

THE EXTENT AND NATURE OF POVERTY IN AUSTRALIA

Senate Standing Committee on Community
Affairs

The Hive, Mt Druitt (United Way Australia)
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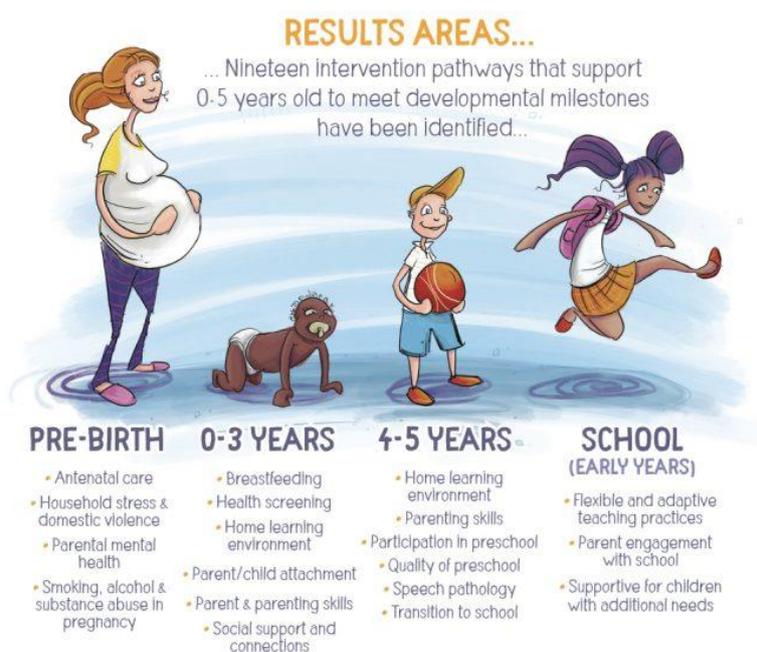
The Hive

The Hive, Mt Druitt (United Way Australia) welcomes the opportunity to present a submission for the inquiry into The Extent and Nature of Poverty in Australia based upon our learnings and experiences in the suburbs of Mt Druitt, NSW.

The Hive, Mt Druitt (United Way Australia) is a place-based, Collective Impact initiative operating in the suburbs of the Mount Druitt postcode in Western Sydney, NSW. The goal of The Hive is for all children in Mt Druitt to start school well, with equal opportunity to learn, be healthy and participate in quality community life.

There are a range of partner organisations and local residents who work collaboratively with The Hive to achieve positive outcomes for children in our community. We believe that if we bring various parts of the system together, listen deeply to community concerns and work together on community and evidence informed solutions we can sustainably improve outcomes for children in this community. The Hive believe that to reach this goal a holistic approach is required to support families through innovative programs and initiatives, but also addressing the social determinants of complex social issues that families experience and advocating for system change. The Hive is guided in our early years work by evidence informed by the Australian Research Alliance for Children and Youth's (ARACY) key intervention pathways for children aged 0-5 years¹, alongside community voice to promote innovative and community focused solutions to break cycles of disadvantage. These are displayed in the image below.

The Hive authentically listen and learn from local families about their experiences and then collaborate with local stakeholders to address these, create innovation solutions, and advocate to relevant systems to create meaningful change.



Mt DrUITT Context & Poverty

The Mt DrUITT postcode has a long history of entrenched intergenerational poverty and social stigma with some of the postcode's suburbs having exceptionally high rates of unemployment, crime, financial insecurity, and issues of domestic violence and mental health. According to the Australian Early Development Census, in certain Mt DrUITT suburbs, 2 in 3 children start school considered developmentally vulnerable which is significantly higher than the national rate of 1 in 5 children². Living in a region of socioeconomic disadvantage, these children are starting school already behind compared to children from other communities, and without significant investment in Mt DrUITT suburbs, these children will struggle to break out of the cycle of poverty.

The 2021 Census³ and crime figures demonstrate the disadvantage the Mt DrUITT postcode experience.

- The suburb of Bidwill had an employment rate of only 34.4% compared to the NSW state average of 58.7%
- In the suburb of Willmot, the median weekly household income was less than half that of the NSW average.
- The suburb of Willmot had only 3.7% of residents obtain a university qualification compared to 27.8% of NSW residents.
- The suburb of Bidwill consists of nearly 50% single parent families (48.4%)
- Up to 19.1% of households in Mt DrUITT suburbs do not have access to a vehicle which is significantly higher than the NSW rate of 9%
- The 2770 postcode has a higher rate of crime in all categories recorded by the Bureau of Crime Statistics and Research (BOCSAR)⁴, including over double the state rates of drug offenses, assault, robbery, and malicious damage to property.

It is also significant to note that some Mt DrUITT suburbs have 15.3% of their population identify as Aboriginal or Torres Strait Islander compared to 3.4% of NSW. It is recognised that First Nations people experience higher rates of poverty compared to non-Indigenous Australians and have unique experiences of poverty which should be considered with any policies due to address the causes of poverty.

Parents and carers in the Mt DrUITT community are resilient, strong, and love their children deeply. However, like many families in under resourced communities they face a range of barriers throughout raising their young children which can contribute to remaining in entrenched poverty or unfortunately being unable to set their children up to escape poverty and its impacts.

Throughout the years Mt DrUITT has experienced a fragmented and poorly coordinated service system with many organisations funded to work in the area with little cohesion or long-term funding. The transient nature of service providers has resulted in confusion and a lack of coordinated care for the vulnerable population, many of whom are left without ongoing support. This has resulted in damaged trust between families and service providers, with families hesitant to be vulnerable in sharing their struggles and accessing services if those services are not going to support them for the long term.

The Hive have recognised the impacts of poverty upon Mt DrUITT families and how it has impacted their access to resources and services that could act as protective factors. Mt

Druitt families face numerous barriers when seeking to access services such as child health services, early education and social services. Many of these include:

- Lack of locally accessible services
- Poor public transport systems
- Financial costs of services
- Low literacy
- Lack of technology or access to the internet
- Previous negative experiences or trauma from the service system
- Complex family stressors such as domestic violence, mental health, or substance abuse

Poverty & Impact on The Early Years

The first two thousand days of a child's life has been gaining increased attention in policy and research due to the rapid period of brain development and correlation of this period to life long educational, employment and health outcomes^{5 6}. In the first three years, a child's brain undergoes a significant period of growth and is highly influenced by the environment and stimulus the child is subject to, which subsequently impacts the child's circumstances and likelihood to escape disadvantage⁵.

There is an increasing wealth of research that has determined the correlation between childhood social deprivation and poor health outcomes and ongoing experiences of poverty into adulthood^{1 7}. Families living in poverty face barriers to access social services, health services and early learning services which are considered protective factors for children to have the best start to life. Children experiencing persistent deprivation can develop developmental delays that prevent the access to resources during adulthood which perpetuates the nature of poverty within families and communities for future generations⁷. Children living in poverty have a higher likelihood of experiencing adverse childhood experiences (ACES) such as poverty, abuse, neglect, exposure to family violence or poor parental mental health. The presence of ACES has been linked to having poorer health outcomes than children without these factors⁸ which has an enduring impact as child health outcomes are a strong predictor of health outcomes in adulthood⁵. It is recognised that discrepancies between health outcomes from differences in socioeconomic situations start to become evident in children as young as 9 months and the disparity of this increases as children get older⁹.

Families experiencing poverty face barriers that make it difficult and at times impossible to access social services designed to provide support. It is known that toxic stress and trauma impact the brains' ability for forward thinking, decision making, and emotional regulation¹⁰. Families living in poverty are in survival mode as they are experiencing stressors such as domestic violence, severe financial stress, housing instability, mental health concerns and other traumatic experiences. Social disadvantage and poverty can also impact one's literacy levels and access to technology and internet which inhibits parents' confidence to complete forms, seek services and complete online tasks. The family stressors in addition to these barriers can result in shame or embarrassment, or feeling overwhelmed which overall stops the family from continuing to attempt to access

the support because it is considered too hard and inaccessible. The service system is hard and impersonal and not accessible for those who need it the most and has a subsequent impact upon the trajectory of children.

The reality of the complex system for families in poverty:

Story of a family supported by The Hive:

Jenny is an Aboriginal mother to three children under the age of five. Jenny lives in an NSW Housing property, receives Centrelink payments, has no car, no family support, no internet, no computer, low literacy and cannot afford regular credit on her phone to be able to make calls. Jenny has also previously experienced domestic violence and has poor physical and mental health. Jenny wants to find employment but first needs to find childcare for her children. Due to Jenny's low literacy and family stressors, she did not register the children at birth and they are without birth certificates which is required for enrolling. The process for a late birth registration is overwhelming, as is applying for Child Care Subsidies. Jenny's low literacy also presents a barrier to understand the information given to her by preschools and services. The lack of reliable public transport in the Mt Druitt area limits the childcare services that she can access, as well as the local organisations she can access for family or employment support as none are available in her suburb.

After Jenny receives support from The Hive to access birth certificates, complete enrolment paperwork, access the childcare subsidies, she is able to access a childcare service. This service soon identifies two of the children have undiagnosed developmental disabilities, and Jenny accesses Hive support to access paediatricians, allied health services and NDIS. Before long Jenny is working with 15 different services to help herself and her children, none can support with multiple needs, and few are available in the local area. The service system is fragmented and overwhelming, and Jenny has had to repeat her story multiple times to access services which is exhausting and retraumatising. Despite all the wonderful work Jenny has done for her children, she is still living in poverty and still seeking employment due to lack of relevant and accessible services, the cost of childcare and therapies, transport barriers, support for her mental health, technology limitations, and family and financial stressors. Without a change in Jenny's situation, her children will be unable to start school well and may remain in poverty in the future.

A Different Approach is Needed

The Hive believe to break the cycles of entrenched poverty an alternative approach is required from the social service system that considers the ecological and holistic perspective of the lifespan. An ecological approach starting with a child, endeavours to provide support at the earliest opportunity whilst acknowledging that children live within families, who live within communities, who are impacted by government policies and decisions. The service system typically funds services that specialise in only one of these areas to either consult communities, deliver programs to families, or establish policies. The Hive and other place-based initiatives argue that a multifaceted and place-based approach is more effective at addressing communities facing ingrained ‘wicked problems’ such as poverty¹¹. Those who deliver policies or fund programs often are removed from the experiences of families within communities, and therefore their solutions are unrealistic and impractical and ultimately, see little change.

Place-based programs are exposed to the broader context and barriers families are facing, which results in greater capacity to address the root of concerns and deliver interventions that will be accessible and relevant¹². Place-based interventions utilise strong community development principles to collaborate with families and local organisations to listen and learn. Being locally present and partnering with local trusted organisations overcomes barriers to service engagement as there is an in-depth understanding of the community and experiences of families. A partnership approach with families, communities and service providers increases the accessibility of services to families where services can collaborate for the common goal of supporting families and children⁶.

The Hive’s foundation of community development and intentional consultation with local families result in programs and services specifically targeted to bridging the gaps in the service system, deliver successful innovative pilot programs, and capture evidence which can be utilised for advocacy and sharing learnings with government. The Hive’s Linker programs aim to not deliver a new service but partner with families to navigate the existing service system and successfully access protective factors such as early education or allied health and specialist services. The current service system is confusing and overwhelming for families experiencing poverty with many barriers. Programs such as the Hive Linkers or other navigator roles partner with families to explain supports available and overcome barriers to accessing protective supports for children.

Special attention in policies and funding should be directed to the early years of a child’s life in recognition of the impact these years have on the trajectory of a child’s life and the opportunity to escape cycles of poverty. By utilising principles such as collective impact, place-based approaches, trauma-informed care, relational practice, and the ecological model, outcomes for children can be improved, leading to a disruption in the cycle of intergenerational poverty.

Case Study:

The Hive's Collective Impact approach in the suburb of Willmot brought together multiple services and workers from government & non-government organisations, the local school & childcare, and residents to learn how to respond to the needs and aspirations of the community to break the entrenched disadvantage and work differently for change. The Collective listened to residents about the barrier to accessing support and their hopes for their children. Transport, trust, lack of local services and finances were reported as barriers, so the Collective aimed to revitalise the local community hub into a family space where residents could access support locally in a trusted space.

Seven years later, through deep collaboration across organisations, advocacy to local systems, and a commitment to sharing resources and working differently and for the long term, the community hub is open five days a week and providing playgroups, employment services, parenting groups, paediatrician and child nursing outreach clinics, community breakfasts and events for social cohesion, and office spaces for caseworkers, counsellors and allied health therapists to meet local families within their community. Services remain committed to the work in Willmot, aware that trust had to build with families before they may feel safe to engage. Working at a community, family and child level allowed for a holistic approach to child wellness and is addressing the social determinants of poverty alongside the impact it has on individuals.

Local residents reflected on the change they noticed in the community:

"The most significant change I have witnessed is the support that families receive. The people at the Hub are there for local residents who need support and guidance with dealing with family related matters. I have also seen so many local children involved in the Hub's programs, so they are not left to their own devices. Through the Hub's programs, services and events, children, young people and the adults have been positively interacting with positive people at the Hub. In this environment, people are able to make themselves available to the plentiful opportunities to develop and strengthen their ability to improve their physical, mental and emotional health, so that they can have a better a future."

"Willmot used to a place where people did not talk to each other and were even rude to each other. Everyone felt isolated. I remember looking for support, but I just couldn't find any that could help me. The service system was just too hard, and you went around in circles. I thought I would have to do it all by myself.... until the people at the Hub came along."

Recommendations

1. Provide long-term funding for place-based community development approaches to address the social determinants of poverty.
 - a. Prioritize funding to existing services in marginalised communities to leverage the trust held with communities.
 - b. Increase resources to regions of entrenched poverty, engage in deep consultation to understand the context and increase focus on ensuring access to protective factors.
 - c. Promote Collective Impact, place-based and ecological approaches.
 - d. Provide long term funding to acknowledge and protect a period of consultation with residents and stakeholders before project implementation.
 - e. Undertake an equitable approach to funding community health, education, and social services with an increase in funding and provision of services to areas of socioeconomic disadvantage.
 - f. Consult with First Nation's Elders and organisations to understand their recommendations for their communities and people experiencing poverty.
2. Ensure organisations and government departments work across sectors to address causes of poverty, breaking down silos and working with an ecological framework.
3. Fund Linker roles to be embedded in local community organisations to aid families in navigating systems and connecting to supports.
4. Remove barriers to accessing services for families that act as protective factors for children.
 - a. Remove childcare bonds and enrolment fees for children living in poverty to remove financial barrier of enrolment into childcare.
 - b. Adapt childcare subsidies to allow children living in poverty access to free childcare without ongoing applications or regular provision of evidence of hardship.
 - c. Increase the NDIS eligibility for families that are not Australian citizens to ensure all children have access to early intervention allied health services.
 - d. Increase funding for flexible community transport services for families in areas with high levels of poverty to ensure residents can access social services.
5. Encourage the place-based delivery of government child health screening and allied health services in partnership with local community organisations to overcome transport barriers.

Further reading

- *The Hive Insight Series*. The Hive developed three ‘Insight Papers’ to articulate the core methodologies and findings from our key streams of work. Two more will be written and published in 2023.

The three papers are available on our website:

- *An Early Learning system that makes a difference for Mount Druitt’s children and families*
 - *Raising local voices: The Hive’s approach to community development*
 - *How Check Ups Before School (CUBS) is helping kids start school well*
- *Reflections on Barriers for Families in the First 2000 Days*. A Hive report written to reflect upon barriers to protective factors for children accessing the best start in life, and solutions we’ve implemented or advocate for to overcome these.

These articles are available on The Hive’s website: <https://thehivemtdruitt.com.au/our-approach/our-learnings/>

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