



Australian Government
Australian Institute of Family Studies

The good practice guide to Child Aware Approaches

Keeping children safe and well

Cathryn Hunter and Rhys Price-Robertson



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Foreword

Family problems have a tendency to come in packages that, all too often, and all too regrettably, can have abiding effects on children. Those who provide children's services increasingly recognise the complexity of the forces within families that make children vulnerable, and that threaten their safety, security and wellbeing. Serious maltreatment, abuse and neglect and, in the worst instances, child death, can be the result. Parental mental health problems, misuse of alcohol, dependency on illicit drugs, homelessness, problem gambling, family violence and other difficulties, either together or in some combination, can lead to circumstances high in stress and strain that place children at serious risk of harm. Professionals in community services see the results daily, and the wider community increasingly says, "Enough is enough".

Adult-focused services that treat problems of mental health, addiction, homelessness or family violence, and their sequelae, have traditionally and understandably started with a focus on identifying the most pressing of the problems that adults present at their door. The expertise in these services may be focused on addressing a particular area of need, and while understandable, specialisations too often become siloes. However, most professionals realise that the world is not that neatly arranged when it comes to dealing with the complexities of problems, especially those with such complex social origins, influences and impacts.

Faced with that complexity, the needs of children may be neither seen nor heard. In fact, in the hurly burly of busy services, awareness of the extent to which parents' problems affect children may not be high. The Second Action Plan of the National Framework for Protecting Australia's Children 2009–2020 emphasises the importance of addressing this gap in Australia's child and family service systems. The Child Aware Approaches initiative is seen as a key plank in the strategic commitment to early intervention and prevention. Intervening early to address problems before they become entrenched or, better still, mobilising effective prevention initiatives before problems can emerge is increasingly seen as preferable to attempting to redress harm long after the fact.

This report, *The Good Practice Guide to Child Aware Approaches: Keeping Children Safe and Well*, by Cathryn Hunter and Rhys Price-Robertson, provides a very valuable foundation for advancing this important strategic policy initiative. Defining Child Aware Approaches, advancing understanding of their importance, and unpacking the key principles underpinning them provides a valuable resource for those who will design, manage and deliver child aware approaches across a range of adult-, child- and family-focused service and support settings.

I am very pleased that staff members of the Australian Institute of Family Studies, guided by the expertise within the Child Aware Approaches Reference Group, were able to contribute to advancing this vital area of policy and practice. I congratulate the authors on an excellent piece of work and look forward to the many positive benefits that will flow from a clearer commitment to child awareness across the relevant sectors.

Professor Alan Hayes AM

Director
Australian Institute of Family Studies

February 2014



The good practice guide to Child Aware Approaches

Child Aware Approaches is a grassroots initiative that engages civil society to develop local approaches, actions and initiatives to keep children safe and well, recognising that protecting children is a shared responsibility. This paper defines Child Aware Approaches, outlines the philosophies and principles underpinning this strategy, and offers case study examples of how the principles can be applied in practice. This paper is intended for service managers and practitioners working with vulnerable children and families, particularly those working in adult-focused service sectors.

What is the purpose of this paper?

The Good Practice Guide to Child Aware Approaches: Keeping Children Safe and Well explains the Child Aware Approaches initiative, outlines core philosophies and key principles underpinning Child Aware Approaches, provides “case study” examples of how the principles can be applied in practice, and highlights relevant practice considerations and additional resources.

This document was developed from a point-in-time analysis of outcomes from the 2012 Child Aware Approaches grant round and 2013 Child Aware Approaches Conference that aimed to promote a better understanding of the relationship between child abuse and neglect and risk factors such as domestic and family violence, parental mental illness and substance abuse.¹

This paper is intended as a practical resource for organisations, practitioners and individuals working in social services (particularly services for children, families and adults) to put the needs, views and aspirations of children and young people at the heart of actions to improve child and family wellbeing and safety.

The paper explains in more detail the five core philosophies and ten key principles underpinning Child Aware Approaches (see Boxes 1 and 2 on page 11) to provide practical guidance for those working with vulnerable children and families and to inform policies, procedures and practices within organisations.

Each principle can be considered from multiple perspectives (e.g., at the organisational, managerial and practitioner levels). Practice considerations are provided throughout this paper as examples to inspire thought and discussion of the different levels at which action may be required in applying the principles of Child Aware Approaches.

The case study examples in this document also highlight the diversity of innovative and creative ways in which the principles of Child Aware Approaches have been applied in a variety of settings and situations.²

The full methodology for this project, including case study methodology, is outlined in Appendix 2. A list of all projects funded under the grant round can be found in Appendix 3.

1 Although this paper is a point-in-time document, there may be opportunities to document ongoing advancements (such as enhanced and expanded principles for a broader audience) as Child Aware Approaches evolves.

2 These case studies have been sourced from projects funded under the Child Aware Approaches grant round or presented at the 2013 Child Aware Approaches Conference. They are not a definitive list, but rather examples that demonstrate different elements of Child Aware Approaches.



What are Child Aware Approaches?

Child Aware Approaches are community-led, innovative and practical, grassroots actions to keep children safe and well

The Child Aware Approaches initiative was introduced as an early intervention and prevention program under the Second Action Plan 2012–15 of the National Framework for Protecting Australia’s Children 2009–2020 (the National Framework).

The National Framework is a long-term collaborative agenda to improve the safety and wellbeing of Australia’s children, with the key message “protecting children is everyone’s business”. The National Framework promotes a public health model approach to protecting children. The public health model places a greater emphasis on assisting families early to prevent abuse and neglect occurring by having universal supports (for example, health and education) available for all families and children.

It builds on a project undertaken in the First Action Plan 2009–12 of the National Framework, Protecting and Nurturing Children: Building Capacity Building Bridges,³ which aims to boost the capacity of community sector workers to identify and respond early to families and children who are at risk for child abuse and neglect (building capacity); and strengthen collaboration across sectors to improve the ways in which families with multiple needs experience the service system (building bridges).

A number of additional Child Aware Approaches projects are now being delivered under the National Framework’s Second Action Plan, including this guide, national conferences in 2014 and 2015, Child Aware local communities and Child Aware organisations. For more information on Child Aware Approaches projects, see Appendix 1.

Why are Child Aware Approaches important?

The Child Aware Approaches initiative has emerged at a time of change in the Australian human service sector. In general, there is growing awareness that parental problems are often related to negative outcomes for children, and that adult-focused services need to be better equipped to understand and address the complex parental issues that can affect children’s safety and wellbeing (Scott, 2009).

In our highly individualised society, issues such as mental illness or addiction are often considered to be personal problems. Many treatment modalities focus almost exclusively on the individual, as though problems can be separated from the broader relationships and social contexts in which they are embedded. Although many parents who are struggling in their own lives do manage to provide a loving and supportive environment for their children, parental problems can adversely affect children in a number of ways. In the absence of support for parents, the challenges of raising children may also exacerbate parental problems. When such problems are not adequately managed, children may be at risk for a range of negative consequences, such as abuse and neglect.

Child maltreatment rarely occurs “out of the blue”. Rather, it is often precipitated by a combination of family risk factors and a weakening of family strengths and resilience (Bromfield, Lamont, Parker, & Horsfall, 2010). Some risk factors for child abuse and neglect are not easily modifiable. For instance, individual child risk factors, such as disability or serious physical illness, may not be amenable to change, at least in the short term. Similarly, modifying certain social and environmental risk factors, such as socio-economic disadvantage or exposure to discrimination, is beyond the ambit of most human service organisations. In such instances, effective intervention services will focus on promoting families’ strengths and ability to be resilient in the face of difficulties.

³ For further information on the Building Bridges, Building Capacity initiative see <w3.unisa.edu.au/childprotection/projects/bcbb>.

Box 1: Philosophies of Child Aware Approaches

Child Aware Approaches are:

- A. family-sensitive;
- B. child-inclusive;
- C. strengths-based;
- D. collaborative; and
- E. culturally competent.

Box 2: Principles of Child Aware Approaches

Within each of the Child Aware Approaches philosophies are one or more principles that guide organisations, practitioners and individuals working with Child Aware Approaches to keep children safe and well:

- Family-sensitive:
 - Principle 1. Identify and respond to the needs of adults who are parents.
 - Principle 2. Acknowledge and build on family strengths while responding to family stressors and risk factors for child abuse and neglect.
- Child-inclusive:
 - Principle 3. Understand and apply knowledge of children’s needs at each stage of their physical, cognitive, emotional and social development.
 - Principle 4. Recognise and be sensitive to each child’s unique perspective and experience.
 - Principle 5. Include children as active participants in decisions that affect them.
 - Principle 6. Promote child-safe environments.
- Strengths-based:
 - Principle 7. Enable parents by promoting their parenting role as a motivator for positive change.
 - Principle 8. Build children’s resilience by addressing their vulnerabilities and promoting effective, consistent caregiving.
- Collaborative:
 - Principle 9. Develop and maintain connections between adult-focused services and child- and family-focused services.
- Culturally competent:
 - Principle 10. Understand cultural influences on family and parenting practices and respond in a culturally sensitive way.



Nevertheless, there are other risk factors related to problems faced by parents that are often amenable to intervention. The parental factors most commonly associated with child maltreatment are domestic violence, parental substance abuse, and parental mental health problems (Bromfield et al., 2010). These factors are regularly identified in families involved with child protection services; indeed, an analysis of the Queensland child protection system found that, of all substantiated cases:

- 47% involved one or both parents having an alcohol or other drug problem;
- 35% of households reported two or more incidents of domestic violence within the previous 12 months; and
- 19% involved a primary carer with a current or previously diagnosed mental illness (Queensland Government Department of Child Safety, 2008).

These parental risk factors can compromise parenting in a number of ways. Family violence can affect children directly by exposing them to violence or the damage caused to persons or property by a family member's violent behaviour; indeed, a growing number of professionals regard the witnessing of family violence as a unique and independent subtype of abuse (Higgins, 2004). Family violence can also affect children indirectly, by impairing the capacity of the victim (most often the mother) to provide appropriate care. For example, research has found that in fearful attempts to placate and manage men's violence, some mothers prioritise their partner's needs over the needs of their children (Humphreys, Houghten, & Ellis, 2008).

The abuse of alcohol and other drugs, leading to states of intoxication and withdrawal, can make it difficult for parents to perform routine parenting tasks, such as supervising children, preparing meals, and maintaining a safe and clean family home. Alcohol and other drugs can also substantially impair a parent's ability to provide a safe and consistent emotional environment for children, with mood swings, yelling, and authoritarian or permissive parenting practices more common among substance-affected parents (Dawe et al., 2007).

Similarly, mental health problems (such as depression, bipolar disorder, schizophrenia and post-traumatic stress disorder) may compromise the parents' ability to provide stable emotional environments for their children, and to perform tasks such as housework, shopping or helping children get ready for school (Huntsman, 2008). Risks arise directly in relation to the symptoms of a mental illness as well as to those factors associated with mental illness, such as isolation, poor housing, unemployment and social disadvantage. Parental mental illness has been associated with a number of negative psychosocial outcomes for children, such as psychiatric disorders, emotional and behavioural problems, sleep problems, and poor adolescent adjustment (Maybery, Reupert, Patrick, Goodyear, & Crase, 2005).

It is common for domestic violence, parental substance abuse and parental mental health problems to exist in the same family (Queensland Government Department of Child Safety, 2008; Victorian Government Department of Human Services, 2002). Furthermore, these problems often occur in the context of wider disadvantage (e.g., poverty, social isolation, low education, and unstable family accommodation or homelessness), as well as histories of significant adversity and trauma. For many Aboriginal and Torres Strait Islander families, this trauma is related to historical and ongoing dispossession, marginalisation and racism, as well as the legacy of past policies of forced removal and cultural assimilation (Human Rights and Equal Opportunity Commission, 1997). When a number of interrelated, chronic difficulties exist in one family, this family is often referred to as having "multiple and complex problems" (Bromfield et al., 2010). Unfortunately, families with multiple and complex problems living in situations of significant disadvantage and social exclusion are the norm for clients presenting to Australian child protection services (Scott, 2009).

Efforts to keep Australia's children safe and well have changed substantially over the past decade. It has been increasingly recognised that child protection departments are not the best service entry points for most families who are struggling with multiple and complex problems, and that there are different populations of vulnerable children and families who could benefit from entering the system at different points. There has been a much stronger focus on early intervention and prevention. And in general the focus has shifted from risks and deficits to strengths and capabilities. The service sector has moved from a narrowly focused "silo" approach to one based on a public health model: changes that are best exemplified by the

aims and activities of the National Framework for Protecting Australia's Children, and the motto "Protecting children is everyone's business".

A very important component of the National Framework is building the capacity of adult-focused services (e.g., family violence, alcohol and other drug, mental health, and homelessness services) to be sensitive to the needs of children, and more generally to the ways in which children and families are often implicated in parents' "personal" problems. The Building Capacity, Building Bridges program aims to build the capacity of practitioners to support their adult clients to meet the needs of children in their care, and to strengthen collaboration between adult-focused and child-focused services.

The Child Aware Approaches initiative is important because it works within the National Framework, and builds on the successes of Building Capacity, Building Bridges, to ensure that protecting children is indeed everyone's business.

The following sections provide overviews of the philosophies and principles underpinning Child Aware Approaches. The Child Aware Approaches principles are elaborated with relevant practice considerations and further resources.



A. Child Aware Approaches are *family-sensitive*

Family-sensitive approaches recognise the centrality and importance of family life for most people.⁴ They take into consideration the familial and broader social context of the client and understand that a client’s “parenting role may be both a motivator for change as well as a potential stressor” (Australian Centre for Child Protection, 2012). Family-sensitive approaches support clients in their parental role, as well as taking into consideration the needs of their children, in order to improve treatment outcomes and maintain the safety and wellbeing of the clients’ children (Trifonoff, Duraisingam, Roache, & Pidd, 2010). Being family-sensitive involves focusing on the strengths and assets of families and “view[ing] families as resources and partners in the client-worker relationship” (Trifonoff et al., 2010, p. ix). Family-sensitive approaches are therefore based upon open communication and respect for families and an understanding of families’ needs and preferences.

In terms of being Child Aware, family-sensitive approaches require taking into account a client’s role as a parent and how their presenting issues (e.g., drug and alcohol misuse, mental health) may influence this. It also involves a consideration of the practical requirements of parenting (e.g., planning meetings around child care availability) and an understanding of how other family members or the broader family context may support the client in their parenting and in addressing their concerns.

Principle 1: Identify and respond to the needs of adults who are parents

Practice considerations

- Are parenting strengths and coping strategies identified and supported? Do your information-gathering processes include consideration of family and relationship strengths and resources?
- Do you have ways of identifying how parents’ problems may be affecting their parenting capacity and parent–child relationships?
- Does your client have unresolved trauma that may be affecting their parenting capacity?
- Have you considered the ways in which the needs of fathers may be different to those of mothers?
- Does strengthening parent–child relationships form part of your client’s treatment goal?

Principle 2: Acknowledge and build on family strengths while responding to family stressors and risk factors for child abuse and neglect

Practice considerations

- Do your organisation’s intake and assessment procedures identify whether the client has a parenting or caregiving role? Is the broader family situation and the wellbeing of children explored?
- Are other relevant family members (e.g., partners, parents, children, siblings) offered age-appropriate information about: the services their relative is receiving and their opportunities

⁴ “Family” is a complex and diverse construct and may have different meanings for different people. In the context of this paper, family is considered to be self-defined and, as suggested by Lodge, Moloney & Robinson (2011, as cited in Moloney, Weston, Qu & Hayes, 2012), is “most commonly thought of in terms of a sense of belonging—usually, though not always, linked by biological and/or marital relationships” (p. 1). (For a discussion of several of the ways in which “family” can be defined, see Lindsay & Dempsey, 2009.)

to be involved in care; the condition affecting their relative; and support services available for them as family members?

- Does your organisation train staff in appropriate ways of identifying potential family or domestic violence?
- Are procedures in place if serious family safety concerns are identified?

Further resources

- Children of Parents with a Mental Illness (COPMI) offers two free online courses:
 - information on fostering a “family-sensitive” approach: <www.copmi.net.au/professionals/professional-tools/kfc.html>; and
 - the Child Aware Supervision e-learning course that provides training to supervisors in strategies to promote child- and family-sensitive practices in their organisations: <www.copmi.com.au/professionals/professional-tools/child-aware-supervision.html>.
- The National Centre for Education and Training on Addiction (NCETA) has produced a range of documents and resources for practitioners working in the Alcohol and Other Drug (AOD) workforce:
 - a report on a survey of the AOD workforce that identified current work practices, individual knowledge and attitudes, and organisational policies and support in relation to child and parent-sensitive work practice: <w3.unisa.edu.au/childprotection/documents/ncetachildandfamilysensitivepractice.pdf>;
 - *For Kids’ Sake*, a resource designed to provide workforce development/capacity building knowledge and strategies for AOD interventions: <nceta.flinders.edu.au/index.php?cID=291>; and
 - a checklist for Family Sensitive Practice for the Alcohol and Other Drug Field Workers that could be useful for those working in other adult services: <nceta.flinders.edu.au/files/8513/0941/3444/checklist%20for%20FSSP%20Kit.pdf>.
- The Bouverie Centre has produced a range of resources on family-sensitive practice for the mental health services
 - a concise overview of what they consider to be the seven principles of Family Sensitive Practice as well as a brief explanation of the underlying assumptions of family sensitive practice: <www.bouverie.org.au/programs/mental-health-team/family-sensitive-practice-family-sensitive-training/assumptions-family>;
 - *Guidelines for Trauma-Informed Family Sensitive Practice in Adult Health Services*, which has been designed to assist adult health services and practitioners in adopting a family sensitive and trauma-informed approach to their work: <www.childaware.org.au/images/the_bouverie_centre_la_trobe_university-web.pdf>; and
 - family-sensitive training designed to assist mental health services and practitioners work more respectfully and inclusively with families: <www.bouverie.org.au/taxonomy/term/51>.



Child Aware Approaches in action ...

| Substance misuse and family violence | |
|--------------------------------------|--|
| Organisation | National Centre for Education and Training on Addiction (NCETA), Flinders University |
| Resource | <i>Can I Ask ...? An Alcohol and Drug Clinician's Guide to Addressing Family and Domestic Violence</i> |
| What is it? | NCETA produced a comprehensive, evidence-informed guide for AOD practitioners that introduces the research on the intersection between AOD, family and domestic violence (FDV) and child protection, and includes strategies for identifying and responding to FDV when working with potential victims or perpetrators. The resource offers practical tips and common traps for discussing FDV with clients. Appendices and further resources are provided and include items such as a safety checklist for those experiencing violence, information on indicators of intimate partner violence, and an interagency referral form. The resource is supported by a literature review entitled, <i>Breaking the Silence: Addressing Family and Domestic Violence Problems in Alcohol and Other Drug Treatment in Australia</i> (Nicholas, White, Roche, Gruenert & Lee, 2012). |
| How is the resource child-aware? | <i>Can I Ask ...?</i> brings together knowledge from two areas that are known risk factors for child abuse and neglect: parental substance misuse, and family and domestic violence. It provides information for practitioners aimed at raising awareness and understanding of how FDV may be affecting clients and their children. The resource is child-inclusive and offers a section specifically on talking to parents about their children. The document provides information on the importance of collaboration between organisations (a key principle of Child Aware Approaches) and when it is appropriate to do so. The resource provides practical information on how AOD practitioners can be more child-aware in their practice. |
| Practice inspiration | <p>Among the practical resources included in the guide, NCETA provide examples of some questions that may be incorporated into initial client sessions in order to identify potential FDV. Some of these are listed below:</p> <p>Where there are indications that further questioning may identify FDV, the following questions may be used:^a</p> <ul style="list-style-type: none"> ■ Has your current (or recent partner) ever: <ol style="list-style-type: none"> a. done things that raised safety concerns for yourself or your children? b. threatened to harm you or your children? c. insulted, screamed or cursed at you? d. physically hurt you, your children, or your pets? ■ Do you feel unsafe in your current relationship? ■ Are you afraid of your partner? ■ Are you afraid of anyone close to you? ■ Have you ever been emotionally or physically abused by your partner or someone close to you? For example, is your partner excessively jealous, possessive and controlling, or hostile towards other men whom he sees as a threat? ■ Is there a person from a previous relationship who makes you feel unsafe now? ■ Has your partner ever forced you into sexual activity against your will? ■ Do you feel unable to interact with friends, family or your community? <p>^a Yes answers indicate likelihood of abuse (White et al., 2013, p. 7)</p> |
| Who is it for? | AOD practitioners; also relevant to FDV and child protection workers |
| Further information | <i>Can I Ask ...?</i> can be ordered free of charge from: < nceta.flinders.edu.au/nceta/publications-and-presentations/order-publications > or downloaded as a PDF at: < nceta.flinders.edu.au/files/2713/6615/8232/EN488_2013_White.pdf >. <i>Breaking the Silence</i> can be downloaded as a PDF at: < nceta.flinders.edu.au/files/6513/5285/7437/EN469_Nicholas_2012.pdf >. |

| Education in prisons | |
|---------------------------------|---|
| Organisation | Extra Edge Community Services Inc. |
| Program | Child Aware Prisons Program (CAPP) |
| What is it? | The program involved workshops for prison officers and incarcerated mothers (Haslam, 2013). The workshops provided information on child development, attachment, early brain development and the effects of trauma on both the parent and child. The program also explored the effects of domestic violence, poor mental health and alcohol and drug use on child development. Other agencies were involved in delivering aspects of the program, with the aim of engaging prisoners with services they could contact upon release. |
| How is the program child-aware? | The program was family-sensitive as it looked beyond the women as prisoners to see them in their roles as mothers. The program focused on the effects of parental risk factors on child development. Finally, the program targeted adult service providers and prison officers, and worked to raise their awareness of the issues affecting the prisoners and their children. |
| Who is it for? | Prison officers and incarcerated mothers |
| Practice inspiration | For practitioners, an important finding of the program report was that the environment matters. Pre-conceived attitudes and beliefs along with the physical environment can have a real effect on the efficacy of programs. A report on CAPP highlighted the effect that the prison environment (the physical environment plus the attitudes and beliefs of the prison officers) could have on both mothers and children. The prison environment may be particularly confronting for children. The report highlighted the effect that prison officers' assumptions and pre-conceived ideas were seen to have on the interactions between mothers and children. When the officers had negative opinions about the suitability of children in the prison setting and/or beliefs that the mothers did not, in general, care about their children, this could negatively affect mothers' interactions with their children and influence other prison officers' attitudes and behaviour. A friendly and attractive environment could help alleviate negative interactions between mothers and their children. Creating a physical environment that included things such as suitable floor coverings and age-appropriate toys helped make visiting sessions easier for all involved. |
| Further information | Information on the CAPP program can be found at: < www.eecs.org.au/community-projects/child-aware-prison-project >. |



| Family-sensitive research data preparation | |
|--|--|
| Organisation | Marymead Centre for Early Life Matters |
| What did they do? | Marymead collected and coded data and built a dataset that enabled post-intervention change to be recorded and measured for an early intervention/prevention treatment program (Marymead Centre for Early Life Matters, 2013). This allowed Marymead to do a preliminary data analysis of change after clients participated in the Circle of Security early intervention/prevention program. The project coordinator was subsequently able to commence a more detailed analysis of the prepared dataset and write-up of findings as part of a three-year PhD project through Macquarie University (2013–16). In addition, staff at Marymead, researchers and students were trained in the Circle of Security program, while a small number of staff and researchers were provided with Advanced Sensitivities Training. |
| What is it? | A research-ready dataset to enable evaluation of the effectiveness of the Circle of Security early intervention/prevention approach to working with parent–child dyads. The Circle of Security program is designed for infants/young children showing a number of risk factors for poor mental health and developmental outcomes. This program has not previously been evaluated in this depth in an Australian community context. |
| How is the resource child-aware? | The coding of assessments and preparation of the dataset of pre- and post-intervention assessment scores will allow research to be undertaken to measure post-intervention change and analyse the effectiveness of the program. The Circle of Security intervention was family-sensitive as it worked with caregivers to reduce perceived child behavioural and emotional problems by mitigating against poor developmental outcomes and reducing the risk of future abuse and neglect. Circle of Security was also child-focused as it aimed to reduce parenting difficulties and associated stress, reduce child emotional and behavioural problems and/or parents’ perceptions that these were problems, improve parental empathy for the child, improve parental capacity to better understand and respond to the child’s needs, and improve parental capacity to better understand and regulate their own emotional state and behaviour in their relationship with their child. |
| Who is it for? | The resulting research dataset is enabling a PhD project to evaluate the effectiveness of the Circle of Security early intervention/prevention treatment program. The dataset was also used by practice staff, clinicians, practitioners and researchers as a way of identifying post-intervention change, and a preliminary determination of effectiveness of the intervention with clients of the program. Through the data collection, research and training at Marymead, collaborative relationships with two universities and opportunities for student placements were developed to enhance future research and evaluation in clinical practice. |
| Practice inspiration | The unique opportunity to train Marymead staff in research techniques allowed staff to develop a greater understanding of how research and evaluation contribute to the evidence base, and how this evidence could be directly applied in a therapeutic setting. Staff gained important understandings regarding the requirements of collecting data that adheres to protocols; for example, the effects of missing and/or erroneous data on data analysis. By collecting and preparing an accurate research-ready dataset reflecting the reality of family circumstances, and enabling change to be subsequently evaluated, this project increases the likelihood that family-sensitive therapeutic intervention approaches (i.e., appropriate and effective for families with complex backgrounds) will be chosen. |
| Further information | Further information about the Circle of Security research dataset and the PhD project that followed has been presented at some conferences, but is not publicly available. However, information on the Marymead Centre for Early Life Matters can be found at: < www.marymead.org.au/programs/counselling-support/early-life-matters >. |

B. Child Aware Approaches are *child-inclusive*

Child-inclusive approaches keep issues of child safety and wellbeing at the centre of policy and practice. “Child-centred” and “child-focused” are terms that are also used in children’s services to denote similar ideas about focusing on protecting or promoting children’s safety and wellbeing and ensuring that they are heard in situations that directly affect them. As adult-focused services are “centred” on the adult, the term “child-inclusive” may be more appropriate in this context. “Child-inclusive” denotes a service and practitioner who will identify a client as a parent and then incorporate into all aspects of their service or practice a consideration of the child’s needs, safety and wellbeing.

Winkworth and McArthur (2006) uncovered four themes that provide an overarching framework for child-centred approaches. These themes are applicable to child-inclusive adult services and highlight the importance of:

- recognising critical time frames in childhood and adolescence, including assisting children and young people as early as possible, both in the life of the child and the life of the problem;
- taking into account the developmental needs of children and young people in all practice contexts;
- providing children and young people with appropriate opportunities to participate in decisions that affect them; and
- promoting a collaborative approach to influencing children’s multiple environments (family and home, school, community and society) as well as the interactions among these environments (pp. 13–14).

Child-inclusive approaches require that organisations: acknowledge children’s needs at each stage of their development, recognise each child’s unique perspectives and experiences, and provide children with appropriate opportunities to participate in decisions that affect them.

Principle 3: Understand and apply knowledge of children’s needs at each stage of their physical, cognitive, emotional and social development

Practice considerations

- Can you think of ways to increase the extent to which knowledge of child development informs your organisation’s intake, assessment, decision-making and planning processes?
- Does your organisation offer training for its staff in child development?
- Is the physical environment at your organisation one where children feel safe and comfortable, and where adults feel comfortable bringing their children?

Principle 4: Recognise and be sensitive to each child’s unique perspective and experience

Practice considerations

- Thinking of your client’s child: What do they know about their parent’s problem? What are they worried about? Are they blaming themselves or taking responsibility for their parent’s problem?
- Has the child experienced trauma? Is this influencing their experience or perception of the current family situation?



- Do you know the main people in the child's life who provide consistent support and care? Is there anyone who does this?
 - Does the child have any physical, cognitive and/or mental health issues that are affecting their ability to understand or cope with the family situation?
-

Principle 5: Include children as active participants in decisions that affect them

Practice considerations

- Has your organisation considered the different ways in which the views and voices of children can be considered in its policies and procedures?
 - Does your organisation provide information in a format that is relevant to children? Do you have separate documentation specifically written for children? Have you considered the use of multimedia, social media or other technologies to help facilitate increased participation?
 - Do children involved with your service know who to contact in case of emergencies or if they need more information? Are they informed of any legal and/or administrative decisions that may affect them?
-

Principle 6: Promote child-safe environments

Practice considerations

- What are the organisation's expectations of a code of conduct, level of skill, training/recruitment processes, and supervision when working with children, including children from different cultural groups?
- Does your organisation have policies and procedures in place regarding working with children?
- Who is responsible for ensuring the safety of children?
- What process will be followed if someone raises a concern regarding inappropriate behaviour towards a child?

Further resources

Programs, training and other resources

- The Institute of Child Protection at the Australian Catholic University has created the Kids Central Toolkit. The toolkit aims to provide organisations working with children the information and tools that will enable them to use child-centred approaches in their work. They also provide training and workshops: <www.acu.edu.au/about_acu/faculties,_institutes_and_centres/centres/institute_of_child_protection_studies/kids_central_toolkit>.
- The Victorian Department of Human Services offers a range of resources focusing on child development and trauma: <www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers/child-development-and-trauma-specialist-practice-resource>.
- The Australian Council for Children and Youth Organisation's Safeguarding Children is a child-safe accreditation program run by the Australian Childhood Foundation: <www.safeguardingchildren.com.au>.
- Child Wise has published *12 Steps to Building Child Safe Organisations* and conducts regular child-safe training, such as Choose with Care and cybersafety programs: <www.childwise.net>.

Further reading

- An in-depth discussion of the principles involved in being child-centred: Winkworth, G., & McArthur, M. (2006). Being “child centred” in child protection. What does it mean? *Children Australia*, 31(4), 13–21.
- An overview of the innovative use of technology in service delivery to families which may provide ideas for increasing the involvement of children with services: Knight, K., & Hunter, C. (2013). *Using technology in service delivery to families, children and young people* (CFCA Paper No. 17). Melbourne: Australian Institute of Family Studies. Retrieved from <www.aifs.gov.au/cfca/pubs/papers/a145634>.
- A resource to assist those working in organisational settings to safeguard the children and young people they are responsible for: Erooga, M. (2012). *Creating safer organisations: Practical steps to prevent the abuse of children by those working with them*. West Sussex: Wiley.
- A child-safe presentation: Higgins, D. (2013, 1 October). *Child-safe environments: Lessons from research about protecting children from abuse in organisational settings*. Paper presented at the ACWA Breakfast Briefing.
- A child-safe presentation: Higgins, D. (2013, 10 April). *Child-safe sports environments: Lessons from research about the context for protecting children from abuse*. Paper presented to the Australian Sports Commission forum, Capacity Building in Sports Organisations: Our Sporting Future. Retrieved from <www.aifs.gov.au/institute/pubs/papers/2013/higgins20130410/slides.pdf>.



Child Aware Approaches in action ...

| Creating a child-aware organisation | |
|-------------------------------------|---|
| Organisation | UnitingCare Wesley Country SA (UCWCSA) |
| What did they do? | UCWCSA created a child-aware organisation |
| How did they do it? | <p>UCWCSA is a not-for-profit organisation providing a range of services to adults, children and families living in rural South Australia.</p> <p>UCWCSA embarked on a journey to become a child-aware organisation. They decided to implement Child Aware Approaches in addition to the Child Safe Environment training that all staff undertook. The aim of the project was to encourage children to flourish, rather than just survive a crisis, and allow them to be the best they can be.</p> <p>UCWCSA formed a Child Aware Reference Group to provide expert advice and guidance, appointed a Child Aware Program Manager to coordinate child-aware activities, and assigned seventeen Child Aware "Champions" to ensure that the project maintained its focus and momentum.</p> <p>During the first six months of the program many staff took part in child-aware training that focused on children's social and emotional development, the effects of trauma on child development, and implications for service delivery. The training evolved and was refined over time to ensure continuous quality improvement.</p> <p>Further to this, UCWCSA also created a rubric, or evaluation tool, that highlighted what a child-aware organisation should look like and how the organisation could measure itself against this. The rubric assesses policies and procedures, child focus within programs, and leadership. The aim is to audit the rubric periodically to ensure continuous quality improvement.</p> <p>One of the challenges that UCWCSA faced in its journey to become child-aware was to keep the momentum going once the initial project and training had been completed. After twelve months the organisation felt the need to re-energise their commitment to Child Aware Approaches, so they instigated a project to uncover examples of where child-aware practice had made a positive difference to children and families. These "good news" stories could then be shared within the organisation to highlight the benefits of being child-aware in practice and to help staff maintain their commitment to Child Aware Approaches.</p> <p>The Child Aware Approach has become embedded in UCWCSA as a core competency for all service delivery staff. The organisation believes that this fits well with its strengths-based organisational model and with its aim to break the intergenerational cycle of disadvantage. By maintaining a focus on children and their needs, either as clients or as children of clients, UCWCSA hopes to prevent them from becoming future adult clients.</p> |
| Practice inspiration | <p>UCWCSA (2012) created a simple and useful three-step "tick box" of items for all staff to consider in every situation:</p> <ul style="list-style-type: none"> ■ Is there a child or children involved in this situation? ■ If so, how does my decision today affect this child/children? ■ Is there any way I can change my decision today, to not only care for this child's or children's wellbeing and safety, but also to encourage this child to flourish? (p. 12) |

| Educating practitioners on working with child sexual assault | |
|--|--|
| Organisation | Bravehearts Inc. |
| Training package | Bravehearts Practitioner Workshop: Working With Child Sexual Assault |
| What is it? | <p>From an existing face-to-face child sexual assault training module for practitioners who work directly with or plan to work with children and families in this specialist area, Bravehearts developed and trialed a 10-module e-training package (see Bravehearts, 2013).</p> <p>The e-training package included modules focusing on: trauma and effects; offenders and those who commit harm; guidelines on normal sexual development and inappropriate sexual behaviour; dealing with disclosures; approaches to counselling, assessment and intervention; and teaching children protective behaviours. The online training module had an assessment package to measure learning outcomes and reinforce teaching messages. All participants were provided with a professional certificate of attendance and were eligible for 12 professional development points.</p> |
| How is the program child-aware? | <p>The program focused on assisting professionals to work effectively by gaining specialist knowledge in the area of child sexual assault. The education component highlighted the types of risk factors that may intersect with child sexual assault, such as substance abuse, family violence and mental illness. The education module, based on current research and best practice, included role-play videos for use in therapeutic sessions, and three guest speaker videos from specialist fields. The education program was family sensitive, recognising the need to consider the effects on families of children who have been sexually assaulted, including education on vicarious trauma.</p> <p>The program development had a collaborative approach, with a built-in assessment module that offered the potential for participants to be included in the Bravehearts Certified Practitioner Database for future referral.</p> |
| Who is it for? | <p>The Practitioner Workshop was designed for health care professionals who worked with or provided therapeutic support to children and young people who had been affected or were at risk of child sexual assault. Practitioners such as psychologists, counsellors, social workers and guidance officers are examples of professionals who work with children and families who could benefit from the training.</p> |
| Practice inspiration | <p>The Bravehearts Practitioner Workshop provided an optional assessment module as part of the education package. The assessment module provided instant feedback on the practitioners' progress and allowed them two opportunities to attempt completion. An automated certificate of attainment was produced that noted participants' completion mark and listed the specified active professional development undertaken. Those participants who achieved above a certain grade were automatically eligible to be included in the Bravehearts National Certified Participant Database, which was used as an internal tool for referral by the Crisis, Counselling and Advocacy teams within the Bravehearts organisation.</p> <p>This online education and assessment program was ideal for rural and remote practitioners who had limited opportunities to attend group training programs. The program was able to enhance existing skill sets, or provide education to practitioners new to this area of work. Importantly, all participating practitioners had the opportunity to hone their skills within their daily practice as well as becoming connected to a professional referral service as a child sexual assault practitioner.</p> |
| Further information | <p>Information regarding the Bravehearts online education tool and the face-to face training option is provided on their website. The program is available for a fee through the website: <www.bravehearts.org.au/pages/practitionerworkshop.php>.</p> |



| Child-inclusive professional development | |
|--|---|
| Organisation | Women's Health Goulburn North East |
| Resource | Trauma and Young Children: A Caring Approach |
| What is it? | <p>Women's Health Goulburn North East project managed partner organisations to design a suite of professional development activities and training resources to build awareness of young children and their families who are experiencing trauma, and better equip early childhood educators to meet their needs (Women's Health Goulburn North East, 2013).</p> <p>Objectives of the project were to provide early childhood educators with access to the expertise of international, national and local experts in the effects of child trauma on learning and development, and to establish a shared understanding of best practice.</p> <p>The project activities included:</p> <ul style="list-style-type: none"> ■ running an awareness-raising conference and briefing session for 134 early childhood educators on the effects of trauma on young children; ■ Toolbox Talks (3 × 20 minutes) introducing issues associated with caring for children with trauma, including a module on "risk factor identification for young children with trauma"; ■ professional development modules (3 × 6 hours) developing strategies for working with young children with trauma and their families, including modules on "developing and implementing strategies" and "risks, resiliency, support and care"; ■ training on applying the Victorian Early Years Learning and Development Framework Practice Principles (8 × 6 hours), including "family-centred practice" and "respectful relationships and responsive engagement"; ■ self-paced learning package of 15 modules for educators, including DVD presentations from experts in the field and modules focusing on applying practice principles, such as "partnerships with professionals when working with young children with trauma"; ■ a literature review; and ■ production of a DVD for the wider community to raise awareness about how to provide healthy environments for children. |
| How is it child-aware? | This child-inclusive professional development resource was designed to better prepare early childhood educators to provide a positive environment for children with trauma. The project aimed to provide a suite of professional development activities and training resources to assist early childhood educators to identify and respond proactively to children experiencing trauma and also their families. |
| Practice inspiration | <p>Women's Health Goulburn North East project managed the delivery of these professional development modules. Examples of slides from <i>Toolbox Talk 3: Using Relationship-Based Practice When Working With Young Children With Trauma</i> demonstrate some helpful techniques and concepts for educators to include in their practice to further enhance their child-inclusive approach:</p> <div data-bbox="486 1464 1278 1794" data-label="Image"> </div> |
| Further information | <p>Professional development and training modules are available online free of charge for individual learning: <www.whealth.com.au/work_trauma_and_young_children.html>.</p> <p>Further information on this project is available free of charge: <www.whealth.com.au/documents/publications/whp_Trauma_and_young_children_final_report.pdf>.</p> |

| Examining the use of evidence-based practice in the prevention and treatment of child abuse and neglect | |
|---|---|
| Organisations | Australian Centre for Posttraumatic Mental Health and Parenting Research Centre |
| Project | Approaches Targeting Outcomes for Children Exposed to Trauma Arising From Abuse and Neglect: Evidence, Practice and Implications |
| What is it? | <p>The project aimed to identify evidence-based approaches for children exposed to trauma through abuse and neglect, and clarify the degree to which evidence-based approaches were being used within child and family service organisations to target outcomes in children who had been exposed to traumatic events (Australian Centre for Posttraumatic Mental Health, 2014). Its three main objectives were to: identify and rate the evidence for approaches used in the prevention and treatment of children exposed to trauma through abuse and neglect; identify awareness of and approaches used across a sample of child and family services sector practitioners; and identify factors influencing the uptake of evidence-based approaches in this child and family service sector.</p> <p>The aims were met by conducting three activities. Firstly, a rapid evidence assessment of approaches targeting child and family outcomes (including principles, frameworks, models, interventions, therapies, practices, programs, services or systems of care) was undertaken, resulting in 96 approaches being identified, evaluated and categorised according to level of support. Secondly, an online practitioner survey of 293 child and family service workers who had worked with children exposed to trauma through abuse and neglect was conducted. Thirdly, individual consultations were held with nine organisational leaders and senior managers in the child and family services sector from both government and non-government organisations. Based on these research findings, five key recommendations were generated for policy makers and service providers to consider.</p> |
| How is it child-aware? | This child-inclusive and family-sensitive project aimed to understand how practitioners working in the child and family sectors were using evidence-based approaches to inform their work with children and families who have been exposed to traumatic life events such as abuse and neglect. |
| Practice inspiration | <p>Five key recommendations for policy makers and service providers in the child and family services sector came out of the research (Australian Centre for Posttraumatic Mental Health, 2014):</p> <ul style="list-style-type: none"> ■ Recommendation 1. Improve awareness of accepted definitions of trauma and related concepts, and of evidence and related concepts. ■ Recommendation 2. Increase awareness, adoption and effective implementation of evidence-based approaches shown to improve outcomes associated with trauma exposure through abuse and neglect. ■ Recommendation 3. Increase use of quality assurance and quality improvement processes within child and family service organisations to allow for ongoing, built-in evaluations of service delivery. ■ Recommendation 4. Increase independent evaluations of new or emerging approaches that are being implemented within child and family service organisations that target outcomes associated with trauma exposure. ■ Recommendation 5. Increase the development and evaluation of approaches with and for Aboriginal and Torres Strait Islander children and families (pp. 6–9). |
| Who is it for? | Policy makers and service providers in the child and family services sector; researchers |
| Further information | This resource is available free of charge at: < www.acpmh.unimelb.edu.au/resources >. |



C. Child Aware Approaches are *strengths-based*

Strengths-based approaches employ theories and strategies that focus on clients' capabilities and resources rather than the more traditional focus on deficits and pathologies. Clients' abilities, resources, personal characteristics, interests and wishes are all taken into consideration and are seen as motivators and tools for positive change. The approach is built on the premise that the normal human development process tends towards healthy growth and fulfilment, and that everyone has strengths that will aid them in this process (Hunter, 2012). When working with families with complex issues, in order to ensure child safety, service providers will need to identify and address risk factors and deficits as well as acknowledging and building on strengths and capabilities (Scott, Arney, & Vimpani, 2013).

Research evaluating the effectiveness of parent education programs in preventing child maltreatment found that programs that incorporated a strengths-based approach (i.e., they identified parents' existing skills and built on them) tended to achieve more positive outcomes than those that used a deficits perspective (Holzer, Bromfield, Richardson, & Higgins, 2006). In practice, when families are facing multiple and complex issues, it may be difficult to identify strengths, and risk factors for child maltreatment (such as mental health issues or substance misuse) may further increase the difficulty in building an open and trusting relationship that will allow for the identification of strengths (Holzer et al., 2006).

In the context of Child Aware Approaches, using a strengths-based approach involves not only focusing on the client's capabilities and resources, but also specifically ensuring that the parenting role is viewed as a positive motivator for change. Organisations and practitioners should also promote parenting attitudes that protect and strengthen children's resilience and reduce vulnerabilities.

Principle 7: Enable parents by promoting their parenting role as a motivator for positive change

Practice considerations

- Has having children motivated your client to seek services?
- Does your client see the parenting role as a component of their recovery? In what ways could you work with clients to ensure that their family life strengthens their efforts at recovery?
- Has your client's situation improved since becoming a parent? How can this improvement be built upon?

Principle 8: Build children's resilience by addressing their vulnerabilities and promoting effective, consistent caregiving

Practice considerations

- Does your organisation train staff to discuss sensitive topics with clients, such as factors that may be undermining children's resilience?
- Do you work with parents to identify key relationships that might help with providing consistent care and physical and emotional safety to their children?
- Does your organisation provide, or refer clients to, parent education programs?

Further resources

- Holzer, P., Bromfield, L. M., Richardson, N., & Higgins, D. J. (2006). *Child abuse prevention: What works? The effectiveness of parent education programs for preventing child maltreatment* (Research Brief No. 1). Melbourne: National Child Protection Clearinghouse, Australian Institute of Family Studies. Retrieved from <www.aifs.gov.au/nch/pubs/brief/rb1/rb1.html>.
- Hunter, C. (2012). *Is resilience still a useful concept when working with children and young people?* (CFCA Paper No. 2). Melbourne: Child Family Community Australia, Australian Institute of Family Studies. Retrieved from <www.aifs.gov.au/cfca/pubs/papers/a141718>.
- Price-Robertson, R. (2010). *Supporting young parents* (CAFCA Practice Sheet). Melbourne: Australian Institute of Family Studies. Retrieved from <www.aifs.gov.au/cafca/pubs/sheets/ps/ps3.html>.
- Scerra, N. (2011). *Strengths-based practice: The evidence. A discussion paper*. (Research Paper No. 6). Parramatta: Social Justice Unit, UnitingCare Children, Young People and Families. Retrieved from <www.childrenyoungpeopleandfamilies.org.au/info/social_justice/submissions/research_papers_and_briefs/?a=62401>.



Child Aware Approaches in action ...

| Trauma-informed family sensitive practice | | | | | | | | | | | | | | | |
|--|--|--------------------------|--------------|--|--|--|---|--|--|---|---|---|--|--|---|
| Organisation | The Bouverie Centre, La Trobe University | | | | | | | | | | | | | | |
| Resource | <i>Guidelines for Trauma-Informed Family Sensitive Practice in Adult Health Services</i> | | | | | | | | | | | | | | |
| What is it? | Through consultation with practitioners in a range of adult health services, the Bouverie Centre created a resource that provides information on trauma and trauma-informed family sensitive practice (Bouverie Centre, 2013). This concise resource offers facts and figures about trauma, including some common reactions to symptoms of trauma. It offers practical information on the effects of trauma on adult clients, on infants, children and adolescents, and also on the broader community. It provides case examples and a number of further resources. | | | | | | | | | | | | | | |
| How is the resource child-aware? | The guidelines focus on the client in the context of the family and their potential role as a parent. It considers how children may be affected by trauma and offers information on how to talk about this with adult clients. Finally, it provides culturally specific information for working with Aboriginal and Torres Strait Islander communities. | | | | | | | | | | | | | | |
| Who is it for? | Practitioners working in adult-focused services, but also relevant to those working with children and families | | | | | | | | | | | | | | |
| Practice inspiration | <p>The Bouverie Centre was aware that one of the main obstacles to starting conversations with adult clients about their children and families is workers' fears about what will happen if the client reveals significant trauma or child protection concerns. Thus, in this resource, the Bouverie Centre (2013, p. 4) provides responses to some of the most common fears for workers:</p> <table border="1"> <thead> <tr> <th>Common fears for workers</th> <th>What we know</th> </tr> </thead> <tbody> <tr> <td>My organisation is not funded to do trauma or family work. There is no workplace support for me to do this kind of work.</td> <td>Talk to your manager about supervision and organisational support, but keep in mind that trauma work might not be that different to what you already do. You may wish to seek additional training or do some reading in the area of trauma responses within your sector.</td> </tr> <tr> <td>Involving children might compromise my relationship with the adult client. What if I have to report to child protection?</td> <td>Child safety comes first. Openness and transparency with parents helps them know how information will be used and what your obligations to notify are if children are at risk or are experiencing harm. Except in extreme cases where children need to be removed, child protection services will generally work to support parents to ensure the safety of their children, (e.g., refer to child and family support services). Respectfully putting issues "on the table" is usually more preserving of relationships in the long run.</td> </tr> <tr> <td>I don't have the skills to work with children. I don't know how to work with them in a clinical setting.</td> <td>Most of the time children are aware of the struggles in their family, even if they are not talked about. It can put children at ease to have a space to talk about fears and worries and to know someone can help. As with adults, curiosity, gentle engagement and going at their own pace are key ways of working.</td> </tr> <tr> <td>What can I say to parents with the child in the room?</td> <td>Check out sensitive topics with parents before raising them. Ask parents what's OK and not OK to talk about in front of children.</td> </tr> <tr> <td>I don't know what is appropriate for each developmental stage with children. It makes identifying trauma difficult.</td> <td>Having an idea of developmental milestones and signs of trauma will help. The Department of Human Services Child Development and Trauma Guide is a helpful resource.</td> </tr> <tr> <td>Working with traumatised individuals or families seems like slow and difficult work.</td> <td>A lot can happen in a short period. Listening and understanding, giving information and, where necessary, making referrals to a trauma specialist can all be helpful.</td> </tr> </tbody> </table> | Common fears for workers | What we know | My organisation is not funded to do trauma or family work. There is no workplace support for me to do this kind of work. | Talk to your manager about supervision and organisational support, but keep in mind that trauma work might not be that different to what you already do. You may wish to seek additional training or do some reading in the area of trauma responses within your sector. | Involving children might compromise my relationship with the adult client. What if I have to report to child protection? | Child safety comes first. 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| I don't know what is appropriate for each developmental stage with children. It makes identifying trauma difficult. | Having an idea of developmental milestones and signs of trauma will help. The Department of Human Services Child Development and Trauma Guide is a helpful resource. | | | | | | | | | | | | | | |
| Working with traumatised individuals or families seems like slow and difficult work. | A lot can happen in a short period. Listening and understanding, giving information and, where necessary, making referrals to a trauma specialist can all be helpful. | | | | | | | | | | | | | | |
| Further information | The resource is available for download at: < www.bouverie.org.au/sites/default/files/Bouverie%20Centre%20Guidelines%20for%20trauma-informed%20family%20sensitive%20practice%20in%20adult%20health%20services.pdf >. | | | | | | | | | | | | | | |

| Building resilience and attachment in young mums | |
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| Organisation | Young Parents Program (YPP) |
| What did they do? | YPP delivered workshops to young mums on building resilience and strengthening attachment and provided training in resilience and attachment to service staff (YPP, 2013). YPP also developed a website where resources on resilience and attachment in young mums and information regarding the YPP program (an evidence-based best practice model) and referral pathways could be accessed. |
| What is it? | YPP is a youth service for marginalised and at-risk pregnant and parenting young women. While the program assists young mums and pregnant young women up to the age of 23, some young mums are still children themselves (12–18 years of age). Two series of workshops on resilience were run for young mums in partnership with Pathways and Flipside Circus. Further workshops were held within the Young Mum's Group programs, using activities such as baby massage and peer mentoring with young mums from YPP's healthy relationship project. All workshops focused on resilience, bonding and attachment knowledge and skills, both in direct content and also through the processes that were used. Service staff also undertook training in assessing infant–child attachment and building resilience. This training then enhanced staff awareness of mother–child interactions within the current service delivery to young mums. |
| How is the program child-aware? | Resilience training is a strength- and relationship-based prevention and early intervention model of support. Building resilience enhances existing parental strengths and is protective of future mental health for both young mums and their children, as well as facilitating strong attachment between mother and child. The program is child-inclusive, with all activities focusing on young mums responding to their child's needs. By developing resilience and improving bonding and attachment between young mums and their children, the YPP strengthens family bonds, and takes into account the contextual family experience of very young motherhood. The contextual family experience was also highlighted through the outreach activities workers were able to undertake while visiting many young mums in their homes, which further enhanced the workers' ability to identify individual family needs. |
| Who is it for? | Social workers, program service providers, and program coordinators, along with any professionals working with young parents and their children |
| Practice inspiration | Embedding resilience and attachment activities in the existing YPP groups has ensured that building strengths and relationship is automatically and deliberately sustained for generations of new young mums and their children as they progress through the service. Funding from the Child Aware Approaches initiative allowed YPP to increase their outreach activities by visiting approximately 75 young women and their children at home. In one case study, a young mum who did not have an Australian background, identified her lack of confidence in using public transport. The worker took public transport to the woman's home and then guided her through catching public transport back to the YPP program site to attend her support program. This very practical exercise allowed the young woman to gain access to the YPP program independently, and improved her ability to confidently gain access to other services and activities. |
| Further information | Information on the service delivery model developed by YPP is available on the website free of charge. Details of the various group programs that YPP runs for young mothers are also available on the website: < www.youngparentsprogram.org.au >. Further information on Flipside Circus and Pathways can be found at: < www.flipsidecircus.org.au/#2 > and < pathwayshrc.com.au >. |



Young children and family violence

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| Organisation | Salvation Army Tasmania |
| Resource | Safe From the Start resource kit |
| What is it? | <p>The Safe From the Start project is an evidence-based project developed in partnership with two universities (University of Tasmania and Swinburne University). The project consists of a training program and resource kit for professionals working with children aged 0–5 years who have been exposed to family violence, abuse and trauma. The main goal of the project was to increase awareness of the effects of witnessing family violence on young children (Kuilenburg, 2013).</p> <p>The one-day training sessions were conducted nationally and aimed at both professionals working in family violence and mainstream services (such as child protection, education, child care and schools) to encourage participants to use the kit resources in “activity-based play” or “therapeutic counselling”.</p> <p>In addition, 100 Safe From the Start resource kits were distributed to rural, remote and disadvantaged services, all of which were family/domestic violence women’s refuges or rural or remote services supporting Aboriginal/Indigenous and culturally and linguistically diverse (CALD) families who were experiencing violence. Thirty per cent of these services could not attend training due to prohibitive travel costs and therefore found the kits highly useful. Extra Indigenous resources were also sent to 200 previous users of Salvation Army resource kits, including the Northern Territory Indigenous book, <i>How Do I Feel</i>, and newly published Aboriginal books: <i>When Daddy Hits the Table</i>, <i>When Mummy Shouts</i> and <i>Little Jack the Wallaby</i> (including a wallaby puppet).</p> <p>The Salvation Army Tasmania also developed and launched the Safe From the Start website, which provides services and community members with access to the latest research and new resources, links to relevant children’s domestic violence networks, upcoming training sessions and resource kit order forms.</p> |
| How is it child-aware? | <p>The resource kit is strengths-based, child-inclusive and culturally sensitive. Informed by research into the negative behavioural and developmental effects, including brain development in small children stemming from witnessing family/domestic violence, the Safe From the Start program aimed to help prevent this through offering training and resources in therapeutic counselling and activity-based play. The training and resources build on strengths of mainstream services such as child protection, education, foster care and child care to engage in play with children, enhancing these existing skills when working with children who have witnessed violence.</p> |
| Practice inspiration | <p>A Safe From the Start report, <i>Education and Therapy to Assist Children Aged 0–5 Who Have Witnessed Family Violence</i>, provides practitioners and the general community with innovative methods for working with young children who have witnessed family/ domestic violence. In particular, “How Non Professionals Can Use Play Therapy” outlines methods such as art techniques, doll play and storytelling, which can be used as an early intervention strategy in the prevention of the negative behavioural and developmental effects of witnessing violence at an early age.</p> <p>For example, in doll or puppet play a child will often name a family of dolls with the same names as their own family members, and will identify with the doll/puppet, projecting their own feelings onto it without the need to acknowledge that they themselves share the same feelings. The report can be found at: <www.salvationarmy.org.au/Global/State%20pages/Tasmania/Safe%20from%20the%20start/Final%20Research%20Report%20reduced.pdf></p> |
| Further information | <p>The Safe From the Start resource kit contains 35 resources and is available for a fee: <www.salvationarmy.org.au/safefromthestart>.</p> <p>An evaluation of the program, <i>Policy and Practice Directions for a Domestic and Family Violence Intervention for Small Children: Safe From the Start</i>, is available at: <www.salvationarmy.org.au/Global/State%20pages/Tasmania/Safe%20from%20the%20start/FINAL%20REPORT%20SFTS.PDF>.</p> <p>A further report, <i>Safe Start for All: The Tasmanian Aboriginal Safe From the Start Project Final Report 2013</i>, which was not used in the case study, can be accessed at: <www.salvationarmy.org.au/Global/State%20pages/Tasmania/Safe%20from%20the%20start/FINAL%20REPORT%20A%20Spinney%20Oct%202013.pdf>.</p> |

A practice guide for identifying and responding to the needs of vulnerable children and families

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| Organisation | Micah Projects |
| What is the project? | <p>Micah embarked on a project to ensure that their service delivery and practice, across family- and adult-focused services, responded to the needs of children at risk due to parental risk factors such as substance misuse, mental illness and domestic violence. The project involved partnering with the Parenting Research Centre to develop the publication: <i>Practice Guide: Child and Parenting Needs for Micah Projects Adult-Focussed Teams to Identify and Respond to the Needs of Vulnerable Children and Their Families</i> (Micah Projects & Parenting Research Centre, 2012). The aim of the practice guide was to “enhance the capacity of adult focused services at Micah Projects to identify and incorporate the unique needs of children who accompany their parents and/or carers into Micah Projects services” (p. 2). The project included staff training and the implementation of the practice guide within three adult-focused service provision teams. The project also supported the enhancement of an existing evidence-based best practice framework, Family Support and Service Delivery at Micah, tailored specifically for Micah’s family-focused team to more effectively respond to children whose parents experience domestic violence, alcohol and other drug or mental health issues. Practice coaching was used to ensure successful implementation of this practice framework. Evaluation and review activities conducted by Griffith University supported further service enhancement in response to the needs of vulnerable children presenting to family- and adult-focused services.</p> |
| How is it child-aware? | <p>Both the practice guide and framework are underpinned by a range of guiding principles for all Micah staff, which include ensuring that adult and child voices and choices are heard, working with strengths, providing individualised support, and collaborating with other Micah Projects practitioners. They have a clear focus on working with adults on parenting issues that may affect children and highlight the importance of parenting for child health and wellbeing.</p> |
| Practice inspiration | <p>The practice guide recognises that at-risk children often present with their parents at adult services, and discussing issues around parenting is difficult for many practitioners, particularly if this is not their area of expertise. The guide includes many useful practice considerations. The information on when a parent raises a concern may be helpful:</p> <p>It is important not to assume that if the parent raises the issue with you, that they want you to work on it with them. Here are some things you can do that might be helpful:</p> <ul style="list-style-type: none"> ■ Validate their feelings and acknowledge their concern (Avoid advice giving, making judgements or assumptions regarding the nature or cause of the problem). ■ Clarify the nature of the problem or concern (encourage the parent to describe the problem in detail by using open questions. Explore any attempts the family has made to solve the problem). ■ Find out what the parent would like to get from talking to you (e.g., information, support, advice, and referral). ■ Invite the parent to problem solve options. ■ Be optimistic—offer hope for resolution. (Micah Projects Inc. & Parenting Research Centre, 2012, p. 8) |
| Further information | <p>Micah Projects acknowledges the partnership with the Parenting Research Centre to develop and implement their practice guide and practice framework, and with Griffith University to investigate and support areas for further child aware service enhancement. Further details of the Micah Projects Child Aware Approaches project and a range of free resources are available at: <www.micahprojects.org.au/services/innovation-research-and-evaluation-unit/child-aware-approaches-project>.</p> |



D. Child Aware Approaches are *collaborative*

Recently, there has been an increased awareness that a siloed service system (one in which organisations work alone) may not be as effective in working with families with multiple and complex needs as one in which services work collaboratively (McDonald & Rosier, 2011). As already noted, there has also been a growth in understanding the potential interconnectedness of parental problems and children's wellbeing (Scott, 2009). Due to the interconnectedness and complexity of these issues, there is a need for both adult and children's services to work together to ensure the best service outcomes for clients and the continued safety and wellbeing of their children.

The term "collaboration" is commonly used to refer to highly varied ideas and endeavours (Winkworth & White, 2011). At its most intensive, collaboration involves dense interdependent connections, high trust, frequent communication, tactical information sharing, systems change, collective resources, negotiated shared goals, shared power between organisations, commitment and accountability to the network first and then to community and parent organisation, long-term relational time frames, and high risk for high reward (Australian Research Alliance for Children and Youth [ARACY], 2013). Collaboration can involve a range of different activities including cross-training of staff, multi-agency working groups, common financial arrangements (e.g., cost-sharing of services), sharing administrative data and joint case management (McDonald & Rosier, 2011). This level of partnership may not be required in most cases, but at a minimum, organisations working with parents or children should cooperate or coordinate with other organisations to ensure that both parents and children are receiving the support and assistance they need.

Principle 9: Develop and maintain connections between adult-focused services and child- and family-focused services

Practice considerations

- Is your client in contact with any other services? Are you aware of these services? Are you in contact with them?
- At a minimum, does your organisation have a referral pathway with child- and family-focused organisations that can offer more specialised services as required?
- Have you developed information-sharing protocols with other organisations?
- Do you have a process for obtaining informed consent from your client if sharing of information between agencies is required?

Further resources

- McDonald, M., & Rosier, K. (2011). *Interagency collaboration: Part A. What is it, what does it look like, when is it needed and what supports it?* Melbourne: Australian Family Relationships Clearinghouse. Retrieved from <www.aifs.gov.au/afrc/pubs/briefing/b021/b021-aa.html>.
- McDonald, M., & Rosier, K. (2011). *Interagency collaboration: Part B. Does collaboration benefit children and families? Exploring the evidence.* Melbourne: Australian Family Relationships Clearinghouse. Retrieved from <www.aifs.gov.au/afrc/pubs/briefing/b021/b021-ba.html>.
- Stewart, J., Lohar, S., & Higgins, D. (2011). *Effective practices for service delivery coordination in Indigenous communities.* (Resource Sheet No. 8). Canberra: Closing the Gap Clearinghouse. Retrieved from <www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2011/ctgc-rs-08.pdf>.

- Winkworth, G., & White, M. (2011). Australia's children "safe and well"? Collaborating with purpose across Commonwealth family relationship and state child protection systems. *Australian Journal of Public Administration*, 70(1), 1–14.
- ARACY fact sheets and practice case studies focusing on collaboration: <www.aracy.org.au/search?command=search&search_terms=advancing+collaboration>.

Child Aware Approaches in action...

| Collaboration between child- and adult-focused services | |
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| Organisation | Berry Street Northern Family and Domestic Violence Service |
| Project | Hume Strengthening Risk Management Project * |
| What did they do? | <p>The Hume Strengthening Risk Management Project was based upon the Multi-Agency Risk Assessment Conference (MARAC) model that had been used successfully in the UK. In this model, information is shared between agencies in order to protect women and children at high risk of serious harm or death.</p> <p>The Hume Project involved the creation of a risk assessment and management panel (RAMP), which was a locally based forum where new ways of working collaboratively were tested across multiple agencies and sectors. Services involved included a range of adult services (e.g., housing, mental health, Corrections Victoria), as well children's services (e.g., Child Protection, Hume Maternal Child and Health) (O'Halloran & Toone, 2013).</p> <p>Importantly, the voices of clients—both children and women—were represented at the forum. Women referred to the Hume Project and RAMP had been assessed as having the highest level of risk, known as "requires immediate protection". At this level of risk, there were factors identified that indicated further serious violence was imminent and immediate action was required to prevent this from occurring. Risk assessment also included risks towards children.</p> <p>The aim of the RAMP was to share information regarding family violence and child protection concerns and to use that information to create an action plan whereby each agency could identify how best to support the family.</p> |
| How are they child-aware? | The project highlights the importance of collaboration between both children's and adult services. This formalised collaboration aimed to ensure that a complete picture of each family's situation was gathered and services could work towards the best outcomes for these highly vulnerable families. Importantly, the voices of women and their children were also included in collaborative processes. |
| Who is it for? | Practitioners working in adult-focused services, but also relevant to those working with children and families |
| Further information | Further information on Berry Street's family violence services is available at: < www.berrystreet.org.au/FamilyViolence >. |

Note: * Information about this project was presented at the Child Aware Conference 2013; however the project was not funded under the Child Aware Approaches initiative.



| Keeping mothers and children safe after separation | |
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| Organisation | Women's Legal Service (WLS) |
| Training package | Safe After Separation: Addressing Abuse of Children on Contact |
| What is it? | <p>WLS developed and trialled an 11-module training package on "abuse on contact" for practitioners who work with women and children who have experienced family or domestic violence (WLS, 2013).</p> <p>"Abuse on contact" is defined as "harm that occurs when the victims of domestic or family violence/abuse, are subject to, or exposed to ongoing violence and/or abuse after separation as a result of the legal requirement to comply with Family Law Court orders, parenting plans or other agreements that allow or promote contact between the children and the perpetrator of the violence" (WLS & Talera Counselling Centre, 2013a, p. 1).</p> <p>The training package included modules focusing on the effects of domestic violence on women, assessment of risk, and the effects of violence on children.</p> |
| How is the program child-aware? | <p>The program aimed to increase the safety of women and children after separation. It focused on one of the key risk factors for child abuse and neglect: family and domestic violence. The package is child and family sensitive, addressing risks and effects of violence on women and children. WLS used a collaborative approach during the development of the package. They consulted with a range of community and government agencies (e.g., community-based domestic violence services, Indigenous agencies, child and youth mental health services), which allowed for a range of feedback that was used to shape the package.</p> |
| Who is it for? | Practitioners who work with women and children who have experienced family and domestic violence or post-separation abuse |
| Practice inspiration | <p>For practitioners working with children who may have been exposed to family violence or abuse on contact, <i>Module 6: Intervention With Children Affected by Abuse on Contact</i>, has a section on assessment that includes a range of useful topics to consider:</p> <p>Assessment of child and current situation</p> <p>A careful assessment of a range of factors for the child needs to be undertaken initially to determine risks and safety, targets for intervention, and at which levels to intervene. The following are some of the issues that need to be considered, questions to be asked and areas to be assessed in order to gain a comprehensive understanding of each child and their unique circumstances. In addition to information that would usually be sought in working therapeutically with children (for instance, age/developmental stage, presenting behavioural issues, school performance, peer relationships, relationships with other adults, coping strategies, family dynamics, social support), other topics worth exploring include:</p> <ul style="list-style-type: none"> ■ What stage of the separation process is the family at? ■ What agreements, parenting orders, court orders or domestic violence orders are in place, if any? What are the conditions and which people are named on any domestic violence orders? ■ What types of abuse was the child exposed to or did they experience directly? ■ What safety plans are in place and are there any immediate dangers? ■ Is there a current police or Child Protection investigation? ■ What were pre-separation dynamics and relationships between the father and child? This may give clues to how this relationship will continue in a post-separation context. For example, a favoured child may align with the father, an older sibling with a caretaking role may protect younger children on contact and assume responsibility for abuse, or a child who was targeted or scapegoated may refuse to go on contact or become even more "naughty". ■ Does the safe parent believe that the child is safe on contact? ■ If contact is occurring, what do contact handovers look like (for example, are they attending a contact centre, or handing over in a McDonald's carpark; is violence occurring on handover either towards the mother or children)? (WLS & Talera Counselling Centre, 2013b, p. 5) |
| Further information | The Safe After Separation training package is available by contacting WLS at: < www.wlsq.org.au/contact-us > |

| Collaborating for parental wellbeing | |
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| Organisation | Anglicare WA |
| What did they do? | Anglicare WA developed a screening tool and service directory for referrals of at-risk clients transitioning to parenthood. |
| How did they do it? | Anglicare WA, working in alliance with Melbourne-based Drummond Street Services, developed several child-aware resources for services that are the first point of contact for people transitioning to parenthood in the areas of Rockingham and Kwinana (Anglicare WA, 2013). A Parent Wellbeing website was developed, which featured an early intervention screening tool, The Parent Wellbeing Checklist, designed to be used by practitioners to identify risk factors and make appropriate referrals, helping to prevent child abuse and neglect. Anglicare WA also developed and trialled a psycho-educational group program for at-risk people transitioning to parenthood. Training was provided to professionals in the facilitation of the groups and also in the use of the checklist. |
| How is it child-aware? | The project facilitated interagency collaboration by establishing a referral network to help in the prevention of child abuse and neglect by assisting practitioners to identify risk factors. After completing the parent wellbeing checklist, at-risk parents were referred to relevant and appropriate programs via a Parent Wellbeing Service Directory also offered through the website. |
| Practice inspiration | <p>Tip sheets were developed and featured on the website for at-risk parents transitioning to parenthood, including a focus on alcohol, tobacco and other drug use, mental health and early intervention. The early intervention tip sheet, included below, is a good example of encouraging at-risk parents to think about their relationship with their partner and seek help early if necessary:</p> <p>Early intervention</p> <p>Parenting can be a challenge at times, and this can place great stress on your relationship with your partner. Picking up signs of relationship stress early can help you to resolve conflicts before they become a big issue.</p> <p>Have you or your partner:</p> <ul style="list-style-type: none"> ■ stopped engaging in joint activities? ■ had recurring arguments which are never resolved? ■ been feeling of dissatisfied and unhappy? ■ been neglecting or neglected by your partner? ■ noticed a loss of feeling? (do you no longer say that you love each other?) ■ become emotionally or sexually involved with someone outside of your relationship? ■ felt increasingly tired and struggled to meet responsibilities at work? ■ been arguing about parenting? <p>If you have noticed any of these early warning signs, you should seek professional help. Relationship Counsellors and Dispute Resolution Practitioners can help you to resolve any problems that have the potential to become serious.</p> <p>The sooner that you act on issues the better.</p> <p>(The early intervention tip sheet can be accessed at: <www.anglicarewa.org.au/resources/parent-wellbeing/tip-sheets.aspx>.)</p> |
| Further information | Further information on these resources is available free of charge at: < www.anglicarewa.org.au/resources/parent-wellbeing/default.aspx >. |



E. Child Aware Approaches are *culturally competent*

Cultural competence is “the organisational and professional capacity to provide effective and appropriate service delivery to individuals from non-dominant cultural groups” (Armstrong, 2013, p. 49). Armstrong identified culturally competent workers as those who display “cultural awareness” (knowledge of particular cultural norms) and “cultural sensitivity” (an understanding of the diversity within cultural groups) (p. 49). Further to this, being culturally competent involves understanding one’s own cultural norms and appreciating the significant influence that culture may have on individual and community identity. Developing this understanding is a lifelong process. Armstrong suggested that culturally competent workers approach clients “from a perspective of ‘informed not-knowing’, which places the client as the expert in their relationship with their culture” (p. 50).

Organisations and workers who are culturally competent take into consideration the historical context and broader social disadvantage that clients may be experiencing. For example, when working with Aboriginal and Torres Strait Islander clients it is critical to have an understanding of the complex and chronic issues facing these families, such as racism and intergenerational trauma. These may be compounded by other issues, such as community isolation, under-use of mainstream services, low levels of trust in mainstream services, and high community levels of anxiety, disempowerment, disorganisation, and mobility (Herring, Spangaro, Lauw, & McNamara, 2013; Price-Robertson & McDonald, 2011).

In terms of Child Aware Approaches, culturally competent workers and organisations will not only incorporate all of the above into policy and practice but will also consider how culture may influence family and parenting practices and how these practices may affect children’s safety and wellbeing. It is a necessity for caseworkers and managers to have ongoing and updated cultural competence training.

Principle 10: Understand cultural influences on family and parenting practices and respond in a culturally sensitive way

Practice considerations

- Do you understand the ways in which culture can influence family life and parenting practices? Do your organisation’s policies and procedures reflect this understanding?
- Do staff members in your organisation participate in ongoing cultural competence training?
- Does your organisation have an Aboriginal advisory group? Do your staff and clients have access to Aboriginal support workers?
- Do you have workers with knowledge of the norms and practices of particular cultural or linguistic groups with whom your organisation routinely works?
- Does your organisation have a community consultative forum or group for newly arrived humanitarian refugee communities to assist in two-way learning of parenting practices/expectations?
- Have you translated your resources and information into languages other than English? Do you have access to interpreters?

Further resources

Tips, tools and resources

- The Centre for Culture, Ethnicity and Health offer a range of brief tip sheets for assessing and improving cultural competency at an organisational level: <www.ceh.org.au/culturalcompetence>.

- The National Cultural Competency Tool is an organisational self-assessment tool for use by the mental health services when working with culturally and linguistically diverse communities: <servicedelivery.dss.gov.au/2012/03/05/national-cultural-competency-tool-ncct-for-mental-health-services>.
- The Secretariat of National Aboriginal and Islander Child Care have produced a range of documents on *Meeting the Needs of Our Children: Effective Community Controlled Family Strategies That Prevent and Respond to Family Violence*:
 - *Fact Sheet 1* <www.snaicc.org.au/_uploads/rsfil/03223.pdf>;
 - *Draft Process Framework for Good Practice Principles* <www.snaicc.org.au/_uploads/rsfil/03224.pdf> and
 - *Literature Review* <www.snaicc.org.au/_uploads/rsfil/03225.pdf>.
- The Salvation Army has produced three Tasmanian Aboriginal children's books written by two Aboriginal women, a non-Aboriginal teacher and an Aboriginal artist and illustrator: *When daddy Hits the Table*, *When Mummy Shouts* and *Little Jack the Wallaby*. These can be ordered through the Safe From the Start website: <www.salvationarmy.org.au/en/Find-Us/Tasmania/Safe-from-the-Start-Project/Resources>.

Further reading

- Armstrong, S. (2013). Good practices with culturally diverse families in family dispute resolution. *Family Matters*, 92, 48–60.
- Herring, S., Spangaro, J., Lauw, M., & McNamara, L. (2013). The intersection of trauma, racism, and cultural competence in effective work with aboriginal people: Waiting for trust. *Australian Social Work*, 66(1), 104–117.
- McGlade, H. (2012) *Our greatest challenge: Aboriginal children and human rights*. Canberra: Aboriginal Studies Press.
- Price-Robertson, R., & McDonald, M. (2011). *Working with Indigenous children, families, and communities: Lessons from practice* (CAFCA Practice Sheet). Melbourne: Communities and Families Clearinghouse Australia, Australian Institute of Family Studies. Retrieved from <www.aifs.gov.au/cafca/pubs/sheets/ps/ps6.html>.
- Sawriker, P., & Katz, I. (2008). *Enhancing family and relationship service accessibility and delivery to culturally and linguistically diverse families in Australia* (AFRC Issues No. 3). Melbourne: Australian Family Relationship Clearinghouse, Australian Institute of Family Studies. Retrieved from <www.aifs.gov.au/afrc/pubs/issues/issues3.html>.
- Secretariat of National Aboriginal and Islander Child Care. (2012). *Cultural competence in early childhood education and care services: SNAICC consultation overview*. North Fitzroy: SNAICC.



Child Aware Approaches in action...

| Cultural supervision, consultation and collaboration | |
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| Organisation | Relationships Australia Northern Territory (RANT), with Australian Children's Foundation (ACF) |
| Program | Holding Children Together Service |
| What is it? | The Holding Children Together Service was designed to provide a culturally relevant therapeutic service to children in Alice Springs who had experienced trauma (RANT, 2013). The program involved direct service delivery to children as well as the formation of networks of practitioners who were supported through professional development, training and supervision. The program was informed by recent research on the neurobiology of trauma and its effects on children. |
| How is the program child-aware? | The program highlighted the potential effects of trauma on children and families and the connection between parental risk factors and child abuse and neglect. The program was created in collaboration with Aboriginal workers to ensure that it was culturally relevant and appropriate for use with Aboriginal communities, families and children. |
| Who is it for? | Those working with children and families exposed to substance abuse problems, family violence, parental/carer mental health issues, and children who have experienced abuse |
| Practice inspiration | <p>The Holding Children Together service expressed significant commitment to ensuring that its service considered and met the needs of Indigenous children, families and communities. This was achieved through cultural supervision, consultation and collaboration at each stage of service planning and delivery.</p> <p>An evaluation of the program (by Arney & Brooke, 2012) identified a number of initiatives that encouraged culturally sensitive practice, with two being particularly helpful:</p> <ol style="list-style-type: none"> 1. An Aboriginal advisory group, which comprised six Aboriginal members chosen for their involvement in therapeutic practice. This group not only provided cultural input into the design of the service but were also available to provide advice to practitioners. As one service provider explained: <ul style="list-style-type: none"> I've certainly used the Aboriginal Advisory Board in some fairly high risk situations for kids with DCF [the statutory child protection department]. So I've gotten advice individually through a few of them and gone to DCF with the board's recommendations. (p. 16) 2. Aboriginal support workers, who were "Aboriginal colleagues from within their own organisation or from other organisations" and assisted them to "improve connections with families, promote relationship building and to ensure common understanding and accurate assessment" (p. 17). One non-Indigenous service provider explained the benefits of working with an Aboriginal Support Worker: <ul style="list-style-type: none"> Well that's the great thing about having an Aboriginal support worker on the team. They can have conversations and connect with families in a way that I can't. [The Aboriginal support worker] does a great job of actually brokering our programs' connection. I definitely see it as crucial to my role to up-skill [the Aboriginal support worker] because she's the one who can actually drive a lot more of the real change than I can. I can do some of the specific things and help with the logic of the program and to help with the child therapy. But to have her doing that with the parents and talking to the parents and using some of the language and the ideas, she can explain them to Aboriginal families in a way that I can't. (p. 17) <p>The evaluation found that the Aboriginal Advisory Group and the Aboriginal Support Workers allowed the service to "incorporate Aboriginal world views and to work in ways which recognise the role of culture in healing for children" (p. 24).</p> |

| Acting out issues of violence | |
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| Organisation | Halo Leadership Development Agency Inc. and Act Out—Theatre for Transformation |
| Program | Building Awareness and Resilience with Community Theatre |
| What is it? | The program involved an innovative set of five theatre performances for young Indigenous men involved in the Halo program (Palmer, 2013). Fifteen young male participants developed the theatre scripts with Halo and Act Out workers during a series of 10 workshops, with additional support from counsellors and Nyungar elders for special sessions. The issues of child safety and violence against women were the focus of the workshops, during which a script was developed, rehearsed and produced. The performances adopted a forum theatre approach, encouraging audience members and performers to interactively address issues such as child safety, violence against women, trouble with the law, and addiction. The 35 young Aboriginal men (targeted ages were between 14 and 25 years) and 150 audience members (comprising service providers, students, young people and community members) were also involved in the performances. |
| How is it child-aware? | A key objective of this cultural competence program was to give young people the opportunity to retell and reconfigure their own personal stories of abuse. The forum theatre method was chosen as it is in part reflective of the Aboriginal traditions of educating young people, transmitting culture, building leaders and managing decision making through the process of storytelling. The approach was chosen due to its ability to help people work through their emotions, trauma and difficult situations in a safe and non-threatening way, and also due to its unique interactive scripting that enabled performers and audience members to work through and appropriately resolve the problems. |
| Practice inspiration | <p>Dealing with topics such as violence, treatment of women, trouble with the law and addiction often elicits feelings of guilt and embarrassment among young people, and particularly for young Aboriginal men it may be considered “shame” or “karnya” to speak out publicly about matters to do with culture. As such, there was difficulty in recruiting young men to play certain roles or participate in discussions. A successful way in which the program overcame this was through using youth workers, Aboriginal actors and inviting Nyungar professionals to run workshops.</p> <p>How does forum theatre work? A script for a play is developed and written by participants during a series of workshops that deals with social problems or issues relevant to the group writing it. The play is written without an ending or resolution. Participants work with actors and perform the play together for the audience. It is then performed a second time with the audience encouraged to stop the play and step onto the stage to perform different actions or interventions to change the outcome for the characters.</p> <p>After the performances some of the topics the young male participants spoke about were: “feelings of low self-esteem after having kids”, the importance of “empowering women so that men understand there are boundaries”, “admitting to difficulties once anger has built up inside”, and “recognising violence is about control and not anger”.</p> |
| Further information | Further information on Act Out and Halo can be found at: < www.actout.com.au/community.php > and < www.haloleadership.com >. |



Developing a best practice model for service provision to at-risk Aboriginal children and families

| | |
|------------------------|--|
| Organisation | Centre for Child Development and Education, Menzies School of Health Research |
| Resource | <i>Bicultural Practice in the Northern Territory Children and Families Sector</i> |
| What did they do? | The project identified the successful elements of bicultural service delivery and developed a model of best practice for working with Aboriginal children and families in the Northern Territory. Bicultural practice was defined by one Aboriginal worker as “being an individual and living the two worlds, and knowing when to start it and when to stop it” (McGuinness & Leckning, 2013, p. 20) |
| How is it child-aware? | <p>The best-practice model developed by Menzies School of Health identified the elements of best practice in service delivery to Aboriginal children and families in the NT who are at risk of domestic/family violence, mental illness and sexual abuse. Six different themes of governance and leadership, recruitment and training, operational management, co-working models, cultural safety and reflective practice were identified, each with strategies and potential outcomes that took into consideration a bicultural practice model.</p> <p>The best practice model was family-sensitive, taking into account the importance of culturally appropriate engagement with families through the use of language as an example. The best practice model was developed using a collaborative approach between Menzies School of Health Research, the Centre for Child Development and Education and Strong Aboriginal Families, Together, as well as nine organisations delivering services in remote, regional and urban settings.</p> |
| Who is it for? | Service providers and practitioners working with Aboriginal children and families in the NT where issues such as domestic/family violence, substance misuse and mental health problems are identified (key risk factors in the exposure of children and young people to child abuse and neglect) |
| Practice inspiration | <p>This model of best practice in service delivery to Aboriginal children and their families was developed by taking into account key themes considered to be important to a continuum of cultural competence, cultural responsiveness, cross-cultural safety and a two-way model of practice. Collaboration was a key theme identified in bicultural practice that was culturally competent. Collaboration was reflected in the need to incorporate Aboriginal counsel and representation at all levels of an organisation, from governance and leadership through to recruitment and training.</p> <p>Developing a method of practice that included a shared caseload between a non-Aboriginal and Aboriginal worker was identified as an essential component in best practice. This bicultural collaboration allowed knowledge to be exchanged between the two workers and brought together their complementary skills. The two-way shared caseload arrangement also allowed the Aboriginal worker to ensure families were culturally respected in their engagement with services. A bicultural method also takes into account cultural safety. Because the Aboriginal worker was aware of local knowledge and customs they were able to ensure that these were given consideration in dealing with Aboriginal communities, families and children.</p> <p>A particularly inspirational outcome of bicultural practice was the incorporation of reflective practice opportunities, which have been purported to prevent practitioner burnout. Preventing practitioner burnout was considered important for increasing staff retention and ensuring continuity in the delivery of services to Aboriginal children at risk of child abuse and neglect.</p> |
| Further information | <p>The final report, which documents elements in the best practice model, can be downloaded free of charge at: <ccde.menzies.edu.au/sites/default/files/Menzies-Bicultural%20Practice-report-7%20Final%2010-04-13.pdf>.</p> <p>A brief factsheet can also be downloaded free of charge: <ccde.menzies.edu.au/sites/default/files/Menzies-Bicultural%20Practice-Fact%20Sheet%20Final%2010-04-13.pdf>.</p> |

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Appendix 1: Background to Child Aware Approaches

The Australian Government committed \$5.7 million in 2011–12 to the breakthrough Child Aware Approaches grant round as an early investment in the Second Action Plan of the National Framework. The grant round also supported outcomes from the national mental health reform of 2012–22 and the National Plan to Reduce Violence against Women and their Children 2010–2022.

The Child Aware Approaches grant round was announced on 30 March 2012 and aimed to promote better understanding of the relationship between child abuse and neglect and risk factors such as domestic and family violence, parental mental illness and sexual abuse, recognising that substance abuse issues may intersect with these risks.

The goal of the Child Aware Approaches grant round was to secure better outcomes for children by focusing on holistic prevention and early intervention strategies to reduce the effects of the experience of, exposure to or risk of exposure to, these risk factors.

Through the grant round, the Australian Government provided 43 organisations working in the community across Australia with a one-off grant of up to \$200,000.

This funding:

- supported organisations to build and promote the evidence base about the intersections between risk factors for child abuse and neglect; and
- assisted organisations providing services to children and young people exposed to these risk factors to develop, adopt or enhance good practice responses.

The grant round supported projects in each state and territory across a broad range of sectors. Organisations that received these grants included those providing services in the areas of mental health, substance abuse, disability, prisons, women's safety and family and children's support.

The Child Aware Approaches grant round delivered a range of practical and innovative resources and information for providers and practitioners working with vulnerable children and families.

Promising practices and innovative resources from the Child Aware Approaches grant round were showcased at the inaugural, national Child Aware Approaches Conference hosted by Families Australia in Melbourne, 11–12 April 2013. Sponsored by the Australian Government, the conference brought together over 300 participants from non-government, government and research sectors. The conference provided an opportunity to advance thinking, showcase promising and innovative practice, and help to chart future directions. Information from the conference is available at <www.childaware.org.au>.

Child Aware Approaches builds on Building Capacity, Building Bridges (BCBB), a key early intervention and prevention action introduced under the First Action Plan 2009–12 of the National Framework. BCBB delivered training and workshops in “child and family sensitive practice” to boost the capacity of community sector workers to identify and respond early to at-risk children and families. BCBB also equipped practitioners and service providers with the knowledge and skills to work collaboratively to ensure children were at the centre of services and supports for adults and families.

Building on the success of the grant round and inaugural conference, work is progressing on other Child Aware Approaches projects, including this *Good Practice Guide to Child Aware Approaches* and the establishment of Child Aware local communities and child aware organisations to promote and embed grassroots approaches more broadly across civil society. The 2014 Child Aware Approaches Conference was held from 31 March to 1 April 2014, with another national conference scheduled for 2015.

Appendix 2: Methodology of the current project

A qualitative study was undertaken to explore the “grassroots” themes and meanings underpinning the practical application of Child Aware Approaches. This “bottom-up” approach was extended upon and enhanced with a “top-down” review of previous relevant literature and significant input from the Child Aware Approaches Reference Group. The methodology for the study is outlined below.

- **Thematic analysis:** A thematic analysis was conducted in order to identify the central topics and ideas expressed by Child Aware Approaches grant recipients and conference participants. This analysis focused on two sets of documents: (a) presentation papers from the 2013 Child Aware Approaches Conference; and (b) project reports completed by the organisations funded under the DSS (formerly FaHCSIA) Child Aware Approaches Initiative (see Appendix 3 for a listing of the 43 funded projects). First, each document was coded for key words or phrases (e.g., “Indigenous”, “alcohol and other drugs service”, “interagency collaboration”). Second, these codes were grouped to identify broad themes (i.e., “family-sensitive”, “child-inclusive”, “strengths-based”, “collaborative”, and “culturally competent”).
- **Literature search:** A literature search was undertaken to identify both practice-based and theoretical literature (including “grey” literature) pertaining to each theme. The search generally focused on Australian literature, though particularly pertinent international literature was considered.
- **Development of child-aware principles:** The literature identified in the search was analysed in order to identify key components of each theme. These key components were then translated into practical, action-based statements, or principles, with relevance to the Australian service sector. These principles were further developed and refined in consultation with the Child Aware Reference Group.
- **Case studies:** The Child Aware Approaches conference papers and project reports were analysed to find programs or resources that exemplified the key philosophies and principles. The analysis was reliant on documentation provided by the organisations delivering the projects. There was limited capacity to verify the documentation provided against organisational practice or proposed practice. Further, the assessment of the projects was based solely on the documentation provided to AIFS by DSS. Programs were chosen if they had been formally evaluated and shown to be effective, and/or highlighted multiple aspects of Child Aware Approaches (e.g., child-inclusive, family-sensitive and involved collaboration). The aim of providing case studies was to highlight the diversity of innovative and creative ways in which Child Aware Approaches principles have been applied in a variety of settings and situations. The programs and resources profiled are not a definitive list, but rather provide examples that demonstrate different components of Child Aware Approaches. Many other organisations are engaging in good and/or innovative practice that may be highlighted in future publications or on the CFCA website <www.aifs.gov.au/cfca>. The programs and resources detailed in the case studies in this report were current at the time of the 2013 Child Aware Approaches Conference.
- **Consultation with the Child Aware Approaches Reference Group:** Consultation with the Child Aware Reference Group occurred throughout the life of the current project. A list of Reference Group members is included in the Acknowledgements section of this paper.



Appendix 3: DSS-funded Child Aware Approaches projects

Forty-three projects were funded under the first round of Child Aware Approaches funding. The projects are listed here, along with links to project websites if available.

| State | Organisation Name | Project URL |
|-------|---|--|
| ACT | Marymead Child and Family Centre | N/A |
| NSW | National Children's and Youth Law Centre | N/A |
| NSW | CentaCare Wilcannia-Forbes | N/A |
| NSW | Adults Surviving Child Abuse | < asca.org.au/workshops.aspx > |
| NSW | Good Beginnings Australia | N/A |
| NSW | OnTrack Community Programs Ltd | < www.otcp.com.au/be-breathe-believe-a-family-resilience-program > |
| NSW | Royal Far West | < nrha.org.au/12nrhc/wp-content/uploads/2013/06/Ramsden-Robyn_St-Clair-Bella_ppr.pdf > |
| NSW | The Disability Trust | N/A |
| NSW | YWCA NSW | N/A |
| NSW | Gunnedah Family Support Inc. | N/A |
| NT | Menzies School of Health Research | N/A |
| NT | Relationships Australia Northern Territory | < www.nt.relationships.org.au/resources/publications/ralice-springs-brochure > |
| Qld | Bravehearts Inc. | < www.bravehearts.org.au/pages/practitionerworkshop.php > |
| Qld | Micah Projects Inc. | < www.micahprojects.org.au/services/innovation-research-and-evaluation-unit/child-aware-approaches-project > |
| Qld | Save the Children Australia | N/A |
| Qld | Women's Legal Service Inc. | Training package, Safe After Separation: Addressing Abuse of Children on Contact, is available by contacting WLS: < www.wlsq.org.au/contact-us > |
| Qld | Young Parents Program Inc. | < www.youngparentsprogram.org.au > |
| SA | UnitingCare Wesley Country SA | < www.ucwcsa.org.au > |
| SA | Australian Infant, Child, Adolescent and Family Mental Health Association Ltd | < www.copmi.com.au/professionals/professional-tools/child-aware-supervision.html > |
| SA | Inclusive Directions Inc. | N/A |
| SA | National Centre for Education and Training on Addiction | < nceta.flinders.edu.au/files/2713/6615/8232/EN488_2013_White.pdf > |
| SA | Baptist Care (SA) Inc. | N/A |
| Tas. | The Salvation Army Tasmania | < www.salvationarmy.org.au/en/Find-Us/Tasmania/Safe-from-the-Start-Project > |
| Tas. | Sexual Assault Support Service Inc. (SASS) | N/A |
| Vic. | Secretariat of National Aboriginal and Islander Child Care (SNAICC) | < www.snaicc.org.au/_uploads/rsfil/03223.pdf > < www.snaicc.org.au/_uploads/rsfil/03225.pdf > < www.snaicc.org.au/_uploads/rsfil/03224.pdf > |
| Vic. | EACH | < skips.each.com.au > |
| Vic. | Hanover Welfare Services | < www.acu.edu.au/about_acu/faculties_institutes_and_centres/centres/institute_of_child_protection_studies/our_work/current_previous_work/completed_2012/literature_synthesis > |
| Vic. | Women's Health Goulburn North East | < www.whealth.com.au/documents/publications/whp_Trauma_and_young_children_final_report.pdf > |

| | | |
|------|--|--|
| Vic. | Australian Childhood Foundation (ACF) | N/A |
| Vic. | Berry Street | < www.nwhn.net.au/admin/file/content101/c6/SRMP%20Presentation.pdf > |
| Vic. | Child Wise Ltd | N/A |
| Vic. | The Bouverie Centre | < www.bouverie.org.au/sites/default/files/Bouverie%20Centre%20Guidelines%20for%20trauma-informed%20family%20sensitive%20practice%20in%20adult%20health%20services.pdf > |
| Vic. | Australian Centre for Posttraumatic Mental Health Inc. (ACPMH) | Final report, <i>Approaches Targeting Outcomes for Children Exposed to Trauma Arising From Abuse and Neglect: Evidence, Practice, and Implications</i> , can be obtained by contacting Winnie Lau at: < wlau@unimelb.edu.au > |
| Vic. | Children's Protection Society | N/A |
| Vic. | Yooralla | < www.yooralla.com.au/Resources/educational-resources/child-aware-approaches-initiative > < www.yooralla.com.au/___data/assets/pdf_file/0009/15003/Child-Aware-Project-Workbook.pdf > |
| Vic. | Australian Muslim Women's Centre for Human Rights (formerly the Islamic Women's Welfare Council of Victoria) | N/A |
| WA | Parkerville Children and Youth Care (Inc.) | N/A |
| WA | Child Australia | N/A |
| WA | Patricia Giles Centre | < patgilescentre.org.au/about-pgc/resources/pgc-childrens-counselling-service.pdf > |
| WA | Anglicare WA | < www.anglicarewa.org.au/resources/parent-wellbeing/parent-wellbeing-checklist.aspx > |
| WA | Extra Edge Community Services Inc. | < www.eecs.org.au/community-projects/child-aware-prison-project > |
| WA | Ruah Community Services | N/A |
| WA | The Halo Leadership Development Agency Inc. | N/A |



