Public Health Association of Australia
submission on Intergenerational Welfare Dependence

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18 September 2018
Extension granted to 9 October 2018
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Preamble

a) The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

b) Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

c) Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
Introduction

PHAA welcomes the opportunity to provide input to the Select Committee Inquiry into Intergenerational Welfare Dependence. Better health and greater health equity will come when life chances and human potential are freed to create the conditions for all people to achieve their highest attainable standard of health and to lead dignified lives.¹

PHAA Response to the Inquiry Terms of Reference

d) Reasons for welfare dependence, with particular focus on why some families require welfare assistance for short periods only and why others become ‘trapped’ in the system

PHAA acknowledges and commends the wide-ranging and robust Australian social security system and notes that “Maximising economic and social participation is and always has been a cornerstone of Australia’s system”².

Australian social protections have been embedded to some extent in other systems (particularly minimum wages, paid sick leave, employment injury benefits and superannuation). Charitable relief provided by benevolent societies, sometimes with financial help from the authorities, was the dominant mode of support for people unable to provide for themselves in the 19th Century², and is still prevalent.

Intergenerational welfare dependence, defined as the effect of welfare payments over generations, with a focus on people raising children, is difficult to assess. The issue is multi-faceted and complex, encompassing housing, employment, physical and mental health, education, food security, transport and infrastructure, caring responsibilities, voluntary work, other measures of contribution to society, and more.

The climb out of poverty and welfare dependence requires several essential elements. First, people must be aware that alternatives or options exist for a particular issue they are facing. Second, they must believe that those alternatives are available. Third, they must know the means of reaching for alternatives. Fourth, they must have access to those means of reaching for alternatives. Fifth, they must be able to access them. Finally, they must be able to achieve and maintain change. Then, do all of that again across each of the other issues which you have identified as needing to change. Welfare dependence is rarely as simple as being a matter of choice.

Herscovitch (2008) suggests that the social security system be considered in terms of five ‘E’ s:

- **equity** (equal treatment of people in like circumstances; recognising the impact of dependents on people’s financial capacity at all levels of income or assets; more generous treatment of people with fewer resources of their own; the philosophical base for progressive taxation; social security benefits should be adequate to meet the minimum needs of people who rely on them),
- **effectiveness** (whether a program works well, whether or not it achieves its purpose),
- **employment** (such as the idea that people who can work should do so unless there are good reasons (such as age or caring responsibilities) for society to relieve them of that obligation),
- **efficiency** (economic, administrative and target e.g. maximises the proportion of expenditure that reduces the prevalence, incidence and depth of poverty),
- **economy** (costs) and
Households were significantly more likely to experience financial hardship resulting in: not being able to pay for necessities, and secondly, by the subjective measure of perceived prosperity, food insecurity.

Payment (Allowance, Anzac, and Sickness Allowance) rates were highest among people whose principal source of income was Sickness Allowance, Sickness Allowance, and those on Wife Pension, Carer Payment, Widow Allowance, Carer Allowance, Partner Allowance.

The flow on effects of poverty, across various areas of a person’s life, are clear. For example, for low-income households food may be the only flexible item in budgeting - there is usually no flexibility on fixed costs such as rent/mortgage and utility bills. Food insecurity is an indicator of poverty, and low income is an indicator of vulnerability to household food insecurity.

Household food insecurity is also tightly linked to poorer health status. It is a robust predictor of health care utilisation and costs incurred by working-age adults, independent of other social determinants of health. In Canada, total health care costs and mean costs for inpatient hospital care, emergency department visits, physician services, same-day surgeries, and home care services rose systematically with increasing severity of household food insecurity. Adjusted annual costs were 16% higher in households with marginal food insecurity, 32% higher in households with moderate food insecurity, and 76% higher in households with severe food insecurity compared to food secure households. When prescription drugs were added, the costs were 23%, 49% and 121% higher respectively. Policy interventions at federal level designed to reduce poverty and household food insecurity could offset considerable public expenditures in health care.

Food charity is the dominant response to food insecurity in Australia. Australian social welfare policies have not directly addressed social entitlements to food, other than considering food a basic need, along with housing. The Social Security Act 1991, provides a basic safety net to alleviate poverty through payments. Centrelink also offers one-off crisis payments to recipients of benefits that can be spent on food when experiencing severe hardship, natural disasters, homelessness or on release from prison. The Department of Human Services’ website links directly to pages on ‘income management’, highlighting a ‘self-help’ rather than material response to food relief.

Levels of food insecurity in Australia associated with welfare dependency based on a number of recent surveys suggest problems with inadequacy of NewStart, Sickness Allowance, Disability Support Pension, and Carers Payment. Analysis of the Australian Bureau of Statistics’ (ABS) 2014 General Social Survey found that the rate of food insecurity was highest among people whose principal source of income was NewStart Allowance, Sickness Allowance followed by those dependent on Disability Support Pension from Centrelink, and those on Wife Pension, Carer Payment, Widow Allowance, Carer Allowance, Partner Allowance (see confidential tables attached). Similarly, the ABS 2015 Household Expenditure Survey analysis found that the rate of food insecurity was highest among people whose principal source of income was Sickness Allowance, AusStudy/AbStudy, Disability Support Pension, Special Benefit, NewStart Allowance, and Carer Payment (see confidential tables attached).

Experience of financial hardship is measured by objective tests of particular expenditures forgone or bills unpaid, and secondly, by the subjective measure of perceived prosperity. Australian food insecure households were significantly more likely to experience financial restrictions resulting in: not being able to

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- (political) expediency.

Some factors further complicate the situation, making the steps required to climb out of poverty and welfare dependence all the more difficult. For example, poverty associated with disability encompasses four main dimensions: employment exclusion and exploitation; income deprivation; social service inadequacy; and physical inaccessibility.

These difficulties in addressing poverty at an individual level are evident in Australia. In 2012 the Commonwealth Government reported that Australia had the ninth highest level of inequality across 26 OECD countries. Around half of all respondents to the Intergenerational Homelessness Survey report that their parents were also homeless at some point in their lives (69% among Aboriginal and Torres Strait Islander participants compared with 43% for non-Aboriginal and Torres Strait Islander participants).

Example of food insecurity

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pay utility bills on time; not being able to heat or cool their home; have entered a loan agreement to pay utility bills; sought assistance from a utility company; received a disconnection notice from utility company; or restricted heating/cooling due to cost (see confidential data attached).

Unpublished analysis of the 2009-13 Western Australian Government’s Health and Wellbeing Surveillance Survey of 17,638 adults found that:

- Respondents who are younger or who have very low incomes are more than five times as likely to report running out of food and not able to buy more in the last 12 months compared with older age respondents and those with higher incomes.
- Respondents with money problems, low discretionary income, those with both low income and low discretionary income are more than three times as likely to report ‘running out of food’ compared with respondents who don’t have money problems and higher income as well as higher discretionary spending power.

Intergenerational food insecurity, linked to welfare dependency and low income is evident from recent research conducted on recipients of food relief in South Australia (2018):

“A woman on the far side of the table from me is of medium-thick build with shoulder-length strawberry blonde hair. She has broad facial features and makes intermittent eye contact. She tells the group she has been on the streets since she was 11 and she’s now about 41. She looks much older. She has diabetes and food allergies. After the focus group she says I look familiar to her. We work out that I interviewed her for my PhD on homeless youth and food insecurity in 2000. She is terribly excited by this and tells everyone in the vicinity . . . She shouts she can’t believe it and tells the people she is sitting with the story.” Field note extract

A 2015 Western Australian survey of 101 recipients of charitable food relief highlighted welfare dependency and chronicity 11:

- 75% received welfare benefits, with NewStart and disability the most common.
- 41% earnt AUD$449 a fortnight and 26% earnt AUD$450-$549
- Participants supplemented their income by asking family or friends for money, begging, busking, or by doing odd jobs for cash-in-hand work.
- 57% had used food charity for a year or more, with 7.5 years the mode of the length of time recipients had been using services,
- 92% were food insecure (74% severely food insecure with hunger, 4% food insecure with moderate hunger and 14% food insecure without hunger)
- 45% reported losing weight in the past three months,
- 18% had gone to sleep at night feeling hungry almost every day and 16% said they did not eat every day.
- In the week prior to the survey, 56% had gone at least one day without eating anything, with two days the average number of days
- In the month prior to the survey participants had stayed in 194 different locations in 15 types of accommodation, 25% had ‘slept rough’ (outdoors, on the streets or in a park), 13% slept at a friend’s house and 10% slept in squats. Although 38% said they lived in rental accommodation, only 15 respondents said they slept in a private rental within the last month.
e) Consideration of:

i. The factors preventing parents from gaining employment

Single-parent families have been identified as often struggling to meet household expenses. However, policy responses sometimes exacerbate rather than relieve that struggle. A gender analysis of the evolution of Australia’s somewhat distinctive ‘wage earners’ welfare state’ and its social protection ‘twin’, the tax-transfer system found that in Australia, the demise of the ‘wage earners’ welfare state’ has been epitomised by the shift away from citizen entitlements, towards tightened eligibility, labour market participation requirements and means testing of social security benefits alongside policies of fiscal restraint and tax reform since the 1980s. Australia’s policy response to single mothers is to push women into employed work at earlier stages of their children’s lives through welfare payment disincentives. The change in eligibility requirements for the Parenting Payment Single (PPS) to NewStart Allowance in 2013, resulted in a decreased fortnightly payment with a stricter income test. McKenzie et al (2016) assessed the impact on women transferred to NewStart Allowance from the PPS and found that it exacerbated their precarious financial position. The transition from welfare to work highlights the demands placed on family and friends, who are often also experiencing financial hardship. Single mothers use their social support networks to supplement their basic expenses, such as accommodation, food, utilities and transport costs.

Australian Government agencies over the last three decades have consistently defined adequacy in terms of “providing a basic acceptable standard of living, accounting for prevailing community standards.” Yet, it is widely acknowledged that the current level of NewStart Allowance (NSA) – the main form of income support for the unemployed Australians – is not adequate enough to support an acceptable standard of living. NSA recipients do not share the increases in the real value of community incomes generated by economic growth. Those in receipt of NSA can no longer participate fully in the kind of community life that others accept as customary. This may be designed as an incentive to find paid employment, not being able to fully participate in community life is likely to make this more difficult through reduced social networks.

Opinions differ on whether the current minimum wage is adequate for single people, but it is clearly not adequate to meet the needs of many couple families with and without children, while NewStart Allowance does not provide an adequate safety net for the unemployed, whatever their family status.

ii. The impact of intergenerational unemployment on children

Social conditions in early childhood have a strong impact on early child development. Child development then affects subsequent life chances through skills development, education, and occupational opportunities. Improving daily living conditions from the start has the greatest potential to reduce health inequities within a generation.

Children’s lifelong development and outcomes in education, income, health, and wellbeing are closely aligned with their parents’ situations. The effect of social determinants of health is seen at the beginning of life. The chance of a child dying before the age of 5 years is linked with parents’ income—the lower the income, the higher the mortality in the Americas. Reducing rates of child poverty is a high-priority policy in many OECD countries.

Good nutrition is crucial and begins before birth with adequate nourishment of mothers. Mothers and children need a continuum of care from before pregnancy, through pregnancy and childbirth, to the early days and years of life. Children need safe, healthy, supporting, nurturing, caring, and responsive living environments.
The Australian Nurse-Family Partnership Program, a home visiting program for Aboriginal mothers and infants (pregnancy to child’s second birthday) aimed to improve outcomes for Australian Aboriginal mothers and babies, and disrupt intergenerational cycles of poor health and social and economic disadvantage. This highlights the need for going beyond the standard socio-demographic understanding of client’s needs and the adversities they face and how these may affect program delivery and impact program effectiveness.\textsuperscript{20,21} Primary Health care services have implemented integrated programs to address intergenerational welfare dependency in Australia.\textsuperscript{22-24}

iii. The important role of parents as ‘first teachers’

Parents are important role models for their children, however, should not be blamed for intergenerational welfare dependency.

iv. A multi-generational approach which assists parents and their children together

Initiatives on education and social inclusion, for example, will have health and other societal benefits.\textsuperscript{1} Preschool educational programs and schools, as part of the wider environment that contributes to development, can play a vital part in building children’s capabilities.\textsuperscript{18}

De Vaus D et al (2016) state that the level of public support to families with children is relatively high in Australia compared to the OECD average, concluding that Family assistance in Australia is also one of the most progressive in the OECD, with Australia having the second highest ratio of cash benefits.\textsuperscript{9} Substantial payments are made to families with children, in the form of family tax benefits (Family Tax Benefit Part A and Part B), and assistance is provided with the costs of child care (Child Care Rebate and Child Care Benefit). The other type of assistance is through income support payments designed to provide a minimally adequate income to those with no or limited income from other sources. The main income support payments to those of working age are payments to the unemployed (NewStart), low-income parents (Parenting Payment), the disabled (Disability Support Pension) and those caring for a disabled person who requires care because of chronic ill health or frail old age.\textsuperscript{9}

Deeming and Smyth (2015) assert that new family- and child-centered investment strategies, can break patterns of social inheritance and exclusion.\textsuperscript{25}

The Commission on Social Determinants of Health recommends that governments establish and strengthen universal comprehensive social protection policies that support a level of income sufficient for healthy living for all.\textsuperscript{18}

v. The impact, of any, of welfare in creating disadvantage

There is evidence that the change from PPS to NewStart has had negative impacts on single mothers who have had to employ a variety of ways to buffer the effects of their decreased welfare payment\textsuperscript{16}. Three main coping strategies used included asking for and receiving help from friends, family and the community; bartering; and employing practical solutions. The incomes were complex and were comprised of finances from work income, tax credits or welfare benefits and child support payments. Families experienced “rubber band” poverty dynamics, when one’s income does not stretch far beyond the poverty line, making them vulnerable to small shocks in income or financial circumstances. Australian research has shown that single mothers moving off welfare are more likely to engage in casual or part-time employment in an effort to juggle employment and family responsibilities.

vi. The impact of economic development in different locations and geography

Australian food prices limit the affordability of healthy diets for families, particularly those who are welfare dependent.\textsuperscript{26} Food stress risk is higher among single-parent, low-income and welfare dependent families,
particularly those residing in very remote areas. Limited access to affordable and nutritious food is an issue in rural and remote communities in Australia and coupled with welfare dependency or low income, results in food stress. The Remote Area Allowance is not sufficient to cover the additional costs for these families.

The 2011-12 Australian Health Survey (AHS) found that 4% of all Australian households ‘ran out of food in the last 12 months and couldn’t afford to buy more’, increasing to 7% of households in the most disadvantaged areas, compared to only 1% in the least disadvantaged areas. The prevalence was higher among Aboriginal and Torres Strait Islander households with 22% overall and 31% of those households in remote areas running out of food in the previous year.

Single-parent families risk food stress regardless of their income (requiring 24–42% of disposable income), the probability of food stress is 100% for welfare dependent two-parent families and 36% for low income earners. For all single-parent families, the probability of food stress increases to 88–94% if residing in very remote areas.

When assessing people with disabilities in the Kimberly in Western Australia, Spurway and Soldatic (2016) found that the failure to provide appropriate health, housing and disability supports within the social economy will impact a person’s access of the money economy, such as their ability to find non-precarious, high quality work. Their chronic economic insecurity was exacerbated by increasing restrictions within the economy of deregulated regional labour markets and greatly constrained income support payments, coupled with a retracted social economy, illustrated by diminished public housing stock, privatisation of health care, and increased reliance on private transport due to inadequate public transport.

f) Options for:

   i. Breaking cycles of disadvantage

Good health requires not only access to health care, but also action on the social determinants of health. The relation between features of society and health is so close that health and health equity are important markers of societal progress. Too much inequality damages social cohesion, leads to unfair distribution of life chances, and to health inequalities. Leading a dignified life is a desired outcome aligned with greater health equity. Multiple factors compound the impact of disadvantage, for example, being poor, Indigenous, female, and displaced from land, may bring greater health disadvantage than any one of these alone.

Governments can provide funding to address inequalities in early child development, in education and training, and in unemployment benefits. Welfare can support incomes as can adequate pension arrangements. A progressive income tax is both efficient (taxing less responsive higher income earners more highly) and equitable, being based on ability to pay.

The PHAA supports the adoption of the Sustainable Development Goals and notes the Australian Government’s Voluntary Assessment Report in 2018 that highlights that for SDG 1 (End Poverty in all its forms Everywhere) the government acknowledge the groups more likely to experience deep and persistent disadvantage include lone parents, Aboriginal and Torres Strait Islander peoples, people with disability and those with low educational attainment. Despite national surveys indicating sub-groups of the population experiencing food insecurity, there was no government strategy in the report of SDG 2 (End hunger, achieve food Security and improved nutrition and promote sustainable agriculture) other than a continued reliance on the charitable food system, which is currently an example of a market, government and voluntary failure. The PHAA also recommends action on the COAG National Food Security Strategy for Remote Indigenous Communities.
The quality of care, of children and elders, matters to Australians. We also need to take account of the research showing that men and women may make different decisions about balancing child care and work that can impact on both children’s and parent’s wellbeing. A life course approach to gender equity is needed and PHAA recommends an examination of how women are situated at retirement age, as women are more than 60% of age pensioners and have much less in private retirement savings than men.

ii. Measuring the effectiveness of evidence-based interventions

Monitoring and evaluation of health equity and the social determinants of health are important components of action. Health inequalities can be thought of as a manifestation of inequities health disparities as “systematic, plausibly avoidable” differences in health that adversely affect socially disadvantaged groups and health disparities be used as a metric for assessing health equity.

Ameliorating the effects of childhood disadvantage is an important aim and achieving this through early-years support for families and children could benefit all members of a society. Early-years interventions effective with this population segment could yield very large returns on investment.

Saunders and Bedford (2018) reviewed the new minimum healthy living budget standards for low-paid and unemployed Australians highlighting the importance of housing costs and the inadequacies of the minimum wage in several instances and of NewStart Allowance (NSA) generally. A key finding of the study is that the minimum wage performs far better than NSA in terms of adequacy, although there is room for improvement to provide adequacy for couple families with and without children.

PHAA support regular review process, reflecting concern that payment adequacy should be given greater prominence and a regular update of relevant budgets standards should form a central component of any new arrangement.

iii. Better coordinating services between tiers of government to support families

Australia has not yet found the right combination of economic and social policies to make substantial inroads into persistent poverty and disadvantage.

Governments can provide funding to address inequalities in early child development, in education and training, and in unemployment benefits. Welfare can support incomes as can adequate pension arrangements.

g) Any other related matter

Health inequalities arise because of the conditions in which people are born, grow, live, work, and age and within countries, health inequalities are mostly the result of the social determinants of health. Good health requires not only access to health care, but also action on the social determinants of health. So close is the relation between features of society and health that, as the Commission of the Pan American Health Organization (PAHO) Equity Commission argues, health and health equity are important markers of societal progress, stating as a starting point that “Health is a worthwhile goal for individuals and for communities. Better health and greater health equity will come when life chances and human potential are freed to create the conditions for all people to achieve their highest attainable standard of health and to lead dignified lives.”

Excessive social inequality damages social cohesion, leads to unfair distribution of life chances, and health inequalities. Being poor, Indigenous, female, and displaced from land, for example, may bring greater health disadvantage than any one of these alone. We place emphasis on leading a dignified life as a desired outcome aligned with greater health equity. Monitoring and evaluation of health equity and the social determinants of health must be important components of action.
Conclusion

PHAA supports the broad directions and current breath of Australia’s welfare system. However, we are keen to ensure regular review of welfare dependency and development of a program to assess intergenerational impacts in line with this submission. We are particularly keen that the following points are highlighted:

- That public health is both a driver and an outcome of social welfare strategy, and PHAA encourages routine assessment of equity, efficiency and effectiveness of the system.
- The inadequacy of the NewStart Allowance, sickness and disability benefits and measures to support single parents need to be addressed urgently as they are likely to contribute to ongoing intergenerational welfare dependency.
- Reliance on the charitable food sector and redistribution of food waste is an undignified and inappropriate response to welfare insufficiency.
- Specific and culturally sensitive approaches are needed to support Aboriginal and Torres Strait Islander People to reduce intergenerational welfare dependency.
- Family support and early childhood intervention are promising responses to addressing intergeneration welfare dependency.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to greater equality and reduced intergenerational welfare dependence in Australia.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

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9 October 2018
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