



# Entrenched Disadvantage in Western Australia: Health, Economic and Social Impacts

100 Families WA Bulletin No 1

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## Background

The 100 Families WA project is a three-year collaborative research project between community service agencies, the Western Australian Council of Social Services, researchers at the University of Western Australia and families participating in the project. The project seeks to understand both the lived experience of entrenched disadvantage in Western Australia and what policy and practice changes are required to significantly reduce and ultimately end entrenched disadvantage. Entrenched disadvantage occurs when people face sustained low income over time inadequate to meet basic needs, and face significant barriers to overcoming disadvantage in one or more major human well-being domains including mental and physical health, housing, education, safety, jobs and social relationships. Disadvantage for some may be experienced over the very long term including from childhood and across generations.

Inspired by New Zealand’s Family 100 project, led by Auckland City Mission, the 100 Families WA project is a mixed methods action research project that engages families experiencing entrenched disadvantage to identify what works in the current policy and practice environment, what approaches should be expanded, what barriers exist, and how we can break the cycle of entrenched disadvantage. The project is founded on the basis that the families themselves are partners in the research and that their voice and ideas for change must be heard and are paramount.

This 100 Families WA Bulletin provides findings from the first wave of surveys completed with 400 participants from families living in 115 suburbs of Perth conducted in 2018 and early 2019 who are receiving support in one kind or another from partner agencies. In this Bulletin we focus on

the health, economic and social Impacts of hardship experienced by families in Perth, Western Australia.

## The Meaning of Family

The 100 Families WA project determines family boundaries and structure based solely on how participants in the study themselves define and identify their family unit. All participants in the study are deemed to belong to a family. Our approach acknowledges that ‘family’ is a matter for each individual and that family is socially and culturally determined. To guide participants’ determination of what constitutes their family, we provided the general statement “You determine who your family is but for some it may be the person or people who rely on each other for day-to-day living (e.g. share income, social support, share meals)”.

In the context of the 100 Families WA project, there is a conceptual difference between ‘a household’ and ‘a family’, such that a household comprises the people that live together in a dwelling (or, in the absence of a dwelling, stay together in short-term accommodation or ‘on the street’), whereas a family comprises whoever the individual considers are family members.

### 100 Families WA survey participants (n = 400)

43.9yrs

Mean age

33.3%

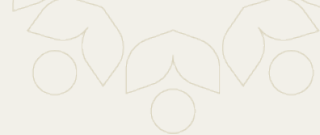
Identify as Aboriginal

69%

Are female

42.5%

Did not complete High School



## Method

A central tenet of the *100 Families WA* project is that research takes place *with* families, rather than *on* them. This is reflected in a number of ways in the project. First, the *100 Families WA* project undertook community conversations with families prior to the development of the baseline survey so that the views of those experiencing disadvantage would inform the construction of the project’s surveys and data collection approaches. The project will continue to involve families throughout the project ensuring that findings are interpreted in light of the voice of families. Second, families have been included in the *100 Families WA* advisory bodies. Third, data collection processes ensure that participants are accorded a direct voice in the project through the use of open-ended questions in the survey and the ongoing fortnightly qualitative interviews with participants.

The project involves a longitudinal quantitative survey conducted with families across Perth, fortnightly qualitative interviews with 100 of the 400 families, data linkage processes linking survey responses with WA health and other administrative records, research translation workshops, continuing community conversations following baseline results and policy and practice workshops.

The timeline below lays out the data collection and research translation activities planned for the first three years of the *100 Families WA* project.

## Physical Health, Mental Health and Disability

There is a substantial body of literature on the relationship between low income and (poor) health outcomes (Evans & Kim, 2007). Poor health outcomes serve as both a cause, compounding factor, and consequence of economic disadvantage (Marmot, 2005).

Compared with 50% of Australians, 84.3% of *100 Families WA* survey participants (n=400) report diagnosis of at least one long-term health condition. Further, while 23% of Australians report experiencing two or more chronic conditions, 68.7% of *100 Families WA* participants report diagnoses of two or more chronic health conditions, and the mean number of diagnosed chronic health conditions among *100 Families WA* participants was 3.5.



Figure 1 depicts the proportion of *100 Families WA* survey participants that report that they have been diagnosed with selected chronic health conditions, and the Australian population rate of those conditions. With the exception of heart, stroke and vascular disease, the prevalence of chronic conditions amongst the *100 Families WA* sample is higher than within the general Australian population.

The chronic nature of these health conditions—the degree to which they affect daily functioning and the time and cost associated with managing them—mean that they pose a significant barrier to economic participation and wellbeing for those living in entrenched disadvantage.

Disadvantage is strongly linked to the incidence of mental health conditions. The stressors associated with disadvantage, based on the direct impact of poverty, increased exposure to violence, residing in higher crime neighbourhoods, a lack of accessible services, and inability to meet basic life needs, are hypothesised as the mediating factors linking socioeconomic status and psychological distress and mental health conditions (Mezuk et al. 2010).

Participants in the *100 Families WA* survey completed the World Health Organisation (WHO) WHO-5 Wellbeing Index, which assesses perceptions of quality of life. Over half of the *100 Families WA* survey participants (56.0%, n=400) had scores that indicated they had poor wellbeing such that

screening for depression was indicated. Furthermore, almost two-thirds (63.9%) of the sample reported that they had been diagnosed by a medical practitioner with at least one mental health condition; 55.7% of the overall sample had been diagnosed with two or more conditions (Mean = 2.4).

Approximately one in five Australians (18.3%) have a disability, defined as a limitation, restriction or impairment that has lasted or is likely to last for at least six months and restricts every day activities (Australian Bureau of Statistics, 2016). A slightly higher proportion (20.5%) of the *100 Families WA* survey participants report having a permanent, physical disability that limits their mobility, and 6.8% report having an intellectual disability.

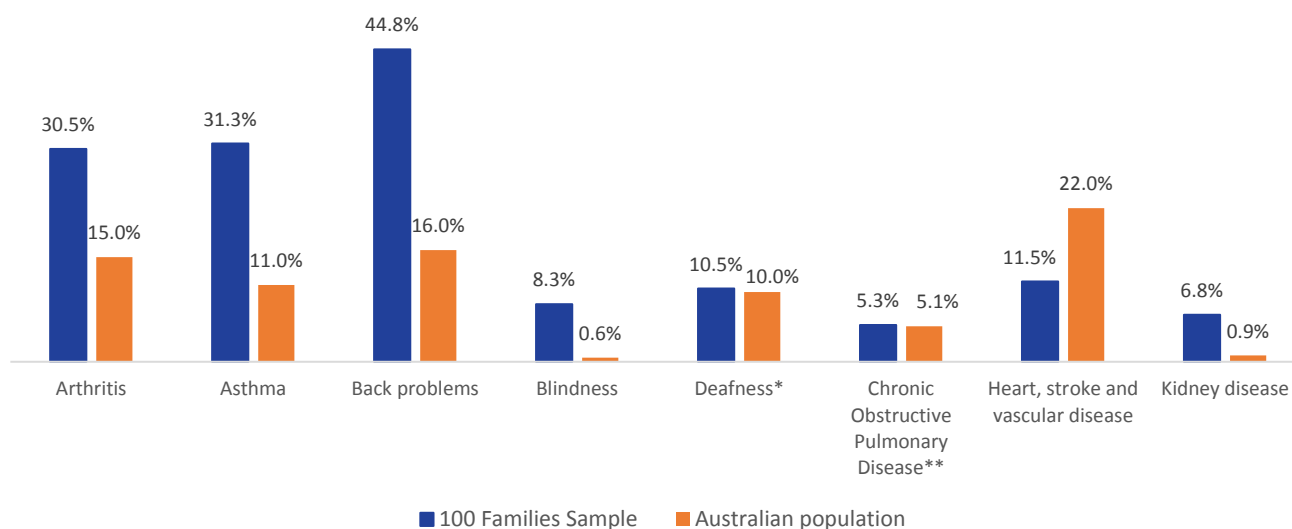
In terms of disability within the family unit, 13.0% of *100 Families WA* survey participants report that another adult within their family unit have a physical disability and 8.5%

have another adult in their family who has an intellectual disability. Five percent of participants reported that a child within their family unit has a physical disability and 8.8% have a child with an intellectual disability in their family unit. These estimates include participants that themselves have a disability and also have another adult/child in their family unit with a disability.



17.0% of *100 Families WA* survey participants act as a carer for a family member with a physical or intellectual disability

**Figure 1: Prevalence of selected chronic health conditions, 100 Families sample (n=400) and Australian population**



\*Australian population rate of deafness includes both partial and full deafness

\*\*Australian estimates of Chronic Obstructive Pulmonary Disease are only available for the population aged over 45 years.

With regard to caring responsibilities, 17.0% of *100 Families WA* survey participants (versus 11.6% of Australians) report that they care for a member of their family unit that has a disability, and 8.5% report that another adult within their family unit acts as a carer for another member with a disability. While the prevalence of disability and caring responsibilities amongst the *100 Families WA* sample is not dramatically higher than the overall Australian rate, it must be remembered that the *100 Families WA* sample does not

include the elderly (>75 years of age). Further, when considered in light of the high prevalence of chronic health and mental health conditions, and limited financial means, disability and caring responsibilities are a barrier to breaking free from entrenched disadvantage.

## Social Exclusion, Economic Participation and Material Deprivation

The consequences of an income level that is insufficient for sustaining a minimum acceptable quality of life in a high income country such as Australia include social exclusion and low social participation, characterised by an inability to participate in common activities including those related to the maintenance of social relationships, and material deprivation, the inability to afford items that the average member of society agrees that everyone should have access to (Saunders, Naidoo & Griffiths, 2008).

Common barriers to social inclusion and participation include the experience of unemployment and being a member of a jobless household—a family where no member of the household aged 15 or above is employed (Headey, 2005). The employment rate amongst the *100 Families WA* survey participants is 13.0%, compared with a 94.9% employment rate among the Australian population.

While 65.7% of Australians, overall, are in the labour force (working or looking for work), only 31% of the *100 Families WA* sample are in the labour force. While the in depth interviews will shed more light on the barriers to employment faced by those in entrenched disadvantage, 21.5% of the *100 Families WA* sample are unable to work due to health condition or disability, and 33.0% are engaged in home duties (including caring responsibilities). Almost two-thirds (65.3%) of *100 Families WA* survey participants are members of a jobless family, more than triple the Australian rate of 21% (Australian Bureau of Statistics, 2017).

Social networks and relationships are important mechanisms through which individuals are exposed to information, opportunities, support, and resources. As a result, social networks and relationships can act as significant buffers against the impacts of entrenched disadvantage and, conversely, can be a factor that contributes to the entrenchment of disadvantage.

We asked *100 Families WA* survey participants whether they had at least one person outside of their households to turn to for various types of support. Thirty percent said they did not have someone outside of their household to turn to for emotional support, 33.8% did not have someone to turn to for help in the case of serious illness or injury, and 46.3% did not have someone to turn to for help in maintaining their family or work responsibilities.

Less than half (43.3%) of *100 Families WA* survey participants had someone to turn to for emergency money,

and only just over half (54.3%) had someone to turn to for emergency accommodation.



The employment rate amongst *100 Families WA* survey participants is **13.0%**



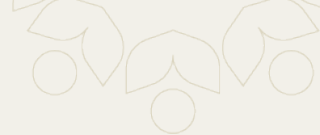
The mean neighbourhood satisfaction score of *100 Families WA* participants was **6.6** (out of 10)



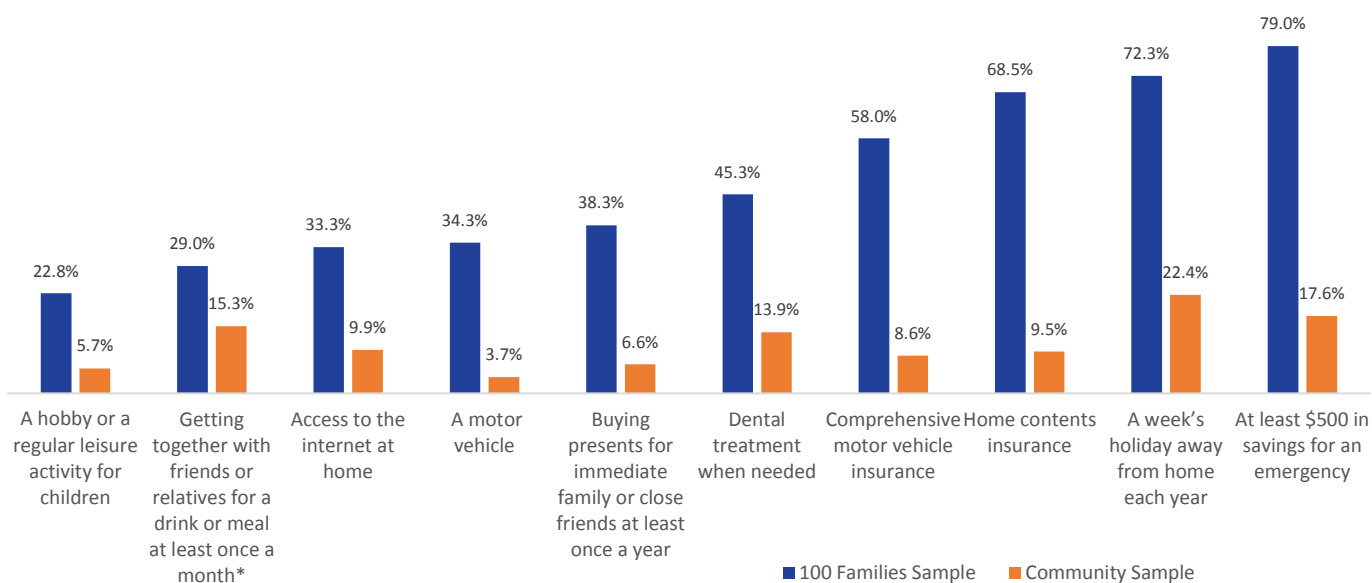
**30%** of *100 Families WA* survey participants **do not** feel they have someone to turn to for emotional support

Satisfaction with, and feelings of, safety within one's neighbourhood is an important precondition for participation in community and social activities and, therefore, social inclusion. We asked *100 Families WA* survey participants to rate their satisfaction with their neighbourhood out of 10; the mean neighbourhood satisfaction score was 6.6.

Material deprivation is the inability to afford items and experiences that are considered customary in the society in which one lives. Figure 2 presents estimates of the proportion of *100 Families WA* participants that cannot access what most Australians consider the Essentials of Life (Saunders and Wong, 2012) relative to Australian norms. Note that the graph only depicts items which >20% of the sample cannot afford. Around 4 in 5 of the *100 Families WA* Sample report that they do not have at least \$500 in savings for an emergency, and close to three-quarters of the sample indicate that they cannot afford a week's holiday away from home. Close to half can't afford dental treatment when needed and one-third can't afford a motor vehicle or internet at home while a quarter can't afford to engage in a hobby or leisure activity.



**Figure 2: Proportion of 100 Families survey participants (n=400) that cannot afford the Essentials of Life**



Source of Community Sample: Saunders & Naidoo (2009).

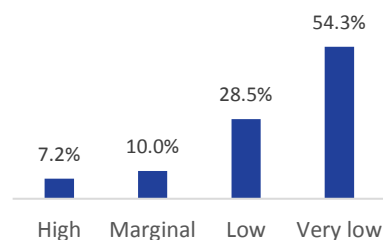
\*Correspondence item for 'Getting together with friends or relatives at least once a month (100 Families sample)' is 'A special meal once a week' (Community Sample)

## Hunger and Food Insecurity

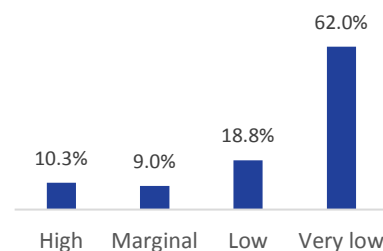
Food security refers to the ability to safely and legally access and afford food that is sufficient in quality and quantity to meet nutritional needs (Thornton, Pearce & Ball, 2013). Food insecurity is associated with poor health outcomes such as increased risk of diabetes, hypertension, and high cholesterol, as well as higher risk of mortality in both developing and developed countries (Walker et al. 2019).

Although population rates of food insecurity vary—for example, in the United States, the age-standardised rate of food insecurity was 9.1% in 2005, 18.3% in 2012, and 11.8% in 2017 (Coleman-Jensen, Rabbit, Gregory & Singh, 2018)—those that report food insecurity during the year prior to the survey were generally food insecure for the majority of that year (Walker et al. 2019). In other words, experience of food insecurity is not fleeting or a 'one-off'. However, large shifts in the population rate can be observed, reflective of broader economic conditions.

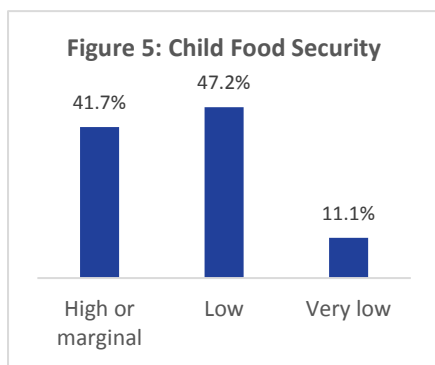
**Figure 3: Household food security**



**Figure 4: Adult Food Security**







There is a relative lack of large-sample studies of hunger and food insecurity in Australia. We administered the United States Household Food Security Survey Module, which comprises three stages - household, adult, and children, to 100 Families WA survey participants. Four categories of food security: high, marginal, low, and very low can be calculated at the household, adult and child level. Those with high or marginal food security are considered food secure. Household scores are calculated only for those families with children; food security for households with no children are reflected in the Adult Food Security Scores.

As Figures 3-5 indicate, it is a minority of participants that report high or marginal food security at the household, adult, or child level. The graphs also depict a discrepancy between child and adult food security, such that a much higher proportion of families have low or very low food security for adults than for children (80.8% versus 58.3%). This most likely indicates that adults in entrenched disadvantage are going without food or without enough

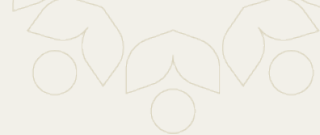
food in order to ensure that children in the family have enough to eat.

In terms of what food insecurity looks like: 58.5% of adults were hungry but did not eat because they did not have enough money for food. For 17.0% of adults, not eating for an entire day because there wasn't enough money for food was an almost monthly occurrence. Participants with children also faced tough choices when it came to food: two thirds of adults with children indicated that it was sometimes or often true that they "couldn't feed the children a balanced meal, because [they] couldn't afford that." Further to this, 27.0% of those with children reported that they had cut the size of their children's meals in the past 12 months because there wasn't enough money for food and that 13% of those with children reported that at least one of the children had skipped meals because there wasn't enough money for food.

Food insecurity due to a lack of affordability is not something that is widely considered in a prosperous country such as Australia. The high prevalence of food insecurity amongst those living in entrenched disadvantage in Perth is cause for serious concern. How can one be expected to thrive if they are struggling to meet the basic needs to survive? More generally, the findings from this first 100 Families WA project Bulletin indicate that overall, families that are accessing support of community agencies across Perth are experiencing significant health, economic and social impacts that act to further impede a transition from entrenched disadvantage.

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## 100 Families WA

100 Families WA is a collaborative research project between Anglicare WA, Jacaranda Community Centre, the Centre for Social Impact University of Western Australia (CSI UWA), the UWA Social Policy, Practice and Research Consortium, the UWA School of Population and Global Health, Wanslea Family Services, Centrecare, Ruah Community Services, UnitingCare West, Mercycare, and WACOSS. 100 Families WA has a commitment to ongoing engagement in the project of those with lived experience of poverty, entrenched disadvantage and social exclusion.

The ultimate aim of the project is to develop an ongoing evidence base on poverty, entrenched disadvantage and social exclusion in Western Australia that will be used by the policy and practice community in Western Australia continuously over time to understand better the lives of those in low income poverty, entrenched disadvantage and social exclusion, the impact and effectiveness of the community sector and government initiatives and service delivery processes and what those in entrenched disadvantage see as important for positive change.

The project has received in-kind support from all partners, seed funding from the Centre for Social Impact supported by The Bankwest Foundation and the School of Population and Global Health (UWA). At the 2018 WACOSS Conference, the Premier of Western Australia, the Honourable Mark McGowan announced the \$1.75 million grant on behalf of Lotterywest for the 100 Families WA project.

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