from here.

As already mentioned, the Framework has attracted the attention of stakeholders in other jurisdictions who are equally interested in strategies and solutions to an issue that is occurring around Australia. The existing culture of collaboration between government and the community services sector in Western Australia has been a key factor in WA being able to take such a leading role.

# Food Stress Index



When the Project began, it was quickly apparent that there was no measure or indicator that can be applied to a location to estimate the incidence of people and households experiencing food stress and potentially in need of food relief, essential to understand the extent of food insecurity in Western Australia.



To address this, the Framework Working Group has overseen the development of a Food Stress Index, a tool that can geographically map food insecurity risks across the State. The tool can provide crude estimates of the types and amounts of food required for food relief. Food stress occurs when a household needs to spend more than 25 per cent of their disposable income on food. Food insecurity occurs when people do not have physical or economic access to safe and nutritious food to meet dietary needs. Households at risk of food

stress are vulnerable to food insecurity as a result of inadequate income or access. Food insecurity gives rise to the need for food relief.

The Food Stress Index combines multiple socio-economic data sets, which are designed as a measure of overall advantage or disadvantage, with food affordability. Food affordability is determined by applying the food prices from the WA Food Access and Cost Survey<sup>29</sup> to basic nutritious meal plans to ascertain the proportion of weekly household income needed to purchase the food basket<sup>a</sup>. This figure is then attributed to the proportion of households living with other factors associated with food insecurity, such as Indigenous status, household composition and so on. Together these variables created the Index, able to predict the proportion of households in an area that are likely to be suffering food stress<sup>b</sup>.

A high food stress index does not mean that members of the household are food insecure or require food relief, it means they need

to spend more than 25 per cent of their weekly disposable income to purchase food that meets a basic healthy meal plan, compared to only 14 per cent for households on an average income.

a This is based on the affordability basket in the [WA FACS Healthy Food Access Survey](#)

b The protocol for the Index is published in peer reviewed literature.

# Estimating the quantum of food relief required

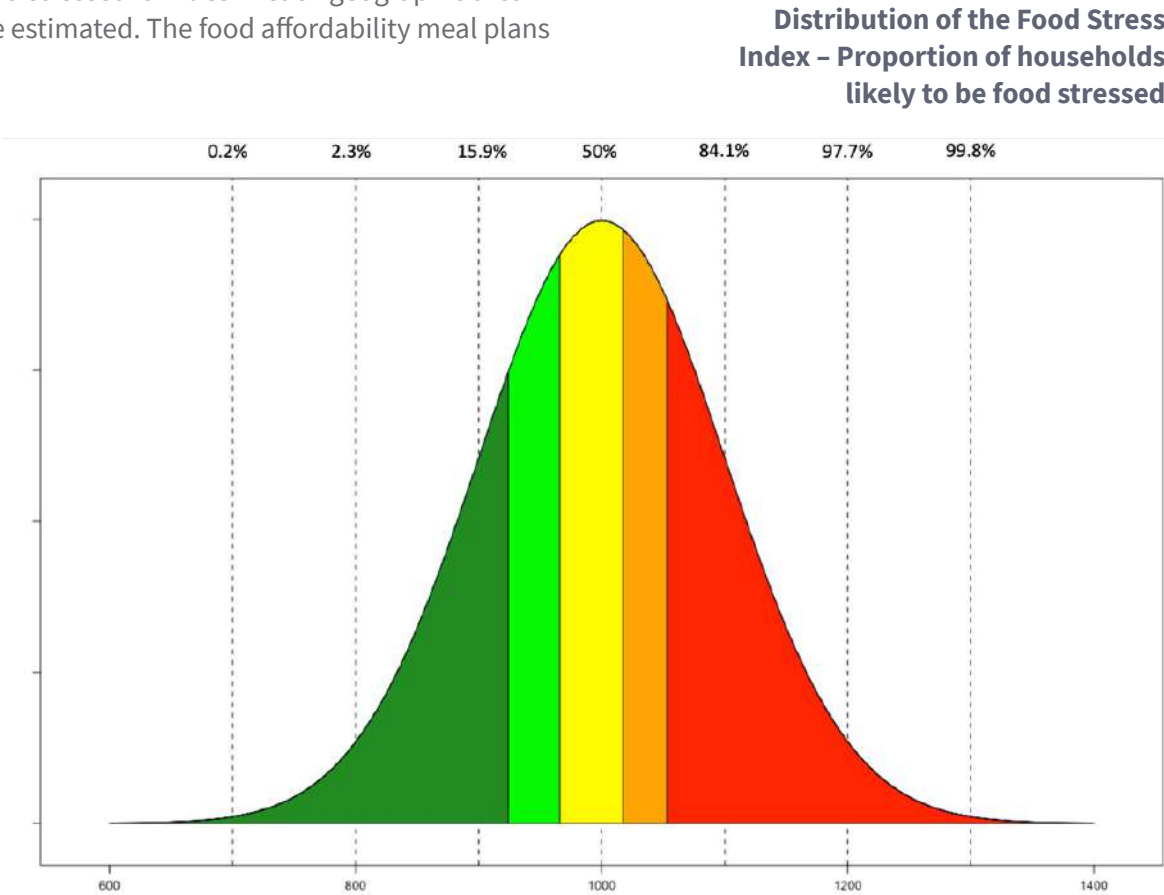
The Food Stress Index scores are normally distributed with a mean of 1000 and a standard deviation of 100, so it can be assumed that 50 per cent of households in an area with a score of 1000 are likely to be food stressed (see diagram below). With this as the basis, and like a traffic light system, the number of standard deviations an area's Index score is away from the mean can be used to estimate the proportion of households in each area that are food stressed. For example, with a score of 913.4, Newman is one standard deviation below the mean, so approximately 16 per cent of households there are likely to be food stressed. In contrast, with an Index score of 1590.8, Halls Creek is more than five standard deviations above the mean, so almost all households are likely to be suffering food stress.

With this information, the amount of food required for food stressed families in each geographic area can be estimated. The food affordability meal plans

list all the food and ingredients required to provide meals for a week for the reference families that the Index is modelled from – a two-parent family with two children and a single parent family with two children. Once it is estimated the amount of food required for each household type, it is possible to multiply this out for the number of each type of household in each geographic area.

The Food Stress Index can be used to estimate how much food relief is required for various scenarios, for example, the requirements for 100 per cent food relief at a local government area level in natural disasters such as floods, cyclones and earthquakes. By changing the percentage of the population who are impacted, the Index can be applied to inform food acquisition, storage and distribution options in the acute recovery phases of catastrophic events.

This tool can make a significant contribution to the new Western Australia Natural Disaster Relief and Recovery Arrangements, located within the WA Department of Fire and Emergency Services, which commenced in late 2018.



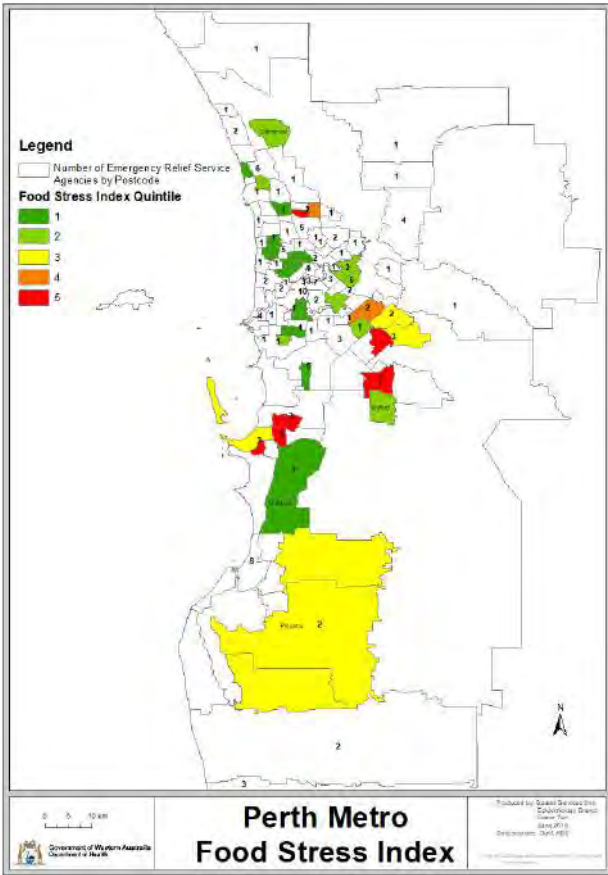
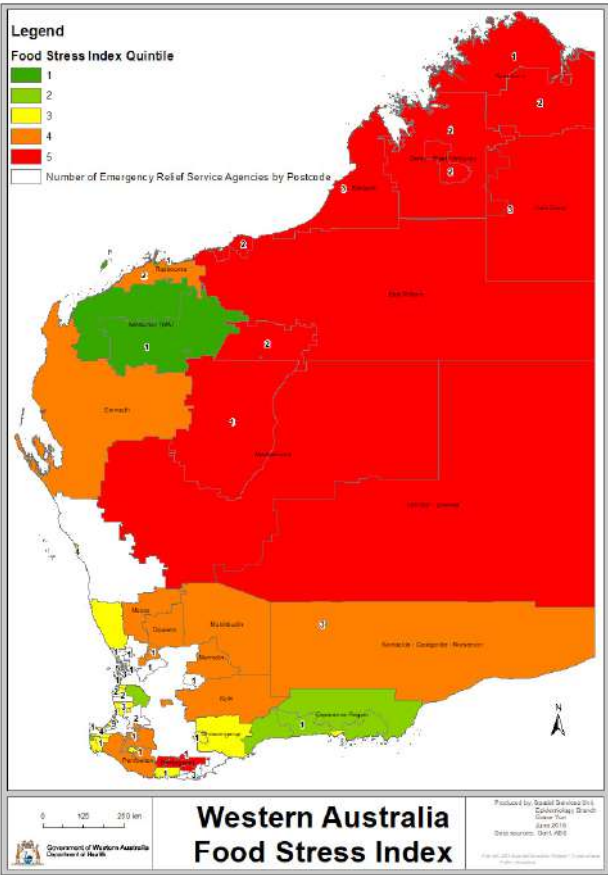




Identify a host for the Food Stress Index and its data collection, to map, measure and monitor the potential risk of food insecurity and need for food relief across Western Australia

Following initial testing with food relief stakeholders who confirm that the areas identified as most in need (see maps below) are the same as those from which they are currently experiencing the greatest demand, the Food Stress Index will continue to be developed and tested. Additional resourcing is being provided by Lotterywest to refine the Index to produce more granular analysis.

A host for the Index to make it accessible for the wider sector, however, has yet to be nominated. The agency responsibility for collecting the food access and costing data has also yet to be decided.



Food insecurity is increasingly in focus around Australia, and other states, industry and researchers are very interested in the Food Stress Index as a tool to predict future need and provide targeted responses. The location-specific data generated via the Index will also be vital for a range of other sectors. Given the significant uses of the Index for the State Government, this would be the most logical place to locate and maintain it. This would mean that the State Government would have ready access to a new tool identifying which postcodes are at higher risk of food insecurity, and which will have broad applicability to inform other areas of work. Discussions regarding this have commenced.

**Tax incentives**



on transport and storage of GST exempt food relief



**26% higher price**

of a **"basket of food"** in remote community stores

up to

**36%** of australians population **experience food insecurity**

Food sourced from diverse



**commercial and corporate business**

**6 Suppliers:**



**Food waste costs** the Australian economy

**\$20 billion** each year



**Limited logistic systems**

outside of Geraldton and Kalgoorlie

**PERTH** 2,500 km **KIMBERLEY**

**children**



in regional and remote WA more likely to live with **food insecurity**

almost

**2/3**



**Australians** in regional and remote areas **feel stressed** as a result of not having enough food



This section relates to the supply of food through production, distribution, and exchange. The question we asked was: how do we improve the state-wide availability, transportation, storage and distribution of nutritious food for people and communities who live with food insecurity?

## Findings and recommendations

There are major gaps across the state in transport logistics and infrastructure resources between food rescue and food relief organisations. Most food rescue organisations report that the demand for food is much higher than the supply of food available to them via donations and surplus supplies from supermarket chains and the hospitality industry. Despite this, the practice of excess food going to landfill is well documented, albeit likely because it has low nutritional value and/or is not appropriate because it is not fit for human consumption.

The direct service sector does not have the capacity or mechanisms to explore partnerships and other food supply and service delivery models to fill the gaps in delivery and, consequently, surplus food is

distributed between organisations in sometimes ad hoc and potentially unsafe ways. Freight costs and irregular deliveries contribute to high transport logistics prices and limit the range of foods available, particularly in rural and remote areas. A census survey of all community store managers in WA remote Aboriginal communities found especially high food prices, evidence of these extra costs.<sup>30</sup>

The not for profit sector also does not have the commercial capacity to develop a parallel food storage and distribution network across the state. This is not in their remit. Many organisations and groups rely on domestic vehicles and domestic food refrigeration, which has further implications for perishables.



Convene an inaugural Food Relief Roundtable, comprising representatives from all segments of the WA system

A Food Relief WA Leadership Roundtable can be the platform that facilitates the connection and coordination of sourcing and delivering surplus food across Western Australia. The Department of Agriculture, Commerce and Trade, commercial partners, including supermarket retailers and the transport industry, will be invited to collaborate to improve the provision of safe and nutritious food by addressing supply, storage, and distribution gaps in the State.

The Roundtable can broker, for example, partnerships with grower organisations and explore how they might intersect with charities or social enterprise organisations to reduce the waste in production.

The Roundtable will also be instrumental in improving service systems and establishing clarity across WA about which organisations provides what services where and how, based on the geographic information systems.

High level commitments from early adopters across food retail chains and transport companies is an opportunity for these private sector stakeholders to demonstrate their corporate social responsibility, which can enhance public goodwill. Planning for this Roundtable is underway.



Prepare a submission for tax deductibility of transport and storage of rescued nutritious food to the Australian Taxation Office to increase the supply of these foods for food relief

With pro bono legal advice, a delegation from the Working Group began exploring potential tax deductibility of transport and storage of donated food. Incentivising the supply and delivery of food relief through taxation levers is a way to close logistics gaps and even induce transformational investment in these logistics.

The Working Group has had early advice that tax deductibility could be achieved through an amendment to the taxation laws. Limiting this amendment to healthy basic food that is already GST exempt will assist in assuring that all food moving through the food relief system is nutritious.

The high level calculations of the cost of revenue foregone as a result of tax concessions on dry and refrigerated storage first have begun, noting that any short term cost will be offset with longer term benefits to government, such as reduced emergency relief expenditure. The continued investigation of commercial taxation deductibility options will necessarily require briefings with relevant ministerial offices, as well as preliminary negotiations with the Australian Taxation Office. It will also require further consultation with representatives from the transport sector, including Arc Infrastructure and mining companies who own and operate some of the State's railway infrastructure.







Expand platforms to share resources between the commercial and food rescue services

A web-based community relief and resilience live material aid locator is a mechanism being developed by WACOSS, aimed at facilitating the redistribution of residual and excess products and items, effectively saving them from being sent to landfill. The platform will enable commercial, service sector and community stakeholders to post surplus resources available for collection by other interested providers.

The locator will be socialised with the larger supermarket retailers who will have the opportunity to promote surplus items to appropriate direct service providers who are in a position to redistribute them.

In addition to reducing waste, the live material aid locator will increase the efficient distribution of surplus products that is beyond the respective capacity of an organisation to manage. Once the locator platform is complete, trial sites will be nominated to begin using it.



Investment in infrastructure to distribute pre-packed frozen meals

Perishable surplus food provided to food rescue and food banking organisations can be transformed into nutritious meals that offer convenience. The lack of transformational infrastructure, that allows food to be changed from its raw state into pre-packed and frozen meals ready for distribution, is a gap identified by WA food rescue stakeholders.

This facility exists in other jurisdictions. For example, in Victoria, [Foodshare](#) cook up to 5,000 meals per day, supplied to over 500 organisations, such as soup vans, homeless shelters, women's refuges and community food banks, from a large Melbourne based kitchen.<sup>33</sup> The range of catering companies with economies of scale who service mining companies pose a significant opportunity to assist with this solution for food relief in WA if excesses can be refrigerated and transported.



Ensure safe, nutritious and affordable food for remote Aboriginal community stores and regional Aboriginal funerals

Store managers in remote community stores in WA report that freight costs, irregular deliveries, compromised cold chain logistics and transportation inefficiencies contribute to the high cost, poor quality and limited range of food available.<sup>31</sup> Poor store infrastructure and commonly occurring power outages also affected food quality. One remote community store manager reported that 'an order of \$2,500 worth of food costs \$2,000 to transport...a ridiculous price'.<sup>32</sup>

Aboriginal community stakeholders also talked about their food culture and funerals in regional and remote areas. They voiced concerns regarding the impact these events can have on local household food security as food relief and other material aid is diverted away from locals to people and families travelling to attend the funeral. Due to the frequency, sadly, of funerals, stocks allocated for everyday distribution can be depleted. Methods to assess the amount of food needed in rural and remote areas should incorporate this issue to ensure adequate provisions for equitable access to food relief.

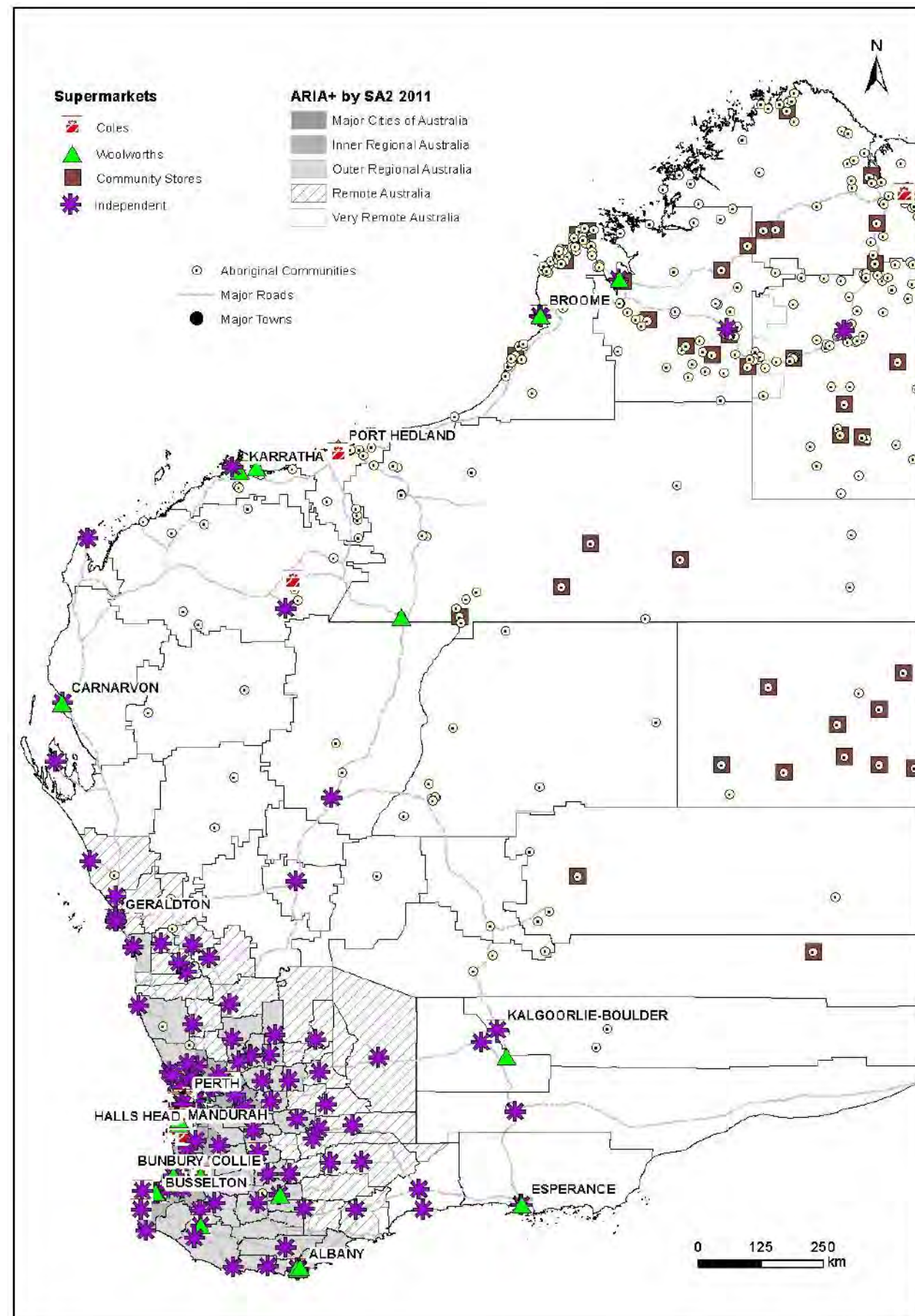
Case study

Following engagement with the Framework, ABC Foundation established a social enterprise, *Don't Let Your Crop Rot*. Instead of couching excess food in terms of potential food relief, the Foundation ingeniously reframed this food within an economic narrative, which appealed to food producers. Local Gascoyne growers are now permitting job seekers to collect food that previously was considered wasted. This partnership saves the producers money, and mitigates pest and disease risk. The job seekers get first selection of the rescued food and all leftovers go to people in local communities.

Rescued fruit and vegetables





Food Access and Cost Survey 2013<sup>34</sup>

Tens  
of millions  
spent on  
food relief

43% of households  
living with food  
insecurity seek assistance



12 state-wide resources  
developed and shared



# Providers



18  
regions in wa  
mapped

service provider  
practice principles created



11 local networks  
established



65% of emergency relief  
is estimated to be  
spent on food



multiple new  
partnerships  
brokered



450+  
agencies  
& groups in WA



This section relates to the ways in which not-for-profit services are delivered to those in need of food relief. We asked: How do we improve our support to people who are food insecure through program funding, the core and ancillary services we provide, referrals pathways and the advocacy we do?

# Findings and recommendations

The WA food relief sector comprises a range of not-for-profit organisations operating their food services using large numbers of volunteers with limited, often shrinking resources. The services work hard across complex circumstances to meet community needs for food assistance.

As mentioned, a recent audit of service delivery in WA concluded that the increasing demand and long-term nature of food insecurity is challenging for organisations which are set up to provide 1–2 days of emergency relief, despite a range of research that shows that people and households will rely on food relief for around seven years on average.

Providers often corroborate the intergenerational nature of food insecurity, with some reporting feeding the third generation of a family. With these insights, the inappropriateness of the 48 hour emergency service model is acknowledged across the sector, and that this system can, conversely, drive the need for people to go from one food service to another, day after day, in order to survive.

Not all people accessing food relief, however, have this prolonged need. Some experience a financial shock or once off crisis and need support to get them through. Others, including those with addiction and/or history of trauma need extra support to break the cycle and recover. Some providers already afford the consumer with a period of access rather than the more usual eligibility ‘rules’

of access according to number of visits over a set period. This approach takes into account the unique needs of respective consumers, and the time needed to move from living with hardship.

Ozharvest



Support widespread use of outcomes oriented service delivery to promote flexible services tailored to needs and circumstances

Food relief providers are at the interface of social, emotional and economic work. Food insecurity rarely exists in a vacuum. People needing food relief are likely to require a range of supports due to often having multiple unmet needs, the consequence of living in entrenched disadvantage. This may include, for example, housing insecurity, financial stress, family and domestic violence, mental health or substance misuse issues, all in addition to being food insecure. Without a whole-of-circumstance service response, there is no opportunity to assist to break the cycle and food relief will inevitably only address the ‘symptom’ of a person or family’s hardship.

Given that it is a lack of food or the experience of hunger that prompts initial contact with the charitable food service sector, this represents a critical opportunity to introduce and link the

consumer with other supports to improve wellbeing and life outcomes.

An outcomes intake and assessment template and guidelines were designed as part of the framework (see excerpt below). This tool promotes a holistic consideration of a consumer’s need for food relief in the context of their life. Where used, the information gathered will indicate the nutrition needs of the individual/family, a realistic length of time that they will need food assistance for, and other services and resources that will also support pathways out of hardship and adversity. Use of an outcomes framework can ensure food relief is customer-focused, fit-for-purpose and tailored to meet the needs of different population sub-groups. Trial implementations of this tool have been planned.

<div>Safe</div> <div>We are safe and free from harm</div>	<div>Immediate outputs/outcomes</div> <div><div><div>Person has a plan in place to ensure own or others safety</div><div>Reduced exposure to violence or abuse</div></div></div> <div>Intermediate outputs/outcomes</div> <div><div><div>Reduced incidence of FDV / child protection system</div><div>Families have relationships safe from harm</div></div></div>
<div>Stable</div> <div>We are financially secure and have suitable and stable housing</div>	<div>Immediate outputs/outcomes</div> <div><div><div>Person has immediate financial crisis needs met</div><div>Person has access to nutritious food and accommodation</div></div></div> <div>Intermediate outputs/outcomes</div> <div><div><div>Improved financial resilience</div><div>Stabilised housing</div></div></div>
<div>Healthy</div> <div>We are healthy and well</div>	<div>Immediate outputs/outcomes</div> <div><div><div>Early identification of health issues and link to supports</div><div>Establishment of referral pathways to relevant services</div></div></div> <div>Intermediate outputs/outcomes</div> <div><div><div>Reduced admissions to secondary and tertiary health services</div></div></div>
<div>Capable</div> <div>We have the resources to contribute to our community and economy</div>	<div>Immediate outputs/outcomes</div> <div><div><div>Person can identify skills and learning required to achieve their goals and a pathway to acquiring these</div></div></div> <div>Intermediate outputs/outcomes</div> <div><div><div>Person actively engaged in education / training</div><div>Improved rates of local school attendance</div></div></div>





Ensure adequate funding component built into service contracts for backbone workforce support

A provider's capacity to respond to a consumer's needs depend upon a great many things – resources, time, workforce capability and so on. The charitable food sector is reliant on a mostly volunteer and ageing workforce. While some paid staff usually do have access to professional development, it is unreliable and not always specific to food relief.

The consequences of the volunteer workforce's limited access to training is a less developed understanding of food insecurity, other stressors impacting on wellbeing, the systemic causes of poverty that are driving people to seek food relief, and skills to respond to people who have to live with a complexity of issues. Motivated out of sympathy and benevolence, some volunteer providers may actually exacerbate risk by failing to recognise and respond to consumer vulnerability, especially if blame is being assigned to consumers for their circumstances. To ensure interactions and responses to people accessing food relief are appropriate and safe, and do not act as further triggers, trauma aware and informed approaches are imperative.

A resource poor and crisis driven sector highlights the inherent tension between quality and quantity of service. Food relief funding without a backbone workforce component also limits the capacity of providers to develop succession plans, thus mirroring the consumers they support, existing on a day-to-day basis with limited longer term plans for sustainability.

Complying with Australian standards for volunteering (matching roles to skills, supporting and developing the workforce, protecting their safety and wellbeing, recognising contribution and continuously improving) is difficult for some organisations.

Through the Framework, a suite of relevant community relief and resilience workforce

professional induction and development packages have been designed, and which can be modified across different places and be used for both employed and volunteer personnel. These packages have begun to be delivered to different workforce groups free of charge.



Continue developing and maintaining resources and platforms to assist providers with giving relevant information and referrals pathways, and strengthening local partnerships

While food relief services do not exist in isolation from other providers, a recurring feature is that they are often not linked with other programs. Many in the sector report that there are insufficient ways to reliably share information, updates, resources and details about excess material aid. This is especially so for ad hoc and unfunded providers who are more likely to operate outside the usual systems.

The food relief workforce is in a unique frontline position to identify and act on these issues, an entry point to facilitate consumer's access to supports to address other unmet needs in their life. Outcomes for people accessing food relief are improved when the program is not 'merely transactional but relational – for example, providing not just food but also referrals to, or information about, other services'.<sup>35</sup>

Well-maintained directories are therefore of critical importance to optimizing service delivery. As part of the Framework, the Community Relief and Resilience [knowledge hub](#) or clearing house is nearing completion and the team are also researching various portals and phone applications that might fulfil this need. A process for ensuring all food relief services and outlets are listed in shared local and/or State-wide directories can be embedded in government funded food relief contracts. The WACOSS platform [ERConnect](#) is an example of such a directory.

It has been long recognised that there are multiple service and sustainability outcome benefits from services attending a regular local network. These networks produce and strengthen referral pathways for community members with multiple unmet need. Although the existence of local collaborative networks are also an imperative to facilitating the sharing of relevant service information and updates, there is no consistency around how they happen.

In some instances, during our place-based sector conversations, providers were meeting each other for the first time while joining a Framework consultation session. In other circumstances, our

engagement coincided with pre-existing strong and well-attended network meetings.

The reasons why networks existed in some places and not others are varied, but the most common factor in the establishment of them was a local driver. Sometimes the position of network coordinator was funded as part of a local relief program, and in other scenarios where it was not funded, but existed anyway, was because a local stakeholder had a special passion for ensuring that a network was maintained. Regardless of how local network coordination is arranged their worth is invaluable.

Case study

**City of Mandurah's** expanding role in supporting the coordination and delivery of place based food relief is an example of great local government practice. The City have taken this commitment to the community seriously – they chair and provide secretariat assistance for the local network meeting, have undertaken asset mapping, and organised free capacity building professional development opportunities. Through the network, the City of Mandurah, facilitated the co-location of other services at [Passages](#) Youth Engagement Hub, to enhance whole of life supports and referral pathways.



Pilot place based funding for local solutions to food insecurity

[Regional summaries](#) were produced following our conversations with the groups of food relief stakeholders in the respective regions, serving as a snapshot about what is working well and ideas for ways to improve service delivery and outcomes for local people and communities. Place based consultations with the sector created the opportunity for respective local service providers to identify and prioritise problem solving local food coordination issues.

This was an unforeseen, but very beneficial outcome of the process of developing the Framework. It is also telling of the limited chances that some regions have had to do this. These conversations have also demonstrated that there is a near universal need for ongoing and 'backbone' communication and coordination support.

Local strategising is already taking place around the state, as some of the case studies in this report show. Most service funding, however, is organised around a particular program delivered by a particular provider. More flexible funding options are needed to allow innovative local approaches, that extends grassroots community partnerships and initiatives, to be explored and sustained

Although there are many towns and centres ready for food relief funding reform, the actuality of changing commissioning systems is likely to be complex. A pilot place based procurement will enable the outcomes of joined up service delivery to be evaluated, and evolved as needed, before more widespread roll out.

Goldfields (excerpt from the regional summary)

General characteristics	The Kalgoorlie cohort of service provider stakeholders, while small in number, are extremely cohesive and determined to make a difference in the delivery of food relief in this vast region. Some providers have spent most of their lives living and working in the Goldfields/Esperance and thoroughly understood the nuances and demands of the region.
Food stress index	Range between 1 and 5
Key stakeholders	Foodbank, Health Department, Red Cross, Centrecare, Bega Garnbirringu Health Service, Esperance Care
What's going well	Good communication between services – some collaborative efforts to send support to outer and remote communities; Red Cross send purchase orders to community shops in emergency situations; Foodbank boxes sent from Kalgoorlie to Esperance; Foodbank collaborated with Salvation Army to lobby Goldfields Transport for a bus stop at Foodbank, now 12 per day/5 days per week; Bega clinic bus drops people off to Foodbank during health outreach rounds.
What else needs to be done	Adequate resources to support the region which is the Goldfields Esperance region, over 70,000 square kilometres of land mass which also encapsulates a host of remote Aboriginal Communities with diverse cultural and language groups; Kalgoorlie ER Funds are used as a response to natural disaster and this depletes the funds available for the rest of the financial year; Local network needed to assist with regional mapping, coordination and communication.



Continue progressing data collection and reporting systems with an outcomes focus

Most funded charitable food services are evaluated through a combination of inputs and outputs. Different service evaluation systems have been implemented in some agencies, especially larger providers, to allow them a way to monitor impact. These are generally internal programs that are not easily transferrable to other agencies. Some smaller services do not have the economies of scale needed to introduce systems to capture client data that demonstrates outcomes. Despite this, there is widespread appetite from the sector for the development of consistent data measurement and reporting systems with an outcomes focus. As well as creating outcome indicators, this will also reduce the regulatory burden on services.

Mechanisms to progress greater consistency in the ways client data is collected and measured has begun. This has included the possibility of alignment of the Lotterywest and Commonwealth Department of Social Service [data exchange or DEX](#) client data collection and reporting methods, acknowledging the potential challenges of bringing together a framework from a grants program with those from a funding program. More work is needed to establish quantitative and qualitative bench marks, creating sector-wide indicators, a method for translating outputs to outcomes in the shorter term, and the measurement of service impact in the longer term.



Support widespread use of a volunteer Food Safety Code of Practice and other resources

Charity food providers are often well intentioned community members who have little to no training in food safety. As a result, they have varying understandings of the relevant regulations and standards. Legislation, such as the State Food Act 2008, was designed primarily with the corporate sector in mind. As the Act does not apply in the same way across the charitable food sector, it is liable to be ambiguously interpreted and implemented, and many providers report being unsure whether the service they are providing is indeed compliant.

Following the sector's recognition of this issue, WACOSS worked with Department of Health and

local government environment health officers to develop a [Volunteer Charity Food Code](#) that outlines food safety best practice. This insight can also be used in procurement strategies to ensure there is consistent interpretation and compliance with food regulations.

As part of the Framework, a range of recently developed nutrition and food safety resources are also being trialled by various food relief providers. The proposal for the State Government below, to develop food nutritional policy and procurement guidelines, will extend this work.

Western Australia

Food Act 2008

**An Act providing for the safety and suitability of food for human consumption, and for related purposes.**



Support widespread adoption of food relief service provider Practice Principles

A set of collectively identified good practice principles emerged during the engagement with providers around the state. These principles were further tested and formulated as they were refined with sector stakeholders. The product is a co-designed baseline of what constitutes good practice. These principles connect with the expectations outlined in the Consumer and Provider Charter.

Funders will be encouraged to consider the option of embedding these practice principles into the service specifications in funding contracts. Displayed these principles as posters in 'shop fronts,' could show services' accreditation or adoption of them.



PRACTICE PRINCIPLES FOR COMMUNITY RELIEF AND RESILIENCE

» **Person centred and strengths based**

Assessment and supports takes into account circumstances driving food insecurity and how long it has been experienced. The client's capacities and resources are integral to this.

» **Tailored and respectful**

Service given reflects client's life context and preferences – flexible around type and length of relief provided. Client has choice, service is dignified, and there is no stigma with seeking assistance.

» **Coordinated and integrated**

Clients are linked with other relevant local services, which relies on good partnerships and networks. This includes wide promotion of the CRR service to other agencies too.

» **Accessible and responsive**

The client is aware of, and can access the service, via multiple pathways. Supports provided are oriented towards earlier intervention to reduce the likelihood of ongoing disadvantage.

» **Impact measured**

Mechanisms exist to quantify and qualify outputs and outcomes on an ongoing basis, so the value of the service is always known.

» **Workforce development and sustainability**

Staff and volunteers are skilled and experienced, have an understanding of barriers to escaping poverty and are trauma informed. The workforce has ongoing support and other conditions are optimal.



Example of a food relief meal served with low nutritional value

Case study

Following the local Framework sector engagement, regional **Gascoyne** and **Mid West** providers pooled funds to recruit an officer whose job it is to strengthen procurement and logistics of food from Carnarvon to Geraldton. This person will be situated at Foodbank Geraldton.



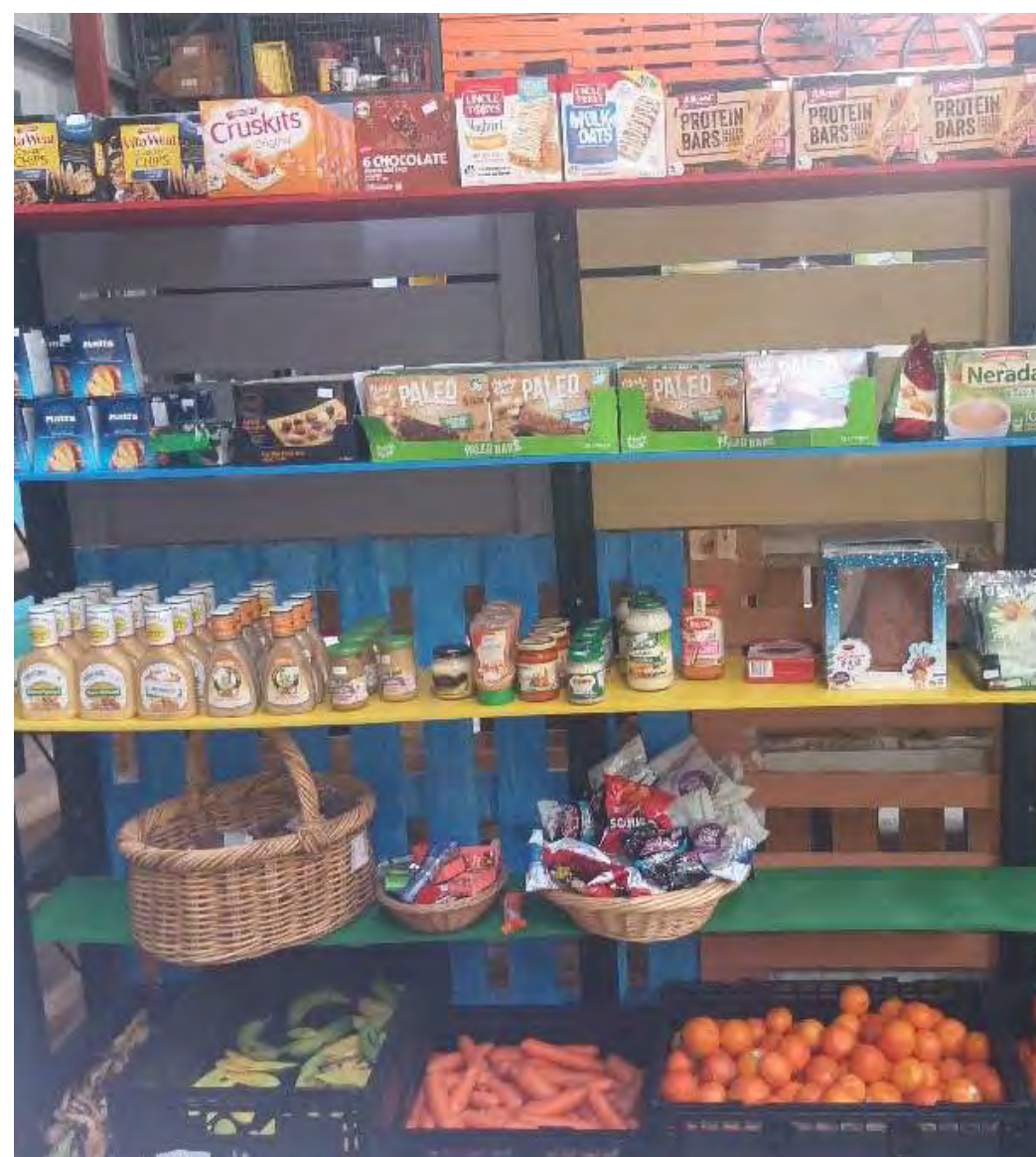


### Case study

**Kalgoorlie** is the regional hub for the delivery of community relief and resilience services in the Goldfields, a vast area.

In late 2018, one of the largest providers discontinued their ER program in Kalgoorlie, which had a significant impact on the available emergency relief and food available in the Goldfields region, and which was compounded by an apparent shortfall in food vouchers.

With no established network in the region, those providers who were engaged through the Framework came together to coordinate to address this gaps in food services. This reduced some of the confusion and uncertainty between providers and service seekers and became the basis of further exploration of establishing a local interagency network, and the possible future partnerships funding applications.



A food relief pantry with green, yellow and red shelves that correspond to the level of nutritional value of the foods. 'Green' foods are easiest to reach.

access to food is an **United Nations right**



**Charter of Consumer's Rights**



developed through lived experience focus groups



reliance on charity food: **7.5** years on average

more than **7,000** people turned away from food relief each year

# 8 Consumers

**25kg** of food relief purchased per person per visit



**37** people with lived experience engaged

**4x** per year



the average amount of time a person can **seek assistance**

**\$75**



the **minimum increase** to social security payment to reduce food insecurity

**710,000** people rely on food relief each month



This section relates to the experience and perspectives of the users of food relief in Western Australia and considers the appropriateness and effectiveness of services. We asked: What is important to food relief recipients, what is appropriate and how do we keep food safe and nutritious as well as ensure that the system supports autonomy, dignity and pathways out of food insecurity?

“The Right to Food is not a right to be fed, it is not charity”<sup>36</sup>

# Findings and recommendations

The ways that people access food is at the heart of this conversation and this is as varied as the ways in which the food relief sector responds to need. In our society, being able to obtain food in socially acceptable ways is regarded a human right found under international law (see text box).

## FOOD AS A HUMAN RIGHT

The right to adequate food and the right to be free from hunger stem from Article 25.1 of the Universal Declaration of Human Rights which outline the right to a minimum standard of living. Like any other human right, there are obligations to:

- » **Respect**  
not interfere with one’s ability to acquire food.
- » **Protect**  
make sure that others do not interfere with access to food.
- » **Fulfill**  
facilitate or create social and economic environments that foster human development, and provide food to people in an emergency or in circumstances when self-provisioning is beyond their control, and strengthen people’s access to and utilization of resources and means to ensure their livelihood, including food security.

Whenever an individual or group is unable to enjoy the right to adequate food, States have an obligation to fulfill this and ‘take whatever steps are necessary to ensure that everyone is free from hunger and as soon as possible can enjoy the right to adequate food.’<sup>37</sup>

We know that people who are hungry are grateful for any food assistance, yet are often resigned to the poor quality and monotony of the food provided, and their unmet personal needs. As a result of accessing emergency food relief being regarded as an embarrassing personal failure that is considered unacceptable in a rich country, it is usually a last resort.

Seeking assistance with food is just one of many instances where people facing hardship have the demeaning experience of having to repeat their story to fulfil assessments of eligibility. ‘Being fed’ in itself, including eating conducted in full public view, can further erode dignity.<sup>38</sup> The proportion of people currently accessing food relief needing to resort to begging, stealing and taking food from rubbish bins in WA is telling of the inadequacy of the food relief system to meet their needs and preferences.<sup>39</sup>

Many households in food stress rely on cheap, energy-dense foods with poor nutritional value.

A survey of people regularly accessing food relief found that almost half were overweight or obese and none were underweight.<sup>40</sup> In addition to the enhancing the risk of obesity, food insecurity increases other diet-related chronic diseases such as diabetes, heart disease and some cancers.

Poor diet and skipping meals has a profound impact on a person’s wellbeing, their physical and mental health, social interactions, ability to function and, in the case of children, their growth and development.

### Case study

A partnership between Neami Suicide Prevention Network and WACOSS has resulted in more than 100 frontline food relief volunteers and staff receiving free mental health and suicide prevention training.



### Support widespread adoption of Consumer and Provider Charter for food relief

Although a successful food relief system should prioritise nutritious, good-quality food and individual need, and promote dignity and social inclusion, this does not consistently happen<sup>41</sup>. Overall, the response to food insecurity is increasingly relying on charity. Due to the ad hoc nature of donations and the food supply, the lack of infrastructure and resources to support reliable and appropriate food services, and reliance on volunteers, these models of service delivery generally do not meet consumer’s needs and preferences.

The current food relief system has donors and volunteers working in ways that can inadvertently undermine the dignity and autonomy of the people they are wanting to assist. We have seen elsewhere in this report that the volunteer workforce may not understand the complexities that have led people to seek food relief, or be able to relate to the people they are trying to assist, let alone provide a service designed to address the underlying causes of food insecurity and hunger.

Some people who had used food relief services, shared stories about feeling that their civil and political rights were regularly overlooked. Along these lines, others were uncomfortable with the perceived religious expectations associated with faith based food provision. Consumers want consistency in how they are treated by and expected to respond to, service providers.

For many, food relief is more than a conduit to alleviating hunger. Accessing food relief services can be the ‘sparker’ to finding connections and supports to assist with reducing their hardship and living a better life. Consumers expressed a strong desire for nutritious food and meals sourced or eaten under socially acceptable circumstances. They were unanimous in also saying that food services need to be inclusive and shared equally, and that even those making unhealthy lifestyle choices (for example through drug or alcohol addiction) were worthy of healthy food. There is a message of kindness conveyed in the provision of hope, hope for a healthier and more prosperous life.



Within this context, the Consumer and Provider Charter was co-designed with input from people accessing food relief services, who are experts by experience. There is a need to empower both providers and consumers to enhance the appropriateness and effectiveness of food relief. Both need to have a shared understanding of what to expect from a service provider or consumer when accessing and distributing food relief.

There are opportunities and mechanisms available to support the widespread adoption of this Charter. This can include, for example, the Charter built into service contracts, local services encouraged to display the Charter, and so on.

At its core, the Charter is aimed at addressing the stigma of the act of seeking, providing and receiving food relief. It is also aimed at embedding accountability into this relationship. This has the potential to translate into more accepting and supportive communities, proactively involved in countering the social isolation caused by poverty.



Local food relief store



Design and trial a supermarket card voucher system, enabling consumers to shop in mainstream stores

Consumers overwhelming indicated a preference for participating in autonomous and socially acceptable models of food provision. Being able to shop in the ‘usual’ way is highly valued because it offers choice. Clients favour supermarket vouchers or cards because they are not publically identifiable when they are in the store. Assistance is experienced as empowering, dignified and free from the negative connotations of ‘being fed’.

Although the voucher has the potential to assist ‘consumption smoothing’, it will not do so effectively unless there is sufficient credit on each card to meet the food needs of the person and their family, and furthermore is available for an appropriate amount of time. The inadequacy of the amount of credit assigned to each card and that these are time limited are major limitations of the current voucher system.

Supermarkets have already prioritised addressing the needs of the hungry in their Corporate Social Responsibility statements. An appropriately discounted supermarket voucher system (administered in concert with service providers) is a dignified and tailored model that allows the consumer ongoing engagement with the retail sector, and builds social inclusion and community cohesion. Having a choice is empowering.

The Framework recommends expanding on the consumer preferred models, and supporting the commercial sector’s consideration of a 20 per cent discount for GST free foods purchased in supermarkets with food vouchers. Funders have a role in the collective bargaining power of an aggregated purchase of food vouchers.



A healthy food relief pantry fridge

*I took my daughter to a church run community dinner before the marriage equality vote and the pastor made us listen to him preach against voting yes before we could eat*



Explore, support and evaluate alternative models of providing food relief

There is a myth perpetuated throughout the current food relief system, that if consumers had food literacy and financial management skills they would not be food insecure. Although financial counselling and other support programs are an essential service for this cohort, they cannot address inadequate income, which is the key driver for the need for food relief.

As this work has shown, current food relief provision generally does not resolve entrenched financial

hardship. Many consumers live in poverty, with incomes that cannot be stretched to meet their basic needs. Exploring models of food provision that do not blame the victim, but instead focus on their strengths and creating safe pathways out of food insecurity, are needed, including consumer led services.

There were many examples of agencies investigating different food relief models observed during conversations with the sector, but evaluations of the efficacy of these are lacking. Models with the potential to address food insecurity on a long term basis and reduce social isolation warrant further research and piloting. Increasingly, food relief agencies see the benefit of providing more than food, for example through pathways to work readiness. See examples of this on page 48.



» **Social supermarket**

Social supermarkets are an example of social solidarity enterprises that provide a subsidised shopping experience for the local community, where people who live with food insecurity can purchase food in a stigma free zone alongside regular members of the community without needing a service referral.

» **Membership access to subsidised food**

In a membership model, people and families living with food insecurity are given unlimited access to shop for a period of time, rather than a fixed number of visits, and that is determined according to their set of circumstances. Membership that responds to a person's actual chronicity, rather than eligibility criteria, frees people from the burden of having to negotiate or 'shop' across multiple agencies for finite amounts of food.

» **Peer led and delivered food responses**

Peer led responses are those that are developed and delivered by people with a lived experience of poverty and food insecurity. This approach, often run by volunteers, brings feelings of acceptance and inclusion, and being supported by community rather than by a service.

» **Reciprocal models of service provision**

Reciprocal models offer people with lived experience of hardship an opportunity to give back to the service by way of volunteering their skills and time. Consumers can find the activity of receiving without payment stigmatising and disempowering. With the chance to contribute something in return, from their labour through to being a sensitive and welcoming face to the next person who comes through the service door, they feel more valued.

» **One stop shop**

One stop shops are places where people can access whole of life services in a single location. This can include assistance with bills, food relief, information about other services and advocacy. Consumers do not have to repeat their story and there is time to develop relationships and trust with the same staff member or team.

» **Flexible and outreach service**

Some services deliver food on a hub and spoke model, providing pre boxed food and meal packs to suburban locations, and in some cases directly to the consumer's or families house. This enables food insecure people to have access to food at subsidised prices without the additional burden of having to travel to a central warehouse. Some services do this outside usual business hours too.

**Case study**

**Geraldton** providers are collaborating to operationalise the philosophy of the Consumer and Provider Charter, and are recruiting First Nations children to design a poster for service user rights and practice principles for providers to be used within their services.

**Case study**

Conversations about the Framework with local food relief providers in **Kununurra** drew attention to a local takeaway retailer purposely targeting low income people with cheap and nutritionally inadequate food. Now in the spotlight, there is commitment to collaborate to address this unethical practice.

Local providers are exploring the possibility of establishing a consortium and pooling funds to purchase a van to supply affordable and nutritious food to the community under a social enterprise model. This group is also looking to enlist the support of local government, who are legislated to enforce the Public Health Act 2016.



Ensure lived experience input into designing implementing and evaluating food relief policies, services and responses

A cross Council of Social Service Lived Experience Framework is currently being developed with the input of people who are experts by experience from around Australia. The Lived Experience Framework is a direct outcome of this Project and there is already early and widespread endorsement. The Framework lays out recommended policies that can guide government, stakeholders and providers regarding the partnering of people and groups with lived experience for co-production purposes. This complimentary work will also be integral to informing dignified food relief procurement.



Social supermarket

*What works well if you have enough money to shop for yourself, otherwise supermarket gift cards because then you feel like no one knows you don't have money for food*



CONSUMER AND PROVIDER CHARTER

» **Respect**

As a consumer, I have the right to feel safe and respected; please talk kindly and honestly with me  
As a provider, I have the right to feel safe and respected; please talk kindly and honestly with me

» **Cultural needs**

As a consumer, I may or may not share my cultural obligations but I am free to access food with no expectations that I should  
As a provider, I respect your cultural obligations without judgement or prejudice and provide service to you without expectation that you should listen or follow my cultural obligations

» **Recognition of the struggle**

As a consumer, I don't feel shame or judged because of my struggle  
As a provider, I recognise your struggle and do not judge you because of it

» **Safety**

As a consumer, I have the right to feel connected and safe; please show me I am connected and safe  
As a provider, I will do all that I can to help you feel connected and safe

» **Dignity of choice**

As a consumer, my choices are mine; I am doing the best I can right now, please help nourish me while I work through it  
As a provider, I recognise your choices are yours, I will provide you with food

» **Responding to dietary needs**

As a consumer, I feel safe to tell you my dietary needs and preferences and understand you are working towards sourcing appropriate food for my needs  
As a provider, I may or may not have your dietary needs or preferences, but I recognise you are entitled to them and will do my best to source food to suit these

» **Privacy**

As a consumer, I will only share the information I wish to share and recognise this may limit the support you can provide  
As a provider, I respect your privacy and will only ask you to share information for the purpose of linking you with further supports you have asked me to assist you with

» **Hope**

As a consumer, please know I can live a good life  
As a provider, I believe you will live a good life

» **Complaints**

As a consumer, I feel supported to use the complaints charter and process when I feel the service has not met its commitment to me  
As a provider, I will make available to you a complaints process and work with you so that you understand how to use it

9  
Government



Regional  
Development



Volunteering



Emergency  
Services



Housing



Commerce



Finance



Planning



Transport



Place



Agriculture



Environment



Health



Education



Justice



Communities

# Findings and recommendations

To properly address food insecurity and ensure that the provision of food relief is effective, well-coordinated and resourced, central policy oversight from government is an imperative. Strategies to facilitate social and economic environments that foster human development, and provide food to people in an emergency or in circumstances when self-provisioning is beyond their control, need to be comprehensive and span cross-government policies and portfolios.



## Proactive Government leadership on an issue impacting many Western Australians

The Food Relief Framework Working Group invited the State Government of Western Australia to lead a partnership with the commercial and not for profit sectors to address food insecurity. The advantages to government to normalise involvement and enhance leadership in this space are abundant, given that food insecurity is an issue that intersects with [many ministerial portfolios](#) and agency service areas. The Working Group presented the proposition that food relief needs to have high level government leadership to Premier McGowan, to ensure the improving health and wellbeing of all Western Australians, together with some specific asks:

- Launch the WA Food Relief Framework Report in 2019
- Host the 2019 Food Relief Roundtable of key corporate and community representatives
- Champion coordination across ministerial portfolios, including policy directions aimed at integration and collaboration

- Broker relevant stakeholder partnerships to share the burden of the problem, and critically costs, across the commercial and not for profit sectors
- Assist where appropriate with the ongoing implementation of the Food Relief Framework recommendations across the different phases

The Premier nominated Minister for Community Services, the Honourable Simone McGurk, to spearhead this area and the Minister's office has been involved in the Food Relief Framework since this time. The Working Group supports Minister McGurk's retention of this agenda going forward, especially as food relief aligns with her responsibilities across the community services.



## Develop and resource a nutrition-focused food relief policy

Ministerial involvement is necessary, in particular, to develop and implement a policy for nutrition-focused food relief across the sector, co-designed with a lived experience reference group. Developing a nutrition-focused food system is key to meeting expressed consumer needs. That means initiating food procurement policies for safe, nutritious and appropriate foods, meals and snacks throughout the system to increase the stock of healthy appropriate food and to reduce the supply of junk food.

Procurement of saleable or surplus food requires that it will be nutritious to ensure the long term healthy outcomes for the end users of food relief. Without reliable access to good nutrition the health and development of many Western Australian children is at risk. The focus of a nutrition focused food procurement policy will span all organisations in the food rescue and relief sector



## Ensure evidenced based and sustained funding for greater efficacy in service delivery

While increased funding is obviously an issue, reconsideration of the way existing funding is allocated may also be appropriate. In Western Australia, state funding for food and emergency relief is administered via grant making, and which is in contrast to Federal program funding which is awarded through tender submissions<sup>c</sup>. There is considerable variability around how this is organised in other jurisdictions, and each state and territory's funding arrangement is unique.

<sup>c</sup> Note, the State regularly calls for expressions of interest for tender submissions in other program areas, just not food and emergency relief.

To optimise the impact of services delivered, funding needs to be structured to allow ongoing monitoring of outcomes, as well as integration with related programs and policies. This is more challenging with shorter term and siloed grants, where the incentive to introduce measurement mechanisms is reduced because the effort and investment is difficult to justify. Also, practically, the assessment of outcomes, as opposed to outputs, is only viable over an extended period.

Services commissioned via grants cannot easily inform, and be coordinated with, other relevant services and governance frameworks in anything beyond an ad hoc way. The separate designing and timing of funding and grants, between different agencies poses a significant barrier for this to be effectively managed.

An additional limitation of grants that sit outside the usual program funding streams is that consumer accountability may not be embedded into service delivery. In other words, avenues for consumer feedback and complaint may not be explicit or easy for one off and short term projects, especially if they are not connected with other accredited programs or agencies.

Long term funding agreements are recognised as good practice across the community service sector, to allow providers time to plan, partner and evaluate services delivered. State Government procurement is currently transitioning to five year contracts in all new and renewed programs that the Delivery Community Services in Partnership Policy applies to. The DCSP Policy recommends that sustainable funding is key to ensuring better impacts, as it 'enhances the capacity of organisations to make long-term strategic decisions, attract and retain human capital, manage operational risk, achieve desired outcomes and deliver better value-for-money'.<sup>42</sup> This recent change in Western Australian commissioning is aligned with the Commonwealth Department of Social Services, where four year service contracts were recently introduced in funding for emergency relief.

Whilst Lotterywest's recently developed Community Investment Framework, with a focus on priority areas and outcomes, does provide new opportunities for support towards food and emergency relief, it is not aligned with the recommendations for sustained funding.

Given that the consequences of food insecurity are entrenched amongst many different groups of people and geographical areas, sustained and evidenced informed funding is essential if we are to address this issue. Government intervention is needed to make this happen.

Lotterywest grant making is not the only mechanism available to the agency to allocate funds. There is a provision in the Lotteries Commission Act 1990, for example, for monies in the areas of the arts and sports to be credited to a consolidated account where they are subsequently distributed based on the request of the respective Ministers, in consultation with relevant people, bodies and departments.



**A local network meets to talk about the Food Relief Framework**



**Strengthen the role for and relationships with Local Government**

Currently, there is no mechanism to support local governments to undertake partnerships with local services. The food relief sector, along with the wider social services sector, would like to see amendments made to the Local Government Act that will provide the impetus for local governments state-wide to enable the valuable role they can play in developing and sustaining a healthy and inclusive community.

Local government can assist with the coordination of community services operating within their jurisdiction, including the provision of healthy and safe food relief and wider place-based services. There is currently, however, great variation in local governments fulfilling that role across WA.

With a birds-eye view, local government can promote and sustain holistic, integrated and coordinated local service delivery, working with the relevant stakeholders to minimise gaps and possible duplications. For this reason local government is ideally placed to support an interagency network, and there are numerous examples of where this is already happening around Western Australia.

Local governments are responsible for the development of public health plans and the enforcement of the Food Act and food standards.

Local government environmental health officers have a key role in checking that charity food providers comply with the legislation and standards, including unfunded providers where the risks to food safety are potentially heightened.

It is critical that charity food providers have access to local government food safety training free of charge. Ensuring that local environmental health officers have the capacity and remit to support and guide local food relief providers will result in a healthier and safer food environment for those in the community experiencing food insecurity.

Local governments are also well-positioned to support the sustainability of local services through reduced or subsidised leases and joined-up service arrangements. The local government benefits from its ability to influence the location and nature of service delivery within the local government area and consumers benefit from co-located services. Co-location also creates a sense of place, bringing a level of vibrancy to local areas and enabling higher levels of activity and engagement. [Healthy Food Access](#) in Tasmania is an example of what effective integrated local government engagement can look like, and WACOSS has been supporting aspects of this model in local government areas across the state.

# What is the role of local government in supporting community food security in Tasmania?



## Healthy Food Access in Tasmania



**Align Food Relief Framework with current government reforms and priorities**

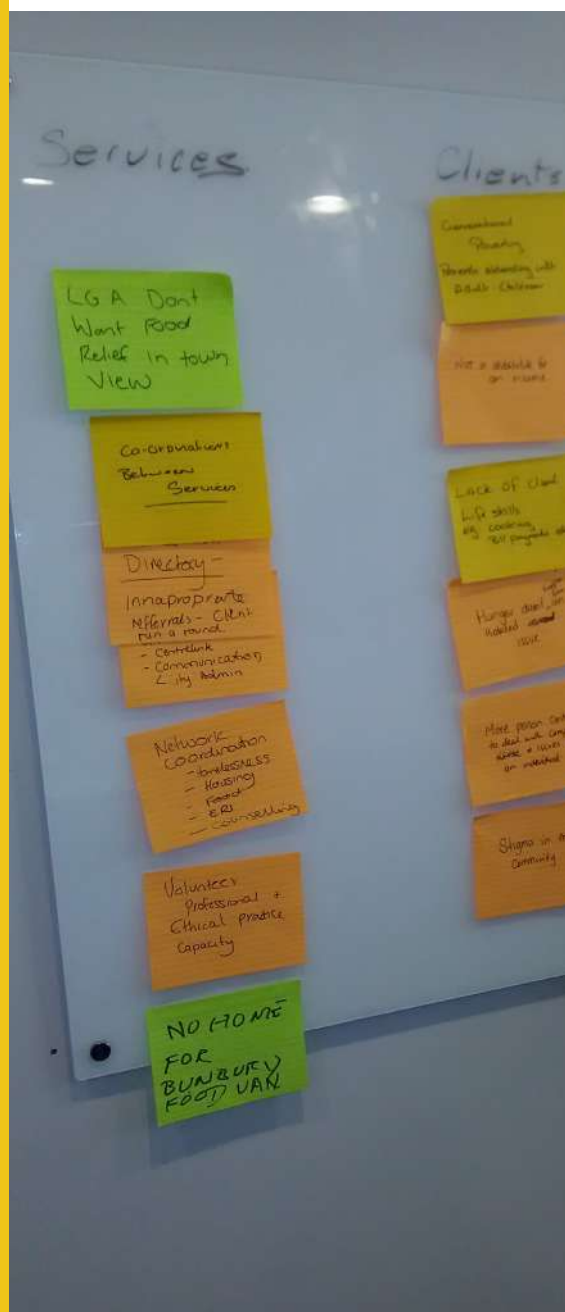
There is an opportunity to connect the Framework with government reforms and support the implementation of these, as well as complement other state government priorities. Members of the Working Group and WACOSS will be briefing the respective representatives and departments about the relevance and intersection of these reforms with the Framework.

**Machinery of Government** The amalgamation of key human service delivery agencies into the Department of Communities has provided an opportunity for enhanced coordination of the policies and services delivered in support of individuals, families and the community. The creation of Communities, along with the *People, Place, Home* vision means that the service delivery and policy portfolios relevant to the Food Relief Framework are now integrated.

**District Leadership Groups** The roadmap in the Framework supports the Government's current case for place-based responses with most who experience food insecurity living in so called 'poverty postcodes'. Our process of engaging and strategising in collaboration with local families and local providers also connects with the regional reform necessity of devising local solutions. The District Leadership Groups are a mechanism through which this can happen. Further, this connects with machinery of government changes, as the agency responsible for most District Leadership Groups is the Department of Communities.

**Our Priorities** The whole of government targets were a key recommendation of the Service Priority Review and form part of the Government's broader Public Sector Reform program. Across the six outcome areas and 12 priorities, the Framework intersects with a 'Regional Prosperity' and a 'Bright Future' in particular.





**Service Priority Review** The SPR Blueprint for Reform advises that the WA Government identify new approaches to program design and implementation, whole of government targets, improved coordination and improved outcomes, all of which are approaches embedded in the Framework.

**Sustainable Health Review** There are many similarities in the directions outlined in the Final Report of the Review, including a focus on person-centred service delivery, better use of resources, partnerships for Aboriginal health outcomes, integrated system partnerships in client pathways, and collaboration and innovations aimed at enhancing sustainability.

**Supporting Communities Forum** The Supporting Communities Forum's function is to support implementation of the State Government's Supporting Communities Policy. The Forum is a partnership across government and non government sectors, committed to better service delivery including food relief.

**Delivery Community Services in Partnership Policy** As already mentioned, with an emphasis on co-designing community service sector responses to issues, sustainable services delivery and progressing with outcomes based procurement, the principles outlined in this policy would ideally be applied to the commissioning of food relief, as it pertains to other community programs.

**Lotterywest Community Investment Framework** Lotterywest investments are organised in five priority areas. The Food Relief Framework's findings and plan going forward can be measured against the 'Inclusive Thriving Community' pillar, aimed at reducing vulnerability and disadvantage across Western Australia.

**National Food Waste Strategy** Joining global action to better manage food waste, the Federal Government has developed a strategy to halve Australia's food waste by 2030 and which connects with the [Sustainable Development Goals](#). Like the Food Relief Framework the emphasis is on collaboration and that everyone has a role to play.

What these service reforms and policy priorities have in common is an intention to engender a cultural shift around the way programs are delivered, to make it easier to pursue innovations and collaborations, overcome silos and put people and community at the centre of this. Like the Framework, the collective aim of these is to strengthen the health and wellbeing of all Western Australians.

# Where to from here

# 10



There is growing recognition that we need to generate widespread commitment to address food insecurity in Western Australia. The way forward lies in the way the problem is presented. Current narratives about food stress and hunger place a large burden on the individual consumer, without acknowledging the causes of food insecurity and the change in policies and income levels needed to alleviate hunger. Food insecurity is not a personal choice and it takes more than individual action to fight hardship and adversity.

This sentiment was reiterated by both sector representatives and people who are experts by experience, asking for an advocacy strategy that includes the needs of those living with food insecurity and that talks to the drivers of poverty and hunger too.

Our conversations with stakeholders across Western Australia about the state and operations and the Food Stress Index mapping also provided clear evidence that food rescue and relief services and systems do not currently have the resources, capacity, and coordination to address the demand for food relief.

Most are not equipped to respond to the issues that perpetuate food insecurity in the first place.

The not for profit sector does not have the commercial capacity to develop a parallel food storage and distribution network across the State. It is not their remit.

The response to food insecurity needs to move beyond the philanthropic and not-for-profit sector, where it has been traditionally delivered from, to all segments of civil society.

From building the capacity of the person who is food insecure to find a pathway out of food insecurity, to equipping service providers and programs with adequate resources, to evidence informed approaches, to leveraging corporate social responsibility from the commercial sector, to policies that tackle inequities, to government leadership.

# Framework Solutions

The range of inter-related and co-designed solutions presented through the Framework reflect the considerable efforts, collaborations and achievements of the stakeholders to date. These include:

1.

Creating a strategic picture of food insecurity in Western Australia, elevating the understanding and profile of the extent of issue.
2.

The development of a tool to map and measure food stress, and importantly identify where food relief is most needed.
3.

Policy levers necessary to address food insecurity, and entrenched financial hardship, are clearer.
4.

Resources developed to promote measurements of impact in service provision.
5.

Establishing a platform to post details about surplus food for re-distribution.
6.

Enhanced food relief literacy and expectations for safe and dignified services across consumers.
7.

A range of resources, partnerships and other new initiatives designed and implemented improvements in service efficacy amongst early adopters are already apparent.
8.

Proactive government involvement and leadership.
9.

Diverse stakeholder engagement and commitment to work together to address food insecurity, where all players can see the role that they have in relation to others.
10.

A chain reaction to continue to progress changes that lead to better outcomes for Western Australians has been sparked!

The Food Relief Framework has established a platform for change and it is imperative to keep the momentum going. The work already generated through this Project as outlined in the solutions provides the impetus to mobilise and diversify key players to take ongoing actions.

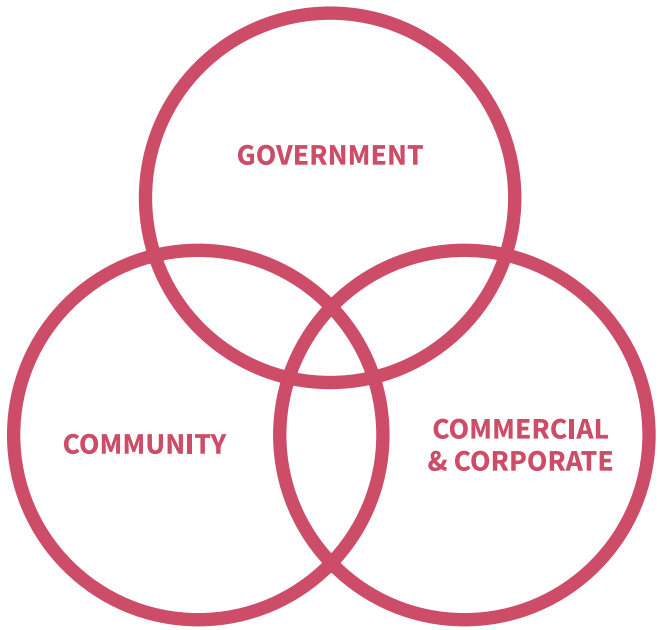
The Roundtable will be a starting place for this. To ensure high level engagement and ownership, relevant representatives from across the social services, three tiers of Government and the commercial sectors will be invited to join.





# The Invitation

As described in the introduction of this report, the Western Australian Premier of WA will invite all sectors of civil society, all levels of Government, the community services, and the commercial sector to the Roundtable, on behalf of WA Food Relief Framework, to be part of the conversation to address gaps in food security in WA.



Members of the Roundtable will be tasked with overseeing and assisting the progression of the recommendations of the Framework, as well as bringing new perspectives and ideas, recognising that this will require time and commitment. This will include, but not be limited to, the following areas.

1. Initiatives and collaborations to improve appropriate and nutritious food security in Western Australia
  - a. Gaps in supply, transport and storage
  - b. Natural disaster management
  - c. Other factors that will increase food security
2. Measuring and monitoring
3. Food security governance and accountability for the next five years

The Roundtable agenda will importantly begin with an acknowledgment that there is already a collective commitment from members to the original premise of the Framework:

“Secure the basic right for every person in Western Australia to be food secure, with support from all sectors of the community”

# Funded Services

Snapshot of services funded through State Lotterywest and Federal Department of Social Services (at 1 January 2018 and 1 July 2019)

- Adventist Development & Resource Agency
- Agencies for South West Accommodation
- Anglicare WA
- Australian-Asian Association of Western Australia
- Beananging Kwuurt Institute
- Bloodwood Tree
- Boddington Community Resource Centre
- Broome Community Information Resource Centre & Learning Exchange
- Carnarvon Family Support Service
- Centacare Kimberley Association
- Central Agcare
- Centre for Asylum Seekers, Refugees and Detainees
- Centrecare
- City of Fremantle
- City of Melville
- City of Stirling - Stirling Women's Centre
- Communicare
- Cornerstone Church
- Crossways Community Services
- Derbarl Yerrigan Health Service
- Dongara Community Resource Centre
- Dungeon Youth Centre
- Eastern Region Domestic Violence Services Network
- El Shaddai Kwinana Christian Fellowship
- Esperance Care Services
- Esperance Crisis Accommodation Service
- Exmouth Community Support Group
- Foodbank WA
- Foothills Information and Referral Service
- Goldfields Women's Refuge Association
- Gosnells Community Legal Centre
- Grace Care
- Graylands Hospital Volunteer Service
- Hedland Women's Refuge
- Helping Out People Everywhere
- Huntington's WA
- In Town Centre
- Indigo Junction



- Italo-Australian Welfare & Cultural Centre
- Jacaranda Community Centre
- Jewish Care WA
- Joongari House/Wyndham Family Support
- Jungarni Jutiya
- Kimberley Aboriginal Medical Services
- Kununurra Neighbourhood House
- Life City Church Perth
- Lucy Saw Centre Association
- Margaret River Community Resource Centre
- Marnin Bowa Dumbara
- Marninwarntikura Women's resource Centre
- Marnja Jarndu Womens Refuge
- Metropolitan Migrant Resource Centre
- Midland Information, Debt & Legal Advocacy Service
- Mission Australia
- Multicultural Futures
- Multicultural Services Centre of Western Australia
- Nardine Wimmins Refuge
- New Life Welfare
- Newman Women's Shelter
- Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corp
- Orana House
- Outcare
- OzHarvest

- Pat Thomas House
- People Who Care
- Perth Inner City Youth Service
- Pivot Support Services
- Portcare
- Pregnancy Assistance
- Regional Alliance West
- Returned & Services League WA Branch
- Riverview Community Services
- Roman Catholic Archbishop of Perth – St Joseph's Parish Northam & The Shopfront
- Ruah Community Services
- Salvation Army
- Save the Children
- SecondBite
- Second Harvest Australia
- Share & Care Community Services Group
- South Lake Ottey Family & Neighbourhood Centre
- South West Counselling
- South West Refuge
- Southcare
- Southern Agcare
- Spiers Centre
- St Patrick's Community Support Centre Limited
- St Vincent De Paul Society
- Starick Services
- Street Law Centre WA
- Sun City Care

- Sussex Street Community Law Service
- Tammin Economy Shop Cooina Association T.E.S.C.A.
- Tenancy WA
- The Roman Catholic Bishop of Geraldton Centacare Family Services
- The Spiers Centre
- Uniting Church in Australia Property Trust - Finucare
- Uniting Aid
- UnitingCare West
- Variety WA
- Victoria Park Youth Accommodation
- Waratah Support Centre (South West Region)
- Waroona Community Resource Centre
- WestAus Crisis & Welfare Services
- Western Australian AIDS Council
- Whitelion Youth Agency
- Whitford Church of Christ
- William Langford Community House
- Women's Council for Domestic & Family Violence
- Women's Health Care Association
- Wunan Foundation
- Wungening Aboriginal Corporation
- Yaandina Community Services
- Youth Futures WA
- Zonta House Women's Refuge



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# Notes



# **WACOSS stands for an inclusive, just and equitable society**

We advocate for social change to improve the wellbeing of Western Australians and to strengthen the community services sector that supports them.



**wa council of  
social service**