



SOCIAL JUSTICE

STOCKTAKE

TAKING STOCK OF OUR COMMUNITIES



CORANGAMITE





ACKNOWLEDGEMENT OF COUNTRY

The Salvation Army Australia acknowledges the Traditional Owners of the lands and waters throughout Australia.

We pay our respect to Elders and acknowledge their continuing relationship to this land and the ongoing living cultures of Aboriginal and Torres Strait Islander peoples across Australia. We also acknowledge future aspirations of all First Nations peoples.

Through respectful relationships we will work for the mutual flourishing of Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians.

We commit ourselves in prayer and practice to this land of Australia and its people, seeking reconciliation, unity and equity.

TRADITIONAL OWNERS

Gulidjan and Gadubanud peoples of the Eastern Maar, Wadawurrung

INCLUSION STATEMENT

We value and include people of all cultures, languages, abilities, sexual orientations, gender identities, gender expressions and intersex status. We are committed to providing programs that are fully inclusive. We are committed to the safety and wellbeing of people of all ages, particularly children.

OUR VALUES ARE:

Integrity
Compassion
Respect
Diversity
Collaboration



The Salvation Army is a worldwide movement known for its acceptance and unconditional love for all people. We love unconditionally, because God first loved us.

The Bible says, “God so loves the world” (John 3:16, RGT). As both a church and charity, we believe all people are loved by God and are worthy of having their needs met. Everyone is welcome to find love, hope and acceptance at The Salvation Army.

The Salvation Army Australia Territory wishes to acknowledge that members of the LGBTIQA+ community have experienced hurt and exclusion because of mixed comments and responses made in the past.

The Salvation Army is committed to inclusive practice that recognises and values diversity. We are ensuring our services affirm the right to equality, fairness, and decency for all LGBTIQA+ people, rectifying all

forms of discriminatory practice throughout the organisation.

We seek to partner with LGBTIQA+ people and allies to work with us to build an inclusive, accessible and culturally safe environment in every aspect of Salvation Army organisation and services. Everyone has a right to feel safe and respected.



The hand-heart-shield motif speaks of the need to raise our hands and be counted, and that we need to do so with love and hope.

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THE SOCIAL JUSTICE STOCKTAKE

Working for justice is at the heart of what The Salvation Army does in Australia. It is integral to our ethos, our mission and our vision.

In our inaugural Stocktake, The Salvation Army wanted to get to the heart of what people were seeing in their local communities, and from there build a map of social justice priorities across Australia. We found surprising agreement about the issues affecting communities right across Australia, regardless of where they are and how they vote. We heard that many people feel overwhelmed, even hopeless, when asked how Australia can address the issues they see in their local communities.

In 2024 we again checked in across the nation — with almost 16,000 Australians across every state and territory and in every electorate. This time there was even more consensus about the top issues affecting individuals and communities. An extraordinary 71 per cent of survey respondents reported that housing affordability and homelessness was a key issue in their community. The majority of respondents also agreed that mental health, financial hardship, and access to health care were in the top five issues facing their communities.

The sentiment of respondents was different this time. In 2021 we heard a sense of helplessness about addressing social injustice. This year there was also an overwhelming sense of urgency in response to perceived governmental inaction — many respondents left messages calling on decision-makers to put politics aside and prioritise action.

So instead of just providing our findings, we've tried to arm readers with practical solutions and pathways towards the changes they want to see in their communities. We firmly believe that every social justice issue can be addressed. Every person can make a difference. Together, we can make an even greater difference. Our hope is that the following report will show how.

In order to reflect respondents' views accurately, quotes have not been edited for spelling or punctuation; only shortened or explicit language removed.

The Salvation Army Australia is a Christian movement dedicated to sharing the love of Jesus.

We do this by:

- Caring for people
- Creating faith pathways
- Building healthy communities
- Working for justice

Every person can make a difference. Together, we can make an even greater difference. Our hope is that the following report will show how.

RESULTS AT A GLANCE

ISSUES FOR COMMUNITY

TOTAL

Housing affordability and homelessness	74.0%
Mental health	70.2%
Access to health care	51.0%
Financial hardship and inclusion	50.0%
Alcohol and drug misuse	36.5%

ISSUES FOR SELF

TOTAL

Climate change	43.3%
Mental health	42.3%
Access to health care	32.7%
Financial hardship and inclusion	29.8%
Housing affordability and homelessness	26.0%



SOCIAL JUSTICE IN CORANGAMITE



The most striking result from the Stocktake is the extraordinary consensus across Australia about what issues we are seeing.

74.0%
IDENTIFIED HOUSING AFFORDABILITY AND HOMELESSNESS AS AN ISSUE IN THEIR COMMUNITY

Corangamite, like the rest of Australia, is experiencing a housing crisis. In Corangamite, 74 per cent of people identified housing affordability and homelessness as an issue in the community and 26 per cent identified it as an issue for themselves. This is even higher than the result recorded in the 2022 Social Justice Stocktake of 48.5 per cent for housing affordability and 34 per cent for homelessness. The best estimates available suggest there are around 829 people experiencing homelessness in Corangamite alone¹ and there is an unmet housing need of 2900 dwellings². Not having a safe and secure home makes every part of life more difficult. Addressing issues in the housing system (and ending

homelessness) is foundational to addressing the other social justice issues identified in this report.

Mental health was the second issue identified by people in Corangamite in terms of the community and for themselves. At the last Stocktake, mental health was identified by around 59.2 per cent of people in Corangamite. At the last Census, in Corangamite, 10 per cent of people reported being diagnosed with a long-term mental health condition, including depression or anxiety.³ Mental health is connected to every other social justice concern raised in this report and particularly linked with housing stress and homelessness.⁴ The Salvation Army's own experience has shown that mental ill health can drive and result from other

1 Australian Bureau of Statistics. (2021). *Estimating Homelessness: Census*. ABS. <https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/latest-release>
2 van den Nouwelant, R., Troy, L. & Soundararaj, B. (2023). *National Current and Projected Housing Needs 2022*. <https://housing-data-exchange.ahdnp.org/dataset/national-current-and-projected-housing-needs-2022>
3 Australian Bureau of Statistics. (2021). *Corangamite 2021 Census All persons QuickStats*. <https://www.abs.gov.au/census/find-census-data/quickstats/2021/CED209>
4 Australian Institute of Health and Welfare. (2024). *Specialist homelessness services*. <https://www.aihw.gov.au/mental-health/snapshots/specialist-homelessness-services>
5 The Guardian. (2023). *Revealed: More Australians Than Ever Are Paying to See a Doctor as New Data Shows Worst-hit Areas*. <https://www.theguardian.com/australia-news/datablog/2023/feb/15/revealed-more-australians-than-ever-are-paying-to-see-a-doctor-as-new-data-shows-worst-hit-areas>
6 Cleanbill. (2024). *Blue Report National General Practitioner Listings*. <https://cleanbill.com.au/wp-content/uploads/2024/01/Cleanbill-Blue-Report-January-2024.pdf>
7 Cleanbill. (2024). *Blue Report National General Practitioner Listings*. <https://cleanbill.com.au/wp-content/uploads/2024/01/Cleanbill-Blue-Report-January-2024.pdf>
8 SBS. (2023). *Just 35 Per Cent of GP Clinics Bulk Bill New Patients. Here's How Your Area Compares*. <https://www.sbs.com.au/news/article/just-35-per-cent-of-gp-clinics-bulk-bill-new-patients-heres-how-your-area-compares/zeiwn5er0>



forms of disadvantage as well as exacerbate and be exacerbated by other experiences of hardship. When we consider mental health, we need to consider that a purely medical response must be complemented by actions that address underlying disadvantage. The best possible clinical care will be less effective if a person is living in their car or unsafe in their home.

Access to health care was introduced to the Social Justice Stocktake for the first time in 2025 and appeared in the top five issues in the vast majority of electorates. In Corangamite, 51 per cent identified it as an issue in the community and 32.7 per cent when thinking about their own lives. Nationally, there has been a decline in bulk billing across Australia by four per cent,⁵ with fewer than 25 per cent of GPs offering bulk billing across the country⁶. In Victoria, 24.8 per cent of GP clinics offered bulk billing.⁷ In Corangamite, 24.1 per cent of GP clinics offered bulk billing.⁸ Corangamite saw a slight increase in patients being entirely bulk billed by 0.1 percentage points.⁹ In Victoria, the average out of pocket cost, additional to the Medicare rebate for GP visits, was \$41.19.¹⁰ In Corangamite, 23.6 per cent of people felt they had waited longer than acceptable for an appointment with a GP, more than the national average of 18.6 per cent.¹¹

The rising cost of living has impacted everyone in Australia in some way and Corangamite is no exception 50 per cent of respondents in Corangamite reported that financial hardship and inclusion was an issue in their community and 29.8 per cent identified it when thinking about themselves. This compares with 23.3 per cent who identified the same issue for their community in the 2022 Stocktake. Though the overall child poverty rate in Victoria is 17.6 per cent, it is much higher in some areas, for example the area of Portarlington in Corangamite, where the child poverty rate is 27.4 per cent.¹² Roughly 4110 people living in Corangamite are reliant on JobSeeker or Youth Allowance.¹³ The rates of both these payments are demonstrably too low and have the unintended consequence of trapping people in poverty.

9 The Guardian. (2023). *Revealed: More Australians Than Ever Are Paying to See A Doctor as New Data Shows Worst-hit Areas*. <https://www.theguardian.com/australia-news/datablog/2023/feb/15/revealed-more-australians-than-ever-are-paying-to-see-a-doctor-as-new-data-shows-worst-hit-areas>

10 Cleanbill. (2024). *Blue Report National General Practitioner Listings*. <https://cleanbill.com.au/wp-content/uploads/2024/01/Cleanbill-Blue-Report-January-2024.pdf>

11 AIHW. (2021). *Patient experiences in Australia by small geographic areas in 2019-20*. <https://www.aihw.gov.au/reports/primary-health-care/patient-experiences-small-geographic-areas-2019-19/contents/patient-experiences-in-australia-by-phn>

12 Miranti, R., Freyens, B., Vidyattama, Y., Tanton, R., & Shakir, G. (2024). *Child Social Exclusion Index Nurturing Inclusion: Paving the Way to Improved Child Wellbeing*. The Canberra School of Politics, Economics and Society (SchoPES), Faculty of Business, Government and Law (BGL), University of Canberra. Report commissioned by UnitingCare Australia.

13 This dataset was originally found on data.gov.au "DSS Payments by Commonwealth Electoral Division - March 2024". Please visit the source to access the original metadata of the dataset: <https://data.gov.au/dataset/ds-dga-1c3745c2-ccd7-4a9f-be73-c08328e9cbe6/distribution/dst-dga-5a30fd0-8200-4afa-949a-a224de02cc01/?q=>



SOCIAL JUSTICE IN CORANGAMITE CONT.

When respondents to the Stocktake survey considered issues in their community, alcohol and drug misuse appeared in the top five of 120 electorates and seven of the eight states and territories. 36.5 per cent identified it as an issue in the community in Corangamite. Across Victoria, the rate of drug-induced deaths was slightly lower than the national average of 6.9 deaths per 100,000, with 6.6 deaths per 100,000.¹⁴ The proportion of drug-induced deaths in Victoria was highest for people living in major city areas (79 per cent), and the highest rate of drug-induced deaths was also recorded among people in major city areas.¹⁵ Across Corangamite's local primary health network, the rate of drug-induced deaths was higher than the state average, with 9.9 deaths per 100,000.¹⁶ Interestingly, alcohol and other drug misuse did not appear as a top five issue when respondents considered

themselves in any electorate, state or territory. Although we did not collect information to explain this difference it is reasonable to assume that media attention to harm caused by alcohol and other drugs may have made this issue front of mind for respondents.

In Corangamite, 34.6 per cent of people identified climate change as an issue in the community and 43.3 per cent identified it as an issue for themselves. This meant that while it was not in the top five issues in the community, it was the most common response when people considered their own lives. The Climate Risk Map predicts that by 2050 with a 'medium' emission scenario, 5.7 per cent of

properties in Corangamite will be at risk.¹⁷ An extraordinary 84 per cent of people in Australia have identified that they personally have been affected by a climate event or extreme weather¹⁸ so it is an indication of how serious the other social justice issues are that climate change, while ranking highly, does not rank higher.

Corangamite echoed the general sentiment of Australia when asked what could be done about these issues and what decision-makers needed to know. We heard from respondents in Corangamite a strong sense of urgency as well as reflection on the need for politics to be put to the side and immediate action taken.



- ¹⁴ UNSW National Drug and Alcohol Research Centre. (2023), *Trends in Overdose and Other Drug-Induced Deaths in Australia, 2002-2021*. <https://ndarc.med.unsw.edu.au/resource-analytics/trends-drug-induced-deaths-australia-2002-2021>
- ¹⁵ UNSW National Drug and Alcohol Research Centre. (2023), *Trends in Overdose and Other Drug-Induced Deaths in Australia, 2002-2021*. <https://ndarc.med.unsw.edu.au/resource-analytics/trends-drug-induced-deaths-australia-2002-2021>
- ¹⁶ Penington Institute. (2023), *Australia's National Overdose Report*. <https://www.penington.org.au/wp-content/uploads/2023/08/PEN-Annual-Overdose-Report-2023-FINAL.pdf>
- ¹⁷ Climate Council. (2022), *Climate Risk Map of Australia*. <https://www.climatecouncil.org.au/resources/climate-risk-map/>
- ¹⁸ Climate Council. (2024), *Survey Results: Climate-Fueled Disasters Cause Australians to Fear Permanent Loss of Homes*. [https://www.climatecouncil.org.au/resources/survey-results-climate-fuelled-disasters-cause-australians-to-fear-permanent-loss-of-homes/#:-:text=The%20overwhelming%20majority%20\(84%25\),%25\)%%20and%20landslides%20\(8%25\)](https://www.climatecouncil.org.au/resources/survey-results-climate-fuelled-disasters-cause-australians-to-fear-permanent-loss-of-homes/#:-:text=The%20overwhelming%20majority%20(84%25),%25)%%20and%20landslides%20(8%25))



“

[I would like decision makers to know] “that rural and regional areas are feeling left behind.”

[I would like] “strong and aligned government support that is not politically driven or disrupted.”

”

HOUSING AFFORDABILITY AND HOMELESSNESS

Homelessness is a widespread and serious issue in Australia — on any given night, 122,494 people in Australia are homeless;¹⁹ however the number is likely much higher given the numbers of people not recorded as “no fixed address” and the increasing impact of a tight rental market.

Homelessness is when a person does not have suitable accommodation — that might mean that a person’s dwelling is inadequate, they do not have any security that they can stay where they are or they do not have control over their space.²⁰ Homelessness is a result of

systemic and structural issues such as poverty, low income, and a lack of safe, affordable housing. The cost of homelessness to individuals, our community and economy is enormous, and increases the longer the individual remains homeless.

People who have experienced family and domestic violence, young people, children on care and protection orders, Indigenous Australians, people leaving health or social care arrangements, and Australians aged 45 or older are among some of the people most likely to experience homelessness.²¹

Housing affordability relates to the relationship between expenditure on housing (prices, mortgage payments or rents) and household incomes. Any type of housing (including rental housing or home ownership, permanent or temporary, for-profit, or not-for-profit) is considered affordable if it costs less than 30 per cent of household income.

Access to appropriate, affordable, and secure housing is the basis of any individual and family’s engagement in work, education and social participation. In real terms, having a safe and secure home means having the breathing space to focus on thriving.

23%
EXPERIENCING HOMELESSNESS
12-24 YRS OLD

In 2021, 23 per cent of all people experiencing homelessness were aged between 12 and 24.²²


640K
HOUSEHOLDS

Around 640,000 households in Australia are not having their housing needs met.²³


174.6K
WAITING

As at June 2022, there were 174,600 households waiting to be allocated public housing, with 68,000 of these households being considered of “greatest need”.²⁴



In a 2024 snapshot, it was found that only three rentals across the entire country were affordable for a single person receiving the JobSeeker Payment and there were no affordable rentals for someone receiving Youth Allowance.²⁵

1M
LOW-INCOME HOUSEHOLDS

In 2019-20, approximately one million low-income households were in financial housing stress, meaning they were spending more than 30 per cent of their income on housing.²⁶



WE HAVE THE POWER TO MAKE A DIFFERENCE

WE CAN URGE ACTION FROM OUR GOVERNMENTS

All governments can commit to ending homelessness. This will involve all governments working together to address the structural drivers of homelessness such as poverty, low income, and the lack of social and affordable housing. Critically, while the Housing Australia Future Fund is a start, it is critical that funding for affordable housing is not at the expense of social housing — both need to be fully funded.

Governments need to work together to rapidly increase access to social housing, committing to building up social housing stock to be at least 10 per cent of total housing stock. This will relieve pressure across the entire housing continuum.



WE CAN IMPLEMENT CHANGE IN OUR COMMUNITY AND OUR WORKPLACES

Homelessness is extremely isolating and there are many places in our community where people experiencing homelessness do not feel welcome. Our community groups can ensure they remain open to people who are homeless by keeping the cost of activities and membership as low as possible or considering arrangements for lower fees for people experiencing financial hardship.

Places of business can also make sure that people experiencing homelessness are welcome and do not experience stigma or discrimination when they are in public spaces.

Community groups and businesses that have facilities might investigate whether they can create events or opportunities to share those facilities, such as having community dinners. We might also be able to make facilities such as showers and toilets available for use by members of the public who may not have access to a safe and secure place themselves.

WE CAN HAVE INFLUENCE IN OUR PERSONAL LIVES

There is a lot of stigma and shame associated with experiencing homelessness. We can treat people experiencing homelessness or housing stress with dignity and respect. If we see someone in the street experiencing homelessness, we can stop and engage.

19 Australian Bureau of Statistics. (2023). *Estimating Homelessness*. <https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/latest-release>
20 This is a loose paraphrasing of the more robust statistical definition used by the Australian Bureau of Statistics - <https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/latest-release>
21 House of Representatives Standing Committee on Social Policy and Legal Affairs. (2021). *Final report: Inquiry into homelessness in Australia*. <https://parlinfo.aph.gov.au/parlInfo/download/committees/reportrep/024522/too.pdf/Finalreport.pdf;fileType=application%2Fpdf>
22 Australian Bureau of Statistics. (2023). *Estimating Homelessness*. <https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/latest-release>
23 Van Den Nouweland, R., Troy, L., & Soundararaj, B. (2022). *Quantifying Australia's Unmet Housing Need: A National Snapshot*. Community Housing Industry Association, University of New South Wales City Futures Research Centre, University of Sydney. <https://apo.org.au/sites/default/files/resource-files/2022-11/apo-nid320820.pdf>
24 Australian Institute of Health and Welfare. (2023). *Housing Assistance in Australia*. <https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia/contents/households-and-waiting-lists>
25 Australian Institute of Health and Welfare. (2023). *Housing Assistance in Australia*. <https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia/contents/households-and-waiting-lists>
26 Australian Institute of Health and Welfare. (2023). *Housing Affordability*. <https://www.aihw.gov.au/reports/australias-welfare/housing-affordability>

MENTAL HEALTH

Mental health and wellbeing, just like physical health, exist on a spectrum. Mental illnesses, such as anxiety, depression, and substance abuse disorders are common, affecting millions of Australians of all ages and backgrounds. It is also important to recognise that less severe mental health concerns still undermine the mental wellbeing of too many Australians.

Any number of factors can contribute to a person's experience of mental ill health, particularly economic stresses such as unemployment and homelessness, and social factors including family and domestic violence, discrimination and exclusion, loneliness and social isolation. Minor mental health problems can develop into more significant illness and this can have monumental negative impacts upon every component of a person's work, social and family life. People experiencing significant mental illness can find it difficult to maintain employment, stable housing, connection to loved ones, and even physical health.

While significant progress has been made in recent years to raise awareness and improve access to mental health services, challenges persist in addressing the diverse needs of the population. Access to mental health services remains a critical issue, particularly in regional and remote areas where services are often limited or inaccessible. Long wait times, high costs, and a lack of culturally appropriate services can create barriers to seeking help for those in need. Additionally, stigma surrounding mental illness continues to deter individuals from seeking

support and can exacerbate feelings of shame and isolation.

Mental illness does not discriminate. It is important that anyone experiencing mental ill health can access timely, non-judgmental and effective support so everyone can achieve and maintain mental health and wellbeing.



People living with mental ill health are likelier to develop a physical illness and are more likely to be hospitalised for preventable reasons.²⁷



People living with mental illnesses have a life expectancy 10 to 15 years shorter than the general population, and this trend is growing.²⁸

44%
EXPERIENCED
MENTAL
ILL HEALTH

44 per cent of the population, approximately 8.6 million Australians, have experienced mental ill health at some point in their life.²⁹

4.2M
IN THE PAST
12 MONTHS

21 per cent of Australians (4.2 million people) have experienced mental ill health in the past 12 months.³⁰



WE HAVE THE POWER TO MAKE A DIFFERENCE

WE CAN URGE ACTION FROM OUR GOVERNMENTS

Economic and social factors can negatively impact a person's mental health. Systemic issues such as poverty, housing insecurity, family and domestic violence and other social and economic factors need to be addressed for any mental health strategy to be effective.

Governments can work together to implement diverse, ambitious, evidence-based trial programs to explore new approaches and deliver active outreach. One key priority is fixing the issue of the "missing middle" of mental health care provision, to address mental ill health before a person reaches a crisis.

WE CAN IMPLEMENT CHANGE IN OUR COMMUNITY AND OUR WORKPLACES

It is critical that workplaces treat employees' and volunteers' mental health and wellbeing as an element of Workplace Health and Safety (WHS). One action workplaces can take is to offer relevant staff and volunteers, including managers, leaders and senior staff members, training in mental health first aid just as we do physical first aid.

Our community groups can be powerful in providing social connection that can build resilience against mental ill health. It is important that we make sure that our events, activities, and spaces are welcoming for all people and do not create stigma around mental ill health.

WE CAN HAVE INFLUENCE IN OUR PERSONAL LIVES

In our own lives we can find strategies to build positive mental health and wellbeing. This includes asking for help when it is needed and finding out about local supports and services to foster positive mental health and address mental health concerns.

We can talk to the people in our lives if we are worried about their mental health, ask if they are okay, listen and help them to access support. If you are not sure what to say, there are helpful resources online.



27 Australian Institute of Health and Welfare. (2023). *Physical health of people with mental illness*. <https://www.aihw.gov.au/reports/mental-health/physical-health-of-people-with-mental-illness>
28 Australian Institute of Health and Welfare. (2023). *Physical health of people with mental illness*. <https://www.aihw.gov.au/reports/mental-health/physical-health-of-people-with-mental-illness>
29 Australian Institute of Health and Welfare. (2024). *Prevalence and impact of mental illness*. <https://www.aihw.gov.au/mental-health/overview/prevalence-and-impact-of-mental-illness>
30 Australian Institute of Health and Welfare. (2024). *Prevalence and impact of mental illness*. <https://www.aihw.gov.au/mental-health/overview/prevalence-and-impact-of-mental-illness>

ACCESS TO HEALTH CARE

Good health is fundamental to the quality of life all people deserve. Accessing quality health care early is critical to prevent a minor health problem becoming a serious chronic condition, which can have significant economic and lifestyle implications.

Unfortunately, many Australians cannot access suitable health care for a variety of reasons, including cost, availability of professionals, and capacity to take time away from other responsibilities.

Certain groups of people in Australia are more likely to experience barriers to accessing quality health care. These include rural and remote communities, lower income areas, people experiencing financial hardship, people from culturally and linguistically diverse backgrounds, and Aboriginal and Torres Strait Islander people.

The COVID-19 pandemic highlighted the importance of quality health care for all people.

The pandemic also exposed, and even made worse, many gaps and shortfalls in Australia's health care system, including staffing shortages and insufficient hospital beds. The impacts of this were disproportionately felt by people who were already experiencing disadvantage.

Some people are more likely to receive poor-quality care or have negative experiences with health services. For example, two-thirds of women report experiencing gender bias or discrimination when accessing health care.³¹ Many Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds receive care that is not culturally safe, from language barriers to discrimination and racism.^{32,33} Some Aboriginal and Torres Strait

Islander people report deciding not to access a health service due to fear or embarrassment.³⁴

Issues with availability, affordability, accessibility, and quality of health care often lead to health conditions going unmonitored, unmanaged and becoming more difficult to treat. The impact of an untreated health condition can impact other areas of life, including relationships with others, and housing or employment security.

Inequitable access to health care has negative consequences for individuals, the community, and our economy.

WAITED
24
HOURS
OR MORE



45.6 per cent of people who saw a General Practitioner (GP) for urgent medical care waited for 24 hours or more.³⁵



7%

Seven per cent of people say cost was a reason for delaying a visit to or not using a GP. This is up from 3.5 per cent in 2021-22.³⁶

1 IN 3
OFFER
BULK
BILLING

Only around one in three Australian GP clinics offer bulk billing to adults. In some electorates there are no bulk billing GPs.³⁷



WE HAVE THE POWER TO MAKE A DIFFERENCE

WE CAN URGE ACTION FROM OUR GOVERNMENTS

Governments can work together to increase funding and flexibility in primary health care to encourage more bulk billed GP visits and to provide more clinicians in primary care such as nurses and allied health professionals.³⁸

We can explore funding models that allow rural and remote communities to design innovative and sustainable models of primary care that address the needs of local communities.³⁹

We can increase investment in Aboriginal Community Controlled Health Organisations (ACCHOs) to provide culturally informed and holistic health services that address local community needs and work to close the gap on health and wellbeing inequality for First Nations peoples.⁴⁰

We should expect health services in Australia to be safe and equitable for all. We can push for governments to increase investment in healthcare research with an intersectional gendered lens to improve women's treatment in the health system.⁴¹ Governments must identify and address barriers that exist across the nation to ensure equitable access to culturally safe and gender-responsive health care.



WE CAN IMPLEMENT CHANGE IN OUR COMMUNITY AND OUR WORKPLACES

When we organise events for our community groups and workplaces we can prioritise events and activities that are compatible with, or even promote, positive health and wellbeing.

Where we can influence our workplaces, wherever possible, we should provide options for flexible work arrangements that allow people to effectively manage their health around work.

WE CAN HAVE INFLUENCE IN OUR PERSONAL LIVES

We can invest in our health by getting regular physical activity and eating fresh and nutritious foods, where possible.

We can take action early when unwell, and encourage family and friends to do the same.



31 National Women's Health Advisory Council. (2024). #EndGenderBias Survey Summary Report. Department of Health and Aged Care. https://www.health.gov.au/sites/default/files/2024-03/endgenderbias-survey-results-summary-report_0.pdf

32 Australian Institute of Health and Welfare. (2023). Cultural safety in health care for Indigenous Australians: monitoring framework. <https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/module-2-patient-experience-of-health-care>

33 Khatri, R. & Assefa, Y. (2022). Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. BMC Public Health. 22:880. <https://doi.org/10.1186/s12889-022-13256-z>

34 Australian Institute of Health and Welfare. (2024). Aboriginal and Torres Strait Islander Health Performance Framework: summary report March 2024. <https://www.indigenoushpf.gov.au/Report-overview/Overview/Summary-Report>

35 Australian Bureau of Statistics. (2022-23). Patient Experiences. ABS. <https://www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release>

36 Australian Bureau of Statistics. (2022-23). Patient Experiences. ABS. <https://www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release>

37 Cleanbill. (2023). Health of the Nation Report: National General Practitioner Listings. <https://cleanbill.com.au/wp-content/uploads/2023/09/Cleanbill-Health-of-the-Nation-Report-April-2023.pdf>

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FINANCIAL HARDSHIP AND INCLUSION

Although poverty is often hidden in Australia, it can be a crushing reality for those experiencing it. Financial hardship often involves making impossible choices between essentials — food or rent — and being in a near constant state of worry and stress about having your basic needs met. Stress around financial pressures can have negative impacts on people’s health and wellbeing. Fear, shame, and the feeling of being trapped cause significant harm, and individuals may withdraw from community and friendships, becoming isolated.

Experience of poverty can easily change a person’s life trajectory, impacting employment, housing, education and health outcomes for much of their life.⁴²

Many Australians are only a few financial shocks away from severe financial hardship, that could look like losing a job, sudden or chronic illness or a relationship ending. It’s important that we build our system so that a financial shock does not mean long-term experiences of poverty. Unfortunately, our current social welfare system is not fit for purpose. People who are relying on income support payments are unable to afford necessities,

often having to go without meals, falling behind in payments, or having to access debt to stay afloat. This is the case no matter how savvily or carefully they budget. Such a low income makes it hard to find secure and stable employment and can lead to long-term unemployment, social isolation, entrenched poverty, and intergenerational disadvantage.

Cost of living pressures are affecting almost all Australians but they are not affecting us equally. It is critical that we make sure those who are doing it toughest can still have their needs met.

3.3M

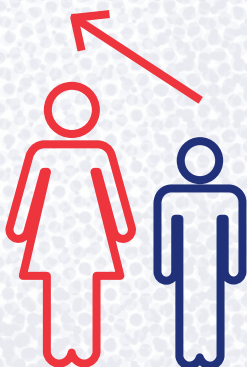
LIVING BELOW THE POVERTY LINE

In 2022, there were 3.3 million people (13.4 per cent) living below the poverty line, including 761,000 children (16.6 per cent).⁴³

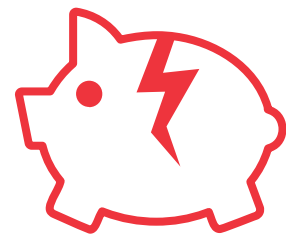
\$8

PER WEEK LEFT AFTER ESSENTIALS

The 2024 Red Shield Appeal report found that people accessing emergency relief had \$8 a week left after essential spending such as housing and groceries. Respondents who were reliant on government payments went backwards and had -\$2 after essentials.⁴⁴



Poverty is more pronounced for women than men, with larger gender differences in rates of poverty for young women and women aged 55 and over.⁴⁵



People who experience childhood poverty are up to 3.3 times more likely to remain in poverty in adult life.⁴⁶



WE HAVE THE POWER TO MAKE A DIFFERENCE

WE CAN URGE ACTION FROM OUR GOVERNMENTS

Our social safety net is failing people. The Commonwealth Government needs to review and radically increase the rates of income support, such as JobSeeker and Youth Allowance, so that unemployment does not mean long-term poverty.

Governments need to work together to prioritise ending homelessness and housing stress. A commitment and concrete plan to increase social housing to at least 10 per cent of housing stock in Australia is a key intervention that will ease housing stress across our community.

WE CAN IMPLEMENT CHANGE IN OUR COMMUNITY AND OUR WORKPLACES

Workplaces and community groups often support causes through fundraising and learning opportunities. Poverty is a foundational social justice issue that leads to, results from, or exacerbates every other disadvantage in this report. When we are choosing a cause to highlight, we can choose ones that address the underlying issue of financial hardship.

When organising events, activities and memberships we can keep in mind that cost may be a barrier to some people participating. We can actively keep the individual cost of participation as low as possible and consider providing bursaries or scholarships to assist with costs that can be accessed without shame or stigma.

WE CAN HAVE INFLUENCE IN OUR PERSONAL LIVES

We can give to or volunteer with groups that are working to support people experiencing poverty. While structural issues need to be addressed, in the meantime there are already so many people doing what they can and so many opportunities to get involved. Acting in our own communities, we can make a difference for people one at a time.



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ALCOHOL AND DRUG MISUSE

Harmful alcohol and other drug use in Australia represents a significant public health concern, with wide-ranging social, economic, and health implications. Despite extensive efforts to address this issue, it remains a persistent challenge affecting individuals, families, and communities across the country.

Not all alcohol and drug use results in dependence or causes serious issues. In this context, we use the terminology “alcohol and drug misuse” to refer to substance use which incurs harm.

Some of the harm that can be associated with alcohol and drug

misuse for individuals includes impacts on health and wellbeing, relationships, employment, and education. For the community, some of the harm from alcohol and drug misuse can include increased contact with the justice system, disease and injury, road accidents, and the exacerbation of mental ill-health and family and domestic violence.

Alcohol and other drug-related harm is both a driver and result of other forms of disadvantage. Often a person experiencing alcohol or other drug-related harm is also experiencing multiple disadvantages at once. Substance use itself can be disruptive to the brain, making

it harder to change behaviour — even if a person wants to.

According to the National Drug Strategy Household Survey, in 2022-23 around 47 per cent of Australians aged 14 and over had used a non-prescribed drug at some point in their life (including pharmaceuticals used for non-medical purposes) and 16.4 per cent had used one in the last 12 months.⁴⁷

It is also estimated that around one in 20 Australians have lived experience of alcohol or drug misuse.

1742
ALCOHOL-INDUCED DEATHS
RECORDED IN 2022

There were 1742 alcohol-induced deaths recorded in 2022. This was a 9.1 per cent increase on 2021.⁴⁸



Almost one in two Australians have engaged in non-prescribed substance use in their lifetime.⁴⁹



1 IN 5

More than one in five Australians (21 per cent) aged 14 and over have been verbally or physically abused, or put in fear by another person who was under the influence of alcohol.⁵⁰

COST OF ADDICTION:
\$80.3B

In 2021 the cost of addiction in Australia was estimated at \$80.3 billion.⁵¹



WE HAVE THE POWER TO MAKE A DIFFERENCE

WE CAN URGE ACTION FROM OUR GOVERNMENTS

Governments can work together by investing in harm reduction and treatment services so that the health problems primarily associated with substance misuse can be mitigated.

When planning policy to address alcohol and drug use, governments need to understand the needs of local populations, particularly the voices of lived experience, to provide accessible alcohol and other drug treatment systems embedded within the wider welfare system to create pathways and services to better engage, maintain and transition people from treatment.

Alcohol and other drug misuse often occurs alongside other forms of disadvantage. Policy responses need to be holistic, tailored, and culturally appropriate, and focus on harm reduction and early intervention.

WE CAN IMPLEMENT CHANGE IN OUR COMMUNITY AND OUR WORKPLACES

Social connection is a supportive factor in minimising harm from alcohol and drug use. Community groups in particular have the power to ensure their events and activities are supportive and non-judgmental to create pathways for all people to build hopeful, purposeful, and meaningful lives.

Workplaces can incorporate understanding of alcohol and drug use, and the impact on health and wellbeing, in our wellbeing policies and supports (such as Employee Assistance Program which provides counselling to employees for a range of concerns).



WE CAN HAVE INFLUENCE IN OUR PERSONAL LIVES

Alcohol and drug misuse is a health issue and it can take great effort and courage to seek help. Instead of judging, we can listen and connect with people and reduce the stigma associated with substance use.

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ABOUT THE SOCIAL JUSTICE STOCKTAKE

The Salvation Army believes that the social justice issues we face in Australia can be addressed. This is something we all can play a part in, through the influence we have in our personal spheres, in our workplaces, and communities, and by advocating for change with governments and other decision-makers.

SURVEY DESIGN

The Social Justice Stocktake survey was designed to capture the perspectives of a diversity of everyday people living in Australia. The survey focused on social justice issues present in local communities, and people across every state and territory were invited to take part. The survey included both multiple-choice and open-ended questions. We asked people to identify the top five social justice issues they were seeing in their local community and experiencing in their own lives. We then invited them to tell us what could be done about these issues and what they wanted decision-makers to know.

SURVEY DISTRIBUTION AND SAMPLING

The survey was distributed using an online platform to ensure easy access for a broad cohort. We heard from 15,918 people across Australia — including 100 or more responses in almost every federal electorate. We collected basic demographic information (age, gender, suburb, and postcode, and whether respondents identified with certain demographic groups). All respondents were over the age of 18. The survey was open for responses from February to April 2024. Participation was voluntary, and all responses were kept confidential.

REPORTING

We used the results from the survey to guide our focus on a range of relevant data. We also conducted a thematic analysis of the main themes from the open-ended responses. From this we produced 158 reports — one for Australia, one for each state and territory, and then one for each federal electorate, with the exception of the newly-created electorate of Bullwinkel (WA), where no data was available at the time of reporting. This year we collected enough responses in the Northern Territory to create electorate reports for both Solomon and Lingiari. In order to reflect respondents' views accurately, quotes included in this report were only edited for length and not for spelling or punctuation.

More information about the Stocktake, including access to all 158 reports and references, can be found at www.salvationarmy.org.au/socialjusticestocktake or by e-mailing policy.advocacy@salvationarmy.org.au

ACKNOWLEDGEMENTS AND THANKS

The Salvation Army's Policy and Advocacy team would like to thank the team at PureProfile, who administered the survey, and our colleagues in the Research and Outcomes Measurement team who provided the quantitative data analysis, as well as invaluable advice on qualitative data analysis. The Social Justice Stocktake would not have been possible without the 15,918 people who took the time to generously share their experiences and thoughts with us. For this we are grateful.

ABOUT THE SALVATION ARMY



The Salvation Army is an international Christian movement with a presence in over 130 countries. Operating in Australia since 1880, The Salvation Army is one of the largest providers of social services and programs for people experiencing hardship, injustice, and social exclusion.

As part of fulfilling our vision and mission, The Salvation Army in Australia has a small Policy and Advocacy team who work alongside our services, corps (churches), and the community to identify social justice issues, explore social policy solutions, and advocate for change.

OUR VISION

Wherever there is hardship or injustice, Salvos will live, love and fight, alongside others, to transform Australia one life at a time with the love of Jesus.





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LEARN MORE**



BELIEVE IN GOOD

