



100 Families WA

# Insights into hardship and disadvantage in Perth, Western Australia: The 100 Families WA Report

THE 100 FAMILIES WA PROJECT  
AUGUST 2021



# Acknowledgement of country

In the spirit of reconciliation, we acknowledge that the *100 Families WA* project was undertaken on Whadjuk/Noongar land, and that Noongar people remain the spiritual and cultural custodians of their land, and continue to practise their values, languages, beliefs, and knowledge. We acknowledge the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their elders and extend that respect to all Aboriginal and Torres Strait Islander peoples.

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# 100 Families WA

Through action research to reduce hardship and disadvantage for families living in Western Australia, the *100 Families WA* project is working towards a vision of an economically, socially, and culturally just WA where all families are supported to thrive together.

## Acknowledgements

First and foremost, we thank the family members that gave us their time and a window into their lives. This project would not be possible without the willingness and generosity of the families sharing their stories. We also thank the outstanding team of interviewers for their time, flexibility, and dedication in undertaking the survey and in-depth interviews, as well as the partner agencies and their staff for accommodating the *100 Families WA* project so readily.

The *100 Families WA* project acknowledges its principal funder Lotterywest for its long-term support to this critical project. Also acknowledged are the significant in-kind and cash contributions made by the project partners. Seed funding for the project was provided by E/Prof D'Arcy Holman through the School of Population and Global Health and from the Bankwest Foundation.



## The *100 Families WA* project

*100 Families WA* is a collaborative research project between Anglicare, Centrecare, Jacaranda Community Centre, Mercycare, Ruah Community Services, UnitingCare West, Wanslea, WACOSS, The University of Western Australia (Centre for Social Impact, the Social Policy Practice and Research Consortium and the School of Population and Global Health). *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 overarching goal 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. The aim is to assist in continuously over time understanding 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.

**Key words** Entrenched Disadvantage, Poverty, Lived Experience Voice, Perth  
**Publisher** Centre for Social Impact UWA, Business School, Perth, Australia  
**DOI** <https://doi.org/10.25916/b914-1j34>  
**Format** Printed; PDF online  
**URL** <https://100familieswa.org.au/resources/100-families-wa-final-report/>

## Suggested citation

Phillips, S., Seivwright, A., Young, S., Fisher, C., Harries, M., Callis, Z., and Flatau, P. (2021). *Insights into hardship and disadvantage in Perth, Western Australia: The 100 Families WA Report*. The *100 Families WA* project (Anglicare, Centrecare, Community Advisory Group, Jacaranda Community Centre, Mercycare, Ruah Community Services, UnitingCare West, Wanslea, WACOSS, The University of Western Australia (Centre for Social Impact and the School of Population and Global Health, with Matt Czabotar, Emily Dowler, Vanya Franklin & Laurence Ralph), Perth, Western Australia: 100 Families WA <https://100familieswa.org.au/resources/100-families-wa-final-report/>

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# Foreword

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## EXCITEMENT, HOPEFULNESS AND APPREHENSION

were amongst the feelings experienced by family members when we were invited in mid-2018 to participate in the 100 Families Research Project.

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We are people who have accessed various support services and agencies in and around Perth. Many of us were desperate already and had lost hope things could get better. We knew services along with our own budgets were unbearably stretched. The constant mantra of “have a go and you will get a go” provided a slippery slope to despair. The introduction of the Robodebt scheme felt like the last straw as this was a time we were witnessing its impact on already struggling families around us. This 100 Families Project aimed to help address these issues by first seeking to understand the lived experiences of people facing entrenched disadvantage (or hardship), in Perth, Western Australia. With this in mind, we took hold of the opportunity to be involved.

The first connection of participants or family members, as we preferred to be called, with the project was at ‘community conversations’. These gatherings sought to inform the process of the project by asking our opinions,

thoughts and perspectives on a variety of questions. When we were asked, ‘What does a good day look like?’ it became clear that whilst each of our stories is unique, the commonalities we share, our aspirations and hopes for the future are the same regardless of class, race, gender, ability, or history. We want what every human wants, a safe home, adequate food and resources for ourselves and our families, access to healthcare and opportunities to pursue connection, purpose and to be treated with dignity.

Being asked to share your story is daunting, triggering and emotional. The retelling of our story in bits, over and over, when trying to access stretched services is often frustrating and so easily compounds already existing trauma. This is particularly so where there is no relationship with the listener and no chance of ongoing support. Despite this, family members were keen to share their stories in the hope that providing insight could lead to positive change. For some, this was the first time they would share their full story: for others who had previously been involved in research, feedback or advocacy, the hope was that this project would prove to be useful because it aimed at really understanding our hardships in order to generate change.

Following the early ‘community conversations’, it was decided

to recruit some of the family members into an advisory group, to support the direction of the project and in December 2018, as interviews with family members commenced, the Community Advisory Group (CAG) was formed. This group has been instrumental in providing continuous feedback and insights to the broader project team, thus making this research truly collaborative and inclusive. Some of the CAG members have stated that being a part of this group has made them feel more than included, it has made them feel they have been *invested in* as active agents and respected colleagues.

We have had many ‘wins’ along the way with a number of the project partners, making changes within their organisations to improve workplace culture and the delivery of services. Feedback from the 100 families being interviewed fortnightly has been positive and the majority have said that building a relationship with their interviewer where they feel truly listened to in a non-judgmental way has been a powerful experience. There have been some bonuses too that have fuelled our enthusiasm and increased our self-respect. Those of us invited onto the CAG have had the opportunity to do media training, appearing in many media presentations including radio, TV, newspaper and social media. We have

presented to the Senate Inquiry into Newstart and sat on various panels from the Social Impact Festival to the Disrupted Festival and the launch of a new social research network. A six-part short digital production titled 'Speaking from Experience' can be found on the *100 Families WA* website. These videos are currently shown on the Department of Communities intranet, and within universities and TAFE settings, and are

aimed at helping to raise awareness, empathy and to generate the promised action.

This three-year project has felt like a long and uncertain journey, however many of us have been living with uncertainty, scarcity and exclusion for our entire lives, some of us for generations. Our hope is that having shared our stories, our expertise and advice, others will gain insights

and seek to engage with our lived experience beyond seeking to simply service our immediate needs. We invite you now to begin to reimagine and redesign systems and processes, policies and legislation so that people and families stuck in entrenched disadvantage can realise a new and hopeful future. Many of us are keen to continue helping you to do this.

## Community Advisory Group





# Insights into hardship and disadvantage in Perth, Western Australia: The 100 Families WA Final Report—In Brief

## Background

- Inspired by Auckland City Mission's Family 100 project, the *100 Families WA* project sought to gain a deep understanding of the lived experience of entrenched disadvantage in Perth, Western Australia.
- A project team was formed, comprising researchers from three different schools at The University of Western Australia, seven not-for-profit agencies, a peak body, and lived experience representatives.
- The project began in earnest in July 2018.
- A Baseline survey was conducted with 400 family members living in entrenched disadvantage between November 2018 and April 2019, and a Wave 2 survey was conducted one year later with 254 family members who were able to be contacted and willing to complete the follow-up survey. The surveys asked about historical and current experiences across domains of life, including

health, housing, employment, wellbeing, social supports, and safety.

- Fortnightly interviews were conducted for one year with 100 family members. The interviews involved some structured exercises, but topics of discussion were largely directed by family members to ensure that our understanding of the lived experience of entrenched disadvantage was guided by what was important to family members.
- The Final Report builds on a significant program of work in the *100 Families WA* project. Previous outputs can be found at [www.100familieswa.org.au/resources](http://www.100familieswa.org.au/resources), and include a Baseline Report, a COVID-19 report, four bulletins on various topics, and six 'Speaking from Experience' videos. The Baseline Report, a COVID-19 report, and a number of the bulletins focus on the findings from the survey, the Final Report focuses on the voice of lived experience drawn from the fortnightly open-ended interviews with 100 families.

## Key findings

- Entrenched disadvantage is complex—each pathway into, through, and out of disadvantage is unique. However, for everyone, the effects of disadvantage compound to make everyday life more difficult. For example, a broken washing machine can mean having to decide between a replacement washing machine, buying groceries, and/or public transport to get to a laundromat or to services because you can no longer buy groceries.
- The *100 Families WA* project has highlighted the importance of deep histories of disadvantage and trauma, the current high levels of food insecurity among families in hardship, the interlinkages between low incomes and debt (including pay-day loans), and the psychological distress that financial hardship brings to families.
- People need support, at different levels including in policy settings and within general society, from government and non-

government services, from informal supports such as friends, from their families and from within. The types of support needed also vary, and include basics for survival, social and emotional needs, and support for health and mental wellbeing.

- Families want to feel seen, heard, and appreciated, but often do not due to negative rhetoric about people experiencing hardship, strict eligibility criteria for services and often overburdened workers, difficult social and familial relationships, and the experience of trauma, among many other factors.
- People want the best for their families and actively work in many ways to support each other, such as taking on (sometimes unanticipated) caring responsibilities, sacrificing negotiable necessities (e.g. new clothes) for themselves so their children or grandchildren can have them, engaging in recovery journeys (e.g. from trauma, mental health issues, alcohol and other drug issues), and using their skills to provide for their families, be it through work, navigating support systems, or creating or refurbishing things to sell.

## Key implications

- Families would benefit from all Australians, from policy makers to neighbours, having a deeper understanding of the histories and complexities of their disadvantage and empathy for the difficulty of living in poverty. This understanding and empathy could subdue negative attitudes and rhetoric, and lead to more positive and productive engagement with and for people experiencing hardship.
- There is a clear need for support for families experiencing disadvantage. In some areas, such as income support and employment opportunity, there is a need for additional support. In other areas, such as within the service system, there is a need for support that facilitates transformation rather than maintenance of circumstances. Within social systems, families could benefit from more opportunities to engage with positive social relationships in low- or no-cost ways.
- There is scope for recognition of a broader array of things people do to contribute to society and their families, aside from their labour.

Once again, this recognition can be formal, such as through higher income support rates and broadening eligibility for carer payments and establishing small alternative economic systems through which families can meet their needs such as Local Exchange Trading Systems. Informally, greater acknowledgement of the full scope of things families do to survive would help prevent families from feeling devalued, harshly judged, or ignored when they are unable to work.



# Themes—People need support

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A central insight of the 100 Families WA project is that **PEOPLE EXPERIENCING ENTRENCHED DISADVANTAGE NEED SUPPORT.**

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The experience of disadvantage is difficult at best and unrelentingly brutal at worst. The families we spoke to discussed various forms of support and, often, the ways in which that support is just not enough.

At the macro-social level (policy and broader society), it was very common for families to talk about the insufficiency of income support rates, often with reference to the very visible Raise the Rate campaign.

In relation to the service system, many people reported struggles with accessibility, suitability, and quality. For example:

*“It is very hard to find the information you need about how the system works. It is not all together in one place. You have to hunt around, use word of mouth and fit the pieces together yourself. It is like you are dealing with a network of subcontractors who are all in competition with each other.”*

*“You get the feeling you are from another planet or something. Like they don’t get you. They either want to take control of your whole life, or they just don’t get you, they can’t relate to what it is like to be in*

*your shoes. You can tell by the way they suggest stupid things, things you just can’t afford and if you could you wouldn’t be in this mess in the first place.”*

Importantly, family members wanted help to transform their situations, but largely felt that the services available could only help them maintain their situations. However, families were very grateful for the support they did receive, and many had excellent relationships with case workers and/or agencies that had served as beacons in very difficult situations:

*“(Worker’s name) has been my angel. Even at times when I have been at my worst and I walk past (Agency name) just seeing her and that lovely smile makes my day. I swear there have been times, if she hadn’t been there, I wouldn’t have made it.”*

Positive social relationships were extremely valued by family members, but were often hard to come by, whether due to trust issues, social isolation, or a lack of understanding of family members’ circumstances. In these relationships, acceptance, empathy, and encouragement to be the best one can be were all extremely valued:

*“My best friend (name) is the person I rely on most. She is always there for me. The kettle is always on for a cup of tea when I need it. She gets me. She always sees the*

*best in me, even when I can’t see it myself. But she doesn’t take any crap either. If I am feeling sorry for myself and doing the wrong thing or not doing right by the kids she lets me have it, both barrels. She would give me the shirt off her back just like I would for her.”*

There are several ways in which support could be improved for family members. These include (but are not limited to) the increasingly unlikely possibility of raising income support rates; allowing for flexibility in funding and delivery of services so that families can set their own goals; and creating spaces where families can form and nurture positive social relationships without cost.



# Themes—Families want to feel seen, heard and appreciated

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Another key theme drawn from the *100 Families WA* project is that **FAMILIES WANT TO FEEL SEEN, HEARD AND APPRECIATED.**

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Once again, this commonly arose from discussion of situations in which families had been made to feel precisely the opposite.

At a broader social level, families can be confronted by negative rhetoric including that which names income support recipients as ‘dole bludgers’ or ‘leaners’ who are taking away from the ‘lifters’. This left families feeling as though they were not welcome or even part of Australian society.

*“It wears you down after a while. When you are treated like you don’t matter by so many people in so many ways it is hard to keep going and not give up.”*

Experiences were mixed within the service system, with many family members reporting warmth and welcome from agency staff, which in turn kept them going, while some others had experiences that left them feeling worse off for having sought help.

With regard to informal social support systems, feeling seen, heard and appreciated were viewed as the cornerstone of positive relationships. Some

family members reflected on the importance of social relationships with people who are or have been in the same situation as them:

*“We have all been there and we know what it is like. I guess that is why we stick together. We know how scary it is to be desperate. None of us likes to feel like that, so we try to help each other when we can.”*

The above quote points to the importance of peer support networks in the service system.

At the family and individual level, the *100 Families WA* project points to traumatic childhood experiences and complex family dynamics that affect people’s sense of belonging and place in the world (i.e. make them feel the opposite of seen, heard, and appreciated). At the same time, love and support from family (of origin and/or of choice) can provide the support needed in life. Many family members were aware of and actively engaged in activities that affirmed their sense of being and belonging.

Families feeling seen, heard, and appreciated starts with listening to them! A good foundational principle, in the context of entrenched disadvantage, is that policies and programs or services that are targeted towards or disproportionately affect people experiencing disadvantage, should be developed in consultation,

if not collaboration, with people experiencing disadvantage.

There are many ways to involve people with lived experience in policy development and service design, such as consultation, co-design, and collaboration where all voices are given equal weighting. However, in order for families to feel seen, heard, and appreciated, it is important that their involvement is authentic, such that the parties who are developing the policy or program/service listen and change course in response to what they hear.

There are a variety of mechanisms that can be used separately or in conjunction, such as establishing representative consumer advisory groups to advise on processes, procedures, and programs that affect service users; effective and inclusive co-design activities; and, meaningful consumer feedback processes. Consideration should be given to issues like anonymity, transparency, responsiveness, and accountability. Well-designed systems can make a big difference and can impact on people feeling and being heard.

There has been extensive work establishing principles and best practice guidelines for the engagement of lived experience in practice, such as WACOSS’s Lived Experience Framework and the Mental



Health Commission's Consumer and Carer Engagement guide. Agencies could draw on these to significantly reduce the investment required to meaningfully engage lived experience voices.

Fundamentally, across all sectors and situations, people need to listen to families and ensure that they are *heard*. Families don't expect that all their needs can or will be met. However, if they

express their needs and are not acknowledged or are not given the opportunity to express their needs at all, they simply cannot feel seen, heard, and appreciated.

## Themes—People want the best for their families

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The third central insight arising from the *100 Families WA* project is that people want the best for their families **AND, CRUCIALLY, THEY WANT TO BE INVOLVED IN ACHIEVING IT:**

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*“We are not stupid, we are not useless, we are not out to rip off the country. We have our challenges, like everyone else, but we want the best for our families. We want to be involved in developing the sort of supports that will help us move forward.”*

The most significant factor, as reported by family members, that constrained their achievement of the best for their families, was insufficient income.

Another factor that affected people's search for the best for their families was employment and attitudes towards it. We saw many people's hopes for the future rise when the prospect of paid work emerged in their lives. These hopes included setting 'a good example' for children, being able to afford more or better necessities,

forming friendships and social connections, and having structure and purpose in life. We also saw resignation among people who were not able to find or sustain employment, as their social status, income, service needs, and access were all adversely affected by unemployment.

Services featured in people's lives as means to get what they needed to survive. Family members appreciated the services they did receive and many reported positive relationships with service providers. However, services were largely seen as the means to an end, rather than a feature of the ideal end ('the best' for their families).

Social systems were important to family members seeking the best for their families. Some of the time, these informal supports served a similar function to formal services, such that they were crucial to just getting through the day. Most of the time, however, having and embracing good social relationships (and avoiding negative relationships)

were key features of the 'best' life that people were seeking for their families.

At the level of the individual and family, we heard many family members who were using their capabilities and agency to survive without 'formal' employment and grow as people: from creating and selling art and jewellery, refurbishing and selling furniture, growing fruits and vegetables, engaging in training, and attempting recovery (be it mental health, substance use, spiritual, or trauma-related).

*“I think there is room for change across all those areas because they are all connected. The big picture is really important. We get the messages all the time and it ripples through everywhere. Government sets the policy and it affects how their staff and the agencies contracted think about things. At the other end lots of people are affected by this and they change the way they are as a result. But, it doesn't have to be this way. People can change, governments can change. Contractors can change. If we all changed a little bit, the whole show might work a lot better?”*

### *Why don't we meet in the middle? On neutral ground."*

We also heard from families for whom every day was a struggle for survival, and who saw no light at the end of the tunnel.

There are several factors that would support people in striving for the best for their families. Given the prominence of income as a barrier: increasing income support rates; triangulation of education and training programs, actual job opportunities, and people's interests and abilities to increase the likelihood of getting and keeping employment; increasing availability and affordability of child care to enable parents

and carers who are able to work; better recognition of non-labour contributions to society, including caring responsibilities; and integration of alternative or new ways of working, such as establishing social enterprises or collective impact projects, or local exchange trading systems.

Services can adapt to meet people's desire for transformation. Doing so is complex; all families will want different outcomes, and different types and levels of support to achieve those outcomes. However, a good starting point, once again, is to listen to families. Increasing the capacity and ability of services to listen to families

and adapt service offerings in line with their needs requires flexibility and understanding on the part of funders, as well as skilled, empathetic staff with good knowledge of the options and opportunities available to family members.

Families considered positive, reciprocal relationships to be what they valued most, but these were constantly tested because of the challenges of living in poverty. Opportunities to create and foster these relationships would be highly valued, while recognising the need to address the structural goal of ending poverty and the entrenched disadvantage that accompanies it so often.

## What next for 100 Families WA?

100 Families WA has engaged with families living in

**ENTRENCHED DISADVANTAGE ON A SCALE NOT SEEN BEFORE IN AUSTRALIA.** It is this that makes this project unique and the evidence important.

Evidence on its own though is not enough. A question repeatedly asked by families, before, during and after their engagement with interviewers was: *how will my information be used to make a difference?* It is through this lens that 100 Families WA continues, with project partners committing to progress collaborative efforts into research translation and knowledge mobilisation.

Supported by Lotterywest, over the next 12-months 100 Families WA will deliver the following action-focussed approaches:



**Find and Align** (Phase one) – Mapping exercise to ensure 100 Families WA full report is not a standalone document but is connected to examples of “*what works*” in the wider sector landscape, as specified by the families.



**Learn, Share, Aware** (Phase two) – Active engagement with the public and community sectors on a reimagining of support delivery through trainings and workshops.



**Innovate to implement** (Phase three) – Reimagining of current support system to produce co-designed blueprints of what placed based support models should look like.



**Aboriginal Voice project** (concurrent project) – Explore and amplify the Aboriginal voice of lived experience in a culturally secure way.



# 1. Introduction

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## THE 100 FAMILIES WA PROJECT IS A UNIQUE

**COLLABORATION** between researchers at The University of Western Australia (the Centre for Social Impact, School of Population and Global Health, and the Social Policy Practice and Research Consortium), seven not-for-profit agencies: Anglicare, Centrecare, Jacaranda Community Centre, Mercycare, Ruah, Uniting WA, and Wanslea, and the Western Australian Council of Social Services (WACOSS).

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Inspired by the Auckland City Mission Family 100 project, the project partners collaboratively designed the *100 Families WA* project in order to understand the lived experience of entrenched disadvantage in Western Australia and improve practice and policy such that the lives of Western Australians experiencing hardship are improved. In designing the *100 Families WA* project, the partners were mindful of the very different social welfare environment in WA as well as Dame Diane Robertson's desire for any similar projects to build on rather than replicate the Family 100 Project. In light of this, the partners made the decision to extend the project to involve seven agencies rather than one; to undertake a mixed methods approach

including surveys and in-depth interviews; and to take an Action Research approach to generate further activities with the family participants to lead to some of the changes family members sought to achieve. There was much learning from working with Dame Diane in the initial stages from which the WA project was able to craft a project design suitable for the setting and environment.

Throughout the *100 Families WA* project, the Project Team has learnt a lot about the complexity of the experience of entrenched disadvantage, and we are now at the point of working together to answer the question "*Where to from here?*" At a recent action-planning meeting, the Project Team noted the need for input on the current state of relevant social policy, programs, and strategies to inform the deliberations of the project through the current participatory action research phase of development.

Accordingly, the focus of this report, the final output of the initial, Lotterywest-funded component of the *100 Families WA* project, is to present quantitative and qualitative findings from the research (with a particular focus on the fortnightly interviews and the second wave of the survey) and to relate them to current issues in policy and practice across a range of relevant public policy issues. It is hoped that this

approach will better prepare the *100 Families WA* partner organisations and the wider policy and practice community to think strategically about the best ways to progress working towards better outcomes for families in entrenched disadvantage, in WA and further afield.

In this chapter, we outline the project's governance and structure, detail the project's activities to date, and provide an overview of the remainder of the report.

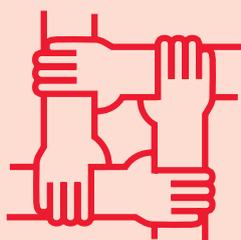


# 100 Families WA community service organisation partners

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Each of the Community Service Organisation partners involved with *100 Families WA* has been working to support Western Australians living with disadvantage (or hardship) for decades, **EACH WITH A DIFFERENT FOCUS ON THE SPECIALISED SERVICES WE PROVIDE.**

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We all share a commitment to providing the support people need to move out of entrenched disadvantage – whether we are working with individuals, families or children who are impacted by mental health issues, homelessness or housing issues, family and domestic violence, or other forms of trauma and abuse.

The powerful insights from the voices of lived experience shared through the *100 Families WA* project set the blueprint for further action. The findings closely align to all our shared purposes to meaningfully support and empower people to improve their lives. At the same time, we

recognise that there is further work to do for community services organisations as well as Government around these systemic issues and the recommendations highlight the need for services and Government to work in holistic ways and better connect with the people we support to not just provide services, but also the assistance needed to overcome their disadvantage.

It has been a privilege for all us of be part of the *100 Families WA* Project. We remain committed to improving services and advocating for the necessary changes to systems that impact people living in poverty and entrenched disadvantage.





## Project governance and structure

Undertaking such a large-scale project with such a wide array of stakeholders requires strong collaboration and governance. At the commencement of the project, the *100 Families WA* project enlisted the UWA Consumer and Community Health Research Network to lead Community Conversations with members of the community affected by entrenched disadvantage. These Community Conversations sought to gain preliminary insight on what entrenched disadvantage looks like for those experiencing it, and guidance on how the project can appropriately recruit families to the study. During the Community Conversations, it emerged that the term ‘hardship’ was preferable to ‘entrenched disadvantage’ for some people. As such, entrenched disadvantage and hardship are used interchangeably in this report. Similarly, the project

received feedback, during the study, that use of the words ‘participant’ and ‘respondent’ to refer to the families engaged in the *100 Families WA* project is not preferred by all of those with lived experience. Therefore, this report refers to those who participated in the research as ‘family members’.

Figure 1 outlines the general structure of the project: University stakeholders from the Centre for Social Impact, School of Population and Global Health and the Social Policy Practice and Research Consortium, and representatives from all seven not-for-profit partner agencies and the Western Australian Council of Social Services (WACOSS) form the Project Team. The Project Team met monthly to discuss and action issues related to the project. Underneath the larger Project Team are the Management Group and other key-issue subgroups that meet as required, and often by circular,

to progress action in specific areas of the project, such as communications and advocacy. The project structure is flexible such that it allows the formation of sub-groups to address issues as they arise, and the cessation of the sub-group when an issue is addressed.

Informing both the overarching Project Team and the sub-groups are the Reference Advisory Group and the Community Advisory Group. The Advisory Reference Group comprises high-level decision makers in the government, not-for-profit, research, and private sectors that can inform and influence the agenda on entrenched disadvantage in Western Australia. The Community Advisory Group is a group of experts by experience who provide invaluable advice and guidance on how to progress the project in an effective and respectful way to those with lived experience of disadvantage.

**FIGURE 1:** *100 Families WA* project structure



## What has the 100 Families WA project done to date?<sup>1</sup>

Figure 2 depicts the timeline of data collection and releases of outputs to date of the 100 Families WA project. The project began in July 2018 with a meeting of all project partners and organisation at a project launch event. It was determined that, to refine our research questions and how we went about articulating them to the families we wanted to speak to, engagement with people with lived experience of disadvantage was required. To do this independently, we engaged the Consumer and Community Health Research Network to facilitate Community Conversations.

**The first Community Conversation** was held in July 2018 & asked attendees:

- What does a good day look like for you?
- What are the biggest challenges you face?
- What do you need to be secure and well?
- What would need to happen for the future to look better for you?



**The second Community Conversation**, in August 2018, asked attendees:

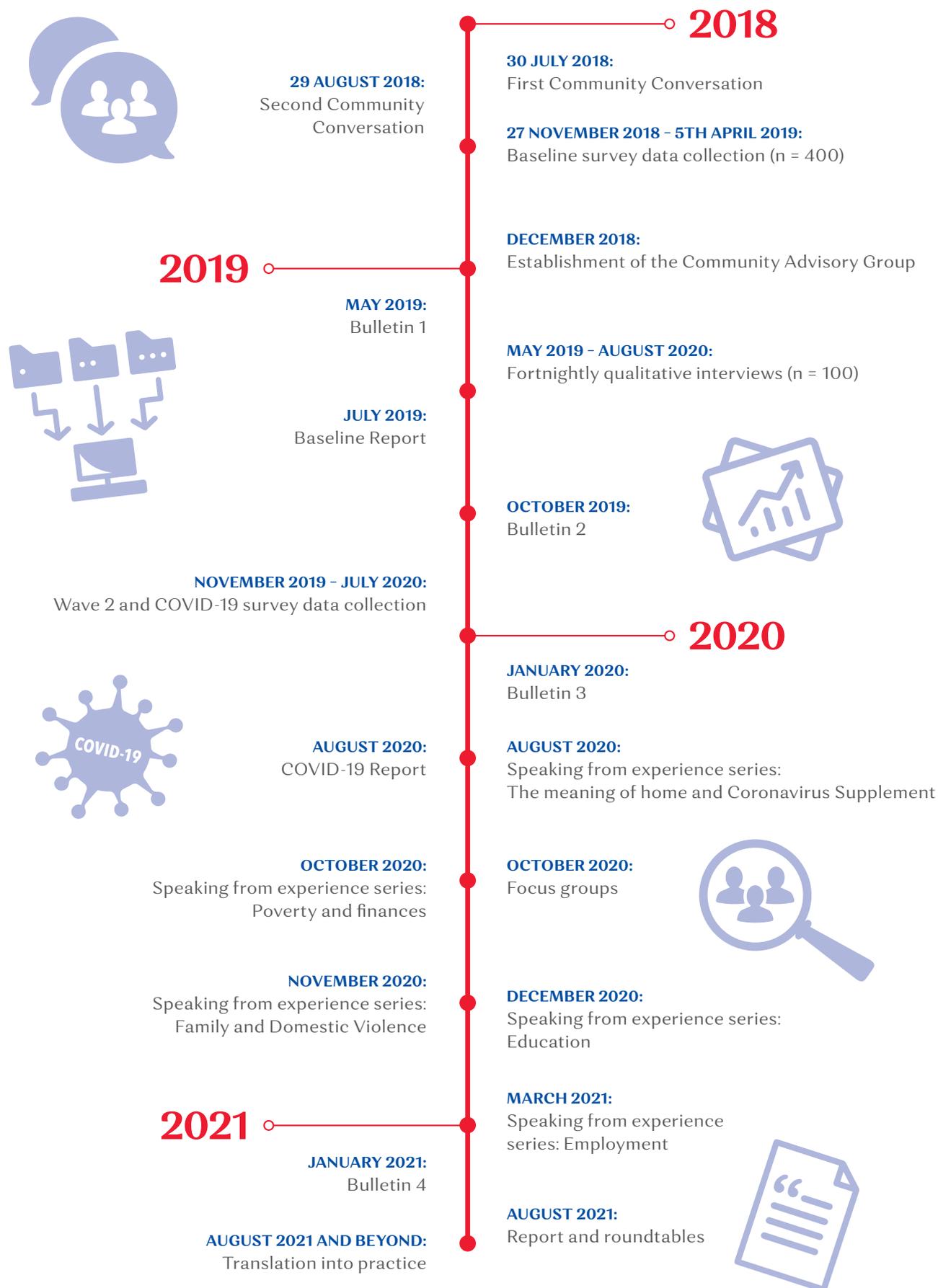
- What questions should families be asked in the interviews? How should we go about asking them?
- What language should be used to describe the research project?
- How can families continue to provide ongoing advice on the project? How can families participate in the research project?
- Attendees were also presented with a draft recruitment brochure and asked: Do you have any comments or suggestions for improvement of the brochure?

**The insights from these conversations** directly contributed to the design and wording of the recruitment materials for family members, and informed the research design and the manner in which we approached key issues.

<sup>1</sup> In this section we draw liberally on our previous 100 Families WA publications. Copies of reports, bulletins, speaking from experience videos and snapshots are available from the 100 Families WA website <https://100familieswa.org.au/>



FIGURE 2: 100 Families WA project timeline



**TABLE 1: 100 FAMILIES WA PROJECT OUTPUTS AND KEY FINDINGS**

PROJECT PUBLICATIONS	KEY FINDINGS
<p><b>Bulletin 1</b> May 2019</p> <p><i>Entrenched Disadvantage in Western Australia: Health, Economic and Social Impacts</i></p>	<ul style="list-style-type: none"> <li>• 84.3% of family members experience at least one chronic health condition; 68.7% experience two or more</li> <li>• Two-thirds (63.9%) of family members reported that they had been diagnosed by a medical practitioner with at least one mental health condition; 55.7% had been diagnosed with two or more conditions</li> <li>• 56.0% of family members had scores on the WHO-5 Wellbeing Index that were indicative of depression</li> <li>• The employment rate amongst family members was 13.0%</li> <li>• Only 21% of family members had access to \$500 in savings for an emergency</li> <li>• Less than half of family members (43.3%) had someone to turn to for emergency money; only 54.3% had someone to turn to for emergency accommodation</li> <li>• 80.8% of family members reported low or very low food security among adults in the family.</li> </ul>
<p><b>Baseline Report</b> July 2019</p> <p><i>Insights into Hardship and Disadvantage in Perth, Western Australia: The 100 Families WA Baseline Report</i></p>	<ul style="list-style-type: none"> <li>• Education: 42.5% did not complete high school but 34.0% hold a non-school qualification of TAFE Certificate III or above.</li> <li>• Housing: One in three males and one in 10 females (17.3% overall) were homeless at the time of the Baseline survey, 41.5% were living in public or community housing, and 31.8% were in private rental accommodation.</li> <li>• Income: 75.3% of 100 Families WA family members did not receive any wage or salary based income; 67.8% could not pay utility bills on time in the year prior to survey, 51.0% had gone without meals, 69.5% sought assistance from welfare or community organisations, 52.5% called on friends and family for assistance.</li> <li>• Health: Dental problems (54.3%), back problems (44.8%), asthma (31.3%), arthritis (30.5%), and hypertension (28.5%) were the most common chronic conditions reported by 100 Families WA family members.</li> <li>• Mental health: Anxiety disorders (46.5%) and depression (57.8%) were the most reported mental health conditions. More than one in four (26.3%) had been diagnosed with post-traumatic stress disorder, and 20.9% of women had been diagnosed with postpartum depression.</li> <li>• Alcohol and Other Drug use: Except for tobacco, the majority of 100 Families WA family members fall into the 'low risk' category for each substance measured on the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST).</li> <li>• Financial stress: Over half (54.0%) had overdue utility bills, 60.5% had a personal loan, 39.0% had overdue personal bills, and 26.5% had a loan from a payday lender. 65.2% reported that they had experienced an inability to sleep as a result of their debt, 60.3% had experienced stress-related illness, 65.2% felt they were unable to do what they wanted to do in their daily lives due to having debt, and 43.2% had experienced relationship breakdown attributable to their debt.</li> </ul>
<p><b>Bulletin 2</b> October 2019</p> <p><i>The life experiences and hardship faced by those on Newstart and related payments: Evidence from the 100 Families WA study</i></p>	<ul style="list-style-type: none"> <li>• Over three quarters (75.3%) of families reported that they received government pensions, benefits or other payments with no wage or salary-based income.</li> <li>• 41.1% of family members were receiving income support payment types with rates below the Australian relative poverty line</li> <li>• People experiencing these payment types were more likely than the general population and the overall 100 Families WA sample to:             <ul style="list-style-type: none"> <li>- Experience depression, anxiety, and stress: One third (36.0%) experienced severe (17.1%) or extremely severe (18.9%) anxiety; 69.5% experienced depression; one third experienced moderate depression, and a further 21.0% experiencing severe or extremely severe depression.</li> </ul> </li> </ul>



## PROJECT PUBLICATIONS

## KEY FINDINGS

### **Bulletin 2** continued

- Experience material deprivation: 85.4% do not have access to \$500 in savings for an emergency; three quarters (78.0%) reported that they were unable to afford a week's holiday away from home each year (compared with 16.5% of Australians), and 45.1%, compared with 2.2% of Australians, were unable to afford presents for immediate family or close friends at least once per year.

### **Bulletin 3** **March 2020**

*Navigating Support Systems*

- Families involved in the survey reported accessing a wide range of formal support services: Food relief was accessed by more families than other types of services, with 72% of families accessing food emergency relief followed by health (63%), mental health and counselling support (46%), financial (45%) and employment and job search services (42%).
- 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.
- Poor physical and mental health, stigma, shame, and fear of discrimination, competing priorities, and a desire to be independent and not take away from others were barriers to service access.

### **COVID-19 Report** **August 2020**

*The Impact of COVID-19 on Families in Hardship in Western Australia*

- During the early period of the COVID-19 pandemic in Perth in 2020, 60.3% of family members chose to self-isolate at home, 32.3% did not and only 2.5% chose not to modify their behaviour at all.
- Among family members who were employed, 40.0% reported that their ability to work had been affected by COVID-19.
- 40.5% of family members had medical procedures or appointments cancelled or disrupted.
- 38.1% of family members felt depressed or anxious most to all of the week prior to survey.
- 51.9% of those receiving the \$550 COVID-19 supplement said it had improved their life this included reduced stress, the ability to get rid of arrears on rent and utility bills pay off debt, and life being simply easier and more comfortable.
- Many families experienced disruptions to services, such as mental health services (61%) and food services (50%).

### **Bulletin 4** **January 2021**

*Perspectives on Mental Health and Wellbeing from Interviews and Focus Groups*

- Family members reported the challenges of finding help that was appropriate, affordable, and effective. Anything that was not free or required a user pays component meant it had to compete with other priorities such as feeding the children and keeping a roof over the family.
- Navigating support was difficult, in particular finding affordable services that family members were eligible for and that worked.
- We heard that people in entrenched disadvantage do not want to be treated as bystanders but as active agents in their own lives and stories.
- Many family members suffered from poor mental health, some relating it to their family history, others experiences in adulthood, and others related it to their experience of disadvantage.
- Family members noted that outstanding workers always worked *with* people and respected their autonomy, not treating them as passive recipients of welfare services nor abandoning them to their own devices. Principles of reciprocity, mutuality and partnership appeared to be the hallmark of such outstanding workers and agency staff.

Between the end of November 2018 and April 2019, Baseline survey data were collected from 400 families in service agency 'hubs' throughout the Perth metropolitan area. In May 2019, the first Bulletin was released, examining the health, economic and social impacts of entrenched disadvantage on families. Fortnightly qualitative interviews with 100 family members began at much the same time. The first bulletin highlighted the very low levels of food insecurity and the relatively high levels of hunger among families in hardship. More than 80 percent of family members in the Baseline survey reported low or very low access to food that meets their nutritional needs, and two thirds of households with children in the study indicated that it was often or sometimes true that they "couldn't feed the children a balanced meal, because [they] couldn't afford that". Over half (60 %) of participants reported going without food for an entire day because they did not have enough money. Other indicators of hardship reported by families included an inability to afford dental treatment, a small amount of savings for an emergency, or a family holiday.

In July 2019, the *100 Families WA* Baseline Report was released. It provided an overall profile of the 400 family members who answered the Baseline survey. Two-thirds of family members in the study were female and one-third identified as Aboriginal. Over half had children in their care or in their household, one-fifth had a permanent physical

disability, and 17.0% had caring responsibilities for someone else in their family unit with a physical or intellectual disability. In terms of educational attainment, 42.5% did not complete high school but 34.0% held a non-school qualification of TAFE Certificate III or above. At the time of the Baseline survey, one in three males and one in 10 females were homeless, with the majority of the remainder in public or community housing, and private rental accommodation. In terms of the labour market, 13.0% were employed, 18.0% were unemployed, and 68.5% were not in the labour force at the time of the Baseline survey.

The Baseline survey brought out the very close connection between hardship and health; the vast majority (84.3%) of *100 Families WA* family members reported a diagnosis of at least one chronic health condition, with 68.7% reporting diagnosis of 2 or more chronic conditions. Family members also reported levels of depression, anxiety, and stress, measured by the DASS-21, substantially higher than Australian general population studies. Quality of life outcomes for family members using the World Health Organisation Quality of Life - Brief (WHOQOL-BREF) instrument were substantially lower than Australian general population scores.

Bulletin 2, looking at life on Newstart (now Jobseeker) and related payments, was released in October 2019. At the time of the release of the Bulletin Newstart payments were well

below the poverty line. Family members who were in receipt of Newstart and related payments reported very high levels of distress and poor health, and relatively high levels of debt including pay-day loans.

Wave 2 of the survey data collection began in November 2019. Alongside Wave 2 data collection, Bulletin 3 was released in January 2020, which focused on how family members navigate formal and informal support systems in their lives. Bulletin 3 found that families relied on a mix of formal supports, such as those offered by community sector organisations (e.g. food and essential services, homelessness, housing support), and informal supports, such as those offered by friends, families, and religious and community institutions. While family members were able to access formal supports most of the time when needed, when they were not able to or chose not to, common barriers reported by family members included physical health conditions, mental health struggles, especially being overwhelmed and exhausted by the process of seeking support, fear of stigma, shame, and embarrassment, and feeling as though others needed the support more than they did.

In response to the COVID-19 pandemic, a series of questions were introduced to the Wave 2 survey in early May 2020 to understand families' experiences of the pandemic, particularly as they related to accessing support and



changes (increases) in some income support payments. We also recontacted people who had done their Wave 2 survey prior to May to complete the COVID-19 questions as a supplementary survey if they wanted to. The results of the COVID-19 survey were released in August 2020. The 100 Families WA COVID-19 report pointed to issues in accessing services during the COVID-19 lockdown in Perth but also that the Coronavirus Supplement had enabled families to better meet bills and debt and afford better food.

In October 2020, four focus groups were conducted with family members who wanted to and were able to participate. The qualitative analysis team presented the nested ecological model, described further in Chapter 3, to focus group attendees and asked them if it resonated with them and whether it was a meaningful and accurate way of presenting what they had told us.

January 2021 saw the release of the first insights from the qualitative interviews in Bulletin 4, which focused on mental health and what wellbeing meant to family members. Bulletin 4 revealed some of the varied experiences families had with respect to mental health. Some identified family history as an important factor in their mental health struggles, for others it was childhood trauma, and for others it was adult experiences, sometimes arising from their experience of disadvantage. These are only

some examples; each family member's experience varied in both its broad message and in its nuances. Bulletin 4 also highlighted the complexity and variation in experiences seeking mental health help, revealing that relationships—between friends, family, neighbours, and staff—made the difference between support feeling helpful or not.

Between August 2020 and March 2021, two members of the Community Advisory Group presented their lived experience in the *Speaking from Experience* series of short videos addressing common issues, (mis)perceptions and stereotypes that people who experience disadvantage face. The six videos cover the topics of the meaning of home, the Coronavirus Supplement, family and domestic violence, poverty and finances, education, and employment.

The last few months of the current phase of the 100 Families WA project have been spent preparing this report, which has intentionally not been called the *final* report because, as seen in the timeline, 100 Families WA will live on as its learnings are translated into practice.

### The present report

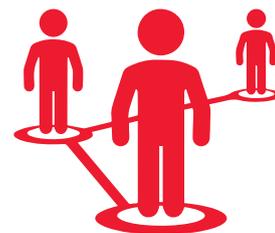
The present report seeks to inform actions arising from the current phase of the 100 Families WA project by relating the stories and themes that emerged from the quantitative and qualitative data and relating them to policy and practice.

The nested ecological model, an organising framework that considers any issue (in this case, entrenched disadvantage) across multiple levels, from the individual to the systemic, is used to present these insights and interpretations. While this report is cohesive, such that it can be read in its entirety for a full picture, it is also written with enough context to allow each section, or 'level' of the nested ecological model, to be read and considered separately.

The remainder of the report is structured as follows:

- A **literature review** covers common conceptualisations and measurements of disadvantage in Australia, including income poverty, relative deprivation, and social exclusion, and argues for a broader approach such as the Capabilities approach.
- The **nested ecological model** is then introduced, and its utility as an organising framework for the things we have heard from families is put forward.
- **The Big Picture** discusses macro-social settings, including how it feels to be part (or not part) of society for people experiencing entrenched disadvantage, and how state and federal government policies and programs affect people's lives.
- **The Service System** examines family members' interactions with the service system, and draws on varying schools of thought and international practice to suggest how we may 'shake up' the service system.

- ‘I get by with a little help from my friends’ looks at how structured and unstructured social relationships and interactions affect people’s lives.
- **Family of origin, family of choice and the nature of wellbeing** explores how the family one is born into affects one’s life, including the family that they choose and how they conceptualise and seek wellbeing.
- The insights from the sections above are then **synthesised** and the relationships between factors at different levels of the nested ecological model are considered.
- **Policy and practice implications** are then outlined, not with the intention of being a complete outline of what *should* be done, but rather to offer ‘food for thought’ and some jumping off points for those responsible for designing and implementing policy and practice.
- A **conclusion** then briefly summarises the research report and articulates desired paths forward for the *100 Families WA* project.



## 2. Literature Review: Disadvantage in Australia

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The *100 Families WA* project sought to understand what life is like for those in entrenched disadvantage, or, as some people with that experience prefer, those **LIVING WITH SEVERE HARDSHIP**.

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Key objectives in understanding life in entrenched disadvantage were to identify why it is so hard to break out of it, and, in turn, inform the development of new and better ways to support families to achieve better outcomes and, indeed, to move out of entrenched disadvantage. In order to situate the insights gleaned from the research and, subsequently, substantively contribute to knowledge and debate on disadvantage in Australia and approaches to addressing

it, we must first understand historical, current, and potential approaches to measuring and tackling disadvantage.

### Defining disadvantage

Nailing down the concept of disadvantage is a complex task as its definitions are influenced by many competing views about what society is, ideas about how society should be organised, and the practical realities of living in society, which are, in turn, affected by the political context, service environment, and individual context. For some, the term disadvantage carries ‘normative’ connotations. That is, to say a person or group is disadvantaged is to compare them to some ‘norm’ for what constitutes an acceptable level of resources, abilities, and opportunities

required to function in society. Such comparisons may be stigmatising and fail to recognise that those experiencing disadvantage are not without their own strengths. For others, the very notion of disadvantage is questioned, such that varying levels of advantage are considered part of the very fabric of society—a natural outcome of individual choice and a necessary condition that drives our human instinct to compete and achieve the highest one can aspire to for oneself and one’s family.

Those who are concerned about the gap between the ‘haves’ and the ‘have nots’ may affirm the importance of equality or the need to redress some inequality to level out the playing field, often focusing on the factors external to the



individual that contribute to their being in disadvantage. Those who accept varying levels of inequality and the competitive nature of our society may appeal to arguments that extol the virtues of freedom and choice, and tend to see success in the competition of life as a personal achievement and failure as a personal failure. This of course is an oversimplification; there are many different viewpoints that are variations on the themes of equality, liberty, and a host of others that argue for alternate ways of justifying their perspectives.

The ways in which one conceptualises and measures disadvantage significantly affects the approaches and solutions to disadvantage. For example, if one believes that the best way to promote the good of society is to increase wealth overall and leave it to the market to sort out the distribution of wealth, then focussing on measures such as Gross Domestic Product (GDP) as an appropriate measure makes sense. After all, does not “A rising tide lift all boats”? Similarly, if one holds the assumption that employment is the only means to addressing disadvantage, one may ignore situations in which employment may not work, and may fail to recognise the structural conditions (e.g., availability of jobs, good education and training programs) required for employment to be attainable for all of those in disadvantage. On the other hand, if one completely disregards

employment as a potential alleviator of disadvantage, such as through advocacy for welfare as an unconditional right for all, the benefits that may arise from employment, such as income, routine, social connection, and purpose, may be under-valued.

These opposing examples make it easier to understand how people with different points of view, underwritten by different theories of justice, can so easily come to radically different conclusions when it comes to evaluating any proposals to address issues of disadvantage. This chapter will compare and contrast common approaches to conceptualising and measuring disadvantage in Australia, and reflect on what these conceptualisations mean for the *100 Families WA* project.

## Poverty

It is important to distinguish poverty in high income countries such as Australia from the ‘extreme poverty’ experienced by much of the world. Extreme poverty is generally measured by the global poverty line, which is set at income of less than USD1.90 per day (World Bank, 2021), and substantially prohibits the attainment of the basics required for survival. The poverty experienced in high income countries is generally referred to as relative poverty because, while many, but not all (as our own *100 Families WA* project shows) those experiencing it are generally able to obtain the necessities to survive, relative to their fellow residents, they have insufficient

income to maintain what the average person would consider an acceptable minimum life for that society.

Most research and policy on poverty in Australia uses income measures to determine whether someone is in poverty. The Henderson Poverty Line (HPL), developed in the late 1960s and adjusted and adopted in the 1970s with the Henderson Commission of Inquiry into Poverty, proposed the minimum disposable income required to support the needs of a family comprising two adults and two children (Henderson, 1975). The HPL was initially set at \$62.70 for the September Quarter 1973 and aligned with the then value of the basic wage plus child endowment for a reference family of two adults and two children. Subsequently the Henderson Poverty Line was set at 56.5% of per capita household disposable income to account for taxes and non-wage or salary income (Johnson, 1987). The HPL can be adjusted for different household structures using a table of equivalence scales (Johnson, 1987). The Melbourne Institute: Applied Economic and Social Research continues to update the HPL figures quarterly (Brotherhood of St Laurence and Melbourne Institute, 2020).

In setting the poverty line for a family of four, Henderson was trying to be “so austere... as to make it unchallengeable. No one can seriously argue that those we define as being poor are not so” (Henderson et al., 1970, p1). Further, Henderson’s poverty line, later adopted in

the Commission on Poverty (Henderson, 1975) was based on the notion that a single income could support a family of four which, in light of increased costs of living and stagnation in real wage growth, is no longer the norm. On the other hand, poverty lines change in line with average income, meaning that as average incomes increase, so does the income threshold that one has to reach to not be considered 'poor'. Once again, this occurs without consideration of whether the nominal income amount is sufficient to subsist in a given society.

The HPL was used through much of the 1980s and early 1990s in poverty research in Australia but has generally been supplanted in poverty measurement in Australia by relative poverty lines set at 50–60% of median household disposable income; a measure interestingly that is not substantively different from the HPL (Tsumori et al., 2002). There are other methods of measuring poverty, such as those that measure a household's consumption as a proxy for income. However, central to most definitions and measures of poverty is income.

There are several limitations to an exclusively income-based approach to conceptualising and measuring poverty. Nevertheless, these limitations are not prohibitive and mean that an income-based poverty line provides a reasonable starting point for an examination of hardship

and disadvantage in Australia, notwithstanding the point that on its own it will not be an adequate end point for measuring disadvantage.

The determination of the standard income-based poverty line at 50% or 60% of median income is clearly arbitrary. However, in Australia, such poverty lines turn out to be reasonably consistent, on average, with a material situation in which it is difficult to lead a life with adequate food, housing, and support of children. It is also closely aligned to both the Henderson Poverty Line and what has been termed the 'consensual' poverty line; the line at which the majority of Australians think is an appropriate minimum (see Saunders & Bradbury, 1991).

In addition, income is not always reflective of means, nor of needs of all groups (Saunders & Naidoo, 2009; Saunders et al., 2008). A simple example illustrates this point: a person who owns their home outright can receive a below-average income and live a life without significant financial stress, while a person with high rents or mortgage costs or past debt or a medical condition can have an income above the poverty line but struggle due to the financial costs associated with that condition. (Again our *100 Families WA* project highlights this issue.) Note that the HPL equivalence tables do include adjustments of the income lines before and after housing costs and so at least in terms of housing costs adjustments

in the poverty line do exist, but they do not account for housing wealth which is a significant issue in poverty measurement (Flatau & Wood, 2000; Chotikapanch et al., 2003).

Finally, related to the issue of means and needs, measures of income do not measure quality of life nor the experience of disadvantage. Poverty is characterised by scarcity, but it is not just scarcity of money; poverty can be scarcity of health, peace of mind, positive social networks, life experiences, social experiences, education, to name just a few (Mullainathan & Shafir, 2014). Accordingly, the simple solution of more money or income support, while undoubtedly helpful for most people, will not address all aspects of disadvantage. Further, poverty affects people differently. In addition to variation in the nature and extent of poverty—to use a simple income example, someone living on 10% of median income will have a very different experience to someone living on 40% of median income—people have different characteristics and social conditions. These may include differences in educational and work experiences, more positive or negative social networks, presence or absence of health conditions, differences in transport infrastructure, neighbourhood crime, and local economic conditions, to name just a few.

In recognition of the limitations of solely income approaches to conceptualising and measuring



disadvantage, several multidimensional approaches have emerged.

## Relative deprivation

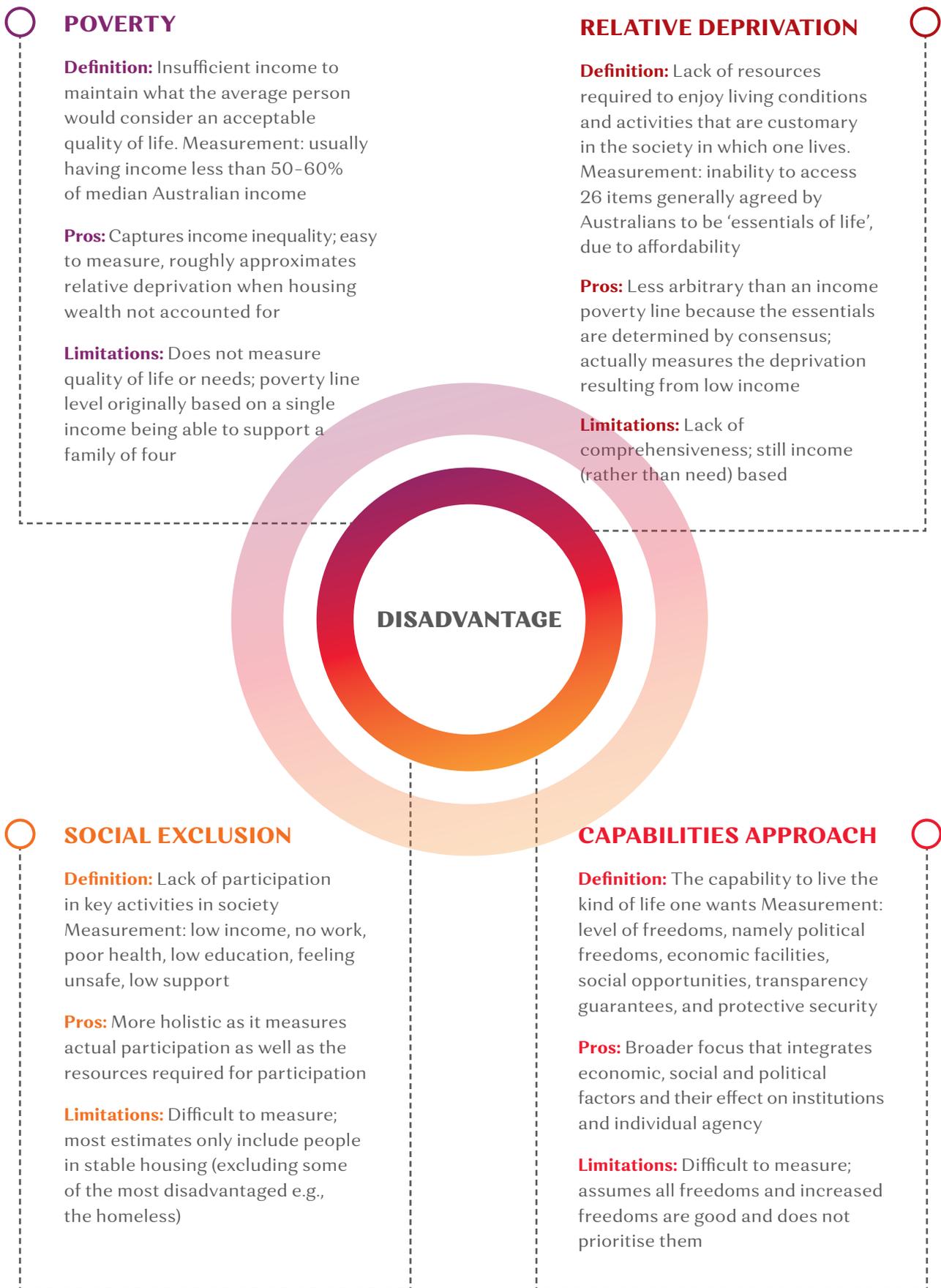
The concept of 'relative deprivation', widely introduced in studies of disadvantage in the late 1970s, adopted a multi-dimensional definition of, and measurement of, disadvantage, one which goes beyond a one-dimensional approach based on income. Sometimes called material deprivation, and sometimes just deprivation, relative deprivation occurs when people 'lack the resources to obtain the types of diet, participate in the activities, and have the living conditions and amenities which are customary, or at least widely encouraged and approved, in the societies to which they belong' (Townsend, 1979, p31). In order to identify deprivation, the activities and amenities that are 'widely encouraged and approved' must be identified, then it must be established that those who are missing out on these are doing so due to a lack of resources (rather than a free choice). The 26 items measured by the Household, Income and Labour Dynamics in Australia (HILDA) survey, administered by the Melbourne Institute for Applied Economic and Social Research (MIAESR), believed by the majority of Australians to be 'essentials of life' are as listed on the right. Note that only items that apply to the entire population and that a person can buy or obtain for themselves are considered essentials of life.

1. **Getting together** with friends or relatives for a drink or meal at least once a month
2. **Medical treatment** when needed
3. **Furniture** in reasonable condition
4. A decent and **secure home**
5. **Medicines** when prescribed by a doctor
6. **Warm clothes** and bedding, if it's cold
7. A **television**
8. A substantial **meal** at least once a day
9. Week's **holiday** away from home each year
10. A roof and gutters that **do not leak**
11. A **telephone** (landline or mobile)
12. **Home contents insurance**
13. A **washing machine**
14. Access to the **internet** at home
15. A motor **vehicle**
16. **Comprehensive motor vehicle insurance**
17. At least **\$500 in savings** for emergency
18. A home with **doors and windows** that are secure
19. **Dental treatment** when needed
20. Buying **presents** for immediate family or close friends at least once a year
21. When it is cold, able to keep at least one room of the **house adequately warm**
22. A **separate bed for each child**
23. A yearly **dental check-up for each child**
24. A **hobby** or a regular leisure activity for children
25. **New school clothes** for school-age children every year
26. Children being able to participate in **school trips** and school events that cost money

As they focus on (lack of) resources, deprivation approaches are essentially alternative ways of conceptualising and measuring the construct of poverty (Saunders et al., 2008). Relative deprivation does address many of the issues associated with purely income approaches to poverty. Measuring a person's access to essentials rather than their relative income is less arbitrary, because the essentials are determined by consensus among a population-representative sample. It also provides insight into whether a person is actually experiencing poverty rather than receiving income at a level at which they *should* be experiencing poverty, which mitigates the issues of under- and overestimating poverty. The main weakness of deprivation approaches is that they are more difficult to implement than the income-based poverty line, can reflect biases on those setting the line and a certain lack of comprehensiveness. If one has access to the 26 things mentioned above, are they certain to have a good life? If they do not have such access, are they definitely leading a life of deprivation?



**FIGURE 3:** Common conceptualisations of disadvantage in Australia





## Social exclusion/inclusion

Building on relative deprivation is social exclusion or social inclusion, terms used to get at the same issue, with the latter generally promoted as a more positive, goal-oriented framing. A person is socially excluded when they do not participate in key activities in society (Saunders et al., 2008). There is clear overlap between relative deprivation and social exclusion, such that if one is deprived of the 'necessities of life' then it is less likely that they will be able to participate in 'key activities in society'. However, by focusing on participation itself rather than just absence of the necessities required for participation, examinations of social exclusion and/or inclusion take a more holistic view of disadvantage.

Social inclusion was defined by the Rudd Government's Social Inclusion Board as when people have the financial and human resources, societal and economic opportunities, and capabilities to use those resources and opportunities that they need to learn, work (paid and/or unpaid) engage with people, services and community and society, and have a voice (Social Inclusion Board, 2012). The relationship between capabilities, resources and opportunities can be mutually reinforcing, for instance, having low financial resources limits one's capability to make choices about how to use those resources. The Board identified six indicators of social exclusions that broadly align with the international

consensus on exclusion domains: low income, no work, poor health, low education, feeling unsafe, and low support.

Building on social exclusion frameworks from the UK and Amartya Sen's Capabilities Approach (discussed in the next section), the Brotherhood of St. Laurence (BSL) and MIAESR developed a new multidimensional measure for social disadvantage in 2008. The framework consists of seven life domains: material resources, employment, education and skills, health and disability, social connection, community, and personal safety. These seven domains are measured by 30 indicators drawn from data from the HILDA study. This framework can be used to identify disadvantage in a particular domain, and calculate an aggregate measure of exclusion by summing the number of (equally weighted) domains in which a person is excluded, which can range from 0 (least excluded) to 7 (most excluded; Horn et al., 2011).

Social exclusion approaches to disadvantage address many of the weaknesses of simple income or deprivation measures by accounting for income and, instead of focusing on what one cannot obtain in the society in which they live, focus on the extent to which one can *do* (participate) in the society in which they live. Social exclusion approaches are not without limitations. A significant limitation is in their operationalisation.

Social exclusion is generally measured through population-representative surveys of residentially stable people. While the average Australian does fall into this category, it means that studies of social exclusion exclude those who are most likely to be socially excluded, such as people in residential care or institutions, asylum seekers, and people experiencing homelessness (Levitas et al., 2007). Another operationalisation issue (that also applies to poverty and deprivation approaches) is the lack of measurement of the intergenerational nature of disadvantage (Vinson, 2009).

## Capabilities approach

One comprehensive expression of the broader approach to conceptualising and measuring disadvantage was proposed by Amartya Sen (Sen, 1992; Sen, 1999). This approach is known as the Capabilities approach, while still acknowledging the role of resources, focuses on what people are actually able to be and do and argues that the capability to live the kind of life one wants is largely determined by one's freedoms. Sen argues for the following list of instrumental freedoms:

1. Political freedoms: opportunities to determine who should govern and on what principles; free press; freedom to criticise authorities.
2. Economic facilities: opportunities to utilise economic resources for consumption, production, or exchange.

3. Social opportunities: societal arrangements for education, health care, and other services that increase the freedom to live better.
4. Transparency guarantees: the ability to trust in the terms of social interactions, including the right to disclosure e.g. to report corruption.
5. Protective security: the presence of a social safety net to protect those on the verge of vulnerability from abject misery as a result of negative material changes to their lives.

These freedoms interact with each other and are important ends for the human development process as well as being constitutive (means) of increased freedoms. The achievement of development is thoroughly dependent on the free agency of people.

*There is a deep complementarity between individual agency and social arrangements. It is important to give simultaneous recognition to the centrality of individual freedom and to the force of social influences on the extent and reach of individual freedom. (Sen 1999 p.xii)*

Framing development as freedom broadens out our understanding of the process of development and opens up multiple pathways beyond a narrow focus on economic issues. It calls for an integrated analysis of economic, social and political activities, involving a variety of institutions and many interactive agencies.

*It concentrates particularly on the roles and interconnections between certain crucial instrumental freedoms... Societal arrangements, involving many institutions (the state, the market, the legal system, political parties, the media, public interest groups and public discussion forums, among others) are investigated in terms of their contribution to enhancing and guaranteeing the substantive freedoms of individuals, seen as active agents of change, rather than as passive recipients of dispensed benefits. (Sen, 1999, p.6)*

The Capabilities approach is not without criticism. Arguably the most common criticism of the approach is also one of its key strengths—the focus on the individual. While, relative to measures such as a nation’s Gross Domestic Product, examining the freedoms that facilitate an individual leading the life they want to live is undoubtedly a more person-centred and experiential perspective on disadvantage, it is argued that this individual focus fails to consider the shortcomings of the free market, including the unequal distribution of power in the free market and the historical and social reasons underlying that (O’Hearn, 2009). In response to such criticisms Sen invokes the ongoing need for open and ongoing dialogue in every place (built on a foundation of political freedom) to continue to challenge any, and all forms of inequality as they emerge in society.

Related to the individual focus, another criticism is the implicit assumption that all freedoms and increased levels of freedom are positive. Nussbaum (2003) argues that some freedoms must be restricted to prevent the violation of others’ freedoms. Nussbaum (2003) also critiques Sen’s unwillingness to endorse particular freedoms as important for all people and thus the limited implications of the Capabilities approach for our conceptualisation of social justice. Sen consistently expresses a preference for a pragmatic approach over what he would call a ‘transcendental’ approach, arguing it is more important to examine policy and practice in depth and how these affect the wellbeing of people in their lived experience rather than partake in esoteric debates about some imagined ideal, which does not exist.

Another critique of the Capabilities approach pertains to the measurability of many of the freedoms. For instance, how can the set of choices that an individual has be accurately measured? Or the freedom to create social relationships? While it is true that measuring capabilities is not without challenge and it is likely going to be complex, it is not impossible. Hillary Cottam’s work in the UK is one example of how the concept of capabilities can be operationalised in specific contexts, including the development and implementation of robust psychometric measurement



systems and the production of effective approaches to evaluation.

Despite its criticisms, the Capabilities approach offers a multidimensional conceptualisation of disadvantage that encourages broad thinking about how to address it. In short, Sen's approach encourages us to think beyond what people have, to their capability to get what they want and, in turn, the structures and systems that enable the individual to attain it. In this report we attempt to do just that—privilege relationship and link the personal, the familial and the organisational service system.

### **Implications for the 100 Families WA project**

The *100 Families WA* project set out to understand what life is like for people experiencing entrenched disadvantage, in order to identify what makes it so hard to get out (barriers to exit). The hope and fundamental goal of the project is that this knowledge is used to improve policy and practice to improve the lives of people experiencing entrenched disadvantage.

This is where an important distinction can be made between supports that help people survive and maintain themselves in the state of entrenched disadvantage and supports that explicitly seek to help families move out of or on from entrenched disadvantage. The latter approach, which we argue is necessary for the improvements

we seek to inform, calls for an explicit conceptual framework and detailed strategy for understanding entrenched disadvantage and the supports and interventions required for effective change. At the macro level such an approach would also ideally fit within a policy framework and funding regime that is well aligned with the transformative approach.

We posit that the Capabilities approach, while not perfect, is a useful conceptual framework in which to place our understanding of entrenched disadvantage. The Capabilities approach focuses strongly on the individual and the freedoms accessible to them, and places high regard on the role of the individual's agency. This is compatible with the community sector's growing acknowledgement of the importance of lived experience and, as will be evident throughout this report, is compatible with the perspectives of the families who participated in the project. Each family member provided a different perspective on how they experience and interact with their 'freedoms', and the different factors that affected those freedoms. In addition, the Capabilities approach takes a multidimensional view of disadvantage that extends beyond what a person has and does, to what a person can do and be. In addition to providing a more holistic view of disadvantage, this aligns with the project's ethos of letting family members guide us about who and what is important in their lives.

It must be acknowledged that we are a long way from such an approach in practice and even in theory. The social exclusion approach is arguably as far as mainstream discourse extends in terms of a broad view on disadvantage in Australia, and few policy and practice decisions are informed by this discourse. However, there is still merit in considering the issue of navigating support systems from the perspective of such a transformative approach for the following reasons:

1. Partner agencies were committed up front to work for change that would benefit clients through the *100 Families WA* project.
2. Although it is widely acknowledged Australian social policy does not have a clearly articulated goal of eliminating entrenched disadvantage, partner agencies are more than just agents of government and seek to influence and even lead the social policy agenda in this area.
3. Since the Whitlam and to a lesser extent some of the Hawke Government reforms, the settings of social policy and practice have not shifted the dial on entrenched disadvantage. In fact, the evidence points towards our society becoming less egalitarian, our social safety nets are becoming increasingly threadbare and our policies more punitive and less compassionate.

4. The time may be right for change. The recent experiences during the COVID-19 pandemic have cast in bold relief many of the weaknesses of our current policy settings. In spite of the very strong recovery in Western Australia, a considerable number of people were affected by loss of income in early 2020 or at least felt they may be affected by loss of income in the future. When times are hard there is generally a stronger inclination to pull together and look after each other better.

The varying ways of conceptualising disadvantage, including the Capabilities approach have several implications for *100 Families WA*. In terms of this report, the interpretation of families' stories is undertaken through the lens of the Capabilities approach. However, we are cognisant of the broader context of research and policy on disadvantage, and as such also utilise the quantitative survey data to report on the nature and extent of disadvantage experienced by family members, as conceptualised in mainstream discourse

(e.g. material deprivation, social exclusion). In terms of the project moving forward, we hope that this report demonstrates the utility and value of taking a Capabilities approach, through both the nuanced interpretation of families' stories and the highlighting of exciting, radically different approaches to tackling disadvantage using such a lens that are emerging around the world.

## 3. The nested ecological model as an organising framework

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Family members have shared a huge amount about their lives with us, and each family member's story is unique not only in terms of their day-to-day lives but also their pathways through life and their **HOPES AND ASPIRATIONS FOR THE FUTURE.**

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Our task as researchers was to unite these diverse stories in a way that is authentic to each family members' experiences and perspectives and allows the stories to collectively provide a picture of entrenched

disadvantage in Perth, Western Australia.

To facilitate the presentation of family members' stories, we sought a framework to organise and make sense of the innumerable and varied insights that have been gleaned from both the quantitative and qualitative data over the past three years. The framework had to be open enough that it could be applied to all family members' stories and to both quantitative and qualitative data. Further, the framework had to be flexible enough that insights drawn from analysis of the data and of the policy and

practice environment could be related to the range of theories and schools of thought about disadvantage. Accordingly, the framework could not be one that imposed a restrictive or competing theory about the world in which people experiencing disadvantage live.

We proposed the nested ecological model as an appropriate organising framework. We presented the model to the Project Team to see if it made sense and was useful for them in conceptualising insights and how they might be applied to practices in their agencies.



After receiving a positive response and continuing to use the nested ecological model to frame new insights, we presented it to family members who had participated in the interviews to see if it resonated. It was met with a resounding yes, with family members readily and voluntarily able to identify where factors in their own lives fit into the model. Accordingly, the model is used to structure this report and interpret any findings.

### **What is the nested ecological model?**

The nested ecological model, also called the social ecological model, ecological systems theory, socio-ecological model, bioecological model, or ecological framework, was first introduced in the 1970s in the context of child development (Bronfenbrenner, 1979). It is termed the ecological model because it views humans as the same as any other organism on Earth, in that their development and wellbeing is influenced by their environment and interactions between different aspects of their environment. Just as a plant is affected by its pot, soil, position, and what it is fed; humans are affected by their families, friends, school, work, institutions, and policies in their environment. This impact is reciprocal.

The labels and structure of each level of the nested ecological model, as well as the model itself, have been adapted by various academics and practitioners to suit their

particular situations and audiences, and to integrate evidence as it emerges. However, there are core elements of all iterations of these models:

1. They acknowledge that a person and their experiences are shaped by and shape their environment.
2. They recognise that there are multiple layers or levels to a person's environment, and that these levels contain various actors at the individual, organisational, institutional, and cultural levels.
3. They are nested, meaning that they recognise that factors at each level interact within and between different levels, and ultimately shape, to varying extents, an individual's experiences of life.

The nested nature of the different levels of the model is significant for several reasons. It reflects proximity to the individual and the interrelations between levels, rather than hierarchy. For example, the political environment of one's country of residence can have just as much impact on quality of life as the level of conflict in one's familial relationships. The effect of different factors at different levels will depend on a range of things, such as time and, importantly, things going on at different levels. For instance, one's unemployment is likely to be more concerning in a slow economy, because of the anticipated difficulty in gaining new employment and

the lower returns on any savings or investments. These examples illustrate the usefulness of the nested ecological model in organising concepts relating to disadvantage conceptualised using the Capabilities approach, such that there is clear overlap between Sen's freedoms and the factors at different 'levels' of the nested ecological model. Further, the Capabilities approach does not weight particular freedoms, arguing that all freedoms are important and emphasising the interactions between different freedoms (e.g. political freedoms can affect economic facilities), which aligns well with the non-hierarchical, interdependent view of the levels of the nested ecological model.

The nested ecological model provides a useful framework for taking a systems view of a given issue, which enables identification and understanding of the various factors at different levels that contribute to that issue. This, in turn, can highlight areas for change. It is important to note that taking a systems view of an issue does not preclude the tackling of factors at a single level – one does not have to wait for social policy reform in order to experience benefit from enhancing their personal relationships, for example. Rather, using the nested ecological model to take a systems view facilitates the identification of factors at different levels that contribute to issues, and could enable or constrain positive change of those issues.

When taking a systems approach, it is important to remember that systems are made up of people (as well as machines, policies and procedures), and accordingly perspectives on the 'system' depend on one's position in it (or outside of it) and one's worldview and biases. As such, we need the capacity (and the will) to lift ourselves out of our current circumstances and positioning to read the map from a broader perspective, one that makes room for multiple perspectives. Some would argue that it is beyond the scope of mere mortals like us. Others caution that every attempt to formulate this broader perspective ends up exposed as a veiled attempt to progress the interests of some group or other (notably, often the dominant interests around the table, in which people at the margins of society, such as those experiencing disadvantage, are rarely represented).

### **Applying the nested ecological model to 100 Families WA**

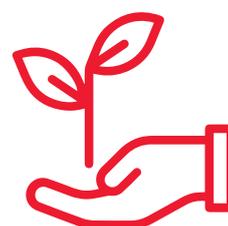
A key question of the 100 Families WA project is why is it so hard to exit entrenched disadvantage? We know that it is a complex problem; disadvantage would not become entrenched if it was a simple experience or had a simple fix. We also know, as we explored in Chapter 2, that several factors – structural, cultural, political, relational, individual – affect the experience of entrenched disadvantage and therefore pathways into and out of it.

The nested ecological model offers an elegant means of visualising these multilevel factors and their interactions, as experienced by family members and expressed through the quantitative surveys and qualitative interviews.

Figure 4 depicts the nested ecological model of the 100 Families WA project. It has been presented to family members and the project team to positive response. Reflecting the focus of the project on families and how they experience disadvantage, family of origin, the family member themselves, and the family member's family comprise the first three levels of the 100 Families WA nested ecological model. The family of origin refers to the family or families in which the family member grew up and the family member's experiences within those families. The family member 'level' includes the family member's reflections on themselves – their particular strengths, struggles, and self-concept. The family member's family are the people that the family member considers their family today – it could be their partner and children, their family of origin, extended family and/or friends, or a combination of all of the above. For some people their pets constitute their main family.

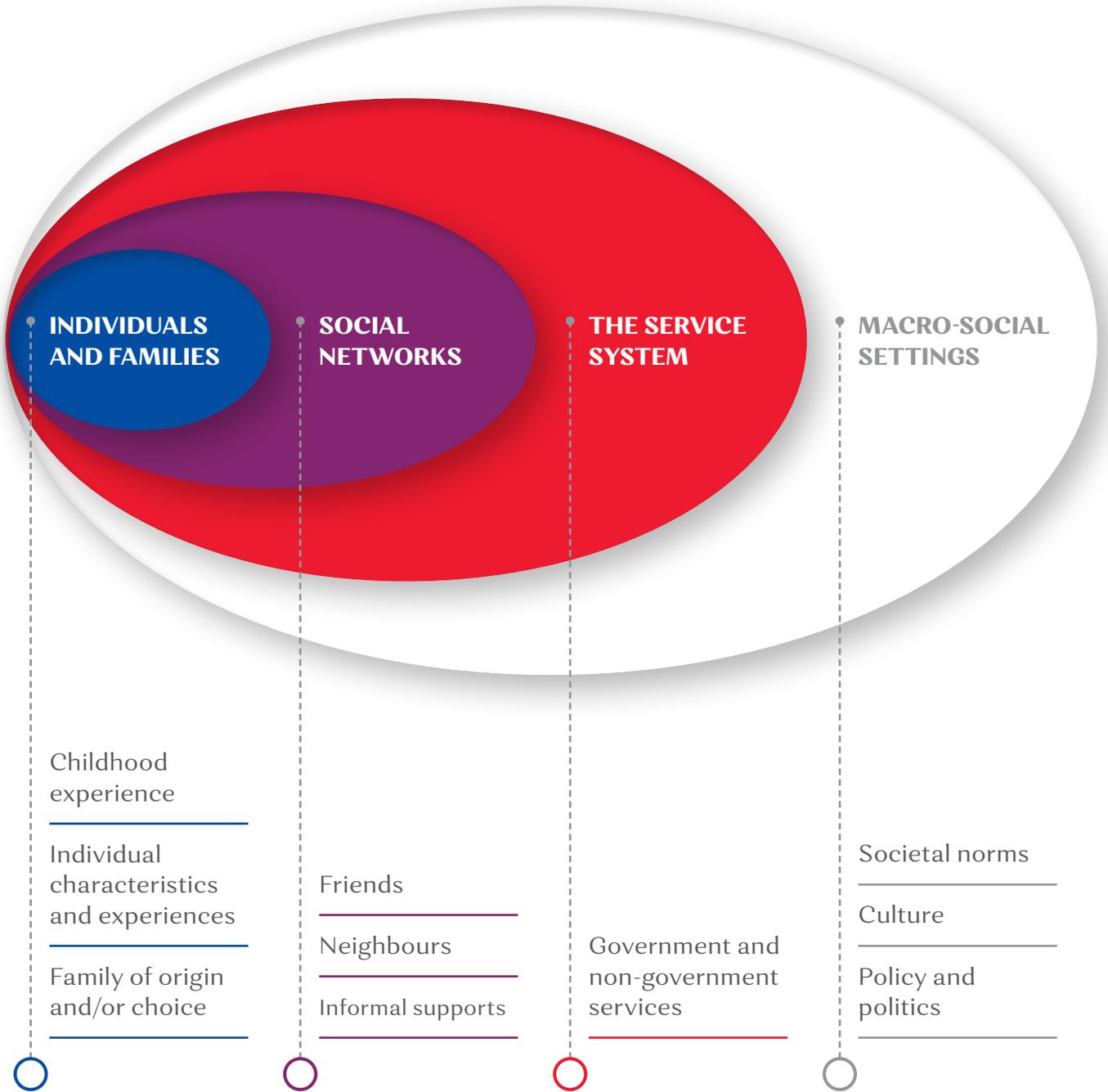
The social network comprises the people, interactions, and experiences in each family member's network. The network could include (but is not limited to) family, friends, neighbours, their community,

and local institutions; the core characteristic of the social network is that it is informal and it contains the interactions one has with others in order to serve their social needs, as well as the social interactions one has on the path to fulfilling other needs (e.g. engaging with a school teacher to make sure one's child is coping well at school). The service system is about the family member's experiences with government and non-government services, such as Centrelink, various government departments, emergency relief services, and mental health services.





**FIGURE 4:** The nested ecological model



Finally, the macro-social setting is about the societal and cultural aspects of being disadvantaged, including attitudes, policy, and practices. The macro-social setting also includes family members' reflections on how they fit within society and what their life means, both to them and within their context.

The nested ecological model offers a coherent, flexible framework within which to

organise family members' experiences and feelings captured in the surveys and interviews throughout the *100 Families WA* project. It is important to note that it is an organising framework – there is no single figure that can fully present all of any family member's story, let alone one that can represent all family members. However, given that a major goal of the project was to identify changes that could positively affect the

experience of disadvantage in Perth, the nested ecological model is particularly useful as it situates experiences within the 'level' that could change. For example, negative attitudes and treatment of people experiencing disadvantage by staff of services is best addressed at the service level. The nested ecological model will be used to organise the insights presented in this report.

## 4. Research approach

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Acknowledging the depth and complexity of disadvantage in Australia, the fundamental research question of the *100 Families WA* project was **'WHAT MAKES IT SO HARD FOR PEOPLE TO MOVE OUT OF ENTRENCHED DISADVANTAGE?'**

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To shed light on this, the project sought to understand the lived experience of entrenched disadvantage, and within that lived experience, what works and what doesn't, and why – what stops things from working, and what makes them work better. This section outlines the methodology used to examine these questions: the research design, recruitment procedures, data collection activities, and analysis approaches.

### Mixed method design

The *100 Families WA* project used a mixed method research design, collecting and analysing both quantitative survey and qualitative interview data from family members. Mixed method research integrates or combines the insights from the two different research paradigms, quantitative and qualitative.

There are also non-methodological reasons for utilising mixed methods, such as facilitating participant enrichment and voice, fostering cross-disciplinary interaction and collaboration, and increase the utility of the results in practice (Collins et al., 2006).

In the case of the *100 Families WA* project, mixed methods were chosen for a variety of both methodological and non-methodological reasons. A baseline survey was

undertaken to understand family members' (n=400) circumstances in relation to common conceptualisations of disadvantage. For instance, the baseline survey ascertained the extent of material deprivation experienced by family members and the prevalence of experiences of homelessness, unemployment, mental health issues and social exclusion, among others. Fortnightly qualitative interviews were then undertaken with 100 family members to gain a deep understanding of family members' experiences; with such experiences prioritised and explained by them, (i.e. we did not ask questions about unemployment, for example, unless unemployment was raised by the family member). Then, contemporaneous with the latter half of the qualitative research, a second wave of quantitative collection was undertaken



to understand the stability (or change) of family members' circumstances over time.

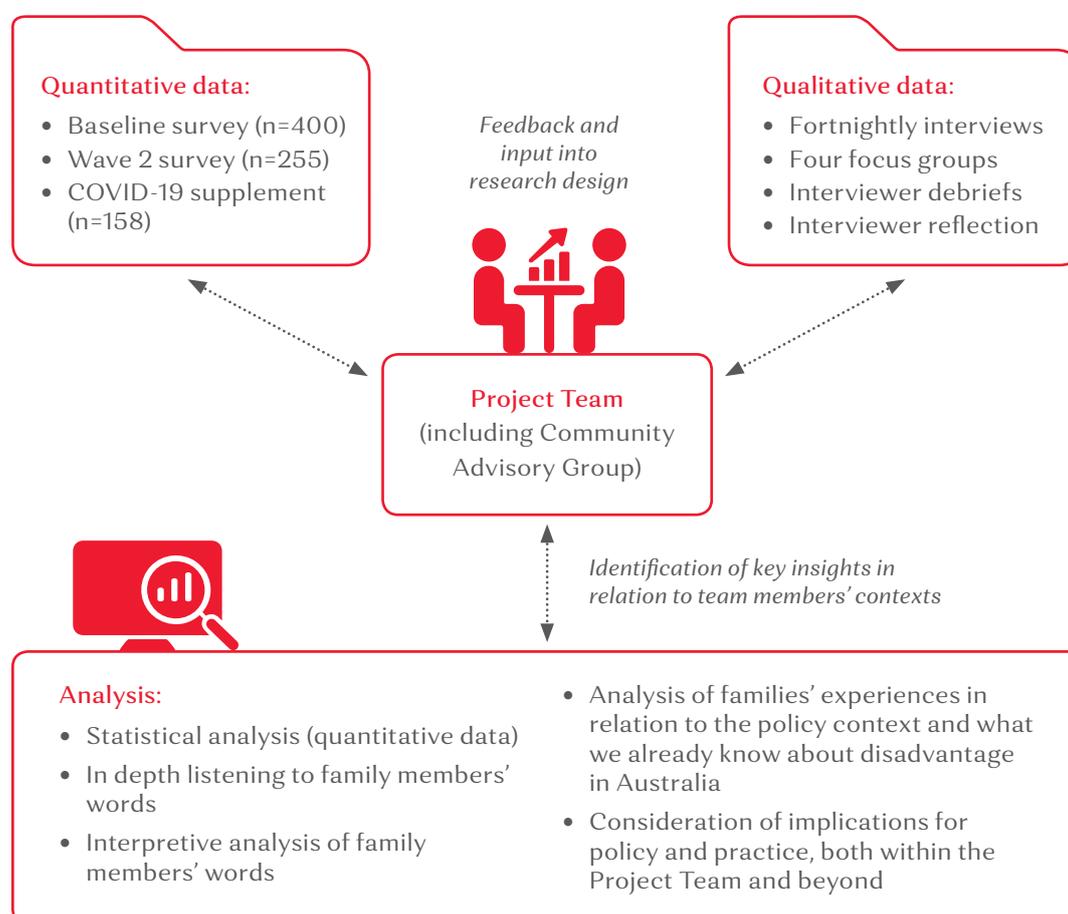
Methodologically, the enhancement of quantitative data by the qualitative occurs mostly via complementarity (clarification, deepening, and contextualisation of the survey results) and expansion (exploring aspects of entrenched disadvantage that cannot be captured in a survey). In addition, the project was an action research project, meaning that the design was iterative and responsive to emerging results as well as stakeholders' (and especially family members') concerns and insights. Mixed methods, and particularly the longitudinal

mixed methods used in the project, provide greater flexibility to implement action research, such that decisions can be made as to what the appropriate method and time point is to explore particular aspects of the research question, in response to stakeholders' feedback (Wisdom & Creswell, 2013).

With respect to non-methodological factors, the Project Team comprised researchers and practitioners with diverse skill sets and goals for the project. Using methods that utilise the skills and perspectives of all Project Team members was critical for the collaboration that made this project possible. In addition, the overarching

hope in undertaking this project was that the findings would provide insights that could be used to improve policy and practice so that people in entrenched disadvantage can more effectively have their needs met and can, ultimately, exit disadvantage. Both methods were necessary for this: advocacy is 'dry' without the story, and arguably, funding bodies tend to be more compelled by the 'hard facts' and 'numbers'. Finally, the importance of the voice of lived experience was strongly acknowledged among the Project Team. This required a multi-method approach to listening and recording their voice and experiences.

**FIGURE 5:** High level overview of 100 Families WA research methodology



## **Project Committees, Community Conversations, and the Community Advisory Group**

Beyond the mixed method design, the methodology for the *100 Families WA* project was informed by the project's governance structure. Specifically, in addition to Project Team meetings where core project decisions were discussed, voluntary teams were established and paused throughout the project as required, such as the Research Team which provided direct input into instrument design and recruitment procedures, and the Communications Team which strategised how best to utilise and communicate results. In addition, a few months into the project a Community Advisory Group was established. The Community Advisory Group met approximately every second month and provided advice on a range of project issues such as facilitating engagement with family members, research design, and communicating results. The Community Advisory Group had representation on the Project Team.

From the outset and in line with the action research approach, the project had a deep commitment to researching *with* people rather than *on* them and adapting methods and procedures in response to people's feedback. Accordingly, at the commencement of the project, the *100 Families WA* project enlisted the UWA

Consumer and Community Health Research Network to lead Community Conversations with members of the community affected by entrenched disadvantage. These Community Conversations sought to gain preliminary insight on what entrenched disadvantage looks like for those experiencing it, and guidance on how the project can appropriately recruit families to the study. During the Community Conversations, it emerged that the term 'hardship' was preferable to 'entrenched disadvantage' for some people.

### **Family recruitment**

In operationalising entrenched disadvantage to enable the not-for-profit partner agencies to identify families who could participate in the study, we needed to minimise the burden on case workers and the potential burden on families. We wanted to be as inclusive as possible, and decided as a Project Team that having families in the study who were on the cusp of 'eligible' in terms of their experience of disadvantage was preferable to potentially excluding such families from participation.

We asked the service delivery agency project partners to identify clients who were experiencing two or more of the following: reliance on welfare payments, unstable housing, unemployment or underemployment, mental health issues or mental or physical disability, inadequate

social support, and low education. These factors were selected as known correlates of entrenched disadvantage that would generally be known or readily identified by case workers with relatively minimal burden on the worker or the potential participant. Agency representatives on the Project Team communicated to their colleagues involved in front line service delivery the purpose of the project, as well as the types of life experiences we were hoping to explore, so that those colleagues could refer clients to the project.

Agencies employed Family Liaison Officers on a part time basis to manage referrals and schedule appointments for family members to meet with an interviewer to receive more comprehensive information about the project and decide whether they wanted to participate.

### **Surveys**

The first data collection activity was the Baseline survey. To facilitate this, partner agencies set up survey hubs within their offices across the Perth metropolitan region. Family members referred by service delivery agencies who were interested in participating in the study attended their most conveniently located agency. An interviewer from the research team explained the study in full, provided each participant with a Participant Information Form for their records, and sought informed consent. Consent was sought for the survey



and for the linkage of state government administrative data (e.g. health, justice, and child protection) and federal government Centrelink data (e.g. type, amount and duration of income support payments). Family members only needed to consent to the survey to participate in the project; linked data consents were optional and were sought because the project hopes to undertake future research using linked data, subject to funding.

Consenting participants then completed a Baseline survey on the Qualtrics survey software platform, guided by the interviewer. The study protocol was approved by The University of Western Australia Human Research Ethics Committee (RA/4/20/4793). A total of 400 family members completed the survey between 27th November 2018 and 5th April 2019.

The content of the Baseline survey was determined in collaboration with the Project Team. The CSI UWA team produced a first draft and presented the rationale for the topics and questions covered. The Project Team, in a series of meetings and on the virtual collaboration platform Teamwork, provided feedback, raised concerns, and suggested alternative questions or methods (e.g. to cover a topic in a subsequent survey or in the qualitative interviews). Some Project Team members piloted the revised survey with family members whom they knew, and the survey was further revised in line with feedback from

that process. The final survey was approximately one hour in length and covered several domains of socioeconomic wellbeing and life history:

- Demographics
- Use of Services
- Housing
- General wellbeing and quality of life
- Economic participation
- Health
- Drug and alcohol
- Mental health
- Adverse life experiences
- Optional, open-ended questions to close out the survey
  - What does a good day look like for you?
  - What do you need to be safe and well?
  - If you had to name one thing that would make the biggest positive difference in your life, what would it be?
- Participant contact details and whether they were interested in interviews.

Follow up (Wave 2) surveys were pursued one year after Baseline. Wave 2 surveys were undertaken between November 2019 and July 2020. Resulting from loss to follow-up, death, and logistical difficulties due to COVID-19, 255 out of the original 400 families (63.8%) completed a Wave 2 survey. The Wave 2 survey covered the same topics as the Baseline survey (other than static things such as historical experiences), as the purpose was to track change in families' wellbeing, across domains, over time.

In April 2020, in response to the COVID-19 pandemic, the research team in collaboration with the broader *100 Families WA* Project Team and the Community Advisory Group developed a set of questions to examine the emerging impacts of COVID-19 and government and community sector responses to the pandemic. The questions covered the impacts of COVID-19 on health, service access and quality, education (home schooling of children), labour force participation, and financial stress and income support. The COVID-19 questions were incorporated into the Wave 2 survey from 4th May 2020. The questions were also presented as a COVID-19 supplement to Wave 2 for family members who had completed their Wave 2 survey prior to 4th May. Data collection ceased at the end of July 2020, with a total of 158 family members completing the COVID-19 questions.

## Interviews

Almost 90% (88.5%) of family members indicated in the Baseline survey that they wanted to be considered for inclusion in the fortnightly, qualitative interviews taking place over a one-year period. Of those who indicated interest, 90 family members were randomly selected to participate in the qualitative interviews, and an additional 10 family members were purposively selected by partner service delivery agencies, based on those agencies' understanding of the

diversity in the experiences of those families. Changes in families' circumstances, desire to participate, and difficulty contacting families led to multiple iterations of randomised family member selection to replace those who were not able to or interested in undertaking the interviews.

A total of 93 families engaged with the project beyond one interview. The interviews were structured in a very open manner to allow the family member to determine what was important to them in discussing their experience of their lives, to allow important themes to emerge, and to provide the flexibility to explore new developments as they occur, for example policy change and the COVID-19 pandemic. The first two interviews involved structured exercises to 'break the ice' and develop rapport between interviewer and family member. The first activity was a genogram, a visual depiction, like a family tree, of people's familial relationships as they define them. The second was an ecomap, a visual representation of the individuals and public, private, and not-for-profit organisations relevant to each family member's life, with indications of the strength, importance, and quality of each relationship.

After the structured exercises, and at each interview beyond that, interviewers asked a question to the effect of "how have the last two weeks been for you?" The family member and interviewer would then

discuss the events of the two weeks prior, with the interviewer enquiring about various aspects of the events e.g. what led to that? How did that feel? It was up to the interviewer's judgement how and how much to probe into family members' experiences. Similarly, the interviewers were responsible for following up in subsequent interviews on events and experiences mentioned throughout the interview process. Interviewers were asked to write a semi-structured reflection of each interview to accompany the audio recording.

The interviewer team had 6-weekly debriefs, at which they discussed key themes and stories that were being raised and questions, feelings, and concerns about the interview process. Arising from these debriefs, along with input from the Project Team, Community Advisory Group, and other project stakeholders, some activities such as customer journey mapping and topics were provided to the interviewers to cover in their interviews, as they felt was appropriate. Training was also provided to interviewers, initially for the interviewing process, such as processes around engaging with family members and questioning techniques, and later to deal with matters arising from their experiences in the interviews, e.g. how to record reflections, some communication skills, how to deal with endings.

Interviewers were asked, as part of the process of closing the interview process with their family members, to ask family members whether they would like to be invited to a series of focus groups. Family members who were interested were invited to one of four focus groups held around the Perth metropolitan areas. At these focus groups, the qualitative analysis team presented the nested ecological model and insights from the interviews within the organising frame of the nested ecological model, and asked for feedback from family members as to whether it resonated with them and whether it captured what they felt was important.

## Analysis

As mentioned in the mixed method design section above, the qualitative data enhances the quantitative primarily through complementarity and expansion. In practical terms for this project, this means that the quantitative data are mostly used to identify the extent of experiences commonly associated with disadvantage while the qualitative data illustrate what these experiences are like for the family members living through or with them. To that end, quantitative data analysis comprises descriptive statistics such as frequencies, proportions, and averages, and has been undertaken in SPSS (IBM Corp, 2021).

The qualitative data analysis is inherently more complex.



Firstly, the qualitative data are longitudinal, which means 1) the data are extensive, 2) that the things that family members choose to reveal and place emphasis on are subject to change over time (e.g. unemployment will likely matter less to someone if a major health crisis occurs; someone may be less inclined to reveal the impact that childhood sexual abuse has had on their lives until they trust the researcher), and 3) the interviewer's understanding of family members' experience is subject to change based on the growing information they receive from the family members (Lewis, 2007). This, in turn, makes the data extremely powerful for understanding the lived experience of entrenched disadvantage, as well as, however, making for an incredibly onerous analysis process.

Keeping with the above definition of 'mixed methods' the insights we have gained from the qualitative analysis are not presented using numerical representations, percentages or other quantitative approaches to presentation of qualitative data. Instead, we treat each story as being inherently valuable in its own right and not of greater or lesser value based depending on how many people spoke similarly. This approach enabled the analysis team to listen to even the rarest expressions by family members. The task of listening to people's stories, connecting to what they are saying, and linking what we think we have heard to relevant

themes from the world of policy and practice is an interpretive sociological task. The objective is to close the gap between the voices of lived experience and the current state of knowledge that informs these disciplines (Bauman, 1978, p. 246).

This is an apt point at which to emphasise the importance of interpretation in using qualitative data. Qualitative data analysis is subjective: it provides perspective(s) on a given subject (Lincoln & Guba, 2000). A person is the authority on their own subjective experience: nobody else can tell them what they experienced and how it felt. However, it is impossible for any person to fully comprehend the vast array of factors, past and present, at various levels of society that affect their experiences. For example, it is not reasonable to expect a person to understand the various ways in which a system is impeding their ability to thrive. They may intuit it, they may directly see some aspects of it, and they may even have a comprehensive theory about how the whole system works; but no individual, irrespective of position, education, intelligence or any other characteristic, can hold all of the knowledge of how and why they experience certain things. Part of this is a practical limitation: there is just too much complexity in the world for anyone to grasp it all, and part also arises from the impossibility of objectivity in many aspects of life.

Qualitative research recognises this subjectivity, and robust

qualitative data analysis seeks to integrate multiple perspectives and recognise their inherent subjectivity to derive a multifaceted understanding of the phenomena being investigated (Johnson & Onwuegbuzie, 2004). In the case of the *100 Families WA* project, this has involved iterative analysis, going back and forth between the words of participants, the reflections of interviewers, the quantitative results, the perspectives of the Project Team (including the Community Advisory Group (CAG)), and considerations of larger events and contextual factors (again, a prime example being COVID-19). This interpretive process and, accordingly, framing and contextualisation of people's experiences is crucial to presenting information that is relevant to addressing our fundamental research question of what makes it so hard for people to move out of entrenched disadvantage. If we simply presented people's stories with no context, the aforementioned subjectivity that characterises the world will likely mean that at least some readers would interpret and communicate the stories in such a way that was counter to the project's hope of positively changing these stories through policy and practice.

To that end, the qualitative data presented in this report are not pretending to be objective fact. They are people's perspectives on the experiences that have been and are important to their lives, framed and contextualised

by the collective knowledge of the interviewers, researchers, and Project Team. Cumulatively, these stories comprise a robust and authentic view on what it is like to live in entrenched disadvantage in Perth, Western Australia.

## The families

Table 2 outlines the demographics and selected life circumstances among family members in the total sample (all of those surveyed at Baseline, n=400) and the qualitative sample (the 93 family members who undertook two or more qualitative interviews). A full description of the total sample can be found in the Baseline Report (Seivwright & Flatau, 2019). Compared with the total sample, family members in the qualitative sample were slightly more likely to be female (73.1% versus 69.3%), are marginally younger (42.8 years old on average at Baseline versus 44.4 years), are less likely to identify as Aboriginal (20.4% versus 33.3%), and less likely to have been born in Australia (73.1%

versus 78.0%). The employment rate at Baseline was slightly higher among family members in the qualitative sample than the total sample, and the proportion of family members with a permanent physical disability that limits their mobility was lower among the qualitative than the total sample. Household composition and accommodation circumstances on the night prior to Baseline were similar in both groups.

The following chapters report on what the family members told us about their experiences of being in entrenched disadvantage, organised into sections framed by the nested ecological model. Discussions with the Project Team, following the data collection process, indicated a need to think through what we had heard and focus on the implications for policy and practice. The Analysis Team has reflected on what the family members have said and raised a number of relevant policy-related and practice issues. These have

been discussed with the Project Team and their positions on the issues raised by the voices of lived experience included in this report. It is hoped that this approach will make this report a useful document for others seeking to be responsive to the voice of families in entrenched disadvantage, as well as for the participants of this project.





**TABLE 2:** Demographics and selected life circumstances of 100 Families WA family members at Baseline, qualitative sample (n=93) and total sample (n=400)

	Qualitative sample (n=93)			Total sample (n=400)		
	Female	Male	Total	Female	Male	Total
n(%)	68 (73.1%)	24 (25.8%)	93 (100%)	277 (69.3%)	121 (30.3%)	400 (100%)
<b>Mean age (years)</b>	41.6	46.0	42.8	43.6	46.4	44.4
<b>Aboriginal and Torres Strait Islander n(%)</b>	14 (20.6%)	5 (20.8%)	19 (20.4%)	99 (35.7%)	34 (28.1%)	133 (33.3%)
<b>Australian-born n(%)</b>	49 (72.1%)	18 (75.0%)	68 (73.1%)	213 (76.9%)	97 (80.2%)	312 (78.0%)
<b>Permanent physical disability (self) n(%)</b>	11 (16.2%)	6 (25.0%)	17 (18.3%)	46 (16.6%)	36 (29.8%)	82 (20.5%)
<b>Employed n(%)</b>	10 (14.7%)	5 (20.8%)	15 (16.1%)	38 (13.7%)	14 (11.6%)	52 (13.0%)
<b>Household composition</b>						
Single adult n(%)	13 (19.1%)	9 (37.5%)	22 (23.7%)	50 (18.1%)	58 (47.9%)	108 (27.0%)
Two or more adults, no children n(%)	11 (16.2%)	6 (25.0%)	17 (18.3%)	47 (17.0%)	29 (24.0%)	76 (19.0%)
Single adult with children n(%)	24 (35.3%)	3 (12.5%)	27 (29.0%)	97 (35.0%)	8 (6.6%)	105 (26.3%)
Two or more adults, with child(ren) n(%)	19 (27.9%)	6 (25.0%)	25 (26.9%)	79 (28.5%)	20 (16.5%)	99 (24.8%)
<b>Accommodation circumstances the night before survey</b>						
Homeless n(%)	7 (10.3%)	9 (37.5%)	17 (18.3%)	27 (9.7%)	40 (33.1%)	69 (17.3%)
Public/community housing n(%)	28 (41.2%)	6 (25.0%)	34 (36.6%)	122 (44.0%)	44 (36.4%)	166 (41.5%)
Private rental n(%)	24 (35.3%)	7 (29.2%)	31 (33.3%)	99 (35.7%)	28 (23.1%)	127 (31.8%)
Own house (purchased or mortgaged) n(%)	9 (13.2%)	2 (8.3%)	11 (11.8%)	29 (10.5%)	9 (7.4%)	38 (9.5%)

# 5. The big picture: Macro-social settings and their impact on families

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## THIS SECTION OUTLINES INSIGHTS FROM FAMILIES ON “THE BIG PICTURE”

comprising, in this context, macro-social settings: policy, economic, and societal frameworks, and how they interact with and impact families experiencing disadvantage.

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The insights from families are considered and interpreted in relation to historical and current approaches to social policy, across levels and systems of government.

### Family members’ views on entrenched disadvantage

Summarising the views of 100 family members on the “Big Picture” is difficult. Most people in entrenched disadvantage are flat out just surviving. They don’t have the time, or often the inclination, for such abstractions. The interests of the family members led the interview process. We did not show up each fortnight with a set list of questions to ask, looking for particular answers.

When family members did express their views on macro-social settings, it was often implicit in what they said and how they said it. It has been the job of the analysis team to distil this important information from the stories told. One

distinct advantage of meeting fortnightly for a year is that it allowed an interviewer time to reflect and revisit issues raised by family members. This provides a unique opportunity to develop a deeper understanding of the life world of the family member and for trust to develop.

On the other hand, one can never be sure whether we have understood exactly what our family members meant to say, or for that matter, whether what they said was what they meant to say, what really happened or how they really felt about it. Such is the nature of relationships, of communication and the challenge of developing a shared understanding.

Some of the interactions between interviewers and family members and between family members in the focus groups went deeper into the macro-social setting than others. Some themes were more common than others, but it should not be interpreted that the most common themes were the most significant. Some relatively rare interactions were most profound.

One of the strongest impressions from the qualitative research process was that family members in entrenched disadvantage felt punished and excluded by current policy approaches.

*“When I hear Government officials say things like “The Age of Entitlement is over” I get very angry. I am still a citizen and I should damn well be treated like one”*

*“For someone like me who ended up in this mess, through no fault of my own, gets called a dole bludger or a shovel leaner in the press, it completely undermines your confidence and makes you doubt yourself”*

*“If you are homeless and walk down the street in town people move right out of your way or cross the street. It’s as if you are invisible”*

*“Sometime you can see it in the eyes of agency staff. They have already judged you and put you in a little box with a label on it. They don’t even really listen to your story”*

Life in ‘Entrenched Disadvantage’ is a very different reality from that of other parts of society. Many of the family members told us that they sometimes feel as if they are not even part of mainstream society. That they are ‘other’. The impact of this process over a very long time has taken its toll on families in Australia.

*“It wears you down after a while. When you are treated like you don’t matter by so many people in so many ways it is hard to keep going and not give up. It sometimes seems better to withdraw into some corner somewhere with other people doing it tough like you and*



*hide out from the world. I used to be very confident, outgoing, full of life. Now I just drag myself through each day, just barely surviving. I don't mind so much for myself, I can handle it, but the kids... it's happening to them too."*

Public discourse and media coverage focussed on the issue of welfare abuse and cheating (e.g. 'dole bludging') contributed to what many family members perceived as stigma towards disadvantaged people. We heard stories from family members that challenged the notion they do not want to work. Some would love nothing more than to have a decent job, but they argued it is not that easy, for a range of reasons.

Closely associated to this belief was an awareness that not having a job, a good education and all the trappings of success in our highly competitive society was a sign of failure. Some family members acknowledged the corrosive effect of these negative perceptions on their sense of mental health and wellbeing.

*"When you meet someone in a social setting, most often they ask, 'What do you do?' If you are not in work or study, the conversation drops off pretty quick"*

*"Not having a job or working towards some sort of qualification affects your mental health and wellbeing. You miss out on social relations and lack what most people have... a sense of purpose and achievement. Well, probably not all jobs, but the better ones anyway"*

Elaborating on their views of punitive social policies and negative attitudes towards families in entrenched disadvantage, family members' comments ranged across all domains of the nested ecological model. Some tended to focus on their understanding of the macro-social settings. Others focussed closer to home and discussed how hard it was for them and their family.

Some pointed to past tragedy or the impact of trauma on their lives. Others emphasised that their current circumstances made it difficult to move on and out of disadvantage. Some considered the levels of support available to them inadequate, while for others problems accessing available support made moving on more difficult.

Some of the stories we heard recounted the past, from which families had since moved on. Some who had experienced homelessness, for example, were critical of those who they perceived as 'scamming' the system. These people wanted to distance themselves from those they previously associated with. Some who had previously used drugs and alcohol tended to be critical of those still 'using'.

Some people appeared to have internalised the negative attitudes towards them. They tended to portray themselves in a very negative light and were difficult to engage around any positive experiences or to express any hope at all of moving out of entrenched disadvantage. They were really 'stuck'.

Some family members could relate to some of the negative stereotypes of people in disadvantage and the complexities of life in disadvantage that made it hard for people to move on. Their stories were nuanced and often insightful. They also tended to be more empathetic to the plight of those in entrenched disadvantage while being critical of both human fallibility and systemic dysfunction. In a sense, these were the family members who most embraced the nested ecological model as a frame of reference. They could see how the systemic related to the personal, in their own lives and those around them. They eschewed the binary distinctions and wanted to think through ways of integrating the different life worlds. Rather than pointing the finger at one level or the system they could articulate how things needed to change across levels, including within themselves.

*"I think there is room for change across all those areas because they are all connected. The big picture is really important. We get the messages all the time and it ripples through everywhere. Government sets the policy and it affects how their staff and the agencies contracted think about things. At the other end lots of people are affected by this and they change the way they are as a result. But, it doesn't have to be this way. People can change, governments can change. Contractors can change. If we all changed a little bit, the whole show might work a lot better? Why don't we meet in the middle? On neutral ground."*

The different perspectives on the big picture help us understand the significance of the stories we heard in the interviews. They are important elements of the worldview of the families we engaged in the project. How they see the world is very relevant to what they believe should happen in it, and why.

### **Journeys in entrenched disadvantage**

People's stories about their journey through entrenched disadvantage varied.

Some were born into it. Sometimes they told stories of multigenerational disadvantage. For these people, entrenched disadvantage as a concept is difficult to grasp. This is their life, the lives of their parents and grandparents and the lives of most of the people around them. It is their big picture. There is little awareness of any bigger picture to discuss. Things just happen. There is very little one can do about it.

*"My kids and I have never known any different. Life just happens. Sometimes it is very bleak and then every now and then a ray of sunshine breaks through."*

The locus of control for people in this situation is very tightly constrained. Survival is paramount. It is difficult for someone in these circumstances even to consider that things could be different. Those stories we heard about family members moving out of such deeply entrenched

circumstances were rare, which only adds to their value.

Some families told stories about their journey into, and sometimes through, entrenched disadvantage. For some, tragedy or trauma was a catalytic experience. Others fell into it through physical or mental health problems that prevented them from participating fully in society. In some of the stories, the journey began with what happened to someone else. A significant cohort were grandparent carers who took on caring responsibilities when their grandchild(ren)'s primary carers couldn't or wouldn't.

Through all of these stories it is evident that the phenomenon of entrenched disadvantage is a complex interaction of factors relating to the individual (including their family of origin and current family arrangements), their broader relationships (extended family, neighbours and friends), elements of the social system (sometimes many elements) and the broader social policy environment.

### **Policy in real life**

The relationship between the big picture and other domains is complex. Many stories indicated the perceived negative attitude towards people in entrenched disadvantage as a significant factor, but this was mediated at a range of levels by other forces. For some this may have been human service providers who offered help with an attitude of respect for the dignity of

the family member. For others it was strong neighbourhood networks or circles of friends or supportive family members.

All too often the stories we heard were about multiple and compounding adverse events, at various levels. On top of perceived punitive and disparaging experiences with government agencies, family members told stories about engagement with community-based support services that, in their opinion, did not help them in their circumstances. Neighbourhood and family relations varied and could be either helpful or add more challenges.

After the interview process, the project hosted four 'focus groups' for family members. Most of the focus group participants had contributed over twenty hours of interviews over the year. Through these discussions, it was clear that they felt the narrow focus on individual responsibility that has dominated political discourse and the media obscures the structural factors shaping people's lives. The qualitative research explored how family members encounter some of these 'structural factors' and how these factors, along with the many other things in their lives, affect their wellbeing.

In the focus groups, discussions about the policy settings related to people in entrenched disadvantage were robust. Participants expressed the view that government was very out of touch with the experience of families in entrenched



disadvantage. Stereotypes of families belied the fact that there are wide varieties of people and groups that may fit under the banner of entrenched disadvantage.

Family members told us that current approaches to families in entrenched disadvantage, informed by negative stereotypes, are experienced by them as punitive and oriented towards surveillance. They felt the focus on families in entrenched disadvantage as a liability to society obscures the real need people have for support and the potential for them to move out of entrenched disadvantage, given the right type of support.

The strongest criticisms were directed towards income support policies and active labour market programs. The current 'Raise the Rate' campaign was strongly supported by many, who were veterans at surviving well below the poverty line (on Newstart previously and now Jobseeker). Some family members had been impacted by 'Robodebt' and were still recovering from the trauma. For the majority, how they made sense out of the complex web of macrosocial policy was through their own experiences and observations.

In the 100 Families WA Project's Action Planning process, a Community Advisory Network member, who was also one of the family members interviewed, suggested it would be helpful for the Project to look at the range of current policy documents, where they were currently at and what issues were under consideration.

(He had recently been working through a copy of the National Mental Health Plan and noticed there had already been several. As a result of this exposure, he wondered why none of the other ones had worked?)

Many of the family members we met with were confused by the complexity of the social policy landscape. Some were unimpressed by attempts at explanation, particularly those that tended to blame one part of the system over others.

*"We don't really care if it is the fault of government, service providers or individual workers, we just want it fixed!"*

Family members did have suggestions of how to fix the policy framework, and most of them involved significant increases to welfare programs and income support.

The following sections are included as resources to help Project Team members and the broader readership to think through relevant policy areas from the perspective of families in entrenched disadvantage to find points where they or their organisations might engage in the process of working for change with families in entrenched disadvantage. We have limited the following sections to the main topics of discussions with family members and are deliberately limiting the discussion to a brief (but hopefully adequate) introduction to the key themes. Readers are encouraged to explore these complex areas further and limited references are included to assist.

## Welfare policy in Australia: A very brief history

Income support policies and labour market programs are complex and to understand them it is best to go back to the fundamentals of our ideas of welfare and the organisation of our economy. The way Australia has evolved has been a hybrid of elements borrowed from the UK and others from the US, with an eye on other Western European systems. The UK influence in the modern era goes back to the design of the Welfare State inspired by the Beveridge Report (1942) at the start of the post WWII reconstruction period. The idea was for a comprehensive safety net, funded from general revenue. Around this time (1941), the Menzies Government in Australia introduced non-means tested payments for families to help with the cost of raising children.

The US influence has in recent decades been captured under the rubric of the 'Washington Consensus' or what is known as the neoliberal approach to social policy (also known as 'trickle down economic theory'). The focus here was on greater reliance on market forces and less on social safety nets to deliver prosperity. Western European influences have tended to be more socialised or, in the context of the Scandinavian countries, more comprehensive social democracies. This of course is a grand generalisation and there are many nuances.

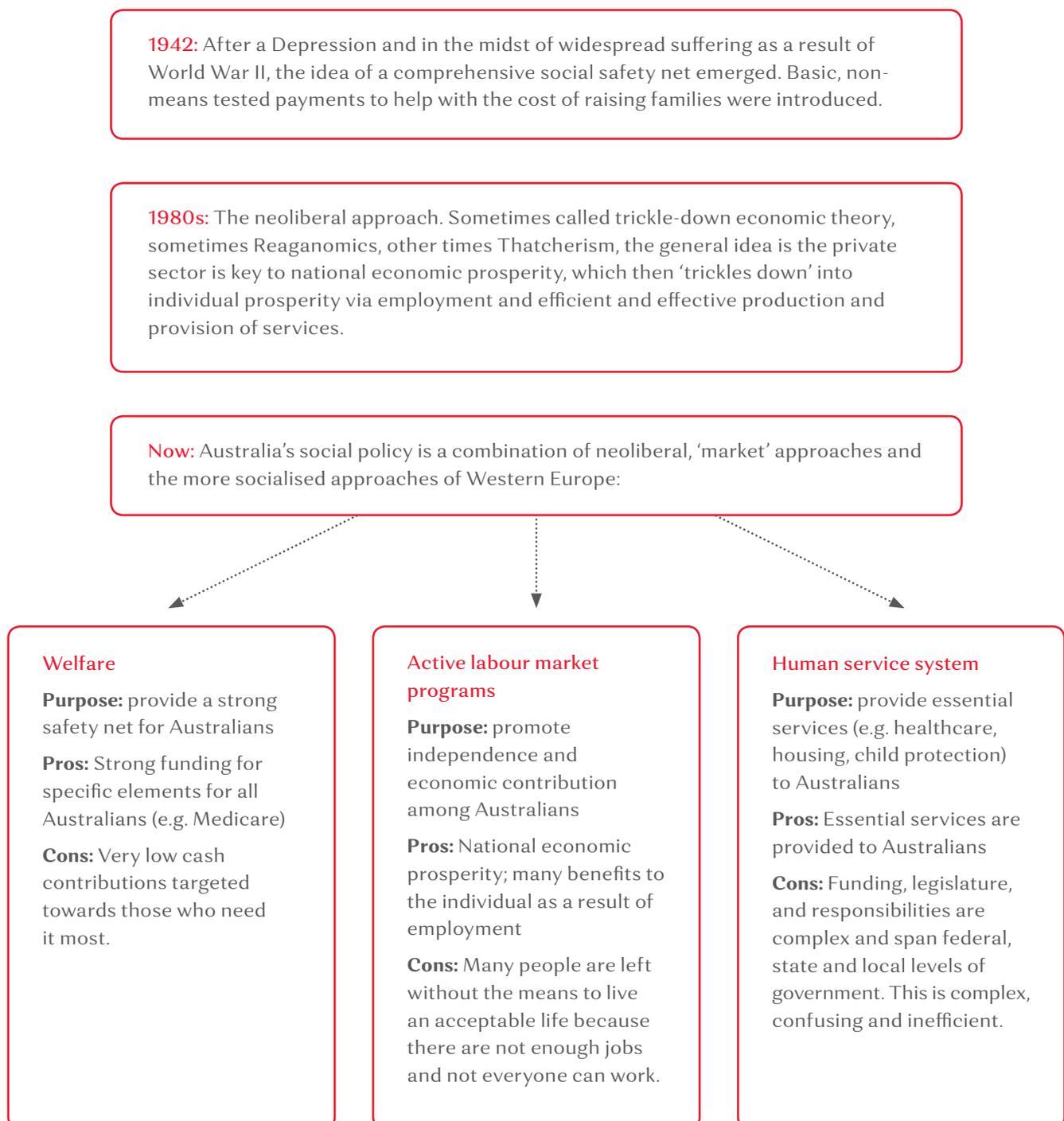
The family members we spoke to tended to look at the policy framework from the ‘bottom up’. From this angle, they were very aware of the failings of the system. They saw the vestiges of the Beveridge inspired welfare state as vital supports for them

struggling to survive in our society and the hope of the promise of neoliberal reform as cold comfort.

*“It is all right for some. Those that have managed to climb up the greasy pole and those that have*

*had it handed to them, went to the right schools, wear the right clothes. It is a very different story for the rest of us. If you started with nothing or lost everything along the way, you are screwed – and it seems to be getting worse.”*

**FIGURE 6:** A snapshot of welfare policy in Australia





## Current trends in social policy

A distinctive feature of Australia's approach has been a commitment to the twin poles of a strong and adaptive market economy and a strong social safety net (Holden, 2019). However, it is argued that the social safety net has, in recent times, become worryingly thin (Holden, 2019).

Managing the tensions between a strong, internationally competitive market economy and the requirements of a strong social safety net is one of the key challenges of our age. There are many competing proposals for how to do this. Market-oriented approaches favour industrial relations reform to keep the labour market flexible and to keep costs to business down, lower taxation, and low government costs (including welfare costs; Scharpf & Schmidt, 2000). Advocates for the social safety net traditionally call for increased welfare spending, although there are newer voices that champion alternate approaches to resourcing this.

Advocates for alternative resourcing of social programs and services, such as through 'for purpose' business models, social entrepreneurship, collective impact approaches, impact investment, often advocate on the basis that the cost savings of addressing social issues outweigh the costs of the efforts to do so. Additionally, it is argued that there are large enough investment and

consumer market segments who are willing to sacrifice financial returns and/or pay a higher price for goods and services in favour of social returns.

The current policy environment in Australia has evolved in the above context. The way things are is only one of the possible states of affairs. International comparisons indicate Australia is leading the way in some areas, but, arguably, lagging behind in others.

### Welfare

In terms of welfare spending, Australia has one of the most targeted welfare systems. On the other hand, our level of (cash) welfare spending for those most disadvantaged places us very low on the ladder by international standards (Whiteford, 2013).

Some see the times as being right for change.

*The Australian experience can be seen as symptomatic of a world-wide movement away from the neoliberal policy model of the late twentieth century to a new paradigm that has at its core the quest for a better integration of economic and social policy. (Smyth & Buchanan, 2013)*

The idea of better integrating economic and social policy is not new. Australia has a long history of 'centrism' - approaches that bring together elements of 'left' and 'right' wing politics in the centre. Advocating for greater welfare spending alone is less likely to be effective than advocating for strategies that address the

needs of those disadvantaged and contribute to making the economy perform better.

Given the strong focus on employment in current social policy in Australia, and family members' (generally negative) experiences of active labour market programs (e.g. Work for the Dole), the next section will draw on international examples to examine how labour market programs can work effectively.

### Labour market approaches

Economic policy in Australia in the past few decades has targeted an unemployment rate of around 5% to control interest rates and inflation. It is worth noting that the federal government has recently lowered its employment target to below this level in an attempt to drive economic growth (Wright, 2021). Nevertheless, the issue of labour market programs should be considered in this context. These programs relate to welfare and income support policies as they have the potential to help manage transitions between periods of employment or from welfare to work. This is significant, as many components of Australia's income support and welfare provision system are linked to employment (superannuation, workers' compensation, and sick leave).

Active labour market programs have become increasingly popular in Australia and beyond. They are based on ideas about mutual obligation, reciprocity, and individual responsibility. A key issue for

active labour market programs is the extent to which they provide real improvements to the skills of participants, leading to real and meaningful jobs. Some Australian examples (e.g. Work for the Dole) have been criticised for failing to meet this standard. Current trends such as long-term unemployment, underemployment, and insecurity of paid work point to the need for significant reform in current approaches to labour market programs in Australia (Horn, 2013).

Comparing Australian to Western European systems, there are some real differences. The best active labour market programs include much stronger investment in skills development, provide more liveable rates of income while unemployed and in transition (usually with the added support of private contribution based schemes for workers e.g. unemployment insurance), and a stronger industrial relations framework that holds wages and conditions to higher standards for all workers (Horn, 2013).

Without these supporting factors, active labour market programs can have a significant, negative impact on the most vulnerable people in our society. More people are likely to fall out of the job market and those who do are likely to find less of a safety net to catch them, starting or continuing the 'poverty cycle'. However, many other current trends in social policy are already well established and strongly supported.

### Moving forward with regard to social policy

Given the abovementioned policy perspectives, we need to think carefully about how to respond. During the time of the *100 Families WA* project, the COVID-19 pandemic contributed significant disruption to both rhetoric and action around supporting Australians who had fallen on hard times. Some of the Project Team were optimistic the government's response heralded a new era, only to be disappointed when we snapped back to the previous ways of welfare benefits continuing well below the poverty line. The 'Raise the Rate' campaign led by ACOSS generated a broad coalition of support for change. The Australian Government's response, however, was limited with only a \$50 a fortnight increase in the JobSeeker payment following the end of the Coronavirus Supplement on 31 March 2021.

Perhaps we need to consider some new approaches. Discussions with some family members indicated they would be very keen to see integration between economic and social policies, including a stronger emphasis on active labour market approaches, on the understanding that these would focus on providing real support for people to develop skills and knowledge relevant to the employment market and support for successful transitions to employment. Of course, it needs to be acknowledged that employment

is not going to be an option for everyone, and those who genuinely can't will still need ongoing support.

*"I lived in China for a while. They do not have all the welfare programs we have; the family has a much stronger role over there. Here in Australia we are very lucky, but sometimes I think people have too much choice. I would gladly sacrifice some of that freedom for more help where and when I need it. I accept that getting a job is the best form of welfare, but the current approach is not very helpful. Work for the Dole programs are a joke, soul destroying with no real benefits. Most people want to participate in the workforce; it is about a lot more than the money. It is also about being productive and the pride that comes with that. Being a productive member of society. However, some people do not know how to get there. They need help and sometimes they need more help even some very directive help. Not sure if Australians are ready for that. I am also not sure the government is serious about wanting to get people into work. It feels like we have given up on the 'too hard' cases and are just going through the motions."*

Another aspect of the Australian approach to social policy relates to the constitution as a Commonwealth and Federation of States. Family members were understandably not readily able to identify what needed to change and where to focus their attention in order to address the issues they saw in the current policy environment. Most of their angst was



addressed to an amorphous ‘them’ or an undifferentiated ‘government’. Several family members were very articulate about wanting to learn more about how policies develop and how to influence them.

*“There is obviously a lot going on out there and if we want things to change we need to get better at making sense out of all the ‘blah, blah, blah’ we hear. There has to be some way for ordinary people like us to get some skin in the game and cut through to the things that are important to us. We see it from the bottom up, they have no idea what it is really like for us.”*

Accordingly, there is a clear need to involve people who are affected by social policy in its development. In addition to income support and adjacent policies (such as mutual obligation requirements), a major way in which people experiencing disadvantage interact with social policy is via the human service system.

### **The Australian ‘human service system’**

It is not surprising that the family members we spoke to found the service system in which they are situated in to be opaque and confusing – it is. Nevertheless, if we are serious about working for better outcomes for families in entrenched disadvantage we need to do the hard yards of thinking it through and getting better at targeting key issues and the right parts of the system. This section is intended to help those who want to

understand the complexity of the human services system and work for change.

Why is our system confusing? Australians are governed by a three-tier system of government – Federal, State and Local – each level or sphere having different powers and responsibilities and providing different and sometimes overlapping services. These three levels/spheres of government attempt to work together to provide the people with the variety of cash and non-cash welfare services they are seen to need. The federal government raises most of the taxes and funds large social programs such as social security (unemployment/aged/disability pensions etc.), labour market programmes, immigration, childcare, and employment; state governments are responsible for services such as schools, hospitals, housing and community and child welfare services; and local government manage local matters that are close to our homes including many community welfare services.

However, a maze of ever-amending legislation authorises each of these spheres of government to do their work and it is unsurprising that many Australians are confused about who does what and who funds what. To add to the complexity, all three spheres of government provide social and welfare services themselves but increasingly fund non-government organisations to deliver them via complex contractual arrangements.

Those contracted are both for-profit and not-for-profit organisations. Indeed, these non-government or community sector organisations play a huge role in the lives of families experiencing poverty and provide an ever-changing range of services. Additionally, many of the not-for-profit organisations are funded by bequests and private donors and so can provide services not linked to government contracts. At last count, there were around 600,000 community sector organisations, amongst them a very large number that provide social support services and sometimes cash benefits for people living in adversity including poverty (Productivity Commission, 2010).

In addition to the federal government’s role in income support and labour market programs, many of the responsibilities vested in the states have a significant role in supporting their populations, including people in entrenched disadvantage. Family members discussed instances of engaging with the following state-level service systems in the interviews and focus groups:

- Health
- Housing
- Education
- Child protection
- Justice and Police
- Family and domestic violence

While acknowledging that the core functions of each of these portfolios relates to the general population, there may also

be issues that affect families in entrenched disadvantage disproportionately or strategies that could be better targeted to support these families.

## Health

The health sector in WA is complex and negotiating its various parts can be daunting. Attempting to secure seamless and ongoing support in this environment is a particular challenge and one highlighted in the stories our family members told us. The complexity of the system is partly a result of the mix of federal and state funded public hospitals and community mental health, aged care, drug and alcohol, disability services and primary care, along with privately funded health and community-based services.

The policy environment is equally as complex with a range of current policies and frameworks across mental health (Mental Health Commission, 2019); women's health (WA Department of Health, 2019a); men's health (WA Department of Health, 2019b); youth health (WA Department of Health, 2018); and disability (WA Department of Health, 2016) to name a few. Importantly, a specific framework covers the health and wellbeing of Aboriginal people - the WA Aboriginal Health and Wellbeing Framework 2015-2030 (WA Department of Health, 2015). The overarching policy framework across the broad scope of health is the Sustainable Health Review (SHR; Sustainable Health

Review, 2019). This framework covers the period to 2029 and is complemented by the aforementioned policies and frameworks. All recognise the importance of addressing the social determinants of health, (and for Aboriginal people, cultural determinants of health), to improve health outcomes, particularly for those living in entrenched disadvantage.

Across health and human service sectors, there is increasing recognition of the need for multi-sectoral partnerships to address holistically, the complex factors that influence health and wellbeing and this is reflected in the SHR. Improvements in one or more of the social determinants of health has huge potential to enhance overall health and well-being for those living in entrenched disadvantage (Hood et al., 2016). The focus on social and cultural determinants of health in the state's policy documents is of upmost importance to our families. Their stories of unemployment and job insecurity, poor quality housing or homelessness, low educational achievement, racism, discrimination, and stigma, to name a few, are supported by evidence that suggests that clinical care only influences 16% of a person's overall health and well-being. The major influence on health comes from the socioeconomic, environmental, behavioural, political, cultural, and genetic factors that shape people's lives. Apart from genetic factors, the others can be

modified with political will and appropriate resources.

There is recognition in the SHR of the increasing and ageing population in WA as well as increased incidence of both chronic disease and mental health issues. The stories the family members told us illustrate the impact of these conditions on their lives. Recent research has found that for those living with both mental health issues and chronic physical health conditions, life expectancy is lower by almost 16 years for males and 12 years for females who do not live with such issues (Lawrence et al., 2013). Additionally, those living in disadvantage are more likely to have diabetes, coronary heart disease and stroke (Australian Institute of Health & Welfare [AIHW], 2016) compared to those who are not disadvantaged. Access to care to address these and the myriad other health issues that our families told us about in interviews is vital. As such, health service access becomes an important social determinant of health for those living in entrenched disadvantage.

To improve health and well-being outcomes, care provided must be affordable, accessible and, importantly culturally appropriate. To support the needs of the community adequately and appropriately, there needs to be recognition that strong links between the tertiary sector, primary care and a wide range of health and well-being and social care services is necessary.



Whilst the importance of the provision of affordable and accessible services when and where they are needed is recognised in the SHR, the stories that family members told reflects a different perception: health service provision was experienced as siloed, inflexible and often not available when it was needed. The result was that family members either did not access services or accessed services that did not meet their needs resulting in less than optimal, or unacceptable outcomes.

Reducing disparities in health outcomes and access to care is a focus of the SHR. The vision of the SHR by 2029 is for partnerships that are purposeful to improve the social determinants of health. For family members to enjoy improved physical and mental health outcomes and improved quality of life, inequity and inequality must be reduced: a reduction in disparities in health outcomes must be more than a policy aspiration.

The impact of poor mental health and difficulties accessing mental health services were prominent in the stories of family members. The family members' concern for poor mental health is reflected in policy documents. As noted above, WA has a specific Mental Health policy (Mental Health Commission, 2019), but mental health is also seen as a priority area in the Women's Health and Wellbeing policy. Social and emotional wellbeing is a priority in the WA Aboriginal Health

and Wellbeing Framework and, although the Men's health policy does not specifically focus on mental health, it includes action on areas that support positive mental health including social interaction and engagement. The SHR also notes improvements in mental health outcomes as a priority. Specifically, the SHR recognises the need for "sustained, holistic and transformational reform" (p6), for mental health support to be integrated with support for physical health challenges and for evidence-based services built around those experiencing the mental health challenges. Family members would welcome being at the centre of service delivery.

The often-fragmented nature of health systems is amplified for those in entrenched disadvantage and the experiences of our families provide lived experience of this. The overall tone of the SHR is one of individual and community partnership with individuals and communities co-designing health and social care services across the entire process: from the design, to delivery and reporting of outcomes. This would be a welcome advancement if implemented in a robust manner for many of our families as they spoke often of the inappropriateness and inaccessibility of many services, including the inflexibility and restrictive nature of their eligibility criteria. The result is that many family members felt they 'fell through the gaps' of service delivery.

### Connecting lived experience and health policy: Potential spheres of influence for 100 Families WA partner agencies

Health related Western Australian policy documents describe a set of common priority implementation processes in efforts to improve physical and mental health; and well-being:

- The importance of addressing the social and cultural determinants of health including recognising access to appropriate services and support as a social determinant;
- The importance of purposeful and multi-sectoral partnerships to holistically address health issues;
- The integration of mental health support and support for physical health conditions;
- Re-imagining of the health system for effectiveness and sustainability; allocating sufficient levels of funding and targeted to prevention as well as primary health and tertiary services

These priority areas provide opportunity for important and substantial involvement for 100 Families WA partner agencies. Whilst the respective partner agencies are best placed to effectively identify these opportunities, the following are offered:

- As part of their core business, the 100 Families WA partner agencies provide support for a range of social and cultural determinants of health.

Strengthening partnerships and networks across agencies and, importantly, across sectors with other services and organisations working on the respective determinants would ensure an authoritative voice in advocacy endeavours. Strong partnerships would also ensure *100 Families WA* partner agencies (in the human services sector) are more closely connected to all levels of services in the health sector and, therefore potentially have extra influence in efforts to ensure seamless support for physical and mental health issues and enhanced well-being.

- The influence on health of a broad range of social and cultural determinants is both a positive and a challenge: a positive in that there are multiple entry points for advocacy, but challenging in ensuring efforts are not spread too thin, and hence less effective. Being cognisant of this is important.
- Access to appropriate and effective support is vital to improve health and wellbeing. The potential opportunities for *100 Families WA* partner agencies in this space are dual-faceted: at the level of service delivery and policy. At both levels, partner agency staff should conceptualise and operationalise ‘access’ in its broadest sense: geographical, cultural, financial, hours of operation, and eligibility criteria for services.
- Ensuring that reform and transformation of

the health sector is more than an aspiration; it provides opportunities for involvement. The *100 Families WA* project partners are important stakeholders in advancing the co-design and inclusion of the voice of lived experience agendas. This is also an important avenue for involvement of the *100 Families WA* CAG.

### Homelessness and Housing

Safe, secure, and affordable housing is both a fundamental human right but also plays a critical role in positive education and employment pathways, good health and improved well-being and quality of life (see Bridge et al., 2003). On the other hand, homelessness, insecure housing, and high housing costs act as detriments to educational attainment, access to employment and poor health and well-being. The *100 Families WA* project included family members living in a range of housing tenure states including a significant number who were experiencing homelessness at the time of the Baseline survey, those in public or community housing in which rent is subsidized and set in relation to assessable income and those in the private rental market where Commonwealth Rent Assistance may not be sufficient to relieve housing stress given high rents and low income.

On Census night 2016, 36.4 people per 10,000 in Western Australia were estimated to be experiencing homelessness using the broad definition

of homelessness used in the Census. While the rate of homelessness dropped in WA from 2011, the rate of rough sleeping increased between the two Census dates (see Kaleveld et al., 2018). In 2019–2020, 24,956 clients in Western Australia accessed 177 specialist homelessness agencies representing 95 people per 10,000 population (AIHW 2020a). The rate of Aboriginal people in Western Australia accessing specialist homelessness services was considerably higher (1,099.3 per 10,000 population) than for the overall population. Family and domestic violence, financial difficulties and relationship or family breakdown are the three proximate reasons for clients seeking support by homelessness services. Beyond these factors, the lack of growth in the public housing stock in the last decade (AIHW 2020c) and long waiting lists for public housing (AIHW 2020c) impact on levels of homelessness in Western Australia. The Western Australian Government’s *WA Housing Strategy 2020–2030* will provide a significant boost to the stock of social housing over the next decade.

Homelessness services in Australia are primarily funded by the Federal Government and the Western Australian Government (see Flatau et al., 2017) under the National Housing and Homelessness Agreement (NHHA) and provide a range of services including but not limited to accommodation, housing tenure assistance and general support including family



and domestic violence support, material aid, and financial advice (AIHW 2020a). The WA service system for people facing homelessness in WA includes a range of supports and responses (Kaleveld et al., 2019):

- Crisis Accommodation and Transitional Accommodation support services;
- Tenancy Support to those in housing who are at risk of homelessness including those exiting homelessness;
- Specialised support to meet a broad range of needs or referrals to other services;
- Transitions to Permanent Housing with Support.

It is the last of these areas that is receiving the most attention in Western Australia. It was a particular focus in both the Western Australian Alliance to End Homelessness and the WA Homelessness Strategy (All Paths Lead to a Home) and the 2020-2025 Action Plan. These focus on the implementation of Housing First initiatives in Western Australia particularly with respect to rough sleepers, building a No Wrong Door approach and significantly expanding culturally appropriate support for Aboriginal people experiencing homelessness.

In terms of affordable housing more generally, a new Western Australian Government housing strategy *The WA Housing Strategy 2020-2030* was launched on 14 October 2020. The Strategy has a clear goal of addressing shortfalls in social and affordable housing

for those families who are experiencing hardship. The WA Housing Strategy commits, for example, to a 6% net increase in social housing over the next 10 years. The WA Recovery Plan announced in July 2020 includes a \$319 million Social Housing Economic Recovery package comes on top of other significant housing investment packages in the last few years.

The WA housing market has been relatively sluggish in recent years but through the end of 2020 and into 2021 house prices, and rentals started to increase sharply with a tightening in vacancies. This coupled with the end of the COVID-19 Job Keeper program, COVID-19 Supplement and the moratorium on rental evictions and price increases could see significant housing stresses, evictions, and homelessness for those in hardship in the coming months.

### Education

Education as a policy matter is often absent from the general discussion of 'welfare' provision, despite it being one of the largest expenditures of government tax receipts and it, at some point in everyone's life, involving mandatory engagement.

### Commonwealth/State responsibilities

Education in Australia is a distributive measure of government social policy for compulsory school attendance for children between the ages of 4 and 18, depending on the

state in which they live which determine these compulsory attendance years. This means Commonwealth funding now applies universally ensuring government support for all children, a situation that occurred relatively recently in the middle of the Twentieth Century (Shorten, 1996). Therefore, education is a complex portfolio sharing responsibilities between the Commonwealth and the State, with private providers also both delivering a substantial proportion of education services as well as receiving a substantial amount of Commonwealth funding.

While the Commonwealth provides a considerable amount of funding and as such has a significant role in determining policy, for example the use of NAPLAN and National Curriculum, the States have the day-to-day running of and managing the early years and compulsory education. For the purposes of this report these two domains are the most salient, although access to higher education and consequently, arguably, improved life chances also affect people experiencing entrenched disadvantage. One of the most significant correlates for families and their engagement with education is the area in which they live, sometimes known as locational disadvantage (Skattebol & Redmond, 2019). Children and young people often do not have the opportunities, extra school facilities and supports or positive family experience

with schooling to smooth the pathway through learning to productive engagement with the social and employment world.

### Western Australia

The Western Australian compulsory education system includes the state-run schools, of which a sub-set is the Independent Public Schools (IPS) and the Private or Independent school system. The IPS are governed by the state education system regarding educational standards, curriculum etc, but differ in that they have autonomy over their budgets. This means Principals can organise their staffing according to their needs and strategic plans. Some Principals have expanded their student support services to include service organisations providing services on the school site or linked to the school. These may cover occupational therapy, speech therapy, playgroups, counselling (non-psychology) services and others. The children of families in the *100 Families WA* project are more likely to attend state run or IPS schools but they may also attend Independent schools, including religious schools.

In WA there are several policy instruments and programmes which influence families' life chances. For example, there are 22 Child and Parent Centres offering a range of services such as:

- maternal and child health services
- speech therapy support

- paediatric services and paediatric referrals
- family psychological services
- counselling services
- antenatal classes
- early learning programs
- early literacy/numeracy programs
- cultural programs
- child support activities
- playgroups, including Best Start Aboriginal playgroups run by the Department of Local Government and Communities
- school holiday programs
- other child support programs, for example, Rhyme Time, Aboriginal Story Time
- parenting and family support
- parent literacy support
- parent workshops and groups, for example the Positive Parenting Program (Triple P), protective behaviour workshops, new parent and baby groups, young parent workshops (for under 25 year olds) and managing behaviour workshops
- transition schooling activities
- multicultural programs and services
- referrals to other services.

There are also 18 Community Kindergartens offering alternatives to school based on site kindergartens.

Kindilinks are specifically Aboriginal facilities for pre-schoolers, of which there are 38.

Other programmes such as Triple P, a parenting programme, and other resources are available. However, to access all these, parents and carers need to know where to look, have sufficient literacy and have ready access to the internet.

The Nationally auspiced School Chaplaincy Programme has been adopted by many schools as an addition to their student support services alongside school psychologists, although in many schools it is expected teachers will also provide pastoral care.

### Full Service Schools (FSS)

Full-Service Schools have a lengthy history overseas, particularly in the US, but have been less present in WA. Some IPS have instituted FSS, a notable initiative in 2007 at the Neerigen Brook Primary School which employed the on-site method of inviting agencies and services to provide services at the school instead of linking services with the school but retaining the service provision off site. Situated in one of the 'locationally disadvantaged' areas of Perth, the school was able to provide material and social supports to families through this programme which was funded by a not-for-profit organisation. These supports extended to family members who were in prison. The Education Department was aware of the programme but did not resource it in any way despite the school achieving increases in the AEDI and was improving NAPLAN scores over the years. A number of



schools have since undertaken a variation of the FSS, for example Integrated Schools, Community Schools, Extended Schools and others. All these initiatives have been developed by the schools themselves with no involvement or separate funding from the state Education Department. This has changed recently with, in addition to the Parent and Child centres, which are state funded, the funding of a trial FSS at Armadale Senior High School in 2018. Running for three years this trial includes a 'range of services including after-school activities, life skills training for parenting support or specialist health services and part-time community projects' (Armadale Senior High School, 2018) with a plan to include further services.

The purpose of FSS is to address any barriers or impediments to children's engagement with learning at school. This might be through the provision of therapeutic services, such as speech therapy; supplementing home provisions such as offering breakfast clubs at which pupils may access breakfast and engage with other children and volunteers through reading activities; providing family supports to enable parents and carers to improve their literacy skills so they can assist their children's learning, and many others. Importantly, FSS are locally provided services, reflective of the needs in the local community with the intention of strengthening both the individual children and families' engagement

with school but also their local community. They are very much a 'place-based' programme, with the intent of fostering and maintaining supportive and productive relationships designed in collaboration with families and the local community.

### Connecting the lived experience with education policy

The FSS model would meet many of the identified needs of the Family Members in the *100 Families WA* project: providing for a local service provision hub; listening to and addressing families' concerns; and encouraging the development of local and informal support networks. It would also contribute to the Education Department's Strategic Directions (Department of Education, 2019) for the next three years. The six 'drivers' (listed below) outline the vision for children's education which, while recognising that teaching and learning are schools' core business, for example, 2 and 3, there is a considerable focus on partnerships with families and other service providers and community (5) and the recognition that children need additional supports (1) to be able to access the educational resources. Additionally, there is an expectation that the local school and its staff know the local area best and so will design its services in such a way to maximise educational opportunities. The final driver relates to research and, again, while focusing on educational

matters, could well incorporate evidence resulting from the implementation of specific programmes, such as the trial of the FSS at Armadale SHS.

1. Provide every student with a pathway to a successful future
2. Strengthen support for teaching and learning excellence in every classroom
3. Build the capability of our principals, our teachers and our allied professionals
4. Support increased school autonomy within a connected and unified public school system
5. Partner with families, communities and agencies to support the educational engagement of every student
6. Use evidence to drive decision-making at all levels of the system

A thread throughout one family member's yearlong interviews was the support provided to her child from the school. This was so significant that when the family was rehoused after several months moving from several friends' houses and living briefly in a car, they chose and were permitted to remain with that school so that the child could continue with that school. The autonomy (4) of that school to make that decision was essential, as were the arrangements within the school to provide extra curricula support for the family as well as the child. This was not a FSS but nevertheless has a dedication to partner with the family (5),

to provide the child with the social and emotional wellbeing strategies and services (1) which enabled them to achieve the standards of that level and move successfully through the grades despite the disruptions, not only from the precarious housing situation, but other challenges such as insufficient income, ill health and constant oversight from welfare authorities over the child's safety caused by the housing insecurity. The school provided a bus pass, food parcels and other material resources.

This school and others are able to support such activities through the partnerships they have with local agencies, and in some cases, government departments. The Family and Children's Centres for example are state government funded. As such they fulfil state government priorities concentrating on early learning rather than being solely directed by local concerns. Taking these centres and FSS together as locally based facilities provides communities with strong supports for families and children.

Knowing and being an active part of the local area, engaging in ongoing and meaningful ways with local community organisations and extending the 'core business' of the school is the essence of a FSS or any of the other types of 'community' schools as named above. All schools have the mandate from the Strategic Directions to follow such a path. And many agencies can form

the partnerships with schools to enhance the services they already provide families.

### Child protection

Child Protection is a particularly sensitive and important area of work. Throughout this project it has been demonstrated that the need to attend to the protection of children is one element of a much larger issue, the (in)ability of families to lead satisfactory and productive lives because of various adversities in their circumstances. International research has demonstrated how families who experience hardship are disproportionately present in the investigations and subsequent interventions by child protection authorities (Bywaters et al., 2019; Oates 2019). Compellingly, and in an Australian context, McConnell and Llewellyn (2016, p. 553) note 'child protection cases typically involve families struggling through socio-economic hardship'. It is now an incontrovertible reality that this disproportionality and its link to socio-economic disadvantages grossly impacts our Aboriginal people (Family Matters, 2016)

Statutory responsibility for the care and protection of children who have been abused or neglected or who are considered to be at risk of such adversities, resides with Australian state and territory jurisdictions. Each jurisdiction is governed by its own such legislation so that the specifics of regulation differ despite there being very common principles embraced by each. State and territory child protection

services also provide supports and interventions to promote child, family and community wellbeing, and build the capacity of families to provide care and protection. These include *family support services; intensive family support services; out of home care (OOHC) services; and post care supports*. Each jurisdiction provides these services in various and often complicated arrangements with a variety of providers – both government (including local governments) and non-government.

The Commonwealth Department of Social Services (DSS) provides financial support and benefits to low income families and children via various payments. Further support is provided through grants and funding for organisations providing services for families facing poverty and other forms of adversity. Help for low-income families in raising children is also provided via arrangements such as the Family Tax Benefit. Other government departments and services play significant roles in the care and wellbeing of children and other vulnerable populations although they may not operate with this focus. These include education, housing, health, mental health, drug and alcohol and police.

The jury has been out for many years and there is now substantial research data and evidence about the association between poverty and child welfare (Bywaters et al., 2016). This is a worldwide



phenomenon and there is no reason to believe that in Western Australia the association between poverty and engagement with the child protection statutory system is any less evident than in other countries. Poverty along with Aboriginality is a constant defining feature of the lives of most children and families in Australia who are reported to and investigated in relation to concerns for the welfare of children (Family Matters, 2020). It is important to note that the link between socio-economic disadvantage, race, and child abuse and neglect is not a causal one. It is associational and multifactorial. The links between child welfare reports, poverty, vulnerability, and adversity are complex and include race, gender, mental illness, homelessness, and family violence. Indeed, following his research into evaluating child protection in Western Australia, by the early 1990s, David Thorpe had already identified poverty alongside these other demographic factors as crucial ones in mediating notifications of abuse as well as decisions about placing children into the care of the State (Thorpe, 1994).

In Western Australia there are now approximately 5,500 children who have been placed in the care of the state because it has been determined that they cannot safely remain with their parent(s). For the majority of these children, it is not physical harm but neglect (generally related in some part to poverty) and 'emotional

abuse' (often related to family violence) that has led to their separation from parents. The majority of these children are placed by authorities to live with other family members in kinship care arrangements rather than in foster care (AIHW, 2020b). The costs remain substantial. There is also a particularly significant disproportionality in this figure as over 55% of these children are Aboriginal whilst Aboriginal people make up just over 3% of the general Western Australian population and Aboriginal children in particular, make up only 6% of the population of Australian children (Productivity Commission, 2020).

The significance of racial bias and poverty evident in these data and in the reality of the experiences of Aboriginal people cannot be overstated and provides important evidence for the urgent need for reforms such as Closing the Gap and re-framing child welfare through a lens of structural adversity rather than individual parental failure (McConnell & Llewellyn, 2016; Family Matters, 2016).

Child protection is a necessarily intensive support program for children. Total recurrent expenditure on child protection, care services (out-of-home care and other supported placements), family support services and intensive family support services was \$6.5 billion nationally in 2018/19 – a real increase of 9.5 per cent from 2017/18 (Productivity Commission, 2020). In 2017,

the costs of child welfare in Western Australia was estimated to be over \$472 million. This included child protection, OOHC, intensive family support and family support services (Australian Institute of Family Studies, 2018). In recent years in Australia in general there has been a major push to reduce the number of children entering statutory care by focusing on early intervention and support for families facing adversity and introducing a public health approach to system design (Higgins, 2015; Lonne et al., 2019). Yet, according to the most recent Productivity Report on Government Services (2020ROGS) these efforts have not yet reduced the upward trajectory of children entering care nationwide. As stated by Hyslop and Keddell (2018) an understanding of the impacts of social inequality and how it impacts on the life worlds of families and children is essential if we are to develop the most effective systems to keep children safe. Meanwhile, evident from the data in this research, "families living in poverty and struggling to safely care for and nurture their children" find themselves caught up in trying to navigate support services in ever under resourced and complex services system that are forced to operate "like the ambulance at the bottom of the cliff" (Harrison, 2021, p. 49).

### Justice and policing

People experiencing disadvantage interact with

the policing and (particularly criminal) justice systems at much higher rates than the general population (Fabio et al., 2011). The reasons behind these higher rates of interaction and the quality and equality of treatment received during these interactions are varied and multi-level. For example, people experiencing homelessness are, as a result of living on the street, frequently moved on by police, and many behaviours that are argued as necessary for survival among this cohort (e.g. trespassing, stealing food) are criminal (Gaetz, 2004; Greenberg & Rosenheck, 2008).

At the individual level, people experiencing disadvantage are exposed to more violence than the general population, including in childhood, and this exposure is significantly related to one's own criminal offending (Chauhan & Repucci, 2009; Markowitz, 2003). At the system level, there is ample evidence that disadvantaged people, and particularly disadvantaged people who belong to racial minority groups, are disadvantaged at every step of the justice process, such that they are more likely to be arrested, prosecuted, and incarcerated (and for longer periods) than their non-disadvantaged and/or non-minority race counterparts (Kurlychek & Johnson, 2019; Kutateladze et al., 2014). These are mere examples of the many reasons that individual disadvantage and the justice system interact.

It must be noted that interactions with police and

the justice system were not prominent themes in the interviews with family members, perhaps with the exception of dealings with the Family Court. This is likely attributable to the nature of the project, such that we did not conduct interviews with family members who were in prison during the project (with exception of one family member who became incarcerated during the interview period), and family members determined the topics of discussion and, indeed, the extent of their participation. Family members undergoing or anticipating extensive justice system interaction (e.g. court proceedings) may well have opted out of the interview process, justice system interaction was in the past for many family members, and family members who were having interactions with the justice system may have chosen not to talk about them for legal or personal reasons.

The relatively minimal mention of current justice system interaction in the interviews does not, however, conflict with the notion that those experiencing disadvantage interact with the justice system at higher rates. At Baseline, almost 1 in 8 family members reported experiences of juvenile detention in their youth, and 22.8% (more than 1 in 5) had been in prison as an adult.

Experiences of imprisonment, as a juvenile or as an adult, can significantly negatively affect one's trajectory through life. Employment opportunities are harder to attain with a

criminal record, and prisoners are at extremely high risk of homelessness, to name just a few life outcomes that are negatively affected by experience of imprisonment (AIHW, 2019). This represents another complexity of the relationship between disadvantage and justice systems, such that not only can disadvantage lead to justice system interaction, but experiences of imprisonment can trigger or further entrench disadvantage, even creating 'turning points' in one's life in which future life opportunities are cut off (Moffitt & Caspi, 2001).

In terms of the policing and justice systems in WA, their funding and management are largely state-based. In WA, policing services are delivered by Western Australia Police (WAPOL) while the justice system, including courts and corrective services, are administered by the WA Department of Justice. The functions performed by WAPOL and the Department of Justice are distinct but related. The mission of the Department of Justice is to "provide a fair, just and safe community for all Western Australians" (WA Department of Justice, 2020a, p4). Though the mission of WAPOL is more discrete - "to provide trusted and valued policing for Western Australia" (WAPOL, 2020) - the pillars of policing: enforcing the law, preventing crime, and managing and coordinating emergencies, have clear implications for the safety of the WA community, a core component of the Department of Justice's mission.



The ways in which each agency and departments within each agency fulfil their mission and undertake their core activities vary greatly, including by cohort. For example, the goal of youth justice services is largely diversionary (WA Department of Justice, 2020b), while adult corrective services are largely focused on the management of safety and security of people in custody (Western Australian Government, 2021). This is an oversimplification; the WA Department of Justice does run diversionary, rehabilitative and transitional services for adults and detention centres for youth. However, in terms of high-level descriptions offered by the Department on each section of its website, the main foci for juvenile and adult cohorts do differ.

The ways in which police and justice policy and practice in WA affect and interact with people experiencing disadvantage are difficult to know. We do know that lower socioeconomic areas have higher crime rates and higher police presence. We know that family and domestic violence is higher among socioeconomically disadvantaged populations. And we know that a lot of money is spent on policing and justice – the corrective services division of the WA Department of Justice alone has an operating budget of over \$1b. Crime, police and justice are regularly political issues, with ‘tough on crime’ policies and promises of greater police

numbers perennial features of WA election campaigns across the political spectrum.

What we don’t know is whether the investment in policing and justice is working to achieve the ostensible mission of a fair, just and safe Western Australia. There are parallels between policies and programs to tackle disadvantage generally and policing and justice policies, such that both can be designed to manage one’s time in a situation (disadvantage) or system (justice), or to exit. Some recent initiatives, such as Target 120, do aim to ‘break the cycle’ of recidivism and justice system interaction. The effectiveness of Target 120 will be reviewed in an evaluation to be finalised in 2022. The overcrowding and subsequent expansion of prisons in WA is not a great endorsement of current approaches.

### Family and Domestic Violence

Since accepting that family and domestic violence is indeed a public issue and not a private domestic matter, both Federal and State governments have developed various measures to address what is widely acknowledged as a major social and health issue. Five decades of policy and measures including the establishment of refuges and a multitude of accommodation and outreach programmes (legal, justice, human services, health), for victims and their children and for perpetrators, has not seen a significant drop in the incidence of family and domestic violence with some public attitudes still

excusing perpetrator behaviour and minimising the effects (Webster et al., 2018). While overwhelmingly women are the main victims of abusive behaviour, including emotional, sexual, and financial abuse and social isolation as well as physical harm and sometimes death, increasingly included in the victim statistics are the abuse experienced by men and boys. More recent strategies have recognised this and include in their provisions strategies to address abuse of all kinds, including, most lately, technology facilitated abuse (Woodlock et al., 2020). The Federal government’s Fourth Action plan of the national plan to reduce violence against women and their children 2010–2022 focusses on women. The most recent WA policy measures are contained in the Path to Safety. Western Australia’s strategy to reduce family and domestic violence 2020–2030. Citing the importance of attending to the needs of Aboriginal communities in particular and those of the regional areas, this strategy seeks to legislate, work through partnerships and develop models and other initiatives to meet the need. A key focus is on primary prevention as well as system reform.

The incidence of family and domestic violence in the 400 families who participated in the baseline survey was high with 78% of respondents identifying abuse through being a victim, perpetrator or witness. Family members told many experiences

of violence in the interviews. Some of these are retold in Chapter 8.

### COVID-19

COVID-19 brought about rapid, albeit temporary changes to the macro-social environment. Perhaps the most direct impact for families was the introduction of the Coronavirus Supplement with meant that, for the first time in decades, income support payments for jobseekers were above the relative poverty line.

Just over half (51.3%) of the family members reported that they had been receiving the supplement. In the COVID-19 report (Callis et al., 2020), we explored the effects of the supplement for families who received it, asking them how they intended to spend the additional income and how it was going to affect their lives.

The most common expenditures were bills, including rent, utilities, debt repayments, car registration, and car repairs, and food. Most family members reported that the Supplement allowed them to afford enough food, though many reported increases to the quality of their food. Other essentials, such as winter clothes for kids and educational supplies for both family members and their children, were also commonly cited as expenditures facilitated by the Supplement.

The most common impact that family members reported in response to the open-ended question “From April 27, an additional \$550 fortnightly

supplement has been/will be added to your income. In what ways has this or is this going to affect your life?” was improved quality of life (n = 41; 51.9%). This included reduced stress, the ability to get rid of arrears on rent and utility bills and in some cases get ahead on bills, pay debts and life being simply easier and more comfortable.

The short-term nature of the Supplement was top of mind for many families, and a very small number (n = 2; 2.5%) reported that the Supplement increased their stress due to fear about their financial situation once the Supplement is stopped.

Another way in which COVID-19 affected the macro-social setting for families was through messaging such as ‘we’re all in this together’. Many families did note a change in rhetoric around disadvantage in light of growing Centrelink queues (during the early period of the pandemic in 2020) and projected long-term job losses. Some felt vindicated by this, feeling as though the circumstances that led to disadvantage, and their experiences while disadvantaged (e.g. insufficiency of payments) could finally be understood because ‘it can happen to anyone’ and ‘how is anyone supposed to live on this [payment]?’ This angered others, as it made them feel as though their plight only mattered if the majority were in the same situation.

Irrespective of the finer details such as eligibility criteria, payment rates and payment

length, the COVID-19 situation demonstrated very clearly that there are levers available to government to alleviate hardship if the will to use them is there. What is also clear, from the simple fact that entrenched disadvantage exists in Australia, and from the experiences of families, is that there are many ways in which macro-social systems can better serve those experiencing hardship.

### Opportunities to do better

Some family members did think about what appropriate support would look like. Sometimes positively, sometimes negatively. For support to be effective it needed to be tailored to the needs of families. The best place to start is with effective listening. People want to be engaged as active agents in the change process. Understanding personal history is important. What happened, what has been tried before, what helped and what didn’t. It is also important to understand the person’s goals for themselves and their family. Thirdly, it is important to be clear about where a person is at in terms of the process of change. Do they have the motivation to change? Are the capabilities a person needs for successful change readily available? If not, can they be easily obtained? Is the change strategy realistic? What factors relate to issues of the person and what are systemic issues that need to be addressed?

Thinking about what appropriate support would look like begs the question of how such an approach



might fit within the broad policy frameworks in a given field. Such an approach is hard to imagine. Increasingly, funding bodies are taking a narrow approach to defining and measuring outcomes. Influencing this trend will not be easy. The capability approach, as articulated by Sen, calls for open dialogue to identify and develop a shared understanding of what outcomes should be sought and what strategies would be most appropriate.

In this section we have focussed on the big picture of macro-social settings and how that relates to ideas of how to help people move more effectively out of entrenched disadvantage. We have included this information to introduce readers to the complexity of policy domains and processes. This is not simply an academic exercise. Project Partners are interested in how to change the system to more effectively support families in entrenched disadvantage. Engaging with government policy processes is a very important strategic action for the development and change of government policies, at a range of levels and across policy domains. The challenge is to find the points of intersection between Project Partners' interests and the interests (or potential interests) of government. This is also a very important consideration for all the families we spoke to in the Project, even if they did not focus on it.

The big picture of macro-social settings is vitally important for service providers. Concern for policy processes lifts service providers above basic concerns for what the government funds and how to be the best 'agent of government' possible. It involves deep reflection about values, action and, most importantly, the lived experience of families in entrenched disadvantage.

One very articulate family member made the point:

*"When I speak to service providers they talk a lot about what they can do and can't do because of Government this and Government that. Homeless people don't want to know about whose fault it is, they see it all as part of the same show and they just want it fixed! They also feel they are not really being listened to. I don't know why it is not getting through."*

Part of the reason it is not getting through is that the issues are framed very differently in policy circles to how they are experienced by families in entrenched disadvantage. How to bridge this gap is a major challenge to reducing the impact on families in entrenched disadvantage.

There have been some notable programs that have integrated consumer input into policy development processes and service design processes. This way of working requires new skills and lots of energy, but it is most definitely possible. It does involve all of us moving out of our familiar comfort zones. Families in entrenched

disadvantage are counting on us to take the initiative. Let's not let them down.

There were other conversations that related to other ideas about other big pictures that family members saw as important. Some of these related to culture and the important role of culture in maintenance and change in psychosocial wellbeing. Others related to notions of spirituality. The history of both culture and spirituality indicates they can be either positive or negative forces, depending on the time and the issue under consideration. The capability approach would focus on how culture and spirituality contributed to freedom and wellbeing and supported the attainment of goals.



**TABLE 3:** Summaries of policy priorities, their relevance to *100 Families WA*, and potential implications for service providers, by domain

HEALTH	
<p><b>What are the main policy and strategy documents in WA?</b></p> <ul style="list-style-type: none"> <li>• Sustainable Health Review</li> <li>• WA Women’s Health and Wellbeing policy</li> <li>• WA Men’s Health and Wellbeing policy</li> <li>• WA Aboriginal Health and Wellbeing Framework 2015–2030</li> <li>• WA Youth Health Policy 2018–2023</li> <li>• WA Disability Health Framework 2015–2025</li> </ul> <p><b>What are the key priority areas across policies and strategies?</b></p> <ul style="list-style-type: none"> <li>• Recognising and addressing the social and cultural determinants of health</li> <li>• Increasing accessibility of healthcare</li> <li>• Cross-sector partnerships to holistically address health issues</li> <li>• Integration of physical health and mental health support</li> <li>• Adequately funding the full spectrum of health interventions: preventative, primary healthcare (e.g. GP, dentist), and tertiary healthcare (e.g. hospitals, specialists)</li> <li>• Advocacy for inclusion of the voice of lived experience in the reform and transformation of the health system</li> </ul> <div style="text-align: center; margin-top: 20px;">  </div>	<p><b>Why are these policies and priority areas relevant to <i>100 Families WA</i>?</b></p> <ul style="list-style-type: none"> <li>• 84.3% of family members reported diagnosis of at least one chronic, long-term health condition at Baseline</li> <li>• 69.3% of family members reported diagnosis of at least one mental health condition at Baseline</li> <li>• Health issues were frequently cited as a barrier to accessing formal supports</li> <li>• Accessibility and affordability of healthcare were common concerns among family members</li> </ul> <p><i>“Telehealth doesn’t work for everything. My doctor wants me to buy a blood pressure cuff so I don’t have to come in for appointments. That’s \$150!”</i></p> <p><b>How might community service agencies action this information?</b></p> <ul style="list-style-type: none"> <li>• Awareness of the breadth of determinants of health, and cognisant of how they can be leveraged or mitigated, depending on an individual’s needs and circumstances</li> <li>• Development of strong partnerships (including with health services) to holistically address the range of needs people have to mitigate the broadest possible range of social determinants of health and therefore enhance people’s physical and mental wellbeing</li> <li>• Promotion of accessibility of services in all its forms: geographical, cultural, financial, and logistical (e.g. operating hours, eligibility criteria)</li> </ul>



## HOUSING AND HOMELESSNESS

### What are the main policy and strategy documents in WA?

- National Housing and Homelessness Agreement
- WA Housing Strategy 2020-2030
- WA 10 year Strategy on Homelessness

### What are the key priority areas across policies and strategies?

- Minimising homelessness, particularly rough sleeping
- Reducing housing stress
- Increasing supply of affordable housing stock (for rental and ownership)
- Ensuring Western Australians have access to safe, stable and sustainable housing that meets their needs

### Why are these policies and priority areas relevant to 100 Families WA?

- 17.3% of family members were homeless the night before their Baseline survey; 51.8% had experienced homelessness in their lives
- 41.5% of family members lived in public or community housing the night before their Baseline survey
- Over 40% of family members were reliant on Newstart (now Jobseeker) and related payments that are insufficient to meet private market rent
- Housing affects many other aspects of wellbeing

### How might community service agencies action this information?

- Consideration of people's housing status and the effect that it may have on the services provided. For example, the effectiveness of counselling for stress and anxiety is likely to be limited if a person is experiencing external stressors related to housing
- Development of strong referral pathways into housing and/or tenancy support programs for people who need them
- Advocacy for Housing First principles
- Advocacy for increased income support rates



**TABLE 3 continued:** Summaries of policy priorities, their relevance to *100 Families WA*, and potential implications for service providers, by domain

<b>EDUCATION</b>	
<p><b>What are the main policy and strategy documents in WA?</b></p> <ul style="list-style-type: none"> <li>• National Curriculum</li> <li>• Strategic directions for public schools 2020-2024</li> <li>• Aboriginal Cultural Standards Framework</li> <li>• Classroom First</li> <li>• Information and Communication Technologies Strategy 2020-2024</li> </ul> <p><b>What are the key priority areas across policies and strategies?</b></p> <ul style="list-style-type: none"> <li>• Providing quality education to all children, regardless of which school they attend</li> <li>• Allowing the development of schools that are flexible and responsive to the needs of students</li> <li>• Ensuring that students have access to the infrastructure and skills required to support their digital capability, safely</li> <li>• Encouraging educational engagement that is meaningful, such that it supports a pathway to a successful future for all students</li> </ul> <div style="text-align: center; margin-top: 20px;">  </div>	<p><b>Why are these policies and priority areas relevant to <i>100 Families WA</i>?</b></p> <ul style="list-style-type: none"> <li>• 42.5% of family members reported at Baseline that they did not complete high school</li> <li>• 55.3% of family members had children in their care at Baseline</li> <li>• Low educational attainment is a key predictor of disadvantage</li> <li>• Over a quarter of family members could not afford for children to participate in school activities that cost money</li> </ul> <p><b>How might community service agencies action this information?</b></p> <ul style="list-style-type: none"> <li>• Offering support that facilitates a positive educational experience for children, such as small grants for excursions and other school experiences</li> <li>• Programs that encourage computer donations from the general public and refurbish donated machines</li> <li>• Consideration of education and training opportunities for adults accessing services, and development of referral pathways into these opportunities for people who want them</li> <li>• Advocacy for and partnerships with Full Service Schools, which serve as local service provision hubs that listen and respond to the needs of families, and encourage the development of support networks</li> <li>• Family and parenting services should consider the potential role of digital exclusion, and ensure that the resources offered are accessible to service users</li> </ul>



## CHILD PROTECTION

### What are the main policy and strategy documents in WA?

The Children and Community Services Act 2004 (as amended) provides the primary policy framework for the care and protection of children in WA alongside the United Nations Declaration on the Rights of the Child. There are multiple linked policies/strategies/ frameworks integrated within the Casework Practice Manual. These include:

- Building a Better Future: Out-of-Home Care Reform in Western Australia
- Better Care, Better Services: Standards for children and young people in protection and care
- Aboriginal Services and Practice Framework (encompassing The Aboriginal Child Placement Principles)
- Stability and Connection Planning
- Signs of Safety Practice Framework

### What are the key priority areas across policies and strategies?

- Ensuring children are safe from harm
- Preventing entry into out-of-home care
- Supporting families who are in need, at risk, or in crisis
- Improving systems and outcomes for children, families and communities

### Why are these policies and priority areas relevant to 100 Families WA?

- 24.3% of family members had experienced foster or out of home care in their lives
- 18.3% of family members had had children removed from their care
- People experiencing disadvantage are grossly overrepresented in child protection systems

### How might community service agencies action this information?

- Acknowledging the likelihood of child protection involvement and the attendant trauma among people seeking support;
- Working closely with child protection with the WA Department of Communities to identify ways in which families who are involved with the child protection system can be supported and demonstrate safety of children;
- Continuing to advocate and work in partnership with the Department of Communities to improve outcomes for children and families in adversity who become engaged in the child protection ecosystem



**TABLE 3 continued:** Summaries of policy priorities, their relevance to *100 Families WA*, and potential implications for service providers, by domain

<b>JUSTICE AND POLICING</b>	
<p><b>What are the main policy and strategy documents in WA?</b></p> <ul style="list-style-type: none"> <li>• WA Police Strategic Direction</li> <li>• WA Department of Justice Strategic Framework</li> <li>• WA Justice Integrity Framework</li> </ul> <p><b>What are the key priority areas across policies and strategies?</b></p> <ul style="list-style-type: none"> <li>• Ensuring safety of Western Australians</li> <li>• Enforcement of the law</li> <li>• Reducing recidivism</li> <li>• Diverting people, particularly young people, from the justice system</li> </ul>	<p><b>Why are these policies and priority areas relevant to <i>100 Families WA</i>?</b></p> <ul style="list-style-type: none"> <li>• 22.8% of family members had been in prison as an adult</li> <li>• 12.0% of family members had been in juvenile detention in their lives</li> <li>• People who experience disadvantage are overrepresented in the justice system and experience poorer outcomes as a result of the interaction</li> <li>• Justice system interaction often compounds disadvantage, such that employment and housing outcomes are poorer for people with criminal histories</li> </ul> <p><b>How might community service agencies action this information?</b></p> <ul style="list-style-type: none"> <li>• Programs that support diversion from the justice system</li> <li>• Education, training and employment programs for people with criminal histories</li> <li>• Advocacy for raising the age of criminal responsibility</li> <li>• Advocacy against discrimination of people based on their criminal history</li> </ul>





## FAMILY AND DOMESTIC VIOLENCE

### What are the main policy and strategy documents in WA?

- Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020-2030

### What are the key priority areas across policies and strategies?

- Work with Aboriginal people to strengthen Aboriginal family safety
- Act immediately to keep people safe and hold perpetrators to account
- Grow primary prevention to stop family and domestic violence
- Reform systems to prioritise safety, accountability and collaboration

### Why are these policies and priority areas relevant to 100 Families WA?

- 78.0% of family members reported experiencing family and domestic violence (as a perpetrator, victim, and/or witness)
- Family and domestic violence, both in the past and during the interviews, was a large part of many family members' stories
- Experiences of family and domestic violence affected people's experiences of entrenched disadvantage (e.g. paved the way into disadvantage, made the experience of disadvantage harder, created barriers to exiting disadvantage)

### How might community service agencies action this information?

- Advocacy and/or public campaigns that emphasise respect for women and condemn violence against women
- Educate staff on warning signs of family and domestic violence and best practice for responding to them
- Continue programs that support people experiencing family and domestic violence



## The big picture: Summary

Entrenched disadvantage is characterised by hardship across multiple domains of life, including but not limited to economic, education, health, mental health, housing, and social domains. Accordingly, people who experience disadvantage interact with and are affected by macro-social settings – policy, economic, and societal frameworks – to a much greater extent than people who do not experience disadvantage.

This chapter has examined family members' experiences and perspectives on macro-social settings and considered them in relation to current and historical discourse and configurations of the relevant systems.

### What we heard:

We found, through the surveys, that large proportions of families interacted with government systems in ways that had dramatic impacts on their lives. For example, 22.8% of family members had been in prison as adults and 12.0% had been in juvenile detention in their lives. One in four (24.3%) family members had experienced foster or out of home care as children, and almost one in five (18.3%) had had children removed from their care. A large proportion (42.5%) had not completed high school.

Further, many family members experienced conditions and circumstances that are intrinsically affected by macro-social setting. More than half

of family members (51.8%) had experienced homelessness in their lives, and 17.3% were homeless the night before their Baseline survey. The vast majority (84.3%) reported diagnosis of at least one chronic, long-term health condition and 69.3% reported diagnosis of at least one mental health condition.

We heard that many families feel punished by and within the macro-social setting. Many feel that their circumstances are or are perceived by others as the result of personal failings, and/or feel unfairly treated because of and within their position in society. Elements of public discourse which place blame on the disadvantaged for their own position, is seen by families to continue into the present. Terms such as 'lifters versus leaners', 'dole bludgers', and 'the age of entitlement' makes families feel hopeless, and often angry. Such rhetoric, many feel, ignores the multitude of factors across multiple levels that contribute to a person's circumstances, and raised many questions about how society and life in Australia should be. To that end, many feel that society's systems are inadequate with respect to meeting their needs.

We also heard that the complexity of 'the system' is felt by family members, such that they often don't know who is responsible for what, or are told, in the process of seeking help that services are constrained by factors like funding requirements and eligibility criteria. We also heard that why

things are the way they are is of little importance to families when they are trying to get what they need in order to survive. In other words, families don't want to hear whose fault their unmet need is, they want their needs met.

### So what?

Families' experiences of macro-social settings must be considered in context. The 'system' feels confusing because it is – three levels of government: federal, state and local, provide the cash and non-cash welfare that people are seen to need. Functions across these levels of government – their funding, purpose, provision of and/or contracting out of services – both overlap and diverge, often creating a lot of confusion among individuals about how to access the services they need and a great deal of frustration when they need to engage with multiple agencies to meet the same or closely related needs.

A core pillar of Australian social policy is labour market participation. The cash welfare system (income support) is designed in large part to provide a degree of support while people are between jobs. In order to receive this support, people must demonstrate that they are trying to participate in the labour force. This is often enforced through programs such as 'Work for the Dole' and engagement with job service providers. However, these approaches assume that there are enough jobs for everyone and that everyone is able to work. Further, the premise that



everyone should be working is in direct contradiction to fiscal policy that targets unemployment of 4-5% in order to control interest rates and inflation.

The COVID-19 experience gave families and service providers alike hope that rhetoric and therefore action around disadvantage would change as a result of more people falling on hard times. That hope has now been severely diminished; however, the response to COVID-19 did demonstrate that there are levers available to government to address disadvantage if there is the will.

### What now?

In terms of what some of our families believed would work for them at the macro-level, it was clear that blanket or 'one size fits all' approaches were not desirable. It must be acknowledged that many of our families were very 'entrenched' (i.e. had been living with minimal economic means for a very long time), and had, therefore, tried a lot of things to get out of it. Policies and programs that see them trying the same things over and over, and repeating their often traumatic stories over and over, are discouraging to say the least.

Recognition at the macro level that people have different capabilities – that is economic, social, political, and security opportunities and different capacities to engage those opportunities – and that these capabilities change over time, could result in a macro-social

system that is more responsive and empathetic to people's needs, and is therefore more effective and cost effective. A key component of this is respecting people's expertise with regard to their own situation (i.e. that they know what they have tried and what does and doesn't work for them).

In relation to labour market-oriented approaches to welfare, there are better implementations around the world. These typically involve liveable wages for the duration that one is unemployed and heavy investment in skills and training that are relevant to the individual and the needs of the economy. We should seek to avoid policy and programs that see people engaging in arbitrary activities for the sole purpose of box ticking as they are frustrating and demotivating for the individual and cost ineffective due to a lack of outcomes.

Complementary to labour market programs, it should also be recognised and acknowledged that employment is not the only way for an individual to contribute to the economy and to society. Not everybody can work, and not everybody can be working all the time, but this does not mean that they are not contributing. Broader recognition of this through integration of economic and social policies and values would allow for individuals to feel more valued in society and encourage their participation in it.

This section presented domain-level implications for service providers across

health, housing, child protection, education, justice and family and domestic violence. Core across these is recognition that people accessing services are likely to be affected by issues in these domains, so service providers should consider the impact that this has on a person's life and, therefore, their response to services. Therefore, consideration of all domains in a person's life and development of strong referral pathways into programs and services that can address needs is strongly indicated, as is advocacy for key policy issues in each domain.

A key barrier to bridging the people-practice-policy gap is the lack of shared language. People, services, and government talk about similar issues in very different ways. Opening dialogue between the three parties, such as through co-design processes, could create better alignment with the needs of all parties.

# 6. The service system

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## WE HEARD MANY STORIES

about family members' engagement with the 'service system'.

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This is a topic of great interest to our Project Team, many of whom represent NGO service providers. Given the diversity of family members and their concerns, the range of services discussed was quite broad. As part of the induction process for family members into the research, issues of confidentiality were discussed, and it was clearly agreed that the interviewers and analysis team would not relay any potentially identifiable information to specific service providers. Neither would the research team act as part of any grievance process between family members and agencies. This created an environment where trust could develop. Over time, family members opened up to us and became more forthcoming about their interactions with the service system, including how these interactions affected them and how helpful they were in supporting families to move out of entrenched disadvantage.

Engagements with service providers by family members in entrenched disadvantage are often part of their struggle to survive. They see their lives as a whole and the specifics a service provider wants to

focus on merely as 'hoops to jump through' to meet their needs. There are exceptions, for example if a family member has a major drug problem that is affecting them or their family's life they may be highly committed to engaging with a particular service provider.

The stories family members told covered various 'layers'. Some service interactions were very concrete and 'transactional'. There was a specific need to meet and the family member undertook the necessary steps to meet that need. Reflections on the experience mainly focussed on the extent to which their needs were met and perhaps a few key performance related issues, such as how hard it was to access the service, how long they had to wait and their overall satisfaction with the service provided.

*"Most of the time I am nearly out of my mind stressed just trying to keep the family afloat. I know agencies such as (Agency name) have to tick a lot of boxes and whatnot, but I just want to get in and out with some money for food and go feed my kids. The rest is all bullshit!"*

For others, it was much more about the relationship than the transaction. These stories recounted the details of the human interactions involved in the process of engaging with the people in the service systems. Reflections on these interactions focussed on

the less tangible aspects of the engagement. How the encounter affected the family member, whether it led to them feeling better or feeling worse was often central. Some stories focussed on multiple human interactions, from the initial phone call to the greeting by reception staff, any interactions in the waiting room and of course the case worker, counsellor or other key connection at the agency were all important.

*"(Worker's name) has been my angel. Even at times when I have been at my worst and I walk past (Agency name) just seeing her and that lovely smile makes my day. I swear there have been times, if she hadn't been there, I wouldn't have made it."*

## Surviving versus thriving

As the interviewers addressed the primary research question "Why is it so hard for families to move out of entrenched disadvantage?" some particularly interesting conversations arose in relation to family members' engagement with the service system. To appreciate the significance of these conversations, a distinction can be made between **surviving** in and **exiting from** entrenched disadvantage. Of course, we need to acknowledge there is a relationship between the two: 1) for families in entrenched disadvantage, survival is a necessary requirement



for exiting, and 2) exiting entrenched disadvantage is not a simple process.

The issue with the distinction between survival and exiting is that most of the engagements family members talked about related to survival in entrenched disadvantage. Examples of engagement related to exiting were notably less common. There were variations between groups that appear significant.

At the other end of the spectrum, stories we heard about people who have made significant progress exiting entrenched disadvantage were more common with those who had more capacity to begin with. This capacity may be in the form of having qualifications, experience in the labour market, supportive family, higher levels of resource or exceptional social skills to negotiate their way into new situations. Some family members were quite far into their journey out of entrenched disadvantage, which is not surprising, as our selection criteria were fairly loose in order to avoid the risk of imposing strict 'eligibility' conditions on people who were already experiencing exclusion (in society and potentially from services).

Where the stories we heard related to exiting entrenched disadvantage they were typically recounted as episodes within the broader narrative of the person's story. In our engagement with the nearly 100 family members in the study we also inquired about 'what would help them to exit entrenched

disadvantage?' While the responses varied in the specifics, an overall summary is that they would really appreciate someone who really understood the complexity of their circumstances to work with them to help them move on. For some this was conceptualised as a form of intensive case management. Others talked about the value of having someone supporting them who was really good at 'working the system'. For others it was more about having a relationship with someone positive that they could talk to and who would support them. For everyone the foundation of these relations had a common starting point - good listening, defined as being heard and understood.

The combination of appropriate (as defined by the family member) support, advocacy (across multiple systems) and respect for the person (not taking over or otherwise diminishing their own self-efficacy and wherever possible, focussing on their personal development) was for many the ideal.

Turning to the stories of exiting entrenched disadvantage, there were some common themes. For people who were homeless at some stage of their story, one major theme was effective housing support that assisted transition from life on the streets often through some sort of supported accommodation into longer term independent living in more secure accommodation.

For others it was dealing with some form of mental health issue, including alcohol or other drug dependency issues before they could move on to take other steps toward exiting. For those who were grappling with the effects of trauma and tragedy, dealing with these issues was an important element of their journey out of entrenched disadvantage.

It is important to remember that the family members involved in the qualitative interview process were all at different points along the journey. The examples given above were from participants who were already well on their way out of entrenched disadvantage. They were looking backwards and telling their story from the position of having made significant changes in their lives already. Others were at different points along the way.

One family member who had been homeless and spent many years supporting others after he had found his own way out of homelessness, offered a very insightful way of looking at the process.

*Family Member (FM): Homeless people are very alienated from society and don't trust people easily. You need to put in the time to get to know people and build trust before they let you in.*

*You can't just expect people to change when you want them to. People need to be ready, but you need to have a relationship with them before they are ready.*

*Interviewer (Int): So it sounds like you are talking about change being a process and people go through stages.*

*FM: Yes, that's right. You need to be able to engage people where they are 'at'.*

*Int: So can you tell me more about this change process?*

*FM: Sure. People need to be ready to change. If you try to push people at the wrong time they get their back up and it doesn't help. So it's important to have time and space to just get to know each other. That's why drop in centres are so important. They provide a space where you can have a yarn and get*

*to know each other. You know, it always amazes me, when you get to know someone and listen to their story, it starts to make sense, why they are the way they are.*

*Int: The question this research project is trying to understand is 'What is it that makes it harder (or easier) for people to move out of tough situations they are in, like homelessness?'*

*FM: It's different for each person. Sometimes it is a crisis. Other times a slow process of getting ready to change, thinking it through, dealing with issues. If you are there and can recognize the signs, you might be able to help in some small way, but it's their life after all.*

That particular conversation went on to explore the idea that change is a staged process. Using Prochaska and Di Clemente's Trans-theoretical Model of change as a framework, we then mapped the key points for each stage, based on the family member's story. The conversation demonstrated that each stage has its own unique needs and potential strategies for engagement.

**TABLE 4:** Prochaska & Di Clemente's (1982) Stages of change and strategies that could support people at each stage

STAGE OF CHANGE	STRATEGIES
<b>Pre-contemplator</b>	Rapport building, listening, history taking. Drop ins are critical, street work can be effective if you have the right people doing it.
<b>Contemplator</b>	Provide information, assess motivation to change, work with ambivalence. Opportunities to engage and develop new skills (e.g. Ruah Art Group). Developing confidence and self-esteem.
<b>Action</b>	Planning for change, tackling impediments to change. 'Housing First' approach must include adequate levels of support
<b>Maintenance</b>	Tailored support to deal with entrenched issues (trauma and abuse). N.B. Some environments are more conducive to successful maintenance than others. Clustering high needs and vulnerable people together can set them up to fail.



Reflecting on this conversation with this family member it was clear that his understanding of effective engagement with homeless people required skill and perseverance. It also required attending to issues such as motivation for change, and skills in matching interventions with change stages, similar to the way the model is taught to clinicians. These issues are also reminiscent of the way Hillary Cottam discussed her case studies in the book *Radical Help*.

A different pattern among family members in our study related to grandparent carers. Among this group the most common scenario was a response to the needs of their grandchildren that led them to assume caring roles when their children, stepchildren or other carer could not. Listening to their stories there were obvious variations in circumstances, but also commonality, among some, where they had already enjoyed productive lives including successfully managing all the transitions of life. In fact, the only reason we could see them as being in entrenched disadvantage was because they cared. These grandparent carers' main concern was what they considered their source of great injustice. Though they carried all the responsibilities of foster carers, they were not eligible for the same level of financial support.

## Experiences at the service level

Many of the stories we heard were about specific instances

of engagement with service providers. Some were casual and occasional contacts and others were well-established patterns of engagement. The diversity of stories make it difficult to generalise, with so many people going to so many services for many reasons. Several themes arose consistently from the stories.

### Accessibility

Many of the stories we heard were about the challenges of finding help that was appropriate, affordable and effective, from the perspective of the person telling the story. Anything that was not free or required a user pays component meant it had to compete with other priorities such as feeding the children and keeping a roof over the family. Family members noted that very few providers bulk bill and those that do were hard for them to find. Even the costs of medications could be problematic.

Family members reported that it was difficult to access information particularly in relation to finding services that they needed to access. The view of the families was that agencies funded to deliver these services tend to work in isolation from each other. As one family member said

*"It is very hard to find the information you need about how the system works. It is not all together in one place. You have to hunt around, use word of mouth and fit the pieces together yourself. It is like you are dealing with a network of subcontractors who are all in competition with each other."*

This makes it difficult to access the help they need. In the first instance, it is difficult to know where to go. Often people find out about a service by word of mouth. One such example is told by a Family Member who recounted that her most useful sources of information about resources and where to go came from other people she stood next to in queues. She commented on the Ecomap and said how often she found the places she was referred to for services turned her away as not being eligible,

*Int: What do you find most useful then, how do you find places that you need? Because you've described some really helpful places.*

*FM: When I'm waiting at Centrelink I get talking to other people. They tell me where to go.*

Most commonly, the way families find appropriate and affordable help is by trial and error. This usually means having to go through the process of being assessed or telling their stories over and over again only to get knocked back, sometimes for what sounds to them like false or trivial reasons. This all adds to the stress on families who are mostly just trying to survive.

Family members were also asked about service access in the Baseline and Wave 2 surveys. Table 4 outlines rates of access to different types of services among the 254 family members who completed both surveys, along with the proportion of family members

who used a given service type that were able to access it each time they need it. Food services (70.9%), health services (61.8%), and mental health services (47.6%) were the most commonly accessed services at Baseline. Just over 2 in 5 family members accessed financial services and employment services, 1 in 4 accessed homelessness or emergency accommodation, and 1 in 3 accessed housing support. Personal care services and legal services were accessed by approximately 1 in 4 family members, family and parenting services by 1 in 5, and addiction support by 14.3%.

The COVID-19 pandemic, which occurred during Wave 2 data collection, makes it difficult to interpret changes in rates of access between Baseline and Wave 2. Overall, the proportion of family members accessing each type of service decreased, with the exception of health services. These decreases in access were relatively modest (<10%), with the exception of homelessness/emergency accommodation which decreased from 25.2% of families at Baseline to 11.8% of families and financial services (43.3% at Baseline to 29.1% at Wave 2). It may be that need for services was lower for many families during the

COVID-19 pandemic as a result of increased income support, or it may be that services were inaccessible. The COVID-19 report (Callis et al., 2020) found that roughly half of family members accessing each type of service reported that COVID-19 had stopped them from being able to access the service altogether. Of course, many families completed their Wave 2 surveys before COVID-19 so another potential explanation is that the families who chose to continue participation in the project (by completing Wave 2) are those who were less likely to be experiencing crisis and therefore had lower need for services.

**TABLE 5:** Rates of access of different types of non-government services and proportion of 100 Families WA family members who were able to access the service every time they needed to, matched sample (n=254) Baseline and Wave 2

	BASELINE		WAVE 2	
	Proportion of family members that accessed	Proportion of service users who accessed every time it was needed	Proportion of family members that accessed	Proportion of service users who accessed every time it was needed
Homelessness/emergency accommodation	25.2%	73.4%	11.8%	83.3%
Housing pathway/support	34.3%	82.8%	30.7%	94.9%
Essential items - food	70.9%	70.0%	64.2%	71.2%
Essential items - laundry or bathroom facilities, hairdressing, other personal care	23.6%	81.7%	22.0%	73.2%
Addiction/alcohol and other drug support	14.2%	83.3%	9.8%	88.0%
Health services	61.8%	90.4%	70.9%	87.2%
Mental health and counselling services	47.6%	75.2%	44.1%	75.0%
Legal services	27.2%	87.0%	19.3%	77.6%
Financial services	43.3%	72.7%	29.1%	78.4%
Employment/job search services	40.2%	94.1%	32.3%	89.0%
Family and parenting services	21.3%	85.2%	17.3%	81.8%



For all service types, the majority of family members who used the service were able to access it each time they needed it. It is important to note that, at Baseline, more than a quarter of family members who used services that provide basic survival needs, such as shelter (homelessness/emergency accommodation) and food were not able to access them every time they needed them. These proportions remained similar at Wave 2.

In terms of the barriers to access among family members who could not access services every time they needed them, no particular barrier stood out. Difficulty getting an appointment and getting to a service were the most commonly selected barriers, with just over 1 in 10 family members who could not access services identifying these as barriers. The open-ended responses among those who selected 'other' in response to the barriers question were more revealing. Limits to the number of times one could access the service were quite common barriers, for example "bill support is only available twice per year" and "services had a limited amount of support they could provide", as was the type of support available ("not always counsellors available", "unable to get the correct support for my circumstances") and wait times for services ("there was a waiting list", "Was required to wait 3 weeks before accessing the services"). However, for many, there was not one single factor that prevented their access to the services they needed; rather, the barriers

were as complex as the rest of their lives:

*"When [I'm] unwell [I am] unable to utilise public transport or drive... Often too unwell to get where I needed to be, so stayed home. Too depressed to be motivated to access what I knew I needed. No other persons able to collect me to take me where I needed to go - as at work, had other commitments, didn't want to ask as too embarrassed."*

The COVID-19 survey examined how the pandemic affected service access and quality among the 158 family members who completed the survey. The majority of family members who accessed housing pathway and housing support (62.5%), food services (56.7%), health services (58%), and financial services (53.4%) reported that the services met their needs just as well as or more than before the pandemic.

However, there was substantial variation in people's experiences of services during COVID-19: roughly one third of families who accessed laundry and personal care (32.2%), mental health (34.4%), financial (33.3%), and employment services (34.2%) reported that the service met their needs much less than before COVID-19.

These differing experiences were reflected in the responses to open-ended questions about service access. Some people found the "slow down" to the pace of life forced by COVID-19 relieved some of their need for services, while others felt their need for support was heightened due to the anxiety and stress of

the pandemic. Similarly, while some people mentioned the time and money saved by accessing services online as positives, online services were completely inaccessible to some due to a lack of home internet connection or insufficient data. In addition, many cited the loss of face-to-face contact as a significant negative impact.

### **Relationships with services and staff**

Relationships with services and staff greatly affected families, for better and for worse. The relief, validation and hope we heard from family members when they recounted stories of being heard by staff, having their immediate needs met, and getting the information they needed to progress through a process was palpable. On the other hand, negative interactions with staff could serve to further embed feelings of distress and hopelessness.

For example, one family member recounted the story of going into an agency after a major disaster that left them homeless, bereft of everything including identification and all personal effects except the clothes on their back. After waiting for a very long time to see someone (while observing staff engaged in idle chitchat around the water cooler); when eventually attended to, they were required to provide what they considered to be very personal information in front of other people. At the end of an extensive process, the worker told them there was nothing the agency could do, and they were dismissed to find their

own way through the crisis. As the worker walked away, the family member watched as the worker regarded their reflection in a glass window and primped their hair on the way past. The family member who told this story wanted us to know how inhumane this felt to them during a major crisis.

On a different note is the story of a mother with a crying baby in her arms who was waiting for a meeting with a financial counsellor. She was feeling anxious, desperate, and alone. One of the two receptionist staff walked over to her, offered her a glass of water, and offered to mind the baby with her.

Another contrary example is of an agency which is visited by many people who frequent the area in which it is located, whether they are on the caseload of that agency or not. The person on the front counter provides information, tells people of useful resources, manages a food distribution system in the waiting room and is generally the conduit for many people seeking services and assistance. Approachable and responsive this person does not have these duties in her job description but smooths the way for many people who come in looking for help with warmth and kindness.

## Shaking up the service system

Several conversations with family members expressed the view that something radical was needed to shake up the way services were designed and the mismatch between what families

in entrenched disadvantage wanted and needed and what was currently on offer.

*“You get the feeling you are from another planet or something. Like they don’t get you. They either want to take control of your whole life or they just don’t get you, they can’t relate to what it is like to be in your shoes. You can tell by the way they suggest stupid things, things you just can’t afford and if you could you wouldn’t be in this mess in the first place.”*

Many of the conversations we had with family members indicated they were of the view that the system needs a radical shake up if it is going to become more relevant to the needs of families in entrenched disadvantage.

Perhaps the most significant observation we can make from the interviews is the apparent lack of focus on the specific area of interest to the project “Why is it so difficult to move out of entrenched disadvantage”. As discussed in the section on macro-social settings, there is not a coherent policy framework to support work to help families move out of entrenched disadvantage. However, there are several different ways that the service system can be ‘shaken up’ to better meet people’s needs.

The new arrivals in this field are the market-oriented business school-based approaches. This includes the development of new business-based models that support ‘for purpose’ aspirations, social enterprise approaches, impact investment and design thinking-based approaches.

What these approaches have in common is an acceptance that neoliberal approaches are not going away, as they seek to develop new ways of integrating social objectives within market-based business models. The use of the term ‘for purpose’ importantly acknowledges that issues of social justice are squarely on the agenda. This is a notable divergence from the neoliberal way of thinking about public policy, which tends towards the view that social concerns are not or should not be the focus of public policy, in favour of a focus on economic growth as measured by GDP. Clearly, such an approach is not consistent with social justice led approaches to social policies among all governments including the present Western Australian Government which has introduced a number of social justice focused strategies such as the *10-Year Strategy on Homelessness 2020-2030* and the *Path to Safety: Western Australia’s Strategy to Reduce Family and Domestic Violence 2020-2030*.

Other features of these new approaches are a strong focus on evidence based practice and outcomes measurement, together with a clearer understanding of complexity and the need to incorporate a broader range of perspectives, including the voices of people with lived experience across all stages from problem definition to planning interventions and monitoring outcomes. Many of these approaches also attempt to incorporate a broader range of stakeholders including community groups, industry, researchers, philanthropy and government at different levels.



Approaches such as Collective Impact initiatives acknowledge that ‘wicked problems’ require a wider range of stakeholders to work together to make a significant impact on seemingly intractable issues, such as entrenched disadvantage. Advocates of these approaches tend to share the view that we can no longer leave it to government to lead on these issues or tackle them alone.

### Radical help

One current advocate for this new wave is Hilary Cottam who has woven together these new approaches into an innovative model to address many of the issues identified in our research with families in entrenched disadvantage. In her recent book **Radical Help** (2018) she presents a rationale and several case studies illustrating this approach.

Fundamentally, Cottam questions whether we have relied on professional service delivery at the expense of strategies to mobilise the strengths of community connections and the potential of peer support and self-help approaches to supporting families to exit entrenched disadvantage. The main points and their relevance to *100 Families WA* are outlined in the table below.

**TABLE 6:** Key points of Hilary Cottam’s Radical Help, and their relevance to *100 Families WA*

RADICAL HELP KEY POINT	RELEVANCE TO 100 FAMILIES WA
<b>Issues with the industrial era welfare state</b>	The one size fits all approach is out of step with current consumer expectations. Families feel punished and judged by social policy and the way in which it is interpreted through traditional and social media. Families feel the level of support available is inadequate and the type of support offered is often not suited to their needs.
<b>Start by sitting with the people</b>	Families don’t often feel seen or heard in policy or practice settings. Context is very important. Understanding the complexity of lived experience of entrenched disadvantage is crucial.
<b>Identify needs (using a co-design approach)</b>	Families have varied and complex needs that often go unmet. People with lived experience need to be involved at every step of the process. We need to learn from each other. Many disciplines and interests are needed to effect change.
<b>Research and evidence-based planning</b>	<i>100 Families WA</i> seeks to contribute to the evidence base on disadvantage, both through reporting the experiences of families and relating those experiences to policy and practice. We need to develop shared understanding to plan collective action. We should always aim to learn from every activity.
<b>Interventions designed with, not on, people</b>	Though not an intervention, a key principle of the <i>100 Families WA</i> approach was researching with rather than on people. This approach led to significant trust building between interviewers and families, and the revelation of deeply personal, complex experiences. Integrating this principle into interventions will likely lead to stronger rapport development and better meeting of families’ needs.
<b>Evaluation frameworks</b>	Given the myriad of systems, processes, programs and policies that families have to work with, often to their extreme frustration and even detriment, in order to survive; we must ensure that any efforts to address entrenched disadvantage are evaluated so that they do not contribute to the complexity of families’ lives without meeting their needs. Evaluation must be built into every intervention, system enhancement and proposed policy change.

The approach that Cottam advocates for is based on a different ‘logic’, namely to “*foster a core set of capabilities so that each and every one of us can thrive. Ensure... that we are supported in the face of adversity. Include as many people as possible. Measure change and the quality of our lives*” (Cottam, 2018, p. 197). To this end, Cottam proposes six principles and contrasts them with current approaches.

**TABLE 7:** Core principles of Radical Help, contrasted with 20th Century approaches to welfare

20TH CENTURY WELFARE	21ST CENTURY RADICAL HELP
Fix the problem	Grow the Good Life
Manage Need	Develop Capability
Transactional Culture	Above all Relationships
Audit Money	Connect Multiple Forms of Resource
Contain Risk	Create Possibility
Closed / Targeted	Open: Take Care of Everyone

Cottam articulates a complex, eclectic process for realizing these principles in a wide range of contexts. The approach is drawn from well-established capability development principles and incorporating contemporary design principles. Though the precise outcome of the process will depend on context (i.e. different people and communities need and want different things), there are a few core elements. First is giving people, at all levels (individuals, government representatives, private sector representatives) a genuine voice in the process. This is complex and often difficult; building trust and learning to understand life in different ‘worlds’ is a profound undertaking. However, incorporating diverse perspectives while facilitators hold the wider system in view results in better ideas.

In order to genuinely give voice, that is, to ensure that people’s perspectives aren’t just listened to but are heard and actioned, active listening and observation are essential. Getting to the root causes and issues takes time, and trust needs to be earned. Story telling is a very important part of the process. It is also transformative, as people come to interpret their own lives differently, and embrace new possibilities.

Finally, another element of the Radical Help approach was to consider people’s sense of agency when determining what works for whom, when. Rather than the typical policy approach of classifying with reference to demographics such as age, gender, income, employment status, severity of problems, they consider the extent to which people are ‘flourishing’. The definition of ‘flourishing’

varied depending on the context of the case studies presented in Radical Help. For example, ‘flourishing’ could be assessed by what people thought they were capable of, or by what people wanted in their lives and whether they were ready to aim for it.

### Relational practice

A key concern throughout the report has been to ensure people’s feedback is heard, acknowledged and used to guide action. People value and need support, often in crisis situations, but they need and want the support to assist them to transition out of disadvantage rather than maintain them at minimal levels of functioning. Fundamentally, people want to be treated as people: with needs but also capacities. With this in mind there are some strategies which would challenge the



current policy environment and ways of both funding and auspicing services to people in hardship and hence the way services are delivered.

In most cases agency personnel do endeavour to treat people with respect and dignity, listen closely to them and try to respond helpfully. However, the prevalence of negative experiences at services among family members indicates that there is inconsistency in the quality of services, perhaps as a result of funding constraints (which limit the time that workers can spend with people) or a lack of knowledge, skills and/or training among personnel. The changes required are largely needed at policy level as well as ensuring service provision models pay attention to the expressed needs of people receiving services.

There are several models of practice which meet these expressed needs. These have been described in different ways, the most common being the Strengths-Based Practice approach, made famous in the 1990s by Denis Saleeby (1992). Subsequent approaches use different terms to describe similar practice orientations such as *Family Inclusion* (Ainsworth & Berger, 2014; Thorpe, 2007), *Family Participation* (Healy et al., 2012), *Family Engagement* (Ivec; Morris, 2012), *Family Partnerships* (Lalayants, 2017; Slettebø, 2013), *Transformative Practice* (Munford & Sanders, 2020).

These approaches focus on what people can do rather than only on what their problems are, and recognise that people are expert in their own lives and so should be treated as such and participate equally in the decisions that are made about their lives. The Social Model (Featherstone & Gupta, 2018), and the Co-constructing Social Work (Young et al., 2014) model both address these ways of working with families.

Key skills in these varied approaches are those of engagement and relationship building. Relational, or relationship-based practice (Ferguson et al., 2020; Folgheraiter, 2015; Hingley-Jones & Ruch, 2016; Raineri, 2017; Rosenberger, 2014; Ruch, 2005; Trevithick, 2003) describes the ways of working with families that align with the stated needs identified by family members. Relationship building has been an important concept in practice, reminding practitioners that the relationship they have with a person or persons is the mechanism through which to create change. The nature of these relationships will vary. For example, a therapist delivering court-ordered therapy will have a very different relationship with the people they engage with than a case worker providing intensive case management to someone voluntarily engaging with a service.

This points to the need for service providers to ascertain

the purpose of the work they engage in with families and identify the main focus for change in that work. The foundational principle of the 'person-in-environment', which has led to the widespread use of systems theory in social work, requires that the environment within which the individual lives is included as a necessary contributor to the way the individual experiences the world in both positive and negative ways. While it is important that individual issues, such as unproductive behaviour or poor choices, are the subject of change strategies by therapists, and not neglected, change strategies needed to address faults within the environment through other mechanisms should also be targeted. The feedback from the families in the project evidences the multidimensional nature of need. It is therefore suggested that in the use of a relational or relationship-based approach that attention is paid to both intra-individual and environmental opportunities for change. We need to find ways to employ a therapeutic approach and a social approach. The families have shown us the way.

# KURT'S\* STORY



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**OVER 21 INTERVIEWS KURT TOLD HIS STORY** from birth through living in out of home care and subsequent events. Other important aspects of his story include employment and finances, which are only briefly mentioned here.

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Kurt and his partner have a 3 year old child, and Kurt has a child from a previous relationship. Kurt has a history of foster care from age 4 until 18, where he experienced abuse, after being removed from alcohol and other drug (AoD) dependent parents. He now has a good relationship with his birth parents although they are now experiencing ill health and dementia. His relationship with his siblings is poor. Kurt has a history of employment in adulthood, although his qualifications are now no longer reliable in obtaining work. He has experienced AoD problems resulting in driving bans, which affect his employment opportunities, as does his residential location that is poorly serviced by public transport. Despite these challenges, Kurt is reluctant to 'go on the dole', because

he prefers to be independent and because the nature of his casual and intermittent employment makes Centrelink applications difficult.

Kurt attributes his work ethic to learning skills at a residential college, which he valued, crediting it with his survival skills. His upbringing in foster care and resultant failures in the courts to prosecute his abusers due to lack of evidence have left him with trust issues with individuals and larger service systems. He has also had negative experiences with child support systems, despite paying child support regularly. The formula for calculating child support liabilities make it hard for those on irregular income, often leaving him financially struggling because of the time lag between payments and income. He is reluctant to use service systems, such as income support and health services, and characterises them as 'unfeeling', and unable to listen or respect him for what he can do.

Despite experiencing anxiety and depression, he does not consult medical practitioners nor take any medication. He was prescribed bipolar

medication at the age of 9 and was prescribed steroids at 17 to help his development. He has a distrust of the medical and mental health systems and prefers to deal with these issues himself. His solution to mental health concerns is to work, but his anxiety and depression prevent him from seeking work, and the lack of work affects his mental health.

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\*pseudonym (Reproduced from Bulletin 4)



There are many potential agency and service provision contact points in this reproduced summary of Kurt's story as told throughout the interviews: GPs, mental health services, employment services, income support and associated institutions with financial responsibilities. Kurt has identified for himself his desire and need to work, not only for financial reasons, but also for his mental health. He recognises several impediments, one of which is his anxiety which is an individual matter and could possibly be addressed through some individual intervention such as counselling, or through medication, both of which could involve one therapist or two separate therapists. He is reluctant to follow this path because of his previous history. Kurt is also hesitant to approach support agencies because of his past experiences.

The overall picture of Kurt's experiences with the service system, broadly defined to incorporate all the relevant services, is characterised by lack of trust. He is motivated, has many capabilities, and values his relationships. What would be needed for Kurt to re-engage with the services which could provide the help he needs would be for someone to demonstrate that they are trustworthy so that Kurt could develop a trusting relationship leading to him willingly seek and accept assistance.

A service model which would suit Kurt would be one in which a service provider could form a positive working relationship with Kurt. The worker would overtly:

- acknowledge and value his strengths;
- actively and genuinely include him in decisions to be made about his treatment pathways;
- acknowledge his expertise in his own life and bring these two knowledges and skills together in the work that is done; and
- demonstrate through actions that the worker could be trusted to follow through on promises made.

The foremost engagement skills that a worker would need to employ would be to:

- listen and demonstrate that Kurt is being heard;
- invite Kurt to say what he wants to achieve from the engagement;
- commit to undertake the negotiated outcomes.

It is acknowledged that many workers routinely employ these skills. It is also evident that for many people, Kurt included, that workers lack the mandate from their agencies and service specifications to first and foremost seek to form working relationships with service users, having limited time or permission to do so. In this recommended scenario, it is the agencies and the policy environment that need to change. In the case that workers lack the skills for genuine engagement with service users, then training to develop these and performance management to ensure they are used appropriately and effectively are needed.

The Brotherhood of St Laurence articulated a service model nearly 50 years ago which

remains relevant in today's world of seeking to form and maintain productive working relationships. Known as the Four Powers framework, service users at the Brotherhood's Family Service Centre (Benn, 1975; Benn, 1981) were acknowledged as needing to have power over decision making, information, resources and relationships. Bringing these together are the essence of relationship based work and when implemented widely would change the experience of the family members in this study so that they felt listened to and heard, their concerns were acted on with understanding and care (even when the solutions possibly would not be what they wanted), that they were included in the decisions made about them and they were provided with the best possible information they could use to make decisions. Enabling people to move out of disadvantage is the goal, as illustrated by Kurt's story, and relationship-based practice is one strategy to achieve that.

## Summary

This chapter has examined family members' experiences with the service system and considered some core principles, derived from new and established models of service design and service provision, which could improve these experiences across the board. It is not to say that these principles are completely absent in current service provision; rather, that these principles can be more widely adopted and their implementation in practice enhanced.

### What we heard:

Families had high levels of engagement with the service system, with most family members accessing the different types of services asked about in the Baseline and Wave 2 surveys, such as housing and homelessness, financial services, emergency relief, and health and mental health, at least once in the year prior to each survey.

Accessibility of services was an issue that emerged in both the quantitative and qualitative data. When asked about common barriers in the surveys, service attributes such as affordability, limits to the number of times a service could be accessed in a given timeframe, other eligibility criteria, and the suitability of services to family members' needs served as barriers to access, as did individual circumstances such as issues with transport and anxiety and depression.

The qualitative research revealed varied experiences and desires with regard to service access and service quality. Some family members sought to access services to fulfil an immediate need and found the assessment processes they had to go through to be frustrating 'hoops' that they had to jump through in order to meet their needs (for example, putting food on the table). Others highly valued the relationships they built with service providers, often with particular workers, and stated that feeling heard and cared for was critical for their survival ('making it').

### So what?

The service system plays a significant role in the lives of many family members. However, there is often a disconnect between the way that family members see themselves and how they see services fitting into their lives, such that they see their lives as a whole and services as one small part that is necessary in order to meet particular needs. This is reflective of a service system that is funded and structured as a 'stop gap' to meet immediate needs.

Accordingly, there was a notable absence of stories of services helping families to exit disadvantage. That is not to say that services and workers don't want to help families exit disadvantage, nor that their services are bad or unnecessary. Rather, that current approaches, inherently shaped and constrained by policy and funding models, and affected by the capacity of individual workers and individual clients, offer limited opportunities to facilitate exit from disadvantage.

To this end, we examined several approaches that transcend band-aid or 'stop gap' service provision such as Hilary Cottam's Radical Help (2018), strengths-based practice (Saleeby, 1992) and similar approaches, and the Brotherhood of St Laurence Four Powers Framework (Benn, 1975). What they all have in common, and what many of our family members indicated what that they want, is consideration of the person as a whole.

Identification of their individual and environmental strengths, needs, resources and hopes, and the leveraging of all of these factors to improve their lives. Integral to consideration of the person as a whole is listening to them and 'meeting them where they are at' - if a person feels they need a food voucher, inducting them into intensive case management is going to be a fruitless and frustrating outcome for them.

### What now?

There are several ways in which families' experiences of services can be translated into better practice. As we have demonstrated, there are well-established practice models that incorporate the relational principles that families have indicated that they want when seeking services - working *with* people, considering them as a 'whole' comprising capabilities as well as needs, and listening to them. Many agencies are aware of them and integrate them into particular programs, and some workers independently embody them. There are two main areas to target to make these the norm: policy and funding, and agency practice and training.

Policy, and subsequently funding, needs to acknowledge the importance of relationships to effective service provision and therefore outcomes for people accessing services. Program streams should emphasise relational-based practice and the performance indicators of funded programs should include process outcomes related to the implementation of relational



principles, and assessment of client outcomes should account for the different ‘starting points’ of clients and their desired outcomes.

The incorporation of relational principles into policy and funding will enable agencies to engage in this practice.

However, agencies will need to engage in a process of continuous improvement, identifying best practice and the best ways to train staff to implement this best practice. We learned from families that their experiences of services are affected by staff across

the organisation—those answering the phones, greeting at reception, and providing the service—therefore, all staff should be trained in best practice implementation of relational principles.

## 7. I get by with a little help from my friends: Families’ social networks and structured/unstructured social interactions

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**PEOPLE WHO EXPERIENCE DISADVANTAGE ARE OFTEN SOCIALLY ISOLATED**, such that their lower financial resources restrict their activities to their local neighbourhoods, in which they are often exposed to higher levels of violence and stress (Krivo et al., 2013).

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Social isolation can lead to loneliness and a range of negative physical and mental health effects (Jaspal & Breakwell, 2020).

The negative impacts of low social supports serve to highlight the importance of the support that people *do* have available to them. The previous chapter examined in detail the access, accessibility, and quality of formal support available from non-government service providers to families. This chapter focuses more on the

informal supports available to family members and examines various perspectives on combining and leveraging the formal and informal supports to promote families’ agency and capability.

### **Family members’ experiences of support**

A recurring theme in stories about exiting entrenched disadvantage was the importance of support. Interestingly, the support that family members valued is from a wide range of sources. The families recruited into the project came via our seven NGO service providers, so we were surprised to see when we undertook the first eco-mapping exercise that a large number considered the support they received outside of the service system to be top of mind in their responses. Support from family and friends was valued

very highly. Family members often spoke about a particular person as being their main source of support. Sometimes this was someone who had a strong influence on them growing up or at key transition points. Descriptions of these supportive people varied but some characteristics recur.

As we saw from the surveys, availability of support varied across domains, with advice and emotional support more readily available than cash, and non-cash resources somewhere in the middle of the list. For example, as we can see in Table 7, while 81.5% of family members in the matched sample (those who completed Baseline and Wave 2, n=254) felt they could ask someone who didn’t live with them for advice on what to do in a crisis, only 43.3% felt they had someone outside of their home that they could ask for emergency money.

**TABLE 8:** Proportion of family members who had access to different types of support, Baseline, matched sample (n=254)

If you needed to, could you ask someone who does not live with you for this type of support in a time of crisis?

TYPE OF SUPPORT	BASELINE
Advice on what to do	81.5%
Emotional support	70.9%
Help out when you have a serious illness or injury	68.5%
Help in maintaining family or work responsibilities	55.1%
Provide emergency money	43.3%
Provide emergency accommodation	55.1%
Provide emergency food	68.9%

In Wave 2, we explored other forms of non-monetary crisis support and, as seen in Table 8, two thirds of family members or fewer felt they had people outside of their home for support such as minding a child, moving or lifting objects, or looking after their pets or garden, in times of crisis.

**TABLE 9:** Proportion of family members who had access to different types of support, Wave 2, matched sample (n=254)

If you needed to, could you ask someone who does not live with you for this type of support in a time of crisis?

TYPE OF SUPPORT	WAVE 2
Look after your pets or water your garden while you are away from home?	59.1%
Collect your mail or check your house while you are away from home?	66.5%
Mind a child for a brief period?	66.7%
Help with moving or lifting objects?	65.6%
Help out when you are sick or injured (e.g., the flu or a sprained ankle)?	60.2%
Borrow tools or equipment?	62.6%

Related to support and trust (or lack of) is loneliness. The 3-item loneliness scale asks people how often (hardly ever, some of the time, or often) they feel left out, that they lack companionship, and isolated from others. The answers to these questions are then summed to a score that can range between a minimum of 3 and a maximum of 9. At Baseline, the matched sample had a score of 6.07 out of 9. At Wave 2, loneliness had increased very, very slightly to 6.08 out of 9.



Family members told us many stories about the people they trusted and why. The stories strongly indicated their trust was not given lightly and had to be earned. In many cases the people most relied on were in similar circumstances.

*“I tend to be a bit cautious trusting people. I have been burnt a lot in the past. Now I guess I am a lot more cautious. If someone rips me off once, that’s it! I don’t give them another shot.”*

*“We have all been there and we know what it is like. I guess that is why we stick together. We know how scary it is to be desperate. None of us likes to feel like that, so we try to help each other when we can.”*

Exceptions were notable and rare.

*“I remember sitting outside (agency name) after they knocked me back and I had nothing. A (agency name) guy stopped to talk and after I told him my story he handed me \$200 to help me get through. (It was out of his own pocket too.) That blew me away. That someone would go out of their way to help someone like me, for nothing in return just blew my mind. Who does that? That one act of human kindness kept me going for a very long time.”*

The qualities of trusted allies varied, but honesty, consistency and mutuality figured highly in many stories.

*“My best friend (Name) is the person I rely on most. She is always there for me. The kettle is always on for a cup of tea when I need it. She gets me. She always sees the*

*best in me, even when I can’t see it myself. But she doesn’t take any crap either. If I am feeling sorry for myself and doing the wrong thing or not doing right by the kids she lets me have it, both barrels. She would give me the shirt off her back just like I would for her.”*

## **Cultures of support**

Family members use a combination of formal supports, such as programs and services offered by non-government agencies, and informal supports such as friends, families and neighbours. Combining and balancing these supports in an optimal way, such that family members feel and are supported to meet their needs, is a challenge.

Hilary Cottam, reflecting on her work with people in entrenched disadvantage, ponders whether observations of low trust and support beg the question whether we have come to rely so much on professional service provision that we have lost our capacity to foster self-help and mutual support. Elinor Ostrom (2000), in the context of managing common resources (those available to everyone e.g. green spaces), suggested it is possible to ‘crowd out citizenship’ by overextending government reach into areas best addressed by self-help approaches. In light of these observations, it is also worth reflecting on whether we tend to underestimate the significance of the ‘social capital’ that exists, even in the most disadvantaged contexts.

Related to social capital, some approaches seek to develop and use the social capital built by people experiencing poverty. One such example is a program called ‘Bridges out of Poverty’, sponsored by Social Solutions. Originally imported from the USA, the program, which has been delivered through training workshops to professionals who work with people experiencing disadvantage across Australia, has a strong emphasis on changing the ‘culture of poverty’. The program emphasises several distinctive features of poverty, which includes the way poor people stick together to support each other. Given their lack of financial resources they have developed distinctive ways of supporting each other to survive crises. Even children are considered part of this schema and they observe that there can be some reluctance to let children leave the family orbit by moving on or moving away.

Considerable emphasis is placed on cultural change programs to coach families in entrenched disadvantage to learn to understand and operate within new ‘rules of the game’ that are accepted in different ‘class based’ groups within society (e.g. middle and upper class cultural norms).

While we welcome all efforts to support families in entrenched disadvantage and acknowledge the potential for learning that can come through multiple change strategies, it is important to listen to the voice

of lived experience and learn through the process. In the *100 Families WA* project we heard from many family members:

*“We are not stupid, we are not useless, we are not out to rip off the country. We have our challenges, like everyone else, but we want the best for our families. We want to be involved in developing the sort of supports that will help us move forward.”*

Rather than consider families in entrenched disadvantage ‘cultural dopes’ (to borrow a term from Garfinkel, 1967) who blindly follow established cultural norms, we encountered people who were keenly reflective of their position and role within society and actively sought to adapt to the world around them for the best outcomes possible for their families.

## Agency

In addition to social capital, many approaches to alleviate entrenched disadvantage emphasise the central importance of human ‘agency’ – the ability to shape one’s life through choices. The capacity that people have to give and to receive support is a fundamental element of the human condition and we heard many stories of people who, despite their deeply strained circumstances, offered support to others. One example was a woman who had lived on the streets recalling how she had been helped by the support of others and returned to provide emotional and material support to street present people once she was housed.

These realisations are not new. Capability development practitioners around the globe have been working with this central awareness for decades. It works because it taps into essential strengths that are at the core of human motivation. Sen invokes the ancient Greek concept of *eudaimonia*. Various translated as ‘wellbeing, human flourishing, prosperity, happiness, welfare and even duty’, this essential characteristic relates closely to the stories we heard from family members. Particularly noteworthy is the idea that people in entrenched disadvantage can and do have the capacity to express this characteristic, even in the most disadvantaged circumstances.

Cottam’s case studies are rich with examples where tapping into human agency has been the key to success. Finding innovative ways to amplify and grow this precious resource is a significant part of the capability development skill set.

One current theme in the policy environment is the significant place of Peer Support in the lexicon of social intervention. Closely associated is the recognition of the value of lived experience as a qualification. The Community Advisory Group associated with the *100 Families WA* Project has a particular interest in peer support, both as a formal intervention and informally. None of the family members spoke about Peer Support as a formal intervention (except for one who knew of a bad

experience a friend of theirs allegedly had). Informally, family members frequently mentioned specific people in their lives who they considered a peer who supported them. There is not a lot of detail in their accounts beyond someone they respected, who knew them well, who was supportive (mainly in the sense of being consistently positive) and who believed in them, even when they didn’t believe in themselves.

*“(Name) has been fantastic. I have known her for a long time. She knows me, better than I know myself, sometimes. She has been through a lot herself and is always there for me. She has been my rock and always encourages me to be my best and gives me a hand when I fall.”*

Though not a formal Peer Support program, one family member spoke of the benefits of the meet ups and events associated with Wanslea’s grandcarer research project, for both her and her granddaughter:

*“It’s nice to be able to speak to people who understand, because normally when you tell people you’re caring for your grandchildren they either judge you as a bad parent or say ‘so? That’s what you’re supposed to do’. They don’t understand that we never planned to be caring for a child at this stage of life. The events are really great for [granddaughter], too, because she can play with other kids without being asked ‘where are your parents?’ or ‘why do you live with your grandma?’”*



The social support felt by families from people who are in similar circumstances as them also serve to illustrate the interconnectedness of the different levels of the nested ecological model. Having people in your social sphere who you can relate to can allow you to be yourself, and buffer against the negative impacts of societal attitudes or judgement or lack of understanding from service providers. Of course, it goes both ways; negative social relationships can serve to ingrain negative attitudes about oneself and stymie progress achieved by supports. This was evident among people who had histories of drug addiction or homelessness who felt that they needed to distance themselves from people who were still in those circumstances. Therefore, the ability to choose how to receive support and from who is important for families' wellbeing.

### **Integrating top-down and bottom-up approaches**

A challenge capability development advocates often encounter is how best to integrate bottom up approaches like individual capacity building with top down bureaucratic and corporate initiatives, including government and NGO run programs. This is a broad question as there is great diversity between organisations as well as approaches.

Based on the stories we have heard, there does appear to be significant scope for trialling new approaches in the space

between the more formal policy and program activities of the social system and the actual lives of families in entrenched disadvantage. Listening to the clues we have been given by the family members we met with, this kind of development would be well received.

To be successful will require resourcing. Understandably, Governments find it hard to invest in unstructured capability development processes. Timelines are difficult to pin down. Outcomes are emergent and the result of development processes. Given the low level of resourcing in disadvantaged communities and the narrow horizons of those who have been entrenched for a long time, external supports will undoubtedly be needed.

Capability development projects need a safe space to flourish. Not like conventional 'sheltered workshop' models, this work thrives in 'real world' conditions. Perhaps counterintuitively, their greatest threat is from their own auspice and funders. As the work progresses things can get messy. The emergent nature of capability development projects tends to lead to political pressure, often in the form of lobbying Boards and Committees and subsequent attempts to reassert control over the capability development project.

Often the greatest challenge to successful capability development work is finding an auspice/funder constellation that will nurture and support

the work, protecting it from those who would seek to control and stifle the creative force of human agency and innovation. An important element of the development of such a space is the development of appropriate institutions and governance arrangements to enable collective action.

Drawing from the voice of lived experience to inform the development of an appropriate approach is not straightforward. None of the 100 family members we spent time with had a fully developed solution to the complex phenomenon of entrenched disadvantage. There were, however, many clues to key elements of what might work. Often these were expressed in very strong terms, either positively or negatively.

Working with this material, and combining it with several lifetimes of experience in program development work, we can see a picture that could look something like the following:

Whatever it is, it needs to be a space where people can meet to get to know each other and listen to each other's stories. People need to be heard and affirmed, just as they are. The impact of trauma and tragedy can live on for some time. A key question is 'what happened to you?' not 'what is wrong with you?'

Practical issues will always be top of mind for people living on the edge with very low levels of resources. We heard how great the need is in many people's lives. We also heard how quickly

other low resourced people could become overwhelmed, trying to help others. There will need to be some way to access additional resources. This could be approached several ways.

- Everyone has capabilities. Sometimes these are obvious, other times they take a while to become evident. Just because people can't get a job in the mainstream economy, it doesn't mean they can't contribute (to their own and others' wellbeing). Creating space for people to find out what they are good at, what they enjoy and how good they feel when they create or produce something of value (in the broadest sense of the word) can kick start a new passion and direction. Many family members talked about some catalytic experience like this that marked a turning point in their journey.
- There are different approaches to developing an economic base for a capability development project. Technology can be used to disrupt existing systems and open up access to new resources. Labour Exchange Transfer Schemes (LETS) have been developed which allow for non-cash based 'transactions' to occur and be accounted for. This approach would free up resources and lead to significant improvements in wellbeing based entirely on the capabilities of members. A key principle is 'reciprocity'. People gain credits for the exercise of their capabilities for the benefit of others.

- We heard how many families desperately want to work but can't get a foot in the door to get a job. That doesn't mean they have no skills and capabilities. One of Cottam's case studies focused on employment in an area of very high unemployment. A key to its success was the approach to 'segmentation' (grouping people) they used. Instruments were developed to gauge peoples' motivation and the clarity of their goals. Processes were developed to test how realistic their goals were and plans developed to build the necessary skills, hard and soft, to achieve their goals. Networks were developed with local businesses and a mentoring scheme was introduced. This approach would draw on the knowledge and skills developed by effective labour market programs in jurisdictions that have invested in these models.

The above list focuses on resource development and labour market program related issues. There are several assumptions made about people in entrenched disadvantage. The most significant is that people want to improve their circumstances and those of their families. It should be acknowledged that this is an optimistic appraisal of human nature. Another is that people in entrenched disadvantage are willing and able to contribute the best they can to improve their circumstances. A third is that people in entrenched disadvantage are willing

to collaborate to achieve better outcomes.

These assumptions fly in the face of stereotypes of people in entrenched disadvantage as lazy and self-interested. This is what we heard in the stories of family members.

For example, one family member's health condition precluded her from taking work in the areas in which she had previously worked, and she was finding little success in obtaining any other work. She would regularly come to the interview with a new piece of jewellery she had made, or with pictures of mosaics or other artwork she had made at her home. She had taught herself basic mechanics from the internet to repair a car and a scooter. Keeping busy and creatively occupied was her solution to her circumstances as well as spending time with a network of friends in similar circumstances who would share their resources and products. None of this activity was recognised by her Job Service Provider (JSP) nor recorded on the resume generated by the JSP.

Another family member told of growing vegetables which she shared in her neighbourhood in return for some repairs of furniture found on verge side collections to be made functional.

These two examples illustrate the possibilities which could be supported to encourage local engagement, inclusion, and activity.



## Support + agency = capability

Families in entrenched disadvantage have many needs for access to increased resources. This usually means having to access multiple systems and agencies, government, NGO and commercial. One of the most frequently expressed concerns related to challenges families encountered trying to get their needs met through these systems and agencies. Many family members recognized the need for support to do this.

It is probably best, thinking strategically, to try to use what is at hand and to concentrate one's energy on improving the existing system and only developing from scratch what is not available through incremental improvements. There have been many attempts to improve access and relevance of services. From a community capacity development perspective, one could start with identifying the needs and mapping the current processes. Having connections with friendly 'insiders' who know the systems and agencies well can be very helpful. Depending on available capacity, visiting services or volunteer supporters can work well.

Such a process could involve co-design workshops that include people with lived experience, professionals who are well versed with the various formal support systems, and people who provide informal support. This exercise

would not be to determine solutions, but to identify the various needs of people in different circumstances (e.g., homelessness, family and domestic violence) and map common support requirements and formal and informal support options. As early as 1997, and then again in 2005 Palmer offered proposals along these lines from her research into family and domestic violence and the effective supports provided locally and informally (Palmer 1997, 2005).

Through the process of identifying needs and mapping current processes it is quite common to identify potential improvements. Decisions can then be made about strategies to influence change, which can provide a basis for a proposal. There are many different approaches to lobbying one could take. If the group engaged in the process is large and well enough connected it can be a formidable force for change. There are also decisions to be made about working through the bureaucracy and at which level, engaging with elected officials or going public and using the media.

While doing all one can to influence existing systems and services, it is quite possible important needs will be identified that cannot be met through the existing systems. Some of these could be addressed using capability development approaches, including social enterprise and business-based approaches. For example, the platform approach

already developed for the LETS program could be developed further to address issues like accommodation needs (think Air B&B) or expanded to include broader members of the community. It could also be scaled up to include services to people with disabilities (now funded through NDIS). The business models would need to be developed to provide a balance between providing funding for workers, quality service delivery for recipients, and resourcing further development initiatives.

Capability development can be very versatile, and the best examples include mutually reinforcing strategies that are inclusive of a wide range of skills and knowledge. The ideas presented above integrate self-help initiatives, service improvement activities and policy development and lobbying strategies. Increasingly, these approaches are also eclectic when it comes to business models, able to integrate funded service delivery, entrepreneurial business models and voluntarism. There is room for a broad range of skills and qualifications. Most capability development approaches value collaborative approaches and work with very flat management structures and egalitarian value systems.

The possibilities are endless and based on all that we have heard from family members, would be very well-received and supported.

These approaches have been tried around the world, often in highly disadvantaged communities. They can work anywhere, anytime, providing the foundations are right. Community can be defined in a variety of ways. Geographic boundaries, particular demographic profiles or communities of interest can all work well. The best approaches are well defined but also inclusive. As a rule, the broader the definition and the more diversity included, the more work needs to be done ensuring a shared understanding on which to build.

The advantage of an approach that leverages individual capability and formal support systems is that it could begin any time any place and is not dependent on anything but the will and energy to tackle some of the most 'wicked problems' we know of. Cottam's work in the UK occurred at a unique time when major funding cuts were occurring. This created an environment where change was inevitable and there was an openness, driven by necessity to try new approaches.

The capability development approach does not need to be led by Government nor by existing NGOs, though with the latter it is possible, and they can help a lot, provided they do not fall into the abovementioned trap of stifling innovation and progress by asserting control. It can begin with whoever believes change is possible and is prepared to put in the effort needed. Appropriate structures can be developed as required.

Adopting a capability development approach is a bold strategic move. It brings into focus the very real needs people have to achieve their life goals. It challenges narrow approaches that call for simple answers to complex problems. Most importantly, power dynamics shift, with people with lived experience driving the process rather than engaging merely as passive recipients of welfare services. It has the potential to draw in many collaborators who have valuable contributions to make. The approach provides no foothold for free-riders. The approach ensures that only those who help bake the bread, eat the bread.

## Summary

Social relationships, both within formal structures including non-government services and informal structures such as friendships, are central to people's lives. Acknowledging that the previous chapter examined formal supports accessed via the service system, this chapter focused more on the informal supports that people relied on and examined some ways in which bottom-up and top-down ideas can be integrated to leverage social dynamics, including individual agency, to improve systems to ultimately improve lives.

## What we heard

We heard that social connections were very important to family members.

The circle of people that family members trusted was usually quite small, and that trust was not easily earned and very easily revoked. Many family members valued relationships with people in similar circumstances to them, citing the sense of understanding and belonging and the lack of judgement and stigma as key benefits.

We found, through the survey, that the availability of support for families varied based on the type of support. In particular, emotional supports such as advice and support were available to more family members than practical supports such as help out around the house when they were sick or injured. Support that required financial resources, such as emergency food, money, or accommodation, was available to the lowest proportion of family members. Loneliness was quite high among family members and was stable between Baseline and Wave 2.

In relation to families' own contribution to society, many expressed that they want the best for their families and want to be involved in getting it for them. Though some weren't able to work in a traditional sense, such as due to physical or mental health conditions, many expressed clear ways in which they enjoy participating in society, for example through crafts, fruit and vegetable gardening, and being a source of support for their friends and families.



### So what?

Families experiencing entrenched disadvantage are likely to have fewer positive social connections, and much more hesitance to trust people in both formal and informal settings. In addition, the social connections available to some can negatively affect their wellbeing. However, the importance of positive social relationships cannot be understated as a contributor to wellbeing.

Balancing formal and informal supports in efforts to address disadvantage is quite difficult. While there is no doubt that people experiencing entrenched disadvantage have need for formal support, prominent scholars and practitioners posit that overreliance on formal supports – from government or service delivery agencies – stifles individual agency and the development of community-based supports.

A further complexity is that different people will want and need different levels and combinations of support. However, this offers an opportunity to listen to the different needs and wants of families, and promote their individual agency in interventions, such that they can choose how much support they receive and from whom, as well as how they give support.

### What now?

Drawing on capability development theory and

practice and relating it to what families said, several principles for combining formal and informal supports and leveraging individual agency to address disadvantage were put forward. First and foremost, once again, was recognition of the individual as a whole and listening and hearing (not diagnosing or problematising) their experience. Related to this was identification of the common needs of people in different circumstances, and the range of formal and informal support options available to them. Specifically, it was suggested that these needs and support options could be mapped through co-design processes with people who had experienced situations (e.g. homelessness), professionals who are well-versed in the formal system of support available to people, and people who had provided informal support to people in those circumstances.

It was suggested by some that the needs and support mapping exercise could be used to develop a proposal for more effective interventions with families in poverty. In building on previous efforts to develop effective interventions, it remains important to remind ourselves that innovative capability development processes are emergent, such that their outcomes and timelines cannot be predetermined (Cottam, 2018). Strong fundamentals, such as shared purpose and shared understanding of that

purpose and the processes undertaken to realise it across stakeholders, are key elements for such work.

Another principle was identifying and formally recognising the many ways in which one can contribute to society, both within and outside of the bounds of traditional employment. A practical principle was openness to and utilisation of multiple funding approaches – from government grants to market solutions to individualised funding – to ensure the financial sustainability and multidimensional nature of the approach. This is strongly related to the principle of agency. People want and need the ability to choose what supports they access and how to access them, and in order to do this they need multiple options that extend beyond traditional labour market participation or welfare receipt.

# 8. Family of origin, family of choice and the nature of wellbeing

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At the beginning of the *100 Families WA* project, the Project Team acknowledged that **THE DEFINITION OF 'FAMILY' DIFFERED AMONG PEOPLE**, particularly those who experience disadvantage, and is often not restricted to biological relationships.

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This was certainly evident in the previous chapter where the importance of friends and acquaintances, including those who experienced similar circumstances, was highlighted. In line with this, throughout the research, when asking about issues for their family, we have asked family members to answer with reference to who they considered their family to be.

Getting to know the family members in the study was a profound experience for all the interviewers. Being let into their worlds, being told about deeply personal things – things that many said they had never told anyone before – and learning how they navigate all aspects of life was a privilege and a huge learning experience. Family members' scores may be low on generally accepted measures of wellbeing, but this can hide as much as it reveals.

We heard many accounts of tragedy and trauma, which have had horrific consequences and

are still in the process of being worked through. We heard of lifetimes and sometimes generations of deprivation leading to deep and soul-destroying hopelessness. We heard tales of heroic courage and resilience in the face of grave injustices. We heard of some very bad decision making and the torturous process of making amends and gaining forgiveness. We heard almost every version of complex human experience that every person can relate to, at least to some extent.

This chapter examines family members' experiences of their family, their lives, and their sense of wellbeing. The number of stories, and the uniqueness and nuance within these stories, are impossible to translate into one, two or even 10 experiences of family, self, nor entrenched disadvantage. Instead, when interpreting family members' experience, we consider how their self-concept and capabilities can be utilised in approaches to address disadvantage

## Through adversity

While there are many pathways into entrenched disadvantage, several adverse life experiences are commonly encountered by people who experience it and many of these originate or occur in the family of origin.

As revealed in the Baseline Report (Seivwright & Flatau, 2019), high proportions of family members (n=400) had experienced many of these adverse life events: 51.8% had experienced homelessness in their lives; 42.5% had run away from home as children; 24.3% had experienced foster or out of home care; 18.3% had had children removed from their care; 22.8% had been in prison as an adult; 12.0% in juvenile detention; and 78% had experienced family and domestic violence as a victim, perpetrator or witness.

Family members' reactions to the various traumas they had experienced in their lives varied. For some, trauma was a source of growth, strength and empathy. For others, trauma was a defining feature of their lives that they felt held them back. Everybody reacts differently to trauma (Maercker et al., 2000), and this only reinforces the advice of family members for people (in all contexts) to 'meet them where they are at' and not judge their experience or reactions.

Family members' experiences with their families (of origin and of choice) varied. Some chose to have absolutely no contact with their families of origin, relying instead on a network of close friends. Others were exactly the opposite, with a



social network comprising mostly members of their families of origin. Regardless of whether they engaged with their biological family, a chosen family, or a combination of both, family dynamics comprised things that will be familiar to us all – from tension over where family celebrations are held, to concerns about enabling abusive family members or family members struggling with addiction.

This is not to minimise families’ experiences, nor the importance of considering these experiences in developing solutions to entrenched disadvantage. Rather, it is to illustrate the variation within these experiences.

The World Health Organisation has a brief instrument (the WHOQOL-BREF) that measures wellbeing across four domains of life: physical health,

psychological, social relations and environment. Scores are out of a maximum of 100, with higher scores representing higher wellbeing. Table 9 contains the average scores of family members, by domain of wellbeing, at Baseline and Wave 2. We note that wellbeing across all four domains has increased very slightly between Baseline and Wave 2, but remains much lower than Australian population norms.

**TABLE 10:** Mean scores (out of 100) on each domain of the WHOQOL-BREF, Baseline and Wave 2, matched sample (n=254)

	Baseline	Wave 2	Australian Average <sup>1</sup>
Physical health	53.8	54.8	73.5
Psychological	55.5	57.0	70.6
Social relations	52.8	55.1	71.5
Environment	55.6	57.4	75.1

<sup>1</sup>Hawthorne et al., 2006.

Sitting with several of the 400 people who completed the survey, the questions about quality of life were often met with anything from mild bemusement to outright disdain. When quizzed about the meaning of their responses several responded, “It’s just not that simple”. Reducing their complex lives to a static metric did not feel right to many of them. As discussions went on, it became clear these people held to a broad definition of wellbeing, not a narrow focus on the commonly accepted (and primarily materialistic) goals of much of mainstream society.



## Material versus intangible sources of wellbeing

Many families' stories demonstrated values for the more intangible goods of life: family relationships, friendships, enjoying the beauty of nature and concern for the environment, art, all forms of creativity, freedom of movement and expression, culture and being part of something bigger than themselves. These dimensions of wellbeing seemed to them to be undervalued by the questions being asked in the surveys.

Of course, there are many material goods and services that are important. Money in our society can be traded for many valuable commodities that affect every level of Maslow's hierarchy of needs. Essential services including health, education, welfare, housing, law enforcement and so on are all important, but they are not everything.

Some of the family members struggled with translating their own 'quality of life' calculations into the available responses. As we listened to their stories it became increasingly apparent that the journey that we were on led us to a much more complex set of issues than originally anticipated.

In Bulletin 4 (Phillips et al., 2021), we explored the importance of taking a very broad view of wellbeing, such as the World Health Organisation's understanding of mental health

as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (World Health Organisation, 2014).

The idea of realizing one's potential begs the question of what constitutes one's potential – or what is the 'good life'. In this section we are concerned with the nature of 'being'. This brings us into the realm of 'ontology', which is literally the study of being. A very complex topic indeed. The lens we are using is the stories people told in the interviews and focus groups run by the project and the answers of a broader group to the survey questions.

### 'No man is an island'<sup>2</sup>

Listening to the stories of the 100 family members highlighted the importance of understanding context. Each of these family members' lives are shaped by their own actions and reactions, as well as being influenced by their families. These patterns of influence change over time (family of origin as well as family/families of choice). Nancy Chodorow, writing about the field of psychoanalytic theory, also refers to the interplay of individual and collective processes of identity formation.

*Psychoanalytic theory and method, then, rest on two apparently contradictory, and apparently*

*both true, claims about human subjectivity. On the one hand is a radically individualist and subjectivist view that we create meaning from within and come to know, through analysis, our self and the unconscious fantasies and fears that are there to be discovered. On the other hand, is a radically inter-subjective view that, from birth, we form our self, develop our unconscious inner world, and create a new understanding of our self during analysis only in and through our relationship with another. (Chodorow, 2003, p. 473)*

The way in which we make sense of ourselves, and the world affects our reactions to it. This is worth noting at the level of analysis to understand the person's self-concept, and while pondering how one might more effectively engage and support families in entrenched disadvantage. The stories we heard followed one or the other (sometimes both) paths.

The 100 family members provided many examples of Chodorow's two claims about human subjectivity.

*"I believe that there is a lesson for me to learn from my time living on the streets. I won't be able to move on till I learn that lesson. Everything that happens to me is part of that learning process. I need to stay alert to make sure I don't miss out on what I am there to learn."*

*"The most important person in my life has been my Grandma. She was there with me all the way through*

<sup>2</sup> (Donne and Fallon 1988)



*all the dramas. It was her I always went to when I needed someone to talk through. Even today it is her voice I hear in my head whenever I am trying to figure out what to do and when I am in trouble. I am who I am because of her and the way she was always there to guide me.”*

*“I really have enjoyed our talks. It always helps me to sort out my thoughts. I know it is not therapy but just to have someone to talk to about what is going on in my life makes a huge difference. When I am on my own stuff just swirls around all in a jumble but talking to you I can get it out and you listen and ask me questions that help me think things through and figure stuff out for myself.”*

Engaging with families in entrenched disadvantage will undoubtedly require attention to the needs of the person as a ‘meaning making animal’ to borrow a phrase from Charles Taylor (2005) and to the interpersonal dimension of identity formation.

Some will need support to recover from trauma and abuse in order to move on from entrenched disadvantage. Others will need to learn new ways of being, beyond the narrow confines of multigenerational disadvantage. With others, we will need the wisdom to cultivate and support their own sense of agency and not crowd out their precious capabilities, those essential freedoms that, according to Sen, are both the means and the ends of their human development.

When considering the Big Picture we mentioned conversations that related to other ideas about other big pictures that family members saw as important. Some of these related to culture and the important role of culture in maintenance and change in psychosocial wellbeing. Others related to notions of spirituality. The history of both culture and spirituality indicates they can be either positive or negative forces, depending on the time and the issue under consideration. The capability approach would focus on how culture and spirituality contributed to freedom and wellbeing and supported the attainment of goals. For those who are serious about supporting families in entrenched disadvantage, attending to the big picture those families find meaning in is an important element to consider, given its place in their stories and identities.

Again, this points to the need for a highly individualised approach, inclusive of therapeutic interventions. Such an approach tends to be intensive, and expensive. In the current policy environment, it is difficult to see support for the work forthcoming. Nevertheless, these are the implications of listening to the voice of lived experience. This is our best attempt at understanding what it is that family members say they want and need.

## **Stories from the dark side of family life**

While we were often amazed by the stories we heard about the strength and resilience of families in entrenched disadvantage, we also encountered some very dark stories of experiences of all forms of abuse and neglect, including sexual assault, child abuse and neglect. While the prevalence of these experiences alone was quite concerning, listening to how these experiences impacted on family members life course was even more so.

We have included several brief case summaries to illustrate the diverse range of experiences at different points along the way for different demographics in diverse circumstances.

# SALLY'S\* STORY



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Sally participated in 20 interviews. The main issues identified by Sally were associated with **FAMILIAL & HER OWN MENTAL ILLNESS.**

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Sally's mother had an eating disorder and depression. She was the victim of sexual assault and did not want a daughter. Sally had a strained relationship with her mother and was physically abused by her father and brother. She has tense relationships with her

grandparents, particularly her grandfather, who also treats her harshly as he believes that this treatment is encouraging her to achieve more in life.

At the age of 10, Sally was sexually assaulted. She has attempted suicide, has self-harmed and has diagnoses of post-traumatic stress disorder (PTSD), borderline personality disorder (BPD), insomnia, anxiety and eating disorders. Her medication has negative effects (results in the shakes) and she has irregular contact with her psychologist.

Sally lives independently, wants to study and gain a driver's licence. She has a few friends, mainly met through the mental health system, but sees them infrequently. She attends the gym often – approximately 5 times per week.

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\*pseudonym

Sally's story illustrates the potential links between abuse and mental illness as well as how various forms of abuse can cluster in families. Sally's mother had her own abuse history, she then married into an abusive relationship and more abuse occurred in other familial relations, across multiple generations. The way Sally told her story, sexual assaults were pivotal events, which led to long lasting mental health issues, ending with significant and enduring disability. The reactions of family members to the events had a profound impact. In the aftermath of abuse people react differently. Some, like Sally, turned to their family for support which was not forthcoming. Instead, she was not believed and even blamed for the events which were the result of an horrendous abuse of power. Little wonder Sally has trouble trusting people.

# ROSE'S\* STORY



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## ROSE IS A 35-YEAR-OLD NOONGAR WOMAN WITH THREE CHILDREN,

Michelle, female, 16, Caleb  
male 13 and Nicky female is 2.

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Over the course of the interviews (which spanned 12 months) there were two critical events; the fallout from these have had an enormous impact on the family's life. The first event was that Michelle was raped during a break-in in their home by someone known to the family. The second was that Rose was physically assaulted by a member of his (the rapist's) family which led to extensive hospitalisation and several surgeries.

The family was initially living in a public housing property in a south central Perth suburb. Then the break-in happened and Michelle was raped. They

had to move 'so no-one could find us'. Rose hired a truck and moved them all on her own as she didn't want anyone to know where they were moving to. After moving, Rose found out the offender's brother lived on the same street as them in their new neighbourhood, so they needed to move again. Rose has a lifetime Restraining Order (RO) in place on the offender, he has breached it 3 times, and has come to their new house. When she sees the offender she calls 000, he is arrested (for breaching the RO), but then is let out on bail.

Initially the children were attending school in a southern suburb some distance away from their new home where they feel well supported, though they have a 5 hour per day commute to get there. The children are both in sporting programs at the school.

After the rape, the children

experienced issues with bullying at school. Some children from the offender's family asked, "why are you lying about our uncle?" The conflict led to a fight at a local sports match. The children were removed from the school after the 'riot' and Rose was hospitalised for injuries received.

Rose and her family have engaged with a long list of support services. Rose feels she is not able to trust friends and family, so prefers to use organisations. Rose doesn't really sleep as she doesn't feel safe, and she also says she's scared to sleep in case Michelle tries to hurt herself. She has a history of suicide attempts and self-harming. Michelle has also been admitted to hospital following a blackout and convulsions related to PTSD after seeing the offender in the community.

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\*pseudonym

Rose's story illustrates how sexual violence and abuse can be complicated in Aboriginal communities, where extended families are common. The story also emphasises the challenge of obtaining safety and justice for victims of sexual violence. Rose's situation was made more difficult at every step, given her entrenched disadvantage. Cars and washing machines break down, and without the resources to fix them, everything else becomes harder. Having to move multiple times and change schools was a major stressor. These compounding stressors are reflective of the complex, compounding nature of entrenched disadvantage.

# DANI'S\* STORY



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Over 22 interviews Dani told her story about her journey through **HOMELESSNESS AS A TRANSGENDER PERSON**, her experiences of mental health challenges, history of trauma and abuse, violence, past history of drug use and amazing resilience.

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Dani is transgender and identifies as female. She comes from a successful and financially stable family with whom she has a supportive relationship. She married and had a daughter, followed by the death of her wife. Dani and her daughter travelled to China, and on return she had a variety of jobs, living in rental accommodation. A fire destroyed this property and its entire contents, including all of Dani's identification and

her daughter's possessions. Dani spent the following 3.5 years homeless or in crisis accommodation, having been refused income support due to a previous debt (Robodebt). Dani was allocated to male crisis accommodation where she experienced discrimination and violence. Dani now is in priority housing and is supported by the housing coordinator of a NFP agency. The housing complex, however, is subject to noise, drug dealing, theft, squatters, and breaking and entering. Dani has a strained but ongoing relationship with her daughter who blames her for her mother's death from a drug overdose.

Dani's current mental health diagnosis is full body dysmorphia, though there have been other diagnoses previously. Dani uses mental health services, but these were

not able to offer support after Dani became homeless and experienced sexual assault and an attempt on her life.

Dani is exceptionally intelligent and through the interviews discussed her reflections on many aspects of entrenched disadvantage, from philosophy to social policy, the service system and interpersonal relationships within the homeless community. Dani's story covers the period of transitioning out of homelessness to stable accommodation, and many more achievements. Most importantly, Dani's story is of her ongoing quest for wellbeing, which she sees as a lifelong journey each of us must take, individually and collectively.

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\*pseudonym

Dani's story illustrates the complexities of sexual abuse in the life of a transgender person. Her story is confounded by the experience of discrimination towards trans people. Her early experiences of sexual abuse included being gang raped by a group of males in the regional town she grew up in, and as a result being forced to leave for safety reasons. Later, while homeless in Perth, she was again sexually assaulted, more than once, leading to hospital treatment for serious injuries received.

These three case studies, and there were many more, were derived from stories told to the interview team. In all of them there are associations between sexual assault and abuse, the painful process of dealing with the impacts of the abuse, the struggle to find appropriate support, developing mental health problems which persist through life and the experience of entrenched disadvantage which made everything that much more difficult.



The stories we heard raised issues about how we think about sexual assault and abuse and how we, as a society, engage with and support survivors of sexual assault and abuse. Current research into the area of complex trauma and implications for women's wellbeing and safety from violence is confirming the need to find better ways to support families such as those we have engaged with in the *100 Families WA Project*, including the case studies reported above.

## Summary

This chapter examined families' experiences of their own families – their families of origin and their families of choice, where applicable – and their conceptualisations of wellbeing. We contend that understanding families' self-concept and their concept of wellbeing is critical to attaining that wellbeing.

### What we heard

We learned, through the surveys, that large proportions of family members had experienced adverse events such as homelessness, prison, and family and family and domestic violence. We learned that, on commonly used measures of wellbeing, their scores are much lower than the Australian average across all domains (physical health, psychological, social relationships and environment).

We heard that family members have varying relationships with their families. Some have extensive ties with their families of origin and few connections outside of them, while others have no relationship with their families of origin and rely on a network

of 'chosen' family. Others still have a combination of both.

We heard that, regardless of structure, family dynamics are filled with highs and lows with which we are all familiar.

Invoking the findings of Bulletin 4, we found that families also had varying conceptualisations of wellbeing but that, generally, wellbeing to them was broader than a focus on particular domains. It was a greater sense of feeling that life is good and one can certainly survive, and hopefully thrive.

### So what?

The notion that families have different structures is not particularly revolutionary. However, the extent to which these different family structures and the support they offer are understood in approaches to address disadvantage appears limited.

Families' broad conceptualisations of wellbeing and their low levels of wellbeing measured in arguably more narrow ways point to opportunities to engage with families about what they want and need, and how they can be supported to get there.

### What now?

People looking to support families experiencing entrenched disadvantage should consider the full array of factors that may affect their wellbeing. This includes key events in their lives, and their relationships, both positive and negative, with their family of origin and with their family of choice, if applicable.

This also includes consideration of their self-concept and their conceptualisation of wellbeing, to ensure that the path a person takes fits with who they are and where they want to go. This is difficult in light of funding that is provided for specific, predetermined outcomes. However, it is necessary. Therefore, opportunities to design programs and services that develop the capabilities of people and allow them to work towards the life that they want to live should be created.

# 9. Synthesis: themes across levels of the nested ecological model

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Certain themes arose across all levels of the nested ecological model. The first is that people have **A REAL NEED FOR SUPPORT – BOTH MATERIAL AND NON-MATERIAL** – and these needs are often not met by the formal supports available from government and agencies, nor by the informal supports that people have in their lives. Current supports are crucial, but insufficient.

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Another theme is that, in all contexts, people want to be heard and respected as they are. Related to this was the importance of the relational. When talking about friends and family who were positive sources of support, many people referred to feeling accepted just as they are. Similarly, when recounting positive interactions with formal supports such as services, feeling ‘really listened to’ was a key feature. On the other hand, when relations with others were characterised by judgement or dismissal or ended with rejection (from services or in the interpersonal context), family members were left feeling worse for having sought support.

As well as being heard and respected by others, many people want to be active agents in their lives; people want to be able to choose when and

from where/whom to receive support, and the type of support that they can receive. Stating it plainly, this sentiment was articulated by family members in statements such as:

*“We are not stupid, we are not useless, we are not out to rip off the country. We have our challenges, like everyone else, but we want the best for our families. We want to be involved in developing the sort of supports that will help us move forward.”*

In this chapter we examine how these themes, expressed and experienced by family members, can shift help to expedite effective action on entrenched disadvantage.

## Agency

It is important not to minimise the negative experiences of entrenched disadvantage. While all family members had important insights and capabilities, most were busy battling just to survive. Accordingly, about a third of the way through the year of interviews, the analysis team realised we had heard a lot about the ‘litany’ of bad things that can happen to people in entrenched disadvantage. The way wave after wave of life’s challenges crash over them and, without the necessary resources to provide a safety net, overwhelm them repeatedly.

This made us curious about *how* families were coping and the

decisions they were making. We met with the interview team and asked them to shift their focus to inquire about all forms of human ‘agency’ they could identify in family members. This could be positive or negative, progressive or regressive, proactive or reactive. This opened new ground in the interviews and brought into focus the many ways family members sought to manage and navigate their circumstances.

Shifting the lens through which we were seeing led to a reappraisal of family members as being ‘stuck’ in entrenched disadvantage. Rather than a static state, the interview team began to notice more about the ways family members worked hard to survive and support their families in difficult circumstances. When the current is flowing fast against you, keeping your head above water and holding your position takes a massive effort.

Our shift of focus also had significant implications for our implicit theoretical assumptions. In the earlier phase of the interviews, we were mainly focussing on the systemic factors that were impacting families. Introducing agency as a specific focus shifted our attention to the important role of the other side of the picture we had in our minds. Thinking sociologically, this shift in our focus led us to challenging our perceptions of the relationship between agency and structure.

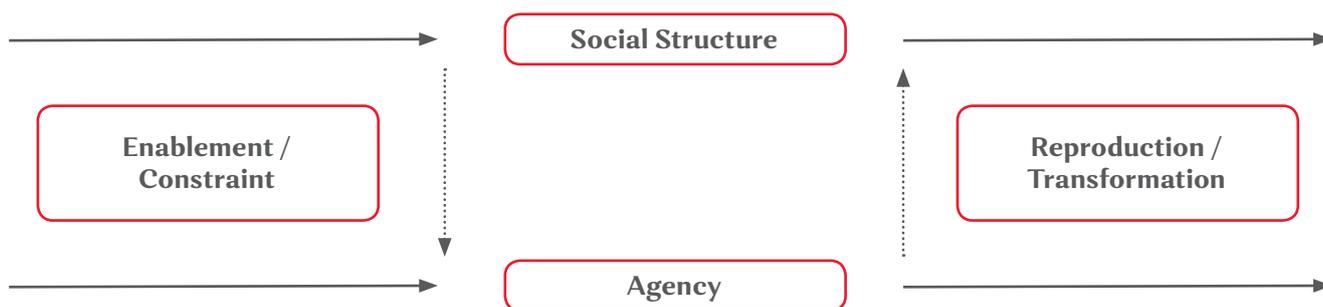


## Social structure & agency

Classically, the relationship between social structure and agency is conceptualised as a contentious relationship whereby social structure enables and/or constrains

agency and agency reproduces and/or transforms social structure. This basic understanding then leads to the question of which is dominant, social structure or agency? From there further questions arise such as which function

dominates in each domain. Enablement or constraint in social structures and reproduction or transformation in agency? Various sociological theories argue for different emphases.



In our data we find a variety of nascent views expressed. We also encounter a range of views among the interviewers and their reflections. The views of Project Team members have also been expressed over the life of the project. Though not formally part of the data collection process, these views have been significant in informing our deliberations over the growing appreciation of the voices of lived experience throughout the project. In the analysis team these issues have been discussed and a similar range of positions have been expressed. The decision to adopt a nested ecological model as the framework to express the voices of lived experience was informed by the realisation that the central dynamic between social structure and agency was a significant feature of the stories we heard. It can be read as including social structural factors from the left and agency features from the right.

Social Structure		The Middle ground		Agency	
Macro-Social Policy	Service System	Neighbours, Friends & community	Families	Family Members	Family of Origin

In the middle ground sit neighbours, friends, and community, which are typically looser structurally than formal systems and policies but more extensive than families. These middle ground elements are also potentially an important site for development, which includes aspects of the structural as well as agency.

Also implicit in the framing of structure/agency used above are questions about the dual functions of each pole of the dialectic Structure/Agency. Do social structures enable or constrain agency? Does agency reproduce or transform social structure? The data are ambiguous on this question. One issue may be that to frame the conceptual terrain as structure/agency is too narrow. For example, there may be different forces at play on either side. Some social structural elements may be more oriented towards constraint of agency, while others more oriented to enablement of agency. Likewise, some forms of agency may be more oriented to the reproduction of social structures, while other forms of agency may be more oriented to transformation. At the level of the stories of family members, we can identify examples of each of these forms (outlined in the next section), but nothing approaching a consensus.

## Social structure and agency: families' perspectives

Looking at the data from the perspective of the family members, we see there are many instances where they expressed the view that macro-social settings constrained their agency. This is most obvious in relation to income support policies whereby family members attributed their financial situation to systemic difficulties gaining employment, low levels of government payments and expressed awareness of campaigns like 'Raise the Rate'. While such comments were widely shared, occasionally someone would acknowledge the positives, that Australia was better than many other countries in a range of ways including the level of systemic supports (Medicare, public education, relative safety and security etc). There were not many family members who talked about the way social policy settings enabled them as active agents in their own lives.

In relation to the service system (which includes government and non-government service provision) across all domains the story is a bit more mixed. Some spoke of ways government (public servants and government contracted NGO staff) constrained their agency. Family members were keenly aware of surveillance and monitoring processes and the focus on ensuring compliance across policy fields. Many resented this as an intrusion, though some could see the

point. We also heard stories of enablement. Competence and empathy feature highly on the list of positive qualities exhibited by enabling staff and agencies.

In the middle ground of friends, neighbours and community, social structures give way to relationship-based approaches. Sitting in the middle of the nested ecological model these relationships bear some of the features of social structures (loosely defined). Enablement is the hallmark of the best of these, though they are not without some aspect of constraint e.g. when a friend challenges someone to be their best selves. The fluid nature of this space in the middle ground has been the topic of research such as Robert Putnam's work on Social Capital, and many others.

Reflections on the right side of the diagram focus on how family relationships impact on social structure. The role of families, particularly in the early, formative, years is significant. Many of the stories we heard from family members included accounts of the impact of family on them, as well as their impact on families of origin and in later life. Stories covered the full range of human experience. Some were very dark, and difficult to hear. Tales of childhood trauma demonstrated how these adverse childhood experiences affected people, sometimes over many years, making it harder for them to become positive contributing citizens. Others began life

with significant challenges, born into families trapped in intergenerational poverty. The model above may not be complete in relation to what we have heard. In addition to the potential to reproduce or transform social structures there should probably be a third possibility, to drop out or give up. Some of the stories we heard discussed this third option. Alienation and anomie were key themes in this space. Desperation was a common thread. Suicide was never too far from some people's minds. Thankfully, these stories were not as common as one might expect. The strength and resilience of family members, even in the direst circumstances outweighed the darkness and despair.

As far as views about the transformation of social structures, there is not a lot to report. The majority were tales of survival and hanging on, despite their dire circumstances. Some held on to the hope that they would be able to find their way back into mainstream society, or at least their children and grandchildren might do so.

## Structure, agency, and families' perspectives: Themes across levels

Synthesising the themes that appear throughout this report, that is, that emerged within family members' experiences across levels of the nested ecological model, three key insights emerge: people need support; families want to feel



seen, heard, and appreciated; and people want the best for their families. Each of these themes emerged in different ways across levels of the nested ecological model and relate to structure and agency in different ways.

Note that, although this section presents examples of the themes emerging at different levels of the nested ecological model for illustrative purposes, each of the levels are inherently connected and affect each other.

### People need support

Fundamentally, and unsurprisingly, we found that people experiencing entrenched disadvantage need support, from both formal and informal systems. The ways in which this need for support was expressed varied between people and across levels of the nested ecological model. For example, at the macro-social level, the insufficiency of income support rates was commonly mentioned as a shortfall of necessary support. In this example, people feel insufficient income support, a structural factor, constrains people's individual agency by limiting their choices.

Within the service system, family members were very grateful for the (essential) support they received, and several people had very strong relationships with services and/or workers within services; though others reported frustration and difficulty navigating services.

These varied experiences of the service system can also be interpreted through the structure versus agency lens, and link clearly to what family members said they want from support. They want support that helps them transform, not simply maintain, their circumstances. On the surface, this seems to conflict with statements from families who wanted to get in, get the immediate support they need, and get out, finding lengthy assessment processes for services pointless, box-ticking exercises. However, when we consider the lack of stories of transformation arising from current service and funding models, it is more understandable that many families' expectations are low.

The varied perspectives and experiences of the service system also point to people's (stated) desire for support that uses, rather than constrains, their individual capacities. It is important to also recognise that capacities are not static: they can vary day by day and can be supported or thwarted by external factors. Following the above examples of families who seek "get in, get out" support, it could be that the person's capacity to engage with potentially transformative support models has been thwarted by having spent all day travelling from one end of the city to the other, trying to find a way to put food on the table that night. Or it could simply be that the person doesn't want or need intensive engagement with formal supports in their life. The

words of a formerly homeless family member (p73-74 of this report) say it quite clearly: "you've got to meet people where they're 'at'".

Informal supports were often hard to come by but, when available, were highly valued. Particularly valued were friends and family members who could tread the fine line of listening and sympathising without judgement, while also encouraging the person to use their skills and strengths to help ease their burden.

At the family and individual level, for many people, early familial relationships were characterised by trauma, abuse, and other let downs. For others, family was the one consistent source of support in life. Negative early family experiences for some people prompted a choice to choose one's own family comprising trusted friends, while others found their ability to trust others very limited as a result. Many family members articulated ways in which they nourished their sense of self, such as through work, art, caring for others, and having positive social interactions. These experiences and opportunities were extremely important sources of support.

### Families want to feel seen, heard, and appreciated

The second theme that emerged is that families want to feel seen, heard, and appreciated. Central to this theme was family members wanting to feel this way, as they are - not as people

feel they should be, or in the way they need to be in order to survive. A lot of the time, this theme emerged in families' stories of engagement across levels of the nested ecological model where they did not feel seen, heard or appreciated.

At the macro-social level, many families felt as though they were not part of 'normal' society; labels such as 'leaners' and 'dole-bludgers' made them feel that they were perceived as a burden on society. For some people, this contributed to feelings of defeat and hopelessness, constraining their sense of agency. Others reacted with defiance and/or outrage, questioning what Australian society is and should be, and pointing out all of the capabilities they have and things that they do (i.e. fuelled them to focus on their personal agency).

Once again, experiences were varied at the service level. For some people, connecting with a service agency or a case worker was literally 'a saving grace', with family members saying that knowing that they had somewhere to go or that they would always be greeted with a warm smile kept them going. This relates to agency, such that feeling seen, heard, and appreciated can enable people's choices. Other family members reported experiences of going through assessment processes, only to be told there was nothing the service could do for them for reasons that could have been ascertained in a much quicker and less stressful

manner. In these examples, family members felt that their choice and agency were constrained by rigid processes that did not seek to see, hear, or appreciate them as they are.

Within informal social systems, feeling seen, heard, and appreciated was the cornerstone of quality relationships. Most often, such feelings were achieved through simple gestures such as having the kettle on or a cup of tea ready, and the family member knowing that they were going to be listened to and heard, just as they are. Related to agency, it is important to reiterate that the 'best' social relationships (as identified by family members) were those characterised not just by sympathetic listening, but also encouragement and amplification of the capabilities and capacities of the family member.

At the family and individual level, traumatic childhood experiences and complex family dynamics could affect people's sense of belonging and place in the world (i.e. make them feel the opposite of seen, heard, and appreciated), while love and support from family (of origin and/or of choice) could provide the support needed in life. At the personal level, many family members were aware of and actively engaged in activities that affirmed their sense of being and belonging. For some, these revolved around staying sober and maintaining positive relationships, and for others it was about engaging their creative sides.

### People want the best for their families

The third theme that permeated across all levels of the nested ecological model is that people want the best for their families. We heard many stories of people making serious sacrifices in their own lives so their children and/or grandchildren could thrive; we heard of families and communities banding together to 'rally against' the hardships of life; and we heard of people engaging in various processes to improve their own circumstances, such as education and training, other means of skill-building, therapy, healing, and the formation and nurturing of positive relationships. Importantly, there was no single definition of 'the best' in life for families, and there were various ways people engaged with systems (internal and external; from the self to Centrelink) in order to achieve it.

It is also important to note the layer of interpretation in analysing the actions taken by families. While we are very confident that family members would agree that they want the best for their families, and many directly said so, the intent behind the actions that families undertook to work towards the best are, in our view, frequently implicit. For example, a grandmother telling a story of accessing a service in order to get a laptop for her granddaughter will likely focus on not being able to afford the laptop and the way she was



treated at the service. She may not say that her motivation for accessing the service was so her granddaughter wouldn't (negatively) stand out from other kids, and could get more from her education, which would better set her up for a fulfilling job and economic independence in adulthood.

At the macro-social level, once again, low-income support rates were a common barrier to people achieving what they viewed as the best for their families. Family members were aware and grateful that circumstances in Australia were better than many other places in the world but were also acutely aware that their own and their families' standard of living fell short of what most Australians consider acceptable. This barrier was commonly expressed through difficult choices as a result of too little income - utility bills or quality food; higher rent to live in an area with a better public school, or negotiating discounted rates for a local private school; home internet or mobile phone. While generally accepting that these tough choices were a part of their life, most family members lamented that they wanted more for themselves and, perhaps more commonly, more for their children.

A factor that affected people's search for the best for their families, that spanned all levels of the nested ecological model, was employment and attitudes towards it. We saw many people's hopes for the future rise when the prospect

of paid work emerged in their lives. These hopes included setting 'a good example' for children, being able to afford more or better necessities, forming friendships and social connections, and having structure and purpose in life. We also saw resignation among people who knew that work was not an option for them at the time. These people felt that their value in Australian society was viewed as lesser because they were not employed, felt thwarted in social situations because their response to 'what do you do?' was not a job, their access to different government and non-government services is contingent on engaging (or not engaging, as the case may be) in the labour force, and many did not see a situation in which their income would rise without work. Therefore, employment (or lack of) made people feel (or not feel) that they were able to provide the best for their families.

Services featured in people's lives as means to get what they needed to survive. People need and appreciate the help they get from services and, indeed, many families could not achieve 'the best' within the constraints of their current circumstances without services. Further, for some family members, strong relationships with services and/or case workers were important to their journeys out of situations or disadvantage more generally. However, services were largely seen as the means to the end, rather than a feature of the end.

Social systems were important to family members seeking the

best for their families. Some of the time, these informal supports served a similar function as services, such that they were crucial to just getting through the day. Most of the time, however, having and embracing good social relationships (and avoiding negative relationships) were key features of the 'best' life that people were seeking for their families.

At the personal and family level, we heard many family members who were using their capabilities and agency to survive without employment and grow as people: from creating and selling art and jewellery, refurbishing and selling furniture, growing fruits and vegetables, engaging in training, and attempting recovery (be it mental health, substance use, spiritual, or trauma-related). We also heard from families for whom every day was a struggle for survival, who saw no light at the end of the tunnel.

However, irrespective of the journey or the destination, family members want the best for their families.

# 10. Policy and practice implications

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The *100 Families WA* Project began with a group of people, employed across the academic and non-government sectors, reflecting on a project from Auckland City Mission. Our shared interest lay in hearing **THE VOICES OF LIVED EXPERIENCE IN ENTRENCHED DISADVANTAGE HERE IN WA.**

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Four years later it is time to reflect on what we have learnt. Our other interest was to consider what more could be done to better support families in entrenched disadvantage and to work out ‘where to from here?’

It is important to consider the limitations of what we think we have learnt and not to overreach in making suggestions based on inferences from our data. The family members involved in the interviews and focus groups were diverse in many ways and came to the project from a wide range of backgrounds and life experiences. We also took a very unstructured approach in the interviews, to allow family members to discuss the aspects of their experience they thought were most important and relevant to the project.

Perhaps the best way to explain our approach to the analysis is as detectives, searching for clues to solve a mystery or as diagnosticians identifying symptoms to cure a disease.

The clues and the symptoms seldom tell us everything we need to know. Inevitably, there will need to be more tests called for, or more searching for clues required. When all the available bits of information are gathered, they need to be fitted together to tell the story, and there will be more than one way they can be fitted together. There are gaps in the stories too, which frustrate our efforts to tell a coherent story. These are some of the limitations of our analysis.

This chapter brings together families’ perspectives, our analysis, and insights from approaches tried around the world to present implications for policy and practice. We place these implications for policy and practice underneath the key themes among families’ stories presented in the previous chapter and highlight the factors at different levels that would be required for effective action.

There is not much that constitutes a “quick fix” or “easy win”. There is no single or defined set of factors that encompass the experience of disadvantage: it is not the ‘leaners versus lifters’ rhetoric; or the low Newstart/Jobseeker rate, or the availability and quality of services, or the structure and funding of the service system. Nor is it the size and quality of people’s informal support networks, or the presence or absence of historical or current trauma.

It is all of these things, plus more, in different configurations and combinations that cause and affect the experience of entrenched disadvantage.

This does not, however, mean that nothing can be done, or that everything must be done at the same time to be effective. Incremental change can (and we argue should) be achieved by targeting a given factor, sector or organisation. However, we posit, that in order to see any major shift in outcomes for people experiencing entrenched disadvantage in Australia, we need to take a wide-lens and use every lever we have available.

Accordingly, the implications presented here are not prescriptions or a defined pathway, they are potential means of approaching some of the issues facing families experiencing entrenched disadvantage, designed to stimulate thought and action from those who hold the levers for change (including families).

## **People need support**

A key theme across families’ stories is that they need support. Undoubtedly the most prominent need for support was in terms of income; insufficient income support rates were a key reason that families had to access other government and non-government services and reach out to family and other informal supports to survive.



The highly visible Raise the Rate campaign, led by ACOSS, was raised by many family members as a partial solution to their need for support. The Raise the Rate campaign advocates for a \$75 per week increase in job seeking income support payments such as Jobseeker (formerly Newstart). However, the Australian Government only introduced a \$25 a week increase in JobSeeker following the end of the Coronavirus Supplement.

Economic analysis of the \$3.3b government spend required for the Raise the Rate \$75 a fortnight increase found that the vast majority would be spent, that this additional spend would create 12,000 jobs, wages and corporate profits would boost, and \$1.25b in additional federal and state taxes would be collected (Deloitte Access Economics, 2018). These 'prosperity effects' are in addition to 'fairness effects', such as the bulk of the benefits of the increase going to the lowest quintile of income earners who would receive a 1.6% increase to their income (versus 0.06% to the highest income quintile) and distribution of effects to regional communities who need it most (Deloitte Access Economics, 2018). The economic impacts of a raise to Newstart (now Jobseeker) and associated payments are expected to taper off with time. However, this tapering of economic impacts results in a return to the baseline (no payment increase) economic scenario rather than a scenario

in which the economy would be worse off.

The COVID-19 pandemic also brought income support payments to the fore, as anticipated job losses and economic hardship were projected to impact many Australians and stimulus measures such as the JobKeeper payment and the Coronavirus Supplement to income support payments. Most of the *100 Families WA* project's engagement with families was completed prior to the COVID-19 pandemic and governmental stimulus responses. However, family members who completed the COVID-19 survey and received the Coronavirus Supplement, reported benefits such as being able to afford bills, nutritional food, and clothing and shoes (Callis et al., 2020). Family members also reported general improvements in stress levels and general quality of life, though some family members were fearful and anxious of returning to life without the Supplement.

Therefore, a key policy implication of the *100 Families WA* project, arising from families' need for support and the insufficiency of current rates of income support to meet their basic needs, is the need for increased income support rates. At the time of writing, this seems highly unlikely and particularly not to the extent required to achieve change in families' lives. The setting of income support rates is in the hands of the federal government and stirring the political will to

increase them would require a belief that an increase in income support rates would result in economic and societal benefits that are desired by the government and its people. Advocacy campaigns such as Raise the Rate and the evidence prepared for these campaigns go some way towards building belief in the benefits of increasing income support rates but, to date, are yet to receive the level of support required for action. Analysis of the campaign, of the levels of support required and the levers available to garner said support is perhaps indicated.

Alongside job seeking income support payments sit mutual obligation requirements, such as the requirement to search and apply for certain numbers of jobs, and/or to engage with Job Service Providers (JSPs). Many family members, in both interviews and surveys, reported negative experiences with JSPs, such as being told to apply for jobs that they cannot perform, for example due to injury or lack of qualifications. One implication for practice, then, is for JSPs to consider the skills, abilities, and interests of clients in service provision. This would require the funders of JSPs to ensure funding was provided for outcomes such as obtaining and sustaining employment, and obtaining employment-relevant education and training qualifications, rather than outputs such as number of jobs applied for, or courses completed.

At a higher level than JSPs themselves, there is the issue

that, at any given time, there are too few jobs for the number of job seekers. In addition, the qualifications and skills required for available jobs do not always match those of the job seekers. Therefore, analysis of the requirements of the labour force and concrete planning and investment in developing the existing labour force to meet these requirements is critical if a job is to be the only pathway out of poverty. Another constraint to labour force participation facing many families is the availability and cost of childcare. Increasing childcare subsidies to lower income families and incentivising the establishment of childcare centres to increase the number of places available for children may therefore be fruitful policy options.

There are other strategies to address poverty and develop a sustainable economic base for families in entrenched disadvantage, which would go a long way to addressing families' need for support. Without strong government leadership in this area, it will be very difficult to mobilise the resources required to develop initiatives in this space. NGOs could develop social enterprises that develop skills and experience, as well as providing incomes for families. Tapping into business networks to bring them into this space would add significant capacity. The corporatisation of NGOs over recent times might have opened channels and deepened relations with the corporate world, which could be further developed.

Another approach could be to narrow the focus of attention to particular cohorts of families in entrenched disadvantage or of particular elements of families. Work to support children and young people from families in entrenched disadvantage is already relatively well developed in Australia and there is a strong case for targeting these groups by providing 'exit strategies'. Collective impact approaches have been widely used, often with good results.

At the service level, families felt that services helped them to survive and maintain their circumstances. However, families wanted support for transformation, not maintenance. As we will elaborate in the next section about families wanting to feel seen, heard and appreciated, a key implication for practice is to listen to what families want. In addition, services must understand the factors that facilitate transformation and integrate them into their service design. This, in turn, requires funding models that allow for flexibility of service delivery aligned with the goals that people want to achieve, rather than for discrete services to particular cohorts of 'eligible' clients. This may be through the development of business cases to existing funders (e.g. government), which could be facilitated by development and evaluation of philanthropically-funded pilot programs. Flexibility of service delivery could also be facilitated by alternative funding streams, such as the aforementioned

social enterprise model and/or corporate partnerships.

At the social level, people wanted and valued support that was characterised by empathy and acceptance, but also encouragement to use their unique capabilities. A high-level implication could be to incorporate kindness and empathy into core schooling and post-schooling curricula to develop this capacity in all Australians. A more immediate option could be to increase the opportunities that people experiencing hardship have to engage with people who could offer this kind of support. This could be through investment in local community centres and the hosting of free events, based on interests (e.g. a book club) or simply just to drop in and have a cup of tea. The 'drop in' option may serve to fill the gap that some family members felt was forming in formal service provision, wherein safe places to just 'be' were being reduced in favour of intensive case management.

At the family and individual level, families wanted opportunities to use and build their capabilities. There are many ways in which this can be achieved, and they all start with asking families what they want to achieve. If formal education is desired, development and/or expansion of scholarship programs or fee subsidy programs targeted at people experiencing economic hardship are clear options. If employment is the goal, then mentor programs and on-



the-job training programs are possibilities. If education and traditional employment are not possible or desirable for a person, there are other systems that could be established such as local exchange trading systems (LETS) in which goods, services, or skills are exchanged for alternative (non-fiat) currencies which can purchase other people's goods, services, or skills.

Across all levels, in order to feel supported in society, people need kindness, empathy, and belief from others and in themselves. There are again several ways that this could be fostered, such as advocacy, sharing of stories, integration of civic responsibility into educational programs, increased focus on community and neighbourhood building, and promoting active citizenship.

### **People want to feel seen, heard, and appreciated**

A very strong theme emerging from the qualitative interviews, across all levels of the nested ecological model, was families' desire to feel seen, heard, and appreciated. Family members often communicated their want to feel seen, heard, and appreciated by describing situations in which they felt precisely the opposite.

This theme also highlights the central importance of relationships. Fundamentally, relationships need to be based on a sound understanding of the complexities of entrenched disadvantage. At the macro

level, families felt that the rhetoric and perspectives on people experiencing disadvantage that are espoused by 'mainstream' society fail to consider the various factors, many of them outside the control of the individual, that lead to an individual experiencing hardship, as well as the many things that families actively do in order to survive in hardship. The way in which actors at the macro level – government and general society in particular – interact with disadvantage and people experiencing it, therefore, leads to families feeling unseen and unheard (or worse, pushed into the shadows), and that their often extensive efforts to survive are unappreciated

At the service level, many families felt that services are not designed to meet their needs, and often do not appreciate the impact of such low levels of resources on families' capabilities to access and engage with service providers. Not being able to demonstrate an understanding of a person's needs and appreciation of the factors that help and hinder them from meeting those needs can perpetuate the cycle of disadvantage. Families often disengage from services (at least in part due to feeling unseen, unheard, and unappreciated), leaving them with even fewer resources with which to meet their needs.

Within informal social systems, family members valued relationships in which they felt heard, seen, and appreciated as

they are. Many family members reported that such relationships were hard to come by, for a variety of reasons. At the family and individual level, families of origin had often let family members down, leaving them with a lot of personal work to do in order to see, hear, and value themselves. We heard many family members who were insistent that they would do anything to make sure their children don't have to endure the same.

So how can we ensure that family members feel seen, heard, and appreciated? We can start by listening to them! At the macro-social level, policies are often developed without adequate consideration of how they affect the lives of the people they are directed towards, and often without adequate consideration of the issue that the policies are trying to address from the perspective of the people experiencing it. A good foundational principle, in the context of entrenched disadvantage, is that policies that are targeted towards or disproportionately affect people experiencing disadvantage, should be developed at least in consultation, if not collaboration, with people experiencing disadvantage.

There are many ways in which to involve people with lived experience in policy development, such as consultation, co-design, and collaboration where all voices are given equal weighting. However, in order for families to feel seen, heard, and

appreciated, it is important that their involvement is authentic, such that the parties who are writing and/or implementing the policy are willing to listen and change course in response to what they hear. Again, there are many ways in which this can be ensured, such as the choice of lived experience involvement mechanism (e.g. collaboration versus consultation), transparency in the policy development process (i.e. making the policy writing/development part of the consultative/ collaborative process rather than a segmented consultation followed by interpretation and policy writing in isolation of those with lived experience), and feedback loops to ensure that people's voice is accurately interpreted and reflected in the final product.

Importantly, the meaningful and widespread engagement of lived experience in policy development requires acknowledgement on the part of policy makers of the complexity of issues (in this case, entrenched disadvantage), and openness to the idea that the lived experience perspective can enhance the quality, practicability and therefore effectiveness of policy. This acknowledgement and openness would be facilitated by a voting populace that was aware of and empathetic to the experience of entrenched disadvantage. Therefore, education and empathy building will also play a role.

At the service level, there are many things that can be

done at different levels of the organisation to help families feel seen, heard, and appreciated. In terms of agency policies and procedures, many family members found assessment processes, eligibility criteria, and service pathways to be quite rigid, leading to a transactional interaction rather than feeling seen, heard and appreciated. Therefore, flexibility in assessment and service delivery that allows time and space for families to articulate their needs and be supported to make choices about the types of services they wish to access and how/ when, will likely increase families' feelings of being seen, heard and appreciated. Implementation of the well-established principles of relational practice, detailed on p80–81 may serve as an effective framework to facilitate this flexibility in service delivery. Once again, in order to implement such principles, agencies would need flexibility from funders in terms of service design and outcome measures.

At the frontline, families in entrenched disadvantage often present in crisis; therefore, having staff skilled in crisis intervention is essential for service to maintain relationships with families. Many of the stories we heard featured relationships that were valued by family members. Key features included the capacity to build rapport and trust, manage crises, identify resources, and access support through networks and related resource agencies. It is acknowledged

that, for many agencies, such skills are essential for all relevant staff and therefore feed into recruitment and training. However, the presence in stories of interactions with agency staff who did not demonstrate these skills to the family members telling the story indicates that it is still something agencies need to keep in mind, be it in recruitment, training, or workload management and support to ensure that staff can consistently demonstrate such skills.

Another way for agencies to demonstrate good listening and increase the likelihood that families accessing services feel seen, heard and appreciated is to set up dedicated processes to listen to the voice of service users. Communication channels need to be well designed and appropriate to each agency's circumstances. There are a variety of mechanisms that can be used separately or in conjunction, such as establishing representative consumer advisory groups to advise on processes, procedures, and programs that affect service users; effective and inclusive co-design activities, and meaningful consumer feedback processes. Consideration should be given to issues like anonymity, transparency, responsiveness, and accountability. Well-designed systems can make a big difference and can impact on people feeling and being heard. There has been extensive work establishing principles and best practice guidelines for the engagement of lived



experience in practice, such as WACOSS's Lived Experience Framework and the Mental Health Commission's Consumer and Carer engagement guide. Agencies could draw on these to significantly reduce the investment required to meaningfully engage lived experience voice.

Within informal social systems, many of the family members we spoke to were quite socially isolated, and many expressed appreciation that the *100 Families WA* Project offered them a chance to be listened to and heard. A potential implication for policy and practice, then, is to increase families' opportunities for social connection, through which they can feel seen, heard, and appreciated. This could be facilitated by investment in local community centres (mentioned in the 'People Need Support' section above) which would provide low- or no-cost opportunities for families to socialise with people who share an interest or at least a location with them. While the family members interviewed did not report direct experience with Peer Support programs, several did value the listening ear of people who had been in or were currently in the same situation as them. Therefore, Peer Support programs may be a way to mitigate families' isolation and allow them to feel seen, heard, and appreciated.

All of the above would help at the family and individual level. There were a range of things that family members did to deal with feeling unseen,

unheard, and unappreciated, such as therapy, exercise, taking up voice opportunities (be it participating in a community advisory group or speaking up on Facebook), and limiting negative relationships. There are several things that can facilitate these opportunities – free or low-cost exercise classes, increased Medicare benefits for psychological services, more widespread engagement of lived experience voice. However, different things work for different people.

Fundamentally, across all sectors and situations, people need to listen to families and ensure that they *hear*. Families don't expect the world or that all of their needs can or will be met. However, if they express their needs and are not acknowledged or are not given the opportunity to express their needs at all, they simply cannot feel seen, heard, and appreciated.

### **People want the best for their families**

The final theme that emerged in families' stories is that they want the best for their families. This was usually expressed in relation to the different factors that constrained them from achieving the best for their families, or the ways in which family members sacrificed so that their children or grandchildren may have access to the best.

A key constraint to achieving the best for families was lack of income, usually in the context of insufficient income support

rates. The clear implication is the need to increase families' income, and there are several ways in which that can be done which have been covered earlier in this chapter: increasing income support rates; triangulation of education and training programs, actual job opportunities, and people's interests and abilities to increase the likelihood of getting and keeping employment; increasing availability and affordability of child care to enable parents and carers who are able, to work; better recognition of non-labour contributions to society, including caring responsibilities; and integration of alternative or new ways of working, such as establishing social enterprises or collective impact projects, or local exchange trading systems.

Family members were grateful for the services they received but, by and large, felt services were helpful for maintaining rather than transforming their circumstances. There are several ways in which services can adapt to meet people's desire for transformation. We do not deny the complexity here – all families will want different outcomes, and different types and levels of support to achieve those outcomes. However, a good starting point, as articulated in the previous section of this chapter, is to listen to families. Increasing the capacity and ability of services to listen to families and adapt service offerings in line with their needs requires flexibility and understanding on the part of funders, as well

as skilled, empathetic staff with good knowledge of the options and opportunities available to family members.

Within informal social settings, the best for people and their families comprised positive, reciprocal relationships, which were hard to come by. Opportunities to create and foster these relationships would be highly valued.

At the family and individual level, a crucial point is that people wanted to be involved in achieving the best for their families. They wanted to be seen for their strengths and capabilities, not just their needs. This ties in with Sen's 'capabilities' approach which conceptualises the development process as the pursuit of a set of 'essential freedoms' we all need to achieve our human potential.

1. Political freedoms
2. Economic facilities
3. Social opportunities
4. Transparency guarantees
5. Protective security

These freedoms are mutually reinforcing, and they are both the ends and the means of human development. By focusing on these essential freedoms, we bring into focus all relevant support systems and institutions that have, or ought to have a role in the development of these freedoms, as opposed to narrower foci such as income. This opens up a much broader range of targets for intervention.

An example of how the capability approach brings

important issues into focus that would otherwise remain invisible using more conventional approaches can be found with reference to the freedom of women. Values regarding the relative importance of sex/gender in a society influence the amount of freedom available to women, socially and legally. The freedoms available to women have a demonstrable empirical impact across a wide range of domains from the birth rate to infant mortality rates, to participation in civic forums and engagement with the political process, involvement in the workforce, and many others.

In the context of addressing entrenched disadvantage, instead of categorising a disadvantage as solely the result of individual choices and characteristics, or as solely the result of external, structural factors, a capabilities approach would consider the full range of 'freedoms' available to a person – the extent to which factors at all levels facilitate or constrain their (self-defined) wellbeing.

The advantage of this approach is that it shifts the focus from considering overcoming entrenched disadvantage from a private to a public concern. Rather than condemning poverty and disadvantage as a personal failure, responsibility is shared by all relevant stakeholders. The key consideration is the extent to which the actions of each stakeholder enhances essential freedom or hinders their development. The

framework also holds a special place for the contribution of individual agency as the beneficiary of enhanced freedom and the expresser of these same freedoms in more complete ways.

Sen argues that one's conceptual framework influences one's 'informational field'. That is, how one conceptualises what is important (in this case the extent to which one focusses on the essential freedoms required to achieve a desired outcome) brings into focus those elements of essential freedoms that are present or need to be.

Key then, to effectively adopting a Capabilities approach in addressing disadvantage is increasing the 'informational field' of stakeholders (politicians, public servants, service workers, people experiencing disadvantage, and the general public alike) to consider the full array of factors or freedoms available to people (and how these freedoms build or impinge upon each other).

How could or would this be done in practice? This chapter has presented a few suggestions that would certainly comprise part of such an approach, such as listening to families experiencing entrenched disadvantage, and working with them towards strategies and solutions, and flexibility of funding and service delivery to align with people's needs. This report, and the nested ecological model used as an organising framework,



should help to articulate and understand the complexity and multidimensionality of disadvantage. Hilary Cottam's Radical Help (summarised p79–81 of this report) details interventions that are directly inspired by the Capabilities approach.

Perhaps another way to increase informational fields is to have access to someone else's. In this context, that would mean increasing and/or enhancing collaboration across organisations and sectors so that the different perspectives and levers available to different stakeholders are fully understood, and can be effectively used to improve circumstances for people experiencing disadvantage. Once again, there are countless resources out there to facilitate effective collaboration and, no surprise, the foundation of almost all of them is listening and respect (all voices/ stakeholders as equal).

## Summary

The experience of entrenched disadvantage in Australia is a brutal one. Many families are suffering deeply. The damage incurred, particularly by children and young people, is likely to have an impact for many years to come. An increasing number of voices are calling for action to address this growing issue. Diagnoses and prescriptions vary but there is a growing awareness that change is needed, and inaction is unconscionable.

This chapter has unpacked the key themes that emerged from interviews with family members in relation to what they *could* mean for policy and practice. While they are in no way intended to be prescriptive, the key is listening to families and engaging them in any process that relates to their life. This does not mean expecting families to know exactly what they want.

Rather, it means valuing their expertise and experience and engaging them as active participants in society, the government and non-government services they receive, and their life outside of institutions.

We present several concrete examples of ways this *could* be done throughout the chapter, however, the real question to readers is: given the information presented in this report and in this chapter in particular, **how could you (as an individual, community member, employee, employer, leader, human) help to address entrenched disadvantage?**



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## Previous works

### Reports

#### Baseline Report

Seivwright, A., and Flatau, P. (2019). *Insights into hardship and disadvantage in Perth, Western Australia: The 100 Families WA Baseline Report*. The 100 Families WA project (Anglicare, Centrecare, Jacaranda Community Centre, Mercycare, Ruah Community Services, UnitingCare West, Wanslea, WACOSS, The University of Western Australia (Centre for Social Impact and the School of Population and Global Health)). <https://doi.org/10.26182/5d5b937d6794d>

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## Bulletins

### Bulletin 1

Seivwright, A., Callis, Z., and Flatau, P. (2019). *Entrenched Disadvantage in Western Australia: Health, Economic and Social Impacts*. The 100 Families WA project (Anglicare, Centrecare, Jacaranda Community Centre, Mercycare, Ruah Community Services, Uniting WA, Wanslea, WACOSS, The University of Western Australia (Centre for Social Impact and the School of Population and Global Health)). <https://apo.org.au/node/240261>

### Bulletin 2

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### Bulletin 3

Tighe, E., Stratton, K., Garwood, S., Major, M., Callis, Z., and Bock, C. (2020). *Navigating Support Systems*. The 100 Families WA project (Anglicare, Centrecare, Jacaranda Community Centre, Mercycare, Ruah Community Services, Uniting WA, Wanslea, WACOSS, The University of Western Australia (Centre for Social Impact and the School of Population and Global Health)). <https://100familieswa.org.au/wp-content/uploads/2020/03/Navigating-Support-Systems-Bulletin-No.-3.pdf>

### Bulletin 4

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## Peer-reviewed Works

Seivwright, A., Callis, Z., & Flatau, P. (2020). Food insecurity and socioeconomic disadvantage in Australia. *International Journal of Environmental Research and Public Health*, 17(2). <https://doi.org/10.3390/ijerph17020559>



# 100 Families WA

