



CONFERENCE REPORT:

2019 Blacktown Community Services Conference 'Participatory Decision-Making: Sharing Power to Get Results'

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Blacktown Community Services Conference 2019

‘Participatory decision-making: Sharing power to get results’

By Laura Butler, Social Research and Information Officer, WESTIR Ltd

WESTIR Ltd attended the 2019 Blacktown Community Services Conference at Blacktown Worker’s Club on 17 October 2019. The annual Conference was organised by Blacktown City Council, Community Resource Network (CRN), SydWest Multicultural Services, TAFE NSW, Mission Employment, atWORK Australia, STARTTS, and Murdoch Children’s Research Institute, with the support of Blacktown Worker’s Club. Our sincere thanks to all involved for organising this free event. The conference was a great opportunity for the local community services network to connect and learn together.

Plenary 1: Dr Tim Moore, Murdoch Children’s Research Institute

Opening the presentations was Dr Tim Moore of the Murdoch Children’s Research Institute in Melbourne. Dr Moore outlined the importance of meaningfully engaging parents and young children in decision-making to maximise the potential for children to excel. It was argued that society was experiencing a ‘social climate change’, where focus is increasingly placed on how we interact with each other. As such, the conditions in which we live – our social environments - were suggested as sites for increased focus in decision-making. The first thousand days, between a child’s conception and third birthday, were also raised as the time in which all bodily systems are at maximum capacity to adapt. This means that infants are more susceptible to both positive and negative experiences, supporting to the idea of Targeted Earlier Intervention (TEI).

Key strategies currently in practice were critiqued.

Targeting ‘at risk’ groups

How people are identified, Moore argued, effects how engagement occurs. Interestingly, the risk-based model implied by the identification of ‘at risk’ groups was raised as a potentially stigmatising, homogenising approach. Not all people who may be categorised as such will be experiencing the same problems. Instead, an alternative ‘response-based approach’ was proposed by Moore. This is considered to provide help based on what people request. By starting the conversation with framings adopted by communities, community investment in ideas may be enhanced and ideas more enthusiastically embraced.

Providing additional services

Moore also identified the provision of additional services as a current method used to improve family wellbeing. This was raised as somewhat problematic. According to Moore, services play a comparatively minor role in our lives than the immediate physical and social environments, or social conditions, in which people live. Indeed, some services are effective and high quality. Yet, even these rely on client uptake. When families face challenges in areas beyond their control, such as housing or

finances, the high saliency and stress of such events may override perceived needs to utilise services. According to Moore, “scarcity captures the mind” and “scarcity creates scarcity”. When thoughts are occupied with immediate needs such as housing and finances, opportunities to consider early childhood education may be restricted. The cause of poverty is thus seen as poverty itself.

‘Evidence-based’ programs

The third area identified by Moore as potentially problematic is the desire for programs to be ‘evidence-based’. Though an evidence-based approach has its benefits, it largely excludes consideration of social environments. Engagement should thus be the first step.

Amongst these challenges, three ideas were identified as potential solutions. We must develop:

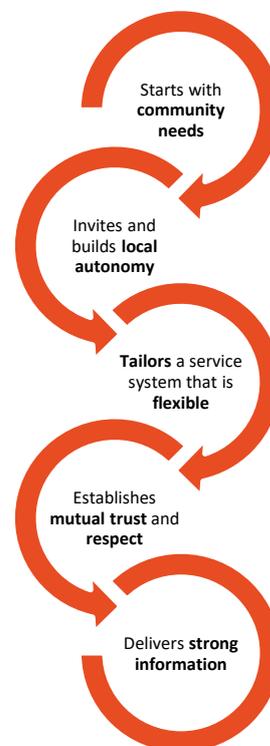
- 1) **Communities that are more supportive**, where community platforms such as parks, facilities, safe streets, and public transport do not emphasise family isolation but allow families to meet other families and children;
- 2) **A more supportive service system** that empowers people to feel in control, and is responsive and flexible to respond to community-identified needs, rather than prescribe solutions;
- 3) **A better interface** between strategies 1 and 2, to respond to emerging needs.

Dr Moore discussed two exemplars of co-design: Tasmanian Child and Family Centres, and the Empowering Parents Empowering Communities (EPEC) project.

In the case of the Tasmanian Child and Family Centres, Dr Moore recounted the 18-month engagement process undertaken before any decisions were made regarding building design or program design. By asking questions like “what would you be doing if this place wasn’t here?”, participants voices were championed. In doing so, Moore emphasised the value of taking an “oblique approach” to solving issues. Rather than adding more services, he advocated for a lighter approach to service delivery and argues for a shift in aims, where focus is placed on improving the conditions under which families are raising children.

Further reflections were made regarding what effective engagement involves. Key factors of effective engagement are visualised in Figure 1, right.

Figure 1: What does effective engagement do?



Plenary 2: Ally O'Rourke, NDIS

The National Disability Insurance Agency's Acting General Director of NSW/ACT Community and Mainstream Engagement, Ally O'Rourke, presented the second plenary. Ms O'Rourke outlined the NDIS as a shift away from a welfare model of disability, to a life insurance-based model aiming to diversify the market. The NDIS's consultation process in 2017 was also briefly discussed. Faced with community uncertainty about definitions and meanings adopted by the NDIS, O'Rourke discussed the NDIA's process of producing information booklets, including an Aboriginal and Torres Strait Islander engagement strategy, and a CALD engagement strategy, to ensure that this information was accessible in multiple languages.

Panel Discussion: 'Sharing Power to Build Outcomes'

Representatives of STARTTS and Parramatta Mission, alongside Dr Moore (MCRI) and Ms O'Rourke (NDIS), tabled a panel to further discuss the ideas explored in the morning. The panel's discussions are summarised in question and answer format below.

What is consultation and why is it beneficial?

Consulting communities involves deciding "nothing about me, without me". Though we may all aim to do well and 'fix things', imposing external prescriptions can present barriers. Instead, participatory decision making envisions that the best actors to address challenges are those experiencing it. Engaging stakeholders in self-determined change not only has the potential to empower, but has peripheral benefits, such as developing trust, building networks, and raising visibility.

What should decision makers remember?

Decision makers must remember that to claim you are 'consulting' does not guarantee that proper engagement, listening, or partnering is occurring. They must also recognise that engagement is hard work that comes from listening. To listen deeply may take more time than you may expect. As such, to engender support of management, teams must be aware of the potential for meaningful and respectful consultation to develop trust and identify insightful points.

For transparency and to maintain respect, decision-makers must also make it clear to stakeholders that decisions may deviate through the consultation process.

How do you know who to consult with?

Despite the benefits of participatory decision-making, not all community groups may want or need consulting. In that vein, consider what level of participation you are seeking, and if everyone is needed. Community should be involved when appropriate. Furthermore, it is important to question whether you have included people who may not know about the consultation process, and community leadership.

How do we engage?

The values and attitudes that you present when engaging with communities – that is, the ways we engage – are just as important as the engagement findings or tools.

To conduct effective consultations, we must demonstrate humility, curiosity and respect. Reaching out to communities that may be unfamiliar to you can be a significant challenge. However, taking a human-centred approach and bringing our authentic, full self to the table will encourage others to do the same. To paraphrase one speaker, “when you mean well, people will notice”.

How do you know when a consultation isn't a good idea?

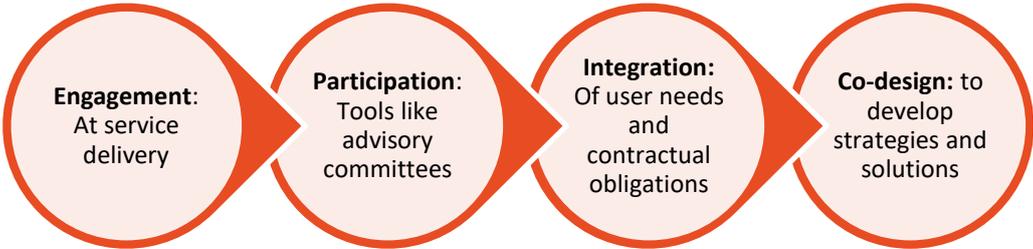
Consultations can be rife with power imbalances. This is a challenging obstacle to navigate. As one speaker suggested, if a potential partnership does not seem to work in an initial meeting, reflect on what you wish to gain from the program and reconsider paths forward.

After consulting, how do you ask for feedback?

Using positive phrasing such as “feedback will make us more effective” is both respectful of consultation participants and encourages involvement.

Workshop session 1: LikeMind Mental Health Services, Parramatta Mission, ‘Engagement to Co-design – it’s EPIC’

In this workshop, the [Headspace](#) and [LikeMind](#) teams from [Parramatta Mission](#) discussed their work with their model of engagement, referred to as the ‘EPIC’ model. Standing for Engagement, Participation, Integration, and Co-design (adapted in the visualisation below), the team reflected on their use of an EPIC approach to transition from clinician-designed and clinician-led services to collaboratively designed services. These collaboratively designed services make use of the inclusive advisory committees for Headspace Penrith – the Youth Advisory Committee, and the Friends and Family Advisory Committee. The team reflected on the strength and pitfalls of their past approaches, acknowledging the significant learning opportunities that can be found in moments that do not go as planned. LikeMind, for example (a mental health pilot program funded by the NSW Ministry of Health) is aimed at adults, and their families and carers. This arose from a need identified through Headspace. As Headspace is a youth focussed service, it prompted the question of where people go when they are aged over 25 years old.



Workshop session 2: Dr Tim Moore, ‘Promoting child and family wellbeing through authentic engagement’

In a conversational continuation from his morning plenary, Dr Moore offered further insight into engaging communities. In particular, the presentation reflected on the more relational state emerging within contemporary society.

Dr Moore emphasised the importance of not imposing values onto others. We each exist in our own life worlds with different and often diverse social rules. In this spirit, the need was emphasised to create spaces that will feel familiar and comfortable to participants. The value of consulting communities in groups, rather than individually, was also raised. As Dr Moore argued, consulting in groups through tools like focus groups can develop new answers, as participants and organisers are encouraged to broaden their perspectives

In discussing how to engage communities, services were also encouraged to find where communities are already meeting and taking your service to the community. By attending community events and listening to attendees, services can also be empowered to identify and respond to emergent community perspectives.