

Social inclusion in the family support sector

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The increased interest in social inclusion and its application to policy and practice in Australia and internationally reflects a shift to a more nuanced view of the causes and effects of disadvantage. A policy emphasis in Australia on social inclusion is based on a recognition that, despite an extended period of economic growth, many families and individuals are still marginalised and excluded from mainstream opportunities in areas such as employment and housing (Hulse, Jacobs, Arthurson, & Spinney, 2010).

While principles that promote respect, participation and equity have long formed the philosophical basis of social services, there is a growing trend to systemise these principles via social inclusion frameworks and strategies. This briefing paper summarises some of the literature and research on social inclusion and considers the relevance of the concept and its application to family support services. Social inclusion frameworks, principles and resources are used to consider how family support services can incorporate the concept of social inclusion into the current and future planning and delivery of services. Barriers and challenges to doing so are also discussed. This paper draws upon and adapts ideas included in the CAFCA Practice Sheet, *What role can Child and Family Services play in enhancing opportunities for parents and children?* (McDonald, in press).

Relevance of social inclusion principles to the family support sector

The concept of social inclusion (see Box 1) is highly relevant to the family support sector, particularly due to the links between issues faced by parents and their impact on child development and wellbeing. For example, family structure and functioning co-occur and combine with community-level disadvantage to result in social exclusion (Hayes & Gray, 2008). There is also strong evidence of the impact of social exclusion on the parent–child relationship, parenting and family functioning (Brooks-Gunn & Duncan, 1997; Evans, 2004).



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Family support services can play a vital role in fostering social inclusion and in promoting conditions that allow children experiencing difficult family circumstances to participate in and benefit from mainstream life (Healy & Darlington, 1999). The overall ability of services to attract and engage the most disadvantaged families, however, remains unclear. For example, data from the Longitudinal Study of Australian Children suggests that families with a low socioeconomic status are less likely to access health and community services for their children, but are more likely to seek material help and use crisis support services (Blakemore, Shipley, Waters, & Zubrick, 2009).

Any discussion about the ability of family support services to attract and engage disadvantaged families should be prefaced by an exploration of the extent to which this is, or should be, the primary focus of service provision in any one setting. Should services be specifically and exclusively engaged in ameliorating conditions for disadvantaged families, to help facilitate their social inclusion? Or is it their role to keep all families connected and engaged with services and other avenues of support during periods of vulnerability? If both, what emphasis is given to each focus of service delivery? It can be argued on the one hand that helping to maintain social inclusion is important at various stages of life-cycle vulnerability, for example, at the point of family breakdown where financial insecurity may be an issue. Early intervention and prevention strategies that are provided during these periods of vulnerability play an important role in promoting social inclusion (Australian Government, 2009). On the other hand, families who are most in need may be considered as a service priority, and services could be located to their benefit. It makes sense that both approaches are needed, however, individual service aims and resources will dictate the extent to which a service can address both categories of need.

Box 1: What is social inclusion? What is social exclusion?

Social inclusion and social exclusion are complex and contested terms, and it is beyond the scope of this paper to engage in an in-depth discussion about the definitions of the terms and the extent to which they are complementary. Basic definitions are provided below, but readers are encouraged to access the many resources included at the end of the paper if they are interested in reading further.

In the Australian policy context social inclusion is conceptualised as the opportunity for people to:

- learn by participating in education and training;
- work by participating in employment, in voluntary work and in family and caring;
- engage by connecting with people and by using their local community's resources; and
- have a voice so that they can influence decisions that affect them (Australian Social Inclusion Board [ASIB], 2010).

Social inclusion can be seen as a goal to work towards: a way of raising the bar and understanding where we want to be and how to get there. Social exclusion, on the other hand, provides a more complex, multidimensional picture of disadvantage extending beyond financial difficulty to incorporate other aspects of disadvantage such as barriers to participation and connectedness.

Who is most affected?

The following five groups of people were identified by the ASIB as appearing at least twice among the results in the compendium of social inclusion indicators, indicating their vulnerability to aspects of social exclusion:

- aged people;
- public housing renters;
- Aboriginal and Torres Strait Islander people;
- one-parent families; and
- people of non-English speaking backgrounds (ASIB, 2009).

What makes a service socially inclusive?

In an ideal form, socially inclusive services will ensure that all people are engaged in the service and its programs, as well as acting for social change and working to overcome disadvantage. Inclusive services:

- are easy for all-comers to access and use;
- acknowledge people's shared humanity, and celebrate diversity;
- promote acceptance, participation and belonging;
- recognise varying needs; and
- recognise and respond to the inequalities in people's access to power and control over resources (Carbone, Fraser, Ramburuth, & Nelms, 2004).

Considering social inclusion: Ideas for service providers and practitioners

From a service perspective, social inclusion frameworks can be used to think about:

- how existing services and programs can be conceptualised (or reconceptualised) using a social inclusion framework; and/or
- how future services and programs can be developed to reflect a social inclusion perspective.

The remainder of this paper considers the first issue, although the ideas can also be used to inform the development of new programs. The suggestions below are adapted from a number of frameworks and practice guides developed in other sectors (see Resources, p. 8) and from relevant literature. Service providers and managers can use the points below as examples of ways to reflect on the extent to which the organisation currently embodies social inclusion principles.

How well does current service and program delivery reflect social inclusion principles?

At a service level

- Compare locational demographic data¹ and service data to consider the ways in which indicators of social inclusion impact on local families (e.g., housing availability, income and employment security, family structure and social connections) and how well current programs and services meet their needs.
- Consider the extent to which there is involvement and input of community members in corporate governance; employment and training opportunities; and evaluation and monitoring of services and programs.
- Review and reflect upon the physical accessibility of the service (e.g., access to public transport, disability access, opening hours, safety of the local area, provision of childcare, provision of outreach services, waiting lists, affordability of fees, service threshold criteria) and ways in which the service has addressed these issues.
- Review and reflect upon the ways in which help-seeking behaviours may enable or inhibit families or individuals from accessing the service, and ways in which the service has addressed these issues (e.g., a communications strategy that includes provision of information in a range of formats and languages) (see Robinson & Parker, 2008; Sawriker & Katz, 2008).
- Review the extent to which service provision ideally occurs from non-stigmatising universal settings, such as schools or neighbourhood houses, and the effectiveness of co-locating services.
- Review the extent to which service protocols are in place to offer post-program follow-up and support, to check that families and individuals continue to access relevant support.

At a practitioner level

- Consider the balance of service provision between the more immediate needs of clients (e.g., food, housing, health services, crisis services) and other support. High needs families tend to

¹ Locational data can be accessed from websites such as the Australian Bureau of Statistics <www.ausstats.abs.gov.au/ausstats/nrppmaps.nsf/NEW+GmapPages/national+regional+profile> and the Australian Early Development Index <www.rch.org.au/aedi/index.cfm?doc_id=13051>

avoid programs that focus on one thing (e.g., parent education) and do not assist with other more pressing needs (McArthur, Thomson, Winkworth, & Butler, 2010). Maslow's hierarchy, applied to family services, can be useful in considering what material and practical needs may be a priority for families before they are able to engage in other interventions (see Figure 1).

- Reflect upon the extent to which staff members are able to engage in activities that give a voice to broader, societal level issues that impact on clients, such as policies related to welfare provision or public housing. Counselling and therapy are limited in the extent to which they can address broader impacts on clients' lives that may have contributed to the presenting problems (Waldegrave, 2005).
- Consider the extent to which staff members are aware of and encourage clients to access formal complaint processes, such as ombudsman processes, equal opportunity and human rights bodies.
- Reflect upon the level of emphasis placed by staff members helping clients to strengthen their informal support networks and to promote family and community participation.

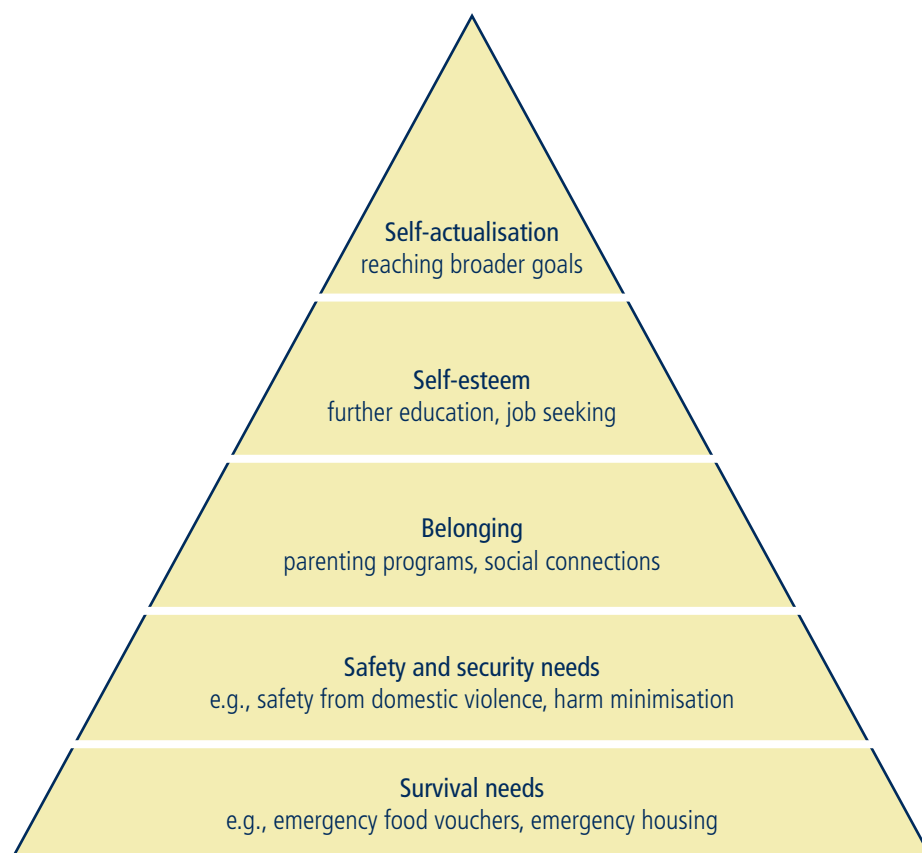


Figure 1. Adaption of Maslow's Hierarchy of Needs*

* For a full description of the original Maslow's Hierarchy of Needs, see McAdams (2006).

How well do staff characteristics and professional relationships with current clients reflect social inclusion principles?

At a service level

- Review the ways in which staff recruitment and induction, professional development, supervision and other human resource processes reflect social inclusion principles, such as those proposed by the Australian Social Inclusion Board (see Box 2).
- Review staff retention strategies—the ongoing engagement of professionals provides greater continuity for clients (see Cortis, Chan, & Hilferty, 2009).
- Reflect on the ways in which the service operates in a culturally appropriate and culturally safe manner for different ethnic groups (see Box 3 for an example). Cultural respect is important, otherwise strategies to be inclusive may be perceived as promoting assimilation (Hunter, 2009).
- Reflect upon the strategies that are in place to keep families engaged with the service.
- Reflect upon the extent to which collaboration with other services allows for joint management of complex cases—to avoid multiple, uncoordinated interventions for clients.

At a practitioner level

- Consider the extent to which respectful and non-judgmental relationships with clients are provided (a “relationship-based” service). This includes reflection on attitudes, beliefs and

Box 2: Social inclusion principles

The Australian Government’s Social Inclusion Agenda is guided by a set of principles, which have been developed by the Australian Social Inclusion Board (2010). Available at <<http://tinyurl.com/25k3n5d>>.

These principles provide a set of aspirations, as well as approaches to achieve these aspirations.

Aspirations

- Reducing disadvantage
- Increasing social, civil and economic participation
- Greater community voice in what services are needed and how they work, and greater responsibility to use the available opportunities

Principles of approach

- Building on individual communities and strengths
- Building partnerships with key stakeholders
- Developing tailored services
- Giving a high priority to early intervention and prevention
- Building joined-up services and whole-of-government solutions
- Using evidence and integrated data to inform policy
- Using locational approaches, to work in areas of the greatest need
- Planning for sustainability

values that may impact negatively on work with clients (e.g., stereotypes, low expectations of particular groups) and the extent to which a strengths-based approach to working with disadvantaged families is undertaken.

Barriers and challenges

There are potential barriers and challenges in considering how the concept of social inclusion is reflected in the provision of family support services.

For some practitioners in the sector, “socially inclusive practice” may be viewed as another (more fashionable) way of describing what they already do, and have always done. The sector is undoubtedly already engaging in practices that promote social inclusion. Yet, we suggest that specifically examining service provision using a social inclusion lens provides:

- an opportunity to express the ways in which services and programs are actively contributing to a social inclusion agenda, above and beyond their day-to-day business;
- a more comprehensive picture of the barriers and challenges to the access and use of services by families who are disadvantaged; and
- a new perspective on ways in which sectors can collaborate to meet the potentially multiple needs of families who are disadvantaged.

Additional resources are likely to be needed to address any perceived shortfalls in the way in which an organisation addresses social inclusion. Strategies to better engage and sustain effective work with marginalised families potentially require a greater investment in staff time,

Box 3: African Australians and social inclusion

In December 2007, former Race Discrimination Commissioner Tom Calma launched the African Australians: Human Rights and Social Inclusion project. The project examined issues faced by the more than 250,000 people born in Africa who are now living in Australia. Input was received from a community reference group of over 100 African Australian community members and 2,500 African Australians who took part in 50 community meetings around the country.

Findings from the project, released in a suite of resources titled *In Our Own Words*, included the need to:

- develop effective and targeted strategies to address racism, discrimination and prejudice;
- include African Australian communities as genuine partners in the development and delivery of targeted services, programs and education initiatives;
- provide background information and education to service providers on the pre-arrival experiences, backgrounds and culture of African Australians; and
- engage and support African Australians to develop initiatives to address identified areas of particular concern, such as child protection and family violence.

The Australian Human Rights Commission is committed to a project review. Input will be invited from African Australian communities to assess progress since the release of the document in June 2010, with the commission reporting results back to the Australian Government. The report and further information can be found at <www.hreoc.gov.au/africanaus/review/index.html>.

training and resources.² Initiatives that impose additional demands on staff who are already working to capacity are unlikely to succeed.

Viewing family support work through the lens of a social inclusion framework may also present challenges to service providers and practitioners with a more traditional approach to service delivery.³ Practice that is informed by the principles of social inclusion (referred to as “just therapy” by Waldegrave, 2005) requires a potential change in professionals’ attitudes and responsibilities, to include a greater acknowledgement of the impact of clients’ socioeconomic, cultural and gender contexts. Service providers are required to work collaboratively, acknowledging their role in the community as a wider “service portal” in accordance with the “no wrong door” philosophy (Australian Government, 2009). It requires an inversion of the approach that characterises particular groups as “hard to reach”, by focusing on strategies that will make the *service* less hard to reach for some families (Brackertz & Meredyth, 2008; Moore, 2009).

Perhaps as a first step, the ideas in the previous section could be used as a reflective practice tool, or to undertake an organisational training needs analysis (National Social Inclusion Program

Resources

A number of resources have been developed by different sectors to incorporate social inclusion principles into the work they do, and to evaluate their effectiveness:

- *The Australian Public Service Social Inclusion policy design and delivery toolkit*. A six-step social inclusion method of policy design and delivery which Commonwealth agencies will be required to follow. <www.socialinclusion.gov.au/Resources/Pages/Resources.aspx>
- The *Toolkit for Indigenous Service Provision*, was developed by the Department of Families, Housing Community Services and Indigenous Affairs, to assist service providers to develop and evaluate more inclusive strategies in relation to Indigenous clients. <www.fahcsia.gov.au/sa/indigenous/pubs/healing/toolkit_service_provider/Pages/default.aspx>
- *Capabilities for Inclusive Practice* is a best practice guide developed for the mental health sector in the United Kingdom, with a sector, organisation and practitioner focus. Useful for insight into the way to go about developing a sector-wide framework. <www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078095>
- *Where Are You At? A Benchmark for Modernising Mental Health Day Services* is a useful social inclusion audit tool for mental health agencies in the United Kingdom: <www.socialinclusion.org.uk/publications/Benchmarkingtool.pdf?zoom_highlight=benchmark#search=%22benchmark%22>
- *Social Inclusion and Participation: A Guide for Policy and Planning*. This tool, developed by the Social Inclusion and Participation Group on behalf of the New Zealand Government, provides a checklist for policy development and service delivery planning. See also the tools and resources on the Population and Sustainable Development website: <www.population.govt.nz/tools-and-resources.aspx>

2 It is also important to recognise that it is not always possible, nor appropriate, for individual services to adopt all the suggested strategies and to attempt to meet all the needs clients present with. Any framework needs to be adapted to local conditions (Hope, 2004). Similarly, further discussion is required as to how different service providers or professional groups with the sector engage with the framework.

3 See Moore (2009, p.7) for a summary of the old and new paradigms of thinking in relation to disadvantage.

[NSIP], 2007). However, in the long term, the development of an overarching social inclusion framework for the family support sector may help to make gaps in service provision, as well as aspects of service delivery currently not reflected in service statistics, more visible.

Conclusion

Social inclusion is dependent on creating environments that increase the social, economic and civic participation of individuals in communities (McArthur et al., 2010). The achievement of this goal is “everyone’s job” (ASIB, 2009) and as such, family support services are well placed to contribute to the creation of more inclusive environments/communities by providing services that are increasingly evidence based *and* values driven (NSIP, 2007).

The reframing of service delivery, in order to consider how existing service provision matches the goals of social inclusion, lends weight to broader, societal-level goals to reduce disadvantage and achieve equality for all citizens. In this way, family support services can continue to operate not only on a day-to-day level to address family and relationship problems, but also to cement their place in helping to resolve issues of macro-level disadvantage in Australia.

Key messages

- Social inclusion is defined as the opportunity for people to learn, work, connect with others and have a voice.
- Family support services play a vital role in fostering social inclusion and in promoting conditions that allow children to participate in and benefit from mainstream life.
- In an ideal form, a socially inclusive service ensures that all people are engaged in its services and programs, as well as acting for social change and working to overcome disadvantage.
- Social inclusion frameworks can help organisations think about how existing and future services and programs can reflect a social inclusion perspective.
- Socially inclusive practice requires “hard to reach” client groups to be reconceptualised in a way that sees the *service* as “hard to reach” for some families.
- The development of an overarching social inclusion framework for the family support sector may help to make gaps in service provision more visible.

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