100 Families WA

Insights into Hardship and Disadvantage in Perth, Western Australia: The 100 Families WA Baseline Report

The 100 Families WA Project
August — 2019

100 Families WA Project Partners
Anglicare WA, Jacaranda Community Centre, The Centre for Social Impact The University of Western Australia (CSI UWA), the UWA Social Policy, Practice and Research Consortium, UWA School of Population and Global Health, Wanslea Family Services, Centrecare, Ruah Community Services, UnitingCare West, Mercycare, and WACOSS.

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.

"A good day involves feeling productive; getting myself engaged with services that help me to overcome the obstacles I face which are associated with not having a home. Generally feeling engaged with both services and my community"

"Kids are at school, house is clean, food in the fridge. Money in the bank. Work coming up. Friends and family coming over."

"Food on the table, bills paid and everyone happy and healthy."

100 Families WA

Authors

Ami Seivwright and Paul Flatau

Centre for Social Impact The University of Western Australia (CSI UWA)

Key words Entrenched Disadvantage, Poverty, Lived Experience Voice, Perth

Publisher Centre for Social Impact UWA, Business School, Perth, Australia

ISBN 978-1-74052-405-6

DOI 10.26182/5d5b937d6794d

Format Printed; PDF online

URL https://100familieswa.org.au/resources/100-families-wa-baseline-report/

Suggested citation

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), Perth, Western Australia: *100 Families WA* https://100familieswa.org.au/resources/100-families-wa-baseline-report/

Address for correspondence

Professor Paul Flatau
Director, Centre for Social Impact The University of Western Australia

Business School
The University of Western Australia
35 Stirling Hwy, Crawley, WA, 6009
Australia

paul.flatau@uwa.edu.au

Acknowledgements

The *100 Families WA* team thank the 400 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 would also like to thank the outstanding team of interviewers for their time, flexibility, and dedication in undertaking the survey, 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.

Project Funding: Lotterywest

The 100 Families WA project

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

The 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 continuously over time to understand better the lives of those in low income poverty, entrenched disadvantage and social exclusion; the impact and effectiveness of the community sector and government initiatives and service delivery processes; and what those in entrenched disadvantage see as important for positive change.

Contents

Tables

Figures

Executive Summary

Inspired by the presentation at the 2016 Western Australian Council of Social Services (WACOSS) Conference of Dame Diane Robertson of Auckland City Mission on the Family 100 project, which sought to gain a deeper understanding of the lives of families living in poverty in Auckland, a group of researchers from The University of Western Australia, along with several service providers teamed up to scope how we could develop a comprehensive understanding of disadvantage in Western Australia.

The *100 Families WA* project team comprises, from The University of Western Australia, the School of Population and Global Health, the Social Policy, Practice and Research Consortium, and the Centre for Social Impact, along with not-for-profit service partners Anglicare, Centrecare, Jacaranda Community Centre, Mercycare, Ruah Community Services, Uniting Care West, Wanslea, and WACOSS. On May 2nd 2018, the Honourable Mark McGowan MLA Premier of Western Australia announced that Lotterywest had awarded a grant to the *100 Families WA* project to complete the first stages of a study of entrenched disadvantage in Western Australia.

The *100 Families WA* project began in earnest in July 2018, and seeks to build a deep, rich understanding of entrenched disadvantage in Western Australia by researching *with* rather than *on* those experiencing it. Community Conversations with those with lived experience, facilitated by the UWA Consumer and Community Health Research Network, informed the topics that our data collection explores, the language used in recruitment materials, and the methods of recruitment. A Community Advisory Group meets approximately every second month to discuss and provide advice on various aspects of the project. Acknowledging the range of family structures that one can be part of, where most studies of poverty are undertaken at the household level, the *100 Families WA* project conceptualises family and household separately. The family is comprised of whomever an individual thinks of as their family, whereas the household pertains to those that live together.

The *100 Families WA* project utilises a unique combination of longitudinal quantitative data, fortnightly qualitative interviews with family members, and linked administrative data together with active engagement of those with lived experience in the design of the study to develop a comprehensive picture of entrenched disadvantage in Perth. Baseline surveys with 400 family representatives identified by service delivery agencies as experiencing entrenched disadvantage took place between November 2018 and April 2019. From the 400 people that completed the survey, 100 that indicated interest were selected to take part in fortnightly interviews for a year, beginning in May 2019. A second wave of surveys with the original 400 family representatives will be undertaken in November 2019, and a third wave in November 2020. The *100 Families WA* project has sought consent from those that completed the survey to link administrative data relating to people's interactions with systems such as the health, justice, and child protection systems, throughout their lives, in order to observe and track their journeys through the health and social service system. Finally, in 2021 we will undertake a series of co-design workshops to translate the findings of the *100 Families WA* project into actionable policy and practice recommendations.

This report presents the results of the baseline survey. The baseline survey examined the following key domains: demographics, family and household composition, income, material deprivation, social and personal connections, health status, employment status, mental health outcomes, substance use, wellbeing and quality of life, and adverse life experiences. The baseline survey also presented family members with the opportunity to provide answers to open-ended questions: 'what would you do with a spare $100?', 'what does a good day look like for you?', 'what do you need to be safe and well?', and 'what is the one thing that would make the biggest positive change in your life?'

Demographics: 69.0% of *100 Families WA* family members are female, 33.3% of *100 Families WA* families identified as Aboriginal and Torres Strait Islander, and the mean age of *100 Families WA* family members was 43.9 years. Over half (55.3%) have children in their care or in their household, 20.5% have a permanent physical disability, and 17.0% have caring responsibilities for someone else in their family unit with a physical or intellectual disability.

Education: 42.5% did not complete high school but 34.0% hold a non-school qualification of TAFE Certificate III or above.

Housing: One in three males and one in 10 females (17.3% overall) were homeless at the time of survey, 41.5% were living in public or community housing, and 31.8% were in private rental accommodation.

Household composition: 27.0% of *100 Families WA* family members were in single adult households, 19.0% were living with other adults, 26.3% were single adults with children, and 24.8% were living with two or more adults and children.

Income: 75.3% of *100 Families WA* family members did not receive any wage or salary based income, and were thus Centrelink dependent. The impacts of a low level of income are evident in financial stress indicators: 67.8% of *100 Families WA* family members 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, and 44.3% had pawned or sold something. In terms of income-related protection from further entrenchment in poverty, 79.0% reported that they did not have and could not afford to have $500 in savings for an emergency, 68.5% did not have and could not afford home contents insurance, and 46.6% of those with a vehicle did not have and could not afford comprehensive vehicle insurance.

Health: The vast majority (84.3%) of *100 Families WA* family members report diagnosis of at least one chronic health condition, with 68.7% reporting diagnosis of 2 or more chronic conditions. 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.

Mental Health: *100 Families WA* family members report levels of depression, anxiety, and stress, measured by the DASS-21, which are substantially higher than Australian general population studies. Over two thirds (69.3%) of *100 Families WA* family members report diagnosis of at least one mental health condition. Anxiety disorders (46.5%) and depression (57.8%) were the most commonly reported mental health conditions. More than one in four (26.3%) of *100 Families WA* family members had been diagnosed with post-traumatic stress disorder, and 20.9% of women had been diagnosed with postpartum depression.

Health service utilisation: The mean number of GP visits among *100 Families WA* family members in the year prior to survey was 13.8, though almost 1 in 5 (18.8%) visited the GP at least weekly over the year prior to survey. *100 Families WA* family members visited the emergency department an average of 1.37 times in the year prior to survey. The mean number of inpatient hospitalisations was 0.6, and the mean number of nights spent as a hospital inpatient by *100 Families WA* family members in the year prior to survey was 2.2.

Alcohol and Other Drug use: With the exception of 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), which includes having never tried a given substance. Tobacco (42.3% at moderate risk, 11.0% at high risk), followed by cannabis (21.3% and 4.5%), alcohol (14.8% and 4.8%), and then amphetamines (14.0% at moderate risk, 3.8% at high risk) were the substances with the highest proportions of *100 Families WA* family members in the moderate or high risk categories. For the remainder of substance categories – cocaine, inhalants, hallucinogens, and opioids, less than 10% of 100 Families family members were at moderate or high health risk due to their use.

Employment: 13.0% were employed, 18.0% were unemployed, and 68.5% were not in the labour force. The majority (86.3%) of *100 Families WA* family members had a debt that was not a mortgage on their home.

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. The impact of debt on *100 Families WA* family members was significant; 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.

Wellbeing: 56.0% of *100 Families WA* family members reported scores on the World Health Organisation WHO-5 Wellbeing Index that were indicative of depression. In terms of quality of life, scores on the World Health Organisation Quality of Life – Brief (WHOQOL-BREF) across the physical health, psychological, social relationships, and environmental domains, were substantially lower than Australian general population scores.

Food security: Food security involves the ability to safely access and afford adequate food to meet nutritional needs. Only 19.3% people in the study had food security. With regard to food security among children within the *100 Families WA* sample, 41.7% of families had children who are food secure, 47.2% have low food security, and 11.1% have very low food security among children.

Adverse life experiences: Over half (51.8%) had experienced homelessness, 78.0% had experienced domestic violence (as victim, perpetrator, or witness), 24.3% had experienced foster or out of home care as an adolescent, and 22.8% had experienced prison as an adult.

Service use: Food emergency relief (71.8%), health services (63.0%), mental health and counselling (45.5%) and financial services (44.5%) were the most commonly accessed services among *100 Families WA* family members. The mean number of services accessed per service type ranged from 1.47 to 2.82.

This baseline report demonstrates that the disadvantage experienced by those living in hardship in Perth spans multiple domains of socioeconomic wellbeing and is deep and persistent. Nevertheless, despite undeniable, multiple disadvantages, there is significant strength and resilience among *100 Families WA* family members. The responses to the open-ended questions bears this out strongly. The fortnightly qualitative interviews taking place with 100 of these families will shed light on exactly what life is like for those living in hardship, including what is working, and what is not for families.

1. Introduction

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 Community Services, Uniting Care West, and Wanslea, and the Western Australian Council of Social Services (WACOSS).

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 in order to improve practice and policy such that the lives of Western Australians experiencing hardship are improved. The *100 Families WA* project engages with families over a number of years to identify: what works in the current policy and practice environment, what should be expanded, what barriers exist, and how we can break the cycle of entrenched disadvantage.

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 has received feedback that the use of the words 'participant' and 'respondent' (common terms in research studies) is alienating. Therefore, this report refers to those who completed the survey as 'family members' or people or adults or children depending on the context.

The *100 Families WA* project involves a rich data collection process which includes a longitudinal quantitative survey conducted with 400 families across Perth, fortnightly qualitative interviews with 100 of the 400 families, data linkage processes linking survey responses with WA health and other service use administrative records, research translation workshops, continuing Community Conversations following baseline results, and policy and practice workshops.

Undertaking such a large-scale project across a large number of partners requires strong collaboration and governance. Figure 1 outlines the general structure of the project. University partners from both the Centre for Social Impact and School of Population and Global Health, 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 meets 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 particular issues as they arise, and the cessation of the sub-group if and when the issue is addressed.

Informing both the overarching Project Team and the sub-groups are the Advisory Reference 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 that 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

Entrenched disadvantage is a complex and multifaceted construct, representing the intersection of income poverty, material deprivation, the inability to maintain a quality of life that the average Australian agrees is acceptable, and social exclusion, the lack of resources, opportunities, and abilities to participate in society (McLachlan, Gilfillan, & Gordon, 2013).

Much of the existing knowledge in relation to entrenched disadvantage in Australia is derived from population-representative studies which do not include those who are not in private residential dwellings and under-sample those in highly vulnerable situations. In light of the lack of in-depth research of those in entrenched disadvantage, the Project Team developed a method of recruitment that relied on those with low income who were receiving support from project partners in the service system and a survey to provide a baseline of socioeconomic wellbeing among those experiencing entrenched disadvantage. The baseline survey also included questions on life history and provided preliminary insights into the lived experience of entrenched disadvantage through answers to open-ended questions. A total of 400 family members completed the survey.

Using the findings of the first large-scale survey of Western Australians experiencing entrenched disadvantage, this report presents a profile of *100 Families WA* survey participants. The report aims to:

- Understand the demographic, household, and family characteristics of families experiencing hardship in Perth, Western Australia.
- Examine the current circumstances of families experiencing hardship in Perth in terms of economic participation, health, mental health, and wellbeing.
- Identify the prevalence of known outcomes of poverty, such as material deprivation, food insecurity, service utilisation, and debt.
- Detail preliminary insights into the lived experience of entrenched disadvantage through analysis of responses to open-ended survey questions.
- Provide a voice of lived experience of those experiencing hardship in Perth and highlight areas for policy and practice responses.

As at August 2019, fortnightly, qualitative interviews with a subset of 100 family members drawn from the quantitative sample are underway. In November 2019, a second wave of the survey will be conducted to track change over time and explore issues that emerged as needing further exploration during the course of the project. A 'Year 1' report will be released mid-2020, and 2021 will be heavily focused on translating the research findings into policy and practice.

The *100 Families WA* project has significant aspirations and is actively seeking funding to pursue them. Within the bounds of the current project, these aspirations include a third and fourth wave of the survey and the collection and analysis of linked administrative data to understand more comprehensively the journeys that people follow through life and the service system. Extending beyond, aspirations include extension of the current project with an increased sample to become a cohort study, geographic expansion to examine the lived experience of entrenched disadvantage in regional and remote Western Australia, as well as a rollout of the 100 Families model nationally, and place-based subprojects to examine, in detail, the nature of entrenched disadvantage in particular areas (such as Local Government Areas) and develop solutions accordingly.

2. Methodology

As displayed in Figure 2 below, the *100 Families WA* project involves a rich research design and a strong partnership bringing together academics from different disciplinary backgrounds, families, community service organisations, community advocacy organisations, policy-based stakeholders and those with lived experience of entrenched disadvantage.

Data collection and analysis arises from the interaction of all the various stakeholders either directly engaged in or with the *100 Families WA* project using a transdisciplinary research approach. This large scale project collaboration provides a holistic view of the impact of a broad range of factors, including social policy and practice settings, on WA families. The various community service organisations engaged in the project contribute to the project design, connect the team with families utilising their services, and provide insight into service delivery and practice.

The determination of 'the family' in the project is defined by study participants themselves. It may be a single person or an extended related (or unrelated) group of people. Families in the project have been actively involved at every stage of the project as equal partners in this transdisciplinary participatory action research project.

The *100 Families WA* project involves four components: (1) an annual longitudinal survey (the baseline wave of which is the subject of the present report); (2) fortnightly qualitative interviews; (3) linked administrative data; and, (4) research translation and policy and practice development.

The qualitative component involves following intensively for one year one in four interested people (i.e., 100 families) that completed the baseline survey. The interviewer-family member experience will be immersive and intimate to develop a candid account of each family's story. Families will actively engage in the research process and reflect, together with the research team, on different themes to create an evidence base that is meaningful and comprehensive.

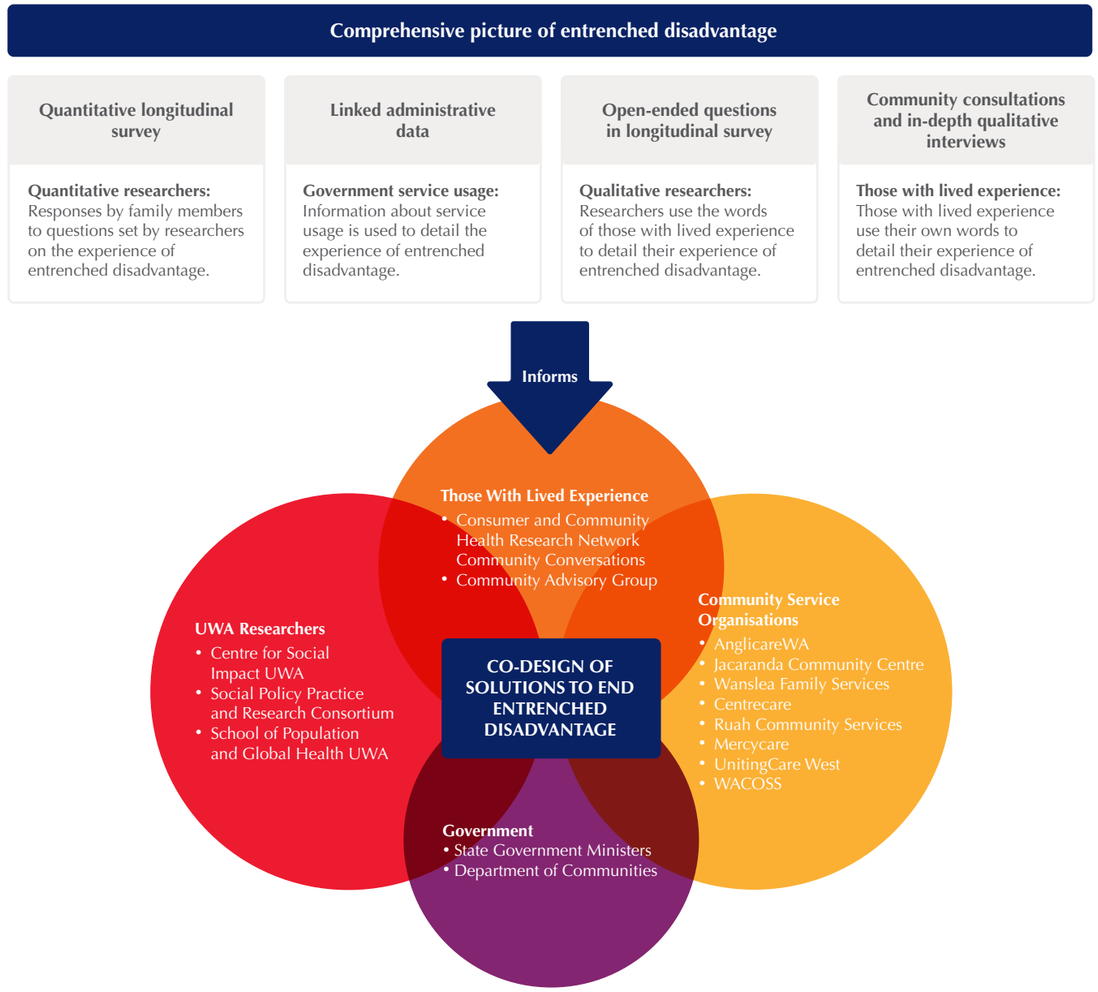
Analysis of linked government service use administrative data will provide information on the extent to which families have interacted with government services over time, including prior to their involvement in the project. The majority of baseline survey participants have consented to have their Western Australian government service use administrative data and their Centrelink administrative data, linked.

Participatory action research is fundamental to the project; the team will research entrenched disadvantage with the families not on the families. The project team engaged with families and stakeholders to inform the development of both survey and interview content and interpret the findings for policy and practice responses.

The *100 Families WA* project is concerned with examining entrenched disadvantage in Western Australia. As such, the project needed to recruit a group of families that could be said to meet the criteria of living in entrenched disadvantage. As noted above, the concept of entrenched disadvantage is a complex one. In operationalising entrenched disadvantage to enable the not-for-profit partner agencies to identify families that could participate in the study, we needed to minimise the burden on case workers and the potential burden on families in a complex eligibility test. We wanted to be as inclusive as possible, and decided as a project team that having families in the study that were on the cusp of 'eligible' in terms of their experience of disadvantage was preferable to potentially excluding such families from participation.

To minimise burden we asked the service delivery agency project partners to identify clients that were experiencing two or more of the following: reliance on welfare payments, unstable housing, unemployment or underemployment, physical or mental disability, or mental health issues, 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.

Figure 2 100 Families WA Project Stakeholder and Activity Map



The project team set up survey hubs within the partner agencies, across the Perth metropolitan area. Family members referred by service delivery agencies that 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. Consenting participants then completed a survey on the Qualtrics survey software platform, guided by the interviewer. A total of 400 family members completed the survey between 27th November 2018 and 5th April 2019. The study protocol was approved by The University of Western Australia Human Research Ethics Committee (RA/4/20/4793).

The survey was approximately one hour in length and covered a number of domains of socioeconomic status, health outcomes and quality of life and wellbeing outcomes. The survey also includes questions on lifetime experiences.

- Demographics
- Housing
- Economic participation
- Health
- Drug and alcohol
- Mental health
- General wellbeing and quality of life
- Use of Services
- Adverse life experiences
- Optional, open-ended questions to close out the survey
    - o What does a good day look like for you?
    - o What do you need to be safe and well?
    - o 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're interested in interviews.

Almost 90% (88.5%) of family members indicated that they wanted to be considered for inclusion in the fortnightly, qualitative interviews taking place over a one-year period.

3. Demographics

A total of 400 family members undertook the *100 Families WA* baseline survey; of these, 69.3% were female. The overrepresentation of females relative to the Australian population is common among samples drawn from services.

For example, 61% of clients of Specialist Homelessness Services (SHS) were female in 2017/18 (AIHW, 2019a). Gender differences in service use start early in life and persist throughout life. Males are less likely to seek help from services, less likely to report awareness of services available, and more likely to report feelings of shame as a barrier to seeking help (Chandra & Minkovitz, 2006; Pattyn, Verhaeghe, & Bracke, 2015; Parslow et al. 2004).

The mean age of the family members was 43.9 years (range 18-75). Males were slightly older than females in the *100 Families WA* sample, with a mean age of 46.2 years compared with 43.0 years for females. One third of the overall sample (28.1% of males and 35.7% of females) identified as Aboriginal and Torres Strait Islander, a more than tenfold overrepresentation relative to the Western Australian population proportion of 3.1%. As with females, Aboriginal and Torres Strait Islanders are overrepresented in the service context – 25% of SHS clients that provided information about their cultural identification identified as Aboriginal and Torres Islander (AIHW, 2019a). This overrepresentation is reflective of need rather than service 'overuse'; there are longstanding issues with cultural appropriateness of services and intergenerational trauma that present barriers to Aboriginal people seeking the services that they need (Taylor, Bessarab, Hunter, & Thompson, 2013; Liaw et al. 2011)

Compared with 60.3% of the Western Australian population, 78.0% of family members were born in Australia (ABS, 2016a). The higher proportion of family members born in Australia is largely accounted for by the higher proportion of Aboriginal and Torres Strait Islanders in the sample. The discrepancy can also be attributed to the method of recruitment, as those born in Australia may have greater awareness of the services available and, on the other hand, some services will not be accessible to non-citizens or non-permanent residents. A small proportion of family members (13.0%) were employed but facing difficult circumstances. Almost one third (33.0%) were engaged in home duties, and 22.0% stated that they were unable to work due to a health condition or disability.

Table 1 Demographics of *100 Families WA* Family Members (N=400)

	Male	Female	Total*
n(%)	121 (30.3%)	277 (69.3%)	400 (100.0%)
Mean age (years)	46.2	43.0	43.9
Aboriginal and Torres Strait Islander n(%)	34 (28.1%)	99 (35.7%)	133 (33.3%)
Australian-born n(%)	97 (80.2%)	213 (76.9%)	312 (78.0%)
Permanent physical disability (self) n(%)	36 (29.8%)	46 (16.6%)	82 (20.5%)
Employed n(%)	14 (11.6%)	38 (13.7%)	52 (13.0%)
Household composition			
• Single adult	58 (47.9%)	50 (18.1%)	108 (27.0%)
• Two or more adults, no children	29 (24.0%)	47 (17.0%)	76 (19.0%)
• Single adult with child(ren)	8 (6.6%)	97 (35.0%)	105 (26.3%)
• Two or more adults with child(ren)	20 (16.5%)	79 (28.5%)	99 (24.8%)
Accommodation circumstances the night before survey			
• Homeless**	40 (33.0%)	27 (9.7%)	69 (17.3%)
• Public/community housing	44 (36.4%)	122 (44.0%)	166 (41.5%)
• Private rental	28 (23.1%)	99 (35.7%)	127 (31.8%)
• Own house (purchased or mortgaged)	9 (7.4%)	29 (10.5%)	38 (9.5%)

* Total includes participants that did not identify as binary male or female. Data for non-binary family members is not presented separately as n ≤ 5.

** Includes sleeping rough, staying with friends and family due to having nowhere else to stay, short-medium term accommodation for the homeless, and temporary accommodation

The prevalence of a permanent physical disability was higher among males (29.8%) than females (16.6%) within the *100 Families WA* sample. A slightly higher proportion of *100 Families WA* family members than the Australian population (20.5% versus 18.3%) report having a permanent, physical disability that limits their mobility (ABS 2016b).

In terms of physical disability among other members of the family, 16.3% of the overall *100 Families WA* sample (11.6% of males and 18.4% of females) reported that someone else in their family unit had a permanent physical disability; 5.0% of family members had a child within their family unit that had a permanent physical disability. While 17.0% of *100 Families WA* family members (compared with 11.6% of Australians) cared for other members of their family that had a physical or intellectual disability, caring responsibilities disproportionately fall to females – 8.8% of male *100 Families WA* family members reported that they cared for another family members with a disability, compared with 21.7% of females.

While 27.0% of the overall sample reported that they were members of a single-adult household, this was much more common in males than females: 47.0% of males versus 18.1% of females were in single adult households. Males were also more likely than females to live with other adults, without children (24.0% of males versus 17.0% of females). Females were more likely than males to be single parents (35.0% of females versus 6.6% of males lived with a child or children and no other adults), and more likely to live with other adults and a child or children (28.5% of females versus 16.5% of males).

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

In the context of the *100 Families WA* project, then, there is a conceptual difference between 'a household' and 'a family'. A household comprises those people that live together in a dwelling (or, in the absence of a dwelling, stay together in short-term accommodation or 'on the street'), whereas a family comprises whoever the individual considers to be family members. This approach honours the views of family members as to what constitutes their family rather than imposing a particular formation and limiting the family structure to only those living in the same dwelling.

In terms of how the difference between household and family presents among the 400 family members surveyed, while 108 family members (27.0% of the overall sample) were living in single adult households, less than half of these (43 family members) reported that they were also members of a single person family (i.e. did not identify anybody other than themselves as part of their family unit). On the other hand, a minority of the sample (5.5%) were not living in single person households but identified themselves as a single person family. Due to the open nature of the definition of family and the various different ways in which the notion of family can be interpreted, it is difficult to speculate as to the circumstances around people's families. A person could, for instance, live in a share house with people they do not know and, therefore, do not consider the people they live with to be part of their family. On the other hand, a person could feel that their family is not a source of support, despite living with them. The nature of family and family relationships are something the *100 Families WA* project expects to explore in much greater detail with the 100 families undertaking qualitative interviews.

With regard to accommodation circumstances, 17.3% of family members were experiencing homelessness the night before they were surveyed: 6.8% were rough sleeping, 1.5% were staying with friends and family due to having nowhere else to stay, 4.5% were in short-medium term accommodation for the homeless, and 4.5% were in temporary accommodation. Males were much more likely than females to report homelessness the night before survey, across all types of homelessness. Almost one-third (33.0%) of males versus 9.7% females reported experiencing homelessness the night before survey; 14.0% of males were rough sleeping compared with 3.6% of females, 1.7% of males and 1.4% of females were staying with friends and family due to having nowhere else to stay, 7.4% and 2.9% of males and females, respectively, were living in short-medium term accommodation, and 9.9% of males and 1.8% of females were living in temporary accommodation the night before survey. Public and community housing was the most common type of accommodation among both sexes, with 44.0% of females and 36.4% of males residing in public or community housing the night before survey, followed by private rental (35.7% of females and 23.1% of males). Almost 10% (9.5%) of *100 Families WA* family members (10.5% of females and 7.4% of males) owned their own house (with or without a mortgage).

In conclusion, relative to the overall Western Australian population, females and Aboriginal and Torres Strait Islanders are overrepresented among family members. *100 Families WA* family members are much less likely to be employed, with the majority not in employment and not seeking work due to home duties and illness or disability. There is an even distribution of family members across different categories of household composition, and just over half of the sample live with children. A high proportion of family members were experiencing homelessness the night before the survey. Among those who were housed, public housing was the most common type of accommodation (41.5% of family members), though almost one third (31.8%) were residing in private rental accommodation the night before the survey. In terms of the difference between household and family, 10.8% of family members were living in single adult households as single person families, while 5.5% were not living by themselves but identified as a single person family. The nature of family will be explored in greater depth in qualitative interviews with 100 of the families.

4.Income Poverty and Material Deprivation

Irrespective of the construct used to operationalise disadvantage – poverty, hardship, material deprivation, social exclusion, or entrenched disadvantage – income is a significant factor. Money is required in a modern economy, to varying degrees, for the satisfaction of all of our needs, from purchasing food and clothing, paying for housing and electricity, to sharing meals or even phone calls with friends and family.

Accordingly, if income is limited, so is one's ability to meet their needs and the needs of their family. Three quarters (75.3%) of family members reported that income support payments (Centrelink payments) were their sole source of personal income, that is, that they received no wage or salary based income. It is now well-established that most income support payments in Australia are not adequate enough to fulfil their purpose of providing for a minimum standard of living (Klapdor, 2013).

Table 2 provides indicators of significant financial hardship and material deprivation, listing the proportion of family members who experienced selected stressors relating to a shortage of money in the year prior to survey. Over two-thirds (67.8%) of family members surveyed could not pay utility bills on time at one point during the year prior to survey; 69.5% sought assistance from welfare or community organisations and 52.5% sought financial help from friends or family. Over half (51.0%) of family members had gone without meals, and 44.3% had pawned or sold something in the year prior. Thirty-nine percent of the overall *100 Families WA* sample and 56.1% of those with vehicles could not pay for car registration or insurance on time. This places family members in a vulnerable position, restricting transport options and creating stress. Almost 1 in 3 (31.3%) could not pay the rent or mortgage on time, and 23.3% were unable to heat their homes in the year prior to survey.

Table 2 Proportion of *100 Families WA* Family Members (N=400) That Experienced Selected Financial Stressors Due to a Shortage of Money, Year Prior to Survey

Over the past year, have any of the following happened to your family unit because of a shortage of money:	Proportion of the *100 Families WA* sample
Could not pay electricity, gas or telephone bills on time	67.8%
Could not pay the rent or mortgage on time	31.3%
Could not pay for car registration or insurance on time	39.0%
Pawned or sold something	44.3%
Went without meals	51.0%
Unable to heat my home	23.3%
Sought assistance from welfare / community organisations	69.5%
Sought financial help from friends or family	52.5%

The high prevalence of financial stressors and the behaviours required to attempt to alleviate those stressors – seeking assistance, pawning, selling things and taking on risky debt– reflect the compounding impact of poverty. The inability to meet even basic needs due to a shortage of money requires reallocation of resources such as time and what little money there is towards seeking help. This use of time and money comes at the opportunity cost of other activities, such as employment, seeking work, strengthening social relations, and building mental wellbeing. Related to mental wellbeing, the stress of not being able to meet one's needs can have a detrimental effect on mental health outcomes, creating or exacerbating mental health issues, and creating further barriers to exit from poverty. The persistent and compounding nature of poverty, particularly with regard to the time spent meeting basic needs among those experiencing poverty, were key findings of the Auckland City Mission Family 100 project, which served as inspiration for the *100 Families WA* project.

There are several limitations of only using income as a measure of poverty. While income is a generally good indicator of economic resources and wellbeing, income does not reflect levels of and access to non-cash assets such as real estate and shares, availability of credit, and financial and material support from family and friends (Bossert, Chakravarty, & D'Ambrosio, 2013). Further, income does not necessarily reflect consumption, and income as a standalone measure fails to capture the impact of low economic resources and low consumption (Townsend, 1979). Acknowledging the limitations of income as a single measure of poverty, more recent conceptualisations and measurements adopt multi-dimensional frameworks incorporating, in addition to income, measures of deprivation and one's ability to function and participate in the society in which they live (Stiglitz, Sen, & Fitoussi, 2009; OECD, 2008; Scutella, Wilkins, & Kostenko, 2009).

Deprivation refers to the inability to access socially perceived necessities (Saunders & Wong, 2012). In Australia, the list of socially perceived necessities now commonly used to measure deprivation (such that, if an individual does not have access to said necessities because they cannot afford them, they are said to be deprived) was developed in the *Left Out and Missing Ou*t project led by Saunders, Naidoo, & Griffiths (2007). Saunders, Naidoo, & Griffiths (2007) drew on previous studies of deprivation in Australia, Britain, Ireland and New Zealand, along with findings from focus groups with Australian community sector agency welfare service clients and staff to develop the *Community Understanding of Poverty and Social Exclusion* (CUPSE) survey, in which a list of possible essential items was included. The CUPSE was completed by a random sample of 2,704 Australian adults. If at least 50% of the CUPSE sample identified an item as essential, it was included as an 'essential of life'. Of the 61 items initially included, 48 were identified as essential, and 26 of these could be purchased by an individual (with the rest pertaining to social support and personal capabilities). These items have formed the basis for measuring material deprivation in Australia (Saunders and Wilkins, 2016).

Table 2 presents the list of the 'Essentials of life' in Australia, along with the proportion of the sample that does not have each item and cannot afford it, and the proportion of the Household, Income and Labour Dynamics in Australia (HILDA) Wave 14 (conducted in 2014) sample that does not have each item and cannot afford it (Saunders & Wilkins, 2016). The HILDA survey is a longitudinal, population-representative survey that follows more than 17,000 Australians each year, collecting information across topics such as household and family relationships, economic participation, education, and health. Therefore, due to the population-representative nature of HILDA and the Essentials of life items forming the basis of material deprivation measurement in Australia, it can be said that Table 2 compares the level of material deprivation among the *100 Families WA* sample with that of the general Australian population.

Across every item, a substantially higher proportion of the *100 Families WA* sample does not have and cannot afford the 'Essentials of life'. With regard to essentials related to health, around 1 in 100 Australians cannot afford medical treatment when needed, compared with more than 1 in 10 family members. Similarly, only 0.5% of Australians, compared with 15.5% of family members, cannot afford medicines when prescribed by a doctor, and 5.2% of Australians, compared with 45.3% of the *100 Families WA* sample, cannot afford a yearly dental check-up. In terms of housing, 0.3% of Australians versus 18.5% of *100 Families WA* family members indicated that they cannot afford a decent and secure home; less than 1% (0.7%) of Australians, compared with 16.3% of family members, cannot afford a home with doors and windows that are secure. Further, 2.3% of Australians and 19.0% of family members cannot afford a roof and gutters that do not leak.

When it comes to the contents of the home, while 0.4% of Australians cannot afford furniture in reasonable condition, 19.8% of family members reported that they were unable to afford this. While virtually every Australian can afford warm clothes and bedding, if it's cold, almost 1 in 10 (8.8%) *100 Families WA* family members could not. Similarly, while 0.6% of Australians cannot afford to keep one room of the house adequately warm when it is cold, this was the case for 15.0% of *100 Families WA* family members. Only 0.3% of Australians do not have and cannot afford a washing machine, compared with 14.8% of *100 Families WA* family members. One in three family members cannot afford to access the internet at home, compared with 1.7% of Australians, and 8.8% of *100 Families WA* family members cannot afford a telephone, while almost all Australians can.

Insurance and savings can be protective factors against poverty, as well as against further entrenchment in poverty (Saunders, Naidoo, & Griffiths, 2007). Over two-thirds (68.5%) of family members surveyed did not have, and could not afford, home contents insurance, versus 8.3% of all Australians. Of those with a motor vehicle, 46.6% of 100 Families family members, compared with 4.6% of Australians, did not have and could not afford comprehensive motor vehicle insurance. While 12.2% of Australians do not have and cannot afford $500 in savings for an emergency, 79.9% of *100 Families WA* family members reported that they could not afford this.

Table 3 Proportion of the *100 Families WA* Sample (N=400) and the Hilda Wave 14 Sample that do Not Have and Cannot Afford the Essentials of Life

Essentials of life:	Proportion of the *100 Families WA* sample that does not have it and cannot afford it	Proportion of the HILDA Wave 14 (2014) sample that does not have it and cannot afford it
Getting together with friends or relatives for a drink or meal at least once a month	29.0%	2.5%
Medical treatment when needed	10.8%	1.1%
Furniture in reasonable condition	19.8%	0.4%
A decent and secure home	18.5%	0.3%
Medicines when prescribed by a doctor	15.5%	0.5%
Warm clothes and bedding, if it's cold	8.8%	0.1%*
A substantial meal at least once a day	14.0%	0.1%*
A week's holiday away from home each year	72.3%	16.5%
A roof and gutters that do not leak	19.0%	2.3%
A telephone (landline or mobile)	8.8%	0.1%*
Home contents insurance	68.5%	8.3%
A washing machine	14.8%	0.3%
Access to the internet at home	33.3%	1.7%
A motor vehicle	34.3%	1.9%
Comprehensive motor vehicle insurance	46.6%[1]	4.6%[2]
At least $500 in savings for an emergency	79.0%	12.2%
A home with doors and windows that are secure	16.3%	0.7%
Dental treatment when needed	45.3%	5.2%
Buying presents for immediate family or close friends at least once a year	38.3%	2.2%
When it is cold, able to keep at least one room of the house adequately warm	15.0%	0.6%
A separate bed for each child	5.9%[3]	0.8%[4]
A yearly dental check-up for each child	10.4%[3]	3.3%[4]
A hobby or a regular leisure activity for children	27.1%[3]	3.7%[4]
New school clothes for school-age children every year	31.3%[5]	6.8%[6]
Children being able to participate in school trips and school events that cost money	26.3%[5]	2.1%[6]

[1] Families that have a motor vehicle. [2] Households that have a motor vehicle. [3] Families with children in care and/or in their household [4] Households with children under 15. [5] Families with children that are enrolled in school. [6] Households with children aged under 15 attending school. *Estimate not reliable.

Material deprivation has significant adverse impacts on children across the critical domains of education, health and leisure activities. Almost one in three (31.3%) of family members, compared with 6.8% of Australians, could not afford new school clothes each year for their school-aged children. More than 1 in 4 (26.3%) of family members could not afford to send their school-aged children to school activities that cost money, compared with 2.1% of Australians. Similarly, 27.1% of *100 Families WA* family members, compared with 3.7% of Australians, could not afford a regular hobby or leisure activity for their children. Almost six percent (5.9%) of the *100 Families WA* sample could not afford a separate bed for each child, compared with 0.8% of Australians. Finally, 10.4% of family members, versus 3.3% of Australians, could not afford a yearly dental check-up for their children. The relatively low proportions of both samples that report that dental check-ups for children are unaffordable can be attributed to the Commonwealth Child Dental Benefits Schedule, under which basic dental treatment to the value of $1,000 over two calendar years is bulk billed via Medicare for children aged 2-17 whose parents or guardians are in receipt of Family Tax Benefit A (Department of Human Services, 2019).

The remaining items are items that facilitate social and family relationships, but cost money. For example, while buying presents for immediate family or close friends at least once a year was unaffordable for 38.3% of 100 Families family members, only 2.2% of Australians were not able to afford this. Similarly, while only 2.5% of Australians cannot experience and afford getting together with friends or relatives for a drink or meal at least once a month, close to one-third (29.0%) of *100 Families WA* family members cannot experience this due to it being unaffordable. Finally, while a week's holiday away from home was out of reach for quite a few Australians (16.5%), this was the case for almost three-quarters (72.3%) of family members.

In conclusion, the consequences and impact of low income are very easy to see among the *100 Families WA* sample. More than half of family members were unable to pay utility bills on time, had sought help from welfare or community organisations, had sought financial help from friends and family, or gone without meals. Almost half had pawned or sold something due to a shortage of money in the year prior to survey. In addition, the level of material deprivation among the *100 Families WA* sample greatly exceeds that among the Australian population-representative HILDA sample, across every item considered essential for Australian life. The differences between the two samples were most pronounced in discretionary child-related expenses, such as new school uniforms, school excursions and events, and hobbies or leisure activities for children, along with car and home contents insurance, items relating to housing quality, and leisure.

5. Health

The relationship between income poverty and poor health can be characterised as a vicious cycle: poor health can have a detrimental effect on household income through increased healthcare costs and limited ability to partake in income-generating activities, which can create or maintain poverty, and poverty creates limitations with regard to access to nutritional food and access to health care, particularly preventative healthcare, which in turn creates or compounds ill health, and so on (Wagstaff, 2002).

Compared with 50% of Australians, 84.3% of family members surveyed report diagnosis of at least one long-term health condition, and 68.7% report diagnoses of two or more chronic health conditions (versus 23% of Australians). The mean number of diagnosed chronic health conditions among family members was 3.5. Table 3 examines the prevalence of chronic health conditions among family members, compared with the Australian population. With the exception of deafness, chronic health conditions are substantially more common among family members than among the general population. Twice as many *100 Families WA* family members than Australians reported diagnosis of arthritis (30.5% versus 15.0%), and 11.3% of family members compared with 3.8% of Australians report diagnosis of osteoporosis. Almost three times as many reported diagnosis of asthma – 31.3% of the *100 Families WA* sample versus 11.2% of the Australian population. Almost half (44.8%) of family members, compared with 16.4% of the Australian population had been diagnosed with back problems. Dental problems were twice as prevalent among family members as among the general population (54.3% versus 26.0%).

Blindness was reported by 8.3% of family members, compared with 0.6% of Australians. Rates of deafness were marginally lower among the *100 Families WA* sample compared with the Australian population (10.5% versus 11.1%), and rates of epilepsy were also similar (3.0% among the Australian population and 5.0% among family members). Cancer was experienced by 9.0% of family members and 1.8% of Australians. Hepatitis C was reported by 7.3% of family members, and liver disease was report by 7.8%. Estimates of Australian population rates for Hepatitis C and liver disease are difficult to ascertain and not commonly reported due to the introduction of curative treatments for the former and the hidden nature of the latter (The Kirby Institute, 2016; AIHW, 2015).

Chronic Obstructive Pulmonary Disease was twice as prevalent among the *100 Families WA* sample as in the general Australian population (5.3% versus 2.5%). Similarly, 11.5% of family members reported diagnosis of heart, stroke, and vascular disease, compared with 4.8% of Australians. Almost 1 in 5 family members, compared with 1 in 20 Australians reported diagnosis of diabetes. Kidney disease was almost seven times more prevalent among the *100 Families WA* sample as in the general Australian population (6.8% versus 1.0%).

Table 4 Proportion of the *100 Families WA* Sample (N=400) and the Australian Population Experiencing Chronic Health Conditions

Conditions:	100 Families WA sample	Australian Population
Arthritis	30.5%	15.0%[1]
Asthma	31.3%	11.2%[1]
Back problems	44.8%	16.4%[1]
Blindness	8.3%	0.6%[2]
Cancer	9.0%	1.8%[1]
Chronic Obstructive Pulmonary Disease	5.3%	2.5%[1]
Deafness	10.5%	11.1%[3]
Dental problems	54.3%	26.0%[4]
Diabetes	18.5%	4.9%[1]
Epilepsy	5.0%	3.0%[5]
Heart, stroke and vascular disease	11.5%	4.8%[1]
Hepatitis C	7.3%	-*
Hypertension	28.5%	10.6%[1]
Kidney disease	6.8%	1.0%[1]
Liver disease/cirrhosis	7.8%	-**
Osteoporosis	11.3%	3.8%[1]

[1]ABS (2018), National Health Survey, 2017-18. [2] AIHW (2016), Australia's Health 2016. [3] ABS (2015), National Health Survey, 2014-15. [4] Untreated tooth decay. AIHW (2018a) Australia's Health 2018. [5] Estimate, Epilepsy Australia. *Population rates of Hepatitis C are difficult to ascertain due to the introduction of curative treatments. ** Population rates of liver disease are difficult to ascertain due to its hidden nature.

The relationships between these chronic conditions cannot be understated, such that experience of one significantly increases the risk of others.

For example, Hepatitis C is a common precursor to liver disease; hypertension and diabetes are significant risk factors for heart, stroke and vascular disease. These comorbidities (co-occurrences of more than one medical condition) increase mortality risk (Charlson, Pompei, Ales, & Mackenzie, 1987) and increases the difficulty and complexity of treatment, further compounding the chronicity of conditions and, in turn, mortality risk (Starfield et al. 2003). Further, the relationship between ill health and poverty as articulated by Wagstaff (2002) are clear among family members. The impact of very high prevalence of back problems is evident in the high proportion of the sample that are not in the labour force due to long-term illness or disability, and some confirmatory evidence of this is found in open-ended question responses from family members (explored further in Chapter 11). Of course, it is not only back problems for which these relationships exist; each of these chronic conditions and the physical pain, stress, and time and financial cost incurred as a result of them contribute to the entrenchment of disadvantage.

Another element of health that the *100 Families WA* baseline survey explored was health service utilisation. The majority (n=367 or 91.8%) of family members reported that they had visited a GP in the 12 months prior to survey. The mean number of GP visits was 13.8, indicating that, on average, family members are visiting the GP more than monthly. Almost 1 in 5 (18.8%) of family members visited the GP weekly or more frequently in the year prior to their survey. The distribution of GP visits among the *100 Families WA* sample can be seen in Figure 3.

Figure 3 Number of GP Visits in the 12 Months Prior to Survey, *100 Families WA* Family Members (N=400)

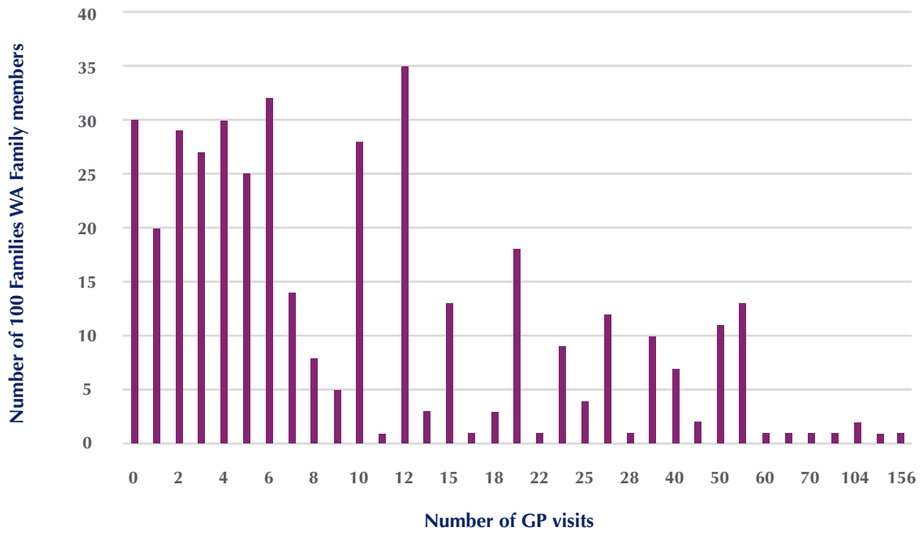


Figure 4 Number of Emergency Department Visits in the 12 Months Prior To Survey, *100 Families WA* Family Members (N=400)

Figures 3 to 5 illustrate the distribution of emergency department visits, hospital inpatient admissions, and nights spent as a hospital inpatient for family members in the year prior to survey. For both emergency department visits and hospital inpatient admissions, over half of family members had not experienced either in the 12 months prior to undertaking the baseline survey. It is not uncommon for the median number of visits to emergency departments and hospital inpatient visits to be 0; more than 2 in 3 Australians did not visit an emergency department over the 2017-18 financial year (AIHW, 2018b), and 87% of Australians did not have a hospital admission over 2016-17 (ABS, 2017). Therefore, although a large proportion of family members did not use either service, health service utilisation in terms of emergency department visits and hospital inpatient admissions is still higher among family members than among the general Australian population.

In terms of means, the mean number of emergency department visits among family members over the 12 months prior to survey was 1.37 and the mean number of inpatient admissions was 0.6. The mean number of nights spent in hospital in the year prior to survey among family members was 2.2. For comparison to another group experiencing significant disadvantage, among a sample of individuals experiencing chronic homelessness in Melbourne, the mean number of emergency department visits was marginally higher than among the *100 Families WA* sample at 1.75, and the mean number of nights spent in hospital was more than double that of family members at 5.3 (Flatau et al. 2018a).

Figure 5 Number of Hospital Inpatient Admissions in the 12 Months Prior to Survey, *100 Families WA* Family Members (N=400)

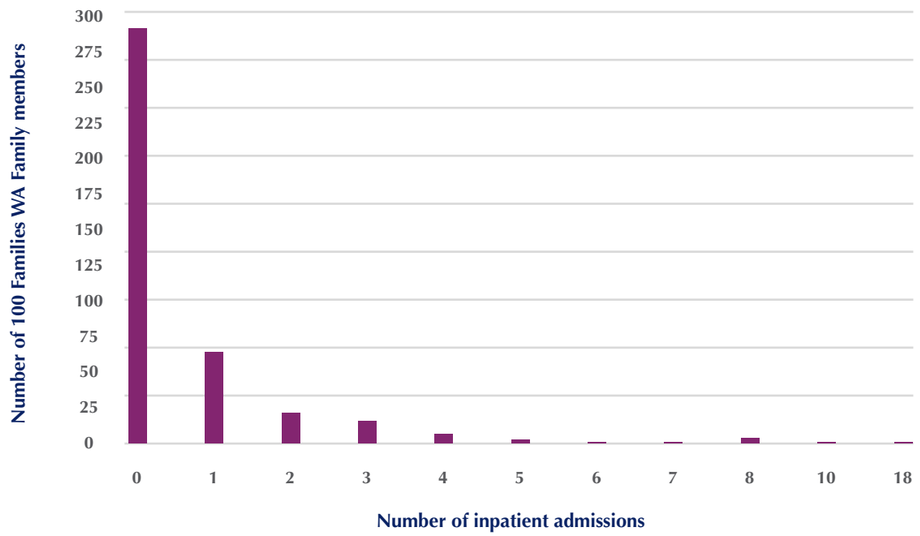


Figure 6 Number of Nights Spent In Hospital as an Inpatient in the 12 Months Prior to Survey, *100 Families WA* Family Members (N=400)

In summary, the health of *100 Families WA* family members in terms of prevalence of chronic health conditions is markedly poorer than the Australian population. Accordingly, health service utilisation in terms of GP visits, emergency department visits, and hospital inpatient admissions are higher than in the general Australian population. However, it can be argued that the level of health service utilisation is not commensurate to the level of health disadvantage, such that the difference in the rate at which chronic health conditions are experienced among *100 Families WA* family members compared with the Australian population appears to be far greater than the difference in the rate of health service utilisation. This may be attributable to the cost of seeking health care. Even under a universalised and subsidised healthcare system, the cost of prescriptions, specialist appointments, and not to mention the cost of travel and opportunity cost of time that could be spent addressing more immediate needs such as getting food, quickly make seeking healthcare in the absence of an abject emergency untenable for many.

6. Mental Health and Substance Misuse

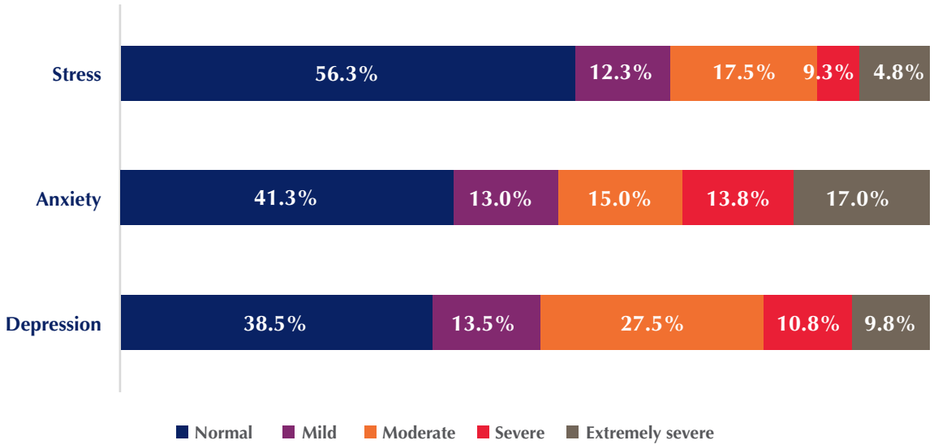
Disadvantage, poor mental health, and substance misuse are strongly related to one another. Those living in disadvantage are exposed to greater levels of stress, have less resources with which to seek help from medical professionals, and are subject to social exclusion and stigma, all of which contribute to increased likelihood of poor mental health and maladaptive coping behaviours such as substance misuse (Kuruvilla & Jacob, 2007; Murali & Oyebode, 2004).

At the same time, mental health conditions can limit opportunities for gaining employment and reducing the stresses of very low income and financial hardship. The *100 Families WA* baseline survey included the 21-item Depression, Anxiety, and Stress Scales (DASS-21; Lovibond & Lovibond, 1995), which is comprised of three subscales measuring levels of stress, anxiety, and depression. *100 Families WA* family members were asked to indicate the frequency with which they experienced certain physical and emotional feelings indicative of stress, anxiety and depression over the week prior to survey – never, sometimes, often, or almost always (scored 0-3). An example item of the stress subscale is 'I found it hard to wind down', of the anxiety subscale, an example item is 'I felt I was close to panic', and 'I found it difficult to work up the initiative to do things' is an example of the depression subscale.

Scores for each subscale (stress, anxiety, and depression) are then calculated by summing the scores of the items within each subscale; the minimum score for each subscale is 0 and the maximum is 21. Among family members, the mean score on the stress subscale was 7.36, compared with an Australian population-representative mean of 3.99; the mean score on the anxiety subscale among family members was 5.44 (versus 1.74 among Australians), and the mean depression score of family members was 6.55, compared with 2.55 among Australians (Crawford, Cayley, Lovibond, Wilson, & Hartley, 2011).

Scores on each of the subscales of the DASS-21 can also be placed into 5 categories of distress – normal, mild, moderate, severe, and extremely severe. The proportion of family members in each category of distress, by subscale, is presented in Figure 7. While the largest proportions of the sample (56.3%, 41.3%, and 38.5% for stress, anxiety, and depression, respectively) fall into the 'normal' category, substantial proportions are experiencing severe and extremely severe stress. Just over 15% of family members surveyed were experiencing severe or extremely severe stress (9.8% and 4.8%, respectively), over the week prior to survey. Almost 1 in 3 (30.8%) and over 1 in 5 (21.6%) family members were experiencing severe or extremely severe anxiety and depression, respectively. Notably, a larger proportion of family members were experiencing extremely severe anxiety than severe (17.0% versus 13.8%, respectively), and the proportions of those experiencing severe and extremely severe depression were quite evenly split (10.8% versus 9.8%). More than 1 in 4 (27.5%) of family members were experiencing moderate depression; 15.0% and 17.5% of family members were experiencing moderate anxiety and stress, respectively. Finally, mild depression, anxiety, and stress were experienced by 13.5%, 13.0%, and 12.3% of family members, respectively.

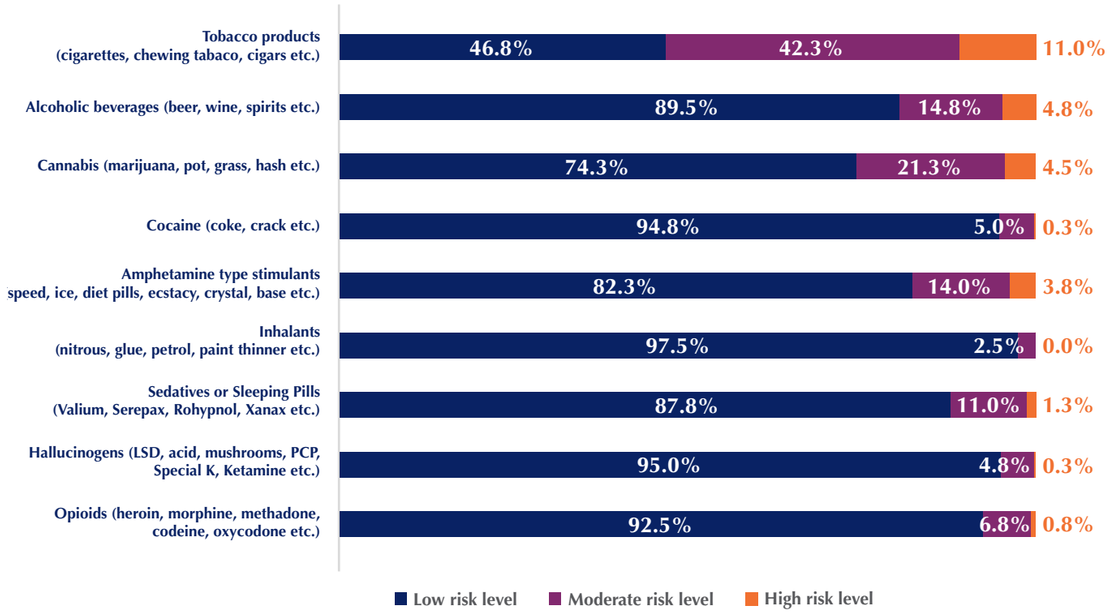
Figure 7 Proportion of the *100 Families WA* Sample (N=400) in Each Category of Distress on the Dass-21, by Subscale (Stress, Anxiety, Depression)



In terms of mental health conditions, 69.3% of 100 Families WA family members reported that they had been diagnosed with at least one mental health condition. Unsurprisingly, in light of the high levels of anxiety and stress among family members evident on the DASS-21, anxiety disorders and depression were the most common mental health conditions reported by family members, with 46.5% and 57.8%, respectively, reporting that they have been diagnosed with anxiety disorders and depression. More than 1 in 4 (26.3%) of family members reported diagnosis of post-traumatic stress disorder, and 1 in 5 women (20.9%) had been diagnosed with post-partum depression. Sixteen percent of 100 Families WA family members reported diagnosis of panic disorder, 10.0% had been diagnosed with obsessive-compulsive disorder, and 10.3% had bipolar disorder.

Fourteen percent of family members reported that they had been diagnosed with alcohol or substance dependence. The World Health Organization's Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) detects risky substance use behaviour to indicate a level of health risk indicated by an individual's use of a given substance (Humeniuk, 2008). Figure 8 outlines the proportion of the *100 Families WA* sample in each category of risk (low, moderate, or high) for each substance as measured on the ASSIST scale. With the exception of tobacco, the majority of family members fall into the 'low risk' category for each substance, which includes having never tried a given substance. Tobacco, followed by cannabis, alcohol, and then amphetamines were the substances with the highest proportions of family members in the moderate or high risk categories. Forty-two percent of family members surveyed were at moderate health risk due to tobacco use, with an additional 11.0% at high risk. More than 1 in 5 (21.3%) were at moderate health risk due to cannabis use, and an additional 4.5% were at high risk. Almost fifteen percent (14.8%) were at moderate health risk due to alcohol use, with an additional 4.8% at high risk. Fourteen percent were at moderate health risk due to amphetamine use, and an additional 3.8% were at high risk. Non-medical use of sedatives created a moderate health risk in 11.0% of family members, and a high health risk for an additional 1.3%. For the remainder of substance categories – cocaine, inhalants, hallucinogens, and opioids, less than 10% of family members were at moderate or high health risk due to their use.

Figure 8 Proportion of the *100 Families WA* sample (n=400) in each category of health risk due to non-medical substance use, by substance



To summarise, mental health among the *100 Families WA* sample is an area of concern. Levels of stress, anxiety and depression are substantially higher than those found in studies of the general Australian population, and over two-thirds (69.3%) of family members are contending with at least one diagnosed mental health condition. With low levels of resources with which to address their mental health concerns, the pathway to entrenched disadvantage is quite clear.

Despite this, only a minority (and for most substances, a small minority) of family members engaged in risky substance use. Alcohol, tobacco and marijuana were the substances that posed health risks to the largest proportion of family members, though it is worth noting that the concerning rates of methamphetamine use in Perth, Western Australia (Walsh, 2019) are evident among family members, with the proportion of family members encountering health risks due to methamphetamine use only marginally smaller than those encountering health risks due to alcohol use. These results indicate a clear need for mental health support among those most vulnerable, and provide a compelling counterargument to suggestions that substance misuse is the cause for the majority of those experiencing disadvantage in the developed world.

7. Economic Participation

Economic participation is a central means of engaging with, contributing to, and benefiting from modern society (Saunders, 2017).

In addition to generating the income required to sustain the life that one expects and aspires to in a given society, economic participation can serve as a means of social connection and source of personal identity and pride (Ashforth & Mael, 1989).

The cyclical nature of poverty is evident once again in the relationship between poverty, education and employment. Education forms the foundation for economic participation; higher educational attainment is associated with a broader range of employment opportunities, and higher income (De Gregorio & Lee, 2002). Low family income is a significant barrier to children's educational attainment, directly through constraints on ability to participate in supportive extracurricular activities, constraints on transport options, and difficulty in providing school lunches, and indirectly through poorer health and fewer out-of-school experiences (Ladd, 2012). Children from lower-income families are also more likely to have parents with lower educational attainment themselves, which further negatively affects educational attainment, contributing to the intergenerational transmission of poverty (Goodman & Gregg, 2010). To describe the cycle simply: one needs higher income to break out of poverty; as a result of poverty, one has (on average) lower educational attainment; due to lower educational attainment, one faces significant difficulty in obtaining employment that would provide the higher income required to break out of poverty.

In light of this cycle, it is unsurprising that educational attainment among *100 Families WA* family members is low. While 69% of Australians hold a non-school qualification (a diploma, certificate or degree), less than half (43.0%) of family members reported holding a non-school qualification. Further, 42.5% of family members surveyed did not complete high school. While, as mentioned above, it is unsurprising to find relatively low levels of educational attainment among those experiencing hardship, it is somewhat surprising that over one third (35%) of *100 Families WA* family members are experiencing hardship with educational attainment of a TAFE Certificate III or above. This indicates that there are mediating factors at play with regard to the relationship between educational attainment and entrenched disadvantage among a sizeable number of family members, for example adverse life events or discrimination. The educational and employment experiences of family members will be investigated further and in depth in the forthcoming qualitative interviews.

Table 5 outlines the employment situation of family members in the week before they were surveyed. Less than one third (31%) of family members were participating in the labour force, that is, employed or actively seeking employment. Thirteen percent of family members were employed the week prior to survey, 18.0% were unemployed, and 68.5% of family members were classified in the not in the labour force category. The 68.5% of family members that were not in the labour force comprised 33.0% who were engaged with home duties, 21.5% who were experiencing a long term illness or disability, 3.3% who were students, and 10.8% that were otherwise not engaged in work and not actively looking for work. The low engagement with the labour force – 65.7% of Australians are in the labour force while 68.5% of family members are not in the labour force – indicates that those in entrenched disadvantage face significant barriers to employment, such as the aforementioned low educational attainment, caring responsibilities, and ill health.

Table 5 Employment Situation of *100 Families WA* Family Members (N=400) in the Week Prior to Survey

	%	N
Employed	**13.0**	**52**
Unemployed	**18.0**	**72**
Not in labour force	**68.5**	**274**
Home duties	33.0	132
Student	3.3	13
Not engaged in work and not actively looking for work	10.8	43
Unable to work due to health condition or disability	21.5	86
Other – not specified	**0.5**	**2**
Total	**100.0**	**400**

With regard to common barriers to employment, unsurprisingly, 38.8% of family members reported that illness or disability made it difficult for them to get employment, and 25.0% reported that child care responsibilities presented barriers to employment. Related to both caring responsibilities and illness and disability, 23.0% family members encountered difficulty accessing flexible work arrangements such as work during school hours or modified workloads. One in five (20.0%) reported that discrimination made it difficult for them to get employment, and 21.5% felt that there were not enough jobs available. In addition, 19.8% felt they had the wrong educational qualifications or not enough educational qualifications, and 17.3% reported difficulty accessing skills training and education. A lack of accessible, affordable transport options was reported by 17.0% of family members as a barrier to getting employment; 16.8% felt that there was not enough help available to get employment, and 11.8% felt there was not enough help available to maintain employment.

These barriers to employment are further compounded by extended periods of time outside of the workforce; 17.8% of *100 Families WA* family members indicated that they had never worked in a job of 35 hours or more per week, and an additional 41.5% of family members indicated that it had been 5 or more years since they had worked in such a job. One in 20 (5.5%) family members reported that they were, at the time of survey, working in a job of 35 hours or more per week. In terms of explaining why 5.5% of family members are experiencing entrenched disadvantage while working full-time, it may be that those with full-time employment have only recently attained it and are thus beginning a pathway out of disadvantage, it may be that their hours were temporarily high at the time of survey, or it may be that the level of income that they are receiving is simply too low to support their family, despite working full time.

Debt is a significant problem for families experiencing hardship; low income, along with low rates and levels of asset ownership to cushion against unexpected expenses or income loss, often mean that debt must be taken on to make ends meet (Aratani & Chau, 2010). The vast majority (86.3%) of family members surveyed reported having a debt other than a mortgage; 60.5% had a personal loan (e.g. car loan, personal bank loan, loan from Centrelink, loan from friends or relatives outside of their family unit), 26.5% had a loan from a payday lender, 54.0% had a debt arising from overdue household bills, and 39.0% had a debt arising from overdue personal bills. More than 1 in 5 (21.8%) of those renting had overdue rent; 14.3% of family members had credit card debts, and 10.5% had student loans (HECS, VET Fee HELP).

The impact of debt in terms of stress and psychological strain can be severe (Jenkins et al. 2008). Of *100 Families WA* family members surveyed that had debt, 65.2% had experienced inability to sleep as a result of having debt, 62.0% had experienced fear that they would never pay off their debt, 60.3% had experienced stress-related illness, and 47.5% reported physical ill health resulting from having debt.

In terms of the impact of debt on daily life, 58.0% of family members with debt reported that they had avoided answering the phone due to their debt, 65.2% felt they were unable to do the things they want to do in daily life, 48.7% experienced fights with their family, and 43.2% experienced relationship breakdown attributable to having debt. Almost 1 in 3 *100 Families WA* family members (31.0%) with debt reported that they had had to move home as a result of their debt.

The economic participation of *100 Families WA* family members paints a complex and interesting picture. While, in line with previous studies on poverty in developed countries, there is generally low educational attainment and low economic participation among family members, there are also large segments of the sample that are well-educated and/or employed, yet still facing significant disadvantage and barriers to economic participation. Among those not participating in the labour force, illness and disability and home duties (including caring responsibilities) are the major reasons, accounting for over half of the *100 Families WA* sample not being in the labour force. Irrespective of labour force status, the overwhelming majority of family members experienced the negative impact of low economic participation, in the form of debt and its attendant negative psychological consequences. We anticipate that the financial aspects of hardship are going to be a dominant theme in the qualitative interviews.

8. Wellbeing and Quality of Life

Hardship and disadvantage, by their nature, have detrimental effects on wellbeing and quality of life.

The inability to meet basic needs and the stress associated with that, along with poor health and mental health that contribute to and compound disadvantage, have negative impacts across all domains of life. This has been evident among *100 Families WA* family members throughout all of the other sections of this report. The present section examines overall wellbeing among family members, using two measures of overall wellbeing, namely the World Health Organisation's WHO-5 Wellbeing Index (WHO-5) and the WHO Quality of Life – Brief (WHOQOL-BREF). The proportion of family members that are unable to access the fundamental need of adequate food, measured by the United States Department of Agriculture (USDA) Household Food Security Module (FSM), is also presented as a core component of overall wellbeing. Finally, acknowledging the importance of social relations to quality of life, the proportion of family members that have access to common types of social support is explored.

The WHO-5 is a short measure of an individual's subjective wellbeing that has been widely used across the world, and has strong validity as both a screening tool for depression and a measure of outcomes of interventions (Topp, Østergaard, Søndergaard, & Bech, 2015). Individuals are asked to identify, on a 6-point scale from 'all of the time' (5) to 'at no time' (0), how frequently they have experienced five statements. An example statement is 'I have felt calm and relaxed'. The sum of scores across the statements is then multiplied by four to provide a score out of 100, where 0 represents the worst quality of life and 100 represents the best quality of life. The mean WHO-5 score among family members was 50.5, indicating that family members had a quality of life that was almost exactly half way between the best possible and the worst possible. In terms of the WHO-5 as an indicator of depression, 56.0% of family members had scores that indicated poor wellbeing and depression.

The WHOQOL-BREF is comprised of 26 items, 24 measuring quality of life across four domains: physical health, psychological, social relationships, and environment, and 2 'benchmarking' items examining satisfaction with overall life and satisfaction with health. Table 6 outlines the mean scores of family members on the four domains of wellbeing, along with the mean scores on the two benchmarking items. Results are disaggregated by gender.

Overall life satisfaction among family members was 3.18 out of a possible total of 5, with female family members reporting slightly higher life satisfaction than male family members. Satisfaction with health was slightly lower than overall life satisfaction, with the mean among all family members 3.02 out of 5, and female family members reporting lower satisfaction with health than male family members. The mean score on the physical health domain on the WHOQOL-BREF among family members was 54.7; an indicative general Australian population norm on the physical health domain of the WHOQOL-BREF is a score of 73.5 (Hawthorne, Herrman, & Murphy, 2006). The sharp differential between *100 Families WA* scores and indicative scores for the general Australian population is evident across all domains of quality of life using the WHOQOL-BREF. The mean score of family members on the psychological domain of wellbeing was 56.4, compared to a population mean of 70.6 (Hawthorne, Herrman, & Murphy, 2006). On the social relationships domain, family members on average recorded a score of 53.3 (versus an Australian mean of 71.5). The mean score of family members on the environment domain was 55.7, compared with 75.1 among Australians (Hawthorne, Herrman, & Murphy, 2006).

Table 6 Mean Scores of *100 Families WA* Family Members (N=400) on the Whoqol-Bref, by Quality of Life Domain, by Sex

	Male	Female	Total*
Mean life satisfaction (out of 5)	**3.10**	**3.22**	**3.18**
Mean satisfaction with health (out of 5)	**3.15**	**2.97**	**3.02**
Quality of life score (out of 100), by domain			
Physical health	55.7	54.4	54.7
Psychological	56.1	56.7	56.4
Social relationships	49.5	55.2	53.3
Environment	56.0	55.8	55.7

*Total includes participants that did not identify as binary male or female. Data for non-binary family members is not presented separately as n ≤ 5.

Food security is the ability to safely and legally access and afford food that is sufficient in quality and quantity to meet nutritional needs (Thornton, Pearce & Ball, 2013). Those in hardship are more likely to experience food insecurity, and food insecurity is, in turn, associated with poor health outcomes such as increased risk of diabetes, hypertension, and high cholesterol, as well as higher risk of mortality in both developing and developed countries (Walker et al. 2019). Further, food insecurity tends to be quite persistent, such that a household that experiences it during a given year will experience it for the duration of that year (Walker et al. 2019).

The USDA FSSM is a multi-item measure of food insecurity that asks people about the extent to which certain statements about their food situation apply to them. Single-item measures, though known to underreport population prevalence of food insecurity, estimate that 5.5% of Australians are food insecure (Ramsey, Giskes, Turrell, & Gallegos, 2012). Figures 9 and 10 present the proportion of family members in each category of food security among adults and children, respectively. Those with high or marginal food security are considered food secure, those with low or very low food security are food insecure. Sixty-two percent of family members report very low food security among adults, and a further 18.8% report low food security among adults. That is, only 19.3% of *100 Families WA* family members have food security among adults in their family. With regard to food security among children within the *100 Families WA* sample, 41.7% are food secure, 47.2% have low food security, and 11.1% have very low food security among children.

Figure 9 Proportion of the *100 Families WA* Sample (N=400) in Each Category of Food Security Among Children on the USDA Household Food Security Module.

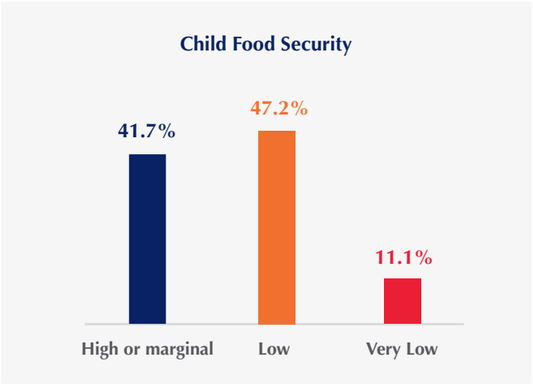
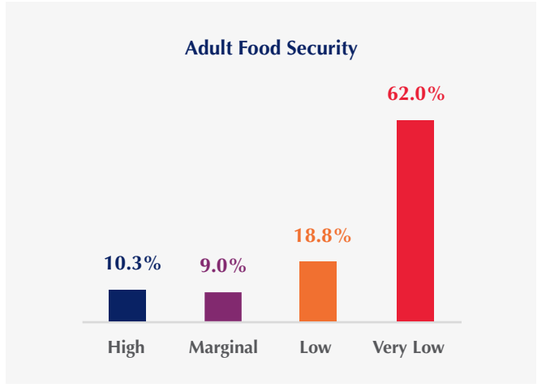


Figure 10 Proportion of the *100 Families WA* Sample (N=400) in each Category of Food Security Among Adults on the USDA Household Food Security Module



Having support available, from someone to lend an ear, to someone to lend a hand when you're unwell, is a critical component of wellbeing. The psychological comfort of knowing that there's someone to call on cannot be underestimated. We asked family members whether they had someone that does not live with them to call on for different types of support in a time of crisis. The results are reported in Table 7. While the majority of family members have someone they can turn to for most types of support, these proportions decrease in line with the resources required of the person providing support. For example, 79.3% of family members have someone they can turn to for advice on what to do and 70.0% have someone to turn to for emotional support, but only 43.3% have someone that can provide emergency money and 54.3% have someone that can provide emergency accommodation. This is unsurprising; the social networks of those in hardship are more likely to consist of fellow people experiencing hardship, who themselves do not have resources to spare (Gallie, Paugam, & Jacobs, 2003).

Just over half (53.8%) of family members surveyed had someone outside of their household that they could turn to for help in maintaining family or work responsibilities, and 66.3% felt they had someone that could help out when they had a serious illness or injury. Finally, 67.8% felt they had someone that could provide them with emergency food. It is unclear if this proportion is high because family members are accessing services that provide food.

Table 7 Proportion of *100 Families WA* Family Members that do and do not Have Access to Selected Types of Support

	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	**Yes**	**No**
Advice on what to do	79.3%	20.8%
Emotional support	70.0%	30.0%
Help out when you have a serious illness or injury	66.3%	33.8%
Help in maintaining family or work responsibilities	53.8%	46.3%
Provide emergency money	43.3%	56.8%
Provide emergency accommodation	54.3%	45.8%
Provide emergency food	67.8%	32.3%

In sum, *100 Families WA* family members report lower wellbeing and quality of life than the average Australian. In addition, food security, particularly among adults, is very low, with less than 20% of family members reporting food insecurity among adults. Most family members report that social supports from people outside the household are available to them, though the proportion of the sample that have access to support that requires resources of the support provider, such as emergency money or food, is lower than the proportion that have access to emotional support and advice. It is important to note that these measures are self-report, that is, these figures do not represent an external judgement on wellbeing and quality of life, but rather the feelings of family members about their own wellbeing and quality of life. Given the nature of hardship (it is hard, after all), it is not terribly surprising that family members feel they have low wellbeing and quality of life. However, family members continue to forge their path through life, reflecting a great deal of strength and resilience. The sources of this strength and resilience will be explored in-depth in the qualitative interviews.

9. Adverse Life Experiences

Those that experience disadvantage are more likely to experience certain adverse experiences in their lives. Reflecting the cyclical and insidious nature of disadvantage, these adverse life experiences can act as pathways into disadvantage as well as consequences of disadvantage.

Further, the experiences themselves, as well as the trauma associated with the experience, create significant barriers to exit from disadvantage.

In exploring the extent to which family members had experienced adverse life events, the *100 Families WA* project wanted to mitigate, as much as possible, the triggering of any past trauma. The project team felt that these events and the issues surrounding them could be explored more in-depth with the family members once a relationship had been developed. Therefore, as the baseline survey represented the first meeting of the family members and the project, the survey presented a list of common life experiences for people experiencing hardship, and asked family members to indicate whether they had experienced it. Results are presented in Table 8.

Over half (51.8%) of family members reported that they had experienced homelessness at some point in their lives. This is partially explained by the sampling frame of the baseline survey, such that many of the agencies from which family members were recruited provide homelessness services. However, this represents a very high proportion; the 2014 ABS General Social Survey asked respondents whether they had experienced any type of homelessness in their lives, and 10.6% of the Australian population-representative sample had (ABS, 2014). Therefore, the proportion of family members with experiences of homelessness is almost five times greater than that of the general Australian population. In addition, 29.0% of family members reported that they had been evicted from the home they were living in at some point in their lives. Given the low financial and often low social resources available to someone experiencing disadvantage, eviction can easily lead to homelessness. Also with regard to adverse experiences related to housing, 42.5% of family members reported that they had run away from home before the age of 18. Homelessness in childhood and adolescence often begins with children being thrown out of home or running away from home due to violence in the family home, and can represent the beginning of a long journey of disadvantage and homelessness (Flatau, Thielking, Mackenzie, & Steen, 2015).

The relationship between disadvantage and out of home care is well-established (Barth, Wildfire, & Green, 2006). The lack of material resources of people experiencing disadvantage often leads to housing instability and homelessness, resulting in children being placed in foster or out of home care to ensure that they are housed. Further, disadvantage often co-occurs with mental health and substance misuse issues, leading to the involvement of child welfare services and removal of children (McGuiness & Schneider, 2007). Almost one quarter (24.3%) of family members had themselves experienced foster or out of home care, and 18.3% had experienced having their own child or children removed from their care.

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, 2019b). Twelve percent of family members had experiences of juvenile detention in their life, and 22.8% of family members had been to prison as an adult. Though estimates of the population prevalence of imprisonment are not widely available, the rate of imprisonment in Australia is 222 people per 100,000 adults.

That is, 0.2% of the Australian adult population are in prison. Among Australians entering prison in 2018, 73% had been incarcerated before, 45% within the previous 12 months (AIHW, 2019b). Therefore, although not directly comparable due to *100 Families WA* family members being asked about lifetime experience of prison, and Australian rates representing those currently in prison, the proportion of family members who had been in prison is very high. Given the impact of prison on other life outcomes, particularly with respect to social and economic participation, it is reasonable to state that experiences of prison compound disadvantage and contribute to the entrenchment of disadvantage.

Table 8 Proportion of *100 Families WA* Family Members (N=400) with Experience of Selected Adverse Life Events

Experience	Proportion of 100 Families WA family members with this experience in their lifetime
Foster/out of home care	24.3%
Juvenile detention	12.0%
Ran away from home (prior to 18)	42.5%
Eviction	29.0%
Imprisonment (as an adult)	22.8%
Homelessness	51.8%
Having child(ren) removed from care	18.3%
Domestic violence (as victim, perpetrator or witness)	78.0%

Domestic violence is a major issue in Australia, with 1 in 6 women and 1 in 16 men experiencing violence at the hands of an intimate partner (AIHW, 2019c). The emotional and practical trauma of experiencing domestic violence – it can force changes in housing situations and is a leading driver of homelessness among women, it can result in breakdown of other social relationships and make forming new relationships very difficult – has long lasting impacts on one's life. *100 Families WA* family members were asked whether they had experienced domestic violence in their lives, be it as victim, perpetrator, or witness, and 78.0% reported that they had.

This section has outlined the proportion of family members that have experienced some of the adverse life events that are correlated with hardship, as precipitators, consequences, and barriers to exit from disadvantage. Unsurprisingly, particularly in light of 26.3% of family members reporting diagnosis of post-traumatic stress disorder (see Section 6 of this report), signficant numbers of family members had experienced homelessness, domestic violence, foster or out of home care, eviction, running away from home, having their children removed from their care, and prison and juvenile detention. Support for people when these events occur, and support to deal with the surrounding effects of these events, including trauma, is critical in order to break the cycle of disadvantage.

10. Service Use

A key finding of the Auckland City Mission Family 100 project, from which *100 Families WA* was inspired, was the number of services accessed and the corresponding amount of time that families had to spend visiting services in attempts to fulfil their basic needs.

In light of this, as well as *100 Families WA* family members being recruited from services, the baseline survey examined the services used by *100 Families WA* family members in the 12 months prior to survey. The proportion of families that accessed each different service type, and the mean number of services accessed for those that accessed a given service type, are presented in Table 9.

Emergency relief related to food was the most commonly accessed type of service, with 71.8% of family members surveyed accessing an average of 2.71 food emergency relief services in the 12 months prior to survey. It is important to note that the number of services does not reflect the number of visits – a person could visit one service weekly, or 10 services once each. Health services were the next most common type of service, accessed by 63.0% of family members. The mean number of health services accessed in the year prior to survey was 2.82. Mental health and counselling services were accessed by 45.5% of family members surveyed (mean number of 2.42 services); a mean number of 1.99 financial services were accessed by 44.5% of *100 Families WA* family members; employment services were accessed by 41.8% of family members (mean number of 2.18 services).

Over one third (38.0%) of family members accessed housing pathway or housing support services (mean: 1.96 services), and 28.8% had accessed a mean number of 2.79 emergency accommodation services. Over one quarter (27.5%) of family members surveyed had accessed an average of 1.79 legal services, and just under a quarter (23.5%) had accessed an average of 1.99 services for essential items such as laundry or bathroom facilities. Almost 1 in 5 (19.3%) of family members had accessed family and parenting services in the year prior to survey (mean: 2.48 services), and 16.5% had accessed an average of 1.47 addiction support services.

Table 9 Proportion of *100 Families WA* Family Members (N=400) That Access Services, and Mean Number of Services Accessed, by Service Type

Service Type of service	Proportion of *100 Families WA* family members that accessed in prior 12 months	Mean number of services accessed
Emergency accommodation services	28.8%	2.79
Housing pathway/housing support services	38.0%	1.96
Food emergency relief services	71.8%	2.71
Essential items e.g. laundry or bathroom facilities	23.5%	1.99
Health services	63.0%	2.82
Addiction support	16.5%	1.47
Mental health and counselling	45.5%	2.42
Legal services	27.5%	1.79
Financial services	44.5%	1.99
Employment services	41.8%	2.18
Family and parenting services	19.3%	2.48

These findings paint an interesting picture of service use. Although it stands to reason that a high proportion of family members access services, given that the project recruited from service delivery agencies, it is signficant that visiting more than one service was consistently required to meet the need attended to by the service. The number of services accessed, the time spent accessing them, and the satisfaction with the service will be a prominent theme in the qualitative interviews.

11. The Lived Experience of Entrenched Disadvantage

This section presents analysis of responses to some of the open-ended questions in the baseline survey, to provide insights into the lived experience of disadvantage. The first question to be analysed is 'If you were given $100, what would you spend it on?' Family members overwhelmingly responded that they would spend a spare $100 on basic necessities – 68.5% mentioned food, 8.8% mentioned non-food grocery items such as toiletries and sanitary items, and 15.5% mentioned new clothing, and mostly for their children. Just over fourteen percent (14.5%) said that they would pay bills ranging from school fees, to utility bills, car registration to council rates. Transport, such as petrol for the car or Smartrider credit, was identified by 10.3% of family members as what they would spend a spare $100 on. Notably, almost twice as many family members indicated that they would spend the money on presents or luxuries for other people (mostly their children) than those that said they'd spend it on luxuries, such as a day out or massage, for themselves.

The next question is 'What does a good day look like for you?' There was substantially more variation in the answers of family members to this question than to the question regarding a spare $100 above. A common theme in terms of what a good day looks like for family members was children and grandchildren being well. This was often expressed in simple statements such as "if my kids are happy, I'm happy", "having a happy child", or "seeing my children smiling is a good day for me". Sending the children off to school was an important component of children being well:

"I get up and get the kids ready for school. Drop them off and then come home and clean the house and do the washing. Then make dinner and pick the kids up from school and then help them do homework. Watch a movie together"

"Kids get to school on time and listen and do what is asked and no fighting"

"Getting organised for school. Dropping my son off and me getting home and getting some housework done."

Spending time with their children was another important aspect of what a good day looks like for *100 Families WA* family members:

"A day like today, spending time with my little ones"

"Relaxing with my kids watching movies and going out to eat"

"Spending quality time with my daughter."

Another common theme with respect to what a good day looked like for *100 Families WA* family members, partially evidenced above, was the importance of having the house in order and getting housework done:

"Clean house, dinner made, and happy children"

"Waking up, chores done, food in the cupboards, family happy, petrol in the car, at least 2 bills paid"

"Kids are at school, house is clean, food in the fridge. Money in the bank. Work coming up. Friends and family coming over."

For a lot of *100 Families WA* family members, a good day was one where things went according to plan, and a routine could be followed:

"I wake up, I do my morning program, I get things ready for the day. I take my daughter to daycare, and do what I need to do for the day"

"A good day for me is when I have nothing come up against me. Everything with family and grandkids is well and no sad news"

"A day with no drama. Fun with my family and a peaceful rest"

"Everything runs smoothly and on time and planned."

Feeling productive was important for *100 Families WA* family members to have a good day:

"Not much pain and I achieve something that's good. I get something constructive done that I was meant to remember and I remember it"

"When I get out of bed at a reasonable time, have food in my fridge to eat, get a couple of things achieved (either planned or unexpectedly) and get treated by others pleasantly"

"Productive. I like to have a lot of things done. And just positive energy."

This focus on being productive was often linked to *100 Families WA* family members' sense of self-worth, and their perceptions of the extent to which they were valued by others:

"Achieving what I have set out to do feels good"

"Wake up feeling well rested and feeling motivated to participate in "life". Feeling a sense of satisfaction by getting through another day clean and sober"

"A good day involves feeling productive; getting myself engaged with services that help me to overcome the obstacles I face which are associated with not having a home. Generally feeling engaged with both services and my community"

"A good day is when I feel cheerful, when I remember to have a sense of humour in difficult situations. When I feel loved and support and I'm able to achieve some household tasks. When I've had a good day at work and I appreciate my abilities."

Related to sense of self, the freedom to control how they spend their time and their choices was an important part of a good day for family members:

"When I am not scared or beholden to others whether financially, physically, spiritually, or emotionally"

"When I'm in control of my body and can move it freely."

The absence of financial strain, and in particular the ability to put food on the table, was a very common theme among *100 Families WA* family members in identifying what a good day looks like to them:

"Rent and bills paid and not accumulating. Food in the fridge, home clean and tidy. To have a job and to be part of the community"

"A good day would mean me having money for all my needs so that I can eat and enjoy life"

"When there is food in the cupboard, when I am in front with things - like paying the bills"

"Food on the table, bills paid and everyone happy and healthy."

Work, either in a current job or the prospect of finding a job, was an important component of a good day for many family members:

"I really like work too. I enjoy working, I'm thinking about going down to less days due to my age but I really enjoy it. It's a really good environment here, I help the younger ones and the students"

"Have a good day, wake up refreshed, come to work and see everyone happy and not suffering including family"

"Having a job interview, doing things for my grandchildren and children"

"Waking up, having breakfast to eat and a job to go to. Having dinner and a nice warm bed to come home to."

The absence of drama and stress, particularly with respect to social relationships, was an important aspect of a good day for *100 Families WA* family members:

"Getting up and not arguing, driving and relaxing all day"

"Kids getting up without fighting, listening, going to school. Everyone happy and getting along"

"Sunny, warm and no one is hassling me"

"When I feel happy and all my family are happy and make me feel like I'm somebody."

Good health was an important component of a good day for *100 Families WA* family members, in particular the absence of pain, and good sleep:

"I wake up, if I'm well rested and pain free, that's a good day. There are good bits to each day, getting out makes a difference"

"Not having any pain. Being able to walk without walking aides"

"Being able to function enough to go to work or to do one household task or to be able to get out of the house and meet someone for a coffee. It's a day when my fatigue is more manageable."

The weather was mentioned by quite a few family members as important to having a good day – for most it was having the sun shine, though some preferred cold weather or specified that a good day was one that is "not too hot".

In conclusion, a good day for *100 Families WA* family members is one where basic necessities are fulfilled – there is a roof over their head, food is on the table, pain is under control, and bills are paid – and, accordingly, they do not have to worry about these things. Quality time and positive relationships with friends and family were important, as was the ability to relax and enjoy their time together (or alone, for some). In short, it is not so much the presence of money or things that makes a good day for family members, it is the absence of financial and social stress that allows them to enjoy the simple things in life, like sunshine and time with family and friends that make a good day. The link between these freedoms and one's sense of self-worth, and their perceptions of their worth to others, was articulated both directly and indirectly by many *100 Families WA* family members.

The next question asked of *100 Families WA* family members was "what do you need to be safe and well?" Flatau et al. (2018b) analysed the responses to this question when posed to homeless individuals during Registry Week events around Australia and, unsurprisingly, over 80% of respondents stated that a home was what they needed to be safe and well. While 17.3% of *100 Families WA* family members were homeless at the time of survey, 44.8% mentioned a home as essential to their safety and wellbeing. Much like the homeless individuals in the report by Flatau et al. (2018b), for many *100 Families WA* family members, it was simply "a roof over my head", "shelter" or "a house". For others, concerns about physical safety and the security of the home were present:

"Door locked and security locked, backdoor open for cat to get in and out, so people knock at door"

"Need more security around the house"

"Security - environment (the housing, the area). Having enough money to do the things that I need, having a car that gets me from A to B, and knowing my children are safe."

Stability and security of tenancy in the home was also a prominent necessity for safety and wellbeing:

"Stable clean home for the girls and enough money to feed and clothe my girls"

"Proper stability in public housing, government benefits, a wide range of support from government"

"I'd like to own my own home so I'd know that we always have a roof over our heads."

Food was a prominent theme, often mentioned with shelter, indicating that, much like in Flatau et al. (2018b), family members concerns around safety and wellbeing centre on the fulfilment of basic needs:

"We have a roof over a head and food in our bellies"

"A roof over my head and food on the table for the people I care about the most."

Having enough money and the absence of financial stress or strain were also mentioned by a number of *100 Families WA* family members as necessary for them to be safe and well:

"Enough money to pay the bills comfortably without payment arrangements, be able to go shopping to [buy] some biscuit or chocolate, not stressing about paying car registration"

"Comfortable home, don't have to worry about anything, such as money [and] health. Good financial support to go through everyday basic needs"

"To have all finances in control and not have to worry about bills and food and money for leisure."

Health was a significant concern for *100 Families WA* family members with regard to their safety and wellbeing:

"My first priority in my life is my health and knowing that I can live another day and be successful at everything that I do and also being around those who I love and care for each day"

"I need to make sure my health is intact and that my home is secure"

"I wish something could be done about my kidneys. I only have about 23% use left in my kidneys. I have looked after myself. Also have diabetes and blood pressure"

"I need to take my meds, I need to practice distress tolerance. I need my kids and my support network. And to be not near any violent people or triggering people. "

Positive relationships with friends, family, and other social supports were also commonly mentioned *100 Families WA* family members in determining what they need to be safe and well:

"Secure housing, contact with the community, cultural interaction that is stimulating"

"A good home and great company without drama and stress"

"The love and support of my partner and a place to call home"

Children were also a strong element of safety and wellbeing among *100 Families WA* family members, often representing the reason for or link between other requirements for safety and wellbeing such as money, food and housing:

"I need my kids with me and I need to stay strong in my faith"

"To feel safe and well I need money to send my children to school and get them what they need. Need clothes and food on the day table"

"Food in my stomach, nutritious food, money in my bank to provide for my kids"

"I need Centrelink issues to do with my son sorted so that he's able to live a better life and be more supported."

Education and employment were mentioned as important components to safety and wellbeing by a significant number of *100 Families WA* family members:

"A secure home, secure education, nice group of people around me"

"The basic stuff, security (job security, somewhere stable to live etc.) A bit of extra money."

"I need security from a job, to be more active and start socializing more."

"Secure house, children in school, me studying, a car, employment"

Independence, self-worth and self-actualisation were the ultimate requirements for the safety and wellbeing of many *100 Families WA* family members:

"To feel that I can cope with the bad day and feel good about myself"

"A clean & inspiring environment. Good food and a place I am proud to call home. People I can truly be myself around and that can motivate and support my decisions in life"

"Food, being able to feel safe, and try to strive at everyday day obstacles"

"Beyond shelter and food, personal growth, becoming a better person and helping others."

Therefore, much like the factors that contributed to a good day for family members, the things that family members referred to be safe and well are primarily about the basic necessities of life – food, shelter, physical safety, health, and money. Social relationships and support, particularly relationships with children and families, were critical for *100 Families WA* family members' feelings of safety and wellbeing. Education and employment, along with the ability to achieve one's goals and potential in life, were also important to safety and wellbeing. Of course, none of these factors operated in isolation for *100 Families WA* family members – many wanted safe and secure housing for their children, others wanted strong social relationships so they could achieve their potential in life, and many wanted the bills paid so that they could have less stress in their life.

Finally, we asked *100 Families WA* family members 'If you had to name one thing that would make the biggest positive difference in your life, what would it be?' The most common theme was money or financial stability, with over 20 family members citing that a lotto win would make the biggest positive difference in their life. Employment was the next most common theme, with almost one in five *100 Families WA* family members stating that a job would make the biggest positive difference in their lives. The importance of a job to other life outcomes, particularly the derivation of identity and self-worth was clear for many *100 Families WA* family members:

"Having more of a solid career. At the moment I only do a small amount of work"

"Working again. Contributing, doing what normal people do. Come home from work, have tea go to sleep, have other stuff to think about"

"To get employment to improve the quality of my life"

"Getting a good employer who is a leader"

"Being able to work to have financial independence"

"Doing a job that is meaningful to me well into the future."

Changes in the health domain were another common thing that family members believed would make positive differences in their lives, for example "a cure for mental illness", giving up addictions, and having necessary operations. Having their children returned to their care and/or being able to look after their children was commonly mentioned by *100 Families WA* family members as something that would make a positive difference in their lives. Finally, familial and social relationships were important areas for positive change. For some family members, this meant finding a partner, while for others, this meant being safely away from their partner. However, for most, positive social and familial relationships meant seeing their friends and family thrive independently.

This section has provided preliminary insights into the lived experience of disadvantage through analysis of open-ended questions posed in the *100 Families WA* baseline survey. Through this analysis and accompanying quotes, we see that family members aspire to the kind of life that most Australians expect. *100 Families WA* family members want a safe, stable home, good health, the ability to find meaningful work, to provide for their children financially and emotionally, and to form strong, positive connections with the people and communities that surround them so as to enable them to fulfil their potential. As stated, these are the things that most Australians expect from their lives, and the absence of these things therefore is a representation of the material deprivation experienced by *100 Families WA* family members. The barriers to and facilitators of achievement of these aspirations need to be deeply understood in order to achieve the *100 Families WA* project's goal of breaking free from entrenched disadvantage

12. Conclusion and Next Steps

Entrenched disadvantage is characterised by severe, long-term disadvantage across multiple domains of wellbeing. These multiple areas of disadvantage serve to compound each other, contributing to entrenchment and/or cycles of disadvantage and, often, the intergenerational transmission of disadvantage.

The insidious nature of entrenched disadvantage and its severe, human consequences coupled with the opportunity to create positive change are the prime motivations for the *100 Families WA* project. The project seeks, through research with people with lived experience, to understand the lived experience of disadvantage such that actionable steps with regard to policy, practice, and advocacy can be made to break the cycle of entrenched disadvantage.

This baseline report has provided insight into the nature of entrenched disadvantage and deprivation in Perth, Western Australia, as experienced by *100 Families WA* family members. The baseline survey, completed by 400 family members identified by service delivery agencies as experiencing hardship or disadvantage, examined outcomes across material deprivation, health, mental health, substance use, economic participation, wellbeing and quality of life, adverse life experiences, and service use. Open-ended questions also provide some preliminary insights into the lived experience of disadvantage amongfamily members.

In terms of income and material deprivation, three quarters of *100 Families WA* family members relied entirely on Centrelink for income support payments (that is, they did not receive any wage or salary-based income). The impact of an income level that is insufficient for the maintenance of a decent standard of living in Australia is evident across several indicators of financial-related strain. For instance, the vast majority (86.3%) of *100 Families WA* family members had a debt that was not a mortgage on their homes, 67.8% had missed utility bills in the year prior to survey, and 44.3% had sold or pawned something in the year prior to survey. Material deprivation, not having access to what most Australians consider the 'essentials of life' due to a lack of affordability, was substantially higher among *100 Families WA* family members than Australian population-representative studies (Saunders & Wilkins, 2016).

100 Families WA family members suffered from chronic health conditions at much higher rates than the general Australian population. Health service utilisation, in the form of emergency department visits and hospital inpatient admissions, was higher than that of the general Australian population, but not as high as other vulnerable populations such as the chronically homeless (Flatau et al. 2018a). Mental health conditions were prevalent among *100 Families WA* family members, with over two-thirds (69.3%) of family members reporting at least one diagnosis. Anxiety disorders and depression were the most common types of mental health conditions among *100 Families WA* family members, and one in four had been diagnosed with post-traumatic stress disorder. Levels of depression, anxiety and stress in the two weeks prior to survey were also substantially higher than that of the general Australian population (Crawford et al. 2016). Health risk due to current substance misuse was low among *100 Families WA* family members, with alcohol, cannabis and tobacco, followed by methamphetamine, being the substances with the highest proportions of *100 Families WA* family members at moderate or high risk.

Adverse life experiences were prevalent among family members, with over half experiencing homelessness, about one in four experiencing foster or out of home care, and more than one in five experiencing prison as an adult. Self-perceived quality of life among *100 Families WA* family members is markedly lower than that of the general Australian population across the domains of physical health, psychological, social relationships, and environment. The majority of both adults and children (though, notably, a lower proportion of children than adults) were experiencing food insecurity, the inability to safely access and afford adequate food to meet nutritional needs.

In terms of social supports outside of the household in a time of crisis, many family members did not feel they had a person to turn to, especially for emergency money, emergency accommodation, or help maintaining family and work responsibilities in a time of crisis. As expected due to families being recruited to the *100 Families WA* project through service agencies, access to non-government services was common among *100 Families WA* family members. Food emergency relief was the most commonly accessed service, followed by health services, mental health and counselling services, and financial services.

Somewhat unsurprisingly, in light of high levels of chronic physical health conditions and mental health conditions, economic participation among *100 Families WA* family members is low, with over two-thirds of family members not in the labour force. Caring responsibilities and long term illness or disability were the most common reasons that *100 Families WA* family members were not in the labour force. As mentioned above, the majority of *100 Families WA* family members had some form of debt. This debt, undoubtedly compounded by low income and low employment, had significant negative impacts on the lives of *100 Families WA* family members. The majority reported that they had suffered inability to sleep, stress-related illness, and an inability to do what they wanted to do with their lives due to having debt.

Analysis of the open-ended questions: 'what would you do with a spare $100?', 'What does a good day look like for you?', 'What do you need to be safe and well?', and 'If you had to name one thing that would make the biggest positive difference in your life, what would it be?' provide some preliminary insights into the lived experience of disadvantage.

Ultimately, it is clear that family members are concerned about fulfilling their most basic needs such as food, shelter, clothing, and health. Most are focused on the satisfaction of these needs for the people they love, particularly their children, and would, if given the option, choose to dedicate any extra resources to them. *100 Families WA* family members see the link between having their basic needs met, the associated reduction in stress, and their ability to achieve other things in life such as employment, positive social relationships, and a sense of purpose and meaning.

With regard to next steps for the project, fortnightly, qualitative interviews with 100 of the 400 family members that completed the survey are now underway. These will explore how daily life is navigated by *100 Families WA* family members, and provide clear ways in which policy and practice change can be actioned to positively impact the lives of those experiencing entrenched disadvantage in Western Australia. A second wave survey with the 400 family members will begin in November 2019, and a third Wave in November 2020. The focus of 2021 will be on translating the findings of the *100 Families WA* project into policy, practice, and advocacy, through a series of co-design processes including, of course, those with lived experience. Agency partners are committed to learning from the project how we can work together to improve the social services system to better meet the needs of people experiencing entrenched disadvantage. This will be done continuously throughout the project, as research findings are released. In terms of longer-term aspirations of the project, we seek to collect and analyse linked administrative data, establish subprojects in other regions of Australia, including regional and remote areas, and establish Australia's largest knowledge base on entrenched disadvantage.

References

Aratani, Y., & Chau, M. M. (2010). *Asset poverty and debt among families with children.* New York: Columbia University National Centre for Children in Poverty.

Ashforth, B. E., & Mael, F. (1989). Social identity theory and the organization. *Academy of Management Review,* 14(1), 20-39.

Australian Bureau of Statistics (ABS) (2014). *General Social Survey: Summary Results, Australia 2014.* Cat. No. 4159.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (2015). *National Health Survey: First Results, 2014-15.* Cat. No. 4364.0.55.001. Canberra: ABS.

Australian Bureau of Statistics (ABS) (2016a). *2016 Census QuickStats: Western Australia.* Available from: https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/5?opendocument

Australian Bureau of Statistics (ABS) (2016b). *Survey of Disability, Ageing and Carers 2015.* Cat. No. 4430.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (2017). *Patient Experiences in Australia: Summary of Findings, 2016-17.* Cat. No. 4839.0. Canberra: ABS.

Australian Bureau of Statistics (ABS) (2018). *National Health Survey: First Results, 2017-18*. Cat. No. 4364.0.55.001. Canberra: ABS.

Australian Institute of Health and Welfare (AIHW) (2015). *Leading cause of premature mortality in Australia fact sheet: Liver disease.* Cat. no. PHE 199. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW) (2016). *Australia's Health 2016.* Australia's health series no. 15. AUS 199. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW) (2018a). *Australia's Health 2018.* Australia's health series no. 16. AUS 221. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW) (2018b). *Emergency department care 2017–18: Australian hospital statistics*. Health services series no. 89. Cat. no. HSE 216. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW) (2019a). *Specialist Homelessness Services Annual Report 2017–18.* Cat. No. HOU 299. Released 13/2/2019. Available from: https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2017-18/contents/contents

Australian Institute of Health and Welfare (AIHW) (2019b). *The Health of Australia's Prisoners 2018.* Cat. No. PHE 246. Released 30/5/2019. Available from: https://www.aihw.gov.au/reports/prisoners/health-australia-prisoners-2018/contents/table-of-contents

Australian Institute of Health and Welfare (AIHW) (2019c). *Family, domestic and sexual violence in Australia: Continuing the national story 2019.* Cat. No. FDV 3. Released 5/6/2019. Available from: https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019/contents/summary

Barth, R. P., Wildfire, J., & Green, R. L. (2006). Placement into foster care and the interplay of urbanicity, child behavior problems, and poverty. *American Journal of Orthopsychiatry,* 76(3), 358-366.

Bossert, W., Chakravarty, S. R., & D'Ambrosio, C. (2013). Multidimensional poverty and material deprivation. *Review of Income and Wealth*, 59(1), 29-44.

Chandra, A., & Minkovitz, C. S. (2006). Stigma starts early: Gender differences in teen willingness to use mental health services. *Journal of Adolescent Health*, 38(6), 754-e1.

Charlson, M. E., Pompei, P., Ales, K. L., & MacKenzie, C. R. (1987). A new method of classifying prognostic comorbidity in longitudinal studies: development and validation. *Journal of Chronic Diseases*, 40(5), 373-383.

Crawford, J., Cayley, C., Lovibond, P. F., Wilson, P. H., & Hartley, C. (2011). Percentile norms and accompanying interval estimates from an Australian general adult population sample for self–report mood scales (BAI, BDI, CRSD, CES-D, DASS, DASS-21, STAI-X, STAI-Y, SRDS, and SRAS). *Australian Psychologist*, 46(1), 3-14.

De Gregorio, J., & Lee, J. W. (2002). Education and income inequality: new evidence from cross-country data. *Review of Income and Wealth,* 48(3), 395-416.

Department of Human Services (2019). Child Dental Benefits Schedule. Retrieved from: https://www.humanservices.gov.au/individuals/services/medicare/child-dental-benefits-schedule. Accessed 23/07/2019.

Flatau, P., Seivwright, A., Callis, Z., Thielking, M., Mackelprang, J., Taylor, K., and La Sala, L. (2018a), *Chronic Homelessness in Melbourne: First-Year Outcomes of the Journey to Social Inclusion Phase 2 Study Participants*, St Kilda, VIC: Sacred Heart Mission. DOI: 10.4225/50/5b39771548dcf.

Flatau, P., Tyson, K., Callis, Z., Seivwright, A., Box, E., Rouhani, L., Lester, N., Firth, D. and Ng, S-W. (2018b), *The State of Homelessness in Australia's Cities: A Health and Social Cost Too High*, Centre for Social Impact The University of Western Australia, Perth, Western Australia, www.csi.edu.au/research/project/the-state-of-homelessness.

Flatau, P., Thielking , M., MacKenzie, D., & Steen, A. (2015). *The Cost of Youth Homelessness In Australia Study: The Australian Youth Homelessness Experience,* Snapshot Report 1. http://apo.org.au/node/53029: Salvation Army. https://doi.org/10.4225/50/55AC3D19B3DAE.

Gallie, D., Paugam, S., & Jacobs, S. (2003). Unemployment, poverty and social isolation: Is there a vicious circle of social exclusion?. *European Societies,* 5(1), 1-32.

Goodman, A., & Gregg, P. (Eds.). (2010). *Poorer children's educational attainment: How important are attitudes and behaviour?* York: Joseph Rowntree Foundation.

Hawthorne, G., Herrman, H., & Murphy, B. (2006). Interpreting the WHOQOL-BREF: Preliminary population norms and effect sizes. *Social Indicators Research,* 77(1), 37-59.

Humeniuk, R., et al. (2008). Validation of the alcohol, smoking and substance involvement screening test (ASSIST). *Addiction*, 103(6), 1039-1047.

Jenkins, R., Bhugra, D., Bebbington, P., Brugha, T., Farrell, M., Coid, J., Fryers, T., Weich, S., Singleton, N., & Meltzer, H. (2008). Debt, income and mental disorder in the general population. *Psychological Medicine,* 38(10), 1485-1493.

Klapdor, M. (2013). *Social Security and Other Legislation Amendment (Income Support Bonus) Bill 2012*, Bills Digest, 58, 2012–13, Parliamentary Library: Canberra.

Kuruvilla, A., & Jacob, K. S. (2007). Poverty, social stress & mental health. *Indian Journal of Medical Research,* 126(4), 273.

Ladd, H. F. (2012). Education and poverty: Confronting the evidence. *Journal of Policy Analysis and Management,* 31(2), 203-227.

Liaw, S. T., Lau, P., Pyett, P., Furler, J., Burchill, M., Rowley, K., & Kelaher, M. (2011). Successful chronic disease care for Aboriginal Australians requires cultural competence. *Australian and New Zealand Journal of Public Health*, 35(3), 238-248.

Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy,* 33(3), 335-343.

McGuinness, T. M., & Schneider, K. (2007). Poverty, child maltreatment, and foster care. *Journal of the American Psychiatric Nurses Association*, 13(5), 296-303.

McLachlan, R., Gilfillan, G., & Gordon, J. (2013). *Deep and Persistent Disadvantage in Australia*, Productivity Commission Staff Working Paper, Canberra: Productivity Commission.

Murali, V., & Oyebode, F. (2004). Poverty, social inequality and mental health. *Advances in Psychiatric Treatment*, 10(3), 216-224.

OECD, (2008). *Growing Unequal? Income Distribution and Poverty in OECD Countries*, Paris: OECD.

Parslow, R., Jorm, A., Christensen, H., Jacomb, P., & Rodgers, B. (2004). Gender differences in factors affecting use of health services: an analysis of a community study of middle-aged and older Australians. Social Science & Medicine, 59(10), 2121-2129.

Pattyn, E., Verhaeghe, M., & Bracke, P. (2015). The gender gap in mental health service use. *Social Psychiatry and Psychiatric Epidemiology*, 50(7), 1089-1095.

Ramsey, R., Giskes, K., Turrell, G., & Gallegos, D. (2012). Food insecurity among adults residing in disadvantaged urban areas: Potential health and dietary consequences. *Public Health Nutrition*, 15(2), 227-237.

Saunders, P., Naidoo, Y., & Griffiths, M. (2008). Towards New Indicators of Disadvantage: Deprivation and Social Exclusion in Australia. *Australian Journal of Social Issues*, 42(2), 175-194.

Saunders, P. (Ed.). (2017). *Welfare to work in practice: social security and participation in economic and social life.* Taylor & Francis.

Saunders, P. & Wilkins, R. (2016). Material Deprivation, in Wilkins, R. (Ed) *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 14*, Commonwealth of Australia: Melbourne.

Scutella, R., Wilkins, R. & Kostenko, W. (2009) Estimates of poverty and social exclusion in Australia: a multidimensional approach, *Working Paper No. 26/09,* Melbourne, Melbourne Institute of Applied Economic and Social Research.

Starfield, B., Lemke, K. W., Bernhardt, T., Foldes, S. S., Forrest, C. B., & Weiner, J. P. (2003). Comorbidity: implications for the importance of primary care in 'case' management. *The Annals of Family Medicine*, 1(1), 8-14.

Stiglitz, J. E., Sen, A., & Fitoussi, J.-P. (2009). *Report by the Commission on the Measurement of Economic Performance and Social Progress*, CMEPSP: Paris.

Taylor, K. P., Bessarab, D., Hunter, L., & Thompson, S. C. (2013). Aboriginal-mainstream partnerships: exploring the challenges and enhancers of a collaborative service arrangement for Aboriginal clients with substance use issues. *BMC Health Services Research*, 13(1), 12.

The Kirby Institute (2016). *Hepatitis B and C in Australia Annual Surveillance Report Supplement 2016*. UNSW: Sydney.

Thornton, L. E., Pearce, J. R., & Ball, K. (2014). Sociodemographic Factors Associated With Healthy Eating and Food Security in Socio-Economically Disadvantaged Groups in The UK and Victoria, Australia. *Public Health Nutrition*, 17(1), 20-30.

Topp, C. W., Østergaard, S. D., Søndergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: a systematic review of the literature. *Psychotherapy and Psychosomatics*, 84(3), 167-176.

Townsend, P., (1979). Poverty in the United Kingdom, Penguin: Harmondsworth.

Wagstaff, A. (2002). Poverty and health sector inequalities. *Bulletin of the World Health Organization*, 80, 97-105.

Walker, R. J., Chawla, A., Garacci, E., Williams, J. S., Mendez, C., Ozieh, M. N., & Egede, L. E. (2019). Assessing the Relationship Between Food Insecurity and Mortality Among US Adults. *Annals of Epidemiology*, 32, 43-48.

Walsh, R. (2019). *Perth meth use rampant despite record drug seizures.* The West Australian, 28th February 2019. Retrieved from https://thewest.com.au/news/crime/perth-meth-use-rampant-despite-record-drug-seizures-ng-b881119924z

Contact Address
Professor Paul Flatau, Centre for Social Impact The University of Western Australia (M098), UWA Business School, University of Western Australia, Crawley, WA, 6009.

Publication
https://100familieswa.org.au/resources/100-families-wa-baseline-report/

Graphic Design: Raft Studio
Printed by: Uniprint