The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Advocacy workshop: Government relations
## AGENDA

<table>
<thead>
<tr>
<th>Action</th>
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<tr>
<td>The starting point</td>
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<td>Target and influencers</td>
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<tr>
<td>Political advocacy and public policy advocacy cycles</td>
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<tr>
<td>Making the most of government engagement</td>
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<tr>
<td>Wrap up</td>
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WORKSHOP OBJECTIVES

1. To provide attendees with an understanding of key political processes.
2. To provide attendees with skills and resources on how to effectively engage with decision makers.
THE STARTING POINT
ADVOCACY IS...

- Purposeful actions (strategic)
- On behalf of (usually a group of people)
- To achieve change (outcome-focused)
ADVOCACY ISN’T...

Awareness raising

Highlighting problems or different ways of thinking without solutions

One-off actions
YOUR POWER

Your people

Your relationships

Outside the box
YOUR ADVOCACY PERSONA
THE CRITICAL FRIEND
THE EXCEPTION...
TARGET AND INFLUENCERS
"The Hollowmen" - Episode 1 ("Fat Chance")

https://www.youtube.com/watch?v=7XeQin9abx4
STRATEGY

1. What do you want? (goals and objectives)
2. Who can give it to us? (audiences)
3. What do they need to hear? (messages)
4. Who do they need to hear it from (messengers)
5. How do we get them to hear it? (delivery)

The Democracy Centre
TARGETS: THREE IMPORTANT QUESTIONS

WHO HAS THE AUTHORITY TO MAKE THE DECISION?

WHAT DO THEY NEED TO HEAR?

WHO DO THEY NEED TO HEAR IT FROM? (INFLUENCERS)
WHO HAS THE AUTHORITY TO MAKE THE DECISION?

WHAT LEVEL OF GOVERNMENT CAN MAKE THE DECISION?

WHO ARE THE POLITICIANS AND PUBLIC SERVANTS RESPONSIBLE FOR THE DECISION?
WHAT DO THEY NEED TO HEAR?

PUBLIC PRESSURE

POLLS

EVIDENCE

ECONOMIC MODELLING

INDUSTRY FRIENDS

LOCAL COMMUNITY VIEWS (THEIR CONSTITUENTS)

POLITICAL COLLEAGUES

SUPPORT FROM DIVERSE SECTORS
WHO DO THEY NEED TO HEAR IT FROM? (INFLUENCERS)

VOTERS FROM THEIR LOCAL COMMUNITY

TRUSTED COLLEAGUES

EXPERTS

SOMEONE WITH LIVED EXPERIENCE

SUPPORTERS OF YOUR ISSUE
WHICH POLITICIANS ARE TASKED WITH DECISION MAKING FOR THIS ISSUES?

• Who is the Minister responsible? Eg Health Minister
• Are there any Assistant Ministers and Parliamentary Secretaries responsible for the issue? Eg. Assistant Health Minister

WHICH POLITICIANS ARE PART OF COUNCILS OR COMMITTEES RELEVANT TO THE ISSUE?

• What committees are responsible for the issue? Eg. Health Council and Education Council
• What parliamentary committees is examining the issue?

WHICH POLITICIANS ARE INTERESTED IN THE ISSUE?

• Who has mentioned your issue in parliament? Eg. Open Australia, Hansard
• Are there any friends of parliamentary interest groups relevant to your issue?
The Hon Gladys Berejiklian MP
Premier

Jodi McKay MP
Opposition Leader

Don’t forget the opposition – they could be government tomorrow!
KEY MINISTERS AND SHADOW MINISTERS

The Hon Bronnie Taylor MLC
Minister for Mental Health, Regional Youth and Women
Member of The Nationals

The Hon Tara Moriarty MLC
Shadow Minister for Mental Health, and Shadow Minister for Crown Lands
Member of the Australian Labor Party
NSW PARLIAMENT: LEGISLATIVE ASSEMBLY

93 Members

Government (48)
- Liberal (36)
- Nationals (12)

Opposition (36)
- Labor (36)

Crossbench (9)
- Greens (3)
- Shooters, Fishers and Farmers (3)
- Independents (3)
NSW PARLIAMENT: LEGISLATIVE COUNCIL

42 Members

Government (17)
- Liberal (12)
- Nationals (5)
- Labor (14)
- Greens (3)
- One Nation (2)
- Independent (1)
- Shooters, Fishers and Farmers (2)
- Christian Democrat (1)
- Animal Justice (2)

Opposition (14)

Crossbench (11)
PARLIAMENTARY COMMITTEES

Joint
- Anti-Discrimination Amendment (Religious Freedoms and Equality) Bill 2020
- Children and Young People
- Electoral Matters
- Health Care Complaints
- ICAC Committee
- Legislation Review
- Ombudsman, the Law Enforcement Conduct Commission and the Crime Commission
- Staysafe (Road Safety)
- Sydney’s Night Time Economy
- Valuer-General

Legislative Assembly
- Community Services
- Environment and Planning
- Investment, Industry and Regional Development
- Law and Safety
- Parliamentary Privilege and Ethics (LA)
- Public Accounts
- Standing Orders and Procedure (LA)
- Transport and Infrastructure

Legislative Council
- Animal Cruelty Laws
- Portfolio Committee No. 1 to No.7
- Greyhound Welfare and Integrity Commission
- Law and Justice
- Privileges (LC)
- Procedure Committee
- Proposal to Raise the Warragamba Dam Wall
- Public Accountability
- Public Works Committee
- Regulation Committee
- Selection of Bills Committee
- Social Issues
- State Development
- Government’s management of Powerhouse Museum and other museums and cultural projects in New South Wales
- High Level of First Nations People in Custody and Oversight and Review of Deaths in Custody
- Impact of technological and other change on the future of work and workers in New South Wales
- Use of Battery Cages for Hens in the Egg Production Industry
PARLIAMENTARY FRIENDSHIP GROUPS

Parliamentary Friends of Rugby League
Parliamentary Friends of Defence and Veterans
Parliamentary Friends of Dementia
NSW Parliamentary Diabetes Support Group
Parliamentary Friends of Egypt
Friends of Hearing Health and Deafness
NSW Parliamentary Friends of Mental Health
NSW Parliamentary Friends of Ireland
Parliamentary Friends of Landcare
NSW Parliamentary Friends of Lebanon
NSW Parliamentary Friends of LGBTIQ
Parliamentary Friends of Local Government
Parliamentary Friends of Reconciliation
Parliamentary Friends for the Prevention of Domestic Violence and Sexual Assault

The Hon Scott Glynn Farlow, MLC, Chair, NSW Parliamentary Friends of Mental Health

• Member of the Legislative Council
• Parliamentary Secretary to the Treasurer and for COVID Recovery
• Member of the Liberal Party

The purpose of the Friendship Group is to raise awareness and understanding of those affected by mental health, support community events as well as providing a forum for discussion on the issue in the NSW Parliament.
RESEARCHING POLITICIANS

• First speech in parliament
• Politicians social media
• Other speeches in parliament
• Committee involvement
• Involvement in media – opinion pieces, comments
• Roles before entering parliament
• Your previous engagement with them
• Your friends/colleagues previous engagement with them
The Hon Bronnie Taylor MLC, Minister for Mental Health

- In Cabinet since April 2019
- Been in Parliament since 2015
- Councillor on the Cooma Monaro Shire Council for four years, three as the Deputy Mayor.
- Employment history
  - Registered nurse specialising in cancer care and palliative care.
  - She was one of the first McGrath Foundation Breast Care nurses.
  - Director of Cancer Services in the Southern NSW Local Health District.
The Hon Bronnie Taylor MLC, Minister for Mental Health

“For 40 years I have been unaligned to any political party, seeking the best in health, in education and in agriculture for my communities from people of any persuasion.”

“I have not long built my career in politics. I have built my career in health. I am a proud nurse. Nursing is a profession I love and I will miss. There is nothing more rewarding than being a nurse. The privilege of patients and families allowing you into their lives when at their most vulnerable is a true honour.”

“I have seen the best and the worst of government in health. At its worst, government imposes policy upon communities that simply does not fit. At its best, government partners with communities to assist in solving their health issues. A great example of this has been the devolution of decision-making to a network of local health district boards and allowing the community a voice at the highest levels.”

“I approached the health service with my ideas, based on evidence that patients who live outside the metropolitan centres have poorer health outcomes, often because they choose treatment options that will not take them away from their homes or their communities but that do not reflect best practice.”

“My nursing career has also taught me to deliver a message with truth and transparency, no matter how difficult it is to hear. It is these skills I draw on every day and that professional skill and experience will serve me well as a member of the Legislative Council.”

“As politicians, we cannot fix everything and we do not win all the time—far from it—but what we must do is to be honest and transparent, and have the ability to articulate our message well and explain our decisions, without fear but with consideration for those we will inevitably disappoint.”

# RESEARCHING POLITICIANS

<table>
<thead>
<tr>
<th>Resource</th>
<th>Website</th>
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<tr>
<td>They vote for you</td>
<td><a href="https://theyvoteforyou.org.au/">https://theyvoteforyou.org.au/</a></td>
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</tbody>
</table>
KEEP UP TO DATE

Keep track of social media channels and keep track of key political commentators. You don’t need to agree – but tune in to help you position your message.

- The Mandarin
- APH Connect
- Open Australia
- The Monthly Today
- ABC on Messenger
- 7am Podcast
- Twitter @Political_alert @SkyNewsAust @abcnews
• Which department oversees this policy area?
• Which public servants within the Department are responsible for the policy area?

• What is the senior public servant committee that supports Cabinet Committees? Eg. Australian Health Ministers' Advisory Council, The Food Regulation Standing Committee
NSW Government Directory

The NSW Government Directory provides the contact details for all government departments, agencies, offices and entities within New South Wales.

NSW Government Directory by department
Includes the 9 NSW government departments.

NSW Government Directory A to Z
Includes the departments and approximately 220 agencies, boards, committees, councils and universities.
POWER MAPPING

More powerful (influential)

More opposed

Less powerful

More supportive
WHO ARE THE OTHER PLAYERS?

• Who else is working on this issue?
• What is their position?
• Are they a potential ally?
• Are they an opponent?
SOURCE: A MANUAL FOR DIRECT ACTION: STRATEGY AND TACTICS FOR CIVIL RIGHTS AND ALL OTHER NONVIOLENT MOVEMENTS, MARTIN OPPENHEIMER & GEORGE LAKEY, 1965
WHY USE THIS TOOL?

- Allows us to examine and understand our allies and opponents
- Allows us to be more targeted in our tactics and planning
- Provides us with an opportunity to be realistic about who we want to and can move across to our issue

In undertaking the task, we need to consider:

- Which groups do we have access to?
- Which groups aren’t being reached?
- Which groups are we most able to persuade?
ADVOCACY CYCLES AND TACTICS
ADVOCACY CYCLES

POLITICAL ADVOCACY CYCLE

PUBLIC POLICY ADVOCACY CYCLE

KEY DATE ADVOCACY CYCLE

CRISIS ADVOCACY CYCLE
POLITICAL ADVOCACY CYCLE
POLITICAL ADVOCACY CYCLE OPPORTUNITIES

- LETTERS
- MEETINGS
- PHONE CALLS
- EVENTS
- BUDGET
- ELECTIONS
- LEGISLATIVE PROCESS
- REVIEWS AND INQUIRIES
NSW 2020 SITTING CALENDAR
## A YEAR IN THE AUSTRALIAN PARLIAMENT

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Opportunity</th>
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<tbody>
<tr>
<td>Feb to Nov/Dec</td>
<td>Parliament sits</td>
<td>• Meet with politicians in Canberra</td>
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<td></td>
<td></td>
<td>• Engage in Committee processes</td>
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<td></td>
<td></td>
<td>• Ask politicians to mention/speak about issues in parliament</td>
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<tr>
<td></td>
<td></td>
<td>• Ask politicians to ask questions in parliament</td>
</tr>
<tr>
<td>Late Feb</td>
<td>Senate estimates</td>
<td>• Ask politicians to ask questions of Ministers and senior public servants</td>
</tr>
<tr>
<td>May</td>
<td>Budget</td>
<td>• Respond to the Budget – draw attention to the good and bad</td>
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<td>• Engage with politicians and tell them how the budget will affect you</td>
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<tr>
<td>Late May/Early June</td>
<td>Senate estimates – Budget estimates</td>
<td>• Ask politicians to ask questions of Ministers and senior public servants</td>
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<tr>
<td>July</td>
<td>Next years Budget planning commences</td>
<td>• Prepare a pre-budget submission</td>
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<td>• Meet with politicians/public servants with responsibility for your area of interest</td>
</tr>
<tr>
<td>Late Oct</td>
<td>Senate estimates</td>
<td>• Ask politicians to ask questions of Ministers and senior public servants</td>
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<tr>
<td>Dec/Jan</td>
<td>Call for pre-budget submissions</td>
<td>• Formally submit pre-budget submission</td>
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<td></td>
<td>• Meet with politicians/public servants with responsibility for your area of interest</td>
</tr>
<tr>
<td>Anytime</td>
<td>Elections</td>
<td>• Pitch policies to parties and ask for official positions</td>
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FAMILIES ACT 2019-2020 BUDGET SUBMISSION

The Missing Middle: supporting middle years children in the ACT

The middle years of childhood lay the foundations for childhood resilience, and healthy physical, emotional and social development. The middle years are generally described as spanning from 8 to between 12 and 15 years of age. During this time adolescence begins, and children make the transition from primary to high school. Developmentally, these years are characterised by rapid physical, emotional and social development, including the most intense period of brain development experienced during a human lifetime. This comparatively short period has a lifelong impact on an individual’s health and adult contributions to society.

The lack of funding for middle years programs in the ACT

Awareness of the importance of support for the middle years cohort has been growing in the ACT over the past decade, amongst educators, medical practitioners and support workers, and in the community and public sectors. However, community service providers contend that cut-off ages are a major barrier to support for 8-12 year olds: they are too old for early childhood programs, and youth programs are accessible only to those aged 12 and up. For example, there are currently no homelessness support services for children aged between 8 and 15 in the ACT, unless they are with a parent receiving homelessness support.

These concerns align with the ACT Government’s stated priorities: the Community Services Directorate’s Early Support by Design initiative and the Education Directorate’s Future of Education Strategy have both clearly identified the middle years as an area of priority focus.

Families ACT has identified the following recommendations as the most critical areas to support middle years, requiring a commitment of new funding:

- Support the collection of longitudinal data on the wellbeing of middle years children in the ACT by expanding upon the ACT’s existing schools-based data collection by:
  - Commencing data collection a year earlier, in Year 4 rather than Year 5, as this better captures the middle years age cohort;
  - Adding the wellbeing questions from the Years 7-12 survey (Q. 17-21) to the Years 4-6 survey, to enable longitudinal data collection on wellbeing to begin in Year 4; and
  - Introducing questions to both surveys to capture data on the nature of students’ family and community connectedness and closeness, to provide a three-dimensional picture of wellbeing across school, peer, parent and community relationships.
- Provide new funding for the child homelessness service model proposed by the Youth Coalition of the ACT, Families ACT, ACTOSS and ACT Shelter, outlined in full in the Youth Coalition of the ACT’s Budget Submission.

Background

Research conducted in Canada and Australia has shown that children experience a substantial drop in their self-perceived wellbeing and happiness between Years 4 and 7. For many middle years children, this is linked to mental health issues, with at least 50 per cent of adult mental health problems emerging by the age of 14 and three quarters by the age of 25. Despite what we know about this drop in wellbeing – and in comparison with the wealth of research and funding for early childhood and teenagers – children in their middle years have received scant attention in research, policy and program funding. In the ACT, as in much of Australia, there is a critical gap in research data to enable parents, teachers, doctors, community workers, policy makers and the wider community to understand and support the unique needs of 8-12 year olds. There is also a lack of validated, place-based information available to policymakers, communities and families to guide intervention decisions on the ground.

This is mirrored in the lack of funding for programs designed to support the wellbeing and mental health of this age group. Child development researchers argue that we are missing a critical opportunity to identify issues which, if addressed during the middle years, may circumvent many of the mental health issues that emerge and may become embedded in the early teens.1

Over the past two years, Families ACT has been working with some of Australia’s leading child development specialists to form an understanding of the unique needs and challenges of children in their middle years. Associate Professor Gerry Redmond, the lead researcher on the Australian Child Wellbeing Project, describes the middle years as a period of “benign neglect” about which we know little, despite the critical changes that occur in children’s lives during this time. Speaking at Families ACT’s first Middle Years Forum in February 2017, Professor Redmond noted that Australia had failed to produce a meaningful policy or case management approach for the middle years to mirror that seen for the early years, where there had been ongoing efforts to integrate early childhood health and development with education. Policy attention has skipped over the middle years to focus on the teen years, because this is seen as a time of risk.

While acknowledging that the vulnerability of children aged 8-12 extends across all income levels, Professor Redmond said this policy failure was especially critical for the development of marginalised and disadvantaged children, many of whom were likely to start taking on adult responsibilities during the middle years, such as caring for ill or family members with a disability. According to the ABS, there are around 1,000 young carers under the age of 15 living in the ACT, most likely to be caring for parents or grandparents. They are less likely than other young people to complete secondary school or undertake post-secondary education, and the Australian Institute of Family Studies found there were also substantial differences in NAPLAN scores for young carers: by age 14-15 these differences ranged from 0.7 years of schooling at the Year 9 level for numeracy for boys to 1.2 years of schooling for reading for girls. Mental illness has displaced physical illness as the leading health concern for children of this age, exacerbated by parental stress, domestic and family violence, social disadvantage and disrupted family life. Despite this, middle years children with mental health conditions are “falling through gaping holes” in the system, because services are not designed to capture children in this age group.2

In an Australia-wide survey of middle years children undertaken by the ANU’s Crawford School of Public Policy, many children spoke of feeling disconnected from the adults in their communities, including their parents. Long working hours and time burdens, injury and illness, and a preference for socialising with adults were all reasons provided by children for the limited time they were able to spend with their parents. The research report argued that data on middle years children (including self-assessment) should be included in all measures and indicators of social inclusion, social capital, community strength and support developed for policy use by federal, state/territory and local governments.3

In its 2016-17 PHN Needs Assessment, the Capital Health Network (CHN) noted that a child’s development during their middle years affected future cognitive, social, emotional, language and physical development, which in turn influenced school readiness and later success in life. CHN noted that there was a lack of mental health support for children in their middle years in the ACT, with a high demand on available services.4 In 2017, Menslink lowered its entry age for counselling services from 12 to 10, in response to the increasing number of younger boys needing to access support. Woden Community Service (WCS) has identified the wellbeing of middle years children as a priority funding concern in successive budget submissions. Responding to the Federal Government’s defunding of the Youth Connections Program in 2014, WCS funded a Youth Wrap Around service focusing on children aged 8 to 12. The service employed one case manager to work through schools to support children who had disengaged from school due to mental health concerns. In 2016 the Wrap Around program worked with 87 children through groups and one-to-one management. WCS recommended that the ACT Government fund Wrap Around positions across the four Child Youth and Family Service regions, but no ongoing funding was announced and the program was closed. Woden’s Youth Engagement team has continued to identify the need for services to this age group, and has received direct approaches from schools asking for support for children aged 8-12.

What gets assessed, gets addressed: sourcing wellbeing data through schools

The Melbourne Declaration on Education Goals for Young Australians prioritises the wellbeing of middle years children, because it is the time when students are at the greatest risk of disengagement from learning. The Declaration, to which the ACT is a signatory under Chief Minister Andrew Barr, prioritises the use of systematic measures of the wellbeing skills and outcomes of school children as a tool for promoting student motivation and engagement. The ACT Education Directorate’s annual surveys of school satisfaction, climate and identification provide a vehicle for collecting information about the wellbeing of children in the ACT. The Education Directorate has indicated a strong desire to include a focus on wellbeing in the questions it asks of primary and high school children, and there are two models that have
demonstrated how this can work successfully in a school setting, with great benefits for the schools themselves and for children and young people in the community.

The first is the Middle Years Development Instrument (MDI), developed by the University of British Columbia (UBC). The MDI originates from research focused on demonstrating that systematic assessment of wellbeing was the key to creating an accountable system in which social-emotional skills were prioritised, evaluated and intervened upon to promote children’s ability to care for themselves and others and prevent adjustment problems later in life. The MDI is a self-reporting tool for children that assesses their social-emotional development and wellbeing. An initial study of child wellbeing found that children’s social-emotional wellbeing, sense of belonging at school and connectedness to adults at home and in the community, dropped significantly between Years 4 and 7 (results mirrored in the Australian Child Wellbeing Project). This raised the question of how schools and communities could support children’s wellbeing through the transition from childhood to the teenage years and young adulthood. South Australia’s Department for Education adopted the MDI, adapting it as for use in Australian schools as the Wellbeing and Engagement Collection (WEC), and ensuring it met the needs of the Australian schooling context, including for Aboriginal and Torres Strait Islander students. It was further developed in response to schools’ requests for more detailed information about school engagement and children’s worries at both school and home. The MDI and WEC provide all children with the opportunity to share their voice, asking them how they think and feel about their experiences both inside and outside of school. The data collected in Canada and South Australia has been used to help shape school curriculums and after-school care and holiday programs. Data used at the community level has helped to improve the quality of programs supporting children through the middle years and into their teens. Importantly it provides a basis for young people, their teachers and communities to have a common language to begin discussions about what matters in their community. It has also prioritised the sharing of data, linking the information collected on student wellbeing with NAPLAN scores. The combined data suggests that modifiable factors such as perseverance, eating breakfast and academic motivation are predictors of academic achievement.11

South Australia’s experience shows that combining research on wellbeing in the middle years with existing data, such as that collected in the first year of primary school through the Australian Early Development Census and NAPLAN results, can help to inform a three-dimensional picture of how well children are growing and coping as they prepare to navigate the challenges of their teen years and young adulthood.

The collection of targeted, longitudinal wellbeing data gives schools, communities, education systems and governments an insight into what needs to occur to ensure students experience success and are provided with resources and opportunities to reach their full potential.

The MDI and WEC demonstrate that it is possible to reliably collect self-reported data from children in Year 4, and that they can comprehend and respond considerably to questions about their own wellbeing. Both instruments indicate that wellbeing research must include questions about family and community if it is to provide a three-dimensional picture of a child’s wellbeing.

REFERENCES


Capital Health Network. 2016. Early Childhood, Middle Years and Youth: 2016-17 ACT


About Asthma Australia

Asthma Australia supports the one in nine Australians with asthma to breathe better.

For over 50 years Asthma Australia and the Asthma Foundations have been leaders in asthma health care, education, research and advocacy.

Asthma Australia delivers evidence-based preventative health strategies through our information provision, phone line and asthma referral and coaching service.

The organisation also provides education and training to promote best practice asthma care and first aid training to schools, childcare centres, workplaces and sporting and recreational settings to ensure asthma emergencies are addressed swiftly and appropriately.

Asthma Australia supports research that contributes to national and international understandings of asthma and how best to manage the disease.

The organisation engages in advocacy on the issues that are important to people with asthma, to ensure policies are in place to support people with asthma achieve optimal health.

Through this work, we reach more than 500,000 Australians each year.

To find out more about our work, visit www.asthmaaustralia.org.au

For more information about this Pre-Budget Submission, please contact Asthma Australia Ltd Chief Executive Officer, Michele Goldman at Michele.Goldman@asthmaaustralia.org.au or 02 9018 0533.
Summary

All Australians should have access to information and support that keeps them healthy and well. Asthma is a chronic respiratory condition affecting one in nine Australians. Asthma causes 30,500 hospital admissions annually and results in more than 400 deaths each year. Asthma also results in more than half of all hospitalisations for children aged 0 to 14 years. The significant impact of asthma on the community has resulted in the condition being identified as a National Health Priority Area since 1999. This focus continues today with a new National Asthma Strategy currently being finalised.

Asthma can be a debilitating chronic health condition, but this can be avoided if the condition is managed well. Asthma Australia is the leading organisation providing support to people managing asthma through nation-wide multifaceted community programs and world-leading research. Asthma Australia aims to ensure that all individuals affected by and working with asthma, including people with the condition, their carers, educators, health professionals and service providers have access to the information and support they need to enable asthma sufferers to maintain optimal health and well-being. Our programs include the 1800 Asthma Helpline and COACH Program, comprehensive online information, community education, school-based education, ‘Kiss my Asthma’ App and National Asthma Research Program. Together these programs reach more than 500,000 children, young people and adults across the country.

However, more action is required to ensure that the more than 2.5 million Australians with asthma have the information and tools they need to manage their condition. Despite the high number of deaths, many of which could be prevented; and the high levels of hospitalisations of which many should be preventable; existing information, education and support programs are at risk.

Funding cuts to current Asthma Australia programs, and proposed further reductions in these programs will dramatically reduce the services available to people with asthma, carers and service providers, and jeopardise the viability of these programs. In 2017-18, Asthma Australia’s funding decreased by 34 per cent from 2016-17 levels. This cut will increase to 61 per cent in 2018-19 and 74 per cent in 2019-20. The total cut to funding equates to more than $4.73 million over three years. The funding deficit that Asthma Australia faces will decimate the organisation, with the 2017-18 cuts already resulting in up to 35,000 teachers, 12,000 young people and 3,000 people experiencing disadvantage missing out on life-saving asthma education, information and resources. These funding cuts will also impact on the ability of Australians to self-manage their condition, which could lead a greater burden being placed on the healthcare system and further hospitalisations and deaths.

Asthma Australia is seeking an emergency injection of funding in the 2018-19 Budget to ensure that the organisation can continue to support children, young people and adults to manage their asthma and to reduce the impact of this potentially debilitating chronic health condition on our communities. For people with asthma, the programs offered by Asthma Australia can be the difference between being able to manage their conditions and being hospitalised or worse.

As Australia embarks on a new National Asthma Strategy, resources are needed to ensure that the Strategy can be implemented and that people with asthma are supported to keep healthy and well.

Emergency funding is urgently needed in the following areas:
1. Reaching people where they are;
2. Working collaboratively with the health system; and
3. Coordination and advice.

Recommendations

Reaching people where they are

Recommendation 1

That the Australian Government provide funding to enable Asthma Australia to implement a school and youth engagement program reaching 24,000 young people and 35,000 teachers over two years, that includes ‘School Asthma-Health Checks’, face-to-face teacher training, face-to-face youth training and promotion of the ‘Kiss my Asthma’ App.

Cost: $740,000 over 2018-19 and 2019-20

Recommendation 2

That the Australian Government support the development and implementation of National Best-Practice School Guidelines for Asthma. The guidelines subsequently will be integrated into Asthma Australia’s teacher training, enabling national implementation and reaching 1,252 schools direct.

Cost: $400,000 over 2018-19 and 2019-20

Working collaboratively with the health system

Recommendation 3

That the Australian Government support the development by Asthma Australia of three demonstration sites for co-designed place-based asthma management approaches for communities that are at greater risk of asthma.

Cost: $380,000 over 2018-19 and 2019-20

Recommendation 4

That the Australian Government support the continuation of the asthma primary health care and hospital referral program, COACH. The program will reach and provide personalised coaching support to more than 3,000 people each year with their ongoing asthma management.

Cost: $2,286,022 over 2018-19 and 2019-20

Coordination and advice

Recommendation 5

That the Australian Government provide Asthma Australia with further and additional funding of $91,796 in 2017-18 and $92,951 in 2018-19 to address the gap in current funding for the coordination and advisory role played by Asthma Australia on behalf of the sector to consult with stakeholders to enable the translation of research into policy and practice as part of the Peak Health Advisory Body.

Cost: $91,796 in 2018-19 and $92,951 in 2019-20
Asthma in Australia

Asthma is a national health priority

Asthma has been identified by the Australian Government as a National Health Priority since 1999. At the time of becoming a National Health Priority, health ministers acknowledged the decision was ‘in recognition of the unacceptable high rates of the disease’ and with the knowledge that ‘almost 60 per cent of asthma deaths may be preventable’. 4

Asthma is a long term chronic health condition that affects one in nine or 2.5 million Australians. The condition affects the airways and lungs, and people with asthma have sensitive airways that can suddenly flare-up in an asthma attack. In Australia, asthma hospitalises 20,500 people and results in 410 deaths each year. 5

Rates of asthma are higher among Aboriginal and Torres Strait Islander peoples, people living in areas of lower socioeconomic status, children and older people. In 2011-13 almost one in five (18%) Aboriginal and Torres Strait Islander peoples had asthma. This is twice the rate of the general Australian population. In 2014-15 people living in areas of lower socioeconomic status were also more likely to be affected by asthma (13%), than people who are from higher socioeconomic area. 6 Children are also more likely to be hospitalised because of asthma, with half of all hospitalisations for children aged zero to 14 a result of asthma. 7

The financial cost of asthma is also significant. The total cost to the health system is $1.2 billion, and lost productivity is almost as much, estimated to cost $1.1 billion. The burden of disease, which measures the suffering and premature death experienced by people with asthma, was estimated at $14.7 billion in 2015. Total government costs for 2016-19 are projected to be $6.6 billion, including hospitalisations, pharmaceutical prescriptions, cost of primary health care and other costs. 8

With adequate resourcing, asthma can be managed

Asthma cannot be prevented, but managed. If asthma is not managed, it can lead to hospitalisations and deaths. Effective self-management includes self-monitoring of asthma symptoms and lung function, regular medical review, medication adherence, using the asthma inhaler correctly and understanding asthma triggers. Asthma action plans also support people with asthma to self-manage their condition. 9

The current funding cuts to Asthma Australia are having a devastating impact on asthma management in Australia

The Australian Government cut funds to the health flexible funds by $31.9 million in 2017-18, 157.8 million in 2018-19 and $52.4 million in 2019-20. The cuts from these measures were said to be ‘redirected by the Government to fund Health policy priorities’. 10 Asthma Australia received funding through these funds and is a National Health Priority, however more than $4.73 million in funding cuts have been made to the organisation over three years. This equates to a 34 per cent cut in 2017-18, a 61 per cent funding cut in 2018-19 and 74 per cent funding cut in 2019-20. The table below outlines these cuts in detail.

The funding cut that Asthma Australia faces will decimate the organisation and result in up to 35,000 teachers, 12,000 young people and 3,000 people experiencing disadvantage missing out on lifesaving education, information and resources. This will place significant pressure on the health system with at least 45 per cent of the 2.5 million Australians with asthma already struggling to manage the condition. Immediate action is needed by the Australian Government to ensure that Asthma Australia can continue to support children, young people and adults with asthma and the broader community in managing the condition and avoiding hospitalisations and deaths.

6. Aboriginal-and-Torres-Strait-Islander-chronic-asthma
7. Australian Bureau of Statistics. Australian Aboriginal and Torres Strait Islander chronic respiratory conditions asthma health
8. Australian Bureau of Statistics. Australian Aboriginal and Torres Strait Islander health conditions asthma
Parties are very risk averse and look for announce-ables to appeal to their natural constituency.

**Opportunity**
- Present a range of asks, including legislative change, policy development and costed programs.

Parties start to become more risk averse as they position themselves for election.

**Opportunity**
- Start the election conversation. Work collaboratively to develop policies.

Parties look for new ideas, including policies and programs that keep people in their camp happy.

**Opportunity**
- Work with all sides of politics to develop policies, including bold new policy ideas.

**Other factors that present opportunities**
- Threat to leadership
- Change in leader
- Change in Ministers
- Repeated high profile crisis

Parties are looking to demonstrate that they follow through on promises.

**Opportunity**
- Support the implementation of election promises.
- Work with the opposition to develop policy positions.
- Repurpose promises and funds.
<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NT</td>
<td>22 August 2020</td>
</tr>
<tr>
<td>ACT</td>
<td>17 October 2020</td>
</tr>
<tr>
<td>Queensland</td>
<td>31 October 2020</td>
</tr>
<tr>
<td>WA</td>
<td>13 March 2021</td>
</tr>
<tr>
<td>SA</td>
<td>19 March 2022</td>
</tr>
<tr>
<td>Victoria</td>
<td>26 November 2022</td>
</tr>
<tr>
<td>Tasmania</td>
<td>2022</td>
</tr>
<tr>
<td>Australia</td>
<td>7 August 2021 – 21 May 2022</td>
</tr>
<tr>
<td>NSW</td>
<td>25 March 2023</td>
</tr>
<tr>
<td>Tactics</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Election Platform or Brief</td>
<td>Prepare an election platform or brief. A platform is a document that outlines your clear, costed (budget savings and expenditure) policy asks.</td>
</tr>
<tr>
<td>Launch of Election Platform</td>
<td>Launch the platform either online or at a public forum. The launch is the commencement of your promotion/awareness raising.</td>
</tr>
<tr>
<td>Distribution/Promotion of Platform</td>
<td>Send the platform to politicians and candidates. Also think about how you promote the platform in the media and social media in an ongoing way over the course of the campaign.</td>
</tr>
<tr>
<td>Request for formal responses from parties and independents</td>
<td>Officially request the positions of different parties on the policy platform or specific policy/program. Request this from party officials and parliamentary leaders.</td>
</tr>
<tr>
<td>Release of Election Scorecard</td>
<td>Present responses in scorecard reports. This provides for a media output and useful voting tool for people interested in the issue.</td>
</tr>
<tr>
<td>Election Forum</td>
<td>Hold an election forum or become involved with a peak body holding an election forum/debate. Ask a representative from each party to be involved.</td>
</tr>
<tr>
<td>Incoming Government Brief</td>
<td>Prepare a brief for the incoming government on your issue or draft letters for both sides of parliament.</td>
</tr>
</tbody>
</table>
1. Develop national heart and stroke strategy

Address a glaring gap in the current Federal health approach to chronic disease by developing a heart disease strategy to sit under the National Strategic Framework for Chronic Conditions. 0.5 million

2. Detect and manage those at risk

Prevent avoidable hospital admissions through early detection of those at risk of heart attack, stroke, diabetes, kidney disease and other vascular conditions by increasing uptake of the Integrated Health Check. No cost for new quality incentive program and fund new MBS item

3. Fund 50 cardiovascular disease research fellowships

Fund 50 cardiovascular research fellowships and ensure the new Medical Research Future Fund invests in research that focuses on the major causes of the Australian disease burden. $24 million over 3 years

4. Help Australians “Move more, sit less”

Fund the development of a national physical activity action plan to help tackle chronic disease by educating and enabling Australians to be active in their everyday lives. Scalable from $35 million 2 year

5. Close the gap on rheumatic heart disease (RHD Australia)

Continue to fund the National Partnership Agreement on Rheumatic fever strategy and Rheumatic Heart Disease Australia (RHD Australia). $10 million over 3 years

6. Fund a national audit of cardiac rehabilitation services

Improve chronically low levels of participation in life saving cardiac rehabilitation programs through an annual audit. $1 million a year
Fair Agenda is a community of 37,000 Australians campaigning for a fair and equal future for women. This election Fair Agenda surveyed the three major parties to find out where they stand on four key issues that our members have been campaigning on.

We worked with Domestic Violence NSW, Domestic Violence Victoria, Family Violence Prevention Legal Services, National Association of Community Legal Centres, No to Violence, End Rape on Campus Australia, National Union of Students and NOW Australia to score the parties' policies on these key issues.

<table>
<thead>
<tr>
<th></th>
<th>Funding to address family violence</th>
<th>Taskforce on uni sexual violence</th>
<th>Workplace sexual harassment</th>
<th>ParentsNext</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Labor Party</td>
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<tr>
<td>Coalition (Liberal &amp; National Parties)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian Greens</td>
<td></td>
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</tr>
</tbody>
</table>

* It is important to note that only parties in a position to form Government will be able to implement policies that rely on budget allocations. Scoring also reflects policies the parties are committed to, should they be in a balance of power position to negotiate policies.

**Key**

- 0 - 19%
- 20% - 49%
- 50% - 79%
- 80% - 100%
FOCUS ON NEW PARLIAMENT

• Congratulations letters.
• Request for meetings.
• Brief for politicians with responsibility for your area.
• Warm fuzzy!
• Refer to the policies from the party relevant to your area and ways that you can work with them to progress these policy areas, as well as other opportunities to create meaningful impact.
LETTER WRITING

THE BASICS
- THEIR DETAILS
- YOUR DETAILS
- THE DATE
- HEADER
- SIGNATURE

THE OPENING PARAGRAPH
- AT THE END OF THIS PARAGRAPH THE PURPOSE OF THE LETTER SHOULD BE CRYSTAL CLEAR.

THE CLOSING PARAGRAPH
- THE PURPOSE OF THE LETTER SHOULD BE REAFFIRMED, INCLUDING DETAILS OF HOW TO FOLLOW UP.
The Hon Samantha Smith  
Minister for Wildlife  
PO Box 555  
SURBURB STATE 0099

Dear Ms Smith

REQUEST FOR MEETING REGARDING NATIONAL UNICORN DATABASE

This year Unicom Australia will record 20,000 sightings of a Unicorn, up 1,000 per cent from the previous year. Unicorn Australia records these sightings without Government support or funding. Now that sightings are at their highest, I am requesting a meeting with you to discuss the need for a national database to ensure that unicorn sightings are recorded and responded to.

Unicorn Australia is a national organisation representing all owners of unicorns and unicorn supporters from all walks of life. Unicorn was established in 1919 by two friends who sighted a unicorn and did not have anywhere to report the sighting. They established the organisation to ensure that no sighting would be unrecorded.

National sightings of unicorns are now at unprecedented levels. The ‘2016 National Unicorn Dataset’ reported 20,000 sightings of unicorns across the country. It is important to note that these figures are likely to represent a significant underreporting because of the stigma associated with unicorn sightings in Australia.

A National Unicorn Database is needed to ensure that sightings of unicorns are recorded to guide policy development regarding unicorns in Australia. Australia currently lags behind other nations in their recording and responding to unicorn sightings and this needs to be rectified as a matter of urgency. Unicorn Australia has proposed a model for a National Unicorn Database which we have outlined in the enclosed brief.

We would appreciate the opportunity to meet with you to discuss the proposal. My office will be in contact with you to arrange a time to meet.

Yours faithfully

SIGNATURE

JO BLOGGS  
CHIEF EXECUTIVE

Unicorns Australia, 11 Eleven Street, CANBEER, ACT 0000 — www.unicorns.com.au
INQUIRIES, REVIEWS AND ESTIMATES

Engaging in Parliamentary Inquiries
➢ Work with a Senator or MP to suggest a topic for an Inquiry
➢ Draft Terms of Reference to give them idea of what the Inquiry would examine
➢ Prepare a submission and appear before Inquiries

Making the most out of responding to Inquiries and reviews
➢ What do you want to achieve from the Inquiry or Review process?
➢ How can you be strategic about your involvement?
   ▪ What are the media opportunities?
   ▪ What are the other outputs and supplementary submissions that can be prepared?
   ▪ Who should appear before the Committee?
   ▪ What questions would you like asked?

Engaging in estimates
➢ Suggest questions for estimates
➢ Monitor the responses from estimates
SENATE ESTIMATES

• Ask for questions to be raised about:
  ➢ How a policy or program is progressing
  ➢ Where funding is going
  ➢ Engagement between the government and various stakeholders
  ➢ If funding is being cut
  ➢ How decisions are made
  ➢ Why delays have occurred
EVENTS AT PARLIAMENT

• Booking a room, catering and AV can be very expensive
• Can book – courtyards, alcoves, great hall, auditorium
• Can have a Senator or MP book a committee room for free
• All media needs to be approved when outside of the event area
• Breakfasts, lunches and dinners work well
• Pick your day well – eg. Late night Wednesdays, out ASAP Thursdays
• All day events – come and go as they need to
• Breakfast, BBQ, lunch, dinners etc
DAYS OF ACTION

• Days of advocacy involving several experts
• Allow for a ‘buzz’ around parliament – not just one meeting but an event
• Involve a breakfast, lunch or dinner
• Arrange lots of meetings
• Pre-arrange meetings
• Eg. Science meets parliament
Kids in the House is the highlight of our advocacy program, where over 100 kids (and adults!) with type 1 diabetes visit Parliament House in Canberra to remind their MP that research is the key to a cure.

OTHER OPPORTUNITIES

• Speeches in parliament
• Parliamentary library research
• Formal petitions
• Visits to your local MP in Canberra/Sydney
• Articles in MPs and MLAs bulletins/newsletters
• Posts on MPs and MLAs Facebook pages
POLITICAL PARTIES

• Membership
• Voting processes and motions
• State and National Conferences
• Policy Platforms
• Election Policy Statements
Public policy generally refers to the principled guidance taken by the administrative branches of the state with class of issues in a manner and institution.
OPPORTUNITIES FOR ADVOCACY

• Engagement with public servants
• Statutory reviews
• Reviews of Government plans and strategies
• Government responses to plans
• Anniversaries of review commencement, review completion, final report being released
• Independent reviews
• Evaluations
ENGAGEMENT WITH PUBLIC SERVANTS

• Work collaboratively with public servants to understand internal processes for funding e.g. Internal Budget Processes, New Policy Proposals (NPP).
• Work with public servants to develop processes to work together e.g. Roundtables, Co-design processes.
• Work with public servants to draft and develop policy documents and proposals.
• Offer to provide briefings or presentations to public servants on various issues that cross over your work e.g. present a research project.
WHAT CAN YOU DO?

• Draft terms of reference for a review that should be happening and is being delayed.
• Draft a plan for government as a model for what you’d like them to develop.
• ‘Celebrate or commiserate’ anniversaries of the release of review reports that have gone unanswered.
• Put pressure on government to appoint independent reviewers, if they don’t – point this out.
• Encourage evaluations. If governments won’t do them, work with a university to prepare an evaluation (ARC grants, NHRMC grants, University grants).
WHAT CAN YOU DO?

• Be involved in the review – even if you believe the outcome is predetermined.
• Encourage as many people as possible to be involved in the review.
• Don’t prepare template letters with set content, instead prepare letter heads with dot points to be used as a guide.
• Encourage a diverse group of people to be involved in reviews – organisations, police, hospitals, researchers, board members, professional groups, business leaders.
• Numbers are important – spend time thinking of who you can engage to be involved in the review process at the outset.
SAFE 

Report on Government Services
Published January 2016
The annual Report on Government Services (RoGS) provides information on the equity, effectiveness and efficiency of government services in Australia. This report was progressively released between 27 January - 4 February 2016.

How to find what you need in RoGS

At a glance

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>$192b</td>
<td>12%</td>
</tr>
</tbody>
</table>

MID-YEAR ECONOMIC AND FISCAL OUTLOOK

The Mid-Year Economic and Fiscal Outlook (MYEFO) updates the economic and fiscal outlook from the previous budget. Clause 14 of the Charter of Budget Honesty requires the release of a MYEFO each year by the end of January, or six months after the last budget, whichever is later.

As well as updating the economic and fiscal outlook, the MYEFO updates the budgetary position. In particular, the MYEFO takes account of all decisions made since the release of the budget which affect expenses and revenue and hence revises the budget aggregates. An appendix to MYEFO summarises all policy decisions taken since the budget.

The 2015-16 MYEFO document was released on 15 December 2015 by the Treasurer, the Hon. Scott Morrison MP, and the Minister for Finance, Senator the Hon. Mathias Cormann.
Data and analysis

Reliable data is essential to understanding how people experience their mental health, and how our mental health and social support systems respond to them. This is the evidence that can make the case for change, and reveal whether the reforms we make are effective in improving people’s lives.

Under the Mental Health Commission Act, the Commission is required to monitor and report on the implementation of Living Well: A Strategic Plan for Mental Health in NSW 2014-2024, and also to review and evaluate services and programs provided to people who have a mental illness, in addition the Commission is expected to undertake and commission research, innovation and policy development.

In order to properly fulfil these functions, the Commission is working to increase the amount and quality of data from which it is able to draw in the course of its work. It is doing this through strategic projects with the Australian Bureau of Statistics, universities, the NDIS government and others to develop and analyse new data sets or to link existing ones – with the potential to produce important new insights that can guide service development and planning.

At the same time, the Commission has created a suite of interactive presentations and snapshots which make mental NSW Health-related data more accessible to consumers, academics and the whole community, supporting research and advocacy to improve mental health outcomes. By allowing users to dynamically create visual representations of data relationships, according to their particular interests, the Commission hopes to make a positive contribution to evidence-based policy development and public discussion.

PLEASE NOTE: as the interactive graph files are complex, loading or updating may be slow depending on the speed of your Internet connection.
COMMITTEES, ADVISORY STRUCTURES

• Various Inter-government and external advisory committees and structures.
• Opportunities to be involved in these and to suggest the establishment of such structures.
• Eg. Food star rating system – committee of members from a range of industries and was chaired by the Department of Health.
DISCOVERY PROCESSES – FOI REQUESTS

• Always ask for the information first.
• If it is refused, submit a freedom of information request.
• Keep the request as targeted as possible to limit time spent and costs.
• Consider appealing costs based on public interest, including that you are a not-for-profit organisation.
• As with any tactic, think of the aim of the FOI request and whether it will hurt or help the broader campaign.
MEETING WITH DECISION MAKERS
1. The problem and asks
2. The pitch
3. Adding value
4. The meeting
A ‘tangible ask’ is the development of or changes to:

- A law,
- Policy,
- Program, or
- Process.

What is the evidence supporting this ask?

- What is the law you want introduced or changed?
- What is the policy you want developed?
- What is the program you want funded?
- What is the process you want initiated?
Hollowmen - Future Fund (Excerpt from Ep: Rear Vision)

https://www.youtube.com/watch?v=Ud8ZisH2IYI&t=4s
1. Identify the problem

2. Understand the problem

3. Develop possible solutions

4. Advocate for the solutions to be adopted

**Can happen in 3 ways:**

- **Investigate** – people with lived experience, community sector, research
- **Crisis** – incident occurs that highlights problem
- **Power** – Government/Corporate decision

**Comprehensive approach including:**

- **Engage** - People with lived experience
- **Engage** - People working in the services responding to problem or representing lived-experience
- **Analyse** – Evidence on scope of problem

**Comprehensive approach including:**

- **Engage** - People with lived experience
- **Engage** - People working in the services
- **Engage – People working in policy/Government**
- **Analyse – existing systems and structures**
- **Analyse – Evidence on what works in Australia and internationally**

**Creatable approach including:**

- **Target** – Who can make the change happen?
- **System** – What is the process?
- **Influence** – What do they need to hear? Who do they need to hear it from?
- **Tactics/Actions** – What can we do to contribute to the change?
- **Messaging** – What do we need to communicate?
Briefing Document

Title: Make the title about the outcome you are seeking to achieve rather than the problem – Eg. Better health for all unicorns

Key Messages

• XXX
• XXX
• XXX
• XXX

Key messages will represent the whole document – with one point from each of the sections below.

The value: Title of this section should be all about what we are trying to achieve Eg. All Unicorns should have access to good healthcare

This section should describe the desired outcome articulated in the heading in greater detail.

The problem: Title of this section should clearly articulate the problem – Eg. 100,000 Unicorns have poor health

This section should describe the problem including what the issue is (eg. if it is a health problem, what are the symptoms that people experience) and statistics relating to the problem (how big is the problem, how many people are affected, where are these people, how old are these people, does it affect a gender more than another, does it affect a cultural group more than another.
The solution: Title of this section should provide an overview of the solution – Eg. A pink sparkle trained practice nurse in every general practice will improve the health of Unicorns

This section should describe the proposal in detail. What is being proposed? Is it a legislative change, policy change or program to be funded? What will it involve in detail? Where will it occur? Who will it target? What will the reach be? What will the cost be? Is there strong community, industry or sector support for this? How does it align with Government or Party policy?

The case for reform: The title of this section should reflect the many reasons why this is important. Eg. There is a strong social, economic and health rationale for supporting Unicorns to have better health

The outcomes: The title of this section should be about the expected improvement from the initiative – Eg. Supporting one in ten Unicorns to improve their health and keep out of hospital

This section should provide information on what the impact will be. What improvement will people see?

Budget

What is the cost? What is the return on investment? Eg. Every dollar spent will result in a five dollar saving. Eg. The cost of this program is equivalent to the cost of 20 avoidable hospitalisations from this condition.
RANZCP policies

- Grow and support the psychiatric workforce in rural communities.
- Fix the Mental Health Access Line (MHAL) to ensure people with mental health conditions, their carers and health care professionals access the right mental health service at the right time and place.
- Identify coordination gaps in mental health services for children and adolescents.
- Develop the capability of the mental health workforce in delivering therapeutic interventions and supports for consumers with complex trauma and personality disorders.
- Ensure equivalency of care for people with severe mental illness in custody.
- Ensure older people with mental illness receive timely support and treatment.
IT’S ALL ABOUT COMMUNICATION...

• We need to be able to communicate our message quickly and concisely
• Think of three key points
• A great approach is: Value, Problem, Solution
America is a nation of values, founded on the ideal that all are created equal.

Any order that violates every person’s right to due process and equal treatment violates our Constitution and cannot stand.

This is why we must [call to action].

Values: Lead with shared values

Problem: Introduce the problem/situation

Complication: Describe the complication/gap

Solution: Offer solutions

An example: Fetal Alcohol Spectrum Disorder

<table>
<thead>
<tr>
<th>Value</th>
<th>All children should have access to the support they need to lead healthy lives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem</td>
<td>3,000 babies are born with Fetal Alcohol Spectrum Disorders (FASD) each year. This is a lifelong condition, that is preventable. But in Australia there is no diagnostic tool for FASD, no national prevention program and no funding for management and support of people affected by FASD.</td>
</tr>
<tr>
<td>Solution</td>
<td>We need a fully funded national FASD Plan to prevent, manage and diagnose FASD in Australia. I’d like you to support the call for a national FASD Plan by.... (insert your specific ask for the meeting here).</td>
</tr>
</tbody>
</table>
MESSAGING THIS MOMENT

REPLACE

GENDER WAGE GAP

EMBRACE

PAY TAKEN FROM WOMEN
EQUAL PAY FOR EQUAL WORK

WOMEN EARN LESS THAN MEN

WOMEN PAID LESS THAN MEN

Tell our own story

<table>
<thead>
<tr>
<th>Our Message, Their Frame</th>
<th>Our Message, Our Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wealth doesn’t trickle down as promised, yet we are told the lie that we must do whatever big business wants or we'll hurt the economy. Politicians need to stop acting only for the wealthy elite instead of caring about everyday people.</td>
<td>We all deserve a fair share of the wealth our work creates. The government should protect penalty rates. They should not give a tax cut to big business. It's time to change the rules to make Australia fair for everyone.</td>
</tr>
</tbody>
</table>

IN DEVELOPING KEY MESSAGES...

DO - Know your three key points (value, problem, solution)
DON’T – Make the problems sound insurmountable
DON’T – Reinforce the messages of the opposition
DO – Consider the values that you can connect with
DO – Counter myths in a way that reinforces your messages
DON’T – Overwhelm people with information
YOU’VE GOT A STORY TO TELL...

• You have a unique experience
• You see the people in the community who many of us never see
• You hear stories that many of us will never hear
• Think about the value that you add to the movement
Evidence-based policy is not enough. Without some appeal beyond logic to our deeper feelings and intuitions, any new narrative or big change is bound to fail.

Ken Henry, Former Secretary, Treasury
Stories not only teach us how to act – they inspire us to act. Stories communicate our values through the language of the heart, our emotions.

And it is what we feel – our hopes, our cares, our obligations – not simply what we know that can inspire us with the courage to act.

Marshall Ganz
THAT'S MUCH BETTER.
Ice-addicted children living on the streets, exploited by sexual predators in Canberra

By Tahlia Roy
Updated 19 Dec 2018, 10:44am

Young people are using ice and living on the streets in Canberra, with some so desperately addicted they resort to exploitation by older sex abusers to get their fix.

That is according to youth workers who describe crystal methamphetamine as "the new marijuana", and say about half the children in their outreach program who are below the age of 14 have used the drug.

Kids in the program, who cannot be named, admit ice is increasingly easy to find and is abundantly circulated among peers their age.

While there are scarce statistics of child drug use, frontline supporters are deeply concerned about what they call a rising tide of ice addiction facing Canberra's youth.

Homeless children in Canberra too young for crisis help, with kids like Mike slipping through the cracks

By Tahila Roy
Updated 17 Apr 2019, 9:10am

Homeless children in Canberra claim they have been told to "suck it up and go home" by child protection services, or turned away from crisis accommodation because they are too young to be granted assistance.

That was a situation Mike (surname withheld) found himself in at the age of 15, when he was forced to rely on a high school friend's family for a bed each night.

"If it wasn't for them I would be on the streets and probably dead by now," he told the ABC.

Now 19, Mike said he was grateful to the family that stepped up and took him in, but it was not a place he was able to live long term.

He tried to find other options but said he was denied crisis accommodation for homeless youth because he was aged under 16, and said Child and Youth Protection Services would not help him "because it wasn't the worst circumstances in the world".

"There's not really any support for kids under the age of 16, which actually really disappoints me," he said.

"Because there's a lot of kids out there who are 13 and up who live in the city.

Key points:
- Only children over 16 can access crisis accommodation in Canberra
- Report hears children as young as 12 face homelessness
- Calls for targeted residential care for children under 16

Ice-addicted kids living on Canberra streets

WHO ARE YOU MEETING WITH?

- The Minister responsible for your issue.
- Your Local Member.
- Politicians interested in your issue or overseeing inquiries relating to your issue.
- Public servants who oversee your funding (if you receive government funding), who oversee policy or strategy for your issue or who provide secretariat to committees or reviews.
- Who you meet with should be based on your organisations broader aims and what you are trying to achieve.
HOW TO GET A MEETING

- Send a formal letter requesting a meeting
- Clearly indicate in the letter header that you are requesting a meeting
- Always follow-up with a phone call and be prepared to send through the letter again via email
- If you can meet with an advisor – do so
- Ask people you already know in parliament or the sector to connect you with others
- DON’T SEND A LETTER AND THEN WAIT – FOLLOW-UP IS KEY
DAY OF THE MEETING

• On the day of your meeting make sure you are up to date with what’s in the news and that you understand any critical issues that the politician has to deal with.

• If you are meeting at Parliament House or any State or Territory Parliaments, make sure you arrive early as you may need to be signed in and go through security which can take time.

• Bring along material to leave behind – including your briefing document and business cards.

• There is always lots on in any given day at parliament.
WHAT IF THEY SAY NO?

Politicians may say no to a meeting – which doesn’t mean you have failed, it means you will need to try a different approach. From here:

• Ask to meet with an advisor (if the request was for a meeting with a politician).
• Ask to meet with a colleague or alternative contact (if the request was for a public servant).
• Ask people you already know in parliament or the relevant department to connect you with others.
• Ask your colleagues from other organisations who may have connections with the office to connect you with the office.

Think about if there is anyone they won’t say no to meet with and how can you gain access through them? Get creative!
MEETINGS - DO

• If you only get to say one thing – make sure it’s the ask and the 3 point pitch!
  • Not 5 minutes of who each person is
  • Not a story about something completely unrelated
  • Not an hour on what the problem is and how hard it is (don’t make the problem sound insurmountable)
  • Not abuse or aggression

• Make it as easy as possible for them to commit to ‘the ask’.
  • Leave behind a 2 pager.
  • Can I send you some points to include in the letter about the CLC in your electorate?
  • Can I draft something for you for the AG?
  • Can I get the details of your advisor and follow-up?

• Get a commitment from them – make it tangible
  • Are you able to write a letter?
  • Are you able to call their office?

• Ask for a photo to share on social media or in e-news bulletins
MEETINGS – DO

• Have a two-way conversation
  • No one likes being talked at But they aren’t engaging – ask for advice
  • But we all came a long way and want to be heard
  • But they need to listen and understand the issue

• Make an impact
  • Remember the values that you add to this meeting – now is the time to bring it
  • Do you have a case study or a story that appeals to them

• Be kind
  • Engage in conversation as you would with any other human
  • Be respectful and remember why you are there (even if you decide never to meet them again)
MEETINGS – DON’T

• Talk, talk, talk, talk, talk...
  • Politicians are very good at making you feel as though you’ve been heard
  • If you all spend the time just talking at the politician – you won’t find anything out about them

• Be rude or aggressive
  • No one wants to help someone who doesn’t treat them with respect

• Talk over each other
  • Have a plan for how you will approach each meeting
  • Be on the same page

• Get to the last 5 minutes before raising your ask
  • Did I mention that this should be the first thing that you do?

• Focus on the problem without a clearly articulated solution
  • Articulate a problem that is manageable and not insurmountable
FOLLOW UP IS CRUCIAL

- Send an email thanking the politician and/or advisor for the meeting
- Work with the politicians office on the follow-up item
- Follow-up on the politicians advice
- DON’T LEAVE A MEETING WITHOUT A FOLLOW-UP ITEM
TAKEAWAYS

• Do your research on who you are meeting with.
• Know what your three key messages are.
• Tell your story – what is the value you can add.
• Never leave a meeting without a follow up!
Observations
Get in touch

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