



DESIGN
REPORT





We acknowledge Aboriginal Peoples as the Traditional Custodians of the lands that our services are based on and pay our respects to Elders of these lands both past and present.

Anglicare WA and Ruah deliver services across many Countries in WA, from Balangarra Country in the North to Minang Noongar Country in the South.

In particular, we wish to acknowledge the Custodians of the lands where our offices operate.

We would like to thank the Noongar, Miriuwung Gajerrong, Tjurabalan, Yawuru, Nyikina, Ngarluma, Kariyarra, Niyaparli, Martu, and Wangkatja peoples for their wisdom and generosity.

Artwork by Hayley Thompson, a proud Noongar and Yuggera yorga.



**DESIGN
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“Family members wanted help to transform their situations, but largely felt that the services available could only help them maintain their situations... They want to feel seen, heard, and appreciated, but often do not. Family members expressed the view that something radical was needed to shake up the way services were designed and the mismatch between what families in entrenched disadvantage wanted and needed and what was currently on offer.”

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Above: Sunshine Project team members from Anglicare WA and Ruah.

About The Sunshine Project

The Sunshine Project was a two-year co-design initiative led by Ruah and Anglicare WA. Our aim was to develop highly personalised solutions that would enable families facing significant hardship to break free from cycles of struggle and build a 'good life'. This work was inspired by the findings of the 100 Families Project, Hilary Cottam's Radical Help, and the research of other pioneers reimagining the social service system.

Using co-design, ethnographic immersion, and action research, our project team engaged in deep learning about the daily realities of families, their complex challenges, and their aspirations for change. We also consulted with service staff to understand their frustrations with existing service models.

Working closely with families in Kwinana and Rockingham, and with the support of other partners, we designed and tested tailored responses to create breathing space and scaffold pathways that would allow families to move forward.

Throughout the project, we focused on coaching and personal growth, while recognising that most of the families' hardships stemmed from systemic issues. These struggles are compounded by pre-existing ill health, exclusion, and trauma, and occur against the

backdrop of an escalating housing and cost of living crisis. The work took place in a context where families trying to get unstuck were fighting with one hand tied behind their backs.

The housing and cost of living crisis has highlighted that unexpected events can leave anyone in need of a safety net. All Australians should have access to a dignified living wage above the poverty line and social housing when needed. Right now, our nation is falling short on both fronts.

The outcomes of the Sunshine Project highlight the resilience of families striving to build a 'good life' for their children, despite fighting battles with limited support. They also show how professionals can make a difference by walking alongside families and offering small, tailored investments. With the right framework, families can achieve their goals and thrive, even in difficult circumstances.

This report captures the journey, findings, and future opportunities arising from the Sunshine Project. It also lays the foundation for refining and scaling this innovative model, offering valuable insights into creating conditions where families can thrive. For further details, see the Sunshine Project Insights Report and Sunshine Evaluation Report at thesunshineproject.com.au.



Thanks to Our Partners

We express our thanks to the Boards of Anglicare WA and Ruah who have wholeheartedly supported and self-funded this project. A two-year co-design project with open scope is a luxury in our sector. We also extend our gratitude to the many people across services, local government, business and community groups who shared their visions, tested ideas, and gathered insights to inform our shared learning.

"I'm like you guys now, I'm doing design on myself. I try something out and see if it works, and if it doesn't, I try a different solution."
 – Sunshine Project participant

A special thanks goes to Charlie Octavia, our 100 Families lived experience representative, who contributed so much to the Steering Group and more.

Most of all, we want to thank the six families who worked closely with us over the two years to co-design and test ways to create enabling conditions for you to build better lives. It has been a privilege to share your battle stories, witness your humour, and see your determination to give your kids the best life possible, even against all odds.



Charlie Octavia, Steering Group Lived Experience Representative for 100 Families and The Sunshine Project.

Being a part of the Sunshine Project has been profoundly meaningful to me. As a survivor of homelessness and domestic violence, having my voice heard and my opinions considered and integrated into the project's framework has been deeply validating. Transforming my past adversities into constructive support for other struggling families has been incredibly empowering. The Sunshine Project's commitment to valuing lived experiences has been a key factor in its success.

A distinctive aspect of the Sunshine Project is its assignment of a dedicated Coach to each family. This personalised approach ensures that families receive the specific support they need, rather than the generic solutions often provided by governmental agencies and the broader sector. The philosophy of "radical help" and tailored assistance embodied by the Sunshine Project should be widely adopted in similar initiatives. This approach has the potential to significantly improve outcomes for those in need.

CEO Foreword

Mark Glasson, CEO Anglicare WA

Debra Zanella, CEO Ruah



The Sunshine Project emerged from the urgent need highlighted by the 100 Families Report, which identified that support systems often create more barriers than choices for those in need.

In response to these findings, Ruah and Anglicare WA - two partners in the 100 Families Project - set out to explore how radically rethinking and transforming support systems could work in practice.

Anglicare WA and Ruah share a commitment to driving fundamental change for the people they serve, ensuring they are empowered rather than constrained by the very systems which are intended to help them. This commitment inspired our partnership on this ambitious and innovative project.

Two years later we are pleased to share our findings and some recommendations.

Our team's design research generated significant insights and learning for our sector, highlighting critical friction points in the existing system and providing test cases for possible solutions.

However, the real triumph is the testimonies from families. As one participant described: "If you asked me what Sunshine was, it is like if little angels came into your life and asked what do you need help with, and then they started helping you with these things until you could do it yourself". Transformative change is not only possible, but already underway.

As we scale the Sunshine model within our own services, our goal is to spark a broader movement that redefines our approach to helping families and communities, ultimately empowering everyone to genuinely live their 'good life'.



A collaborative action research project between



With thanks to our Community Partners



Family Prototypes

Models, approaches and ideas trialled with individual families

1: The Mental Load | This prototype addressed the overwhelming mental burden faced by families. We provided practical in-home supports and modest funds to help stabilise their immediate situation. This created space for families to breathe, freeing up mental bandwidth that allowed for forward planning.

2: The Coach | A practical and empathetic worker was chosen with participant family input. The Coach offered high-intensity, personalised support while maintaining professional boundaries. Deep engagement and local knowledge was prioritised to help families navigate challenges.

3: 'Good Life' Vision & Plan | Families co-created resources such as vision boards and dynamic Family Plans, to articulate their aspirations and guide their progress. These tools empowered families to take ownership of their journey and work towards growth on their own terms.

4: Scaffolding & Creative Problem Solving |

This prototype supported families in implementing their plans by providing tailored assistance, addressing family dynamics, and connecting them to community resources. It emphasised adaptability and innovative problem-solving to support the aspirations of each family.

5: Social Prescribing | Families were "prescribed" therapeutic community experiences that enhanced their well-being, strengthened social connections, and fostered personal growth. This holistic approach complemented traditional services and met a broader range of needs.

6: Quests | This prototype provided a gamified approach, designed to motivate families struggling to gain traction. It provided an engaging way to support people with lower levels of executive function.

Design Principles

We developed five guiding principles to help inform the project.

- ✓ Centre the family/de-centre the system
- ✓ Free up time and reduce the mental load on families
- ✓ Connect families with resources, relationships and opportunities
- ✓ Grow the good life
- ✓ Work with motivational capital/hope

The 'Good Life'

The 'good life' definition captures a family's vision for their ideal state of being. It is intentionally non-prescriptive and creates space for families to articulate this on their own terms rather than based on a service provider prescribed set of options. The 'good life' is framed as a garden – families were encouraged to identify elements of their current life in which they already had seeds for their 'good life'. The 'good life' does not describe an end point – a family can be growing their 'good life' even in the midst of hardship. The intent is to continue to tend to the health of the 'good life' garden over time.

Community Prototypes

Models, approaches and ideas to benefit families in the broader community context.

What Next

Outcomes, recommendations and the resulting Sunshine Model.

7: Food Security | This prototype developed community gardens, bulk cooking initiatives, and farm-direct produce sourcing. These efforts improved access to nutritious food, strengthened community ties, and fostered generosity around food.

8: Library of Things | Families were offered access to common household items and tools through a shared resource hub. This approach reduced financial strain, built resilience and demonstrated the benefits of communal resources.

9: Sunshine Conversation Bench | This prototype was a partnership with the Kwinana community to create a designated space where locals could meet and connect through meaningful conversations.

10: Outcome Measures | This captures exploration around how to best measure outcomes when working with families who are facing diverse and interconnected challenges. Real outcomes for participating families are captured and include shifts across a range of life domains including avoided crises, gains in family functioning, healing, contribution, employment, school attendance, community connection, hope, self-efficacy and more.

11. Opportunities to Work Differently | Presents a range of opportunities for governments, services and frontline practices to adapt to a more relational approach to create enabling conditions for families to thrive in community.

12. The Final Model | The project's work has been refined into a model, which can be taken forward as a structured, flexible and safe way of working with families who face significant hardship and complex challenges. This relational practice model can be adapted for a range of cohorts, settings and communities.

System Immune Response

Defined by pushback that occurs within a system when efforts are made to introduce change. In case of the Sunshine Project, 'the system' refers to external sources, such as Government workers, other service providers as well as internal sources including our own organisations.

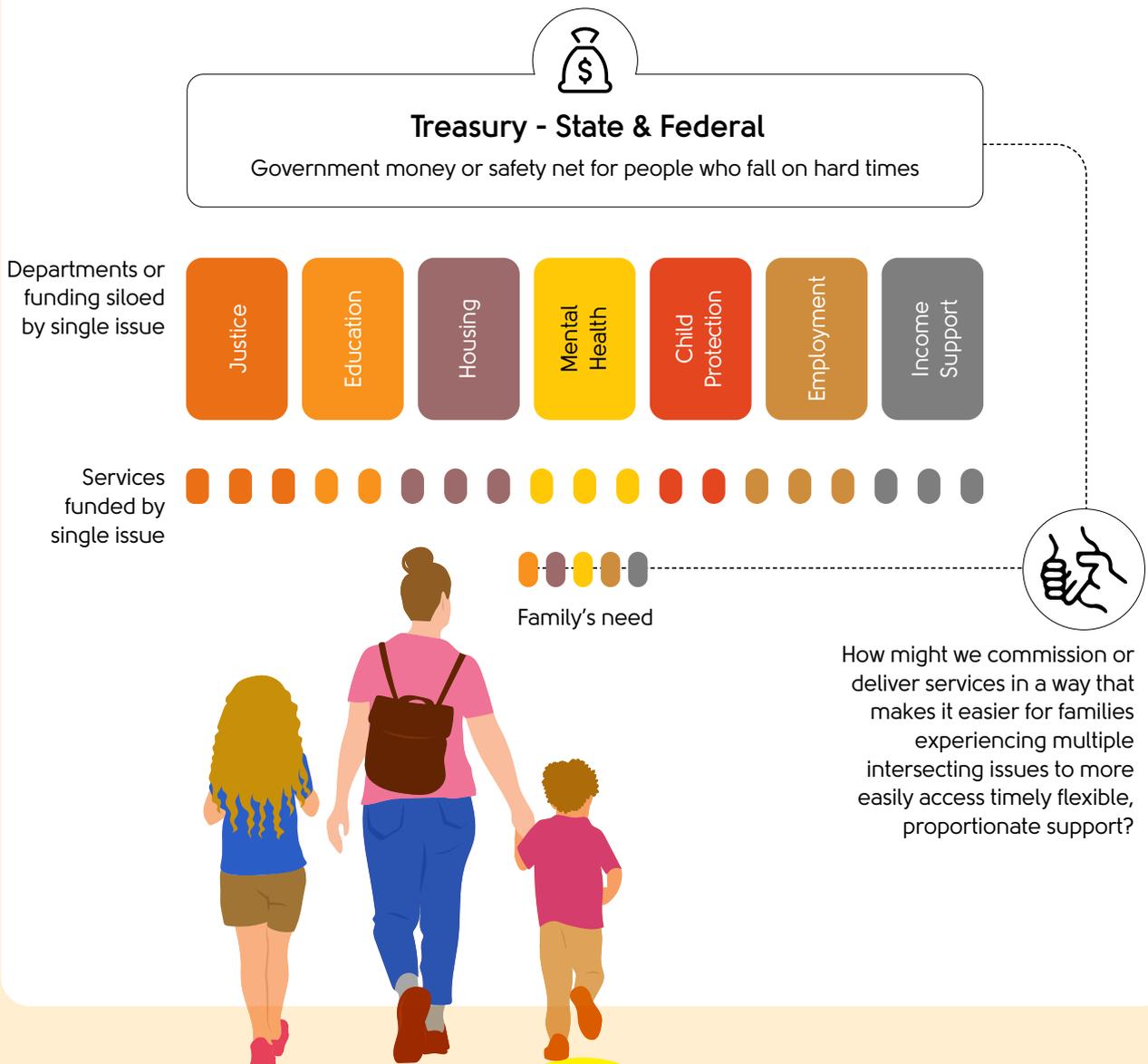
Observing the System

Prototypes included time to observe and learn from how the system reacted, whether there was support, criticism, or resistance. Reflective sessions also identified moments where the project team members' internal thought patterns mirrored the system's ingrained narratives. These were documented to gain deep understanding about what systems change might look like.

1. The Mental Load

Stabilising families to free up bandwidth

The welfare system can be understood as a bucket of public money set aside to help families through tough times. This bucket gets divided up between Departments along thematic lines (housing, mental health, family relationships etc) or cohort lines (youth, disability, aged, Aboriginal people etc). These departments then tender out this money among service providers based on their own frameworks and pre-defined outcomes. Families facing multiple challenges, who (in theory) this system was designed to serve, have to exert significant time and mental load to navigate a complex web of services, going from place to place attempting to patch together pieces of support.



1. The Mental Load

About This Theme

The idea of the “mental load” emerged strongly in the 100 Families research project, and was also a recurring theme throughout the Sunshine project. While the term “mental load” has only recently become popularised, the concept of “domestic load” has been studied since the 1970’s. It refers to the invisible and unrecognised work of running a household, most often borne by women. Mental load is similarly defined as:

“The mental and emotional effort or burden of being responsible for thinking about, planning and organising all the parts of life, for us but also for our children, partner and other family members.”

This can include planning meals, buying groceries, doing chores, paying bills, making appointments and managing a household calendar. It can also include responsibilities related to school, child care, extracurricular activities and kids’ clothes.

For families facing additional layers of hardship or exclusion, the mental load is further compounded by a lack of resources and the extra steps required to meet basic needs. This added burden can have harmful effects, making it harder for families to recover and move forward.

Current Experience

Poverty is exhausting and time consuming

Participating families highlighted the daily reality of insufficient income and cycling through unappealing and time-consuming options every single week. “Poverty exhaustion” describes having to go to great lengths to make ends meet, often having to make undesirable compromises, with no end in sight. The psychological distress impacts all other life domains- mental health, relationships, parenting, ability to think about and plan for the future (survival mode). Families expressed feelings of shame that they couldn’t provide their children with certain opportunities and experiences.

Families are already doing the thrifty things

They demonstrated strong resourcefulness and ingenuity, helping one another and making

resources stretch, which speaks to their skill with the mental arithmetic of getting by. But the weekly time, cost and mental load in seeking supports, and gathering resources is extreme.

In a fragmented system where supports are divided into specialised services, each with its own processes, the burden of coordinating multiple case workers and plans falls entirely on families. While families display impressive knowledge of navigating services, the lack of adequate resources and support often places them in difficult positions. They are forced to weigh complex, catch-22 decisions to make ends meet and protect their children.

Helping services add to the mental load

Families told 100 Families WA researchers project told researchers how sometimes, helping services add further stress to their mental load:

“Most of the time I am nearly out of my mind stressed just trying to keep the family afloat. I know agencies have to tick a lot of boxes and whatnot, but I just want to get in and out with some money for food and go feed my kids. The rest is all bullshit!”

Sunshine Project participants spoke of the lack of dignity in accessing emergency relief such as being judged, told off, having to jump through hoops and arrive early to compete for resources.

“If you’re not in the first couple of people in that queue by 8.15am you can forget it.”

They also spoke of certain faith-based organisations which come with strings attached.

Principles

In this prototype, two core principles were the focus:

- ✓ **Centre the family, de-centre the system**
- ✓ **Free up family time and reduce mental load**

What We Tried

We wanted to test the concept of “relieving mental load to create breathing space” as a distinct stage in the coaching process. Overwhelming stress prevented many families from coming together to think and plan for their future, we identified this as an essential first step.

The first few families came on board in early 2022, just as WA opened its borders and the Omicron COVID variant spread like wildfire through the community. This early work happened in this context. Our team was granted special permission to engage in home visits even as many other services switched to online.

To relieve mental load, meetings were held at times and locations to suit families', including:

- A family's home, and bringing tea and milk.
- Over dinner, and bringing pizza for the family.
- At a café, ensuring the coffee was on us.
- At the footy practice and chatting with a parent.

Families were asked to identify their biggest stressors and share what kind of help they wanted. We then deployed worker time and Emergency Relief funds to overcome some of these stressors.

Worker time

- Accompanying an anxious individual to visit the courthouse to collect a Violence Restraining Order.
- Helping a sole parent with a disability obtain a birth certificate and Medicare card to enable their step-child to access a GP.
- Organising a family's backlog of emails and documents from service providers.
- Working alongside a family to clean a rental after prior inspection breaches.
- Helping a family to treat an invasive tree spreading into neighbouring properties.

Direct emergency relief

- COVID isolation food boxes, essentials and a phone for a person to access telehealth apps.
- Buying essential furniture items.
- Paying a year's car registration.
- Buying a deep freezer so a grandparent carer could buy bulk food for their grandkids.
- Paying for a pinata and food for a child's first ever birthday party with school friends.
- Paying for a pest treatment.
- Buying gardening equipment.

Ordinarily, families needing Emergency Relief funds must go through community services, which often involves extra effort, retelling their story, and facing time delays. To ease this mental load, the team paid for items upfront with the team's credit

MENTAL LOAD

GRANDPARENT CARER

One family was led by a Grandparent carer whose daughter had passed away. Her three grandchildren were now living with her and had deep needs arising from their childhood and the mother's death. She had reached retirement age but was still working in her office job to pay for her private rental. Her other daughter, whom she was estranged from, was living in her car and dropped off an additional four children at the house to be cared for. That meant the grandparent carer was looking after seven children across various schools and day cares, while commuting to Perth each day for work and managing rental inspections, all while trying to ensure they had enough food. She had used all her personal, annual and purchased leave taking the children to appointments. The real estate agent had issued a second breach over the tidiness of the house, and her job was on rocky ground. She was carrying an immense mental load and sense of loneliness.

card with costs reimbursed later from Anglicare WA. Ruah emergency relief funds. This approach allowed for quicker responses and greater flexibility in defining what constituted emergency relief and how often families could access it.

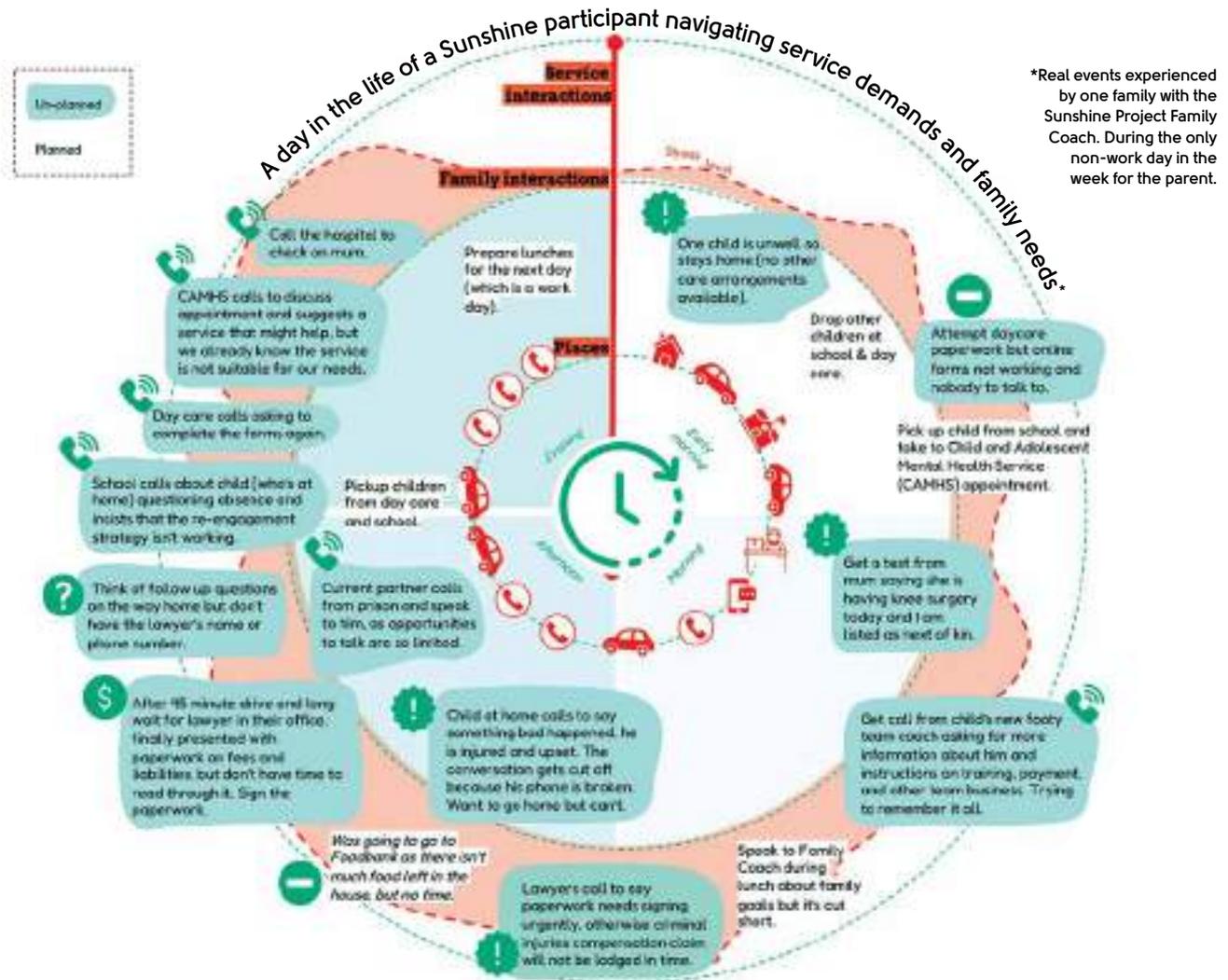
Key Learnings

Difficulty understanding the offer

Initially, some families struggled to understand the open and flexible nature of the offer. They were so accustomed to the system offering help in such constrained slivers that an open, generalist offer seemed to baffle them. They kept asking "how many appointments am I allowed?" "What specific things can you pay for". The offer of "what do you need?" was sometimes met with a clear sense of what was needed, or "I don't know, just not this."

One family member explained that it took time:

"I didn't quite know what to do with the Family Coach at first, what I could ask for. Then after she came to court with me for moral support, it sort of clicked for me, this is how I can make this work for me."



We found that as we got to know each family, if they weren't sure what help they wanted, we could make proactive offers of support to relieve mental load. By the time the next round of families was recruited, we then had some examples we could give them. One parent, when asked how she would describe Sunshine to other parents said:

"If you asked me what Sunshine was, it is like if little angels came into your life and asked what do you need help with, and then they started helping you with these things until you could do it yourself."

Understanding rhythms

The causes of mental load - and what helps relieve it - vary from family to family. We learned that it helped to be responsive with the times and locations where we met with families and to be flexible around their ability or anxiety around travel and other factors. One rhythm which we found interesting was school terms. With children at home, school holidays present

a stressors around money for food and activities, along with the need for parental respite and self-care. School holidays proved to be a difficult time to progress life tasks, however they presented an opportunity to work on family and social connection. Initiatives progressed during school holidays are explored in other chapters.

Breathing space

For all families, the initial help provided a sense of relief and breathing space to begin conversations about their 'good life'. They were still facing huge challenges, but there was a sense of not being in it alone which lifted a burden and created momentum. One parent described the relief of delegating an overwhelming administrative task to the Coach. The Coach reviewed documents with triggering content, prioritising urgent tasks to follow up. This approach is different to standard case management which starts with goal planning, whether the family is ready or not.

"So I found that really difficult and that's where, it helps to go - hey can you take it off my hands? That's like something that I would stress on or not answer the phone because I've got like, an argument between the kids that I need to sort out or K's not going to school and I need to ring them... I opened the first one and I was like, Oh my God... and I just thought, how am I supposed to read every single one of these? I can't do it so to pass that on to the Coach and let her read it enabled me to see them and talk about the situation without her having to like, ask me so many questions."

Tester for readiness

We wanted to make participation as unconstrained by eligibility requirements as possible, so the tolerance for diversity and complexity of situations was very high. However, there were a couple of enquiries from referring agencies in which the team determined the family would not get the most out of Sunshine in their current situation. These included families in acute crisis who required specialist intervention to address life threatening factors. In an ongoing service model, something like Sunshine coaching may be suitable for these families once they had received crisis intervention and were ready to consider next steps.

Fast-tracked trust is a good investment

Spending time with families early in the process and helping them ease their mental load proved highly cost-effective. It accelerated the development of trust and solidarity - something that might have taken months in a traditional, office-based, appointment-driven relationship.

After just a week in which our team supported a family through a rent inspection, the grandparent carer insisted *"The Family Coach, she's family now."* Similarly, one parent commented *"I don't really trust anyone, but I trust the Family Coach."*

Hands-on support that created real progress demonstrated the team's commitment, and this, in turn, encouraged families to fully engage in the process. Throughout the remainder of the project, we never had a family not show up. If they were running late or had to reschedule, they would always call or message ahead. The trust that the team built with families also set the foundation to have robust and open conversations ("real talk").

System Immune Response

IMMUNE RESPONSE: *Getting in and doing hands-on physical things - will that build dependency?*

REPLY: The intent at this stage is creating breathing space, ensuring families are not alone in their struggle. If we were to keep doing some of those things indefinitely, it would definitely start to look like dependence. It's important to be clear about the intent: this is a time-limited effort to help families regain stability.

IMMUNE RESPONSE: *Why are you paying for things that other services already offer?*

REPLY: Referring families to other services often increases administrative burdens and mental load. Covering minor expenses directly reduces stress and provides faster, more flexible support.

IMMUNE RESPONSE: *This seems like risky boundary-less work. What governance is in place to ensure families and workers don't form inappropriate boundaries? Also, how do staff know they're working within the rules?*

REPLY: The Relational Coaching Framework provides structure around the relationship and key parameters in which to operate. Clinical governance ensures accountability through supervision and group reflective practice. Organisational policies and procedures provide a backbone around professional Childsafe and trauma informed practices. Codes of Ethics provide principles within which to operate.

The permission to creatively problem solve departs from rule-bound approaches, but the Relational Coaching Framework provides a space in which staff can, with the pooled wisdom of the team, help families achieve wins even where rule-based options cannot. Job satisfaction in relational practices is markedly better than traditional approaches, based on UK experiences.

2. The Coach

"Like a fun aunty who really understands me and pushes me when I need it"
Lived Experience Representative



2. The Coach

About This Theme

One of the first, and often most costly elements budgeted into any service model is the role of the helping professional. It is easy to look around at the current landscape that includes social workers, youth workers and other paid and unpaid professionals and assume it has always been this way, but the nature of the helper role has continued to evolve over the past hundred years. Historically, charitable work was done by benevolent orders or organisations reaching down to help the destitute and unfortunate as an act of moral virtue, often working as volunteers.

The creation of the welfare state introduced a profession of career social workers, who performed a similar function on behalf of the State. Movements in more recent decades have taken a different view on power, and to systemic causes of poverty and disadvantage, which has unlocked a range of helping roles based on solidarity, working alongside people facing challenges. This has included a broader mix of paid and unpaid professional helping roles, including navigator and peer roles.

Since the 1980s, neoliberal frameworks have prioritised efficiency and outcome-based funding (measuring achievements) and outputs (counting activities). While this approach aims for accountability, it has often led to narrow, fragmented services centred on single outcomes. These isolated objectives frequently fail to address interconnected challenges, leaving services unable to meet broader needs.

This has also led to impossibly large caseloads and perverse practices around “skimming” easy clients and excluding those considered “too complex”.

There is a tension between underlying mental models which frame the source of social ills as resting with the individual (i.e. a lack of knowledge or self-belief, and in more judgemental forms as a moral failing or personal deficiency) or with systems that exclude segments of the community from access to the relationships, resources and opportunities which could enable them to thrive. These ideological underpinnings find their way

into the design of service models. Governments and organisations orientate their theories of change and the staff functions relative to where they sit between these tensions.

The Sunshine Project acknowledges the significant systemic dynamics that impact excluded groups. These include an economy structured to accept that a percentage of the population will always remain unemployed, a lack of social housing and dignified living wage, and flaws in justice, education, health, and social service systems that repeatedly fail certain cohorts.

Our approach has been to create enabling conditions in which families can thrive. Our emphasis on coaching and growth works in solidarity with families to best optimise their resources and opportunities within a system which is currently rigged against them. The focus on place-based community building is about creating solutions which can help families to be less dependent on these flawed systems.

Language in the helping sector has also shifted, borrowing terms from the business world to describe those being served as “customers,” “clients,” or “consumers.” While this terminology aims to position helpers as serving these individuals, it often reinforces a transactional dynamic. True relational work requires moving beyond these frameworks to foster genuine solidarity and trust.

Current Experience

Many well-resourced services

Despite the array of helping roles which exist, the overwhelming majority are classed under the broad brushstroke of case workers. The original intent for these roles was as professionals who would hold the relationship and duty of care for an individual or family. They would provide flexible generalist supports and co-ordinate other specialists to add-value where needed.

The inefficiency of the referral web

It is ironic that an approach intended to create efficiency has created further inefficiency. In an effort to meet a family’s varied needs, workers manage by making a flurry of referrals between narrowly defined service offerings. It wouldn’t be

so bad if the collection of services could, between them co-ordinate and pool resources to meet the need at hand. More often, these services are also staffed by case workers with limited remit. The result is that we have layers of case workers “managing cases” who are not empowered or resourced to meet real and practical needs.

Dilution of the term ‘specialist’

This splintering of helping work into slivers has also created a landscape of “pseudo-specialisms” between social services which have knowledge around particular themes but are not specialists in the way that we would traditionally understand. For example, while we might refer to a housing service and an employment service, the (valuable) skillsets of its case workers are largely the same. Realistically, these workers could switch jobs with minimal training.

There is duplication for the client in having both a housing case worker and an employment case worker. It could be more cost effective and useful for the client to have a single worker with more generous time and budget who could book a brief consult or access a brains-trust of expertise in the other social service areas. They could reserve the effort of referrals for specialists such as say, a lawyer, a clinical psychologist or a paediatrician.

Some service staff “go rogue” to go the extra mile

We are aware from our interactions with some service providers that good staff will sometimes go outside service policy in order to “go the extra mile” to solve a problem or to create an opportunity for a family. While their commitment is commendable, it is unsafe for them to have to operate outside organisational policy to do so. What is needed are formalised enabling conditions within service models to liberate staff to safely and confidently do their most human and responsive work.

Principles

All project principles apply simultaneously:

- ✔ **Centre the family and de-centre the system**
- ✔ **Work with motivational capital and hope**
- ✔ **Grow the ‘good life’**
- ✔ **Free up family time and reduce mental load**
- ✔ **Connect families with resources, relationships and opportunities**

What We Tried

Given what we knew about the current state of the helping sector, we were interested to explore a helping role which could have a closer working relationship and greater flexibility to engage usefully with families with complex needs.

Lived Experience Informed Recruitment

We were conscious that we are a part of the system and its norms, and that we would bring our preferences and biases to what kind of person we should employ.

We ran a workshop with the initial group of families in order to seek their input as to what kind of skills and personal qualities they would want in the person who would work closely with them. The participants, with support from our Steering Group Lived Experience Representative, discussed and distilled these key qualities, which informed the job description for the Family Coach.

Families said they wanted someone who could:

- Be non-judgemental, warm and trustworthy.
- Knowledgeable about a wide range of issues, including mental health.
- Work with their family unit as a whole.
- Work with them in their homes and community, on the whole picture, and go the extra mile to provide practical help.
- Be tough, push when needed, also be kind.
- Hold a relationship for as long as needed. Some wanted a worker who could work alongside them indefinitely but understood that this was a time limited two-year project.
- Was committed to the work, and if they had to leave, provided a good handover.

With the support and endorsement of our respective People and Culture teams, we advertised the role. Applicants were directed to address their application letter directly to the families they would be working with. We brought the families back together for a second workshop to shortlist the applicants, which proved to be an excellent learning process on both sides.

Families valued education and experience but this by itself was not sufficient. They prioritised applicants who were relatable, who brought lived experiences of their own to the job or deep

empathy and understanding and who spoke without using alienating jargon. Knowledge of the local area and connection to local relationships was important. The participants were exceedingly mindful of the needs of diverse families in the shortlisting. As a result, we passed over some applicants who might have scored highest in a traditional recruitment process. The group nominated the Lived Experience Representative to sit on the interview panel on their behalf. The person who was finally appointed held the perfect balance of knowledge, qualification and relatability, and who knew the local area well.

As a result of this process, families had warm regard for the Coach from the outset as they felt they had played a role in choosing her. They invited her to be tough on them. They later participated in the Coach's annual performance review, providing feedback and scores.

Nature of the Relationship

Families described the ideal helping relationship as something like a "time-limited professional friend." Building close rapport and trust was crucial. However, concerns about appearing unprofessional or too close (often coupled with compassion fatigue) can lead some workers to adopt a stance of "professional detachment." This approach, characterised by working at arm's length - kind but distant - and often confined to the safety of the office environment, can feel inauthentic to families. They shared that this detachment can come across as a lack of genuine commitment to being truly helpful.

We were similarly uncomfortable with the connotations which come with a word like "friend". During the evaluation of the project, several family members referred to the Coach as "a friend". A parent referred to the Coach as "being like family". Another likened them to a "fun aunt". Another carer described the relationship with the Coach:

"[As a single mum] the Sunshine Project and your case worker [Family Coach] is kind of like the other adult that you can liaise with in your household."

Another parent commented on the benefits of having the Coach in close proximity to the

family for a period, which allowed her to deeply understand the family and inform better solutions.

"The more [the Family Coach] was around me, and my kids the more they understood and made it easier to understand our family dynamic and what we deal with while everything else happens."
– Participant

The terminology used to describe the relationship between coach and families denoted something more intimate than a case worker. The design team wanted to explore how we might create a role which could meet the wishes of families for warmth and closeness, as well as the boundaries of ethics and professionalism.

Our guiding star for understanding how to approach this role was Hilary Cottam's work *Radical Help*, along with NESTA's work on *Good and Bad Help* and some additional work we had come across around the *Liberated Method* out of the City of Northumbria in the UK.

We examined analogous professions that offer comparable examples of helping professionals whose roles are characterised by:

- High trust - reasonable proximity and intensity.
- Boundaried - both parties understand the boundaries of this relationship.
- Time limited - for a specific life transition.

Two professions which have suitable comparison included the midwife and the running coach. Both show that it is possible to have a time limited, intense, productive relationship with clear boundaries.

The midwife (or industry peer doula)

A midwife is a caring professional who forms a close relationship during a specific period in a woman's life - pregnancy and childbirth. The relationship is intense but bound by the pregnancy and birthing process. A midwife often works alongside other medical specialists. After the birth and postpartum phase is complete (assuming all is well), there is typically a celebratory moment, followed by a natural conclusion of the relationship. While a mother may re-engage the midwife for future pregnancies, the relationship is understood to be professional and time-bound.

The running coach

A running coach helps someone achieve a specific fitness goal. This relationship may also involve proximity and intensity. The coach often witnesses the person at their most exhausted, understands their capabilities and limitations, and knows when to encourage or push them. Once the person achieves their goals, there is again, a celebratory moment and the coaching relationship may come to a close. Some coaches may also be employed to have a longer term involvement in someone’s life, but it remains a professional relationship.

Some learnings from the coach role include:

- They bring a defined process and methodology.
- The program of activities, location, frequency and intensity is often highly personalised to the person’s capabilities and needs.
- The person gives their permission for the coach to push them. It is not assumed.
- The level of intensity of the relationship and the type of activities varies based on the stage.
- A celebration of an achievement or the completion of a life stage can create a good ending to the time-limited relationship.

It was this thinking, along with families input which helped us settle on “Family Coach” as the helping role title, and inform professional boundaries.

“It’s the reassurance that you’ve got this person. I have a trusted person. That’s massive. I have a relationship with a trusted person.” – Participant

Relational Coaching

Relational Practice

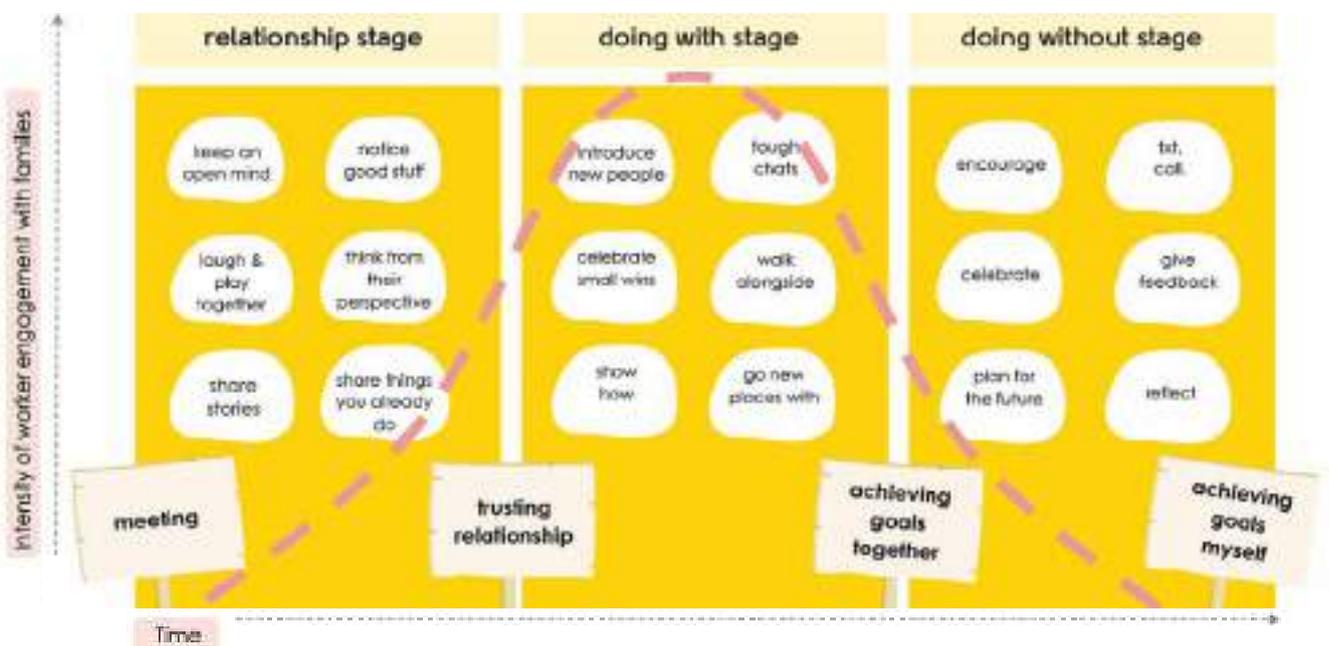
Our team drew from models of Relational Practice from the UK and NZ- this is an intentional way of working where establishing, attending to, and maintaining empathetic and honest interpersonal relationships are prioritised.

Different focus and activities at different phases

We adapted the stages of the coaching relationship from The Australian Centre for Innovation’s Family by Family model. This provided a template for the time investment and types of activities at each stage. It highlighted:

- **Relationship stage** - Focused on building the relationship, which has a gradually increasing volume of face-to-face hours as trust is built.
- **Doing with stage** - High intensity, focused on getting momentum and identifying the moment of shift into self-efficacy and intrinsic motivation.
- **Doing without stage** - Phasing back intensity and frequency of visits, as the family gets on their way.

Similar models also emphasise the “moment of shift,” which occurs during the peak of the “doing with” stage. At this point, the family gains momentum and transitions into the next phase. This can be compared to helping someone push-start their car. Once they get it rolling with enough momentum, and the engine turns over, the “hands-on” work can pull back.





Sunshine Model

For relational, family-based coaching



This diagram captures the role of the Sunshine Family Coach relative to families, other services and the broader community



2. Imagine

- Imagine your Good Life
- Discover core gifts
- Take a peak at healing



3. Do Together

- Helpful introductions
- Go together
- Personal development
- Strategise difficult things & real talk
- Practical group work
- Self-care support
- Life skill growth & sharing
- Steps towards healing
- Good life investment (brokerage)



4. Grow momentum

- Self care/respice
- Engage in natural supports
- Coordinate supports/services
- Community connection
- Relationship restoration
- Good life plan check in



5. Finish Well

- Share skills & gifts
- Prepare for life beyond Sunshine
- Develop finishing well plan



6. Graduate

- Measure family growth
- Celebrate wins
- Bridge to natural /community supports

WEEKLY VOLUME OF COACH TIME

DURATION OF COACHING RELATIONSHIP

Refining the Coaching model

By the end of the Sunshine Project, we had refined this into a coaching model with 6 discreet stages, underpinned by evidence-based coaching principles and practices at each stage.

The Sunshine Model - Coaching Relationship Stages

- **Stabilise** - Provide practical hands-on support to create breathing space and build trust (see Chapter 1 Mental Load)
- **Imagine** - Orientate families (including kids) to hope and a vision of their 'good life' (see the chapter on Vision and Goals)
- **Do together** - Leverage trust to challenge limiting narratives and behaviours, heal and try hard things. Invest time, relationships, resources creatively to add momentum to their plans, scaffolding learning, social prescribing growth opportunities and building agency. Research from UK models (matched by our experiences in this project) noted that the pivot point in the coaching journey comes when the lead caregiver in the family starts to demonstrate self-efficacy. This is the signal for the coach to step back with hands-on support and step-up encouragement.
- **Grow momentum** - Explore the 'good life', build skills and gifts, grow connection with community and natural supports.
- **Finish well** - Measure what has changed for the family, celebrate wins and transition over to natural and community networks for next steps.

Finishing Well

From the outset, families shared experiences of building deep, trusting bonds with workers, only for those workers to leave unexpectedly and without even a goodbye. These abrupt endings often triggered feelings of abandonment and trauma. They recognised that it's a reality of life that people move jobs or that a service concludes, but highlighted that good closure for trusted relationships is needed if a service wants to claim it works in a trauma informed way.

During the project evaluation (interviews ended three-months before the co-design and coaching work finished), some families expressed they were feeling sad or anxious about coaching ending.

The design team were conscious that the end of a coaching relationship would need to be managed well. We were also conscious that families had experienced many negative experiences with ending relationships of all kinds. We wanted to give them a positive experience of ending, which could hold sadness, but also gratitude, respect and optimism.

The coach worked with each family to ensure they could finish the coaching relationship smoothly and on their own terms. This included:

- Being clear and transparent from the start about the time limited nature of the project.
- Framing the end as a graduation, or finishing well. We did not use language such as "being exited" which we know can sometimes be read by families as a rejection or withholding of care. The Coach also talked with families about being able to go and help other families, and some resonated with the idea.
- Some families chose to organise their own goodbyes, such as gifts, cards, or lunches, and the team helped them arrange these.
- Developing a WRAP (Wellness Recovery Action Plan) safety and wellbeing plan with each family.
- Strengthening and expanding informal social and community networks.
- Referring families into specialist services to meet discrete specialist needs.
- Completing a list of last tasks the families wanted help with.
- Reflecting on progress and measuring shifts achieved over time.
- Organising a graduation event for all families, with presentation of certificates, an inflatable waterslide, pizzas and speeches.
- Providing each family with a small, meaningful gift and some words of encouragement.

The design team observed how different families prepared for the ending. Some gradually pulled back emotionally in preparation and began to lean on other supports. Others stayed engaged right up to the final day. All except one of the families came along to the graduation. Interestingly, none of the families pushed the boundary or tried to contact the Coach after the finish date. Every family honoured it, which suggests, perhaps, we finished well.

"I told you my world would fall apart when Sunshine project ended, well it didn't!" – Parent

Follow Up

As part of the planning for finishing well, several families asked if we would check back in on them in a few months. At three-months, most were doing well. By the six-month check-in project seeds were finally bearing fruit.

One parent proudly recounted progress toward their 'good life' vision, including starting casual employment. Another parent was proud that the album we helped them record was being played on the local radio station. A family who had been experiencing conflict were happier and their children attending school. A long-term unemployed parent with anxiety was completing a forklift course to gain work. A parent living with a disability who had done 700km on the e-bike we bought him, said "It's the best thing I ever owned".

Ensuring Practice Safety

We put in place a number of elements to enable the Family Coach to safely manage professional

boundaries and ensure that the safety and responsibility for the project was shared by the team, rather than resting solely with the worker.

Dual supervision

The Coach was provided fortnightly professional supervision by Ruah's social worker - This helped the Coach debrief and unpack any safety concerns about the work, specific families or any ambiguity around boundaries. Families were very open with her, and she was often privy to struggles which families might not share with other service providers. This also offered a unique opportunity to build in safety measures for the family. Ad hoc consults from Anglicare WA's Practice Excellence Teams ensured the work aligned with Anglicare WA and Ruah's practice excellence frameworks. Traditional case notes were kept in Anglicare WA's CRM System.

The Coach also received fortnightly project design-related supervision from the Innovation Manager. The focus was on developing prototypes within the project and generating insights about what worked and why. Members of the design team also accompanied the Coach to occasional visits where she wanted support.

CREATIVE PROBLEM SOLVING Case Studies

SCENARIO: D has let her daughter and grand children move into her small unit after she became homeless. Due to the proximity of working with the family in the home setting, the Coach notices that D is using the lounge as a bedroom with a curtain over the opening. D is elderly and unwell and confides in the Coach that she finds the children are overwhelming. There is a long wait for social housing which means a solution must be found to help the family manage in the overcrowded small space.

SOLUTION: D said that if they just had a door over the space that would give some privacy and personal space in the house. The doorway to the lounge was quite wide and a standard door wouldn't fit. We worked with D and a local tradesperson to install a custom sliding door over the lounge room entrance, to give some privacy and comfort. D's daughter is still waiting on social housing, but they are all safe for now.

Brains Trust group reflective practice

The design team maintained a Brains Trust chat on Teams, which the Coach could message during the day to flag requests for information or creative problem solving. The design team also met bi-weekly to surface insights, seek creative solutions, especially those which presented unusual challenges or sat outside standard practices.

The design team meetings also enabled group reflective practice, ensuring that solutions were developed and held jointly by the team. Despite loving the work, the Family Coach described times where she had found the work lonely without a team of coaches doing similar work. At scale, best practice would be to facilitate regular group reflective practice among a team of coaches.

Co-design Touchpoints

Alongside the coaching work, we staged regular co-design sessions with families to check if prototypes were working or not and adapt as needed. Contribution from the families was

seen as professional input to help us learn, and they were always paid for this work.

Some families noted that being part of the co-design work served a therapeutic purpose of its own. It is worth considering what elements of this - power sharing, valuing their expertise and giving them chance to shape something - could be adapted into a model moving forward.

Advocacy and Self-Advocacy

We recognised that coaching often focuses on “fixing” the individual, when the real need is to shift the context in which they operate. We knew from our co-design work with families, that many of their complex challenges had circumstantial drivers - such as insufficient income, housing insecurity, intergenerational unemployment, social exclusion, trauma and ill mental health.

To address this, the team incorporated strong advocacy efforts alongside coaching, aiming to make systemic barriers visible and empower families to self-advocate, including:

- Offering coach support to accompany families when engaging with services or government departments to better meet their needs.
- Identifying systemic barriers and friction points and developing visual imagery to clearly depict these in project documents and at stakeholder gatherings at key stages of the project.
- Participating in a Centre for Stories program around sharing lived experience stories.
- Seeking participants’ permission to use excerpts of their stories, music, and images in conference presentations and as case studies in social work training.
- Inviting participants to join community forums.
- Making introductions to provide participants with public performance opportunities.

Key Learnings

- In-home relational coaching can work effectively and safely, as long as clear boundaries are established, well-communicated, and supported by professional accountability mechanisms.
- Coaching involves being closely engaged, like a midwife or coach, who understands your physical and mental limits. They can have

honest conversations, encourage growth, and know when to show kindness and ease off.

- Coaching stages have distinct activities and objectives and a clear, identifiable turning point.
- A personalised approach for each family is achievable, especially when supported by a group of experts and shared accountability. It is possible to use the well-planned ending of a relationship as an opportunity to connect with gratitude and practice other skills for future relationships.
- There were some things we could shift (many more than we anticipated) but many external systemic factors were beyond the ability of one worker or service to shift. However, by making the system visible, and by joining our voices, we have a better chance of redirecting systems to better meet families’ needs.

System Immune Response

IMMUNE RESPONSE: *Does flexible, creative, personalised problem solving mean boundary-less work? Is it unsafe or unprofessional?*

REPLY: While there is a high degree of proximity to families (working in the home) and a high degree of personalisation of problem solving and investment to the needs of the family, the nature of the relationship is highly bounded and professional. Numerous accountability measures support the Coach to maintain these boundaries.

IMMUNE RESPONSE: *When the family says “this Coach is like family” or “the Coach is a friend”, has the worker failed to be professional?*

REPLY: The Coach role has some friend-like qualities (warmth, listening, trustworthiness, some shared anecdotes), however this speaks more to the high level of trust and rapport than to friendship. The worker would not do any of the things that you would think of “friends” doing, they wouldn’t hang out with the family socially on their own time, or call for a social chat, or babysit their children. Nor would the Coach seek to meet their own needs from the relationship.

3. 'Good Life' Vision and Plan

Homing in on aspiration and hope



3. 'Good Life' Vision and Plan

About This Theme

Developing a plan and goals is a standard part of any problem solving or change process. Helping services will almost always start a relationship with a new client with a goal setting exercise to develop a plan to inform what actions will be undertaken within the service delivery period. For people who are already highly motivated, this may be sufficient. For families who face multiple, interconnected and seemingly intractable challenges, using a highly structured, linear goal setting process may not be helpful.

Current Experience

Starting from a position of deficit

While services will often claim to work from a strengths-based position, we know that many will often begin their assessments and planning with questions about what is broken or wrong and how the client or service might go about fixing it. This stems from being funded to focus on a narrowly defined issue, often a specific deficit. There is therefore a sense of urgency to move clients from A-B in a linear fashion to meet the intended outcome as quickly as possible.

Experience of being passed around the sector

We heard from families about their experiences of being referred to many services. They described the time and mental load of many meetings, multiple case managers, multiple case plans, significant administrative processes and having to repeat their story, often with very little tangible result. One mother mapped out all of the services her family was currently, or recently engaged with. This was perhaps an extreme case, but such experiences offer some understanding as to why families disengage or fall between the cracks.

Multiple disconnected case plans

We also know that families who face complex challenges often have multiple, disconnected case plans sitting across the plethora of services they are engaged with. Families told us they are often overwhelmed by the array of actions they are being asked to take against all these plans, and that the actions don't necessarily correlate with their own

objectives. We know it is standard practice for case plans to be stored either in locked filing cabinets with the service provider, or uploaded into the provider's online case management system. This can make it hard for the family to have a sense of ownership of the plan, to include others in actions or to update it as circumstances change.

Principles

All project principles apply simultaneously:

- ✓ **Centre the family and de-centre the system**
- ✓ **Work with motivational capital and hope**
- ✓ **Grow the 'good life'**
- ✓ **Free up family time and reduce mental load**
- ✓ **Connect families with resources, relationships and opportunities**

What We Tried

Our team were curious to take a different approach to planning, and one which might respond to identified needs of families. We wanted to take a more holistic view of:

- The whole person, with interconnected needs across multiple life domains.
- The whole family unit or household, including the children, and their interconnected needs.
- Helping families connect deeply with their vision of a 'good life' on an emotional level first, before moving to the rational and concrete work of developing goals.

'Good Life' Vision Board

The design team looked for opportunities to orientate actions and supports around the family's own vision for their own 'good life'. Families' previous experiences of social service planning suggested a narrow, deficits focus which was orientated more to the administrative needs of the agency than to families themselves. We had a hunch that making time to connect at an emotional level with a picture or concept of the 'good life' would form a compelling North Star against which other more practical planning and change work could be plotted.

At the outset we had asked each parent what they wanted to get from the project. One parent replied " *I'm not really sure what I want, just not this (my life as it is now).*" Having been in



crisis mode for so long, the parent had not had breathing space to consider what a picture of her family's 'good life' might look like. By the time we got to this prototype, we had already done some work building trust, reducing mental load and creating enough breathing space to think creatively about the future. This was an important pre-requisite before diving into this work.

Group visioning session

Families selected printed imagery, cutting from magazines and their own photos (printed live on site from their phones) to create a large collage of each person or family's imagined 'good life'. Family members were invited to showcase their visions and explain what different imagery symbolised for them. We tested workshop variations:

- A group session in a community setting.
- An activity in the home with the whole family.
- A group setting with younger children, with a carer present. For younger children, we ran a simplified version which asked for what good things they valued about their current life and what things they hoped for their future.

Key Learnings

The visioning activity connects families with deeper intrinsic motivators

providing some momentum, however small, for planning and task orientated activities which will follow.

Visioning as a group was therapeutic

The group of parents who did the activity spoke of the session as taking some valuable "me time" and that it had a therapeutic, self-care element. The mood was positively-orientated and participants developed a sense of rapport, encouragement and mutuality.

'Good life' vision boards as a North Star

In home visits, we saw many families displayed the vision board prominently. Some continued to add to it over time and described it as a source of hope. Caregivers reported that their children were fascinated by the boards, and that they talked about their vision of the 'good life' with them.

Children as a powerful intrinsic motivator

The inclusion of children in the latter two sessions was powerful. Most parents had described an aspiration to give their children a 'good life', but some described feeling shame that they were somehow falling short. Hearing from their children what they cherished about their families was moving for some, as was hearing the children articulate what they hoped for in future. In both cases, children's comments often centred around opportunities for connection with their parents rather than material things.

The 'good life' has consistent, modest themes, all equally important

While the specifics were different for each family, there were consistent recurring themes across every group. Visions for the 'good life' focused on simple, human needs. When we later repeated the activity with organisational staff of different levels, and with other client cohorts the same themes emerged, with four key themes:

- Ability to meet basic needs
- Connection
- Access to healing
- A sense of purpose and contribution

This is not surprising in itself. There are dozens of frameworks with similar domain groupings. However, what was interesting is that participants did not indicate a progression through themes in a sequential or hierarchical manner, from basic needs to self-actualisation as Maslow's hierarchy might suggest. This reflects a much more holistic concept in which all domains are important and in which meeting one need has complementary benefits for another. With the breathing space freed up to reflect, families facing serious hardship and mental load were able to elegantly grapple with the existential question of what it means to live a 'good life', and specifically their 'good life'.

The 'good life' is about health over time rather than a destination

The metaphor of the 'good life' as a garden emerged early and solidified throughout the project. Some features about this framing which are interesting include:

- A garden represents ongoing care and investment in creating a 'good life'. It's not a

quick, linear journey with an endpoint - it's a lifelong effort to nurture and help it thrive.

- A garden may already have some good things in it. Even in the midst of significant hardship, a family can be growing seeds for the 'good life' and treasuring small moments, as demonstrated by the children's reflections.
- There are many ways to curate a garden, and this gives families permission to be creative. One parent described the metaphor this way: *"Everyone is saying you need to grow carrots and I just want to grow tomatoes"*

Family Plan

Once the families had a shared vision of their 'good life', we set about designing a creative, practical, realistic plan with families which could meet the following criteria. It must:

- Involve all family members.
- Belong to the family, not the service provider.
- Remain adaptable and up-to-date in real time.
- Allow other services to align with the family's plan instead of duplicating efforts.
- Provide tools to help the family continue and update their plan independently, even after formal services ended.

Family Plan iterations

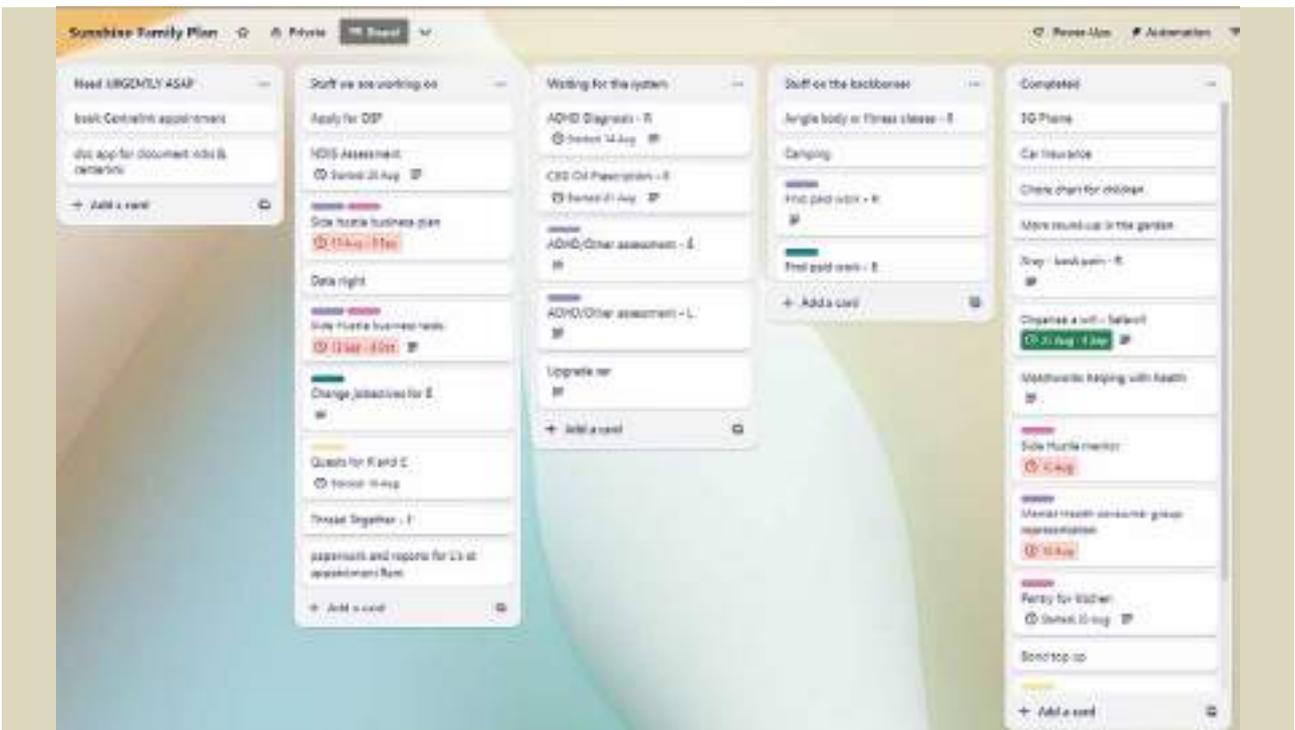
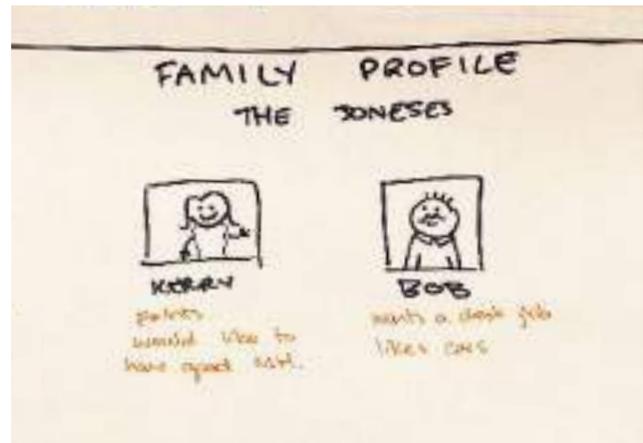
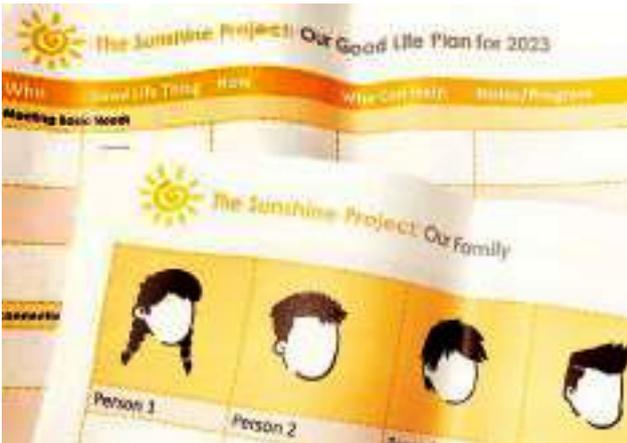
We tested several iterations of the plan including:

1. Paper-based plan
2. Butcher Paper, transcribed into plan
3. Digital Project Management Tool

Paper-based Family Plans (iteration 1&2)

We collaborated with families to create a draft Family Plan template. This template featured a brief summary of each family member and provided space for everyone in the household to outline actions they wanted to take toward their 'good life'. It also included a section to identify allies — both formal and informal — who could support these actions.

One of the things they had to consider was where the plan should be stored. When a service develops a plan, there are significant obligations around data privacy and secure storage of client documentation. These plans tend to be uploaded into the organisation's own secure Customer Relationship Management systems, or printed copies are securely stored



in case files in locked filing cabinets. For this prototype, we experimented with the idea that the plan was the family’s plan, not a service provider’s plan. This meant that a family could, if they wanted, keep the original and share it as they wished. In the first iterations of this, we worked with a physical printed template which families filled out and added to.

Digital project management tool (Iteration 3)
We wanted to push the useability of the Family Plan beyond a static plan on a page and were curious to see how families might utilise digital technologies to support task management.

We provided each family with a laptop and the Family Coach worked with families to test out

some freely available, easy to use digital tools, translating their Family Plan actions into the template. (We used *Trello* though *Monday* is equally user friendly). Benefits included:

- Real-time updates via phone or laptop.
- The Kanban view allowed users to easily move tasks - marking them as urgent or dragging completed tasks into a “done” column.
- Families could add trusted individuals, assign them tasks, and track their progress.
- Using a platform not owned by the service provider ensured families could continue using the tool after the coaching had ended.

To ensure participant safety, we provided some digital literacy education around cyber safety, such as only sharing with trusted people and not putting any identifying information in their plan.

Key Learnings

PAPER PLAN INSIGHTS

Some families preferred a plan on big paper

These families had a preference to work out their plan on the lounge room floor, they could then stick on their wall. One family who had made a wall plan at the outset contacted the Family Coach and said:

"You'd better bring some more of that big paper over, we've done all the things from our first plan".

In order to also have a version of the plan which could also be used with other services, the Family Coach transcribed the actions into a template.

Some families took their plan to multiple services

Several families took their Family Plan with them when they engaged with other service providers rather than developing duplicate plans. One person's plan was used in a multi-agency case management (MACM) meeting to make plans around protecting her from a former partner. Another parent was able to take her Family Plan to a review with her NDIS case coordinator who was able to use the plan to make a case for additional psychology sessions and assign her disability support workers to particular tasks which aligned with her plan. The NDIS coordinator commented to the Family Coach:

"I wish every one of my clients had one of these. It makes our job so much easier."

Differing goals within family

We considered what might happen in the case of:

- A family which was in the midst of significant conflict or had plans which were at odds with one another (such as a breakup).
- Some members of the family were resistant to participating in the coaching process.

As it turned out, the project had only one family in which the mother was keen and the father was initially not keen to participate in the process. He consented to having the Coach and design team in the home, which

was important, but excused himself. However, over time, he gradually started joining in conversations and eventually participated in the Family Plan and coaching.

If two family members had differing objectives, it would be recommended to offer a secondary Coach to support the other parent. This approach, commonly used in case management, would ensure that both coaches could focus on the wellbeing of the children while addressing the needs of each parent in their respective roles.

In the instance that one family member was non-consenting, or that the home was unsafe, alternate arrangements would be made.

DIGITAL PLAN INSIGHTS

Digitally connected, willing to learn

All of the families all already had some kind of online access at home and considered it a necessity rather than a luxury. While many of the families had never used project management software before, they picked up the functionality fairly intuitively and some even reported enjoying using it. One parent described the little dopamine hit they got every time they were able to drag a task into the completed column.

Families continued use beyond the project

When we did a check in with families at the three-month post mark, several had not continued with Trello, but one family was still actively using it and also helping friends to do the same. This tells us that while some may not choose to use tools beyond the service delivery period, there are some who will and who would gain longer term benefits through having access to a tool which is freely available.

Less pressure in an iterative tool

Our team noticed when we did a check-in with families about their plan, some responded to it as a kind of performance review and were nervous and apologetic about items which they had not been able to complete. The team reassured families that the plan was intended as a living document, a work in progress at their own pace. Families seemed to be more at ease with this framing.

Sharing Platform for Moral Support

We explored the idea of using a secure digital chat platform where families and the Coach could cultivate a supportive group dynamic to help families feel less isolated. We scoped a range of platforms based on cost, useability and security considerations and settled on Mighty Networks.

Key considerations and features included:

- Families could create profiles and join a private group with the Coach and other participants. The space allowed families to share challenges, ask questions, or celebrate small successes.
- Chats between participants were not moderated to encourage open communication.
- Popular activities included recipe sharing, with the Coach creating short TikTok-style videos featuring budget-friendly recipes.
- Ability to share upcoming events or workshops
- Data storage in Australia.



Key Learnings

Not best use of time with a small cohort

While some people did use the platform, some said it was too much effort to log into another app. It created extra work for the Coach to create content and the reach was relatively small.

A digital platform could be a good way to easily engage and broadcast content to larger cohort

This approach could encourage more activity by leveraging a greater number of users. It could also be used to group larger cohorts into smaller groupings by common interests or location.

System Immune Response

IMMUNE RESPONSE: *Doesn't our service need to securely store any plans developed? Isn't it risky to let families have this in their homes?*

REPLY: Services are accountable to keep records of what their own workers have agreed to action with clients, and factual details of their work through case notes etc. However, if a family writes up a plan that is their own, they can keep it in whatever format they like, do as they wish with it, share it with whoever they want, discard it or continue with it beyond the period of formal service provision. We may ask to save a copy of it, for their service records, or duplicate information from it into formats required by funders or organisational policy. Services also have a duty of care that if we show families tools which are available online, that we give them some basic digital literacy around safely using them.

IMMUNE RESPONSE: *If we buy an X for one person, won't we have to get one for everyone?*

REPLY: The personalised model is grounded in each family's good life vision and their Family Plan, and the investment is targeted to scaffolding this plan. Equity is not giving everyone the same thing. It means allocating resources and opportunities as needed to enable each family to have a fair shot at their 'good life'. Evidence from the project suggests participants had a good understanding of this.

4. Scaffolding & Creative Problem Solving

Thinking outside the box



4. Scaffolding & Creative Problem Solving

About This Theme

Once a plan has been developed, it might seem simple for the family to follow it independently and later update their case worker on their progress. However, implementing a plan is a complex change management process that requires significant effort and creativity from both families and support services. Progress depends on navigating challenges such as:

- The family's level of executive function, confidence, and motivation.
- Gaps in knowledge or skills that need support before moving forward.
- Family dynamics, including differing levels of motivation or buy-in.
- Long-standing narratives or self-sabotaging behaviours that hinder growth.
- Resistance to change from family or friends.
- Challenge of forming and maintaining new habits.
- Structural barriers like inadequate income support, high housing and living costs, limited access to therapy, flaws in the justice system, racism, and prejudice.
- Access to relationships, resources, learning opportunities, and tools to implement the plan.
- Unexpected life events such as illness or relationship breakdowns.

In this prototype, we explored creative ways to use mentors and brokerage to better support families to implement their Family Plans.

Current Experience

Service practitioners often operate within highly constrained settings

When developing plans, clients are often guided towards a very limited set of actions focused around a very limited set of outcomes. For example, this may look like resume writing, distributing resumes or applying for jobs, regardless of whether a person is ready for work or able to secure and keep a job. This approach does not allow for consideration of the person's circumstances or context, and key elements they may need to support their next steps. To address this, we draw on Vygotsky's concept of scaffolding, which involves breaking

down information or skills into manageable steps or stages that are easier for the learner to understand and apply and which lead towards larger outcomes.

Over-reliance on referrals

The social services sector relies on inter-agency referrals to patch together support from segmented service offerings - many advertise it as a key feature of their offering. What this can mean to clients is "we can't help, but we'll send you to somewhere else, who may or may not be able to help with what you need." As discussed in the chapter on Mental Load, each successive referral adds to the cognitive and emotional burden and eats up more time. Ideally a generalist Family Coach would meet as much of the need as they can and draw in people with expertise, resources or opportunities, rather than sending the client out to navigate these alone.

Under-utilisation of informal supports

The social service sector also tends to preference referrals between other social service organisations. Staff maintain awareness of similar types of organisations through service databases, networks or meetings. We often don't make enough use of community relationships and informal opportunities which might meet a need of a particular client. It takes more effort and creativity to explore these avenues, a luxury sometimes not afforded to service staff with high caseloads.

Brokerage is highly constrained

Due to the pressure on services to demonstrate value for money during the tendering process, they often focus on increasing the number of clients they commit to supporting. In order to do this, services tend to maximise the staffing component of the budget which means there is often little if anything left in the budget for brokerage to invest in families themselves. Brokerage refers to funds that can be used to help a client access something they need to move forward. The intent is that brokerage is flexible and discretionary, but because brokerage budgets are so small, staff can be reluctant to spend it. Strict rules about allowable expenses and burdensome validation processes make spending brokerage funds even more challenging.

Emerging evidence that creative coaching leads to meaningful change

A key learning from our review of other pioneering organisations was the importance of creativity and flexibility in coaching. For example, the Changing Futures Northumbria program, run by the Northumbria Local Council Authority, has adopted a “liberated method” (so named by its staff) that empowers coaches to perform their best, most human-centred work. This approach targets individuals identified as “trapped or tangled” and provides them with highly personalised coaching to help them get “un-stuck.”

Our Family Coach had the opportunity to visit this service, along with several others in the UK, to uncover shared practices. There was a consistent emphasis across organisations:

- Creative problem-solving: Coaches were encouraged to take a holistic approach, identifying actions that, while seemingly small or “nice to have,” could significantly boost a family’s confidence, self-belief, and capability.
- Team-based support: Coaches worked within supportive teams that fostered innovative thinking, allowing them to identify opportunities beyond standard service offerings.
- Permission to go beyond traditional approaches: These organisations emphasised flexibility and creativity in the planning process, enabling coaches to address families’ unique needs rather than adhering strictly to predefined outcomes.

By adopting these practices, organisations not only helped families achieve immediate progress but also laid the groundwork for long-term growth. This highly personalised, human-centred coaching model ensures that families are supported in ways that truly resonate with their individual circumstances and aspirations.

Principles

All project principles apply simultaneously:

- ✓ **Centre the family and de-centre the system**
- ✓ **Work with motivational capital and hope**
- ✓ **Grow the ‘good life’**
- ✓ **Free up family time and reduce mental load**
- ✓ **Connect families with resources, relationships, opportunities**

What We Tried

Along with offering the Family Coach our whole-team “Brains Trust” support, we wanted to push the idea of creative problem solving and explore the impact of giving families greater flexibility in choosing who they seek support from, and how they use available brokerage funding to implement their Family Plans.

The design team were also curious to test out what value could be added through the use of mentors to help families progress their Family Plan.

Families already had the Family Coach in place, who fulfilled some of the generalist functions that a typical mentor might fulfil. However, we were interested in what could be added by bringing in people who had specific expertise or connections which would be personalised to help a family grow their ‘good life’.

Invest In Us Funding

Recognising the importance of flexible, timely funding to remove barriers and foster family growth, we borrowed the “Invest in Me” concept from Western Australia’s Homestretch Model. This is a pool of funds (separate from Emergency Relief) available to invest directly in a family’s growth and development. Families identify an action which will help them move forward and which requires resourcing and approach their coach. Families are encouraged to “chip in” either financially (if appropriate) or through personal efforts to ensure they have skin in the game.

First iteration

Each family received a \$1,000 budget tied to their Family Plan, specifically for longer-term investments in their wellbeing. This funding was separate from the emergency relief funds used to stabilise families during crises.

We adopted the PLAN criteria from Changing Futures Northumbria to guide spending decisions. Expenditures needed to be:

- Proportionate to the family’s needs
- Legal
- Auditable
- Necessary

The Family Coach was authorised to spend up to a couple hundred dollars independently. For larger amounts, we implemented regular reflective discussions with the Design Team. This approach shifted the focus from rigid rules like, “We don’t spend money on X” to a more dynamic question: “What are we trying to achieve, and how will this expense help the family move toward it?”

Creating a collaborative process

Team discussions before approving larger expenditures served as a valuable circuit breaker, relieving the Family Coach of the pressure to make decisions on the spot. This separation of roles ensured accountability, with one team member acting as the “banker” and another as the “broker.” It also preserved the trust within the coaching relationship while maintaining transparency with families.

Families were actively included in these discussions, with the rationale behind spending decisions clearly communicated. This collaborative approach often led to brainstorming creative solutions that better addressed the family’s needs.

Unlearning unhelpful system mindsets

Through reflective practice, we worked to challenge and “unlearn” ingrained mindsets that stifled creativity and progress:

- The binary mindset of categorising expenses as either “essential” or “nice to have,” which hindered momentum and innovation.
- Fear that families might misuse or lose items, used as an excuse to withhold resources.
- Reluctance to spend money on families while readily investing worker time, which often carried a higher per-hour cost.
- A false belief that investments on one family necessitated the same for all, instead of recognising the personalised nature of spending.

Second iteration

For the second iteration of this prototype, we did not attach a designated budget amount to the Family Plan. The Coach helped the families focus more on where they wanted to get to first and foremost. Many of the actions were achievable without funds, but where there was an opportunity to add value or be more ambitious, the Coach introduced suggestions for financial investment. This proved to work more effectively compared to the first iteration.





Mentors

We wanted to see how adding mentors with specific expertise, knowledge, or connections could help families advance their 'good life' vision and complement the Family Coach's support. The following case studies outline how creative use of bespoke mentorship, when combined with flexible and creative approach to brokerage funds, helped individuals to progress towards their goals.

1



FOOTY MENTOR Case Study

P loves to play footy and is a promising player who has the potential to play professionally. But the past few years have been hell. P's Mum's partner's FDV escalated over a number of years to more and more serious assaults. P's Mum attempted to leave the partner several times and the Police were involved.

The final time, P's Mum ended up in a coma. Eventually the family ended up hiding in a refuge from the partner and P was called to be the key witness in the court case which ultimately put P's Mum's partner in prison. The partner continued to harass the family from prison. P was undergoing counselling but suffered from ongoing anxiety. As a result P's school attendance was poor.

P's Mum suggested the Sunshine team reach out to P's favourite AFL footy team, to ask whether one of the players would be willing to have a Facetime call with P to encourage him in his footy career, but also to encourage him in school. P was ecstatic about the call and he talked about it for weeks. More importantly P's school attendance improved.

P still has a long recovery road ahead with counselling but the brief, timely interaction with a footy hero encouraged P to keep going.

PEER-MENTOR Case Study

H became a grandparent carer for three children, after her Mum passed away suddenly. The kids had complex needs arising from childhood trauma. H's job was on a precarious footing and she had used up all her leave taking the kids to specialist and counselling appointments.

H's rent and bills were also spiralling and she was not eligible for any government support as she was employed. At one stage, H was caring for an additional four grandchildren as her other daughter had become homeless and was living in her car. It was difficult to keep her house to a standard that met real estate expectations and H had had two breaches. H feared becoming homeless.

As part of the family's planning process, H expressed that she felt alone and overwhelmed all of the time. We offered the idea of a peer mentor H could connect with and reached out to a number of carer support organisations who were able to identify a peer mentor with very similar lived experience of being a grandparent carer, balancing a paid job with care of grandchildren with significant and complex needs while struggling financially.

Because H works all day and looks after the kids in the evening and weekend, the peer mentor had to be available online or meet somewhere the kids could play. When it came time to make introductions, H decided that she didn't want to meet the peer mentor after all.

Her survival mechanism was to close off and to be self-sufficient, and she said she was not ready to let that go. She did however reflect that the Family Coach had fulfilled some of that function for her. She would often initially respond defensively to challenging discussions with the Coach, but later came back and reflected "I thought about what you said". In the evaluation, H commented that she had valued "having another grown-up around to bounce things off."



3

MUSIC MENTOR Case Study

D has a way with words, rhythm and a wide vocabulary of metaphors to describe her life. D had been talking with her Family Coach about her passion for song writing and her vision to record and perform hip hop music as a way to process trauma, reclaim her voice to tell her story and connect with others in the community.

D is a single parent with a disability, multiple mental health diagnoses and feelings of being socially isolated. Interestingly, as soon as it came to developing the Family Plan and putting some goals into place, D hit a moment of dissonance. D was so familiar with traditional social service case plans, that she immediately started reeling off a list of actions that might satisfy a case worker - "update my resumé, hand out copies, apply for some jobs."

While securing some paid work might be a longer-term objective for D, starting with resúmes would have been out of step with where D was at on her journey, and would have resulted in her merely going through the motions. By orientating the plan to the thing D most deeply wanted to contribute to the world, D brought her whole self to it.

The Coach suggested the option to find a mentor who could help D professionally record

a couple of songs with a backing track and offer some tips about the music industry. D was amazed that this could even be an option.

We identified a local hip hop producer who ran programs at the local youth centre. While D was well outside the "youth" age range, the mentor agreed to do some sessions at a very affordable rate. D recorded an album, produced a zine with drawings and lyrics and participated in a series of story-telling workshops with the Centre for Stories.

The mentor connected D with a well-known local hip hop artist to line up a chance to perform as a supporting act at one of their shows. D was also connected to the local community radio station, where she was interviewed live on air and her songs played.

This process has scaffolded D's ability to:

- Feel more in control of her life and hopeful about the future.
- Process and express life experience via song.
- Be recognised for mastery over a skillset.
- Break down a goal into a project plan.
- See a goal through.
- Consider herself as someone who had something to contribute and imagine that she might one day be employed.
- Make social connections in her community.

4



YOUTUBE MENTOR Case Study

J loves his kids and partner, but has struggled with poverty his whole life, and this has put strain on his relationships. J struggles to leave the house and won't go to a doctor for an assessment around his mental health needs, so can't access help with it. J is socially isolated and has not had a job for about a decade. He is an avid video-gamer and also keeps an array of aquariums, which he will happily discuss at great length. J has a running narrative that "nothing good ever happens to me" which holds him back from trying new things.

As part of developing their Family Plan, J vocalised the possibility of making recordings of his aquariums and live streaming his gaming to create YouTube content as a way to connect with the world. We purchased some basic equipment and identified a YouTuber who lived in a nearby suburb, who had a significant following for his gaming livestreams. They approached him to do a couple of 1-1 sessions to help J plan out his brand angle and content. Unfortunately, J was too anxious to follow through with any of the meetups, but the process did motivate him to plan out his YouTube channel and with support of the Family Coach, and some basic equipment, J plotted out a schedule of recordings to post online.

J has a long road ahead to grow his confidence and get the help he needs, but these first steps helped provide some concrete examples from which to shift the narrative to "sometimes good things can happen to me". his life and prove to he could organise and follow through with a plan.

5



SMALL BUSINESS MENTOR Case Study

F had been using crochet as a mindfulness practice for several years and in the process had become proficient. She had sold a few items and was interested to see if she could broaden this to make some extra money.

We provided a laptop and F used some of her budget on courses around how to do a business plan and social media for marketing. This decision surprised us as F had previously recounted how much she hated being made to go on pointless courses by her Job Network provider. When given the ability to choose topics which were of interest, she followed through and raved about learning.

F then developed a business plan, refined her designs and purchased wool. We helped F do a website mock up, product photoshoot and set up shelves to stay organised. The Coach set up a 1-1 mentoring session with a local small business owner who had been successful at creating income through crafts and had high levels of social media engagement. F prepared a list of questions and wrote pages of notes during the meeting. The Coach also connected F to a local Befriend crochet group where she met like-minded people.

F successfully created a source of extra income. Prior to this, F had felt trapped in her situation, trying to provide for her kids in the midst of escalating costs of living, doing the rounds of emergency relief providers every week, and navigating her own mental health needs and her partner's.

This process has scaffolded F's ability to:

- Feel hopeful about the future and in control.
- Recognised for her mastery over a skillset.
- Create a project plan and see it through.
- Identify new learning opportunities and skills.
- Consider her own needs and self-care.
- Make local community social connections.
- Manage part-time work; organise time and resources around more than just survival.



Investing in a Family's Good Life

With the Coach and the family working creatively on their plan (and with the support of the design-team Brains Trust), families developed unique and personalised plans to contribute to their growth. Some diverse spending examples included:

- Laptops and a year's internet access.
- AUSLAN course to enable a parent to broaden her skills as an Educational Assistant.
- Courses in small business and social media.
- Electric bicycle to enable a parent with a respiratory illness to ride to pick up food hampers without losing breath on his pushbike.
- Museum annual pass so grandparent could take the kids during school holidays.
- Door installation across a lounge room to create a private living space for a grandparent and reduce overcrowding.
- New bed base to enable grandparent carer not to have to sleep on the floor.
- Learners' driving lessons and licence tests.
- School leavers jumper.
- Prescription glasses.
- Fishing gear so kids could experience fishing.
- A couch to replace a broken one.
- Family season pass to the local pool so the kids could cool off from house with no aircon.
- Gardening and cleaning equipment to make preparation for rent inspections easier.
- Re-tile bathroom to remove PTSD trigger from a serious assault.
- Storage boxes or cupboards to organise home.
- A cleaner for several months, so a single parent could focus on her job and gain permanent role.
- Replace furniture which had memories associated with a violent ex-partner.
- Skip bin to clear out hoarded junk.
- A good quality kitchen knife and large stock pot to enable a family to do batch cooking.
- A dining suite so a family can eat together.
- Emergency dental work for a parent's rotten tooth they couldn't afford to fix.
- Wait list help for reconstructive dental work.
- Self-defence classes for a parent's confidence to go in public after an abusive relationship.
- Cover a gap in a housing bond, when the rental price jumped significantly.
- A term of Gymparoo classes.
- Movie outing in school holidays - a first time experience for some children.
- Clothing, shoes, and a new bra for parent.
- Taxi vouchers to enable parent and child to travel to court ordered custody assessments to a suburb difficult to access by public transport.
- Recording of an album and zine publication.
- A tattoo to commemorate a particular milestone in the healing journey.
- Costs to get copies of identity documentation.
- Video game console for sons to share.
- Opportunities to have play dates with a dog.
- A camera and green screen to record professional YouTube videos.
- A website to sell products.
- Wool for crochet garments and other items.
- A professional photographer to take family portrait of each family, so that they have a nice portrait to put on their wall.
- A vehicle inspection to ensure a donated car had no major defects.



What We Learned

Leading with money felt awkward

Some families found having a designated budget amount overwhelming, creating a sense of urgency to spend it quickly. This focus on the dollar amount often shaped Family Plans around spending-based actions. While many of these expenses were legitimate and meaningful, prioritising them sometimes detracted from addressing other life domains the families had previously identified as important.

Brokerage is a social services word

Most families did not understand the word “brokerage”. We discovered this during a survey in which we asked families to describe which supports they had found most valuable. Almost no-one selected the “brokerage” option, yet in the free text area and in subsequent interviews, families said they highly valued the money as a way to help them grow their vision of a good life. As a result, we have refined the language to distinguish “emergency relief” and “investment” to delineate the two types of spending.

Trade-off between auditability & good value

The “A” in PLAN – “Auditable” – requires that all expenditures be accounted for with official receipts, aligning with standard organisational policy. However, many families preferred using platforms like Facebook Marketplace to purchase near-new second-hand items at significantly

lower prices, which often lacked receipts. To address this and maximise the value of funds, we implemented creative solutions, such as:

- Registering families as suppliers in Anglicare WA’s finance system using a Statement by Supplier Form. This allowed families to be reimbursed via bank transfer for hours worked on lived experience co-design.
- Offering support in other areas, like paying for groceries, which freed up families’ cash to make purchases on platforms like Facebook Marketplace.

Families understood personalisation of spending

When we brought families together for group sessions, some families discussed their respective plans or spending with one another. There was a maturity in the understanding of the personalised nature of each plan and associated spend. We didn’t experience families expecting that they should get something that another family had.

Graduated families could become peer mentors

Several families identified that beyond this project, they wanted to help other families. In any future iterations of the Sunshine Project, there could be scope for families who had “graduated” from coaching to return at a later stage and be trained to add value in a peer-mentor function, perhaps drawing from TACSI’s Family by Family model or Kwinana Early Years Service (KEYS) Empowering Parents Empowering Communities peer group facilitation model.

5. Social Prescribing

Access to healing experiences



"My kids went to my mother in law's for one evening. I didn't have to do dinners, bath and bed routine just for once. I felt like a whole different person."

"Life has thrown everything at us - I need some kind of break from the kids every couple of months just to feel human again."

"It was nice to hold on to that voucher and know it was there – the feeling of knowing that option was there was almost better than going to the movies itself."



"We enjoyed it and it gave us an opportunity to get back a sense of closeness."

One Family who used the camping kit managed to squeeze their whole extended family into a single campsite to get the best value out of the voucher. The mother described how it gave them a chance to get away and re-set. The kids had a blast and the opportunity enabled her to have some deep, honest conversations with her Dad and lay to rest some old traumas.

5. Social Prescribing

About This Theme

Positive social experiences are strongly linked to better health, while negative experiences, or lack of social connection, can harm it. The social determinants of health are considered so important that in many places, GPs and other health professionals are resourced to “prescribe” patients’ referrals to social groups, services, arts or sporting experiences in a bid to stave loneliness and social isolation.

Current Experience

“A mother can just run on empty and do things for her kids but when it comes to your self care it gets missed out.” – Participant

Couples facing significant hardship need respite

Families have told us that their number one motivator is to give their kids a ‘good life’. Many couples are also working on their relationship, but when all their income goes on essentials, they can’t justify the expense of a date night to recharge. Families running on empty struggle to function well, which affects every area of their lives. We also understand that brokerage is often limited, and prioritised for critical expenses such as food, rent or bills.

Families missing out on opportunities to celebrate and make great memories

Some families described feeling ashamed that they had never been able to throw a birthday party where they invited other children from school. Part of this was around the expectation to have a big cake, decorations and all the other bits to make it feel special. Other families described their sadness that they couldn’t afford the gear to take their kids on camping trips and give them those experiences that other kids got to have of fishing, camping, road trips etc.

Principles

Three of the core principles applied:

- ✓ **Work with motivational capital and hope**
- ✓ **Grow the ‘good life’**
- ✓ **Connect families with resources, relationships, opportunities.**

What We Tried

Prototype 1 - Date Night

We tested out what value could be added in offering a movie and babysitting voucher to give parents a brief respite to build protective factors into their relationship. We imagined that this would best suit:

- Parents who are engaging with services around other complex issues, who would gain value from having an evening without the kids to go on a date and recharge their batteries.
- Couples who have financial difficulties and would not usually be able to afford to go the movies for a date night.

Our hunch was this was not just about the cost. Movie tickets were fairly cheap. It was about the psychological element of having permission to invest some time and resources in themselves. We were conscious that some parents may not have access to trusted family or friends who might babysit, so we included the offer of a babysitting voucher from a reputable local babysitting platform, which would enable parents to select their own sitter with relevant police and Working With Children Checks.

Our team purchased:

- 10 x double movie passes for United Cinemas in Rockingham, for a film of the couple’s choice.
- 10 x babysitting vouchers for the app *Sittr*. Families created an account and selected from a selection of local, screened babysitters.

The opportunity was opened up to our other community service partners to put forward families they thought could benefit from a date night as a therapeutic experience. They provided flyers and guidance on how to pick up the vouchers. Our instructions to participants was to:

“Have fun. Take time to slow down and connect as a couple. Make some good memories”.

The only ask was to fill in a short survey afterwards for honest feedback about the date and if it made a difference to their healing journey.



Prototype 2 - Camping Trip

We tested what value could be added in offering a camping kit for loan, along with a voucher for a weekend in a campsite and, if needed, a fuel voucher to drive to the site. We purchased:

- Camping kit to loan with new tents, mattresses, sleeping bags and other camping gear. (See Chapter on Library of Things).
- G'Day Parks campsite vouchers for 2 night stays at any powered site (worth \$170 each).
- Fuel vouchers.

It was intended that this would suit:

- Families with school age children who were engaging with services around other complex issues, who would gain value from spending a weekend away together to work on attachment or connection and building memories.
- Families who faced financial difficulties and would not usually be able to afford to go camping for a weekend.

As with the date night prototype, we made the opportunity available for local service provider networks to prescribe the opportunity to clients as a therapeutic tool.

Some families had indicated they were nervous about how to put up the tent, particularly as a single person. As a result, we purposely selected easy to assemble tents. We ran a session in a local

park with several families to put the tent up, and provided laminated instructions, as well as links to an instructional video. Some families said they were nervous to go camping by themselves, and we provided information on women only camp groups which offer a friendly entry into camping.

We were aware that due to the housing crisis, camping equipment was also being provided by some services as a last resort for families experiencing homelessness. There was some discomfort in offering camping trips as a respite for families who were homed, when others were camping as a matter of survival. However, we still saw value in testing the idea, given every one of the families in the project had expressed a wish to take their kids camping or fishing.

Key Learnings

Date night

The date night vouchers took some time to be used. It took a couple of reminders to service providers to get them to refer families. Some said that given the small number of vouchers, they had assumed they would have been taken by others.

What was more interesting was the comment by one service provider that they had held back on prescribing the vouchers, as they wanted to offer them as a reward to families who had made progress throughout the term.

They meant really well, but it helped uncover some of the underlying system mindsets which can view anything beyond material basics as a luxury. This can prevent us from enabling families to access therapeutic experiences at the outset.

Feedback from Date Night families was that it did provide a moment of respite and a chance for couples to reconnect. Other insights included:

- Many parents mistrusted strangers to babysit (even screened, qualified strangers). Aboriginal and Māori parents in particular preferred family or friends to babysit.
- One parent tried multiple times to get her partner out on a date, but due to his high anxiety, he kept pulling out. She used the voucher to take a friend, who she had been wanting to build up her relationship with.
- For one family, who took their kids, it was their first time to ever go to the movies. They were ecstatic on the day and reportedly talked about it for months afterward. One of the parents was not able to join so the other parent collected the leftover popcorn to take home as a treat.

“The collaboration with the Communities for Children team during the ideation and testing phase enabled The Smith Family clients to engage in activities that facilitated their experience of the ‘good life’ within Kwinana. The feedback from these clients has been overwhelmingly positive, with stories of reconnection and revitalisation emerging. For some, it marked the first opportunity in years to enjoy a date night, highlighting the project’s profound impact on fostering healthier family dynamics.” – Service Manager, Smith Family

Camping experience

This prototype was launched in winter, and initial interest was low due to weather. However, come spring, interest grew. It was interesting to see the number of other factors which contribute to a family’s ability to go camping, which are about much more than access to equipment and a site:

- Access to a reliable vehicle, with sufficient boot space to fit the camping gear in it. We identified a campsite in Kwinana itself, which could enable people without a car to access it more easily with a short taxi-ride.
- Mental wellbeing, anxiety or lack of confidence.

- Mental load involved in planning a trip, deciding where to go.
- Anticipating a weekend with good weather.
- Meal planning.

A similar prototype tested by Anglicare WA’s Derby team found that there were great benefits in social prescribing a camping trip to send a family out of town to spend some time on Country together. Similarly, the camping gear and vouchers helped significantly, but access to a vehicle remained a barrier for families in accessing camping experiences.

“The camping kit was so beneficial. We went camping with kids and family, my son had been asking for years for it. It helped our family connect more.” – Participant

System Immune Response

IMMUNE RESPONSE: *We shouldn’t be spending resources on nice-to-haves like camping and date nights. In a cost-of-living crisis, we should be focusing on essentials like food and bills.*

REPLY: True, basic essentials such as food still need to be a priority. However, the mental wellbeing of families is also an essential, and the cost is not as great as we may imagine. Equity does not require that we must provide the exact same thing for everyone. It can be cost effective and valuable for a worker who understands a family’s context to personalise a well-timed experience to stabilise their emotional wellbeing.

IMMUNE RESPONSE: *We could hold off offering this at first, and save it up as a reward to offer families who achieve their goals.*

REPLY: It could be seen as punitive to frame enjoyable experiences as luxuries which must be “earned”. If we recognise these opportunities as therapeutic tools in and of themselves, we may be more likely to prescribe them earlier, as a circuit breaker or protective measure, at the stage when families are at their most overwhelmed.

6. Quests

Gamified short sprints to leverage motivational capital



SUNSHINE QUESTS 2022

PLAYER ONE

- LEVEL ONE**
21 - 27 NOVEMBER 2022
GARDEN MAKEOVER
ON COMPLETION: SEND SNAP OF TIDIED GARDEN
GET MEDICARE CARD
ATTEND MEDICARE OFFICE WITH BETH
- LEVEL TWO**
28 NOVEMBER - 4 DECEMBER 2022
CLEAN FISH TANKS
ON COMPLETION: SEND SNAP OF CLEAN TANKS
- LEVEL THREE**
5 - 11 DECEMBER 2022
DEVELOP YOUTUBE CHANNEL STRATEGY
WORK THROUGH STRATEGY PLAN WITH BETH

6. Quests

About This Theme

The quests prototype emerged from exploring different ways to structure support around goal setting and the allocation of worker time and resources. The aim was to assess how this approach could impact motivation and progress toward stretch goals. Building on earlier work, we recognised that some participants were familiar with gaming subculture. We decided to test whether framing the work in fun and familiar gaming terms, combined with incentives for achievements, could boost participants' motivation to pursue their self-identified stretch goals.

Current Experience

Impacts on executive function

A person may have limited executive function for various reasons, including addictions such as alcohol or drug use dependency, mood disorders or neurodivergent conditions such as ADHD or Autism. Other contributing factors can include brain injuries, lifelong developmental disabilities such as Fetal Alcohol Spectrum Disorder (FASD), or experiences of trauma, abuse, or violence. Individuals with executive function difficulties often struggle to organise goals into a plan and maintain the motivation needed to follow through without external support.

Extrinsic verses intrinsic motivations

Intrinsic motivation comes from within, while extrinsic motivation arises from external factors. Research in neuroscience has shown that trauma can have a profound effect on the brain, such as changes in motivation and behaviour. Trauma symptoms such as hypervigilance, avoidance, and negative beliefs can all interfere with intrinsic motivation and goal-directed behaviour. All families participating in The Sunshine Project had been exposed to a variety of traumatic experiences. Some families noted a lack of self-belief, repeated self-limiting narratives, avoidance or delaying action until negative extrinsic motivators such as a threat of eviction or loss of payment.

Enjoyment of games

We observed that several of the participants were keen gamers and responded to the structure of

video games, with clear rules, short rounds of intense activity, scores, rewards, scaffolded skill-building, gradually increasing levels of difficulty and "bosses" to defeat.

Principles

Prototypes in this chapter focus on:

- ✔ **Work with motivational capital and hope**
- ✔ **Grow the 'good life'**
- ✔ **Connect families with resources, relationships, opportunities**

What We Tried

Gamifying goals as short quests

The design team wanted to see whether structuring sections of the family's plan as gamified quests might create an enabling structure for participants who struggled to gain traction with seeing actions through.

We created personalised quest templates for each participant in Canva which emulated the visual elements of a video game. The Coach worked with participants to selected a stretch goal to take on, and broke it down into a series of smaller, staged tasks to be undertaken over a number of weeks.

Important conditions for this prototype

- Families and Coach have a relationship of mutual trust, which is essential for this exercise.
- The focus is on stretch goals, i.e. challenges that participants have difficulty prioritising.
- Quests are framed as an optional value-add, not mandatory nor a punitive compliance approach. Families have the choice to participate, with no negative implication if they choose not to, and can opt out at any stage. Coach time and brokerage support would continue as normal.
- Quests should be used as an option in the toolkit rather than a standardised approach as it doesn't appeal to every type of participant.
- Quests are run as a targeted short sprint. This adds a sense of urgency as opposed to the usual pace.
- Small cash rewards are offered for demonstrated effort. This simulates paid work, with an hourly rate for doing the task. Trying counts as doing.

- Easy to evidence - worker verifies in person or family sends them a photo as proof of work.
- Families were set up as suppliers and were paid promptly into their bank account- ensuring strong correlation between effort and reward.

Our team ran three quests over a one-year period, with increasing levels of challenge for each sequence. Families who chose to participate were also encouraged to take an increasing autonomy over the stretch goals they set for themselves.

Key Learnings

Quests created a jolt of motivation

In the months preceding this prototype we had worked at a slow and steady pace with families, the worker often initiating the contacts and next steps. Many families were making progress, but there were often more challenging tasks that some participants avoided or delayed. As soon as the quests prototype started, the worker observed a large and immediate increase in contact with families, describing their phone as “ringing off the hook with families wanting to progress their quests”.

By structuring time and resources as quests - short sprints, stretch goals with immediate rewards, we aligned with the research¹ around successfully motivating people who were challenged by executive function by creating:

- Novelty
- Interest
- Challenge
- Urgency

Quests motivated families to take on stretch goals.

Three of the participating families chose to participate in the initial quests prototype. They all completed quests and received the cash incentives and reflected that they were proud of what they achieved. Interestingly, while the cash was valued, they still most highly valued the relationship with the Coach.

Examples of Participants and their quests

1. A parent (and gamer) who had negative experiences engaging with support services, participated in the quest activity, which was the first time we had seen him engage with the project, later going on to participate in a session

for the family to develop a plan to grow their connection, improve their relationships and grow opportunities for income

2. A sole parent of two challenged herself to learn how to use a whippersnapper to clean up her garden for rent inspection (her ex-partner had always done it), overcame her fear of mess to create a food garden with her kids, and several other activities around family connection and accessing therapeutic services.

3. Another parent took on a mammoth task she had been avoiding to de-clutter the hoarded belongings in her house and shed into a skip.

Dependency on extrinsic motivators

Some families participated in the first round of quests to get their motivation going, and became intrinsically motivated from that point onwards. However a couple became reliant on the format. It set up an uncomfortable relationship with the Coach, placing her as the arbiter of whether the family had completed their gamified tasks, and if they hadn't, withholding the reward. For this reason we ended this prototype. It is possible that the quest mechanism could be improved by separating validation and reward from the coach relationship.

This could be done using a digital app in which families enter their own goals and decide simple rewards for themselves e.g. this reward could be giving themselves permission to sit in the garden and have a cuppa, or access some reward negotiated with the service provider). The digital tool then becomes the arbiter of success and reward. Further design exploration around the shift from extrinsic to intrinsic motivation is warranted.

Quest format demonstrated value for money

For some families, the momentum gained and goals achieved cost \$500 in cash incentives plus some brief worker time. Compared with the six-months of worker time spent encouraging progress in a traditional approach with mixed success, in purely monetary terms, this showed a better spend to help the family move forward.

Applying the lens of executive function

Given many of our clients would have lived

experiences which might predispose them to have limited executive function, the insights from this prototype provide fascinating insights into the way we approach our work. It opens up a line of enquiry and possibility as to how services might vary the pace of support and the type of engagement tools used to suit the needs of the individual person, rather than a standardised offering.

System Immune Response

Early on, the idea around quests attracted some critique from service provider staff. The design team also identified these responses within themselves as the “internalised System Immune Response” which generated reasons as to why we shouldn’t try something new.

IMMUNE RESPONSE: *Why would we give people money to work towards their own goals?*

REPLY: For those who are really stuck, with extremely low motivation, and almost insurmountable barriers, there is a case to be made that whatever it takes to get momentum going and to have a taste of success is a good spend (compared to the cost of remaining stuck), and as shown in M’s case study - the motivation created lasted well beyond the quest.

IMMUNE RESPONSE: *We shouldn’t give people cash payments as they might spend it on things like cigarettes. We should only give them vouchers for food or where we buy something specific so we can control what it is spent on*

REPLY: We were not prescriptive about what families chose to spend their money on. Most reported back anecdotally that they spent it on food, their kids, or treated themselves to small items they had been going without.

IMMUNE RESPONSE: *Aren’t you being like Centrelink where you have to achieve certain tasks or they breach you and cut off your payments? It’s an unequal power dynamic where you have the right to withhold something if they don’t do what you asked them to do.*

REPLY: The power dynamic was acknowledged (as with all interactions where a service with resources has the ability to give or withhold). However, this project was framed as an opt-in value add rather than a mandated activity in which baseline welfare payments are at stake. The trusted relationship and co-developed tasks helped equalise the power dynamic.



Case Study

M’s Quest = Big Steps Forward

A seed of an idea, but many obstacles

During a visioning activity about their ‘good life’, M identified that being able to drive could have a significant impact on her life. She did not have a driving license or vehicle, which directly impacts her ability to be independent and in control of her time. She currently walks most places, such as taking children to school, or calling an Uber. M’s >

son asked to participate in kids' sport and having her license would enable her to drive him to footy practice and matches in various locations. M had a reflective, questioning disposition and a committed desire to create a better life – but had come to think of driving as something that was out of reach, given the many practical, financial and mental barriers she knew would be encountered, including:

- Having been diagnosed with ADHD, M finds focusing on new tasks difficult. Additional diagnosed mental health challenges also affect M's ability to manage, though she powers on with help from a disability support worker. M's struggles with mental health sometimes mean she needs to go to hospital.
- M parents a child who was very unwell as a baby, and this difficult time has had long-term impact.
- Having known someone who lost a child in a car accident, driving came with a lot of fear and sense of responsibility for M.
- M had a difficult relationship with her Mum and doesn't remember being shown affection or love as a child.
- After becoming homeless last year when her rental lease was not renewed, M and the children crowded into her nan's small place while they wait for public housing. M has extended family living in the same area which means she can see them regularly.

Traditional approaches see little result

In the six-months leading up to the quests, the Coach booked in appointments to work towards M's goal many times. M avoided doing the practice tests or booking in a time to sit the Learners permit test, despite this being a key goal. Something always came up, it was never the right time to work on it.

Quest creates shift in motivation

As soon as M opted in to participate in the quest and we helped her structure the steps to her goal as a quest, she became very focused and motivated, taking the following steps:

- M immediately booked in time with the worker to go through the Learners book and completed a number of the online practice tests.
- M sat her Learners test and promptly failed the eye test because, as it turned out, she had been struggling with very poor eyesight.

- We adapted M's quest to include making an appointment to the optometrist, which she did immediately. Ruah's brokerage covered the cost to get prescription glasses. The next week, M picked them up and was excited to show them off to us.
- As her final quest activity, M booked in to re-sit the Learners test. She passed the eye test but failed the written test by only two points.

Momentum continues beyond quest

At this stage, the quest, along with the cash incentives, had finished. However, M went back to re-sit the Learners test and again, failing by only a couple of marks. M returned a few days later and passed the test and got her permit. This was a monumental step forward. M reflected that the thing which helped most was the relationship with the Sunshine worker:

"The Coach has been great at keeping me motivated and supporting me to achieve against the obstacles and challenges. And there's so many obstacles."

M also reflected on the shift in her self-concept as someone who could be a driver:

"I never thought I'd be a driver. If it wasn't for our Coach we wouldn't be having this conversation... I want to live in the solution, not the problem."

The next step was getting behind the wheel. M was really anxious about being alone with a stranger who might judge her. With access to flexible brokerage, the worker found an instructor who also lived with ADHD and was able to empathise with difficulties M might encounter as she learnt to become a safe and confident driver, and ultimately pass the test.

Following their first lesson, M was brimming with excitement and pride. She connected well with the instructor who told her she was 'a natural'. Since then M has been doing regular lessons and is progressing well. With Sunshine's support, M is well on her way to becoming a licensed driver.

7. Food Security

From scarcity to abundance



7. Food Security

About This Theme

Good food is a building block to the ‘good life’. There is a clear correlation between food and almost every other aspect of life. It impacts on healthy development, energy and the ability to learn, mental wellbeing and mood. The ability to provide, prepare or enjoy good food is often tied to status. It is a source of joy and community. When we speak about food security, we mean a whole picture, with consistent, equitable access to food which meets all dietary needs and preferences.

Current Experience

Supply chain issues, escalating cost of living

We began this project in 2021, as WA’s borders opened and the Omicron variant of COVID-19 spread across the state. At the time, many items in supermarkets were unavailable due to erratic supply chains, which contributed to anxiety about food scarcity. The government’s COVID support payments were being phased out and people were

being encouraged to get back to ‘life as normal’. Instead, what transpired was a housing crisis. As the cost of housing escalated, housing and bills took up an increasing percentage of income, which has squeezed the amount left for families to buy food each week. Australian average rental prices have increased by more than 32% since the start of the pandemic in 2020¹.

Extreme rental stress

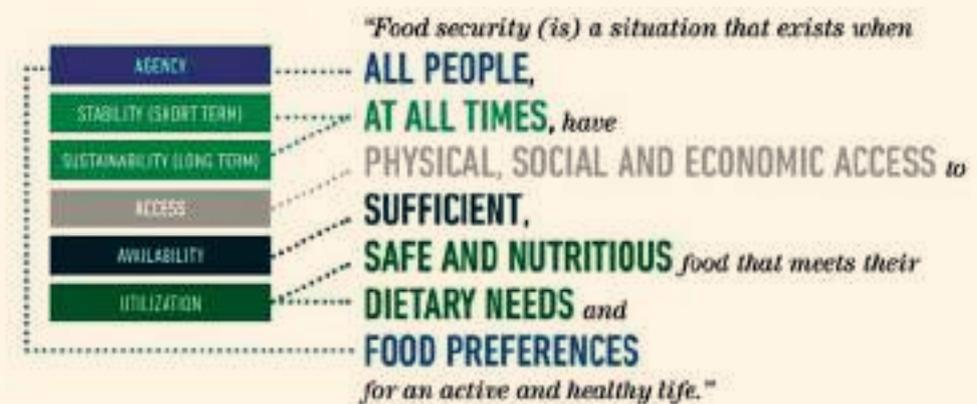
Within the Sunshine Project, two thirds (66%) of participating families experienced Extreme Rental Stress (more than 60% of household income spent on rent), with the remainder either experiencing Rental Stress (more than 30% of household income spent on rent) or saving costs by staying in overcrowded housing with relatives. Rising costs of food and increases in other expenses such as housing, utilities and other goods, have further impacted on these families’ ability to access good food.

“I just shop at Foodbank and get hampers where I can. Coles and Woolies feel like rich people shops” – Participant

Australia is regarded as one of the most food secure nations in the world

We produce enough to feed the population three times over, and export 70% of this. Despite this, significant segments of the community still experience hunger and malnutrition². Studies emphasise that food insecurity in Australia stems not from a lack of food availability, but from unequal distribution and access, while ABS reporting highlights disparities in food access based on socio-economic status. By focusing on creating equitable access to food, policies can work towards alleviating hunger across the nation.

We know that in 2023, 3.7 million households had experienced food insecurity, and 2.3 million of those were “severely food insecure”.



HLPE. 2020. Food security and nutrition: building a global narrative towards 2030. A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security, Rome.



Lack of dignity, impact of the scarcity mindset

With supermarkets hiking prices, many could not afford to shop there. Many rely weekly upon Foodbank and a patchwork of ad hoc emergency food providers. They have a high level of literacy about emergency relief providers. However, the emergency relief system is limited and not designed to meet the needs of chronic food insecurity. Parents described a sense of shame about their children eating sub-par food from supermarkets that no-one else wanted. School breakfast clubs are a lifesaver during term time, but school holidays bring the stress of hungry bellies. Some parents described going without meals to ensure enough food for their children.

Food relief reinforcing poverty

In addition to the mental load of remembering information about all the free or low-cost food places, there is a huge cost in time and dignity of securing it. Funnelling limited food relief through a small number of providers creates its own patterns of scarcity. Families described having to arrive early to make sure they got something or feeling like they had to “tell a bigger sob story to the next person” to justify that they were worthy of a hamper. This system perpetuates a sense of identity tied to poverty, casting individuals as victims. The perceived scarcity creates competition and suspicion between community members. Despite this, some families described helping out friends and neighbours with food and aspired to be part of a sharing community.

Principles

Prototypes in this chapter focus on two principles:

- ✔ **Grow the ‘good life’**
- ✔ **Connect families with resources, relationships and opportunities**

What We Tried

We were curious about what additional opportunities could be created for low-income families to access and share affordable good food in their local area (in this case, Kwinana). We were also interested in the aspiration that some families had expressed around the desire for the social aspects of food in community, whether as a form of social capital “bartering lemons for eggs” as one parent described, or meeting socially to grow, cook and share food.

Community Visioning

In setting the tone for creating enablers for the ‘good life’ at the community level, we convened a selection of community stakeholders in the Kwinana community. These included the City of Kwinana, several local service providers, the Medina Residents Association and two different backbone organisations focused around early years. Participating families were invited to be part of this process. They were presented as community members rather than as “clients” and this was an important distinction with regards to their role as active agents in community.

Three sessions were facilitated over a year, including an initial visioning session to identify potential prototype projects and partners, a follow-up to reflect on progress and iterate, and a final reflection to check back in on learnings and recommendations at the end of the year.

This forum provided the jumping off point for each of the prototypes in this chapter and subsequent chapters which relate to the broader community. It was in this forum that the metaphor of the 'good life' as a garden came to the fore.

The subsequent check-ins also provided an excellent forum to explore learning with other community partners, and to prompt thinking about shifts in models and practices.

The community visioning and projects also enabled participating families to create a subtle shift in their identities from being passive recipients of services to being active co-creators of their communities. There was a marked shift in confidence among those who took part with families asking repeatedly when they could next participate and joining in with designing and testing the community prototypes.

Growing Food

One of the ideas which scored highly during the community visioning stage was the idea of a food garden based at a bustling community hub. This would provide parents and children with incidental opportunities to learn about growing and cooking food alongside other life skill or parenting learning programs. Kwinana Early Years Service (KEYS) offered to host, offering their meeting spaces, kitchen and backyard.

We knew there were already a number of community gardens in Kwinana, but with an approach of "the more the better", we organised a workshop where a local food gardener Coached community members to build several low maintenance wicking beds. A keen community member took it upon herself to document the process and produce a shareable guide on building a wicking bed. Participating families were able to harvest several seasons worth of vegetables from these beds, and this produce was used in the next prototype.



Key learning

- Families on low incomes are keen to learn about easy ways to grow food to supplement their diets. One parent told us they were growing vegetables in an old baby bath.
- Parents on low-incomes are looking for free or low-cost school holiday activities. With food security at its most pressured during holidays, food-based activities are an immense draw card. Child and Parent Centres, Aboriginal associations, grass roots community groups and community Facebook pages are an ideal way to get the word out.
- Many people had ineffective ovens or felt ashamed to invite people into their homes. Loan equipment items (large stock pots etc) and access to kitchen spaces with large stove tops and working ovens make it easier to meet up and batch cook in bulk.
- We need to see the urban farmer as a new type of community service function, and to fund it as an ongoing role. It need not always be a full time employee. A few hours a month to weed, add nutrients, harvest, re-plant, and to run occasional short workshops with community members may be a sufficient starting point. Some larger organisations might be able to fund paid roles through veggie box subscriptions.

We relied on the buy-in of staff who had initiated the project to water and weed the garden periodically. With turnover of several key staff, some of the goodwill was lost – new staff saw the garden as an impost. While staff were still able to harvest and cook produce with several families, the intended integration with the whole of life skillsets was not able to be realised in this prototype.

Food as Social Capital

We were keen to explore families' desire for building connection around food. One of the insights which came up was that families really wanted to give their kids healthy food, but they had some gaps in their knowledge about how to prepare it. Many had not grown up being taught how to cook with fresh produce, did not know how to store it, or how to cook dishes their kids or partners would like.

We programmed a series of food related sessions at the KEYS site, and later at the nearby Salvation Army hub. We created a basic app using Glide Apps to be able to share information about upcoming food sessions, including local council run events with clients. While this was useful for sharing online, we also found that service providers preferred having a printable flyer to share.

Cooking with kids

We organised an open Foodbank session around healthy school lunches. It was initially planned during term time, so parents could attend without their kids. Interestingly we had to cancel it, because only one person registered. We rescheduled the same session to school holidays, changed the venue to Salvos' Medina and rebranded as a Cooking with Kids workshop; it booked out within hours. The wait list grew so fast we had to close registrations and ran an additional session to meet demand.

The event attracted a diverse cohort of parents and grandparents, across various cultural groups. What was also interesting to see was a reasonable number of dads attended with their kids.

Peer led batch cooking

We were aware that there is a high operational cost to have paid staff or professional facilitators running structured food workshops. We were also conscious that running activities this way positions attendees as passive participants. We wanted to test whether families might gradually grow in confidence enough to co-facilitate cooking sessions with a small group of peers. We paced a series of cooking sessions to match the families confidence:



Key learning

- Social cooking is fun and enables parents to connect while sharing a task. As families grew in confidence and closeness over a number of sessions, some parents felt confident to take a more active role in initiating recipes, sourcing ingredients and co-facilitating the batch cooking. There is potential that with some initial support, and easy access spaces or equipment, parents can self-organise regular social batch cooking sessions without paid workers.

- If they are welcomed, volunteers will add great value to community garden projects, however experiences of other community gardens suggest that relying solely on volunteers is a vulnerability for a sustainable food operation at scale.

- The lack of free or low-cost bookable or drop-in kitchen spaces where community members can come together to cook is a huge missed opportunity and warrants further exploration, potentially via a [Befriend/Harakeke/Every One Every Day](#) type model, or via an arrangement in which a service funded to deliver wellbeing, skills development and nutrition education might make staff available in a back-seat capacity to enable families to take the lead.

- **Workshop 1 Batch cooking session** - We sourced affordable mince from a butcher and guided families to make up over 40 meals in a single pot, to take away and freeze.
- **Workshop 2 Recipe sharing session** - Families sourced recipes then cooked up garden produce to make a veggie rich korma curry, along with several batches of cookies.
- **Workshop 3 Pantry challenge session** - Families had the idea to bring in leftover

pantry food and combined these with garden harvest to cook up a batch of meals. Families were developing friendships by this point and decided they would like to meet up independently to do more batch cooking.

Families expressed their interest in accessing community-based kitchen facilities to cook together so we scoped up a range of options, but were unsuccessful in finding somewhere to accommodate them. Local council-run spaces required bond deposit and hire fees which were prohibitive for low-income families. Other spaces required that a service provider must provide staff to supervise at all times. Where people were considered “clients”, they were seen as a risk, but there was no avenue for them to be seen as “community members” to run informal group cooking activities in community spaces. This is a missed opportunity which warrants further exploration.

Recipes and guides - How to use fresh produce

Based on requests from participating families, we produced a set of easy guides for storing various fruits and veggies, and recipes which met the following criteria:

- Low cost ingredients, including veggies.
- Easy to make with minimal equipment.
- Meals designed to appeal to children’s palettes.

Families reported back that the guides were helping them keep produce fresher for longer.

Community Feast - Table of Plenty

Our team was invited to a Kwinana community feast, organised by the local Medina Residents Group. This community-run free lunch and performances resonated with the idea of food as a social connector and creating a mindset of abundance. We worked with Glavovich produce, a local farm, to purchase fresh produce to be delivered to the event. They liked the idea and sponsored a truck full of fresh produce. We set up a Table of Plenty with crates of produce, along with the recipes and food guides, and invited community members to fill up a box of fresh produce at no cost. Over 300 community members attended. .

We also observed many new migrants asking the names of some vegetables and how to store and cook them, taking the guides. This indicated



Key Learning

- Situating free food at a positive community event removed any of the stigma or shame that can come with emergency relief. People didn’t have to jump through hoops or identify as needy to access it. They took what they needed, alongside other community members and left with a smile and a recipe.

- Many families had a strong aspiration for their kids to eat healthy food. There were some gaps in knowledge, such as how to store certain fruit and vegetables to keep them fresh, and how to cook healthy, tasty meals that their kids (and partners) would eat. In the absence of this knowledge, and in the absence of access to affordable quality produce, many families defaulted to cheap, processed options. But armed with access and knowledge, many families expressed pride to be serving their kids healthy meals. One parent was proud that he made a big soup for his boys. Another parent talked about how much her kids loved the food they batch cooked, and that they were “obsessed” with the korma curry.

- Low income families will prioritise fresh produce if it is affordable. One family described how one box was enough for a family of five for a week. One family who is vegan for health reasons cited it as a lifesaver. Another Mum shared how her kids dived into the fresh veggie box as it arrived and started devouring fresh crunchy carrots.

a gap in food literacy for new migrants who may be unfamiliar with local products and trying to use recipes not in their language.

Farm Direct Supply Chain

Our team observed that low-income families often accessed food at the very end of a long supply chain, after it was past its usability and the major supermarkets had discarded it. The image below shows what was left when the Coach went to the emergency food provider with one of the parents. This is not to belittle the exceptional work that these providers offer in diverting food from landfill, but we were curious what options we could test to put low-income families at the front of the queue, before it reached the supermarkets.

Glavocich low-cost veggie box

We reached out to Glavocich Produce; a small family-run farm located just 10 minutes from Kwinana. Glavocich already offered subscription based seasonal food boxes. We discussed with them the opportunity to offer a low-cost basic vegetable box for people on low incomes, which had a pared back selection of more affordable items, but with the same premium quality. We costed the items and it equated to about \$55 equivalent value at Coles for just \$25, so half price.

Glavocich agreed to trial a Value Box option on their website, with delivery to a local community service. Many families couldn't get to the delivery spot, so Glavocich added a \$5 home delivery option, which proved popular.

As of March 2024 over 200 families in the area had ordered the Value Box. Feedback from families indicated that one \$25 box was enough to last several weeks due to the freshness. We used feedback from families to tweak the contents of the box to switch out some of the less popular vegetables and add in school lunch box fruits.

Mapping Food

We tested out ways to make diverse local food sources more visible and utilised Google Maps to start plotting out emergency relief and low-cost food providers, community gardens as well as fruiting trees in public spaces (similar to sharing maps such as Ripe Near Me which have since folded). We contacted the City of Kwinana about options for its community mapping system, to include a layer for community food sources. This prototype didn't get beyond initial discussions with council, but there is potential for community food maps to provide visibility of localised food assets, as an alternative to the major supermarkets, particularly as more of these options are created.





R- AH     **KEYS**

FARM-FRESH FOOD BOXES

\$35 WITH ANY CONCESSION OR HEALTHCARE CARD

With the cost of food going up, imagine if you could order affordable, fresh produce directly from a local farm?

The Sunshine Project has partnered with Glawcock Produce farm in Wattleup to create a special \$25 Value Fresh Veg Box for families with a concession or healthcare card. You'll get basic, seasonal fresh items at almost half what you would pay at Coles.

HOW TO ORDER
 Order and pay direct through Glawcock Produce on Tuesdays each week. Orders will be delivered to Kwinana Early Years Service, 18 Hewison Rd, Medina on Thursdays for you to pick up by 4.30pm.
www.glawcockproduce.com.au

PICK-UP ADDRESS: KWINANA EARLY YEARS SERVICES, 18 HEWISON RD, MEDINA




 **The Sunshine Project**
 Grow Your Good Life

Table of Plenty

- Help yourself to some fresh produce
- Take a recipe to try at home
- If you want regular affordable veg, take a flyer to access the \$25 farm value box

The Sunshine Project is a 2-year design project to explore and test what supports and resources can enable families in Kwinana/Rockingham to grow their good life.

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Key Learnings

Things which worked

- Powerful momentum was created by convening multiple community organisations around a common focus on enabling the 'good life'. Many ideas were able to be implemented by leveraging existing resources, or with minimal additions of resources to create a much bigger result (such as providing in-kind access to kitchen space, pooling resources allocated for workshops to reach a bigger cohort, etc).
- Learning forums proved insightful for capturing resistance points and making them visible.
- The project resulted in ongoing discussions around what existing community mechanisms could be leveraged to increase access to "library of things" loan items, and community spaces for citizens on low incomes to come together and cook, grow food etc.
- The local council and other community partners have continued working together to seek locally-based solutions.
- Bridging social service organisations with grass-roots community efforts, alongside businesses such as the Glavovich farm surfaced some amazing synergies, but also some friction points which provided clues as to what investment is needed to ensure these partnerships can succeed over time.

Things which didn't work

- Participants from organisations who joined the workshops were supportive, but progress in shifting established mindsets and behaviours within their teams was slow. Staff were often hesitant to connect their clients with opportunities or to pool resources for mutual benefit. Some adhered strictly to their roles, resisting more flexible approaches. Learning and training opportunities could be a longer-term strategy to help bring them on board.
- Basing food activities in an isolated hub, with only intermittent staffing and no group activities, missed the chance to informally engage families passing through the space. This approach required formal planning for every activity and meant families had to travel out of their way. A key takeaway was the importance of going to where families already are and aligning with their daily rhythms.

- Formal service staff schedules allowed little time to contribute to community building work.
- Finding a neutral time to meet was difficult. Paid social service staff preferred to meet during 9am-5pm, while volunteer-based community organisations often meet after hours or weekends. For localised approaches to work, small details such as when and where to meet can make all the difference to success - local council or social service staff may need to attend meetings out of office hours.

System Immune Response

IMMUNE RESPONSE: *Families on low incomes don't prioritise healthy food. They are only interested in processed food. "Families in poverty don't want to learn how to cook kale".*

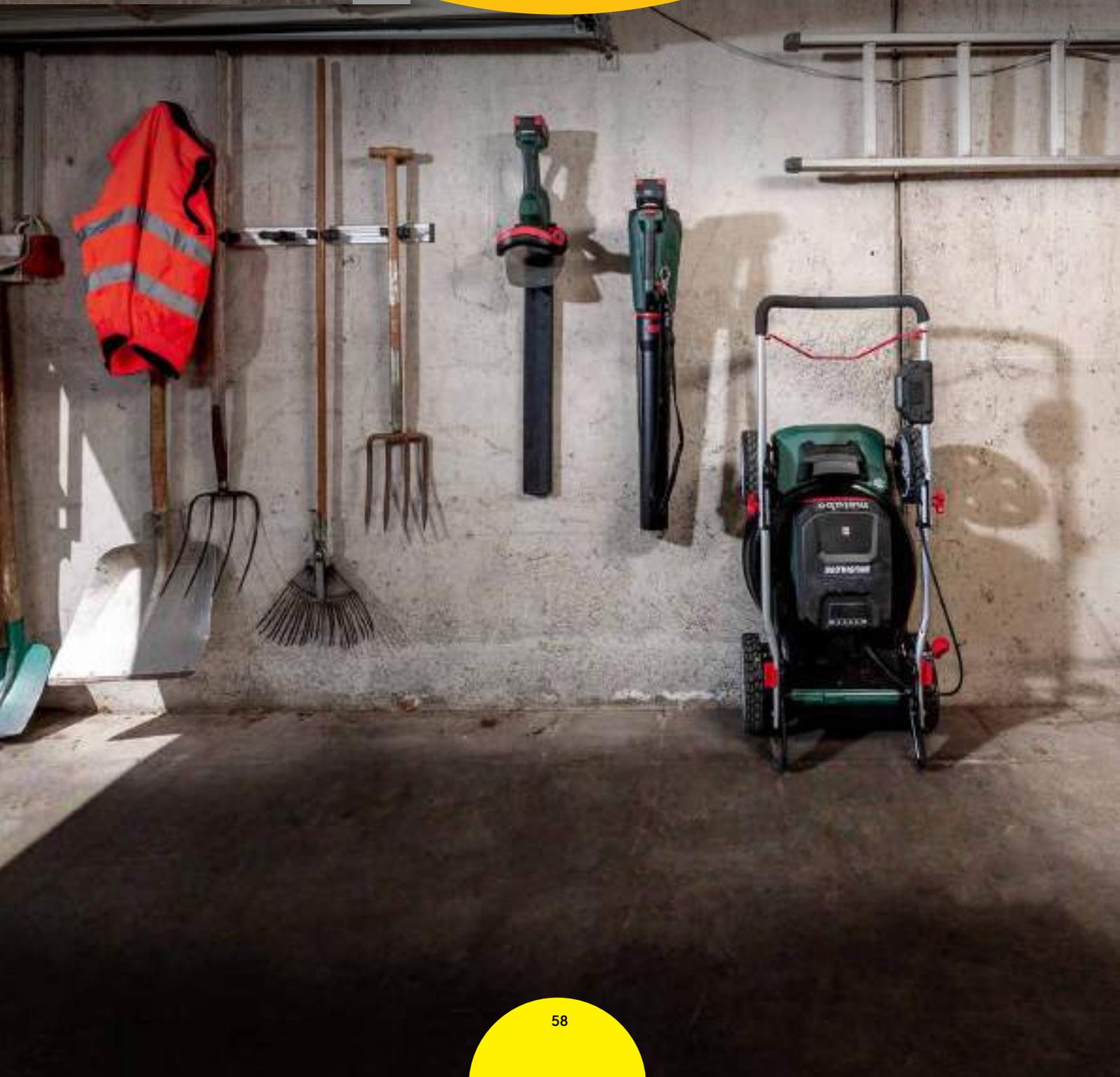
REPLY: We found many families had a strong aspiration for their kids to eat healthy food. There were knowledge gaps regarding how to store certain fruits and vegetables to maintain their freshness, as well as how to prepare healthy and tasty meals that their children (and partners) would enjoy. In the absence of this knowledge and access to affordable quality produce, many families defaulted to cheap, processed options. With access to resources and knowledge, many families expressed pride in serving their children with healthy meals.

IMMUNE RESPONSE: *We can't let groups of clients access community-based kitchens without staff supervision. They are too risky. What if they injure themselves or steal things? We would be liable.*

REPLY: We trust community volunteers to access spaces and cook unsupervised in a range of settings. We give them training as to how to safely use equipment, book rooms and access spaces and lock up. If we were to shift our terminology from "clients" to "valued community members or volunteers," we could potentially establish trust in them similar to how we do with volunteers.

8. Library of Things

Loan items to grow the 'good life'



8. Library of Things

About This Theme

This theme responds to low-income families who often cannot afford to buy and own all of the items needed to keep their heads above water, never mind pursuing the 'good life'.

Rent inspections create undue stress, partly due to equipment

Many families have spent years on wait lists for social housing, without success. In the meantime, most are struggling along in the private rental system, battling six-monthly rent hikes and three-monthly rent inspections. Many families could not afford items such as a vacuum cleaner, lawn mower and whippersnapper which are needed to maintain a rental property. The three-monthly drama of trying to borrow or hire these items adds to the stress and eats up valuable time that could be spent preparing for the inspection. Several families did not have access to a car, making it harder to access these items. Making do with inadequate items resulted in inefficient use of time and several families had received breaches from real estate agents because they were not able to achieve the desired result with the items they had available.

Principles

Two core principles were the prototype's focus:

- ✓ Free up family time and reduce mental load
- ✓ Connect families with resources, relationships, opportunities.

What We Tried

Prototype 1 – Loan Rent Inspection Kits

We worked with families to identify some key items which they frequently needed for rent inspections. With purchased items to create:

- Gardening kit - electric mower, whippersnapper, broom, rake, pruning hand tools.
- Cleaning kit - wet steam cleaner for stains.

Items were stored at a local community space. Families participating in The Sunshine Project were able to borrow these items any time. For those with car access, they were able to pick up the items. For

those without transport access, the Family Coach would drop off and collect the items.

There was an awareness that for some families who had a pattern of pawning items as a coping strategy during times of significant financial need, there was some risk that these items might disappear. However, we relied on the trust held within the relationship with the Family Coach that families would return the items. This proved true and the items were returned every time.

As a result, several families accessed the kit multiple times, reducing stress and saving time with their pre-inspection cleaning routine. Families were able to address long-standing issues which had been raised in previous rent inspection reports. It is likely that access to these kits contributed to helping families to avoid breaches and maintain their tenancies.



Prototype 2 – Loan Birthday Kit

We created a loan birthday kit, including classic Women's Weekly birthday cake book, and a cake tin set which could make a large cake in the shape of various numbers. Additionally, we experimented with targeted supports towards consumables, such as a pinata and decorations, which gave one Mum the confidence to host her daughter's first ever birthday party at a local park and invite other kids from her daughter's class.



Prototype 3 – Loan Camping Kit

We worked with families to identify items which would make a good camping kit and purchased these items. This included tents, mattresses, sleeping bags, tables, chairs, cooking items, fishing gear and other miscellaneous items. Some packs of marshmallows completed the kit.

With a view to the longer-term mechanisms for community members borrowing the kit, we tested an online booking system via *Glyde* apps, to allow families to select their own dates and items.

We were curious to broaden the access to other community members and determined that a referral from a case worker would provide sufficient relational trust to vouch for the family to borrow the items. We prepared communications and a basic process for other service providers to refer their clients to book the kit. This kit was used in conjunction with the Social Prescribing prototype (Chapter 5), which provided campsite and fuel vouchers.

Key Learnings

Loan kits as equity

Loan kits offer a way for those on low-incomes (or those with a belief in the sharing economy) to access equipment they might not be able to purchase. This can relieve stress and enable families to meet their obligations and to provide experiences for their children.

Trust is key

In the market, loans are usually mediated by providing identification, credit cards or a cash bond. Other library settings rely on membership, with the penalty of late fees and a reasonable degree of trust. Outside of these structures, trust can be vouched for by someone who holds a relationship with the person. A case worker relationship was sufficient to establish accountability to care for and return items.

Leveraging existing channels to replicate

Beyond prototyping, we passed on kits to partner organisations to extend community benefits. The City of Kwinana library agreed to include some smaller loan items in its inventory. It also identified a range of kitchen items at the youth centre which could be put into circulation as loan items. Kwinana Early Years Service took on the cleaning and gardening kits to loan to its clients. We were able to gift the camping kit to Cultural Corridors, an organisation who run camps for Aboriginal young people.

Community-scale

There are social and environmental benefits in expanding the library idea to include access to a range of other useful items such as toys and tools. Libraries of Things are already being successfully run in many other communities, with a range of ways for those on low incomes to participate.

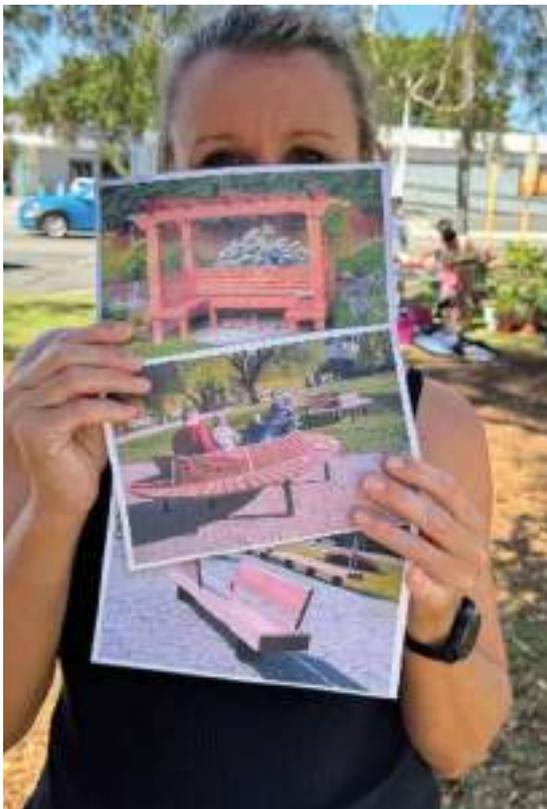
System Immune Response

IMMUNE RESPONSE: *Isn't this risky, what if items are stolen or damaged? Who is responsible to insure, repair or replace items?*

REPLY: Trust is an important element of the loan. While there is a rare possibility (not experienced in this project) that someone might steal or sell items to meet an urgent financial need, this does not outweigh the benefits of offering it. What we should look at instead is what enabling conditions need to be in place to ensure trust and accountability occur in most cases. We can then set aside some minimal budget for breakage and replacement as we do with all equipment.

9. The Sunshine Bench

Creating opportunities for neighbourly connection



9. The Sunshine Bench

About This Theme

Social connection is essential for wellbeing, and yet many people sense a loss of a supportive community “village”. We were keen to spark community conversations by providing a welcoming space where residents can connect and chat. This initiative encourages individuals to take an active role in fostering positive social connections. We designed a bench to be inviting, offering a comfortable place to meet and engage with others, even strangers. A sign with a QR code directs users to a website featuring resources about the bench’s purpose, conversation starters, and tips for safe and meaningful interactions.

Current Experience

Loneliness is often described as an “epidemic” in Australia and is recognised as a significant public health issue¹. It is strongly tied to ill mental health and to increased risk of other health problems. From 2001 to 2021, about 1 in 5 Australians consistently reported feeling “very lonely”², with

the figure spiking up to 46% at the height of the COVID-19 pandemic. Although the figure has since decreased slightly, 1 in 3 Australian adults still report feeling lonely in the past week³.

The 100 Families Project found that social isolation is a significant issue for people living in entrenched disadvantage, who have restricted ability to be active in their communities due to fewer resources⁴. Having social support – whether in the form of a listening ear or a helping hand – acts as a protective factor and improves wellbeing.

Meanwhile, the current lack of clinical services means that many people needing support are stuck on long waitlists. For those with mild mental health challenges, having someone to talk to can act as a circuit breaker, preventing further decline.

Principles

Prototypes in this chapter focus on:

- ✔ **Work with motivational capital and hope**
- ✔ **Connect families with resources, relationships, opportunities**

Inspiration from other community bench initiatives



Friendship Bench, Zimbabwe

- Friendship Bench is an organisation which hosts “grandmother” listeners on strategically located park benches, as a mental health intervention. This model worked well in the Zimbabwe context, which faces a significant shortage of clinical staff but has a large cohort of grandparents who have free time and are trusted confidants.
- Volunteers (and sometimes paid staff) were trained to sit on benches adjoining health services and run brief sessions with community members in distress. A double blind trial proved strong efficacy for reduced mental distress for people accessing benches, compared with clinical treatment.
- During COVID, Friendship Bench adapted to an online model. They developed training on how to conduct phone sessions, with an emphasis on keeping rapport when not in the same space.
- A service provider covered the cost of the free phone line.

What We Tried

Some families shared that when they were having a tough day, they wanted informal spaces to just chat with another person in a natural way, not in a clinical setting. They suggested a community conversation bench where people could go and chat, similar to a school Buddy Bench, but for adults.

A conversation bench might open up opportunities for incidental, positive social connection, build social cohesion, improve wellbeing and foster a sense of community belonging. However, our design team knew from previous projects, such as friendinneed.org.au, that while most people like to help others, many find it stigmatising to be seen as “the helped”.

We had a hunch that if a bench was pitched as a mutual opportunity for conversation, it could be a way for people to feel that they are helping, while also gaining social connection. We agreed that the Sunshine Bench would be framed as a fun informal way to meet new people and connect with other locals without placing too much emphasis on who is helping who.



Thrive, New York City

- Thrive is a mental health initiative which utilises paid peer workers sitting on iconic, bright orange chat benches. “Peers” are people with lived experiences such as substance misuse, homelessness and incarceration.
- Visitors can sit on the benches and have a conversation about their mental talk
- Peer supporters gather usage and efficacy data.

Design Principles

Community input informed our design for a functional but beautiful bench which would invite easy conversation between strangers.

- Accessible: Easy for elderly users or wheelchairs, with backrest built in.
- Comfort: Orientate seating at an angle offering intimacy but still maintaining personal space.
- Side-by-side doesn’t delineate personal space, face-to-face was considered too intense.
- Environmental fit: Styled to blend with local surroundings but also feel unique. Preference for natural materials, round shapes, like a dining table, to encourage conversation.
- Safe location: located in a well-lit, shaded area.
- Clear signage: Simple and easy to understand.
- Free WiFi zone: For QR code access.
- Low barrier to use: Easy to sign up, engage with.
- No stigma: Designed for mutual conversation, avoiding a “helping down” dynamic.
- Low maintenance: Managed as a local government asset with low administration.
- Measuring the volume of bench users needs to be discreet.



Have a Chat Bench, Albany

- This social isolation and mental wellbeing initiative was initiated by the City of Albany and funded by the WA Primary Health Alliance.
- Feedback indicated that the signage was too small, and its visibility was underwhelming.
- The project had no avenue to gather data about usage patterns or outcomes as a result of people having a conversation at the bench.

Community Liaison

We liaised with the Sunshine families, local council, resident groups, and local business owners. Medina was identified as an ideal community to trial a Sunshine Bench. We noticed that locals had strong community spirit, were often willing to show up and lend a hand, introduce themselves, happy to stop for a chat and seemed positive about new ideas.

Location

At the time, the Medina Residents Group was partnering with the City of Kwinana to redevelop the Pace Road precinct. We pitched the idea of including a conversation bench and were invited to engage the community in designing it. The bench was subsequently included as part of the newly developed community precinct, "The Koort of Medina", under large trees in the Medina town centre.



The team mocked up a comic strip to outline how the conversation bench might be experienced.

While this seems a simple and straightforward interaction, there are a large variety of psychological and practical considerations which can impact on this experience.



A person seeking conversation (for any of a number of reasons) sits at the bench. They wait until someone approaches.

A person who notices them sitting at the bench approaches to ask if they would like to have a chat.

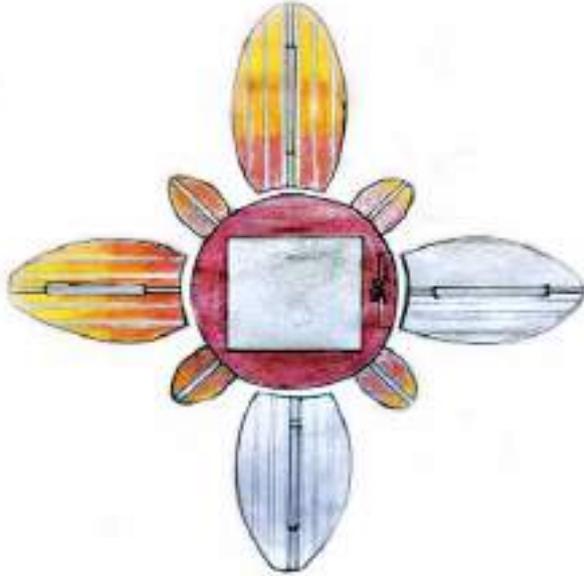
They have a conversation, if they feel uncertain they access the web page via the QR code for tips and conversation starters.

When one person is ready to finish the chat, they thank the other person and move on.

Both people are enriched by the experience.

“Not Just a Bench” - The final chosen bench design

The bench was installed in September 2024 and the winning design was awarded to a local contractor who captured the spirit of the project.



“Our concept uses visual inspiration from the project name itself: A sun and sunflower in unison. The design incorporates a self-watering garden bed for a beautiful display of inviting colour from seasonal flowers, a waterwise sustainable design. Sunflower “petals” or a “sun’s rays” make up the seating. Catering to a personal level of confidence - the “petal” seats with back rest design allow a person to sit either side of the bench and as close or as far from the centre as they feel comfortable, reducing or increasing the angle of interaction in relation to others. The “petal tables” allow people using a laptop, enjoying a coffee or playing a game of chess. The “petal tables” also support people using mobility aids or parents with strollers.” – Local contractor and bench designer



Images: Concept sketch (top left), and the final Sunshine Bench ready for installation (above centre).
The City of Kwinana will maintain the bench and Medina Residents Group will maintain the centre garden.

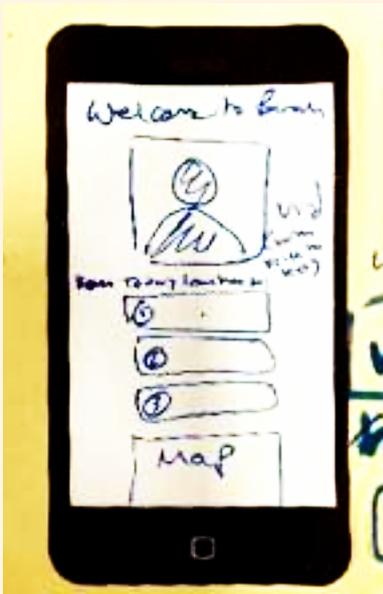
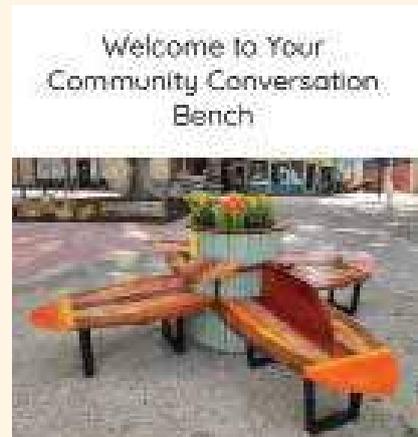
Digital Support

We developed a simple digital prototype, accessed via a QR code at the bench. This tool was intended to help people feel safe and confident to engage in conversations. The tool included these features:

- Welcome and information about the bench.
- Tips for a good conversation and listening well.
- Chat roulette wheel to generate fun conversation questions.
- Chat safe tips e.g. privacy, boundaries.
- Numbers to call if person needs professional help (more than just Lifeline).

Measuring usage/effectiveness

The team was keen to capture usage of the bench and initially considered an online registration as a safety mechanism, but which could also provide richer data on usage. However, concerns were raised about the impost of having to register on an app. In looking at solutions used by other local councils, the team opted to install a beacon option which would provide data on times/durations that people sat at the bench and not get the way of a quality conversation. The bench has now been installed and the beacon data is being monitored.



Images: Final bench sign with QR code for information (top left), digital sketches and app screenshots (bottom left and right).

10. Outcome Measures

Capturing the changes that matter

Image below: Sunshine Project team members



10. Outcome Measures

About This Theme

A vital element of design-based research is to examine a variety of data sources to understand whether, as result of each prototype, participants are better off and if so, how so.

Current Experience

Government thinks in slivers

As part of the early scoping for Sunshine Project, we were fortunate enough to meet with Sir Bill English, former New Zealand Prime Minister about the experience of the 100 Families NZ project. His framing of welfare system structures highlights why it is so difficult to fund holistic responses.

Contract Outcomes are similarly narrowly defined. For many years services were funded on the basis of their purpose- a charitable purpose was sufficient to receive support to go forth and provide supports in communities. Over the past few decades, economic rationalism increasingly encouraged community organisations to compete for funds and to find efficiencies - competing to see who would offer the most outputs for the cheapest price. There was a growing realisation that outputs are only part of the picture and that what really matters is the outcome for the end user, the human beings who are supposed to benefit from the service.

The new focus in commissioning is all about outcomes, which is not a bad thing in and of itself. The intent to commission around outcomes is a good one. However, because Government tends to segment issues by siloes this often results in services which offer highly specialised slivers of service orientated around narrowly defined outcomes.

This focus on outcomes tends to be also overly reliant on a simplistic factory production line approach to program logic and service models. For services which deliver a simple transactional service a simple program logic leading to singular outcomes may be sufficient. But work with families experiencing multiple interrelated challenges is not simple. Applying linear factory production-line logic to these complex systems is unhelpful.

Working Out What To Measure

Outcome Measure - Individualised Theory of Change

As part of the design process, we explored what a Theory of Change and outcomes measurement might look like for a service model which would be flexible enough to accommodate families facing very different circumstances and challenges. Could we identify common outcomes or indicators across all families to enable us to develop a consistent set of measures?

For this prototype, we brought in Anglicare WA's outcomes specialist to facilitate a workshop with families in which they worked backwards from their vision of the 'good life' to create a personalised Theory of Change for each of them. They started with their Vision Board as the healthy, fulfilled state that they wanted to move towards (Outcome). Each family brainstormed a series of questions:

- What are some actions that you would like to work on during the time of this project, which could help you move closer toward certain aspects of your vision? (activities)
- What actions would you like to work on to help you move towards your 'good life' vision. (inputs)
- What would be some signs that it was working? (indicators and measures)

Key insights included:

- While there were some commonalities in some of the anticipated outcomes and indicators across families (particularly around growth in confidence, hope), there was reasonable diversity across a suite of possible specific outcomes, due to the unique situations faced by each family.
- This early prototype informed some of the measurement tools which were deployed during the remainder of the project to capture actual outcomes for families.

Outcome Measure - Garden Metaphor

We were conscious that outcomes measurement is often experienced as an admin impost by families. We wanted to explore ways to include growth measurements as a seamless part of the process. Drawing on the metaphor of the 'good life' as a garden, they asked families to consider each action in their Family Plan as sowing a seed. We developed a ratings scale based on the idea

of a seed at various stages of growth (see below). During the development of the Family Plan, for each action, families were asked to delineate what stage of growth the seed (action) was at. The intention was to continue to check back in at intervals, providing pre-to-post data which could show growth and form the basis of an Outcomes Star-style set of scales for each of the 'good life' domains (Connection, Meeting Basic Needs, Healing and Contribution).

Key insights included:

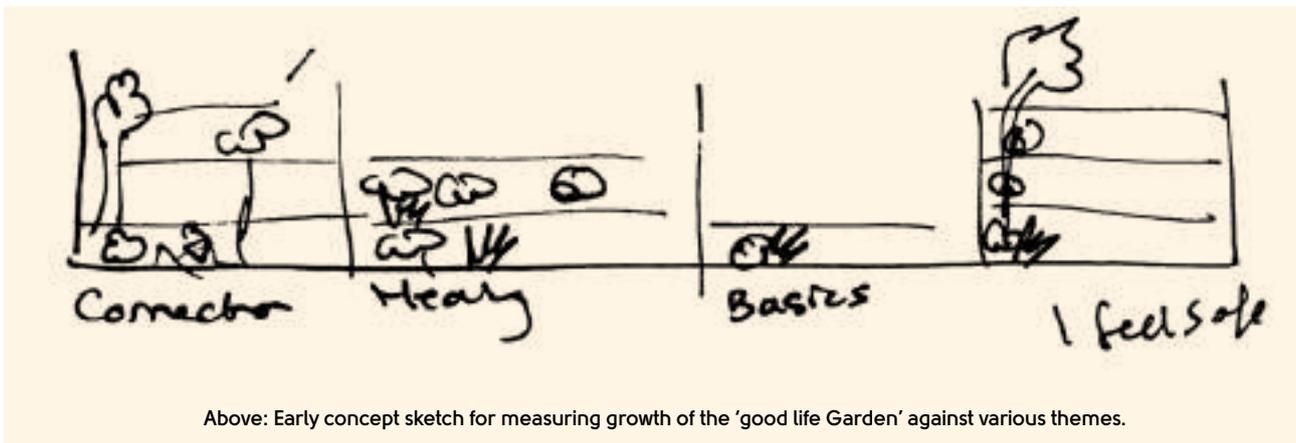
The metaphor of the plant as an outcome measure didn't gain traction when used alongside the Family Plan. In reality we found that families only had a limited cognitive load they could take on in each session and didn't have sufficient focus to also score each goal. They were able to manage the work of creating an actionable

plan, but struggled with the ratings. While they understood the idea of rating, the amount of information to process seemed to be too much. We let this one go, in favour of supporting the families to prioritise their plan. There may still be something in the idea of leveraging the seed growing into a plant as a way to capture outcomes, but for families facing high levels of complexity and hardship, the mechanism would need to be simpler and more intuitive, possibly more of a drag and drop or sliding scale mechanism without all the written guidance.

Evaluating Satisfaction and Quality

Satisfaction survey

We developed a survey to evaluate the quality of the coaching relationship and the co-design process. This survey was repeated with



Above: Early concept sketch for measuring growth of the 'good life Garden' against various themes.

The Sunshine Project: The Good Life Garden Stages

Where we are	We have a seed	The seed is planted	We are tending to our seed	Our seedling is growing	Our plant is established / flourishing
Thoughts and feelings you might have if you're in this stage	<p>I know this needs work, but I'm not ready or able to do this yet.</p> <p>There are things outside my control that are stopping me from working on this.</p> <p>This isn't a priority for me right now.</p> <p>I'd like to explore this more in future.</p>	<p>I am planning and getting ready to start.</p> <p>I'm open to change.</p> <p>I am planning how to do this.</p> <p>I am starting to understand how I can do this.</p> <p>I'm motivated to take charge of my life, want to make changes and am ready to listen to advice.</p>	<p>I need guidance, help and resources.</p> <p>I'm making changes and learning.</p> <p>I have people and resources that are helping me.</p> <p>I'm actively working on this.</p> <p>This is requiring a lot of my attention at the moment.</p>	<p>I am starting to see change and making progress with support.</p> <p>I am tracking my progress.</p> <p>I'm forming new habits and routines.</p> <p>I'm learning from times when I slip up.</p> <p>This is close to finished, just a few more things to tick off.</p>	<p>I sometimes need help, but can do things on my own most of the time.</p> <p>I've resolved this issue.</p> <p>This is the good life.</p>

families around the six-month, 12-month and 18-month mark of the project. Below is a capture of the final scoring, which contributed to the Family Coach’s Annual Performance Review. In unpacking the scoring with families, two key insights emerged around their experience of referrals:

1. Due to the generalist role of the Family Coach, and the flexible funds to stabilise and invest in the families’ growth, there was less need to refer to multiple agencies to meet small needs.
2. Because the Family Coach took an approach of bringing in additional people (such as mentors, subject matter experts who could meet on the family’s turf), rather than sending families out to engage afresh with new services, families often didn’t recognise these seamless warm introductions or connections as “referrals”.

Real Outcomes for Participating Families - Was Anyone Better Off?

The Sunshine Project was intended as a learning project, and as such the collation and sharing of the rich array of insights is a fundamental indicator of success. We set out to learn, and not to prove a hypothesis. However the additional measure of success is in capturing what shifted for families as a result of this project. We utilised a number of different measurement tools to capture this.

Progress using SCORE Assessment Tool

We utilised a range of data collection methods and tools including the SCORE Assessment Tool, often used by Department of Social Services funded services. Scores are scaled from 1-5, where 1 is poor and 5 is thriving, with prescriptive criteria for each score. The tool was administered by the Coach, based on knowledge of the families’ situations and progress.

During the period of the project, all families achieved progress along the scale for between four and seven of the possible eight outcome domains. In several instances they moved two points upwards along the scale. It is worth

noting that many funded services are considered to have achieved success if a non-complex client gains an improvement against just one or two of these domains, so improvement against at least four domains across the board for families with a high level of complex needs is considerable.

Scoring of the Sunshine Coach out of 5	F1	F2	F3	F4	F5	F6	Avg	% score
Work in partnership with families and their natural supports (family and friends).	5	4	5	5	5	5	4.8	96%
Apply creative problem solving, using relationships and resources to enable families to achieve their own goals.	4	4	5	5	5	5	4.6	92%
Use local knowledge and relationships to connect families with local opportunities, expertise and community groups which will help advance their goals.	5	4	4	5	5	4	4.5	90%
Advocate with and on behalf of families to meet wider social, health and well-being needs.	5	4	4	5	5	5	4.6	92%
Make referrals to services for specialised supports where needed or advocating to local service networks for shared care arrangements if needed.	4	3	n/a	5	5	4	4.2	84%

For domains where the score remained “same”, this was often because this was not an outcome area identified in the Family’s Plan. For example, several families had not identified family functioning as an area they needed to improve, so we would not necessarily anticipate improvements in this area.

Families SCORE improvements across multiple domains	F1	F2	F3	F4	F5	F6
Mental, wellbeing & self-care	0	+1	0	+1	0	+1
Community & Participation Networks	+1	+1	0	+1	0	+2
Family Functioning	+1		+1	0	+1	0
Material Wellbeing	+1	0	+1	+1	+1	+1
Increased Knowledge	+1	0	+1	+2	0	+1
Empowerment, choice and control	+1	+1	+1	+1	0	+1
Engagement with relevant support services	+1	+1	+1	+1	+1	+1
Impact of Immediate Crisis	+1	+1	+1	+2	+1	+2

Qualitative Outcomes

The Sunshine Project team conducted regular interview surveys throughout the project, including a final interview to capture what outcomes had occurred for families as a result of their involvement with the project.

Online surveys at the 18-month and two-year mark asked questions about hope, positive trajectory and progress toward own goals.

All participants responded positively that they felt more hopeful about their family’s future than they did a year ago and they felt life had improved over the past year.

Growth across several of the ‘good life’ domains

With the support of The Sunshine project, participating families were able to:

- Meet their basic material needs, and be supported out of a crisis.

- Improve relationships within their family unit and also foster new connections outside home.
- Heal and access specialist supports.
- Use their gifts and talents “the things that bring joy” for self-expression, a sense of purpose and mastery and to contribute to community life.

Contagion Effect

Some families were also able to help other families in their social network. They spoke about sharing the Sunshine with them, sharing food, resources, helping pick up their kids from school, showing them how to use the vision activity and the online Family Plan project management tool.

The project created enabling conditions for a range of additional positive outcomes with families, which were captured through surveys, observations and qualitative interviews, including:

- Relieving of mental and emotional load on families to create relief of breathing space.
- Access to food, equipment, experiences, relationships and spaces to grow their ‘good life’.
- Creation of tools to enable (some) other services to collaborate in the interests of families.
- Reduced risk factors for unemployment, homelessness and child protection intervention.
- Increased protective factors around mental health and wellbeing.
- Increase in hope and a sense that their families’ lives are getting better.
- Sense of achievement that families had overcome hard challenges.
- Some shifts in self-concept, from limiting narratives to ones which offer possibility.
- For some, an increased feeling of being in control of their own lives, and able to identify achievements that they are proud of.

“[Sunshine Project paying for] the freezer is going to be a godsend because then when stuff’s on special I can get it.” – Participant

“Without your help we would have been living on the streets by now.” – Participant

“I’ve been really involved with as much as I can, throughout the programme. I’ve taken as much help as I can. And so I feel like I’ve actually helped other people in a way.” – Participant

Things the project couldn't shift

Some things were beyond the scope of a coach or a community partnership. These are economic and systemic factors that create conditions which keep families trapped in poverty and make it doubly difficult for them to escape their situation and give their children a 'good life'. There were some external factors that were beyond the scope:

- Availability of social housing - Escalation in cost of private rental, cost of living far exceeds welfare payments.
- Large expenses such as debts, housing, vehicles.
- Job market still largely unwilling to take on people with complex needs (require license and car, few jobs with school-friendly hours, disability discrimination including people with neurodivergence, drug tests which exclude for marijuana, criminal record).

There were also many system failings which were outside the ability of the team to influence:

- Missed connections between referrals - staff failing to do what they had agreed to do - clients chasing staff up and doing the work.
- Separate organisational data, paper trails create burdensome administrative load, despite often well-intentioned staff.
- Bureaucracies losing paperwork, people having to start over on wait lists.
- Local GPs refusing to take on patients with personality disorders.
- Staff at Departments of Communities, Child Protection, Justice and Health not interacting with families in ways which are genuinely trauma informed, creating hostile, adversarial relationships.
- The justice system frequently re-traumatises victims, while legal loopholes allow perpetrators to continue exerting coercive control.
- The NDIS process is onerous, people stuck between mental health and disability systems.
- Foster carers are paid reasonable costs to cover expenses, but grandparent carers are not.
- Chronic mental health or disability result in lifelong needs for support and few avenues into livelihoods, even for those who have been able to secure ongoing supports.
- Deeply entrenched internalised mindsets and generational narratives influence ability to change (though we did see change in several families).

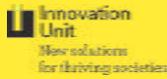
"It's been refreshing to work with [the Family Coach] - so collaborative." – Service worker

"What is useful about the Sunshine model is that the Coach space and time for creative thinking. We are really limited. We can say 'We can give you a food hamper or some fuel vouchers', but the Sunshine Coach has flexibility to say I can spend 4 hours with this person today if needed. It feels less institutionalised for people." – Case worker, Salvation Army

"Knowing the family has a Sunshine worker helping in the home has taken a huge load off my chest. It has freed me up to focus on the therapeutic healing work." – Young Hearts Counsellor

"I have had the distinct honour of engaging in conversations with project participants and have been deeply moved by their stories of personal growth and transformation. This project has provided a platform for individuals to articulate their visions of a 'good life' and has empowered them to actively pursue and experience the qualities that define such a life. Given the outstanding results and benefits that have emerged from the Sunshine Project, I strongly recommend its expansion and piloting in other communities. The holistic and client-centred approach, coupled with its demonstrable benefits for both individuals and the community, positions this project as a potential beacon of hope and transformation for communities facing diverse challenges." – Service Manager, Smith Family

"[The Project] sparks others in the community to step forward." – City of Kwinana staffer



Evaluation of the Sunshine Project

Final Report

14 December 2023

Innovation Unit - Formal Evaluation

As part of the measurement of outcomes, Anglicare WA and Ruah commissioned consultancy Innovation Unit ANZ to produce a formal evaluation of the project. Innovation Unit conducted interviews with families, other service providers and partners in the community prototypes.

The outcomes below are excerpts from the Innovation Unit Evaluation Report, noting the project did not formally conclude until December 2023, and we have made minor updates with relevant final data for the project.

The evaluation included analysis of all project documentation and data along with in-depth, qualitative interviews with families using a most significant change lens to capture:

- Avoided negative outcomes.
- Positive shifts and outcomes.
- What factors enabled the shifts.

More detail: thesunshineproject.com.au/insights-and-learning



Key Changes From The Project's Six Families (9 Adults & 18 Children Total)

Housing

- 3 x avoided eviction from private rental
- 1 x avoided eviction from social housing
- 1 x negotiated reduced rental increase
- 1 x retrofit for crowded house to become liveable

Finances

- 3 x cleared and/or started managing debts
- 2 x sorted out bond debt

Employment

- 1 x gained a temporary role, then made permanent
- 1 x gained employment
- 1 x avoided job loss

Violence exposure

- 1 x removed herself and her children from a violent relationship (after multiple previous attempts to leave)

Children's wellbeing

- 16 x children avoided possible eviction
- 3 x children avoided exposure to violence
- 4 x children having counselling
- 18 x children maintained or re-engaged in school

Health

- 3 x started accessing primary health care
- 1 x returned to or started with psychologist
- 3 x started counselling

Social services

- 2 x applied for National Disability Insurance Scheme
- 2 x applied for Disability Support Payment
- 1 x used Reconnect (Youth Homeless service)

Partner feedback - The Sunshine team also sought feedback from partner organisations about the project, and impacts on their clients, who benefitted from involvement with either the Sunshine Coach or the community prototypes.

Cost Benefit Analysis - A category of outcomes which is often of most interest to government funders, is avoided costs. These costs relate to what negative things would have happened to families if there had been no intervention by Sunshine and what resulting costs would have been incurred by various government departments as a result. Innovation Unit calculated an estimated cost benefit analysis for the project, based on three areas of cost savings:

Basis for inclusion in avoided cost data

- Eviction and homelessness - Families who had received real estate agent breaches or were struggling to meet rental increases and associated bond top-ups
- Employment engagement - Parents were

unemployed or were employed but their job was at risk due to life challenges

- Child Protection - There was a real likelihood of Child Protection involvement, where either a referring agency had explicitly noted that they would have to make a referral if the Sunshine Project could not help them address a child safety issue, or there was a risk of eviction and homelessness which would place children in harm's way and thus necessitate a referral. Innovation Unit utilised a ratio of per year savings to per year costs of the program to evaluate cost benefit.*

Scenario 1: \$0.79 benefit for \$1 spend

Without child protection assumptions

Scenario 2: \$0.91 benefit for \$1 spend

Assumes child protection involvement avoided (no removal order)

Scenario 3: \$2.54 benefit for \$1 spend

Assumes child protection involvement avoided (including care orders)

AVOIDED SYSTEM COST	Eviction & homeless risk		Child Protection intervention			Total per annum	
	Savings p/a	Unemployed Benefits	Saving p/a	Saving if no order	Saving with order	Removal order	No removal order
Family 1 (2 adults 2 kids)	\$13,594	1 adult avoided 1 N/a	\$25,708	\$4,224	\$59,292	\$43,526	\$98,594
Family 2 (1 adult, 2 kids)	\$13,594	N/a	-	\$4,224	\$59,292	\$17,818	\$72,886
Family 3 (1 adult, 3 kids)	\$13,594	1 adult avoided	\$25,708	\$4,224	\$59,292	\$43,526	\$98,594
Family 4 (1 adult, 7 kids from 2 separate families)	\$27,188	1 adult avoided	\$25,708	\$8,448	\$118,584	\$61,344	\$171,480
Family 5 (2 adults, 2 kids)	\$13,594	N/a	-	\$4,224	\$59,292	\$17,818	\$72,886
TOTAL	\$81,564		\$77,124	\$25,344	\$355,752	\$184,032	\$514,440

Notes:

- One family did not register outcomes against the avoided cost criteria applied by Innovation Unit.
- Family 2 comprised a single mother and 2 children who had lost their rental property and become homeless during COVID when rental prices started escalating, now living in overcrowded circumstances with her grandparent in her small unit. The family made significant progress around school attendance, parental attachment, learning to drive, and scaffolding skills to engage in community life. The Sunshine team were able to arrange a retrofit to the home to make the overcrowded situation more liveable while waiting for social housing to become available. This case highlights that focusing only on narrowly defined outcomes data can miss significant value created.

*Note: figures have been updated with final project data, and updated estimate of \$202,000 annual cost for Sunshine Coach, brokerage and overheads per 6 family caseload. For more detail on calculation methodology, please see the full Evaluation Report at thesunshineproject.com.au/insights-and-learning

Further to this, Innovation Unit notes:

- Value for money calculations only cover outcomes achieved within the two year duration of the project. As such, they should best be seen as 'directional'- which means further outcomes may continue to be seen beyond the term of the project.
- In subsequent years these gains may have been maintained, in which case the benefits valued here could continue to be derived (and likely increase) over multiple years, without additional (or with reduced) project expenditure. This would increase the ratio of benefits to costs.
- The scenarios differ depending on assumptions around child protection. This is not to suggest these parents pose any risk to their children. However, child protection involvement often follows economic and housing insecurity.
- We have not included any calculations for inter-generational effects (savings from avoidance of adverse childhood experiences), even though the benefits could be considerable.
- We have not included any impact of increased

wellbeing or life satisfaction, though families indicated in interviews that this was considerable.

Bringing it all together:

It was only in retrospect, after testing out each of the prototypes with families that we could distil the most useful elements into a Theory of Change for an overall coaching service model. We recommend allowing for a broad scope of possible outcomes, in two ways:

1. Measuring for the achievement of family's specified goals in much the same way as NDIS services do. Number or percentage of specified goals attained within the time frame.
2. Use of a diagnostic tool with families at the outset (or during the Family planning stage - similar to the Signal Tool used by Changing Futures Northumbria) - where they select goals from across a range of possible categories, and based on this selection, the tool tailors a set of relevant measures which can be used to show progress or attainment by the end of the service provision.

Impact on families

There were concrete outcomes for families in terms of evictions avoided, jobs started and leaving violent or controlling relationships.

Outcomes included improved school engagement for 18 children who had previously experienced school avoidance or absenteeism, though this was not always a sustained result. Additionally, children benefited indirectly from avoided homelessness and violence.

Families were able to prioritise meaningful aspects of childhood, such as celebrations, school excursions, sports, and furniture. These contribute to a 'good life' for children today and are likely to have positive effects on their futures.

In all, families in the Project say they are doing and feeling better. They are accessing primary and preventative health services such as counselling that will support them to be well and healthy in the future.

The families are also experiencing benefits such as a greater sense of wellbeing, control and purpose, which in turn builds the capacity solve their problems and to start to help others.

Impact on services

The ability of the Family Coach to provide generalist supports meant she could help families deal with many issues directly, reserving referrals to specialists who brought skills which were outside her generalist remit. This reduced the need to draw on other services - including homelessness, crisis response and family and domestic violence services. So, when there were threatened evictions, the Coach liaised with landlords or Department of Communities to identify the issues and help resolve them.

The Coach also reduced interactions with some services through advocacy, for example they were able to help a family avoid eviction from social housing by advocating with the Department of Communities. Community services regularly report being overwhelmed. The Project helped to avoid multiple calls on multiple services by six families with 18 children, enabling other clients to be helped. Families also reported engaging in preventative services such as counselling and primary health. This should reduce the call on other tertiary and crisis services in the future.

11. Opportunities to work differently

Improving service delivery and boosting local communities



Opportunities to work differently:

GOVERNMENT & LOCAL GOVERNMENT

POLICY CHANGE

Challenge-led commissioning

Evolve “outcomes-based” commissioning to “challenge-led” commissioning (often called “mission-driven” commissioning), where leaders define broad challenges, giving directionality to the service ecosystem but enabling flexibility in how solutions are developed in each context. (Note: In Australia, “mission” can have negative connotations; hence use of challenge-led.)

Bridge Social Service and Grassroots Groups

Recognise the valuable role informal community groups play around family protective factors and enabling conditions for families to grow their ‘good life’. Resource mechanisms for these two different worlds to convene and co-ordinate.

INNOVATIVE FUNDING AROUND RELATIONAL PRACTICE

Walk the talk with place-based commissioning

Implement place-based approaches to commissioning, starting with willing communities and run as iterative learning projects.

Normalise new types of paid roles in the wellbeing economy

This could include community farmer, community builder or activator, library of things tool librarian, community hub host, circular economy and food security roles - don’t expect volunteers to carry the full burden of community building.

Resource social prescribing of therapeutic experiences

Support and connect up initiatives which can bridge the core work of social services with broader community connectivity through social prescribing type initiatives. Identify nodes/touchpoints from which families can be “prescribed” therapeutic experiences.

Invest in education, development of community ownership models

This could include community trusts, co-operative or worker owned business, social enterprises.

FLEXIBILITY WITHIN EXISTING CONTRACTS

Liberated practice - Shift from compliance intensive regimes to liberated frameworks

Empower staff to do the kind of work they aspired to when they joined the community sector. Resource helping professionals to work with families’ strengths and vision for their ‘good life’ in a more holistic way.

Staff-client and brokerage ratios

For contracts where the service works with high complexity families, enable flexibility in the budget to support meaningful change, allowing for:

- Smaller caseload ratios of approximately 1:5 families (comprising multiple individual clients) to allow time for trust building, and time to unpick complex challenges and gain change traction.
- Greater percentage of the contract budget allocated to brokerage funds to invest directly in families’ growth.

Adaptive models

Recognise that program logics are not an absolute science, and that they apply a manufacturing mindset to complex human relationships. Models need to be flexible to meet families where they are at, rather than working to prescribed and narrow outcomes.

Broader scope of outcomes

When commissioning services for families facing multiple, complex challenges allow for a broader range of possible outcomes relative to families’ unique circumstances.



Opportunities to work differently: SERVICES

DESIGNING SERVICE MODELS

Liberated practice

Create better service models to accommodate families facing the most complex needs. Shift away from a deficit approach and a focus on brief, standardised, transactional engagement. Allow the time and flexibility to work with families strengths and vision for their 'good life' in a more holistic way.

Co-design

Services designed with community members, unlocking lived experience expertise and informal community resources to support service delivery.

Executive function of clients

Consider the entire client journey through our service system with a lens to understanding the needs of clients with reduced executive function (which is common where clients have a neurodivergence, certain disabilities or have experienced significant trauma). Design service interactions, tools or materials to accommodate clients with varying levels of executive function.

Reducing duplication

Consider ways to minimise the number of case workers a family has- work with families and other services to nominate one coach/ case worker and then other services contribute relevant expertise/resources to support that worker and the family to move forward.

Integrated support systems

Foster collaboration between different service providers to pool resources and expertise, reducing the administrative burden on families. Collaborate with community groups and be flexible to meet at times which suit them.

Recognise the role that community groups

Play alongside formal service providers in creating enabling conditions for local families to grow their 'good life'.

COACHING APPROACHES

Utilise a structured coaching model to provide clarity and safety for workers working with families facing complex challenges. Consider these elements in the design:

Flexible service modality

Meet families in locations convenient for them to reduce travel time and associated costs.

Streamlined, efficient administration

Ensure only necessary information is collected, and avoid repetitive forms and assessments.

Referrals

Focus on voluntary clients who have chosen this service - Consider enabling "snowball referrals", where families who have been through the service can refer other families, providing a warm entry point to reach "hard to access" cohorts.

Orientate service to relieve families mental load

Create enabling conditions for growing the 'good life'. Utilise different types of approaches and activities at each discreet stage (clear beginning, middle, end). Enable frontline staff to do initial hands-on stabilisation work to create breathing space. Provide access to immediate, flexible funds for stabilisation. Rather than rules about what is allowed or not allowed, use principles of PLAN – Proportionate, Legal, Auditable, Necessary.¹

Invest In Us Fund

In addition to the above, consider additional funds which can be creatively invested in personal development and growth as per Family's Plan.

- Separation of banker and broker role for investing in families. Coach has credit card and delegation to immediately action smaller spends based on PLAN approach.

- Team acts as banker for larger investments, which protects the coach-family relationship. It also enables accountability and provides a brief circuit-breaker to consider if there is a more creative solution or better value for spend

Social prescribing

Create or access opportunities to socially prescribe therapeutic experiences.

Peer support

Explore leveraging motivation of graduated families to help others in peer roles.

Team accountability and support

- Recruit staff who will be a suitable fit for outreach work, consider recruitment of trained lived experience representatives.
- Provide continuous training and support to ensure coaches are working to a defined methodology and equipped to handle their roles effectively.
- Empower teams to be highly creative with problem-solving. Draw on the power of the team through the brains trust and group reflective practice.
- Give coaches autonomy to spend small amounts on a family's plan, and larger amounts by negotiation.
- Ensure supervisors can accompany and support frontline staff with initial visits, risk assessments and challenge points.

- Offer relational coaching supervision for coaches, including on-the-go debriefing and support.
- Encourage group reflective practice to share insights and support decision-making.

FOOD SECURITY**Unlock a narrative around food abundance**

Advocate for mechanisms which unlock affordable food access so that every Australian can access healthy, quality and affordable food which meets their dietary needs and preferences.

Shorten the supply chain

Seek opportunities to negotiate directly with farmers, producers, manufacturers to enable community to access high quality basics with fewer middlemen.

Grow local

Identify opportunities for food gardens, urban farms in the community which can add in seasonal items to supplement a healthy diet.

Regular social cooking

Provide fun opportunities for bulk purchasing, batch cooking, jar swaps with peers. Co-design relevant food information about things people really want to know- literacy about healthy foods, how to store them, fun recipes for meals kids/partners will eat, access to cooking tools and equipment.

Access to equipment and spaces

Offer step up opportunities for families to take on a more active role in initiating and running activities without staff leading and make it easy to access equipment and spaces to do so.

Make food visible

Explore opportunities to map, update and share information about the many places people can access and share food.

ITEMS FOR LOAN IN COMMUNITY

Enable access to existing platforms to access loan items which can help families achieve their goals. Purchase or provide access to commonly needed items which your client cohort cannot afford or access through other existing sources, such as cleaning, gardening equipment, tools, cooking equipment and camping equipment.

12. The Final Sunshine Model

A structured, flexible and safe way of working with families who face significant hardship and complex challenges



The project has been refined into a model, which can be taken forward as a structured, flexible and safe approach for working with families who face significant hardship and complex challenges. Its outcomes demonstrate that working in a genuinely family-centric and holistic way enables families to make changes, get unstuck and gain momentum in pursuing their good life. The model can be adapted for a range of cohorts, settings and communities. It draws on a thorough design process, supported by:

- 100 Families research.
- Hilary Cottam and UK evidence-based models.
- Social sector partnering together.
- Invested own funds to enable design and testing.
- Co-designed with people with lived experience.
- Place-based with joint community response.
- Independently evaluated
- Replication in other locations with other cohorts.

We are scaling the model in a number of ways:

Scaling inward

Anglicare WA and Ruah have identified several existing services which can be transformed to embed the Sunshine model, with reflection sessions ensure fidelity to the model.

Scaling outward

We are including the model in tenders for new services.

Convening and alliance-forming

Following a UK visit by one of our team, it was evident that there was significant alignment to Sunshine Project. Co-ordination and alliance forming had helped create communities of practice and a more visible presence when presenting their learnings and recommendations to government.

We have begun connecting organisations around Australia who are pioneering similar models, to discuss the best ways to offer the opportunity to government to partner and scale. We have also been approached by multiple funded organisations who deliver services to clients with complex challenges, but who do not have a formal coaching model or structure. As this work progresses there may be opportunities to train or embed the model within other organisations.

Conclusion

The Sunshine Project sought to learn how the service sector might re-orientate support to better reflect the ways in which families facing significant hardship would like to be helped and the ways in which they would like to help others.

By engaging deeply in a two-year partnership with families, we connected with emerging research and with the lived experience of people experiencing hardship. They taught us that families want their children to have a good life, and that even in the midst of significant hardship, they will go to extraordinary lengths to try to create this. They taught us that the good life is a garden, and that its health across multiple, equally important domains is the goal.

By also connecting with community-based stakeholders in Kwinana and Rockingham, we were able to test what needs to be true in place-based community settings for families of all kinds to be included, to contribute and grow their good life even beyond the confines of the social services relationship. We learned that where the conditions are created for sharing and mutuality, families will contribute and help one another, and that the role of “community member” offers a different set of possibilities to being a “service client”.

We have refined and improved at every step to arrive at a model which we are confident in, which meets the needs of families and staff, which is safe and accountable and which delivers results.

The shifts we propose involve:

- Creating enabling conditions for service organisations to meet families on their own terms and focus on outcomes which matter most to families.
- Liberating service staff to do their most responsive and human work.
- Resourcing collaboration among the ecosystem of place-based community groups and organisations to create enabling conditions for families to grow their good life.

We hope this report provides an avenue for other organisations and for Government funders who are contemplating what the future of the helping system could look like.

Sunshine Model Theory of Change

Creating enabling conditions for families to grow their 'good life'

PROBLEM: Families experiencing hardship often have multiple needs, however the formal support system often only works with single issues in isolation. Furthermore, the system can be difficult to navigate.

IF WE ADD a family-centred approach and:

- Meet families where they are at on their terms and focus on decreasing their mental load.
- Place a trusted relationship at the heart of the work; evidence based, intensive coaching.
- Collaborative upfront work with families to identify key leverage points for change and agree on aspirations and timing. Emphasis on outcome independence to enable personalised goal setting.
- Coordinate with formal services and also informal supports (e.g. family, friends – unlikely players who can open up opportunities).
- Ensure creative responsiveness that allows for agile, adaptable approaches unrestricted by conventional funding limitations.
- Customise flexible investment and direct (often in-home) practical support around specific development needs of each family to ensure equity, including:
 - Focus on health, wellbeing, employment, education, connection to community life.
 - Create new opportunities for inclusion.
 - Proactively reduce systemic barriers.

THIS WILL LEAD TO

- Reduced mental load and breathing space for families to think and plan together.
- Stabilised family situation.
- Increase in hope.
- Equity, open up opportunities.
- Deep trust bond, solidarity and safety to venture changes.
- Small wins which scaffold capabilities towards bigger wins.
- Connection with informal supports and mutual helping.
- Easier access to specialist supports, who are freed up to focus on what they do best.

SO THAT

- Intrinsic motivation and self belief grows.
- Family gains momentum towards their 'good life'.
- Protective factors for the 'good life' increase.
- Mental health, family wellbeing and functioning, parenting, food security, access to education, employment and income improve.
- FDV, abuse, justice involvement and risk factors for trauma and hardship are reduced.

AND EVENTUALLY/ ULTIMATELY

- Families experience benefits of the 'good life' across multiple life domains.
- Families have resilience to handle difficulties, reducing reliance on costly crisis interventions.
- Families are connected / included in communities.
- Children are likely to grow up enjoying their own 'good life'.



Sunshine Model



For relational, family-based coaching

This diagram captures the role of the Sunshine Family Coach relative to families, other services and the broader community





anglicarewa.org.au



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