
Examining School Leader
Perspectives on Hygiene Poverty
within Australian Schools

Exploratory analysis
August 2023

We have to do more



Full report

percapita

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A report commissioned by
the Hygiene Poverty Project
lead organisation, Pinchapoo

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There is a genuine dearth of research exploring the impact of the provision of hygiene resources on the health, and wellbeing of Australian children. While it is predictable that the benefits are significant particularly with regard to health, there is little known about the ancillary impacts of such provisions.

Notably within Australia accessing hygiene products remains challenging for many low-income families, given the significant costs attaching to such goods and their limited availability through giving/donation programs.

Understanding the critical role that access to such goods plays in the life of a child is of immense importance. The benefits of access to hygiene products transcend the notion of hygiene alone, likely conferring significant benefits to reduced absenteeism, reduced presenteeism, improvements in mental health and better engagement with school and civic systems. These impacts, in turn, are likely to improve academic performance and may be associated with better educational outcomes in terms of educational attainment.

A heartening trend in recent times has been the movement to address period poverty, and the associated research evidencing the benefits of such programs. Yet there is a shortage of research exploring both the need for and the impact of hygiene product provision beyond access to period care products.

Pinchapoo, the largest distributor of gratis hygiene and sanitation products, is the organisation most called upon to address the challenges of 'hygiene poverty'. Pinchapoo actively champions access to essential hygiene products. The organisation facilitates the direct supply of these goods to schools, community groups, Aboriginal community-controlled organisations and disaster relief service providers. Pinchapoo has collected essential data pertaining to the needs of Australian schools and the perspectives of educators from 11% of all Australian schools (equating to 1167 school cohorts). The data offers insights into the challenges associated with accessing essential goods and the extend of hygiene poverty. Recent data informs understanding pertaining to the perspectives of educators.

The data evidences the concerns of educators regarding access to hygiene products. These essential goods, while often taken for granted are essential to the health and wellbeing of recipients. The essential goods provisions include, toothpaste, and toothbrushes, soaps, shampoos, razors, shaving cream, hand washes, hand sanitisers, deodorants and period care products. Understanding how such product provisions support better wellbeing outcomes will undoubtedly inform better policy and support determinations pertaining to the provision of critical funding to support the sustainability and furtherance of this initiative.

Statement from Kate Austin

It is with great concern and a sense of urgency that I introduce this research report focusing on the critical issue of hygiene poverty within Australian schools. Hygiene poverty is not merely a localized problem; it has escalated into a national crisis, affecting the lives and well-being of countless students across the country.

As we delve into the findings of this report, we are compelled to confront the harsh reality that many young Australians are denied access to basic hygiene necessities, leading to severe consequences for their physical health, emotional well-being, and educational outcomes.

I would like to express my deepest gratitude to the dedicated researchers who have undertaken this important study. Their tireless efforts have shed light on an issue that has remained largely invisible, opening the doors to a much-needed conversation about the urgent action required to address hygiene poverty in our schools.

By meticulously examining the data, conducting interviews, and listening to the voices of those directly affected, the researchers have provided us with a comprehensive understanding of the multifaceted nature of this crisis. This is something that I have observed first hand, and the data paints a concerning picture.

This report not only uncovers the distressing prevalence of hygiene poverty but also emphasizes the need for systems thinking in developing effective and sustainable solutions. The problem at hand cannot be tackled in isolation; it requires a holistic approach that considers the interconnectedness of factors such as socio-economic disparities, inadequate support systems, and the impact on mental health. We must acknowledge that hygiene poverty is not an isolated issue but rather a symptom of deeper structural inequalities within our society. Only by comprehensively addressing these underlying factors can we hope to create lasting change.

Furthermore, this report calls for a considered response to this national crisis. It is no longer sufficient to view hygiene poverty as an unfortunate consequence of economic disadvantage. We must recognize it as a significant barrier to education, a violation of basic human rights, and an impediment to social mobility. By reframing the issue through this lens, we can mobilize key stakeholders, including government bodies, educators, community organizations, and concerned citizens, to collaborate on innovative and sustainable solutions.

While the findings of this research report may be disheartening, they also provide us with an opportunity to effect meaningful change.

By shining a spotlight on hygiene poverty in Australian schools, we have the chance to initiate an important dialogue that can challenge existing policies, rally support, and drive transformative action. I hope this report serves as a catalyst for discussions at all levels of society, inspiring individuals and institutions to come together and prioritize the well-being of our nation's students.

In closing, I invite you to read this report with an open mind and a determination to act. Let us seize this moment to advocate for systemic change, demand equitable access to basic hygiene facilities and products, and ensure that no child in Australia is left behind due to hygiene poverty. Together, we can create a future where every student can thrive and reach their full potential.

Thank you.

Kate Austin
Pinchapoo CEO

Statement from John Falzon

This report comes from a place of decisive, concrete action for community health and wholeness. It also comes from a determined opposition to the structural imposition of shame. Shame is an insidious obstacle to education and social participation.

It is unconscionable that any child should be shamed; not for their gender, not for their class, not for their culture, their disability; not for anything. Hygiene poverty is a completely preventable source of stigma and shame for the children subjected to it.

This report is focussed on the practical means of addressing and preventing it, spurred by the remarkable work and activism of Pinchapoo.

Access to the means for essential self-care should, along with housing, health and education, be framed as a human right. But such is the structure of our society that, especially at a time of high profit-led inflation, and especially for the households that are forced to bear the brunt of neoliberalism's signature precarity and inequality, self-care resources are so completely commodified as to be out of the reach of increasing numbers of families.

It is our hope that the following analysis shines a light on this preventable injustice and that this results in greater support for the work that Pinchapoo is already undertaking, opening up further opportunities for greater access to hygiene resources as well as building on the excellent initiatives of all state and territory governments in providing free period care products in schools and, in the case of the ACT, also in other community-based points of access such as libraries.

No child should be subjected to the stigma of poverty. It is also, however, unfair for teachers to personally carry the responsibility for ameliorating this stigma with their own resources. This is a social issue. It is the responsibility of society to address and prevent it.

At present, however, people subjected to homelessness and deprivation of appropriate housing, for example, as well as people who might be adequately housed but are denied an adequate income, are still forced to depend on soup vans and similar volunteer-based services for access to essential toiletries for themselves and their families. It is not charity they should need to depend on. It is justice they should be able to count on.

This research, led by my colleague, Dr Michael D'Rosario, is hopefully not the final word on hygiene poverty in Australian schools. It is however a ground-breaking development of a solid evidence base upon which systemic empowerment and change can be built.

Dr. John Falzon

Senior Research Fellow
Per Capita

About Pinchapoo



Pinchapoo (a play on the expression Pinch-a-shampoo) is proudly responsible for creating a cheeky hotel toiletry 'pinching' movement 14, nearly 15 years ago, and for good reason.

Using this world first, modern day Robin Hood concept together with landfill stock rescue programs, we have redistributed more than 12 million personal hygiene products to hundreds of thousands of disadvantaged men, women and children nationally each year.

Pinchapoo is the biggest national not-for-profit supplier of personal hygiene essentials and works with over 1300 leading organisations, community ups and government institutions as a total hygiene solution, providing a reliable source of customised, culturally appropriate and gender inclusive packs to everybody in every situation of need.

The team work passionately to advocate access to hygiene products regardless of gender. 1 in 3 Australians experience hygiene poverty and are forced to make the heart-breaking choice between buying food and personal hygiene products every week. It is their vision that every Australian has access to this basic human right essential to our mental and physical wellbeing and this alarming statistic eradicated.

About Per Capita



Per Capita is an independent progressive think tank, dedicated to fighting inequality in Australia. We work to build a new vision for Australia based on fairness, shared prosperity, community, and social justice.

Our research is rigorous, evidence-based, and long-term in its outlook. We consider the national challenges of the next decade rather than the next election cycle. We ask original questions and offer fresh solutions, drawing on new thinking in social science, economics, and public policy.

Per Capita's operating model is to invest in highly qualified researchers who work on applied policy development, rather than the more abstract, theoretical approaches of academia. Our audience is the interested public, not just experts and policy makers. We engage all Australians who want to see rigorous thinking and evidence-based analysis applied to the issues facing our country's future.

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The preparation of this report, was entirely independent. The Per Capita team procured guidance from the Pinchapoo team regarding scope and dissemination. The research partner did not influence the research process or the conclusions presented herein.

Given the prevalence of hygiene poverty within Australia and the dearth of research exploring these issues, Pinchapoo commissioned research to capture critical data and engage in analysis to establish the impact of hygiene poverty on low-income families and children.

The details of the earlier report and a copy of the report may be found here [Hygiene poverty in Australian schools: the hidden crisis](#)

The present study conducted by the Per Capita Economic Analysis Unit, extends upon this earlier work by analysing and disseminating the findings of a further data collection effort of Pinchapoo pertaining to the perceptions of Australian educators and principals regarding the extent of hygiene poverty and educator concerns pertaining to hygiene poverty.

The report also examines the emerging cost of living pressures driven by both conflict, climatic conditions and unprecedented credit market conditions that appear to be driving further inequality and making access to materially important goods such as soap, toothpaste, and sanitary products more challenging.

Research approach

In formulating a viable and appropriate research strategy to undertake the research and associated analysis, we engaged with (through a data capture process and where applicable a consultation model) a number of different research partners and stakeholders from the research community, the NFP community and with peak organizations within the sector.

Presentation of research strategy and methodology to stakeholders

Upon agreeing to a viable research framework, we initiated a consultation process with representatives of Pinchapoo and or their representatives, and relevant researcher participants. During these consultations we outlined the following;

1. The methodological approaches proposed for the research
2. The availability of different data sources (and those that required specific permissions)
3. The approaches available for the dissemination of research

We obtained feedback from the group and sought to reflect this feedback in the research methods to the extent appropriate. Pinchapoo also supplied deidentified videos, email feedback and MERL data pertaining to the lived experiences of learners, and the experience.

Research Reference and Advisory group

While engaging in this research, we established a suitable reference group. The reference group informed the following aspects of the research.

- Offering insights into new and compelling research relevant to hygiene poverty
- Offering comment on the benefits of specific survey approaches
- Providing support in securing key third party datasets or MERL data
- Supporting the communication and dissemination of findings

Members of the Research Team (RT) and Research Reference and Advisory Group (AG)

Kate Austin –
Chief Executive Officer (Pinchapoo) (AG)

Felix Arenas – Head of Information
Technology (Pinchapoo) (AG)

Dr. Michael D’Rosario –
Chief Economist, Per Capita (RT)

Sam Ibrahim –
Research Economist, Per Capita (RT)

Dr. John Falzon –
Senior Research Fellow, Per Capita (RT)

About the Research Team

Dr. Michael D’Rosario (Chief Economist and Head of Data Science, Per Capita)

Michael is an experienced economist/data scientist with longstanding associations and experience working with the NFP sector, universities and social impact focused organisations. Michael serves as Chief Economist and Head of Data Science at Per Capita, focusing largely on leading economic evaluation, economic modelling, ensemble forecasting and interdisciplinary research projects. He also lectures at a leading Australian university in Research Methods. He has a particular interest in designing data analysis and reporting frameworks to improve charity performance.

Prior to working with Per Capita, Michael served as a chair at Deakin University, the manager of a large research program/organisation affiliated with the University of Melbourne, and as Research, Policy and Communications Advisor to both the Victorian Aboriginal Legal Service and National Aboriginal and Torres Strait Islander Legal service. Michael publishes primarily in Economics/Data Science journals and has led a number of major ICT/NFP sector commissioned economic evaluations and cost benefits analyses.

Michael has served as an advisor to refugee, youth and health focused charities, including Anchor, YouthConnexions, DCS, Deaf Connect, Deaf Australia, as well as peak hygiene charity Pinchapoo. Michael’s most recent project work has been heavily referenced by members of the Federal parliament. Michael’s PhD that explores the economics of technology and innovation. In addition to his advisory roles, Michael worked with the Ford Motor Company (Treasury), PwC (Consulting), KordaMentha (Corporate turnaround), AusAid (AYAD), Victoria University (Economic consulting) and the University of Melbourne (Research / Management / Philosophy / Economics).

Emma Dawson (Executive Director, Per Capita)

Emma Dawson is Executive Director of Per Capita. She has worked as a researcher at Monash University and the University of Melbourne; in policy and public affairs for SBS and Telstra; and as a senior policy adviser in the Rudd and Gillard Governments. She is an adjunct professor at the University of Technology Sydney.

Emma has published reports, articles and opinion pieces on a wide range of public policy issues. She is a regular contributor to Guardian Australia, The Age, Independent Australia and The Australian Financial Review, and a frequent guest on various ABC and commercial radio programs nationally. She appears regularly as an expert witness before parliamentary inquiries and often speaks at public events and conferences in Australia and internationally.

Emma is the co-editor, with Professor Janet McCalman, of the collection of essays *What happens next? Reconstructing Australia after COVID-19*, published by Melbourne University Press in September 2020.

Dr. John Falzon (Senior Fellow, Inequality and Social Justice, Per Capita)

Dr John Falzon is Senior Fellow, Inequality and Social Justice at Per Capita. He is a sociologist, poet and social justice advocate and was national CEO of the St Vincent de Paul Society from 2006 to 2018. He has written and spoken widely on neoliberalism and the structural causes of inequality and has long been engaged in the collective movement for social justice and social change.

He has worked in academia, community development in public housing estates, and in research and advocacy in civil society organisations. He has served on numerous boards and advisory committees for both government and civil society, including the Australian Council of Social Service Board, the Australian Social Inclusion Board, the Deputy Prime Minister’s Global Financial Crisis Community Response Taskforce, the Energy White Paper High Level Consultative Committee, the Council of Non-Government Organisations on Mental Health, the Shelter NSW Board and the NSW Premier’s Social Justice Reference Group.

He has presented hundreds of keynote speeches and papers to conferences, rallies and other fora on social exclusion, economic insecurity, inequality, housing and homelessness, health, education, workers’ rights, employment and social security and is a frequent media commentator on these issues. In 2014 he was an Australian Human Rights Medal Finalist and in 2015 he received an Order of Australia Medal for service to the community through social welfare organisations. He is a member of the Australian Services Union and currently sits on the board of the Australian College of Community and Disability Practitioners.

Sam Ibrahim (Research Economist, Per Capita)

Sam Ibrahim is a Research Economist at Per Capita, providing research and editorial support to projects across our research areas. Sam’s research and policy interests include climate change, social justice, social security, and social policy.

Sam’s recent research has focused on exploring the gender specific impacts of a transition to a 4- day work week, as well as supporting the Blueprint report published by the Centre for New Industry, a Per Capita research centre. Prior to joining Per Capita, Sam was a Research Assistant at Swinburne University in the Information Systems for Social Impact research group.

Sam completed a Bachelor of Business Information Systems majoring in Business Analytics at Swinburne University and is an alumnus of the Swinburne Emerging Leaders Program.

While childhood poverty is pervasive and highly concerning no singular definition of childhood poverty abounds. Poverty is multi-faceted and may take many different shapes and forms within different family units and in different regions.

McLoyd (1998) notes that research consistently reports that persistent poverty has more detrimental effects on IQ, school achievement, and socioemotional functioning than transitory poverty, with children experiencing both types of poverty generally doing less well than never-poor children. Poorer academic-readiness skills, also appear to contribute to lower levels of school achievement among poor children (Ibid, 1998).

The link between socioeconomic disadvantage and children's socioemotional functioning has been explored extensively within the literature on childhood poverty. Elevated exposure to acute and chronic stressors, is identified as significant to a child's future socioemotional functioning. Once such stressor identified within the literature is hygiene poverty.

Hygiene poverty is perhaps best understood as a specific subset of period poverty. It may sometimes be transient, and episodic or an enduring feature of family life. And yet there remains little by way of systematic response to this pervasive challenge and even less by way of research. Inarguably, this dearth of research and policy consideration is concerning.

This is perhaps because arguably the most pressing concern for policy makers and civil sector organisations in the wake of increasing rates of poverty are more readily identifiable subsistence needs, and essential provisions, food, medical care, shelter. Yet hygiene poverty has significant implications for health and wellbeing, notwithstanding the significant implications for mental welfare. These matters were considered in Pinchapoo's recent research exploring hygiene poverty within schools. The research noted the significant mental harm, absenteeism and presenteeism consequences of hygiene poverty (D'Rosario et al 2022). Children were found to be both less present and more absent than their never-poor peers (Ibid, 2022). Children were also found to be less engaged with their peers, and respondents commented on the role of hygiene in establishing confidence to pursue friendships as children mature (Ibid, 2022).

Hygiene poverty is emerging as a significant crisis not just for low-income countries, but also high-income OECD countries in the wake of significant inflationary conditions and the impact of the pandemic. Concerningly, evidence suggests that the crisis predates these events, given the steady and significant demand for hygiene products from peak hygiene charities. Understanding the complex issue of hygiene poverty is essential, to establish a critical evidence base to inform proactive policy. Moreover, understanding the implications of hygiene poverty given the dual threats of inflation and the pandemic is equally critical to formulating a viable policy response.



The report outlines a number of pertinent findings pertaining to the perception of Australian school educators regarding their learner's experiences of hygiene poverty.

-
- i 96.9%

96.9% of Educators expressed moderate to high level concerns about the capacity of their school cohorts to adequately address their own hygiene poverty needs.

 - ii 87.8%

87.8% of educators and principals expressed moderate to high levels of concern regarding the health of their students experiencing hygiene poverty.

 - iii 48.9%

48.9% of the respondents asserted that they were extremely concerned regarding the mental welfare of their learners experiencing hygiene poverty.

 - iv 97.0%

97% of respondents expressed either extreme or moderate concern regarding the mental welfare of students experiencing hygiene poverty. Only 3% of respondents asserted that they were either neutral or not concerned about the mental wellbeing of their students experiencing hygiene poverty.

 - v 72.7%

72.7% of respondents noted that they had purchased hygiene products to support their students. 9.09% of educators did this on a regular basis.

Recommendations

1

Critical program funding

It is crucial to prioritize substantial investment in organizations dedicated to addressing hygiene poverty. Existing school-based delivery programs, supported by charitable organizations, have proven to be effective in alleviating hygiene poverty among student populations. However, the success of these programs is contingent upon providing viable funding to these entities.

2

Essential partner investment

Adequate funding must be allocated to charitable entities engaged in hygiene poverty relief to enable the expansion of hygiene relief programs into rural and regional Australia, where hygiene poverty is most severe. This targeted funding will ensure that support reaches those areas with the greatest need, addressing the specific challenges faced by these communities.

3

Ecosystem support

We must recognize and actively support the remarkable benefits of the ecosystem intermediary model, which has demonstrated significant impact. This model entails direct collaboration with welfare and relief agencies, working within the school environment alongside school leaders and welfare officers. It serves as a viable framework for broader deployment. Leveraging existing welfare officers' programs and chaplaincy programs as partners in scaling up this initiative is crucial. The school-based approach of this model is both cost-effective and highly impactful. By adopting this approach, we can potentially reduce the stigma and risk of exclusion associated with hygiene poverty, while also minimizing the costs involved in distributing hygiene products.

These recommendations underscore the urgent need to prioritize critical investment, funding, and collaborative models to tackle hygiene poverty in Australian schools. By taking decisive action, we can make a profound and lasting difference in the lives of our students, ensuring their well-being, dignity, and equal access to education.



Low-income families, food purchasing behaviours and hygiene poverty consequences

When the prices of food increase everyone is impacted, but the impact is uneven, as some spend a far greater portion of their income on food, leaving only modest amounts left for other expenditures. This may have significant substitution effects,¹ resulting in individuals buying fewer, and lower quality food items. Currently, low-income quintiles spend substantially less on food than those in high-income quintiles. Consider the ratio of expenditure of high and low-income families.

The percentage rate of expenditure on food is 55% greater for individuals within the low-income quintile relative to the high-income quintile. Low-income families already facing significant household pressures are now likely approaching further tipping points, as they forgo further essentials such as toothpaste, soaps, deodorants and sanitary products in favour of the most critical or core essentials pertaining to food and housing. Recent research suggests that over 7% of school aged children are not able to access critical hygiene products, most plausibly due to the elevated cost of living pressures

Table 1 — Food expenditure and income quintiles

	Lowest	Second	Third	Fourth	Highest	All
Food expenditure (HES 2016)	114.15	164.05	227.42	289.38	391.24	236.97
Household income (weekly)	415	710	966	1,294	2,234	1,124
Food expenditure to household income	0.28	0.23	0.24	0.22	0.18	0.21

Source: ABS (2016) (2022), ABS HES (2016) and author's calculations



1. Substitution involves the purchase of an alternative good given the price elasticity of the two goods. At certain income levels, and under certain conditions individuals may also purchase inferior goods.

The Gender specific impacts of personal maintenance and hygiene costs

Women are impacted disproportionately by inflationary pressures. Women are more likely to be within lower income quintiles for a number of reasons including carer responsibilities, and the gender pay gap. Notably the pay gap remains even though women generally evidence higher qualifications on average than male counterparts within many professions. Additionally, women incur expenditures that men do not, and consequently inflation does evidence some very gender specific effects. The impact of hygiene poverty is also disproportionately to women given that women incur greater costs of personal maintenance, and costs associated with menstruation. This also means that young women are also more deleteriously impacted by hygiene poverty deriving from economic poverty.

Notably, women in the lowest income quintile spend less than half the amount than women within the highest income quintiles spend on hygiene products (see code 1401019902 in Table 2). When women are living on limited incomes, with limited discretionary and non-discretionary funds, inflation may force substitution effects, and for individuals to forgo essential items. There is an emerging evidence base indicating that cost of living pressures are forcing women on low incomes to forgo many essentials such as hygiene products. Even small increases in the rate of inflation have the potential to push women into hygiene poverty.

Similarly, many school aged girls are also likely to be disproportionately impacted by rising cost of living pressures. Notably and laudably programs are being implemented to address a core aspect of hygiene poverty, period poverty through the provision of sanitary products through schools. These state initiatives are yielding significant benefits to recipients of sanitary products, yet do little to address broader hygiene poverty. Recently a study of Australian schools indicated that nearly 11% of all primary and secondary schools indicated a significant segment of their school cohort were evidencing hygiene poverty (D’Rosario et al, 2022). Notably the study did not procure data from the further 89% of schools, suggesting that the extent of hygiene poverty may be understated within the earlier study (D’Rosario et al, 2022).

Table 2 — Weekly expenditures on personal care and maintenance, by income quintile

	Personal care	11.70	17.49	23.62	37.83	52.77	28.72
	Toiletries and cosmetics	6.55	10.21	13.43	18.83	26.35	15.20
1401010101	Oral hygiene products	0.83	1.19	1.28	1.71	2.64	1.53
1401010201	Toilet soap and body wash	0.53	0.78	1.09	1.55	1.81	1.14
1401010301	Talcum powders and deodorants	0.35	0.60	0.85	1.00	1.10	0.78
1401010401	Shavers, hairdryers and related	0.55	0.99	1.07	1.48	1.99	1.23
1401019901	Haircare products	0.94	1.66	1.81	2.96	4.31	2.34
1401019902	Period care products	0.33	0.50	0.64	0.78	0.86	0.63
1401019903	Fragrances	*0.24	*0.67	1.31	1.13	1.61	1.00
1401019998	Toiletries and cosmetics (nec)	2.76	4.42	5.72	8.55	12.02	6.60
	Personal care services	5.02	7.43	10.00	18.87	26.20	13.48
1401020000	Hair services (nfd)	1.50	1.65	2.64	3.79	6.54	3.24
1401020101	Hair services (male)	0.34	0.66	0.77	1.21	1.80	0.95
1401020201	Hair services (female)	1.91	3.00	2.64	5.90	7.26	4.14
1401029999	Personal care services (nec)	1.28	2.17	3.86	8.04	9.98	5.02

Note — all values in dollar terms, nec denotes ‘not elsewhere classified’, nfd denotes ‘not further defined’ Source, ABS (2021)

Rising housing costs, lower optimism and the potential cascade effect on personal care products

Recent research conducted by McKinsey suggests that individual optimism “has been almost entirely been proportionate to income, with high-income earners being the most optimistic. And while they still are, the seven-percentage-point decline in optimism in those earning \$125,000 or more is a stark drop” (McKinsey 2022). Notably the research goes further to asserts at a challenge of prior assumptions “that the pandemic offers a predictable recovery—as inflated house prices decline and funding costs increase sharply” (McKinsey 2022).

The McKinsey survey is highly instructive, suggesting that nearly all categories of expenditure are in decline, notwithstanding food, household and personal care expenditures. Notably the estimates represent the aggregation of data across income cohorts, to some extent (and spending behaviours are plausibly heterogenous across income cohorts), and consequently does not represent the more nuanced effects that are probable, pertaining to different income cohorts.

It is highly plausible given the aggregate change in personal care expenditure is 0%, that the change within different income cohorts is varied (whereby lower income groups may already be reducing personal care expenditure), representing income level specific constraints.

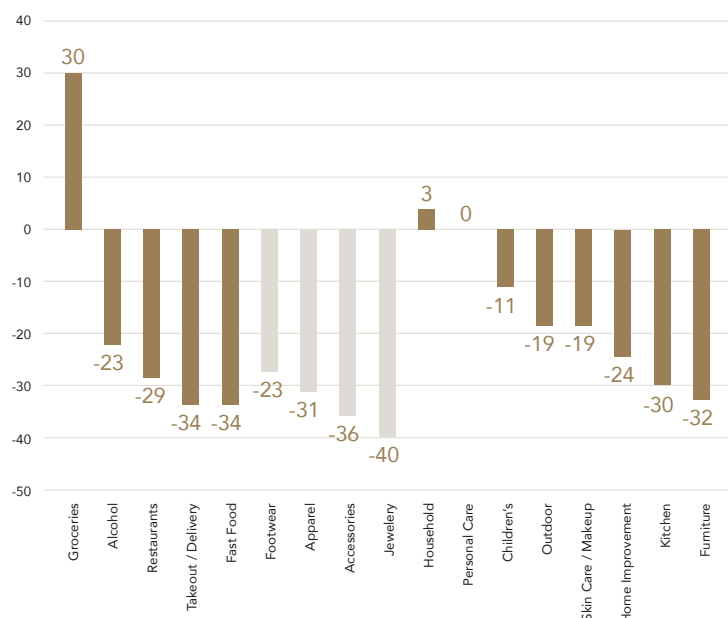
Data presented within the latter portion of the report indicates a significant degree of consternation amongst educators and principals regarding the capacity of families to meet the hygiene product needs of their school aged children. Moreover, data supplied by 1168 schools or approximately 11% of all schools indicates that hygiene poverty is rife within Australian schools. This notwithstanding, the McKinsey data suggests that families even at higher income levels may be facing a tipping point, given that all expenditure categories have decreased, except for expenditures on groceries (likely driven by inflationary conditions), household supplies and personal care.

Notably the costs of housing (repayments) are excluded from the determination of CPI, but they present as significant pressures on household finances. The current cost of servicing debt within Australia has reached record levels. This is arguably the source of greatest consternation.

Consequently, the economic standing of many, evidencing wealthy hand to mouth status (essentially being asset ‘wealthy’, but income poor), with significant mortgage repayment obligations, may force many to forgo essentials because of their inability to meet both variable mortgage obligations, address the escalating price of food, and transportation and account for the costs of maintaining hygiene/personal maintenance.

Moreover, poor wage conditions, a shortage of social housing, inflationary conditions, have meant that many are facing complex choices between basic necessities, often forgoing essential hygiene and sanitation goods. While period poverty is a significant challenge, given rising costs of other essential personal maintenance goods, and rising food costs, broader hygiene poverty may be the most significant hidden crisis impacting the lives of many. Data captured as part of the ‘Australian Hygiene Poverty Survey’ also supports this conclusion (D’Rosario et al 2022).

Figure 3 – Planned Spending Behaviour by Category



Source: McKinsey & Company (2022) Note: Planned Spending behaviours of Australian consumers, by category, note the negative intention to spend evident in all categories except groceries and household supplies. Note also the proposed behaviours pertaining to personal care and Children's products.

The impacts of hygiene poverty

4

Hygiene poverty may be one of the most significant and consequential aspects of economic poverty for a child’s health. Not being able to access essential hygiene products has significant implications or different aspects of the child’s health.

A dearth of oral hygiene good may have implications for a child’s early life and ongoing oral health. Poor access to soaps, and cleansing products may result in unsafe substitution effects, and result in skin irritation and infection. Similarly, poor hygiene is strongly associated with elevated frequencies of intestinal illness and respiratory illness. Being unable to access treatments for lice or scabies, may result in more dangerous infection. These are not inconsequential health and wellbeing impacts. These health impacts may also have broader implications for childhood mental health and educational outcomes.

Within a school setting educator responses indicate that the impact of hygiene poverty on children is significant. Educators emphasised the importance of hygiene in the confidence of the child and in forming relationships with peers. Research also emphasises the importance of hygiene in self efficacy, with diminished confidence and efficacy associated with poorer hygiene.

A recent student employ the same dataset and the present study determined that absenteeism was 13+ days higher form young people experiencing hygiene poverty. Students experiencing hygiene poverty were also less engaged in co curricular and extracurricular activities than there peers not experiencing hygiene poverty.

Figure 4 — The dimensions of hygiene poverty

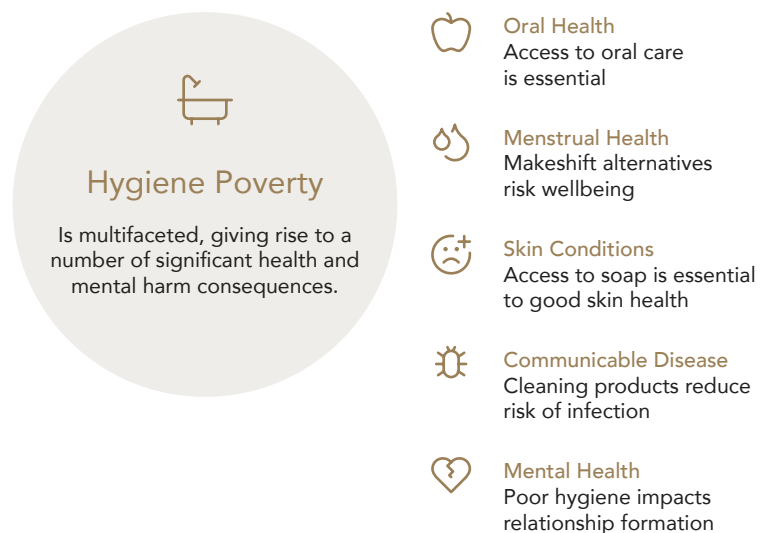


Figure 5 – School specific challenges of hygiene poverty

- Friendship Formation**
Educators claim that children are less confident making friends
- Self Efficacy**
Hygiene poverty is seen to diminish self-efficacy
- School Attendance**
Children are 13+ days more absent when experiencing hygiene poverty
- Engagement**
Children experiencing hygiene poverty are less engaged



Educators, models of care, and the challenge of hygiene poverty

5

In the past three decades, research has consistently pointed to teacher-student relationships as a key contributor to students' self-esteem (Spilt, Koomen, & Thijs, 2011), well-being (Wubbels & Brekelmans, 2005), and school engagement, learning, and achievement (Roorda, Koomen, Spilt, & Oort, 2011).

Educators are deeply committed to supporting the needs of learners, often beyond their remit and role. This is apparent in the principal and educator respondent data captured through the research process.

In the context of early childhood education researchers have identified the significant empathy evidenced by ECEPs. A study conducted by Roberts (2017) found that the participant groups (ECEPs) shared an understanding that empathy, trust and time proved key to relationship building as a starting point in addressing some of the key barriers faced by families in accessing education. Social inclusion, access, participation and engagement are key to early learning success in early childhood—a time integral to overall health, wellbeing and future role in society.

Similarly, primary and secondary level educators also seek to provide learners with a caring, supportive and nurturing environment. The benefits of this care-based relationship should not be understated. Lavy (2020) conducted a multilevel study, comprising 675 students in ages 15–17 and their 33 homeroom teachers. The study linked students' feelings that their teacher cares for them with their self-esteem, well-being, and school engagement and indicated that teacher-student relationships quality mediates these links.

Furthermore, students' reports on teachers' caring were associated with teachers' sense of meaning at work, suggesting its role in enhancing caring. While teacher care is laudable, teachers should not have to address the welfare needs of students employing personal resources.

Teachers play a critical role in the care and nurture of children but more recent research suggests that they are increasingly addressing material needs as well. D'Rosario et al (2022) note that educators frequently respond to the material needs of their students using their own money. This alone is a source of consternation. Educators were found to frequently purchase materially important goods (toothpaste, soaps, shampoos for example) for their needy students. It is therefore naïve to assume that educators are not aware of the challenges of hygiene poverty within schools, but perhaps more naïve to assume that they have been adequately resourced/equipped to respond to the challenges and perils consequential to poverty generally and hygiene poverty specifically.

The research evidences the significant level of care evidenced by teachers and school-based educators. The challenges faced by children are not consequential to a lack of care amongst teacher cohorts, teachers are found to be largely caring and empathetic to the needs of their pupils. The nature of their work and its inherent responsibilities evidence this as does the extant research.

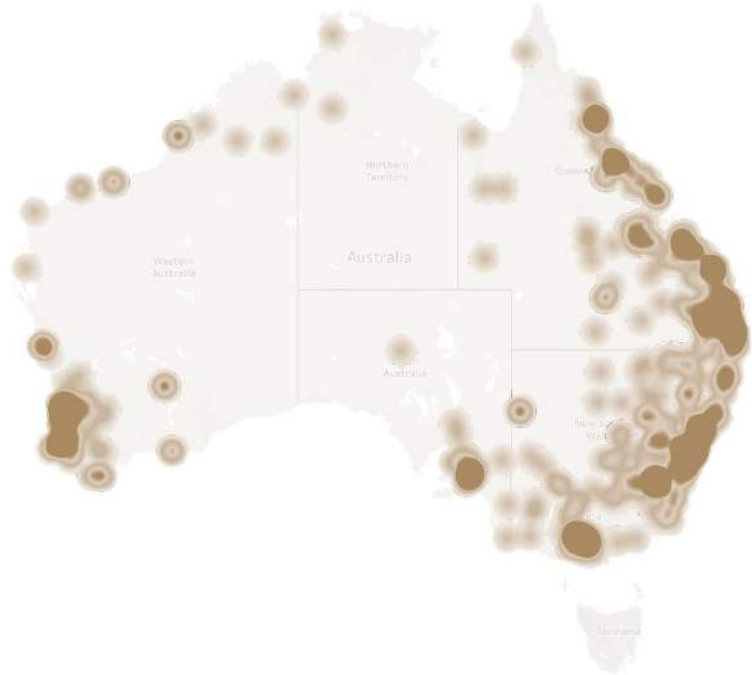
What teachers lack are the mechanisms and material resources to respond to the significant levels of hygiene poverty that they are observing. While some may possess the economic resources to support learners, this places both unfair and undue expectations on educators, many of whom are also impacted by the significant increase in cost of living pressures.

Estimating the extent of hygiene poverty in schools

Data supplied to Per Capita allows for the estimation of the extent of hygiene poverty within Australian schools. Earlier estimates of hygiene poverty conducted account for hygiene poverty at a national level. Recall the earlier estimates of hygiene poverty in D’Rosario et al (2022), equating to 301,027 nationally. These estimates equate to approximately 7% of the school attending population, though broader poverty indicators suggest that the figure may be as high as twice this level.

The clustering of hygiene poverty is largely similar to patterns of poverty and inequality evidenced within SEIFA-Q metrics, when analysed spatially. However, there is significant demand within a number of unexpected LGAs that evidence income levels at the national averages, and some pockets of demand within LGAs that evidence income levels higher than national averages. The data suggests that hygiene poverty in many instances is evident within areas not traditionally associated with significant socio-economic challenges.

Figure 6 – Hygiene poverty across Australia, as measured by demand for gratis hygiene products.



Source: Australian Hygiene Poverty Survey (2022), Pinchapoo (2022).
Note – the chart depicts the unsaturated demand for hygiene products amongst school aged children (Primary and Secondary level).



Educator perceptions of hygiene poverty within schools

There is a genuine dearth of research exploring the impact of the provision of hygiene resources on the health, and wellbeing of Australian children. While it is predictable that the benefits are significant particularly with regard to health, there is little known about the ancillary impacts of such provisions. Notably within Australia accessing hygiene products remains challenging for many low-income families, given the significant costs attaching to such goods and their limited availability through giving/donation programs.

Understanding the critical role that access to such goods plays in the life of a child is of immense importance. The benefits of access to hygiene products transcend the notion of hygiene alone, likely conferring significant benefits to reduced absenteeism, reduced presenteeism, improvements in mental health and better engagement with school and civic systems.

These impacts, in turn, are likely to improve academic performance and may be associated with better educational outcomes in terms of educational attainment. A heartening trend in recent times has been the movement to address period poverty, and the associated research evidencing the benefits of such programs.

Yet there is a shortage of research exploring both the need for and the impact of hygiene product provision beyond access to sanitary products for women. Pinchapoo is the organisation arguably most called upon to address 'hygiene poverty'. Pinchapoo actively champions access to essential hygiene products. The organisation facilitates the direct supply of these goods to schools, community groups, Aboriginal community controlled organisations and disaster relief service providers.

These essential goods, while often taken for granted are essential to the health and wellbeing of recipients. The essential goods provisions include, toothpaste, and tooth brushes, soaps, shampoos, razors, shaving cream, hand washes, hand sanitisers, deodorants and period products. Understanding how such product provisions support better wellbeing outcomes will undoubtedly inform better policy and support determinations pertaining to the provision of critical funding to support the sustainability and furtherance of this initiative.

Data supplied to Pinchapoo, as part of the Australian Hygiene Poverty Survey, by 1167 Australian schools or approximately 11% of all schools evidences the extent of hygiene poverty in Australia. An estimated 301,027 school aged children are identified as experiencing hygiene poverty presently. Notably the data was captured Q2 of 2022, prior to significant increases in domestic inflation and may therefore plausibly understate the current extent of hygiene poverty. This notwithstanding, the figure is a genuine source of consternation given the endemic level of hygiene poverty within Australian school communities.

The earlier research conducted into hygiene poverty identified the significant impact of hygiene poverty on absenteeism and presenteeism within schools. Children experiencing hygiene poverty were found to be experiencing disproportionately higher levels of school absence (>13 days higher), than their peers not experiencing hygiene poverty. Presenteeism and lower levels of curricular and co-curricular engagement were associated with children experiencing hygiene poverty.

The present study reports the findings of the second phase of the project data collection. As part of a MERL process Pinchapoo invited members (Principals and Leading Teachers, or other welfare representatives) of the National Schools Hygiene Program (n = 235) to participate in the first extensive survey of educator perspectives conducted into hygiene poverty.

The data is sourced from all states and territories, with the majority of respondents principals and leading teachers from Victoria, South Australia and Queensland. While only limited data was captured outside Victoria as part of the school educators survey, the broader dataset establishing the extent of hygiene poverty was procured from schools within all states and territories and sound representation amongst all regions. The similarity in hygiene poverty levels evidenced within each state suggest that the findings of the more modest educators are likely to evidence sufficient generalisability for claims to be made pertaining to low income family needs and educator perspectives beyond the school cohorts they represent. For the protection of individual privacy, no identifiable results are included herein. Respondents were asked a series of questions pertaining to the hygiene product needs of their cohorts and their concerns pertaining to cohort needs.

Concern regarding the capacity of learner families to meet hygiene needs

As noted in the extensive research on student and educator relationships, educators tend to have a strong propensity to evidence care for their learners' success beyond just the academic aspects of their remit. Educators, by virtue of their vocation, tend to evidence significant concern for their welfare beyond the classroom. Research also makes clear the strong relationship between wellbeing factors, attendance, engagement and academic performance. Educators also tend to possess a strong understanding of student's broader needs and often plausibly their socio-economic status. The survey acknowledged the unique position of the educator to understand the needs of their cohort by exploring this theme. Notably, 96.9% of Educators expressed moderate to high level concerns about the capacity of their school cohorts to adequately address their own hygiene poverty needs. This suggests that the majority of respondents may feel that their students are lacking the familial and or personal means to meet their most basic needs.

Concern regarding the mental welfare of school attendees experiencing hygiene poverty.

The relationship between aspects of hygiene poverty and mental health has been explored to a limited extent within the hygiene literature. The extant research suggests that hygiene poverty results in poorer mental health outcomes. To explore this theme more fully, we considered the extent to which educators expressed concern for their students based on observed hygiene poverty.

Concerningly, 48.9% of the respondents asserted that they were extremely concerned regarding the mental welfare of their learners experiencing hygiene poverty. Only 3% of respondents asserted that they were either neutral or not concerned about the mental wellbeing of their students experiencing hygiene poverty.

This is a matter requiring judicious consideration given the plausible mental harms experienced by learners, and the potential vicarious trauma and psychosocial risk for educators.

Percentage of educators employing personal finances to meet hygiene needs of students.

The report has made clear the significant level of concern that educators have for their learner cohorts, but it is pertinent to explore the extent to which educators are incurring personal costs to support learners. Anecdotally, we are undoubtedly familiar with such situations, but exploring this theme more fully is of critical importance. The survey explored this theme by asking school leaders and educators about instances where they have used their own funds to support the needs of students.

72.7% of respondents noted that they had purchased hygiene products to support their students. 9.09% of educators did this on a regular basis. While the survey did not explore the extent of the value of such provisions, it is highly plausible that such provisions are at significant personal expense, given the price of essential hygiene products. While these actions are laudable, no educator should bear this undue burden and the likely psychosocial risks that attach to such interactions and provisions.

Concern regarding the health of school attendees experiencing hygiene poverty.

The relationship between health and academic performance is well established, and the impacts both short term and enduring are well understood. Similarly, the association between hygiene poverty and health are also well understood. The survey considered educator perspectives on potential future health status, to consider the level of concern educators had or the health of their students. 87.8% of educators and principals expressed moderate to high levels of concern regarding the health of their students experiencing hygiene poverty.

This places educators in a challenging position, whereby they are afforded limited capacity and or recourse to support their learners, often relying upon their own funds (see D'Rosario et al 2022, and herein), or gratis relief packages supplied by charitable partners.



A wholistic approach to children's welfare at school



The ways in which children learn are changing foundationally with the ubiquity of computer based learning, and smart technologies within the classroom. Yet many children struggle to access the most basic necessities rendering many of the laudable advancements inconsequential to their progress. Moreover, during a time of pandemic young people continue to struggle to maintain their hygiene, with significant numbers struggling to access essential hygiene products.

The issue of hygiene poverty is not only linked directly to adverse health outcomes, such as increased susceptibility to infectious diseases, as supported by existing research, but also associated with a higher risk of bullying victimization. This connection highlights the interplay between two societal problems—poor hygiene and bullying—that are often viewed solely as individual or interpersonal issues, but are, in fact, influenced by broader structural factors. Several frameworks have been proposed to explain the origins of bullying victimization, with the socio-ecological perspective being one of the most prominent. According to this perspective, individuals' behaviours are shaped by their interactions within the larger social context of the environment they inhabit (Barboza et al., 2009; Chaux, Molano, & Podlesky, 2009; Espelage & Swearer, 2009; Hong, Lee, Lee, Lee, & Garbarino, 2014; Lee, 2011; Rigby, 2004).

Schools have both a legal and moral obligation to prevent bullying, as its detrimental effects can persist well into adulthood for children and adolescents who experience it. Research consistently demonstrates that bullying victimization compromises physical, mental, and behavioral health, including an increased likelihood of substance abuse (Bland, 2015; Christie-Mizell, Keil, Laske, & Stewart, 2011; Headley, 2004; Hong et al., 2015; Hong, Voisin, Cho, & Espelage, 2016; Hong, Voisin, Kim, Allen-Meaures, & Espelage, 2018; Howard, Landau, & Pryor, 2014).

In Australia, bullying has been extensively studied, revealing that nearly a quarter of students (23.7%) have engaged in bullying behaviour, 12.7% have been victims of bullying, and 21.5% have both bullied others and been bullied (Roberto et al., 1999). Moreover, research indicates that students from low-income households may be more profoundly affected by bullying than their high-income counterparts, further exacerbating the insidious nature of hygiene poverty. Even these individual differences can be understood as being influenced by socio-ecological factors, blurring the distinction between structural and individual factors associated with bullying as identified in the literature.

Our argument is supported by the widespread adoption of school uniforms in Australia, which serves to create a more equitable and level playing field among students by eliminating judgment and stigma based on clothing. This can help mitigate the impact of poverty on education and contribute to ensuring equal opportunities for all students to succeed. Additionally, implementing uniforms can foster a sense of community and school spirit, promoting a feeling of belonging and unity.

The existing literature has often categorized itself into different theoretical perspectives, leading to artificial divisions in findings. In this study, we aim to move beyond these categorizations and propose that bullying, typically framed as an individual-level behavioural problem, is also a result of structural forces within a neoliberal-patriarchal system. The experiences of individuals from lower social classes in patriarchal capitalism have been extensively documented, revealing widespread oppression and marginalization that individuals with low socioeconomic status encounter across cultures. Numerous studies have consistently shown that individuals with limited economic, social, and cultural resources not only experience health disparities due to their class position but also endure adverse experiences involving violation, marginalization, and denigration (Chaux et al., 2009; Due et al., 2009).

These oppressive structures manifest within schools as well. Murshid (2018) demonstrates, based on Langdon and Preble's concept of "disgust," that hygiene is associated with bullying victimization in two ways; firstly, through the fear of infectious diseases and secondly, as a response to individuals from low socioeconomic backgrounds (Langdon & Preble, 2008).

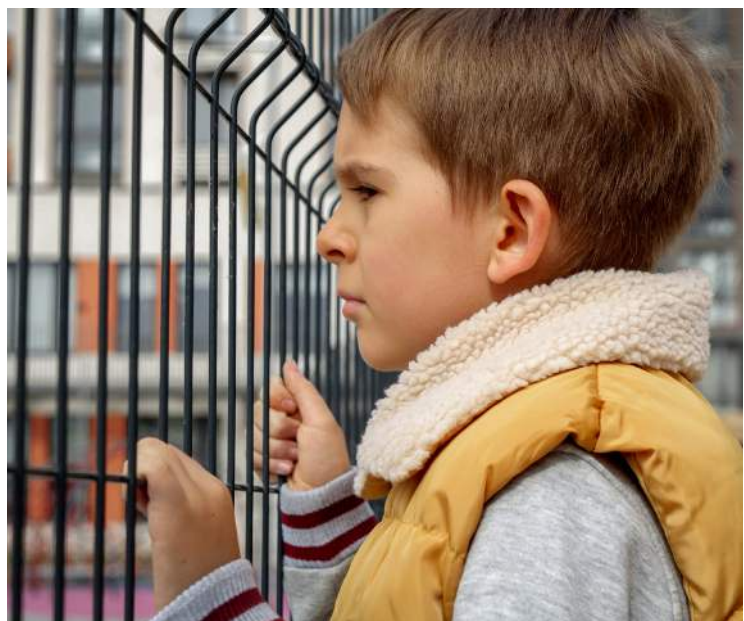
Consequently, individuals with poor hygiene are subjected to disrespect (Curtis and Biran, 2001), and it is through the notions of disgust and disrespect that hygiene becomes linked to bullying. School uniform policies, zero-tolerance approaches to bullying, and student counselling are examples of measures that acknowledge and address the socio-ecological factors that significantly impact students' well-being. Students must be shielded from the physical and psychological harm often resulting from hygiene poverty, necessitating policy changes to accommodate these concerns.

It is also worth noting here that the notion of personal hygiene, framed as it is as a personal, and therefore moral, responsibility, has historically been associated with state apparatus wielded for the purpose of deliberate humiliation and control, instrumentalised especially by the ongoing process of colonisation, but also in relation to both gender and class. Atkinson (2002) cites extensive evidence of this weaponisation of hygiene as a tool of oppression against First Nations communities, associated with the trauma experienced by members of the Stolen Generations. One of her interviewees, for example, shares the traumatic childhood memories of systematic shaming: "I remember the smell (of the experience of being labelled dirty – the carbolic soap); I remember our home (the conflict of having a lovely home and a mother who was clean and caring, yet intruders entering the home to subject her mother to racist and demeaning inspections); I remember Mum's face (the powerlessness, shame and anger). Her biggest memory, however, is violence on herself, a violence that was both overt and covert. My biggest memory was I wasn't good enough..."

The shaming of children, on the basis of race and class, through hygiene surveillance, is specifically constructed here as a corollary of putative bad parenting, with blame being heavily gendered and falling disproportionately on mothers.

In a very different example, of lead contamination in the NSW community of Boolaroo, analysed by McPhillips (1995), a similar phenomenon was observed regarding health authorities placing the burden of responsibility on mothers for the practice of hyper-attentiveness to household and children's personal hygiene as a means of ameliorating the devastating effects on child development of lead exposure caused by the local lead smelter.

Health is a public good. Where households are forced to live in unsanitary conditions, this must be framed as a structural, rather than an exclusively personal problem. This principle applies not only to the condition of housing and the local environment, but to everything from personal safety, social connectedness and well-being to education, culture, sports and recreation. It should not stop at the point at which the resources for self-care and interdependence are generally commodified and therefore unequally accessible. Care of the self, as evidenced in the above examples, should be understood and treated neither as a means of moral judgement nor as a measure of personal value. That a given society should use hygiene as a means of exclusion should trigger a critique of that society rather than the people who are subjected to this exclusion.



The Intermediary Approach to Hygiene Poverty Alleviation

As noted in earlier research exploring these themes school-based service delivery of hygiene products may be preferred to large site-based delivery given the additional costs incurred by children and families in the collection of hygiene poverty alleviation products from dispersed pickup locations (D’Rosario et al 2022). The provision of period products through schools has been proven to be a viable response to period poverty.

The use of a school-based model for product provision is viable and may reduce the shame and difficulty associated with collection from other unfamiliar facilities. Critical funding to foodbanks to facilitate collection-based food distribution, and Hygiene poverty charities to facilitate school and council-based collection and direct, mail delivery of essential hygiene products is critical.

The Intermediary model of product provision, as championed by Pinchapoo is a viable archetype for product access within schools. Pinchapoo operates within 233 schools across Australia working with Welfare Officers, educators, and principals to establish school-based distribution programs. In the context of student-based provision/access, the Pinchapoo School Program is arguably the largest, and most impactful program within Australia given its focus on place-based distribution, empowering schools and partner organisations to support the communities they serve (D’Rosario et. al 2022).

The Pinchapoo model is facilitated through an e-ordering system, that facilitates dispatch to individual schools and partner entities to facilitate localised delivery and reduce the burden of travel placed on the recipient. The Pinchapoo model sees Pinchapoo operate as an ecosystem intermediary empowering all other eco system members. Beyond schools the entity employs this model to facilitate product access through thousands of charitable partners, who delivery place-based solutions to vulnerable groups.

The school-based collection of hygiene products by children offers a distinct contrast to traditional single collection point mechanisms, where children or families are required to travel to a centralized location for accessing hygiene goods. The school-based model serves as an ideal complement to food pantry and food bank systems by allowing families to access perishable food items from food bank networks while discreetly obtaining hygiene and sanitation products through schools.

Unlike the traditional approach of having a single collection point for hygiene products, the school-based model integrates the provision of these essential items within the educational environment. This integration ensures that children have convenient and discreet access to hygiene and sanitation products, eliminating the need for them to travel to a separate location solely for this purpose. By incorporating the collection process into schools, the model facilitates seamless access to these products, minimizing any potential barriers that may arise from logistical constraints or limited mobility.

Figure 7 – The Ecosystem intermediary approach to hygiene poverty alleviation



Note: The ecosystem intermediary also plays a significant role in reducing the significant impact of hygiene and sanitation waste, resulting in a dramatic reduction in landfill, by redirecting overstocked, shop soiled and cosmetically imperfect goods to individuals experiencing hygiene poverty. Schools take receipt of the sealed and unused hygiene and sanitation products, discreetly directing them to children experiencing hygiene poverty.

Moreover, this model presents a valuable opportunity to maintain adequate quantities of hygiene products to ensure consistency of supply because supplied products do not evidence the time-sensitive nature of perishable food items obtained from food banks. While food products have limited shelf lives, hygiene and sanitation products can be stored and distributed more effectively within the school setting. By utilizing the school-based collection of hygiene products, families can access perishable food items through food bank networks while concurrently receiving hygiene and sanitation products that are readily available through the school system. This comprehensive approach ensures that families can access both food and hygiene products in a timely and efficient manner, thereby meeting their immediate needs.

The school-based collection of hygiene products ensures discretion for families in need. Unlike food collection from large public sites, which may require individuals to publicly disclose their circumstances and face potential (perceived) judgment from others, collecting hygiene products within the school environment allows children to access essential items discreetly without the knowledge of others. By integrating the collection process into the school system, children can receive necessary hygiene products without drawing attention to their economic situation, preserving their privacy and dignity.

This model minimizes shame and embarrassment for children and their families. Hygiene products are crucial for maintaining personal health and well-being, and not having access to these items can be emotionally distressing for children. By incorporating the collection process within the school environment, it normalizes the provision of hygiene products, reducing the stigma associated with needing assistance. It helps create an inclusive and supportive atmosphere where children can focus on their education and personal development without feeling embarrassed or isolated due to their economic circumstances.

The success of this model, with the 233 schools nationally currently benefiting, suggests that greater investment in the scaling of the school's program may yield significant direct and indirect benefits to schools and students. Even modest investments are likely to evidence a significant return on investment.

The redirection of hygiene products, originally intended for landfill, to children and families offers a twofold benefit, primarily by reducing landfill and minimizing the environmental impact of unnecessary waste, and secondly, by providing families with critical goods without exacerbating inflationary pressures. It is important to emphasize that this approach significantly mitigates the risk of inflationary impact.

Firstly, by redirecting hygiene products from landfill reduces the amount of waste destined for disposal sites, thereby mitigating the environmental consequences associated with excessive landfill accumulation. By repurposing these products for the benefit of children and families in need, the practice diverts a significant volume of potential waste from the landfill, reducing greenhouse gas emissions, conserving energy, and preserving natural resources. This redirection aligns with sustainable waste management principles and contributes to the overall effort of promoting environmental responsibility.

Secondly, this approach has no inflationary impact. Providing families with hygiene products without increasing inflationary pressures is a crucial aspect of this approach. By redirecting products that would otherwise go to waste, the availability of critical goods such as hygiene products is expanded, ensuring that families can access them without facing inflated costs. This not only alleviates the financial burden on families experiencing economic hardships but also maintains price stability within the market. The redirection of these products circumvents the need for additional production or procurement, thereby avoiding any inflationary impact that could arise from increased demand.

It is worth noting that the redirection of hygiene products from landfill to families demonstrates an efficient and sustainable method of resource allocation. By utilizing goods that would have otherwise been wasted, this approach minimizes the overall environmental footprint associated with production, transportation, and disposal. Simultaneously, it addresses the pressing needs of families by providing them with essential hygiene products, thus fostering social well-being and community support. The intermediary model reflects a more systems thinking approach to hygiene poverty, waste and school systems support.



Hygiene poverty continues to be the silent crisis within Australian schools. While immense progress has been achieved with regard to period poverty, other essential elements to good hygiene must also be considered.

These hygiene goods are essential to good health and wellbeing and are critical to relationships with peers and educators alike. Self-efficacy and self-confidence are likely moderated by one capacity to maintain good hygiene. Extant efforts to address hygiene poverty are laudable but continue to reach only a small subset of schools (n = 233 schools) while others declare significant needs (n = 1167 schools). The undeclared needs of the majority of schools are likely the greatest source of concern presently.

While the crisis remains silent, the plausible impacts over the life course for students experiencing poverty are not inconsequential. They are at risk of greater absenteeism, presenteeism, poorer academic outcomes, all of which are associated with lower rates of school completion.

A co-ordinated response to hygiene poverty, that is place based (ideally through care-based relationships within a school setting) is essential to ensure that all students are afforded equal opportunity to thrive in school and succeed thereafter.



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