The vision

Children are nurtured within strong and resilient families and communities that are able to keep their children and safe and well.

The Stronger Families Alliance's programs

The Alliance has one subgroup that works with targeted services to design multi-service programs for vulnerable children and their families. The group also contributes to professional development.

A second subgroup, the Blue Mountains Consortium (BMC), is a group of eight early childhood and human service organisations in the Blue Mountains, with Connect Child and Family Services as the lead agency. The BMC developed separately to the Alliance and joined the Alliance in 2009. The organisations share founding members, an evidence-based organisational development process facilitated by Blue Mountains City Council, and a common vision for an integrated and strengths-based service system. The BMC has developed a collaborative case management system which delivers multi-service, multidisciplinary support to vulnerable children and their families.

Using the Plan to move children and their families beyond vulnerability

The Child and Family Plan includes outcomes that reduce vulnerability and enable children and families to access support more easily. The following three outcomes can be used by universal child and family services and targeted child and adult services:

- All children and their families have many different connections to the community (Outcome 5)
- Families promote the safety and wellbeing of their children (Outcome 6)
- Children and families receive an immediate and compassionate response aimed at meeting their basic needs (Outcome 7).

A further outcome focuses targeted adult services on the 'child behind the client', promoting the needs of the children of parents who use targeted adult services (e.g. services addressing poverty, mental health, domestic violence, homelessness, or drug and alcohol abuse):

- Targeted child and adult services coordinate with each other and the universal service system (Outcome 8).

This outcome links the targeted and universal systems to better enable families to build broad social support networks.

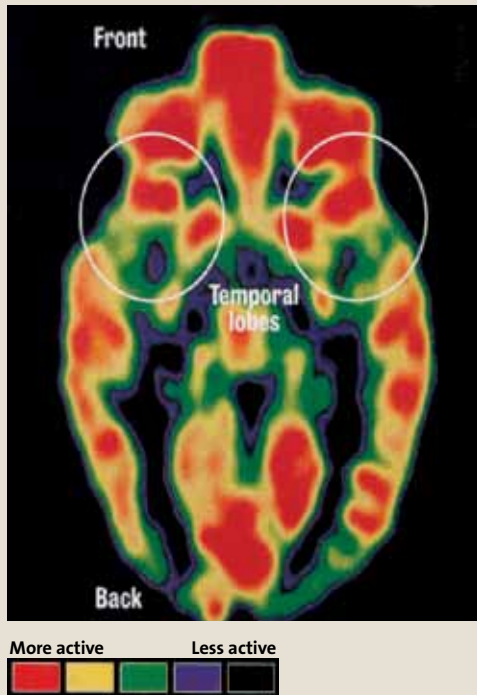## A snapshot of evidence supporting the Plan

The effects of child abuse and neglect

Child abuse and child neglect are among Australia's major problems. The greater the abuse or neglect, the greater the cognitive and physical impairments that can exist throughout the child's adult life.[50-57] The cost of abuse in Australia (e.g. physical and mental health care, criminality, welfare dependence, poor education outcomes, productivity losses) was estimated in 2007 to be $6 billion.[58]

Definitions of child abuse and child neglect change constantly as more becomes known about the factors that can harm children, compromise their development and deprive them of the community resources they require to grow. Definitions generally include physical, sexual and emotional maltreatment; added to these can be exposure to family violence, and systems abuse (the abuse of children by the systems designed to protect them). Abuse need not be physical. Chronic and harmful neglect compromises the healthy development of more children than abuse, and neglect is often associated with poverty.[59-61] This is why services that deal with issues such as poverty, mental illness and drug and alcohol abuse need to consider the needs of clients' children.
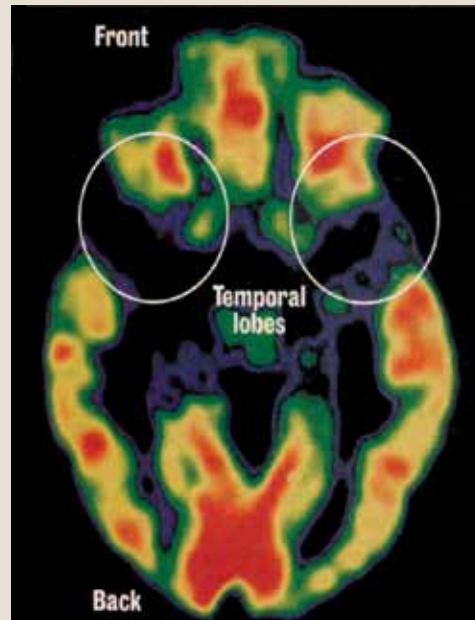
The abused brain

A healthy brain

An abused brain

More active   **Less active**

© Centre for Community Child Health 2006

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (centre) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

This PET scan of the brain of a Romanian orphan, who was institutionalised shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly inactive. Such children suffer emotional and cognitive problems.

Strengths-based and family-centred practice

In the past two decades, community-based programs have shifted focus from deficits to strengths. Deficit models create change by identifying and attempting to fix family problems. The change towards strengths-based practice was prompted in part by a recognition that targeted deficit approaches were failing many families.[62] A strengths-based approach builds on the positive skills, knowledge and attributes that families do have to support their children's development. Family-centred practice is based on establishing respectful partnerships with families, building on strengths and tailoring ways of working that fit family goals and social, cultural and political contexts.[63]

Balancing risk and protective factors

Children's lives are shaped by risk and protective factors. In the past, programs often focused on reducing risks, but the emphasis is now on building protective factors. Strengths-based practice helps professionals identify and strengthen protective factors. Protective factors include children's positive skills and attributes, such as an easygoing or independent temperament, problem-solving skills or special talents. Protective parenting factors include breastfeeding, positive relationships with extended family, religious faith, giving children positive attention, and family harmony. Increasingly the community is seen as a key provider of protective factors in children's lives. Communities can provide positive social networks, access to recreational and educational opportunities, and avenues for community participation.[64]

Building family community connections with...

Early childhood services, school groups for parents, Girl Guides, organised sport, extended family, playgroups, community fun days, play dates with friends, baby groups, parent programs, parent hobbies, parent further education, extracurricular activities, volunteer groups, library programs, community gardens, bushcare

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Engaging with vulnerable families

Families most in need of services and support are least likely to access services. To bypass this blockage, new types of professional/family relationships need to be created. Engagement methods must be respectful and non-stigmatising, and fit with what families say they need. If the immediate needs of families are met, it is more likely they will participate in programs that support long-term change.[65] Success has been achieved using a strengths-based approach and addressing the factors that limit parents from participating. For example, parents who are economically stressed will prioritise basic needs (such as food and housing) over nurturing and home learning.[66-67] When these basic needs are met, parents have more time for their children's non-material developmental needs. This requires communication and coordination between child- and family-focused services, and services working with parents on issues such as housing, mental illness or drug and alcohol abuse.

The six primary factors needed to engage vulnerable parents with services are:

1. High-quality relationship between the parent and the service provider
2. Shared decision-making
3. Cultural awareness and sensitivity
4. Using non-stigmatising interventions and settings
5. Minimising the practical or structural barriers to accessing services
6. Providing crisis help prior to other intervention aims.[68]

Promoting resilience

Resilience allows a person, family or community to prevent, minimise or overcome the damaging effects of adversity. Resilient children cope with challenges, believe they are capable, and use interpersonal and network skills to obtain support. Resilient families share celebrations, routines, recreation, traditions and time. They support each other, communicate well, solve problems together and prioritise family equality, spirituality, truthfulness, hope and health.[69]

The power of family/community connections

Children from families with extensive social support often have more positive outcomes. Reaching out to the community builds resilience, because social support reduces stress for adults, leading to more effective parenting.[70] A core component of early intervention and child protection work is connecting families to friends, community groups, and social support and education services. This is also true for targeted services working with issues such as housing, mental illness or drug and alcohol abuse. Connecting children and families to community activities and universal support is a primary way to increase the protective factors operating in children's lives.

Resilience in children

Resilience results from a combination of some or all of the following factors. Do children:

- Have someone who loves them unconditionally?
- Have an older person outside the home they can talk with about problems and feelings?
- Receive praise for doing things on their own?
- Feel they can count on their family being there when needed?
- Know someone they want to be like?
- Believe things will turn out alright?
- Do endearing things that make people like them?
- Believe in a power greater than seen?
- Try new things?
- Like to achieve?
- Feel that what they do makes a difference?
- Like themselves?
- Focus and stay with a task?
- Have a sense of humour?
- Make plans to do things?

E. Grotberg, *A Guide to Promoting Resilience in Children*, 1995.

Outcome 5: All children and families have many different connections to others in the community

Family community connections are a primary way to keep children safe. Family community connections play a critical role in enhancing families' ability to raise their children. Targeted services explore new ways to incorporate family/community connection-building into core practice and program design.

Part B: Moving Children and their Families Beyond Vulnerability

Objectives	Measures	Strategies
5.1 Children and families have increased opportunities and support to connect to their community	**Service and Stronger Families Alliance measures** > Strengths and Stressors survey and/or other evidence-based tools show the safety and wellbeing of children has increased > No. of existing services and projects that use strengths-based, family-centred practice	> Provide training, development and mentoring opportunities for professionals working with vulnerable parents to (i) understand the evidence base underpinning the importance of family/community connection-building and (ii) know how to identify and nurture family/community connections > Coordination level links developed between the targeted service system and the universal child and family service system > Family/community connection-building for families is central to all aspects of case planning
5.2 Children and families have new connections to their community		

Outcome 6: Families promote the safety and wellbeing of their children

Children are most safe when their parents and carers have the ability and resources to create safe home and community environments. Services partner with families to achieve this. Services form trusting and respectful relationships with families, identify protective factors operating in children's and families' lives, and use strengths-based practice to promote parents' skills, knowledge, resources and ability to plan for their future.

Objectives	Measures	Strategies
6.1 Services establish trusting relationships with children and their families to build protective factors and resilience	**Service and Stronger Families Alliance measures** > Strengths and Stressors survey and/or other evidence-based tools show the safety and wellbeing of children has increased > No. of services and projects that use strengths-based, family-centred practice	> Service providers increase their understanding and ability to apply strengths-based practice > Service providers base their practice on the unique context of each client's life > Service providers fully understand the role of protective factors in creating children's safety and resilience
6.2 Families increase their capacity to identify and use their unique knowledge, skills and resources		> Service providers who work with parent clients increase their knowledge and capacity to support child development and attachment > Service providers look for children's skills and talents, and source resources to promote these
6.3 Families increase their ability to plan for their future		> Establish transparent systems enabling clients to co-write service records > All Alliance policy and joint funding application documents use strengths-based language and perspectives

Outcome 7: Children and families receive an immediate and compassionate response aimed at meeting their basic needs

Adequate parenting occurs when families' basic needs are met. Services recognise that families are more likely to engage with services if their immediate requests for assistance are met. Helping parents address material concerns is therefore central to the work of targeted services. Joint advocacy and networking with services providing material needs such as housing, nutrition, transport and health is a core component of the work.

Part B: Moving Children and their Families Beyond Vulnerability (continued)

Objectives	Measures	Strategies
7.1 Vulnerable children and their families have increased access to programs that give practical assistance	**Service measures** > No. of existing services and projects that include giving and/or sourcing practical assistance > No. of existing services and projects that include giving and/or sourcing what families say they immediately need	> Service providers understand how to recognise and engage vulnerable families > Service providers have increased skills and networks to support the immediate needs families have identified themselves > Gain funding that enables vulnerable children to participate equally in early childhood education and primary school
7.2 Vulnerable families receive assistance that they consider meets their immediate priority needs	**Stronger Families Alliance measures** > No. of Alliance services reporting that they are more successfully engaging vulnerable families > No. of Alliance services reporting they have better knowledge of resources available for vulnerable families as a result of new Alliance programs	> Gain funding and establish partnerships to increase the material resources available to vulnerable families > Develop coordination-level links with services and organisations providing material support to children and families
7.3 Services join or initiate advocacy campaigns targeting the basic needs of vulnerable children and families (e.g. nutrition, health, housing, transport)	> No. of advocacy campaigns Alliance members have initiated and/or contributed to	> Services advocate for the particular needs of children within existing campaigns focused on meeting basic needs (e.g. needs of homeless children)

Outcome 8: Targeted child and adult services coordinate with each other and the universal service system

Adult-targeted services recognise and plan for the needs of their parent clients' children in their case planning (i.e. alcohol and drug, mental health, domestic violence, housing and material support services). Networks for targeted services are established to increase knowledge, resources and practice about meeting the needs of children. All targeted service providers understand that community connections are protective for all children, particularly vulnerable children. Children and their families are supportively referred to the universal service system to enhance their community networks.

Objectives	Measures	Strategies
8.1 Adult-targeted services working with vulnerable parents include consideration of children's needs in their case planning	**Service and Stronger Families Alliance measures** > Times per annum workers in different sector silos train together > Training recipients report their knowledge or practice has been improved through training > Networks for targeted services are established, maintained and well attended by a diversity of services > Network participants report change in knowledge and practice in meeting the needs of the children of their clients > Supported referral tools and pathways are designed and used by a diversity of targeted and universal services	> Provide training and development opportunities about (i) early brain development, (ii) basic child development, (iii) responsive parenting, (iv) helpful first responses to children and (v) the benefits of community connections to increase the safety and wellbeing of children > Create networking opportunities to connect service providers working with vulnerable parents > Develop tools that enable supported referrals and pathways from targeted to universal services > Provide opportunities for professionals working with vulnerable parents to increase awareness of and connection to the universal child and family service system
8.2 Adult-targeted services increase their coordination to better meet the needs of the children of their parent clients		
8.3 Child- and adult-targeted services increase their parent clients' community connections through service networking and supported referral to the universal service system		