



7 April 2003

The Secretary  
Senate Community Affairs References Committee  
Suite S1 59  
Parliament House  
Canberra ACT 2600

Dear Secretary,

**Inquiry into Poverty and Financial Hardship in Australia**

I have attached a copy of the ANF submission to the above Inquiry.  
Please contact Victoria Gilmore in the Canberra office of the Australian  
Nursing Federation ([professional@anf.org.au](mailto:professional@anf.org.au)) if you require any further  
information.

Yours sincerely

A handwritten signature in grey ink, appearing to read "GED COWIN".

**GED COWIN**  
Assistant Federal Secretary

GC/001/03

**Canberra Office (Professional Services)**

Unit 3, 28 Eyre Street Kingston ACT 2604 Australia  
PO Box 4239 Kingston ACT 2604 Australia  
+ 61 2 6232 6533 (T) + 61 2 6232 6610 (F)  
[anfcanberra@anf.org.au](mailto:anfcanberra@anf.org.au)

**Melbourne Office (Industrial Services)**

Level 2, 21 Victoria Street Melbourne VIC 3000 Australia  
+ 61 3 9639 5211 (T) + 61 3 9652 0567 (F)  
[industrial@anf.org.au](mailto:industrial@anf.org.au)  
[anfmelbourne@anf.org.au](mailto:anfmelbourne@anf.org.au)

**ANF Journals**

Australian Nursing Journal  
Australian Journal of Advanced Nursing  
[anj@anf.org.au](mailto:anj@anf.org.au) [ajan@anf.org.au](mailto:ajan@anf.org.au)  
ABN 41 816 898 298



# australian nursing federation

## Submission to the Senate Inquiry into Poverty and Financial Hardship in Australia - April 2003

### 1. Introduction

The Australian Nursing Federation (ANF) welcomes the Senate Inquiry into Poverty and Financial Hardship in Australia. The ANF represents approximately 120,000 nurses in branches across all states and territories, employed in a wide range of settings in the private and public sectors including acute hospitals, nursing homes and hostels, community health centres, schools, universities, the armed forces, statutory authorities, local governments, offshore territories, industry and in remote and rural locations.

The ANF participates in policy formulation on a national level in health community services, education, training, occupational health and safety, industrial affairs, immigration, veteran's affairs and law reform.

Nursing is an essential service provided to all people in Australia from all walks of life. Nurses often have to care for people who are marginalised through: economic circumstances; geographic location; cultural background; and limited education. Whilst the provision of health care and the maintenance of health is the primary objective of nurses, they are often thrown into, and have to deal with, situations created by the poverty of those they are caring for.

The ANF supports the submissions to the Inquiry by both the Shop Distributive and Allied Employees' Association (SDA) and the Australian Council of Trade Unions (ACTU), which clearly describe the increasing levels of wage inequality; the increase in part time and casual employment; and the seriously deleterious effects of poverty upon families, individuals in families and the community as a whole.

### 2. Poverty and health

The NATSEM<sup>1</sup> report published in 2001 shows that 13% of all Australians were living in poverty in the year 2000. The association between socio-economic disadvantage and poor health has been widely researched in Australia and overseas<sup>2</sup>.

*In Australia, men and women with lower socio-economic status (as measured by education level, occupation, family income and areas of socio-economic disadvantage), including many Indigenous peoples, bear a higher burden of disease<sup>3</sup>.*

1 Harding A 2001 Financial Disadvantage in Australia 1990-2000 National Centre for Social and Economic Modelling (NATSEM) for the Smith Family

2 Australia's Children 1998 - Their Health and Wellbeing, AIHW 1998

3 Australia's Health 2002, AIHW, p162

As nurses, we are concerned by the state of health of the country's poorest people and consider that there are social and financial benefits in implementing initiatives to improve their health outcomes.

Many of the Australia's poorest people are those who are socially isolated. Anxiety, low self esteem and social isolation can cause health-risk behaviours and poor health outcomes. Social and cultural determinants of health are closely related and any attempts to alleviate poverty must include:

- efforts to strengthen community supports and social ties within communities; and
- the incorporation of cultural factors, such as traditions, attitudes, beliefs and customs amongst marginalised groups such as Indigenous people and refugees.

### 3. Poverty and Families

Families with children are more likely to be living in poverty than other people. It has been shown that early life experiences and quality of care for children can have a significant impact on lifetime health and wellbeing<sup>4</sup>. An increased rate of adverse health conditions has been associated with families on low incomes. These conditions include chronic illnesses; visual and hearing defects; dental problems; nutritional deficits; and developmental delay<sup>5</sup>. As a result the poverty / ill health 'roundabout' confounds opportunities for employment and can lead to feelings of hopelessness, fatalistic attitudes and low self esteem<sup>6</sup>.

Government policy must ensure:

- targeted financial assistance for families on low incomes, appropriate welfare payments and a commitment to a fair and realistic minimum wage;
- free and equitable access to a well resourced health system through Medicare with strategies to ensure access to bulk billing;
- access to affordable pharmaceuticals; and
- a health system that is sensitive and responsive to the needs of Indigenous and minority groups that are disproportionately affected by poverty.

### 4. Poverty and Education

The NATSEM report<sup>7</sup> indicated that teenagers are a vulnerable group living in poverty. The report showed that there is a strong correlation between school retention rates and school leavers finding jobs, and that families whose income earner has not achieved their higher school certificate are more likely to be at risk of poverty. The unemployed represented the highest rate of poverty overall.

4 Wilkinson, R. and Marmot, M. (Ed) Social Determinants of Health: the solid facts, Oxford University Press, Oxford, 1999

5 Moore B, Child poverty: the facts: A summary. Based on the full report by Alison McClelland. Brotherhood of St. Laurence, Melbourne, 2000

6 AIHW Australia's Health 2002

7 NATSEM 2001 op cit

It is critical therefore that<sup>8</sup>:

- education is accessible and free;
- psychological and physical health promotion is included in all curricula at all levels; and
- strategies are further developed to encourage children from families on low incomes to achieve a higher education.

## 5. Poverty and Employment

As mentioned, the correlation between unemployment and poverty has been demonstrated, but increasingly we are hearing of the plight of the 'working poor'. The NATSEM report (November 2001) showed that 24 out of every hundred families on low incomes were classified as working poor. Of those, single parent families fared the worst.

The changing nature of the workplace in Australia has seen an increase in part time and casual employment. In many cases the primary earners of families are employed on this basis. This creates an environment of uncertainty along with a paucity of opportunity for career development; job security; and job satisfaction. Emphasis needs to be placed on the creation of full time employment that is cognisant of the needs of a family and family life.

The ANF strongly recommends that:

- workplace laws support the development of full time permanent employment;
- workplace laws enforce the concept of family friendly workplaces;
- paid maternity leave of at least 14 weeks be accessible for all women; and
- high quality, affordable childcare be accessible to families in a fair and equitable manner.

## 6. Conclusion

The ANF is of the view that the negative impact of socio-economic inequality and poverty on the physical and mental health and well being of individuals and families in Australia is amenable to change through responsible and socially just public policy. The ANF urges the Inquiry into Poverty and Financial Hardship to develop recommendations that address the inequity - in health, in education, in opportunity, and in work - currently being experienced by too many people in Australia as a result of poverty.

<sup>8</sup> NATSEM 2001 op cit