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Come as you are

FOOD ASSISTANCE AND SOCIAL INCLUSION IN ACT AND QUEANBEYAN

RESEARCH REPORT | ANGLICARE EVALUATION + RESEARCH TEAM | 2016

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Executive summary

Anglicare conducted research into the links between disadvantage and social exclusion, and in particular looked at the role of community food services in supporting those experiencing disadvantage and social exclusion in the ACT and Queanbeyan. The project examined data collected at Anglicare emergency relief services, surveys conducted at a range of Canberra and Queanbeyan food support services, and a number of in-depth interviews with clients of the food support services involved.

KEY FINDINGS

Participant vulnerability

Participants in the research shared a number of risk factors for social exclusion with low incomes variously reported. The data collected evidenced 21% of respondents had an Aboriginal or Torres Strait Islander background, 15% spoke a language other than English as their first language, and 62% had a disability.

Survey respondents spoke about what social inclusion meant to them, such as being involved and feeling like part of their community, and feeling accepted, respected and welcome. Exclusion was the absence of this and also associated with loneliness and isolation. Respondents described the ways in which these concepts were closely connected to people's wellbeing and mental health. The interviews evidenced that social exclusion could have serious consequences for health, wellbeing and interpersonal relationships

Emergency relief and free meals provide more than just food

Surveys suggested that social connection was a significant component of the food support services involved; while 87% said they were at the service for a food or practical support related reason, it is particularly noteworthy that that more respondents (89%) identified a social support reason for attending the service.

In relation to social connectedness, 29% of clients interviewed had poor social support, with 57% of clients agreeing that they often felt very lonely.

Questions around material deprivation showed that 59% of respondents met the criteria for severe material deprivation and 21% met criteria for extreme deprivation. 31% were at risk of digital exclusion as a result of not having access to the internet at home. Overall, interviews and surveys evidenced that food services can support inclusion and development of social capital for people at risk of social exclusion.

Community activities can be an important support for people's social inclusion and wellbeing

Financial pressure had an impact on people's social contact and friendships, family life, personal wellbeing, and at times, children's opportunities for involvement in social and co-curricular activities. Some participants used a range of community services to support their inclusion and recovery. However, with more than half of survey respondents indicating they often felt very lonely, existing services may not be sufficient to address the need and prevent people from falling into deeper exclusion. Respondents expressed that a variety of safe and welcoming services and activities are needed to support people of different backgrounds, interests and needs.

Barriers to accessing services included distance, transport, stigma and awareness

Community food support services were valued, but there were still some barriers to accessing them. Data collected through our Emergency Relief programs based in central Canberra showed that clients resided all over Canberra and Queanbeyan, some travelling more than 20km to access the services. Public transport supported some people's access to these services.

Feelings of stigma or uncertainty regarding the appropriateness of accessing the services could be a barrier; trust and welcome could perhaps be built by providing more activities that focus on interests and connections rather than solely on food and help-seeking advice. Importantly, effective and targeted communication about existing services and activities was needed to ensure people experiencing social exclusion are aware and encouraged to participate.

RECOMMENDATIONS

1. The ACT and NSW Governments enhance investment in emergency relief and free meal programs in recognition of the dual role of emergency support and social connection these services provide for vulnerable people.

2. Governments and philanthropic enterprises recognise the vital role that food support services play in engaging with the most vulnerable within the community, and utilise this connection to fund enhanced support and social connection options to assist people beyond the instance of food insecurity, to build sustained social and economic inclusion.

3. The ACT and NSW Governments and Queanbeyan Council find creative solutions to enhance public transport options for those most at risk of social exclusion. This should include disability-friendly options that can accommodate groups of people with disabilities, options that support shift workers or those who travel outside mainstream commuter times; and continued work to improve links between Queanbeyan and the ACT for low income travellers.

4. The ACT Government continue to be mindful of the needs of social housing tenants affected by the relocations and their potential loss of social capital.

5. The ACT Government consider the community support and municipal infrastructure changes which will be required as a result of some highly disadvantaged households moving from the inner city to other locations in Canberra, and where necessary, support community agencies to relocate or open services in areas which can support these relocations.

6. The community sector consider creative ways to advertise services to excluded people through engaging current service users to provide liaison and outreach activity to those who are more vulnerable, isolated and reluctant to seek support.

7. Continued advocacy at all levels of government and community for Centrelink allowances to be increased to a level which allows jobseekers to meet basic expenses while looking for work, to address significant causes of financial and social exclusion.

Introduction

Social inclusion is widely recognised as a vital component of individual wellbeing and essential for a cohesive society. It is fundamental to principles

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of a civil society with equal opportunity and participation of people from all circumstances and backgrounds. Where there are barriers to inclusion, individuals and groups may be less able to participate and contribute. This can have devastating consequences not only for the people excluded but for the wellbeing of the society as a whole.

An individual or group experiencing social exclusion may be less able to participate in work and study/training; as a result, they may have a lower income and be less able to participate in the economy and excluded from financial products like home loans (Connolly, 2014).

They may also be excluded from civic and political inclusion, meaning that their experiences and those of people in similar circumstances are less likely to be considered in political decision-making and government policies (UK Electoral Commission, 2005).

At the individual level, social exclusion may also lead to lower social connectedness and consequent impacts on health and wellbeing as well as the problems noted above (AIHW, 2014; COPMI, 2005).

Digital inclusion is an emerging phenomenon where differences in access to technology and digital communication is widening the gap between those advantaged and those disadvantaged, both at the individual and the group level, in contexts such as education and communication (Thomas et. al., 2016).

Building social inclusion is a matter of building personal capacities, ensuring access to material resources, and developing potential for economic and social participation (Nicholson, in Scutella et. al. 2009).

CHARACTERISTICS AND RISK OF SOCIAL EXCLUSION FOR VULNERABLE PEOPLE

People who share some characteristics are known to be at higher risk for social exclusion. These include, among others: people with disabilities, people with a low income, people from a language background other than English, people experiencing homelessness, people from a cultural background subject to discrimination such as Aboriginal and Torres Strait Islander people, and older people or those who have mobility impediments (CEDA 2015, Bradshaw et. al., 2004).

Children and young people may be at risk of social exclusion if they or their families have these characteristics associated with risk. Those particularly at risk are young people who have experienced homelessness, interaction with the child protection system or interaction with the juvenile justice system (AIHW, 2012).

These experiences increase the risk that young people would also experience low educational attainment, difficulty engaging with the workforce, mental health and substance use issues, and physical health problems (AIHW, 2012). Young people leaving out-of-home care, young parents, and young carers are all at particular risk of experiencing risk factors such as low income and education and health problems, and consequently are at elevated risk of social exclusion.

Finally access to transport is an important factor in the extent to which a vulnerable person is socially included. It is known that mobility is not equally distributed across socioeconomic groups, particularly in cities with high levels of private vehicle usage (Lucas & Musso, 2014).

SOCIAL INCLUSION AS A PROTECTIVE FACTOR IN CONTEXT OF OTHER RISKS

Efforts to promote social inclusion for people who are vulnerable can support and enhance their wellbeing as well as their ability to contribute and participate - that is enhance their social capital more generally.

Social capital and connectedness is linked to increased self efficacy and opportunities to thrive (Abrams et. al., 2005). Being well included also means that a person is more connected to assistance when required, both formally through services and informally through social networks. This is from both the person's perspective – having options to seek help – and from the community's perspective in having capacity and willingness to assist. Vulnerable clients who are not already engaged with services may find out about them through 'word of mouth' within their own informal support networks (McDonald, 2010).

The link between social exclusion and mental health problems or escalation thereof is well-evidenced, and similarly social inclusion and participation in community can be a protective factor against common mental illnesses and support recovery from trauma (COPMI, 2005; Almedom, 2005).

EXISTING SUPPORTS FOR SOCIAL INCLUSION IN THE ACT AND QUEANBEYAN REGION

Existing government strategies to promote social inclusion focus on funding a variety of programs to promote social inclusion in the region, both in general terms and targeted at specifically identified at-risk groups.

Social inclusion is explicitly identified as a goal for the ACT Government, as evidenced by the appointment of a Minister for Social Inclusion and discussion of social inclusion in the 2016-17 ACT Budget (ACT Government, 2016). Goals include improving services to families, children in out-of-home care and people with disabilities; addressing domestic violence and gender inequality; improving health services including those to the LGBTI community; participation in community activities and training by members of potentially vulnerable groups; and revisiting travel concessions to ensure they are targeted effectively.

Queanbeyan Council has appointed Community Development Officers to work with service providers to address issues including those specifically relevant to the Aboriginal community. These roles are targeted at improving the engagement with and social inclusion of the Aboriginal community and other more vulnerable community groups, in key decisions and activities that impact on the development and wellbeing of their community.

One particularly positive development in the ACT in recent years has been the increase in low-cost food co-op services, made possible by the ACT Government and Rotary subsidising the cost of Foodbank deliveries and the community services and churches that operate the service. This has created an option for people experiencing ongoing financial hardship to access low cost, quality food independently without the need to rely on emergency food services. At the same time, many food co-op services also operate as hubs where other services may be offered, or simply tea, coffee or a barbecue and, importantly, an opportunity to meet and connect with others in the neighbourhood.

KNOWN IMPACTS ON SOCIAL INCLUSION IN THE ACT AND QUEANBEYAN REGION

Canberra's design as a spread out, low density city,

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with a population with a high median income, leads to high use of private vehicles (ABS, 2013). This creates a challenge to design an efficient public transport system which in turn disadvantages those who are unable to drive, including those unable to afford a car and those with a disability which prevents them driving.

Further, the high cost of private rental housing in Canberra leads to many people living in the outskirts (such as Oaks Estate) or nearby regional NSW such as Queanbeyan and surrounds. Transport to these areas has improved but room for improvement remains, with concession fares significantly higher than ACTION concession fares and transport between Canberra and Queanbeyan limited on weekends and out of hours. Meanwhile as social housing is redistributed out of the centre of Canberra, there may be increasing challenges to provide socially inclusive transport to vulnerable people.

Much of this report details barriers to inclusion and indeed many risk factors are long-term conditions or experiences which subject people to discrimination and exclusion - people living with long term chronic mental illness for example. For those living with these experiences or conditions modifying social attitudes and support services are more likely to assist them to be included short term rather than creating solid foundations for long term connections, supports and social inclusion. .

It is also important to question aspects of our society which increase risks of social exclusion such as structural barriers to economic participation and government policies which have excluding effects. Financial vulnerability is a key driver of social exclusion (CEDA, 2015) and the inadequacy of welfare payments such as Newstart Allowance and Youth Allowance can lead to long term disadvantage and exclusion. This is particularly significant in a region with very few options in the private rental market for people on low incomes (Anglicare, 2016). While federal government policies continue to provide an inadequate safety net, state and territory governments fill the "gap" rather than all levels of government working together to provide multi systemic strategies to support the highly vulnerable long term to enable sustained social and economic inclusion.

Community service providers also report ongoing challenges of reaching the most excluded individuals and families experiencing entrenched disadvantage and exclusion. "They fall between the cracks." (Food Services Coordinator – Queanbeyan). It is important therefore to continue to work towards improved social inclusion to ensure that all people have an opportunity to participate in our community and that services are reaching those who need them most - recognising that food services may often provide this connection with the very vulnerable if only out of dire need in the first instance.

BEST PRACTICE IN OTHER COMMUNITIES

While the ACT and Queanbeyan communities show some strengths in promoting an inclusive society, there are strengths in other communities around Australia and around the world which could enhance the way the government and the community sector engages with the most excluded individuals. For example, in the Appalachia region of eastern North America, community garden and agriculture programs had success in engaging with vulnerable groups and found that communicating about the program via direct communication (word of mouth) was effective in building social inclusion and reaching other community members (Cox et. al., 2008; Owens et. al., 2007).

However, it is not possible to transfer solutions across jurisdictions in all cases. In the US, some jurisdictions provide extra assistance with private vehicle ownership to vulnerable households in areas where public transport is less viable (Lucas & Currie, 2012). An in-depth review of the applicability of UK transport social inclusion policy to the Victorian context found that while there were some high-level similarities in needs, such as flexibility and availability of services outside mainstream commuter times, it is difficult to transfer anything more specific about public transport policies across different geographic and social contexts. (Lucas & Currie, 2012).

Our project

Anglicare conducted a project to understand how financial disadvantage could affect the social inclusion of people in the ACT and Queanbeyan communities, including impact on their relationships with family and friends, or with their ability to engage in work, study, and civic participation. As part of the project, we examined the way financial disadvantage could present barriers to participation in community; the impact of financial disadvantage on family and social relationships; and looked for suggestions to build stronger social connectedness as a protective factor against some of the risks associated with financial disadvantage or social difficulties.

METHODOLOGY

To understand how these factors played out in the ACT and Queanbeyan area, Anglicare developed a multi-faceted research project which would inform from both a quantitative and qualitative perspective.

Emergency Relief data analysis

We contextualised the issue by examining a representative sample of 2593 de-identified records kept for clients receiving assistance from Anglicare's Emergency Relief (ER) programs in the Canberra region funded by the Department of Social Services (DSS) over the twelve month period July 2015-June 2016. These programs are both based in central inner-north Canberra and include St John's Care in Reid and Anglicare's Club 12/25 youth centre in Civic. We used this data to understand some of the demographics of our ER clients, the distribution of suburbs people accessing our services lived in, and the time it was likely to take to travel from these suburbs to the service they accessed by a variety of transport modes and the rates of relief provided across a 12 month period.

Survey of people recruited through food support services

The next component was a survey of 39 people who were recruited through a number of food support/assistance services around the Canberra and Queanbeyan region.

Quantitative surveys were undertaken at

- St John's Care in Reid: An emergency food relief service with additional outreach and support services as well as a monthly community lunch.

- Anglicare's Club 12/25 in Canberra City: An emergency food relief service provided in the context of other on site services for young people 12-25 years including the Junction Youth Health Services.

- Anglicare Food Fair in Queanbeyan: A food bank service available to those on low income or Centrelink pensions or benefits that is located in Anglicare's Bargain Hunter Shop in the Queanbeyan CBD.

- St Benedict's Community Centre in Queanbeyan: provides low cost community housing, emergency food relief and a community lunch meal five days per week.

Surveys were anonymous and covered reasons for engaging in the service, level of social connectedness, level of material deprivation and some questions about the impact of material deprivation on people's lives and relationships. Most were undertaken with the assistance of an Anglicare staff member or a volunteer or staff member at the service where the survey took place. Respondents signed a consent form to say they understood their involvement and had the opportunity to express interest in participating in an in-depth interview.

In-depth interviews

People who responded to the quantitative survey were invited to participate in a longer interview about their experiences of social inclusion/exclusion in relation to financial disadvantage or other barriers they or others may have been experiencing. Respondents were asked about what inclusion meant to them, their use of free services and activities, and the impact of financial disadvantage on their relationships with family, friends and community. Interviews took place over the phone and in person, and took between 15 minutes to 1 hour with an average of 30 minutes. Participants were thanked for their time and contribution with a gift voucher worth $40.

Respondents had provided consent via the quantitative survey form above but verbal consent was again confirmed as part of the interview process. Interviews were digitally recorded and transcribed via an online transcription service.

Data analysis of distance travelled and travel time

An analysis of the distribution of postcodes that a representative sample of Emergency Relief clients resided showed the distances that some clients travelled to access the services, as well as the prevalence of serious disadvantage across a large number of Canberra and Queanbeyan suburbs. A representative sample of Anglicare's records of emergency relief were analysed. The sample included approximately 1200 different clients over the 2015-16 year, and covered 296 occasions of service at Anglicare Club 12/25 and 2297 occasions of service at St John's Care. A client or family may have been assisted more than once during the year and would have been counted in these figures each time they presented to the service.

Through these occasions of service, an adult or child was provided with food 5139 times through a DSS funded program at St John's Care or Anglicare Club 12/25 in the financial year 2015-16. The 5139 times people were assisted in this sample included 3314 adults and 1825 children. 19% of the occasions of service were provided to a person/household identified as Aboriginal and/or Torres Strait Islander. 16% of occasions of service were provided to someone who disclosed that they had a disability of some kind.

Out of the 2593 occasions of service in the sample, 502 (19%) were provided to a household which had one adult and one or more children, suggesting a single parent family, or occasionally a usually non-custodial parent requiring assistance for when the children visited. A further 1416 (55%) occasions of service were provided to a household with only one adult.

In general, when a person presents to St John's Care requesting food assistance, they are provided with food and toiletries for all adults and children in their household to last approximately 3 days. This protocol guides the assisting volunteer, and discretion is allowed in order to tailor the food package to the particular needs and circumstances of the household. Similarly, food assistance provided by Club 12/25 is given in-kind and tailored to the needs of the presenting individual or family. The data recorded for other Anglicare emergency relief programs in the region, such as Food Fair in Queanbeyan, is captured differently and was not included in this analysis.

Fig 1 - *Analysis of households provided financial assistance between December 15 and September 2016 suggested a larger number of people needed assistance during the months of June and September.*

Adults in assisted households   Children in assisted households
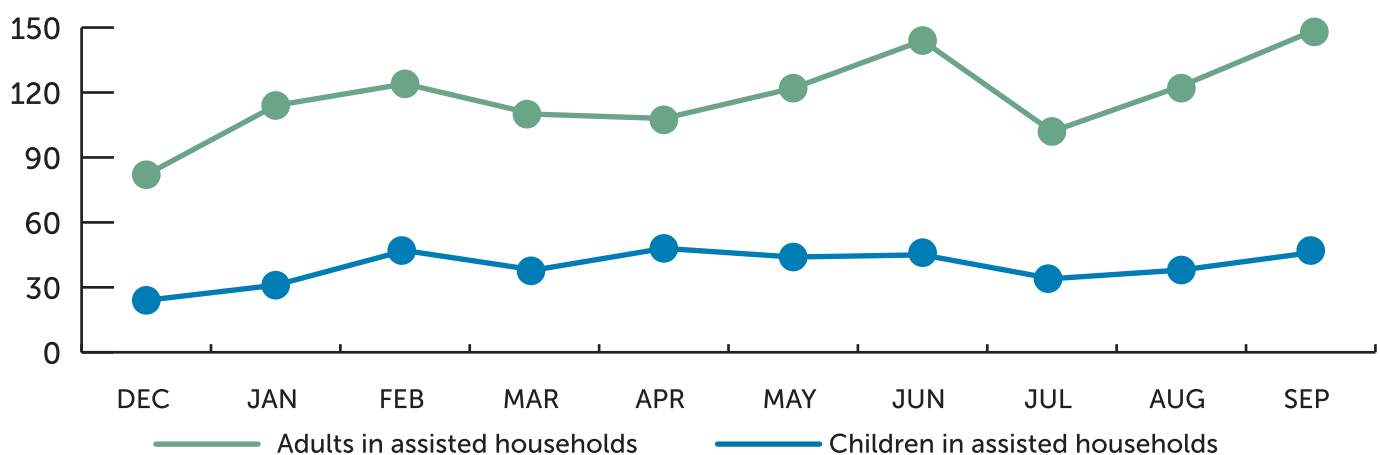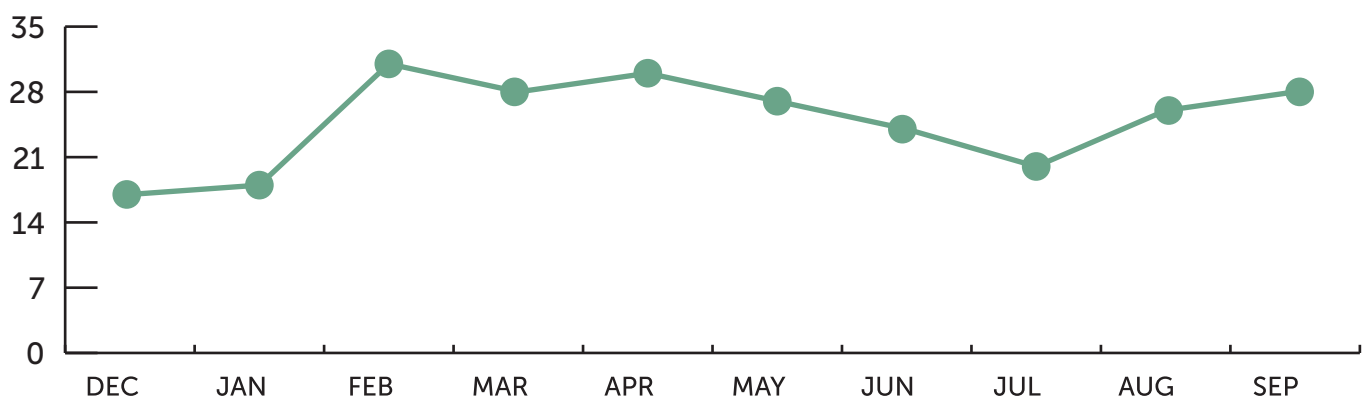
Fig 2 -*Over this period households with one adult and at least one child tended to request assistance around the beginning of the school year, April holidays and in September.*

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POSTCODE ANALYSIS

The postcodes of people presenting at the emergency relief services were analysed to find the most frequent locations that emergency relief clients resided. The postcodes of the services were 2600 (Club 12/25 youth centre) and 2612 (St John's Care, Reid).

Analysis shows that, although there is a concentration in the 2602 and 2612 postcodes nearest the services, beyond this immediate vicinity, service users are distributed across the ACT and Queanbeyan region. Darker colours show a higher concentration of records.

TRAVEL DISTANCE ANALYSIS

The 15 suburbs most frequently represented in the data[1], weighted by number of people assisted per occasion of service, were identified. The distance from the centre of the suburb to St John's Care on foot, by bicycle and by public transport was calculated using Google Maps, with the assumption that they could leave at 10am on a weekday.
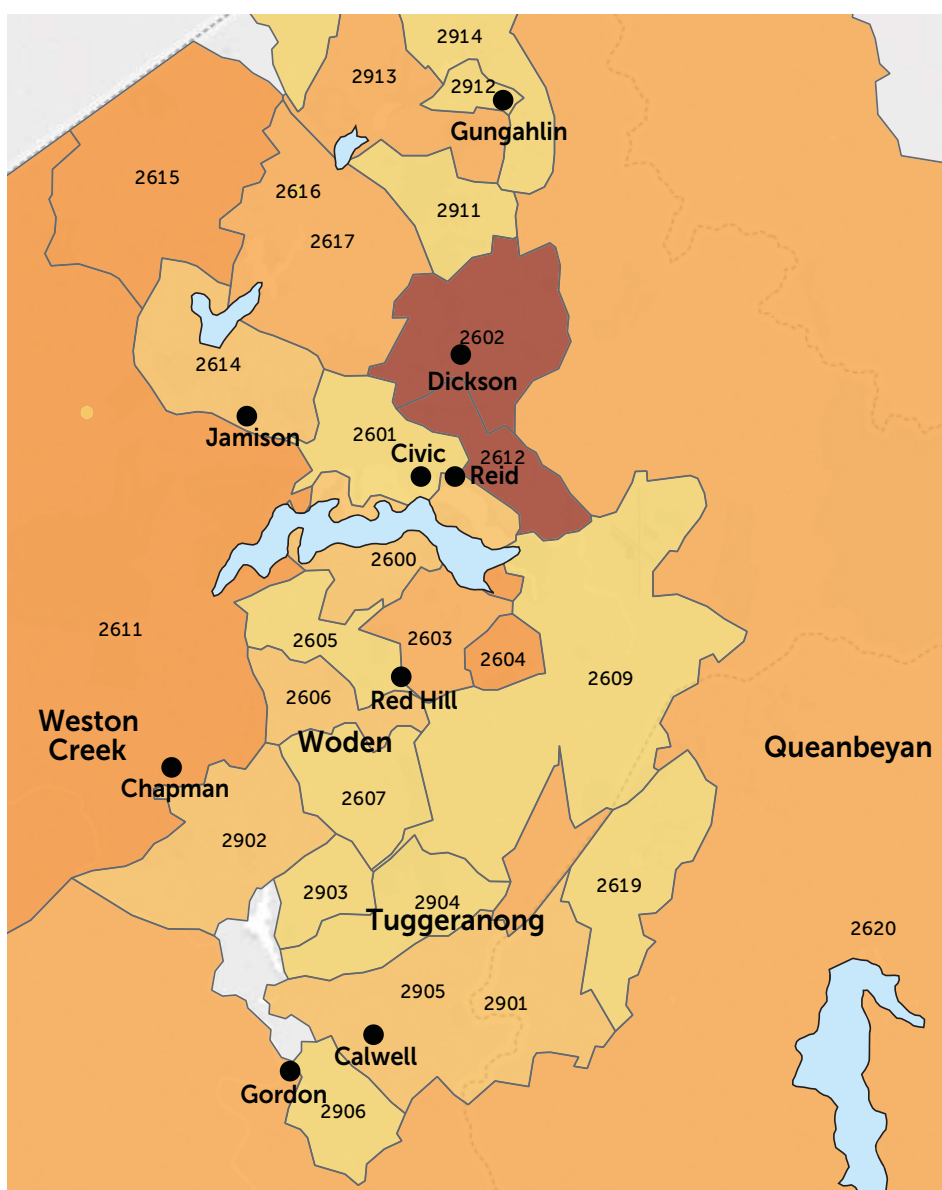

Fig 3

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1 'Suburb not supplied' (either not provided by the client, or because client had no fixed address) excluded, as was 'Canberra' excluded because most clients with this suburb listed a PO Box and indicated they were experiencing homelessness. This represented 131 records out of a total of 2593.

	Suburb of residence	% of people assisted (number)	Time by foot	Time by bicycle	Time by public transport (including walking to nearest bus stop)
1	Reid	7% (384)	13 min	4 min	13 min (walking only)
2	Ainslie	6% (319)	47 min	12 min	28 min
3	Narrabundah	5% (272)	1 hour 22 min	23 min	27 min
4	Braddon	5% (265)	27 min	7 min	17 min
5	Kambah	3% (175)	3 hours 40 min	1 hour 3 min	52 min
6	Turner	3% (171)	42 min	12 min	24 min
7	Downer	2% (128)	1 hour 11 min	20 min	32 min
8	Lyneham	2% (117)	1 hour 3 min	17 min	22 min
9	Red Hill	2% (117)	1 hour 26 min	25 min	23 min
10	Dunlop	2% (105)	3 hour 38 min	1 hour 4 min	1 hour 4 min
11	Queanbeyan	2% (104)	2 hours 55 min	49 min	36 min
12	Dickson	2% (98)	59 min	17 min	23 min
13	Ngunnawal	2% (97)	3 hours 7 min	46 min	58 min
14	Belconnen	2% (94)	2 hours 11 min	38 min	37 min
15	Rivett	2% (91)	2 hours 57 min	48 min	58 min

Clients accessing food support came from a wide variety of locations around Canberra and Queanbeyan to visit the two services. It is unlikely that most of those based in suburbs further away travelled by foot or bicycle, or indeed by public transport. However, this analysis shows the importance of access to public transport for those without private transport options, since even relatively central suburbs would be a significant distance to walk or cycle especially to access material aid. People who had difficulty with accessing public transport, or with travelling the distance between their home and the nearest public transport option, would need to operate a private vehicle, rely on taxis, or be unable to access the service.

The distance some people travelled to access these services raises some interesting questions. There are other emergency relief services in the Canberra/Queanbeyan region and several closer than the

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services people chose to attend. The reason for using St John's Care and Club 12/25 instead of other services was not asked but may include: particular type of service available such as specialised youth services, lack of awareness of other services in their area, limitations on access to geographically closer services (that is the person may have already accessed the maximum food relief permitted at that site), or knowing staff and/or other clients at the service attended.

Survey

A survey was conducted (found at Attachment A) which received 39 responses. It covered reasons for attending the community food service – both emergency relief and community meals – level of social connectedness, level of material

deprivation, and the impacts that deprivation may have had on the respondent and their family. 21% of respondents had an Aboriginal or Torres Strait Islander background, 15% spoke a language other than English as their first language, and 62% had a disability.

REASON FOR ATTENDING SERVICE

Respondents were asked to select, from a list of reasons why one might attend a community meal or food assistance program, any/all reasons that applied to them. These included practical reasons: 'Get some help with food/groceries', 'Free meal', 'Get some help with other things like bills', 'Find other services that can help me' and reasons with a more social focus: 'Some friends go here', 'I can talk to people', 'Go somewhere warm and friendly', 'Just get out of the house for a bit', 'I'm having a hard time and need help' and a space for any 'other reasons' was provided.

Fig 4 – **There are lots of reasons why people come to this service. Please choose any that apply to you.**
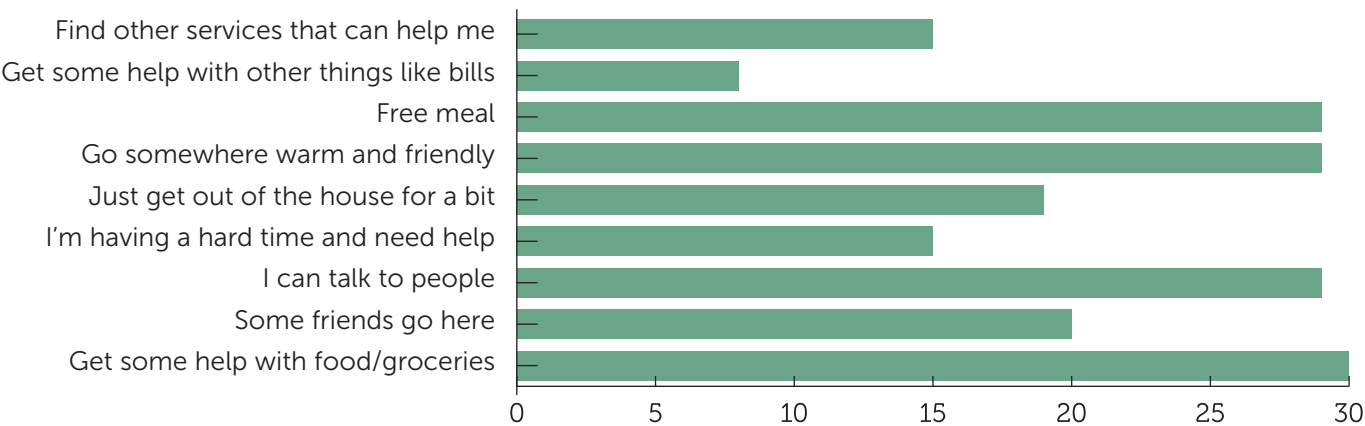
The responses given are displayed in Fig 4. The most frequent options included both practical (free meal, get help with groceries) and social (I can talk to people, go somewhere warm and

Fig 5 – **Total reasons for attending service selected, by practical or social category**

■ Practical support
■ Social support
■ Other

friendly). When responses were sorted into an equal number of practical and social reasons, it showed respondents selected social responses more often than responses about practical items. This highlights the important role emergency relief and free food programs can play in facilitating social connection and inclusion.

Survey data suggested that the opportunity for social connection provided at community meals was at least as important as the actual food served. This echoes the findings of previous research (Anglicare & Red Cross 2013). The value of community meals as an opportunity to provide an inclusive environment to otherwise potentially very excluded people, quite aside from the physical food and practical aspects of assistance, must not be underestimated.

Community food programs provide an opportunity to build "social skills and support networks among participants and facilitators... [and] marginalised communities can be brought together in [a well run community food program] environment..." (Lindberg et. al., 2015). However, this must be coupled with the recognition that community meals are not equally accessible to all members of the community and providers must work towards maximum accessibility (physical and social), as well as considering other types of inclusive activities that different people may find more approachable.

Fig 6 –**Average agreement with social inclusion statements**
1 = strongly agree, 4 = neither agree nor disagree, 7 = strongly agree
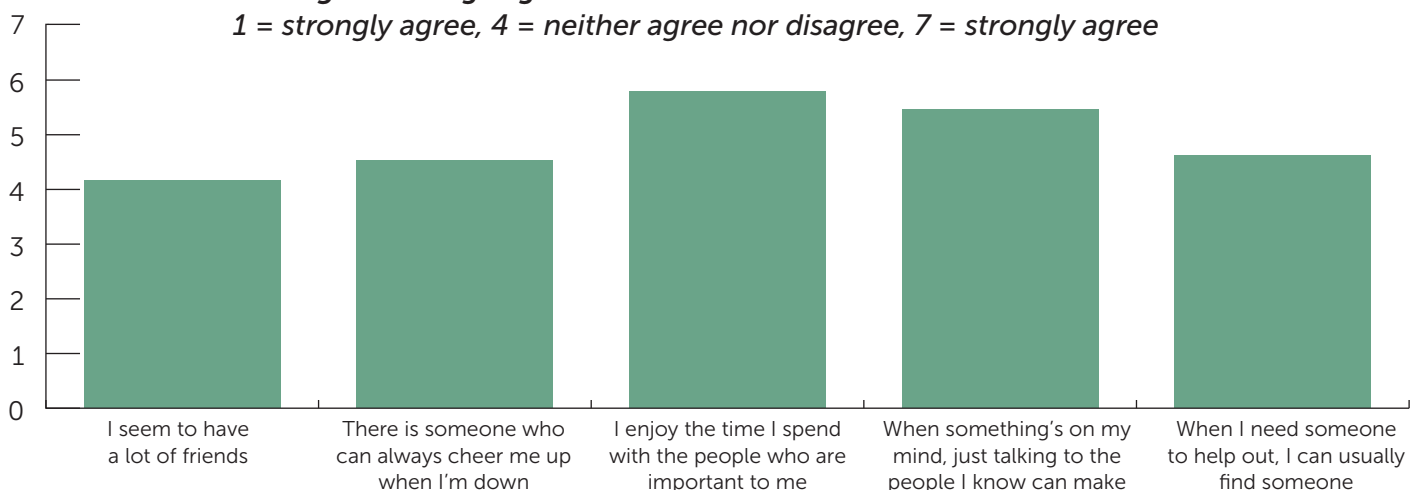
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Fig 7 – **Average agreement with social inclusion statements**
1 = strongly agree, 4 = neither agree nor disagree, 7 = strongly agree
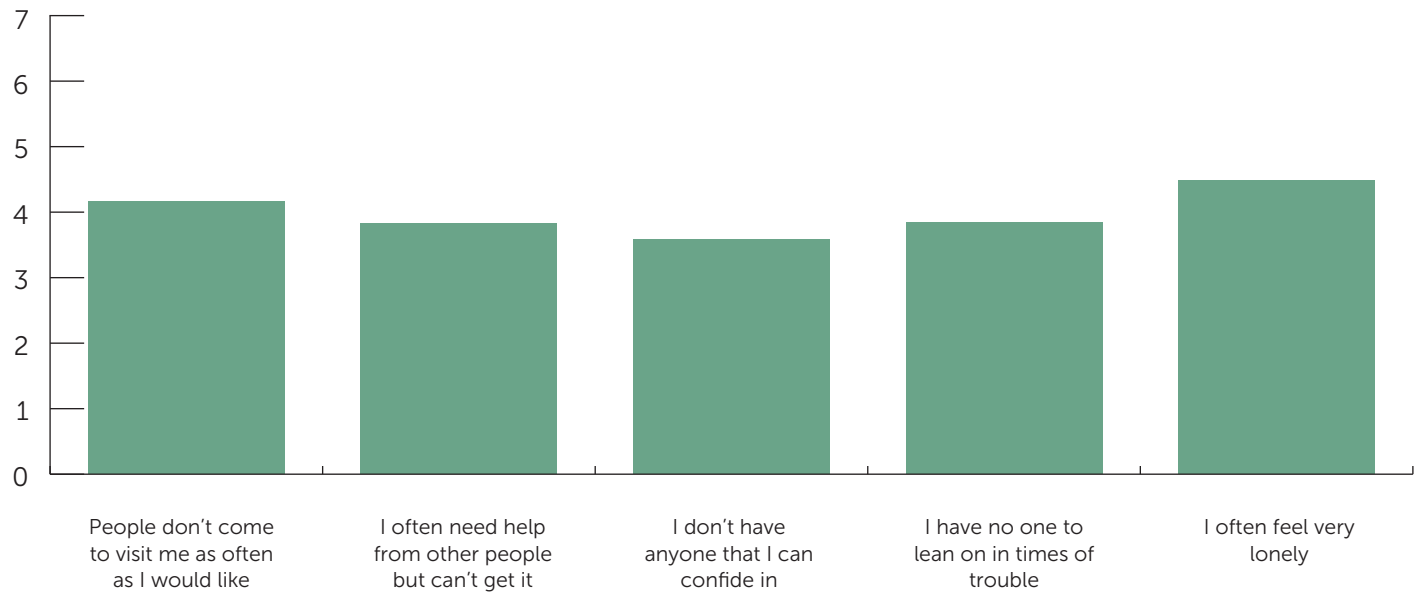
SOCIAL CONNECTEDNESS

People's level of social connectedness was measured using the scale developed and used by the Melbourne Institute's Household, Income & Labour Dynamics in Australia (HILDA) survey. This questionnaire measures social exclusion and connectedness.

29% of clients provided responses that indicated overall poor social support[2]. This is lower than the overall 42% recorded in the Salvation Army's National Economic and Social Survey 2015. However, there are likely to be some differences between the Salvation Army client group and those

2 Poor social support is determined by an average score of greater than 4 out of the 10 items, using the rating between 1-7 of agreement with the negative measures and the complement of the rating on the positive measures (i.e. 8-score). (Melbourne Institute 2012)

represented in the current survey. Many of our surveys were conducted at group activities while those who require emergency relief but would not have chosen to attend a free lunch – potentially at higher risk of isolation – would have been captured by the Salvation Army survey and not by this project. However, those attending free meals (most of our respondents) were likely to have been less included than many in the community at other times and the lunch may have been one of the most socially connected points in their day. The persistence of some negative feelings about social connectedness reminds us that while services can assist, feelings of loneliness and isolation outside of service times continue for isolated people.

Groups that typically score more poorly on this scale are those with low incomes, those divorced or

separated, people with disabilities and unemployed people (Melbourne Institute 2012: 100). In particular, those experiencing homelessness and asylum seekers were at risk. People experiencing homelessness are a significant target group of the food support services which participated in the survey.

While overall social support was not especially poor for most respondents to this survey, 57% of respondents agreed with the statement 'I often feel very lonely'. This exceeds the Salvation Army's findings that 44% of clients were very lonely. 37% of respondents agreed that 'I have no-one to lean on in times of trouble' and similarly 37% agreed that 'I often need help from other people but can't get it." It is important also to note that for most people in the general population, experiences of social capital deficit do not usually persist over many years; however, the groups identified as at risk including elderly people, single parents, people with disability and people from a non-English speaking background are also at higher risk of experiencing low social capital for a longer period of time (Melbourne Institute, 2012).

Lived experiences of people at risk of social exclusion

Interview format found at Attachment B

SOCIAL EXCLUSION CAN HAVE SERIOUS CONSEQUENCES FOR HEALTH, WELLBEING AND COMMUNITY COHESIVENESS

Social inclusion was important to respondents, and its absence was felt and observed in a variety of contexts. Impacts on wellbeing, mental health, social interaction and participation in the community were identified as being associated with social exclusion.

What social inclusion meant to respondents

When asked what it meant to be 'included', respondents spoke about being involved, socially connected and feeling part of their community. People who were not included might be isolated or lonely. Inclusion also required a feeling of acceptance, respect and welcome. For some, inclusion was about their active engagement with community, such as going out and participating in activities and services, while others perceived inclusion as the way their community received them.

"Being included means support, with friends and neighbours and family. That's not always the case for many isolated or some people that fall through the cracks, that are more marginalised."

"[I would not be included] if I stay home, or stop getting out and about readily"

"being part of a group, I am part of a singing group, I'm part of an art group... we have excursions twice a year"

"It is to be treated with respect, made to feel welcome... anywhere. Without being judged or, you know — I guess just being welcomed and respected."

"[To be included is] Being part of the community, being accepted for who you are.

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[Not to be included is] Very sad. Upsetting. It'd sort of make them feel like a leper, if you know what I mean."

"It's sort of social cohesiveness. It stops one from feeling isolated... You notice it when you don't have it. It's like you don't know what you've got till it's gone."

"Being included makes me happy. But being not included makes me sad."

Social inclusion/exclusion is closely connected to wellbeing and mental health

Nearly every interview linked social inclusion explicitly with wellbeing and impacts on mental health. This is unsurprising; it is well known that social isolation is a significant risk factor for poor mental health and conversely positive social inclusion is a protective factor for individuals with other risks of mental health difficulties (COPMI 2005). Several interviewees had existing health conditions including mental health issues and physical disabilities.

The link between mental health difficulties and social exclusion was bi-directional. Low social contact and engagement was identified as a problem which could lead to mental health problems by 75% (6 out of 8) of respondents.

"I think I get very depressed if I didn't have friends... if I didn't have friends I would end up in manic depression, because it did happen to me before about fifteen years ago. A couple of my friends stopped dropping in to see me and I just got isolated."

At the same time, mental health difficulties could lead to increased social exclusion. Reasons for this included a person having symptoms that made it difficult for others to socialise with them, self-isolation, and the side-effects of psychiatric medications.

"If they've got mental health issues as well, which obviously don't seem to help them. They seem to cut themselves off from the community... they've been judged upon or they feel that they're judged upon. They isolate themselves from the community... That is very sad."

"medication [can be a barrier to social inclusion], it stops you from getting up early enough... I have to really fight to get up and go early in the mornings."

Interviewees noted that social exclusion can self-perpetuate, making it increasingly hard for people to engage in services that they need.

"... occasionally you do see people [at a Foodbank co-op] who are isolated and their demeanour is just totally different to people who are included or come with their families or groups of friends... [being included] makes it easier for [those with their family or friends] but hard for the people that don't really have any friends and are not socially included."

"I certainly can see that it is when people may have drug and alcohol problems or mental illness in that inclusion... they may not access the services that are available through mental health because they have more social problems."

FINANCIAL PRESSURES COULD POSE A SIGNIFICANT BARRIER TO INCLUSION, BUT OTHER FACTORS SUCH AS STRONG INTERPERSONAL NETWORKS AND WELL-PLACED COMMUNITY SERVICES COULD REDUCE THIS RISK

Respondents were asked to indicate which on the list of items, services or experiences they had not had in the past six months because they had not been able to afford it. The list comprised items which had been identified in a survey of the Australian population as things which were essential to participate in Australian society. On average, respondents reported not having 6.3 out of the 22 items on the scale. Reporting not being able to afford 5 items is considered to be experiencing severe material deprivation, and not having 11 or more items is considered extreme deprivation (Salvation Army, 2015). 59% of Anglicare's respondents met the criteria for severe material deprivation and 21% of respondents met the criteria for extreme deprivation.

Fig 8 – **Material deprivation experienced by respondents (n=39)**
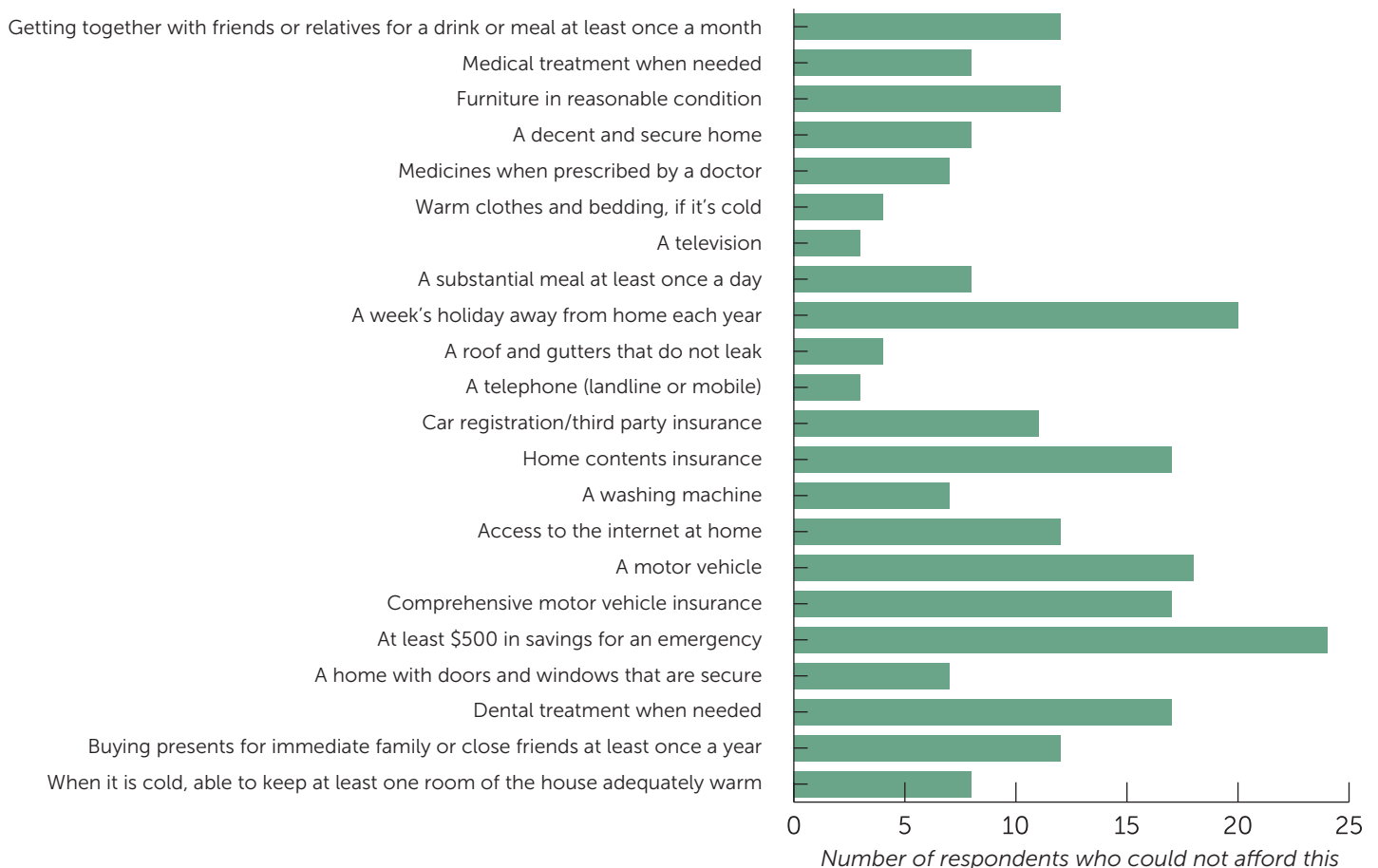
Number of respondents who could not afford this

Our survey did not ask about what was happening in respondents' lives that led to their material deprivation. However, it is likely that reasons for missing out these essentials (Fig 8) were similar to those observed among ER clients at Anglicare Sydney. Anglicare Sydney ER clients identified household organisation and budgeting (usually, balancing a budget on an extremely low income), unemployment, and housing costs as the top three issues leading to their household requiring food and financial assistance from the program (King et. al., 2014). Many respondents would have derived most or all of their income from Centrelink payments, which is closely correlated with material deprivation and poverty (ACOSS, 2012).

Financial pressure had an impact on people's social contact and friendships

Some respondents had avoided social events because of financial pressures, including not having money to spend on food and drink, feeling embarrassed, and not wanting to put undue pressure on friendships with people who were likely to offer to pay if they couldn't.

Stigma and discrimination affecting those whose experience of disadvantage or poverty was visible in their appearance was identified by one respondent as an issue.

"so they're not going to be treated completely different from what you would if you were... I don't think people judge me with a clean shirt on. I feel like I've been judged, you know, whereas if I've been in the same place with a different type of shirt on and service has been completely different... you hate to see it happen, but it does."

One respondent expressed that having social contacts in similar circumstances to herself helped to avoid tensions around money.

"[if I went out for a meal] I would sit with age appropriate and socially appropriate people. Therefore, no, I would say that I don't feel that [I wouldn't want to socialize because of a money issue]. I don't have — I'm not embarrassed. I'm proud. I don't feel ashamed. I am who I am and the people I know and the people I care for, know that... I don't have to pretend to be someone with more money."

However, people in similar socioeconomic circumstances might experience financial difficulties themselves and how they managed these problems could also impact on the friendship. Respondents spoke about the complexities that could arise when other people in their social network had financial problems. One of the issues was pressure to lend money that they didn't have.

"I thought, I'm not [lending money] anymore, because I can't afford it myself... She asked one guy and he wouldn't even lend her five dollars. He's got quite a bit of money... then he wouldn't even lend five dollars for a drink and she was so angry, and says 'I'm never talking to him again'. I thought, does that mean if I don't lend her the money she's not going to talk to me?"

Financial pressure sometimes affected family life

Financial issues could put pressure on people's ability to stay in touch with family, participate in

family gatherings and celebrations, and assist when other family members were in a difficult situation.

One respondent, who was a young person, had not had difficulty staying in contact with his family but had some problems participating in family celebrations and events. Others had difficulty travelling to see family on a regular basis.

> *"I can't buy things like presents, or something like that... [can't go to] family events because I can't afford it"*

> *"My family lives in [the South Coast of NSW], so I can't always afford to take a trip down there to see them. That's been difficult, I really got to save for quite a few months to be able to afford to go down there."*

It could be difficult to support adult children who didn't have an income, and this could lead to tension in the household.

> *"When I was supporting my son, I was working at a café, I supported him for about three years before he actually worked. He wouldn't even go on [payment] because he didn't want to have to look for work... I think that caused a lot of stress because I had to support the both of us. He was like eighteen at the time, and then finally he got a job in construction and worked for a year and bought his own food, it was just such a relief because I didn't have to struggle feeding two of us on a pension, and I was only on part time wages with the café."*

Some respondents spoke about hard decisions they had to make about when and how much they could support family members experiencing a crisis.

> *"At the moment my sister is homeless, she's living in a motel ... and I haven't been able to help her. I wanted to be able to help her but I can't... You just have to put in for housing like I do, I stayed twelve months in a women's refuge, and got a house and said you'll just have to do the same as I did. I can't help you, I haven't got the money. I haven't got the room here for you. I just can't do it."*

> *"There's been many occasions because of financial hardship, not having the money, you wouldn't be able to help a family member ... If the other family member doesn't have it, then, often, they have to ask another person. Then, that person may have it but may be short a few weeks later, like with the Subway [I bought my son who is homeless] yesterday and today... that was because it was payday but I'll be disadvantaged further down next week because I bought the Subway."*

Children's involvement in social and co-curricular activities was affected both directly and indirectly by financial pressure

While most respondents did not talk about children in their family, some respondents had observed young family members missing opportunities to participate in activities as a result of their family's financial situation. The cost of activities, even if quite minimal, would be out of the question if the family was struggling with food security.

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"With grandchildren, some of those opportunities are missed. If they want to do gymnastics or ballet or swimming lessons, we don't have the money. Even though it might be a school excursion, we're more interested in trying to get good lunch for school, with fruits and stuff like that... that money is not left over for the swimming excursion or anything like that."

Children could also be excluded from activities and community outings as an indirect result of their family's financial situation. One example provided was the difficulty a parent might have in negotiating public transport with small children, if they didn't have access to a car.

"I think it'd be very hard to get a whole lot of children on the bus and go somewhere... I think that would be nearly impossible to get especially young children when they're running off near buses it's very dangerous... I think that it'd be very hard not to have a car. With young children to get them to places, get them to sports events and things like that which if that is gymnastics and soccer and athletics events and things like that."

Respondents were conscious of the social impact of poverty on children in their family. Financial constraints leading to a struggle to even afford essentials meant that activities and items associated with status (or even just normalcy) were out of reach.

"They have been affected socially. If you haven't got the right clothes and the nice pair of shoes and a good lunch, then... they do have social exclusion at school because they haven't got ... things like phones, iPods and stuff like that. How can that be afforded? They can't. They're luxury items."

Some people used a range of community services to support their inclusion and recovery

All respondents were recruited through a service, so each had attended at least one food support service to have been included. Other services were mentioned including other food support services, Coffee Conversations, Bega Flats Community Lunches, and mental health services. Community involvement was vital to support continued and further social inclusion, and in some cases recovery and improved wellbeing.

One respondent who was in the process of stepping down from more intensive mental health services described a busy schedule of free community activities, activities specific to her Step Down program, volunteering and part time work. She reported feeling included in her community as a result of the regular commitments she participated in.

Another respondent, who was a young person, was involved in some volunteer work with a sports team he supported. This volunteer work sometimes gave him access to games for free, which he otherwise would not have been able to attend.

Recognising the fact that social inclusion for a person is often the precursor to other opportunities for inclusion, this highlights the importance of finding ways to reach those who are most excluded.

COMMUNITY SERVICES WERE VALUED, BUT THERE WERE STILL SOME BARRIERS TO ACCESSING THEM

Food services can support inclusion and development of social capital

As the survey results suggested, the opportunities for social contact and inclusion that food services provided could be valuable.

> *"I go [to the Early Morning Centre] occasionally if I'm feeling hungry and don't have enough money... I meet people there as well. I talk to those people too. I'm in a better position than some of them are. I try to at least suggest, 'Oh, have you tried this, this and this.' Some of them have and some of them just have had bad experiences with them so they just don't do it and they're out in the street..."*

For some people, community meals formed part of a number of activities their network would participate in.

> *"I like going to St John's lunches, because I feel included there and a big group of us usually go there and meet up, I've got all my friends with me which means a lot to me, spending time with them. We meet up for barbecues on a Saturday ... the same group of friends that I go to St John's with for lunch... that's really good and that helps bonding and building people's relationships."*

A variety of safe and welcoming services and activities are needed to support people of different backgrounds, interests and needs

The diversity of people who could benefit from community services and activities must be recognised and a variety of activities provided. Many activities focus on food and conversation, which are widely applicable; however, for some an activity focused around a particular interest may be more appealing.

Interest-based activities provide personal enrichment as well as a focus for conversation (where otherwise excluded people may feel uncomfortable making conversation or talking about themselves) and avoid the potential stigma of accessing a food assistance program. It is also a way to ensure that opportunities for personal development and learning are available to the whole community and not only those who can afford it.

> *"If you love singing, you want to be [around] like-minded people. If you like painting, you want to be with people that are artistic and musical."*

> *"places like St Johns, the Griffin Centre, the soup kitchen that they have in Garema Place on a Friday night, sometimes, they used to have sausage strudel at Dickson, but I haven't seen that going on for a while... there's a lot ... but there's other groups that you want to be involved in that cost a lot of money... I wanted to do a writing group, but they will cost a couple of hundred dollars, so I cannot really afford that on the pension. I was looking around trying to get into a group which doesn't cost money.*

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Despite the range of activities available, one respondent nevertheless felt that it would not be appropriate for her to participate in most free activities. A potential solution for people who feel this way, possibly relating to a stigma attached to seeking assistance with food, might be increasing awareness and availability of interest based activities, rather than those focused specifically on meals or mental health recovery.

> *"the free activities that would be available probably wouldn't be something that I would do but I'm sure they're available... I don't access any of those because of my age. ... Being brought up in poverty, being super successful as a teacher, as a public servant, so, things like me getting involved in free activities is probably not really applicable, because of my age I think."*

Events were usually perceived as welcoming and well operated. Staff were perceived as friendly and helpful, and the atmosphere at activities respondents spoke about was generally pleasant.

> *"Most [free community activities are welcoming], because people understand what they're going through and some people are more stressed out than others. They are always welcoming. I've always found that everyone is friendly. I suppose most people that run these organisations... have had counselling training or some sort of psychological training as well. They're fairly secure in themselves and they understand how to deal with those sort of situations... I've never experienced anything where there's been a problem."*

However, the difficulty of joining an activity for the first time without knowing anyone there was noted.

> *"the things that would make it unwelcoming is if you don't know anybody, that would be hard to break into a new group... that's what I would find anyway, going to a new group would be – you don't know anybody, and it could be quite hard that way, although I'm pretty extroverted. I find it easy to make friends, I still think even though I'm like that, I'd still find it hard if I didn't know anyone..."*

Occasional conflict at free community activities was mentioned as a potential difficulty which was to some extent inevitable. Respondents said that this was generally managed well by service staff, but the parties in conflict may still feel reluctant to participate in the event in future if they thought the other was likely to be present.

> *"Probably the only thing, it's not the organisation itself but it's the people within... there's been a few altercations or angry words or people raised voices and things like that and arguments and stuff like that... That's the only time I've ever seen any sort of conflict as far as that sort of thing goes but never with any of the [staff]. They've always always conducted themselves to try and calm in these situations and keep it friendly all the time, yeah."*

While no respondents mentioned feeling unsafe at community events as a third party to such altercations, it is likely that as with any situation, some people such as those with young children or

those with a trauma or anxiety condition might feel unsafe around conflict or difficult behaviour and be less likely to frequent community events as a result.

Continuity of activities was also noted as an important factor, where for example some activities valued by respondents were ending as there were changes to the host program's funding and operations. Services themselves must be mindful of referral and support on closing, but government decisions affecting the continuity of community activities must also take into account the important role some activities play in otherwise isolated people's social inclusion, even if the activity is interest-based or perceived as not addressing a practical need.

> *"Apparently Inanna's just lost their funding. I go to a singing group usually on a Friday, so I don't know what I'm going to do, I'm going to have to find a new singing group... That's pretty upsetting, that women's refuge is going to close down, and they have art groups and everything, and singing groups"*

Effective and targeted communication about services and activities is needed to ensure people experiencing social exclusion are aware and encouraged to participate

One of the challenges for community service providers is to ensure that people who would be helped by a program or activity are aware of it and feel welcome to participate. One respondent provided feedback that an Anglicare low-cost food service he had discovered to be valuable and useful in Queanbeyan had not been advertised adequately. Having found it, however, he had proceeded to inform other people in his networks about it; they found it valuable as well, and had not previously heard of it. The service had in fact been advertised in a variety of locations and contexts but clearly not in a way that had communicated effectively with this person or other people he knew. This was important feedback for Anglicare to consider in continuously evaluating the effectiveness of our communications with vulnerable client groups.

Difficulties in advertising to the most vulnerable and isolated target groups were noted by another respondent, concluding that word-of-mouth through people's informal networks was one of the most important ways of communicating about services.

> *"Not enough advertising for that sort of thing I think. Maybe money should be better spent into things like perhaps radio and television advertising, but most homeless people don't have a television. They don't have a home to put it in. You've got to have posters stuck up around the place or it's word of mouth through the homeless network"*

Respondents suggested that other services had similar challenges in engaging with potential clients, which was demonstrated through people not being aware of the service, or services assisting the same group of regulars with few new clients. While a consistent group of regulars could build positive social connectedness within that group, it could also risk creating insularity and make the service less welcoming to new people.

> *"I see the same old faces [at the Griffin Centre]. Very rarely see new faces coming in so it's the same people using the service but not new people."*

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Some respondents made significant efforts to include others they perceived as at risk

Some respondents saw themselves playing an important role in others' social inclusion. This included reaching out in a social context to other people who might have been at risk of isolation, providing support or just chatting.

> *"People with mental issues... even just any form of disability... can be sort of shunned. Whereas I'm the opposite. I saw a guy without a leg one day and I helped him onto the bus with his wheelchair and we started talking... he was talking about feeling isolated from some of his old friends as well."*

Others indicated they would refer people to services they knew of, such as St John's Care and other food programs in the area.

> *"If I saw someone that I knew and they're asking about what was available, I'd say, 'At the Red Cross... St John's Care, also." I'd be able to point them in the right direction... Quite often, there's something that's there."*

In one case, the respondent seemed to be central to the organisation of people with a particular type of disability in his community, and he was vocal in advocating for better access to services and local businesses, stronger community ties, and getting people who might otherwise be at risk of social isolation due to their mobility impairment out and about.

Barriers to participating in supportive programs can include fear of being judged and distrust of others, particularly for minority and indigenous communities; however, participation can be improved through better engagement with the community leading to word of mouth referrals within interpersonal networks (Owens et. al., 2007)

In general, word-of-mouth advertising is an effective form of increasing awareness and uptake of a product or service. This extends to the services offered by the community sector. When a service user tells another person about a service, this can combine increased awareness of the practical details of the service with an opportunity to reduce stigma, convey implicit or explicit endorsement, and even indicate to the potential service user that if they go, there may be someone there that they know.

There may be scope to work more effectively with highly engaged service users to encourage, where appropriate, referral among their interpersonal networks and raise awareness of services which are useful and welcoming (provided that they are). Any such engagement would need to engage reciprocally with service users to encourage feedback on how helpful, respectful and welcoming the service was, as well as, where appropriate, acknowledging service users who referred friends or increased awareness of the program.

Public transport supports some people's inclusion, but must continue to improve accessibility for those at risk

For some respondents access to transport was seen as a key issue leading to them becoming socially excluded or unwell.

> *"I ended up with manic depression, because I didn't have a car, I didn't have a car registered, I couldn't go and visit [my friends], they didn't visit me and then I got very lonely and isolated and that caused the depression to go so much worse"*

"Some people find it hard to get to things, especially if they don't have a car, and there are a lot out in the community that can't travel by public transport."

Transport could also represent a hidden cost to participating in an otherwise free activity, particularly if the activity took place or ended at a time when public transport was not available. Accessing food support programs for reduced price groceries was also a complicated task on public transport.

"[People might not be included] if they can't afford to catch the bus or public transport, or a taxi"

"I couldn't [go to Care and Share] without someone in my family with a car, that's probably not very often the case because I don't have a partner. The only person, of my adult children that live in Canberra, with a car, is a daughter who's eight months pregnant and works four days a week. Therefore, I'm unable to … get that food which I can then share with my family. Even as important as it is to get that food, it's a lot harder without someone that can drive you."

But even if transport systems were optimally structured, some people would have difficulty in accessing inclusion via public transport. This may be through physical disability, including not only access to the vehicle but distance from stops and safe footpaths to use – or may be through social or psychological difficulties which make it difficult to go out. As described above, the complexities of relying on public transport could result in exclusion for children and young families as well.

People with disabilities could also be excluded from public transport, even where some efforts had been made to make it accessible. For example, one respondent described the experience of a group of people who all used mobility scooters trying to use public transport to go on a trip together in regional NSW. They were unable to do so as there was only room for two mobility scooters at a time on the train. While the complexities of adapting existing transport systems to meet the needs of people with disabilities are recognised, it is important to think creatively in order to work towards resolving them.

Progress has been made in terms of enabling individuals with mobility equipment to use many public transport options, but the next step will be to ensure public transport is sufficiently adaptable for small groups of people with mobility impairments to use it independently.

The most vulnerable members of our community have the most barriers to accessing services that support inclusion

Barriers to inclusion identified included financial barriers, social barriers, health and disability, and access to transport, all of which have been discussed above. A particularly salient point made by one respondent was around how personality differences and vulnerability could pose a barrier to accessing essential services, especially for people and families who might need the services most.

"The sort of personality that is able to access those services quite often [is different] than really vulnerable ones… they don't do that. Without social inclusion, some of those services that are needed for the most disadvantaged and disenfranchised, even

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though they're there, don't get used. When it comes to things like housing and Centrelink and mental health and medical access, without family or a good advocate or a close friend, a lot of those things, they can't access at all, even though they are available."

It could also appear that isolated people lacked the attitude or motivation that would help them engage more with others, although it was recognised that overcoming barriers could be a very difficult undertaking. Unfortunately, the appearance that a person had a poor attitude or was not making an effort could further isolate them from others. Social exclusion could lead to an increase in aggression or reduction in prosocial behaviour, further isolating an affected person from support systems they need (Twenge & Baumeister, 2005).

"Probably people that are isolated find it difficult to make connections [with others or with organisations]. They just don't have the right attitude to do it or the motivation I suppose, to do it. It can be demotivating and it's a lot of effort to get out there and to motivate yourself to reach out a little bit as well."

In light of these challenges it is important to consider creative ways to reach out and build a welcoming environment for the most vulnerable people to participate in ways that feel safe and appropriate for them. The community sector must continue to test solutions to this conundrum, including engaging collaboratively with current clients to inform new approaches as well as funding bodies being willing to allow flexible and

innovative programs alongside traditional models of community support.

Discussion

THE IMPORTANCE OF THE COMMUNITY SECTOR IN BUILDING SOCIAL INCLUSION AS WELL AS THE PRIMARY SERVICES OFFERED

While it is easy to observe the practical usefulness of a food assistance program or free meal service, the key role these services play in fostering social connectedness is highlighted in the findings of this report. Anglicare research has also previously highlighted the significance of community meals for highly isolated people; although importantly, it is not only highly isolated people who attend and a variety of participants of different backgrounds, interests, personalities, and levels of social connectedness is helpful to ensure inclusion as well as the potential for broader community connections.

While food programs were the subject of the current study, most community support programs have considerable potential for building social capital and connectedness. For example, McDonald (2011) argues that child and family services are well placed to promote social inclusion of children and families, by not only providing space for families to meet and develop informal support networks, but by encouraging families to contribute in a leadership role or decision-making process within the service and the broader community.

This report provides good evidence also to suggest that community food programs are a really important connection and service for vulnerable members of the community - both individuals and families. As such creative options should be

explored to expand the services from these sites to be inclusive of broader child and family services, as McDonald suggests, and other services that will provide greater foundations and supports for sustained social and economic inclusion.

SOCIAL HOUSING RELOCATIONS

The ACT Government must be particularly mindful of the potential disruption caused by relocation of social housing residents from the city to the suburbs. While the complexities of high density social housing are undeniable the concentration of potential target client groups provides opportunity for highly localised social inclusion projects targeting residents, such as the weekly Bega Flats Community Lunch. A number of interview respondents spoke about this regular event as a key part of their week as well as an opportunity to meet neighbours and Housing staff.

Social housing dispersed through suburbia, while avoiding concentrations of disadvantaged residents and ensuring a more normalised community mix, can also result in isolation if local suburban communities are low activity or primarily dormitory suburbs and the availability of transport is low. Community services have grown organically in the central and inner north regions owing to the distribution of social housing and concentrations of disadvantaged people in these areas. As a result, for example, most ACT food assistance programs are based in the inner north with very few services in any other areas (Anglicare, 2013).

Social capital takes time to develop, and this impacts on the effectiveness of local community services as well. Building awareness of a service, trust in the service, continual adaptation to community need, and developing a team of volunteers are all aspects which take time and resources to progress.

The not for profit sector uses resources creatively to minimise costs including in-kind donations of volunteer time and land and/or buildings owned by churches or other existing community groups. These resources are much less transferable than those an ordinary business might use and a local community service cannot respond to a rapidly changing market as flexibly as business which rents space as required and pays staff.

The ACT Government must be mindful of the imbalance of services distributed around the region - responding to government decisions about housing of highly disadvantaged people up until the recent past – and the organic growth of services over time will have difficulty keeping up with the artificial redistribution of those who need them most.

Recommendations

1. The ACT and NSW Governments enhance investment in emergency relief and free meal programs in recognition of the dual role of emergency support and social connection these services provide for vulnerable people.

2. Governments and philanthropic enterprises recognise the vital role that food support services play in engaging with the most vulnerable within the community; and utilise this connection to fund enhanced support and social connection options to assist people beyond the instance of food insecurity, to build sustained social and economic inclusion.

3. The ACT and NSW Governments find creative solutions to enhance public transport options for those most at risk of social exclusion. This should include disability-friendly options that can

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accommodate groups of people with disabilities, options that support shift workers or those who travel outside mainstream commuter times; and continued work to improve links between Queanbeyan and the ACT for low income travellers.

4. The ACT Government continue to be mindful of the needs of social housing tenants affected by the relocations and their potential loss of social capital.

5. The ACT Government consider the community support and municipal infrastructure changes which will be required as a result of some highly disadvantaged households moving from the inner city to other locations in Canberra, and where necessary, support community agencies to relocate or open services in areas which can support these mass relocations.

6. The community sector consider creative ways to advertise services to excluded people through engaging current service users to provide liaison and outreach activities to those who are more vulnerable, isolated and reluctant to seek support.

7. Continued advocacy at all levels of government and community for Centrelink allowances to be increased to a level which allows jobseekers to meet basic expenses while looking for work, to address significant causes of financial and social exclusion.

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Come as you are:

food assistance and social inclusion in ACT and Queanbeyan

Thank you for doing our survey, we appreciate your time and help!
Please circle or tick the answers that apply to you and please ask us if you have any questions.

Do you have an Aboriginal or Torres Strait Islander background?	**Do you have children aged 0-5?**
Yes No Prefer not to say	Yes.. No, older kids.. No kids.. Prefer not to say
Do you have a disability?	**Are you a single parent?**
Yes No Prefer not to say	Yes No Prefer not to say
Is English your first language?	**Please select your age group:**
Yes No Prefer not to say	18-25 26 or over Prefer not to say

There are lots of reasons why people come to this service. Please choose any that apply to you.

- ○ Get some help with food/groceries
- ○ Some friends go here
- ○ I can talk to people
- ○ I'm having a hard time and need help
- ○ Just get out of the house for a bit
- ○ Go somewhere warm and friendly
- ○ Free meal
- ○ Get some help with other things like bills
- ○ Find other services that can help me

Other: _____

Many people have used these statements to describe how much support they get from other people. Please circle on the scale how much you agree or disagree.

	Scale
a) People don't come to visit me as often as I would like	1 2 3 4 5 6 7 Strongly disagree neither Strongly agree
b) I often need help from other people but can't get it	1 2 3 4 5 6 7 Strongly disagree neither Strongly agree
c) I seem to have a lot of friends	1 2 3 4 5 6 7 Strongly disagree neither Strongly agree
d) I don't have anyone that I can confide in	1 2 3 4 5 6 7 Strongly disagree neither Strongly agree
e) I have no one to lean on in times of trouble	1 2 3 4 5 6 7 Strongly disagree neither Strongly agree
f) There is someone who can always cheer me up when I'm down	1 2 3 4 5 6 7 Strongly disagree neither Strongly agree
g) I often feel very lonely	1 2 3 4 5 6 7 Strongly disagree neither Strongly agree
h) I enjoy the time I spend with the people who are important to me	1 2 3 4 5 6 7 Strongly disagree neither Strongly agree
i) When something's on my mind, just talking to the people I know can make me feel better	1 2 3 4 5 6 7 Strongly disagree neither Strongly agree
j) When I need someone to help out, I can usually find someone	1 2 3 4 5 6 7 Strongly disagree neither Strongly agree

Please turn over...

Please tick any of the following that you/your family **did NOT have** during the last six months because you/your family couldn't afford it.

- ○ Getting together with friends or relatives for a drink or meal at least once a month
- ○ Medical treatment when needed
- ○ Furniture in reasonable condition
- ○ A decent and secure home
- ○ Medicines when prescribed by a doctor
- ○ Warm clothes and bedding, if it's cold
- ○ A television
- ○ A substantial meal at least once a day
- ○ A week's holiday away from home each year
- ○ A roof and gutters that do not leak
- ○ A telephone (landline or mobile)
- ○ Car registration/third party insurance

- ○ Home contents insurance
- ○ A washing machine
- ○ Access to the internet at home
- ○ A motor vehicle
- ○ Comprehensive motor vehicle insurance
- ○ At least $500 in savings for an emergency
- ○ A home with doors and windows that are secure
- ○ Dental treatment when needed
- ○ Buying presents for immediate family or close friends at least once a year
- ○ When it is cold, able to keep at least one room of the house adequately warm

And if you have children, please tick any of these you/your family **did NOT have** in the last 6 months because you/your family couldn't afford it.

- ○ A separate bed for each child
- ○ A yearly dental check-up for each child
- ○ A hobby or a regular leisure activity for each child
- ○ Children have access to the internet

- ○ New school clothes for school-age children every year
- ○ Children being able to participate in school trips and school events that cost money

Is there something else important you or your family needed but didn't have because of the cost?

_____

_____

If you or your family didn't have some of the things above, what problems did that cause?

_____

_____

Did not having these ever cause a problem in your family or social relationships? Why/why not?

_____

_____

THANK YOU! Please give your survey to a staff member/volunteer or place in an envelope.

Come as you are:
food assistance and social inclusion in ACT and Queanbeyan

Social inclusion & how financial difficulties can impact on people's connections to their friends, families & communities

What does 'being included' mean to you?

When someone is not included in their community, what might that look like?
(*if not already* covered) **What about barriers to participate in social activities, study, work?**
What are some reasons people might not be very included in their community?

Do you think our community makes it hard for people without much money to be included?
(*if not sure how to answer*) for example, are things too expensive, is transport an issue? Are there things to do that are free?
(*If yes*) **What makes it harder to be included in our community when someone doesn't have much money?**
(*if no*) **What is it about the community that does include people regardless of money?**

Do you ever go to free activities?
- (if unsure suggest maybe – community activities in the park/shops, community meals, free services or community centres, libraries, free playgroup (if relevant))
- (if yes) **What kind of activities?**
Do you ever find there are 'hidden' costs associated with activities that appear to be free? Eg transport/parking, feeling expected to purchase something. **Would this be a particular issue for people with children? Have hidden costs associated with free activities ever discouraged you from doing something you otherwise would have?**
- (*if doesn't go to free activities*) **Is there a reason why you don't go to that sort of activity?**

(*Whether or not they have gone to free activities*) **Do you find free activities in your community are welcoming?**
(*if yes*) **Could you tell me about a time a free community activity was really good at making people feel welcome?**
(*if sometimes/depends/no*) **What kinds of things make free activities less welcoming?**

Have you ever felt like you didn't want to go to a social activity because you couldn't afford it, or couldn't return the favour?
(*if examples would help*) for example, if you were worried about going round to someone's house because you'd find it hard to invite them back, or if you couldn't bring something to share. Or, if you were worried about going out with friends because it would be hard to stick to a budget.
(*if yes*) **What happened?**
(*if no next question*)

Has someone you know ever been in some financial difficulty and seemed to start acting differently because of that? What happened?
- **how did they change?** Did they withdraw from the people they knew? Pretend everything was OK?
- **how did their social group/the people you know react to their circumstances?** E.g. Did people they know allow them to not participate? Not notice? Offer to shout them or pay for them?
- **how did that impact on the group?** E.g. did people feel happy to help, or maybe like they were obliged, or worried because they didn't have enough themselves to pay for someone else too

- **how did that impact on the person?** E.g. did they feel embarrassed, did they change over time
- **if the person's financial difficulties went on for a long time, did the dynamic with their social group change?** E.g. did the person end up withdrawing more, did other people get annoyed because the person never came to anything or they felt obliged to pay for them etc

Have money issues ever caused some stress in your family's relationships? This could be a money issue you had, or another person had, or a bit of both.
(*if yes*) **What happened?**

Have you ever had difficulty staying in contact with family because of a money problem?
(*if examples would help*) Cost of phone credit, lack of internet access/data, couldn't travel to see them or they couldn't travel.
(*if yes*) **What happened?**

Have money problems ever affected a family event like a birthday or other celebration?
(*if examples would help*) hard to buy a present, travel to an event, host a celebration.
(*if yes*) **What happened?**

Have money problems ever meant that you couldn't help in a family crisis?
(*if yes*) **What happened?**

In your family, have you ever seen money problems affect children socially or in how included they are in things?
(*if examples would help*) maybe they couldn't participate in an after school activity or excursion, or maybe it was hard for them to have friends over, or maybe they couldn't go to childcare because it was too expensive
(*if yes*) **What happened?**

Thank you, that's all the questions I have. I really appreciate all that you've shared with me today.

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