State of the Family 2001

Dr Ann Nevile

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Anglicare Australia is the national network of more than 60 care
and social justice agencies of the Anglican Church in Australia.

Anglicare members provide in excess of $300 million each year in assistance to
families, youth and children, the aged, unemployed and the homeless as well as
special programs to assist Indigenous Australians.

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Introduction

In 2000 Anglicare published its first State of the Family Report. It recognised that families are the source of health and well being for individuals and our society as a whole. The nature of our family relationships has a profound effect on who we are and how we see the world around us. It is frightening then to realise that in Australia 860,000 children are growing up in families where no one has a paid job. How do families find themselves in such circumstances and how do people cope?

This second State of the Family Report focuses on the ways in which individuals and families find themselves excluded from paid work. It traces how this leads to families living without adequate housing. It explains how poverty results in people being unable to enjoy social relationships and cultural activities. The report helps us to understand the full ramifications of low incomes on family life.

It becomes abundantly clear this does not happen just to 'them'. This plight can easily befall any of 'us'. And when any of our families suffer, whole communities are the poorer for it.

How then are we to respond constructively and contribute to stronger families and communities? Informal support networks are crucial. They help individuals and families cope with the problems and harness the courage and resources needed to survive. Recognising the value of these informal networks and fostering them is critical.

Anglicare Australia is pleased to publish this second State of the Family Report. It will inform and encourage wider understanding of what is happening to families in Australia today. More than that, it points to initiatives which will strengthen our families, communities and our nation.

We are again grateful to Dr Ann Nevile for her excellent work in bringing together the experiences of Anglicare staff from around Australia and drawing out insights from their experience.

Bishop Phillip Aspinall
Chair, Anglicare Australia

Executive Summary

In examining the processes which cause ordinary Australians to be excluded from the economic resources and social relationships which we normally take for granted, this second State of the Family report once again draws on the experience of Anglicare agencies around Australia. Case studies are used to illustrate typical examples of these processes and to give insights into how the movement into exclusion can be halted and reversed.
The report initially focuses on the ways in which individuals and families can be excluded from economic resources, in particular, from the labour market and the housing market. It looks at the factors affecting indigenous Australians, as well as the ways in which government policy can exacerbate existing patterns of disadvantage. It then explores the processes through which individuals and families become excluded from social relationships and cultural activities; for example, through geographic dislocation, the imprisonment of a family member, unexpected caring responsibilities or a mental illness.

What emerges from this report is the clear message that exclusion is not just something that happens to "them", it can also happen to "us". Life circumstances change. People's relationships break up, they lose their job and then their house. Employment opportunities are limited because of where people live or their low skill levels. People have an accident or become ill, they are asked to look after their grandchildren or another family member who needs full-time care.

The case studies also reveal that, for many people, exclusion and the need for assistance from government or non-government organisations is temporary. Poverty or social exclusion is not necessarily a permanent condition. Even when individuals have lost everything, their job, their home, their family, with the appropriate assistance, they can rebuild their lives and live independently of formal supports.

However not everyone will eventually reach the point where they are able to manage without formal supports. An illness or disability may mean that the need for formal care is on-going. Consequently, under-funding of services (such as disability support services) simply creates more pressure in other

areas (for example, in the alternative care/foster care system). Others may require specific support over a long period of time to overcome structural factors such as limited employment opportunities because of changes in the labour market, lack of formal educational qualifications, lack of access to affordable housing or, in the case of indigenous Australians, dispossession, separation and high rates of arrest.

The importance of informal support networks in helping individuals and families cope with changing life circumstances or the structural factors, which affect their lives, is another theme to emerge from this report. Research indicates that informal support networks are effective because they offer flexible, appropriate and non-stigmatised forms of support (Healy & Darlington, 1999:6). Therefore, the challenge for governments is three-fold. Firstly, to support programs which aim to create or enhance informal social supports among particular communities. Secondly, to ensure that formal supports are also flexible, appropriate and non-stigmatised and finally, to ensure that government policies (and the way they are implemented) do not cut across existing informal support systems.

Respite care programs are a good example of programs that enhance informal social supports. Grandparents caring for their grandchildren, parents caring for a disabled child, spouses (or children) caring for a frail, older family member, or parents with a mental illness, all need the emotional and practical support provided by respite care programs to enable them to continue caring for family members. As noted in this report and the first State of the Family Report, demand for respite services outstrips supply in many areas. Failure to support existing informal social supports is counter-productive as families are forced to relinquish care and the ill, aged or disabled family member has to depend on more expensive formal supports such as residential facilities.

Supporting informal networks requires a different approach from government. Currently government thinking and funding are problem-oriented. Supporting informal networks requires government to supplement programs that directly address a particular problem (for example, youth homelessness) with more preventive programs that try to reduce the incidence of a particular problem. For example, family networks are the primary source of informal social support for

young people. Strengthening family relationships through parenting programs, family mediation services, or domestic violence programs strengthens the support families are able to offer young people which may prevent them reaching a crisis point such as homelessness.

The first step towards strengthening informal social support systems for marginalised refugee communities is to help the refugees help themselves. At the moment, government policy is moving in the opposite direction, for example, in relation to family reunion and refugees on temporary protection visas. While temporary protection visas are designed to deter future asylum seekers, the cost-effectiveness (if not the morality) of a policy which denies refugees access to services which would help them become self-sufficient must be questioned.

Unfortunately, this is only one area where change in government policy is desirable. The first State of the Family Report highlighted the complex, interdependent nature of client need which calls for flexibility in funding and contract specifications so that agencies can provide an individualised package of services (Nevile,2000:5). The importance of a service delivery system which

focuses on individualised capacities and outcomes is a key theme of the Final Report of the Reference Group on Welfare Reform (2000:15). Formal supports need to be sufficiently flexible to address a range of client needs. For example, an individual with a mental health disorder may need access to employment support and appropriate housing as well as appropriate health services.

Not only do funding mechanisms and contract specifications need to be flexible, but government regulations need to be administered flexibly, with regard to individual circumstances. The current approach of punish first and leave the appeal process to sort out those who may have a genuine reason for non-compliance, decreases the ability of the individual concerned to help themselves, increases the pressure on non-government agencies who have to "pick up the pieces" and wastes time and money on unnecessary appeals. For this situation to change, politicians must take the lead.

Flexibility is also required across programs so that government policies do not cut across existing informal support systems. For example, informal support systems operate when grandparents

assume responsibility for their grandchildren. However, grandparent carers do not have access to the same supports available to birth parents, thereby compromising their ability to provide appropriate care for their grandchildren. Relatives who care for Aboriginal or Torres Strait Islander children are similarly disadvantaged because family-related welfare payments do not support culturally-based child-care practices.

Many factors cause Australians to become excluded from normal participation in our society. Anglicare, along with other agencies, are doing much to help re-integrate such people into the Australian community. Appropriate changes in government policy would make this task easier and more effective.

1

Managing Life Changes

Part of the first State of the Family Report painted a picture of what it is like to live on a low income in Australia today. Individuals who struggle to make ends meet and provide for their families talked about "going without" - going without food, going without medicine, going without normal social or cultural activities (Nevile, 2000:39-43). Thus, in describing their lives, those living on a low income in Australia at the end of the twentieth century echo Peter Townsend's influential definition of poverty derived from his work in Britain in the late 1960s.

Individuals, families and groups in the population can be said to be in poverty when…their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs and activities

(Townsend, 1974:15).

While Townsend's definition of poverty explicitly links poverty and exclusion, academics now argue that exclusion is not an inevitable consequence of poverty.

Good health or strong family support, for example, may mitigate the effects of a lack of material resources[1]. Moreover, individuals may be excluded from normal living patterns for reasons other than a lack of material resources (Jones & Smyth, 1999:15).

To date, the majority of poverty research in the English-speaking world has focused on analysing the distribution of material resources, usually cash income (Whiteford, 2001:50). In Australia, poverty research has followed in the footsteps of Ronald Henderson where attempts are made to measure household and individual income against a pre-determined poverty line (Fincher & Saunders,2001:6). This type of "sophisticated description" [2] presents a snapshot view of poverty where independent factors such as family type, age or labour force status are statistically associated with specific income levels (Fincher & Saunders, 2001:6) and poverty is presented as a static condition: for example, over a third of children

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1 Those who work with individuals or families in crisis are well aware of his point. "Family stress or crisis depends on the way the family adopts, interacts and transacts with the stressful event. Vulnerable families do not necessarily experience more stressful life events, but they have fewer resources within their structure to cope with the stress" (Gail Bennett, Co-ordinator, Family Support Service, Mudgee Anglicare).
2 This term was first used by Peter Saunders - see Fincher and Saunders (2001:6).

whose parents are unemployed live in poverty (Brotherhood of St Laurence, 2000:3).

However, a focus on exclusion rather than poverty demands a more nuanced approach to issues of cause and effect. As noted earlier, the concept of exclusion recognises that lack of material resources does not necessarily lead to exclusion from normal living patterns: not all children whose parents are unemployed live in poverty. Therefore, it is unclear whether factors such as unemployment, drug addiction, gambling or family breakdown cause poverty or are a consequence of poverty (Johnson & Taylor, 2000:7). Perhaps the causal factors identified through existing research are themselves the outcomes of a broader set of processes which "interact with each other to produce certain poverty-forming outcomes in particular contexts" (Fincher & Saunders, 2001:6). For example, "Steve" approached the Gladstone Community Rent Scheme [4] after having spent six weeks living in a concrete pipe down by the river. When he wasn't living in the pipe, he was sleeping in the park or wherever he was offered a bed for the night – usually on the floor somewhere. Steve had not always lived like this. When his relationship broke up, he lost his job and eventually ended up homeless. But Steve was not only homeless and jobless,

Social Exclusion [3]

"Joe" was living independently, studying at university, had a well-developed social network and a life that he enjoyed. Joe was diagnosed with Schizophrenia. Five years later he was living with his parents, had deferred his university study, had become withdrawn and isolated and described his life as an eternal abyss.

No-one understood him. His parents could not comprehend what was happening to him. His sister felt uncomfortable and embarrassed around him, his social network had completely dissolved and he could not cope with studying or working. Joe felt marginalised by a society that he was once a part of.

3 Case study material supplied by Robert Farquhar, Mental Health Family Support Worker, Anglicare Central Queensland – Central Highlands Area. **4** Gladstone Community Rent Scheme, Anglicare Central Queensland, aims to alleviate housing poverty by providing affordable and secure housing to low income households.

he was also without a family or any other social supports (Anglicare CQ, 2000).

But what does it matter how researchers approach poverty research? Adopting a more nuanced approach is important for two reasons. Research which acknowledges the complexity and interdependent nature of relationships in the real world and seeks detailed explanations of the processes that lead to poverty and disadvantage are necessary if

we wish to resolve the problems caused by poverty and disadvantage (Fincher & Saunders, 2001:2). In other words, understanding what is really going on is necessary for an effective policy response.

In addition, an approach which treats poverty as a dynamic process is essential for breaking down current misconceptions about the causes of poverty. Static descriptions of poverty reinforce the notion that the world is

Us and Them:
High and low income perspectives on poverty [5]

High Income	Low Income
"I think those people just live for today, whereas we are too busy thinking of next year and ten years hence."	*"They talk about a new way of living - flexible, casual...but you can't buy a house or get ahead if you haven't got a guaranteed income, so it's just surviving."*
"The poor people are all smoking - why do they do it?"	*"Smoking is our only outlet. It's alright for them, they can go to their fancy restaurants."*
"If they looked after their money a bit better - cooking a meal at home instead of buying take away, they could manage very well."	*"At the end of every fortnight I empty out all the left-over food in the fridge and make a big pot of soup for the next week. I make all my own detergents and soaps."*

[5] Material taken from Johnson & Taylor (2000:6).

divided into two quite separate groups – those living in poverty and those not living in poverty. Research undertaken by the Brotherhood of St. Laurence reveals that many higher income people look to internal factors for explanations of poverty. Those in poverty are poor because of inertia, or incompetence, their inability to budget or manage their limited income, or because they gamble or "waste" money on tobacco or alcohol (Johnson & Taylor, 2000:4 & 6).

Contemporary political discourse also tends to focus on internal factors with words like "job snobs" reinforcing the notion that those who are disadvantaged have only themselves to blame. Thinking about poverty as a dynamic process and focusing on the broader concept of exclusion helps to break down this "us and them" mentality.

For these reasons, this second State of the Family report examines the processes which cause ordinary Australians to be excluded from the economic resources and social relationships which we normally take for granted. The report also describes the strategies individuals and families use to help themselves and the way in which Anglicare agencies work with these people while they adjust to the changing circumstances of their lives.

2

Economic Exclusion

This chapter focuses on the ways in which individuals and families can be excluded from economic resources, in particular, from the labour market and the housing market. It looks at the factors affecting indigenous Australians, as well as the ways in which government policy can exacerbate existing patterns of disadvantage.

Unemployment

Australians from a wide range of backgrounds believe employment is the key to eliminating poverty (Johnson & Taylor, 2000:7). Certainly over the last thirty years poverty in Australia has changed from being "a problem for the aged to a problem for the unemployed" (King, 1998:85). For example, in 1972/73 just under 17 per cent of the unemployed were living in poverty, whereas in 1996 almost three-quarters of the unemployed were living in poverty (King, 1998:88). Moreover, over the same period, the number of unemployed rose significantly; the unemployment rate was over four times as large at the end of the

period as at the beginning. While employment is obviously part of the answer, employment growth is not the whole answer. The incidence of poverty amongst the unemployed (particularly the long-term unemployed) continued to rise during the 1980s in spite of the fact that Australia experienced strong employment growth, because many of the new jobs went to new labour market entrants who came from households where other members were already employed (Watson & Buchanan,2001:196).

At the same time, other changes in the labour market have meant that labour market participation is no longer a guarantee against poverty. Today's labour market is characterised by a relatively high degree of 'churning' - where people move in and out of a number of low-paying jobs without finding long-term, secure employment (Watson & Buchanan,2001:204). Furthermore, the incidence of low-paid jobs for men has increased across a range of sectors from mining and construction to wholesale and retail, entertainment and recreation and the finance sector (Watson & Buchanan, 2001: 202) [6].

The incidence of casual positions has increased substantially over the last ten

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6 For women, the incidence of low-paid jobs has fallen across all industry groups over the period 1981-1993 (Watson & Buchanan, 2001:203).

years, so that now over 25 per cent of those employed are in casual positions. In the past, casual positions were a way of moving into permanent employment, but with the increase in the contracting out of work to employment agencies and labour hire companies and other labour market changes, this traditional avenue into permanent employment has diminished. Moreover, the majority of workers who are able to move from casual to permanent employment are those holding casual positions while completing educational qualifications (Burgess & De Ruyter, 2000: 261-263). Teachers and school administrators report that the effects of workforce churning and casual work on children can be profound (Fincher & Wulff, 2001: 178). In Cairns, where a lot of people undertake casual work in the tourist industry:

If families have not worked enough hours, then they can't afford camps and other extras for children…Also, when families work split shifts in tourism, children often do not see them day to day. We have a lot of difficulty in this school just getting parent's signatures on forms - the students keep telling us they haven't seen their parents in several days because of work and

they don't think they should wake them up in the morning to sign something (Fincher & Wulff, 2001: 178-179).

Under-employment is another feature of today's labour market which blurs the line between the unemployed and the employed. Approximately 30 per cent of the part-time workforce say they have insufficient work and average periods of under-employment extend to one year for men and even longer (63 weeks) for women (Watson & Buchanan, 2001: 198).

The changes in the labour market described above have implications for social mobility. Thirty years ago, children from working class families were able to move into the expanding number of middle-class and professional jobs thanks to a combination of very low unemployment rates, on-the-job learning and changes in occupational structures favouring upward mobility. Today, these factors no longer operate (Travers, 2001:121). Individuals who in the past would have been employed in the middle of the earnings distribution are taking the lower paid jobs which, in periods of high unemployment, pushes low skilled workers off the employment ladder (Travers, 2001:122). Unskilled young people, in particular, find it difficult to

enter the labour market. At the same time, access to vocational training courses has stagnated. Apprenticeships are declining and adults are increasingly taking up traineeships previously set aside for young people who have not completed Year 12 (Travers, 2001: 113) [7].

The situation faced by marginalised young people today is that they are not even on the first rung of the earnings ladder. As a consequence, they lose the possibility of on-the-job formal and informal learning. If, in addition, they lack formal education-al attainment (as is overwhelmingly the case), their prospects of mobility are indeed grim.

(Travers, 2001: 122).

Although still at historically high levels, retention rates in Years 10, 11 and 12 have been falling since 1992, with students with unskilled parents more likely to leave school before the end of Year 12 than students whose parents are professionals. For example, for boys from an unskilled manual background, retention rates have fallen by 13 percentage points, whereas retention rates for boys from professional backgrounds have fallen by only 3 percentage points (Travers, 2001:114).

Thus, children whose parents are in unskilled occupations tend to have lower levels of literacy and numeracy. However simple interventions can effect change. For example, Anglicare Victoria Youth and Family Support Program at Box Hill runs a tutoring program for young people from Grade 4 to Year 8 which aims to boost young people's self-esteem as well as academic results (Anglicare Victoria, 2000). Anglicare Victoria's Eastern Youth Services Shrublands Catering for the Community also provides a second chance for young people in the eastern metropolitan region of Melbourne who are at risk of leaving the educational system. By providing young people with work skills and experience in the hospitality industry the program acts as a bridge to full-time employment or gives the young person the confidence to return to further education and training (Matters, 2001).

Low skill levels combined with low levels of participation in the labour market are not the only factors affecting youth unemployment. The first State of the Family Report noted how disadvantage in Australia is becoming increasingly localised (Nevile, 2000:43). Low socio-economic neighbourhoods are emerging where, in the majority of households, neither parent is employed. Geographic

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7 Adults became eligible for such traineeships in 1992.

concentration of unemployment adversely affects the employment chances of young people (Kelly & Lewis, 2000). In areas of low socio-economic status, fewer friends and relatives are employed, thereby reducing employment opportunities, and increasing job search costs because the unemployed have to travel out of their local area to find work (Kelly & Lewis, 2000:5).

Few employment opportunities may engender feelings of hopelessness in the youth of the community who see little point in going to school, thereby increasing educational disadvantage. For example, Mount Morgan, a small ex-gold mining town 42 kilometres south-west of Rockhampton has 100 per cent of its population in the lowest quintile of relative socio-economic disadvantage. Unemployment is high, as are drug and alcohol problems among the adults and truancy among the children who ask, "what is the point of going to school, there's no jobs" (Kenny, 2000). Anglicare Central Queensland tries to break this cycle of hopelessness by running the Calliungal Youth Centre which provides safe, practical, educational activities for

Breaking the downward spiral [8]

"Darren" had seen his father struggle with a cycle of low-paid, unskilled labour interwoven with periods of unemployment. In Year 8 Darren was responsible for the well-being of his father, brother and sister. School work was suffering and Darren looked set to follow in his father's footsteps.

After two terms in the tutoring program, Darren was given the opportunity to take part in a six-month pre-apprenticeship program at the local TAFE college. This proved to be a great incentive for Darren who is now working enthusiastically towards entry into the full three-year apprenticeship program.

The time spent in the tutoring program not only helped Darren academically, it also gave him the confidence to face an apprenticeship program which will hopefully provide him with work and life skills for the future. A great outcome for what may seem a relatively low input.

[8] From material supplied by Anglicare Victoria.

children between the ages of 7 and 17 after school and structured activities during school holidays. The Centre also acts as a referral centre for youth, providing vocational guidance facilities, assistance with writing resumes and job applications as well as providing counselling and literacy tutoring for both young people and adults. Drug prevention courses using harm minimisation strategies are planned for the near future (Kenny, 2000).

As those living in towns like Mount Morgan know all too well, access to employment opportunities are further diminished for those living on the metropolitan fringe and in regional and rural areas where public transport is limited. For example, residents of Kelsey (not its real name), a small town in central Victoria, face significant transport problems. Employment opportunities in a town with a population of less than 1,000 are limited. Nearly one-fifth of the town's labour force is unemployed (Fincher & Wulff, 2001:166). More employment opportunities exist in the nearby regional centre, but the only public transport link is by bus and "the bus timetable makes it impossible to be in the major regional town in time to start work in the morning …[and] if a child stays after school for any

reason, parents must provide transport back to Kelsey" (Fincher & Wulff, 2001:185-186).

Locational disadvantage is exacerbated when local residents are unaware of existing services or how to obtain them.

Kelsey has no idea half the services exist. In this Shire, whoever yells the loudest will get heard…strong representatives on Council will get the services and the dollars. Kelsey needs more information.
                    (Fincher & Wulff, 2001:186).

Recognising the truth behind the Kelsey social worker's comment (that decline is not inevitable) St Luke's Anglicare has been involved in two community development projects. Residents of Long Gully (Bendigo) got together to carry out the Shared Action Project [9] which was designed to promote the safety and well-being of children in Long Gully by developing a vision of a healthy, safe and pleasant community and then completing two projects which were the first steps toward achieving that vision (St Luke's Anglicare, 2001). Because community participation was an integral part of both projects, the Long Gully community now has a greater capacity to obtain resources from outside based on their new

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9 The Shared Action project is a three year community development project run by St Luke's Anglicare and funded by The Potter Foundation.

awareness of who to contact about what, their awareness of bureaucratic processes as well as enhanced communication skills (St Luke's Anglicare, 2001). There is now confidence within the community that projects are achievable and individuals can work as a group to achieve a community goal (St Luke's Anglicare, 2001). Working with others and participating in community activities has generated new friendships, greater levels of trust within the community and a sense of shared responsibility for the welfare of children, all of which have alleviated the need for intervention by Child Protection Services (St Luke's Anglicare, 2001).

Working Together [10]

The Ambleside Crescent area is characterised by low income, high unemployment and public housing. A large number of child protection notifications, racial disharmony and criminal activity have resulted in residents feeling marginalised and devalued. Media attention focusing on the deficiencies of the area has compounded the community's sense of isolation. In the last two years, staff from the St Luke's Anglicare Mildura office have provided a direct casework service to a number of families in the Ambleside Crescent area and, as a result, made significant contacts with a core group of residents who were keen to become involved in improving their neighbourhood. In 1999 staff initiated conversations with this group of residents, inviting them to develop a vision of how their community would be functioning if all residents felt safe and were able to contribute to building a supportive community. The vision created by residents at this first meeting included developing a safe and welcoming physical environment, as well as opportunities to share ideas, explore new skills and socialise. Residents of the initial group were keen for other people in their community to become involved and invited St Luke's to help facilitate this process.

In the 18 months since the project commenced an increasing number of residents have become involved, further developing the vision for their community. A community reference group has been formed and this group has embarked on a range of initiatives, all of which involve local residents working with local community groups or government agencies. The East End Community project focuses on the resources available within the community rather than its deficiencies. For example, precisely because many people are unemployed and have limited financial and transport resources, they have considerable free time which can be used to develop trust and social capital within their local area.

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10 From material supplied by Dave Pugh, St Luke's Anglicare.

Housing

While employment opportunities are limited in areas of low socio-economic status, many residents move into these areas because of housing affordability, either private rental or purchase (Taylor & Jope, 2000:3; Fincher & Wulff, 2001:184). In many parts of Australia, access to affordable housing is becoming increasingly difficult, causing further stress for families struggling with financial difficulties, family breakdown, domestic violence, mental health or drug and alcohol abuse.

In South Australia changes to public housing regulations and management practices have made it increasingly difficult for low income families to access affordable housing. For example, the South Australian Housing Trust (SAHT) has introduced segmented waiting lists. Consequently, individuals and families who do not fit into the high needs group have little or no chance of gaining access to public housing (Patterson, 2000). At the same time, the requirement for the SAHT to be self-funding has proven difficult. Increasing unemployment has left a high percentage of SAHT tenants on pensions and benefits. Because rents are set as a proportion of income, the SAHT is no longer receiving

the same levels of rent to maintain housing stock. This has led to asset sales and a decrease in available housing stock, thereby increasing pressure on the private rental market at a time when vacancy rates are low (Patterson, 2000). The withdrawal of rent relief in May 2000 by the State Government exacerbated the problem of access for low-income families (Patterson, 2000). Faced with a situation of high demand and low supply, landlords can afford to be choosy about tenants which creates particular problems for the unemployed, sole parents, people with large families and those of Aboriginal or Torres Strait Islander descent (Patterson, 2000).

Thus, for many low-income families, the private rental market is not an option. However, in the public housing sector, segmented waiting lists have created the situation whereby people are expected to experience transiency before they can gain access to public housing (Patterson, 2000). Transiency places unnecessary stress on families. Families suffer financial hardship, loss of community links and supports and, at times, a loss of material possessions. Children are unable to go to school.

Indigenous Australians often experience multiple forms of discrimination in the

Housing is only one of their worries [11]

Over the years "Mary" and her family have had to cope with financial mismanagement, gambling, drug and alcohol problems and anti-social behaviour, including stealing allegations involving her teenage children or their friends. Domestic violence has been an on-going issue. When this occurred, Mary sent her partner to his mother's house. Her partner sometimes resorted to drinking methylated spirits, two of her children were sniffing glue and her son was in Rangeview. Mary said she didn't mind her son being in the juvenile detention centre because at least she knew where he was.

When Mary became a client with Family Housing [12], she owed $2,500 to Homeswest (the public housing authority in WA). 18 months after applying for priority assistance, a five bedroom house became available. During this time Mary also had to contend with health issues arising from cancer of the hip which required the amputation of one leg. The house provided by Homeswest was in an attractive suburb and in the first week after the move Homeswest received several complaints from neighbours asking, "how could you put an Aboriginal family here?"

Family Housing was able to help Mary stabilise her family life by: supporting Mary when she made her Priority Appeal for State housing; providing advocacy services which allowed Mary to participate in the Debt Moratorium and eventually repay in full her debt to Homeswest; supporting Mary when domestic violence arose; providing information and resources about paint and glue sniffing; and supporting Mary in her decision to have a tubal ligation after the birth of her seventh child.

Mary realised that her children needed a positive role model if they were to give up experimenting with drugs. The personal and practical support provided by Family Housing helped Mary overcome her own problems with alcohol and drug abuse. Homeswest no longer receives complaints about Mary and her family being part of the neighbourhood.

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11 Material supplied by Von Bromilow, Family Housing, Anglicare WA. **12** Family Housing is a Supported Accommodation Assistance Program run by Anglicare WA which works with families who are homeless or at imminent risk of homelessness by providing accommodation and support.

private rental market and are therefore reliant on shrinking public sector housing stock (Patterson,2000).While the Aboriginal Housing Authority provides services to people of Aboriginal and Torres Strait Islander descent, segmented waiting lists apply as in other areas of public housing in South Australia. In addition, individuals are required to provide confirmation of their Aboriginality before they are able to access housing, a process which can be difficult and time consuming (Patterson, 2000).

Faced with the tightening of eligibility criteria for public housing, a decrease in the availability of low-cost housing in the private rental market and increasing numbers of clients with no real housing options, Anglicare SA has developed its role as a housing provider over the last 12 months. Family Centre North currently manages 240 properties [13] which provide independent long-term accommodation for singles and couples, transitional accommodation for homeless families and short-term, on-arrival accommodation for refugees (Connolly, 2000). As well as providing "bricks and mortar", Family Centre North assists its tenants by providing information on their rights and responsibilities, developing their negotiating skills as well as other skills

needed to participate in their local community (Connolly, 2000).

Lack of such skills (as well as other problems such as financial mismanagement or domestic violence) can lead to tenants being evicted from public housing, forcing the families into homelessness or transiency which only exacerbates existing problems. Anglicare SA established its Early Intervention Program in Elizabeth in order to prevent eviction of SAHT tenants and break the eviction/temporary housing/re-housing cycle (Anglicare SA, 2000).

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[13] Some properties are headleased from the SAHT, others from landlords, while others are managed on behalf of two other incorporated bodies.

"I tell people I'm white and they don't believe me...I tell them I'm black and they don't believe me" [14]

"Alex" and her four young children had moved into the northern suburbs of Adelaide from the country. Alex had experienced long-term housing instability as a result of financial hardship, domestic violence and discrimination in attempts to secure private rental accommodation. Alex and her family were housed with Anglicare SA, Northern Family Accommodation [15] for five months while she applied for housing with the South Australian Housing Trust. Alex was unsuccessful in her application and was left with no option but to attempt to access private rental accommodation. Through the support and advocacy of Northern Family Accommodation, Alex gained access to housing in the private rental market.

Unfortunately, this was not a stable housing option for the family who struggled to cope financially from early on in the tenancy. Once again Alex and her family were at serious risk of homelessness. With the on-going support of Northern Family Accommodation, Alex decided to apply for housing with the Aboriginal Housing Authority. The Aboriginal Housing Authority offered Alex a house. Alex was then required to provide confirmation of her Aboriginality [16].

However, Alex was facing time constraints in that the Aboriginal Housing Authority could only hold her property for four weeks and she was facing eviction from her private rental accommodation. Alex approached a number of Aboriginal organisations in Adelaide but was denied the common seal because these agencies did not know Alex or her family background. By this time Alex had become extremely distressed about the barriers the family faced and the prospect of continuing housing instability. At Alex's request, Northern Family Accommodation began contacting organisations in Alex's home town. After the first phone call, the enormity of the task became apparent. Not only did Northern Family Accommodation have to identify those agencies which could provide a common seal, it had to locate one that could do so within the time frame.

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14 Case study supplied by Sharon Patterson, Northern Family Accommodation, Anglicare SA.
15 A Supported Accommodation Assistance Program providing supported accommodation, outreach support and a housing referral service for homeless families in the northern suburbs of Adelaide. **16** Confirmation of Aboriginality requires an individual to provide a common seal from an agency which knows them and can vouch for their family background.

..."I tell people I'm white and they don't believe me..

Although many agencies were sympathetic to the family's needs, the most they were able to provide were contact names and numbers of other agencies. By a stroke of luck, contact was made with an agency which was holding a Board meeting and within the next three days Alex received confirmation of her Aboriginality and was able to move into her new home.

Social Exclusion [17]

"Fred" and "Mary" had been evicted by the SAHT and were re-housed on a number of conditions which were negotiated by Fred and Mary, the SAHT and Anglicare's Early Intervention worker. The tenancy was successful and the family was supported to address family dynamics, parenting skills, self-advocacy skills and to ensure that the children attended school regularly.

"Jasmine" was at risk of losing her SAHT house as a result of domestic violence. A SAHT transfer was assessed and relocation assistance was provided by Anglicare. Jasmine was then linked to legal, community and counselling services in her new local area.

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17 Case studies supplied by Anglicare SA.

Indigenous Australians

The processes which lead to economic exclusion affect indigenous Australians in the same way as non-indigenous Australians. Many indigenous Australians face limited employment opportunities in their local area while limited formal education and low skill levels further restrict access to main-stream employment (Hunter, 2001 :137). Access to affordable housing is a problem for many indigenous Australians with the high cost of housing in some areas forcing individuals to move away from their community, leading to a loss of informal social supports.

Aboriginal people, often from Cape York, want to come to Cairns. They would prefer to live here…but there's less expensive housing in Brisbane and they're pulled further and further away from their communities.

(Fincher & Wulff, 2001:172).

Only 31 per cent of indigenous Australians own or are buying their own home, less than half the rate in the wider Australian community (Anglicare Australia, 2001). Thus, for young Aboriginal people living on the NSW south coast, high levels of casual work or unemployment and discrimination in accessing suitable housing makes life difficult. Young families are looking for parenting skills and support as well as short-term emergency assistance. The Boomerang Meeting Place [18] at Mogo was established to meet these needs and is now looking to expand its work to include a larger Community Centre with an art and craft workshop, emergency housing and housing for families needing drug or relationship counselling (Anglicare Australia, 2001).

The geographic isolation of many Aboriginal and Islander communities creates a need for specialised forms of accommodation such as Ebirra Aboriginal Accommodation which provides a temporary home for people who come to Darwin for medical treatment or to be with family or friends in hospital [19]. Now 25 years after it was built, Ebirra no longer meets the needs of people with disabilities, nor the growing need for respite care (Anglicare Top End, 2001). Anglicare Top End is therefore looking to develop a large, multi-service complex that will be a medical hostel, provide respite care and meet the aged care needs of Aboriginal people (Anglicare Top End, 2001). Anglicare Top End also provides

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[18] The Boomerang Meeting Place grew out of a community partnership between the local Aboriginal community under the leadership of Tom and Muriel Slockee and the Bateman's Bay Anglican Church. [19] Gawombianna Gunyah in Dubbo provides a similar service for the people living around Brewarrina, Walgett and Burke in western NSW (Anglicare Western NSW, 2001).

home-based respite care services on Groote Eylandt and Bickerton Island. Respite care services are vitally important in the network of services that maintains people within their own community. If carers do not get a break, they may be forced to give up their caring responsibilities which means the aged, disabled or terminally ill family member has to leave their home and local community and move to an appropriate residential facility in Darwin (Anglicare Top End, 2001).

For indigenous Australians, limited access to mainstream employment, limited formal education and difficulties in accessing affordable and appropriate housing combine with other factors, such as dispossession, separation, high rates of arrest and institutional structures, which do not fit their social norms and customs, to ensure that "indigenous Australians are the most dispossessed and poorest section of Australian society" (Hunter, 2001:129). For example, high rates of arrest, particularly among young males, not only reduces their employment and educational prospects, but also reduces the welfare of their families who lose potential breadwinners (Hunter, 2001:140) or are forced to use some of

their limited income on bail or court appearances.

For example, "Nan" and "Pop" have 6 sons, 23 grandchildren and 4 great-grand-children. While the [household] was in a constant state of flux, the household budget barely covered the expenditure required to look after themselves and two grandchildren…Each time a grandchild was arrested, Nan and Pop assisted with matters such as bail. Each time a grand-child was due for a court appearance, both grandparents attended court to provide support. Their age dictated that they be escorted to the court building so [Nan and Pop] had to use a taxi or a son's vehicle.
(Hunter, 2001:131-133).

When a large proportion of the young men in a community are in prison, younger boys may seek to emulate this new role model.

The over-representation of indigenous boys in youth detention centres is seen by some Elders as a new rite of passage that they have adopted, which culminates, when they reach 18, in a sentence to the "big house."

(Howard, 2000:8).

The effects of separation are long-lasting and can be passed on to subsequent generations. Separation is linked with trauma and loss and psychiatric disorders making it difficult for individuals to form relationships in later life. Separation can deplete social capital within families or lead individuals to reject the controls and authority of indigenous culture (Hunter, 2001:133).

Sean is my son. He is 16 years of age. He is in jail at the moment. He has been in and out of jail since he was 12 years of age. He does not know how much it hurts me to see him locked up. He needs his family. I need him…Sean's father had also been taken away from his parents. He had gone to Mogumber Mission. He left me when Sean was only 2 years of age…Sean's dad could not cope with his childhood. He was subjected to sexual abuse and made to work really hard…No wonder Sean is the way he is. I and Sean's dad have had our problems and I suppose they have rubbed off on Sean.

(National Inquiry into the Separation of Aboriginal and Torres Strait Islanders from their Families, 1997 cited in Hunter, 2001:133-134).

The effects of separation can be less obvious, but can compound the effects of low income and dependency issues. For example, "Ted" and "Kath" were

Separation [20]

On 28 August I met a new client who is not of this area. He is 50 years of age. He has no family he knows of and was brought up in an orphanage. This client's home was a concrete water pipe on the banks of the Fitzroy River. His bed linen was cardboard and his daily diet was metho and flagon [wine]. As I visited him daily I encouraged him that there was other accommodation available. I made arrangements with the Family Emergency Accommodation Program which paid his accommodation for a week and through Julie's program made arrangements to get clothes from Anglicare's Bargain Store.

Today it is November and my client has not drank for the last 2 months and is paying his own way in a hostel and making it on his own.

[20] Case study supplied by Robert Mann, Outreach Worker, Winn–Burra Aboriginal Outreach Program, Anglicare Central Queensland.

Homeswest tenants with a poor rental history, both in the country and in the city. Ted was part of the stolen generation, and was determined that his family would not be subject to the same trauma. Ted refused to say "no" to any of his family who needed accommodation, giving a home to any family member who needed one. The overcrowding in their home meant it was difficult for Ted and Kath to maintain the property to an acceptable standard. Ted and Kath also looked after several of their grandchildren. This impacted on their health and directed their energies away from tenancy issues. Ted and Kath were at risk of losing their home.

In response to the situation facing Ted and Kath and other indigenous and non-indigenous families, Anglicare WA developed its Supported Housing Assistance Program (SHAP) to provide intensive support to families at risk of eviction from the State housing system. SHAP is a voluntary program, although, on occasion, the (WA) Ministry of Housing informs families that they have to participate or risk losing their tenancy, which can diminish the program's effectiveness (Anglicare WA, 2000). In addition, obstacles may arise because of the different approaches taken by the

Ministry of Housing and non-government agencies. Homeswest's focus is on its role as a landlord and they generally have a more punitive approach, whereas the non-government approach is to identify the underlying issues which are impacting on the tenancy and affecting tenancy obligations and responsibilities (Anglicare WA, 2000). The success of the program depends on clients being willing and motivated to make changes with the support of the SHAP worker. For example, after joining the program, Ted and Kath recognised the problems confronting them and decided to make the necessary changes. A case plan was put in place to bring the tenancy into line with Homeswest requirements. Ted and Kath were visited on a weekly basis and encouraged and supported to work towards their goals (Anglicare WA, 2000).

Slowly internal and external standards improved. Ted and Kath monitored the number of people in their home and went onto direct debit payment to reduce arrears and to stabilise rent payments. As a result of these improvements, Homeswest relocated them to a more appropriate house. The family was so pleased they continued to maintain excellent standards. They painted their house and landscaped

the exterior, creating a garden where there wasn't one previously. The family received commendations from the Ministry of Housing for the beautiful garden. The family also won the tenants' garden contest on two occasions. Currently the tenancy is problem free and the family interacts well with neighbours and the Ministry of Housing (Anglicare WA, 2000).

In their study of two indigenous communities (Kuranda, 26 kilometres north-west of Cairns and Yuendumu, 300 kilometres north-west of Alice Springs) Smith et al noted the importance of extended family networks as a source of social and financial support (Smith, 2000a:87). Family members, often senior women such as older mothers and grandmothers, care for children on a regular basis. For example, in Kuranda, 75 per cent of households were looking after children other than their own biological children (Finlayson, Daly & Smith, 2000:35). Adults as well as children move between households. For example, in one household in Yuendumu, 27 different adults and 15 different children slept at the house over one fortnight (Musharbash, 2000:58). In both Kuranda and Yuendumu looking after the children of other family members includes paying for their food and clothing (Smith, 2000a:87). Financial

and other resources are also shared around extended family networks. Not only is there a cultural imperative to share (Musharbash, 2000:59), but the practice allows low-income families to survive until the next welfare payment. For example, in Yuendumu, welfare checks are usually spent as soon as they are cashed, in order to meet immediate needs.

…on "payday you spend it all, maybe $100 or $200 on shopping, tea, flour, meat, soap." Any remaining income is used to repay money borrowed during the previous week, or to give money to people who will receive their payments in the following week. Cash, as well as food and other commodities, flows along well-established but highly variable lines of sharing networks. To 'bank' with each other in this way is a key survival strategy.

(Musharbash, 2000:56).

The complexity of household formation and child care arrangements means that households rarely conform to the model of a nuclear family envisaged by the welfare system. As was noted earlier, in indigenous communities, extended family members of all ages may act as "primary carers" for various periods of time. When welfare payments are premised on the

assumption of one primary carer, family members who take financial responsibility for children may not be receiving the relevant welfare payments, significantly impacting on the economic viability of the household (Smith, 2000a:90). While Centrelink can redirect payments to another person if the period of care is six months or longer, many families do not make use of this facility (Smith, 2000a:90). Periods of care are often for less than six months and changing the recipient of child welfare payments can generate conflict in families (Smith, 2000a:90). Thus, "aged carers carry the cost of caring for children out of their existing welfare income (often a pension) which is not calculated on the basis of undertaking such a responsibility" (Smith, 2000a:90).[22]

Pension Day [21]

"Bee", an older woman in her seventies spends long periods of time at Yuendumu, but also spends time at the Mt Allan community and the Mt Wedge outstation. Bee prefers to receive her pension at Mt Allan because her arrival is unpredictable. This means that only those relatives who happen to be in the shop at the same time as Bee approach her for food and money. Moreover, on her return to Yuendumu, she can claim to have spent all her money at Mt Allan and is thus able to keep small sums of money for emergencies.

At Mt Allan Bee picks up her cheque and buys staple provisions for a fortnight - tins of flour, sugar and tea, dripping, bread, biscuits, tinned meat, soft drinks, fresh meat, fruit and vegetables as well as shampoo and detergent. Usually Bee buys one "large" item like a blanket, towel, a dress or some crockery. The rest of the money Bee distributes to the driver and to any relatives she chances to meet at the shop, knowing that she will receive money in return from these people. When back in Yuendumu, Bee shares the perishable foods with the people she lives with, knowing that she has enough staples for the rest of the fortnight and can rely on others to share their perishable food with her when they get their social security money.

21 Case study taken from Musharbash (2000:59-60) **22** The study goes on to recommend ways in which the Department of Family and Community Services and Centrelink could deliver family-related welfare payments in ways that support culturally based child-care practices; see Smith (2000:118)

Government policy

The case of family-related welfare payments to indigenous families illustrates how administrative systems can have unintended negative consequences for those the government is trying to help. Because Australia has a tightly targeted welfare system, eligibility criteria often create categories of people who just fail to qualify for a particular payment or benefit and are therefore disadvantaged compared with those who fall on the other side of the line. Moreover, changes to existing entitlements (such as rent relief) can cause additional hardship for individuals or families who have limited economic resources. Even though government departments may try to anticipate unintended negative consequences, it is difficult to cover all possible scenarios, which is why advocacy or representation services are an important part of the work of many Anglicare agencies. For example, when the South Australian Government terminated rent relief for new customers (23 May 2000), the existing guidelines were amended so that once someone had had their rent relief terminated, it could not be re-instated at a later date, except in specific circumstances

(Siviour, 2000). Tertiary students who work during semester break are eligible to have their rent relief re-instated when they resume full-time study, but this exemption does not apply to those in receipt of job search allowances such as Newstart. For example, "Ryan", a Newstart recipient had his rent relief terminated when he obtained temporary employment for three weeks. However, when Ryan finished his period of temporary employment and went back onto the Newstart Allowance, his rent relief was not re-instated (Siviour, 2000). Housing Advice and Support South Australia (HASSA)[23] took Ryan's case to the Minister, arguing (successfully) that the exemptions which apply to tertiary students should also apply to Ryan who, through his own efforts to find work, was being penalised by the new policy (Siviour, 2000) [24].

The effect of regulations which are specifically designed to be punitive or to act as a deterrent to those who would "abuse" the system can be even more devastating for vulnerable individuals with limited economic or social resources. The penalties imposed on individuals who fail to follow administrative requirements and the system of Temporary Protection Visas fall

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23 HASSA is an Anglicare SA program funded by the (SA) Department of Human Services which provides advice, support, information and limited representation services for SAHT public housing tenants and those in receipt of private rental assistance. **24** Although the Minister's decision has not led to a change in policy, it has set a precedent for other such cases (Siviour, 2000).

into this category. Despite falling numbers of unemployment benefit recipients, in the last two years the number of penalties imposed on the jobless more than doubled (Australian Council of Social Service, 2000:4). At the same time, non-government organisations report that increasing numbers of their clients are seeking help after being "breached" by Centrelink (Rollason, 2000; Metherell, 2000; Horin & Grattan, 2000). Most breaches are due to people not complying with requests made by Centrelink such as not returning an appropriate form by the due date, not undertaking a training course or volunteer work if requested to do so, or not attending an interview with a Centrelink worker (Koen, 2001). Because Centrelink forms are not user friendly and are difficult to follow for non-English speakers or people with limited reading skills, those entering the social security system for the first time are potentially very vulnerable to making a mistake that results in a heavy and unaffordable penalty (McAllen, 2001; Anglicare Tasmania, 2000). For example, a survey of 13 homeless youth centres in Sydney found that more than one third of those using the Centres had been breached by Centrelink (Metherell, 2000) and at Beenleigh, south of Brisbane, the

Anglican Youth Accommodation and Support Service reports that, at times, as many as 60 per cent of residents cannot read or write (McAllen, 2001).

The issue of transience also increases the vulnerability of young people. Because accommodation takes up such a significant portion of their income, unemployed young people frequently move from place to place in search of cheaper accommodation. Not leaving a forwarding address (or not knowing where their next place of residence will be) means they do not receive mail from Centrelink and payments are cut when they do not reply to letters or when they fail to attend a meeting (Grosser, 2001). Payments can also be cut when young people (often unknowingly) move to an area of high unemployment in search of cheaper accommodation (Grosser, 2001).

Temporary Protection Visas (TPVs) were created by the Commonwealth Government in October 1999 and apply to asylum seekers who have established a case for refugee status. Because the policy is designed to deter future asylum seekers, those granted a TPV are not eligible for many of the services to which other refugees are entitled, even though they have established that they are

The Last Straw [25]

"John" is 35. Three years ago he lost his job and since then has struggled to come to terms with the changes in his life-style and income. John has recently separated from his partner, but has not been able to see his children because he has no fixed address. Most of the time John stays with friends or new acquaintances. He feels a failure and is very depressed.

A month ago John realised that his benefit was not in his bank account as usual and went to Centrelink to enquire. Centrelink said they had sent him three different letters requesting that he attend an appointment to discuss the obligations he has while receiving Newstart Allowance. As Centrelink had received no correspondence from him they had no choice but to suspend his payments for six weeks.

John tried to explain his recent circumstances to the Centrelink worker and said that he hadn't received any letters because his partner had not forwarded mail to him as she had promised. The Centrelink worker explained that the policy was clear and due to his inability to adhere to the requests they had no option but to withdraw his payments for six weeks.

John is now in an even more desperate situation as finding accommodation in the private rental market will take much longer without an income. He is afraid that his friends' hospitality will run out before the end of the six week period and he will become homeless which will not reflect well in his bid to gain access to his children through the Family Court.

John has come to the Magdalen Centre as a new client desperate about the recent turn of events in his life. He feels that life is not worth living and that he is a complete burden to society. If it wasn't for the hope that he may see his children again soon, he feels he couldn't continue.

We referred John to the Welfare Rights Centre to see if he can appeal Centrelink's decision to suspend payments for six weeks. At the moment John is awaiting the outcome of an appeal.

25 Case study supplied by Joanne Koen, Social Worker, Magdalene Centre, Anglicare SA.

genuine refugees. TPV refugees are entitled to:

• Transport from the Detention Centre to the settlement city;
• Special Benefit of about $165/week;
• Rent Assistance if renting in the private market;
• Medicare cover;
• Access to the Early Health Assessment and Intervention Service; and
• Job matching.

TPV refuges are not entitled to:

• Assistance from a Community Refugee Settlement Scheme (CRSS) on arrival;
• Funding which would go to a CRSS group to assist in setting up a home, including paying for a bond and furniture;
• Access to the Australian educational system for those older than 16; and full Job Network access, including up to 510 hours of English tuition (Boyce & Madden, 2000:32).

TPV refugees want to make a contribution to Australia, but the structural barriers set up by government policy are immense. TPV refugees are not able to access formal English classes, nor are they able to access any form of higher education because they are classified as fee-paying overseas students (Boyce & Madden, 2000:34). Appropriate employment assistance is also denied to TPV refugees (Boyce & Madden,2000:34). Given the links between formal educational qualifications, unemployment and continuing economic exclusion discussed earlier in this chapter, denying TPV refugees access to these services may in the end turn out to be expensive.

Staff from the Department of Immigration and Ethnic Affairs are constrained by government policy in what they can do for TPV refugees (Boyce & Madden, 2000:33) and non-government agencies have been advised by the Minister for Immigration not to provide any services beyond "basic referral, information provision and explanation" (Anglicare Tasmania, 2000). In many instances, TPV refugees are dependent on ordinary Australians.

The Australian Afghan providing the essential support is an ordinary Australian citizen who happens to have been born in Afghanistan. He has not been paid by the Australian government to assist these refugees, he has not received special train-ing in assisting refugees. He is simply an ordinary Tasmanian small business owner

who has given huge amounts of time and effort to try to settle these refugees under extremely difficult circumstances. These circumstances are a direct result of Federal Government policy. The services that these refugees…need are available…but are deliberately denied to them.

(Boyce & Madden, 2000: 35).

It seems that tomorrow will never come [26]

We had to leave Afghanistan because since the Russian invasion our land was destroyed and the killing hasn't stopped. After the Russians left there was civil war between ethnic groups. Then the Taliban rule… People are tortured by the Taliban and they won't educate the minorities. Nobody helps us, nobody hears our voices. People were being killed near our town. When we came here we hoped that everyone would be treated equally, treated fairly and there would be social justice…We spent five months in the detention centre. [The government] sent us to Perth, then Broome, and then Melbourne and then Tasmania and we didn't know the rules and roles and regulations. We didn't know how to go but they said, "you look after yourselves". We have one or two sets of clothes and one of us lost our bags and we didn't know what to do to get it back. In Launceston we were taken to the Backpackers.

An Afghan Australian takes up the story.

When they came Immigration just booked them into the Backpackers for two nights. The Backpackers said on the Friday that they had to be out of there. They had nowhere to go. There was no help from Immigration. I found them an empty farmhouse, but they are isolated there. There is no car. Every few days I'll visit to take food. But no-one is visiting the farmhouse. Organisations help with vouchers for food, that is all - no-one is visiting.

Some of the NGOs have helped us, for example, with furniture and clothing, but otherwise there is nothing. Even the electricity couldn't be connected to the farmhouse I found them. They had no references. I had to connect under my own name. It was the same problem with finding private rental, landlords weren't interested. It is very, very difficult.

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26 Case study taken from material supplied by Anglicare Tasmania and Boyce and Madden (2000:34).

3

Social Exclusion

The previous chapter focused on processes which cause individuals and families to be excluded from economic resources. This chapter explores the processes through which ordinary Australians become excluded from social relationships and cultural activities, as well as the ways in which Anglicare agencies help those people rebuild their own social networks.

As well as enriching our lives, social and cultural activities provide the opportunity for people to build up a network of family and friends who can be called upon for practical, financial or emotional support when things go wrong. The importance of informal social supports is demonstrated by the strong association found between a lack of support from family and friends and the increased risk of child abuse and neglect (Healy & Darlington, 1999:5-6). Informal support networks can prevent crises escalating to the point where professional statutory intervention is required and the type of support offered is often flexible, appropriate and non-stigmatised (Healy & Darlington, 1999:6). Many of

Anglicare's programs offer the same sort of practical, financial and emotional support which is normally provided by families. Anglicare programs, such as Creative Times run by the Samaritans Foundation, can also rebuild and sustain family relationships which have broken down. For example, "Johnny" was removed from mother and placed in foster care when he was four years old because of physical abuse and neglect. After nearly three years in foster care, Johnny missed his younger brothers and was confused about the identity of his mother. But visits between Johnny, his mother and his younger brothers were difficult. Creative Times started working with the family to support positive contact between Johnny, his mother and younger brothers. This was done by encouraging and supporting appropriate behaviour during visits and by helping Johnny move beyond aggressive, violent and defiant behaviour to develop interpersonal skills, self-confidence and a sense of belonging, both with his biological family and his new foster family (Samaritans Foundation, 2000).

But how do people end up in a situation where they are isolated from day-to-day activities and relationships? Often it is the result of a number of events that build on

each other. For example, "Henry" was married with four children and working in a managerial position until the pressure of long hours at work and a gambling problem led to a breakdown. Throughout this period Henry became dependent on prescribed medications which eventually led to him losing his job and his marriage. When Henry sought help from St. Laurence Community Services Men's Program,[27] he was homeless, unemployed and involved with Psychiatric Services (St. Laurence Community Services, 2000). For Henry, and many other men who have become involved with the Men's Program, their social isolation has been exacerbated by economic exclusion. Because they are homeless, the Family Court has rejected their application for access to their children.

The Men's Program, in conjunction with Bethany Family Support, helps these men put their lives back together again. They have the opportunity to access stable accommodation through Transitional Housing, sort through welfare rights issues and then move into long-term public housing or private rental accommodation (St. Laurence Community Services, 2000). For example, Henry was offered help with accommodation, and assisted to seek further professional help for his gambling problem and depression. He was encouraged to regain confidence in himself and his work skills by undertaking voluntary work – repairing and refurbishing computers for the community sector. Through this work Henry developed new skills and abilities and found a new confidence in himself. During this time, a lot of work was done in reconciling the family. Henry's son joined his father in his accommodation and at the Computer Program, eventually gaining full-time employment. Henry was also able to gain access to his other children. Henry has now moved on another step. He has been re-employed by his old company in a less demanding role, he has begun a new relationship and has resolved many of the difficulties between himself and his former wife (St. Laurence Community Services, 2000).

For other people, social isolation occurs as a result of geographic dislocation, the imprisonment of a family member, unexpected caring responsibilities or a mental illness.

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[27] The work undertaken through the Men's Program receives no government funding. St. Laurence Community Services and United Way Geelong cover the cost through donations from the community and trusts.

Rebuilding Social Networks [28]

In 1999 with assistance from the St Peter's College Mission Guild, the Elizabeth Mission's Breakfast Club opened its doors. The Breakfast Club runs before school, three mornings a week at Anglicare SA's Davoren Park Annex. The Annex is an old shop situated in the Elizabeth Fields shopping centre just minutes away from the Davoren Park Primary School. Out of 414 students, 311 are school cardholders, indicating that the majority of families are economically disadvantaged. The Breakfast Club aims to provide a safe environment where children can come for a nutritious breakfast. It is about sharing a meal and providing a sense of community.

Involvement in the Breakfast Club has allowed participants and their families to access resources both within and outside of Anglicare SA. One mother brought her young daughter to the Breakfast Club as they were new to the area and had just fled a domestic violence relationship. The mother commented to staff that the Club allowed her daughter to make new friends and settle into the area. The mother has also been linked into other services run from the Annex.

[28] From material supplied by Anglicare SA.

Sometimes small acts are all it takes [29]

"Katie" is a young single mother. She arrived one morning distraught and weeping. Her electricity had been cut off. She hadn't paid the bill by the due date. Her last two cheques had gone on other bills and food. Now she had neither food nor money left. So we dial ACTEW's number for her to negotiate paying her debt by instalments and we offer food, nappies, washing powder and toilet paper to tide her over until the next week. ACTEW agrees to staggered payments over six weeks and informs her that actually no-one in her neighbourhood had power that morning, the lines were being repaired! Katie weeps again, this time from relief and gratitude.

[29] Case study supplied by St John's Care, Anglicare.

Geographic dislocation

Geographic dislocation occurs when people move away from their local neighbourhood to find work, or affordable housing, or when they retire.

After moving to Rockhampton a year ago, I still had not been able to settle the children happily into school and find other parents with common interests. We had left our family and friends for my partner to find work so we knew nobody. The kids found it hard to fit in. The stress of moving, finding work and unhappy kids made our family life full of conflict and sadness. The kids were getting into fights at school (when they went to school), one child wanted to be with her dead grandfather and the others were just miserable.

(Coyer, 2000). [30]

People come [to Kelsey] looking for cheap housing. They don't realise the isolation until they get here.

(Fincher & Wulff, 2001:184).

Feelings of social isolation are intensified for refugees, particularly TPV refugees who have no legal means of reunion with family members left behind, often in dangerous situations (Anglicare Tasmania, 2000).

Many of our families are dead. Some of us have wives and children left behind and we don't know where they are.

(Anglicare Tasmania, 2000).

For thirteen months I have heard nothing about if my family is alive.

(Anglicare Tasmania, 2000).

Giorgas' study of community formation and social capital among six ethnic communities in Australia found that ethnic communities assist immigrants overcome social isolation and economic exclusion by providing employment opportunities and "a sense of familial surroundings within their own ethnic group" (Giorgas, 2000:2). Thus, "successful individual settlement often depends on successful community settlement" (Boyce & Madden, 2000:28).

It would be better if there was a large Somali community because we feel lonely sometimes. It would also help our kids to be able to learn about their religion and Somali culture.

(Boyce & Madden, 2000:19).

Anglicare agencies assist refugees to build new support networks with other members of their ethnic community through community development, social recreational activities and group work (Anglicare NSW,

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30 After attending an Anglicare Central Queensland Parenting Program, this woman had a clearer understanding of the issues her children were facing, improved communication, both with her children and her partner, as well as a supportive network of parents who were facing similar difficulties in their journey through life (Coyer, 2000).

2000). For example, Anglicare Victoria, Broadmeadows Family Services runs a parenting group for Arabic women many of whom have come to Australia to get away from war and brutal military regimes (Nahal, 2000). Feelings of shame and formidable social taboos make it difficult for these women to talk about their personal problems and parenting issues (Nahal, 2000).

It was very hard to come to the group in the beginning, but we had lots of fun and laughter and we were able to learn from each other.

(Nahal, 2000).

Coming together to talk about parenting issues also provides these women with the opportunity to celebrate their culture. *Food, music and dance are activities which* *enliven and enrich the group. The Muslim Arabic women take of their hijab and dance freely as there are no men present.*

(Nahal, 2000).

Souraya, a single parent struggling to cope with three active boys while her husband is incarcerated for abuse, sums up the feelings of many members of the group when she says:

These people are like my family…sometimes they are even better than my family. I thank God for this.

(Nahal, 2000).

The capacity of ethnic communities to alleviate the social and economic exclusion experienced by new arrivals not only depends on its size, but also on the

Nobody's People [31]

"Ravi", his wife and daughter experienced harassment, threats and torture in Sri Lanka before they escaped to Australia and applied for refugee status. While waiting for their case to be decided, Ravi worked as a cleaner in the local hospital - his medical qualifications were not recognised in Australia. The Department of Immigration and Ethnic Affairs rejected their application for protection. During the appeal process that followed they lost permission to work (as do most other refugee claimants). Unable to access government funded assistance and services, they now rely on handouts and goodwill from the community around them in order to survive.

[31] Case study supplied by Anglicare Brisbane.

level of resources within the community and cultural norms, with some cultures being more collectivist in nature and placing greater emphasis on the family (Giorgas, 2000:2).

Anglicare agencies assist refugees like Fatima by providing settlement information and referrals, home visits, support and counselling, advocacy, after-school and vacation care, English classes, assistance in job searching and, where possible, work experience, as well as short-term, on-arrival accommodation. In Brisbane, the Anglicare Refugee and Migrant Ministry is part of an interagency group that supports refugees who are waiting for permission to remain permanently in Australia.[32] Like TPV refugees, most refugee claimants are on a temporary visa which severely restricts access to services and ability to obtain work (Anglicare Brisbane, 2001). There are no structured programs for this group of people. Most programs are those run at the Refugee Claimants Support Centre and carried out by volunteers, or programs run by agencies which have places allocated to refugee claimants. It is therefore left for the clients themselves to do what they can for themselves and each other. Their latest initiative is the launch of a compact disc. For a number of years

the Centre has been the home to the Refugee Claimants Choir. The CD has been a co-operative effort of the choir, a band of volunteers and support from local government and non-government agencies. This program has provided an opportunity for refugee claimants to express their experiences, feelings and hopes in song, with profits going to support projects for refugee claimants (Anglicare Brisbane, 2000).

For refugees (and the wider community) the benefits to be gained from the development of strong social support networks within their own ethnic community are clear. However, the continuing shift in Australia's immigration program away from family reunion means that it is increasingly difficult for refugees (even those with permanent visas) to bring other family members to Australia (Anglicare Tasmania, 2000). For example, older post-war refugees from Eastern Europe are no longer allowed to bring their children to Australia under the family reunion program. As a result, they have no-one to care for them and are reliant on generic social services that do not adequately meet their needs. Providing specialist services for smaller migrant groups is very expensive and difficult (Anglicare Tasmania, 2000).

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32 The Interagency Group consists of government, non-government, individual and community groups who come together to offer a range of services to refugee claimants and act as a support network for those who work at the Refugee Claimants Support Centre.

Fatima's Story [33]

"Fatima" is a Somali woman with four children aged three to fourteen years and a 19 year old daughter in Kenya awaiting approval to come to Australia. Fatima's husband was killed during the war in Somalia, her family was terrorised and Fatima was raped. Fatima fled to Kenya on foot, losing a daughter for lack of food and water on the way. Fatima lived in a refugee camp in Kenya for five years (where once again she was raped) before being granted a special humanitarian program visa under the sponsorship of her step-son who had been in Australia for 18 months.

Fatima initially shared two-bedroom accommodation with her step-son and his wife and child. After repeated rebuffs from real estate agents, Fatima and her family found private rental accommodation. Having fulfilled his cultural obligation to rescue his relatives, Fatima's step-son wanted little more to do with her as he himself was still settling in Australia and he had his own family to worry about. Fatima's family were then forced to leave their accommodation because of major plumbing problems which the landlord refused to repair. After an enormous effort, Fatima found a two-bedroom apartment for her family of five - she could not afford anything larger. With virtually no English and limited literacy in her own language, Fatima was not able to argue for additional bond and rent assistance and had to borrow money. In addition, her step-son expected her to repay the $A7,000 cost of the airfares to Australia.

At this point Fatima found her way to Anglicare NSW's Humanitarian Settlement Program which has been providing intensive case management support through the following issues.

Fatima was given an Op Shop voucher for clothing and referred to St Vincent de Paul for furniture assistance, comprising a second hand fridge, thin mattresses, a dining table and five chairs. Fatima has augmented this by collecting discarded furniture from neighbourhood streets.

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33 Case study supplied by Anglicare NSW.

....Fatima's Story

Fatima was not aware she needed to enrol in the Adult Migrant English Program within three months. Now that she is enrolled, she has to wait for the free child care places to become available for her youngest child. Even though she knows how to use the Translating and Interpreting Service 131 450 number, many services and businesses refuse to pay for it, so Fatima often uses her 13 year old son to interpret, at some cost to her dignity and his schooling.

Fatima and her children were all severely traumatised by their experiences in Somalia and the Kenyan refugee camp. They were referred to the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors. Some of the consequences of their trauma are their decreased capacity to lean English, Fatima's lack of emotional availability, dependence and their difficulty trusting people. Fatima is scared of hurting her children and of losing them to the government. She is also extremely anxious about her daughter overseas.

The Somali community in NSW is small and fragmented, with many people who have been traumatised. Fatima clings to her religion and customs and needs people she can converse with, but also resents the lack of support she sometimes experiences from her community.

Families of prisoners

When a family member goes to prison, it is not only the prisoner who becomes isolated from normal social activities. Women whose partner or son are in jail often feel excluded from society. Many move to be close to their family member in prison which means leaving their social support networks at a time when they are adjusting to being a single parent, coping with increased financial pressures and supporting their partner in jail (Vallis, 2000). These women have had to worry about how to tell their children that their father is in prison,[34] they worry about their children being singled out or ostracised at school and whether family relationships will survive the prison sentence (Tudball,2000:8). Many do not seek help from formal support services because they find it difficult to talk about their situation and feel ashamed of the fact that a family member is in jail (Tudball, 2000:11).

Recognising the needs of women who were relocating to Rockhampton to be close to a family member in jail, Anglicare Central Queensland, together with the Aboriginal Prison Aid Program, set up a support group so that these women would be able to meet other women, talk about their concerns and gain information and a better understanding of the prison system (Vallis,2000).

My son is so pleased I come to the meeting. It is so good to have somewhere where I can talk about my situation. Others don't know what it is like.

(Vallis, 2000).

The group has also been able to undertake advocacy work, bringing issues of concern to the attention of the General Manager of Rockhampton Correctional Centre and the Children's Commissioner of Queensland (Vallis, 2000).

Through its Family Supported Accommodation Service, Anglicare Central Queensland also initiated a pilot program where two houses are set aside for families of inmates. Women with children are able to live in these houses and receive support until such time as they are able to manage on their own. They then become tenants of Queensland Housing which assumes responsibility for the property. The family is able to maintain a stable home environment and the family member in

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34 In study of 221 prisoners and those looking after their children initiated by the Victorian Association for the Care and Resettlement of offenders (VACRO), 31 percent of caregivers said they had not told the children that their parent was in jail. They invented another explanation or said nothing (Tudball,2000:8). **35** Case study supplied by Preston Family Services, Anglicare Victoria.

A Place To Belong [35]

I first met "Ben" when he was 10 years old. His father was in jail. Ben's mother was stressed, broke and sad because the man she loved (the father of her other children) was dead. Heroin was her next best love and where she could turn to for comfort. At home Ben was scapegoated, ignored and sworn at when he was spoken to. To escape the fights at home Ben used to spend the night in clothing bins (where at least it was quiet) when he wasn't lighting fires or making bombs in glass bottles. Ben didn't go to school very often, when he did, he had no lunch and was inappropriately dressed in clothing far too big for him which he had acquired by shoplifting.

When I first started visiting the family, Ben didn't trust people very easily and was suspicious of every question I asked. However, over the next year, Ben began to trust 'the lady' who came with food and was nice to his baby sister.

Ben told me about 'walks' with his Dad and how his father used to get over fences and come out with TVs, wallets and CDs which they would then go and sell. Ben knew it was wrong, but Dad was good fun and when it came to going out for 'walks', wouldn't take no for answer.

Ben was removed from his home a year ago and put into care before being placed with foster parents where things appeared to settle down. But today I receive a phone call, Ben's foster home placement has broken down and Ben is back with his Mum again, where things are still not working. Once again Ben is at risk of being placed. Protective Services would like a Family Support Worker, preferably the one they had before, to help Ben.

Like many kids today Ben needs his family, needs to be cared for and nurtured to adulthood so that he can become the 'dad' he tells me he would like for himself. A dad who is there, who goes to the footy with him, does 'guy stuff' and buys clothes for Ben so that he doesn't have to steal them. A dad who makes his mum happy so that she doesn't "get so angry and sad and swear at me all the time".

Family Support cannot be Ben's dad, but maybe we can fulfil some of his wishes. Be there for him and support his Mum so that she in turn can offer him a place to belong.

35 Case study supplied by Preston Family Services, Anglicare Victoria.

prison is more likely to be allowed out on home detention or parole (Vallis, 2000).

Children also suffer when their parent is in jail. In the VACRO study of prisoners and their families, 62 per cent of respondents reported negative changes in children's behaviour, including:

• more anger and aggression;
• problems at school;
• being quiet and withdrawn;
• resenting the prisoner;
• being difficult on visits; and
• being "paranoid" about the police (Tudball, 2000:8).

For some children adjusting to having a parent in jail is made even more difficult by the fact that they do not get on with their other parent. Anglicare Family Support programs can help such families stay together.

Unexpected carers

Social isolation is not confined to those who move away from their local neighbourhood. People can become cut off from their friends and normal social activities when they assume a caring role that is not expected of someone their age. For example, grandparents are increasingly being asked to provide long-term care for their grandchildren, but are not offered the same supports available to birth parents, which leaves them and their grandchildren at a distinct social, emotional, financial and physical disadvantage (Kelly & Higgins, 2000). Grandparents are asked to care for their grandchildren by statutory government agencies which have neither the mandate nor the resources to provide on-going services once the child is no longer considered to be "at risk" (Kelly & Higgins, 2000). Benefits are means-tested and life savings can lead to exclusion from Legal Aid, Centrelink benefits, Health Care Card, School Card and other concessions. Grandchildren who come in times of crisis need basic necessities such as clothes, furniture, bedding and educational expenses. Grandparents find that their accommodation is unsuitable for children and some move into larger homes forcing them to refinance or

return to the workforce to meet the increased costs. Moreover, grandparent carers are often struggling with their own health issues and find that respite services are extremely difficult to access. Friends and relatives are unable or unwilling to help and relationships suffer as each adjusts to new roles and coping with young children, often with behavioural problems (Kelly & Higgins, 2000).

Grandparents with the full-time care of their grandchildren identify emotional support, recognition of what they are doing and being able to talk to others in similar situations as their greatest needs (Kelly & Higgins, 2000). Anglicare SA, Family Support Team therefore established a support group for grandparent carers in the Adelaide suburb of Christie Downs. This group has established links with similar groups across metropolitan Adelaide, which had been operating in isolation, to push for recognition of grandparent carers and better access to services to support them in their caring role (Kelly & Higgins, 2000).

Young children can also be called upon to assume caring responsibilities beyond what is normally expected of someone their age when a family member, particularly an adult female family

member [36] has an illness or disability. Young carers often feel socially isolated, cut off from their peers who have more time free time to participate in after–school and other social activities (Gays, 2000:3). The Australian Bureau of Statistics estimates that approximately 33,800 children under the age of 15 provide care to a family member who has a long-term illness or disability. Because this estimate is based on self-reporting by adults with medical conditions or disabilities, the real number is probably higher (Gays, 2000:6). The first State of the Family Report noted the continuing high levels of unmet demand for disability support services. Families who are unable to purchase support services will, no doubt, continue to ask children to care for other family members.

Families caring for a child (or children) with a disability are also affected by the inadequate level of support services. Many families struggle to cope with the demands of providing 24 hour a day care and keeping family relationships intact, with an increasing number deciding their only option is to voluntarily relinquish care, which can be an extremely distressing process for both parents and children (Blute & Shephard, 2000).

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36 Studies show that white female family members will stay at home to look after male family members who are ill or disabled, male family members are more likely to leave home if their partner is ill or disabled, leaving children to care for their female relative (Gays2000:9-10)

Grandparent Carers [37]

"Bill" and "Eva" received a phone call on Sunday afternoon asking them to collect their grandson from a neighbour's house. They arrived to find their tearful grandson clutching a plastic bag containing his clothes. "Daniel" had been put out of his home by his mother's partner because of his behaviour. Daniel was six years old. That was almost four years ago and Daniel is still "sleeping over" at Gran's house.

Because Daniel was now in the care of his grandparents, he was not considered to be at risk and the statutory services refused to become involved. Attempts to reconcile him with his mother were unsuccessful and his extended family were unable to accommodate him due to their own family situations. Bill and Eva were faced with the emotional dilemma of providing long-term care for their grandson or having him placed in foster care. Their greatest concern was their own health as Mary suffers from rheumatoid arthritis and Bill is in constant pain from a back injury which left him with restricted movement. Despite their concerns, they agreed to Daniel remaining in their care "for the time being".

Daniel is a very active child who constantly craves attention and he experienced difficulties adjusting to life with his grandparents. Bill and Eva found themselves struggling to parent again in a very different world to when they raised their own children. Their friends disappeared and their other adult children felt their lack of availability. They felt isolated and unsupported, by family, friends and services designed to help families survive. They tried to navigate the maze of social, financial and educational services, but found that they were not automatically afforded the same rights, benefits and supports as birth parents. They were told they didn't exactly meet the eligibility criteria; as Bill put it, "we fell into the grey area and didn't fit any box to tick".

Eva's health continues to deteriorate and both she and Bill worry about the future. Daniel, now almost 10, has always had a sense of the precariousness of his situation and demonstrates his anxiety by constantly asking, "can I still live here Grandma?".

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[37] Case study supplied by Carol King and Linda Higgins, Family Support Team, Anglicare SA.

Giving Up Your Child [38]

"Fred" and "Elizabeth" lived in rural South Australia with their three children. The youngest child "Toby" was diagnosed with Autism. Fred and Elizabeth's relationship, already under strain, deteriorated further. Elizabeth felt she could no longer cope and left. Fred was left to care for the three children on his own.

Fred continued to work and raise the three children. However he found it was extremely difficult to keep everything going and provide Toby with the type of care he needed. Fred looked to supports and services within the community. In particular, he was looking for practical help around the house and respite for Toby to give his family a break. Fred was unable to get the help he needed and respite care was too infrequent to be of any real benefit. Realising he couldn't continue, Fred reluctantly decided to relinquish care of Toby who entered the Alternative Care system.

Toby moved through a number of short-term placements while a long-term carer was sought. Many carers felt they were unable to cope with Toby's challenging behaviour and the placements broke down. In rural areas it is very difficult to recruit foster carers who have the necessary skills and experience to provide adequate care for a child like Toby who has such complicated needs.

For Toby the changes in his family situation were bewildering, the transition from carer to carer distressing, causing him to become extremely anxious. Anglicare SA's State-wide Alternative Disability Service assisted the transition process by providing support to the carers and to Fred. Training about Autism was provided and what it might mean for Toby, particularly the effect Autism would have on Toby's social interaction, communication, development and behaviour. All parties were provided with positive intervention strategies to support and care for Toby.

Alternative Care workers eventually secured a long-term placement with relatives of Toby. In addition, Fred had been working with family preservation services and felt ready to care for Toby again on a part-time basis.

[38] Case study supplied by Marianne Blute and Rachel Shephard, Alternative Care State-wide Disability Service, Anglicare SA.

Mental illness

Mental health disorders relate to emotions, thoughts and behaviours that can manifest as anxiety and depression, or bipolar and delusional disorders (more commonly known as psychotic disorders) such as schizophrenia. Mental health disorders may be the result of drug abuse or an accident, but equally, mental illness can afflict anyone, anytime, without warning (Anglicare NSW, 2000). For example, at 15, "Sam" appeared to have the perfect life, supportive parents, a good home and intelligence, but by 18, Sam's depression, low self-esteem and drug and alcohol problems had brought him to the point where he had left school, was working as a cleaner to make ends meet and drinking heavily (Farquhar, 2000).

Mental illness impairs the sufferer's communication skills, adversely affecting their ability to build relationships with others. Thus, where once an individual led a "normal" life, mental illness can cause personal and family relationships to break down. Most people experiencing mental illness are single and suicide is a major problem because sufferers are so often isolated and alone (Anglicare NSW, 2000). Providing a place where individuals suffering from a mental illness can come and talk to people about their problems is, therefore, vitally important. Drop-in and community centres run by Anglicare agencies meet this need.

Social isolation is exacerbated by the stigma attached to mental illness and, in rural and remote communities, by the lack of appropriate services, geographic isolation and transport problems. Anglicare Central Queensland responded to these needs by establishing a Mental Health Family Support Worker in Emerald who works with the families of those suffering from a mental illness as well as providing a range of services for individuals so that they can rebuild their social networks, increase their self-esteem and confidence and regain their place in the community (Farquhar, 2000).

Those suffering from mental illness often lack the capacity to manage their everyday needs for food, accommodation and clothing. Government assistance covers accommodation, but allowances provided for food and clothing are misspent because the sufferer is unable to manage their expenditure. This means sufferers often turn to Anglicare's Emergency Relief programs for emergency food and clothing (Anglicare NSW, 2000).

Living With A Mental Illness [39]

I have been living in the area for 22 years. After having my first child 21 years ago I started suffering from agoraphobia. I panicked if I had to go to the letter box. For many years I couldn't go out by myself without fear. After years of this fear I started to feel panicky in closed spaces. So I was forced out. I joined the local neighbourhood centre and volunteered at the local crèche just to be with people. But after these closed down my fear of open spaces returned. I used to keep at least one of my children home from school to go shopping because of my fear of crowds. I have had breast cancer and dealt with it myself as I had no support of family and the fear of people was always there. This still recurring now.

When the Annex [40] opened I used to walk past looking in until I felt safe seeing a familiar face always there. It took a big step to even speak to Jean [the community worker]. Jean invited me in for a coffee and gradually I started feeling comfortable coming in here. I tried a course at another Centre, but felt very uncomfortable there and once again panicked because of the new people around me. It is great having Jean here as a support. I now feel very secure and safe at The Annex, but the fear of the big shopping centre is still there. When I go there I must have my six year old daughter with me. On the way back I always stop off to see Jean just to relax in my safe haven before heading home.

Recently I was told by the South Australian Housing Trust that I must leave my home after 22 years as it is unfit to live in. I panicked straight away and came to see Jean. Jean arranged for someone to come and talk to me and to put my mind at ease about the move. I have also had financial counselling help at The Annex. The other day I had a family problem but with Jean's support I was able to deal with this problem by myself.

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39 Case study supplied Anglicare SA. **40** A Community Centre run by Anglicare SA.

Another problem faced by those suffering from a mental illness, is their reluctance to seek help. It is estimated that only 40 per cent of people suffering from a mental health disorder will seek professional help (Anglicare NSW, 2000). Initial points of contact such as the Wollongong coffee shop (run by Anglicare NSW) can not only ease the social isolation experienced by many sufferers, but can also provide the opportunity for staff to encourage sufferers to seek professional assistance such as that provided by Anglicare NSW's Counselling Services. Early intervention is important. For example, depression sufferers who do not seek assistance in the early stages of their illness can end up with serious depression and, as a result, experience substance abuse disorders and other forms of mental illness (Anglicare NSW, 2000).

With 10 per cent of young people having a depressive disorder, a number of Anglicare agencies run programs specifically designed for young people. For example, Anglicare Central Queensland Family and Adolescent Support Program ran a weekend retreat for young women aged 15 to 17 who were suffering from depression or anxiety combined with family issues. The two day retreat in the Byfield State Forest on Waterpark Creek provided a short period

of time away from the pressures of every-day life, while promoting self-esteem and self-confidence (Allen, 2000).

While the effect of a mental health disorder on the individual concerned can be profound, their families are also affected. Because mental illness impairs the individual's ability to relate to others, family members find it difficult to communicate with the sufferer, and feel anguish and guilt because they can't provide the help and support needed (Anglicare NSW, 2000). Such feelings are intensified when a family member with a mental illness commits suicide (Anglicare NSW, 2000).

Children whose parents have a mental illness face particular problems.

My Mum has a mental illness called schizophrenia as well as breast cancer. I'm not sure which is worse, but I suppose they affect the person so badly it doesn't matter…There have been some very hard times, but at the moment her medication is at the right level…Mum having schiz-ophrenia has robbed me of a lot of time most kids would have spent with their mum. [Mum] was always in and out of hospital and it was very hard…

When my Mum and I used to go shop-ping I worried about how we would get home safely if something happened…I had a friend at school whose Mum had schizophrenia. Sometimes he didn't have any lunch. I shared mine with him…[I] want people to know that everyone involved needs help and support when something is not quite right.

(excerpts from a speech made by 13 year old Dan Halloran in his capacity as a Youth Ambassador, cited in The Age, 30 October 2000).

Anglicare NSW Child and Family Services supports families like Dan's through its crisis care program which provides carers for children aged 0-12 years at short notice for varying periods of time (Hamill, 2000). For example, "Sam" is a single father with two small children aged five and seven. Sam has a mental health disorder which requires periodic hospital admissions, but with few support networks, his young children are under threat of removal and dispersal when he has to go to hospital (Hamill, 2000). Anglicare NSW's crisis care program linked Sam's family with a foster family who look after Sam's children whenever he has to go into hospital, maintaining schooling, recreational activities and familiar routines. With this arrangement in place Sam feels more settled and able to receive treatment in hospital, and his young children know where they are going and what will happen to them when their father is away (Hamill, 2000). Anglicare agencies also provide information and support to parents with a mental illness through programs such as Getting There, a group facilitated by Anglicare Maroondah Family Support Program and a worker from Maroondah Hospital.

4

Conclusion

This report examined economic and other processes which cause Australians to be excluded from normal participation in our society. Case studies were given to illustrate typical examples of these processes and to give insights into how the movement into exclusion can be halted or reversed.

In exploring some of the ways in which ordinary Australians are excluded from economic resources and social relationships, it is clear that exclusion is not just something that happens to "them", it can also happen to "us". Life circumstances change. People's relationships break up, they lose their job and then their house. Employment opportunities are limited because of where people live or their low skill levels. People have an accident or become ill, they are asked to look after their grandchildren or another family member who needs full-time care. People's capacity to cope with changing circumstances also varies. Some people have very strong social support networks which can mitigate the effects of economic exclusion, others have very few or none at all.

Thinking about exclusion as something which can happen to any of us is important because it shifts the focus away from internal factors as explanations for poverty or disadvantage. It also highlights the fact that, for many people, exclusion and the need for assistance from government or non-government organisations is temporary. Poverty or social exclusion is not necessarily a permanent condition. For example, in the United Kingdom, analysis of four annual household surveys revealed that, while nearly one-third of respondents experienced episodes of low income, only four per cent were persistently poor (de Haan & Maxwell, 1998:6). Even when individuals have lost everything, their job, their home, their family, with the appropriate assistance, they can rebuild their lives and live independently of formal supports. For many, timely assistance can provide a real second chance.

However not everyone will eventually reach the point where they are able to manage without formal supports. An illness or disability may mean that the

need for formal care is on-going. Consequently, under-funding of services (such as disability support services) simply creates more pressure in other areas (for example, in the alternative care/foster care system). Others may require specific support over a long period of time to overcome structural factors such as limited employment opportunities because of changes in the labour market, lack of formal educational qualifications, lack of access to affordable housing or, in the case of indigenous Australians, dispossession, separation and high rates of arrest.

The importance of informal support networks in helping individuals and families cope with changing life circumstances, or the structural factors which affect their lives, should not be under-estimated. Research indicates that informal support networks are effective because they offer flexible, appropriate and non-stigmatised forms of support (Healy & Darlington, 1999:6). Therefore, the challenge for governments is three-fold. Firstly, to support programs which aim to create or enhance informal social supports among particular communities. Secondly, to ensure that formal supports are also flexible, appropriate and non-stigmatised and finally, to ensure that

government policies (and the way they are implemented) do not cut across existing informal support systems.

Respite care programs are a good example of programs which enhance informal social supports. Grandparents caring for their grandchildren, parents caring for a disabled child, spouses (or children) caring for a frail, older family member, or parents with a mental illness, all need the emotional and practical support provided by respite care programs to enable them to continue caring for family members. As noted in this report and the first State of the Family Report, demand for respite services outstrips supply in many areas. Failure to support existing informal social supports is counter-productive as families are forced to relinquish care and the ill, aged or disabled family member has to depend on more expensive formal supports such as residential facilities.

Supporting informal networks requires a different approach from government. Currently government thinking and funding are problem-oriented. Supporting informal networks requires government to supplement programs which directly address a particular problem (for example, youth

homelessness) with more preventive programs which try to reduce the incidence of a particular problem. For example, family networks are the primary source of informal social support for young people. Strengthening family relationships through parenting programs, family mediation services, domestic violence programs,[41] or programs such as Creative Times which rebuild family relationships, strengthens the support families are able to offer young people which may prevent them reaching a crisis point such as homelessness.

Community development projects such as those undertaken by St Luke's Anglicare, demonstrate that change is possible even where communities lack economic resources. Refugees with limited English language and literacy are among the most disadvantaged groups in Australia. The first step towards strengthening informal social support systems for marginalised refugee communities is to help the refugees help themselves. At the moment, government policy is moving in the opposite direction, for example, in relation to family reunion and refugees on temporary protection visas. While temporary protection visas are designed to deter future asylum seekers, the cost-

effectiveness (if not the morality) of a policy which denies refugees access to services which would help them become self-sufficient must be questioned.

Unfortunately, this is only one area where change in government policy is desirable. The first State of the Family report highlighted the complex, interdependent nature of client need which calls for flexibility in funding and contract specifications so that agencies can provide an individualised package of services (Nevile, 2000:5). The importance of a service delivery system which focuses on individualised capacities and outcomes is a key theme of the Final Report of the Reference Group on Welfare Reform (2000:15). Formal supports need to be sufficiently flexible to address a range of client needs. For example, an individual with a mental health disorder many need access to employment support and appropriate housing as well as appropriate health services.

Not only do funding mechanisms and contract specifications need to be flexible, but government regulations need to be administered flexibly, with regard to individual circumstances. The Final Report of the Reference Group on Welfare Reform (2000:57-58)

recommends that financial sanctions be used only as a last resort and should not be applied until all relevant circumstances have been fully investigated, "including through personal contact with the income support recipient". The current approach of punish first and leave the appeal process to sort out those who may have a genuine reason for non-compliance, decreases the ability of the individual concerned to help themselves, increases the pressure on non-government agencies who have to "pick up the pieces" and wastes time and money on unnecessary appeals. For example, in the last financial year, 172,000 penalties were imposed by Centrelink that was later revoked (Australian Council of Social Service, 2000:4). For this situation to change, politicians must take the lead.

Finally, flexibility is also required across programs so that government policies do not cut across existing informal support systems. For example, informal support systems operate when grandparents assume responsibility for their grandchildren. However, grandparent carers do not have access to the same supports available to birth parents, thereby compromising their ability to provide appropriate care for their grandchildren. Relatives who care for Aboriginal or Torres Strait Islander children are similarly disadvantaged because family-related welfare payments do not support culturally based child-care practices.

Many factors cause Australians to become excluded from normal participation in our society. Anglicare, along with other agencies, are doing much to help re-integrate such people into the Australian community. Appropriate changes to government policy would make this task easier and more effective.

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