

**Submission
No 58**

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

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Response to the NSW Parliament Legislative Assembly Committee on Community Services' inquiry into support for new parents and babies in New South Wales (NSW)

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Introduction

I welcome the opportunity to respond to the current NSW Parliament Legislative Assembly Committee on Community Services' inquiry into support for new parents and babies in New South Wales (NSW). As noted in the introduction,

The inquiry will focus on ways to improve physical health, mental health and child protection outcomes for new parents and babies. The Committee will also consider areas of disadvantage in relation to babies' health outcomes. Models of support for new parents in other jurisdictions and the role of technology in enhancing support services will also be examined.

This inquiry is important because it is trying to understand how to provide better support for people who are trying to negotiate one of the few transition periods in life that makes them more open than usual to asking for help. Being a parent, in particular a parent for the first time is universal; as are the challenges that come with this, not to mention the expectation that it is hard, and it is normal to need help. This makes it one of the few times in life when asking for help is a less stigmatised. Also, getting this right, that is, helping people have a positive experience of getting help at this stage has long term repercussions for prevention and early intervention of child abuse and neglect later in the child's development. This is because research has shown that people will continue to return to seek help from a service they have successfully sought help from previously (Reimer, 2017).

In order to achieve the aim of the Inquiry, this submission will address the following stated Terms of Reference:

1. The adequacy of current services and structures for new parents, especially those who need extra support, to provide a safe and nurturing environment for their babies.
2. Changes to current services and structures that could improve physical health, mental health and child protection outcomes.
3. Specific areas of disadvantage or challenge in relation to health outcomes for babies.
4. Models of support provided in other jurisdictions to support new parents and promote the health of babies.
5. Opportunities for new and emerging technology to enhance support for new parents and babies.
6. Any other related matters.

Case study¹

Amy was a new parent who sought help from her sister (Megan), who lived in another Australian State. Her child was 8 months old at the time Amy called Megan in a panicked state, and talking about walking out of the marriage, and leaving the child behind.

Amy and her husband were both university educated, in well-paid employment, and their housing situation was secure. They had many loving and caring relationships with supportive family on both sides of their families, and many helpful friends, many of whom were also parents. Amy had accepted the support of the 12 week child maternal health nurse program (which had ended many months ago), was attending a local playgroup, and was seeking ideas, assistance and respite for how to parent from her family and friends.

Despite being good at seeking help, Amy was still feeling on the verge of breakdown. In part, Amy was feeling stress that she did not know how to be the kind of parent she believe people expected her to be. Also, while she found the child maternal health nurse program to have been very helpful and supportive, she was no longer entitled to attend as it was time limited. In addition, while she found attending playgroup helped give her a break in her week, she found the group dynamics competitive and off putting, making her feel judged and even more incapable. She did not know of any other services from where she could seek help.

When Amy called, her Megan told her about the local family service in her area. Amy did not know the service existed, and when told more, said she thought those services were only for families who were going to have their children removed. Amy was quite reticent to try the family service. However, due to her desperation regarding her situation, and trust in her sister, she decided to contact the service.

Amy was assigned a family worker who provided low-level support and casework, and invited Amy to attend parenting groups. Amy engaged and attended, and it wasn't long before Amy felt less overwhelmed about her parenting, had strategies to try to solve her problems, and greater knowledge about where to find knowledge and support for future issues. Amy also built a trusting relationship with the family worker, and other workers at the service. This made her feel more confident to return to the service when things were becoming overwhelming again, in particular as child development and parenting needs changed as her child grew, and she had additional children.

While her experience of the family service was generally positive, Amy did relay some criticism and concerns, which included feeling her family worker did not completely understand why Amy needed to help of the service as much as people with more complex issues, including child protection issues. She made the point that if she hadn't been helped when she was, her situation would have very quickly escalated to family breakdown, and a very precarious and unstable life for her, her husband, and her child.

¹ This is a real life situation. Names have been changed for anonymity.

TOR 1 - The adequacy of current services and structures for new parents, especially those who need extra support, to provide a safe and nurturing environment for their babies.

A recent publication by the Australian Institute of Family Studies (AIFS) (Wise, 2017) has provided a comprehensive account of the current service system and structures for supporting and protecting children across Australia, including NSW, to which I refer the Committee.

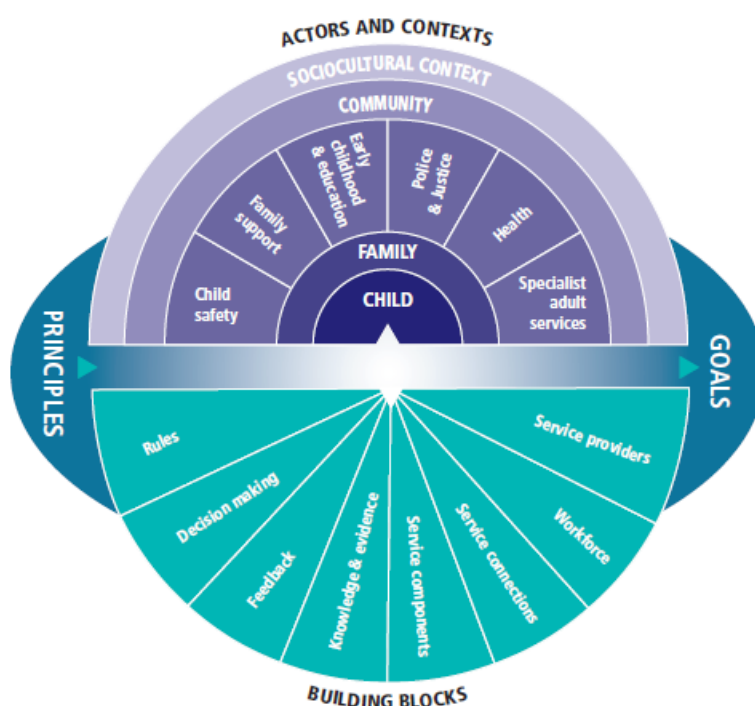


Figure 1: Child protection system framework.

Figure 1 represents the current child protection system across Australia in terms of the system components, actors, principles and goals (Wise, 2017, p. 5). As noted in Figure 1, services included in that system comprise a variety of statutory child protection services, family services, early childhood and education, police and justice, health, and specialist services for issues adults are facing. However, while this system is comprehensive and far reaching throughout the NSW community, it remains skewed to support those where abuse and neglect has already occurred.

Family services, also known as family support services, are integral to this service system in terms of supporting new parents to provide a safe and nurturing environment (NSW Family Services Inc., 2009). Their role as a possible solution lies in their bridging location between the community in which new parents live, long term specialist expertise and experience regarding parenting and child development, connections with potentially supportive community members and other service providers and informal to working with families (Reimer, 2014). There is currently a strong network of family services in NSW (NSW Family Services Inc., 2009). Having been established throughout

Australia during the 1980s (Wolcott, 1989), many of the family services throughout NSW have remained true to their original principles. These underpinning practice principles includes notions of universal support, social support, an ecological approach, strengths-based practice, being embedded in the community and highly responsive to local needs, empowerment and prevention (NSW Family Services Inc., 2009). The most common programs delivered by these services are home visiting, information and referral, playgroups, parenting groups, centre-based support and counselling (NSW Family Services Inc., 2009). They operate as voluntary organizations, although this occurs within a statutory child protection context.

In theoretical terms, and speaking about the child's social ecology (Bronfenbrenner, 1994), NSW has become good at focusing attention on, and funding, the service system around the child and family, but not so good at supporting the community around the family and service system, to support the family and service system. We have lost the emphasis on social networks and connection between individual families and community members and groups (Vinson, Baldry, & Hargreaves, 1996). Responding to child maltreatment is mostly focused on individual pathologies of the parents, rather than considering wider social forces influencing parenting stress (Broadhurst, Featherstone, & Holt, 2012; Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007).

This is despite clear research evidence that structural factors, including political, economic and social, are a factor in child maltreatment (Broadhurst et al., 2012; Coulton et al., 2007; Maguire-Jack & Showalter, 2016; Molnar et al., 2016; Vinson et al., 1996). For example, common social factors associated with child maltreatment, include poverty, housing instability, poor access to child care, easy access to substances, including alcohol, and social chaos within neighbourhoods (Molnar et al., 2016). Others have found interventions focused on strengthening communities mediate and provide a protective influence against many of the factors within communities which are harmful to children (Maguire-Jack & Showalter, 2016; McDonell, Ben-Arieh, & Melton, 2015; Nadan, Spilsbury, & Korbin, 2015).

Despite this, most government policy, intervention and funding in Australia is focused on children and families, rather than supporting communities to support children and families (Productivity Commission, 2017). Furthermore, NSW Government funding to the community to support the child, family and service system has been substantially reduced over the past decades. This is due to reforms, which have seen the Community Service Grants Program eviscerated, and much of the money reallocated to the child protection end of the care and protection continuum. To put it another way, very limited NSW State-based funding remains to build and support communities to support children and families because successive NSW Governments have reallocated most of the funding for preventing child maltreatment into helping children after they have fallen off the cliff, so to speak. This means most funding for preventing child maltreatment, and providing interventions early in the life of the problem, has been reallocated to helping children after they have already been abused or neglected, or after the family has broken down, possibly in part due to overwhelming parenting challenges.

This is problematic because, drawing on social capital theory, if we are really going to take seriously the notions of 'it takes a village to raise a child' and 'protecting children is everyone's business',

then we need to have strong, safe and supportive communities around families. In particular, neighbourhood is important for struggling middle-income and low socio-economic families as their limited resources often restrict their ability to 'buy in' support, which more wealthy families are more able to do. In addition, neighbourhoods higher in collective efficacy, cohesion and social networks (social processes/structural factors) display lower rates of child maltreatment (Coulton et al., 2007; Molnar et al., 2016). In addition, community-based social networks assist low-income parents to manage family and employment responsibilities by developing/strengthening social capital (including networks, connections, information, trust and norms of reciprocity) (Freeman & Dodson, 2014). In addition, Molnar et al. (2016) argue that when unrelated trustworthy and supportive people know the children living in the neighbourhood this also contributes to social health and wellbeing.

Although it has been shown that programs need to adopt a community based approach (Freeman & Dodson, 2014; McDonnell et al., 2015), one problem is that during recent decades, NSW governments have become so program specific in their funding, and funding has been cut for activities that facilitates community-wide activities. Across NSW, there is substantially less funding available now to support the development, connectivity and strengthening of the system at the community level in the child and family's ecology. There is substantially less funding available to fund organisations equipped with the role of bringing community leaders involved in community-level groups and organisations, and service system professionals across various disciplines together.

In summary, while a strong service system exists throughout NSW, more needs to be done to build the attentive and caring community around the new families, who are going through the kind of transition that actually isolates them from people who might be able to help.

Recommendation - The NSW Government shifts some of the attention and resources from the microsystem (the parents and immediate family) to include the meso and macrosystems (neighbourhoods), where resources, education (primarily relating to parenting practices) and additional support needs to be available.

TOR 3 - Specific areas of disadvantage or challenge in relation to health outcomes for babies.

Being a new parent is a very stressful transition period that creates vulnerabilities and opportunities. One such vulnerability is that new parents become isolated from their friends and wider professional- and community-level network of associates. For example, mothers leave work, both mothers and fathers have less time for club and group activities they may have engage in previously. In addition, new parents may struggle to even maintain their relationship with each other due to having to focus on the dependent baby (Ipsos Public Affairs Pty Ltd (Ipsos), 2016; Pacey, 2004). This can be exacerbated when other children are present. On one hand, this makes sense because being a new parent means you have to juggle more in your life, yet there are certain things you cannot stop doing, such as employment. Ironically, the kinds of things new parents stop

having time to do are attending the kinds of groups and activities that means they maintain contact with a range of people who can help them with the baby.

Social isolation is a key characteristic of child maltreatment, largely due to disagreements over parenting methods and help seeking, and lack of knowledge and/or education about support (Vinson et al., 1996). Furthermore, poor support systems, including family and friends who do not support a community norm of help seeking, can spread incorrect information or knowledge, contributing to social issues (Ipsos Public Affairs Pty Ltd (Ipsos), 2016; Nadan et al., 2015). This is of particular concern for new parents, many of whom may have limited experience of what is required for parenting. Child maltreatment may also be caused by a lack of available support systems or inability to use or access support systems, which are largely achieved through social networks.

People generally want to provide the best nurture, care and safety for their children but are hesitant about going to professional services (Ipsos Public Affairs Pty Ltd (Ipsos), 2016; Reimer, 2013). Yet, so often we hear that parents are feeling depressed, isolated, and afraid to seek support due to embarrassment or shame and fear of being labeled (Ahmed, Stewart, Teng, Wahoush, & Gagnon, 2008; Ipsos Public Affairs Pty Ltd (Ipsos), 2016; Meyer, 2013). Furthermore, the language of risk of harm, which is commonly used in the NSW child welfare system, creates stigma and barriers for people to attend specialist parenting organisations. In addition, most people are simply not aware that specialist family services exist in their community, and that they are universally available to them (Ipsos Public Affairs Pty Ltd (Ipsos), 2016).

However, when experiencing parenting challenges they find overwhelming, and outside of their capacity to resolve, parents generally will seek help and support from people they trust (Ipsos Public Affairs Pty Ltd (Ipsos), 2016; Parenting Research Centre, 2017). This is usually family and friends (Ipsos Public Affairs Pty Ltd (Ipsos), 2016; Keller & McDade, 2000; May & Hu, 2000; Parenting Research Centre, 2017). New parents will also seek help when they are experiencing a crisis, such as child medical issue. However, this is mostly restricted to medical professionals, in particular their local GP and infant community health nurses (Ipsos Public Affairs Pty Ltd (Ipsos), 2016; May & Hu, 2000).

While it is good they are seeking support, these professionals are not experts on parenting theory and child development, and cannot provide the more holistic types of support the family needs. In addition, often these people do not know parenting and family support services that are available

Almost three-quarters of parents (72%) worry that others will see them unfavourably when they struggle with parenting and 76% avoid telling others outside their immediate family when they are struggling. Alarming, 83% of parents have heard others say unfavourable or offensive things about people when they struggle with parenting, 83% have seen or read hurtful or offensive things about struggling parents in the mainstream media and 75% have seen this via social media (Ipsos Public Affairs Pty Ltd (Ipsos), 2016, p. 12)

to refer the new parents to (Ahmed et al., 2008) and, if they do, people are reticent to attend (Ipsos Public Affairs Pty Ltd (Ipsos), 2016; Keller & McDade, 2000).

It is apparent that seeking help for parenting challenges really requires the parent knowing someone who might know someone who might know what to do. Furthermore, people seeking help generally do not know that a helpful specialist organisation exists or, if they do, many feel anxious about attending. In addition, the parent is often referred to a generalist counsellor (which they have to pay for), rather than a government funded service that is equipped and has the expertise to provide specialist parenting support, such as a family service (which is free to attend). This is despite there being an extensive network of specialist family services, with expertise in parenting theory and child development, which are available for them to attend free.

In addition, people are more likely to accept a referral to a specialist parenting service they do not already have a relationship with if a person they trust has vouched for that service or workers. Therefore, these referring people (let's call them intermediaries) are very important bridges to accessing support and help. However, this bridge only exists if the intermediary knows about the specialist parenting services, and what they offer, which they often do not (Ipsos Public Affairs Pty Ltd (Ipsos), 2016). Another barrier that exists is that generalist professionals often do not have time to become knowledgeable about the services available to whom they can new parents.

In addition, although community and family services are built on a universal service principle that all are welcome to attend, government policy has so limited these services to provide exclusively for 'vulnerable' families that community members consider such service to only exist for 'at risk' people. People do not like to think of themselves and their children as 'at risk of harm'. Instead, it would be better to build a society-wide language and belief that parenting is challenging for everyone at some time in the life of their family, and that our community has made provisions for all to seek the support of people with expertise in how to support parents through changing times (Ipsos Public Affairs Pty Ltd (Ipsos), 2016).

Recommendation – That intermediaries (including community members who are family and friends of new parents, and generalist service professionals such as health and education professionals) need time to meet with specialist parenting service providers to discuss what they do, including to network across professional fields and to be able to be actively engaged in the community through community development activities.

Recommendation – That the government better funds specialist parenting service providers to engage with intermediaries and build knowledge about the specialist services they conduct, which are available for new parents.

Recommendation - It is important for new parents to have opportunities to continue to keep doing some of the activities that help keep them connected to other people who are potentially going to be able to help them.

Recommendation - Reinstate funding to programs building the capacity of volunteers living in local communities to build relationships with new parents, when they are newly arrived home, who can inform them of supportive services and introduce them to workers from specialist parenting services where barriers stop their attendance exist.

Recommendation – That more is done to encourage cultural level change that parenting is challenging for everyone at some time in the life of their family, and all are welcome to attend the specialist family services that exist within our communities. One proposal includes a research and marketing campaign similar to that which the Queensland Government is conducting (Ipsos Public Affairs Pty Ltd (Ipsos), 2016).

Another part of the issue, is that there is very limited understanding of what parents do to get help, in particular their engagement with formal services (Katz, La Placa, & Hunter, 2007; Matthews & Hastings, 2013; Turner & Liew, 2010). With this in mind, I am working in partnership with The Family Centre in Tweed Heads, to undertake a pilot study in the 2484 postcode area focused on parents' experience of seeking help from services with expertise in parenting theory and best practice, and child development. This is borne out of the literature, which notes that families are unlikely to initiate seeking the support of formal services, with expertise in parenting, until they reach crisis point (Ipsos Public Affairs Pty Ltd (Ipsos), 2016; Keller & McDade, 2000; Petch, Murray, Bickerdike, & Lewis, 2014). Better understanding of the factors contributing to barriers to seeking help from specialist family services will facilitate family workers and policy makers to better support families, thus strengthening families, but also the communities within which they live and work. This pilot study is unfunded and is utilising my work hours in-kind and on a voluntary basis. However, we are currently seeking research funding for a complementary comparative study of help seeking by current TFC clients across the Tweed Shire.

Recommendation - Encourage and better support mixed methods empirical research on parent help seeking.

TOR 4 - Models of support provided in other jurisdictions to support new parents and promote the health of babies.

Along these lines, some approaches have begun to include a broader focus, changing from exclusively focused on individual characteristics of children and families, towards models which recognise the broader community environment, including the interactions and relationships between individuals, families, neighbourhoods and broader community. There are a few examples of community development projects making use of the research on the links between community disadvantage and dis-empowerment, to try to develop a more caring and cohesive community with collective responsibility for the needs of children and families. Examples include, 'Strong Communities for Children' (McDonnell et al., 2015), 'Promise Neighbourhoods' (Horsford & Sampson, 2014), in the US, and other similar community development projects in Scotland (Lawson & Kearns, 2014) and in Wales (Adamson, 2010).

For example, Strong Communities for Children (SCC) is a universal community-wide approach which aims to prevent child maltreatment, improving quality of life for children, families and neighbourhoods by drawing on community assets to build and strengthen networks and relationships. This primarily involves strong reliance on volunteers to increase support mechanisms to parents (Kimbrough-Melton & Melton, 2015). Regarding the success of this program, McDonnell

et. al. (2015) found that SCC revealed positive changes towards social, collective efficacy, child safety in the home, observed parenting practices, parental stress, parental efficacy, and parenting practices. These results confirm that the community mobilisation strategy, where responsibility and support are shared among families and neighbourhoods, can support families and reduce child harm (i.e. through broadly engaging community residents, organisation and institutions). The SCC program for child maltreatment has also been successful in engaging the broader community to reduce maltreatment cases, build collective efficacy, increase available support, and improve parenting practices (McDonnell et al., 2015). The success of SCC is attributed to the capacity of those involved to generate human resources and apply them in new, informal services. SCC did not aim to be an intervention approach, rather to guide strategic development, guided by humanitarian principles. This focus relied on the premise that child protection must become part of everyday life and embedded into the social fabric, showing evidence that it changed the normative structure of the community (McDonnell et al., 2015).

‘It Takes a Town’ project – One example of a NSW community who are engaged in finding ways to better support families



New South Wales has at least one example of a community development program adopting this type of approach to supporting the environment around the children, young people and families in the community to prevent child maltreatment. This is the It Takes a Town project, operating within the northern-NSW town of Murwillumbah

It Takes a Town (ITAT), is a community development project in northern-NSW focused on building a community where children and families thrive. Some neighbourhoods within the 2484 postcode area are experiencing high levels of socio-economic disadvantage (id community, 2017). There are multiple factors that contribute to this disadvantage, including family dysfunction, social isolation, poor role modelling, a lack of regional opportunities, unemployment, underemployment, lower than state average levels of school readiness, lack of public transport, lack of affordable housing and a declining agricultural sector (Montoya, 2014).

The ITAT project focuses on enhancing attitudes and behaviours of care and generosity within community to also consider their roles and responsibilities to build support around the children, young people and families living in the community. ITAT aims to build community connections widely throughout the 2484 region in order to strengthen the level of care and responsiveness to children, young people and families living within the 2484 postcode area.

The following information about It Takes a Town is from the draft of an article currently under peer review². I can supply a confidential version of the article if the Committee requires.

Fundamentally, ITAT aims to connect people in the 2484 who are seeking to change their lives and become more involved in the community with people who can enable it. It is a movement of locals who do not agree with the commonly held assumption that it is up to the government and human services sector to solve their local problems. Rather, those involved with ITAT assume that the government and professional sector cannot adequately respond to the complexity or scale of the problems, and that while people want to contribute, they are not sure how. Those involved believe that:

- a generous and responsive community benefits all those living there,
- that collectively, all are responsible for creating a social environment that is actively generous and responsive to the needs of those living in the community,
- that every person living in the 2484 'matters',
- that some adults and children do not feel connected to the community and are living without effective supports,
- that some homes are not always safe and nurturing places,
- that some lack opportunities to reach their full potential.

These accompany an important project assumption that most people are vulnerable at some time in their lives. Those involved with ITAT argue this assumption removes stigma that this is a project for disadvantaged families.

When developing the project, the organisers conducted a series of community-based conversations, which were meetings with a diverse subsector of residents, community sector professionals and business owners. Emerging from these 'conversations' were the beliefs listed above, but also a strong sense that the 2484 community wants to ensure that 'each child has access to the opportunities and environment required to thrive', and that 'a culture of generosity and responsiveness is alive and well in the 2484'. To achieve this, ITAT invites people to agree to make this perspective theirs, and to get involved. Involvement can take any form as long as it fits inside three project strategies: harnessing generosity; building circles of support; and, creating impact (see Appendix 1: ITAT Logic Model diagram).

Those involved in driving ITAT believe that connections between diverse sectors create and activate a common agenda, which lead to new initiatives and approaches to creating opportunities for children to thrive. The development of shared objectives and a common agenda aligns with the work of Moore, McDonald, McHugh-Dillon, & West (2016) for effectively building social capital and cohesion.

ITAT is also aligned with collective impact approaches. These 'obsessions', which is what they call them, are consistent with the notion of collective efficacy where community members consciously attempt to regain control over their behaviour and lives (Molnar et al., 2016). The voluntary nature

² From draft version of (Reimer, Stewart, & Bec, under review)

of such efforts in ITAT displays strong evidence of self-efficacy; a concept highly desired, yet commonly lacking, within vulnerable or at-risk groups, particularly during the initial stages of development projects (Ohmer, 2007).

It is clear that ITAT is underpinned by notions such as ecological, empowerment and strengths approaches, evidenced by supporting people to contribute according to their abilities and interest ('response-Able'), and in particular supporting families to identify and move towards their aspirations for better futures (Barter, 2001). These also been found to be important for effective community development (Barter, 2001; Kretzman & McKnight, 2005; Mathie & Cunningham, 2003). Furthermore, ITAT has managed the project along the lines outlined in community development literature by implementing the following sorts of approaches:

- articulating a clear agenda which is locally determined, rather than related to broader welfare agendas (Barter, 2001; Harpham, Grant, & Thomas, 2002)
- operating in a 'bottom up' way (Barile, Franco, Nota, & Saviano, 2012; Butterfoss, 2007; Freeman & Dodson, 2014; Martinez-Cosio & Bussell, 2012)
- focusing on strengthening the community and building relationships locally (Barter, 2001; Simpson, Wood, & Daws, 2003)
- engaging as an intermediary between formal government and social welfare systems and the community (Adamson, 2010; Freeman & Dodson, 2014; Mansuri & Rao, 2004)
- working to develop a shared sense of purpose, outcomes, participation and power within the community (Barter, 2001; Mansuri & Rao, 2004)

This has occurred though many of the ways identified as effective for building social cohesion, capital and health, including:

- years of hard work where volunteers, who are also residents of the 2484, have sought to build trusting relationships with residents and community leaders and inform them of the project
- running a series of community conversation meetings, and arranging to speak with people from a diverse range of clubs, groups and organisations within the 2484, about the needs of the 2484
- building a sense of belonging, including that all have something to contribute to the collective health and wellbeing of the 2484
- creating a flexible approach. This has enabled ITAT to encourage those who identify with the 2484, and the assumptions of ITAT, to suggest opportunities to take action, and support them to bring these to fruition, both at the local neighbourhood level and more broadly at the State-wide social policy level
- using social media, mainstream media, word of mouth and community events to discuss the norms and agenda, and organise a growing and diverse group of people across the 2484, and
- creating a platform for community development and social change by partnering with a locally respected family service that sees benefit in supporting ITAT behind the scenes and allowing the project to manage its agenda.

Central to ITAT are concerns regarding how a stronger, more cohesive and healthier community vicariously improves children's wellbeing. Regarding this, I am currently undertaking an unfunded longitudinal research project with ITAT to better understand how community development project such as ITAT impacts on social cohesion, in order to propose alternatives to traditional ways of improving the health, wellbeing and safety of children. The aim of the study is to understand how ITAT changes social connections and cohesion with the community, as it attempts to build a community around children and families in which they can thrive.

ITAT is primarily focused on strengthening and creating sustainable, caring and generous connections between local residents, businesses, groups and formal child welfare services in order to generate a local culture of generosity and responsiveness. The project has flipped the ecological approach, which is commonly used in child welfare interventions, in that it is focused on the meso-, macro- and exo-systems, rather than individual and micro-system (Bronfenbrenner, 1994). Through the assumptions and strategies outlined, ITAT aims to build the networks, resources, competence, trust, reciprocity, inclusion, cooperation, commitment and power of the community around the children and families, all of which are important aspects of community development (Chan *et al.* 2006; Harpham *et al.* 2002; Barter 2001). As such, ITAT is trying to ensure the 2484 can utilise a much more diverse range of skills, experiences, resources from people both living within and outside the 2484 to meet the needs of the children and families than most child welfare agencies can generate. It is hoped the social cohesion, capital and health, and collective efficacy developed and utilised, will spread through the community to support the children and families within the 2484, including new parents. However, the sustainability of this project is precarious because, as it was unable to secure Government funding, it only has 2 years' project funding from the Vincent Fairfax Family Foundation philanthropic fund.

Recommendation - Encourage and better support community-wide community development responses to supporting new parents, for example projects like It Takes a Town.

Recommendation - Encourage and better support mixed methods empirical research on community development responses to child protection and child wellbeing.

TOR 5 - Opportunities for new and emerging technology to enhance support for new parents and babies.

Technology provides safe access to knowledge about what services are available. Many services already successfully build a local profile using social media platforms such as Facebook, Instagram and twitter. Indeed, ITAT would not have achieved its level of impact, community involvement and success to date had it not been for the use of social media and new technologies to inform people of its project. However, I would argue that more needs to be done to support community organisations learn to utilise these platforms better rather than develop new mechanisms.

In addition, human beings are conditioned to be in proximal and physical relationships with other human beings. Virtual environments can be good for building knowledge and some level of trust

about support services that are available, but they have been shown to be limited in the extent to which they can ameliorate feelings of isolation and lack of support. Moreover, providing for the needs of new babies is very tactile. Sometimes the only way to teach someone how to respond or manage a baby is through direct instruction where the professionals, parents and baby are proximal.

I would argue that it is vitally important that any consideration of allocating precious resources to develop technological means to engage and support people is used to complement rather than supplant proximal support and real life relationships between parenting specialists and new parents.

Conclusion and possible solutions

We know that thriving local communities are safer for children. We also know that strong communities, which are rich in social capital, social cohesion and social health, exist where there is community level trust and participation, and where many members of the community see they have a role in creating an environment where children, young people and families can thrive. This is because the people who are involved in their community live amongst the new parents. They are the ones who are right there with the parents immediately as needs arise.

A possible solution to the issues outlined in this submission includes providing resources for service providers with expertise in parenting theory and evidence-based practice, and child development to be able to build a trustworthy profile, and long-term relationships, with new parents before they even need attend the service. While services focused on the health needs of new babies are very important, these stop very quickly and new parents find themselves set adrift, without ongoing professional relationships with people with expertise in parenting theory and older child development. This means enabling such specialist services to engage with new parents at the child's birth, but also ensuring they remain available to work with the family in a recurring fashion, if that is what the family requires as their needs change as their children age.

This is possible when organisations can commit worker time to engaging more regularly, actively and deeply at the wider community level long term. The NSW Government plays a crucial role in this, as worker time requires additional resourcing within the service system to send workers into the communities and build relationships across a broad cross-section of the people living there.

This approach at the community level is important to ensure new parents do not feel stigmatised and scared to engage when they need help. This is because when people build relationships with workers, they no longer see the organisation. Instead, they see a person, who they know and trust who they believe has knowledge that can help them. This approach is evident in research that shows people seek help from people whom they trust in their associate network when they need help and know that person has professional expertise. That is, they need professional support but, rather than seeking it from an unknown professional, they seek it from a professional they know personally instead. When this occurs there it becomes more likely that residents see the organisation as part of their community, rather than something that only people who are vulnerable go to, thus reducing the anxiety and stigma related to acquiring support.

Another possible solution to better support new parents in NSW is for specialist parenting / family support organisations to be provided more resources, flexibility and time to develop relationships with the vast array of intermediaries who live amongst new parents, are attentive and caring, and from whom parents seek support. This includes anyone new parents may come into contact with in their daily life while trying to resolve their challenges, for example, general practitioners, hospital social workers, church pastors, local librarians, members of community groups and clubs with which they are involved, playgroups, and local business people. This way there will be many more in the community whom new parents trust, who will be able to refer them to specialist services.

Getting this right for people like Amy (who is a real person to whom this occurred) will ensure more NSW families are thriving, rather than experiencing preventable parenting stress which may become overwhelming and lead to family breakdown, family and domestic violence, and child abuse and neglect. Helping people have a positive experience of getting help when they are new parents has long term repercussions for prevention and early intervention of child abuse and neglect, and for ensuring the children of NSW have maximum opportunity to thrive.

Thank you for the opportunity to provide ideas related to the Inquiry Terms of Reference. I invite the Committee to speak to me, TFC and ITAT further about points noted in this submission, as well as what we are trying to achieve with both the *It Takes a Town project* and the *Pathways to support for parenting challenges within the 2484 area* parent help seeking study.

References

- Adamson, D. (2010). Community empowerment: Identifying the barriers to “purposeful” citizen participation. *International Journal of Sociology and Social Policy*, 30(3/4), 114-126.
- Ahmed, A., Stewart, D. E., Teng, L., Wahoush, O., & Gagnon, A. J. (2008). Experiences of immigrant new mothers with symptoms of depression. *Archives of Women's Mental Health*, 11(4), 295-303.
- Barile, S., Franco, G., Nota, G., & Saviano, M. (2012). Structure and dynamics of a “T-Shaped” knowledge: From individuals to cooperating communities of practice. *Service Science*, 4(2), 161-180.
- Barter, K. (2001). Building community a conceptual framework for child protection. *Child Abuse Review*, 10, 262-278.
- Broadhurst, K., Featherstone, B., & Holt, K. (2012). Thinking systematically-thinking politically: Building strong partnerships with children and families in the context of rising inequality. *British Journal of Social Work*, 42(4), 618-633.
- Bronfenbrenner, U. (1994). Ecological Models of Human Development. In *International Encyclopedia of Education* (Vol. 3 (2nd ed)). Oxford: Elsevier Sciences Inc.
- Butterfoss, F. D. (2007). *Coalitions and partnerships in community health*: John Wiley & Sons.
- Coulton, C. J., Crampton, D. S., Irwin, M., Spilsbury, J. C., & Korbin, J. E. (2007). How neighborhoods influence child maltreatment: A review of the literature and alternative pathways. *Child Abuse & Neglect*, 31(11-12), 1117-1142.
- Freeman, A., & Dodson, L. (2014). Social network development among low-income single mothers: Potential for bridging, bonding, and building. *Family Relations*, 63, 589-601.
- Harpham, T., Grant, E., & Thomas, E. (2002). Measuring social capital within health surveys: Key issues. *Health Policy and Planning*, 17(1), 106-111.
- Horsford, S. D., & Sampson, C. (2014). Promise Neighborhoods. *Urban Education*, 49(8), 955-991.
- id community. (2017). Demographic resources: Tweed Shire Council Social Atlas. Retrieved from <http://atlas.id.com.au/tweed>
- Ipsos Public Affairs Pty Ltd (Ipsos). (2016). *Talking families campaign: Detailed findings and technical report*. Queensland: Queensland Child and Family Commission Retrieved from <https://www.qfcc.qld.gov.au/talking-families-research-report>.
- Katz, I., La Placa, V., & Hunter, S. (2007). *Barriers to inclusion and successful engagement of parents in mainstream services*. Retrieved from New York:
- Keller, J., & McDade, K. (2000). Attitudes of low-income parents toward seeking help with parenting: Implications for practice. *Child Welfare: Journal of Policy, Practice, and Program*, 79(3), 285-312.

- Kimbrough-Melton, R. J., & Melton, G. B. (2015). "Someone will notice, and someone will care": How to build Strong Communities for Children. *Child Abuse & Neglect*, 41, 67-78.
- Kretzman, J., & McKnight, J. (2005). *Discovering community power: A guide to mobilizing local assets and your organization's capacity*. Retrieved from <https://resources.depaul.edu/abcd-institute/Pages/default.aspx>
- Lawson, L., & Kearns, A. (2014). Rethinking the purpose of community empowerment in neighbourhood regeneration: The need for policy clarity. *Local Economy*, 29(1-2), 65-81.
- Maguire-Jack, K., & Showalter, K. (2016). The protective effect of neighborhood social cohesion in child abuse and neglect. *Child Abuse & Neglect*, 52, 29-37.
- Mansuri, G., & Rao, V. (2004). Community-based and-driven development: A critical review. *The World Bank Research Observer*, 19(1), 1-39.
- Martinez-Cosio, M., & Bussell, M. R. (2012). Private foundations and community development: differing approaches to community empowerment. *Community Development*, 43(4), 416-429.
- Mathie, A., & Cunningham, G. (2003). From clients to citizens: Asset-based Community Development as a strategy for community-driven development. *Development in Practice*, 13(5), 474-486.
- Matthews, P., & Hastings, A. (2013). Middle-class political activism and middle-class advantage in relation to public services: a Realist synthesis of the evidence base. *Social Policy & Administration*, 47(1), 72-92.
- May, K. M., & Hu, J. (2000). Caregiving and help seeking by mothers of low birthweight infants and mothers of normal birthweight infants. *Public Health Nursing*, 17(4), 273-279.
- McDonell, J. R., Ben-Arieh, A., & Melton, G. B. (2015). Strong Communities for Children: Results of a multi-year community-based initiative to protect children from harm. *Child Abuse & Neglect*, 41, 79-96.
- Meyer, S. A. (2013). *Let their voices be heard: Understanding the barriers to seeking early prenatal care for low-income non-Hispanic Black women*. (74), ProQuest Information & Learning, US.
- Molnar, B. E., Goerge, R. M., Gilsanz, P., Hill, A., Subramanian, S. V., Holton, J. K., . . . Beardslee, W. R. (2016). Neighborhood-level social processes and substantiated cases of child maltreatment. *Child Abuse & Neglect*, 51, 41-53.
- Montoya, D. (2014). Child disadvantage in NSW: Recent findings. *E-brief 07/2014*. Retrieved from <https://www.parliament.nsw.gov.au/researchpapers/Documents/child-disadvantage-in-nsw-recent-findings/Child%20disadvantage%20in%20NSW%20-%20recent%20findings.pdf>
- Moore, T., McDonald, M., McHugh-Dillon, H., & West, S. (2016). Community engagement: A key strategy for improving outcomes for Australian families. *CFCA Paper*, 39. Retrieved from <https://aifs.gov.au/cfca/sites/default/files/cfca39-community-engagement.pdf>

- Nadan, Y., Spilsbury, J. C., & Korbin, J. E. (2015). Culture and context in understanding child maltreatment: Contributions of intersectionality and neighborhood-based research. *Child Abuse & Neglect*, 41, 40-48.
- NSW Family Services Inc. (2009). *The role of family support services in keeping NSW children safe*. Sydney: NSW Family Services Inc.
- Ohmer, M. L. (2007). Citizen participation in neighborhood organizations and its relationship to volunteers' self- and collective efficacy and sense of community. *Social Work Research*, 31(2), 109-120.
- Pacey, S. (2004). Couples and the first baby: Responding to new parents' sexual and relationship problems. *Sexual and Relationship Therapy*, 19(3), 223-246.
- Parenting Research Centre. (2017). *Parenting Today in Victoria: Technical Report (report produced for the Department of Education and Training, Victoria)*. In.
- Petch, J., Murray, J., Bickerdike, A., & Lewis, P. (2014). Psychological Distress in Australian Clients Seeking Family and Relationship Counselling and Mediation Services. *Australian Psychologist*, 49(1), 28-36.
- Productivity Commission. (2017). *Report on Government Services 2017*. Retrieved from Canberra: <https://www.pc.gov.au/research/ongoing/report-on-government-services/2017/community-services/child-protection/rogs-2017-volume-f-chapter16.pdf>
- Reimer, E. (2013). Relationship-based practice with families where child neglect is an issue: putting relationship development under the microscope. *Australian Social Work*, 66(3), 455-470.
- Reimer, E. (2014). Using friendship to build professional family work relationships where child neglect is an issue: Worker perceptions. *Australian Social Work*, 67(3), 315-331.
- Reimer, E. (2017). Leaving the door open for "tune ups": Challenging notions of ending working relationships in family work. *Child & Family Social Work*, <https://doi.org/10.1111/cfs.12353>. doi:10.1111/cfs.12353
- Reimer, E., Stewart, C., & Bec, A. (under review). It Takes a Town: Igniting a culture of generosity to build a thriving environment for all children in 2484. *International Journal of Social Welfare*.
- Simpson, L., Wood, L., & Daws, L. (2003). Community capacity building: Starting with people not projects. *Community Development Journal*, 38(4), 277-286.
- Turner, E. A., & Liew, J. (2010). Children's adjustment and child mental health service use: the role of parents' attitudes and personal service use in an upper middle class sample. *Community Mental Health Journal*, 46(3), 231-240.
- Vinson, T., Baldry, E., & Hargreaves, J. (1996). Neighbourhoods, Networks and Child Abuse. *The British Journal of Social Work*, 26(4), 523-543.
- Wise, S. (2017). *Developments to strengthen systems for child protection across Australia*. Melbourne: Australian Institute of Family Studies Retrieved from

https://aifs.gov.au/cfca/sites/default/files/publication-documents/44_child_protection_reforms.pdf.

Wolcott, I. (1989). *Family support services: a review of the literature and selected annotated bibliography*. Melbourne: Australian Institute for Family Studies.



IT TAKES A TOWN

WHY WE'RE DOING IT The Issues

We know that

- Every person matters.
- Some homes are not always safe and nurturing places for children to grow.
- Some children are not deeply connected to our community and don't have the opportunity to reach their full potential.
- Some adults don't feel connected in our community and are living without effective support networks.
- Many individuals perceive that it's the government's responsibility to 'fix' the problems in our community.
- At times we're all vulnerable.
- A generous and responsive community benefits us all.
- Collectively we create the story of the 2484.

Statistics are telling us that

- 1 in 5 local children are growing up in poverty, compared to 1 in 8 nationally.
- Nearly 1 in 2 local families who are renting are at risk of financial hardship or poverty.
- In the absence of affordable housing, more locals are living in caravans than in community housing.
- 2 out of 3 working locals earn less than \$600 per week. Our income is 1/3 less than the NSW state average.
- We have an unemployment rate of 8.2% compared to the state average of 4.9%.
- 1 in 4 locals who are homeless are aged under 18.
- We live in a generous community, with 1 in 4 locals volunteering.

WHAT WE'RE DOING The focus

2 Results

- Result 1:** Each child has access to the opportunities and environments required to thrive.
- Result 2:** A culture of generosity and responsiveness is alive and well in the 2484.

4 Obsessions

1. Connections between diverse sectors create and activate a 'common agenda'.
2. These connections lead to new initiatives and approaches to creating opportunities for children to thrive.
3. Families are supported to identify and move towards their aspirations for better futures.
4. People are contributing according to their abilities, interests and resources.

HOW WE'LL DO IT Our strategies

Harnessing Generosity

- Create a multi-media focus to encourage a culture of generosity & responsiveness.
- Establish the Thrive2484 Community Exchange as the 'go-to' platform for ideas, offerings & requests.
- Tell the stories of vulnerable individuals and families in ways that equalise and nurture connection.
- Tell the stories of generous & responsive locals to role-model & normalise contribution.

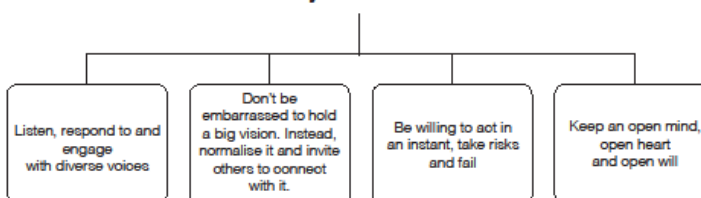
Building Circles of Support

- Support families to identify their aspirations.
- Match families wanting change with individuals who can support the achievement of their aspirations.
- Support individuals to contribute according to their abilities, resources & interests.
- Provide opportunities for people to connect.

Creating Impact

- Sign up existing community organisations to the model – we're stronger together.
- Enable and support strong connections across sectors, focused on a shared vision and common agenda.
- Map social networks and points of influence and leverage.
- Prototype initiatives that hold the seeds of change.

Guided by these behaviours



HOW WE'LL KNOW WE'VE BEEN SUCCESSFUL The new story and measures

What these outcomes will look like

- We actively care about the wellbeing of others
- We're responsible 'with' and for each other
- We trust each other
- We feel part of something bigger than 'my tribe'
- We support each other to bring aspirations to life
- Children, individuals and families feel connected
- Multiple sets of caring eyes protect our children
- We identify and respond early to child safety & development issues
- We're celebrating our successes and efforts
- When we see a need we're asking 'am I able to respond, and if so, how?'

Measured by

- # of organisations / groups who endorse the 'common agenda'
- # of individuals who sign up to the 'common agenda'
- # of services, groups, clubs, churches, businesses, government and peak bodies, that actively participate
- # of distinct sectors represented in our focus on creating impact
- # of new collaborations directed at activating the common agenda
- % of action-oriented collaborations that are cross-sectorial
- # of new projects instigated
- # of individuals who directly volunteer through *It takes a town*
- % of volunteers who report that their confidence and capacity to respond to others has strengthened
- # of families supported as recipients in the Circles of Support
- % of participant families and Circle supporters, who identify that participation has provided them with new connections
- % of participant families who identify that the support they received was responsive to their needs & aspirations
- # of acts of generosity that can be attributed to *It takes a town*