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*Annemarie Nicol*  
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# Major articles

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# Young Australians and social inclusion

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*Chris Ryan and Anastasia Sartbayeva*

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## Abstract

In this paper we look at the relationships between parental and family characteristics, including a history of dependence on income support, on a diverse set of indicators of social inclusion among young Australians. The data contain a large group of young people who might be considered at great risk of social exclusion—young people who grew up in families with extensive experience of living on government-provided income support. We compare a set of social inclusion measures for this group with those for young people from less disadvantaged backgrounds, to gauge how the at-risk group was faring. The employment, education participation and family and community-connectedness measures were all poorer in the at-risk group than the less disadvantaged group. For composite measures of the social inclusion indicators, these differences were partially explained by the relative socioeconomic status of the parents, the characteristics of the family structure, parental decisions to invest in their children and attitudinal variables. However, after controlling for all of these factors, the effect of exposure to income support was not completely eliminated, though the inclusion of schooling experience indicators, such as the incidence of suspensions and expulsions, school attendance patterns and participation in after-school activities, substantially reduced the lasting effect of prolonged income support exposure when growing up.

**Keywords:** social inclusion; youth; social disadvantage

## 1 Introduction

In this paper we look at the relationships between parental and family characteristics, including a history of dependence on income support, on a diverse set of indicators of social inclusion among young Australians.

The current Australian Government came to power intending to pursue a social inclusion agenda. It established an Australian Social Inclusion Board (ASIB) to advise on appropriate policy initiatives, established administrative arrangements within government to pursue its agenda and placed social inclusion issues on the agenda of the Council of Australian Governments. It also set out initial priority areas for early progress. In this paper, we make use of these early indications

of priority areas to develop a set of social inclusion indicators for an important and informative dataset on young Australians. The data contain detailed information on a group of young people who might be considered at great risk of social exclusion—young people who grew up in families with extensive experience of living on government-provided income support. The data allow us to compare the set of social inclusion indicators we develop with young people from less disadvantaged backgrounds, to gauge how the at-risk group is faring.

The young people we analysed were 18 years of age in 2006, when they were first surveyed. Most were at a key transition point in their life—they had just left school and were starting out in post-school studies and/or employment, and were making decisions about, and establishing behavioural patterns for, their young adult lives that were likely to have consequences for their later life. This key transition point is a particularly opportune time to trace differences in the types of decisions made by different groups, to try to establish what influences young people to make the kinds of decisions they do make (and how to help them make potentially better ones) and the early consequences of these decisions. The data seem particularly valuable in working out how to prevent young people who are at risk of social exclusion from becoming so at a time when there may still be some possibility of influencing their adult lives.

The rest of the paper is organised as follows. Section 2 provides a brief description of what the concept of social inclusion encompasses. Section 3 describes the data we use and Section 4 the indicators of social inclusion we employ. Section 5 describes the methodology we employ to analyse the determinants of these indicators. Section 6 contains the results from these regression equations and Section 7 contains our conclusions and a brief discussion of their policy implications.

## 2 The concept of social inclusion

Hayes, Gray and Edwards (2008, p. 4) note that the terms social inclusion and exclusion ‘are closely related, and it is difficult to discuss social inclusion without discussing social exclusion.’ They viewed social inclusion and exclusion as ‘two ends of a single dimension’, switching between the two terms in their discussion. We adopt a similar approach here, switching from using one term to the other, while recognising that the terminology of social inclusion is designed to shift the focus onto the policies and strategies that might aid those at risk of exclusion make the transition towards inclusion.

Spicker (2007) traces the history of the use of the concept of social exclusion in Europe from a British perspective (see also Hayes, Gray & Edwards 2008; eds Hills, Le Grand & Pichaud 2001). Spicker (2007) argues that the term was initially something of a substitute for the term ‘poverty’. Opposition towards use of the term poverty by the United Kingdom Government in the 1970s led the European Union to use the term social exclusion in its place in official documents that discussed issues associated with poverty. The concept of exclusion had a longer history in France, where it represented the idea that some individuals were not protected by the social insurance system. At its heart were networks of relationships that provided not only material and emotional support to those who were included but also the means by which they engaged

in social and economic forms of participation. However, these networks also made demands on their members that served to maintain norms of behaviour, which in turn promoted social cohesion.

While agreement over precisely what social exclusion encompasses remains elusive, the set of negative experiences that lie behind the concept reflect the shortcomings of existing economic and social institutions: the labour market; the welfare system; democratic and legal systems; and family and community systems (Berghman 1997). These lead to the persistence of disadvantage across many social dimensions, both among individuals and between communities. Applied researchers have attempted to provide empirical content to the measurement of these failures and have categorised individuals as socially excluded if 'he or she does not participate in key activities of the society in which he or she lives', specifically in activities involving: consumption; production (employment); political engagement; and social interactions (Burchardt, Le Grand & Pichaud 2001).

Tony Blair (cited in Spicker 2007, p. 66), whose government in Britain utilised the concept of social exclusion, described it as:

... a short hand label for what can happen when individuals or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown.

Other problems associated with social inclusion include: access to education; health and housing services and rising debt levels, which may result in homelessness; urban crises; ethnic tensions; rising long-term unemployment; and persistent high levels of poverty. These may affect individuals or identifiable groups of individuals, including people living in specific geographic communities.

Bradley, Crouchley and Oskrochi (2003, p. 659) note that social exclusion exists because a 'substantial part of the population are disadvantaged, disenfranchised and disaffected'. It is the persistence or recurrence of experiences that lead to these conditions that is central to social exclusion. They found, for example, that many unskilled individuals in Britain tended to cycle through spells of employment in low-skilled jobs, unemployment and periods out of the labour force. Stewart and Swaffield (1999) similarly found evidence of individuals in Britain cycling through periods of low-paid employment and joblessness.

The concept of social exclusion or inclusion has obviously also been adopted in public debate in Australia. Saunders (2002, p. 188) argued that social exclusion provided 'the framework that informed the work and recommendations' of the McClure report (2000). Saunders characterised the McClure report's vision as a 'participation support system built around the ideas of mutual obligation and social partnerships'. Underlying the direction of the report's recommendations were two views: that extended periods of income support receipt may indicate increased risk of social exclusion and that participation in employment was an important source of individual self-esteem. However, Saunders (2002) was sceptical that the kinds of economic and social participation supported in the interim report of the Reference Group on Welfare Reform (McClure 2000) were the types of activities likely to redress systemic, structural social exclusion.

Elsewhere, Saunders noted that much of the research on social exclusion to that time seemed to focus on the characteristics of those who were excluded rather than on the processes by which they were excluded and the actors whose decisions excluded them (Saunders 2003).

Saunders, Naidoo and Griffiths (2008) attempted to measure various dimensions of social exclusion and compare them with the experience of material deprivation and relative income poverty in Australia. These authors identified a set of indicators from their survey data that reflected three domains of social exclusion: (1) **disengagement**, lack of participation in commonly practised activities in the broader community, such as no regular contact with others and no social life; (2) **service exclusion**, no use of services used by a majority of the population, such as no medical treatment when needed, no access to banks or building societies, and no access to mental health services; and (3) **economic exclusion**, involving economic hardship or stress measures, such that individuals could not raise \$2,000 in a week, had to pawn or sell something or borrow money, were currently unemployed or looking for work and so on). The authors found substantial incidence of specific forms of exclusion, especially service exclusion, but that the degree of overlap with those in income poverty was quite small (around 30 per cent), which suggest that many facing exclusion are not poor by conventional standards.

The South Australian Government announced its Social Inclusion Initiative in 2002. The emphasis of the initiative was on providing opportunities for the most vulnerable members of society to participate in the social and economic life of the community. Specifically, its focus was on Indigenous and Torres Strait Islander Australians, the unemployed, homeless, mentally ill and those with a physical or intellectual disability. Social inclusion was described in official statements as being:

... about participation; it is a method for social justice. It is about increasing opportunities for people, especially the most disadvantaged, to engage in all aspects of community life (South Australian Social Inclusion Initiative 2011).

The current Australian Government has also pursued a social inclusion agenda, including the establishment of the ASIB. The board's website<sup>1</sup> describes the Australian Government's vision of a socially inclusive society as one in which all Australians feel valued and have the opportunity to participate fully in the life of society. An earlier statement made by the (then) Deputy Prime Minister (Gillard 2008) asserted that to be socially included, all Australians must be given the opportunity to:

- ▶ secure a job
- ▶ access services
- ▶ connect with others in life through family, friends, work, personal interests and local community
- ▶ deal with personal crises such as ill health, bereavement or the loss of a job
- ▶ have their voice heard.

Early in its first term of office, the current Australian Government identified as priorities for social inclusion:

- addressing the incidence and needs of jobless families with children
- delivering effective support to children at greatest risk of long-term disadvantage
- focusing on particular locations, neighbourhoods and communities to ensure programs and services are getting to the right places
- addressing the incidence of homelessness
- ensuring employment for people living with a disability or mental illness
- closing the gap for Indigenous Australians.

Researchers responded to the government's embrace of social inclusion by assessing existing Australian data sources against the types of indicators that matched the priorities specified by the government (for example, Scutella, Wilkins & Horn 2009). More recently, the ASIB has published two documents on progress with meeting indicators of social inclusion in Australia. In ASIB (2010, p. 15), the board asserted the view that to be socially included means people have the resources, opportunities and capabilities they need to:

- learn (participate in education and training)
- work (participate in employment, unpaid or voluntary work including family and carer responsibilities)
- engage (connect with people, use local services and participate in local, cultural, civic and recreational activities)
- have a voice (influence decisions that affect them).

According to the ASIB's conceptual framework, failure to participate in these four activities may reflect a lack of individual, family and community resources. There are interactions between these various phenomena, such that participation may also lead to improved resource levels. More practically, the framework states that 'the idea of a person "having multiple disadvantages" is a useful operational definition of social exclusion' since it at least puts people at greater risk of being socially excluded (ASIB 2010, p.15). The board then reports on a series of indicators meant to be informative about participation (work, learn, engage, have voice) and resources (material/economic, health and disability, education and skills, social, community and institutional, housing and personal safety levels), and finally on the existence of multiple and entrenched disadvantage.

In light of these lists of what social inclusion involves and what the Australian Government's priorities for its implementation are, we have chosen to use the Gillard (2008) list of social inclusion elements to frame the measures of social inclusion or exclusion captured in the data on young Australians available to us. These indicators cover aspects of the experiences of employment, education, housing, and relationships among the young people in our survey. These indicators are spelled out in more detail in Section 4.

### 3 Data: the Youth in Focus survey

This paper uses data from the first wave of the Youth in Focus (YIF) survey, a research project jointly funded by the Australian Government Departments of Education, Employment and Workplace Relations and Families, Housing, Community Services and Indigenous Affairs, Centrelink and the Australian Research Council and carried out by the Australian National University.

The YIF project is based around a birth cohort of young people born between 1 October 1987 and 31 March 1988. It has two data source components. The first is an administrative dataset (referred to as TDS2) built from the Australian Government's Centrelink payment records. The second data source is a survey of a sample of individuals selected from this administrative data specifically for the YIF project.

The administrative data include information on all young people belonging to the birth cohort who have appeared in the Centrelink payment records at any time since 1991. A young person may appear in the administrative data for two reasons: (1) they have claimed Centrelink payments in their own right; or (2) at some point since 1991 they were listed as a dependant of an adult who has received a government payment. Any adult who claimed payments at any time for the youth is also included and is referred to as a parent. The relationship between parent and the focal youth is an administrative one and thus the adult may not be a natural parent. In addition, the dataset includes siblings, identified as other children for whom the parents of the focal youth also claimed payments. Again, these siblings may have no blood relation to the youth. Sibling records are linked to the parent records and through the parent to the youth records.

The administrative data contain information about most payments from the Australian Government to Australian families. It is believed to be nearly representative of the entire Australian population, with the exception of families with very high incomes. According to the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs estimates, approximately 85 per cent of families with children receive Family Tax Benefit and therefore appear in the administrative data. Since the administrative data include families who received substantial income support as well as families who received only the tax benefit, this dataset provides an excellent basis for studying the correlation between various socioeconomic characteristics and outcomes of both recipients and non-recipients of income support.

For each focal youth in the administrative data, a 'primary parent' was selected from among all adults who have ever received a payment on their behalf as the person who took care of the youth for the longest period. This ensured that the natural mother was selected in most cases.<sup>2</sup>

Each primary parent was classified into one of six categories depending on their income support history. If the parent has received only Family Tax Benefit, they were classified into the 'no income support history' category. The focal youth were assigned the same category as their primary parent, or, if the administrative data did not have any information on the parents, the focal youth was assigned the 'no income support history' category. The survey sample of focal youth and

their parents or guardians was then selected as a probability sample, stratified on the basis of parental income support history. The description of the six categories and the proportions of focal youth in the administrative data and the survey sample are shown in Table 1. Those with heavy exposure to income support were deliberately over-sampled, while those with no history of income support were under-sampled for the youth and parent surveys. This planned under-sampling and over-sampling was achieved in the youth and parent surveys.

As mentioned earlier, the data used in this paper comes from the first wave of the YIF survey. Wave 1 was conducted in the second half of 2006, when focal youth were 18 years of age, and collected survey data for 4,079 focal youth and 3,964 parents, with 2,430 matched parent–youth pairs. The parents were interviewed once only, while the young adults were re-interviewed in the second half of 2008. Only data from Wave 1 are used here, since the parental survey responses, which are linked to the young people’s responses, were collected only once. Dynamic aspects of the experiences of young people can be looked at in further work.

The survey procedures and instruments are described in more detail in the ‘User’s Guide to YIF data’ (see Breunig et al. 2007 and 2009 for the first and second wave user’s guides, respectively). Three instruments were used in the first wave of the YIF survey:

- parent questionnaire—collected information on the parent’s family, education, employment and income, relationship history, general values and health, as well as background information about the focal youth at early stages of life
- youth questionnaire—collected information on the focal youth’s household and family, education, employment and job search, housing arrangements, income and health, as well as personality traits and life satisfaction
- self-completion questionnaire for youth—collected information on attitudes, substance abuse, relationships with parents and important life events.

Table 1: Proportion of people across income support stratification categories

Stratification category	Stratum code	Proportion in administrative dataset (%)	Planned proportion in sample (%)	Achieved proportion of young people (%)	Achieved proportion of parents (%)	Achieved proportion of matched youth-parent pairs (%)
No parental income support history	A	40.9	25.0	25.2	26.4	29.0
Heavy exposure to income support programs (more than six total years on income support)	B	27.5	34.9	36.1	35.7	32.3
First exposure to income support system after 1998 and less than six total years on income support	C	8.5	10.7	12.9	12.4	12.4
First exposure to income support system between 1994 and 1998 and less than three total years on income support	D	8.5	10.8	10.3	10.6	11.2
First exposure prior to 1994 and less than six total years on income support	E	9.5	12.1	9.9	9.7	9.6
First exposure to income support system between 1994 and 1998 and more than three but less than six total years on income support	F	5.1	6.5	5.7	5.4	5.6

Notes: In this table, the term 'income support' refers to any kind of Centrelink benefits the parents may have received excluding family payments, Carer Allowance and maternity payments.



## 4 Social inclusion indicators

The YIF survey data contain a range of information on young people's participation in education, workforce and social activities. While this information is not as comprehensive as the list of exclusion indicators in Saunders et al. (2008), it is more relevant for assessing the position of young people. Below is a list of indicators contained in the YIF data that can shed light on aspects of the social inclusion of young Australians growing up in disadvantage that are of relevance to the early statements by the government regarding its specific agenda. The actual proportions experiencing these phenomena are set out in Table 2, which is discussed in more detail in the next section.

- The opportunity to secure a job

**Employment:** For the purposes of this report, three indicators were chosen to measure young people's participation in the labour force: (1) whether the youth is employed full time; (2) for those not in full-time education, whether they are employed full time; and (3) for those not in full-time education and not employed, whether they are looking for work.

- The opportunity to access services

**Educational outcomes:** At the time of the Wave 1 interview all youth respondents were 18 years of age, which is just past the usual age of Year 12 completion. Most of the interviewed young people had completed secondary school and a large proportion was engaged in studying towards a post-school qualification or degree. The two indicators chosen to reflect participation in education in the framework of this report are whether the young person was studying at the time of the Wave 1 interview (either in secondary school or for a post-school qualification or degree) and whether, if not currently studying, the youth had left school before completing Year 10.

- The opportunity to connect with others in life through family, friends, work, personal interests and local community

- **Living arrangements:** Achieving residential and financial independence are two of the steps in the transition to independent adulthood. Therefore, it is important to study the timing and the reasons for young people moving out of their parents' or guardians' house. The YIF survey collected this information from both the young people and their parents. In this report, we study residential independence and the factors that contribute to young people becoming independent. We distinguish between positive and negative reasons for young people leaving their parents' home: having to move for education or employment purposes, wanting to live with a partner or just generally wanting to live independently are classified as positive, while having to move out for economic reasons or lack of space, due to poor relationships at home or the youth's inability to accept the rules of the home are classified as negative reasons for moving out.

- **Relationship with parents:** The quality of the relationship between parents and young people may determine the extent to which the parents are willing to provide not only financial, but emotional support to the youth as they establish themselves as independent adults. Good relationships with parents can also enhance youths' sense of self-identity and emotional

wellbeing, which can be important determinants of their successful functioning in society. The YIF survey collected data on the quality of the relationship between youth and parents.

- **Exercise behaviour:** In this report, we examine the youths' regular participation in moderate or intensive physical activity, which is key in achieving a healthy lifestyle and combating obesity.
- **Social participation:** Young people's level of participation in clubs or societies and various leisure activities tells us whether they are engaged or isolated from their local community and indicates the extent of their social capital.
- The resources to deal with personal crises  
**Coping with problems:** The YIF survey collected data on the locus of control of the young adults. These questions measure the extent that the young people feel they are in control of their lives and not governed by external forces. These questions can help examine, among other things, how well the young people are able to deal with personal crises.
- The opportunity to have their voices heard  
Young people's participation in clubs or societies may also be an indicator of a way in which they can have their voices heard. The nature of the clubs or societies young people are involved in is obviously important for the quality of this indicator, but unfortunately we have no information on this.

## Descriptive analysis of the indicators

This section briefly summarises the proposed social inclusion indicators described above across the six income support stratification groups as well as the sexes. In most of the analysis that follows, the sharpest contrast was observed between stratification categories A and B. This is not surprising given that category A consists of young people whose families have no income support history, while the young people that make up category B grew up in families with prolonged (more than six years) exposure to income support receipt.

Table 2 lists all of the indicators described in the previous section, breaking them down by stratification category and sex. Two totals are also presented. The first is an unweighted total representative of the YIF survey sample. However, as can be seen from Table 1, all income support groups (categories B to F) were over-sampled at the expense of category A in order to achieve greater representation in the survey data. Therefore, the unweighted total is not representative of the population (in our case, the administrative dataset). For this reason, we also provide the weighted total that takes into account the proportions of each category in the administrative data.

There is a sharp contrast in educational participation of young adults depending on the income support history of their parents. The differences between the least and the most disadvantaged categories (A and B) are 20 percentage points for the share of young people currently continuing their education and 10 percentage points for young people who left school in Year 10 or earlier and are not currently studying.

The proportion of young people employed full time does not seem to differ greatly across economic categories. However, if we take into account young people's participation in further education, the resulting picture is quite different. Among part-time and non-students, almost half of young people with no or limited exposure to the income support system are employed full time, compared to only 36 per cent of young people whose families were heavily dependent on income support receipt in the past. At the same time, almost one-quarter of these young people (category B) are currently looking for work, compared to much smaller proportions in the other categories.

Young people who grew up in families heavily dependent on income support tended to move out of their parents' house earlier. At the time of the Wave 1 interview, more than one-quarter of the young people in category B were living on their own, as compared to 13 per cent of young adults in category A. Young people who grew up in disadvantaged circumstances were also more likely to have moved out of their parents' house due to negative factors. The reasons cited by respondents for moving out were classified as either negative or positive. While positive reasons include such pull factors as moving for education or employment, and young people wanting to be independent or to live with a partner, negative reasons comprise lack of space, bad relationships at home or the young person's inability to accept the rules there.

The quality of family relationships seems to be negatively related to the incidence and length of income support exposure. Young people who have grown up in families with a history of intensive income support dependence are less likely to have a good relationship with either parent. The proportion of young people in category B who do not have a relationship with their fathers is significant.

Exercise behaviour of young adults does not seem to vary greatly by income support category. However, participation in clubs or societies is correlated with history of income support receipt. The indicators of young people's exercise and recreational activities are important for understanding their lifestyle, social capital and the extent to which they are engaged with (rather than isolated from) their local communities.

The ability to deal with life's problems is correlated with family income support history although the differences across the economic categories are not very big. This last indicator is part of the locus of control battery that shows to what extent young people believe they control their own life. Overall, it has been found that young people tend to view themselves as being in control of their own life and events that happen to them irrespective of the income support histories of their families.

Finally, we look at the distribution of various measures of social inclusion across stratification categories. The last set of figures in Table 2 shows the number of social exclusion categories applying to each young person. The count is constructed to reflect the number of negative characteristics, such as non-participation in education, dropping out of school early, unemployment, no job search if neither employed nor studying, and bad or no relationship with parents. We can see that while the young people who grew up in the least disadvantaged circumstances (category A) generally have at most two undesirable characteristics, one-third of the young people in category B experience four or more negative outcomes.

Table 2: Social inclusion indicators

	Stratification category of youth						Total	Weighted total		
	A	B	C	D	E	F			Male	Female
Total observations	1,027	1,472	526	420	403	231	1,924	2,155	4,079	
<b>Participation in education</b>										
Percentage currently studying (school or post-school)	72.7	52.1	65.4	65.5	61.3	69.7	62.6	62.0	62.3	64.6
Percentage left school in Year 10 or earlier and not currently studying	2.0	12.1	4.2	3.6	8.4	5.6	8.0	5.9	6.9	5.9
<b>Participation in labour force</b>										
Percentage employed full-time	29.2	29.0	29.9	32.1	37.7	31.2	40.4	21.6	30.5	30.4
Of those not in full-time education (n)	366	840	227	181	188	98	904	996	1,900	
Percentage employed full time	48.9	36.2	44.1	49.2	50.5	45.9	52.3	34.0	42.7	45.0
Percentage looking for work	7.7	23.6	17.6	7.2	11.7	18.4	16.6	17.0	16.8	13.8
<b>Living arrangements</b>										
Percentage living independently	13.2	25.1	16.4	13.8	19.4	24.2	15.4	22.6	19.2	18.0
<b>Youth reports of living arrangements</b>										
Number of observations	1,026	1,468	524	420	403	230	1,921	2,150	4,071	
Focal youth lives with parents/guardians (%)	86.8	75.1	84.0	86.2	80.7	76.1	84.7	77.6	80.9	82.2
Focal youth lives separately: positive reasons (%)	12.3	16.8	14.3	11.2	14.1	19.6	11.9	17.1	14.6	14.1
Focal youth lives separately: negative reasons (%)	0.9	8.2	1.7	2.6	5.2	4.4	3.4	5.3	4.4	3.7
<b>Relationship with mother</b>										
Number of observations	1,026	1,472	526	420	403	231	1,923	2,155	4,078	
No relationship with mother (%)	0.7	2.7	2.3	0.2	1.0	0.9	1.8	1.4	1.6	1.4
Hardly or never good (%)	3.6	6.1	4.5	4.3	5.0	4.8	3.9	5.8	4.9	4.6
Usually good (%)	23.2	25.1	21.9	22.1	27.1	22.9	23.4	24.5	24.0	23.9
Always or often good (%)	72.5	66.2	71.3	73.3	67.0	71.4	70.9	68.4	69.5	70.2

Table 2: Social inclusion indicators (continued)

	Stratification category of youth						Total	Weighted total	
	A	B	C	D	E	F			Male
<b>Relationship with father</b>									
Number of observations	1,026	1,451	522	419	401	230	1,912	2,137	4,049
No relationship with father (%)	2.2	23.9	9.2	4.5	11.0	3.5	9.8	14.1	12.1
Hardly or never good (%)	3.1	10.7	7.9	6.2	7.7	10.4	6.1	9.0	7.6
Usually good (%)	25.1	21.6	26.6	26.3	25.9	27.4	25.9	23.0	24.4
Always or often good (%)	69.6	43.8	56.3	63.0	55.4	58.7	58.2	53.9	55.9
<b>Social participation and exercise behaviour</b>									
Number of observations	836	1,008	378	321	282	153	1,304	1,674	2,978
Percentage belong to clubs or societies	49.9	31.1	40.7	45.2	44.0	41.8	47.9	35.4	40.9
Percentage exercises >2 times a week	57.4	54.6	56.6	59.9	51.4	53.9	63.4	50.0	55.9
Number of observations	838	999	377	322	281	152	1,300	1,669	2,969
Percentage often feels helpless in dealing with problems in life	29.1	34.6	29.7	26.1	34.2	32.2	25.3	36.1	31.4
<b>Number of social exclusion categories experienced</b>									
None or one (%)	29.5	21.3	30.4	32.9	29.6	35.1	34.8	20.7	27.3
Two (%)	32.2	24.0	28.0	26.7	26.1	27.3	27.0	27.4	27.2
Three (%)	20.7	20.2	20.3	20.0	19.4	18.2	17.8	22.2	20.2
Four (%)	11.0	15.2	10.8	12.6	12.7	8.2	10.8	14.4	12.7
Five or more (%)	6.5	19.4	10.5	7.9	12.2	11.3	9.6	15.3	12.6

Note: Due to rounding, percentages may not add to 100 per cent.

## 5 Methodology

In addition to the descriptive discussion of the social inclusion indicators just undertaken, this paper contains a regression-based investigation of risk and protective factors affecting the youths' social inclusion and exposure to undesirable events. These factors include parental education, employment and income; parenting practices, such as parental involvement in young people's education and school activities; family relationships and family breakdown; peer and neighbourhood effects; and positive school achievement.

As demonstrated in the descriptive analysis presented in the previous section, young people are likely to suffer from more than one aspect of social exclusion. Therefore, in the analysis of social inclusion it is important to account in some way for the multiple social exclusion events the young person is susceptible to. The most straightforward way to analyse the overall degree of social exclusion would be to look at the count of social exclusion categories YIF youth respondents fall under.

We begin by applying the Ordinary Least Squares (OLS) method to examine the effects of demographic characteristics, parents' background and parental marital disruption, as well as attitudinal variables, parental investment and schooling experience. The advantages of this method are the ease of estimation and interpretation.

However, several concerns arise from using this estimation methodology. The first is that the overall measure of social exclusion is rather subjective, being derived from an arbitrary set of individual indicators, which moreover are given equal weight when combined into one indicator. We are confident that the set of indicators chosen to measure social inclusion capture important aspects of the priorities set out in the Australian Government's social inclusion agenda. While the set of indicators may be incomplete in capturing the entire agenda, they include many of the important dimensions for young people. The concerns about the appropriateness of assigning equal weights to each indicator are addressed by applying the factor analysis, the results of which are presented at the end of the next section as a robustness check.

Factor analysis is employed in economics and statistics for the purpose of finding structure in the data and reducing the original number of variables to one or two that contain most of the information (Everitt & Dunn 1991). In this methodology, the observed variables are modelled as linear combinations of the factors, plus error terms. The coefficients on the factors, called the 'factor loadings', can be viewed as correlation coefficients. They describe which variables are involved in the formation of the factor and to what degree. In our analysis, this allows us to reduce the 10 individual indices of social inclusion to one variable that explains most of the variation observed in the data.

Another possible concern relates to the unobserved variables and selection effects. It is possible that some unobserved factors affect both social exclusion and the likelihood of income support receipt. For example, a person may have a lower ability to interact socially, which would reduce their social participation and, by hindering their chances of finding a job, increase their likelihood of receiving income support payments. If that is the case, estimating the overall social exclusion

on its own will not take into account the effect of these unobserved variables, and the results will be biased. Since the direction of the unobserved variables' effect on social exclusion and income support receipt is likely to be the same, the single-equation OLS coefficient of the income support variable will have a positive bias. The way to deal with this problem is to use an econometric selection model; however, successful application of this methodology requires a set of instrument variables that affect parental income support exposure but not the level of young people's social inclusion or exclusion. The identification of such instrument variables, which would make both theoretical sense and have statistical significance, is not always possible. Therefore, we have to keep in mind that the single-equation regression results may be biased, and that the effect of income support exposure may be overestimated.

## 6 Regression results

In this section we present and discuss regression results for the overall indicators of social exclusion described above. The summary statistics for the variables used as regressors in the estimation are presented in Table 3, while Table 4 reports the OLS regression results.

We consider four specifications of the model:

- ▶ The first controls only for the most basic demographic characteristics of the young people and their parents, such as Indigenous status of the youth and mother, the migrant status of the youth and both parents, the family formation (partnering and children), the current residence of the youth and the mother's age.<sup>3</sup>
- ▶ In the second specification, we add controls for family background, including parental marital breakdown and the educational attainment of both parents as a measure of socioeconomic status, as well as current family income.
- ▶ The third specification controls additionally for attitudes towards education (of parents, youths and peers) and parenting practices (whether the parents had regularly read to youth at night while they were growing up).
- ▶ In the fourth, most complete, specification, we also take into account the overall schooling experience of the youth, which includes suspensions and expulsions from school, truancy and frequency of being late for school as well as participation in extra-curricular activities such as arts or sports.

**Table 3: Summary descriptive statistics for regressor variables**

<b>Variable name</b>	<b>Mean</b>	<b>Standard deviation</b>
Stratification category A: no income support history	0.328	0.470
Stratification category B: intensive income support history	0.282	0.450
Categories C to F: moderate income support history	0.390	0.488
Male	0.453	0.498
Aboriginal or Torres Strait Islander origin	0.027	0.163
Born in non-English speaking country	0.036	0.187
Born in English-speaking country	0.026	0.160
Married or de facto	0.028	0.165
Has children	0.013	0.111
Lives in urban area (major city)	0.601	0.490
Either parent is a migrant from non-English speaking country	0.193	0.395
Either parent is a migrant from English-speaking country	0.184	0.388
Mother is of Aboriginal or Torres Strait Islander origin	0.017	0.130
Mother's age at youth's birth	29.658	4.800
Total number of children ever born to youth's mother	3.030	1.299
Natural parents separated, mother did not remarry or reattach	0.198	0.399
Natural parents separated, mother remarried or reattached	0.125	0.331
Mother's highest education is Year 12	0.081	0.272
Mother's highest education is diploma or certificate	0.435	0.496
Mother's highest education is bachelor or higher	0.192	0.394
Father's highest education is Year 12	0.152	0.359
Father's highest education is diploma or certificate	0.242	0.429
Father's highest education is bachelor or higher	0.184	0.388
Log of family income	9.438	3.747
Parents read to youth at night	0.526	0.499
Youth thinks education is extremely or fairly important	0.937	0.242
Youth's peers think education is important	0.815	0.388
Mother's attitude to education	0.636	0.481
Youth ever suspended from school	0.160	0.367
Youth ever expelled from school	0.014	0.116
Youth was often absent from school	0.088	0.283
Youth was often late for school	0.105	0.307
<b>Number of observations</b>	<b>1,675</b>	



The results of the basic specification indicate that exposure to income support is associated with a significantly higher degree of social exclusion. We find that youth who had either moderate or intensive history of income support receipt while they were growing up tend to have a higher score on the overall social exclusion scale compared to the young people whose parents never received income support: on average, the count of applicable social exclusion events is 0.2 higher for the moderate income support group and 0.8 higher for the intensive income support group. However, when we take into account the marital breakdown history of parents and the parental socioeconomic status (education and family income), the disparity in social exclusion across income support groups is significantly reduced. Specifically, the coefficient on intensive income support exposure falls by more than half. This suggests that in the basic specification the intensive income support exposure variable serves to some extent as a proxy for the lower socioeconomic status of the parents and the incidence of parental marital breakdown. Moreover, in this (and all further) specifications the moderate income support group does not look statistically different from the group with no income support history. Thus, we can conclude that it is the intensity rather than the incidence of income support receipt that matters.

However, even after the parental background characteristics are taken into account, we find that prolonged exposure to income support is associated with a higher degree of social exclusion among the young people. In order to identify possible protective factors that can help overcome the negative effects of lower socioeconomic status, we estimate a third specification where we also control for parental investment and attitudes. We find that, although the effects of investing in children's education (proxied by reading to youth at night) and of the positive attitudes towards the importance of education in achieving success in life are both individually and jointly significant and contribute to reducing the overall social exclusion, they do not eliminate the adverse effect of prolonged income support receipt.

We therefore estimate the final and most complete specification, where we control for a range of schooling experiences of the youth, such as the incidence of suspension or expulsion, truancy and lateness for school, and participation in a range of extra-curricular activities. These variables, to some extent, also represent parental investment in their child's education, since good school performance and participation in after-school activities depend to a certain extent on the availability of both time and resources, including financial, provided by parents.

We find that controlling for the overall schooling experience of the youth results in a significant reduction of magnitude and a loss of significance of the prolonged income support receipt. However, the results of this last estimation should be treated with caution, as the additional controls can be viewed as components of social exclusion of the youth rather than its determinants, albeit at an earlier age. Therefore we do not make any causal claims on the basis of this last specification. Instead, we interpret our results as indicating that one of the driving forces behind the current social exclusion of youths is their past social exclusion, which manifests itself in poorer experience of schooling.

Table 4: Estimation results

Dependent variable: count of social exclusion categories	Basic model	Family background	Parental investment & attitudes	Schooling experience
Intensive parental income support receipt	0.785*** (0.094)	0.331*** (0.109)	0.316*** (0.109)	0.131 (0.104)
Moderate parental income support receipt	0.196** (0.087)	0.017 (0.088)	-0.005 (0.088)	-0.071 (0.083)
Male	-0.398*** (0.073)	-0.410*** (0.072)	-0.477*** (0.073)	-0.412*** (0.072)
Aboriginal or Torres Strait Islander origin	0.321 (0.251)	0.307 (0.247)	0.319 (0.246)	0.160 (0.233)
Born in non-English speaking country	-0.182 (0.209)	-0.052 (0.211)	-0.083 (0.210)	-0.010 (0.199)
Born in English-speaking country	-0.229 (0.235)	-0.252 (0.233)	-0.260 (0.231)	-0.321 (0.219)
Married or de facto	0.540** (0.222)	0.462** (0.218)	0.459** (0.217)	0.232 (0.206)
Has children	2.017*** (0.322)	1.740*** (0.318)	1.681*** (0.317)	1.503*** (0.301)
Lives in urban area (major city)	-0.048 (0.076)	-0.061 (0.076)	-0.074 (0.075)	-0.103 (0.071)
Either parent is a migrant from non-English speaking country	0.057 (0.103)	0.053 (0.102)	0.048 (0.102)	-0.020 (0.097)
Either parent is a migrant from English-speaking country	0.128 (0.097)	0.113 (0.096)	0.114 (0.095)	0.149* (0.090)
Mother is of Aboriginal or Torres Strait Islander origin	0.433 (0.318)	0.397 (0.313)	0.430 (0.312)	0.428 (0.294)
Mother's age at youth's birth	-0.019** (0.008)	-0.012 (0.008)	-0.010 (0.008)	-0.006 (0.007)
Total number of children ever born to youth's mother		0.076*** (0.028)	0.066** (0.028)	0.056** (0.026)

Table 4: Estimation results (continued)

Dependent variable: count of social exclusion categories	Basic model	Family background	Parental investment & attitudes	Schooling experience
Natural parents separated, mother did not remarry or reattach		0.459*** (0.099)	0.424*** (0.099)	0.288*** (0.094)
Natural parents separated, mother remarried or reattached		0.729*** (0.118)	0.698*** (0.118)	0.593*** (0.112)
Mother's highest education is Year 12		-0.219 (0.143)	-0.187 (0.142)	-0.141 (0.134)
Mother's highest education is diploma or certificate		-0.076 (0.087)	-0.060 (0.087)	-0.009 (0.082)
Mother's highest education is bachelor or higher		-0.020 (0.116)	0.024 (0.115)	0.049 (0.109)
Father's highest education is Year 12		-0.088 (0.108)	-0.097 (0.107)	-0.025 (0.101)
Father's highest education is diploma or certificate		-0.117 (0.095)	-0.102 (0.095)	-0.021 (0.090)
Father's highest education is bachelor or higher		-0.165 (0.111)	-0.125 (0.111)	-0.018 (0.106)
Log of family income		-0.032*** (0.010)	-0.032*** (0.010)	-0.024** (0.010)
Parents read to youth at night			-0.269*** (0.074)	-0.206*** (0.070)
Youth thinks education is extremely important			-0.258* (0.146)	-0.196 (0.139)
Youth's peers think education is important			-0.237** (0.093)	-0.186** (0.088)
Mother thinks education is extremely important			-0.036 (0.075)	-0.039 (0.071)

Table 4: Estimation results (continued)

Dependent variable: count of social exclusion categories	Basic model	Family background	Parental investment & attitudes	Schooling experience
Youth ever suspended from school				0.242** (0.099)
Youth ever expelled from school				0.858*** (0.290)
Youth was often absent from school				0.975*** (0.134)
Youth was often late for school				0.276** (0.122)
Youth participated in sports extra-curricular activities while at school				-0.581*** (0.072)
Youth participated in arts extra-curricular activities while at school				-0.022 (0.080)
Youth participated in other extra-curricular activities while at school				-0.144* (0.087)
Constant	2.488*** (0.247)	2.514*** (0.289)	3.114*** (0.328)	3.083*** (0.314)
Observations	1,701	1,701	1,701	1,701
R-squared	0.12	0.16	0.17	0.26
Adjusted R-squared	0.113	0.146	0.157	0.248

Notes: Standard errors in parentheses; \*significant at 10%; \*\*significant at 5%; \*\*\*significant at 1%.

As mentioned in the methodology section of this report, the method employed in our estimation so far is susceptible to several criticisms, one of which is the arbitrary nature of assigning importance (weights) to the individual indicators of social inclusion to make up the overall social exclusion measure. In order to check the robustness of our results with respect to other weighting techniques, we have also estimated our model using the principal factor analysis to create an overall measure of social exclusion. Table 5 describes the relationship between 10 individual social inclusion indicators and the retained factor. It can be observed that the two individual indices most highly related to the pattern in the data are current studies and full-time employment. The other indices have lower loadings as they appear to be more unique (random).

**Table 5: Factor analysis results: factor loadings (pattern matrix) and unique variances**

Variable	Factor 1 loadings	Uniqueness
Not studying	0.6975	0.4703
Dropout	0.3338	0.8746
Not in full-time employment (if not full-time student)	0.7502	0.4198
Not looking for work (if not studying or employed)	0.3594	0.8370
Negative reasons for moving out of home	0.1747	0.8723
Bad or no relationship with mother	0.1595	0.8804
Bad or no relationship with father	0.1984	0.9028
Non-participation in clubs and societies	0.1884	0.8516
Exercising less than three times a week	0.1029	0.8773
Feels helpless in dealing with problems in life	0.1581	0.9130

We have estimated the same four specifications using the variable derived from the factor analysis instead of the count variable. The direction and significance of all independent variables replicates the results of the OLS estimation on the count variable. For purposes of comparison, Table 6 reports estimation results of the two more inclusive models (parental investment and attitudes as well as schooling experience) for the unweighted (count) and weighted (factor) measures reporting standardised coefficients. In general, the two sets of estimates are both qualitatively and quantitatively similar.

**Table 6: Comparison of estimation results for ‘count’ and ‘factor’ measures of social exclusion**

	Parental investment and attitudes		Schooling experience model	
	Count measure	Factor measure	Count measure	Factor measure
Intensive parental income support history	0.091***	0.101***	0.038	0.060*
Moderate parental income support history	-0.002	0.003	-0.022	-0.010
Male	-0.151***	-0.064***	-0.130***	-0.058**
Aboriginal or Torres Strait Islander origin	0.034	0.002	0.017	-0.008
Born in non-English speaking country	-0.010	-0.017	-0.001	-0.009
Born in English-speaking country	-0.026	-0.001	-0.032	-0.010
Married or de facto	0.050**	0.068***	0.025	0.044*
Has children	0.126***	0.152***	0.112***	0.141***
Lives in urban area (major city)	-0.023	-0.029	-0.032	-0.035
Either parent is a migrant from non-English speaking country	0.012	-0.027	-0.005	-0.036
Either parent is a migrant from English-speaking country	0.028	0.026	0.036*	0.032
Mother is of Aboriginal or Torres Strait Islander origin	0.036	0.051*	0.036	0.050*
Mother’s age at youth’s birth	-0.030	-0.041*	-0.017	-0.036
Total number of children ever born to youth’s mother	0.054**	0.080***	0.046**	0.074***
Natural parents separated, mother did not remarry or reattach	0.108***	0.052**	0.073***	0.020
Natural parents separated, mother remarried or reattached	0.148***	0.080***	0.126***	0.063**
Mother’s highest education is Year 12	-0.032	-0.053**	-0.024	-0.046*
Mother’s highest education is diploma or certificate	-0.019	-0.016	-0.003	-0.004
Mother’s highest education is bachelor or higher	0.006	-0.004	0.012	-0.003

**Table 6: Comparison of estimation results for ‘count’ and ‘factor’ measures of social exclusion (continued)**

	Parental investment and attitudes		Schooling experience model	
	Count measure	Factor measure	Count measure	Factor measure
Father’s highest education is Year 12	-0.022	-0.022	-0.006	-0.009
Father’s highest education is diploma or certificate	-0.028	-0.012	-0.006	0.006
Father’s highest education is bachelor or higher	-0.031	-0.048*	-0.004	-0.024
Log of family income	-0.077***	-0.080***	-0.058**	-0.068***
Parents read to youth at night	-0.085***	-0.051**	-0.065***	-0.030
Youth thinks education is extremely or fairly important	-0.040*	-0.020	-0.030	-0.005
Youth’s peers think education is important	-0.058**	-0.059**	-0.046**	-0.046**
Mother’s attitude to education	-0.011	-0.028	-0.012	-0.027
Youth ever suspended from school			0.057**	0.064***
Youth ever expelled from school			0.065***	0.052**
Youth was often absent from school			0.176***	0.184***
Youth was often late for school			0.054**	0.054**
Youth participated in sports extra-curricular activities while at school			-0.179***	-0.065***
Youth participated in arts extra-curricular activities while at school			-0.006	-0.017
Youth participated in other extra-curricular activities while at school			-0.036*	-0.026
Observations	1,701	1,691	1,701	1,691
R-squared	0.17	0.14	0.26	0.21
Adjusted R-squared	0.157	0.128	0.248	0.190

Notes: Standardised coefficients reported; \*significant at 10%; \*\*significant at 5%; \*\*\*significant at 1%.

## 7 Concluding comments

This report uses data from the YIF project to investigate aspects of social inclusion among young people who grew up in disadvantage, specifically in families that at some point relied on income support payments. For this purpose, we developed a set of social inclusion indicators that are broadly in line with the priorities set out in the Australian Government's social inclusion agenda, encompassing participation in education and employment, connection with family and friends, participation in the life of the community and the ability to deal with personal crises. We employ both descriptive and regression analysis to investigate the extent to which growing up in disadvantage can affect social inclusion in adulthood as well as other factors that influence the extent of social inclusion.

We find that, among respondents of age 18 years, those whose parents had a prolonged history of income support receipt are likely to be less socially included than young people with no or moderate parental income support history. This effect is observed across many outcomes in the simple descriptive analysis, being particularly prominent in such categories as participation in education, full-time employment and job search, quality of relationships with parents and social participation.

We also find that this effect can be partially explained by the socioeconomic status of the parents, characteristics of the family structure, parental decisions to invest in their children and attitudinal variables. However, even after controlling for these factors, the effect of exposure to income support is not completely eliminated. Specifically, whereas moderate exposure to income support while growing up seems not to make any difference, the group that had prolonged (six years or more) exposure to the income support system still had significantly higher levels of social exclusion than others. Our results indicate that this may be due to the persistence of social exclusion of these young people when they were at school. In fact, controlling for a set of indicators of schooling experience, such as the incidence of suspensions and expulsions, as well as regular school attendance and participation in after-school activities, substantially reduces the lasting effect from prolonged income support exposure. Although negative schooling experience should be interpreted as an early-childhood manifestation of social exclusion rather than the cause for social exclusion in adulthood, we cannot reject the connection between school achievement and social inclusion.

## Endnotes

- 1 <<http://www.socialinclusion.gov.au/Pages/default.aspx>>.
- 2 Among Wave 1 respondents, natural mothers comprised 96.5 per cent of parent respondents and natural parents, 98.6 per cent.
- 3 Since all of the parental characteristics are taken from the interview with the parent, who, in more than 95 per cent of cases, was the natural mother of the youth, we have a somewhat smaller set of controls available for the natural fathers, which does not include father's age or Indigenous status.



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# Which event matters: exploring the relationship between life events, socioeconomic status and psychological distress in mothers of infants

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The opinions, comments and/or analysis expressed in this document are those of the author and do not necessarily represent the views of the Minister for Families, Housing, Community Services and Indigenous Affairs, and cannot be taken in any way as expressions of Government policy.

## Abstract

Psychological distress is an important component of the overall health and wellbeing of individuals. It also represents a risk factor for illnesses such as depression. In mothers, psychological distress has been linked with poorer outcomes, both for the mother and her child. This study explored the relationship between stressful events and psychological distress in mothers of infants. Using 4,247 mothers of infants from the Longitudinal Study of Australian Children, it was found that certain subpopulations of Australian mothers, such as young mothers, lone mothers and unemployed mothers, were at an increased risk of reporting psychological distress. In addition, mothers with high distress were more likely than mothers with low distress to report experiencing at least one stressful event within the past 12 months. The study also found that although the number of stressful events predicted the likelihood of psychological distress, certain events were more strongly associated with high distress than others. These included relationship separation, work disappointment and financial crisis.

**Keywords:** stress; life events; psychological distress; socioeconomic status

# 1 Introduction

The capacity of individuals to deal with personal crises and setbacks is an important factor in their wellbeing and ability to participate fully in society. Research, for instance, consistently finds that stressful life events are among the strongest predictors of psychological distress (Avison, Ali & Walters 2007; Ko et al. 2001). Stress has repeatedly been shown to be directly related to poorer physical health and illness in individuals (Esler, Schwarz & Alvarenga 2008; Mathews & Gump 2002), and poorer mental health (Grant & McMahon 2005).

Stress also has implications for families. Economic pressures on families, for example, have been shown to increase the likelihood of experiencing heightened stress. This, in turn, has negative effects on family functioning, parental mental health, marital interaction and parenting quality, and may lead to more detrimental outcomes for children (Solantaus, Leinonen & Punamäki 2004). Given the economic downturn, with its accompanying job losses and financial insecurities, the study of stress and the impact of stressful events on individuals and families are important research priorities for anyone interested in the wellbeing of individuals, families and communities.

Stress refers to environmental conditions that exceed the ordinary capacity of the individual to cope (Grant & McMahon 2005). Although any event can be a stressor, certain events, such as financial or relationship difficulties, may be common correlates of stress. This research specifically explores the relationship between stressful life events and poor mental health in mothers of infants.

During early motherhood many women are more vulnerable to stress. The birth of a child, for example, is characterised as a time of profound change in a woman's life. While this is usually seen as a joyful event, the arrival of a new baby can also be accompanied by feelings of loss, isolation and fatigue as the mother adjusts to the added pressures that a child brings to her life (Rogan et al. 1997).

Mothers of infants also often experience anxiety and doubts about their parenting abilities and lowered self-confidence (Tammentie et al. 2002). Added to this, pressures around balancing work and family life may mean that new mothers are particularly vulnerable to stressful life events.

The occurrence of mental illness during the period of early motherhood is not unusual and has been well documented in a number of studies (Des Rivieres-Pigeon, Saurel-Cubizolles & Lelong 2004; McCue Horwitz et al. 2007; Skreden et al. 2008). This report uses a well-validated scale, known as the Kessler psychological distress scale (K6), to identify the presence of a non-specific mental health issue (Kessler et al. 2002). Although the K6 does not produce a diagnosis of mental illness, a strong relationship between findings of psychological distress using the K6 and mental illness has been identified in many studies (see, for example, Andrews & Slade 2001; Cairney et al. 2007).

Some studies have found that higher levels of self-reported stress among mothers can determine a mother's risk for depressive symptoms (Mulvaney & Kendrick 2005), while other studies have found that depressive symptoms increase depending on the number and severity of stressors

(Hammen 1992). Having children may increase exposure to particular stressors, such as arranging child care and increased economic hardship (Bird 1997), with increased distress a direct result of the social burdens of caring.

## Theories of stress

Stressful events are not distributed evenly across the social strata, and an individual's location within the social system influences the likelihood of their experiencing stressful life events (Aneshensel 1992). Known as the exposure hypothesis, this theory of stress proposes that individuals from lower socioeconomic backgrounds experience more stressful events than those in higher socioeconomic positions.

Pearlin (1989) noted that most stressful experiences do not originate from a vacuum, but rather from the social sphere, resulting from stratification by social and economic class, race and ethnicity, sex and age. Moreover, Pearlin hypothesises this increased exposure to stressful events is related to the increased risk of psychological distress among individuals of poorer socioeconomic status.

Some research appears to support the exposure hypothesis. Lantz and colleagues (2005), for example, found significant socioeconomic disparities in relationships between major life events and chronic stress. They found that not only does low socioeconomic status predict the number and severity of life events, but also that such events were positively correlated with poor health outcomes. Further, in a review of the demographic distribution of stressful life events, Hatch and Dohrenwend (2007) noted similar results as a function of socioeconomic status, with minority ethnic groups reporting more stressful events. Exposure to stressful events has also been found to be higher in female-headed families (McLanahan 1983, 1985).

Negative life events themselves can lead to poorer outcomes; however, the presence of negative events may also interact with various other aspects of an individual's life to heighten stress and lead to negative outcomes.

The vulnerability hypothesis suggests that some groups of individuals may be more vulnerable to the effects of stressful life events. In other words, given the same exposure to life events, some groups of individuals may be more responsive to them than other groups. This hypothesis is supported by evidence that not all individuals who experience significant stress go on to develop psychological distress and that other factors predispose some individuals to poor mental health when a stressful event is encountered (Ingram & Luxton 2005). In particular, those who experience social disadvantage may be more predisposed to poorer outcomes in the presence of a stressful event (Kessler 1979). This may be a result of differences in the availability of coping resources, social support, disposition or social location (Wheaton 1990).

Thus, while socially disadvantaged people may be more exposed to stressful events, they may also be more highly influenced by them than socially advantaged people. Dohrenwend and Dohrenwend (eds 1974), for example, found substantial variations in mental health outcomes among individuals of different socioeconomic status experiencing the same stressful event.

Similarly, other factors, such as Indigenous status, the presence of a disability, age and marital status, may lead some mothers to experience poorer outcomes in the face of a stressful life event than other mothers (Lantz et al. 2005).

## Role of social support

Socioeconomic status and other sociodemographic characteristics may not be the only factors that influence the impact of psychological distress resulting from life events. Theories of life events highlight the important role of social support in mediating the relationship between stress and mental health.

Mathiesen, Tambs and Dalgard (1999) explored a psychosocial model of depression, whereby psychological vulnerability factors, such as negative self-esteem, and interpersonal vulnerability factors, such as lack of social support, increase the risk of distress in the presence of a provoking agent such as a stressful life event. This model suggests that the severity of psychological distress is affected by exposure to stress and mediated by the level of social support available to the individual. Psychological distress in mothers, in particular, has been found to be ameliorated in the presence of social support networks when a stressful event is encountered (Tran & McInnes-Dittrich 2001).

Other research, however, has not been so conclusive. Turner (2006) found that although social support directly influences depression, it does not buffer the negative effects of stress. This contradiction may be explained by Tobing and Glennwick (2006) who found that it was the level of satisfaction with social support that moderated maternal distress, rather than the level of social support.

## Current study

The predictors of psychological distress have been studied extensively; however, existing research focuses on particular groups of mothers who often participate because of existing mental health difficulties (Mathiesen, Tambs & Dalgard 1999).

Population-based studies, which incorporate a large number of variables related to maternal psychological distress, are relatively rare in the literature. Therefore the present study makes use of a relatively large population-based survey of mothers with young children.

The current study explores the relationship between stress and psychological distress in mothers of infants, while also taking into consideration maternal characteristics, socioeconomic factors and the level of social support available. Four broad hypotheses will be addressed:

1. The number of stressful life events a mother experiences will predict the likelihood of psychological distress.
2. Consistent with the exposure hypothesis, mothers from low sociodemographic backgrounds will experience more stressful life events than other mothers.

3. Consistent with the vulnerability hypothesis, mothers from low sociodemographic backgrounds who experience a stressful life event will be more likely to report psychological distress than other mothers.
4. The presence of social support will mediate the relationship between life events, socioeconomic status and psychological distress.

In addition, this research will also examine the role of particular life events on psychological distress in an attempt to explore which event matters in the lives of mothers of infants.

## 2 Method

### Data source and participants

This research uses data from the first wave of the Longitudinal Study of Australian Children (LSAC). LSAC is the first comprehensive Australian study to examine the lives of children as they grow up. Wave 1 commenced in 2004 with a probability sample consisting of 5,107 infants aged from 3 to 19 months. This was a response rate of 54 per cent of those who were initially approached to take part in the survey.<sup>1</sup> Only respondents who were biological, adoptive or stepmothers of the study children were included in the analysis ( $n=5,032$ ). A total of 785 mothers failed to return the self-completed questionnaire, which contained the K6, and were excluded from the analyses. The final sample, therefore, consisted of 4,247 mothers, aged from 15 to 48 years ( $M=31.37$ ,  $SD=5.15$ ). Further information on the demographic characteristics of the sample can be found in the results section.

The data was weighted to account for possible non-response bias, allowing results to be generalised to the Australian population of mothers with infants.

### Measures

#### Psychological distress

This is assessed using the Kessler psychological distress scale (K6), a self-reported measure of behavioural, emotional and cognitive indicators of non-specific psychological distress. The K6 was developed to identify individuals with symptoms severe enough to cause moderate to serious impairment in functioning.

Respondents are asked the frequency, during the past four weeks, of experiencing symptoms of psychological distress, such as feeling nervous, without hope, restless, everything is an effort, so sad that nothing could cheer you up and worthless. Possible responses range from none of the time (0) to all of the time (4) with scores added to yield a possible total score from 0 to 24. As there is no agreed standard for determining cut-off points, psychological distress was defined as a score of 10 or above following the method outlined in a previous study by Baggaley et al. (2007).

The K6 is widely used in population samples to measure psychological distress. It has been found to have good validity and reliability as a screening tool for generalised distress, yielding accurate estimates of the population prevalence of psychological distress (Cairney et al. 2007; Furukawa et al. 2003; Veldhuizen et al. 2007), and very high internal consistency ( $\alpha=0.89-0.92$ ) (Kessler et al. 2002).

The scale has also been shown to have good concurrent validity, with strong correlations found with other measures of psychological distress (ABS 1997, 2007; Swartz & Lurigio 2006). Despite this, it is important to note that the K6 is not equivalent to a diagnosis of clinical depression.

An exploratory factor analysis, using maximum likelihood factoring, was conducted on the six items in the scale to investigate the underlying factor structure of the K6. The results showed that all items loaded onto a single factor with factor loadings  $>0.5$  and no cross-loadings. Finally, the overall measure had good reliability, with a Cronbach's Alpha of 0.82.

### **Stressful events**

Modified from the Live Events Scale (Brugha & Cragg 1990) and used in the PATH Through Life Study,<sup>2</sup> the measure used contained 18 items regarding the occurrence of specific stressful events during the past year. These included financial stressors, such as experiencing a major financial crisis; health stressors, such as experiencing an illness; and stressors related to interpersonal challenges, such as having a problem with a friend or relative. Responses were made on a dichotomous yes/no response set.

### **Maternal characteristics**

These consisted of a number of demographic characteristics, including age, Indigenous status, culturally and linguistically diverse (CALD) status, maternal employment status, maternal education (dichotomised as Year 12 or above or less than Year 12), marital status (partnered or not partnered), and mother's self-reported disability status.

### **Socioeconomic characteristics**

These include equivalised household income (recorded as a continuous variable) and financial situation. This latter measure is based on a subjective judgment from the respondent about the family's financial situation. It is measured on a six-point Likert scale (1=prosperous; 6=very poor).

### **Social support characteristics**

These measures assess both the level and the adequacy of support. The level of support item asks how the mother feels about the amount of support or help she receives from people living elsewhere. This variable was dichotomised as either receiving help or not receiving help.

The adequacy of support measure asks the mother how often she feels that she needs support or help but is unable get it from anyone. This item is scored on a four-point Likert scale from 1 (very often) to 4 (never).



These questions have been adapted and modified from the Australian Life Course Survey (Glezer & Wolcott 1997) and the Communities for Kids Initiative (NSW Department of Community Services Families First 2003) for the LSAC survey.

## 3 Results

Of the total study sample of mothers of infants in Wave 1 of LSAC ( $n=4,247$ ), approximately 64 per cent ( $n=2,732$ ) experienced at least one stressful event during the previous 12 months. For many of these ( $n=1,185$ ) this was a single event; however, a substantial minority of mothers in the sample (10 per cent) experienced four or more stressful events. The average number of stressful events experienced by mothers in the sample was 1.40 ( $SD=1.6$ ). Only a small number of mothers in the sample ( $n=300$ , or 7 per cent) reported psychological distress.

### Number of stressful events and psychological distress

On average, mothers who reported psychological distress experienced significantly more stressful events ( $M=2.73$ ,  $SD=2.3$ ) in the previous 12 months than mothers who did not report psychological distress ( $M=1.32$ ,  $SD=1.5$ ) ( $t_{317}=-10.5$ ,  $p<0.001$ ).<sup>3</sup>

Logistic regression was performed to assess the relationship between the number of stressful events and psychological distress. After controlling for sociodemographic factors, including employment status, income and disability status, the number of stressful events significantly predicted the presence of psychological distress. For each additional stressful event in a mother's life in the previous 12 months, she was approximately 1.4 times more likely to report psychological distress. At the same time, other factors were significant and strong predictors of psychological distress, over and above the effects of stressful events. These included whether the mother had a disability, the mother's CALD status, and the mother's relationship status. The results showed that mothers who had a disability were more than twice as likely to report psychological distress as those without a disability. Mothers from a culturally and linguistically diverse background were almost twice as likely to report psychological distress, and mothers who were unpartnered were 1.7 times more likely to report psychological distress compared with those who were married or partnered.

### Maternal characteristics, stressful events and psychological distress

The relationships between stressful events, psychological distress and mothers' socioeconomic and demographic characteristics were explored. Unadjusted analysis found that certain groups of mothers reported more stressful events than other mothers. These were mothers who were young, single, Indigenous, unemployed, had not completed Year 12 or had a disability (see Table 1). Mothers from a culturally or linguistically diverse background reported fewer stressful life events than other mothers, although this finding was not significant at  $p<0.05$ .

**Table 1: Number of life events by maternal characteristics**

	Stressful events		
	n	Mean no. of events	Test statistic <sup>(a)</sup>
Age (years)			
Under 20	80	2.29	$t_{81} = 3.85, p = 0.001$
20 and over	4,142	1.41	
Marital status			
Single/dating	342	2.51	$t_{368} = 9.90, p < 0.001$
Married/cohabiting	3,880	1.32	
CALD status			
CALD	961	1.34	$t_{1672} = 1.88, p = 0.06$
Non-CALD	3,261	1.45	
Indigenous status			
Indigenous	100	2.17	$t_{101} = -3.34, p = 0.001$
Non-Indigenous	4,122	1.41	
Education			
Less than Year 12	631	1.55	$t_{815} = 2.75, p = 0.006$
Year 12 and above	3,590	1.40	
Disability status			
Disability	1,008	1.86	$t_{1440} = -8.7, p < 0.001$
No disability	3,214	1.29	
Employment			
Unemployed	127	2.67	$t_{130} = -7.06, p < 0.001$
Other	4,095	1.39	

(a) Welch's approximation was used due to unequal variances.

To further examine both the exposure and the vulnerability hypotheses, mothers were divided into two groups based on whether they reported one of five indicators of disadvantage. Mothers were assessed as being disadvantaged if they were young (under 20 years), single, Indigenous, unemployed or had not completed Year 12. Using these criteria, approximately 24 per cent of mothers in the sample were considered 'disadvantaged'. Mothers in this category were more likely to have experienced at least one stressful event in the previous year (74 per cent compared to 62 per cent for other mothers). This difference was significant ( $t_{1314} = 10.62, p < 0.001$ ).

Disadvantaged mothers were also more likely to report psychological distress ( $t_{1426}=3.76$ ,  $p<0.001$ ), with 10 per cent of these mothers reporting distress compared with 6 per cent of non-disadvantaged mothers.

To test the vulnerability hypothesis, the two groups were assessed against their risk of psychological distress, given that they had also experienced a stressful life event. Disadvantaged mothers who experienced a stressful event were more likely to report psychological distress (12 per cent) than other mothers who experienced a stressful event (8 per cent). This difference was also significant ( $t_{1147}=3.10$ ,  $p=0.002$ ).

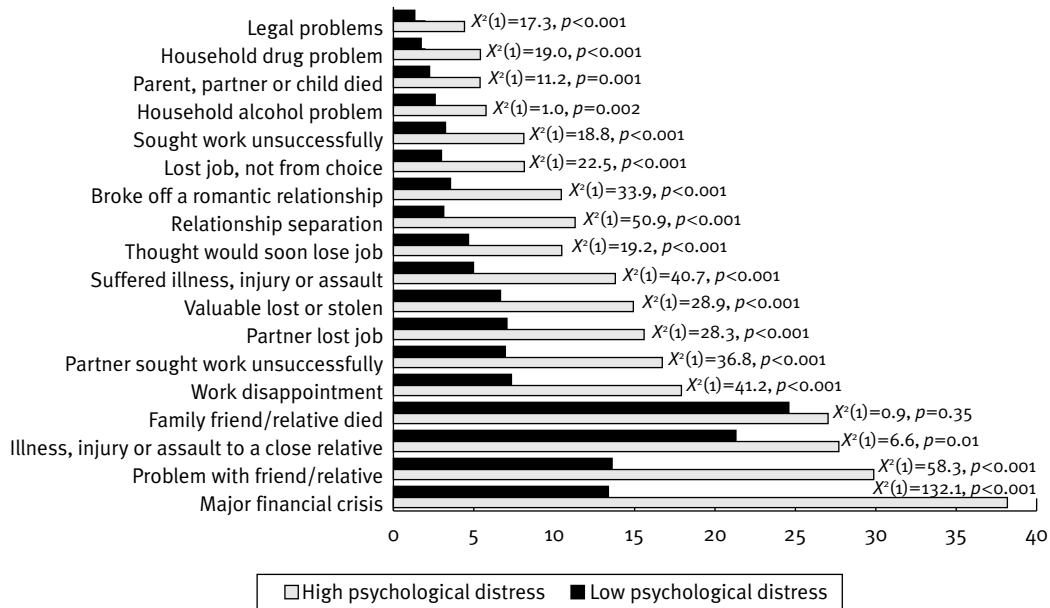
### **Psychological distress and the type of stressful event**

Although the number of stressful events was a significant predictor of psychological distress, a substantial proportion of mothers who were psychologically distressed reported experiencing just one (23 per cent) or two (19 per cent) stressful events. This suggests the number of events may not be the only predictor of psychological distress and that the nature of the event may also relate to the likelihood of distress. Therefore, specific types of events may be significant predictors of high distress.

To assess the association of particular stressors with psychological distress, descriptive statistics were firstly explored for each item in the stressful events measure. Overall, the most frequently reported item by mothers was the death of a family friend or relative (25 per cent), 22 per cent reported an illness, injury or assault of a close relative, 15 per cent reported experiencing a major financial crisis and 14 per cent reported experiencing a problem with a friend or relative. A smaller percentage reported breaking off a steady relationship (4 per cent), losing their job (3 per cent) or the death of a parent, partner or child (2 per cent).

Compared to their non-distressed counterparts, a higher proportion of mothers who reported psychological distress also reported experiencing each particular stressful event (see Figure 1). Chi square tests revealed these differences to be significant for all but one event (a close family friend or another relative died). Most notably, experiencing a major financial crisis and having a serious problem with a close friend, neighbour or relative were the two events most commonly experienced by mothers with psychological distress.

**Figure 1: Proportion of mothers who report each stressful event, by level of psychological distress (including chi square and *p* values)**



Hierarchical logistic regression analysis was conducted on the data to determine the extent of the relationship between specific stressful events and psychological distress. Eight events were significantly associated with an increased likelihood of psychological distress: experiencing a major financial crisis; losing a job; experiencing a work disappointment; having a problem with a friend or relative; having a parent, partner or child die; having something valuable lost or stolen; relationship separation; and experiencing an illness, injury or assault. Only these events were used in the resulting regression analysis. Indicators of disadvantage were then entered into the model in stages, including maternal characteristics, socioeconomic factors and social support characteristics. The results are presented in Table 2.

Table 2: Odds ratio (95% confidence intervals) of stressful event on mothers' psychological distress, controlling for background factors

Psychological distress	Basic model	Maternal characteristics	Socioeconomic factors	Social support characteristics
<b>Stressful events</b>				
Illness, injury, assault to self	2.14 (1.4-3.2) **	1.86 (1.2-2.8)*	1.89 (1.2-2.9)*	1.66 (1.1-2.6)*
Parent, partner or child died	2.26 (1.2-4.3) *	2.28 (1.2-4.4)*	2.26 (1.2-4.4)*	1.34 (0.6-2.8)
Problem with friend/relative	2.00 (1.5-2.7) **	1.87 (1.4-2.6)**	1.84 (1.3-2.5)**	1.37 (1.0-1.9)
Work disappointment	1.55 (1.0-2.3) *	1.81 (1.2-2.7)	1.80 (1.2-2.7)*	1.73 (1.1-2.7)*
Lost job	1.85 (1.1-3.3) *	1.65 (0.9-2.9)*	1.58 (0.9-2.8)	1.49 (0.8-2.8)
Major financial crisis	2.79 (2.1-3.8) **	2.63 (1.9-3.6)**	2.20 (1.6-3.0)**	1.79 (1.3-2.5)*
Valuable lost/stolen	1.74 (1.2-2.6) *	1.61 (1.1-2.4)	1.59 (1.1-2.4)*	1.61 (1.1-2.5)*
Relationship separation	2.29 (1.4-3.7) *	1.88 (1.1-3.1)*	1.92 (1.1-3.2)*	2.06 (1.2-3.5)*
<b>Maternal characteristics</b>				
Mother has a disability	-	1.92 (1.4-2.6)**	1.87 (1.4-2.5) **	1.72 (1.3-2.3)*
Mother is partnered	-	0.66 (0.4-0.9)*	0.68 (0.4-1.1)	0.61 (0.4-1.1)
Mother is CALD	-	2.13 (1.6-2.9)**	2.10 (1.5-2.9) **	1.92 (1.4-2.7) **
Age (continuous variable)	-	1.01 (1.1-1.1)	1.01 (1.1-1.1)	1.0 (1.0-1.0)
<b>Mother's employment</b>				
Not working	-	Reference	Reference	Reference
On maternity leave	-	0.46 (0.2-0.8)*	0.47 (0.3-0.8)*	0.45 (0.2-0.9)*
Working part-time	-	0.69 (0.5-1.0)*	0.72 (0.5-1.0)	0.89 (0.6-1.3)
Working full-time	-	0.57 (0.3-1.0)*	0.62 (0.4-1.1)	0.71 (0.4-1.2)
Year 12 or above education	-	0.74 (0.5-1.1)	0.78 (0.5-1.1)	0.74 (0.5-1.1)

**Table 2: Odds ratio (95% confidence intervals) of stressful event on mothers' psychological distress, controlling for background factors (continued)**

Psychological distress	Basic model	Maternal characteristics	Socioeconomic factors	Social support characteristics
Socioeconomic characteristics				
Household income	-	-	1.00 (0.9-1.1)	1.02 (0.9-1.1)
Financial perception	-	-	1.33 (1.0-1.6)*	1.13 (0.9-1.4)
Social support characteristics				
Level of social support				
Get enough help	-	-	-	Reference
Don't get enough help	-	-	-	1.33 (0.9-1.9)
Adequacy of support	-	-	-	0.38 (0.3-0.5)**
<b>Pseudo R squared</b>	<b>0.09</b>	<b>0.13</b>	<b>0.14</b>	<b>0.22</b>

Notes: \*significant at <0.05; \*\*significant at <0.001.

Odds ratio >1 indicates increased likelihood of psychological distress, odds ratio <1 indicates reduced likelihood.

Particular stressful events continued to significantly predict psychological distress, even after controlling for background factors. These were events involving: an illness, injury or assault; work disappointments; financial crises; relationship separation; and having something lost or stolen. Even after controlling for maternal characteristics and socioeconomic factors, these five events continued to be significantly associated with the likelihood of psychological distress in mothers. Mothers who reported a relationship separation were more than twice as likely to report psychological distress, and mothers who experienced a work disappointment or a major financial crisis were more than one-and-a-half times as likely to report psychological distress compared with those who did not experience a work disappointment or financial crisis.

## Role of social support

Table 2 also reveals that social support may have a role in mediating the relationship between particular stressful events and the likelihood of reporting psychological distress. For two events—the death of a parent, partner or child and a problem with a friend or relative—the inclusion of social support into the model reduced their power to predict psychological distress to non-significance.

## 4 Discussion

The current study has explored the relationship between psychological distress and stressful events examining both the exposure and vulnerability hypotheses. It also identified those events that may predict high distress in mothers of infants.

### Relationship between stressful events and psychological distress

Approximately 64 per cent of mothers in the LSAC sample reported at least one stressful event during the previous 12 months. The results support the first hypothesis, finding that the number of stressful events a mother reported was strongly predictive of her likelihood of psychological distress. With each additional stressful event a mother experienced, she was 30 per cent more likely to also report psychological distress. This is consistent with previous research findings that stressful events significantly correlate with mothers' experiences of psychological distress (Mulvaney & Kendrick 2005; Serido, Almeida & Wethington 2004).

However, it is important to note that it was not simply exposure to stressful events that predicted distress. Mothers with a disability, those who were single and those from a culturally and linguistically diverse background were also more likely to report psychological distress, irrespective of their experience of stressful events. This finding may also highlight the importance of other forms of stressors.

While stressful events are well established as predictors of psychological distress, they tend to be relatively infrequent. Research suggests that minor irritations and annoyances that individuals experience daily also have a related, although unique, contribution to psychological distress, over and above those of stressful life events (Crnic & Booth 1991; Serido, Almeida & Wethington 2004). This type of stress may also be relevant to mothers with a disability or from a culturally and linguistically diverse background as they struggle with their own challenges in addition to the burden of raising children.

## Exposure and vulnerability hypotheses

The exposure hypothesis maintains that individuals from lower socioeconomic backgrounds report higher psychological distress and other mental health issues due to their greater exposure to stress, in particular stressful life events. The results of the current study found that certain subpopulations of mothers were more likely to report experiencing a stressful event than other mothers. These included mothers who were young, Indigenous, poorly educated, single or unemployed. These mothers were also more likely to report psychological distress. This was particularly the case with lone mothers who were nearly twice as likely to report high distress as mothers who were in a married or de facto relationship. Research has found that the link between relationship status and psychological distress may be via the increased risk of experiencing stressful events (Avison, Ali & Walters 2007; Brown & Moran 1997).

Loxton, Mooney and Young (2006) also found the psychological health of lone mothers was poorer than other women, highlighting that most of this difference could be attributed to their poorer economic status, and higher likelihood of experiencing financial stress. This provides some support for a differential exposure theory (Turner, Wheaton & Lloyd 1995), suggesting that high distress in lone mothers may reflect a higher level of exposure to stress rather than to any group differences in vulnerability to stressful experiences.

There was also support, however, for a hypothesis that suggests that there are differences in vulnerability to stressful events in terms of socioeconomic positioning. For mothers who had experienced a stressful event in the previous year, those who had at least one indicator of disadvantage were significantly more likely to also report psychological distress than mothers with no disadvantage indicators. This supports previous research that suggests that individuals from a lower socioeconomic position may be more vulnerable to the effects of stress than others (Grzywacz et al. 2004).

There is some research to suggest that vulnerability to stressful life events among different groups, however, may be influenced by the type of outcome used in the analysis (Pearlin 1989). Pearlin suggests that different groups may manifest stress in different ways, and this needs to be considered when interpreting the results of the current study.



## Which event matters?

While stressful events were a strong predictor of psychological distress, the study also found that the experience of only one or two events was also associated with an increased likelihood of high distress. This suggests that it is not merely the accumulation of stressors that predicts psychological distress, but the type of event may also be an important factor in determining whether distress is experienced.

By analysing the impact of each stressful event separately, the study was able to assess which events were the strongest predictors of psychological distress. This helps policy makers and practitioners to better target interventions to develop the capacity of individuals to deal with stressful events when they occur. In particular, the study isolated relationship separation, and work and financial difficulties as stressors that are associated with the likelihood of a mother experiencing high distress, regardless of other sociodemographic characteristics.

The strongest predictor of psychological distress was the experience of a relationship separation, indicating that relationship dysfunction is an important factor in the risk of developing high distress. Mothers who reported a separation in the previous 12 months were almost twice as likely to report psychological distress, after controlling for the effects of background demographic, employment, socioeconomic and social support characteristics. This is not surprising given the importance of intimate relationships for a mother's emotional and psychological wellbeing. A happy marriage, for example, has been found to be one of the most important factors of social support, with marital happiness associated with lower psychological distress (Bird 1997).

Strong correlations have also been found between inadequate support from a mother's spouse and post-partum depression (see Logsdon and Usui 2001 for a literature review). Romito and Saurel-Cubizolles (1999) found a robust association between the perceived quality of the couple's relationship one year after the birth of a child and depression in women. They found that when a relationship was 'very bad' the risk of emotional distress was about five times higher than when it was 'very good'. Indeed, Romito and Saurel-Cubizolles found that it was 'healthier' to be alone than to experience a difficult marital relationship.

The experience of a work disappointment was also found to have a strong and significant association with the likelihood of psychological distress. Mothers who reported experiencing a work difficulty in the previous 12 months were almost twice as likely to also report psychological distress, highlighting the important association between the work environment and emotional wellbeing for mothers of young children.

Work can be an important source of social support, and can potentially act as a buffer against the risk of high distress, or equally, it can be the cause of frustration and stress when relationships are strained and career aspirations thwarted. Parry (1986), for instance, found that among women with high levels of stress, paid employment was related to the level of social support available, suggesting that employment may substitute for lack of support in other areas of their life.

Work, however, may also prove to be an additional burden for some mothers who are already juggling competing demands upon their time and resources. Olson and DiBrigida (1994), in a study of work-role satisfaction in mothers of toddlers, noted that a mother's satisfaction with her work reflected the interplay of a number of factors involving stress and personal resources, finding that part-time employment was associated with better mental health outcomes than both full-time employment and unemployment.

The current study extended Olson and DiBrigida's analytical approach. After controlling for stressful events and maternal characteristics, a similar clear cut relationship between part-time and full-time work and the likelihood of psychological distress was not found, suggesting that other factors may mediate the relationship between employment status and distress.

However, the study found that mothers on maternity leave were significantly less distressed (compared with mothers who were not employed). This may indicate that, although employment is a buffer against high distress, a period of 'time off' from work may be beneficial for mothers adjusting to the demands of a new baby. Caution must be applied to this interpretation, as a causal relationship cannot be inferred from the data. It could be, for example, that employers who are more generous with their maternity leave provisions may also be more likely to offer other conditions that contribute to the wellbeing of their staff, that women who work in areas that offer maternity leave tend to be more highly skilled and in better paying jobs, or that women on maternity leave are financially stable or are able to enjoy their time off because they know they have a job to go back to.

This finding could also be related to the nature of the work that mothers are engaged in. In particular, women are more likely to be casual workers (Pocock, Buchanan & Campbell 2004), which often relates to less job security, less opportunity for paid leave (including maternity leave), lower skill levels, more limited control and more exclusion from workplace decision making (Watson 2005), all of which can contribute to increased stress while at work. Research has found that work-related stress may be related to psychological distress through its association with a decrease in mothers' self-esteem (Taylor, Roberts & Jacobson 1997).

Financial hardship also appeared to be associated with poorer emotional wellbeing. Mothers who reported a major financial crisis in the previous 12 months were 60 per cent more likely to also report psychological distress. At the same time, it was expected that household income would have a strong and significant association with the likelihood of high distress. This association was not borne out in the current study, suggesting that low income does not necessarily equate to financial stress.

There is some support for this in the research literature. Heneghan et al. (1998), for example, found that sociodemographic factors were not significant predictors of depressive symptoms in their sample of at-risk mothers and instead found that it was mothers' self-report of fair or poor financial status that significantly predicted financial stress.

The current study found a similar result, that a mother's perception of the family's financial position was significantly associated with the risk of her reporting high distress. Mothers who saw themselves as poor, regardless of their actual household income, were more likely to report psychological distress.

Flatau, Galea and Petridis (2000) noted that the relationship between income and mental health was less robust than that between unemployment and mental health. They suggested that there may be a cut-off level at which income becomes associated with mental health. Their research found that income appears to be important but is by no means the only factor in the poorer mental health outcomes of unemployed people. Again, caution must be applied in the interpretation of these findings as reverse causation could be an issue. An alternative explanation may be that mothers with high distress are more likely to perceive their financial situation more poorly than mothers with low distress. These findings provide an opportunity for further research on the relationship between stress, distress and the subjective experience of poverty.

## Social support characteristics

The above analyses show that stressful events alone, while significantly predicting psychological distress, only account for a small percentage of the variation in distress. The explanatory power of the model is enhanced considerably by the inclusion of other factors, notably maternal characteristics and social support.

The current study found that the effects of financial stress and socioeconomic status appear to be moderated by social support variables, in particular the adequacy of support a mother reported receiving. Despite the negative effects that stressful life events have on a mother, it appears that social support may offer some protection against psychological distress. The inclusion of social support into the model reduced the effect of both perceived financial hardship and a major financial crisis on the likelihood of high distress.

Similar results have been found in a number of other studies (Jackson 1998; Mathiesen, Tambs & Dalgard 1999; Mulvaney & Kendrick 2005; Oakley & Rajan 1991; Parry 1986; Whelan 1993). This highlights the potential role of social support in the association between financial stress and the likelihood of high distress.

Brown and Moran (1997), in attempting to explain this association, found a link between financial hardship and relationship quality, finding that economic strain was primarily related to the hostile (that is, non-supportive) behaviour of the partner. Thus, they concluded, economic stress tended to influence the mother via her husband's behaviour. Brown and Moran noted that the presence of emotional support reduced the risk of high distress in lone mothers.

The finding of a large and significant relationship between psychological distress and social support highlights the importance of interpersonal relationships and mental health factors. There is a considerable amount of literature that highlights the important mediational role that social support has in ameliorating the effects of depression and improving psychological wellbeing generally (Gjesfjeld et al. 2010; Parry 1986).

Interpersonal factors are particularly important following the birth of a child when a mother often experiences changes in her social and working relationships (Lutz & Hock 1998). Lutz and Hock concluded that women may perceive these changes as losses or distancing, feeling less secure

about their relationships and more likely to experience heightened psychological distress as a result.

In the current study, social support reduced the predictive power of key stressors, most notably experiencing a death in the family and having a problem with a friend or relative. Interestingly, however, social support appeared to have little effect on a relationship separation or work disappointment, perhaps reflecting that partner and work relationships form the primary means of social support for most mothers.

## Mothers' disability and CALD status

While it was outside the scope of this paper to examine health factors and CALD status, the study did find strong associations between these variables and the risk of developing psychological distress. A mother's self-reported disability status, for example, was the largest predictor of the likelihood of high distress, a relationship that was robust to the inclusion of other socioeconomic and social support variables. Likewise, mothers from culturally and linguistically diverse backgrounds were nearly 90 per cent more likely to report high distress, again a finding that remained robust to the inclusion of other factors. This opens up the possibility of further research, as very little has been undertaken in this area.

## 5 Limitations and conclusion

There are some limitations that must be considered when interpreting the results of this study. Dohrenwend (2006), for example, highlights some of the problems associated with checklists or inventories of life events like those used in LSAC and this study. He highlights intra-category variability, the large variability in responses that can be made because of the very broad and general characteristics of event checklists. Thus, respondents may interpret a serious illness event as anything ranging from an episode of flu to a heart attack. Unlike many studies of this type, LSAC does not include a measure of the respondents' appraisal of the stressfulness or severity of the event, nor whether the event is ongoing or has been successfully navigated by the respondent. These would add considerable validity to the measure.

A further limitation is in the cross-sectional nature of the data. While stressful events were found to predict psychological distress, the causal direction of the relationship cannot be ascertained in a correlational study. Therefore, although it was found that women who experience psychological distress were more likely to experience work disappointments or relationship separation, it may be equally likely that the work problems or relationship separation preceded psychological distress, that psychological distress results in work problems or relationship separation, or indeed that a third variable, related to both, may be the causal factor. As more waves of data are released, longitudinal analysis will enable the pathway from stress to distress to be better ascertained.

Despite these limitations the current study provides a useful exploratory investigation into the relationship between the nature and number of stressful events that a mother experiences and

her level of psychological distress. The capacity of individuals to cope with the circumstances of life is an important consideration in determining how best to assist people to better manage and recover from life difficulties and stressful events. Psychological distress incorporates an important component of the overall health and wellbeing of individuals.

This study has found that certain subpopulations of mothers are more likely to report symptoms of psychological distress, particularly those who are young, Indigenous, poorly educated, single or unemployed. The study has also found a strong relationship between the number of stressful events and the likelihood of psychological distress. However, certain events, such as a relationship separation, work disappointment and financial crisis, even when experienced in isolation from other events, are strong and significant predictors of the risk of high distress.

These findings have implications for policies directed at the delivery of services to mothers and their babies. This research enables the early identification of psychological distress by identifying events most strongly related to it. The need to develop effective programs to intervene with mothers with young children who have been exposed to stressful events is evident from the literature, which links psychological distress to developmental issues for children and their parents (Luoma et al. 2001). Providing positive support for mothers and families can begin to remediate these issues.

## Endnotes

- 1 Further information on the LSAC sample can be found in AIFS (2009).
- 2 Further information on the PATH Through Life Study can be found at the Centre for Mental Health Research website <<http://www.anu.edu.au/cmhr/path.php>>.
- 3 Welch's approximation was used for this *t*-test due to unequal variance.

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# Perceptions and experiences of cannabis use by young adults living with a mental illness: a qualitative study

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## Abstract

While studies of cannabis use are numerous, the voices of consumers of cannabis are rarely heard. Even less prevalent are the voices of young people living with a mental illness, whose perceptions, attitudes and experiences are crucial to construction of effective health strategies and campaigns. This paper seeks to enhance understanding of the perceived and experienced links between cannabis use and mental health by young adults between the ages of 18 and 30 years who are living with a mental illness. With reference to insights gained from focus groups comprising members of this cohort, motivations for use and non-use of cannabis are discussed. Reappraisal of cannabis from a relatively safe and ‘soft’ drug to one that is implicated in psychosis and mental illness renders the experience of this cohort particularly relevant to public policy and debate. To the extent that cannabis can precipitate a predisposition to mental illness—thus catalysing a risk factor that may not be known in advance—it is vital that we know more about the perceptions of young people who are already confronting mental illness and their attitudes to cannabis use. Such knowledge can potentially lead both to more effective health promotion campaigns in relation to this cohort, and more effective engagement of young people in general (where, in the context of cannabis use and mental health, youth itself is a risk factor).

**Keywords:** cannabis; youth; mental health; psychosis; perceptions; focus groups

# 1 Introduction

Notwithstanding its illegality, cannabis is prevalent and widely used in Australia and across the world. This has been the case over a long period. In Australia, cannabis remains the most used illicit substance,<sup>1</sup> and there has been ongoing, if intermittent, debate as to its effects on those who take it, whether or not it should be legalised, and the wider implications for public policy. But as formulation in 2006 of Australia's first National Cannabis Strategy attests,<sup>2</sup> the perceived urgency of issues pertaining to widespread cannabis use in this country is new. Also more recent, and intimately related to the new prioritising of cannabis use as a health matter of key national significance, is concern that the effects of cannabis may be more problematic than has hitherto been appreciated.<sup>3</sup>

This paper addresses the neglected attitudinal and experiential dimensions of cannabis use with a view to arriving at more effective health campaign interventions in the area of mental health. The focus is on young adults between the ages of 18 and 30 years who are living with a mental illness. The need for increased understanding of the experience of this group is underlined both by the high incidence of mental illness and co-occurring substance abuse, and the expressed concern of clinicians and carers that cannabis use seems particularly problematic in this context.<sup>4</sup> How do mental health consumers themselves regard the relationship between cannabis use and mental health, particularly young adults living with a mental illness whose perceptions are rarely heard and thus largely unknown?

In his introduction to a report into cannabis use by the Mental Health Council of Australia, Patrick McGorry (MHCA 2006, p. 3) stressed the need for sustained focus on 'vulnerable subgroups', saying it is 'clear that we need much more sophisticated interventions than currently used'. The report underlined the need for careful planning, 'particularly in relation to social marketing campaigns' (MHCA 2006, p. 8). As a significant but largely invisible vulnerable subgroup, young adults living with mental illness comprise a cohort whose perceptions and experiences of cannabis use could potentially assist immeasurably in this regard.

The first part of this paper contextualises the discussion with reference to the challenges that confront effective drug abuse prevention programs, particularly those relating to cannabis. The second section introduces the research on which the paper is based. The research derives from a funded study specifically conceived to elicit perceptions and experiences of cannabis use by young adults (18 to 30 years old) living with a mental illness, with the aim of arriving at more effective health promotion strategies regarding cannabis use. The methodology, limits and construction of the study are discussed. The third part of the paper presents the qualitative data, and the fourth and final section discusses the findings in relation to it. The conclusion of the paper summarises the significance and implications of the research.

## 2 Contextual dimensions: drug abuse prevention campaigns in relation to cannabis

While the capacity of media campaigns to influence a wide range of health-related behaviours is now well-established, the evidence in relation to substance abuse prevention is limited (Palmgreen & Donohew 2006; Snyder 2007). Research in the United States suggests that initial anti-drug campaigns were not associated with protective changes in youth drug use, although recent studies report a change in this trend with respect to cannabis use (Longshore, Ghosh-Dastidar & Ellickson 2006; Palmgreen et al. 2007). The challenges of evaluating national drug campaigns are many; one European researcher (Cuijpers 2003, p. 7) contends the majority of such research to be ‘flawed by major methodological problems’. When attempting to construct more effective media campaigns in relation to drug abuse prevention, it is necessary to be clear at the outset about the equivocal nature of the evaluative research findings. This cautionary note is particularly relevant in the case of cannabis, which is a complex and paradoxical drug that is associated with both negative and therapeutic effects, and which, although illegal, is extremely prevalent and widely used.

At the same time, the capacity of well-planned and targeted media campaigns to increase health-promoting behaviour in relation to illegal drug use is not contested. This is also at a time when health researchers are challenging longstanding perceptions of cannabis as a ‘soft’ and ‘safe’ drug, and raising new and disturbing questions about the relationship between cannabis use and mental health.<sup>5</sup> Palmgreen and Donohew (2006, p. 28) note that ‘the promise of reaching large audiences has led to continued efforts, a sharpening of design methodologies, and more realistic campaign expectations’. In this context, their isolation of key principles for successful public health campaigns, and particular reference to ‘[u]se [of] audience segmentation strategies to target messages to at-risk audiences’ (Palmgreen & Donohew 2006, p. 29) is salient.

The National Drugs Campaign (NDC) of the Australian Government has been waged since 2001, and comprises various phases that have focused on specific drugs. Cannabis has been the focus of the most recent phase, with concurrent emphasis on ecstasy and methamphetamine. The target audiences of NDC initiatives include young adults between the ages of 18 and 25 years (that is, a group that overlaps with the cohort age of interest to this paper) but also younger teenagers, those over the age of 25 who use illegal drugs and parents of 15 to 25 year olds. Thus the target audience is in fact wide-ranging, and pre-existing mental illness is neither specifically addressed nor implied. The articulated aim of the campaign is to contribute to a reduction in uptake of illegal drugs by young Australians ‘by raising awareness of the harms associated with drug use and encouraging and supporting decisions not to use’ (DoHA 2010).

While the above aim includes reference to support and treatment services, the messages conveyed are likely to be more problematic for young people already experiencing mental illness, whether separate to or in association with illicit drug use. To what extent does emphasis on the risks and potential harms of (in this case) cannabis itself risk alienation of target audience members living with a mental illness, for whom motivations for cannabis use may be more

complicated than for the general young adult population? Existing research establishes that '[t]here is good evidence that people with psychosis report using cannabis in an attempt to alleviate the emotional and psychological distress associated with their illness' (MHCA 2006, p. 26). If already experiencing mental health issues (and thus both the symptoms of particular conditions and any potential side-effects of prescription medication used to treat them) those who use cannabis to self-medicate might be expected to respond differently to health messages than those who currently experience no such problems (and who, particularly if using cannabis for the first time, may be seeking simply to experiment or explore).

In Australia, as in other parts of the developed world, cannabis use is typically heaviest when a person is in their early twenties and declines in their thirties along with key transitions in employment and family responsibilities. The vast majority of experimental or social recreational users of cannabis—approximately 90 per cent—do not go on to use on a daily basis or even for a prolonged period, and by their late twenties, most have discontinued their use (MHCA 2006, p. 17). Yet **a marked trend towards earlier use of cannabis is discernible.**<sup>6</sup> Since we now know more about the extent to which the brains of young adolescents are still undergoing significant change (eds Romer & Walker 2007) along with increased awareness of the extent to which cannabis use may be risky for mental health more generally—this brings the stakes of such risk into sharp relief. That not all young people will necessarily be adversely affected is as clear as the fact that a proportion of them may be. This is a reality that poses equally obvious challenges to public awareness and health promotion campaigns, which, in order to be effective, must be as mindful of the risks of universalising negative effects of cannabis use as of underestimating them.

What do we know about public perception of the risks associated with illegal drug use? There is evidence that current directions in health research already have their correlate in increased awareness at the level of the general public. A report prepared for the Australian Government Department of Health and Ageing (DoHA) found that the majority of respondents accepted that there is some association between use of illicit drugs and mental health problems (Cook et al. 2007). Significantly:

... [m]ost of the people who identified as having mental health problems claimed that they were aware of how illicit drugs could have a negative impact upon them' (Olsen, McGee & Smith 2010, p. 7).

Even more significantly, **those with mental health problems who reported drug use also accepted that drug use could exacerbate problems and illnesses** (Cook et al. 2007). The disconnect between reported perception on the one hand, and behaviour in the light of presumed knowledge on the other, raises issues and challenges in relation to a number of areas, not the least of which is effective marketing of risk factors associated with illicit drug use. If awareness—and actual experience—of negative effects is insufficient to modify behaviour, the need for increased insight into motivation for illegal drug use, especially in relation to those already experiencing mental health problems, is heightened.

Thus, the already significant challenges of marketing the risks of cannabis to young people in itself is complicated in relation to young people who already experience mental illness. Diversity

in relation to current mental health status suggests that, particularly in relation to cannabis use, health promotion campaigns may need to be more nuanced and refined if they are to reflect and resonate with the varied users—and uses—**within** the subgroup population. Even if the desired **effects** of health messages may be similar (that is, promotion of more serious reflection about cannabis use both by those who currently experience mental illness and those who do not) the **marketing** of such messages may need to vary. With respect to the cohort of this paper, and even while targeting young people directly, the Australian National Drugs Campaign may be failing to take sufficient account of the more particular experience of a vulnerable proportion of the target subgroup.

As a specific cohort with particular needs within the young adult subgroup, the experience of those living with a mental illness cannot be conflated with that of those who do not. Yet in terms of effective ‘marketing of risk’, there is also important overlap. By learning more about the perceptions and experiences of young adults with existing mental health problems, we can potentially learn more not only about effective engagement of this severely underserved subgroup, but also about how this knowledge may assist construction of better health promotion campaigns for the unknown number of young people who may later develop co-morbid conditions. What young adults who are living with mental illness **themselves say** about use and experience of cannabis is of dual and urgent importance, and it is this information that is absent in the existing research.

### 3 The ‘missing’ dimensions of perception and experience: convening the research study

It is in this context, and against this background, that the study on which this paper is based was conceived. Led by the Mental Health Association New South Wales (NSW), in 2008 a consortium of partners successfully applied to the Mental Health Coordinating Council (MHCC) for funds to conduct a research study. In collaboration with the Social Justice and Social Change Research Group of the University of Western Sydney, the *What Works?* project was designed.<sup>7</sup> A distinguishing feature of the project was its focus on the views of young adults (between the ages of 18 and 30 years) living with a mental illness who have a co-occurring substance abuse problem. As noted, this is a cohort that is largely neglected in current research. It is also the case that the majority of previous studies exploring questions of drug use and mental illness have used quantitative research methods, where questions have been preset and the subjective experience of respondents minimised: ‘There is relatively little research examining reported reasons and motives for cannabis use and this information is not generally collected by large population surveys’ (Olsen, McGee & Smith 2010, p. 13). The *What Works?* project was specifically conceived to redress this gap in the existing research, in relation to a cohort not generally focused upon, with a view to arriving at recommendations for more effective health promotion campaigns and strategies with respect to cannabis use.

## 4 Methodology: use of focus groups

The need to understand more of the lived experiential reality of young adult mental health consumers with respect to cannabis use also generated the methodology deployed. Clearly required was a qualitative research method attuned to subjective perception with the ability to elicit articulation of these perceptions. Use of focus groups was appealing in this context. As Morgan (1997, p. 10) highlights, the comparative advantage of using focus groups as an interview technique lies in their capacity to represent **interaction** on a topic:

Group discussions provide direct evidence about similarities and differences in the participants' opinions and experiences as opposed to reaching such conclusions from post hoc analyses of separate statements from each interviewee.

The benefits of the focus group as a tool of analysis for this study—in which access to the perceptions, thoughts, feelings and experiences of a particular cohort were sought—are obvious.

Ten focus groups were conducted during late 2009 and early 2010, involving a total of 35 participants. Four of the groups were held at the offices of the Mental Health Association NSW, and the other six at different services and residential facilities. Regional consultations were conducted to offset 'Sydney-centric' bias. Of the regional groups, two took place in Canberra, one in South Tweed Heads and one in Armidale. Focus groups comprised three different types of mental health consumers in the age range of 18 to 30 years:

- ▶ those who use cannabis and had done so over a long period (10 participants)
- ▶ those who no longer used cannabis (16 participants)
- ▶ those who did not have a history of continued cannabis use (9 participants).

While all living with a mental illness, participants in the focus groups also varied with respect to the condition or disorder they experienced (which ranged from schizophrenia to depression). They were not required to stipulate their particular diagnosis; it was sufficient for participants to satisfy the criteria of being a mental health consumer. While the lack of clarity regarding individual illness specifics might seem problematic, such was not necessary for the purposes of the research. Of interest were perceptions of the relationship between cannabis use and mental ill health; to this extent particular diagnostic details were irrelevant. At no stage were participants expected or required to elaborate details of their illness; a non-requirement that was seen as more conducive to open expression in a societal context in which a diagnosis of mental illness can be stigmatising.

Background information on the length of time since initial diagnosis, the number of episodes of mental ill health experienced, and whether or not current medical care was being received was, however, required. This was collected via forms that were completed by each focus group participant. These forms also asked whether participants were taking any medication for their mental health, the nature of any support they were receiving in relation to their mental health, and some specific questions about use of cannabis, cigarettes and non-prescription drugs over the past 12 months. Individual consent forms from the University of Western Sydney Human



Research Ethics Committee were completed by all participants. The information sought was confidential (names of participants were not recorded) although age, highest completed level of education, occupation and employment status were required. Collected background information indicated the average age of participants to be 24 years, the youngest 18 years and the oldest 31 years. There were 10 declared current cannabis smokers, 16 ex-smokers, and nine who had not used.

Feedback sought from the focus groups (that is, of young adults in the age range of 18 to 30 years who live with a mental illness) related to the following topics:

- present levels of knowledge, perceptions and behaviour regarding cannabis use
- reasons for cannabis use (that is, when mental health problems are already experienced)
- what maintains continued use of cannabis (where applicable)
- what has prompted, or might prompt, cessation of cannabis use
- suggestions for a health promotion campaign which aims to inform about the potentially problematic relationship between cannabis use and mental health.

Focus groups were also shown and asked to comment on the poster ‘Marijuana. It can mess up your head. And your life.’ which was produced by the Australian Government as part of the National Drugs Campaign.

Groups were audio-recorded, subsequent transcription of which served as the basis for the data analysis. Field notes were also made on the respective group settings, interactions of participants, conversations prior to and following recording, and comments of group members on their respective participation. In the sense of providing surrounding and contextual detail, the field notes, too, comprised part of the data analysis.

## Recruitment and organisation

The aim of speaking to young adults living with a mental illness about their use or non-use of cannabis was very specific. This group represented a challenging cohort to recruit, and required the casting of as wide a promotional net as possible. Extensive attempts were made to recruit potential participants. Posters and flyers advertising the project were developed. These were sent to a range of service settings, including youth health and mental health services as well as youth centres and universities. Information about the study was included in the newsletters and websites of the partner organisations, as well as on youth-friendly websites such as Somazone and headspace. Approximately 120 services were cold-called over a period of four months. Recruitment was a major task that took considerably longer than envisaged.

Recruiters for the project reported that dialogue with service workers in the relevant areas (youth, drugs, and mental health) was a revealing exercise in itself. Many workers with whom conversations took place expressed appreciation that such research was being undertaken. They regarded cannabis use as a major problem among their clients, and felt cannabis received

insufficient attention for the apparent damage with which it is associated. Yet supportive attitudes did not necessarily translate into support for recruitment of study participants. Many service workers remarked on the chaotic nature of their clients' lives, and one expressed the view that there was little chance of bringing any such groups to fruition. In this context, the fact that the project eventuated is itself testament to a degree of success in what were perceived by many to be highly unpropitious circumstances.

Nominated participants fell into two broad groups—self-selected and referred. Approximately half the groups comprised people who directly contacted the recruiter with a view to participation, after seeing the poster and/or flyers in one of the venues in which these were visible, or reading about the study in one of the partner organisation newsletters. This group was generally eager to participate, and tended to be made up of motivated and well-informed young people who were either students or otherwise employed. Many were involved with various representative consumer groups, were media savvy, and knowledgeable about supports and services for young people with a mental illness. Some were overtly proactive in terms of managing their own mental health problems, even to the extent of researching services before approaching them.

The second group (members of which were largely referred and organised by a particular service or worker) was discernibly different from the first. Generally much less favourably situated than the self-selected participants, this group was mostly unemployed or on a disability pension and living in assisted housing. Many had been homeless and/or had had contact with the justice system. A point in common with the 'self-selected' group, however, was the general enthusiasm for the project, and several of the 'referred' group expressed the hope that telling their stories would help other young people avoid some of the experiences they had undergone. Participants received a meal of pizza and a modest shopping voucher as a token of appreciation for their time and input.

Attendance at the focus groups (which were singly or co-facilitated by Partners in Mental Health researchers employed for the project) revealed the sex breakdown to be 22 male and 13 female. Most participants reported their first use of cannabis to be around the age of 14 to 15 years of age, while several began at ages 11 to 12 years and the youngest at 6 years. The vast majority reported their first experience of cannabis to have been with their own peer group or older pupils at school. Many participants were polydrug users, with heroin, cocaine, ice, speed and ecstasy used in addition to cannabis. Most (60 per cent) were tobacco users.

When it is considered that focus group participants ranged from a live sound engineer and a student of herbal medicine to those who were unable to work at all (and who had grown up in impoverished circumstances), the diversity of situation, background and functioning level of group members is clear. Such diversity is also revealing of the extent to which the problems of mental illness and illicit drug use cut across all sectors of society. The contrasting recruitment paths (that is, self-selected and referred) allowed a mix of participants that was valuable in allowing access to diverse experiences and patterns of cannabis use/non-use. The diversity of participants can be seen as a strength of the research in that it increased the possibility of gaining insight into the varying perceptions and lived realities of the cohort.

## 5 Limits of the study

The limits of the study also need to be noted. At the level of methodology, the benefits of focus groups also highlight the extent to which the data they generate needs to be qualified. Dependence on the group interaction of focus groups means that individual interviews have comparative advantage with respect to both the degree of control the facilitator/interviewer exercises, and the level of detail each informant has the opportunity to contribute (Morgan 1997, p. 10). Thus, it cannot be claimed that the data arising from focus groups is sufficiently comprehensive or definitive to serve as the basis for drawing conclusions that are generally applicable.

The recruitment process also revealed some regrettable omissions in term of potential focus group participants. Among the parents who contacted recruiters to express concern about children and family members, the perception that cannabis negatively impacts mental health was both common and strong. Apparently, however, the young people concerned did not share this belief, and it is unfortunate that the recruitment effort was unsuccessful in securing their participation in the study.

The difficulty and time involved in recruitment of participants also had its correlate in discrepancies between expected and actual attendance rates. As it transpired, not a single group took place in which all who had been expected to attend actually presented. At least one person, and sometimes up to three people, who had been confirmed to participate, failed to attend each group. Facilitators reported withdrawal on the grounds of illness and loss of interest in, or confidence about, taking part. This led to often very small groups in what was already a limited sample. At another level, however, small numbers and low attendance rates attest as much to the need for the research as to the challenges of bringing it about. If young people who were ostensibly committed to taking part were unable, for whatever reason, to do so, what does this tell us about the manifold obstacles they may be up against? From this perspective, and as intimated previously, the obvious limit of a small sample size was to a degree offset by the fact that the study was conducted at all. Given that so little is known about the experience of this cohort, the limits of the research also attest, at the same time, to the value of the input the study was successful in eliciting.

While the focus groups that took place included diverse participants in the ways previously discussed (and to this extent might be seen as a microcosm of diversity within this particular cohort in the wider community), there were also limits regarding the extent to which such diversity was engaged. Consideration of the more specific role of such dimensions as sex, class and ethnicity (as well as the interrelationship of these) would have been valuable, but direct focus on these variables was beyond the scope of the study. A larger sample size would also have assisted such a focus, so additional funding and reappraisal of the participant recruitment process in light of the challenges encountered would be potential ways of redressing this limitation.

## 6 Qualitative data

It's about the people, because the drugs are always going to be there, but people smoke drugs for different reasons. They don't do it just for fun, even though we say we do.

Focus group discussions provided rich insight into the several topics addressed. Constraints of space preclude inclusion of the full range of this material, and necessitate selection of specific themes. Particular reference will be made to the question of motivation both for using cannabis and for decreasing or ceasing cannabis use. In this context, participant feedback on the National Drugs Campaign poster and suggestions for enhancing the effectiveness of health promotion initiatives in relation to cannabis will also be cited.

In order to preserve and convey the voices of group participants, it is important to adhere as closely as possible to their own words and utterances. In presenting the qualitative data, (derived from typed transcripts of the audio recordings of focus group discussions) retrospective commentary has been kept to a minimum, and largely confined to the subsequent discussion section. For ease of reading, cited material is presented under subheadings, although the extent to which discussion themes intersected also needs to be noted.

### Motivations for use

I think it must relax some part in the brain. I don't know if it affects the dopamine or endorphins or whatever, but it definitely ha[s] some chemical reaction in the brain to relax you. Sometimes it hypes people up, I've seen both. I would find that I would take it and I would say that it would make me become normal. But what is normal? Normal doesn't exist. It just made me feel less anxious than when I didn't have it.

The paradoxical nature of cannabis, and the varied responses to it, was very evident in the comments of participants. For some focus group members, the advent of mental illness was a powerful 'pull' factor in motivating use:

I started smoking marijuana purely to escape my mental illness. I couldn't handle anything to do with hallucinations or voices. So I've used drugs to escape from all that for a while.

*Facilitator:* Did it help?

It did help a lot. But then it got to the point where I just got really unwell and bad things happened.

Another participant found marijuana to be 'like Utopia, I loved it'; adding 'and it wasn't until I gave it up that I ended up with mental health problems'). At reverse ends of the spectrum to the previous speaker (who first took cannabis **after** experiencing mental illness) attraction to the drug for its seemingly positive initial effect was followed by effects that were more problematic. Admission of the previous speaker that the motivation for first smoking cannabis was 'purely' to escape mental illness (in this case hallucinations and voices) is also powerful testament to the strength of the negative reality the speaker was attempting to escape from.

The comments of some participants indicated operation of a trade-off, in which known possibility of negative effects at some future point was willingly accepted for the immediate respite cannabis use seemed to provide. This was poignantly apparent in the following exchange:

*Facilitator:* [D]o you see a link between your drug use and your health problems?

I might get 24 hours of peace. And that 24 hours of peace is worth the two days of shit I'm going to go through afterwards. That 24 hours of peace might get me discharged.

*Facilitator:* So when you say 'peace', what are you talking about?

The thoughts, the mind. When I'm stoned I'm not thinking about shit that's going through my head.

Yet initial motivation for cannabis use had also yielded, in some cases, to disincentives for use in light of negative effects experienced. Some participants were unequivocal that cannabis had compounded, if not 'caused' their experience/s of psychosis:

I think the main thing is getting it known that this stuff can be dangerous and when it is mixed with medication it can be even more dangerous.

*Facilitator:* Do you know people that have had that experience?

Myself.

*Facilitator:* So what happened with your medication and the cannabis? You don't have to answer.

Just that. It's not safe. Not when you're on heavy medication—to be smoking stuff like that.

By the same token, there were some participants who, even when linking their cannabis use to very negative mental health experiences, did not see such problems as directly attributable to use of the drug and maintained their motivation to use it. One young woman with (openly admitted) schizo-affective disorder saw her diagnosis in the context of her family history. Another predated her mental health problems to her use of cannabis ('I think I probably would have had it anyway, because even before I was starting to smoke pot I was—at high school I was—a bit sick for a while'). The former not only denied 'absolutely' any association between her use of cannabis and her compromised mental health, but experienced marijuana as highly beneficial in alleviating the side effects of her prescription medication (in this case, lithium).

Participants were as diverse in the extent to which they attributed links between cannabis use and their mental health problems as they were in describing the effects of cannabis use. To this extent, motivation (or lack thereof) for continued use of cannabis was strongly shaped by initial experiences of it. One participant said, 'I know with my schizophrenia medication, when I did smoke it ... I started having paranoid thoughts again'. Another 'steered clear' of cannabis on experiencing psychosis ('it sort of woke me up a little bit'), while for one focus group member, cannabis could be 'just as dangerous as acid or ecstasy'. Still another declared that they didn't 'flip out', become paranoid or experience short-term psychosis, but rather 'a long, very subtle kind of psychosis ... it's more like a de-personalised kind of thing'. Motivation for use by one participant was 'ability to communicate with people when I'm stoned better than when I'm not stoned', although others spoke of long-term use as detrimental to sociability, and to intrinsic motivation.

## Feedback on the National Drugs Campaign poster

Responses to the National Drugs Campaign poster (of which focus groups were shown a copy and invited to comment) were similarly diverse. Against an austere background, the poster depicts a dishevelled and disturbed-looking young male, with his arms folded and his eyes fixed and staring. While a partial effect of lighting, his skin is pale and waxy-looking. The overall impression of unhappiness and poor health is fairly unequivocal. The accompanying text (along with the NDC slogan and prominent featuring of the words ‘Marijuana. It can mess up your head. And your life.’) reads: ‘Marijuana affects different people in different ways. And no one can predict what marijuana will do to you. Psychological problems—sometimes major and long term—are one possibility’. Details on how to access further information are included.

A common and immediate response was that the setting of the poster is a psychiatric ward: ‘To me he’s in hospital’; ‘I think the bed and the side cupboard says hospital—the wall’. For one participant this also connoted that the person depicted was receiving support (‘And he’s in hospital so he’s getting support anyway’). For others, however, it was suggestive of stigma, which also had implications for how it was received: ‘That’s a lot of stigma, like mental patients are in hospital, because a lot of us aren’t.’

The association with stigma correspondingly highlighted the potential ineffectiveness of the poster in that the seriousness of the health message was undercut. This was not an image with which all could identify, as was dramatically clear from the following response:

What about all the people in Nimbin and Byron Bay that glorify it and have colourful clothes and dreadlocks and stuff, so you know what I mean? Because they go ‘Oh, because we don’t look like this it’s okay ...’

While the poster was seen as unreflective of particular groups and experiences, there was also a sense that, because of the association of stigma, it was alienating even for those who identified with the experience depicted.

Criticism of the poster as an unrepresentative image was applied not only to the subgroup of people it was presumed to depict, but to the nature of the experience being depicted. The following comment was typical in this regard:

There are a lot of campaigns that are like ‘this is what drugs will do to you and it’s a terrible experience so don’t ever do it’, but there’s a lot of people enjoying their experience too so you don’t really take it seriously.

At the same time, there were those who, while not necessarily identifying with the image portrayed, were less impervious to the health warning it attempts to convey (‘I’m not a user so I think I just ... I don’t really identify with it but it makes me think ‘yeah, stay away from it because if that could happen ...’). One 30 year-old participant said that he had begun using cannabis years before such media campaigns were waged: ‘so ... now it doesn’t influence me as much because I’ve already made my decisions about it.’

The source of the poster was also concerning to some:

*Facilitator:* [T]his is a government initiative ... would you be more likely to believe something that came from Youth Off The Streets or headspace<sup>8</sup> or something?

*Participant:* Youth Off The Streets I would. Headspace perhaps, but it's Commonwealth funded so anyone who knows anything about where the money's coming from will know it can't be trusted. Whether it can or it can't is irrelevant; it's like, 'no, it's a government thing so it can't be trusted'.

Once again, however, responses were far from unanimous. By contrast, another participant said '[i]t's good they're now starting to do this—Australian government kind of stuff, because they did one on ice, they did one on speed ...' Some focus group members favoured more graphic depiction of negative effects, such as advertisements showing visual effects of cannabis on the brain. But unqualified positive responses regarding the effectiveness of the poster were rare. In this context, one participant expressed scepticism about advice from authorities, claiming that the worst thing you can say to a young person is 'not to take it' [an illegal drug] 'at all':

It's all great and well to have an adult come in and tell you, but at the age of 15 I was listening to no adult tell me what was best for me. But if there was a young person who came in and went, 'yeah, this happened to me guys, this is the reality', the connection's there.

## Motivations for decreasing or ceasing use: strategies and alternatives

At one level, disincentives to continued use of cannabis clearly emerged from the discussions. Compromised health, negative interactions with family and friends, potentially reduced motivation and income were cited as reasons for reconsideration of options. Yet to the extent that cannabis was perceived to have alleviated aspects or effects of mental illness (that is, leading to the trade off whereby potential or actual negative effects are accepted in the face of immediately perceived benefits) ostensible reasons to cease using were not necessarily experienced as compelling.

With this complicating caveat, some common threads emerged in relation to reduction or cessation of cannabis use. One was experience of reduced positive effects over time. In combination with the financial expenditure necessary to sustain regular use, declining beneficial effects of cannabis were experienced as doubly debilitating:

I've smoked it, and after a while it's like trying to get a high you can't get.

I just hated the fact that once you'd smoked it for a while, it didn't give you that high anymore. That's what I hated.

Because you've got a tolerance to it.

Because you've taken it for so long. And it just ends up costing you more money.

The financial costs of continued cannabis use were decided disincentives to some focus group participants (although had also led some to become dealers). At the same time, financial reasons

for reducing or giving up cannabis were explicitly rejected by others, even as they disliked the monetary outlays required: 'It's [taking a break from cannabis] not a financial thing; it's more of a 'I don't want to smoke anymore' thing. I just want a break from it.'

Negative effects on sexual functioning were seen as a disincentive by some, as were the effects on skin, hair and nails. While the side effect of increased appetite was remarked, particularly by women, one participant saw this as a positive in terms of assisting toleration of food (having used cannabis specifically to combat the nausea that was a side effect of her prescribed medication).

A cost–benefit premise also failed to capture other dimensions of motivation for use/non-use of cannabis that were operative, and for some participants, more significant. The motivation of improved health with cessation of cannabis use did not serve as an incentive for some focus group members, as the following comment clearly conveys:

But I think it's something that has to be about more than just your health because most people don't stop smoking for health reasons. I want to stop smoking to have better ways of dealing with things ...

In this case, health risks as such were less compelling as motivation to stop using than a desire to cope better with life challenges.

The limits of warnings and of constant emphasis on risk was a frequent theme in the discussions (even as some participants found reference to negative effects a disincentive to continued cannabis use). One participant said 'with mental illness a lot of the problem is trying to distinguish what's good for you; what to take that's good for you'. Another said that while negative effects are often 'drilled in', emphasis on what is good for people 'is probably just as important, especially with a person with a mental illness'.

The centrality of strategies and coping mechanisms was underlined, and alternative activities to cannabis use endorsed:

... people just need to be aware there's other choices; instead of just choosing to do that—smoke pot or whatever it is, you know.

I'm actually doing my diploma in Western herbal medicine and there are a lot of other things that you can use other than marijuana ... that are safe, that are natural, that don't have any side-effects on your bodies ...

If you want to relax with someone ... you do something that's legal. There's always legal stuff you can do and get the same high from it.

Together with alternatives, the need for ongoing support was constantly reiterated. The importance of support—and of incentives to creative ways of facilitating it in a societal context in which it was experienced as hard to access<sup>9</sup>—emerged strongly in the discussions. One participant said 'just having people that when you need to talk about it, listen, is something that I think I need more than marijuana'. Another said:

That helps, having support of people. You can't do it on your own, and having that support is crucial for stopping any type of drug ... You definitely need a social network, whether it's friends or family or somebody to help you.



## 7 Discussion and findings

Qualitative data derived from the focus groups yields a number of findings that could potentially enhance the effectiveness of social marketing campaigns in relation to cannabis use. This is with respect to both the specific cohort of the study and more generally. While the data reveals the experiential specificity of the cohort in key respects (a specificity that is not accounted for in current NDC initiatives), existence of the cohort as a subgroup within the NDC target audience, as well as diversity within the cohort itself, suggest points of intersection and audience overlap that should be considered by designers of future drug abuse prevention initiatives. Indeed, the data suggests that in the process of conveying their more particular experience and needs, the cohort is in a unique position to illuminate deficiencies in current targeting of the youth audience regarding drug abuse more broadly.

The first finding relates to the complexity of motivation for cannabis use. As the data pertaining to the cohort shows, common assumptions that young people use drugs simply to experiment and ‘have fun’ belie a more complex reality. If drug abuse prevention campaigns are to resonate with the cohort, sensitivity to the potential motivation of self-medication may need to be conveyed. Affirmation of the positive experience of cannabis by many of the cohort—even when associated risks are understood and experienced—needs to be recognised. But while particularly pertinent in relation to the cohort (for whom existence of mental illness renders positive psychological states more elusive), this is a finding that also applies to effective targeting of young people in general. Implicit or explicit denial of the potential positive experiences of cannabis use risks an obvious credibility gap, particularly when the therapeutic benefits of this drug in terms of pain relief are not only well known, but widely advocated for in terms of selective legalisation.<sup>10</sup>

‘Good’ and ‘bad’ experiences of cannabis use were also revealed by the data as sometimes difficult to quarantine (feelings of relaxation leading to lack of overall purpose; initial sociability as evolving to a sense of isolation). A second finding is that such ‘mixed’ experience likewise needs to be acknowledged in order to enhance credibility with the cohort, and that this, too, has implications for effective targeting of young people in general.

A third finding relates to the limits of warnings and of constant emphasis on risk. Illegal drugs are one means among many by which people have long sought to alter (and potentially connect with, as much as ‘escape’) their experiences (Weil 1998). As the qualitative data shows, in the case of mental illness, such desires can be experienced as particularly acute. To the degree that illegal drug use has long exerted widespread appeal for the purpose of achieving changed subjective states (that is, as well as, and in addition to, the desire to ‘escape’) it cannot be reduced to irresponsibility or simple lack of self-care. This suggests the limits of demonising drugs themselves if health campaigns are to resonate both with young people in general and the study cohort more specifically. To the extent that the cohort represent a subgroup that has additional incentive to seek alternative experiences to those of their familiar conscious reality, this is an important factor that well-designed drug abuse prevention campaigns need to bear in mind.

Recognition that incentives to reduce or give up cannabis use may relate less to concerns about improved health than desire to cope better with life challenges is a fourth finding. The

implications for effective health campaigns are striking—promotion of alternative coping mechanisms and strategies may be more effective than underlining the risks to health. Once again, while particularly pertinent to the cohort (in that living with a mental illness entails particular challenges), this is a finding that likewise has more general applicability.

A recurrent theme from the data (which was apparent in otherwise diverse responses to the National Drugs Campaign poster and that occurred almost irrespective of the more particular responses voiced by individual focus group members) was the strong impact of direct personal experience and/or of meeting or knowing someone who has had such experiences. This was invariably regarded as more effective than passive viewing of a poster or advertising campaign, and comprises a fifth finding with major and challenging implications. Authenticity and direct personal experience were highly prized, and emerged as more credible sources of influence than ‘official’ attempts to advise. In this context, the importance of the peer group as a powerful socialising force for responsible attitudes and behaviour (that is, in contrast to the more familiar view of the peer group as an agent of negative influence in relation to illegal drug use) also emerged strongly. The applicability of peer support and social networking to drug abuse prevention campaigns that target young people has yet to be addressed systematically.<sup>11</sup> The data in this paper suggest the potential value of such research for effective targeting of both youth in general, and the study cohort in particular (whose overlapping but also distinct experience in relation to cannabis use otherwise risks being subsumed within the more general target audience of young people themselves).

## 8 Conclusion and implications

In order to achieve maximum effectiveness, drug abuse prevention campaigns need to attune to the perceptual and experiential realities of their target audience. This, however, has been difficult to do, in that such information is not accessible from large population surveys. In the case of a drug such as cannabis, which is widely available and used, and which is increasingly associated with negative effects on mental health, the challenges of effective marketing of risk factors to young people are especially marked. The research on which this paper is based is valuable in providing insight into the perceptions and experiences of a widely overlooked cohort (young adults between the ages of 18 and 30 years who live with a mental illness). As a vulnerable subgroup within the target audience of ‘young people’, this cohort is both distinctive in some aspects of its shared experience regarding cannabis use, and well situated to highlight deficiencies in current media targeting of cannabis use among young people themselves.

The methodology of the research study, the open-ended nature of the qualitative data elicited and the limited sample size, clearly preclude arrival at definitive conclusions. But in terms of motivation for cannabis use and non-use, the mixed experiences of the effects of this drug, the limits of an emphasis on risk and on stigmatising and reductionist images, the insights elicited by the research are highly suggestive of directions in which more nuanced drug abuse prevention campaigns might develop. The powerful role of the peer group, and of direct and authentic personal experience as agents of influence in drug education, are further suggestive findings to arise from the research. In combination, they reveal the as yet untapped potential

of the voices of young people themselves, both to attest to their own experience and to act as legitimate spokespeople within target audiences that are sceptical of ‘official’ attempts to inform them. Harnessing the positive potential of this capacity for drug abuse prevention programs in relation to cannabis represents enormous challenges. But the research on which this paper is based suggests that creative initiatives in this area might significantly enhance the credibility and effectiveness of such campaigns.

## Endnotes

- 1 In 2007, cannabis was the most widely used illicit drug in this country; one in three (33 per cent, 5.8 million) Australians over and including 14 years of age had used it in their lifetime, and nearly one in ten of this group (9.1 per cent, 1.6 million) had used it in the previous year (NCPIC 2010).
- 2 The National Cannabis Strategy was endorsed by Commonwealth, State and Territory Health and Law Enforcement Ministers of Australia on 15 May 2006. It was followed by Australian Government establishment of the National Cannabis Prevention and Information Centre (NCPIC) at the University of New South Wales in 2007.
- 3 As highlighted in a key publication of the Mental Health Council of Australia, a stronger international response to cannabis was called for in June 2006 by the United Nations Office on Drugs and Crime on release of the *World Drug Report 2006*. As was also noted, there now exists ‘increasing public debate about the relationship between cannabis use and mental illness and what to do about it’ (MHCA 2006, p. 6).
- 4 ‘Particularly in recent years, carers have expressed concern about the apparent incidence of co-occurring mental illness and cannabis use’ (MHCA 2006, p. 14). Similarly, ‘[c]linicians in both the mental health and alcohol and drug sectors also point to an increase in the incidence of cannabis use among patients, leading to relapse or worsening of their illness’ (MHCA 2006, p. 14).
- 5 While research results have been equivocal in light of the variability of symptoms reported and lack of control for pre-existing psychosis vulnerability, an association, as distinct from causal connection, between cannabis use and psychosis is now widely acknowledged. As a reflection of the severity, rather than prevalence, of schizophrenia (which affects approximately 1 per cent of the population) the majority of research on association between mental illness and cannabis use relates to schizophrenia (MHCA 2006, p. 23). For consideration of potential links between cannabis use and other forms of mental disorder, see McLaren et al. 2008, pp. 37–56.
- 6 Early use of cannabis has been linked to increased risk for vulnerable groups in particular, including those who used cannabis during adolescence, those who had previously exhibited psychotic symptoms and those at high genetic risk of developing schizophrenia (Semple, McIntosh & Lawrie 2005).

- 7 Partners in Mental Health (Mental Health Association NSW, NSW Consumer Advisory Group, Association of Relatives and Friends of the Mentally Ill) & Social Justice Social Change Research Group, University of Western Sydney 2010, *What Works? Report into cannabis use by young adults living with a mental illness*, Partners in Mental Health Publishing Consortium and Social Justice Social Change Research Group, University of Western Sydney, Sydney.
- 8 Youth Off The Streets, which was founded in 1991, is a youth-specific community organisation that assists young people in relation to substance and other abuse, family problems and homelessness. Headspace, which was established in 2006, is the National Youth Mental Health Foundation and is Australian-government funded.
- 9 Coexistence of mental illness and substance abuse issues, together with a shortage of services specifically oriented to the needs of youth, considerably limit support possibilities for this cohort within the mainstream health system. Frustration with attempts to access appropriate services and support was a distinct theme of the discussions.
- 10 The case for legalisation (and thus licensing and regulation) of illegal drugs in general and cannabis in particular has been made intermittently over the years by diverse groups and stakeholders. It is also gathering ground within mainstream society; see, for example, the recently released book by former Supreme Court judge Ken Crispin (2010).
- 11 This is in contrast to the growing literature on the potential of the peer group and social networking more broadly, the implications of which could be fruitfully applied to the more specific area of drug abuse prevention (see, for example, Christakis & Fowler 2009). For focused (albeit brief) discussion of such potential in the context of drug abuse prevention campaigns, see Palmgreen and Donohew (2006).

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# Social policy notes

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# Attitudes to homelessness in Australia

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## **Abstract**

There has been very little research to date investigating attitudes to homelessness in Australia. Such research is important as public opinion can influence both political will to act and the viability of different policy responses. Attitudes also shape the way the community responds to those who are disadvantaged.

Using data collected through the 2007 Australian Survey of Social Attitudes on homelessness, this study investigated attitudes of the Australian community about the perceived causes of homelessness and responsibility for addressing it.

Exploratory principal component analysis revealed an underlying structure to participants' responses. Three components or response patterns emerged, with participants viewing homelessness as a problem: with external causes requiring government solutions; of collective responsibility; with individual causes, where individuals and their families are responsible for resolution. This finding is consistent with some studies from the United States and United Kingdom that show that attitudes to homelessness are complex and do not necessarily align with the structural/individual dichotomy in a straightforward way.

Demographic factors such as age, sex, class, educational attainment and political affiliation were explored as predictors of attitudes. While some significant relationships were found, multiple regression analysis revealed that these factors explained very little of the overall variance in attitudes to homelessness. This has implications for public opinion research on homelessness, which has focused largely on demographic attributes as predictors of attitudes.

**Keywords:** attitudes; homelessness; predictors; cause; responsibility

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# 1 Introduction

*Having to tell people, 'I am homeless' is embarrassing as it makes me feel like I'm some lazy bum with a drug and alcohol problem who doesn't do anything to help themselves. I overhear people talking and this seems to be a common opinion. (Client comment in Hanover Client Survey 2008)*

Hanover Welfare Services is a leading Melbourne-based agency that provides services to people experiencing homelessness or housing crisis. Hanover's mission is to empower people who are homeless, or at imminent risk of becoming so, to enable them to take greater control over their lives, and to stimulate and encourage change in Australian society to benefit people experiencing homelessness. Understanding the public's attitudes to homelessness is critical to achieving our mission.

Attitudes about homelessness matter. Perceptions shape the way the public treat people experiencing homelessness and their support for particular policy responses (Lee, Lewis & Jones 1992; Lee, Link & Toro 1991; Link et al. 1995; Tompsett et al. 2006). Many authors cite evidence that public opinion influences public policy and legislative change (Barnett, Quackenbush & Pierce 1997; Lee, Jones & Lewis 1990; Tompsett et al. 2006). Lee, Link and Toro (1991) argue that public opinion is an important component of the favorable policy environment needed to address homelessness. Further, Toro and colleagues (2007) argue that the public's attitudes toward people experiencing homelessness at the very least tracks public policy, if not influences it directly. Understanding community attitudes to homelessness is an important part of addressing homelessness.

Until recently, homelessness has been largely missing from the national social policy agenda. That all changed with the 2008 release of the Australian Government's White Paper on Homelessness: *The Road Home: a national approach to reducing homelessness*. *The Road Home* maps out an ambitious and long-term reform agenda consisting of a three-pronged approach: early intervention and prevention; expanding and improving services; and specialist interventions for people with high needs who have had long-term involvement with the service system. *The Road Home* also sets targets for addressing homelessness—most notably halving overall homelessness by 2020 and being able to offer supported accommodation to all rough sleepers who seek it by 2020. *The Road Home* has been widely endorsed by the service sector Australia wide.

While government and the service sector see the clear need for action on homelessness, public understanding and support for policies to address homelessness is critical. Government policy requires community support and coherence with community norms, if efforts to address homelessness are to be successfully implemented and maintained over time. It is especially important when policy changes require significant expenditure of public funds. Policy does not exist in a vacuum.

A significant amount of research has been undertaken on homelessness, people's experiences of homelessness and, in particular, the causes of homelessness. Debate continues over causes—about the weight given to structural factors (such as poverty, housing affordability and discrimination) and individual factors (such as mental health issues, family breakdown

and substance abuse). While the emphasis on structural versus individual factors in explaining homelessness has shifted over time and across nations (Fitzpatrick & Christian 2006), there is consensus among the research community on a mix of both structural and more individual causes (see, for example, Commonwealth Advisory Committee on Homelessness 2003; Fitzpatrick & Christian 2006; Horn 2002; Mallett et al. 2009; Pleace 2000). Broadly, there seems to be agreement that individual factors make certain groups more susceptible to changes in the housing market—making it more difficult for them to successfully compete for low cost housing. This view has been referred to as ‘the new consensus’ (Pleace 2000) and informs the Australian Government’s approach to addressing homelessness in *The Road Home*.

In contrast, little research has been undertaken on community attitudes to homelessness. There are a handful of international projects and only a few Australian studies. Some research suggests that people have mixed views about the perceived causes of homelessness depending on the way they emphasise individual issues (such as ‘choice’ and ‘laziness’) and structural factors (such as a shortage of affordable housing) (see Blasi 2001; Lee, Link & Toro 1991). However, other studies suggest that people have a mixture of views where multiple causes are acknowledged as important and people’s beliefs are not restricted to either individual or structural causes (see Lee, Jones & Lewis 1990).

A national telephone survey of 1,000 Australians commissioned by Hanover Welfare Services in 2006<sup>1</sup> showed that participants tended to focus on the individual attributes or behaviours of people who experience homelessness rather than on broader social, economic or political causes. Drug addiction, mental illness, domestic violence and drunkenness were the main four attributions assigned to homeless individuals, or reasons given for homelessness by participants; however, they did agree with a variety of other causes.

Consistent with Hanover’s 2006 research, another Australian research project that conducted a national telephone survey with 400 people (Mission Australia 2002) found that survey participants tended to emphasise personal issues, rather than housing costs and unemployment, as causes of homelessness. This study also found that there were important gender differences in the nominated causes of homelessness, likewise, age affected responses especially for those aged 35 or younger.

The importance of sex and age is supported in other studies. For example, women and younger participants (Toro & McDonell 1992) saw few personal deficits among homeless people, and perceived lack of employment as a key underlying cause.

International research has suggested that other demographic factors influence people’s attitudes to homelessness. For example, an individual’s educational attainment (Lee, Jones & Lewis 1990), political orientation or affiliation (Pellegrini et al. 1997; Tompsett et al. 2006) and religious views (see Lee, Jones & Lewis 1990) can shape the emphasis placed on individual compared to collective solutions to homelessness. One study from the United Kingdom found that older and conservative-leaning participants were more likely to endorse individualistic explanations of the cause of homelessness (Lea & Bulewski 2000). This finding is supported by some literature from the United States (for example Lee, Jones & Lewis 1990), but disputed by others (for example Toro & McDonell 1992).

In line with previous research, the present study investigated:

- ▶ Australian community attitudes about the causes of homelessness and responsibility for addressing it
- ▶ the relationships between perceived causes of homelessness and responsibility for solutions, and whether there are underlying response patterns
- ▶ whether, and to what extent, community attitudes could be predicted by a range of demographic and other factors.

This paper presents findings from the 2007 Australian Survey of Social Attitudes (AuSSA). The results from the AuSSA presented here are exploratory in nature. Nevertheless, the large randomly-selected sample provided a great opportunity to investigate community understanding and attitudes to homelessness.

## 2 Data source

The Australian Survey of Social Attitudes (AuSSA) is a biennial national mail-out survey, and is the official Australian survey in the International Social Survey Program (ISSP). The survey is administered by a team at the Australian National University.

The 2007 survey was organised into 13 categories: leisure time and sports; crime and criminal justice; the law and authority; magistrates court; industrial relations; place of residence; religious attitudes; government regulation; homelessness; loneliness; politics and society; personal background; and your partner. Additional demographic items were included such as: sex, year born, income, educational attainment, employment, union membership, language spoken, birthplace, household composition and religion, as well as additional items on the participant's partner.

Data were collected over a five-month period. The survey was mailed out to 6,666 people randomly selected from the Australian electoral role. A total of 2,769 people completed the survey, representing a response rate of 41 per cent (Phillips et al. 2007; Phillips et al. 2008).

We submitted two questions on homelessness (with multiple parts) for inclusion in the 2007 survey. These questions asked about perceived causes of homelessness (including structural and individual causes) and responsibility for addressing homelessness.

The first question asked about causes of homelessness. Participants were presented with a pre-selected list of possible causes of homelessness. They were asked to rate the extent to which they agreed with each possible cause on a five point scale, with 1 being strongly agree and 5 being strongly disagree. The second question asked about responsibility for addressing homelessness. It asked people to rate how much responsibility different groups had in 'solving' or responding to homelessness on a five point scale, with 1 being all responsibility and 5 being no responsibility. These items are included in the Appendix. We were provided with the responses

to the questions we submitted and responses to a range of demographic and other variables to enable our analyses.

The design of the AuSSA, and the cost involved in purchasing additional questions, meant that we were only able to include two questions with a limited number of options. This affected the range of ‘causes’ of homelessness, and agents to whom responsibility could be attributed and to a certain extent predetermined our results.

However, the questions posed were purposively informed by the questions asked in other research so to ensure a degree of comparability. Specifically items on the causes of homelessness were informed by Gallup, Inc. (2007), Lee, Link and Toro (1991), Tompsett et al. (2006), and by both the qualitative and quantitative work done in our 2006 study. Responsibility items were informed by Toro and McDonnell (1992) and in part by our 2006 research findings.

Unfortunately, different studies have asked slightly different questions and used slightly different answer formats. Some surveys asked participants to rank items as the most important or least important cause of homelessness. Others have asked people to answer yes/no questions concerning causes, and others have asked the degree to which people agree that a particular factor is a cause. Not all of the original items used could be sourced from publications.

Because of this we selected the items that we thought were most relevant to the Australian context that gave us good data in our previous research (Hanover Welfare Services 2006). We also selected items that gave us a spread of possible causes—specifically we wanted to ensure that not all items could be classified as structural. Participants did not have to select just one cause or agent of responsibility and could agree that many or all were equally important.

We chose to ask the degree of agreement/disagreement with the items as it enabled a more complex analysis to be undertaken. It was also required for consistency with other items in the AuSSA survey.

### *Limitations*

A number of limitations apply in interpreting the findings:

- This study only examined two questions concerning attitudes to homelessness—one on cause and one on responsibility.
- The selection of items of each question was limited.
- As a result of only being able to include a limited number of possible causes, ‘mental illness, substance/alcohol abuse’ were collapsed into one category, as were ‘individuals and their families’.

Thus these findings need to be interpreted with caution and the findings should be considered indicative.

## Analysis strategy

The AuSSA presented a unique opportunity for detailed analysis exploring attitudes around homelessness. Three stages of analysis were undertaken:

1. Descriptive analysis—perceived causes and responsibility
2. Principal component analysis—examining the structure of attitudes to homelessness
3. Further correlational and multiple regression analysis—to explore demographic predictors of attitudes.

First, basic descriptive analyses were undertaken to examine the overall responses to our questions and compare them with our previous research. This also involved exploring the correlations between items across both questions. This was done to address our first research interest—simply finding out more about the Australian community’s attitudes about homelessness.

A principal component analysis was then undertaken to determine the underlying structure of participants’ responses to these questions. This analysis works by grouping together items that participants respond to in a similar way into ‘components’ that are essentially response patterns. This addressed our second and third research interests—exploring the relationship between perceived causes of homelessness and attributions for responsibility for addressing homelessness, and exploring whether there was an underlying structure to participants’ responses.

The third stage in the analysis addressed our fourth research interest—whether attitudes to homelessness could be predicted by demographic factors, and to what extent. To do this, correlational analyses were undertaken exploring the relationship between demographic variables and the components. Regression analyses were then undertaken to determine what combination of demographic factors were predictive of the components or response patterns discovered in stage 2, and how well they explained participants’ responses overall.

More detail on each stage of the analyses is provided throughout the results section.

## 3 Results

### Stage 1: Perceived causes of and responsibility for addressing homelessness

#### Causes of homelessness

Table 1 below outlines the extent of agreement with six causes of homelessness included in the survey. Using the percentage of survey participants ‘agreeing to some degree’, mental illness, substance/alcohol abuse (89 per cent) was the most commonly perceived cause of homelessness. Closely following were family breakdown (86 per cent), and economic problems (80 per cent). Although still high, there were comparatively fewer participants agreeing that homelessness was caused by a shortage of affordable housing (66 per cent).

Less than half of those surveyed (47 per cent) thought that poor decision making and lack of effort was a reason for becoming homeless, although this is still quite a considerable number. Further, the AuSSA survey found that 26 per cent of respondents were ambivalent as to whether poor decision making and lack of effort were a cause. These figures, however, are considerably lower than those found in earlier research by Hanover Welfare Services (2006), which found that 74 per cent of those surveyed believed that poor individual decisions were a cause for homelessness, with 59 per cent also believing that lack of individual effort contributed to homelessness.

Less than half the participants (45 per cent) considered government failure to provide for people to be a cause of homelessness, while 29 per cent were ambivalent. This is consistent with earlier research by Hanover Welfare Services (2006) exploring public perceptions, which found that 43 per cent of people thought that government failure to provide for people contributed to homelessness.

Interestingly, fewer participants saw government failure to provide for people (45 per cent) as a cause of homelessness than saw a shortage of affordable housing as a cause (66 per cent). This may indicate that people see a shortage of affordable housing as determined at least in part by market failure in the housing market rather than something solely within the control of government. However, Table 2 shows a moderate correlation between these two items, suggesting that participants see them as related.

**Table 1: Extent of agreement with various causes of homelessness**

	Agree to some degree (%)	Neither agree nor disagree (%)	Disagree to some degree (%)	Valid n
Mental illness, substance/alcohol abuse	89.1	8.8	2.2	2,678
Family breakdown	85.6	10.5	3.9	2,673
Economic problems	80.4	11.8	7.8	2,669
Shortage of affordable housing	65.5	17.6	16.9	2,659
Poor decision making, lack of effort	47.1	26.4	26.5	2,658
Government failure to provide for people	44.9	29.3	25.8	2,659

Note: Due to rounding, totals may not add to 100 per cent exactly.

We also wanted to know if participants' agreement on one item was related to their agreement or disagreement with other items. To do this, correlation matrices were produced and are summarised in Table 2. The coefficients show the strength of the relationship between 'causes' (the closer the number is to 1 the stronger the relationship) and the direction of association—which is indicated by either positive or negative coefficients (a positive correlation meaning that agreement on one item was related to agreement on another, while a negative correlation meaning that agreement on one item was related to disagreement on the other item).

Table 2 shows that most of the items assessing the cause of homelessness were statistically significant, although some relationships are quite small. A shortage of affordable housing, government failure to provide for people and economic problems were all positively associated, with these relationships being moderately strong. For example, those who saw a shortage of housing as a cause were also likely to report government failure to provide for people ( $\rho=0.49$ ,  $p=0.001$ ), economic problems ( $\rho=0.42$ ,  $p=0.001$ ) and family breakdown ( $\rho=0.31$ ,  $p=0.001$ ) as causes.

Poor decision making, lack of effort was negatively associated with most items except for mental illness, substance/alcohol abuse. This means that participants who thought that poor decision making, lack of effort caused homelessness were also likely to nominate mental illness, substance/alcohol abuse ( $\rho=0.12$ ,  $p=0.001$ ) as a reason, although the correlation is small. Conversely, those who saw homelessness as caused by poor decision making, lack of effort were also less likely to nominate government failure ( $\rho=-0.10$ ,  $p=0.001$ ) or economic problems ( $\rho=-0.09$ ,  $p=0.001$ ) as causes, but again these correlations are small.

Interestingly, family breakdown was moderately correlated ( $\rho=0.60$ ) with economic problems, suggesting participants saw these as connected.

### **Responsibility for solving homelessness**

Survey participants were asked to rate how much responsibility for solving homelessness they assigned to each of four different agents: government and public services; charities; homeless individuals and/or their families; and all members of the community. The five points on the scale were 'no responsibility', 'a little responsibility', 'some responsibility', 'most responsibility', and 'all responsibility'.

As illustrated in Table 3, relatively few participants attributed complete responsibility for solving homelessness to any one of the four agents. Only 3 per cent assigned all responsibility to charities while 17 per cent designated government and public services. Combining the two categories, 'all' and 'most' responsibility, shows that a common response was to hold government and public services to account (70 per cent) for solving homelessness. This was followed by the homeless individual and/or their families (42 per cent) and the whole community (20 per cent). Only 11 per cent thought that charities should shoulder the bulk of the responsibility ('most' or 'all'), although around two-thirds of participants (62 per cent) reported that they had 'some responsibility'.

Despite these patterns, many participants saw all agents listed as having 'some responsibility' for addressing homelessness. While a small number of participants consider that all members of the community have 'all or most responsibility' for homelessness (20 per cent), just under half (48 per cent) saw the community as having 'some responsibility'.

These results were generally consistent with earlier research by Hanover on public perceptions, with survey participants most likely to regard government (85 per cent) and public services (74 per cent) as responsible for solving homelessness. However, compared to our earlier research, participants in the AuSSA were less likely to see 'homeless individuals and/or their families', charities, and all members of the community as responsible for addressing homelessness.



Table 2: Correlation coefficients for the relationships between different causes for homelessness

	Poor decision making, lack of effort	Shortage of affordable housing	Mental illness, substance/alcohol abuse	Government failure to provide for people	Economic problems	Family breakdown
Poor decision making, lack of effort	1					
Shortage of affordable housing		1				
Mental illness, substance/alcohol abuse	0.116 n=2,641	0.176 n=2,648	1			
Government failure to provide for people	-0.100 n=2,633	0.490 n=2,638	0.159 n=2,647	1		
Economic problems	-0.089 n=2,637	0.420 n=2,644	0.264 n=2,656	0.409 n=2,647	1	
Family breakdown		0.307 n=2,639	0.371 n=2,659	0.302 n=2,644	0.601 n=2,655	1

Notes: Non-significant results have not been reported.

All coefficients are significant at  $p < 0.001$ .

Spearman's  $\rho$  was used to generate these statistics.<sup>2</sup>

**Table 3: Degree of responsibility of various ‘agents’ for solving homelessness**

	All responsibility (%)	Most responsibility (%)	Some responsibility (%)	A little responsibility (%)	No responsibility (%)	Valid n
Government and public services	17.4	53.0	26.7	2.1	0.8	2,690
Charities	2.6	8.2	62.1	19.9	7.3	2,664
Homeless individuals and/or their families	10.0	31.5	47.3	10.0	1.3	2,666
All members of the community	7.1	12.8	48.3	23.0	8.8	2,669

Note: Due to rounding, totals may not add to 100 per cent exactly.

As with the questions on ‘causes’ we also wanted to know if participants’ agreement on one item was related to their agreement or disagreement with other items. To do this, correlation matrices were produced and are summarised in Table 4.

Table 4 shows how participants’ attributions of responsibility to the four ‘agents’ were, in the main, positively related. Although all correlations are weak ( $\leq 0.30$ ) they nevertheless indicate some relationship between participants’ attitudes. For example, the only weak negative correlation in Table 4 shows that the more responsibility people thought homeless individuals and their families had for solving homelessness, the less responsibility they attributed to government and public services ( $\rho = -0.05, p = 0.001$ ).

**Table 4: Correlation coefficients for the relationships between different ‘agents’ of responsibility and the degree of responsibility attributed to them for solving homelessness**

	Government and public services	Charities	Homeless individuals and/or their families	All members of the community
Government and public services	1			
Charities	0.164 n=2,657	1		
Homeless individuals and/or their families	-0.050 n=2,660	0.147 n=2,652	1	
All members of the community	0.209 n=2,663	0.347 n=2,654	0.101 n=2,656	1

Notes: All correlations are statistically significant at  $p < 0.001$ . Spearman’s  $\rho$  was used to generate these statistics.

## **Relationships between causes and between agents of responsibility**

We were keen to explore the relationship between causes and responsibility further, given that solutions are necessarily shaped by perceived causes.

The research literature suggests that people who perceive homelessness as the result of an individual's poor decision making are more likely to consider that individuals rather than government should solve homelessness. Conversely, if a greater preference is given to social and economic causes of homelessness, such as the lack of affordable housing, it is more likely that people will turn to government as one of the main agents to solve homelessness. These trends are borne out by the AuSSA survey results.

As outlined in Table 5 (correlation matrix), a number of statistically significant relationships were detected between participants' agreement with various causes of homelessness and the extent of responsibility they believe different agents had in 'solving' homelessness. However, these relationships were only weak to moderate. The strongest correlation in Table 5 is between mental illness, substance/alcohol abuse and homeless individuals and/or their families as having responsibility for solving homelessness. This suggests that mental illness and/or substance/alcohol abuse tended to be interpreted as a private matter for those experiencing homelessness rather than something for which the government should be responsible. However, this finding is difficult to interpret as it is impossible to separate the two causes in this item.

For example, Table 5 confirms that participants who agreed that poor decision making, lack of effort was a reason for homelessness also saw homeless individuals and/or their families as responsible for solving homelessness. Further, the small negative correlation shows that these participants were less likely to see government and the public service or all members of the community as responsible for 'solving homelessness'.

Government was seen to be responsible in areas where survey participants considered it had some influence, namely, in rectifying previous government failure, addressing the shortage of affordable housing and responding to economic problems. Family breakdown and mental illness, substance/alcohol abuse also had small positive correlations with government and public service responsibility. As expected, poor decision making and lack of effort was negatively correlated with government and public services responsibility.

**Table 5: Correlation coefficients for the relationships between causes of and responsibility for solving homelessness**

Causes of homelessness	Responsibility for solving homelessness			
	Government and public services	Charities	Homeless individuals and/or their families	All members of the community
Poor decision making, lack of effort	-0.101 n=2,647		0.267 n=2,629	-0.167 n=2,632
Shortage of affordable housing	0.265 n=2,648	0.105 n=2,630	-0.095 n=2,633	0.127 n=2,636
Mental illness, substance/ alcohol abuse	0.096 n=2,665	0.062 n=2,646	0.580 n=2,648	0.081 n=2,650
Government failure to provide for people	0.416 n=2,649	0.140 n=2,634	-0.150 n=2,633	0.204 n=2,638
Economic problems	0.240 n=2,658	0.140 n=2,646	-0.047* n=2,644	0.169 n=2,649
Family breakdown	0.171 n=2,662	0.120 n=2,646		0.193 n=2,652

Notes: All correlations are statistically significant at  $p < 0.001$ , unless marked with an \*, which denotes significance at  $p < 0.05$ . Spearman's  $\rho$  was used to generate these statistics. Cells where correlations were not significant are not reported.

## Stage 2: The structures of attitudes towards homelessness

The correlations in Tables 2, 4 and 5 showed that relationships exist between a number of the items for both causes of and responsibility for solving homelessness. To investigate these relationships further, a principal component analysis was undertaken to determine if there were overall patterns in the way participants responded to these questions.<sup>3</sup> This analysis looks at the pattern of relationships between items, and groups together items that participants responded to in similar ways. If the relationships between the variables are strong enough and enough of the 'variance' in responses is explained, each of these groups of questions is separated out into a 'component'. A number, similar to a correlation coefficient, is given to indicate the strength and direction of the association or relationship between the item and the component.

Table 6 shows how responses to the questions on homelessness are clustered into three dominant response patterns, with the first component being the strongest as it explained the most variance (26 per cent).

**Table 6: The three underlying ‘components’ of attitudes to homelessness**

	Component		
	1 External causes and government solution	2 Collective responsibility	3 Individual causes and responsibility
Reasons for homelessness			
Poor decision making, lack of effort	-0.044	-0.156	0.733
Shortage of affordable housing	0.682	0.044	-0.133
Mental illness, substance/alcohol abuse	0.515	-0.033	0.455
Government failure to provide for people	0.684	0.169	-0.266
Economic problems	0.766	0.125	-0.027
Family breakdown	0.731	0.102	0.166
Responsibility for homelessness			
Government and public services	0.412	0.399	-0.268
Charities	0.081	0.771	0.129
Homeless individuals and/or their families	-0.162	0.387	0.666
All members of the community	0.148	0.777	-0.087
Eigenvalue	2.548	1.588	1.400
Variance explained (%)	25.5	15.9	14.0
Valid n	2,564	2,564	2,564

Notes: Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.

Total variance explained by this model: 55.4 per cent.

Shading shows the items loading the most strongly onto each factor.

We have called the first response pattern ‘external causes and government solution’. It concerns causes of homelessness outside or external to people’s control such as economic problems, family breakdown, government failure to provide for people, shortage of affordable housing and, to a lesser extent, mental illness/substance abuse. This is matched with an emphasis on government responsibility to address homelessness.

While initial correlational analyses presented in Table 5 suggest that mental illness and substance/alcohol abuse tended to be interpreted as personal matters for individuals and their families to resolve, its loading with other items here suggests it may also have been interpreted as something beyond the immediate control of the individual. It is possible that people could view

one or both of these causes as either outside a person's control—for example, as medical/psychological conditions, but as something individuals can partly address by themselves. On the other hand, people may have seen one or both of these 'causes' as within the domain of individual responsibility—possibly as personal weakness. Given that this item loaded on two components it may be that participants were thinking about this same item in two distinct ways. It may also have been the case that participants thought about this item the same way and some still felt government and public services had a role in the solution and others did not.

This result may also reflect that mental illness, substance/alcohol abuse was the most commonly identified 'cause' and this result may reflect that a majority of participants saw this as a cause.

Unfortunately, because these two causes were combined, it is impossible to know more about what was going on here.

The second response pattern we have called 'collective responsibility'. It indicates a perception that all members of the community, including charities, are responsible for solving homelessness. Interestingly, a focus on collective responsibility seems relatively independent of either internal or external attributions for the causes of homelessness. Both government and public services and individuals and their families also had moderate loadings on this component.

The third response pattern we have called 'individual causes and responsibility'. It involves a more individualistic approach to homelessness. Here there is a greater emphasis on individuals (and their families) taking responsibility for solving their homelessness while the perceived causes are also seen to be in the domain or control of the individual.<sup>4</sup>

The first and third components—external causes and government solution, and individual causes and responsibility are consistent with previous research that explores structural versus individual analyses of homelessness and social problems more broadly (Lee, Lewis & Jones 1992; Skitka et al. 2002; Wilson 1996).

However, the second component, collective responsibility, was of particular interest. We had expected to find that people who selected structural causes for homelessness would see the whole of the community as responsible for addressing homelessness. But instead, seeing the whole of the community as responsible for addressing homelessness was not related to any particular perceived cause. This suggests that a focus on structural explanations of homelessness will not necessarily foster a sense of collective responsibility. It suggests a more complex underlying structure to attitudes towards homelessness. This complexity is consistent with some previous research (Lee, Jones & Lewis 1990; Lee, Link and Toro 1991; Tompsett et al. 2006).

It is noteworthy that the item for mental illness, substance/alcohol abuse as a cause loaded well on both the first and third component.

## Stage 3: Demographic predictors of attitudes

Previous literature has shown relationships between attitudes to homelessness and a number of demographic and other variables (Lea & Bulewski 2000; Lee, Jones & Lewis 1990; Pellegrini et al. 1997; Tompsett et al. 2006; Toro & McDonell 1992). We were keen to understand whether these relationships could be found in the AuSSA data set and which, if any, were associated with our three components or response patterns. To do this, initial calculations of correlations were undertaken between a number of demographic variables and the three components or response patterns from the second stage of the analysis—external causes and government solution; collective responsibility; and individual causes and responsibility.

Demographic and other possible predictors considered included: age, sex, locality (urban versus rural), self-identified social class, income, educational attainment, political orientation and political party affiliations.

Some research has investigated the perceived trustworthiness of people experiencing homelessness and its relationship to attitudes (Link et al. 1995; Toro et al. 2007). While no items were included in the survey that asked this question, there was a general question included on trust in other people. As the present study was exploratory in nature we decided to include this variable in analysis.

A number of weak but significant correlations were found between various demographic and other variables and our three response patterns (detailed below). These demographic variables were then loaded into a multiple regression analysis to determine how strongly the combination of all of these demographic variables predicted the three response patterns.

### Correlational analysis

There were no significant relationships found between age and locality (urban versus rural) and any of the three components. However, there were weak relationships found with sex, social class and education.

Women were slightly more likely to put a greater emphasis on structural causes of homelessness and identify government as having prime responsibility ( $\rho=-0.15$ ,  $p=0.000$ ) than men.

The survey included three items measuring 'social class' (gross annual household and individual income and class identification), all of which showed small correlations with the three components. Gross annual household and individual income were both negatively correlated with external cause and government solution ( $\rho=-0.09$ ,  $p=0.000$  and  $\rho=-0.14$ ,  $p=0.000$  respectively). So the lower participants' incomes, on either measure, the more likely they were to perceive homelessness as caused by external factors that required a government solution.

Class identification (lower class, lower middle, upper middle and upper class) was associated with the collective responsibility stance ( $\rho=0.07$ ,  $p=0.001$ ) whereby the higher the class identification the more likely participants were to identify with the collective responsibility

perspective, while lower class identification was associated with the structural causes and government solution stance ( $\rho=-0.08, p=0.000$ ).

Educational attainment (as measured by a five-point scale: less than Year 12, Year 12, Trade/Apprenticeship, Certificate/Diploma, Bachelor degree or above) was weakly associated with two of the three patterns of responses. Participants with high levels of education were more likely to respond in the collective responsibility pattern ( $\rho=0.10, p=0.000$ ). In contrast, participants with lower levels of education were more likely to perceive that homelessness had individual causes and was the responsibility of individuals to solve ( $\rho=-0.10, p=0.000$ ).

Participants were asked to rate their political orientation on a spectrum of 'left' to 'right' with 0 being left and 10 being right. The average response was a 5, with most participants clustered in the centre. There was a small negative correlation between political orientation and seeing homelessness as caused by external factors with government and public services being responsible for solving it ( $\rho=-0.20, p=0.000$ ). That is, the more 'left' someone rated themselves on the scale the more likely they were to respond to this pattern. A smaller but still significant negative correlation was also found between political orientation and the collective responsibility stance ( $\rho=-0.08, p=0.001$ ). Again, the more 'left' someone rated themselves, the more they were likely to see homelessness as a collective or community responsibility. A positive correlation was found between political orientation and the individual cause and responsibility stance with participants more likely to respond in this pattern if they considered themselves to be more right wing ( $\rho=0.20, p=0.000$ ). There were also a number of small significant correlations between political party affiliations and the three components.

Trust in other people was weakly associated with two of the stances. The more trust a person had in others (as rated on a four-point scale) the more they were likely to respond in a manner consistent with the collective responsibility stance ( $\rho=0.07, p=0.000$ ), and the less likely they were to respond to the individual causes and responsibility stance ( $\rho=-0.10, p=0.000$ ).

### **Multiple regression**

Despite these correlations being relatively small, we wanted to know how well all of these variables collectively would predict our three components. We also wanted to know which combination of these variables would best predict responses on the three components. In order to do this a multiple regression was undertaken. Given that the regression model was exploratory, a 'backwards' multiple regression was undertaken. This method selects the optimum items based on their mathematical importance in predicting the dependent variable, excluding those variables whose contribution to prediction is accounted for by other variables. For the purpose of this analysis the three components were treated as dependent variables and a separate analysis conducted for each.

Political affiliation, class identification and educational attainment were all recoded into dummy variables for this analysis. This was done because these variables were all ordinal level variables that were not suited to a regression analysis in their current form. As such, each level of these variables was recoded into a yes/no dichotomous variable and each level was entered into the



regression analysis as a separate variable. The models that were best able to account for the three factors are summarised in Table 7.

Rather than follow convention and present comprehensive statistics explaining the models, we have shown only the variables used as predictors and the  $R^2$ , which gives a figure for the variance explained, and the adjusted  $R^2$ , which gives a figure for generalising the model.

What is particularly interesting about these results is that, despite the multiple predictors included in these models (which were selected using a mathematical criterion), very little of the variance in these three response patterns could be explained. Indeed the most variance that could be explained was: 11.6 per cent of the variance in the first component, external causes and government solution; 3.3 per cent for the second component, collective responsibility and; 7.4 per cent for the third, individual causes and responsibility. This leaves almost 90 per cent of the variance in the first component unexplained and more in the others.

In other words, while some significant relationships were found between attitudes to homelessness and variables such as age, sex, class, educational attainment, political affiliation and trust variables, these relationships did not go a long way in predicting differences in people's attitudes to homelessness.

**Table 7: Best predictive models (using multiple regression) with the variance explained for each of the three response patterns for homeless attitudes**

	Predictors	$R^2$	Percentage of variance explained	Adjusted $R^2$
Component 1: external causes and government solutions	Highest level of education: Less than Year 12 Year 12 Trade/Apprenticeship Certificate/diploma Sex Trust Individual income: gross annual (4 categories) Household income: gross annual (3 categories) Social class: working class Political party affiliation: Family First One Nation Shooting Party Christian Democratic National Liberal Greens None	0.116	11.6	0.105

**Table 7: Best predictive models (using multiple regression) with the variance explained for each of the three response patterns for homeless attitudes (continued)**

	Predictors	R <sup>2</sup>	Percentage of variance explained	Adjusted R <sup>2</sup>
Component 2: collective responsibility	Sex Individual income: gross annual (4 categories) Household income: gross annual (3 categories) Social class: Upper middle Upper Highest level of education: Less than Year 12 Year 12 Trade/Apprenticeship Certificate/diploma Bachelor degree or above Political party affiliation: Family First None Other One Nation Christian Democratic National Liberal Left-right spectrum on a 10-point scale	0.033	3.3	0.022
Component 3: individual blame and responsibility	Highest level of education: Less than Year 12 Year 12 Trade/Apprenticeship Certificate/diploma Bachelor degree or above Sex Trust Individual income: gross annual (4 categories) Household income: gross annual (3 categories) Social class: Working Upper middle Upper Left-right spectrum on a 10-point scale Political party affiliation: Greens Liberal One Nation None Communist Party Shooting Party Family First	0.074	7.4	0.064

## 4 Discussion

This paper presented findings from the AuSSA about community attitudes towards homelessness. It was an exploratory examination of Australians' attitudes about the perceived causes of, and responsibility for addressing, homelessness, and explored three main questions:

1. What do the Australian public believe are the causes of homelessness and who do they think is responsible for addressing homelessness?
2. What is the relationship between perceived causes of homelessness and responsibility for addressing homelessness?
3. Can these attitudes be predicted by a range of demographic and other factors?

Consistent with previous research conducted by Hanover Welfare Services (2006), the results showed that participants believed in a range of individual and structural causes of homelessness—most commonly mental illness, substance/alcohol abuse; family breakdown; and economic problems. Interestingly, there was a moderate correlation between family breakdown as a cause of homelessness and economic problems ( $\rho=0.60$ ). Further investigation is needed to understand how people believe these causes are connected. While more participants agreed that a shortage of affordable housing was a cause of homelessness than those agreeing that government has failed to provide for people, these two items were moderately correlated—suggesting participants saw them as related.

While the most commonly perceived cause of homelessness was 'mental illness, substance/alcohol abuse', in the main, participants saw government and public services as carrying most of the responsibility for addressing homelessness. This is consistent with the current approach by the Australian Government which sees a lead role played by government, in partnership with the community and business, in addressing homelessness.

Just under half of all participants (48 per cent) saw all members of the community as having 'some responsibility' in addressing homelessness. This suggests that many people see themselves as having some role—albeit a limited one—in addressing homelessness. This may in part reflect a perception that people have a limited ability to intervene in a larger social problem. Nevertheless, it indicates a degree of community ownership of what is essentially a community problem. If accurate, this is good news for any government implementing policy responses to homelessness as it indicates community members' willingness to participate in government action on homelessness.

Our analysis indicates that participants' attitudes are complex. For example, principal components analysis revealed responses on a number of items clustered together into three response patterns or 'components': external causes and government solution; collective responsibility; and individual causes and responsibility. This clustering suggests that people's attitudes are more nuanced than a simple dichotomy of individual versus structural causes. In particular the findings show that a willingness to attribute responsibility collectively is relatively independent of both individual level and structural level (perceived) causes of homelessness.

We had assumed that the individual versus structural dichotomy was analogous to the left–right political distinction, with the structural and more left analysis subsuming collective responsibility for homelessness. However, the principal components analysis did not support our assumption about a dichotomous structure to attitudes to homelessness. Further, the multiple regression and preliminary correlations with demographic variables also failed to support this assumption in relation to attitudes to homelessness. Only a small correlation was found between participants’ rating of themselves along a political spectrum, their political party affiliations and attitudinal variables.

Additionally, our analysis suggests that demographic factors only partially explain attitudes to homelessness. Items measuring class, educational attainment, political affiliation, trust and sex yielded some significant results; however, the correlations were small with only a small amount of variance explained. Clearly, explanations of attitudes to homelessness in terms of demographic factors alone are insufficient. These findings are consistent with research from the United States that disputes that participant background characteristics predict beliefs, attitudes and knowledge about homelessness (Toro & McDonell 1992).

The findings are consistent with other research that suggests people tend to have quite complex beliefs about the causes of homelessness (Lee, Jones & Lewis 1990; Lee, Link & Toro 1991). This complexity is further underscored by the fact that only 55 per cent of the variance in attitudes to homelessness was explained by our three-component model. Perhaps participants’ attitudes in part reflect the complexity of homelessness as a social problem—with multiple causes requiring complex solutions.

Obviously our decisions about the items included in the survey and the format of these items affected our results. More could have been revealed in the analysis if a distinction was made between mental illness and alcohol and drug abuse for the attribution of homelessness items. For example, participants may have considered mental health to be something that is out of the control of the individual, whereas alcohol/drug abuse may have tallied with the stereotype of the alcohol-affected homeless man and therefore be seen as an individual responsibility.

The good news from our results is that many Australians see government as having primary responsibility for addressing homelessness along with the broader community. Government and the service sector clearly recognise the significance of homelessness as a social problem and understand the need to act—this is evidenced by recent government policy, including *The Road Home*.

An analysis of social attitudes to homelessness is not solely an interesting academic exercise for those in the community sector. Specialists working in the homelessness field (like Hanover) need to stimulate and encourage change in Australian society to benefit people experiencing homelessness. To do this we need to understand community attitudes to homelessness. It is relevant to social marketing strategies, and advocacy work with politicians, policy makers and with the broader community. The challenge for us is to keep teasing apart attitudes to understand the community’s views more clearly.

## Appendix: Questions on homelessness

### Causes of homelessness

Thinking about homelessness, please say whether you strongly agree, agree, disagree or strongly disagree with each of these statements.

The reason people become homeless is...

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Poor decisions/lack of effort					
Shortage of affordable housing					
Mental illness, substance/alcohol use					
Government failure to provide for people					
Economic problems (i.e. financial hardship, unemployment)					
Family breakdown (i.e. marital discord, relationship difficulties, domestic violence)					

### Responsibility for solving homelessness

How much responsibility do you think each of the following groups should have for solving homelessness?

	All responsibility	Most responsibility	Some responsibility	A little responsibility	No responsibility
Government and public services					
Charities					
Homeless individuals and/or their families					
All members of the community					

## Endnotes

- 1 In 2006 Hanover commissioned Roberts Research Group in conjunction with the law firm Maurice Blackburn, on a pro bono basis, to undertake the first study on public perceptions of homelessness. This project consisted of six focus groups (with a total of 53 participants), which was then validated by a national telephone survey of 1,000 participants.
- 2 As the data mildly violated assumptions of normality, and given that transformations seemed overly intrusive, Spearman's  $\rho$  was used to calculate all correlations because it does not rely on normally distributed data.
- 3 It was noted earlier that the data were not normally distributed and so a Spearman's  $\rho$  was used for correlations. However, examination of the distributions showed that while they were skewed, they were not sufficiently skewed to require transformation before the principal component analysis was undertaken, as a mild violation of normality with a large sample size is not considered fatal to analyses. For information on mild violations of normality in principal component analysis, see Tabachnick and Fidell (1996), page 640.
- 4 It is noteworthy that government and public service responsibility, and mental illness, substance/alcohol abuse as causes have reasonable coefficients on two components. This is consistent with the figures reported earlier showing these two items as the most common reason and responsibility items respectively, with many participants agreeing to some degree.

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# Further disadvantage: the effect of stigma in discouraging use of concession cards

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## Abstract

Concession cards provide access to a range of welfare benefits additional to income support payments. While concession cards constitute an important means of accessing support, their efficacy is dependent upon cardholders using their cards. There are many questions relating to the determinants of card use and the realised value of these benefits. For example, are decisions about when and how to use cards influenced by people's experiences of stigma, their perceptions of the benefits received or their awareness of the concessions available? The purpose of this paper is to take a closer look at the role of stigma in discouraging card use and the value of benefits people may be forgoing.

In order to do this, an online survey was conducted that asked concession cardholders about rates of card use and reasons for use or non-use, their awareness of available concession benefits and the estimated value of the benefits received. This paper confirms previous research findings that a lack of awareness is an important factor influencing people's access to benefits to which they are entitled. However, irrespective of awareness levels, there are those who consciously choose not to use their cards because of the stigma they feel society directs at concession card holders. The paper also finds that cardholders are realising only half of the potential savings available to them.

**Keywords:** concession cards; stigma; missing out; awareness; welfare

## Introduction

Concession cards provide access to a range of welfare benefits additional to the payment of income support. The 'main purpose in issuing concession cards is to provide access to Pharmaceutical Benefits Scheme prescription items and a lower Extended Medicare Safety Net Threshold' (FaHCSIA 2010, p. 85). Other medical benefits such as bulk billing for doctor's appointments are, however, provided at a doctor's discretion, according to the Centrelink website.

State and territory governments also offer a range of concession benefits covering ‘utilities, car registration and transport, and to provide for public and community housing’ (FaHCSIA 2008a, p. 53), but these vary across borders. The Australian Government funds a small number of concession benefits, which are indexed and adopted at the Council of Australian Governments.

Centrelink administers three concession cards: this paper focuses on two of them, the Pensioner Concession Card (PCC) and the Health Care Card (HCC), as these provide the greatest range of benefits to cardholders. The PCC is available to recipients of an income support pension and is renewed annually pending continued eligibility. Recipients of income support payments and/or allowances may be eligible for an HCC which, subject to qualification, is renewed every three to 12 months. People qualifying as low-income earners may also be eligible for an HCC.

Concession cards constitute an important means of accessing support in Australia but their efficacy in delivering this support is dependent upon cardholders using their cards. There are many questions relating to the determinants of card use and the value of the benefits represented by concession cards. For example, are decisions about when and how to use cards influenced by people’s experiences of stigma, their perceptions of the benefits received or their awareness of the concessions available?

Raising awareness has historically been the policy priority with little attention given to the influence of stigma. The use of means testing to determine who receives social welfare has, in Australia, been ‘widely seen as bestowing legitimacy on those who receive welfare benefits’, whereas in the United Kingdom (UK), means testing has led to stigmatisation (Saunders 2002, p. 225). The purpose of this paper is to take a closer look at the role of stigma in determining card use and the resultant value of the benefits received.

An online survey of 589 concession cardholders was conducted to analyse levels of access to the benefits available to cardholders. Nationally there were more than 4.9 million cardholders in 2009, of which 70 per cent held a PCC (FaHCSIA 2009b). Survey respondents were asked about their rate of card use and reasons for use or non-use, awareness of available concession benefits and the estimated savings they realised through use of their card. The sample was representative of the Australian population by state and territory, age and sex. There were 357 PCC holders and 232 HCC holders. This sample represents a small bias toward HCC holders (39 per cent of the sample).

### **The role of stigma**

The literature on the take-up of income support payments widely acknowledges the role of stigma but less has been written about its effect on the use of concession cards. This does not mean, however, that similar influences do not apply where concession benefits are concerned. The requirement to publicly display a concession card in order to obtain a benefit will potentially introduce the stigma factor.

The OECD has noted that:

Programmes that require recipients to continuously identify themselves may generate more stigma than those that only require a one-off application and then transfer money directly to the recipients (Hernanz, Malherbet & Pellizzari 2004, p. 21).

It is reasonable to extend to the process of obtaining concession-card benefits Currie's finding (2004) that perceived or experienced stigma can dissuade people from applying for income support despite being entitled to it. In making this extension, however, it has to be recognised that the effect of stigma is likely to be greater when cardholders are required to present their cards publicly in order to obtain benefits. Where benefits do not require the public display of a concession card, such as discounts on utility bills that can be arranged over the phone, the effect of stigma will potentially be diminished.

Literature examining the role of stigma in welfare systems highlights the relationship between the amount of income support present within an individual's social network and the ensuing perceptions and experiences of stigma. Lower rates of receipt tend to equate with higher degrees of stigma, but if every other person in the community is also using a Centrelink card to buy a bus or movie ticket, the associated stigma is going to be low. However, where individuals perceive a low level of concession-card use among their peers, there may be some hesitation, or even failure, to use cards, thus leading to forgone benefits.

The OECD has reported:

... the decision to participate in a welfare programme is seen as providing a negative signal that is likely to stigmatise individuals for both sociological and cultural reasons. The degree of stigmatisation generated by a welfare programme will obviously depend on its rules, and certain schemes are likely to be less stigmatising than others (Hernanz, Malherbet & Pellizzari 2004, p. 21).

It has been argued that the perception of what constitutes a strong work ethic and personal responsibility in Anglo-Saxon countries, including Australia, leads to the denigration of welfare. The populist impression is that people who receive income support are not 'pulling their weight' and there is 'an almost instinctive identification' of welfare with 'residual groups' (Mood 2006, p. 447). This interpretation has been countered by some within Australia who have argued that Australia's welfare system is designed to exclude the rich rather than target the poor and payments are intended to reach a 'large portion of the population' (Castles & Mitchell 1993).

A number of researchers examining the role of stigma in the take-up of social welfare have sought to categorise the experience. For example, a distinction has been made between negative self-identifying based on stereotypes and the anticipation of negative treatment (Contini & Richiardi 2009, p. 4). Because of the constant necessity to be identified as welfare recipients, experiences of stigma are likely to be greater when accessing concession benefits than when receiving income support. Despite possessing a concession card, an individual may opt not to use it because of negative perceptions about welfare reliance or anxiety about how the claim may be viewed by others.

## Is awareness a factor?

In most cases, a concession card is allocated in conjunction with income support and an awareness of the benefits available is a precursor to an individual's ability to access them. In fact, the role of awareness has been identified as having a stronger influence than perceptions of stigma in situations where eligible people fail to take up income support payments. Some research has challenged the significance of stigma in these cases finding, for example, that 'effects usually attributed to stigma may simply reflect lack of information' (Daponte et al. cited by Hernanz, Malherbet & Pellizzari 2004, p. 21). Quantifying the role awareness plays is important in an analysis of stigma.

The government has recognised that awareness is an important factor underlying the ability of eligible people to access income support. The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) report, *Getting what we need: families' experiences of services*, stated that 'the most common access barrier identified by parents was that they did not know what [assistance] was available or how to find out what was available' (FaHCSIA 2009a). The support of family and friends has also been linked with the likelihood of an applicant receiving assistance and there is a further link between awareness levels and previous engagement with Centrelink (FaHCSIA 2008a, p. 11).

Associated with lower awareness levels is the perception on the part of eligible people that they do not qualify for welfare payments, a perception that can lead potential applicants to make a decision neither to pursue information about eligibility criteria nor to lodge a claim with Centrelink. Research in the UK found that perceived ineligibility 'was a powerful barrier for many' who were indeed entitled to support (Bunt, Adams & Leo 2006, p. 13).

Research into perceptions of ineligibility specifically associated with concession cards is less extensive, but cardholders who consider themselves ineligible are less likely to 'look out' for potential benefits or to make enquiries about possible benefits.

Low awareness levels may also affect the perceived value of available benefits and, therefore, the value of a concession card.

## Discussion

### Awareness of concession benefits

Both the PCC and the HCC provide some universal benefits but, as a rule, variations in the concession benefits provided by each of the states and territories are noteworthy. The issue of awareness has long been identified as a barrier to accessing in-kind benefits with a 1997 House of Representatives committee report recommending more effective information campaigns be initiated (HRSCFCA 1997, p. 77). The extent and format of the information disseminated about available support continues to vary, some of it is sketchy indeed. For example, the Centrelink guide to concession cards contains only generalised information and three pages of contacts (Centrelink 2009). This general lack of consistency in the concession benefits offered by the

various state, territory and local governments is the principal reason for the paucity of detailed information in the Centrelink guide.

In order to determine public awareness levels about concession benefits, the survey asked participants about the difficulties they experienced finding out about available benefits and how confident they were that their knowledge was comprehensive.

A majority of survey respondents reported that it was easy to research the availability of concession benefits; however, a larger number of respondents were not confident that they possessed adequate knowledge about their entitlements than the number who expressed confidence. Eighteen per cent of those respondents who considered it easy to track down available concession benefits also reported a lack of confidence in their level of knowledge. Thus, confidence is not related to the perceived ease of finding out about concessions, suggesting that raising awareness of concession benefits alone will not necessarily assist all cardholders.

HCC holders reported more difficulty in finding out about the concessions available to them than did PCC holders, who also reported greater confidence about their level of awareness. Forty-five per cent of survey respondents with an HCC said they found it difficult to discover their concession benefits compared to 39 per cent of PCC holders. While the Harmer Review found that a lack of awareness is an issue for PCC cardholders (Harmer 2009, p. 104) it is a greater issue for holders of a HCC. This could be a result of the historical policy intention of issuing PCCs as part of a long-term income support payment and HCCs as short-term assistance. It may be that the impact of inadequate promotion of concession benefits decreases the longer an individual has a card due to an accumulated awareness of these benefits.

### *Level of card use*

The frequency with which cardholders use their cards determines, to a large extent, the value of the benefits they will receive. Survey responses revealed an incongruity between reported card use and the apparent awareness of available concessions. For example, while three-quarters of cardholders said they 'always use' their concession card when they can, two out of three of these same respondents reported using their cards only once or twice each month. Given the range of accessible benefits, it is difficult to conceive that such a large proportion of cardholders would report such low levels of card use. In comparison, the same rate of use was reported by almost half of the people who said that they did not use their card 'at every opportunity'. This suggests that many cardholders are not aware of the range of concessions available to them and just how often they might be able to use their card to access these benefits.

The survey asked cardholders to estimate how much money they saved each week by using their concession card. The majority of survey respondents (54 per cent) estimated their savings at less than \$20 per week. Of all cardholders who reported an estimate of weekly savings, the average annual saving was \$763, considerably lower than the government's own estimate, at approximately \$1,600 a year, of the potential value of a PCC (FaHCSIA 2008b, p. 9). The marginally lower potential value of an HCC is not enough to explain this discrepancy and nor is the possibility that some respondents may not have fully taken into account the value of benefits they do not

receive weekly, such as discounts on utilities. That cardholders report realising less than half the potential value of their cards is a concern for applied welfare policies in Australia.

The limited use of concession cards is reinforced by the finding that 11 per cent of cardholders report saving no money at all. Thus, the realised value of concession cards is falling short of the potential benefit the government has identified. It appears that many people who hold a concession card are not accessing the full benefits available to them and are therefore missing out on valuable support. On its own, a deficient awareness of available concessions is not sufficient to explain the reported low levels of benefits received. Almost one-quarter (24 per cent) of survey respondents indicated that they do not always use their concession cards even when they could. A similar proportion of this subset, 26 per cent, reported that they don't like to use their concession cards or find it embarrassing to do so. Thus, over 300,000 PCC and HCC cardholders are being discouraged from accessing in-kind benefits due to the effects of stigmatisation.

The effect stigma has on people missing out on benefits through concession card non-use is over and above those benefits missed due to a lack of awareness. Two different factors are at play; however, both could be addressed through policy approaches that address broader cultural perceptions around the receipt of welfare.

Research in the UK has found that automating aspects of welfare delivery generates a greater awareness of available assistance and reduces perceptions of stigma relative to the degree of automation (Kotecha et al. 2009, p. 13). These findings could be applied to concession benefits available to cardholders in Australia. However, the research also found that when the automation was perceived to involve greater government interference, acceptance declined and resulted in less public support.

In matters of welfare, Centrelink's focus is on eligibility. The current policy frames eligibility for assistance as an option, something offered by the government if people choose to take it up. Adopting language that characterises welfare, including concession benefits, as an entitlement could go some way towards helping to recast negative cultural views and address the exclusionary effect of stigmatisation.

## Conclusion

This paper confirms previous research findings that the factors significant in people failing to access the benefits to which they are entitled are a lack of awareness, the difficulty of learning about available benefits and confusion about that knowledge. However, irrespective of awareness levels, there are those who are consciously choosing not to use their card because of the stigma they feel society directs at people in their position. The paper also finds that concession cardholders are only realising half the potential savings available to them.

While some have argued that Australia's welfare system is broad-based, people continue to report experiences of stigmatisation. One in four concession cardholders believe that using their cards denigrates them in the eyes of the public and they fail to claim benefits as a result.

Concession cards are a potentially valuable means of accessing welfare support in Australia but the realised value is dependent upon cardholders being aware of available benefits and accessing them. However, perceptions of stigma are negatively affecting the take-up of these benefits.

While stigma is widely discussed in literature pertaining to welfare payments, there has been less research into its effects on the take-up of in-kind benefits. The findings reported in this paper provide new evidence that a sense of stigma is discouraging the use of concession cards to access in-kind benefits.

The role of stigma has hitherto been overshadowed by the importance attributed to the role of awareness of available benefits. Considering the shortfall in realised savings reported by cardholders all obstacles to increased use need to be overcome through policies that tackle stigmatisation alongside further awareness raising. Policy changes that have the potential to reduce the effect of stigma include automating as many in-kind benefits as practicable and recasting the language used by Centrelink so that it frames welfare provision in a positive light. Additional study of the part stigma plays in furthering disadvantage is necessary to develop appropriate policy responses.

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# Book review

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*Australian Social Policy Journal No. 10*

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Geoff Woolcock & Lenore Manderson (eds)  
2009, *Social capital and social justice: critical Australian perspectives*, Charles Darwin University Press, Darwin

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*Reviewer: Paul Miller*

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*Department of Families, Housing, Community Services and Indigenous Affairs*

On 19–20 July 2006 the Academy of the Social Sciences in Australia (ASSA) held a workshop at the University of Queensland. The theme of the workshop was ‘moving towards a critical consensus on the application and implications of social capital discourse in Australian public policy’. This theme and the way it was approached were important at the time for a number of reasons:

- ▶ the prominence of the concept of social capital in the social science literature
- ▶ the growing use of social capital in political rhetoric and policy development
- ▶ the need to consider the transferability of social capital theory, largely explored in the United States and the United Kingdom, to the Australian context.

This book, *Social capital and social justice*, is a collection of chapters based on the papers presented at the workshop. These chapters are grouped into two parts: measuring and applying social capital in public policy; and the application of social capital discourse and policy. The book traverses a range of diverse topics, from explorations of the concept of social capital, through issues relating to its measurement, to the public policy uses of social capital through Australian case studies such as Iraqi refugees and Indigenous Australians.

It is the breadth of the book that is both its strength and its weakness. It is a strength in that it enables the reader to survey the landscape of social capital in Australia and identify some of the key features of the debate surrounding the concept and its use in public policy. However, like many edited collections of papers, the themes are touched on rather than explored in depth, and are loosely collated rather than developed throughout the volume. It was at times a little frustrating as a reader to discover the thread of an interesting idea only to reach the end of the chapter too soon. Then a conversation with a new interlocutor would begin seemingly oblivious to the ideas of the first; like a research version of speed dating. And, as with speed dating, the reader will find some encounters exciting and others humdrum depending on one’s personal preference.

## The concept of social capital

Several of the chapters in the book raise issues regarding the concept of social capital and its deployment as a concept in the public policy setting. These were the chapters that I found particularly interesting and important because, to my mind, many of these issues need to be resolved before the ideas can be appropriately measured and applied. In this context a number of questions arise in different forms and with different answers throughout the book. These questions address topics such as: the popularity of social capital; defining social capital; the role government plays as both an influencer and a part of a community's social capital; and whether social capital will be an enduring policy concept.

The prominence of the concept of social capital in the literature is not surprising, although from the beginning the value of the concept of social capital was far from universally accepted and not without significant controversy and contestation.

The appeal of social capital lies in the fact that it is a 'thick' concept that describes a social phenomenon in a common sense way that seems to elude other more reductive economic and social models and yet maintains the utility of such models. As Robert Putnam, one of the proponents of social capital, puts it:

Whereas physical capital refers to physical objects and human capital refers to the properties of individuals, social capital refers to connections among individuals—social networks and the norms of reciprocity and trustworthiness that arise from them. (Putnam 2000, p. 19)

The promise of social capital then, is to give us access to the elusive 'Fabric that binds society together' (Woolcock & Manderson 2009, p. 6) in the forms of bonding, bridging and linking capital, which can consequently be measured, manipulated and controlled by human agency. Furthermore, as a thick concept, social capital usually carries a positive evaluative loading: to have social capital is 'good' or valuable and to be without it is akin to a kind of poverty of community where one is left 'bowling alone'.<sup>1</sup>

This conceptual combination has proved attractive to proponents of both communitarianism and neo-liberalism. For communitarians it is an acknowledgement of the very element that many believe is missing from an increasingly fragmented and individualistic modern capitalist society—it holds the renewed promise of the 'mythic ideal' of community lost with the fall of communism. For the neo-liberal, social capital is viewed reductively as a characteristic of individuals, or individual communities, which contributes to either their disadvantage or success depending on whether they possess it. It provides evidence for a small government, minimal interventionist philosophy because it is clear that functional communities, those which possess social capital, can look after themselves and their own with little need of government investment and intervention.

Of course, paradoxically these possibilities of social capital that provide its appeal are also the sources of its controversy. The descriptive vagueness or contradictions inherent in the concept of social capital seem to demand further refinement, which in turn attracts criticism from all sides depending on the direction of such refinement.

The different contributors to *Social capital and social justice* engage in such refinement and criticism at the conceptual level in different ways depending on their philosophical perspectives. What this engagement reveals, however, is that the conceptual issues are far from being resolved.

Given this, an interesting problem arises: how can we effectively measure and apply social capital when there is such a lack of clarity around it conceptually?

## Measuring and applying social capital

Many chapters in the book do indeed try to measure social capital and apply the concept to public policy. The authors of these chapters, of necessity, work with some version of the concept of social capital. Sometimes they adopt at face value Putnam's conceptualisation of social capital and at others some variation on the theme. Regardless, the collision of theory and practice often seems forced. No more is this evidenced than in the first chapter of the book on 'Measuring social capital'. Here the author's measuring of social capital seems to be driven by the data that is available in pre-existing Australian Bureau of Statistics (ABS) surveys and data sets or that might be easy to collect through such means. While this is an understandable and pragmatic approach, it becomes difficult to tell whether the concept of social capital is determining what we need to measure or whether the ABS approach to collecting data is defining the concept of social capital.

Similarly, in some of the chapters dealing with the application of social capital, often social capital seems to be a conceptual overlay to a pre-existing program rather than a driver of the design and implementation of the program. This gives rise to the kind of criticisms of social capital made by other authors in the book. For instance, that social capital debates are moot because they don't provide insight on 'how to organise it'; or perhaps worse that the government's social capital discourse is merely a case of spin. If it is the latter, ironically, as Kate Brooks' argument implies in her chapter 'Social capital: the nexus between community and the State', this may undermine 'real' social capital in the long-term. This is because the government cannot escape its own intimate involvement in society and its own performative contribution to social capital. That is, the government does not stand outside of society manipulating policy and the state like a social scientist but is a part of the social whole it is trying to influence.

Overall, for those interested in the subject of social capital and already with some basic understanding of it, I think *Social capital and social justice: critical Australian perspectives* is a worthwhile survey of some Australian thinking on the subject at the time. It is a sampling of a range of different perspectives, rather than an in-depth analysis of the topic, which may provide the reader with ideas and leads for further reading.

In closing, I can't help but reflect on how seldom I saw the words social capital in government social policy documents in 2010. Instead, with a change of government, terms like social inclusion and community building seem to proliferate in their place. Whether the vestiges of the concept of social capital remain, despite the verbal acrobatics of politicians, or whether there was any substance to the concept in the first place, I will leave to your own gentle musings.

## Endnotes

- 1 Note while most of the more sophisticated thinkers will try and avoid this simplistic 'social capital is good' thinking, including Putnam himself in his later writings on the subject, I believe this tendency still pervades the literature and the common usage of the concept.

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