



Building resilience in our community

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Without support, understanding and accessible pathways, many are doomed to live out their lives in the shadows, never discovering the full spectrum of colours that others have available to dab on to their life canvas.

David Samuel: Life on the breadline: poverty is not a lack of character, it's a lack of money, *The Guardian* series, 21st March 2019





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INTRODUCTION

1. Introduction

In Australia over 3 million people, or 13.2% of the total population, are estimated to be living in poverty (Davidson P. et al, 2018). This includes 739,000 children, which accounts for 17.3% of all children in Australia. Families in persistent disadvantage often experience a complex array of issues: financial hardship, physical and mental health issues, relationship breakdown, and domestic and family violence. The whole experience of disadvantage can be cumulative and interlinked and can affect the functioning and resilience of the family as well as the psychological development of children. Supporting families out of such deep complexity requires a nuanced, targeted and layered approach.

What is this study about? This is a study of how one Anglicare community hub in Liverpool is endeavouring to address the multi-causal and multi-faceted issue of deep and entrenched disadvantage. In recognising the complexity of issues facing families who present to their services, they have responded by integrating some complementary services underpinned with an intensive case management approach. People accessing a Family Support program tell their story only once and develop goals and strategies to improve both their resilience and belief in their own parenting capacity. Using a strengths based approach, families have access to a range of services and supports through a streamlined internal and external referral process. With the advantage of the continuity of one worker who is deeply respectful and understanding of their circumstances, immediate crises can be averted and, through a process of collaborative problem solving and decision-making, families can work their way towards longer term sustainability in terms of both resilience and thriving family relationships.

Why resilience? Resilience can be viewed as the capacity of families to deal with adversity. Building resilience is seen as important in the early stages of engagement with the program because it equips families to cope with adversity in everyday life and allows the building of nurturing environments for children. A lack of resilience in the family setting can have a longer-term, intergenerational impact as children move into adulthood. The service aims to build family resilience by reducing the impact of adverse circumstances and maximising positive coping abilities. It uses a strengths-based approach which identifies parents as both knowledgeable and competent, and promotes shared decision-making. In the assessment process, the focus is not on ‘what’s wrong with you?’ but ‘what’s happened to you’? The resilience model shifts the focus away from breakdown and disorder to individual and family strengths.

Why parenting? Building parents’ confidence in their parenting is also seen as important because effective and supportive parenting provides an optimal caring environment for children, underpinned by close relationships, emotional security, hope, faith and optimism, routines, school engagement, and connections with community. To do this, parents have to be skilled in family management, problem solving, capable of helping children to self-regulate, able to balance the multiple needs of the family, and create purpose in the family. Deep disadvantage can adversely impact people’s capacity to effectively parent as they struggle with their own stress and anxiety in dealing with the day-to-day issues of survival. However, research indicates that parents in crisis can still demonstrate high levels of effective parenting provided they believe in positive parenting and its impact on development, and they have effective coping strategies. Equipping parents in one generation predicts positive parenting in the next.

Was this approach successful? The effective outcomes of this program have been assessed based on the use of matched surveys where respondents have completed both the survey on entry and on exit from the program. In total, there were 47 respondents over a 2-year period who completed both surveys. The survey used validated assessment scales primarily for measuring changes in two key areas: resilience and sense of parenting competence.

About this report: This research report provides evidence on the impact that a service model built on case management and integration of services has had for families experiencing deep and persistent disadvantage, in terms of building resilience, confidence in parenting, financial behaviour, and dealing with other aspects of psychological wellness (such as anxiety and stress). The report also highlights the importance of a multi-faceted policy approach in breaking an intergenerational cycle of poverty.

2. Understanding disadvantage & keys to breaking the cycle

Deep and Complex Disadvantage

Anglicare has worked for decades in Greater Sydney and the Illawarra with families who face financial hardship. Families experiencing disadvantage is not a localised problem. The Australian Council of Social Service (ACOSS) has recently reported that, based on a poverty line of 50% of median income, 55.2% of the 3 million people in poverty in Australia are families with children – either single parent or couples (Davidson P. et al, 2018). Nor is this simply an issue of low income; it is also about the lack of assets. As noted recently by the Productivity Commission, ‘on average, households in all but the bottom decile experienced real increases in wealth [since the 1980’s]’ (Productivity Commission, 2018:6).

For some, financial hardship is episodic – caused by a particular life event or circumstance – and, once rectified, they no longer need supports or safety nets. But for many people this hardship turns into a form of deep and persistent disadvantage reflected in a complex interplay of factors such as low income, unemployment, food insecurity, ill health, disability, reduced access to services, homelessness, housing insecurity, lack of community participation and social discrimination. It is about lost opportunities and ‘impoverished lives’ not just ‘depleted wallets’ (Productivity Commission, 2018:28).

The Brotherhood of St Laurence (2018) estimates that more than one million Australians experience such deep and persistent disadvantage, also referred to as ‘deep social exclusion’. A Productivity Commission study (2018:98) noted that ‘households in the top and bottom two deciles at the beginning of the period were the most likely to be in the same decile fifteen years later’ they described this as a small proportion of people being ‘stuck’ in poverty.

Breaking the Cycle of Disadvantage – Resilience and Parenting

How do people break a cycle of deep and complex disadvantage which is often intergenerational? This report examines two key factors in addressing such disadvantage for families and leading to longer term sustainability:

- **Improving resilience** – this is often considered to be a key factor in helping families to cope with adversity and bring them out of their current circumstances into sustainable futures. But what is resilience? What does resilience look like? Is it something inherent to the individual? Does it change over time? Is it impacted by adverse circumstances? Can it be built with appropriate supports and interventions? Can service interventions make a difference?
- **Improving parents sense of competence in parenting** – the literature suggests that parents experiencing deep, persistent and complex disadvantage often have little confidence in their own parenting. What is the importance of parenting in breaking the cycle? Is it adversely impacted by disadvantage? Can a parent’s sense of competence be improved and strengthened through appropriate service supports and interventions? Does the nature of the service model affect the outcomes for families? Does service integration and case management make a difference?

Anglicare has adopted an intensive case management approach in an integrated service model to support families dealing with such complexity and deep disadvantage.



3. Anglicare's integrated service delivery model

Since 2011, Anglicare Sydney has been operating an **Integrated Service Delivery (ISD)** model at its sites at Liverpool and Sadleir in South West Sydney. Instead of families having to access individual programs separately, with separate appointments, waiting times, individual assessments and interventions, the ISD program provides a single-entry point through a Family Support program for vulnerable and at-risk families to a range of integrated and diverse program supports. Relevant information about a client's needs are shared across a range of complementary programs including Family Support, Emergency Relief, Financial Counselling and the No Interest Loans Scheme (NILS). In contrast to the traditional 'siloes' approach, the ISD model offers an integrated approach to addressing client disadvantage through a comprehensive assessment with a Family Support worker, followed by case management and access to the full range of programs which best meets presenting and underlying needs.

The basic components of Case Management are proactive planning of care and ongoing involvement in the care pathway (World Health Organization, 2015). The critical elements in this approach are the consultation process with the client, ensuring diverse needs are met, including aspirations, choices, expectations, motivations, preferences and values (Case Management Society of Australia and New Zealand, 2017). The case manager identifies which needs are greatest, supports care recipients in decision-making processes, and facilitates appropriate care. This is underpinned by the provision of wrap-around services for a period of up to 12 months. It is person centred using a strengths-based team approach, with ongoing and unconditional support. It requires collaboration between Anglicare and other agencies.

Anglicare case managers have adopted this model to ensure that families feel supported regardless of their circumstances and are actively linked to services which prioritise their needs, with a focus on the needs of children, listening and respectful staff, and having the advantage of continuity for the family. Families see the same case worker over the period of service engagement enabling a trust relationship to develop and creating a deep understanding of the issues and circumstances for that particular family.

What are we trying to achieve with this model?

At the beginning of the program, a Program Logic exercise was undertaken and a number of short term, medium term and longer-term client outcomes were identified, to show how the service could make a difference in the lives of families dealing with complex disadvantage. The identified client outcomes are listed below.

Short term outcomes

- **Increased knowledge and skill** – around self-advocacy, clients knowing their options and knowing how to advocate for themselves
- **Reduction in stress/anxiety** – clients are less stressed and can address the issues that cause that stress (eg. struggling with bills, food).
- **Provide speedy practical assistance and an integrated response** – for example, material aid such as food, clothing, and linking clients up with specialised services such as financial counselling, community housing etc. ISD is in part about speeding up access to such supports and increasing the range of such supports being accessed by the client.

Medium term outcomes

- **Improved parenting and household management** – parents feel confident in managing children's behaviour and are on top of general household duties.
- **Increased social inclusion and participation** – families have a greater sense of belonging; eg. linked up to parent support or play groups, attending local community events such as Fresh Food days and Community BBQs, where they get an opportunity to have their needs met but also to socialise and interact with others. As a result, they are part of their community and feel included.
- **Improved tenancy and stable accommodation** – clients understand their rights as well as responsibilities as tenants and are able to provide safe and secure housing for their children.
- **Improved financial literacy** – clients have an awareness of their finances, are able to budget and plan ahead, and are aware of credit options and do not need to access payday lenders.

Longer term outcomes

- **Improved individual and family wellbeing** – parents have improved confidence, are informed and have a stronger sense of self-esteem, and are able to respond to their children as well as family needs.
- **Resilience, efficacy and independence** – families are able to "bounce back" from stressful or challenging experiences. They are able to cope should a crisis arise.
- **Improved safety and family functioning** – family harmony has been improved, child protection issues have been addressed and children remain in safe and stable homes, with loving and caring families.

4. How were outcomes measured?

This study is based on data collected using a survey developed for the program and was initially deployed in 2016. Clients are requested to complete the survey on entry to this program (to assess key issues) and again upon exit. The survey was developed in collaboration with the staff across all of the programs involved in the service model. It has a number of core components:

- **Demographics** – gender, age, housing tenure, household type.
- **Resilience Scale for Adults (RSA)** – a validated measurement tool comprised of 33 questions which constitutes six domains – perceptions of self, perceptions of the future, structured style, social competence, family cohesion (relationships) and social resources (social networks and supports). The purpose of using this validated scale was to determine if there was any measured improvement in resilience – seen as a key factor in the capacity of families and individuals to cope with issues.
- **Parenting Sense of Competence Scale (PSOC)** – a validated measurement tool comprised of 17 questions to discern any measurable change in sense of parenting competence among service users – do they feel more confident in their parenting after accessing the program?

- **General outcomes** – based on self-assessment in relation to awareness of options, ability to cope if problems arise, confidence in parenting and hopefulness in relation to the future.
- **Financial Behaviour Scale (FBS)** – consisting of five questions and designed to measure changes in self-reported budgeting and spending patterns.

On exit they are asked to complete the same survey form but with some additional questions covering:

- **Types of services accessed** – over the life of the program and how important these were felt to be in delivering positive outcomes for their family.
- **Service experience** – with a range of questions on goal achievement, impact of services and how they felt they were treated by staff.

At any one time there are on average 85 clients accessing this service and length of service engagement is usually around 12 months. Over a 2-year period to the end of September 2018, 132 survey forms were completed and some 47 clients completed two or more of these surveys (known as the ‘matched sample’), which forms the basis of this study.

SERVICE EXPERIENCE

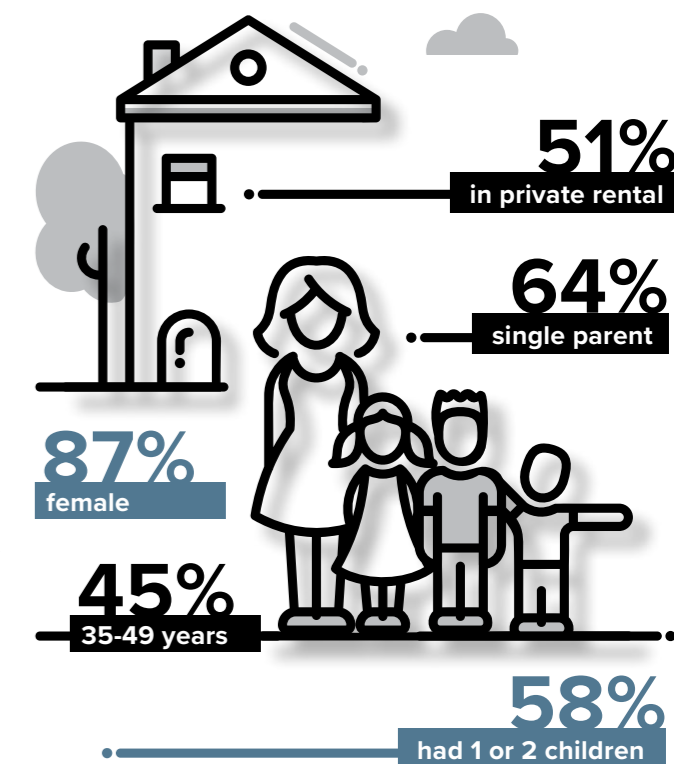
5. Service experience

Who are the clients?

The client profile is based on information collected in the Entry Survey, when clients enter the service:

- **Predominantly female** – 87% of the client group.
- **Relatively young** – 40% were aged 20-34 years and 45% were aged between 35-49 years – which is consistent with a parenting service
- **Predominantly renting** – 51% in private rental and 34% in public housing
- **High proportion of children** – 58% had 1 or 2 children but 42% had three or more children
- **Single parent households** – 64% were single parent households

The over-representation of single parents is significant from a service viewpoint. The recently released Inquiry into Intergenerational Disadvantage identified single parent families as the most impoverished family type in Australia (House of Representatives Select Committee, 2019).



SERVICE EXPERIENCE

Services provided

Critical to the success of the ISD model is ensuring that clients can access all relevant supports as quickly as possible after entry to the program.

Table 1 indicates that the service most used in the first week was that of the assessment and home visits by the Family Support worker. A number of people also accessed food cards, food parcels and Fresh Food Tuesday (Emergency Relief) while a number needed referrals to other services and assistance to help pay bills or rent.

Table 1: Services accessed by ISD Clients

	N=	In the first week	In the first month	After a month
Assessment and visits from a family support worker	38	79%	13%	8%
Food parcel, food card, or clothes	29	34%	34%	31%
Help with bills or rent	15	20%	60%	20%
No-Interest Loan	2	0%	0%	100%
Financial Counselling	9	44%	33%	22%
Home Visits	32	81%	16%	3%
Fresh Food Tuesday	16	38%	50%	13%
Referrals to other services (e.g. Housing NSW, Centerlink, GP)	21	38%	38%	24%

Clients were also asked to rate the importance of each of these services. The services which achieved the highest levels of importance for those accessing the services were: helps with bills and rent (94%); Financial Counselling and Emergency Relief (89%) and referrals to other services (83%).

Rating Anglicare's service

Apart from flexibility and responsiveness to client needs, the ambience of the centre, the client experience and journey and the support provided by staff were also seen by clients as critical in providing positive outcomes. Clients were asked to rate the impact that Anglicare's service had on a number of domains. They indicated very positive or positive impacts in the following areas:

87% on the management of their children's behaviour

87% on their relationship with their children

71% on their relationship with their partner

89% on their wellbeing

65% on management of the household budget

92% on goals being met

When asked about how they would rate Anglicare's service:

87% of clients felt they had been listened to and understood

87% considered they had received help beyond their initial presenting issue

87% considered they were treated with dignity and respect

85% felt they had left the service with a feeling of having got somewhere

Studies, both nationally and internationally, indicate that an important factor in generating positive outcomes for people accessing services is staff workers treating people with warmth, understanding, respect, openness and acceptance. Across the board, 98% of people accessing this Anglicare service felt that they had been treated with respect, integrity and compassion.



BUILDING RESILIENCE

6. Findings – Building resilience

What is resilience?

Resilience is basically the capacity of individuals to adapt to and manage adversity. Some studies see this as the ability to cope, adapt and transform difficult situations into something positive. In the poverty context, resilience can mean coping with hardship, overcoming setbacks, accomplishing goals despite living in poverty, finding opportunities, developing strategies to meet basic needs, maintaining and even building rich social networks, and actively struggling or battling with hardship (Dagdeverin H. et al, 2016:1).

Key factors in creating resilience

Environmental Drivers

Resilience is complex and research indicates there are many protective or environmental factors which can support and generate resilience; these factors include education, family relationships, and professional, social, health and mental conditions (Morote R. et al, 2017:2). Particularly important is the family context. Anglicare Family Support program focuses on recognising and supporting the capacity of families to cope with adversity – what has been termed as family resilience, defined as: ‘a multilevel process of interaction between families and other systems in complex or challenging environments that facilitates a family’s capacity to cope with adversity over time’ (Ungar M., 2016:20).

Family resilience involves the interactions of family members with each other and represents the combined reactions to hardship which are experienced by each person within the family unit. In many cases, there may be extremely different reactions to the same set of circumstances; one family member may exhibit optimism and hope while another may sink into despair. Sometimes the family members who have greater optimism and/or the ability to develop coping strategies can provide comfort and assistance to others in the family who are struggling to face the circumstances before them. Family resilience is also concerned with the ability of the family as a unit to relate to the wider community and, in particular to access systems and resources which may be of benefit (Ungar M., 2016).

BUILDING RESILIENCE

Family resilience is more complex than individual resilience since it is dependent on the family dynamics and relationships with each other as well as the wider community. It is essentially the way in which bonds within the family can be strengthened and sustained despite adversity and, at the same time, enhancing the connection to the local community, extended family and social networks (Power J. et al, 2016). This process has been described by one researcher as ‘cascading resilience’ (Doty J. et al, 2017). Thus, positive family relationships are important for the overall reaction of a family to adverse life situations and can assist families in buffering them from adverse life events (Power J. et al, 2016).

Individual Drivers

Increasingly too, it has been recognized that there are other factors relating to the individual, such as personal strengths which exist regardless of the circumstances with which one is faced; these are called compensatory factors (Power J. et al, 2016). Such factors can include:

- A state of innate or ‘dispositional’ optimism which can be mobilised during crises, generating a positive expectation about the future (O’Neal L.J. et al, 2016).
- Hope for the future and in oneself where one can interpret failures positively, identify goals, find resources to help in achieving goals and work out ways to cross any barriers to goal achievement (Rand K.L., 2018).

- Self-efficacy, or a belief that people have a sense of control over decisions in their lives and a belief in the ability to achieve one’s goals (Rand K.L., 2018).

All three elements are important in fostering individual and family resilience.

Systemic Drivers

However, resilience is not just about environmental and individual factors but can also be impacted by the community and situational context in which people operate, including systemic socio-economic conditions which generate inequality and poverty (Titterton M. et al, 2018). An ecological view of resilience takes into account such factors as government policies, availability of funding and services, and cultural customs. The sets of values, beliefs and activities of a given community must also be taken into account when evaluating resilience, and sometimes the preferred coping strategies of individuals may be hampered by the established organisational frameworks of the society in which they live.

A view of resilience in its community context takes in a much broader picture of the circumstances of adversity and thus serves to remove some of the blame for poverty from the individual (Ungar M., 2016). Resilience may also be considered in relation to the community as a whole, where it may be defined as ‘the ability of community members to develop and engage community resources to thrive in an unpredictable and changeable environment’ (Steiner A. et al, 2016:101).

Resilience is dynamic

Resilience is not a static concept; it can change depending on the severity of a traumatic event (Masten A.S. et al, 2018). It may need to adapt constantly to changing situations and may ebb and flow during different parts of the life cycle including the early years, school age, adolescence and adulthood (Sawyer E. et al, 2016). Thus, resilience is not fixed but changes over time, often showing itself in later life following an earlier phase where difficulties in coping were exhibited. That is because resilience is not a ‘trait’ but an interaction between an individual and their circumstances. Additionally, just because a person exhibits high levels of resilience and coping in difficult circumstances it does not mean they are not impacted by it – they simply cope with the situation rather than be broken by it (Power J. et al, 2016).

Why is building resilience important?

Building resilience is considered by Family Support workers to be integral in strengthening families to cope with adversity in everyday life and to build nurturing and healthy environments for children. Research indicates that significant financial hardship and trauma can adversely impact:

- optimism (Fitzpatrick K.M., 2017),
- parental stress (Taylor M. et al, 2017),
- parental sensitivity, empathy and warmth (Sheller S.L. et al, 2018),
- parental positivity (Neppi T.K. et al, 2015),

- individual agency and capacity to feel in control of decision-making, leading to a reduced capacity to manage what is happening in life, and
- belief in oneself (Williams A.L. et al, 2015:4).

Lack of family resilience in the childhood setting can have an intergenerational impact since those children are more likely to have adult lives which are characterised by low socio-economic status and poor resource levels. They also tend towards higher levels of adversity during the adult phase of life, and so the later stress adds to the effects of the earlier adversity (Nurius P.S. et al, 2015).

Use of case management and integrated services ensures comprehensive assessment is undertaken, the needs of the family as prioritised by the family are identified, strategies discussed and engaged, a range of wrap-around supports are deployed, goals are established by the family, supports put in place to enable the family to meet those goals, and ongoing support and understanding is provided over the period of service engagement.

What difference did the program make?

Within the ISD program, the Resilience Scale for Adults (RSA) (Hjemdal, O. et al, 2001) was selected as the measure of resilience used in the client survey. The RSA is uniquely placed for evaluating both the environmental or protective factors in resilience as well as the individual or compensatory factors.

Additionally, it had been used effectively in a number of international studies.

There are 33 questions in the RSA with point response options. These 33 questions constitute 6 subscales:

- **Perceptions of self** – 6 questions in relation to individual perceptions of ability to deal with unforeseen issues, personal problems, decision-making and events in life over which the individual has no control. It also covers the respondent’s perception of their own abilities and their levels of pessimism/optimism.
- **Perceptions of the future** – 4 questions relating to the individual’s views of their goals and future.
- **Structured style** – 4 questions in relation to self-organisation, planning and goal setting.
- **Social competence** – 6 questions in relation to the individual’s feelings of being in social settings, friendships, meeting new people and enjoying the company of others.
- **Family cohesion** – 6 questions in relation to the quality of family relationships and family dynamics.
- **Social resources** – 7 questions relating to friendships and social support networks.

The first 4 domains measure individual (compensatory) resilience factors. The last 2 domains measure environmental or protective elements which relate to the family and social networks in which an individual is embedded.

BUILDING RESILIENCE

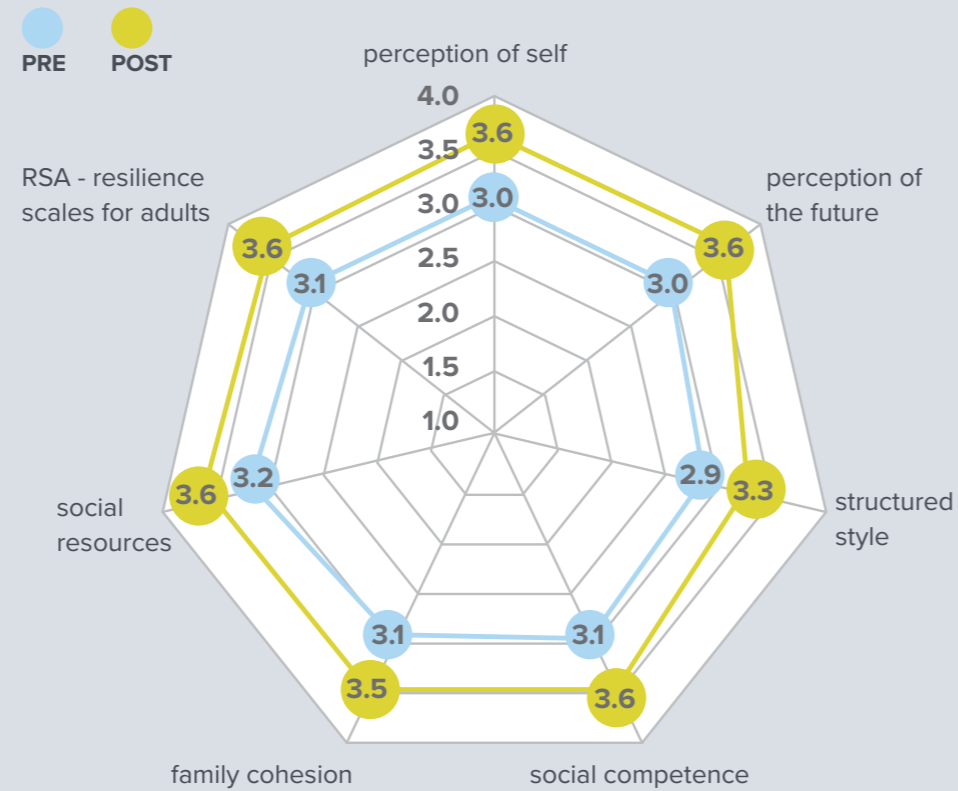
Results across all domains showed a significant improvement at the end of the service engagement with Anglicare (Chart 1). The inner (blue) circle represents levels of resilience on entry and the outer (yellow) circle represents the levels at the end of the service engagement. All of these improvements were statistically significant.

A view of resilience in its community context takes in a much broader picture of the circumstances of adversity and thus it serves to remove some of the blame for poverty from the individual (Ungar M., 2016). Resilience may also be considered in relation to the community as a whole, when it may be defined as “the ability of community members to develop and engage community resources to thrive in an unpredictable and changeable environment” (Steiner A. et al, 2016:101).

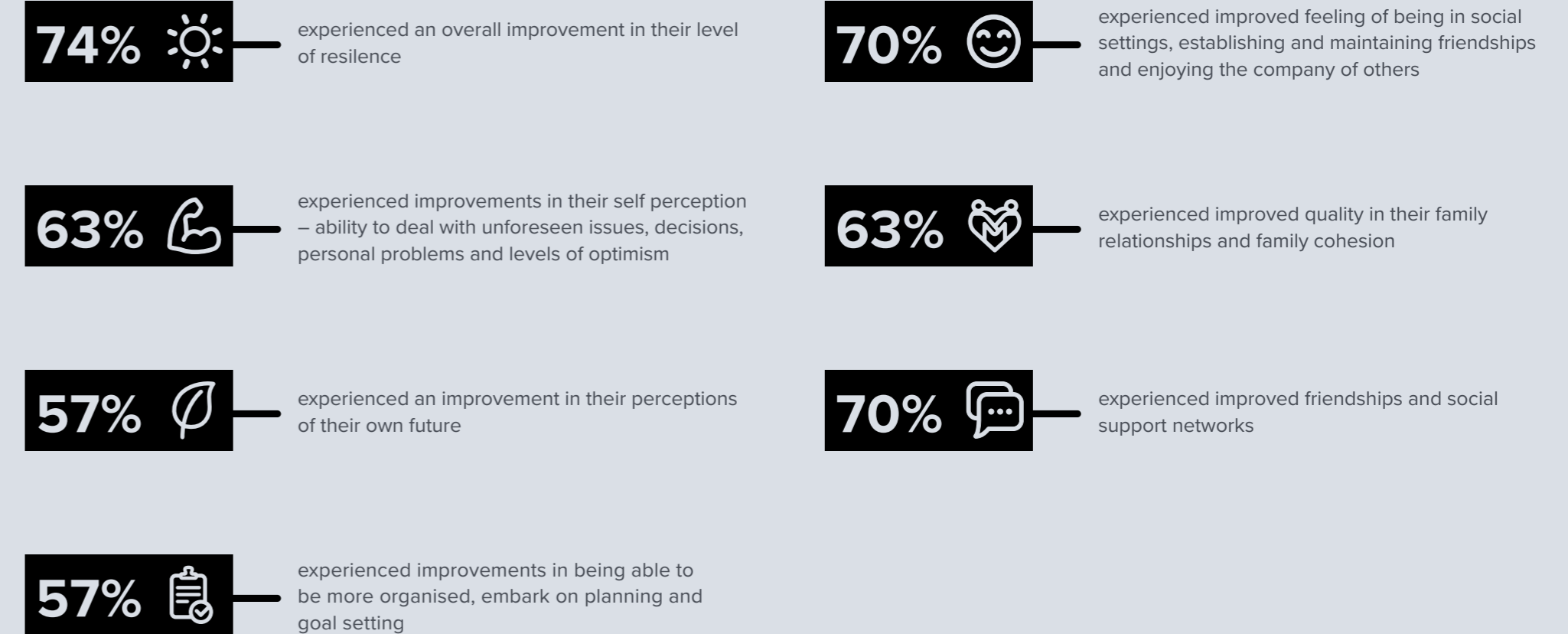
Calculations were also made of the percentage of clients whose resilience scores had improved, were maintained or deteriorated over the period of their service engagement. The study finds strong levels of improvement particularly in areas of social competence and social resources (+70%) – indicating people felt more confident to engage in social networks and community. Also evident is strong improvements (+63%) in family cohesion and self-perception.

What is evident from these findings is that, for families accessing this case managed integrated service, there are very positive outcomes in term of increasing resilience with statistically significant improvements in both those factors which are individual and those which are environmental.

Chart 1: Improvements in resilience



Reported improvements in resilience domains





PARENTING

7. Findings – Improving confidence of parenting

Another key goal of the ISD program is to build a person's belief in their sense of competence in parenting, by helping them to identify strengths, build efficacy and expertise, and increase their parenting satisfaction.

Why is good parenting important?

Secure relationships and positive attachments with adults assist the child to cope with fear and anxiety, explore the world with confidence, set appropriate boundaries, develop the ability for learning, determine right from wrong, understand and control emotions, seek help when it is needed, perceive the feelings of other people, and manage transitions and separations. In other words, the relationships with adults are essential for the health and physical, mental and emotional growth of the child (Antcliff G. et al, 2014). Parents provide buffering from the effects of trauma and stress and thus help the child to adapt to the life situation which has been thrust upon them (Herbers J. et al, 2014). Children who have been provided with such resources to help them cope emotionally and cognitively can grow up in psychological good health even if adverse circumstances have been present (Ungar M., 2016).

How does adversity affect parenting?

Parents experiencing significant and persistent disadvantage including financial hardship can themselves be experiencing trauma, anxiety and depression as they try to cope with their current

circumstances, while at the same time, still be the source of care and nurture for their children and other family members. Crisis and trauma can in turn make them less emotionally available for their children and be less able to provide routines, optimism and hope. Russell (2008) found that parents themselves considered that poverty affected their ability to provide 'adequate care' for their children, with a lack of income equated with 'bad parenting.' Such perceptions increased the likelihood of parents experiencing despair, depression and self-doubt about their parenting capacity. This in turn can have a longer term intergenerational impact where resilience may be affected over the remainder of the life course (Nurius P.S. et al, 2015).

How is parenting competence built?

Research indicates that parents in crisis and hardship can be effective parents provided they believe in positive parenting and its impact on development and they have effective coping strategies. Equipping parents in one generation predicts positive parenting in the next (Schofield T.J et al, 2014). Furthermore, supporting parents through positive parenting programs can have a cascading self-reinforcing effect since it creates positive change not just within the family but also in the wider family and community context since 'increased emotional and social resources are reciprocal and lead to widening patterns of long-term resilience for both parents and children' (Doty J.L. et al, 2017).

What does the Anglicare program provide?

The Anglicare ISD programs focuses on:

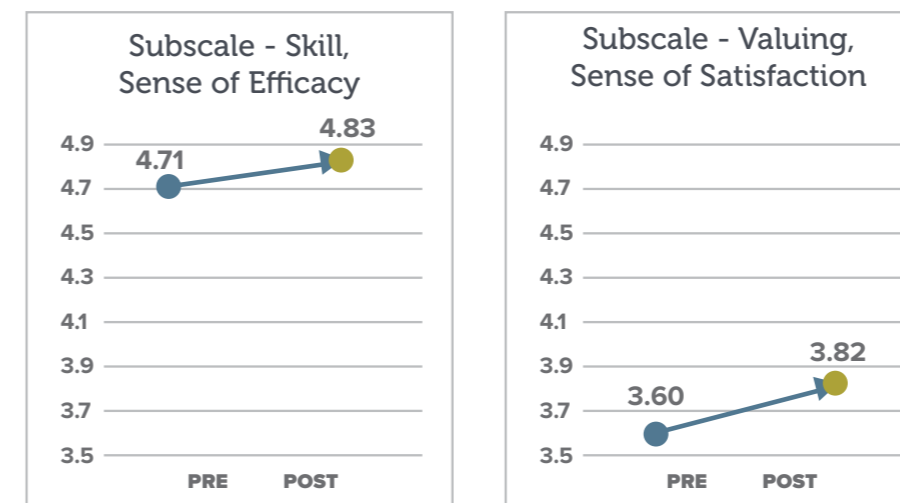
- Providing supports for parents:** Services which are designed to preserve parents' dignity and promote healthy development. Parents need people who care about them and their children unconditionally; who listen without making judgement; who provide well-informed advice; who can be called on for assistance in times of crisis; who help fulfil their need for social stimulation; who can provide encouragement and hope when needed; and who can encourage healthy parenting.
- Developing parental resilience:** Building capacity to manage both general life and parenting stress; to function well when faced with stressors, challenges, or adversity; mobilise strengths and existing resources; to nurture a positive sense of self; and finding meaning and purpose in life. To do these things, parents may need help to reflect on their current conditions and imagine new possibilities; accept circumstances that cannot be changed and concentrate on those that can; and develop and maintain a belief that, while change may take time, some problems are not insurmountable. They may need to identify specific needs, set achievable goals and then take appropriate, decisive steps toward solving problems and reaching goals. They also need to be assured that they can acknowledge their own needs and feelings, and engage in self-care activities.
- Improving knowledge of parenting and child development:** Understanding the unique aspects of child development and implementing appropriate parenting practices.
- Developing social connections:** Having healthy, ongoing relationships with people, organisations and the community around them. This could include faith-based communities, volunteer opportunities, or participation in their child's early education program. Involvement in social activities provides opportunities for parents to find meaning through a contribution to the well-being of others.

What difference did the program make?

In the ISD program the Parenting Sense of Competence scale (PSoC) (Gibaud-Wallston J. et al, 1978) consists of 17 questions relating to the parent's sense of being able to understand their child's behaviour and manage it effectively, sense of achievement and control, confidence in themselves as a role model for their children, confidence in their parenting expertise, and comfort with the parenting role. There are 2 subscales: a sense of skills and efficacy in parenting and a sense of satisfaction in being a parent.

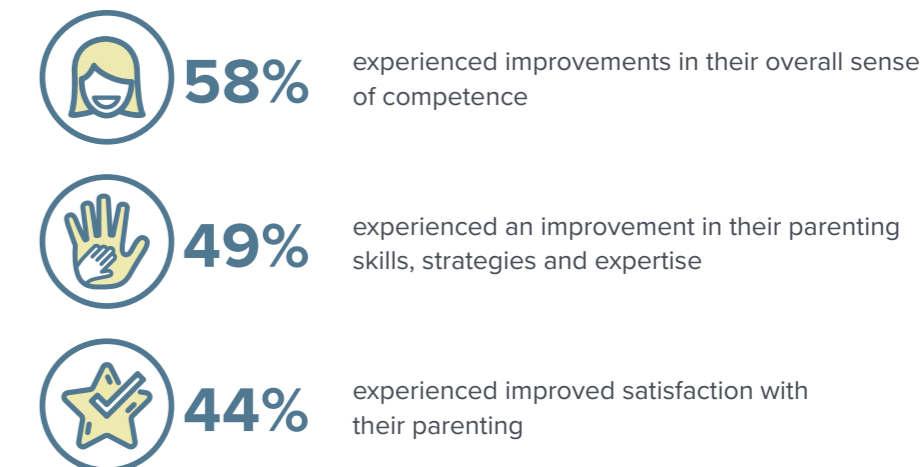
Changes in mean PSoC scores between pre and post surveys in the matched sample are shown in Chart 2. The chart shows that, on average, there have been modest improvements in parenting sense of competence for the two sub-scales across the entire sample.

Chart 2: Changes in Parenting Competence



However, in reality, some clients will have experienced greater levels of improvement than these changes would indicate, while other parents will have seen no change or may have deteriorated in their sense of competence. Further analysis shows that more than half of clients felt their overall parenting competence had improved during their time in the program (see below details).

Reported Improvements in Parenting Competence



In this study there was a strong correlation between resilience and financial behaviour (rho .713) and parenting competence (rho .513) indicating that financial behaviour, resilience and sense of parenting competence are inextricably linked. This indicates that making a difference in one area such as resilience may positively impact other areas such as parenting competence and/or financial behaviours.

8. Improvements in financial behaviour & other client outcomes

Apart from Resilience and Parenting Competence other improvements were also evident in the study.

General Client Outcomes

Clients were asked to rate on entry, their levels of stress, awareness of options, ability to cope if problems arise, confidence in parenting and hopefulness about the future. The scale used in these five items ranged from 'not at all,' a little bit', 'quite a bit' to 'a lot'. The clients were then asked to self-assess these areas again as part of the post survey. Table 2 indicates that, on average, clients tended to experience improvements in all areas during their time with the program, particularly in terms of hopefulness and awareness of options. These improvements are all statistically significant.

However, the table also shows that client experience was variable. While around 4 in 10 clients saw improvement and another 4 in 10 saw no real change, a further 2 in 10 indicated that some of these aspects had become worse during this period. These statistics underline how difficult it can be for people to make headway when faced with deep or complex disadvantage.

Table 2: Client's Self-Assessed Improvement

Improvement	Deteriorated	Maintained	Improved
Stressed	15%	43%	41%
Aware of your options	26%	28%	47%
Able to cope if problems arise	22%	38%	40%
Confident able parenting	13%	59%	28%
Hopeful about the future	13%	39%	48%
Overall	18%	41%	41%

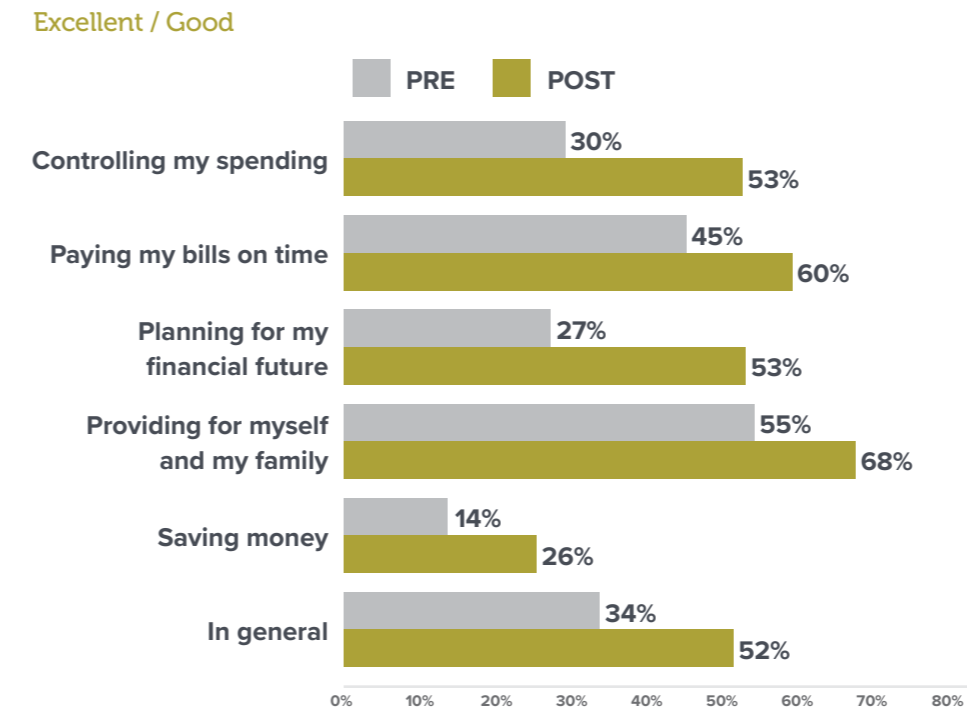
The improvement in families being 'more aware of options' was strongly correlated with 'ability to cope if problems arose' (rho .481). This illustrates that improved access to resources, services and information has a positive impact on coping, as would the provision of food and financial support which is provided as part of the wrap-around supports.

Improvements in Financial Behaviour

The Responsible Financial Behavior Scale (Perry, V. et al, 2005) consists of 5 questions relating to people's self-assessment of their control over spending, ability to pay bills on time, planning for their financial future, ability to provide for themselves and their family, and ability to save money.

A comparison of pre (entry) with post scores indicates improvements in each of the 5 items (see Chart 3) Particularly important was the improvement in the individual's capacity to plan their financial future (+26%) and having a greater sense of control over spending (+23%).

Chart 3: Client Self-rated Financial Behaviour, Pre and Post



Calculations were also made on the percentage of clients for whom these financial behaviours had improved, been maintained or deteriorated during their engagement with the service. The percentage of clients reporting any improvement across each specific item, as well as their financial behaviour overall, is presented below.

Reported Improvements in Financial Behaviour

- 44%** experienced improvements in their financial behaviours
- 43%** experienced greater control over their spending
- 41%** experienced improvements in managing their bills
- 52%** felt more able to plan their financial future
- 39%** felt they were in a better position to provide for their families
- 43%** felt they were now better at saving money

There appears little doubt that for people experiencing complex disadvantage there is a significant impact on their capacity to cope. The current study indicates that families experiencing significant financial stress were likely to have high levels of self-reported stress (rho- .426), less tendency to exhibit hopefulness about the future (rho .484) and rated their parenting competence poorly (rho .425). These findings are supported by a 2017 study that indicates a strong relationship between financial hardship and psychological stress (Taylor M. et al, 2017).

9. Key learnings & policy implications

Key Learnings

This Anglicare study has revealed a number of interesting insights into issues for families dealing with deep and entrenched disadvantage:

- For many families, such disadvantage is the result of a complex array of issues – some related to the family and individual circumstances and others related to external factors outside the control of the family.
- Within this context, resilience is a multi-faceted concept which is highly dependent on a mix of both environmental factors, including the family dynamic, and individual factors such as capacity for optimism hope and self-efficacy. It is evident that the experience of resilience can vary over the life course but it is an important element in assisting families to deal with adversity and find opportunities to grow and thrive in difficult circumstances.
- Without resilience, the experience of both the adults and children experiencing deep disadvantage can be traumatic and long lasting with intergenerational impacts.
- Equipping families to build resilience using a strengths-based, case management model in a supportive family friendly and non-judgemental environment can make a significant difference in the lives of such families. Among program participants, this study shows statistically significant improvements in perceptions of self and of the future, the ability to plan, manage and engage in goal setting, social interactions or competence, family cohesion, and access to resources.
- Deep disadvantage can adversely impact the capacity of parents to cope but, if they are properly resourced, they can provide very positive parenting experiences for their children by generating thriving, supportive and nurturing home environments.

- An ISD model of service delivery which combines intensive case management has, in this study, generated very positive outcomes for parents with demonstrable improvements for many clients in their expertise, skills efficacy and satisfaction in parenting.
- Other improvements can also be achieved through the ISD model including greater awareness of options, reduction in stress and anxiety, ability to cope if problems arise and confidence in parenting – all of which were statistically significant improvements among clients in the matched sample in this study.
- Financial behaviours also improved significantly through the life of the program with better control over spending, managing bill payments, able to future plan financially, better able to provide for their families and being better at saving money.
- Improved access to resources, services and information has had a positive impact on parental coping, apart from the provision of food and financial support which are part of the program's wrap-around supports.
- Addressing complexity of issues for families experiencing significant disadvantage can have some success if addressed through intensive case management and service integration since such complexity requires a multifaceted, flexible response if improvements are to be achieved and then maintained into the future.

It therefore follows that from the policy perspective that supporting families out of deep or complex disadvantage will also require a flexible and multifaceted approach. A one-size-fits-all approach will not lead to sustainable futures for these parents and their children.

Policy Implications

Clients presenting to Anglicare's service face a multitude of issues including:

- Housing costs – which in the private rental market when on a low income can consume the bulk of the family's discretionary income, generating other significant problems (e.g. food insecurity).
- Household budgeting – it is a common problem for people living with disadvantage to have to choose between paying rent or utilities, or buying food.

This also has the effect of driving such people towards payday lenders, resulting in entrenched or unaffordable levels of personal debt.

- Parenting and child behaviour – issues with school attendance, parenting skills and child-parent relationship concerns.
- Partner relationship – communication issues, domestic violence, separation, and parental access to children.
- Legal issues – such as court matters.
- Child and/or parent health and well-being which impacts upon their capacity to deal with daily and household matters.
- Under-employment or unemployment – which places strains on household budgets. It is difficult to get into employment with minimal schooling or qualifications as well as a lack of affordable child support.
- Child protection issues – which can be intergenerational. Child protection issues can also be accompanied by a sense of shame or failure as a parent.
- Social isolation – feelings of low self-worth, shame, and loneliness are common.

Addressing complexity in disadvantage for families requires an holistic and integrated policy response. This was recognised in the Federal Government's recent report into Intergenerational Welfare Dependence, which emphasised the need to address entrenched disadvantage at a range of policy levels including education, labour markets, housing, transport and community services (House of Representatives Select Committee, 2019:17). Anglicare considers there are at least three major policy areas which can impact outcomes for families experiencing deep disadvantage. These are outlined below.

Secure housing - Provision of affordable rentals for families in hardship

For many families, secure and affordable housing is one of the largest pieces in a complex puzzle of disadvantage. Australia's rental affordability crisis for those not in public housing continues to be a major stress for families. Anglicare Sydney's most recent Rental Affordability Snapshot has again highlighted the severe shortage of affordable and appropriate rental accommodation across the entire Sydney region for people living on Government benefits, a situation which has not improved over the past decade (Bellamy J. et al, 2019). Anglicare Sydney remains most concerned about individuals and families who are experiencing the financial hardship of paying high rents on low incomes. Families accessing Family Support and Emergency Relief programs often bear the weekly burden of juggling housing costs with other expenses to ensure they continue to have a home. After housing costs have been paid, they then have to address their family's essential needs of paying utility bills, food, education, travel, and medical expenses. While the housing policy solution is not simple it is very clear. There needs to be an increase in the provision of affordable rentals for low income families through an increase in the supply of public housing stock. NSW is experiencing a social housing crisis with almost 56,000 approved applicants for public and community housing waiting on the NSW Housing Register. Waiting times for general applicants on the register in the Greater Sydney and Illawarra region are either 5-10 years or over 10 years in the majority of allocation zones (Family and Community Services, 2017). Applicants waiting for social housing dwellings are generally reliant on the private rental market. Families searching for affordable rental accommodation are extremely limited in their options in and around Sydney. Approved applicants for social housing who are experiencing current lengthy waiting times generally do not have an affordable alternative.

Improving housing affordability and security for individuals and families will have positive outcomes across the whole of the community, not just the individuals and families struggling with housing. Housing insecurity can increase vulnerability to adverse social and economic circumstances, including poorer outcomes in education, employment and health, and increased risk of involvement with the justice system (Bevitt A. et al 2015).

This report also highlights the benefits of linking housing for families with other wrap-around supports including parenting programs, financial management and access to financial hardship programs, relationship counselling, access to Legal Aid and Financial Counselling. This approach is supported by the recently released report of the Inquiry into Intergenerational Welfare Dependence (2019) which recommended that governments increase funding for both emergency relief and low-cost housing, recognising that these are critical elements in supporting families experiencing entrenched disadvantage.

Adequacy of income and unemployment

For many families experiencing long periods of unemployment, the level of Newstart has been widely criticised as being inadequate. As far back as 2012 the Human Rights Commission recommended that the Newstart Allowance be increased to reflect the costs of living and job seeking, and should be brought into line with the Age Pension. Seven years later there has been no change in the way that Newstart is indexed, meaning the effective gap between Newstart and other payments and benefits has continued to widen. The level of Newstart is now so low that it has become a significant contributor to poverty, housing insecurity, financial hardship, food insecurity and social exclusion. ACOSS and other national bodies are advocating for an immediate rise of \$75 per week in the Newstart allowance (Davidson P. et al, 2018). The Parliamentary Inquiry into Intergenerational Welfare Dependence was also concerned with the adequacy of payments, particularly for single parent families (House of Representative Select Committee, 2019:96).

Increasing levels of Newstart would reduce financial hardship and improve long-term outcomes for people in relation to housing security, employment prospects and job readiness, and health and education. Further there needs to be a focus on providing employment opportunities for those families in the lowest income deciles and/or who are currently dependent on benefits.

Funding of Community Services and wrap around supports

This report has highlighted the success of a Family Support program in building the resilience not just of the parents but of the whole family. Such positive outcomes provide evidence for ongoing and expanded funding for wrap-around supports using integrated service models. This was also recognised by The Living on the Edge report (2019) which outlined that the bringing together of supports which address both the needs of parents and children can have a positive multiplier effect (House of Representative Select Committee, 2019:38) leading to more sustainable outcomes for families.



10. Conclusion

This report began with a quote from someone with a lived experience of poverty describing this as people being 'doomed to live in the shadows'. But there is a light at the end of the tunnel. What this report has clearly identified is providing the right framework (an integration of services) and the right approach (case management) can result in positive outcomes for families in building their resilience to cope with adversity, build their expertise and satisfaction in parenting and improve their financial behaviours. By adopting a collaborative model, where decisions are taken jointly, where family goals are supported and where the service environment is one of acceptance, respect and is non-judgemental, the intergenerational transmission of hardship and the cycle of poverty can be broken. Families can emerge 'from the shadows' stronger, more resilient and thriving, with the capacity of take on new opportunities if they are appropriately equipped and resourced to do so.



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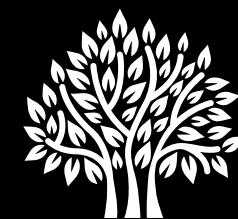
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