

# **POLICY AND STRATEGY DEVELOPMENT GUIDE**

A guide to strengthen the development of policies and strategies targeted at populations experiencing disadvantage

























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#### INTRODUCTION TO 100 FAMILIES WA

100 Families WA is a unique research project made up of a collaboration of seven not-for-profit agencies, 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), the Lived Experience Advocacy Group (LEAG) comprising members who hold lived experience of entrenched disadvantage, and the Western Australian Council of Social Services (WACOSS).

By working alongside 400 families who have been living in disadvantage over several years, we have been able to better understand, through their experiences, what current efforts to improve their situations are working, are not working, and what needs to change.

The overarching goal of 100 Families WA is to develop an evidence base that can be applied in several ways, that ultimately helps inform the community service sector, State and Federal Governments, and the general community on what can be done to better meet the needs of people living in disadvantage.

#### **HOW CAN THIS DOCUMENT HELP?**

A significant way 100 Families WA can support and influence meaningful systems change is by offering evidence informed policy changes. These suggested policies are based on the evidence that comes from the 400 families' participants who took part. Policy and strategy guidance have been framed under the five major learning themes (and associated calls to action) that have come out of the project.

This document will be particularly helpful for government agencies and community service organisations.

#### **IMPORTANT NOTE**

100 Families WA realise that strategies are often written to be aspirational and to focus organisational efforts where they hope to have greatest impact. Having a well-written strategy doesn't necessarily translate into effective practice, and what matters most for families is what actually happens on the ground. Good policy is necessary but not sufficient – services also need to develop the right practices and workplace culture. Therefore, evidence-based practice that is informed by the voices of those with lived experience is key.

\*For evidence-based guidance on how to improve service design and delivery, view the online learning training program, led by people with lived experience of disadvantage <a href="https://www.100families.org.au/e-learning">www.100families.org.au/e-learning</a>

# **KEY LEARNINGS AND CALLS TO ACTION**

The five, overarching learning (and associated calls to action) speak broadly to what families told us they want to see from a support system. While the findings highlighted offer direction to what is required, to address real change in the area of entrenched disadvantage, it is critical all approaches are applied in the context of people and place and in collaboration with those with hold lived experience.



### **Linking key learnings to Calls to Action**

Key learning	Call to Action	Policy and strategy
Liveable Income	Ensure every Australian has access to adequate income to meet their basic needs	
	Recognise the value of caring roles and other contributions to society	Review the
"Hear my Voice"	Elevate the role and amplify the voice of people experiencing disadvantage	individual learning sections to obtain
Better Access	Build and strengthen local community networks and supports	more detail,
	Make it easy as possible for people to access support when they need it	including suggested
Invest in relationships and	Support people to identify and achieve their life goals – their way	policy and strategy
quality support	Prioritise and develop trusted and enduring relationships	areas to focus on.
	Invest in prevention and early supports	areas to rocas on.
Challenge stigma and	Challenge stigma	
discrimination	Create a safe, supportive environment for people	

# LIVEABLE INCOME

This single most important barrier impeding the lives of families living with disadvantage is the inadequacy of the level of income support provided by our social security system. Persistent low income interacts with other factors to significantly constrain people's ability to secure a better future. Families frequently talked about how hard it was to get by from week to week on their current level of payments, how not having enough money stopped them from improving their living conditions, buying the basic items required to live or investing in things that would improve their prospects of securing ongoing work or education.

Conversely, family members who completed the 100 Families WA COVID-19 survey and received the Coronavirus Supplement payment from the government, reported benefits, including; being able to afford to pay bills, purchase nutritious food, and adequately clothe themselves and their children. Family members also reported significant improvements in their stress levels and quality of life, though some family members understood the volatility of the payments and reported being fearful and anxious about returning to life without the Supplement.

While employment is not always possible for some, for many people it is a goal. This goal however is on the understanding that active labour market approaches have a greater focus on providing real strength-based support for people, for example, developing their skills and knowledge relevant to the employment market as well as meaningful support to successfully help transition them into employment.

While the clearest and most effective solution to transform the lives of the families living in disadvantage is to raise the rate of income support, it is not the only solution. Other economic options that ease financial pain for families in poverty are needed. For example, initiatives the ease the financial burden being experienced would allow for families to make life improvements (e.g. concessions).

- 1. Raise the rate of income support community services and state government agencies to advocate for federal government to enact this
- 2. Active labour market approaches that support people through strength-based approaches, in the context of what they are going through
- 3. Increase innovations that ease/lift financial burden. For example, concessions that reduce energy costs (e.g. *percentage-based concession)* and improved access to current available concessions (e.g. increase eligibility criteria to water concessions)

# **HEAR MY VOICE**

Families are intimately familiar with their own circumstances and needs, holding valuable perspectives about what approaches would work for themselves and their communities. However, families consistently reported that they often don't feel seen or heard in policy or practice settings and would like to have the opportunity to include their voices and lived experience in designing, implementing and evaluating policies, programs and social change that impacts them.

To ensure families do not feel like passive recipients but rather as active and valued contributors, it is important that both government agencies and the community services sector recognise them as experts in their own lives, and of their own needs. In the case of accessing services as a client, service delivery staff should be supported to prioritise listening to them and assisting them to set and achieve their goals in ways that work for them.

Equally, when developing models of care (i.e. the ways in which care is delivered), agencies need to prioritise meaningful partnerships alongside consumers through structured, well supported, and fair systems. Partnering with those who hold lived experience to plan, deliver, and evaluate initiatives through co-design approaches would go a long way to countering the current experience families reported. Importantly, if done well, it would also produce more informed, effective support services.



- 1. Create structure and mechanisms for people with lived experience of disadvantage to be meaningfully involved in the co-design of services and policies (planning, delivery, and evaluation)
- 2. Examine and remove the barriers which prevent meaningful partnerships alongside people experiencing disadvantage
- 3. Commissioning process should incorporate the voice of lived experience
- 4. Expansion of the peer workforce needed

### **BETTER ACCESS**

On top of personal barriers, families frequently experience constraints in their access to supports, with a variety of *organisational* and *systemic barriers* in place, all of which detract from the families' health and wellbeing outcomes.

Families expressed that accessing services could be stressful and emotionally strenuous, particularly if they were already experiencing mental illness. Accessing services was often reported to be confusing and a burden that was difficult to keep on top of. Experiences like this could lead to disengagement and withdrawal, potentially exacerbating physical and mental health conditions. Of most concern was how the burden of the systems ineffectiveness, which in part can be attributed to a lack of cohesiveness, is placed back on families i.e. it becomes their problem.

Organisational barriers	Difficulty accessing information about what services are available, difficulty contacting services, services feeling	
	unsafe or discriminatory, and services' hours of operation and availability of appointments.	
Systemic barriers	Strict eligibility criteria, limitations on the number of times can access services, unmet or complex needs not fitting	
	into service boxes, transport accessibility and affordability, and services closing due to a lack of sustainable funding	

Families spoke about needing support and services that were **local**, **simple and connected** (meaning joined up solutions that mitigates the need for families to travel from place to place and re-explain their situations). While formal support services were valued by families, often helping them to stay afloat and maintain their circumstances, their preference was for informal support systems. Families frequently reported drawing on their close relationships and community networks (when available) to seek, receive and provide practical assistance and emotional support.

- 1. Increase availability of resources fundamental to basic human needs and wellbeing (e.g. digital access, transport, housing etc.)
- 2. Develop peer led, informal/semi-formal, local support options to complement (and sometimes replace) formal services
- 3. Service provision to be local, simple and connected. This will require flexibility and innovation across all parts of the system, from commissioning to service delivery.
- 4. Work alongside vulnerable and disadvantaged community members to identify barriers that prevent access to supports and services (e.g. geographical, cultural, financial, physical and logistical operating hours, eligibility criteria, distance, cost)

#### **INVEST IN RELATIONSHIPS AND QUALITY SUPPORTS**

A strong message that came through from families is the importance of relationships, regardless of domain. In terms of services, families' experiences were affected by whom they had direct contact with - those answering the phones, greeting at reception, and providing a service.

Families told us that when engaging services, their top attributes of good support were *kindness and competency*. Other attributes families listed included; being treated with respect and empathy, feeling comfortable, feeling the service wanted to help them (and did), being offered quality information and spaces feeling safe and welcoming. Investment in these attributes (and practices that support them) would help families to build trust and create an essential foundation for relationships and effective support provision to be built upon.

In light of this, it is essential that stakeholders in this space engage in a process of continuous improvement by identifying best practice and innovative ways to deliver initiatives that meet families' needs. One key area would be to ensure all client facing staff are trained in trauma informed practices. In the case that workers lack the skills for genuine engagement with service users, then investment in them through appropriate training that supports them to develop these skills, is required. This should be coupled with ongoing support/performance management to ensure they are used appropriately and effectively are needed.

- 1. Extensive and substantial focus towards prevention and early intervention required
- 2. Remove systemic barriers that inhibit flexible, person and community centred, strength-based approaches e.g. replace competitive commissioning model with a model that support organisations meet all people needs
- 3. Create strong partnerships (both within the system and with clients) that holistically address social determinants of health through community connectedness and co-design approaches
- 4. Centre care experiences around the key attributes of empathy and competency
- 5. Invest, educate and support all client facing staff to engage families effectively (including first point of contact staff) e.g. trauma informed training, warning signs of family and domestic violence, cultural awareness etc.
- 6. Principles of choice and self-determination to be broadly integrated into system practice and service delivery
- 7. Break down siloes and improve service integration and collaboration

# **CHALLENGE STIGMA AND DISCRIMINATION**

Families continue to experience stigma and discrimination at individual, community, service and societal levels. For many people experiencing it, the evidence clearly indicates that it weighs heavily upon them, impacting on their personal wellbeing, as well as their perceptions of organisations and others.

How this issue manifested itself varies but typically it comes through in the forms of government speeches, reports and policies, mainstream media, the lens of the public sector, and interactions with the general public.

How people processed the information also differed. Some people internalised labels projected onto them, contributing to feelings of defeat and hopelessness, further constraining their sense of agency and preventing them from making improvements. Others rejected the labels and were defiant and outraged in their responses.

For many families, how they felt about engaging services was closely tied to how they were treated from the minute they made contact walked in the door (also read 'investing in relationships and quality support'). Therefore, from a systemic point of view, community service organisations and government agencies hold an important responsibility - to mitigate any feelings of shame, stigma or discrimination.



- 1. Embed an understanding and flexible approach in your organisations culture, practice and policies with regards to people's personal situations and cultural beliefs and practices
- 2. Find out what the service experience looks and feels like for clients especially those living in disadvantage
- 3. Co-design approaches that address stigma and discrimination practices and policies for those experience disadvantage
- 4. Ensure supports do not stigmatise those seeking them
- 5. Explore ways to change community and key stakeholder perceptions relating to families experiencing disadvantage via awareness and empathy initiatives



"The big picture is really important. Government sets the policy and it affects how their staff and the agencies contracted think about things.

At the other end lots of people are affected by this and they change the way they are as a result. But, it doesn't have to be this way"

- 100 Families WA family participant