

23 November 2012

Question no: 1

Topic: AUSTRALIA'S RESPONSE TO THE WORLD HEALTH ORGANIZATION'S COMMISSION ON SOCIAL DETERMINANTS OF HEALTH REPORT

Hansard Page: 35

Senator Moore asked: (paraphrase)

How could the issue of access to services (such as housing, education and aged care) be improved for subpopulations with particular needs (eg Forgotten Australians and older Australians) that result from their specific social determinants?

Answer:

The overarching approach of the Australian Government is to supplement universal services with targeted programs for those in greatest need. As is detailed in the Department of Health and Ageing's submissions to the Committee, Government targets assistance to those in need across a range of areas including health, housing, education and aged care. Through engagement with stakeholders and analysis of available information target populations are identified and appropriate approaches to addressing their health needs developed. The submissions by the Department of Health and Ageing have provided examples of information on data sources and their uses which help to improve program delivery.

Some population groups experience very high levels of disadvantage and the Government has recognised this through the work of the Social Inclusion Board which focusses on the most disadvantaged Australians. Further detail on initiatives and data gathering to support access to services for subpopulations with specific needs is provided in **Attachment 1**.

The Commonwealth agencies which have lead responsibility for these specific topics are: Department of Families, Housing, Community Services and Indigenous Affairs, Department of Health and Ageing and Department of Human Services.

Initiatives and Data Gathering for Subpopulations

Government forms of assistance

The Australian Government provides assistance across a broad range of areas of need. This includes assistance for people with special needs including older people, Forgotten Australians and people with disabilities. Information on these particular areas of assistance is provided, in addition to information on government housing assistance.

Services for Older Australians

The 'Living Longer. Living Better. Aged Care Reform package was announced in April 2012 and will provide \$3.7 billion over 5 years to build a better, fairer, sustainable and nationally consistent aged care system to meet the social and economic challenges of the nation's ageing population, particularly supporting Forgotten Australians and Former Child Migrants to avoid re-traumatisation of this vulnerable group.

The package aims to better support older people from diverse backgrounds and includes specific measures to:

- better recognise and meet the care needs of culturally and linguistically diverse, sexually diverse and people who are care leavers;
- ensure that older Indigenous Australians have access to culturally appropriate and quality aged care services by increasing the number of aged care places for Aboriginal and Torres Strait Islander people;
- provide more support for veterans through the introduction of a new funding supplement for veterans receiving aged care through a Home Care package or residential care, who have an accepted and eligible mental health condition;
- ensure sexual diversity does not act as a barrier to receiving high quality aged care by supporting training within the aged care sector to better equip service providers to address the care needs of lesbian, gay, bisexual, transgender and intersex people; and
- increase the assistance for older people who are homeless or at risk of homelessness through the expansion of the Assistance with Care and Housing for the Aged program.

In particular, the 'Living Longer. Living Better. Aged Care Reform package' provides \$43.1 million over five years to expand the National Aboriginal and Torres Strait Islander Flexible Aged Care Program by approximately 200 aged care places. This will allow more Aboriginal and Torres Strait Islander people to stay close to home and country in culturally-appropriate care.

It should be noted that the Allocation Principles of the *Aged Care Act 1997* have defined special needs groups which ensures the needs of these groups are considered in the planning and allocation of aged care places. These special needs groups include older people from Culturally and Linguistically Diverse (CALD) backgrounds, from lesbian, gay, bisexual, transgender and intersex (LGBTI) communities and care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations).

The Australian Government provides a range of payments and services to assist older Australians, of which Age Pension is the key component.

Through the Department of Human Services (DHS), the Government is positioning itself to meet the future needs and requirements of older Australians including the growth in demand for services due to an ageing population and the changing community expectations of Government resulting from technology advancements. For example, DHS is exploring ways to simplify the reporting of income and assets for older Australians, including obtaining information direct from financial institutions and employers.

DHS also delivers a number of other services to assist older Australians with diverse needs, while also ensuring assistance is provided across the differing demographics within the community:

- The **Financial Information Service (FIS)** is a free education and expert information service to help older Australians to make informed decisions about investment and financial issues by assisting them to understand their own financial affairs and the options available to them.
- A network of **Indigenous Customer Service Advisors** who can provide direct help and advice and **Indigenous Specialist Officers** who work as contact points between Indigenous communities and DHS.
- To support grandparents with full-time caring responsibility for their grandchildren, **grandparent advisers** are available in selected Service Centres. Grandparent advisers provide information and help grandparents access payments and services, arrange appointments with specialist staff such as social workers and refer to other federal, state and community service providers who may also be able to provide assistance.

DHS provides regular information to older Australians via its *News for Seniors* magazine which is published three times a year and has a distribution of around 2.2 million. The magazine contains information about current pension rates and thresholds, concessions, allowances, services and it is used to announce forthcoming or recent initiatives. *News for Seniors* is also available online and in audio format and is translated into 16 languages.

Services for Forgotten Australians

A number of projects to support Forgotten Australians and Former Child Migrants have been in development since the announcement of the National Apology in November 2009.

On 17 August 2012, Minister Macklin launched the national Find and Connect support services to assist Forgotten Australians and Former Child Migrants. Support Services were developed in consultation with key advocacy groups and those with lived experience, including representatives from the Alliance for Forgotten Australians, Care Leavers Australia Network, International Association for Former Child Migrants and their Families, and the Child Migrants Trust. This suite of services includes more than \$3 million to fund:

- new **Find and Connect support services** in each state and territory providing support services, including advice, counselling, supported records tracing and peer support. Services operate using a trauma-informed model, informed by the experiences of Forgotten Australians and Former Child Migrants. Support service workforce 'practice roundtables' have developed a community of practice and an awareness of social determinants of the client group;
- a national **Find and Connect web resource**, www.findandconnect.gov.au, to assist with the search for records held by past care providers and government agencies. This resource contains information about the institutions and children's Homes which provided 'care' in the 20th century, including information on where their records are housed, how they may be accessed, and contact details for support services in each state and territory;
- **Care Leavers Australia Network** to expand its counselling services and strengthen its national advocacy role on behalf of Forgotten Australians;
- the **Alliance for Forgotten Australians** to continue its advocacy work and expand its national Ambassador program; and
- the **Find and Connect Records Access Documentation Project** to improve Forgotten Australians' and Former Child Migrants' access to records which are important to them.

Personal Helpers and Mentors (PHaMs) targets vulnerable groups with mental illness in the community, including Forgotten Australians. PHaMs services can also assist aged people from other targeted vulnerable groups including Indigenous, culturally and linguistically diverse people, homeless, Humanitarian Entrants, people who have been previously institutionalised or incarcerated and people with comorbidity issues.

PHaMs services:

- aim to provide increased opportunities for recovery for people whose lives are severely affected by mental illness by helping them to overcome social isolation and increasing their connection to the community;
- take a strengths-based, recovery approach; and
- assist people aged 16 years and over whose ability to manage their daily activities and to live independently in the community is impacted because of a severe mental illness.

In addition, the Department of Health and Ageing, in close consultation with peak organisations representing Forgotten Australians, Former Child Migrants and Stolen Generations, has developed and will soon release the *Caring for Forgotten Australians, Former Child Migrants and Stolen Generations education package* for aged care providers. The package will assist service providers in the aged care sector to recognise the special needs of these groups and provide appropriate and responsive care.

The package will be distributed to all providers of residential care and home care packages, as well as every Aged Care Assessment team. The package will be available on the Department's website.

National Disability Insurance Scheme (NDIS)

An NDIS will significantly change the way disability services are provided. Rather than funding based on historical budget allocations, a funding pool will be based on actuarial assessment of need. It will recognise that disability is for a lifetime, and so it will take a lifelong approach to providing care and support. This means that assessment will look beyond the immediate need, and across the course of a person's life. Taking a lifelong approach also means focusing on intensive early intervention, particularly for people where there is good evidence that it will substantially improve functioning or delay or lessen a decline in functioning. Importantly, an NDIS will support choice for people with disability, their families and carers, and put people in control of the care and support they receive, based on need. There will also be safeguards in place to support people in exercising this choice and control, and to help them make informed choices.

In planning for the introduction of the NDIS in sites in ACT, NSW, Victoria, Tasmania and South Australia, jurisdictions are considering principles in the development of supports and strategies for Indigenous people with disability within the Scheme focusing on:

- Appropriate engagement of Indigenous people in the design and management of local supports;
- Developing awareness of existence and impact of disability in Indigenous communities
- Future employment opportunities in an NDIS for Indigenous people;
- Innovation in terms of technology, support arrangements and aids and equipment; and
- Appropriate representation of Indigenous people within Scheme governance to ensure Indigenous people with disability are active partners in shaping NDIS policies and supports.

Housing Services

Australian Government housing policy and programs are developed with consideration of the particular needs of Australia's most vulnerable people. While the delivery of housing services is generally the responsibility of State and Territory Governments, the Australian Government has made a significant investment in social housing, which has been aimed, in

part, at improving access to affordable housing and housing services for subpopulations with particular needs that result from their specific social determinants, such as older people, people with disabilities and Aboriginal and Torres Strait Islanders. These measures include:

- More than \$3 billion a year on **Commonwealth Rent Assistance**, which improves rental affordability for over 1.2 million income recipients and low and moderate income families with children in the private rental market and community housing. Around 222,000 of these are aged 65 years or more. Around 51,000 have self-identified as Aboriginal or Torres Strait Islanders.
- \$5.6 billion under the **Social Housing Initiative** which is delivering an enormous boost to public and not-for-profit community housing, and is assisting around 19,700 low income households who are homeless or struggling in the private rental market. Most of these are people or families who are homeless or at risk of homelessness, the elderly, Indigenous Australians or people with a disability.
- \$6.2 billion over five years under the **National Affordable Housing Specific Purpose Payment** to improve housing affordability, reduce homelessness and reduce Indigenous housing disadvantage.

- \$7 billion to particular disadvantaged Australians through agreements connected to the **National Affordable Housing Agreement**. These include:
 - \$5.5 billion over 10 years to improve housing conditions in remote Indigenous communities;
 - \$1.1 billion for homelessness (half of this funded by the states and territories); and
 - \$400 million for social housing.
- \$4.5 billion for the **National Rental Affordability Scheme (NRAS)**, which aims to address the shortage of affordable rental housing by offering financial incentives to the business sector and community organisations to build and rent dwellings to low and moderate households at a rate that is at least 20 per cent below the prevailing market rates. Eligible tenants for NRAS are determined by household income, and a large proportion of current occupants include those who identify as Aboriginal or Torres Strait Islander descent, people with disability, and older Australians.

Through the **Supported Accommodation Innovation Fund (SAIF)** the Australian Government has committed \$60 million over three years to build innovative, community-based supported accommodation places for people with disability. More than 150 new places will be delivered nationally. Several of the 27 projects will seek to support Indigenous Australians with severe or profound disability to access long term sustainable housing or respite through the provision of culturally relevant service models. Targeted and innovative strategies include building and landscaping designs which respond to, and support Indigenous lifestyles and models of support which have at their centre concepts of land and country.

Addressing the needs of the most disadvantaged Australians

The Australian Government is working to build a stronger, fairer Australia through its social inclusion agenda. Social inclusion is about building a nation in which all Australians have the opportunity and support to participate fully in economic and community life, recognising that some people will need extra support to achieve this. Achieving this vision will require tackling the most entrenched forms of disadvantage in Australia, expanding the opportunities available to everyone and strengthening resilience and responsibility.

The Social Inclusion agenda focuses on the most disadvantaged Australians. Around five per cent, or 640 000 people, in our community face not just one, but a range of challenges, such as homelessness, mental illness, long-term unemployment, low skills and education. The experience of individual disadvantage can create difficulties for people and the experience of multiple disadvantages can have a compounding effect, reinforcing barriers to getting ahead and increasing the likelihood of other related problems later in life.

Gaps in economic participation or financial wellbeing, where low income, unemployment or underemployment result in financial stress, mean that some people cannot afford the basic things that most of us take for granted – food, stable housing, medicine, health care and school books.

Gaps in social participation or wellbeing – such as the effects of personal experiences and background and weak family, social or support networks - limit peoples' ability to maintain friends and family, use local services, participate in community activities, and have a voice in decisions which affect them. These factors contribute to individual barriers such as low skills, poor employment history, poor health and other issues.

The Australian Government's social inclusion agenda provides the framework to invest in those experiencing the most disadvantaged in our community in a way that provides them with the opportunity and the capabilities to reach their potential and participate fully in Australia's social and economic life. The social inclusion approach is about all sectors of the community working together – governments, business, the not-for-profit sector, communities and individuals.

The Government's social inclusion agenda focuses on the following six areas where people face significant barriers:

- improving the life chances of children at the greatest risk of long-term disadvantage;
- helping jobless families with children to increase work opportunities, improve parenting and build capacity;
- reducing the incidence of homelessness;
- improving the outcomes for people living with disability or mental illness and their carers;
- closing the gap for Indigenous Australians; and
- breaking the cycle of entrenched and multiple disadvantage in particular neighbourhoods and communities.

Data gathering to identify special interest groups

The area which has the responsibility for this initiative is the Australian Bureau of Statistics.

The Australian Bureau of Statistics (ABS) collects information on a wide range of economic, social, population and environmental matters covering government, business and the community. ABS social statistics are produced by taking counts of units (for example, individuals, family units, dwellings) with particular characteristics (e.g. education or income or physical characteristics). These counts are aggregated to provide information from which inferences can be made about all similar units, individuals, families, or the population as a whole. Such measures can be selected, constructed and combined in a wide range of ways in order to produce complex indicators of the wellbeing status of different groups in society, and of society itself.

In order to support analysis of advantage and disadvantage among people in society, the ABS identifies population groups of particular interest in its system of social statistics and classifies people into these groups based on one or more of their characteristics, such as their age or employment status. The ABS ensures that population groups are defined in a standard way in statistical collections. This standardisation means data about groups of special interest can be brought together from different surveys, or from surveys conducted at different points in time. This allows the needs of these groups to be analysed in more depth, and for changes in needs that occur over time to be identified.

The ABS has collected and published statistics for a wide range of population groups (e.g. long term unemployed, retired people, crime victims, Aboriginal and Torres Strait Islander

people, lone parents as well as people with low incomes and disabilities). The array of groups identified by the ABS is not based on a fixed or standard list. Its content varies over time, reflecting changing pressures in society and the changing needs of statistical users. The content is also a function of the ABS's ability to collect appropriate data about a group. For instance some groups of interest make up so small a proportion of the total Australian population that even large ABS surveys do not encounter enough of them to produce meaningful statistics concerning them.

The ABS runs a large number of surveys which can provide information for various subpopulation groups, including some that are specifically designed to collect information about particular subgroups. These include:

- The 2011-13 **Australian Health Survey (AHS)** designed to collect a range of information from Australians about health related issues, including health status (including some biomedical information), risk factors, actions, and socioeconomic circumstances.
- The **General Social Survey** brings together a wide range of information to enable it to be linked across areas of social concern. Topics include health, housing, education, work, income, financial stress and resilience, broad assets and liabilities, transport, social capital, voluntary work, family and community, and crime. The 2010 sample provided better estimates for people experiencing disadvantage by more heavily weighting the collection toward areas of disadvantage and incorporated additional questions relating to social inclusion.
- The **Survey of Disability, Ageing and Carers (SDAC)**.
- **Specific health survey of Aboriginal and Torres Strait Islander people** conducted in May 2012 will provide estimates of the prevalence of certain chronic diseases and conditions and selected behavioural risk factors—including physical activity participation and sedentary behaviour; provide objective measures of selected chronic diseases, nutrition status and other risk factors which can be combined with self-reported data about health status and conditions (e.g. diabetes); and examine health risk factors and outcomes for different population groups of interest, such as different age groups and people living in remote and non-remote areas.

23 November 2012

Question no: 2

Topic: AUSTRALIA'S RESPONSE TO THE WORLD HEALTH ORGANIZATION'S COMMISSION ON SOCIAL DETERMINANTS OF HEALTH REPORT

Hansard Page: 37

Senator Smith asked: (paraphrase)

The recommendations of the WHO in their report “*Closing the Gap within a Generation*” do not include an element for rural and regional. Can you advise what attention our governments are giving to that?

Answer:

The WHO recommendations do have some focus on people living in rural settings, for example, recommendation 6.4 asks governments to develop and implement policies and programmes which improve rural infrastructure. More broadly, the recommendations of the report focus on equity and access to services, thus the focus of the report is to ensure that people living with disadvantage have their needs addressed.

The Department of Health and Ageing’s Submissions to the Senate Community Affairs Committee highlight the work of the Australian Government in helping to address inequities in health outcomes for people living in regional, rural and remote Australia through a range of national and regionally targeted programs and policies. The Submissions note that universal services are supported by targeted interventions addressing areas of greatest need and that there are specific programs, such as the Regional Infrastructure Fund and the National Partnership Agreement on Remote Service Delivery, which fund rural initiatives that improve access to services.

While rural and regional initiatives are implemented across government, overarching portfolio responsibility rests with the Department of Regional Australia, Local Government, Arts and Sport (who were consulted in preparing this response).

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Question no: 3

Topic: AUSTRALIA'S RESPONSE TO THE WORLD HEALTH ORGANIZATION'S COMMISSION ON SOCIAL DETERMINANTS OF HEALTH REPORT

Hansard Page: 37

Senator Smith asked: (paraphrase)

Provide, as comprehensively as possible, a list of the longitudinal studies that are undertaken in Australia.

Answer:

The following links provide further information on many of the longitudinal studies undertaken in Australia.

STUDIES FUNDED BY THE AUSTRALIAN GOVERNMENT

Australian Longitudinal Study on Women's Health (Women's Health Australia) (Funded through the Department of Health and Aging)

<http://www.alswh.org.au/>

Australian Longitudinal Study on Male Health (Ten to Men) (Funded through the Department of Health and Aging)

<http://www.tentomen.org.au/>

Longitudinal Study of Australian Children (Growing up in Australia) (Funded through the Department of Families, Housing, Community Services and Indigenous Affairs, Australian Bureau of Statistics and the Institute of Family Studies)

<http://www.growingupinaustralia.gov.au/>

Longitudinal Study of Indigenous Children (Footprints in Time) (Funded through the Department of Families, Housing, Community Services and Indigenous Affairs)

<http://www.fahcsia.gov.au/about-fahcsia/publications-articles/research-publications/longitudinal-data-initiatives/footprints-in-time-the-longitudinal-study-of-indigenous-children-lsic>

Household, Income and Labour Dynamics in Australia (HILDA) Survey (Funded through the Department of Families, Housing, Community Services and Indigenous Affairs)

<http://www.melbourneinstitute.com/hilda/>

Longitudinal Study of Immigrants to Australia (LSIA) (Funded through the Department of Immigration and Citizenship)

<http://www.immi.gov.au/media/research/lisia/>

Australian Temperament Project (ATP) (Funded through the Australian Institute of Family Studies)

<http://www.aifs.gov.au/atp/>

STUDIES FUNDED FROM OTHER SOURCES

Longitudinal Study of Australian Youth (LSAY)

<http://research.acer.edu.au/lsay/>

Negotiating the Life Course

<http://lifecourse.anu.edu.au/>

Australian Longitudinal Study of Aging (ALSA)

http://www.flinders.edu.au/sabs/fcas/alsa/alsa_home.cfm

Personality and Total Health (PATH) Through Life Project

<http://crahw.anu.edu.au/research/projects/personality-total-health-path-through-life>

Wollongong Youth Study

<http://www.uow.edu.au/health/psyc/gongyouthstudy/index.html>

45 and Up Study

<http://www.45andup.org.au/>

Australian MS Longitudinal Study

<http://www.msra.org.au/australian-ms-longitudinal-study>

Australian Longitudinal Study of Heroin Dependence

<http://ndarc.med.unsw.edu.au/project/australian-longitudinal-study-heroin-dependence-10-year-prospective-cohort-study-mortality>

Australian Epilepsy Research Register

http://www.epilepsyaustralia.net/Australian_Epilepsy_Research_Register/About_the_Australian_Epilepsy_Research_Register/About_the_Australian_Epilepsy_Research_Register.aspx

Medicine in Australia: Balancing Employment and Life (National Longitudinal Survey of Doctors)

<https://mabel.org.au/default.html>

Longitudinal Study of Behavioural and Emotional Disturbance in People with Intellectual Disabilities

<http://www.med.monash.edu.au/spppm/research/devpsych/acad.html>

Tasmanian Longitudinal Health Study

<http://epi.unimelb.edu.au/research/major/tahs>

Busselton Health Study

<http://www.busseltonhealthstudy.com/>

Blue Mountains Eye Study

<http://www.cvr.org.au/bmes.htm>

Dubbo Study (Senior citizens)

<http://dubbostudy.org/>

Wittenoom Cohort Studies

<http://www.australianasbestosnetwork.org.au/Medical+Information/Asbestos+Research/Epidemiological+Research/Wittenoom+Cohort+Studies/default.aspx>

Australian Diabetes, Obesity and Lifestyle Study (AusDiab)
<http://www.bakeridi.edu.au/ausdiab/>

Diagnosis, Management and Outcomes of Depression in Primary Care
<http://www.diamond.unimelb.edu.au/research/projects.html#diamond>

Crossroads Undiagnosed Disease Study
http://www.bakeridi.edu.au/ausdiab/sister_studies/

23 November 2012

Question no: 4

Topic: AUSTRALIA'S RESPONSE TO THE WORLD HEALTH ORGANIZATION'S COMMISSION ON SOCIAL DETERMINANTS OF HEALTH REPORT

Hansard Page: 37

Senator Smith asked: (paraphrase)

Is there a longitudinal study that looks at rural and regional issues?

Answer:

Rural and Regional Reports/Publications

A number of longitudinal studies funded by the Australian government have produced reports that focus on rural and regional issues. Examples include:

Rural, Remote and Regional Differences: findings from the Australian Longitudinal Study on Women's Health (funded by the Australian Government Department of Health and Ageing)
http://www.alsw.org.au/images/content/pdf/major_reports/2011_rural_remote_and_regional_differences_r163.pdf

Movement of Non-metropolitan youth towards the cities (report arising from LSAY)
http://research.acer.edu.au/lsey_research/54/

Rural and Regional Studies

A number of community-level longitudinal studies are underway that focus on people living in rural and regional areas of Australia, for example:

The Dubbo Study focuses on senior citizens in the Dubbo region of central western New South Wales.
<http://dubbostudy.org/>

The Wittenoom Cohort Studies focuses on workers and other residents of the town of Wittenoom, Western Australia.
<http://www.australiansbestosnetwork.org.au/Medical+Information/Asbestos+Research/Epidemiological+Research/Wittenoom+Cohort+Studies/default.aspx>

The Busselton Health Study focuses on the residents of the town of Busselton, a coastal community in the south-west of Western Australia.
<http://www.busseltonhealthstudy.com/>

The Crossroads Undiagnosed Disease Study examines the health and wellbeing of adults in rural Victoria.
http://www.bakeridi.edu.au/ausdiab/sister_studie

23 November 2012

Question no: 5

Topic: AUSTRALIA'S RESPONSE TO THE WORLD HEALTH ORGANIZATION'S COMMISSION ON SOCIAL DETERMINANTS OF HEALTH REPORT

Hansard Page: 38-39

Senator Smith asked: (paraphrase)

A suggestion has been made that the process of making of a 'political statement' (eg the Apology) could lead to better health outcomes? Does the Department have any evidence to support this suggestion?

Answer:

The Department has identified a small body of literature which discusses perceived impacts of the Prime Minister's apology to Australia's Aboriginal and Torres Strait Islander Peoples. The majority of articles make reference to social and emotional wellbeing, symbolic healing and reconciliation. The following may be of interest:

M Castan. *Indigenous Law Bulletin*, 7(25): 12-17, Jul/Aug 2011

Constitutional deficiencies in the protection of indigenous rights: Reforming the 'races power'

Indigenous Law Bulletin, Vol. 7, No. 23, Mar/Apr 2011: 35

National Indigenous Apology Anniversary

Garvey D (2008), *Review of the social and emotional wellbeing of Indigenous Australian peoples – considerations, challenges and opportunities*.

Reviews « Social and emotional wellbeing - Australian Indigenous

No concrete data presenting changes to physical or mental health outcomes directly resulting from the apology have been identified. Given the widely recognised time lag between government interventions and measurable population level changes in health status, and the inherent difficulties in identifying and attributing direct causal pathways between the multiple policy levers at work and health outcomes, it is unlikely substantiated evidence will be produced.

Some reference is made to the potential for improved health and social and emotional wellbeing outcomes as part of commentary on the 'practical' initiatives that followed the apology such as the Closing the Gap (see Garvey mentioned above).

More broadly, there is some international evidence which has demonstrated that government apologies for historical injustices are beneficial and can fulfil important psychological goals for the victims (and their families) of the injustice. Blatz, Schumann and Ross¹ determined

¹ CW Blatz, K Schumann, M Ross - *Political Psychology*, 2009
Government apologies for historical injustices

that government apologies were able to offset harmful psychological implication of prior injustices and could, in the right circumstances, be effective in psychological healing.

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

23 November 2012

Question no: 6

Topic: AUSTRALIA'S RESPONSE TO THE WORLD HEALTH ORGANIZATION'S COMMISSION ON SOCIAL DETERMINANTS OF HEALTH REPORT

Hansard Page: 39- 40

Senator Moore asked: (paraphrase)

Provide further information on the Social Inclusion Board, their role in relation to the social determinants of health and mechanisms which promote public awareness of their role.

Answer:

The Australian Social Inclusion Board (the Board) was established in May 2008. It is primarily an internal advisory body that provides independent advice on ways to achieve better outcomes for the most disadvantaged in our community.

The Board brings together community leaders with a record of achievement in the private, public or not-for-profit sectors. Each member brings significant networks, experience and knowledge to contribute to the development of leading edge advice to Government on ways of helping Australia's most disadvantaged people. Board members are appointed by the Minister for Social Inclusion for a term of up to three years. Meetings are quarterly, with the most recent meeting held in Wyong, New South Wales in November 2012.

The Board engages with the community, business, the not-for-profit sector, academics, advisory groups and all levels of government to connect better policy with the knowledge and experience of the research, business and community sectors.

The Board provides advice and evidence to the Government on a range of issues related to social inclusion, including jobless families, breaking cycles of disadvantage, governance for location-based initiatives, and social determinants of health. The Board's research on location-based initiatives directly influenced a number of the 2011-12 Budget measures to pilot new ways of delivering services on the ground under the Building Australia's Future Workforce package. In ten disadvantaged locations around the country, place-based service delivery pilots seek to address persistent and concentrated disadvantage and assist disadvantaged families, job-seekers and vulnerable children and parents in those areas.

The Board's role in relation to the social determinants of health, and similar matters, is to highlight the importance of such issues within the broader framework of the social inclusion agenda.

Health inequality is a key contributor to social exclusion in Australia, as noted in response to Question 1. The social inclusion priority groups that are the focus of the social inclusion agenda are also the groups identified as most at risk of poor health:

- jobless families with children;

- children at greatest risk of long term disadvantage;
- people at risk of, or already experiencing, homelessness;
- people with a disability or mental illness and their carers;
- Aboriginal and Torres Strait Australians; and
- those in cycles of entrenched, multiple and intergenerational disadvantage. The Board continues its focus on these priority groups with a clear understanding of the symbiotic relationship between health and inclusion.

Action to reduce inequalities in health across Australia requires a broad investment in holistic services, consistent with the social inclusion agenda. To support this, the Board has developed a set of social inclusion principles and a policy toolkit to assist policy makers and to ensure that the social inclusion agenda is embedded across Commonwealth agencies.

The Board played a key role in establishing a benchmark for measuring levels of social inclusion in Australia, through the landmark report, *How Australia is Faring*, first released in 2010, with the second edition published in 2012. *How Australia is Faring* provides a statistical view of the nature and extent of social inclusion in Australia today, in order to provide a baseline against which to measure future progress. The reports include a number of measures of social inclusion and health including the employment rate of people with disability, life expectancy and mental health. All of the Board's reports are available online at www.socialinclusion.gov.au

Along with the development of these important publications, the Board promotes awareness and understanding of the social inclusion agenda in various public forums including; presentations at conferences, visits to place-based sites, the Australian Social Inclusion website, publication of Board meeting outcomes, participation in Social Inclusion Week activities, published articles, including editorial opinion pieces, and the contributions Board members make in the community through their roles and positions in the private, public or not-for-profit sectors.

The Board provided a written submission to the Senate Standing Committee on Community Affairs for the Inquiry into Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation" on 7 December 2012. The Board is managed under the Prime Minister's portfolio.

Community Affairs References Committee
ANSWERS TO QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

23 November 2012

Question no: 7

Topic: AUSTRALIA'S RESPONSE TO THE WORLD HEALTH ORGANIZATION'S COMMISSION ON SOCIAL DETERMINANTS OF HEALTH REPORT

Hansard Page: 40

Senator Moore asked: (paraphrase)

Is there any element of the Department of Health and Ageing funding requirements that stipulates that applicants must demonstrate a level of community engagement?

Answer:

The Department of Health and Ageing's funding requirements are clearly defined in the grant program guidelines that are developed for each of funding programs. It is a mandatory requirement of the Commonwealth Grant Guidelines that grant program guidelines are developed for each departmental program (see sections 3.22 and 3.24 of the Commonwealth Grant Guidelines).

Typically grant program guidelines from the Department of Health and Ageing provide information on the following aspects of each program:

- outcomes and objectives of the grant program
- any governance arrangements (including roles and responsibilities) in place
- funding and selection processes
- performance monitoring and reporting arrangements
- evaluation
- operational issues
- complaint handling mechanisms

The requirement to demonstrate a level of community involvement may be included as a selection criterion and may be used during the selection process. This is dependent upon whether this requirement is consistent with the broader aims and objectives of the particular program.

Specific Program Guidelines developed for the Australian Government's Healthy Communities initiative, which targeted socio-economically disadvantaged communities, provide an example of where applicants are expected to undertake community engagement and community capacity building as a requirement of funding.

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

23 November 2012

Question no: 8

Topic: AUSTRALIA'S RESPONSE TO THE WORLD HEALTH ORGANIZATION'S COMMISSION ON SOCIAL DETERMINANTS OF HEALTH REPORT

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Senator Siewart asked: (paraphrase)

Are you aware of any research/study in Australia that looks at the relationship between employment and sociopsychological outcomes for families?

Answer:

The Department of Education, Employment and Workplace Relations was consulted in the preparation of this response.

A good quality job can result in good mental health outcomes, however, there is some research that indicates that the workplace itself can have an impact and may, in some instances, place people at greater risk of mental health issues than if they were unemployed. OECD research on a number of countries, including Australia, reports that poor quality jobs can be detrimental for mental health. (OECD (2012). Sick on the Job? Myths and Realities about Mental Health and Work. Mental Health and Work, OECD Publishing.)

The Australian Institute of Family Studies and the Research School of Social Sciences at the Australian National University has also recently investigated parental joblessness, financial disadvantage and the wellbeing of parents and children. It is expected that this research will be released soon.

Further research which may be of interest is provided at **Attachment 1**.

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