



## Navigating Support Systems

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*We would like to acknowledge the families involved in the project, their honesty and bravery in sharing their stories with us, and their trust in the project to use their stories to improve the lives of people experiencing disadvantage in Western Australia.*

*100 Families WA acknowledges and respects the traditional Aboriginal and Torres Strait Islander owners of the land on which we work, the first people of this country. We pay our respects to their culture and their Elders past, present and future.*

*By Ellie Tighe, Katrina Stratton, Shae Garwood, Russell Major, Zoe Callis and Catherine Bock<sup>1</sup>*

### Background

**100 Families WA is a collaborative action research project between a group of Western Australian (WA) community agencies (Anglicare WA, Centrecare, Jacaranda Community Centre, MercyCare, Ruah, Uniting Care West and Wanslea), 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 the lived experience of entrenched disadvantage in Western Australia and the policy and practice changes that are required to significantly reduce and ultimately end entrenched disadvantage.**

As part of the research, 400 families experiencing entrenched disadvantage shared their stories via an hour long survey. The baseline survey was conducted between November 2018 and April 2019; the second wave of the survey is taking place in late 2019 and early 2020. Following the baseline survey, one hundred families were selected to engage in ongoing fortnightly qualitative interviews in 2019 and 2020. Analysis of

the fortnightly interviews, along with results from the second wave of the survey, will be released later in 2020.

This is the third in a series of bulletins to communicate findings on particular issues and experiences facing families. Previous bulletins have highlighted how experiences of disadvantage can manifest in long-term chronic health conditions, poor mental health and social isolation, food insecurity and material deprivation. This bulletin is focused on the support systems families navigate, including formal (service) supports and informal supports such as friends and community. The bulletin addresses the following questions:

- 1. What types of supports are accessed by families experiencing entrenched disadvantage?**
- 2. What are the challenges and barriers families face in accessing support?**
- 3. What are the enablers for people accessing support?**
- 4. What can we learn from families about their experiences navigating support systems?**

This bulletin draws primarily on findings from the baseline survey, along with initial insights from a review of 36 ecomaps completed by some of the families involved in fortnightly interviews. Ecomaps are diagrams of families' connections and relationships to different people (e.g. partners, friends, family) and organisations and institutions (e.g. services, government agencies, church).

<sup>1</sup> This bulletin was co-authored by researchers within partner agencies and members of the Community Advisory Group of 100 Families WA.

A note about language. Among the authors and broader project team there has been a discussion around how to name the supports people access that are *not* formal services. That is, support from family, friends, neighbors, church and other community networks and resources. Calling them ‘informal’ can belie their importance and meaning, while natural supports (a term commonly used in professional settings) suggests other types of support may be ‘unnatural’. Further, such supports do not occur ‘naturally’ for many people, and may suggest fault where these are not accessible. As this bulletin uncovers, these supports are important and extensive for many of the 100 Families, and as such how to describe them will be further explored in the interviews. For now, we will refer to ‘informal’ supports.

## Eco-Maps: What are they and how they were used

As part of the fortnightly interviews, families completed ecomaps to describe some of their social interactions.

Eco-maps are diagrams used to explore and show a person’s social and personal connections in their environment; they can be used to highlight the nature of these relationships, such as how close or important they are, and whether they are positive or negative. Creating an eco-map was a standard inclusion within the interview schedule. The process of creating the eco-map was family-led; as such there is great diversity in the way the eco-maps were presented and structured, with connections identified as meaningful to the person. An example of an eco-map is shown in Figure 1. The nodes visualise the meaningful connections different families identified, such as churches, sporting teams, and relationships with community services and non-profits.

Three of the co-authors of this bulletin – all researchers within community service organisations – accessed the eco-maps for the purposes of identifying the nature of support systems. The three researchers then compared their assessments and observations to identify some key emerging themes. The researchers made observations

FIGURE 1: EXAMPLE OF ECOMAP

ECOMAP HAS BEEN DE-IDENTIFIED; PHOTO IS A STOCK IMAGE.



about the organisations, systems, and people the families are connected to. It was not possible from examining the eco-maps alone to make comment on the nature of these relationships (positive, negative) so the analysis for now considers the existence of those connections, and the types of organisations and individuals that families are connected to.

## Navigating Formal Support Systems

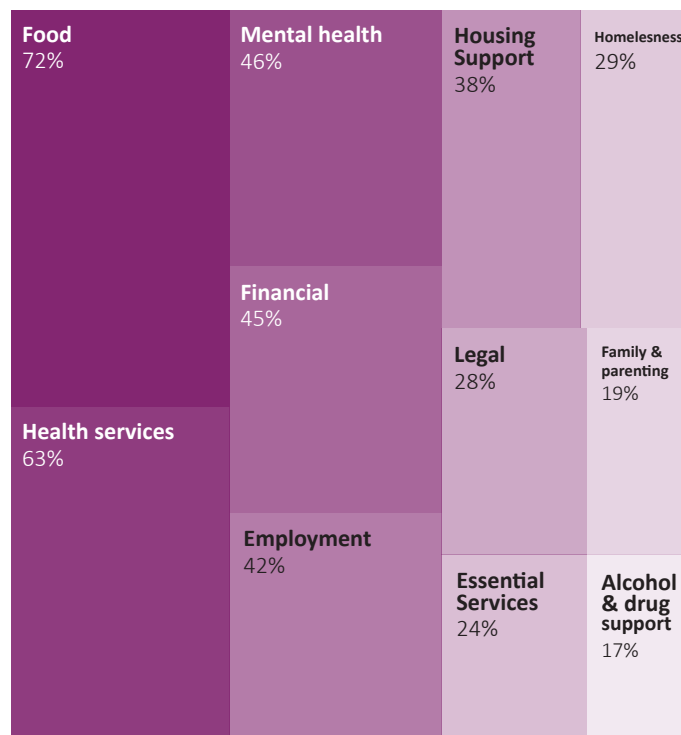
Research with Australian families experiencing disadvantage to date has identified common factors that negatively influence their interactions with services. These include previous experiences leaving them feeling ashamed or with insufficient information to access the services they need, services not communicating or working well with each other, and substantial administrative and paperwork requirements to qualify for access.<sup>2</sup> The *100 Families WA* research is uncovering some similar themes, but also revealing the resourcefulness of families in accessing support from a range of places such as community service agencies, GPs and schools, as well as informal support systems including family, friends and neighbours. Families access these different kinds of support to meet a variety of needs (for example, financial support and access to food was identified as being accessible from both formal and informal sources). The quality of these interactions varies between the different types of support, and among families.

Families involved in the survey reported accessing a wide range of formal support services, which is not surprising given the recruitment method for the project through community service agencies. Families accessed crisis and immediate relief services, generalised and specialist services, and longer-term one-to-one case-management supports. Food relief was accessed by more families than other types of services, with 72% of families accessing food emergency relief (Figure 2). This was followed by health (63%), mental health and counselling support (46%), financial (45%) and employment and job search services (42%). Drug and alcohol support services and family and parenting

services were accessed the least often, accessed by 17% and 19% of families, respectively.

## Food and physical health services accessed most often

FIGURE 2: TYPES OF SUPPORT SERVICES ACCESSED

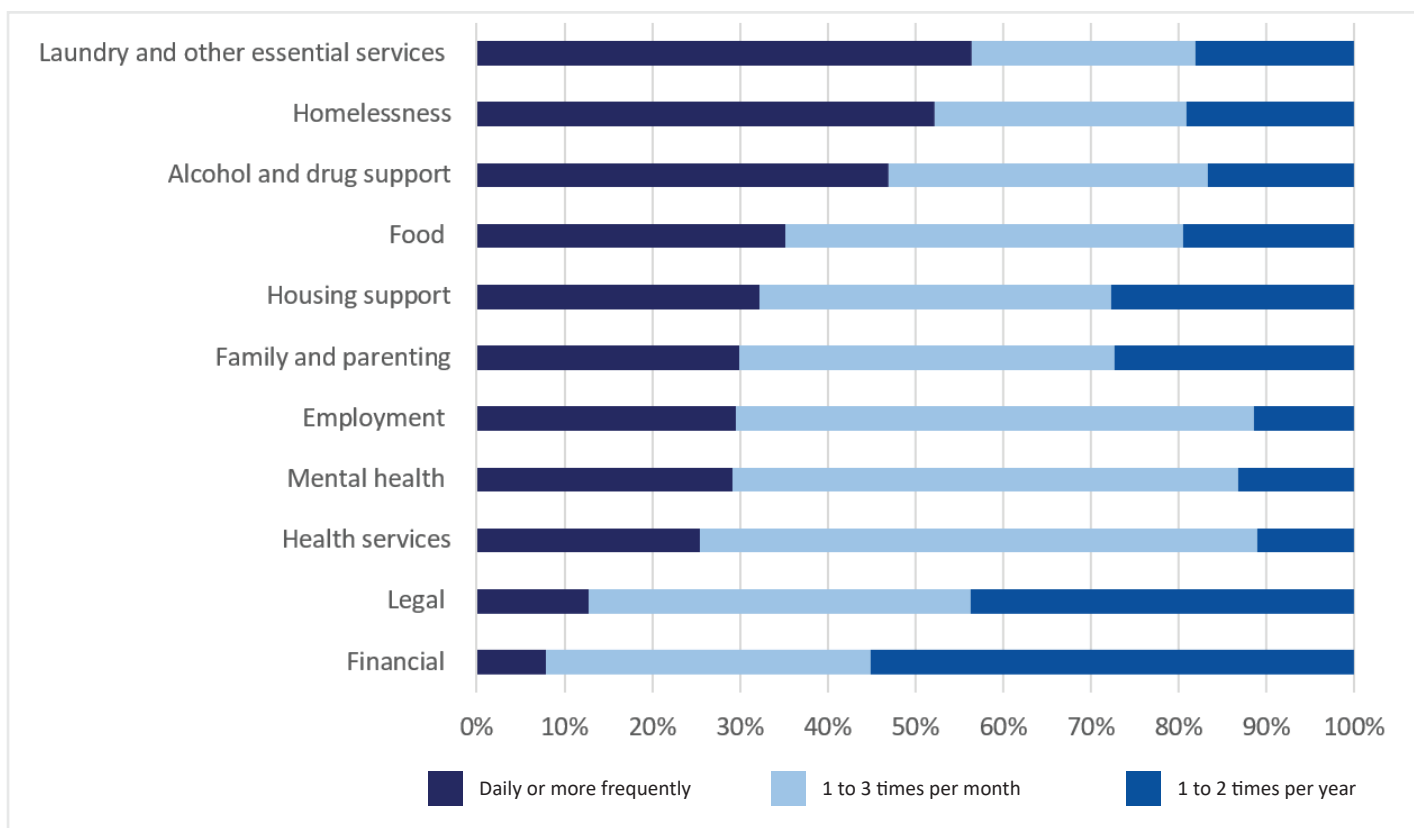


While fewer families accessed homelessness services, essential services (i.e. laundry or bathroom facilities, hairdressing, and other personal care), and alcohol and drug support than other services; the people that did access homelessness services, essential services, and alcohol and drug support did so with greater frequency than other services (Figure 3). For people who accessed essential services, 56% did so daily, reflecting the importance of low barrier services that provide daily essentials for people, such as drop-in centres that provide access to bathroom facilities, showers and laundry. Other services were accessed by a substantial proportion of families, but less frequently. For example, 45% of families accessed financial services over the last twelve months, but 55% of those families only accessed those services once or twice a year.

<sup>2</sup> McArthur, M., Thomson, L., Winkworth, G., Butler, K., 2010. Families' experiences of Services: Occasional Paper No. 30. Institute of Child Protection Studies, Australian Catholic University. Australian Government: Department of Families, Housing, Community Services and Indigenous Affairs.

## Essential services accessed daily

FIGURE 3: FREQUENCY OF ACCESSING SERVICES, PERCENTAGE



For most services, the majority of families that accessed them reported that they were able to access formal supports and services when they needed them (Figure 4). For example, of the families who accessed employment services, 92% reported accessing the service each time they needed to and 91% accessed health services each time they needed it. Homelessness services were accessed by over one in four families who took part in the survey;<sup>3</sup> only 76% of those who accessed homelessness services were able to access the service every time they needed it.

### Greater access to health than other services

Health services were more readily accessible than most other services, reflecting the universal nature of general medicine in Australia. While access barriers and issues

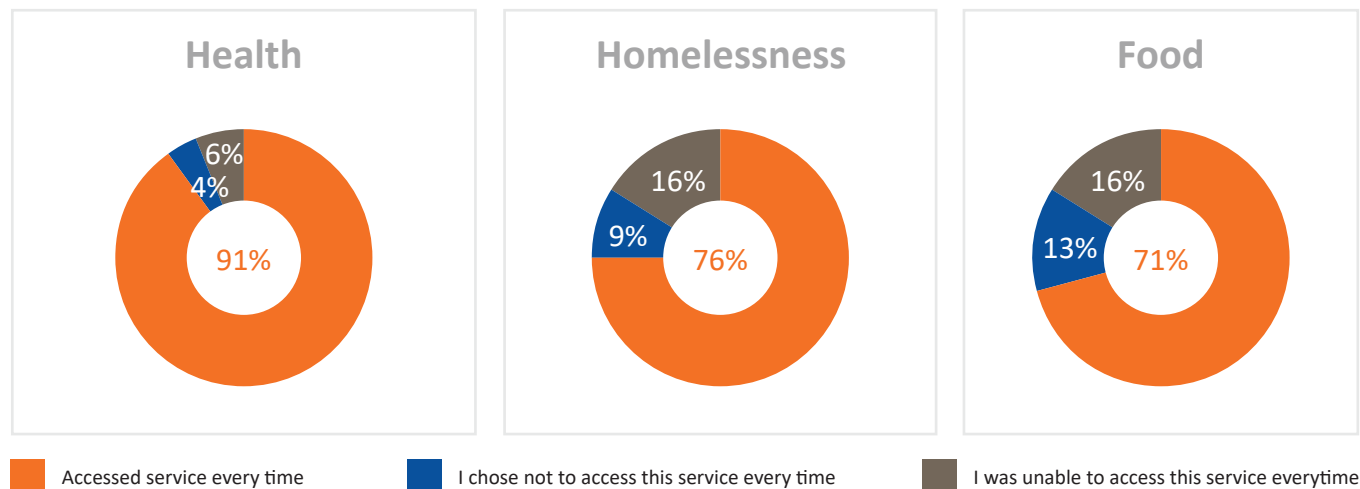
of equity clearly exist,<sup>4</sup> for instance the affordability of health services themselves as well as the affordability and accessibility of transport required to access them, health services are universal and accessible by the WA population more broadly. Mental health was more restricted, with 78% of families responding that they accessed mental health services each time they needed them, 7% chose not to access services every time, and 15% were unable to access services every time they needed them.

The fortnightly interviews, currently underway, will reveal more about people's experiences of those services. We will aim to learn about services that worked well, the constraints facing the social service system and the people seeking to access social services, and how services can adapt to be more readily available to families' circumstances.

<sup>3</sup> This may reflect that a proportion of families were recruited through drop-in centres for people experiencing homelessness and the relatively easier recruitment of families through services with a physical premises compared to those services provided through outreach.

<sup>4</sup> Corscadden, L., Levesque, J. F., Lewis, V., Breton, M., Sutherland, K., Weenink, J. W., Haggerty, J. & Russell, G. (2017). Barriers to accessing primary health care: comparing Australian experiences internationally. *Australian Journal of Primary Health*, 23(3), 223-228.

FIGURE 4: SERVICES ACCESSED EACH TIME THEY WERE NEEDED



## Factors influencing service use

The *100 Families WA* baseline survey included two open-ended questions to explore the circumstances and reasons behind choosing or being unable to access services for those families that reported these barriers. Analysis of this data highlights that barriers experienced operate at various levels: personal and interpersonal, community service provider, and service system. Each of these levels is multi-faceted, and overlapping, often containing factors that are particular to the individual, as well as systemic factors. Barriers to accessing services were rarely discrete or isolated, but rather the result of multiple and compounding experiences.

### Personal and family circumstances influencing service use

An individual's ability to access support services was heavily dependent on their own personal circumstances, including mental and physical health, financial situation and concerns and experiences of stigma or embarrassment.

**Mental health:** Many of the 400 families that participated in the baseline survey were experiencing mental health difficulties, including post-traumatic stress disorder (26.3%), depression (57.8%) and anxiety (46.5%). Many of the families surveyed experiencing mental health challenges were accessing a diverse range of services. However, not all services had the depth of understanding about mental health and how

this impacts experiences. One person stated they found it “difficult [to] talk to people about [their] life circumstances”, while another indicated there was a “lack of understanding of [their] condition”. Symptoms of mental illnesses such as low self-esteem, fatigue or lack of motivation were cited as reasons for not being able to access services. These feelings and symptoms were compounded when services were unable to provide adequate support. People described feeling overwhelmed:

*Half the time I'm also overwhelmed and exhausted from feeling like I have no help within the system and this contributes to my mental health and conditions and I just give up.*

Families expressed that accessing services could be stressful and emotionally strenuous, particularly if they were already experiencing mental illness. For some families, the sense of feeling vulnerable or not feeling understood made the experience of interacting with services stressful. There was a sense that accessing services was a tiring chore and a burden that was difficult to keep on top of. Families expressed that they couldn't remember when appointment times were:

*[I've got] too much on my mind, [it] all felt too much at the time. Too much other stuff going on, [I get] forgetful.*

*[It's] all too tiring keeping up with appointments.*





**Physical health:** The prevalence of poor health and chronic health conditions also presented a challenge to families accessing services. Families surveyed expressed they were frequently “too unwell to get where I needed to be, so stayed home”, it was “hard mentally and physically to attend services” and that “When I’m sick I won’t go”. This was made more difficult for families who were reliant on public transport or who were homeless.

**Feelings of stigma, shame and embarrassment:** In addition to practical barriers, there were complex social influences affecting families’ willingness or ability to engage with supports. The families noted feeling a sense of stigma and shame about their situation; they felt embarrassed and didn’t want friends or other family members to know they were accessing services. One person cited cultural understandings of shame, “It’s a cultural thing. I was shy to admit [it]”. Where mental health difficulties were present, this compounded the sense of feeling overwhelmed.

*I was studying and overwhelmed with study and life events. [There were] Health reasons [and] Post-Traumatic Stress Disorder symptoms*

**Competing priorities:** Families faced conflicting priorities and pressing commitments that interfered with their ability to engage with services. Parents found it particularly challenging, remarking on the inconvenience of accessing services with small children. This was made more difficult when accessing the service in question required using public transport.

*[It can be] difficult getting there with a small child*

*Because of transport...it’s inconvenient with children*

*We get caught up with family stuff [and] we get shuffled around when we want to come on the Cat bus.*

Some of the families interviewed were engaged in study and paid and unpaid work, which could make accessing services with limited opening times difficult.

**Choosing not to access services:** Accessing services for some was perceived as undermining their

independence, “I didn’t want to be reliant on outside help”. Others expressed that their needs were less intense than others, and chose not to access services. They felt there were other people who needed the services more than they did.

*I’m loathed to take the spot of anyone who needs it more than me*

Many families indicated they were supported by their friends and family, rather than different agencies and support services:

*I was able to borrow money from family, or made do with what I already had in the cupboards at home*

The quotes above highlight the ways families are often navigating more than service support systems. The families weighed up the decision to access the different services with respect to existing responsibilities, such as caring responsibilities, employment and study, as well as mental health and physical health challenges, and the financial burden of paying for transport to and from a particular service centre. This was expressed by the families as the need to juggle ‘family stuff’ or weigh up the benefits of making a journey, whilst travelling with small children. Others spoke to employment and study commitments, which either conflicted with service opening hours or were considered higher priority than accessing a particular service.

For many of the families this was compounded by mental health difficulties, such that the anxiety about accessing a particular service was bringing about feelings of stress. In some cases, families reported not wanting to spend limited income on travelling to a service when income for food and basic essentials was limited. Therefore, competing priorities and real challenges inform the decisions families make regarding accessing services.

## Organisational factors influencing service use

The families expressed that there were a number of barriers presented by the services themselves that influenced their service use. This included service accessibility, such as opening hours and how easy it is to contact and make appointments with the service and also the families’ experiences of service quality.



**Opening hours:** The hours of operation (mentioned by 26 families) and appointment availability (44 families) posed a challenge, in particular for those in employment. For individuals who were in paid employment, it could be difficult to access services that were only open during business hours and were closed on the weekend. Public holidays, such as Christmas also influenced service use.

*Workers [and] services are on leave or closing over Christmas. Services [are] not available on weekends*

*I was working so couldn't go when it was open*

**Difficulty accessing information about what services are available:** An 'information gap' between services and families meant some families simply did not know what services were available. A number of families indicated they did not know a service existed until they had already reached a "crisis point". Others knew a service existed but did not know how to access it; this included needing specific paperwork or not understanding where or how to access the different services. Again, this was compounded where there was the additional challenge of managing mental health difficulties.

*[I'm] finding it hard to find out what type of resources are out there and available... After three years of [being] homeless on and off ...I am still not aware of what I'm eligible for and the services that are available to me..*

**Difficult to contact services and availability of appointments:** Some families expressed difficulties in communicating with service providers, and accessing timely support. Having a direct phone number to call when circumstances change, or when the families need to contact the services was indicated as important. One family in particular voiced their frustration with having to wait several weeks for assistance with an urgent matter.

*You have to call before 8:20 but everyone's calling at the same time and you can't get through. The numbers change and are different from what's*

*on the website. The only available appointments are often two weeks away but you need help today.*

**Services feeling unsafe:** Several people expressed their concerns about safety, particularly relating to alcohol and drug use, stating "the people who get on drugs go there" and "drug affected people [and] drunk people hang there and I don't [do] them". Personal safety extended to cultural safety. An Aboriginal family member indicated they had difficulty accessing Aboriginal specific services "due to conflict which makes it hard to receive services".

Previous unsafe experiences informed families' feelings about safety of services. If the families felt the services were not being helpful, they simply stopped accessing the services as they felt it was "a waste of time". One family explained a previous experience was "unpleasant" and so they didn't return, while another had been "failed... so many times in the past" that they were reluctant to engage with the service again.

In particular, where the staff had shown a "lack of empathy" or "lack of understanding" a service was felt to be unsafe. Another family member indicated they had felt discriminated against due to their gender identity.

## Systemic factors influencing service use

**Eligibility criteria:** The baseline survey indicates many families experienced difficulties meeting services' eligibility criteria. Eligibility criteria for services were often strict, and families noted being unable to clearly understand the requirements or being turned away for not meeting the necessary criteria. Families identified that they were often required to show different documentation to evidence eligibility, such as permanent residency visas, proof of age and eligibility for income or benefit supports. Eligibility criteria are developed when designing a new service or support system. They aim to match services to those who need them as well as manage demand so that services are not overwhelmed beyond their funding and staffing capacity. Eligibility criteria are often determined by funding agencies, such as government agencies or health services providers, when contracting out services in the community, or they may be developed by the



agencies themselves. However, challenges can be presented when the eligibility criteria work against, or prevents, those who need it from accessing the support, or the needs the service is designed to meet do not match the true needs in the community. This can lead to feelings of being bounced around from one service to the next, as families search for an appropriate service to meet their needs, or are turned away with a sense that others need the service more:

*[We] keep getting told this was not the appropriate service as we “don’t fit criteria.” We were told we are in the ‘grey areas’, ‘not their problem’, ‘can’t help and can’t suggest who can.’*

*I was turned away. Other people need the service more than us.*

### Limitations on number of times families can access services:

Families also mentioned that they were told there were limitations on the number of times they could access particular services with some noting they understood this was due to funding restrictions. Within the survey comments, 14 families mentioned that they had ‘maxed out’ their ability to access additional support (for example, only being able to access a service twice a year). This was associated with a variety of program types, including housing support, assistance with bills and food vouchers.

When this happens, the experience can intensify the sense of frustration, compounding with other factors, such as lack of adequate transport and balancing family commitments and overcoming personal anxieties about making the trip to access the service.

*[I’m] too scared – [You] don’t know who you’re going to get, don’t know if you’re going to go to a service and leave worse off. For example, I caught two buses to go to ...get a food package to be told that I’d already had two so was not allowed to get another one (I’d only had one), and then I had accessing food packages as a reason for Department of Child Protection keeping my children from me.*

**Transport accessibility and affordability:** The physical location of the services and access to affordable

transport was a common barrier experienced by families (mentioned in the open-ended responses by 23 of the families surveyed). Families expressed that with little income, it was a choice between having food or using their limited resources to travel to service centres.

*Sometimes I don’t have the bus fare to get in or home, but I need food.*

One family in particular expressed that they were unable to use public transport because they could not afford the ticket and had previously accrued fines. Therefore, travelling to the service was rendered difficult.

**Meeting needs of diverse groups:** A number of families expressed that the services they wished to access were not meeting their needs in terms of diversity, including LGBTQIA+, CaLD and Aboriginal communities. For new migrants in CaLD communities, not having a permanent residency visa often meant they were ineligible for Centrelink benefits and a number of services linked to income benefits.

*They don’t cater for people without Australian citizenship or permanent residency. A lot of the services are accessed through Centrelink.*

*....because I didn’t receive an income or benefit I was unable to comply with things such as medication and doctor’s appointments as well as attending social services like Salvos and Vinnies were very hard for me to access transport to and from places such as this as I had to be receiving a benefit for 21 weeks in order to receive help from these places.*

As the above quote indicates, such circumstances have a compounding effect; when someone is unable to access services, they are unable to meet requirements to be compliant with service recommendations (i.e. bringing in certain types of paperwork to demonstrate need). Another family expressed the absence of “specific services for grandparents (caring for grandchildren)”.

**Unmet needs not fitting into service boxes:** Some of the families in the survey had multiple unmet human needs. One individual for example was pregnant, had experienced family and domestic violence, and needed





somewhere safe and permanent to stay, with their experiences impacting her mental health. She reported that her situation was “too complicated to fit in any accommodation service”. For others the services did not match their needs and were told that it was outside of what the organisation could provide.

### Services closing down and lack of funding for services:

Finally, families expressed that a salient barrier to service access was a lack of sustainable funding for those services. Families expressed “a lack of funding prevents these places from assisting people as often as needed” and how funding impacts service availability.

*Most of these services have no government funding, and are only able to assist families a limited number of times per year.*

## Navigating informal support systems

Informal support systems are defined as personal relationships and connections usually developed in the community. These include family relationships, friendships, connections with neighbours, and through participation in community-based organisations such as churches, clubs and schools. Informal support systems are often more reciprocal than formal service systems: we both contribute to and benefit from informal support systems. This isn’t to suggest that all interpersonal relationships are sources of positive support. Relationships with friends and family are not without conflict and tension.

This section of the bulletin is largely based on the analysis of eco-maps, as the survey did not specifically ask about informal supports. A few families indicated in the survey that they accessed support from family (particularly for financial and food help) rather than approaching services. An initial review of the eco-maps suggest that formal support services are a smaller part of families’ lives than informal support systems. Formal supports are primarily accessed to address a particular need (e.g. a meal, mental health support, food vouchers) as people identify these supports in terms of what they provide (e.g. I go to Service A to access mental health support).

The absence of certain types of support was evident in some eco-maps, including a small number having

no informal supports identified, while others included only informal supports and no formal support providers despite having been recruited to the study through a formal support service. Since the eco-maps were family-led with an invitation to identify important connections, this may not mean those supports don’t exist, but rather they are not considered as important as others to the family.

While not all of the eco-maps identified whether relationships were positive or negative (sources of stress or support), of those that did, it was evident that there were strained relationships among family and friends in particular. Within these, the financial and emotional demands of family and friends were noted in particular. Similarly connections to their children’s schools were identified by families as both positive (for social connections) and strained (particularly related to financial stress).

For just less than half the families who had complete an eco-map (16 of 36), religious institutions are an important connection, with most noting they attend regularly (up to three times a week). Families indicated a number of functions their church connection provided, including social relationships, access to counsel and advice from the Minister, and practical assistance with food and laundry. Nearly all of those connected to Church mentioned access to shared meals. A few families had been attending the same church for a long period of time and had well-established friendships inside their church community.

Other connections outside family, friends and church which were commonly mentioned and included:

- **Work (identified as providing social connections, financial independence, income)**
- **Sports and sporting clubs (a number of parents indicated they have volunteer roles in their children’s sporting clubs)**
- **Neighbourhood resources (parks and playgrounds, charity shops, library)**
- **Volunteering (in addition to volunteering in sporting clubs, a number of families engage in voluntary work in their Church, library or community)**

On-line support or connection was only mentioned in two of the eco-maps (Instagram and meet-ups). In an



increasingly on-line world, and where some services are becoming increasingly digitized, and apps developed to meet different needs, this is an interesting observation.

## Ways Forward

While it is still too early to share definitive findings from the fortnightly interviews, the baseline survey and a review of ecomaps provide some initial insights for service delivery and social policy.

### Service Delivery

- Create a welcoming environment to ameliorate feelings of shame and embarrassment at seeking support. This can be done by focusing on personal interactions that are non-judgmental, compassionate and professional, and by modifying physical environments to be warm and welcoming.
- Review and remove any barriers to service that aren't absolutely necessary. Ensure eligibility criteria and related documentation are as streamlined, flexible and responsive as possible.
- Make service information including eligibility criteria accessible in a variety of forums and formats.
- In assessment processes pay particular attention to people's informal support systems and leverage and build upon these. Consider people's contributions to these natural systems, identifying their strengths and contributions.
- Foster systems that prevent social disconnection and isolation. Services can better understand the systems – formal and informal – families are navigating and aim to strengthen and reinforce these particularly for generalised services, and then focus on specialist services where needed.

### Social Policy

- Increase levels of income support available to people who are unemployed or have caring responsibilities. This will reduce the need to navigate complex systems to receive food and other basic necessities, and make it easier to access other support services.
- Minimise barriers to seeking support. Remove eligibility criteria where not needed. Be creative about targeting services to the appropriate

population, focusing on inclusivity over exclusivity.

- Develop sustainable and affordable transport systems that enable people to easily access services and engage with their communities.
- Ensure community service providers are adequately and sustainably funded to provide high quality services so they can reach a greater number of people, and spend more time with people when they need it. This will minimise the need for complex eligibility criteria aimed at managing demand.

This bulletin has shared preliminary insights, drawn from the baseline survey and ecomaps, about families' experiences of accessing support.

As data continues to be gathered, analysed and shared, *100 Families WA* will begin to develop a better understanding of the lived experience of navigating support systems. The in-depth fortnightly interviews will provide more information about families' journeys through support systems, what works and what doesn't, and the emotional and social implications of navigating such systems. In the meantime, the research points to clear areas for action to improve service delivery and guide policy development to address entrenched disadvantage in WA.

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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.



