

Sustaining the intent of policy into practice: a framework for service delivery

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INTRODUCTION

The stated intent of much human service policy is values-based, empowering and aimed at achieving positive outcomes for service users. Policy makers are demanding alternative models which build and develop community strengths; focus on diversity and which seek to identify and capture the capacities of rural communities to survive in adversity, so-called “evidence-based policy”. However, it has been demonstrated that the good intent of such policy is often distorted and diluted through the policy implementation process thus affecting the outcomes for service users. This can be termed the “policy to practice gap”, one which affects both the potency of the policy and its practical benefits to users.

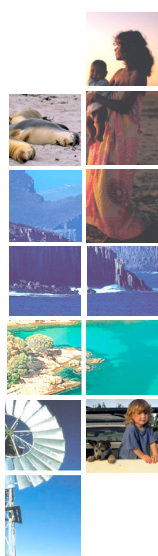
Our recent research, conducted in Queensland, has identified new frameworks for human service delivery in rural/remote communities that address this policy/practice gap. This paper proposes a model for practice that maintains the integrity of policy principles through the various levels of program delivery to the lived experience of the people being served.

We present the framework drawing on the findings from our research, and illustrating it with very recent examples from rural practice. The challenges in operating in this way are identified and discussed. The paper concludes with an exploration of the implications of this framework for other rural health contexts and for future policy implementation.

THE “POLICY-INTO-PRACTICE” GAP

The recent trend towards “evidence-based policy” in the human service/health sector has highlighted the challenges associated with *translating* policy into practice at the ground level. This is not a new phenomenon, indeed, it appears a lesson that each successive generation of policy makers and practitioners is fated to re-learn. While the policies themselves change, and options for future policies vary, nevertheless the difficulties associated with the process of translating that policy into practice, while at the same time meeting the needs of clients, remains one that continues to confront practitioners.

We use the word “translation” deliberately as it is associated with the concept of need to interpret complex ideas within paradigms that are often at variance with each other. More recently, Herbert-Cheshire (2002) asked whether policy makers themselves are “building in” the activity of translation “because it is seen by the state as an



unavoidable, but nevertheless manageable, outcome of the process of governing free citizens?"¹. This hypothesis has yet to be fully tested, however we would argue that by identifying the trend to translation – policy makers can ensure that their policies are developed and implemented in ways that strengthen the principles behind the policy – rather than leaving it to such external translation, and often a diminution of purpose – in practice.

The “policy-into-practice gap” is what our research has identified as the process of being a practitioner in a stressful environment, on the one hand working within a particular policy framework that is actually not building or empowering, but rather punitive and oppressive, while, on the other, attempting to maintain an empowering and supportive relationship with clients. We explored this in a preliminary way in our paper for *Just Policy*² in 1999. Since then, our ongoing research with practitioners in rural and remote settings in Queensland has given us the opportunity to examine this theory of translation further, and identify the pressures that are brought to bear on individual practitioners working outside and often very distant to, the policy making environment.

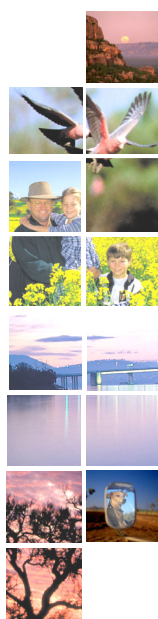
This paper explores this “gap” or act of translation by focusing on one particular program as established in Queensland, and with which we have been involved as researchers. As we discuss, we have found that through the structures established to ensure that the principles associated with the program’s policies are maintained and strengthened, rather than diluted over time, has emerged a “policy into practice environment” which *allows for the process of translation to occur within the program*, rather than outside to it. In other words, rather than practitioners having to develop strategies of resistance to policies that will not work in their communities, they (and the stakeholders, including people with a disability and their families/carers) are actively involved in the ongoing review and reflection process, thus mitigating against the need to resist or re-interpret, and as a consequence building their own sense of worth and professionalism, while enabling them to work to meet their clients’ needs.

We propose that such structures can be “captured” within the following model, which is transferable, we suggest, regardless of which policy it provides a framework for. In particular, and importantly, as this model was developed for services provided to people living in rural and remote environments, it is particularly important to the focus of this conference as well as to other practitioners within regional/rural/remote Australia. It should be noted that we are concentrating in this paper on what we have termed the “strategies for sustaining practice” to the exclusion of other aspects of the model – the policy, guiding principles, role of stakeholders and positive outcomes for stakeholders will be discussed in later research papers.

The paper now turns to the program which informed our research and through which we have developed this model.

THE PROGRAM ENVIRONMENT

At the 6th National Rural Health Conference in Canberra two years ago, we presented early findings from our ongoing project of mapping the changing practice of rural practitioners³. This paper will therefore not rehearse the context and background of our overall project, rather we will briefly re-introduce you to the program, and give enough information to enable a full discussion of the model itself.



Local Area Co-ordination was introduced in Western Australia in the early 1990s, into Queensland in 1999 and into New South Wales in 2001. A similar program is also in a pilot stage in the Northern Territory. As we wrote in our previous paper to this Conference:

The spirit of the LAC model is encapsulated in the concept that the co-ordinator “does what it takes” to make a positive and sustained difference in the lives of people with disabilities and their families within the local community.⁴

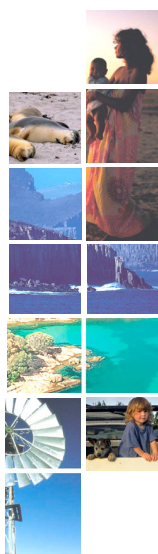
As a development towards a sophisticated, Australian version of service brokerage, Local Area Co-ordination (LAC) provides a service to people with a disability, their families and carers. Established as a response to Australia’s “tyranny of distance” it is a powerful approach to rural/remote practice.

The Queensland evaluation project – commenced in 2000 and concluded in early 2002 – enabled us to work alongside practitioners in the 8 pilot sites across rural and remote Queensland. Elsewhere we have reported on the program from the point of view of its potential for inclusion⁵, its potential to build social capital⁶ and its use of technology in rural practice⁷.

EXPLORING THE MODEL

This next section works through the steps in the model – focusing particularly on the framework for strategies for sustaining practice. It needs to be noted that underpinning the model are philosophical foundations associated with the worth of human beings and their agency, the inclusion of difference, the need for diversity and the potency of empowering practice. The model also has a powerful link with community and community resiliency. Outcomes from the model are at the level of individual and community. Our findings suggest that, generally, the role of the practitioner in this complex relationship is often little understood, or relegated to a simplistic, rather than, transformative, approach. We will have more to say about these important aspects in future publications. Step by step our model has the following aspects.

The **policy** is developed with stakeholders in a pragmatic but fundamental relationship of trust and reciprocity. It is underpinned by **guiding principles**, established through open discussion between all the **stakeholders**, and then agreed to, or “signed off” by all the parties involved. In the case of Local Area Co-ordination, the guiding principles are attached (Attachment A). The **strategies** for safeguarding practice underpin the policy and the guiding principles. There are then positive outcomes – at the **individual** and the **community** level. The overarching “glue” that pulls the whole model together we have terms “**reflexivity**” – something that we have been writing about now for many years. Briefly, the use of reflexivity is more than just reflective practice, it also demands that change occurs, that the process remains a dynamic one, and that the model is fundamentally a learning process for *all* involved (including policy makers).



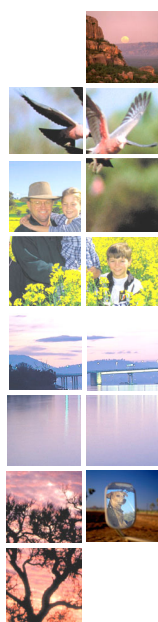
STRATEGIES FOR SAFEGUARDING PRACTICE

These are essential to the success of the model. As a framework that has emerged directly from the guiding principles, discussed with and including stakeholders, it establishes a “backbone” to the whole approach. It offers a supervisory relationship between the supervisor and the practitioner based on the guiding principles, resulting in a respect and empowerment of all those involved. It is a model that enables face to face meetings between supervisors, practitioners and stakeholders, in fora other than client or patient/practitioner. It thus enables the overall reflexivity to develop and grow. A key question to keep a finger on the pulse in this environment would be: “Are the guiding principles working?” – a question which could be asked of practitioner and supervisor, as well as of stakeholder and policy maker.

The first step is **recruitment**. In the case of LAC in Queensland, effort was put into the preparation of communities for the pilot programs, and for consultative meetings to be conducted between communities and Disability Services Queensland (DSQ) before appointments were made. Recruitment involved a representation by stakeholders on interview panels, and decision making guided by the needs of individual communities. The **induction** process was also taken very seriously. Regardless whether the selected practitioner was already residing in the community, or was a stranger to it, the induction process provided a foundational professional practise approach, strongly underpinned by the guiding principles. The **training** – which took place over a period of six months from recruitment – and involved all practitioners coming together to work as a team – was also underpinned by the guiding principles and was delivered by a combination of Departmental staff, external consultants and LAC practitioners from Western Australia. As mentioned above, the supervision of LAC practitioners is a fundamental aspect to the success of the program overall.

Supervision, while it may be centralised, nevertheless maintains a close relationship with the individual practitioner, through site visits, training and reflective opportunities, phone calls, emails and networking. Supervision is drawn from the “ranks” – in other words, practitioners supervise other practitioners. The reflective practise enables a learning community to be established, based on trust and respect.

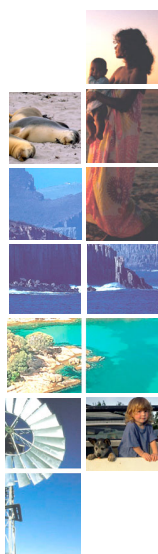
Professional development is an important aspect to the model. All too often, we find rural/remote practitioners cut off from professional development opportunities because of distance and lack of resources, or lack of “someone taking my place”. We believe that a recognition of the important of such opportunities appears to “cut through” all the reasons why people can’t attend. A state conference on inclusion, or disability more broadly, a seminar presented by an advocacy group – whatever the opportunity, it is incorporated into the smf in a way that encourages, supports and empowers the practitioners. What we have termed here “**practice seminars**” are opportunities for practitioners to come together with supervisors to discuss the program, identify key aspects of concern, share experiences and build knowledge. This can be done electronically or face to face. Both work reasonably successfully if the trust is there. Such workshops are not just focused on administration, although that plays a role, they are also opportunities to reflect on whether the guiding principles are being followed, or if ethical conundrums arise, to discuss these with peers. Such practise seminars also enable guests to be invited – not only stakeholders, but also representatives from other agencies, community leaders or departmental staff. In this sense, the approach becomes a learning community environment that is broader than just those involved in it. Finally, formative and summative **evaluation** process need to be built into the model to enable high quality, impartial evidence of its success to be



made available to all stakeholders. Such processes can themselves form part of the reflexivity and provide opportunities for integration into professional development and practice seminars.

Two points need to be made. First, to be successful, the framework needs to operate within a broader, supportive departmental environment. In other words, it is difficult to ask an individual program to operate under these principles, when the rest of the department in which it resides does not, or works to other guidelines. One of the key findings from our research was the immediate impact having a pilot program such as LAC has on the whole DSQ. The pressure brought to bear on individual practitioners when operating within a new paradigm which is itself a challenge to the dominant approach needs to be well understood and managed for.

Second, it is also obvious that such a model requires planning and time. Developing a recruitment campaign, building skills to undertake an induction process, calling together experience for training and professional development and the model of supervision itself, all takes time. In addition, the involvement of key stakeholders demands more of us than we are often able (or willing) to give. As consultation with people with a disability, their families and carers in Australia can now be tracked back two decades to the International Year of Disabled Persons in 1981, we should be able to “get it right”. All too often, however, our research has shown that we are demanding complex consultative processes from individuals who are not supported, funded or educated to enable them to feel that they are truly contributing, not just being taken for granted. One immediate and longer term consequence, is the empowerment of stakeholders – who then increase their demands for a voice in the policy process – thus the feedback loop in the model. This, in turn, has a direct impact on the communities in which people live. In the case of rural/remote communities, our research has shown, as we have written elsewhere, the inclusion of difference is one of the fundamental aspects to sustainability for those communities.



CHALLENGES

The final section discusses what we term the four “challenges” or “tensions” of this model of practice. While none of these are enough to “derail” the model, if not addressed, they do have the potential to diminish its potency.

First, there is the need for the supervisor to maintain practice knowledge and experience – which demands active participation in the program – and this in turn becomes too time consuming a task to enable the kind of day to day supervision the model demands. How this can be experienced is that supervisors may be asked to take on a client workload of their own, but in fact do not spend time with clients because they are undertaking supervision – or vice versa.

The second challenge identified has been touched on briefly, the potential “clash of paradigms” within the Department. There could be tensions between practitioners operating within guiding principles and their colleagues in other program areas, who may view them as elitist and privileged or who themselves may be viewed as “old fashioned” or “reactionary”.

Next, the strategies for safeguarding practice may be viewed by resource managers as a “waste of time” as practitioners move further away from the centre – as would be the



case with rural and remote practitioners. Why spend the money bringing them together to undertake training, professional development or practise seminars could be a question asked. Why not use this money provided services to clients? The use of technology, while important and strategic, is not always a solution.

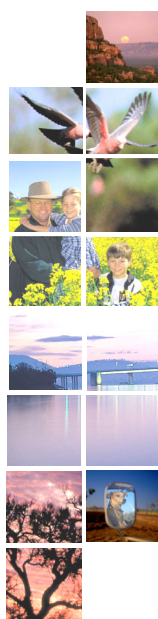
The final challenge is one of resources, particularly financial resources. The safeguarding practice framework demands financial resourcing. It injects substantial funds into supporting practitioners – funds that are not then available for “clients”. This is where the cost/benefit analysis of a regular formative and summative evaluation of the program will enable the evidence to be made to support such use of resources.

CONCLUSION

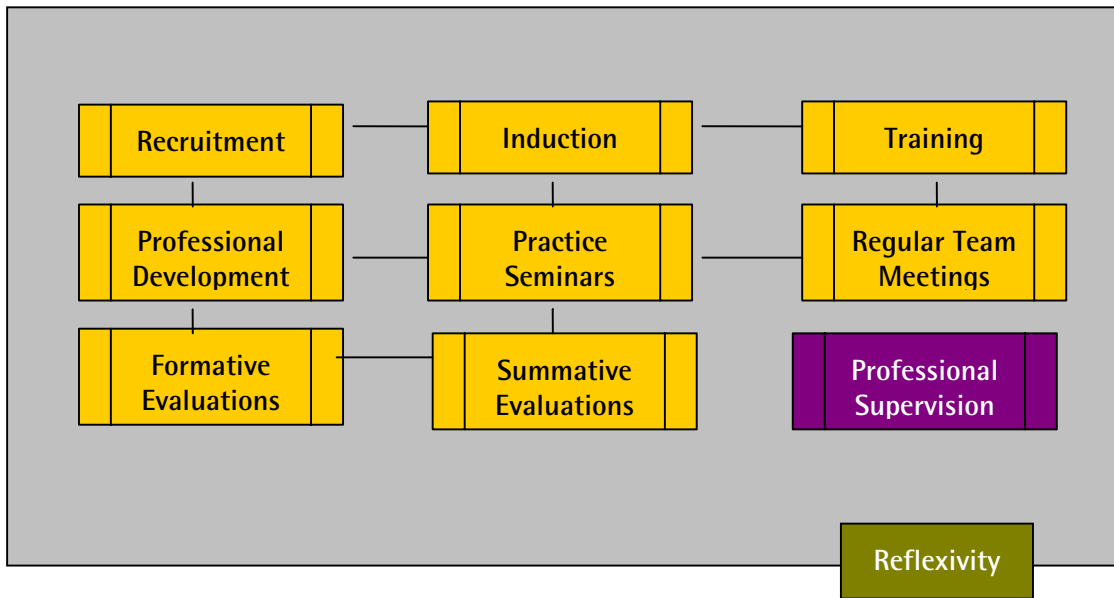
In summary, we strongly support this approach as a potential future paradigm for human service practice. We suggest that it has several immediate outcomes:

- it meets peoples’ needs
- it enables the management of front line staff – the most important and precious resource within an organisation – to be conducted in a way which integrates policy, rather than denies it
- it enables an understanding of the important role of practitioners within the policy process
- it works to keep practitioners in non-metropolitan environments – without getting “burnt out”
- it enables an understanding of the important role of stakeholders within the policy process
- it builds empowerment among stakeholders
- it enables an inclusive environment, one which accepts difference and diversity
- it enables the community to further develop its resiliency.

While this presentation is necessarily a brief one, we are also confident that this model could be adapted to other policy environments and in other states. In its fundamental response to demands to meet client needs, and to develop an evidence-based practice, the model enables all the stakeholders an opportunity to dialogue through a reflective process. It provides a structure to support isolated practitioners, thus mitigating against resignations. It provides a potent approach to develop and empower a professional practitioner while at the same time offering a philosophical foundation to the practice that is all too often, lacking. As the LAC approach gains in maturity its impact on practice will become more overt. We recommend the model to you and would be happy to discuss it further with you.

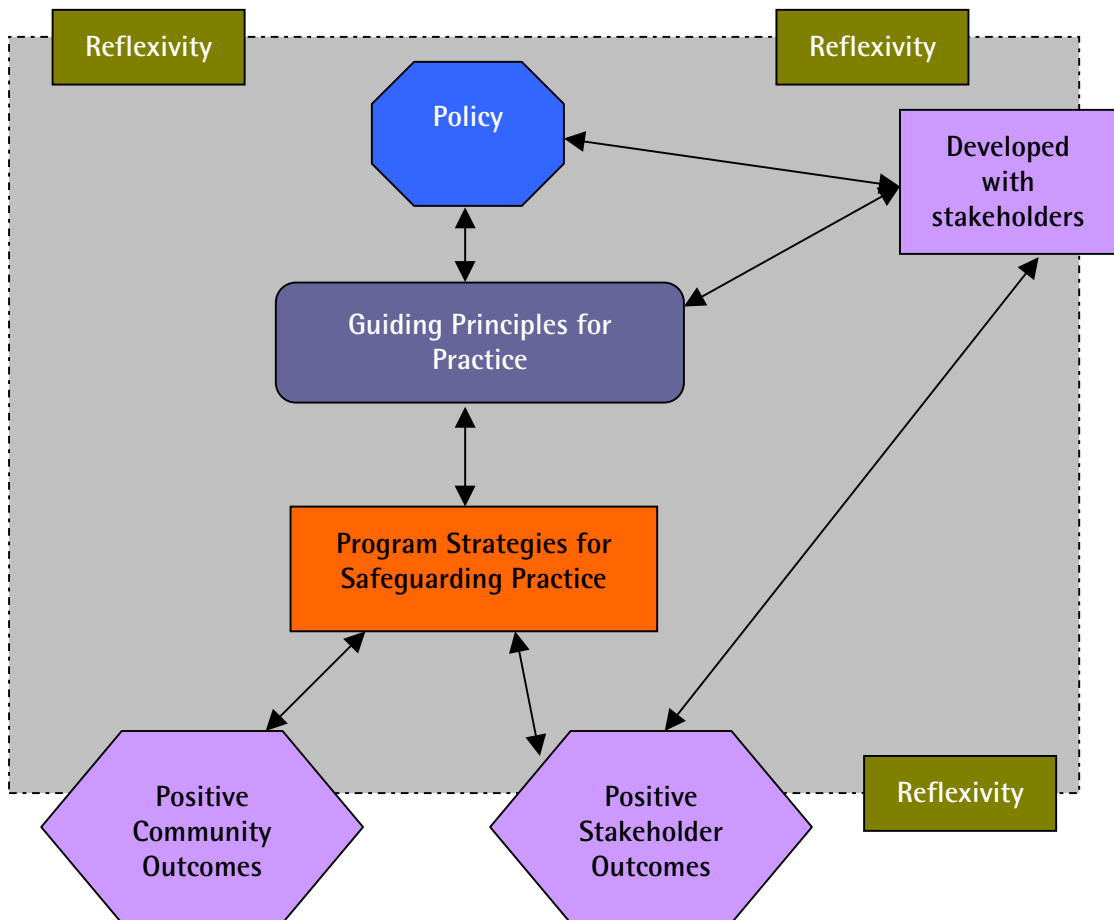


Strategies for safeguarding practice

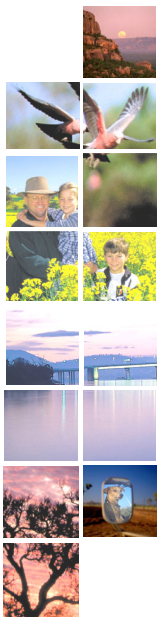


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Policy into practice: towards a reflexive model



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Professional supervision

Critical reflection

Debriefing

Skills Development

Problem Solving

Current Skills Knowledge

Resolving ethical dilemmas

Reading organisational vs. client needs

Emotional support

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