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Services Australia**

PEER REVIEWED PAPERS

from the

**FRSA 2025
National
Conference**

**19-22 May 2025
Sheraton Grand
Sydney Hyde Park**



Safe, Strong & Thriving

FRSA NATIONAL CONFERENCE 2025
19-22 May, Sheraton Grand Sydney Hyde Park

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Safe, Strong & Thriving

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Introduction

I am pleased to introduce the FRSA National Conference 2025 e-Journal, which brings together an exciting and diverse collection of papers that speak to the conference theme, *Safe, Strong & Thriving*.

We have 6 papers in this year's edition – 4 Articles and 2 Practice Insights papers – sitting across the following conference themes: Across the Lifecourse, the First 1000 Days, the Schooling Years, Children at the Centre, and Relationship Breakdown and Re-partnering.

FRSA invited all concurrent session and symposium presenters to consider submitting a paper to the e-Journal and we acknowledge the hard work and perseverance of those who put forward papers for consideration. All eJournal papers go through two rounds of peer review and an editing process – it takes time, focus and commitment. My thanks to all involved and congratulations to our authors on the acceptance of their papers for publication in the FRSA Conference e-Journal 2025.

The FRSA Conference provides a space to share practice and research learnings and the e-Journal offers the opportunity to explore insights and learning in greater depth. I commend this e-Journal to our readers and encourage you to share it widely with your peers and colleagues.

With kind regards,



Jackie Brady
FRSA Executive Director

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Creating Safe Spaces for LGBTIQ+ Young People in Regional Victoria: Practice Model and Evaluation Findings

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Abstract

Studies have shown that family and social support are the greatest protective factors for the mental health and wellbeing of LGBTIQ+ young people. Supportive and affirming relationships are not only associated with lower levels of suicidality, self-harm and depression amongst LGBTIQ+ young people, they can also foster resilience against external forms of discrimination and stigma.

Drummond Street Services, Child and Family Services (Cafs) and Wellways are working in partnership to provide co-designed, place-based services to LGBTIQ+ young people and their families/carers across Ballarat, Geelong and the Surf Coast. QHub provides a range of affirming, accessible mental health and wellbeing support for local LGBTIQ+ communities. QHub continues to be a local space for young people to access wrap-around support, social connection, a sense of belonging and positive peer and intergenerational role models.

This paper shares how QHub is creating safe spaces for LGBTIQ+ young people and improving wellbeing outcomes. QHub is being evaluated by Drummond Street Services' Centre for Family Research and Evaluation. We share our practice model and insights into how QHub is making a difference in the lives of LGBTIQ+ young people in regional Victoria. We also present our evaluation methodology and findings, including the Most Significant Change technique to gather outcome stories about clients' subjective change.

Introduction

Research makes it clear that discrimination and marginalisation negatively impact the wellbeing of people from LGBTIQ+ communities. The two largest population-based reports on LGBTIQ+ people in Australia show that their wellbeing is generally poorer and mental ill-health and psychological distress are higher compared to the general population (Hill et al., 2020, 2021). A substantial evidence base predicates these health

disparities in Minority Stress Theory (Flentje et al., 2020; Kachen et al., 2022; Koziara et al., 2022; Meyer et al., 2021; Perales, 2019), which explains that experiences of stigma, prejudice and discrimination create hostile and stressful social environments that negatively impact mental health and wellbeing (Meyer, 2003). The impacts of discrimination and marginalisation on the lives of LGBTIQ+ individuals have far-reaching consequences, including negatively influencing people's access to support services, social networks and community.

LGBTIQ+ individuals have a right to access and receive appropriate healthcare both confidently and safely (O'Shea et al., 2020). However, research shows that LGBTIQ+ individuals face discrimination and can be over-pathologised (i.e. their identity is seen as the cause of their mental health challenges) within mainstream services (Hill et al., 2020; Latham & Barrett, 2015). This leads to underutilisation of services and delayed help-seeking because of previous or anticipated experiences of discrimination (Waling et al., 2019). In one study, 31.6% of LGBTIQ+ participants said that their reason for not seeking help for their mental health and suicidality was that they did not want to be judged, whilst 24.4% said that they did not want anyone to know about their sexual orientation or gender identity (McDermott et al., 2018). Young LGBTIQ+ people expressed that they would avoid disclosing their identity in fear of a negative response from a health service provider (McDermott et al., 2018). Negative and discriminatory experiences within mainstream services change the way that young LGBTIQ+ people interact with services by inhibiting their help-seeking behaviours, which raises specific concerns for young people who experience further marginalisation (i.e. transgender and gender diverse young people, and LGBTIQ+ people living in regional areas).

Transgender and gender diverse (TGD) young people are an increasingly visible yet marginalised group (Jones et al., 2016; Lovejoy et al., 2023; McBride & Neary, 2021). TGD young people experience more psychological distress than their cisgender heterosexual peers and their cisgender sexual minority peers. There are greater rates of depression and anxiety, suicidality and self-harm, disordered eating, substance use and higher rates of neurodivergence (Hill et al., 2021; Strauss et al., 2017, 2020). The *Trans Pathways* report – which investigated the experiences of TGD young people aged 25 years and younger – showed that: 74.6% had at some point been diagnosed with depression, 72.2% had been diagnosed with an anxiety disorder, 79.7% had self-harmed, whilst 48.1% had attempted suicide (Strauss et al., 2017). Young TGD people also face considerable barriers accessing gender-affirming care and support for navigating social and medical transition (Chaplyn et al., 2024; Strauss et al., 2022).

In regional areas, rates of psychological distress, depression, anxiety, self-harm and suicidality (Hill et al., 2021; Reynish et al., 2023) are even further exacerbated. Social isolation, inaccessibility of inclusive mental health professionals and supports and lower public acceptance of diversity in sexuality and gender all contribute to mental health challenges among LGBTIQ+ young people in regional areas (Reynish et al., 2023). Verbal and physical harassment rates have also been found higher among LGBTIQ+ young people living in regional areas compared to those in metropolitan areas (Hill et al., 2021). Young people with diverse sexualities were found to be at increased risk of homelessness if they lived in regional and remote areas, suggesting a higher level of family rejection in these areas (Amos et al., 2023; Hill et al., 2021). LGBTIQ+ young people living in regional areas experience higher levels of social isolation, including inaccessibility to support services and social and community networks (Amos et al., 2023).

Effective Service Responses for Supporting LGBTIQ+ Young People

Due to the disparities in mental health and wellbeing experienced by LGBTIQ+ young people (especially TGD young people), as well as the barriers to access and utilisation of support services, there is a need to create safe spaces for LGBTIQ+ young people in regional Victoria. The extant literature suggests the value in early intervention, with studies demonstrating that psychological distress, depression, self-harm and suicidality may increase over time among young gender diverse people (Holt et al., 2016; Skagerberg et al., 2013; Sorbara et al., 2021). Providing safe and supportive social environments is essential for improving wellbeing among LGBTIQ+ young people, including through gender-affirming practices and acknowledging the 'right to live authentically' (Austin, 2018, p. 82). Young people appreciate spaces where they can express themselves without fear, and this builds resilience and trust. Mentors and peers that share lived experiences with LGBTIQ+ young people encourage identity acceptance by removing stigma and promoting affirmation (Cottle et al., 2024). Mentors and peers also improve mental wellbeing among LGBTIQ+ young people by creating psychological safety and encouraging self-confidence (Cottle et al., 2024). Early intervention that focuses on supportive social environments, where young people can safely and confidently express themselves, and where they have access to mentors and peers who share lived experiences, are essential aspects of an effective service response.

Young people's family and social environments both contribute to their wellbeing. Supportive family relationships have been found to decrease suicidality among TGD young people (Campbell et al., 2024). Social support networks also provide a buffer against experiences of

discrimination and stress (Abreu, Andrade, Maza, & Faria, 2022; Abreu, Andrade, Maza, Faria, et al., 2022). Parents often need an array of supports including information, education, professional advice and peer and community support (Riley et al., 2011). Parents also require support to recognise and manage their own emotions, as well as deal with challenges related to experiences of discrimination for their young person, including advocacy with schools, support services, and peer groups (Abreu, Andrade, Maza, & Faria, 2022; Abreu, Andrade, Maza, Faria, et al., 2022). Providing support for parents and other family members, working with them together and separately from young people, is another aspect of an effective service response for the wellbeing of LGBTIQ+ young people (Malpas et al., 2022).

Despite the limited Australian literature that explicitly outlines effective service responses for supporting LGBTIQ+ young people, what is known is that a rights-based approach that recognises the importance of understanding young people's mental health challenges from their perspective – honouring young people's expertise in their own experiences, as well as their agency – has been identified as a fundamental aspect of an effective service response (McDermott et al., 2024). Further, an intersectional approach that responds to multiple forms of marginalisation and experiences of intersectional discrimination, whilst also fostering safety and belonging, is essential (McDermott et al., 2024). One tangible example of what this may look like is drop-in spaces, which have been shown to be effective in LGBTIQ+ youth homelessness programs by providing safety and refuge in a space where young people are not required to engage with formal counselling or support services (Coolhart & Brown, 2017; Rice et al., 2023). These spaces can also be utilised to connect young people with formal counselling and support services if necessary (Rice et al., 2023). There is also evidence demonstrating the benefits of

supportive online environments for young people in regional and rural areas, especially in areas with a lack of face-to-face services (Bowman et al., 2020). However, it has also been found that online spaces remain unable to fulfill a need for connection with local LGBTIQ+ communities and, whilst an accessible option for increasing a sense of belonging, may also reinforce a sense of exclusion from local communities (Marlin et al., 2023).

In addition, community engagement through relationship-building with local services, schools, organisations and communities has been identified as a way of being responsive to the local context within which a program is located (Walsh et al., 2010). Community engagement is part of a mental health promotion approach for services supporting young people, and works as a form of early and preventative intervention (Burns & Birrell, 2014). Drop-in spaces and community engagement may be especially important in regional areas, where a focus on safe and supportive social environments is paramount.

LGBTIQ+ young people are more likely to experience discrimination and marginalisation that impacts their access to services, social and family support, and community. For TGD young people and LGBTIQ+ people living in regional areas, support networks may be even further out of reach. Drop-in spaces and community engagement are ways to provide safe, inclusive and integrated support for LGBTIQ+ young people.

The QHub Program

Funded by the Victorian Government, QHub is an initiative which aims to create safe spaces for LGBTIQ+ young people in Western Victoria. QHub Ballarat and QHub Geelong are the two physical spaces – along with outreach services to young people on

the Surf Coast¹ – that were established to offer mental health and wellbeing services tailored specifically for local LGBTIQ+ young people and their families. These spaces provide welcoming, inclusive and integrated support, as well as opportunities to connect with peers and mentors. Services aim to be prompt and provide access for young people close to their homes.

Drummond Street Services (Drummond Street) is leading the partnership with Child and Family Services Ballarat (Cafs) and Wellways to deliver QHub. The partners collaborated with local organisations, LGBTIQ+ groups, individuals, families, and communities to establish LGBTIQ+ Steering Committees and undertake a co-design process. The co-design process ensured that services were responsive to local needs, through providing a range of safe, accessible, and wrap-around health and wellbeing support. QHub is staffed by a multi-disciplinary team from Drummond Street, Cafs and Wellways, as well as co-located practitioners and clinicians from other local services.

Program Objective

QHub has been designed and developed to help reduce psychological distress and suicidality, whilst improving the health and wellbeing of LGBTIQ+ young people living in regional Western Victoria.

Practice Model and Insights

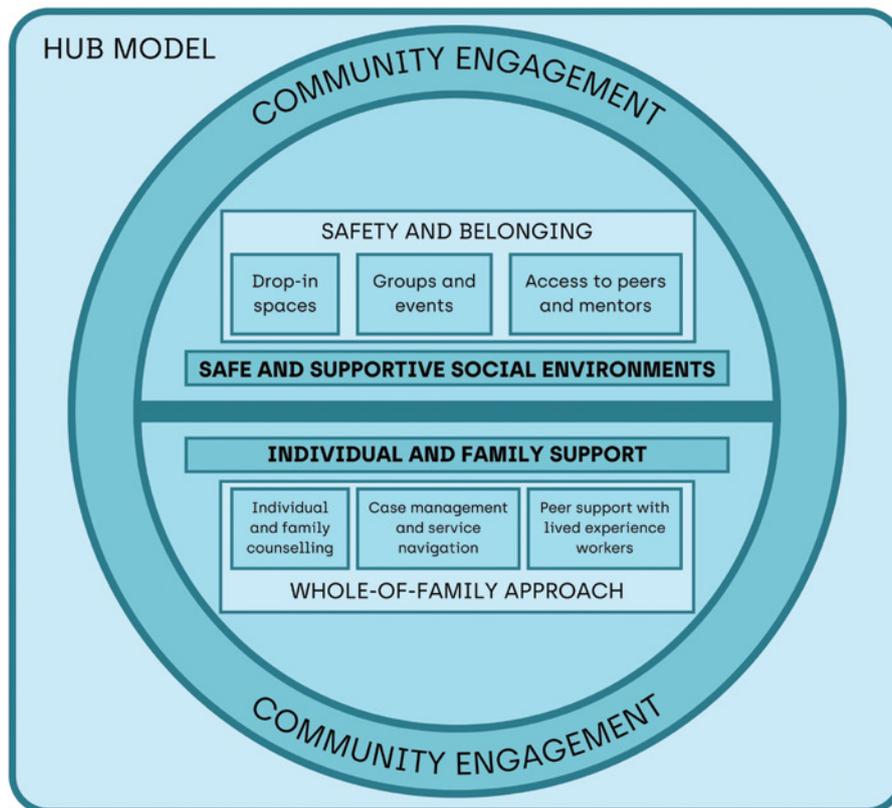
The QHub practice model brings together all the elements of the program to illustrate how the program is supporting the wellbeing of LGBTIQ+ young people and their families. Services include individual and family counselling, peer support, case management, community capacity building and inclusivity training. All services are free, and all staff are LGBTIQ+-identifying.

¹ This includes all localities across the Surf Coast Shire of Victoria. More specific information about the region can be found [here](#).

The practice model was developed by the QHub program team in collaboration with Drummond Street Services' Centre for Family Research and Evaluation. This section provides practice insights guided by

each element of the QHub practice model. Quotes from the program team have been sourced from the evaluation and included here to articulate specific practice insights related to community engagement.

Figure 1: QHub Practice model



The Hub Model

A community hub model emphasises 'community connection and community-informed service delivery' (Manis et al., 2022, p. 105). Community hubs are multi-purpose and place-based spaces that often include shared use arrangements, co-location of services, and integrated service provision that is otherwise not available, in one place for local community (Gillett-Swan et al., 2024). Common principles identified for community hub models include (Settipani et al., 2019):

- Improving access to care and early intervention
- Engagement with, and participation from young people and their families

- Settings or spaces that take into account the needs, rights and safety of young people
- Evidence-informed approaches
- Partnerships and collaboration.

The point is to provide a physical space for social connection, as well as for services to co-locate and provide integrated support, information, advice and referrals to promote access to broader services and supports. In regional Victoria, QHub is the first model of its kind to provide these spaces in Geelong and Ballarat for LGBTIQA+ young people and their families.

Community Engagement

Community engagement is at the heart of QHub. Since its inception, QHub has brought community along each step of the way. When planning the new sites, community consultations were conducted to support the design of the hubs to reflect what the community said they wanted and needed.

QHub has a Community Engagement Worker for each physical site in Geelong and Ballarat. These roles are fundamental to the continued delivery of QHub.

Community Engagement Workers provide advice, information and referrals for local communities, whilst engaging with local services, schools and professionals. The following are examples of what community engagement looks like on the ground:

- Facilitating an LGBTIQ+ Service Providers Network that meets monthly. This network invites any local workplaces that provide services to LGBTIQ+ folk. The network meets to discuss best practices and trends, learn about local services, and support each other through networking. The network includes services such as the City of Greater Geelong, GASP, Headspace, Geelong Library, Step Thru Care, WorkSafe and Deakin University.
- Working with local schools, visiting schools and presenting to staff and students.
- Meeting with local organisations, including delivering capacity building and advocacy activities.
- Going to any local events that are related to the work done at QHub.

...we have positioned ourselves as that Hub model: if we can't help you, we can send you where you need to go [...] which is a big goal that we had since the beginning of QHub; that we positioned ourselves as the key contact for local services and community.

Community Engagement Worker

Since QHub has positioned itself as the key contact for local services and community, the program continues building a network of local services. QHub practitioners speak with local services regularly. This has opened up space for QHub practitioners to have conversations with local services about the needs of LGBTIQ+ young people in regional Victoria and to do some everyday advocacy work through this local network.

...[local services] started to cotton on and make referrals but at the same time they wanted to understand the service, so there were these opportunities on a daily basis to open up conversations with other services in the area. So, we could have that discussion with other services and do that sort of advocacy work when talking with other services, so other people started realising that the need was there and how effective what we do is, and it felt like we were changing the story a bit every day.

Youth and Family Practitioner

Safe and Supportive Social Environments

Safe and supportive social environments provide the core elements of QHub: safety and belonging for local LGBTIQ+ young people. Through Drop-In Spaces, Groups and Events, and Access to Peers and Mentors, QHub provides support to enhance social and community connection through a suite of early intervention supports.

Drop-In Spaces

The hubs in central Geelong and Ballarat provide a drop-in space to access wrap-around support, social connection, a sense of belonging, positive peer and intergenerational role models and educational events. There are three main drop-in sessions run including:

- Under 12s group
- High school age group
- 18+ group.

Drop-in spaces are run on a regular basis, either weekly or fortnightly. Depending on the group, drop-in spaces are run in a combination of structured or unstructured formats. For example, unstructured for the high school group, semi-structured for the 18+ group, and a combination of structured/unstructured for the under 12s group. At the under 12s group, parents are welcomed and encouraged to sit in a separate space. This provides a parallel opportunity for social connection, shared knowledge and experience in a safe space.

The drop-in spaces provide opportunities for social connection, whilst also acting as a pathway or connection to QHub individual and family support services. Practitioners use the space to provide information and resources and are themselves a source of knowledge and guidance as LGBTIQ+-identifying people living locally. The drop-in spaces also provide opportunities for young people to have open discussions with their peers and foster the development of friendships.

Groups and Events

QHub continues to invite local professionals and businesses run by LGBTIQ+ people into the space to deliver workshops and sessions, based on requests from the young people themselves. This has included:

- Dungeons and Dragons sessions run by a local trans woman.
- An art group by a local queer First Nations woman.
- Audio story sessions run by a local trans person, which the young people contribute to and will be available for streaming on Spotify.
- Sessions for making gender affirming garments run by The Binder Project.
- Intergenerational activities in Ballarat with two volunteers who are older women, including life skills and other knowledge/skills sharing between younger and older generations.

Access to Peers and Mentors

Providing access to peers and mentors in safe and supportive social environments emphasises the agency of young people to engage with these supports at their own pace and in their own time. QHub's regular drop-in spaces, groups and events provide ample opportunities for young people to engage with peers and mentors, without formalising or necessitating this engagement. There is value in young people simply observing safe and affirming peer interactions, as well as positive role modelling from mentors. When young people choose to engage with peers and mentors they are confident that they will receive the connection, belonging or support they seek, and this reinforces any future interactions with services or supports. Access to peers and mentors also enables resilience; with appropriate supports nearby, young people can interact with peers and experience the ups and downs of those interactions and connections in an environment that will provide additional support if necessary. Young people will build their own strategies for social connection, as their resilience continues to grow.

Individual and Family Support

QHub provides individual and family support through in-person, online and outreach modes for young people, parents and other family members. QHub takes a whole-of-family approach with the understanding that the family environment is essential for the wellbeing of a young person. Supportive family environments are protective for LGBTIQ+ young people, especially if they experience discrimination, social isolation or bullying (Abreu, Andrade, Maza, Faria, et al., 2022; Campbell et al., 2024). QHub provides individual and family counselling as part of this whole-of-family approach. This includes counselling for the young person, their parent(s), their sibling(s) and any other family members.

Whole-of-family approach

Using a whole-of-family approach can assist practitioners to understand how best to support a young person's wellbeing through also considering the broader experiences of family members. QHub uses an inclusive and expansive definition of family, including anyone that the young person identifies as their family (e.g. family of choice, friends, roommates, pets). Each practitioner in the team maintains a whole-of-family approach in their day-to-day work. This means that they recognise the unique, intersectional experience of each family member.

There are three main ways that QHub takes a whole-of-family approach:

1. Family sensitive practice – being curious about the family context of a young person, including supports and challenges
2. Sub-system work – working with family members separately, rather than together
3. Family inclusive – if appropriate, bringing the family together for sessions, guided by professional judgement and considerations about risk and safety.

The program manager supports practitioners to maintain a consistent and effective whole-of-family approach. Through supervision and care team meetings, the program manager helps workers to 'zoom out' and consider the broader family context and the perspectives and experiences of each family member.

Individual and family counselling

Individual and family counselling is used to support the mental health and wellbeing needs of the young person and their family as a whole, reflecting a whole-of-family approach. Individual and family counselling is provided in-person at the hubs, online and through outreach. Interventions include:

- Brief – targeted response to main presenting issue that the client is seeking support for, with a focus on goals related to this presenting issue
- Individual Complex – targeted response, potentially multiple interventions for young people or parents presenting with complex issues, including multiple risk factors
- Intensive Family Support – family-orientated support with the young person, one or more parents, siblings and any other family members if necessary
- Integrated Service Response – place-based response to complex and cumulative risks and intersectional needs, and requiring active input from multiple workers, skillsets and types of supports.

Case management and service navigation

QHub's case management and service navigation emphasise the agency of young people in the case management they receive, by ensuring that young people provide consent for case management to be undertaken, and that they are part of planning case management work. Service navigation is an important element of case

management because young people may face barriers accessing services, especially if they have had negative experiences with mainstream services or fear discrimination from these services. For young people seeking gender-affirming care through the broader healthcare system, there can be an overwhelming amount of administration work that can come with accessing these services. It can be an emotionally draining and long process, with some families unsure where to even start; QHub's service navigation element supports young people and families to navigate these services. Many gender-affirming care services also have long waitlists, and QHub can provide support for young people whilst they are waiting to access these services.

Peer support with lived experience workers

Peer workers with lived experience provide a unique form of support for LGBTIQ+ young people. Peer support encourages identity acceptance and expression. Peer workers create psychological safety within a mutual relationship that focuses on individual strengths, life skills, and connecting with someone who has similar experiences (Anderson, n.d.; Cottle et al., 2024). Peer workers provide support that complements individual and family counselling, and case management; and can involve casual or structured conversations, providing advice, positive role modelling, and inspiration. Peer support may be even more beneficial for young people in regional areas where they may not be exposed to LGBTIQ+ people or have the opportunity to interact with people who share similar lived experience. QHub recognises the inherent value of peer workers and their capacity to provide essential support, as part of an effective service response that supports the wellbeing of LGBTIQ+ young people in regional Victoria.

Evaluation Methods

The Centre for Family Research and Evaluation undertook a formative and summative assessment of QHub. The evaluation gathered data about the partnership, implementation, and outcomes of QHub – including the overall objectives to help reduce psychological distress and suicidality and improve the health and wellbeing of LGBTIQ+ young people living in regional Western Victoria.

The formative component of the evaluation included:

1. Partnership: The quality of the Consortium's partnership
2. Effectiveness: How well QHub meets the specific objectives.

The summative component of the evaluation included:

3. Outcomes: To what extent QHub contributes to the reduction of psychological distress and suicidality and improving the wellbeing of LGBTIQ+ young people in regional Western Victoria.

Design and Methods

The evaluation design tailored a combination of quasi-experimental and qualitative impact evaluation approaches to provide robust findings regarding the effectiveness of the implementation and outcomes of the QHub program. Our ongoing data collection strategy employed a mixed methods approach, using an explanatory sequential approach where appropriate. This allowed us to explain and understand the quantitative findings in more depth and with greater nuance with qualitative findings. The methods used for each component of the evaluation are outlined below.

To assess the quality of the QHub partnership, the VicHealth Partnerships Analysis Tool (McLeod, 2008) was used to develop a survey that was sent to each partner organisation. Seven responses were received from 20 March to 9 April 2024. From 25 June to 18 July 2024, interviews with five representatives from the QHub partnership were conducted to provide depth to the survey findings. The survey findings were used to guide interview questions. Interviews sought to understand in what ways the partnership was working well and not so well.

To assess the effectiveness of QHub, the evaluation analysed monitoring data from Drummond Street's client record management system. The evaluation team also conducted a focus group in January 2025 with five QHub team members including:

- 1 x Program Manager
- 1 x Peer Worker
- 1 x Youth and Family Practitioner
- 2 x Community Engagement Workers.

To assess the contribution of QHub to client outcomes, the Strengths and Difficulties Questionnaire (SDQ) was utilised (Goodman, 2009). The SDQ is a brief, 25-item measure of behavioural and emotional difficulties that can be used as both a screening tool and in research settings with children and young people aged 4-17 years, as well as adults. From November 2023 until December 2024, 43 individuals who engaged in individual or family support through the QHub program completed the SDQ at pre-service, and 37 individuals completed the SDQ at post-service. There were 25 matched pre-post SDQs. The completion rate was high at 73%.

We also utilised Most Significant Change (MSC) methodology to capture outcome stories of LGBTIQ+ young people and their families accessing QHub. MSC was originally developed as an approach for impact monitoring (Davies & Dart, 2005). The stories themselves are elicited from participants by asking them to relate what significant changes (positive or negative) have occurred. MSC presents a practical, sustainable, and robust method to triangulate data using a systematic qualitative approach that prioritises client voice.

Ethics

It was identified that the level of risk involved in the evaluation design and methods, particularly the interviews with parents and young people who had accessed the program, would require the evaluators to seek ethical approval for the QHub Evaluation. Ethics approval was obtained from the Anglicare Victoria Human Research Ethics Committee (AVREC) on 14 February 2024. The AVREC approval number is 2024-01.

Evaluation Findings

The evaluation of QHub assessed the partnership, effectiveness and outcomes of the program to date. Overall, findings suggest that the quality of the partnership allows the continued and successful implementation of the program; community engagement and drop-in spaces are essential and impactful components of QHub's effectiveness; and QHub is demonstrating improvements in outcomes for LGBTIQ+ young people and their families.

A Snapshot of QHub Clients

A total of 87 clients accessed the QHub program from August 2023 until January 2025 for individual support. The average age of clients was 27 years, ranging from two to 67 years. QHub’s whole-of-family approach means the program reaches clients across the lifespan; 43% (n=37) of clients were part of a family engaged with QHub. Of the QHub clients aged 25 years and younger (n=59, 68%), the average age was 17 years. The following table outlines the age of all clients that have accessed QHub.

Table 1: Ages of QHub Clients

Age range	n	%
0 to 5	1	1.15%
6 to 11	3	3.45%
12 to 17	20	22.99%
18 to 25	35	40.23%
26 to 35	3	3.45%
36 to 45	12	13.79%
46 to 55	10	11.49%
56 to 65	2	2.30%
66 to 75	1	1.15%
Grand total	87	100.00%

Almost half (44%) of QHub clients identified as trans or gender diverse, while 34% identified as female and 16% identified as male. About half (49%) of clients identified with diverse sexualities, 18% identified as heterosexual, and 2% preferred not to say.

Among clients aged 25 years or younger, 64% identified as trans or gender diverse, 17% identified as female and 17% identified as male. None of the QHub clients aged 25 years or younger identified as heterosexual, 64% identified with diverse sexualities and 22% were recorded as ‘N/A Person Under 15 Years of Age’.

Presenting needs are identified by the client upon intake into the service. The most common presenting needs among QHub clients were:

- Mental health (93.75%)
- Stress (83.75%)
- Wellbeing and selfcare (78.75%)
- Trauma (63.75%)
- Family relationship issues (61.25%).

The most common risk alerts among QHub clients were suicide risk (62.16%) and self-harm risk (54.05%). Risk alerts are risks identified by the practitioner which indicate an elevated level of risk that requires risk assessment and management.

Community Engagement and Drop-Ins

From August 2023 until January 2025, a total of 556 community engagement activities and groups were conducted, with 7739 attendees. The most common community engagement activities were QHub Drop-Ins (31%), followed by general community engagement (30%). The table below presents the community engagement and groups in further detail.

Table 2: Community Engagement Activities

Event Type	Description	No. of events	%
Drop-Ins	A safe space for young people to attend that offers resources, activities, and a place to hang out.	172	30.94%
Community Engagement (General)	Other community engagement activities, most often providing information/referral/advice to reflect the Hub model of the program.	168	30.22%
School Visits	Community engagement workers attend local schools to speak with, and present to, teachers and students about QHub.	85	15.29%
Training Sessions	Capacity building for local services.	35	6.29%
Out Social	Social group facilitated by peer workers for LGBTIQ+ young people experiencing social isolation.	33	5.94%
School Holidays	Community engagement activities held specifically during the school holidays.	28	5.04%
Art Groups	Groups run by local queer artists.	18	3.24%
Committee Meetings	Youth Committees and Parent/Carer Committees in Ballarat and Geelong/Surf Coast.	10	1.80%
DnD Groups	Dungeons and Dragons groups run by a local trans woman.	3	0.54%
Other	Includes formal community consultations, and Pride Shed Camp.	4	0.72%
Grand total		556	100.00%

What Works and Why

QHub provides both individual and family support through counselling, case management and peer support, as well as community engagement and drop-in spaces. Community engagement and drop-in spaces are the central components of the QHub program and facilitate engagement with more formal supports for young people and their families as necessary. The program continues to emphasise its work through a 'Hub' model by providing support for navigation of services, referrals, advice and information for young people and their families. The QHub team provided their insights about

the value of queer and trans representation, as well as the way QHub is creating space for affirming peer interactions.

The Value in Queer and Trans Representation

The QHub team recognised the inherent value in queer and trans representation for LGBTIQ+ young people in regional Victoria. The team discussed 'visibility' and 'being visible' to young people in the local community. This did not always mean verbal interactions, but also "... seeing grown up queer people living their best lives in regional cities" was identified as particularly important to local young people.

...it's the benefit from seeing me in Coles on a Saturday afternoon, it's nothing and it's everything [...] Young people running up to us at the farmers market, or seeing me walk past a café, there's that sense of "yes we work at QHub, but you can stay in Geelong or Ballarat and live your life as a queer person".

Community Engagement Worker

The team identified that this combination of LGBTIQ+ representation and having a safe place to go was making a huge difference in the lives of LGBTIQ+ young people in Geelong and Ballarat. One specific example was provided by staff:

... we had a young person come in and they were about 19, and all the staff were there, and [the young person] just started crying, and all of us in Geelong are trans and gender diverse, and the young person said "I didn't even know trans people were in Geelong"

Community Engagement Worker

Creating Space for Affirming Peer Interactions

The QHub Drop-Ins provide a safe space for affirming peer-to-peer interactions among LGBTIQ+ young people. The QHub team shared that these interactions manifest organically between young people when they have a safe space to interact with each other, such as the QHub Drop-Ins.

... and particularly at drop-in sessions, especially the conversations they have with each other, and just building each other up in this organic, beautiful way. I can say, hand on heart, that there's nowhere else they could be having these conversations in such a safe, affirming way.

Program Manager

[A young trans person] was talking a lot about their concerns about going to high school as a trans person and passing at high school, and another young person looked at him and said "oh, are you trans?" and he responded "yeah". And it was this big moment because he was so worried about passing at high school, and I said, "see mate, you're just [James]."

Community Engagement Worker

Mental Health and Wellbeing Outcomes

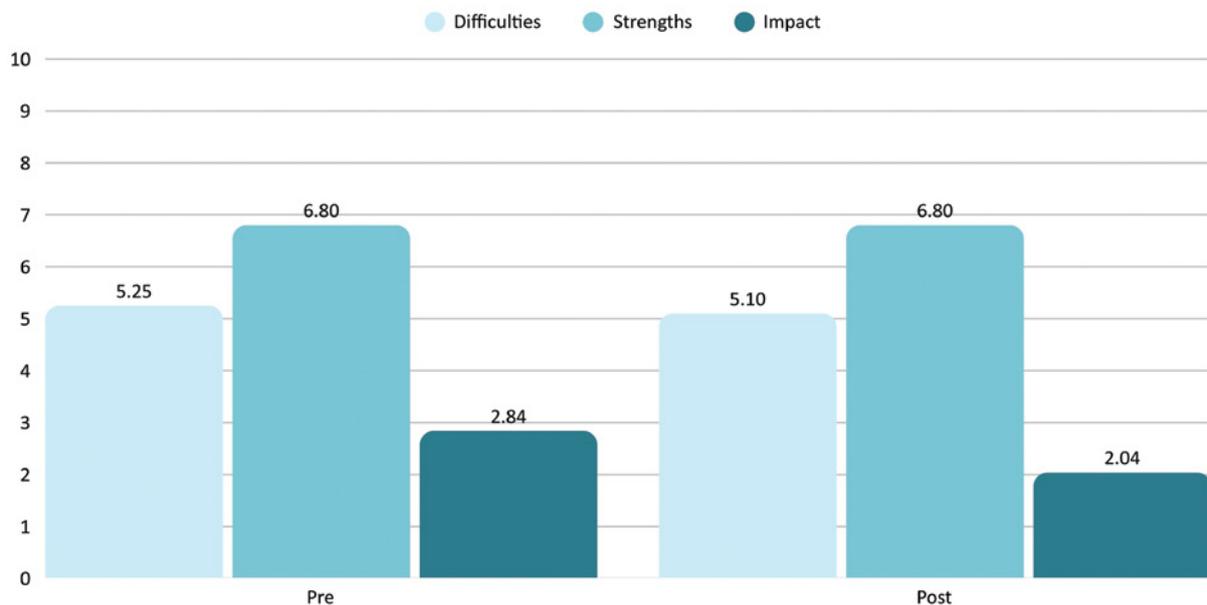
Outcomes were assessed using the Strengths and Difficulties Questionnaire completed by clients; most (97%) were completed by young people themselves and the remaining (3%) were completed by a parent or carer. Young people who completed the SDQ were on average aged 17 years, ranging from 12 to 27 years. On average, difficulties appeared to slightly decrease from pre-to-post service among QHub clients, whereas strengths remained the same. On average, the impact of difficulties in the relationships and lives of young people appeared to decrease from pre-to-post service.

Although difficulties and strengths seemed to slightly decrease or remain the same, where the program contributed to the most change was the impact of these difficulties on the relationships and lives of young people.

Most Significant Change - A story from the parent of a young person

The following story demonstrates the way QHub contributes to improved wellbeing outcomes for LGBTIQ+ young people and their families. It provides a contextual and meaningful representation of how QHub is contributing to improved mental health, as well as reducing psychological distress and suicidality, and what this looks like from the perspective of the parent of a young person who accessed the program.²

Figure 2: Change in Outcomes - SDQ



² This story has been de-identified, and pseudonyms have been used.

Table 3: Most Significant Change Story

Giving hope through trans representation	
Who provided the story?	Parent of a 13-year-old young person
Parent	Melissa (she/her)
Young person	Leo (he/him)

Before coming into contact with QHub, Leo was attending appointments whilst in the process of accessing gender affirming treatment. At one of these appointments, Leo received a flyer for Queerspace from a GP, which led Melissa and Leo to then contact Queerspace and access support through QHub Ballarat.

When Leo attended QHub Ballarat for the first time, he felt welcomed, there were snacks and activities for him to do, it was colourful and there were places to hang out with other young people. This was also when Leo first met another trans person face-to-face, a peer worker who had been through their own transition journey. Melissa shared, “After that meeting, he put on his pronoun badges and then wore them in public. Seeing someone who was proud of who they are, who also looked like him, really encouraged him and gave him hope for his own future.” Leo is still wearing his badges to this day; he puts them on his school bag.

QHub continued to support Leo in multiple ways, including to share what he was going through with his sister, and they began to talk openly and safely about his transition. QHub supported Melissa through phone counselling, resources and information about how she could continue to support Leo. When Leo was starting high school, his QHub practitioner reached out to the school to ask questions about what Leo could expect, including questions about access to all-gender bathrooms. Melissa said, “[the QHub practitioner] made it very clear that Leo or I could contact them any time and get support for anything we may need.”

At one point, Melissa contacted QHub because Leo was in crisis and feeling suicidal. Leo was booked in the next day to see a practitioner. Being able to access that support straight away and having already begun building trust with Leo, the practitioner and Leo were able to speak openly about how Leo was feeling. Melissa noticed the huge difference this made to his mental health.

Melissa shared that meeting and building a connection with another trans person helped Leo feel that he was not alone. Living in a rural town, Leo had not been exposed to much diversity, so having this connection meant a lot to him. Melissa said, “Our experience has been really positive and honestly without QHub I don’t know what we would’ve done ... because we were waiting for general appointments and referrals, so the support from QHub in the meantime was truly amazing.”

The Partnership

To effectively support LGBTIQ+ young people and their families across Geelong, Ballarat and the Surf Coast, the QHub partnership brings together three organisations, each with their own expertise and resources to contribute to the delivery of the QHub program. Drummond Street Services, Child and Family Services (Cafs), and Wellways each contribute their unique expertise and local presence in the communities supported by the QHub program.

It was really about bringing different organisations with different strengths together to have a solid base to support LGBTIQ+ young people and their parents in Geelong, Ballarat and the Surf Coast.

Partnership representative

The quality of the partnership was assessed across seven domains. There was a high level of agreement among all partners on each of the domains as follows:

- 1. Determining the need for the partnership:** There is a perceived need and clear goal for the partnership, as well as a shared understanding of and commitment to this goal from all partners (96.7% in agreement).
- 2. Choosing partners:** Partners share common ideologies, have a history of good relations, and bring added prestige to the partnership individually as well as collectively (83.3% in agreement).
- 3. Making sure partnerships work:** Managers in each organisation support the partnership, partners have the skills for collaborative action, and there are strategies for enhancing skills where necessary (83.3% in agreement).

4. Planning for collaborative action:

All partners are involved in setting priorities for collaborative action and promoting the partnership, and some staff have roles that cross traditional boundaries that exist between organisations (90.0% in agreement).

5. Implementing collaborative action:

Processes have been standardised across the partners, and there is an investment from all partners and regular opportunities for informal and voluntary contact between staff across organisations of the partnership (86.7% in agreement).

6. Minimising barriers to partnerships:

Differences in organisational priorities have been addressed, there is a core group of skilled staff driving the partnership, and there are formal and informal ways for sharing information and resolving disputes (100.0% in agreement).

7. Reflecting on and continuing the partnership:

There are processes for recognising and celebrating collective achievements, the partnership can demonstrate the outcomes of its work, there is a clear commitment to continue the partnership, and there are resources available to continue (86.7% in agreement).

We came together with a strong and good intention and at the heart of our partnership is a consistent and overwhelming agreement to support LGBTIQ+ young people.

Partnership representative

Setting up for success

Partnership representatives agreed that there was a considerable amount of effort that went into setting up the QHub partnership for success. For example, a matrix model was developed to identify the best ways to collaborate across each of the organisations, as they each brought their own way of managing people.

Representatives also noted that all policies and procedures were shared between organisations in a timely manner; this continues to facilitate effective information sharing procedures across organisations to support the program.

Minimising barriers to the partnership

Partnership representatives agreed that there are clear processes for raising issues and resolving them. Partners have difficult conversations as needed and there are clear procedures for dealing with escalating issues if necessary. A key part of minimising barriers to the partnership was to continue to come back to the common goal.

We have very open and robust conversations. And if we need to escalate things we do. There needs to be fearless and frank conversations being had. We unpack difficulties that might get in the way of what the service is trying to achieve and come back to that ultimate goal of supporting LGBTIQ+ young people and their families.

Partnership representative

Conclusion

Through creating safe spaces for LGBTIQ+ young people across regional Victoria, QHub is improving the health and wellbeing outcomes of young people and their families. The program's use of drop-in spaces, LGBTIQ+ peer support, mentoring and role modelling as well as service delivery based on the needs of local young people has seen positive engagement from diverse LGBTIQ+ young people and their families. Equally, the program's whole-of-family approach to individual and family support, and service navigation support, continues to promote the wellbeing of LGBTIQ+ young people and their families. Community engagement is a major component of the QHub program, which enables the community hub model, co-location of services, community capacity building and integrated support. Evaluation of the QHub program has shown emerging findings that demonstrate that the partnership continues to support the appropriate and effective delivery of the program in improving wellbeing outcomes for LGBTIQ+ young people and their families. The QHub practice model and insights provide guidance for services to provide an effective service response for LGBTIQ+ young people in regional areas. The model has the potential to be applied and adapted for different contexts across the state, and nation-wide.

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Connecting Dads of Capricorn: A Story of Place-Based Practices

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Introduction

If you want to change the world, start with relationships (Rose, Robinson & Robinson, 2024). Over multiple funding cycles, The Smith Family has facilitated partnering opportunities to support the needs of families in the Capricorn region through the Communities for Children (CfC) initiative. In this article, we explore the benefits of incubating place-based initiatives and show how crafting collaboration with two complementary community organisations like Dads Group and Strong Communities has strengthened support for Capricorn fathers during pregnancy and their children's first 1000 days. Using a narrative inquiry approach, we reflect on the challenges of engaging with fathers in parenting and peer support programs within the Capricorn CfC and how these can be overcome. We use a combination of literature and stories to illustrate how knowledge of place supports increased engagement and the importance of network weaving in enhancing collaboration and service coordination outcomes.

Background

What surrounds us shapes us; this may be the places we live, the people that share our lives, the support we are able to receive (Harvard, 2023). The impact of the ecology on child development is widely acknowledged, most notably within Bronfenbrenner's Bioecological Systems Theory (see Bronfenbrenner, 1994) which posits that an individual's development is influenced by a series of interconnected environmental systems and a complex system of relationships. For example, the 'microsystem', arguably the most influential level, encompasses the child's immediate environment such as, but not limited to, their family, which highlights the importance of parental engagement in shaping a young person's long-term outcomes. This theory is also frequently referred to at a policy level when considering how to improve outcomes for children and their families (Tong & An, 2024), particularly for ecosystems that experience persistent and complex socio-economic challenges, sometimes referred to as locational disadvantage (Ryan and Whelan, 2010).

Locational disadvantage can negatively impact on determinants of health, including but not limited to child development, education and social support networks (WHO, 2024).

Complex challenges, such as poverty or socioeconomic inequality, are unlikely to be 'solved' without stakeholder collaboration (Crimeen, Bernstein, Zapart & Haigh, 2017; Beer, 2023). "Place based approaches drive actions based on what local knowledge shows will make a real difference to the community" (Lata & Reddel, 2022:10). While there is no singular definition of place-based (Lata & Reddel, 2022), effective collaboration and coordination of local services and resources is a focus of this approach (Crimeen et al., 2017; ANZSOG, 2023). Unlike centralised policies and programs, which are 'spatially blind' (Beer, 2023), place-based service design and delivery builds on existing services, supports and/or social connections available locally (Qld Government, 2023; Lata & Reddel, 2022; Tasmanian Government, 2012; Beer, McKenzie, Blažek, Sotarauta, & Ayres 2020). It is because of this that place-based programs and integration of services will vary from community to community (Qld Government, 2023; Lata & Reddel, 2022; Beer, 2023; Dart, 2019).

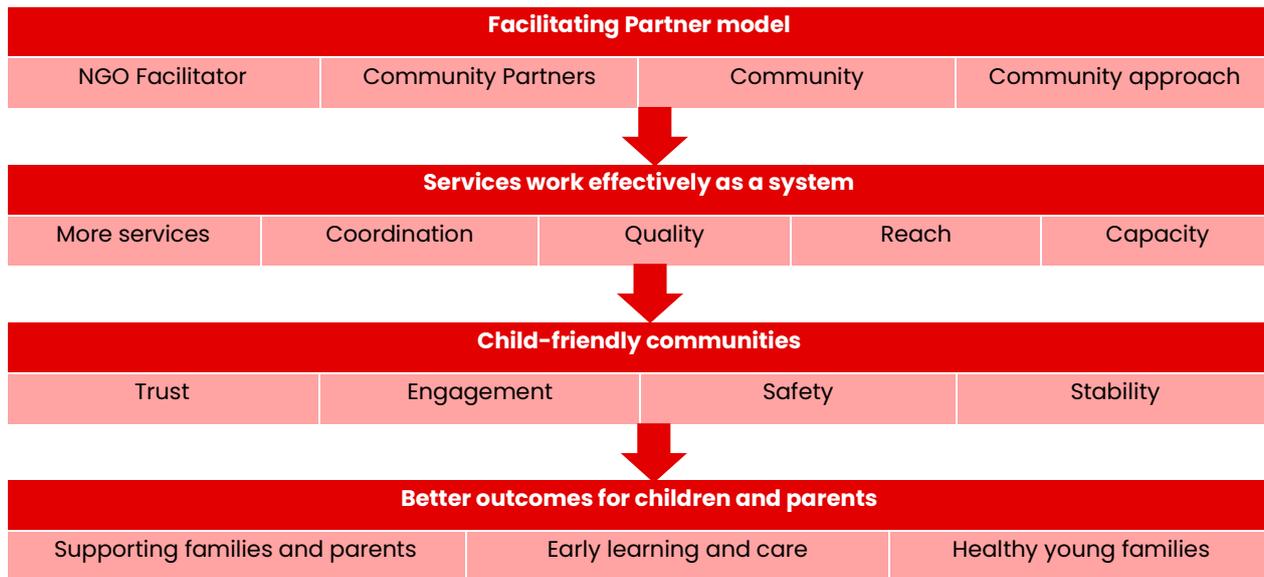
Typically, 'place' refers to distinct geographic locations (Dart, 2018; Lata & Reddel, 2022) but 'place' can also be conceived of as social norms and/or social practices between groups of people (Fincher, 2021; Tuck & McKenzie, 2015). We also acknowledge a definition of place that is more than just the geographic location but also includes the meaning that people ascribe to places, based on their experiences (Cresswell, 2014). Understanding how services and systems within communities are experienced by individuals, families and other groups is important to implementing place-based approaches (Fincher, 2021; Tuck & McKenzie, 2015) because knowledge of place enables services to be responsive to not only participants but also to each other.

Place-based thinking is an increasingly important theme in Australian policy development. The challenge is that resources to support place-based collaboration are limited and it is recognised that the success of place-based policies is multifaceted and further research into what contributes to success is needed (Beer, 2023). A review of grey literature revealed the need for "specific and practical implementation strategies supported by examples ..." (Klepac, Branch, McVey, Mowle, Riley & Craike, 2024:604). As Beer (2023) writes, "too little attention has been paid within academic and policy-maker circles of the challenges of how place-based policies are brought to life" (Beer, 2023:7). Recently, the Department of Social Services (DSS) announced a new national organisation, *Partnerships for Local Action and Community Empowerment* (PLACE), to support place-based approaches. This is a joint initiative between the Australian Government and several philanthropic partners, including the Minderoo Foundation, the Paul Ramsay Foundation, the Bryan Foundation, Dusseldorp Forum and the Ian Potter Foundation. DSS is also responsible for the Communities for Children (CfC) initiative, a place-based initiative established in 2004 through the *Stronger Families and Communities Strategy*.

Communities for Children (CfC)

Communities for Children (CfC) aims to improve developmental outcomes for children and young people living in areas of locational disadvantage by improving the coordination of services to "address unmet needs, build community capacity to engage in service delivery and improve the community context in which children grow up" (Katz et al., 2010:35). A key component of the CfC model is the funding of a non-government organisation (Facilitator Partner) in each CfC area to broker programs and services and facilitate collaboration between other local non-government services (Community Partners) to support families and children to improve child development outcomes.

Figure 1. CfC Program Logic



In this paper, we examine a place-based approach and illustrate how effective collaboration can enhance programs and services. Using a narrative inquiry approach, we provide contextual and practical insights into the successful collaboration between the Facilitating Partner and two Community Partners, Strong Communities and Dads Group, in supporting programs for new fathers in the Capricorn region. We highlight how factors such as knowledge of place and network weaving are leveraged as strategies to be responsive to local needs and offer operational flexibility. Our goal is to encourage other CfC sites or programs supporting fathers or similar groups to consider how these strategies could be incorporated into their own initiatives.

Taking a narrative approach

There is a recognised need for more research into practical implementation strategies with examples (Klepac et al., 2024: 604), however funding for such evaluations is undervalued and inconsistent. We intentionally adopt a narrative inquiry approach which seeks to understand the perspectives, lived experiences and stories of individuals or groups to provide richer insights (Deakin University, 2025).

Narrative inquiry employs methods such as reflections, debriefs and individual or group interviews (Pinu & Adu, 2022), distinguished by an emphasis on stories. Yamagata-Lynch et al. (2017:2) write that “we are naturally drawn to stories because it helps make ideas easier to understand.”

Through a series of interviews and conversations, we were able to explore the dynamics that shaped and informed the work of The Smith Family, Dads Group and Strong Communities to designing and delivering programs for fathers in Capricorn CfC. By viewing from a service provider’s perspective, we aimed to enhance the understanding of implementation. The interviews and conversations were focused on the experiences of Dan Smith, Thomas Docking and Crystal Robson, who are responsible for the design and delivery of services located within Capricorn CfC. Interviews took place online over a twelve-week period and were conducted in a conversational manner using a set of key questions to guide the line of inquiry. These included, but were not limited to: how do these three stakeholders work effectively together to improve outcomes?

What are the key practices used to successfully engage new fathers?
How did experience and/or understanding of place influence these practices?

As per narrative inquiry guidelines, it is also important to acknowledge the positionality of authors and researchers in recognition that the authors' backgrounds and involvement or 'location' to the research will impact and shape approaches and interpretations (Rich, Hoerber & Weisgerber, 2020). In the case of this research, those interviewed are also co-authors of this paper and were involved in the interpretation of the narrative, which occurred during conversations between authors and during reviews of drafts. This could also be considered an example of participatory research, which includes engaging those who are not necessarily trained in research but belong to or represent interests of those who are the focus of the research (Jagosh et al., 2012).

Thomas Docking brings to the research his experience as the CEO of Dads Group, a national not-for-profit organisation that supports fathers of young children and their families through the establishment of hospital, digital and community programs. Dads Group receives funding from Capricorn CfC to deliver Community Dads Groups.

Crystal Robson brings to the research her experience as the General Manager of Strong Communities Ltd, a Central Queensland not-for-profit social enterprise whose mission is to empower children, families and all communities through activities that have a positive impact and prevent social disadvantage. Strong Communities is funded within the Capricorn CfC to deliver a number of evidence based programs.

Dan Smith, a member of the Rockhampton community for twenty years, brings to the research his experience as the Manager of Capricorn CfC Facilitating Partner, The Smith Family, a national independent charity

supporting Australian children to redress educational inequality caused by poverty. In FY24, The Smith Family supported over 178,000 children and young people in 90 communities across Australia and in partnership with 800 schools. The Smith Family is the Facilitating Partner in nine Communities for Children (the Capricorn CfC since 2011). Typical of place-based approaches, while there are commonalities across each of these sites, operations look very different in each location.

In addition to the three authors positioned within the research, two are positioned outside. **Madison Tsikouris** and **Maree Stanley** also work with The Smith Family but are not involved with programs delivered within the Capricorn CfC. Both live and work in Brisbane, Queensland. Maree and Madison bring to the research their experience of working within a team to support national program policy decisions to ensure consistent and effective program outcomes. Madison and Maree were responsible for initial drafts, using transcripts of conversations and documents provided by their co-authors to explore key concepts through the lens of existing academic research.

What surrounds us shapes us

CfC Capricorn region is located within Queensland, Australia and includes the Rockhampton Regional and Livingstone Shire Council areas. As of 30 June 2023, these regions had an estimated combined population of 126,423 people (Australian Bureau of Statistics data cited by QGSO, 2025). Services within CfC Capricorn are delivered across the lands of the Darumbal and Gangalu Peoples.

Compared to Queensland level data, the Capricorn Region has higher rates of one-parent families and families requiring social housing, and more people requiring assistance due to disability, particularly children aged 5–9 (Capricorn Strategic Plan, 2022–2026). In recent years, people living

in the Capricorn Region have experienced environmental challenges such as cyclones, drought, floods and bushfires; these challenges have had a role in shaping the community.

The Facilitating Partner in each community consults with stakeholders to develop a Community Strategic plan and annual service delivery plans. Community Strategic Plans (CSP) are driven by data and guided by a deep 'knowledge of place'. The CSP identifies the key strengths, needs and service gaps in the community. In the Capricorn CfC Community Strategic Plan for 2022–2026, priority area one is 'Children thrive in their early years; and families and households are safe.' This priority was informed by findings from the Capricorn CfC surveys that new parents/carers and parents/carers of children aged birth to 3 years were most in need of parenting education and support when considering factors such as Australian Early Development Census (AEDC) markers¹ for developmentally vulnerable children.

While developing the CSP it was noted that activities targeted to working with fathers in the Capricorn CfC were needed aligning with existing research into the benefits of supporting fathering during pregnancy and in the first years of their children's lives. From experience, fathers have traditionally been a cohort that is hard to reach and engage. Place-based support groups are also extremely important in regional areas like Central Queensland, where there are limited face-to-face services specialising in support for new fathers.

Supporting fathers

The transition to fatherhood can be a challenging and stressful time for fathers, with this being a period characterised by change as well as uncertainty (Lane, Gregory, Stevens & Docking, 2019). There can be uncertainty around the challenges they are likely to face and how best to work through them, their role as a father and a partner and how to work together as a team with their partner. Engaging fathers early and supporting their emotional needs leads to better mental health, stronger family bonds and improved child development (Lane et al., 2019). However, fathers are often a missed element in healthcare services for babies and young children (Rominov et al., 2018; Wynter, Mansour, Forbes & McDonald, 2024). As the CfC Facilitating Partner, The Smith Family has provided funding to Dads Group and Strong Communities to invest in sustaining services for fathers within the region.

Dads Group was established in 2014 in Victoria by Thomas Docking when, as a new father, he experienced a lack of access to father inclusive parenting education and support, including peer support. Dads Group is underpinned by research which indicates that promoting positive parenting and connecting fathers and father figures contributes to better child development outcomes and increased family wellbeing and is a protective factor for men's mental health (Lane et al., 2019). Thomas could see that positive change for fathers would occur through small, targeted systemic changes in the health system and by ensuring fathers have educational, social and peer support before, during and after the transition to parenting. Dads Group has since developed a father inclusive program called the 'Integrated Model of Care' that includes

¹ The Australian Early Development Census (AEDC) is a nationwide census that assesses the development of children as they enter their first year of school. It focuses on five key areas, known as domains: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication and general knowledge. These domains help provide a comprehensive picture of children's development, which can be used to support educational planning and community initiatives.

delivery of a continuum of prevention support from education classes in hospitals through to in-community and digital peer-to-peer programs. The Integrated Model of Care (IMC) is designed to work with large

community organisations, hospitals and governments which have the resources and readiness to address these needs.² See Appendix A for more details.

Figure 2. Dads Group Program Summaries

Community Dads Groups

The community-led dads groups address isolation, mental ill-health, family violence and suicide by fostering positive social connections, breaking down gender stereotypes and enhancing help-seeking behavior. Trained peer leaders support fathers in recognising early signs of mental health concerns, and promoting respectful relationships, father-child engagement and how to support their partner, benefiting the whole family's mental health.

Digital Dads Group Program

This program provides an online platform for connecting geographically or socially isolated fathers, and connecting fathers via social media and Zoom sessions. Facilitated by an accredited peer leader with Mental Health First Aid training, the semi-structured sessions address father-identified topics, offer a safe space for discussion, and include emotional health screenings to track progress and refer high-risk individuals to professional support.

Hospital Program

The hospital program collaborates with hospital and health service maternity staff to create a father-inclusive environment, providing information to increase expectant fathers' awareness of their roles and available supports. By including fathers in pre-birth service delivery and offering preventative education, the program aims to reduce mental ill-health, family violence, substance abuse, relationship breakdowns and suicide, while promoting emotional preparedness and inclusiveness.

Strong Communities was also established outside of the Capricorn region in 2019, approximately 100 km down the road in Gladstone, Queensland. Like Dads Group, Crystal and her co-founders recognised the importance of early intervention and providing judgment-free environments for parents to seek additional resources and support. Strong Communities provides online and in-person activities which support parental growth and foster practices that will support their children to thrive, with some programs targeted directly at fathers. Strong Communities recognised that there are many invested stakeholders;

however, capacity to deliver is significantly constrained in particular communities due to the difficulties of hiring qualified facilitators in regional areas. From their networks and experience, Strong Communities could see that there is a great need for increased collaboration and cooperation to support children, families and communities while working more efficiently to maximise the impact of the limited resources available. Strong Communities has since expanded to various locations, now delivering a variety of programs in regions such as the Capricorn region. See Figure 3 for more details.

² It is noted that due to the scope of CfC, not all elements of the IMC are funded by CfC.

Figure 3. Strong Communities Program Summaries

Family Fun Days – Play & Connect

‘Play and connect’ sessions, led by trained facilitators, aim to build trust and stronger relationships with families while developing their support networks and encouraging help-seeking behaviours. Suitable for children aged 0–12 and their caregivers, these 3-hour community events are held weekly in neutral environments like local parks to reduce stigma and foster a fun, interactive and non-judgmental atmosphere.

CQ Dads for Kids

This evidence-based program is created specifically for dads to strengthen parent/child connections and improve family bonds and home life. It also addresses challenging behaviour. Two models are currently being delivered: in person and online. In person: This program is suitable for dads with children of all ages and is run across two weekend sessions. Online: This version is delivered online across 10 x 2-hour sessions and is suitable for dads with children 0–12 years of age.

Circle of Security Parenting Program

The Circle of Security is an early intervention program designed to enhance attachment security between parents and children, with research findings affirming the program’s effectiveness in improving empathy, self-esteem, relationships, school readiness and emotional regulation in children. Delivered in 8 x 2-hour sessions, the program provides a supportive space to strengthen parent/child connections, improve family bonds and address challenging behaviors for parents/caregivers of children aged 0–12.

Tuning in to Kids

Tuning in to Kids is an evidence-based parenting program that focuses on the emotional connection between parents and children, in particular by building parents’ skills in emotion coaching. Developed by Dr Sophie Havighurst and Ann Harley, the program has shown positive outcomes in improving parenting, parent-child relationships, and children’s emotional competence and behaviour, especially for those with clinical-level difficulties.

Community-based programs are an avenue through which individuals can become engaged in a strengths-based environment. Whether it’s meeting up weekly with their kids at a playground or joining an evening gathering to talk about balancing work, parenting and life, these events provide a real sense of support that is often missing for dads. Fathers who participate in these programs walk away with more than just conversation, with their feedback suggesting they gain practical tips, advice and inspiration from other fathers who’ve been there.

The importance of creating space for connections was highlighted in a story about a father who became involved in Dads Group after the birth of his child and experienced a traumatic experience shortly after. By already being connected into this network of support he had greater accessibility to referral pathways and the ability to receive the support he/they needed.

Sharing practice learnings

In the following sections, we delve into the practical insights gained through the successful collaboration between CfC, Dads Group and Strong Communities. We will also examine how barriers to program participation were identified and addressed to achieve the best possible outcomes for the community. In particular,

- We outline how aspects such as **knowledge of place** can help to inform effective practices to engage fathers, like referrals and in recruitment.
- How the concept of **network weaving** has played an important role in the success of placed-based initiatives such as this.

Strategic use of the knowledge of one's place

Service providers commonly experience challenges with program engagement and retention, and more broadly fathers may find parenting support services particularly 'hard to access' (Rominov et al., 2018). More specifically, in Capricorn CfC, Dads Group and Strong Communities initially found engaging fathers in their programs challenging due to timing and frequency of programs, particularly for fathers who are doing shift work or fly in/ fly out or drive in/drive out. Other barriers include lack of childcare and/or individuals' perceptions of being judged by others for attending a parenting program. Barriers and challenges were also experienced within local referral pathways.

In this section we explore how knowledge of place was successfully leveraged to incubate and design successful program recruitment strategies. We define successful strategies as those which effectively engage and retain fathers in programs. Some of these strategies, such as soft entry and community outreach, are common practices but we argue, based on our observations, that effectiveness increases when the delivery of these strategies are informed by knowledge of place.

Referrals

While referrals have contributed and will continue to contribute to program engagement in Capricorn CfC, Dads Group and Strong Communities faced challenges within other service systems that impacted on the success of referrals as a strategy for program engagement.

When Dads Group first started in Capricorn there was an expectation that referrals and connections would be made through maternal health services. Unfortunately, at this time the maternal health network in Capricorn CfC was experiencing resource constraints which limited the availability of maternal health support and therefore restricted referrals to Dads Group from hospitals in the area. The challenges experienced by Strong Communities relate to legal rather than health systems. Referrals to Circle of Security (delivered by Strong Communities in the Capricorn CfC) can be made through case workers or others involved with the family court system to support caregivers to connect with their children, for example during family reunification. These types of referrals can be challenging to integrate within CfC early intervention programs and supports because families who have experienced trauma may have different needs to those who are attending a program with expectations of receiving parenting support and/or developing social connections. Observationally, fathers who choose to attend can have different expectations and/or higher levels of engagement than those who are required to attend.

Understanding the opportunities and the limitations of referrals, in addition to the specific engagement challenges for fathers, encouraged The Smith Family, Dads Group and Strong Communities to innovate. In 2024, the Facilitating Partner agreed to fund Strong Communities to deliver Play and Connect events as a soft entry strategy to meaningfully engage fathers in programs.

Soft entry

‘Play and Connect’ events increase opportunities to engage fathers and their children. These events are held during school holidays and include fun activities and a BBQ for parent caregivers and children. Dads Group facilitators and members also attend Play and Connect providing practical support e.g. helping with set up and activities but also engaging with fathers at the event. Each part of the event has been well thought through, drawing from knowledge of place including the location, the activities, the set up and the services invited to attend. This is similar to ‘Dads Nights’ by Dads Group which is positioned as a safe place for Dads to meet and have a conversation without any formal agendas. Dads Group facilitators may strategically align conversations to particular times of the year, such as gathering before the school holidays and running a ‘Safety Check for your Car’ before travelling.

The Smith Family, Strong Communities and Dads Group agree that fathers are more likely to engage with program workers in a relaxed setting, visiting with their children. This can take time. Some fathers attend multiple Play and Connect events before they feel comfortable to come and talk to one of the facilitators to learn more about parenting support and programs. Play and Connect sessions and Dads Nights work as a soft entry, a place for fathers to visit with their children, to meet program facilitators and other fathers including those who are attending or have attended a program without any commitment. This enables connections to build and foster trust.

Facilitating Partner Manager Dan Smith also notes that the Facilitating Partner does not always need to be the ‘front face’ of a community event; facilitating can also mean providing resources to enable organisations to work together. Place-based resources can include financial resources,

networks of influence, tacit knowledge, codified knowledge and political influence, none of which is controlled by one source of ‘authority’ within the community (Beer, 2023).

A key measure of success for Play and Connect events is the number of families who subsequently participate in Capricorn CfC programs. Collecting data to measure this is challenging. As noted in previous work (Stanley & Berry, 2019), there are tensions between the need to collect information from families to demonstrate impact and the aim of developing rapport and relationships. Strong Communities addresses this in part through the intentional set up of Play and Connect, which creates opportunities to collect information from families in ways that minimise disruption to rapport and relationship development. Collection of this information ensures that Strong Communities can report on the impact to funders and monitor for continuous improvement.

Community outreach and ‘natural gathering points’

Knowledge of place also informs the location of ‘soft entry’ events. Strong Communities visits workplaces to reach out to members of the community. This work is supported by their collaboration partner, CQ Healthy Families, which facilitates toolbox talks across the region. CQ Healthy Families will reach out to work sites to invite those working on the site to participate in toolbox talks or other events held by industry or businesses. This requires some timetabling flexibility as talks and events often occur at the start of the workday around 6am, when employees are gathered to complete safety checks.

Knowledge of ‘natural gathering points’, i.e. the places where families with young children gather within communities, also informs effective community outreach.

In Capricorn CfC, Strong Communities and Dads Group visit local shopping centres to raise awareness of their programs and build connections because these are air-conditioned places which families visit to cool down on hot days. 'Natural gathering points' is a phrase used in urban planning, community development and sociology to describe places where people tend to gather without needing much encouragement, often due to their accessibility, central location or role in daily life (drawn from William H Whyte's seminal work, *The Social Life of Small Urban Spaces* (Whyte, 1980)). These are typically locations or spaces that people are naturally drawn to or congregate around due to environmental, social or cultural factors. These could include parks, town squares, markets or any areas that encourage social interaction or offer resources that attract groups of people. Understanding where families and young children meet and find accessible can inform the delivery of programs in easier to reach locations such as community centres.

On the day an event is to be held, Strong Communities establishes a presence within the shopping centre across the street from the event location. From within the shopping centre families can talk with a Strong Communities representative who welcomes families to attend the event. While this targeted strategy does not necessarily attract a high number of participants, it is an effective way to intentionally engage people who might find support difficult to access or who do not have access to community social media posts due to digital exclusion. A story shared by Crystal highlighted the success of this engagement strategy. At the Strong Communities shopping centre event, activities provided for young children and their caregivers encouraged a grandparent to engage and participate. During the event the facilitator and grandparent developed a rapport, and the grandparent signed up to a parenting program. At the end of the program the grandparent shared feedback that it had helped them

with caregiving and also helped them to reflect and start conversations with their own son about his experiences growing up. This led to the father of the children (grandparent's son) subsequently signing up for one of the online fathering programs. This story illustrates the power of a soft entry event to engage those who may find services hard to access. Building trust and relationships within communities to reach those who may find accessing support difficult takes time and may mean letting go of some expectations around volumes of participants.

Waitlist management

Through active management of waitlists, Strong Communities continuously develops and refines knowledge of place to ensure they are responsive to the needs of fathers. Parents and caregivers may be added (with their consent) to a waitlist if programs are full, if the timing of the program does not currently suit them, or if they have applied to attend halfway through the program. Information included on the waitlist shapes the delivery of the program for the next term, supports program inclusivity and ensures the program is accessible to as many families as possible. Crystal describes this as "always keeping a finger on the pulse so that you can shape in real time how the program delivery needs to look." Information trends (aggregated and therefore non-identifiable information) are shared with other services and funding bodies to continuously inform dynamic model and program delivery. While this active waitlist management enables ongoing responsiveness to community and better outcomes by ensuring accessibility to more participants, this is resource intensive and hard to include in funding applications. This is because Strong Communities is not able to fully predict how much administration and waitlist management will be required when submitting a funding application. While they are able to use past experience to shape their judgement,

at times waitlist management has proven to be more labour intensive than expected once a project has commenced. Despite the challenges, actively managing waitlists enables greater engagement in programs, because it enables Strong Communities to better understand the needs of potential participants and tailor services to those needs.

Network weaving

Addressing local need through enhanced coordination of local services and resources is a core characteristic of place-based approaches (Crimeen et al., 2017; ANZSOG, 2023, QLD Government, 2023; Lata & Reddel, 2022, Beer, 2023). We recognise that service coordination is enhanced through ‘network weaving’, which is undertaken primarily by The Smith Family as the Facilitating Partner. Network weaving differs from networking, it “transcends mere connection-building; it’s an intricate dance of fostering relationships. Whether formal or informal, open or closed, networks serve as conduits for information, trust, and opportunity” (Krebs and Holley, 2006). Network weaving activities are those that build “on existing high-quality working relationships and networks ...” (Sprague Martinez et al., 2021:6) to enable better service integration and collaborative problem-solving (Powell, et al, 2015; Sprague Martinez et al., 2021).

Weaving networks requires an intention to build authentic connections and cultivate relationships from the outset, not as an afterthought (Röbke, 2025). It is about being strategic by paying attention to the relationships around you and noticing who is missing and who is not being listened to, and looking for the opportunities in this (Holley, 2022). Dan reflected on how his practice has developed over time creating a ‘network of networks’ approach, with a focus on making participation easy and visible. An example that illustrates

how Dan created opportunities is the Connecting Capricorn event that is organised by the Facilitating Partner, to provide an opportunity for networking between organisations.

The purpose of the event is to enable connection and collaboration by providing space and time to develop relationships. The Facilitating Partner also builds service capacity regarding ‘effective networking’, describing what this might look like and how services can identify shared goals and strengths. Capacity building also includes acknowledging that it may not be possible to ‘get everything right’ at the beginning, and continually prioritising connection and collaboration to build effective service delivery. Face-to-face meetings need to offer participants something more than what can be achieved online. By clearly sharing the purpose of Connecting Capricorn and ensuring invitees know in advance who will be in the room, services can effectively prepare and seek out others on the day. Thomas reflected that this event helped to facilitate new connections and deeply enhance existing connections, increased opportunities and shared resources. Thomas reflected on how participation in this event led to connecting with a leader, who connected him with another leader. This chain of connections ultimately resulted in securing a desk space within the office of Thriving Queensland Kids Partnership – a perfect example of how a ‘network of networks’ operates.

Events also provide opportunities to meet future community champions. Community champions are those who actively promote and support initiatives and services within the community. Thomas shared how the ‘best work’ has been done when working alongside leaders who see that change and flexibility in community-based program delivery are needed. Crystal emphasised an ongoing connection and collaboration with CQ Healthy Families over several years.

Strong Communities and Dads Group also reflected that events and other opportunities like these create space for conversation to recognise where each other's strengths complement each other's work. For example, Dads Group is highly strategic and involved in advocacy; and a strength of Strong Communities is its implementation expertise and operational experience. Thomas and Crystal described how sharing their expertise and learning from one another enhances their practice and amplifies their impact. Lloyd-Rose, Robinson & Robinson (2024:4) speak about how this "often leads to completely different plans and decisions, based on a more robust, reality-based understanding of challenges and what it will actually take to address them." Dan echoed this, saying that the understanding you build together over time also allows you to navigate potentially difficult conversations more easily.

The commitment to open communication has also been key to the successful way in which The Smith Family, Dads Group and Strong Communities have worked together. Open communication requires trust, the importance of which is noted in the place-based literature (Madgin & Howcroft, 2023). A key benefit of this type of communication is the development of deep understanding to better identify opportunities for collaboration. Crystal eloquently reflected that "the need is always greater" than any one service can provide and the role of weaving networks and collaborating helps to influence outcomes beyond what can be funded under the CfC. In his recent newsletter, Röbbke (2025) shares that "we need more weavers to co-create systemic change."

Conclusion

In this paper we sought to contribute to the need for specific and practical implementation of place-based strategies which are supported by examples (Klepac et al., 2024:604). We brought place-based policy "to life" (Beer, 2023) through telling the story of the partnership formed between two community partners, Dads Group and Strong Communities, and the role played by the Facilitating Partner, The Smith Family, in the Capricorn region. We reiterated the importance of collaboration within place-based approaches, particularly the idea of network weaving as critical to creating systemic change; and discussed how the knowledge of place helped to overcome challenges and barriers when supporting fathers during pregnancy and their children's early years. As stated by Röbbke (2025), "we can no longer afford to treat weaving as an afterthought - it must be an intentional strategy."

Due to the nature of place-based work, what works in one community may not work in all. This is a strength of place-based work; however, it can also be a limitation when conducting research on this topic. Service deliverers or other facilitating partners ought to consider whether the strategies we outlined could be applied in your context. How can you leverage knowledge of place to better position how you deliver your program/s? How can you move from networking to network weaving?

In the spirit of weaving networks, we encourage you to reach out to the authors of this paper if you are passionate about strengthening support for fathers and making change for families in your community. Perhaps the shared learnings from our community will help you to support the fathers in yours.

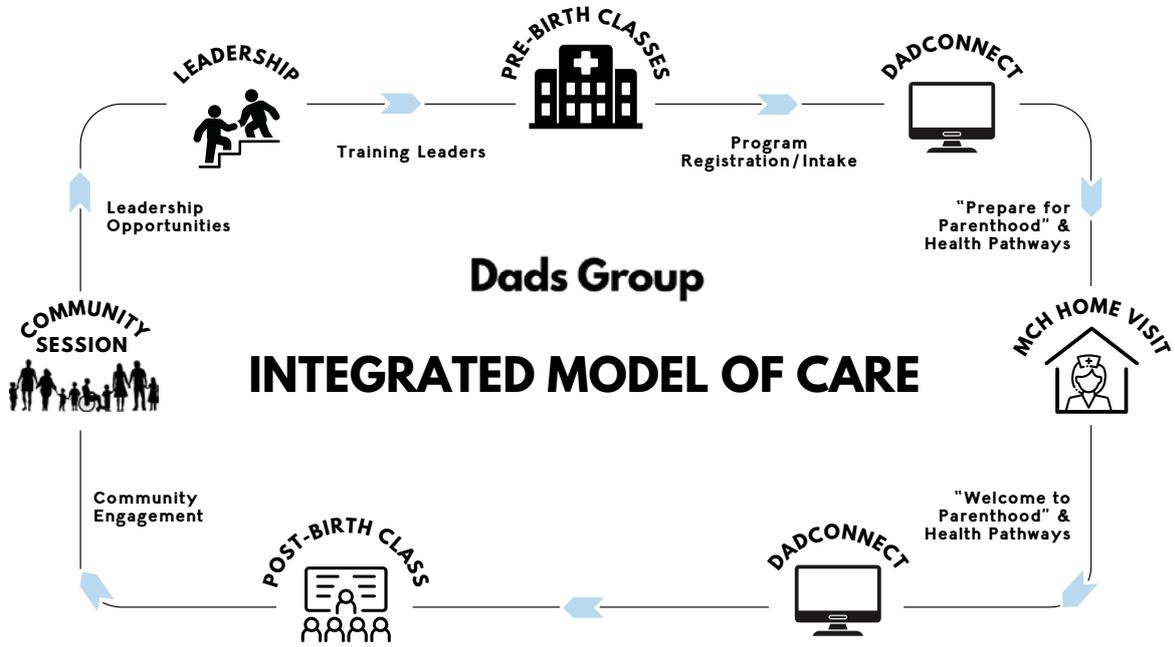
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Appendix A

Visual representation of the Integrated Model of Care developed by Dads Group





Strengthening Families, Supporting Learning: The Role of Play2Learn+ in School Readiness

Luisa Russo, Evaluation and Evidence Lead, 54 reasons

Ashley Saw, Regional Manager, 54 reasons

Introduction

At 54 Reasons, we believe that every child has the right to reach their fullest potential. However, the opportunities for children to thrive are often unevenly distributed, particularly for those facing the greatest challenges. As an organisation, we are committed to ensuring that the rights of all children are upheld and that every child has access to the supports they need for healthy development. A child rights-based approach guides everything we do, ensuring that each intervention, program and service aligns with the fundamental rights all children are entitled to. Our work challenges traditional models by shifting focus from a deficit-based view of childhood to one that highlights children's capacities, agency and dignity, recognising that every child, regardless of circumstances, deserves equal opportunities for growth, development, and success.

This paper highlights the Play2Learn+ program, an initiative developed by 54 Reasons that exemplifies our commitment to child rights and early intervention. Play2Learn+ is designed to address the barriers children from low socioeconomic backgrounds face in accessing quality early childhood education, supporting Tasmanian children in the year before they commence kindergarten by fostering positive child development and promoting school readiness.

Program Overview

Play2Learn+ was developed in response to significant need; at the time of its design Tasmania had the highest proportion of people living in the most disadvantaged areas in Australia, with around two-thirds of children living in areas of relative disadvantage. To ensure the program reaches those most likely to benefit, eligibility is specifically targeted. Children must be aged 3–4 years, planning to enrol at a specified Tasmanian public primary school, attending less than 10 hours per week of childcare and living in families where at least one carer holds a Commonwealth Concession Card.

Designed to support both child development and caregiver capacity, the program provides tailored coaching during home visits to help caregivers build confidence in engaging with their child's learning and create a positive home learning environment. Families are also encouraged and supported to participate in Launching into Learning (LiL), a well-established program delivered by the Tasmanian Department of Education, Children and Young People (DECYP) in local primary schools. This involvement strengthens their readiness for the transition to school and promotes long-term engagement in education.

I love the support my daughter gets for pre kinder and the parent coaching about better understanding my child and getting help for her with her learning needs.

Caregiver

Throughout the program, assessments are conducted to evaluate caregivers' developmentally supportive parenting behaviours and track children's progress in reaching key developmental milestones. If needed, referrals are made to relevant services to further support children and families.

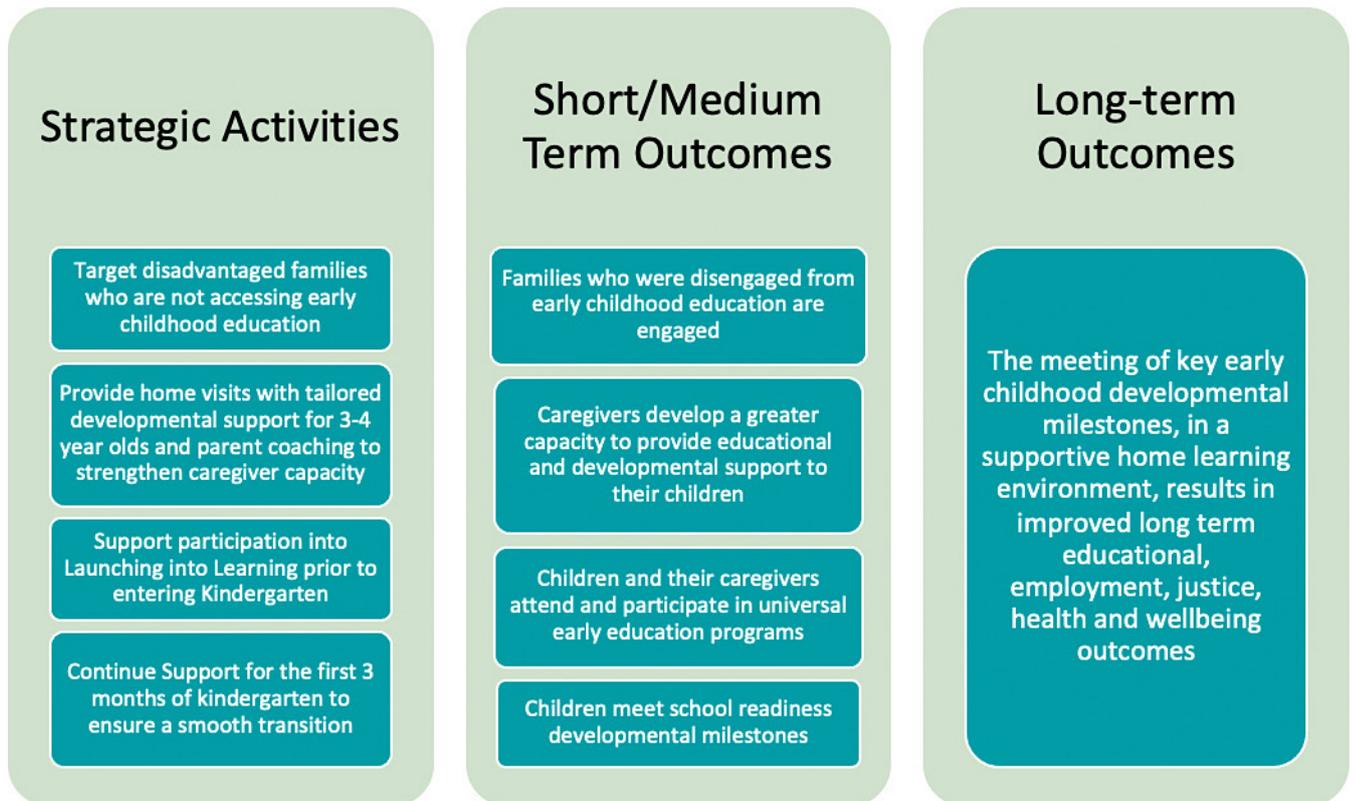
Since 2022, Play2Learn+ has supported over 200 children across Tasmania's South, North, and North-West regions through three cohorts, with enrolment currently underway for an additional 91 children in cohort four. Each cohort participates in the program for approximately 15 months, from initial engagement and enrolment through to the start of kindergarten.

Payment by Outcomes

Play2Learn+ is delivered under a Payment by Outcomes (PBO) contract with the Commonwealth Government and the Paul Ramsay Foundation. This means the funding for the program is tied to the achievement of specific, measurable outcomes. These outcomes include enrolment in the program, participation in Launching into Learning (LiL) and achievement on the Kindergarten Development Check (KDC), an assessment used in Tasmania to understand children's development across key learning domains as they begin school.

Program Logic

Play2Learn+ operates with a clear program logic (Figure 1), which outlines the key activities and expected outcomes of the program.

Figure 1: Play2Learn+ Program Logic

Evidence Base and Design

The design of Play2Learn+ is grounded in a strong evidence base, drawing on our long-standing experience delivering Play2Learn, a supported playgroup program that fosters children's development and strengthens caregiver-child relationships. Play2Learn+ has been adapted and enhanced to meet the specific needs of this targeted cohort, with a particular focus on school readiness and educational engagement.

Research shows that in Australia, children from disadvantaged backgrounds often miss out on early childhood education (Baxter & Hand, 2013). Participation in early childhood education programs is proven to strengthen school readiness, enhance language development and foster positive social and emotional skills.

The benefits are particularly significant for children from disadvantaged backgrounds, as high-quality early education and care provide essential support for their development and long-term learning outcomes (Urbis Social Policy, 2011).

Play2Learn+ has been designed to address these disparities by targeting key stages of early development and promoting educational engagement. Several key components of the program are supported by evidence:

- **Targeted 1-1 Home Visits:** Research shows that parent engagement in learning is strongly linked to improvements in a child's developmental milestones and future educational success. The Play2Learn+ program builds caregiver capacity by focusing on attachment, parental engagement and skill development, which in turn supports better child outcomes (Emerson et al., 2012; Kaye et al., 2018).

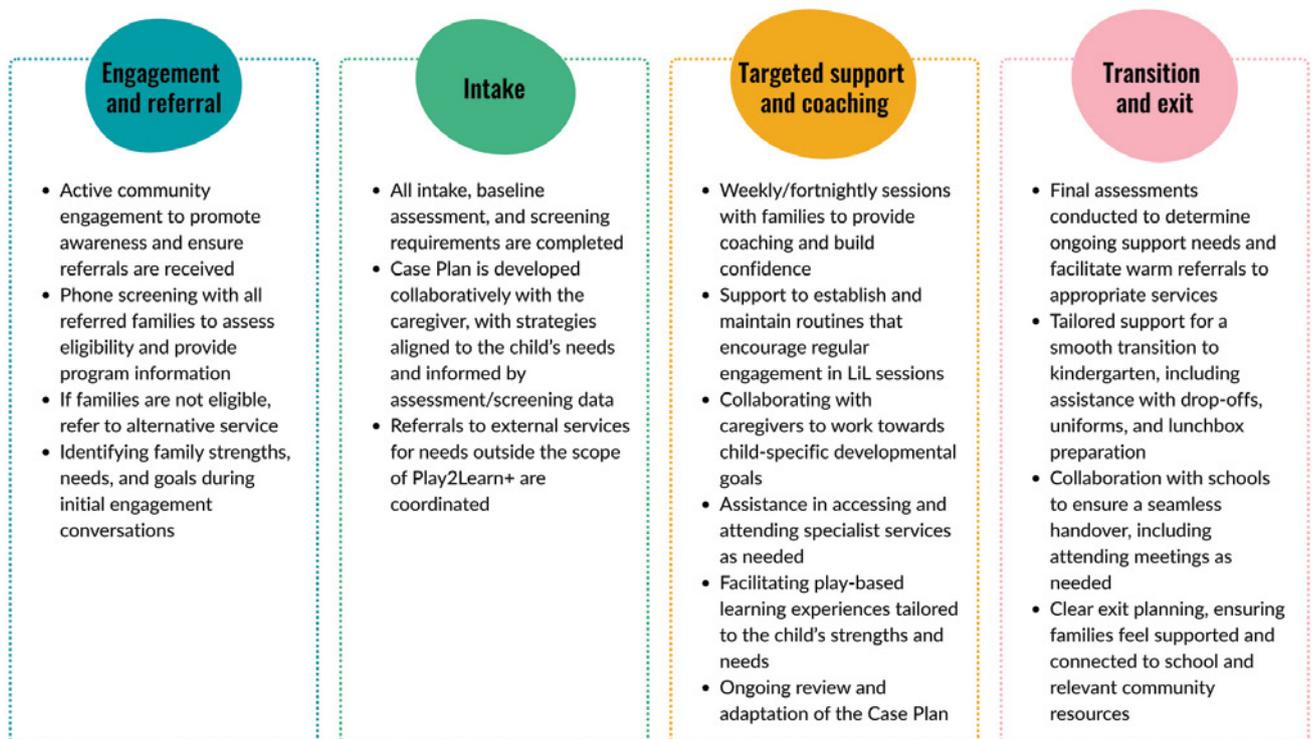
- School Transition Programs:**
 The program supports families in engaging with the Launching into Learning program, which has been shown to improve school readiness, particularly in reading and numeracy, for children from disadvantaged backgrounds. Children who participate in LiL are more likely to achieve success on the Tasmanian Kindergarten Development Check (Educational Performance Services Tasmania, 2014). Attendance at LiL is also linked to improved caregiver engagement in their child's formal education.

A comprehensive literature review conducted by the Centre for Community and Child Health, commissioned by the Department of Social Services, found strong evidence for the effectiveness of key elements in the Play2Learn+ program. The review concluded that when these elements – assertive outreach, supported playgroups, preschool attendance and parent engagement – are delivered in a high-quality manner, they are likely to achieve positive outcomes for children and families (Moore & Arefadib, 2022).

Service Phases

The program engages eligible children through assertive outreach. The services are delivered in four phases with intervention activities and support periods as outlined in Figure 2.

Figure 2: Service phases of the Play2Learn+ program



Staffing

Play2Learn+ is delivered by qualified social workers and early childhood educators in the roles of Parent Coaches (PCs) and Child Development Specialists (CDS). Initially, the program was designed with the intention that both roles would work with the same families in complementary ways. However, as the program has been implemented, it became clear that families benefited from consistent support from a single point of contact. This approach has allowed for more personalised care, tailored to the individual needs of each family, and led to improved engagement with the program. As a result, program leadership adapted the approach, assigning CDS practitioners to families requiring more focussed support around child development, and PCs to families facing multiple and complex challenges.

I'm so grateful to [my worker] for her knowledge and experience, especially during such tough times my family is going through. Thank you for allowing myself and my son to be a part of the program.

Caregiver

Assessments

There are two key assessments critical to program delivery, which are used at minimum at the beginning and end of the program, and potentially more frequently if practitioners choose to do so. Caregivers of children complete a brief developmental check using the Ages and Stages Questionnaire (ASQ-3), which helps determine whether children are on track, should be monitored, or require referral to external services in each measured developmental domain. Additionally, practitioners use the Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO) as an

observational tool to assess and monitor the quality of parent-child interactions. Together these tools, alongside a holistic psychosocial assessment, provide a comprehensive understanding of both the child's development and the quality of their caregiver interactions, driving practice and offering valuable insights into the changes that occur throughout the course of the program.

Program Outcomes

There is growing evidence that Play2Learn+ is achieving the intended outcomes for children and families. This is apparent in the measured level of achievement in outcomes related to contractual payments, as well as in the assessment tool data collected by practitioners.

The support I am receiving is amazing they really understand what you are going through, and support you and your child to receive the best possible outcomes.

Caregiver

Contractual Outcomes

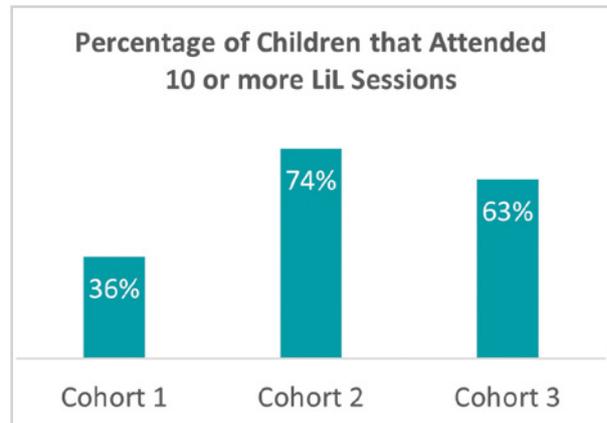
The three payment-related outcomes are measured annually: program engagement, LiL attendance and achievement on the KDC. The program has met or exceeded the threshold for outcome payments in all but one milestone.

In the first cohort, challenges such as recruitment delays and COVID-19 restrictions negatively impacted enrolment and LiL engagement. These early-stage hurdles are common when implementing a new program, as time is needed to establish a presence in the community. However, in the two subsequent cohorts, results for these outcome measures exceeded the upper band of the target range for payment.

Figure 3: Enrolments for Cohorts 1-3



Figure 4: LiL attendance for Cohorts 1-3



The final outcome linked to payment is performance on the KDC, a key measure of children’s progress toward meeting developmental milestones, particularly those linked to school readiness. The tool assesses Kindergarten students against 21 developmental markers across three areas: thinking and problem-solving, literacy and numeracy, and health and wellbeing. Teachers conduct the assessment, and results are collated by DECYP. The program receives a payment if a higher percentage of participating children achieve the target number of markers compared to the expected outcome without the program.

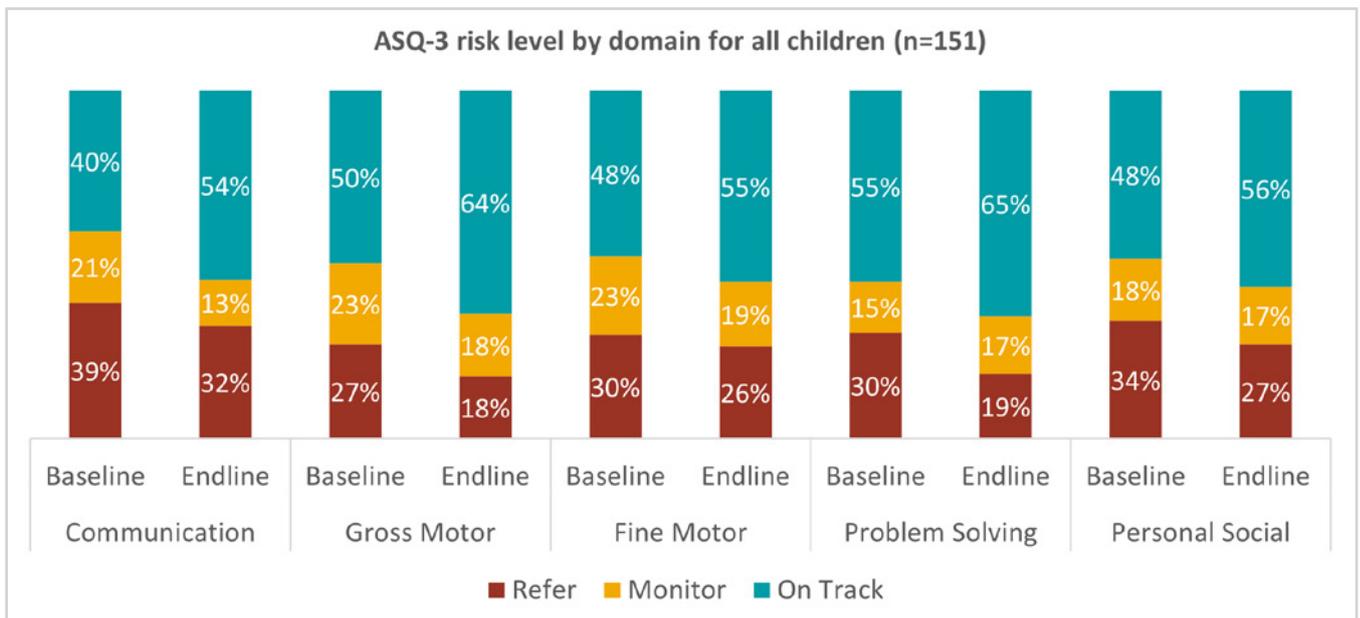
As of the time of writing, KDC data is available for the first two program cohorts. So far, in both program cohorts, more children who participated in Play2Learn+ have achieved the target number of markers than would be expected without the program, therefore successfully meeting the payment threshold at both milestones.

This positive result was further supported by independent analysis from the Melbourne Institute of Applied Economic and Social Research at the University of Melbourne. The analysis compared participant data to a sample of 12,000 Tasmanian kindergarten students from 2022 to 2024. To explore how the program may have influenced children’s school readiness as measured by the KDC, six statistical methods were applied:

linear regression, covariate-balancing propensity score (CBPS) weighting, exact matching, nearest-neighbour matching, inverse propensity score weighting (IPW), and least absolute shrinkage and selection operator (LASSO). The analysis accounted for factors such as socioeconomic status, parental education, and disability. Using the KDC score (which ranges from 0 to 21) as the outcome measure, all models found a positive association between program participation and KDC scores. The estimated effect ranged from 0.27 (nearest-neighbour matching) to 0.68 (LASSO), with an average increase of 0.5 points. Two estimates (IPW and CBPS) were statistically significant at the 5% level, while four estimates (IPW, CBPS, LASSO and linear regression) were significant at the 10% level. These findings suggest the program is likely contributing to improved school readiness, in a context where children face significant barriers to educational success.

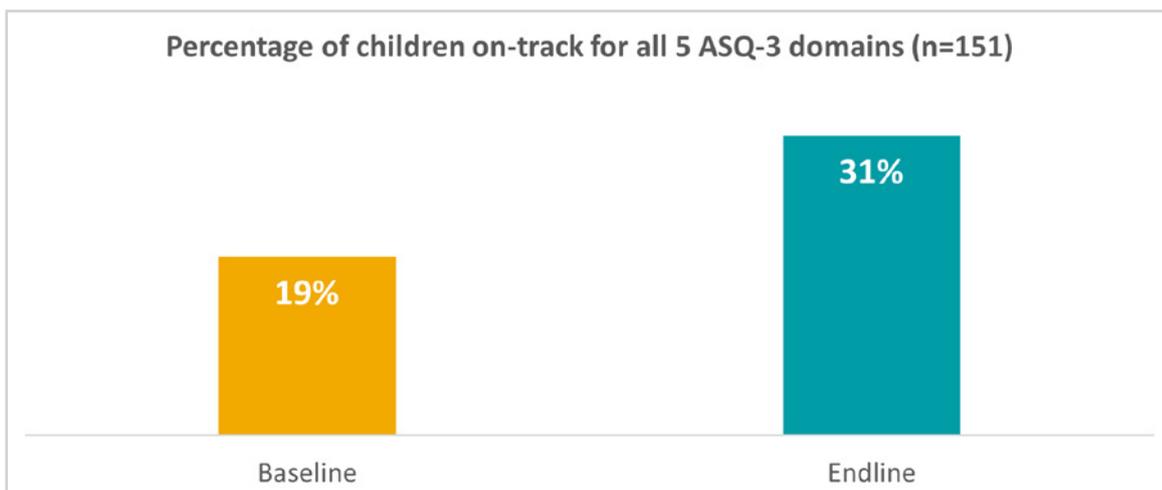
Practitioner Administered Assessment Tools

ASQ-3 data collected by 54 reasons practitioners from the first three program cohorts shows that more children are developmentally on track in each domain by the end of the program compared to the beginning (see Figure 5). This indicates that more children are starting school developmentally ready.

Figure 5: ASQ-3 results for children in Cohorts 1-3 by domain

Furthermore, the percentage of children who are on track across all five ASQ-3 domains increased from 19% at baseline to 31% at endline, as shown in Figure 6. Statistical analysis shows this improvement is significant at the 1% level ($p < 0.01$),

meaning there is less than a 1% probability that this result occurred by chance. In other words, we can be highly confident that the observed progress reflects a real and meaningful change rather than random variation.

Figure 6: ASQ-3 results for children on track in all domains

PICCOLO data also shows positive outcomes, with caregivers demonstrating significant improvements in providing educational and developmental support across all four assessment domains: affection, responsiveness, encouragement,

and teaching (see Figure 7). These differences are also statistically significant at the 1% level ($p < 0.01$), for all domains.

Figure 7: PICCOLO results for caregivers in Cohorts 1-3 by domain

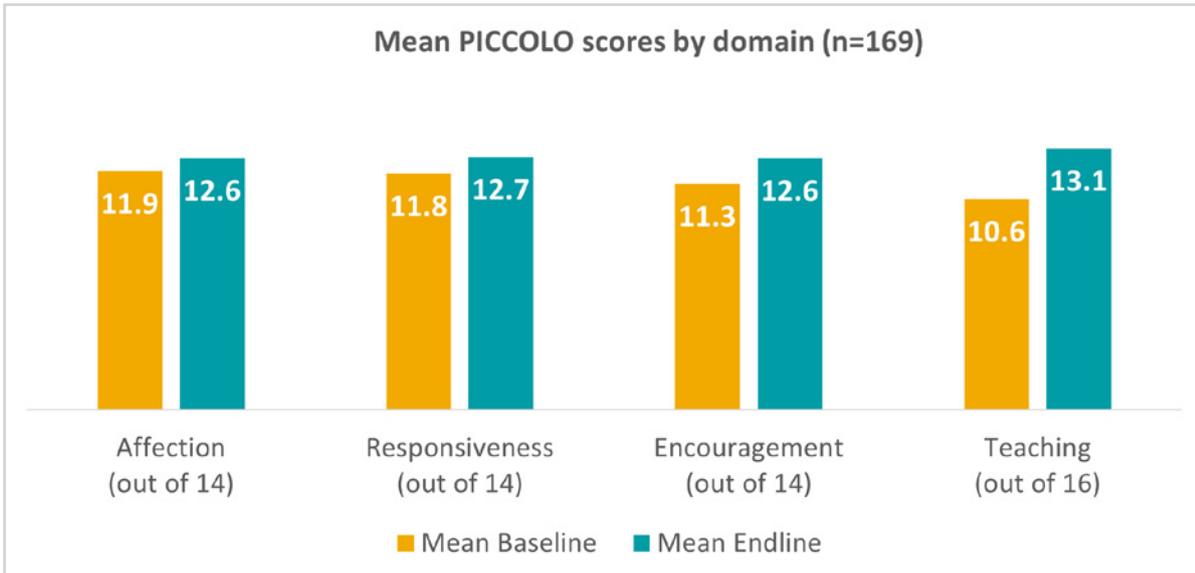
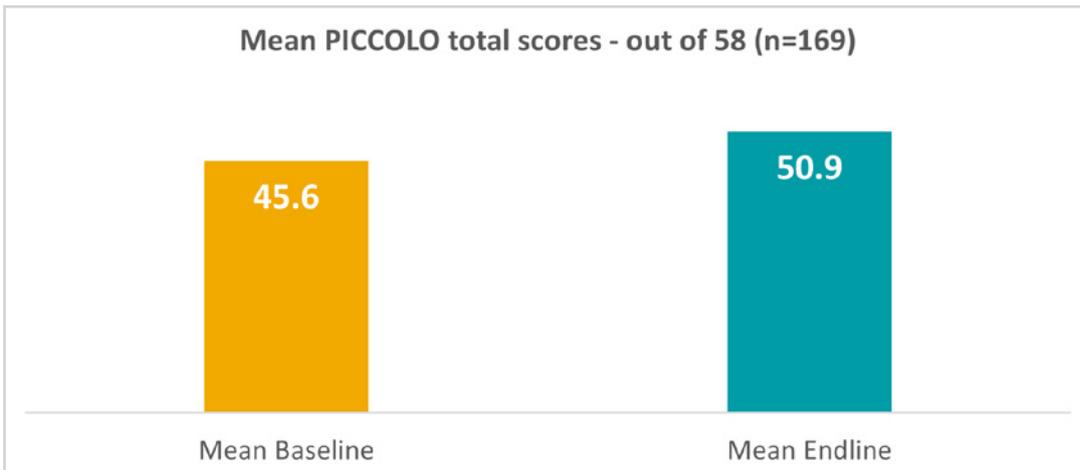
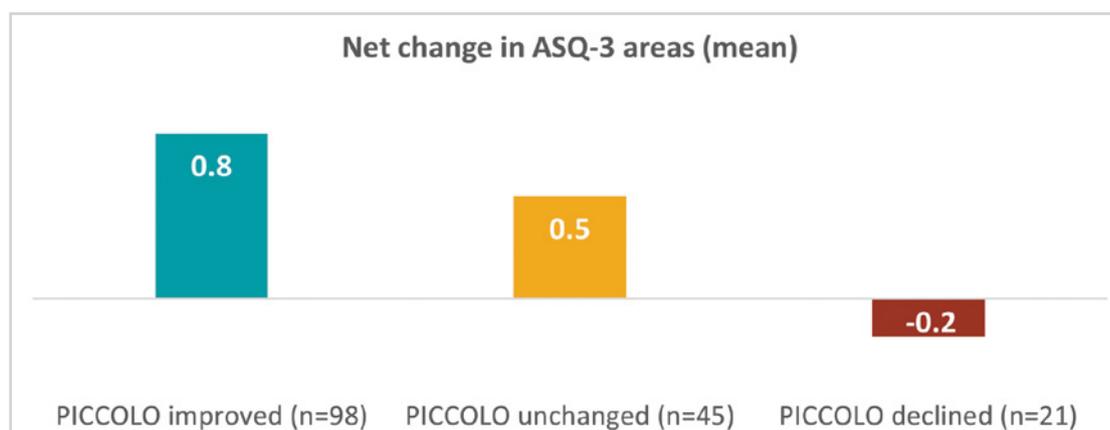


Figure 8: PICCOLO overall results



Importantly, our analysis highlights a strong link between caregivers using more developmentally supportive parenting behaviours and improved developmental outcomes for their children, as illustrated in Figure 9. On average, when a caregiver’s PICCOLO score increases, their child’s

ASQ-3 net score improves by 0.8, equivalent to nearly one developmental domain. Conversely, when caregivers’ PICCOLO scores decline, children tend to show a slight decrease in developmental outcomes measured by the ASQ-3.

Figure 9: Relationship between PICCOLO and ASQ-3 results

Community Reception and Feedback

The strong positive engagement from families and other early childhood services further demonstrates the program's positive impact. The service is now a well-integrated and vital part of Tasmania's early years ecosystem, with approximately 60% of all referrals coming from DECYP. Additionally, some caregivers are referring their friends, while others return to the program in later cohorts with younger siblings.

During a Most Significant Change activity¹ with practitioners, it was identified that families enrolled in multiple cohorts of the program were among those receiving the greatest benefit from the program. Some of these families initially presented with complex needs and faced barriers engaging with the program and being able to attend LiL sessions. However, with support to meet immediate needs (such as securing permanent housing), over time caregivers were able to engage more with the program, attend LiL regularly and seek support from other services such as allied health.

Practitioners spoke about the opportunity that having a child in multiple cohorts presented when working with families, providing them with more time to establish strong relationships and build trust, as explored in the following quote from a practitioner.

Initially it was challenging, as I felt like [we] couldn't work on the children's needs. But now I feel like they were listening the whole time.

Play2Learn+ Practitioner

Qualitative Insights

Qualitative feedback gathered directly from caregivers to date indicates that they value the support provided through Play2Learn+, noting its positive impact on both on themselves and their children. Caregivers highlighted the personalised nature of the service, with mention of increased confidence during appointments, a better understanding of their children's learning needs and support with mental health challenges.

¹ The Most Significant Change (MSC) approach is a qualitative evaluation method used to capture and analyse meaningful program impacts. In November 2023, the approach was implemented with Play2Learn+ practitioners and leadership, who contributed significant change stories. These stories were then systematically reviewed and discussed to identify the most impactful changes, providing insights into both expected and unexpected program outcomes.

Workers were recognised for their efforts to provide consistent and responsive support. Many caregivers expressed that the program has been beneficial and helped them achieve progress they might not have been able to without it. A few caregivers mentioned that they wished the program had been available earlier for their older children. Overall, the feedback suggests that the support provided has been helpful and has made a meaningful difference for families.

Been good having someone understand me and my struggles with mental health and being a parent, I am learning so much.

Caregiver

In the coming months, additional qualitative perspectives will be gathered from children, caregivers and external stakeholders through interviews. Given the young age of child participants, story stem and narrative interviews will be used, following the framework outlined by DeCosta et al. (2023). This developmentally sensitive, child-centred approach will provide meaningful insights into children's experiences, their feelings about LiL, and their transition to school. Capturing children's perspectives is vital to ensuring the program is not only effective from an adult perspective but also engaging, supportive and valuable for the children who participate.

Conclusion

Despite being a relatively new program, Play2Learn+ is already demonstrating its effectiveness in supporting children through the critical transition to school, a key period for engagement and future learning success. Assessments show clear improvements across key developmental domains, increasing the likelihood that children are school-ready by the end of the program. Caregivers also have greater skills in supporting their children's development, leading to sustainable, long-term improvements in the home learning environment.

Play2Learn+ is proving effective not only in improving early childhood outcomes but also in addressing the barriers that children from low socioeconomic backgrounds face in accessing quality early learning experiences. As part of Australia's first federally funded early childhood Payment by Outcomes trial, and co-funded by the Paul Ramsay Foundation, Play2Learn+ provides valuable insights into the essential role of early intervention and community support in fostering resilient families and establishing a strong foundation for children's educational success.

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Working Across and within Cultures within Children's Contact Services for CALD Communities in the New England Northwest Region

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New England Family Support Service

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Abstract

Children's Contact Services (CCS) play a vital role in supporting children and families within the Family Law system. However, there remains a significant gap in the integration of cultural perspectives reflective of Culturally and Linguistically Diverse (CALD) communities. This gap has led to a lack of culturally adaptive service delivery – an issue of increasing importance given the growing representation of CALD populations across Australia, particularly in regional areas such as the New England Northwest Region of NSW. Over the last two decades, we have seen increasing numbers of refugees settling in regional Australia. These compositional shifts have shaped how community service providers, including Children's Contact Services, engage with CALD communities. Therefore, integrating the perspectives of CALD children and families is essential in implementing the Children's Contact Services in culturally diverse regions like New England Northwest. Recognising this, the New England Family Support Service

(NEFSS) is developing a 'culturally adaptive service model' that ensures services are responsive, inclusive and tailored to the unique needs of diverse communities. This paper uses examples from the activities of NEFSS in the New England Northwest Region to demonstrate the effectiveness of this model. Theoretically, this model is based on culturally sensitive and participatory practices that prioritise the general wellbeing and best interests of children, while also respecting and adapting to the unique cultural requirements of families. In practice, the model underscores the importance of child-centric and culturally informed best practices to promote the rights of children to maintain a relationship with both parents, when it is safe to do so, as outlined in the Family Law Act 1975. This paper proposes a 'culturally adaptive service model' that addresses the varied family dynamics and cultural practices of different families and serves as a methodical tool for practitioners in CCSs. Specifically,

it proposes ways for children and families to share their experiences to achieve win-win outcomes for all parties. It also suggests ways in which service providers can work with CALD communities to enhance access to services, reduce barriers and elevate the need for enhancing the cultural competence of staff. We conclude by highlighting the importance of these factors in understanding and navigating cross-cultural work in the CCS context in the New England Northwest Region.

Introduction

New England Family Support Service (NEFSS) provides programs and support to all families with dependent children in the New England Northwest Region. NEFSS assists families with building their parenting and life skills and provides emotional support. The NEFSS Children's Contact Service provides support for children and their separated parents to build and maintain secure relationships through supervised contact visits and supervised changeovers.

Parental separation is generally a challenging time for families and can be detrimental to the health and wellbeing of the children. Where appropriate and in the best interests of the child, NEFSS provides safe, impartial and professional supervised visits and facilitated changeovers for children and their separated parents (or other family members).

The key objective of the CCS, as outlined by the Attorney-General's Department (2014), is to give children the opportunity to re-establish or maintain a relationship with both parents and other significant persons in their lives. The key goal of the CCS is to help families using the service to make the transition to self-managing their parenting time arrangements where this is possible and safe, particularly when a child would otherwise be at risk during unsupervised

time with a parent (Commerford & Hunter, 2015; Sheehan & Carson, 2006a). In high-conflict post-separation situations, supervision services allow children and non-residential parents to spend time together in a safe supervised environment. Facilitated changeover services enable parents to hand over the care of their children to one another without meeting (Sheehan et al., 2007). CCS staff help to model appropriate parenting skills for those parents who have had limited opportunities to gain such skills.

The major demographic shifts in the New England Northwest Region over the past two decades (Argent, 2016b, 2021) have significantly shaped how community service providers, including the CCS providers, engage with CALD communities locally and beyond (Radford et al., 2018; Radhamony et al., 2024; Sims et al., 2014). Changes in the population composition in the New England Northwest Region can be attributed, at least in part, to the decision made by the federal government to relocate refugees from humanitarian organisations to the towns located in this region (Golby, 2022; Kivunja et al., 2014).

Two complex factors appear to have led to compositional shifts: (a) the diversification of cultures in the region as a result of multiculturalism (Schech, 2014) and (b) the repopulation of towns within regions that have witnessed huge migration of young people to larger cities (Dufty-Jones et al., 2016). The consequence of the latter was a sizeable rise in the number of people of retirement age. In light of the labour shortages that are currently occurring in the social services and agro-economic sectors (Argent, 2016a; Schech, 2014), the New England Northwest Region needed to be repopulated to reverse this trend (Sorensen, 2021). Accordingly, government policy has incentivised refugee and migrant populations to relocate to regional areas, resulting in an increase in multicultural communities.

The primary characteristics of this expansion include, firstly, the amalgamation of various cultural differences and belief systems (Kivunja et al., 2014); secondly, disparities in interpersonal relationships and linguistic diversity (Healey et al., 2021; McKinney & Partridge, 2023); thirdly, heightened demand for services from individuals whose culturally specific child-rearing practices are unfamiliar to practitioners accustomed solely to the Western or 'Australian' model (Edgeworth, 2011); and finally, an increase in instances of domestic and family violence (DFV) primarily due to the traumas (including war-related trauma) experienced by these individuals before they arrived in Australia (Kivunja et al., 2014). Despite service providers' best efforts to promote cohesion between households and the wider community, domestic and family violence has not only increased their workload, it has also resulted in situations where the need for protection has to follow the dictates of the courts (retributive justice) (Dowling et al., 2018; Sharman et al., 2024) over the non-punitive (restorative justice) desires of the community and families.

For example, some of the CALD families NEFSS works with are of the view that practitioners' inability to integrate or accommodate the cultural best practices of families from CALD backgrounds creates situations where CCS interventions restrain the importance of non-Western culture-centric best practice in the CCS context. As a result of this, there have been instances where scepticism and anger have led to generational tensions that hurt not only the child but also members of their family support network (Coffin & Green, 2016). Adults from refugee backgrounds, having been nurtured in communities and cultures divergent from Australia, frequently face difficulties in acclimating to Australian parenting methods and addressing domestic concerns, especially in cases of domestic and family violence (A. Renzaho MN & Vignjevic, 2011).

In contrast, young people from refugee backgrounds – while open to Australian societal norms – often experience internal conflict when navigating the differing belief systems of their parents and their Australian peers, whose values may contrast significantly with their cultural upbringing (Joyce & Liamputtong, 2017). In such situations, practitioners may find themselves torn between validating the perspectives of these young individuals and acknowledging the often-unvoiced viewpoints of older family members due to language barriers. This dynamic significantly influences how the concept of diversity is understood and applied in practice. Against this backdrop, CCS practitioners at NEFSS have tried to engage in respectful conversations that incorporate the sociocultural belief systems of families, and other factors such as gendered household structure, in order to develop a deeper understanding of how best to support families through a strength-based approach that recognises and builds on the unique capacities within each family.

When it comes to putting the concept of 'diversity' into action, the most common approaches that are used across the CCS space are, for the most part, either inadequate or fraught with the problem of tokenism. The mere employment of individuals from a particular ethnic group to work with or provide support to individuals from that group (Sims et al., 2014), and/or the use of interpreters, is inadequate (Ng et al., 2021; Woolfenden et al., 2015). At the same time, reviewing and modifying policies to include reference to CALD communities¹ without involving CALD communities in the policy review process situates them as beneficiaries without agency.

To offset this, there is a need for a culturally adaptive model that addresses the problems of inadequacy and tokenism through the assertive involvement of families from CALD backgrounds. That is, CALD families should be involved, as partners, in the design, development and implementation of policies

¹ A CCS practitioner in regional Australia has suggested to one of the authors, Neneh Lahai, the need to go beyond the use of words by putting policies into practice.

and programs. Involving CALD families as partners (for example, through volunteering) creates space for the use of intercultural interventions within the CCS space.

By suggesting the integration of the specific needs, experiences, and challenges faced by CALD families into the design and delivery of CCS, this paper underscores the importance of embedding culturally responsive practices within existing service frameworks.

Towards A Culturally Adaptive Service Model: What a Culturally Adaptive Service Model looks like in the work of CCS

The proposed model speaks to the Attorney-General's (2018) *Children's Contact Services: Guiding Principles Framework for Good Practice*. This Framework outlines the policy framework, essential operational requirements, and practice standards anticipated for Children's Contact Services (CCSs) in service delivery. It was designed specifically for Children's Contact Services financed by the Australian Government, i.e. personnel employed within a CCS and individuals who assist CCS staff in their duties. Privately operated CCS services are encouraged to use this Framework as a standard for best practice (Commerford & Hunter, 2015).

Further, the culturally adaptive service model emphasises the proactive use of a variety of cultural best practices to solve the issues that families confront, particularly in connection to the dynamics of heterogeneous cohorts. The model is based on four primary theories, each contributing to the overall theoretical conceptualisation of its meanings and practical uses.

The first theory is the blend of Betancourt's cultural competence theory and Andersen's Behavioural Model of Health Service Use (ABMHSU). Proponents of Betancourt's cultural competence theory

(Betancourt et al., 2003; Dudas, 2012) assert that cultural competence requires the enhancement of service providers' skills and knowledge to understand the needs of clients by effectively using the cultural best practices of families who are not familiar with the cultural belief systems and statutory laws and policies of their new communities (Betancourt et al., 2003). In other words, CCS practitioners should consider employing strength-based strategies and tools in service delivery. For Anderson, Betancourt's cultural competence theory should be understood in line with practices that emphasise 'contextual factors' such as gender, age, religion, location, ethnicity and people's past histories; and that acknowledge, in part, the "importance of community, the structure and process of providing care, and the realities of a managed care environment" (Radhamony et al., 2024, p. 759). Seeing the Model through these two lenses offers theoretical justification for balancing the statutory dictates of Australia's laws and regulations with the cultural best practices of the (CALD) families who are affected by these laws and regulations.

The second theory is the sociocultural theory developed by scholars such as Lev Vygotsky (Jaramillo, 1996). The sociocultural theory, which focuses on children's development (Churcher et al., 2014; Mahn, 2003), suggests that our understanding of family dynamics comes from social interactions within our environment (Carpendale & Lewis, 2004; Moll & Whitmore, 2013) and the way we have been socialised and educated (Djohari et al., 2018; Sheehan & Carson, 2006b). The resulting learned socio-cultural norms limit our understanding of other family contexts.

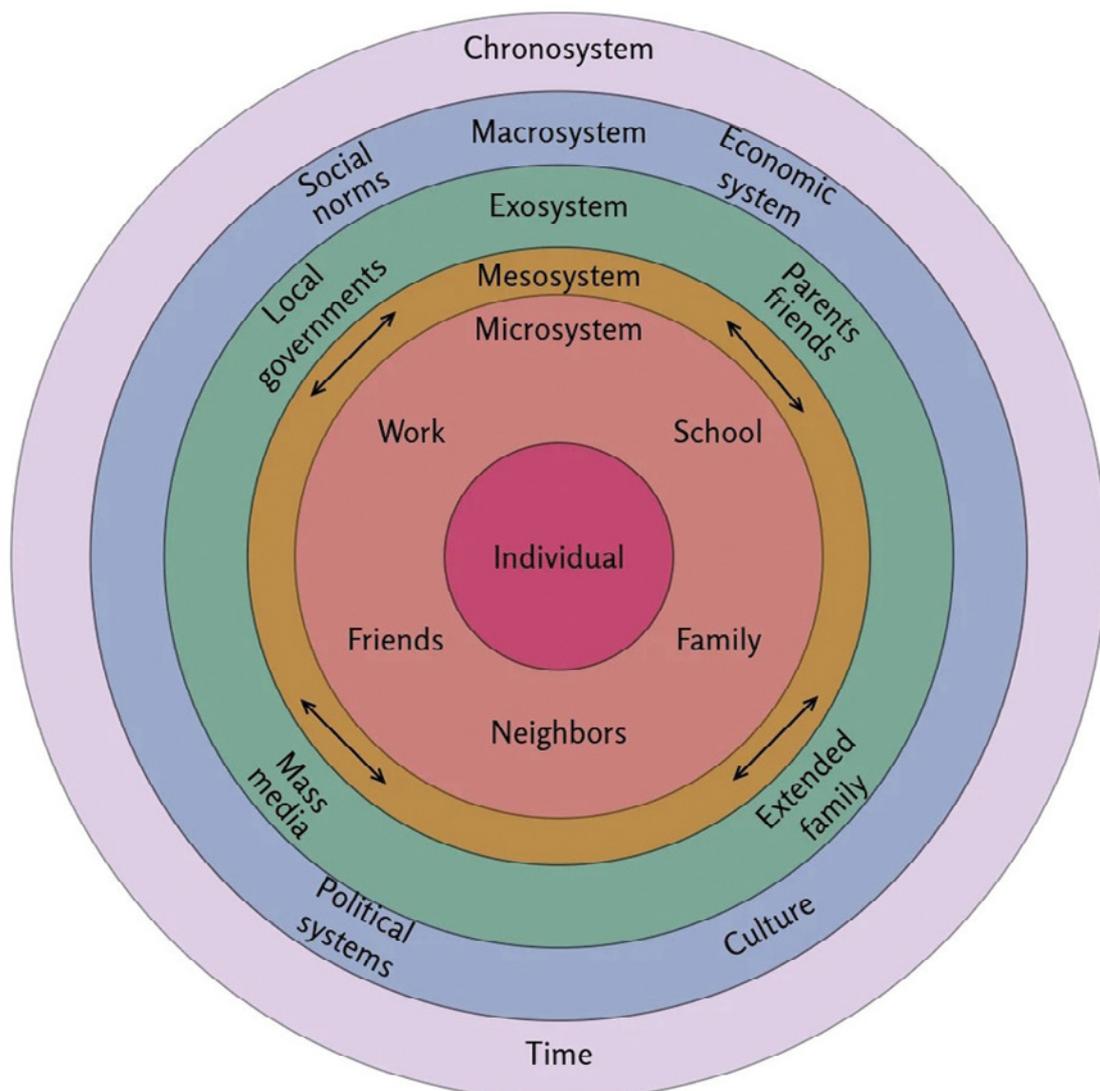
In CCS, if service providers and a particular community group interact with opposition and resistance, the provider is likely to develop a negative view of that group – and vice versa. That is, the chance of resistance by members of that particular group to service providers becomes very high, which creates hurdles to service delivery. Dominant socio-cultural norms

need to be challenged, i.e. recognised as norms and not fixed truths; and theorists of social constructivism – (particularly those writing on the complexities and dynamics of family and community relationships, including Lev Vygotsky (Pass, 2004), John Dewey (Garrison, 1995), Jerome Bruner (see, Bruner & Haste, 2010), and Albert Bandura *et al* (Bandura *et al.*, 2011)) – are calling on practitioners to mainstream the social, familial and cultural practices and belief systems of clients from diverse backgrounds in service delivery.

For example, while CALD families may, to an extent, need to adapt to the more individualistic nature of life in Australia,

services and practitioners should provide space for other collective approaches to shape and inform service responses. This is particularly applicable to African CALD groups, who, for the most part, adhere to the enduring principle that a community is essential for nurturing a family. The third theory – Bronfenbrenner’s ecological systems theory (see Figure 1) – is germane here. According to its proponents (Brenner *et al.*, 2013; Wei *et al.*, 2022), the ecological systems theory serves as a lens for understanding the interaction between all actors (including service providers and clients) and the environment in which they live (see Figure 1).

Figure 1: Bronfenbrenner’s Ecological Systems Theory



The Model attests that the individual's environment is universally understood to reflect interactions at the national, state and regional community levels, as well as relationships between people and the environment. For Bronfenbrenner (1977), the environment of a child is a nested arrangement of structures, with each structure being contained within the next. He arranged them by the extent to which they influence a child (Andrews, 2019; Hayes et al., 2022). For this reason, service providers should emphasise the environment-induced push and pull factors (inclusive of economic and social factors) that influence people's adaptation or resistance to services.

Fourthly and finally, the Asset Based Community Development (ABCD) theory warrants mention. Central to this theory is the necessity of identifying and managing the strengths, vulnerabilities, opportunities and threats relevant to the community and its members (Donaldson & Daughtery, 2011). Within this theoretical context, service practitioners are obliged to use all available resources to meet the needs of individuals and, at the same time, ensure that clients

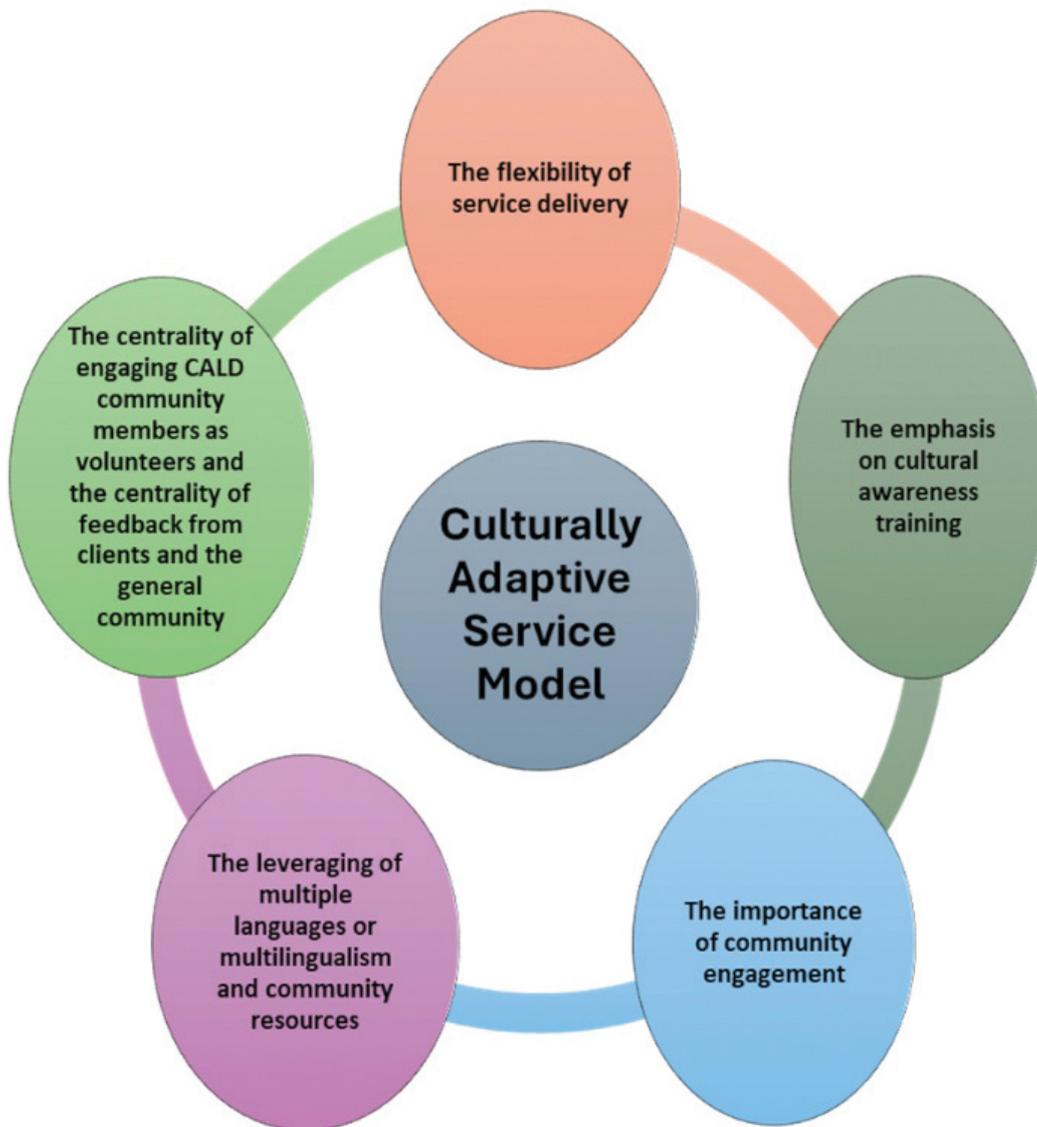
are actively involved in addressing weaknesses and threats by emphasising the strengths, vulnerabilities, opportunities, and threats approach (García, 2020; Mathie & Cunningham, 2003; Syarifuddin, 2017). This allows clients to be perceived not merely as beneficiaries but rather as collaborators in the delivery and implementation of services (Harrison, Blickem, et al., 2019).

Drawing on the above four theories, a culturally adaptive service model is suggested for practitioners working across and within CCS in the New England Northwest Region. What distinguishes this proposed model is that it not only draws on the best practices of the theories discussed above, it is also characterised by the following key elements (see Figure 2.):

1. the flexibility of service delivery;
2. the emphasis on cultural awareness training;
3. the importance of community engagement;
4. the leveraging of multiple languages or multilingualism and community resources;
- and 5. the centrality of engaging CALD community members as volunteers and the centrality of feedback from clients and the general community.

Each of these elements is briefly discussed below.

Figure 2: Methodical Framework: Elements of the Culturally Adaptive Service Model for Practitioners within the CCS Space



1. Flexibility in Practitioners' Service Delivery

The ability to be flexible requires a balance between complying with legal frameworks, upholding good practice standards, and accommodating strength-based family dynamics. CCS service providers must uphold standards as specified in the *Children's Contact Service Guiding*

Principles Framework for Good Practice and be adaptable to accommodate beneficial and strength-based family dynamics and evolving daily circumstances – while always prioritising the child's wellbeing and best interests.



Case study: Service Flexibility —Balancing Compliance and Cultural Sensitivity in Supporting CALD Families Through Inclusive Practice

While supporting a CALD family with a court-ordered supervised contact arrangement, our service encountered a recurring challenge. The visiting parent consistently arrived with additional family members – specifically, the children’s grandmother and older siblings – who were not included in the court orders to participate in the visits. Our CCS team respectfully communicated to the visiting parent and the children our obligation to comply with the conditions stipulated in the court orders. However, the family expressed ongoing disappointment and repeatedly requested that these relatives be included. The team subsequently evaluated how to balance its obligation to uphold legal and procedural requirements with the need to adapt service delivery in a manner that responds to the specific needs and best interests of the children – while maintaining alignment with overarching service standards.

Moreover, our team also recognised the deep emotional significance of extended family participation for the children, as well as the cultural importance of broader familial involvement. Drawing on the *Guiding Principles Framework for Good Practice* – which encourages services to adapt their design within the context of overall service standards to meet specific cultural needs, including the involvement of extended family members – the team carefully evaluated the situation.

A risk and logistical assessment was undertaken to evaluate the centre’s capacity to accommodate supervised visits involving the additional family members.

Once it was determined that the centre could safely and effectively manage these visits, the team informed the solicitors representing both parties of its intention to proceed with facilitating the expanded contact arrangement in the best interests of the children.

The visiting parent was also encouraged to engage her support worker and seek legal advocacy to formally request a variation of the existing court orders, where appropriate. This advice was taken up and, in due course, the court orders were amended to permit the attendance of the grandmother and siblings. Their first visit under the revised arrangement was profoundly moving. The children, their mother, grandmother, and older siblings spent the initial part of the visit embracing, laughing, and reconnecting – an experience marked by joy, emotional expression, and a few happy tears.

This encounter highlighted the significant benefits of culturally adaptive and family-inclusive practices in CCS settings. It also reinforced the importance of services remaining flexible and attuned to the cultural and relational dynamics of the families they support.

This example also showcases two important considerations in service delivery. First, it underscores the necessity of balancing compliance with legal frameworks and service policies while remaining open to the cultural and emotional needs of CALD families. Second, it points to the importance of cultivating culturally inclusive environments that foster a sense of shared ownership and trust in CCS processes.

2. The Emphasis on Cultural Awareness Training

Cultural awareness training is essential in the CCS domain for distinct reasons. Firstly, it fosters trust and improves practitioners' communication skills (Anderson et al., 2019; Joyce & Liamputtong, 2017; Shepherd & Masuka, 2021). Building trust and respect, for example, through cultural awareness practices like 'barray' sessions (a gather-to-learn session among the Sierra Leonean refugees community; a practice that is similar to Australia's First Nations' yarning circle session), is crucial for the practitioner's capacity to discern the effects of their work across many populations (Savreemootoo, 2020). Secondly, it aids practitioners in cultivating not only cultural sensitivity in their interactions with children and their families (Harrison, Walton, et al., 2019), but also gender-based sensitivities (Sawrikar, 2020). Thirdly, it helps practitioners identify occurrences of perceived racism and biases and the factors that affect internal decision-making about service delivery (such as unconscious attitudes and stereotypes) (Savreemootoo, 2020). Cultural competence training enables practitioners to tailor their policies and programs to the specific needs and circumstances of the individual and their family system (Renzaho et al., 2011), rather than employing a uniform approach to service delivery (Kivunja et al., 2014; Sawrikar, 2013).

3. The importance of community engagement

Community engagement is crucial for CALD families using CCS. While Australian culture predominantly values privacy, CALD communities place significant emphasis on community involvement in their understanding of parenting and family (Alarcón et al., 2021; Renzaho et al., 2011b). The African adage, made popular by Hillary Rodham Clinton, states: "It takes a village to raise a child" (Clinton, 1996). Consistent with this maxim, community engagement is significant for the following

reasons: (a) it enhances relationships among children, families and community leaders, and enhances overall family wellbeing (Renzaho et al., 2011b; Renzaho & Vignjevic, 2011). This establishes a robust support network and set of referral channels (McLeigh et al., 2015); (b) it facilitates the creation of culturally acceptable solutions (Ortega & Faller, 2011); and (c) it serves as an opportunity to empower community members. Community engagement is a way to respect the cultures of the CALD population, as well as contribute to community development. It facilitates environments for individuals to convey their experiences in culturally suitable settings, such as 'burn fire' (an outdoor gathering of elders and families gathering around the fire for check-ins, debriefing and sharing of information in a fun, relaxed and family-friendly manner) or 'barray' sessions for the CALD community, particularly those from Sub-Saharan Africa. To ensure meaningful community engagement, it is also essential for service providers to actively participate in community events such as the Ezidi Mount Sinjar Memorial Service, the Festival of Lights, and Refugee Week celebrations. Engaging in these events fosters cultural awareness, strengthens community relationships, and enhances service accessibility for diverse refugee populations.

4. Leveraging of multiple languages or multilingualism and community resources

Foucauldian discourse analysis posits that language is not merely a tool for communication but a powerful mechanism that shapes and constrains social norms (Black, 2002). When we say that language has power, we recognise that the words and phrases we use contribute to constructing societal realities and expectations. According to Michael Foucault's discourse analysis (as interpreted by Jørgensen, 2006) language is an asset for the leveraging and effective use of community resources (including human resources). Language can be leveraged to help us express different

kinds of knowledge and ways of thinking and impact the ways we act and behave and can be used as a tool for enhancing the general wellbeing of people who are going through traumatic experiences associated with family separation issues in their new country of residence. Such leveraging helps recognise and strengthen the value of both spoken language – through, say, storytelling (Manderson & Allotey, 2003) and unspoken language – through, say, photos (Roman et al., 2023); and facilitate connection to the oral traditions of the people from CALD backgrounds (Roman et al., 2023). It is important that CCS practitioners consider the language they employ as practitioners in family matters and understand the effect of the words they use. Their words should be a conduit for the empowerment of those involved in the CCS process. At NEFSS, we believe that practitioners in the CCS sector should, where possible, be empowered to understand and use the transformative power of language in their work – language framing that is culture-sensitive, gender-responsive, and child-appropriate. CCS practitioners should be able to ensure that the words they use act as tools to better support clients from CALD backgrounds. By understanding the language dynamics of a particular cohort, practitioners can not only provide the required support but also exhibit respect for these cohorts (Lai et al., 2024).

Consequently, our engagement with CALD families highlights the importance of recognising the diversity that exists within cultural and linguistic groups. We have learned that even within a single CALD cohort, there are significant variations in cultural practices and spoken languages. To ensure our service delivery is respectful and responsive to this diversity, CCS practitioners make a conscious effort during the intake assessment to identify the specific ethnic background of each family and to discuss culturally appropriate and sensitive modes of communication. Rather than assuming cultural understanding based on previous experience with other families from the same country, we acknowledge

the uniqueness and intra-group differences that exist within ethnic communities. This nuanced approach allows us to tailor our support in a way that is both respectful and relevant to each family's specific cultural context. One simple yet impactful practice we have adopted is learning how to welcome children and their families in their native language (where appropriate) upon arrival at our CCS centres.

This small gesture has proven to be highly effective as an icebreaker. In many instances, it leads to an immediate shift in participants' demeanour, often eliciting smiles and expressions of pleasant surprise. Such practices, while seemingly minor, contribute significantly to creating an environment where children and families feel valued, respected, and genuinely welcomed. This culturally attuned approach not only enhances rapport but also fosters a sense of belonging and trust within the CCS setting. By recognising that language constructs social norms, we can strategically employ language to challenge and transform the status quo (Khan & MacEachen, 2021). In the context of CCS, this means that the way we frame discussions around children, parents, and cultural diversity can have profound effects on how these services are perceived and utilised. For instance, using inclusive and affirming language can foster a more welcoming environment for culturally and linguistically diverse (CALD) communities, encouraging their engagement and participation (Blignault et al., 2023; Sinclair et al., 2025).

At NEFSS, leveraging the power of language as an asset involves consciously choosing terms that reflect respect and inclusivity, as well as actively seeking input from diverse community members. By doing so, we not only validate their experiences but also empower them to contribute to the dialogue around service provision. This approach can lead to the co-creation of resources that reflect the actual needs and preferences of CALD families, thereby enhancing the effectiveness and relevance of our services.

Understanding the power of language enables us to recognise its role in shaping social norms and opens avenues for using language as a catalyst for positive change within the CCS space.

5. The centrality of engaging CALD community members as volunteers and the centrality of feedback from clients and the general community

Clients' misgivings about the practical implementation of diversity principles often arise from two primary issues. As discussed earlier, the first involves the recruitment of staff from specific ethnic backgrounds who, despite representing their cultural communities, are often expected to adopt and apply Eurocentric Australian models when addressing culturally sensitive matters. This expectation can lead to a disconnection between staff members and the cultural realities of the communities they represent. The second issue is tokenism, where changes to policies and procedures are made without meaningful consultation or involvement of the CALD communities directly impacted by those policies. Such approaches risk undermining trust and perpetuating systemic exclusion.

To address these shortcomings, NEFSS CCS program has implemented several key practice changes, placing a strong emphasis on client and community feedback. NEFSS empowers staff and clients from CALD backgrounds to collaborate in environments that actively value their input in the design, implementation, and evaluation of service delivery. Through this participatory approach – where NEFSS employees act as facilitators, listeners, and learners – clients are afforded a genuine sense of ownership over the processes that affect them.

This inclusive model has gradually reshaped the organisational culture, leading to enhanced community engagement and increased trust in our services. Furthermore, community members from CALD backgrounds are encouraged to participate as volunteers – when possible – during the implementation of these strategies to inform changes to them and to shape future interventions in the diverse communities we support.

Conclusion

The New England Family Support Service (NEFSS) provides parenting and life skills programs for families in the New England Northwest Region, including the Children's Contact Service (CCS). The region's demographic shifts, influenced by refugee resettlement and ageing populations, have increased the need for culturally competent services. Challenges include differences in parenting practices, language barriers, and increased domestic violence. Service providers face tensions between Western legal frameworks and culturally appropriate interventions. To address these complexities, a culturally adaptive service model is proposed. This model integrates four theories – cultural competence, sociocultural theory, ecological systems, and asset-based community development – to enhance service delivery. Key elements include flexibility, cultural training, community engagement, and leveraging multilingual resources. This model aims to empower CALD communities, promote collaboration, and improve service effectiveness while respecting cultural diversity. Our hope is that other Children's Contact Services might benefit from these insights.

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Restoring Fatherhood from Confined Settings: Emerging Evidence for Distress Exposure Homework

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Abstract

This paper presents the author's insights into promoting behavioural change among incarcerated fathers who seek to enhance their relationships with families during incarceration. These fathers often face psychological barriers such as self-stigma or unresolved conflicts with children's caregivers, and contextual barriers such as limited opportunities to practise skills for strengthening family relationships. Emerging evidence supports the use of *distress exposure* as psychotherapeutic homework to address these barriers. An analysis of five case studies identified four critical themes for designing impactful homework. First, psychotherapeutic homework need not immediately target family relationships; instead, initiating homework with tasks relevant to daily prison routines can facilitate the transfer of behavioural changes to family relationship improvement. Second, implementing incremental, manageable steps effectively mitigates discouragement and promotes adherence. Third, individualised assistive tools are essential for scaffolding skill learning. Finally, positive reinforcement following task completion is essential for sustaining practice.

Background

Approximately 41,000 children in Australia were estimated to have a parent in prison in 2023 (Flynn et al., 2023). A large portion of these children experienced significant emotional distress and struggled to build secure relationships with their incarcerated parents (Flynn et al., 2023). Strengthening connections between imprisoned parents and their children or family members, where safe, is crucial for the wellbeing of both the children and families involved (Flynn et al., 2023). Within the practice scope of individual mental health services, the primary focus is on supporting incarcerated parents to overcome psychological barriers that hinder their family relationships. These barriers include incarcerated parents' self-stigma, lack of communication skills, ongoing conflicts with the children's caregivers and pre-existing relationship issues such as addiction, domestic violence and childhood trauma (Cannito & Mercuri, 2022; Swanson et al., 2013; Turner et al., 2020).

While multiple parenting education programs in prisons address these psychological needs, empirical evidence questions the sustainability of skill acquisition among incarcerated parents (Fowler et al., 2017; Hansen, 2018; Turner et al., 2020). For instance, Turner et al. (2020) examined the experiences of 713 incarcerated fathers after their completion of the US-based InsideOut Dad Fatherhood Education program, in which the fathers learned skills for strengthening family relationships. They found that a lack of family involvement hindered the application of newly developed skills. Similarly, Hansen (2018), through interviews with fathers in a Norwegian prison after a parenting program, found no significant change in their family dynamics.

Consistent with these concerns, the author's observations of incarcerated individuals reveal a pattern of skill deterioration over time. A typical example is the case of an imprisoned father who, following ten sessions of a group psychoeducational program, reported that his gains were limited to recognising emotions and negative thought patterns, and relaxation techniques. He struggled to apply these skills to family relationships, and these skills diminished as his sentence progressed, exacerbated by ongoing stressors from both the prison environment (e.g. pressure to suppress emotions) and his family (e.g. negative family news). Consequently, he withdrew from his parental role. This observation supports the notion that psychotherapy, regardless of its theoretical framework, offers limited benefits to clients if they cannot apply newly learned skills outside of sessions (Nelson et al., 2007). Therefore, it is essential to develop a more practical approach that facilitates consistent skill practice for incarcerated individuals within the confined prison settings.

This paper provides practice-based insights into utilising *distress exposure* as therapeutic homework for incarcerated fathers to develop emotion regulation and interpersonal relationship skills within prison contexts, without requiring frequent family involvement. *Distress exposure*, rooted in Cognitive-Behavioural and Mindfulness-Based Therapies, encourages individuals to deliberately seek emotionally challenging situations (e.g. having emotional conversations, initiating debates on topics) within their environments to practise skills for coping with distress and cultivate tolerance (Saulsman & Nathan, 2012). This paper proposes that homework incorporating opportunities for consistent practice into incarcerated fathers' daily prison life can establish a robust foundation for improvements in family relationships.

Methods

Sample

The data used in this paper are drawn from the author's dataset of individual mental health counselling services to two prisons in South Australia, collected over 21 months from June 2023. Inclusion criteria include individuals who i) had children younger than 18 years old; ii) had no intervention order restricting their contact with children or the children's caregiver; iii) expressed aspirations of enhancing or restoring family relationships; iv) completed at least four sessions; and v) reported no ongoing influence of drug use, physical health issues or legal proceedings that interfere with their capacity for therapy homework. The final sample consisted of five males aged 28 to 49 (average = 35). One had a bipolar disorder diagnosis, one had PTSD, and all reported a long history (>4 years) of substance abuse.

Homework

Step 1 – Discomfort Exposure Menu

Following an explanation of the *distress exposure* approach’s rationale, the practitioner invited clients to select 1–3 activities they found i) uncomfortable; ii) beneficial; and iii) not currently integrated into their daily routines. To facilitate this selection, clients were given a ‘Discomfort Exposure Menu in Prison’ containing over 40 activities spanning various life domains (e.g. physical health, cognitive function, social skills and art) that they could practise daily in prison.

Step 2 – Behavioural Modification Techniques

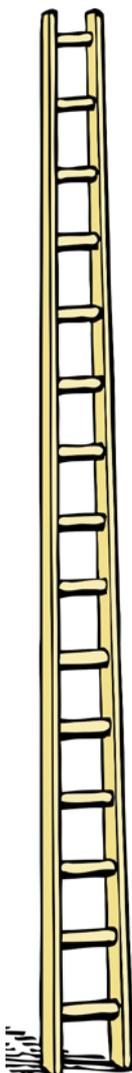
The practitioner taught clients behavioural modification techniques, including:

Exposure Hierarchy (Figure 1). Clients rated their distress levels associated with each activity and its duration. Clients were advised to begin with activities and durations rated as having the lowest distress levels.

Figure 1: An Example of Distress Exposure

Exposure Hierarchy (Step Ladder)

Construct a ladder of places or activity that you struggle with. The activity should get you closer to your future goal, and be specific (referring to SMART goal setting skill). Put the least distressed activity on the bottom and the most distressed activity on top.



GOAL: Build up Distress Tolerance		
<small>(Note: all the exercises should be practiced in safe environments)</small>		
Tasks	Distress before practice (0-100)	Distress after practice (0-100)
Area for improvement: Body Health		
Go to the gym for 60 minutes per day	60	
Go to the gym for 30 minutes per day	30	
Go to the gym for 20 minutes per day	20	
Go to the gym for 10 minutes per day	10	
Area for improvement: Brain Health		
Read 30 pages of a book about addiction per day	80	
Read 20 pages of a book about addiction per day	60	
Read 10 pages of a book about addiction per day	40	
Read 5 pages of a book about addiction per day	20	
Area for improvement: Social Skills		
Stay in a conversation for 30 minutes with an inmate who often make you feel annoyed	100	
Stay in a conversation for 15 minutes with an inmate who often make you feel annoyed	80	
Stay in a conversation for 10 minutes with an inmate who often make you feel annoyed	60	
Stay in a conversation for 5 minutes with an inmate who often make you feel annoyed	40	
Give compliment to an inmate (for example, telling him that he has made a good progress at gym, telling him that he was good at cooking/ drawing/ handwriting...) although you may feel shy.	30	
Offer to help an inmate (for example, make him a cup of coffee, help him with cooking, cleaning...) although you may feel shy	20	
Area for improvement: Family Relationships		
Write a letter to mum/kid	80	
Write a greeting card to mum/kid	40	
Phone mum/kid three time per week	40	
Phone mum/kid twice per week	30	
Phone mum/kid once per week	20	

SMART Goal-setting skill. The skill assisted clients in establishing goals that are **s**pecific, **m**easurable, **a**chievable, **r**elevant to their values or life and **t**ime-bound. For instance, a client might set a goal to drink one litre of water daily (specific, measurable, achievable), aligning with their broader health objective (relevant) and aiming to achieve this within three weeks (time-bound).

Graded Exposure Plan. Clients set gradual progression toward their SMART goals within a defined timeframe. To illustrate, in pursuing the goal of drinking one litre of water daily, a client could begin with

one cup per day in the first week, increasing to two cups and continuing until reaching the targeted volume.

ABCDE Thought Analysis. ABCDE thought analysis features a cognitive restructuring template (Figure 2). Utilising this template, the client and practitioner collaboratively examined recurring thoughts that contributed to unsuccessful attempts (e.g. “I can postpone this until tomorrow”). Following this examination, they challenged these thoughts and developed new, constructive thought patterns associated with successful outcomes.

Figure 2: An Example of ABCDE Thought Analysis

Thought Analysis		
Activating event. Time to do exercises (running, gym...)		
Consequences		
<ul style="list-style-type: none"> Emotions. Tired, bored, irritated. Behaviours. Gave up. Delayed exercises for 4 weeks. 		
Beliefs	Dispute	Self-reflection
I'm tired	How tired are you? How about a 2-minute walk to the gym and back?	I'm tired, but not so tired that I can't walk to the gym for two minutes. Yet, I can't even get out of bed.
I can't even get out of bed	Is it true? If the fire alarm went off, would you evacuate immediately or stay in bed?	No, I'm not that tired. I just prefer to relax now, and I have a right to relax.
I prefer to relax now	Will you feel any better after resting and doing no exercise? Will you miss the chance to relax after doing exercises?	No, I often feel worse with guilt and tiredness when I delay exercises. I have the whole day to relax after exercises.
I have the right to relax.	Do you have the right to practice tolerating distress? Although we have the right to relax, do we often choose relaxation over distress? Did you choose not to send your kids to kindergarten because they were distressed about being separated from you? Did you choose not to let your kids sleep in their room because they were scared of sleeping alone? Have you ever chosen to work hard for a better life for your family?)	We choose to practice tolerating distress most of the time [then recall the relevant memories]
I can do it tomorrow	What's the evidence that you will do it tomorrow? The last time you told yourself, 'I will do it tomorrow,' did you do it the next day?	No, I have delayed exercises for 4 weeks.
Effective beliefs		
<ul style="list-style-type: none"> It's true that I'm tired, but I can still take small steps, starting with a 2-minute walk to the gym and back. I have the right to relax, and I also have the right to practice distress tolerance. I've chosen to tolerate distress many times in my life (working day and night to earn money to feed my family, completing a certificate to get a high-paying job, etc.). I can do it again this time. I can do it tomorrow, but I can also do it today, starting with a small step. 		

Note. Personally identifiable information has been removed.

Step 3 – Individual-tailoring Assistive Tools

Following each session, the practitioner sent all relevant worksheets (e.g. exposure hierarchy, ABCDE) summarising the in-session discussion to the client in prison for between-sessions practice. For clients without established reading habits, the practitioner identified their interests and sent relevant reading materials (e.g. novels, fiction, books on childhood trauma and anger), beginning with 10–20 pages. These materials aim to introduce clients to a new activity that enhances cognitive function.

These three steps are typically completed within the first two sessions and revisited in subsequent sessions.

Data Summary

A comprehensive review of the case notes, intervention plans, progress records and correspondence between the clients and the author was conducted. To ensure confidentiality, the five clients are referred to as Client 1, 2, 3, 4, 5 throughout this paper. The author is referred to as the practitioner.

Results

Common Barriers to Family Relationships

All the clients reported a lack of frequent, meaningful contact with family, attributed in part to psychological barriers. One experienced a year of no contact with his children and their caregiver; while two maintained inconsistent contact through brief phone calls made once or twice a month. Two other clients had regular telephone contact but did not engage in the in-depth conversations they desired (e.g. “I want to apologise to my dad for letting him down, but I can’t [because of shame]”). Common barriers hindering family contact included shame and guilt (e.g. “I don’t know how to answer my child’s questions about where I am and when I will return”;

“I don’t want the other [inmates] to see me crying when I talk to my mum [on the phone]”); underestimating the importance of maintaining communication (e.g. “What’s the point of calling them if I cannot be there for them?”); and a lack of emotional expression skills (e.g. “I don’t usually say how I care; I showed care by taking them to the playground, camping”). Additional barriers stemmed from conflicts with the children’s caregivers. One reported a strained relationship with his former partner, whose infidelity during his incarceration led to a complete severance of contact and ongoing resentment. Another reported disrupted contact with his child’s mother due to his aggressive communication style, triggered by her frustration with his absent fatherhood. Similarly, another reported difficulty responding to his partner’s distress regarding her single motherhood.

Common Enhancers of Family Relationships

The five cases reported significant improvements in family relationships following distress exposure intervention. Four common themes were identified.

Theme 1: Start with Tasks Relevant to Daily Routine and Short-Term Needs

As shown in Figure 3, none of the five individuals initially chose Family Relationship Tasks. Instead, they began with tasks relevant to daily needs and rated as low distress, including:

- **Body Health Tasks** (e.g. having unenjoyable healthy foods or beverages, engaging in fitness exercises). Clients 1, 3, 4, and 5 set goals of going to the gym regularly, acknowledging that sedentary lifestyles had been causing them significant physical health issues. Client 2, having diabetes, set a goal of reducing sugary drinks as recommended by his doctor.

- Socialising Tasks** (e.g. navigating difficult conversations with inmates, being non-aggressive in confronting situations). Clients 1 and 3 selected these tasks due to ongoing consequences from institutional conflicts (e.g. fights with inmates, aggression toward correctional staff). Client 1 had been relocated to a restrictive area to prevent further altercations and banned from paid prison jobs. Client 3 experienced occasional confinement in punishment units and described persistent anger that lingered for days.
- Brain Health Tasks** (e.g. reading self-help books). Three clients engaged strongly with readings related to their past trauma or chronic issues. Client 3 (sexual abuse survivor) read about boyhood sexual abuse, Client 1 (child abuse victim) explored domestic violence topics, and Client 2 (having 25 years of drug dependence) read about addiction.

During the later stages of the interventions, all five clients engaged in Family Relationship Tasks (see Theme 2 for details), which they had initially rated as high distress. Reflecting on the connections between tasks, Client 3 stated that his daily practice in tolerating challenging conversations with inmates enhanced his skills in active listening, expressing empathy and using assertive language, which allowed for positive communication with his ex-partner when she resumed contact. Client 2 stated that completing Body Health and Brain Health Tasks motivated him to “step outside (his) comfort zone”, inspiring him to muster the courage to write an apology letter to his father. Clients 4 and 5 reported that Body Health Tasks made them aware of their avoidance patterns when dealing with distress (e.g. procrastination), prompting them to learn to accept distressed emotions (e.g. shame, guilt, resentment) as a part of their progress towards restoring family relationships.

Figure 3: A Summary of the Five Clients’ Distress Exposure Practice

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8
Client 5	No practice	Body Health tasks	Body Health tasks	Body Health tasks Relationship Tasks				
Client 1	No Practice	Brain Health Tasks	Brain Health Tasks	Brain Health Tasks Socialising Tasks Relationship Tasks	Brain Health Tasks Socialising Tasks			
Client 2	No practice	No practice	Brain Health Tasks Body Health Tasks	Brain Health Tasks Body Health Tasks	Brain Health Tasks Body Health Tasks			
Client 4	No Practice	Body Health Tasks Brain Health Tasks	Brain Health Tasks Relationship Tasks	No Practice	Body Health Tasks Socialising Tasks	Brain Health Tasks Relationship Tasks		
Client 3	No practice	No practice	Body Health Tasks	Body Health Tasks	Body Health Tasks Socialising Tasks	Body Health Tasks Socialising Tasks Relationship Tasks	Body Health Tasks Socialising Tasks Relationship Tasks	Body Health Tasks Socialising Tasks Relationship Tasks Brain Health Tasks

Theme 2: Starting From Tiny Steps to ‘First-time Ever’ Change

All clients began exposure tasks with simple and manageable steps, gradually progressing to significant and stable behavioural change. Client 5, who had not had water since his imprisonment, described it as “disgusting” and said he “can’t have a day without cordial”, began exposure tasks by diluting sugary beverages with water. He gradually progressed to daily water consumption and achieved seven consecutive days without cordial. Client 3, who struggled with anger outbursts on a daily basis, started Socializing Tasks by maintaining a five-minute challenging conversation with inmates each day. After two sessions, he reported staying calm for seven consecutive days despite several triggering situations. After four sessions, he reported four consecutive weeks without anger outbursts.

Notably, three clients reported ‘first-time-ever’ achievements (see Figure 4). Client 1 and 2, never having completed a book prior to the intervention, started with a few pages or 5–10 minutes of reading per day, progressing to a habit of reading for

30 minutes to a few hours per day. Client 3 started with giving positive affirmations to inmates despite initially feeling awkward. After three sessions, he reported that he had expressed gratitude to his ex-partner for caring for their children and said “I love you” to her for the first time since imprisonment.

All clients reported stable improvements in family communication and positive shifts in thought patterns. Client 4, after a year of no contact and resentment over his ex-partner’s infidelity, began weekly calls to reconnect with his children, progressing to 3–5 weekly calls. He reported feeling less resentful and increasingly appreciative of her care for the children. Client 5 increased calls from 1–2 monthly to three-weekly, improving tolerance for emotional family conversations. Client 2, previously limited to phone communication, wrote 1–2 letters per week to express emotions (e.g. apologies, gratitude) and felt he was “getting it off (his) chest” by expressing previously avoided thoughts. Clients 1 and 3 increased empathy expression towards their partner and ex-partner regarding their single motherhood, resulting in more frequent communication with the mothers and children.

Figure 4: Client 2’s Tracking Chart of Distress Exposure Between Session 4 and 5

My Discomfort Tolerance Chart

Activities	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Read books	40 minutes	30 minutes					
Write letter	0 minutes	0 minutes	15 minutes	0 minutes	0 minutes	0 minutes	0 minutes
Pure water	1 cup	1 cup	0 cup	1 cup	1 cup	1 cup	1 cup
Read books	30 minutes						
Write letter	15 minutes	0 minutes	15 minutes	0 minutes	0 minutes	0 minutes	0 minutes
Pure water	0 cup	1 cup					
Read books	30 minutes	30 minutes	0 minutes	0 minutes	0 minutes	0 minutes	0 minutes
Write letter	0 minutes	0 minutes	1 minutes	0 minutes	0 minutes	15 minutes	0 minutes
Pure water	1 cup						

Reading books. Finished book. First time ever.

Waiting on next book to arrive.

Note. The handwriting was replaced with a computer-generated font to protect the client’s identity.

Theme 3: Individual-tailoring Scaffolding

The practitioner sourced materials tailored to individuals' unique needs and comprehension capacity. These played a crucial role in scaffolding skill learning. Three clients reported utilising summaries of their ABCDE discussions to navigate unhelpful thoughts during distress exposure practice. Initially, no clients selected reading tasks. However, when the practitioner sent 10–20 pages of reading material relevant to their traumatic experiences, three demonstrated strong engagement (see Theme 1) and developed stable reading habits within the prison. Notably, Client 3, who initially believed he could not read books due to learning difficulties, developed a reading habit after two sessions of practising 'reading exposure' (e.g. reading a book aloud in the session, starting with 10 minutes).

Theme 4: Immediate Sense of Reward

A common theme among these clients was an immediate sense of reward following the completion of exposure tasks. Clients 2 and 5 described feelings of accomplishment as they utilised the tracking charts. Clients 1 and 3 reported receiving rewarding feedback from fellow inmates. Client 1 recounted that the pride from finishing a book persisted for days as he discussed its content with inmates facing similar challenges. Client 3 expressed a strong sense of validation after receiving compliments from correctional staff, inmates and his former partner regarding his improved communication style. Client 4 reported experiencing sustained feelings of happiness when reconnecting with his children after a year of severed contact due to conflicts with the caregiver.

Discussion

This paper explores the potential of using *distress exposure* as therapy homework to reinforce incarcerated fathers' skills in maintaining positive family relationships during incarceration, without requiring frequent family involvement. Five case studies are presented, featuring clients who successfully overcame psychological distress to restore relationships with their children and significant others from prison. Four common themes emerged. First, exposure began with tasks relevant to daily routines and immediate needs, not necessarily family-related. Second, exposure progressed through small, manageable steps, such as adding water to cordial once daily or initiating a five-minute conversation with a challenging inmate. Third, personalised assistive tools were essential for developing new habits. Finally, participants reported experiencing an immediate sense of reward upon completing tasks.

The effectiveness of the *distress exposure* homework, incorporating these four features, can be explained by Vygotsky's (1962) Theory of Cognitive Development. The theory emphasises the 'zone of proximal development' (ZPD), which refers to the optimal learning range for the effective acquisition of new skills. The theory proposes that tasks within the ZPD should be challenging enough to promote learning but not so difficult as to discourage the learner. Strengthening family relationships from prison often requires complex interpersonal skills such as active listening, navigating challenging conversations, verbally expressing emotions and accepting conflicts as a natural part of relationships. It is plausible that incarcerated fathers, especially those with traumatic experience and chronic psychological issues, might find it overly challenging to immediately implement these skills.

The *distress exposure* approach, with its exposure hierarchy that breaks down these skills into simple tasks relevant to individuals' self-care routines before progressing to more advanced tasks, might be a more effective approach that prevents discouragement. Additionally, individually tailored tools (e.g. ABCDE summaries, engaging readings) provide learning scaffolding, whilst the perceived imminent reward upon task completion ensures learner engagement.

This paper's findings highlight the importance of identifying clients' ZPD when assisting them in skill acquisition. As each individual's ZPD is unique and difficult to measure within short timeframes, the *distress exposure* approach requires practitioners to adopt a person-centred approach when designing homework. For example, recommending that clients borrow books from the prison library to practise Brain Health Tasks may be overly challenging for some individuals; instead, providing them with a few pages of a book tailored to their psychological needs is a more effective option during the early learning stages.

Limitations include the paper's anecdotal nature and small sample size, which limit generalisability. It is worth noting that several incarcerated individuals failed to adhere to distress exposure therapy, reflecting the significant challenge of identifying the ZPD for each individual in confined settings. This difficulty is compounded by other complexities, including individuals' unique stressors in prison that may not be disclosed to practitioners (e.g. substance misuse). Additionally, due to the short duration of interventions and follow-ups, as well as sole reliance on the fathers' self-reports, the paper's findings are insufficient to demonstrate sustainable long-term change. Future research with longer-duration follow-ups and the incorporation of evaluations from the children's and family members' perspectives will yield more reliable findings. Nevertheless, the paper provides compelling insight into the benefits of incorporating distress exposure homework alongside psychoeducational and cognitive interventions, to optimise the effectiveness of psychotherapy for incarcerated individuals.

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Enhancing AVITH Responses: Collaborative and Intersectional Approaches to Support Marginalised Youth and Families

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Abstract

Adolescent Violence in the Home (AVITH) is a pressing concern within the context of relationship breakdown, presenting significant risks that impact both the immediate safety of families and the long-term wellbeing of young people. Yet with a lack of AVITH programs around Australia, many services find that they are 'building the plane while flying it' when developing AVITH responses to support young people and their families.

This paper will outline Drummond Street Services' collaborative approach to AVITH program development. We will emphasise how collaborative approaches, including the targeted use of Communities of Practice (COP) that support and elevate diverse forms of knowledge, can be leveraged to enhance outcomes for young people and their families.

The paper highlights how the utilisation of COPs has been a key mechanism for sharing and building knowledge through the professional development of Drummond Street Services (DS) staff, and the development of an intersectional AVITH practice framework and accompanying guide. The collaborative practice environment has encouraged practitioners to share insights into effective engagement strategies, and to develop tailored interventions that reflect the unique contexts of the individuals, families and communities they work with.

Overall, this paper outlines the implications of collaborative approaches for practice development and future research, highlighting how collaborative and intersectional approaches to practice development and knowledge sharing can better support the needs of marginalised populations across Australia.

Introduction

Adolescent Violence in the Home (AVITH) and Adolescent Family Violence (AFV) are terms used in Australian policy, programs and research literature to describe the use of violence or harm against family members by young people. AVITH is a pressing concern across the country, presenting significant risks that impact the immediate safety of families and the long-term wellbeing of young people.

As identified by the Victorian Royal Commission into Family Violence and subsequent studies, AVITH is ‘a distinct form of family violence’ that ‘requires a specialist response’ (Neave, Faulkner, and Nicholson 2016). Yet there remain significant practice challenges relating to the provision of AVITH services across Australia, including difficulties within services and across the service system to adequately identify and respond to AVITH. Equally, there are often funding constraints related to the provision of specialist AVITH services – resulting in a lack of adequate service responses which can holistically respond to the complex needs of families experiencing AVITH (Campbell et al., 2023; Campbell et al., 2020; Fitz-Gibbon et al., 2022; Douglas & Walsh, 2018; Neave, Faulkner, and Nicholson, 2016).

When families are affected by AVITH, parents and other family members often experience feelings of self-blame, shame and denial. They may also fear the criminalisation of their child if they report the violence to the police, or the removal of children from their care (Campbell et al., 2020; Fitz-Gibbon et al., 2022). As a result, there is chronic underreporting and delayed help seeking amongst families experiencing AVITH, which means that services are often not involved until families are at crisis point (Neave et al., 2016; Campbell et al., 2020).

Developing supportive and useful service responses within the current service landscape remains a challenge. While we can draw on the existing and emerging evidence base in relation to what works, it is also important to create an environment where we can leverage the skills, experience and expertise of practitioners working in the AVITH space. This will assist further in building an evidence base for this emerging area of practice (Campbell et al., 2023). By collating first-hand, on-the-ground service responses that address diverse support needs within families and address underlying or intersecting experiences of child abuse and related trauma, we can build responses that are fit for purpose and responsive.

This paper will outline Drummond Street Services’ collaborative approach relating to AVITH practice development. This approach sought collaboration among practitioners to develop and capture a practice framework based on their insights and experiences. Communities of Practice (CoP) were the mechanism through which this knowledge was shared and captured; this resulted in a practice framework and accompanying guide, supported by diverse forms of knowledge. The development of practice centred around collaborative processes and supports and reinforced good practice examples as practitioners were asked to share their insights and experiences when working with families.

Whilst the current paper addresses collaborative processes in an area (e.g. AVITH), using collaborative processes to achieve greater intervention outcomes for marginalised groups is supported in literature, with Medows (2020) highlighting the importance of holistic collaborative processes in mental health and community settings. Yet the use of COP methodology specifically is less established. Barwick et al. (2009) characterises COPs as “a group of people who share knowledge, learn together, and create common practices.”

As outlined by James-McAlpine et al. (2023) there are three key elements of COPs, a domain of knowledge, a sense of community and shared practice. By building on these key elements, the use of COPs in the development and articulation of practice within a structured practice framework sought to capture tailored interventions that reflect the unique contexts of the individuals, families and communities engaged in services. This paper will outline Drummond Street's Standing Together Collaborative Practice Framework, adapted from Campbell et al. (2023), which has been developed to support AVITH service delivery.

The AVITH Collaborative Practice Framework

The 'WRAP around families experiencing AVITH: Towards a collaborative service response' (the WRAP Around Families project) highlighted that while practitioners and programs are working hard to respond to young people and families experiencing AVITH, they continue to face a broad range of barriers, with service systems and AVITH program responses still falling short of being fully developed or nuanced at a system level (Campbell et al., 2023).

The WRAP Around Families research articulated the need for an AVITH Collaborative Practice Framework to underpin and support collaborative responses to better support the complex and interwoven needs of families experiencing AVITH. The aims of the AVITH Collaborative Framework were to:

- *Support shared knowledge and consistency of practice* by practitioners across the service system.
- *Improve recognition at the organisational and system levels* to improve understanding of young people's use of AVITH, across the broad service system.

- *Ensure role clarity across the system* by supporting different parts of the system to understand the scope of their role in responding to AVITH, drawing on diverse skills sets, qualifications and specialisations.
- *Bridging knowledge gaps between systems and sectors* to build understanding across different sectors that can support more integrated and collaborative support for families (Campbell et al., 2022).

While the policy and funding landscape does not currently allow for the WRAP's AVITH Collaborative Practice Framework to be fully operationalised, Drummond Street's development of an AVITH practice guide for Multicultural and Multifaith communities sought to adapt the AVITH Collaborative Framework as the basis of its Practice Guide. Informed by the Pillars and Principles, it aims to build and continue augmenting AVITH practice. Practice tips outlined in this paper were developed in collaboration with practitioners, using Communities of Practice methodology and extensive testing.

Methods

The Practice Framework was developed specifically to support the work of the Standing Together program, delivered by Drummond Street Services and the Centre for Multicultural Youth. The Standing Together program works with Multicultural and Multifaith (MCMF) communities across the North-West regions of Melbourne. The Practice Framework was developed by drawing on evidence gathered from a range of sources:

- **Rapid desktop review:** This included looking into the driving factors for AVITH and barriers to accessing support services for MCMF young people and families. A total of 71 sources were included in the review, including forty-seven journal articles, 15 research reports, four practice guidance documents, three policy submissions, a program evaluation and one internal (unpublished) DS document.

- A review and update of Drummond Street's existing AVITH practice model developed in 2020: The review, conducted by Drummond Street's Centre for Family Research and Evaluation, looked at key features of the model that were integral to its success, and situated these practice elements within the WRAP Collaborative Practice Framework.
- Communities of Practice (COPs): A series of seven COP and six knowledge sharing workshops were facilitated throughout the life of the project. Topics for workshops included an introduction to intersectional AVITH practice; research and evidence in AVITH practice; whole of family practice; family violence, power and coercion; mental health and trauma; and neurodiversity. While the workshops allowed for structured learning and discussions, the COPs allowed for the sharing and capturing of knowledge across each of these topics to support the development of the Practice Framework.
- Community consultations: These consultations were facilitated with Multicultural and Multifaith (MCMF) communities including South Sudanese, Afghan and Pasifika communities, as well as an all-female Muslim group with women from South Sudan, Egypt, Kenya, Somalia, Eritrea, Afghanistan and Ethiopia. Three of the four consultations were conducted with adult MCMF communities, while one consultation was specifically conducted with a youth group and included a group discussion and co-design component. Across all consultations, a total of 45 individuals (9 youth, 36 adults) participated.

The Standing Together AVITH Collaborative Practice Framework integrated evidence pulled from these sources and expanded and adapted it in the context of the WRAP Collaborative Practice Framework (Campbell et al., 2023). The adapted version of the Practice Framework focused on operationalising the collaborative practice elements of the WRAP framework, as garnered from COPs and practitioners.

Limitations

While COPs used as part of the Standing Together project aimed to capture and articulate practice, there are limitations to this methodology. Given that this is an emerging area of practice, and the COPs rely on the knowledge and expertise of practitioners, there is a potential risk of knowledge gaps. The COPs included practitioners with a broad range of skills and expertise; however, the COPs were themed around specific areas of knowledge, as highlighted in the methods section above. While there were emerging research and practice examples that the project could draw from when developing workshops and COPs, it is hoped that as practice becomes more sophisticated over time, the practice framework and guide will be further informed by practice including the integration of new knowledge and emerging best practice examples.

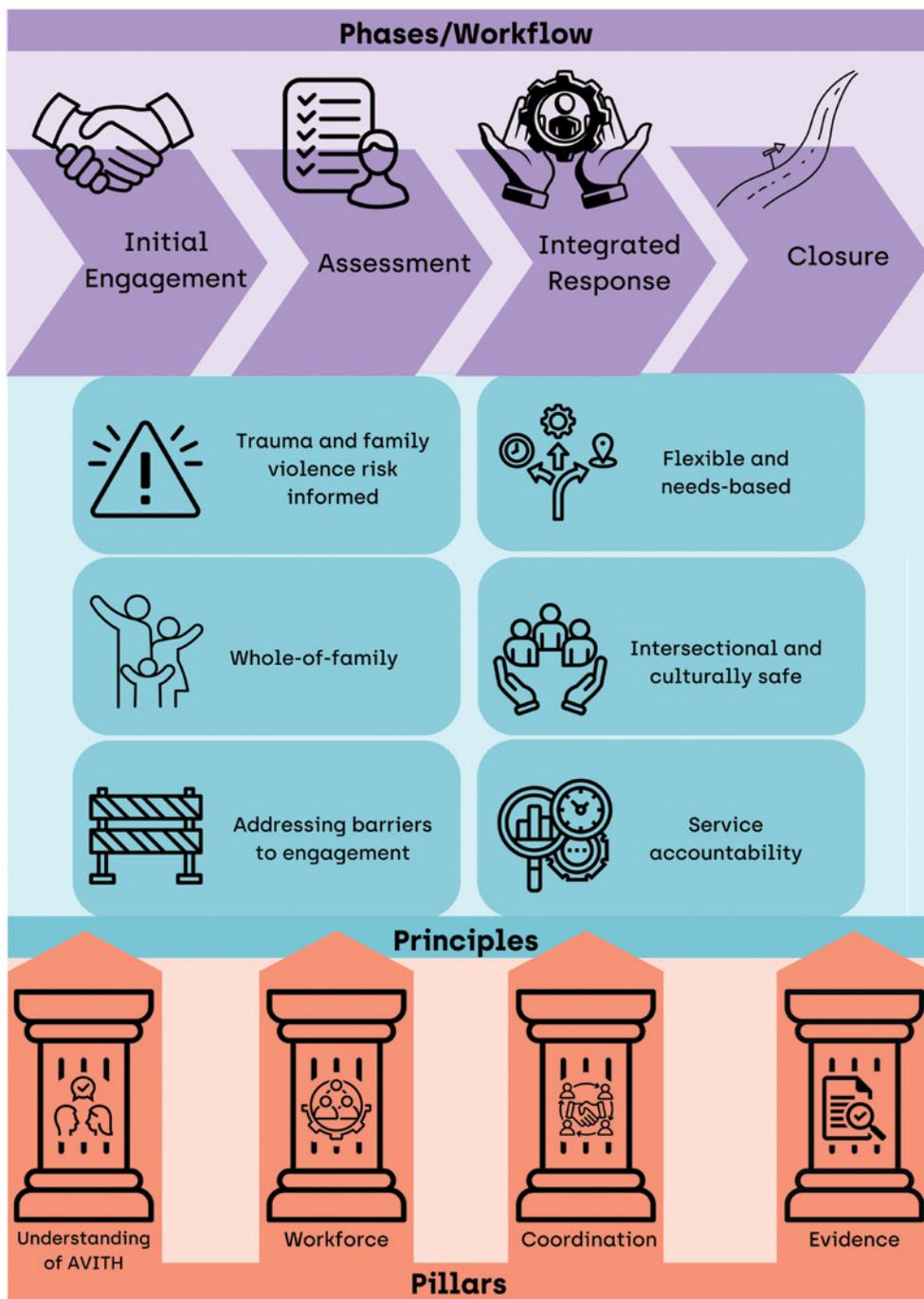
Another limitation relates to the funding environment across Australia, which limits the full operationalisation of the WRAP Collaborative Practice model (Campbell et al., 2023). While Drummond Street's AVITH framework draws on key Pillars and Principles, further investment is needed into AVITH responses and collaboration across the service sector to support the development of a collaborative AVITH service system.

The Standing Together AVITH Collaborative Practice Framework

The Standing Together AVITH Collaborative Practice Framework highlights the importance of a safe, effective, collaborative service response and therapeutic journey, supported by Pillars and Principles that uphold best practice. The framework is a result of the culmination of various

forms of collaborative practice and ongoing consultations. We will explore the application of the Pillars and Principles in practice, drawing on the knowledge of practitioners by integrating and building evidence.

Figure 1: the Standing Together AVITH Collaborative Practice Framework
(Adapted from WRAP Framework, Campbell et al. 2023)



The Pillars

The Standing Together AVITH Collaborative Practice Framework is based on four pillars, as is the WRAP Collaborative Practice Framework. Each pillar is described below, including:

- A definition of the pillar from the WRAP Collaborative Practice Framework.
- How the Standing Together framework has been informed by the WRAP Practice Framework and emerging evidence.
- How DS has applied this pillar in practice.
- Verbal abuse (e.g. yelling, shouting, using degrading language).
- Psychological and emotional abuse (e.g. controlling others' behaviour/actions; threatening others; humiliating others; gaslighting).
- Physical intimidation (e.g. blocking doorways; standing over family members) and assault (e.g. hitting, spitting, pushing, scratching, sexual assault).
- Pet abuse (e.g. physically hurting, scaring or intimidating pets; neglecting pets' everyday needs).

Practice insights/tips for each pillar are based on COPs and consultations with practitioners and community, respectively.

Pillar 1– Understanding AVITH

The WRAP Collaborative Practice Framework articulates the need for a strong understanding of AVITH in order to move beyond the domestic and family violence paradigm of seeing people as 'victims and survivors' or 'perpetrators' of violence. Young people using AVITH are usually both victims and survivors of violence at the same time. For many, the use of violent behaviour may signal a range of unmet needs (Campbell et al., 2023).

Understanding AVITH in the Standing Together Framework

When working with families, finding the right words to talk about harm and violence can be extremely challenging, particularly in the context of young people engaging in harmful behaviours towards family members. AVITH looks different for every family, but may include:

- Property damage (e.g. destroying items including sentimental objects; throwing objects).
- Financial abuse (e.g. controlling or stealing money; racking up credit card charges).

Families may not be aware that they are experiencing AVITH, and they are unlikely to call it AVITH or family violence. Some families confronted by AVITH have described the experience as "walking on eggshells" or "living in a warzone" (Fitz-Gibbon, 2022).

The most appropriate language to use when working with families should be culturally informed and guided by families themselves (Campbell et al., 2023; Pyles et al., 2006; Pokharel, B. et al., 2023). Finding appropriate and accessible language is essential for helping families make sense of their experience. We can do this by describing the specific behaviour (e.g. screaming, yelling, pushing, hitting, breaking things, controlling where the family goes). We can also do this by describing the impact the behaviour has on others (e.g. getting so angry they hurt someone, putting people in danger, making people feel unsafe). The most appropriate language and terminology should be guided by conversations with the family and by the cultural and linguistic nuances specific to the family you are working with.

Effective collaborative practice within AVITH work requires workers to understand and recognise that AVITH is distinct from adult perpetrated violence. It is important to consider a broad range of factors, including how the behaviour is understood in the context of the family's culture and faith, the young person's developmental stage, the functions of the behaviours, or the young person's past or ongoing experiences as a victim of violence (Fitz-Gibbon et al., 2022; Campbell et al., 2020; Campbell et al., 2023).

Risk and safety assessments relating to AVITH should include screening for family violence victimisation of the young person (Howard and Holt, 2015), particularly in the context of parenting orders and shared custody agreements, which often expose children and young people to ongoing violence and coercive control (Campbell, 2022). When conducting risk assessments with children and young people, consider how you can build discussions about safety into the assessment. What are children and young people doing to keep themselves safe? What are some other safety strategies that they might be able to consider?

Drummond Street's response to AVITH considers the dynamics and multidirectional use of violence and experiences of harm within a family unit, as well as the young person's developmental age and formation of their identities during adolescence. It considers the complex and co-occurring risks and needs of young people, considering that for many young people the use of violence does not present in isolation, but rather alongside complex and co-occurring needs (Campbell et al., 2023). It also highlights the need for ongoing, holistic collaborative practice.

Standing Together Practice Tips

The following practice tips, outlined within the Standing Together AVITH Collaborative Practice Guide, support workers to consider broader and evidence-informed understandings of AVITH in their work with young people and families experiencing AVITH.

- Describing the behaviour, rather than the person: "She has used violence against her mum" rather than "she is violent."
- Challenge binary thinking about who is a 'victim' or 'perpetrator.' Practitioners can challenge their own assumptions by being curious about each family member's past experiences (including trauma/violence) and the ongoing impact of violence in families, particularly in families where there has been extensive use of adult perpetrated violence. Consider the needs of the protective parent in these cases and how their experiences of AVITH might trigger past and ongoing experiences of violence used against them by an ex-partner.
- Recognise that AVITH is distinct from adult perpetrated violence and requires distinct interventions. When working with a young person, it is important to not always focus on risks and deficits. You should also consider:
 - The young person's achievements, strengths and protective factors
 - The caregiver's strengths and resilience
 - The accountability and impact of an adult perpetrator.
- Build understanding about AVITH when working with non-specialist services. Understandings of AVITH are not consistent across the service system so you may be required to support learning and provide advocacy for your clients within a broad range of services and systems.

- Be aware of the language and terms that people may be using to describe violent behaviour within the home, including 'bash', 'tough love', 'discipline' and 'hidings.' It is important to explore the context, objective and impact (Hodes & Mennicke, 2019) of these behaviours.
- In AVITH work, it is easy to align yourself with the young person using violence. How do we support and consider the needs of the whole family? Consider the needs of siblings and parents/care givers who have also been the victims of violence. What are their support needs?
- What are the potential sources of strength and connection for families? How can families engaging in our service build their informal support networks? How do they name what they are experiencing and seek informal supports when there is so much shame and stigma attached to AVITH? What supports might they need (practical and therapeutic)?

Pillar 2- Workforce

The AVITH Collaborative Practice Guide highlights the need for an 'AVITH workforce' of specialist practitioners able to deliver a range of therapeutic interventions and case management, as well as a need for enhanced capability across the wider service system to identify and respond to AVITH (Campbell et al., 2023). Practitioners within the WRAP Around Families research highlighted the different skills required to work effectively with children and young people, including work that is trauma-informed, developmentally appropriate and layered with the specialisation needed to address the broad and complex needs of children and young people using AVITH, including mental health distress, trauma experiences, grief, complex disability, bullying in schools, financial instability and discrimination (Campbell et al., 2023).

Workforce in the Standing Together Framework

Within the Standing Together AVITH Collaborative Practice model the work is collaborative, acknowledging the need for diverse specialist staff within a program team. Drummond Street's Integrated Program Response model, adapted from an evidence-based Integrated Safety Response used in Christchurch and Waikato in New Zealand, supports staff to collaborate within and across programs so they can better support the diverse and distinct risks and needs across and within families.

Within the model, a Practice Lead is assigned who is responsible for holding family safety planning and risk meetings and ongoing reviews until circumstances are safe and stabilised. Support activities are delivered by multiple workers including youth specialist and family specialist staff. Within the integrated program response collaborative case meetings, facilitated by the practice lead, support the risk and safety of family members and the coordination of the multiple interventions required. Through having collaborative practice around the case, and collaborative case reviews within and across the AVITH team, the Integrated Program Response allows for the management of risk, the integration of transdisciplinary practice and reflective responses that meet the complex needs of the whole family.

Standing Together Practice Tips

The following practice tips, outlined within the Standing Together AVITH Collaborative Practice Guide, support workers to consider the need for a skilled and responsive workforce when providing support to young people and families experiencing AVITH.

AVITH workers navigate a high level of risk within families. Since case complexity and resourcing can change quickly (e.g. in response to an incident or change in family circumstances), it is important that workers:

- Have regular culturally safe, trauma-informed reflective supervision sessions including collaborative supervision and case reviews, which take a team approach to managing risk and safety.
- Engage in reflexive allocations meetings, case reviews and team meetings, which support staff to be respectfully curious and to reflect on implicit bias and assumptions.
- Respectfully elevate the voice of each worker to draw on their unique expertise, drawing on the need to amplify transdisciplinary rather than multidisciplinary approaches¹.
- Attend ongoing professional development including workshops, training and Communities of Practice).

Pillar 3- Coordination

Within the WRAP Collaborative Practice Framework, coordination refers to the way in which services should find ways to work in coordinated ways to support the broad support needs of families, including through models of care where practice leads support individual practitioners to make sure that they collaboratively manage the risk and safety of all family members (Campbell et al., 2023).

Coordination in the Standing Together Framework

Within the Standing Together AVITH Collaborative Practice Framework, coordination is managed at all parts of service delivery, both within the team and in broader care teams being wrapped around families. In the Multicultural and Multifaith context, it also includes coordination and collaboration with communities more broadly, acknowledging the need to bolster both informal and formal supports around young people and families experiencing AVITH. The program's structured but flexible approach to AVITH involves:

- Clarity regarding the role and scope of each worker in the team.
- Proactive engagement with MCMF families in their community.
- Clear communication pathways between workers and families.
- The inclusion of stakeholders from the clients' community (e.g. bicultural workers) and other informal supports where safe and appropriate.
- Understanding governance and risk management arrangements within the program.

The result is a coordinated service response which is timely, proactive and safe, and meets families with the level, type and duration of support needed.

¹ 'Multidisciplinary' refers to an approach where individuals from different disciplines or fields work independently in their area of expertise to address a common issue or problem. 'Transdisciplinary' approaches involve individuals from different disciplines working together more systematically to develop a comprehensive understanding of an issue or problem. In transdisciplinary collaboration, the boundaries between knowledge and disciplines are transcended and there is a greater emphasis on integrating and elevating diverse perspectives and knowledge to address complex issues and the building of new practice and knowledge (Sell et al., 2022).

Standing Together Practice Tips

The following practice tips, outlined within the Standing Together AVITH Collaborative Practice Guide, support workers to consider the need for coordinated responses in their work with young people and families experiencing AVITH.

- Conduct collaborative allocation meetings to support the management of risk and needs for all family members. Use this space to draw in knowledge, support learning and challenge assumptions – work has not begun yet so practising collaborative approaches at this point can support collaborative practice right through to case closure.
- Work with each family member individually to assess a broad range of health and wellbeing risks and needs.
- Centre the family's goals through action planning: Where are things now? Where would they like them to be? What steps are they going to take to get there? Support and review action plans with families.
- Proactively coordinate with other services (e.g. school), supports (e.g. carers) and specialist practitioners (e.g. AOD workers, LGBTIQ+ peer workers) to work collaboratively.
- Coordinate care team meetings and actions. Where multiple workers are involved, who is doing what and when? Who is responsible for what actions?
- Collaboratively review cases to support a whole of family approach. Make sure that all family members are considered in these reviews. Are we aligning with a particular family member or are we considering the needs of all family members in a collaborative way?
- Seek regular feedback and input from family members so their emerging needs are met.

Pillar 4- Evidence

Within the AVITH Collaborative Practice Framework, the final pillar supports the need for AVITH responses to be underpinned and informed by emerging evidence, including in relation to our understandings of AVITH and its impact on families, as well as evidence relating to 'what works' when responding to AVITH (Campbell et al., 2023).

Evidence in the Standing Together Framework

Within the development of the Standing Together AVITH Collaborative Practice Framework, Drummond Street's Evidence-Based Management Framework supported the need for diverse forms of knowledge and evidence to inform practice. Drummond Street's Evidence-Based Management Framework considers evidence to include emerging literature, organisational data, practitioner expertise and lived experience knowledge. Drummond Street recognises the utility of merging top-down and bottom-up (e.g. community-led) forms of knowledge gathering. At Drummond Street, we recognise and treat these four components, which we recognise may overlap, as equally important in using and generating evidence:

- **External evidence and literature** – including the use of literature reviews, evidence reviews, and social and health research. As there is often limited scientific literature on practice and program development for marginalised communities, we also include grey and emerging literature.
- **Organisational data** – including data drawn from our client record management system, client outcome data, client feedback processes and implementation/process evaluation data. In response to AVITH, organisational data also includes data from the case file audit, outlined in the WRAP Around Families research (Campbell et al., 2023).

- **Practitioner expertise** – including practitioner wisdom, interdisciplinary reflections and both professional and lived experiences. During the Development of the Standing Together practice guide, the harnessing of practitioner knowledge was supported through a series of Communities of Practice held with staff to generate and share knowledge and learning across the team.
- **Service users' and community members' knowledge and lived experience** – including engagement, consultation and co-production processes. Within the Development of the Standing Together practice guide, consultations were held with Multicultural and Multifaith Communities which explored community knowledge of the AVITH, barriers to support, and envisioning of what the service should and could look like, in order to best engage with diverse cultural and faith communities.
- Engage in collaborative knowledge sharing at team meetings, including respectful discussions if there are disagreements. Respect and learn from each other's diverse knowledge and skill sets.
- Strive for a continuous learning and continuous improvement mindset to provide the best support to the families and communities that you work with.
- Consider evaluation findings relating to your program – did anything emerge from the evaluation that was surprising or unexpected?
- Elevate cultural, identity and lived experience knowledge. Consider gaps in your knowledge and seek out the support of your team members or secondary consultations, as needed.

Standing Together Practice Tips

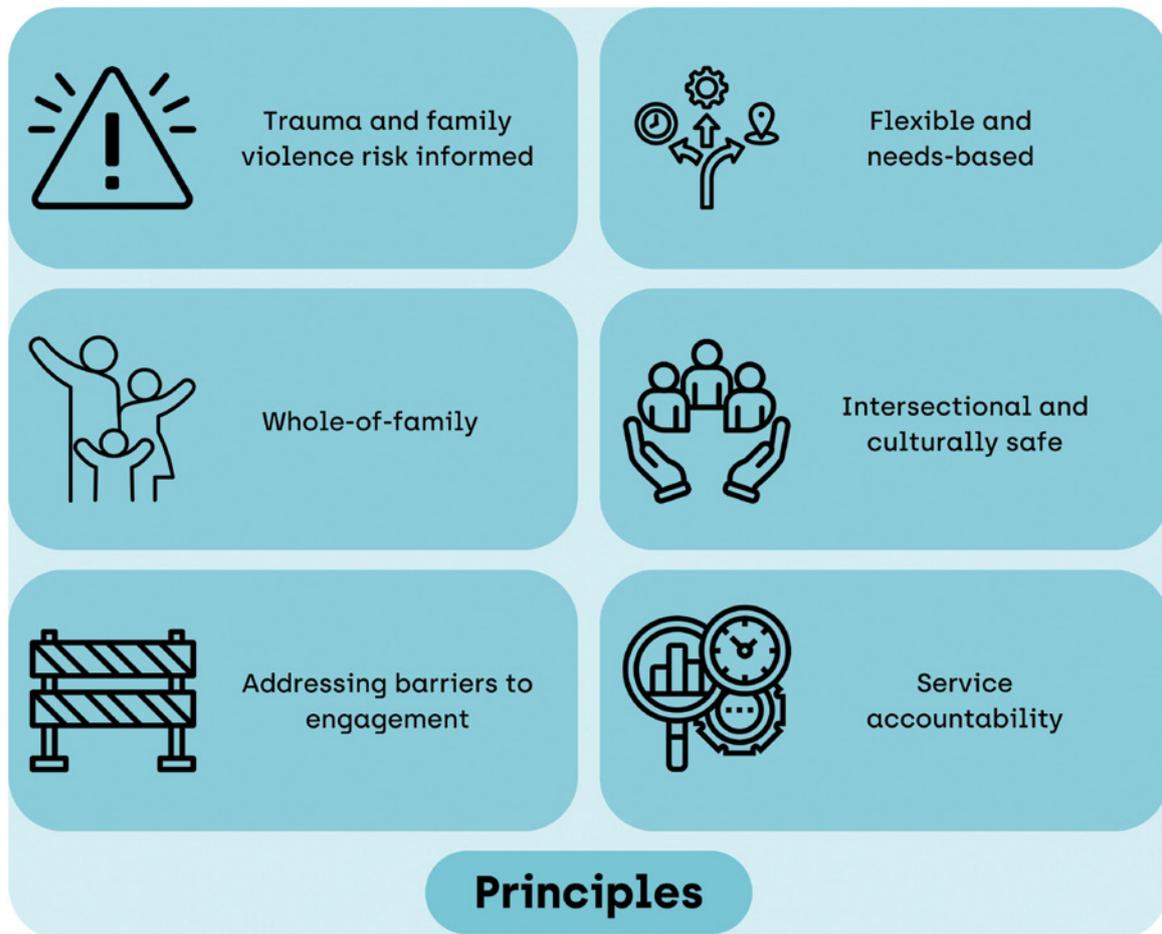
The following practice tips, outlined within the Standing Together AVITH Collaborative Practice Guide, support workers to consider the use of evidence in their work with young people and families experiencing AVITH.

- Stay abreast of new and emerging AVITH research. Share this learning within your team and think about how you can all support this learning with yourselves and each other.
- Participate in formal and informal opportunities for reflective practice, supervision and training. Remain respectfully curious about the views of others in the team, particularly if they are working with other family members.

The Principles

AVITH practice is an emerging field that requires an innovative and responsive workforce. The six principles outlined in the AVITH Collaborative Practice Framework (Campbell et al., 2023) support practice that is consistent, safe and evidence informed.

The Standing Together Framework leverages Communities of Practice (COP) methodologies for practice development with staff, to support the application of the principles from the original framework into practice.

Figure 2: Six Principles (Adapted from WRAP Campbell et al. 2023)

1. Trauma and family violence risk-informed practice

Trauma is a prominent driving factor of young people's use of violence towards other family members (Campbell et al., 2023). Trauma-informed practice for families experiencing AVITH should consider the cumulative forms of trauma they may experience and the trauma experiences of the whole family. Consider applying the Blueknot trauma-informed principles: safety, trustworthiness, choice, collaboration and empowerment (Kezelman & Stavropoulos, 2019).

Principle 1: Practice Tips

Practitioners identified that in order to be trauma and family violence risk informed, practitioners must maintain a lens on all relationships of violence in the home, or in a young person's wider life and context. This includes demonstrating a commitment to keeping adult perpetrators in view and avoiding exacerbating shame and confusion for young people, who may be held accountable for the very behaviours that have often had used against them.

Practitioners also spoke about the importance of recognising that young people are at a developmental stage of identity formation, which involves testing and negotiating how they interact with the world. They spoke about the need to support interventions that are

developmentally appropriate for young people, while recognising that caregivers who have experienced adult-perpetrated family violence may present as traumatised, dysregulated or unable to manage a young person's behaviour in a way that matches their values. This may be due to the ongoing impacts of trauma and, potentially, continued experiences of abuse by another adult and their young person.

2. Flexible and needs-based

Practitioners should monitor risks and needs for the family in a dynamic way. This may involve connecting and collaborating with other specialist services (e.g. AOD practitioner, disability worker, bicultural worker). Families may present in crisis (e.g. risk of child removal) and seek to disengage once this crisis is resolved. It is therefore important to communicate about the range of supports available and to use tools like the plain language summary of the program to articulate that ongoing support can be provided. It is also important to consider the complex and interrelated needs of families and to consider broader formal and informal supports that families may be able to draw on.

Principle 2: Practice Tips

Practitioners identified that as part of a flexible and needs based approach, it is important to advocate for supports that address the family's identified needs, including those that may not appear directly related to AVITH (e.g. material support, spiritual wellbeing, gender affirmation, disability support). They also spoke of the importance of being flexible in approach and accepting that the work may change and that is 'okay'.

Practitioners also emphasised the need to provide practical as well as therapeutic supports by considering Maslow's Hierarchy of Needs (Maslow, 1954) in AVITH interventions. They spoke about the difficulties in families engaging if they

are hungry or worrying about where they will sleep that night. They also highlighted that offering practical supports to families first as part of an intervention was often an effective way to start building trust, particularly when working with marginalised communities who have had past poor service experiences or who are distrustful of services.

3. Whole of Family approach

Using a whole-of-family approach can support practitioners to understand the function of a young person's behaviour, including as potentially motivated by fear, anxiety, confusion or distress. This approach can also support practitioners to consider broader experiences of family members (for example grief, loss, discrimination and intergenerational trauma). Using a whole-of-family lens also helps us to keep adult-perpetrated family violence in view, even when we are working with other family members. Within families themselves, identity, culture and shared experiences may be a point of connection and/or a point of conflict. Family members will have unique experiences of identity and culture due to intersecting identities (e.g. varied experiences of faith depending on gender and sexuality; differences based on being born in Australia or overseas).

Principle 3: Practice Tips

Within Communities of Practice, practitioners identified that it was important to draw on the collaborative approach to practice in supervision and case meetings, with the practice lead helping workers within the program to 'zoom out' and consider different family members' experiences, roles and perspectives. This includes the young person in the context of their experiences and use of harm; caregivers in relation to their experiences of adult perpetrated violence which may impact their parenting skills and capacity; and siblings in relation to their own experiences of harm.

4. Intersectional and culturally safe practice

Intersectionality is a call to action, asking us to consider and address our own implicit bias and prejudice so that we can provide more affirming and supportive programs and services to marginalised communities. It asks us to self-educate and engage in ongoing learning and development, to call out discrimination when we see it and to advocate for and elevate the knowledge of diverse community members. Drummond Street's Seven Elements of Intersectional Practice Framework (2024) asks us to consider various elements of intersectionality in practice.

Principle 4: Practice Tips

Practitioners noted how using a socio-ecological model could help identify the intersecting factors that might be impacting young people and families, for example by thinking about how their overlapping identities (e.g. gender, faith) may be affected by different factors (e.g. school environment, political context) and addressing those in holistic and reflexive ways.

5. Addressing barriers to engagement

MCMF families can face a range of barriers when engaging support services. Applying an intersectional lens helps recognise and respond to these barriers, which can disproportionately impact MCMF communities. Advocating and consistently 'turning up' for families was identified by practitioners as a key consideration in applying this principle to practice.

Principle 5: Practice Tips

Practitioners also thought that in addressing barriers to service engagement, it was important to work flexibly, in a coordinated way. This included respectfully drawing on existing relationships with the family and community and taking creative and flexible approaches to service delivery, including providing outreach and community engagement over the longer term to build trust and mitigate service disengagement.

6. Service Accountability

Accountability in the AVITH Collaborative Practice Framework (Campbell et.al, 2023) highlights the need for services to understand roles and responsibilities, set goals with families and communicate effectively. Aligning with Drummond Street's Seven Elements of Intersectional Practice, service accountability should also include questioning our practice assumptions and approaches; considering positions of power and privilege when working with clients (including any assumptions made); and empowering families and communities to find their own solutions.

Principle 6: Practice Tips

Practitioners spoke about how service accountability involved listening to young people, their families and their communities, including listening carefully to the language they use and the way they articulate their needs and experiences. They also considered an important responsibility in service accountability was to make sure they did not overpromise, and to follow through on any actions.

Conclusion

Through emphasising collaborative practice development of evidence-informed AVITH service responses, the Standing Together AVITH Collaborative Practice Framework demonstrated the application of the pillars and principles of the original AVITH Collaborative Practice Framework (Campbell et al., 2023). By combining emerging evidence with on-the-ground practice insights, generously shared by the skilled practitioners working across the Drummond Street and Centre for Multicultural Youth practice team, this paper highlights the way that evidence should be based on on-the-ground experience in addition to emerging and best practice research, to develop service responses that are safe, effective and inclusive, responding to the unique contexts of families affected by AVITH. The Standing Together program's whole-of-family response to AVITH promotes the long-term wellbeing of the young people using violence and their families, by responding to a complex range of health and wellbeing risks and needs across the family unit.

This paper highlights the importance of adapting evidence to fit the context within which frameworks might be operationalised and further demonstrates the importance of collaborative processes with practitioners in building as well as using evidence. Communities of Practice as a mechanism for facilitating this collaborative process is a vital part of how Drummond Street combines emerging evidence with practice insights. The findings from Communities of Practice and the Standing Together Framework contribute to this growing field of research by emphasising that a holistic, collaborative and pragmatic approach can champion the voices of those involved – these are the emerging experts in what works to support young people and their families.

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