

# FAMILY & COMMUNITY STRENGTHS

NEWCASTLE • AUSTRALIA • 2018

INTERNATIONAL  
SYMPOSIUM

## PAPERS AND NOTES

Contributions from leading academics,  
policy makers and practitioners

## “ SYMPOSIUM THEMES

*Innovations and new directions for strengthening global families and communities  
Global conversations about success and strengths in place*

JOIN THE CONVERSATIONS ”  
... AND IMPLEMENT THE ACTIONS





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# Opening Address

**Distinguished Professor of Family Studies and Director of the Family Action Centre Alan Hayes,  
School of Health Sciences, Faculty of Health and Medicine, The University of Newcastle**

From siloes to synergy: Connecting and integrating family and community assets and strengths

Strong, resilient and adaptable societies are built on the foundations of their cultural, material and human assets and their capacity to mobilise the strengths of families and communities. As a social species, human adaptive capacity, capability and, ultimately, survival reflect the evolution of our ability to harness the diverse assets, strengths and resources of communities and families. Collectively these have enabled us to adapt to the constancy of change, solve the challenges that confront each generation and move progressively from problems to prospects. Many of the most complex family and community challenges, have longstanding origins that span generations. And one generation's successes and triumphs can be another's burden. Contemporary crises, in part, are also products of some of the 20<sup>th</sup> Century's significant successes. And changes in one area also tend to have intersecting impacts on other areas of family and community functioning.

## **The “population” problem**

Among the remarkable achievements of the last Century have been rapidly reducing infant mortality and accelerating increases in the span of life. These public health victories have been remarkable achievements that have led to a range of mostly positive developments. They have, however, also brought negative impacts that were difficult to anticipate, and which present particularly challenging problems for contemporary policy makers and those who work to support, sustain and strengthen families and the communities in which they live. For example, advances in managing fertility have led to dramatic reductions in family size. If the current trend continues, all the countries represented in this room already have, or across the next decades are likely to have, total fertility rates below replacement level. In many cases these will be significantly below the current, already low levels. This is a key element of the “population” problem. Subsequently, parents increasingly need supports beyond the immediate and extended family to assist in the care and nurture of their children. A range of professional early childhood care and educational services have evolved to meet these needs.

Increase in the life span also reflects the triumph of preventative public health approaches and progressive advances in health care, from the prenatal period and across life. It has, however, also brought the challenge of rapid change in the age distribution of populations in many countries. There is a reducing proportion of those in childhood, adolescence and of working age, relative to those in the later years of life. This represents a major demographic shift that has occurred in a relatively short number of decades. This shift has impacts on the tax base available to governments and brings challenges in the development of policies and provisions to support older citizens. The impacts are most evident in terms of health and aged care provision. The cost to national budgets of these is increasing, and a source of major concern to government policy-makers.

As in every preceding era, adaptation is occurring. In many countries there has been an increase in older people remaining in the workforce beyond the traditional age of retirement. And there is a growing emphasis on health promotion efforts addressed at healthy ageing and wellbeing. Migration also ameliorates some of the impacts of population change and addresses gaps in workforce provision in areas such as nursing, medical and allied health, and aged care, among others.

## **Contemporary chances and challenges**

Some of the last Century's most profound, positive impacts have been in advancing educational opportunity. Education has great capacity to increase equity of opportunity and mobilise the talent pool available to contemporary societies [1]. Educational participation and career access, including for girls

and women, underpins progress towards equitable life chances, opportunities and prospects [2]. Increasing educational and employment participation have been major achievements and have made wide-reaching differences in development, health and wellbeing [1]. They bring clear benefits that flow to families, communities and societies. However, while economic security may be enhanced, work and family balance are major challenges for many families.

In addition, longer lives and smaller families intersect with intergenerational impacts. Families may experience periods of life when they not only have parental responsibilities for their children but also may need to support and care their own elderly parents and relatives. With smaller family size, there is less scope to share the care responsibilities within the family. As for child care, dependence on provision of aged care solutions beyond the family is growing.

Along with these advances come challenges that require addressing the intersecting social, educational, health and economic implications of change. Opportunity is not equally distributed across social groups and, despite growing wealth in many countries, too many children, families and communities can miss out or be left behind. Reducing inequality is an increasing policy priority in many countries.

Across the social spectrum, communities and their families may struggle with challenges that include physical and mental ill-health, including chronic illness and disability; substance abuse; and family violence, among others. Disadvantage, especially when entrenched, exacerbates the impacts of these challenges, and families, especially those living in disadvantage, tend to experience a package of challenging problems [2]. Addressing these requires a package of supports across the life course, making short-term interventions of limited assistance. Communities and their families also confront the impacts of structural economic changes that may flow from global disruptions. Many families and communities face the uncertainties of fragile and insecure employment. In turn, these increase the risk of unemployment. Caring responsibilities may further affect both employment and family income, with resultant widening of the inequality gap. Circumstances such as these may elevate the risk of relationship difficulties that can fracture families. Together, these complex packages of problems challenge policy solutions and practice approaches.

The complex needs of communities and their families also span the boundaries of traditional government portfolios and professional disciplines. Moving from siloes to synergy requires an increased focus on cooperation, collaboration and integration of efforts. Several recent developments focus on increasing coordination, collaboration, integration, to achieve collective action and impact [e.g. 3, 4]. These seek to inform both current and future policy priorities and practice approaches. Advances in prevention science provide a foundation to guide interventions focused on improving the circumstances and life experiences of children, families and communities [5]. Such initiatives strive to link evidence-based practices and utilise data resources to monitor and evaluate their impacts and outcomes [3, 6]. The aim is to increase coordination within and between healthcare, community and social services, and educational systems.

While primary and secondary healthcare integration has received substantial attention, more inclusive linkages with social support systems, wellbeing services, and community organisations are vital in framing future policy and practice solutions [7]. The objective should be to improve integration between both upstream, preventative services, commonly offered through community and non-government agencies, as well as the downstream, tertiary intervention services, typically provided by specialist providers [8, 9].

Whether integrated care or collective action, such approaches enable services to address current and future complex needs that have large-scale social, environmental, or public health impacts. They seek to overcome the growing concerns that services have been isolated, *ad hoc* or unstructured and lack cohesive alignment and accountability among agencies [10]. Increasingly, there are calls for innovative, integrative, collective approaches to working with families and communities that create effective synergies that cross the boundaries of traditional approaches. But competitive funding environments and cultures can counter

efforts to cooperate. There is a policy contradiction in advocating for partnerships and co-design when procurement processes prioritise competition. Also, organisational structures that evolved in earlier times can make for further difficulty in moving from siloes to synergy [11, 12].

Timeframes can also be out of synchrony. Recognition of the long-term, intergenerational nature of many of the challenges confronting families and their communities is at odds with the realities of government policy cycles. Public sector organisations are often well aware of the need for sustained efforts, but face the realities, implications and impacts of short electoral cycles. Government changes and the subsequent machinery of government impacts can militate against policy continuity and coordination. As a result, government timeframes are likely to operate on increasingly shorter cycles, though policy makers are well aware of the problems that this creates. Efforts to prioritise longer-term funding cycles for community services are emerging, and are welcome, given the entrenched nature of some of the complex challenges faced by families and communities. The preference for small scale, pilot interventions make it difficult to move from short-term strategies to sustainable longer-term approaches to address entrenched, intergenerational problems [5]. The focus on intensive place-based investments, while very important, raises the challenge of achieving translation to the national scale. Public policy tends to seek “global” solutions that address the needs of the majority of families and communities at the national or state levels. Sustainable solutions, however, are likely to be local and built on mobilising the assets of communities and harnessing the strengths of families [3, 13].

### **Future Prospects**

It is an understandable, perennial, human characteristic to focus on the problems, challenges and crises that confront us. But what of the prospects?

Recent innovations seek to identify solutions that can be brought to scale. A prime example is the current government and community sector investments in initiatives such as the CREATE model. CREATE is a collaborative place-based approach developed by Professor Ross Homel and colleagues to provide the frameworks, tools and resources to address some of the complex needs of communities and their families [3]. Embracing advances in Type 2 translational research and collective impact [5, 10], the CREATE model’s foundational principles for action are: Collaborative; Relationships-driven; early in the pathway; Accountable; Training-focused; and Evidence-driven.

At its core, CREATE seeks to provide a framework for scaling and sustaining prevention and intervention efforts focused on achieving better integration within communities between local services and governance structures. Data sharing is central to the model’s principles of accountability and collaboration, with outcome measurement and evaluation processes embedded in the model as feedback tools that further promote engagement and ownership of initiatives within organisations and more broadly, at the community level.

Several recent developments show great promise to achieve coordination, collaboration, integration, collective action and impact [e.g. 4, 7, 14, 15, 16]. They inform both current and future policy priorities and practice approaches. Developments in integrated care, collaborative co-design partnerships and collective impact approaches strive to increase coordination within and between healthcare, educational systems as well as family, community and social services. These provide promising prospects to break down organisational silos, encourage joint decision-making, and sustainably engage communities. They can also facilitate policy-level, organisational and technical reforms and innovations, that improve access to high-quality, evidence-based, synergised services and supports available to communities and their families. Whether integrated care or collective action, such approaches enable services to address the current and future complex challenges that have large-scale social, economic, and/or public health impacts.

A paradox of the current era is that we have unprecedented data resources but have a reducing capability to capitalise on these, especially in the public sector [11, 17, 18]. Access to centralised data has real potential to increase synergies among government agencies and family and community service providers thereby increasing capacity to plan and respond strategically through joint decision making. Additionally, better integrated and linked data systems enable ongoing and continuous evaluation of the impact of strategies and initiatives. As such, they carry promise that efforts are better targeted, focused, and responsive to ongoing evidence of their relative successes as well as their shortcomings. Such information allows for improved, effective tailoring of initiatives to the unique needs and characteristics of communities and their citizens.

A further benefit afforded by linking interagency data is the capacity to integrate more fine-detailed geospatial and event-based information [18], thus building more comprehensive pictures of community needs and how communities interface with services. This level of detail provides analysts with more power and flexibility for predictive modelling to identify population subgroups that might currently be underserved, which further contributes to the capacity to tailor services and interventions appropriately and cost efficiently [e.g. 19].

During the formative phase of new community coalitions, considerable effort ought to be invested into establishing a shared measurement system and developing the necessary infrastructures to accommodate multiple data sources. As each community initiative has unique aims, methods, and data sources to draw on, developing such bespoke systems can be complex and resource intensive, and leads to continual ‘reinventing the wheel’.

Recently, and rapidly, there have been significant advances in linked and integrated information systems. Many government agencies operate in legislative, policy and administrative “authorising” environments that encourage open access to shared, de-identified data [e.g. 20, 21, 22]. There is now a need for parallel investment into customisable, extensible data architectures that can be readily adopted within new community initiatives. Such systems could reduce the initial ‘startup’ burden associated with collecting integrated data, while remaining responsive to the needs and goals of the stakeholders. Integrated data systems, or ‘community data dashboards’, have potential to provide rich information and support joint decision-making around measurable goals such as improving health, wellbeing, or educational opportunity. They also enable progressive reporting of outcomes that may help stakeholders avoid falling into a ‘wait to fail’ mentality.

A final, key consideration facing family and community focused agencies and organisations is meeting the current and future education, training and employment needs of the workforce [2]. New knowledge skills and capabilities will be required to address the needs of communities and their families, and to mobilise their assets and harness their strengths. Facing the challenges that flow from global disruptions and the uncertainties that accompany times of change requires collective action if we are to continue to strengthen families and their communities.

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# Panel Session 1: What do we need to create Strong Families and Capable Communities?

**Professor John Toumbourou, Deakin University, Chair in Health Psychology, Faculty of Health School of Psychology**

Many of the health and social problems Australia currently faces are preventable. In 2017 I completed a report with colleagues from Family Relationship Services Australia. The report was designed to initiate a discussion as to how a coordinated strategy to increase family and relationship prevention and early intervention services could be utilised in Australia to prevent priority health and social problems (Toumbourou and colleagues 2017: <https://frsa.org.au/wp-content/uploads/2016/05/FRSA-Research-Report-Printable.pdf>).

Eight priority health and social problems were identified based on evidence that they have a preventable component through the delivery of family and relationship services:

- substance abuse (costing at least \$55 billion [B] annually in Australia)
- antisocial behaviour (including violence and crime, costing \$36 B annually, with family violence contributing between \$22 and 26 B in 2015-16) (Depart Social Services, 2016)
- obesity (\$21 B)
- mental illness (\$8.5 B in 2014-15; up \$911 million from 2010-11) (Australian Institute of Health and Welfare [AIHW], 2017)
- developmental injury (e.g., foetal alcohol problems, child neglect and abuse leading to preventable disability)
- chronic illness (including preventable Type 2 diabetes, cancer, cardiovascular disease, asthma, allergies)
- school failure (including leaving school and not participating in further education) and
- social exclusion (lack of meaningful and constructive social and economic participation).

Many of these priority health and social problems have common foundations in experiences across the family life course. The report showed that prevention and early intervention approaches are cost effective and many programmes have a demonstrable return on investment. Hence, harnessing the family and relationship sectors' existing capacity within a public health approach to increase the delivery of prevention and early intervention services makes sense as a strategy for coordinating with other professionals and organisations addressing Australia's priority health and social problems. Based on the synthesis presented in the report, four recommendations were outlined, to:

1. develop a national action plan to increase family and relationship based prevention and early intervention services;
2. develop a common screening (in-take) and assessment framework and tool
3. trial this framework and tools
4. obtain capacity building funding.

The feasibility of developing a common assessment framework and tools is well demonstrated by the work of the not-for-profit company Communities That Care Ltd, where Deakin volunteers my services as CEO. As one example, Communities That Care Mornington Peninsula has measurably reduced school-age alcohol and drug use and related problems of crime and violence since 2002. An important part of their work has involved integrated efforts to implement effective community, school and family programs.

**Ms Judi Geggie: Currently nib Foundation Board Member and former Director of the Family Action Centre and Assistant Dean Community Engagement, Faculty of Health and Medicine, University of Newcastle**

### **Integrating Family and Community Strengths in Practice.**

Using Strengths Based language and assisting families and communities to identify their strengths.  
**Practice.**

Using Strengths based Strategies. **Planning and Practice.**

Bernard van Leer Foundation - from the 1980s they were leaders in believing when working with marginalised communities or groups of people, one needed to work with the families and at the same time work on the context in which they lived. Part of this process is informing the people who are in a position to change this context. **Service. Advocacy. Dissemination. Policy.**

Importance of linking Family and Communities - When the total focus is on Families and not also the context in which they live, one loses sight of the impact of the community on family functioning.  
**Linking family and communities.**

Services for families - need to be Integrated and have the capacity to be Outreach for accessing marginalised families. Linking Services for better outcomes. **Changing Practice.**

Education and Professional Development of Service Providers require a strengths-based focus on populations and individuals, and the development of skills and knowledge of strength based strategies and processes for engagement. **Professional Development, Undergraduate and Post Graduate Learning.**

**Professor Richard J Bischoff, PhD, Gwendolyn A. Newkirk Professor of Leadership in Child, Youth and Family Studies, Department Chair, University of Nebraska-Lincoln, Lincoln, NE, USA**

One of the primary challenges to strong families and capable communities is untreated mental health problems. So much of the world's population does not have adequate access to mental health treatment, putting families and communities at risk. One of the challenges of these early decades of the 21<sup>st</sup> century is to increase access to mental and behavioural health care around the world.

Advances in technology allow us to address this challenge in ways that were unimaginable in the 20<sup>th</sup> century. The state of Nebraska in the United States is largely rural, with most of the state's population not having access to mental health care. Since 2001, we (at the University of Nebraska) have been delivering mental and behavioural health care to rural communities through videoconferencing in an attempt to increase access to needed mental and behavioural health care services. In 2008, we expanded our efforts by incorporating community engagement activities that have resulted in community capacity building in addition to the delivery of professional mental health care services. This has included mobilizing those within the community who have interest in improving mental health outcomes within the community to develop local strategies that will increase awareness of mental health issues, decrease stigma, and increase access to mental health care. With increases in community capacity, we have been able to shift tasks that would normally be done by professional mental health providers to community members, thereby expanding the capacity to achieve improved mental health outcomes. We now have teams in these communities that are made of medical and mental health care providers, school teachers and administrators, clergy, law enforcement, and patients and caregivers, who are partnering to develop local initiatives that make a difference in their communities.

In addition to addressing disparities in access to mental health care, the functioning of these teams contributes to strong families and communities by bringing people together for a common purpose that they can see is making a difference in their communities. This coming together with a shared purpose probably does as much to strengthen families and communities as the direct access to mental health care does.

## **Associate Professor Richard Fletcher, Family Action Centre, The University of Newcastle**

The fatherhood lens - my research teaching and professional practice for the last 20 years has focused on how fathers, male carers, can be supported to meet their own aspirations and, at the same time, benefit the whole family. When I am answering the Panel question I am answering through the lens of fatherhood, so for me the question becomes: What do we need to create strong families and capable communities with strong and capable male carers? I'd say that we need 3 things:

1. At the policy level, we need to acknowledge the link between role modelling at all levels of society and male caring.

We understand this quite well at the family level. We have had high impact campaigns asking men to show to other men that they do not agree with family violence. That is that just because you are more powerful than another person does not give you the right to denigrate and assault them. At the level of our most senior representatives however we allow male politicians to denigrate and promote physical and mental harm to women, refugees and other vulnerable groups.

We need male politicians model the sorts of caring and respectful behaviour that we wish for fathers to adopt with their babies and partners

2. At the service level we need to get rid of the notion of 'primary carer'. This outdated concept makes every family challenge the mothers' problem and reduces the father to a 'helper'.

As one of our students undertaking the Father Attachment course wrote in an email: *Just wanted to let you know an aside. My husband and I went to our all day antenatal class on Saturday and I was so alert as to how much Dad's were involved. I'm sad to say that there is still a lot of work to do in the recognition that there will actually be 2 new parents for our baby. A lot of information is directed towards mum. Probably something I wouldn't have noticed prior to undertaking this course.*

We need to recognise that families raise children and within that fathers, male carers, are just as important as mothers even if the roles are different.

3. At the community level we need to learn about male caring from the Aboriginal cultures that we have around us.

We seem ready to learn about environmental issues in some places, especially around fire management. And we recognise the merit of Aboriginal artists and the skill of individual sportsmen. But when it comes to family, 50,000 years of experience in how humans might live together with kin seems to count for nothing. All our efforts are whitefellas helping Aboriginal men get off the grog or white police stopping their violence or white politicians shaming them for the way they behave with children.

Bourkie, Craig Hammond, who you see here, and Charlie Faulkner have modelled Aboriginal fathering in a way that has made me personally stronger and more capable as a father. We need to recognise and learn from Aboriginal fathering.

**Dr Deborah Hartman, Assistant Director, Family Action Centre, The University of Newcastle**

To be a useful player in creating strong families and capable communities, each of us, whether we are academics, policy makers or working directly with families, needs to challenge ourselves to step back from our immediate work and our position in the field and remember the big picture for families and communities: the complex challenges and changes they might face at different moments in their life-course and the strengths and resilience they have, to overcome these challenges.

I'm speaking from the position of being an academic in a university – a senior lecturer in Family Studies and as Associate Director of the Family Action Centre, a unique centre in the university context. The Family Action Centre, over its 30 year life-course has always had a focus on practice. Since our inception, we've been embedded in our local communities, delivering direct outreach and support services to families and grappling with the complex needs of families, particularly at vulnerable moments. We've always gathered evidence and evaluated our programs and approaches and used this information to inform practice and policy. We've often advocated strongly for services for particular families and we've often done this in conjunction with those with lived-experience of the particular needs we're asking governments to recognise. That advocacy, from an evidence base, has often brought about change. It seems to me that the current political desire to separate service delivery and service improvement from advocacy means that they are missing out on vital information about current and future needs. Our work on the importance of fathers in families is a good example of the ways that the advocacy, the research and the practice are essentially linked and each are enriched by the combination of them all.

In recent years, as the centre has instigated the multi-disciplinary and multi-professional discipline of Family Studies, we've developed teaching programs for professionals working with families and communities. We've also expanded our research with families and communities and broadened our outreach programs. The centre today grapples with integrating these three functions and actually living up to our own ideals of integration, collective action, and utilising evidence-based practice while continuing to innovate.

We're developing teaching programs like our new Associate and Bachelor's degree. By consulting with our own practitioners and others in the field, we're trying to both embed practice wisdom into these teaching programs but also build new skills in the field. That's why we have a multi-disciplinary academic team, with psychology, sociology, youth work, social work and education backgrounds. When I think about the skills required for family and community workers right now and into the future, the list is endless: to do trauma-informed practice; to work in collective impact projects; to know how to use evidence; to be able to see the possibilities for working across silos with others in health, education and housing; to gather data that shows the impact they've had with families and at a service level and a community level; to take a public health approach and assess each family and decide which 'dose' they need in the spectrum between universal and targeted services; to be able to move from family work to aged care to mental health or physical health, to disability services; or at least to understand how all these fit together to meet the needs of families and communities. This is a mighty big agenda for workers and services.

One current project that illustrates how as a university centre, The Family Action Centre is managing to create synergies between our own functions, between education, family and community work and between practice, teaching and research is the Uni4You project. We're conducting wrap around support for participants in a pre-enabling program that runs in several local communities with a large proportion of residents under-represented at university – the university equity target groups. This project has successfully enabled many participants (mainly women with caring responsibilities of some kind) to choose further education or work opportunities they would not have considered possible. Our current co-designed and co-produced research with these participants is trying to unpack their experiences of change through the process of preparing for university. We're investigating the impact on them, and their families

and communities, including the workers in services. One surprising aspect is how some practitioners have reflected on changing their 'gate-keeping' and limiting attitudes to the participants, and their families in these communities, through seeing someone succeed and choose to go to university. Through this project, the academics practitioners and participants are all challenging each other to get out of our silos, to recognise our own limitations and limited views of what is possible. Through our local collaborations in the Hunter, our collaborations with state and federal government departments, our national collaborations with Beyond Blue, FRSA, Families Australia and other national bodies, and our international collaborations in Indonesia, in India and the USA, the Family Action Centre will continue to challenge ourselves to break down silos between policy, and to keep our mission of the well-being of all families and communities firmly in mind, no matter what our professional roles may be.

# Lightning Rounds: Practitioners share their stories and lessons of applying innovative practice

**Ms Anne Hills, Our Health Rules Coordinator, Family Action Centre, The University of Newcastle**

Headline: “Families help themselves to a healthier slice of life”

I am a dietitian employed by Family Action Centre funded through the Smith Family Communities for Children program. Our shared goal is to build on local strengths to meet the needs of the Port Stephens community, focusing on improving early childhood development and wellbeing of children from birth to 12 years. Our Health Rules! aims to deliver healthy eating and physical activity programs to families by providing skill development and support for parents and carers so they may support healthier eating in their children.

In traditional nutrition education and physical activity programs (NEP’s) the overall aim is to prevent or reduce the incidence of chronic disease. These programs often come from the perspective that something is wrong so we need to “fix it” and maybe characterised by several assumptions such as

- All participants should have an “intrinsic desire to improve their health”
- Non-compliance to advice will result in negative health outcomes
- Use language that can be perceived by families as judgemental
- Make suggestions that are unattainable due to cost, resources and family circumstances

These features can result in disengagement because the families I work with feel that in the past these types of program haven’t provided them with tangible benefits.

What’s “novel” about the Our Health Rules! program is that by using the activities that are embedded in family support work, we translate, facilitate and enable concepts from nutritional science to be “digested” into clear messages around how to feed their families and be active in everyday life. During one healthy eating session we talked about eating to support a healthy gut because of its importance to overall wellbeing. People got to taste some fermented foods and take home their own “scooby” starter. Whilst visiting one of the participants several weeks later I was invited into her kitchen to see a vast array of kombucha (fermented tea) that she had created. Next time we ran a session, she co-delivered and shared her experiences.

*Our Health Rules!* assists in building sustainable communities that support healthier eating. One of our indigenous participants attended the training. She enjoyed learning more about how she could adapt and modify family recipes to be healthier. Following this she ran a soup kitchen for NAIDOC week supported by the OHR! Facilitator. She has gone on to deliver healthy cooking classes for other social service providers.

Another participant from a CALD background now runs her own cooking class using recipes and foods of her traditional cuisine. By demonstrating Asian recipes that are fundamentally based on vegetables, the classes became a way to support the health messages to the increase intake of vegetables, in ways that met participant’s needs. Everyone enjoyed dishes like wonton vegetable soup and spring rolls. Check out the Our Health Rules! FB page to see more. <https://www.facebook.com/ourhealthrules/>

**Drs. Jarot Wahyudi, Head of the Center for Higher Education Management (CHEM) UIN Sunan Kalijaga, Yogyakarta, Indonesia**

**Supporting Islamic Leadership in Indonesia (SILE)/ Local Leadership for Development (LLD).**

- The overall purpose of the Project was to enhance the capacity of State Islamic Universities (UINs) in Indonesia to better fulfil their social responsibility to the community. At the national level, the Project was located at the Indonesian Ministry of Religious Affairs (MORA), which was to provide policy support and co-funding. The main local partners were Alauddin State Islamic University (UINAM) in Makassar, South Sulawesi province, and Sunan Ampel State Islamic University (UINSA) in Surabaya, East Java province.
- The two UINs formed partnerships with 16 civil society organizations (CSOs), including key Islamic organizations and women’s organizations, to develop, pilot and learn from experiences in applying new approaches and methods of working with communities. These partnerships were a major innovation for partner universities, as most university staff involved in community work traditionally did so in their personal capacities, not as part of “official” structured university programs, and thus the long-term benefits of combining the different strengths and resources of UINs and CSOs were rarely realized or taken advantage of.
- The most significant “product” of the Project, and its chief legacy, is a **New Model for University-Community Engagement (UCE)**, built on the key components of a mobilizing assets approach to community empowerment (the ABCD approach), openness, partnership, integration of the three university functions (teaching, research, community service), and Islamic principles of democratic governance.
- The model also incorporates principles of gender equality, social inclusion and environmental stewardship. Utilizing a wide variety of participatory tools and methods, the model is implemented through the general medium of civic education. In the Indonesian context, the New UCE Model embraces “leading edge” international best practices and represents a qualitative change in older ways in which universities engage with communities. Experience in implementing and refining this model in the Indonesian context now has much to offer to international best practice.

## **Panel Session 2: How can collective action be strengths based and community led?**

**Mr Phil Brown, Australian Government, Department of Social Services, Policy Strategy and Investment Branch**

- What is the Department of Social Services doing in this space?
  - The Department of Social Services has been reviewing the evidence on what works to help the most disadvantaged families and communities. As part of this work, it has also considered the history and learnings from place based approaches, as well as the evidence around the factors associated with positive family functioning. The Department has also been thinking about how to enhance impact, including by changing the way it does its work.
  - The Department will shortly be jointly investing with state and territory governments and working with philanthropic organisations to implement 10 place-based demonstration sites around Australia as a way to improve outcomes for children and families experiencing disadvantage.
  - The Department of Social Services views investing in a place-based approach to address localised disadvantage as an innovative way to enable collective action that is both strengths-based and allows the community to be the primary driver of change.
- Setting the scene – Why is it time to try something new to address the challenges faced by children and their families experiencing disadvantage?
- What will these demonstration sites look like? What are the key elements and principles of these sites and how do they enable collective action?
- What is different about this approach – what is the value of a place-based approach and how is an investment in place appropriate?
- What does the Department of Social Services hope to achieve through these place-based demonstration sites?

**Professor Ross Homel, School of Criminology and Criminal Justice, Griffith University**

1. *Why would we want to work collectively?* One reason is to tackle the reform of complex, adaptive systems that give rise to so-called wicked problems, like child maltreatment or youth crime. There is new evidence about ‘what works’ to address these problems, but the systems are old and often act in practice to subvert innovations based on the new evidence. Can collective action help transform systems like education or health so that they are more ‘fit for purpose?’
2. *But who should act collectively?* Are we talking about organisations or individuals? Service providers or consumers? What about ‘community,’ whatever we mean by that term? All are important, but collaborative efforts should be founded on scientific evidence about how to work together to achieve agreed goals.
3. *The collective impact movement* has emphasised the importance for ‘helping organisations’ of a common agenda, shared measurement, continuous communication, and the establishment of some form of backbone organisation to keep collaborations ‘on track.’ These are excellent principles, but less prominent in this movement is attention to *the fundamental lessons of population health*, especially how the plan-do-review cycle is based on data-driven decision making and the careful implementation of evidence-based innovations that address problems as revealed by data.
4. Another weakness of collective impact is that it seems very oriented to the activities of services, and not to *the empowerment of users, or community residents* in the case of place-based initiatives. Communities can be immensely resilient and resourceful, as case study after case study demonstrates, and are usually in the best position to identify collective strategies to deal with the aftermath of disasters or chronic social problems like child maltreatment.
5. But often these initiatives reinvent the wheel and run out of steam when key leaders leave or burn out. And one hundred years of criminological research has demonstrated that communities cannot do it all. Socially disadvantaged communities in particular need a constant infusion of funding and external expertise to maintain key organisations that can effectively address problems like youth crime. *But does such external support disempower communities?*
6. On another front, *collective efficacy research* (as opposed to *collective impact*) points to the critical importance of *social cohesion and trust between residents* to achieve informal social control and social support, and hence low rates of violence and other community problems. But how are trust and cohesion fostered, especially in socially disorganised communities characterised by poverty and conflict?
7. Tim Hobbs, CEO of the Dartington Service Design Lab in the UK, argues that “... *there can be a middle ground*: an approach to service design that sits in the intersection between the use of evidence and data and the involvement of users and practitioners.”
8. I also argue that *we need to find ways of engaging with communities in authentic ways*, so that community-led initiatives can be based on the very best and most up-to-date scientific data and evidence. We need a four-way intersection between scientists, practitioners, users, and residents in place-based innovations.

**Associate Professor, Amanda Howard, University of Sydney, Sydney School of Education and Social Work**

My thoughts on the relationship between SBAs and collective impacts are focused on some of the foundational questions I would ask about collective impact as a person who uses strength based approaches. These questions are about the role, power, support and innovation of communities rather than organisations.

**What do we mean by collective?** One of the fundamental questions in thinking through any relationship between collective impact and SBA's centres on different understandings of who is included in the collective?

When we look at the Collective Impact Australia definition we find no mention of communities at all:

*Collective Impact is a framework for facilitating and achieving large scale social change. It is a structured and disciplined approach to bringing cross-sector organisations together to focus on a common agenda that results in long-lasting change. (<https://collectiveimpactaustralia.com/about/>)*

*Collective impact, like whole of government approaches before it, is focused largely, if not exclusively on the co-ordination, collaboration and joint efforts of organisations including government, NGOs, educational institutions and other organisations. This focus frames complex issues and problems in a very particular way, leading to my second question;*

**Who is making the decisions?** In framing problem solving and the responsibility for *impact* as resting with government and organisations, the risk of excluding community knowledge, processes and decision making is high. In SBAs who makes the decisions is critical and casting the community as a passive recipient of decisions made collectively by organisations (perhaps patting themselves on the back for their excellent collaborative efforts) reinforces and reproduces the power relations communities have experienced repeatedly when new government, university or organisational initiatives come to town. If collective impact reproduces these existing power relations, how will the impact be different?

**What impacts and for whom?** Impact is an interesting word and begs the question, impact by what and who and for whom? The measurement language used in the collective impact framework is very clearly about accountabilities to government and others for resources allocated to X or Y. Who defines the impact, as with the earlier questions, fundamentally shapes how any impacts will be understood and how their purpose will be deciphered by those impacted. The impact is about what those engaging in the collective impact can say about their actions. I wonder how communities might frame the impacts of organisations working together on local issues without the community members?

**SBA first?** While organisations getting themselves together is great, collective impact assumes communities are like organisations and follow the structures and processes of organisations. This kind of assumption has been disastrous for both communities and organisations in the past. What would happen if the first questions we asked in communities were about local knowledge and utilising this, community members decided to solve the complex problem of siloes and gaps between organisations by measuring them against community expectations and processes?

**Ms Kerry Thomas, Gateway Family Services, Manager**

The Stronger Families Alliance in the Blue Mountains began in 2005 with conversations among leaders in community organisations. They had a vision for collaborative action believing that by working together around shared goals for children and their families so much more could be achieved than if services and workers continued to work in silos.

While the group didn't know exactly what they were embarking on, and could certainly not have envisaged what it is today, a characteristic that was evident from the very start, was the adherence to strength based practice. In the most fundamental sense, the way services came together demonstrates the intent of Strengths Practice to see the unique place that each person (or group) has in working towards solutions. There was a clear belief that if they succeeded in gathering together as diverse a group of workers and services as possible who could agree on desired outcomes for children, this new 'joined-up' network could most definitely transform the way services worked and the outcomes for children.

This thinking and action came well before the term 'collective impact' was first articulated in the 2011 Stanford Social Innovation Review by John Kania. In fact Alliance members had been working together for many years before they became aware that a name had been given to this framework for action that was intuitive to them.

The SFA began with leadership (now called the 'backbone') from the local NGO peak, the NSW funded Families NSW project and the local council but the governance and decision making was and is today vested in the diverse group of members. This trust in the main group to make decisions is a hallmark of a strengths approach to working together. Recognition of the wisdom of the members, their commitment to the vision and capacity to see the greater good beyond recognition of their own individual service has been essential to success.

The early adoption of Appreciative Inquiry processes made certain that vision was stimulated and dreams given flesh. All new ideas were considered and existing ideas and projects were recognised and as needed adapted to meet the new shared goals and vision. Now, as then, they search for 'what works' & what could 'work' & they are given the opportunity to hope.

Over the years they have unpacked what has made it (the SFA) 'work' and what keeps members motivated and excited. Certainly a strong and skilled 'back bone' has enabled each member to bring the best of their knowledge and skills to the fore. But critical to this has been the belief in the inherent strengths and capacities of each member service. It is this overarching belief that is I believe the strongest attribute of a 'strengths approach' in this context. Strengths Practice is not a 'coat' one puts on when walking out the door of the office to whatever task awaits but rather the intrinsic belief from which one operates. While it is true to say that for some the understanding of this 'belief' is deeper and more nuanced than for others, it is also clear that for the Alliance the assumption that all have strengths is the lens through which all existing and new members are viewed. Working together towards a shared vision seeks to enhance and grow these strengths.

The Alliance has invested both in shared leadership and developing leadership. The adoption of Appreciative inquiry approaches by member services exemplifies how leadership has fostered the capacity of others to also lead.

As each member contributes perspectives, strengths and capacities it is abundantly clear that the whole is indeed greater than the sum of its parts. It is exciting that after 13 years of working together there are still dreams and hopes and a way to go. As the Alliance seeks greater involvement from the 'community' beyond the service sector and member organisations, there is a belief that the core values will enable new voices to be heard and their participation embraced.

# **Concurrent Session 1: What do practitioners need to know about implementing and measuring the outcomes of evidence-based family programs in communities?**

**Dr Brian Babington, Families Australia, Chief Executive Officer**

What practitioners need to know: context is also vitally important

More work is needed by practitioners to undertake up-front environmental analyses and management plans that map challenges and opportunities. Key domains in such an analysis are political, economic and social/cultural/environmental. These need to be divided into likely near and long-term developments, likelihood of occurrence and risk to effective delivery. They need to ask questions such as: How might policy or economic changes at national or regional levels affect delivery? How likely are such occurrences? What, if anything, can be done to mitigate, remove or take advantage of such developments?

In doing so, practitioners need to be trained to grapple with important ethical issues. What should they do if they feel that conditions aren't right for a project to proceed? Do they recommend stopping work? Of course they run the risk of damaging precious cash-flows. There is obviously no clear answer. One suggestion is that practitioners need to be trained to think constantly about the impacts of the meta-environment and identify ways to work around roadblocks if they can, and to understand that this work requires resourcing.

The development of interdisciplinary political, negotiation and communication skills is vital for this work. Second, workers, managers and governing boards should find ways routinely to challenge their organisations by asking fundamental questions about values and principles like: Will we do more harm than good if we proceed with a program knowing that it is unlikely ever to be adequately funded or supported? I fear we do not ponder these issues as much as we should.

**Dr Marian Esler, Director Research and Data, Family Safety Branch, Australian Government  
Department of Social Services**

- Government agencies which fund family support and other services for families increasingly want to know that the services provided actually improve family outcomes.
- Reporting requirements are moving away from measuring outputs (numbers of people using services) to measuring outcomes.
- Funding agencies are also starting to insist that services providers use ‘evidence-based’ programs. What does this mean for practitioners?
- A common way is to be trained in and deliver recognised evidence-based programs, but that will depend a lot on things like the nature of the organisation, what practice approaches they take, whether they have access to such programs and their flexibility.
- Regardless of their practice approach, practitioners (and organisations) will need to learn to measure client outcomes.
- This should be based on a clear program logic, which identifies what the service is funded to deliver, how it meets client needs within its local community and the outcomes they are trying to achieve.
- Outcomes measurement should then be embedded in service delivery.
- Over time, this supports both service improvement and the development of a pool of evidence-based programs for use across services.
- Challenges:
  - Limited resources to invest in outcomes measurement
  - Dealing with busy client loads and clients with ever more complex needs
  - Need to demonstrate to funding bodies that services are effective.

**Ms Jackie Brady, Executive Director, Family & Relationship Services Australia**

Dot point summary of the main points I will be contributing to the summary:

- The need to effectively measure outcomes is ‘here to stay’ – it is not a passing phase
- Practitioners need to extend their current skill set associated with counselling/social work/psychology practice to include evaluation and research
- Practitioners need to be appropriately trained and have the right skills to collect and share information. Appropriate training and skills will be key factors for ensuring the quality and rigour of information gathered
- Practitioners need to be able measure the impact their intervention/interaction with clients has had however they cannot do this in isolation of solid organisational planning/ implementation processes and robust evaluation and research methods and practices at an organisational level.
- Practitioners, working with management within organisations, need to be able to understand and make assessments about the information they are collecting
- Practitioners need to be active in their assessment of suitability of particular programs – ie: is the program fit for purpose? They also need to be able to ‘check and challenge’.
- Sharing of information for the purpose of measuring outcomes is not a breach of confidentiality and/or privacy – so long as done appropriately
- Practitioners need to be actively supported and encouraged to be innovative – having a thorough understanding of how to build the evidence base will ensure that creativity is valued and that they can be active agents of change.

# Concurrent Session 2: What do practitioners need to know about engaging, including and communicating with fathers?

Dr Jennifer St George, Senior Lecturer, Family Action Centre, the University of Newcastle

- Families do best when parents act as a team in forming a strong connection to their new baby, especially in the first 1000 days.
- Two linked actions practitioners can take
  - Foster a wider view of attachment
  - Activate fathers' strengths, skills and knowledge
- Both mother and father are important for children, **yet**, their pathways to “secure attachment relationships” may be different...
- When practitioners and researchers want to assess the quality of father-child attachment, we should look for it when children are faced with psychological or physical challenges.
- Challenge, stimulation, playfulness are strengths and skills of many dads **already**.
- In sum, it may be that a fathers' playfulness is a **magnet** to his child and thus his importance increases even though he actually spends LESS time with the child than the mother.
- Therefore, what messages about their role can we give to fathers?
  - If we take a focus on their interactions with children in the first 1000 days, we can say that ...
    - Fathers' care and play actively promotes brain development
    - Fathers' care and play helps child explore their new world
    - Fathers' care and play builds strong connections between father and child

**Dr Chris May, Research Academic Family Action Centre, The University of Newcastle**

What practitioners need to know: context is also vitally important

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# Concurrent Session 3: What do practitioners need to know about strengths based practices with Australian indigenous communities?

Mr Lesley Turner, Chief Executive Officer, Aboriginal Legal Service NSW/ACT

Maranguka Justice Reinvestment Project, Bourke NSW, Building on Community Strengths

Maranguka was the first major **justice reinvestment** project in Australia, in Bourke NSW.

In NSW and across Australia, justice reinvestment initiatives are largely aimed at addressing the over representation of Aboriginal and Torres Strait Islander children and young people in the criminal justice system. (You would know that Aboriginal incarceration rates in Australia are a national shame).

Justice reinvestment offers a sound framework in which diversionary programs are part of a community-led, long-term approach that is fiscally sound and sustainable.

Justice Reinvestment is a place based, data-driven approach to justice that redirects money that would be spent on prisons into early intervention, crime prevention and diversion. It recognises the strong correlation between locations of disadvantage and high rates of contact with the criminal justice system.

Just Reinvest NSW has been working in partnership with the Bourke Aboriginal community since 2013 to implement the first major trial in Australia; the Maranguka Project.

# Concurrent Session 4: What do practitioners need to know about how to ensure family and community workers have the skills to innovate by gathering, interpreting and using data?

Aaron Spadaro, Senior Coordination Officer, NSW Department of Premier & Cabinet

- The *NSW Open Data Policy*, first enacted in 2009 and refreshed in 2016, is leading to improved outcomes for a range of areas of government service delivery in NSW – from how supporting vulnerable communities, to protecting the environment, making easier to do business, road safety and a range of other benefits.
- It commits the NSW Government through legislation, policy and resourcing to creating an open data environment – with aims to support transparency, innovation, and develop new knowledge and insights from combined data sources.
- NSW Parliament passed the *Data Sharing (Government Sector) Act 2015* to enable data sharing across government agencies.
- The new Act also established the NSW Data Analytics Centre (DAC) - the first of its kind in Australia and will use whole-of-government data for strategic decision making by:
  - Delivering priority analytics projects using whole-of-government data
  - Managing a secure environment for data sharing
  - Establishing and maintain a register of data assets used in analytics projects
  - Coordinating consistent data management definitions and standards
  - Advising the NSW government on challenges and potential solutions using data analytics
- In implementing the Open Data Policy, the NSW Government has put the DAC to work on a regime of disciplined data monitoring and reporting against areas of social services policy identified as high priorities for the NSW Premier.
- The NSW Premier is working to deliver improvements in 12 key areas of government service delivery. In the context of nurturing family strengths, these public policy priorities are:
  - Improving education results
  - Protecting our kids
  - Reducing domestic violence reoffending
  - Reducing youth homelessness
  - Tackling childhood obesity
- With the authorising environment of the Open Data policy and the intellectual firepower of the DAC, the Premier set about developing highly nuanced targets aimed at making lasting positive impacts against these public policy priorities that are accountable and measurable over time.
- There is however however a limit to how far state-wide metrics can inform the specific and targeted needs of individual communities at the township or neighbourhood level. And so local level data sharing and analytics initiatives are starting to emerge.
- In the Hunter region, the NSW Government has worked with its partners in academia and the social services sector to investigate and apply its open data principles to help one of its communities with a distinct set of social vulnerabilities - Muswellbrook
- Through the collaborative inputs of a coalition of NSW Government agencies (Health, Family and Community Services, NSW Police), Muswellbrook Shire Council, University of Newcastle and local community service providers, attempts are being made to work with this enabling policy environment to craft a targeted monitoring framework to help inform agency responses

that genuinely unpack and address the root causes of the difficult local issues impacting the Muswellbrook community.

- The aim is to uncover the causes and effects of health and wellbeing in the Muswellbrook community, with quantitative and multi-variable consideration on how high priority indicators such as drug and alcohol abuse, and family and domestic violence contribute to overall measurement of health and wellbeing on the Muswellbrook community.
- The key output is a data dashboard of key metrics, selected based on their ability to predict or influence the state of community-level health and wellbeing in Muswellbrook, and measured over time to allow service providers.
- This initiative in Muswellbrook provides the opportunity for the NSW Government to road test its open data priorities for local real impact and translation to communities throughout the state and beyond.

**Professor, Yan Ruth Xia, University of Nebraska-Lincoln Department of Child, Youth and Family Studies**

- Lesson learned
- taking ownership of evaluation and being brave
- balancing rigor and feasibility of evaluation method
- academic people as external evaluators need to be sensitive to practitioners' needs and context
- addressing challenges in evaluating in non-formal education setting which has more challenges than evaluation in classroom setting

## **Ms Julie Hourigan Ruse NSW Family Services Inc (Fams), Chief Executive Officer**

There is commitment from Government and the NGO sector to improve the way we are currently working to meet the needs of our community and to achieve this, collaboration is the key. At the heart of this is leveraging our strengths to work together towards a shared vision of improving outcomes by using data to build the evidence base of what works in New South Wales.

There are some defining principles including: services are evidence informed and targeted to those in need; there is an outcomes-focused approach to service design and delivery.

We collect a lot of data and it can be scary. When done well, it not only tells you what positive impact you are having, it shines a light on when you are having no impact at all.

Fams uses Results Based Accountability™, because it's accessible and relevant. To get data that contributes to building the evidence base of what works, we ask three questions:

1. How much did we do?
2. How well did we do it?
3. Is anyone better off?

We need a mix of output and outcomes data. We need quantitative and qualitative data. We need to be informed by what our clients consider important. Nobody has time to collect more data without critically questioning its value.

We can only build the evidence base when we are crystal clear about what our work contributes to and what we can reasonably be held accountable for. There are questions about the timeframe for any outcome to be achieved, and the causal links across and between our contributions.

John Maynard Keynes, the eminent economist, once remarked that: "It's better to be vaguely right than completely wrong". We look for ways to manage subjectivity and precision to make our judgements useful. Data should guide these judgements.

The defining bit about evidence based approaches is that outcomes are being measured. Using outcomes data to build the evidence base is not about compliance. The resources we commit to measuring and evaluating success must be proportionate to the investment in the original activity or program.

How do you reflect any of this in a contract or funding agreement? The NSW Government has a commissioning compass to guide transition. It promotes an iterative process to embed data driven decision making.

Commissioning is a cycle and monitoring, learning and evaluation must be a key to unlock continuous improvement. It is as much about learning what does not work, as what does work. We need to test:

- what data do we already have?
- do we use it? If not, why not?
- is that data telling us what we really need to know?
- what data is missing and how do we get it

We will only achieve better outcomes for the most vulnerable in New South Wales if we are all partners in this together.

## **Concurrent Session 5: What do practitioners need to know about intake, assessment and referral processes to address social and health issues in a more collective way?**

**Ms Sally Dooner, Parenting Practitioner, Hunter Outreach Project, Family Action Centre, Faculty of Health & Medicine, University of Newcastle**

- We aim at using a relational model of assessment, and believe that assessment is an ongoing process.
- We believe that the complexities and challenges that families face do not define a family, but influence their choices and our role is to build and promote partnerships with the family, for the family within their community.
- Intake and assessment is “a whole team approach” that allows practitioners to explore the current challenges highlighted within referrals and examine ways to advocate for needed change.
- Assessments and goals can only be “complete” when family knowledge is included, families have opportunity to celebrate their strengths and identify areas that require more skill development. Together we can create partnerships that strengthen and enhance family functioning.
- Parenting Partnerships provide families the opportunity to self-direct and track family led goals leading to greater success of future well-being and autonomy.

# **Concurrent Session 6: What do practitioners need to know about trauma-informed practices in indigenous, migrant and refugee communities?**

**Om Dhungel, Director, Om Dhungel Consulting**

Practitioners Guide to Strength-Based Approach (SBA) to Refugee Settlement

The presentation will focus on refugee settlement and articulate how we could do things a little differently to achieve significantly better outcomes for the new arrivals. It will start by highlighting the current approach and argue for driving a paradigm shift in refugee settlement from a “Need-Based approach” to “Strength-Based approach”. It will also cover successful settlement factors including external and internal factors, the role of the resettled communities as well as the settlement providers.

When migrants and refugees settle in a new country and a new environment, they face a number of initial settlement challenges. The way we approach these challenges will mean a community completely relying on outside help and the increasing need for services and government funding or alternately, a community, which will harness its own resources, build community capacity and reduced need for external support.

Supported by his lived refugee experience, Om Dhungel will also share learnings as a Westpac Social Change Fellow from an international study covering the United States, Canada, Norway and New Zealand as well as Australia. While Om initially set out to find best practice in refugee settlement, after a year of study he found that it was about valuing and nurturing the local rather than ‘a best practice’ that can be applied across the board and instead came up with some guiding principles, which he will be sharing.

The presentation will include a case study of strength-based approach to refugee settlement and highlight how the newly emerging Bhutanese community in Sydney has achieved significantly with high-level education and employment and over 60% of families having bought their own homes within the first five to six years of their arrival in the country.

## **Panel Session 3: How can we build strong families and capable communities through local and global policy and program development?**

**Prof. Lina Kashyap. (Ph.D).Former Deputy Director and Emeritus Professor, Tata Institute of Social Sciences, Mumbai, India.**

1. In the last few decades, contemporary families and communities the world over have been facing tremendous pressures in their everyday life. The well-being of these two institutions is not only a national and global concern but also needs to be looked at as a human rights issue.
2. The family context and relationships has an impact on outcomes in health care, child development, education, law, family relationship and support services, business and industrial relations. Families play a key role in achievement and maintenance of the individual's well-being and intervention in cases of disease and risk.
3. Many countries still appear to have a low level of political commitment to the wellbeing of families and communities and therefore, there is need for collective action to build strong families and capable communities.
4. Many countries, including India do not have coherent family policies. In many countries, social policies and programs are formulated around sectoral issues or they are framed for specific populations. We need to advocate with Governments to formulate social policies keeping the family system as the unit as the centre of attention, so as to make family life more democratic and gender equal, at the same time ensuring each family member's individual rights.
5. Generally, social policies in industrial nations were being formulated with the normative nuclear family structure. However, the world over, a variety of other family forms which had always existed, have become more visible now, but they have still to come to the attention of policy makers. Global, national and State policies and programs must acknowledge and recognize the diversity of family forms as then only will supporting families in their diversity of form through policy and program development needs, become a priority in all countries of the world.
6. We also need to advocate for family policies which are gender equal and family based but child centred. Need for a uniform civil code in India.
7. In the twenty first century, aging has become a progressively global phenomenon. Our programs need to be geared towards enhancing bonding between the three generations so that whether the elderly are living with adult children or on their own or in institutions, they know they have their children or grandchildren's support in times of need.
8. Lastly, as we think about collective action for building strong families and capable communities, we must strive to retain and support what is good in our cultures. It is important to help find and strengthen the familial and social supports for families within their own communities rather than such families becoming dependent on government funding alone. In India, Kinship ties still important. Grandparents help in bringing up grandchildren. In joint families, young parents learn parenting skills from their elders.

**Professor Alan Hayes AM, Distinguished Professor of Family Studies and Director the Family Action Centre, School of Health Sciences, Faculty of Health and Medicine, the University of Newcastle**

World-wide, strong and capable communities are built on the strengths of families. Communities face challenges that are often complex and risk becoming entrenched. In many instances they reflect intergenerational cycles of family disadvantage and disrupted relationships. Policy and practice professionals wrestle to achieve effective collective community action that supports, sustains and strengthens families and improves the life prospects of their children.

Several recent developments show great promise to inform both current and future policy priorities and practice approaches. For example, advances in prevention science provide a foundation to guide intervention initiatives focused on improving the circumstances and life experiences of children, families and communities. Such initiatives strive to link evidence-based practices and utilise data resources to monitor and evaluate their impacts and outcomes.

Developments in integrated care, collaborative co-design partnerships and collective impact approaches strive to increase coordination within and between healthcare, community and social services, healthcare and educational systems. They provide promising prospects to break down organisational silos, encourage joint decision-making, and engage communities. They can also facilitate policy-level, organisational and technical reforms and innovations, that improve access to high-quality, evidence-based, synergised services and supports available to communities and their families.

While primary and secondary healthcare integration has received substantial attention, more inclusive linkages with social support systems, wellbeing services, and community organisations are vital in framing future policy and practice solutions. The objective should be to improve integration between both upstream, preventative services, commonly offered through community and non-government agencies, as well as the downstream, tertiary intervention services.

In the social and community services literature, such initiatives are referred to as collective impact. Whether integrated care or collective action, such approaches enable services to address the current and future complex challenges that have large-scale social, environmental, or public health impact. They provide new frameworks to overcome contemporary concerns that many previous collaborative efforts have been isolated, *ad hoc* or unstructured, and lack cohesive alignment and accountability among agencies.

For policy and practice, across nations, the key aim is to achieve sustainable synergy and success, at scale. Recent work of the Family Action Centre in the community of Muswellbrook in the Upper Hunter, aims to demonstrate how community health and wellbeing initiatives, framed by integrated, collaborative co-design approaches can achieve, successful, sustainable, and potentially scalable, collective impact.

**Professor Yan Ruth Xia, Ph.D., Department of Child, Youth and Family Studies  
University of Nebraska-Lincoln**

- A global perspective on building strong families–capable communities through partnerships among university, NGO and government programs.
- future oriented program and curriculum development
- building productive partnerships for prevention and early intervention
- writing an request for application (RFA) for research-supported programming and reporting/avoid insensitive or unrealistic requirements
- innovative programming for refugee populations
- family and social policies for inclusive programming

**Dr Waryono Abdul Ghafur, Vice Rector III, UIN Sunan Kalijaga, Yogyakarta**

Family, either extended or nuclear, linked through religious or cultural bonds, is an important and principal element of a nation. A good nation starts from a good family. For this reason, it is understandable that, despite the fact that Indonesia is not based on religion, religious values are reflected in the Law on Marriage 1974. For example, a marriage or an establishment of a new family will only be legally recognized after being registered by state officials and approved for its accordance with religious rules. However, long before the Law was passed, family issues had been major concerns both in academic and in practical terms. Therefore, family related issues have been interesting subjects in Islamic universities such as sociology of family, Islamic jurisprudence on muslim family etc.

Studies on family, both in terms of its development and inter family relations, have been rapidly growing with various approaches. Gender approach, among others, is seen as a new analytical tool to study family issues. This is because the existing approaches are deemed to be increasingly irrelevant in the fast changing social environment of families. Among the areas to apply this gender approach is in religious texts, laws, or regulatory frameworks that have become the bases of family. Misogynic religious texts, both from Koran and Hadits, must be reinterpreted to make these texts stay relevant and contextual in our changing environment. New interpretation on Koranic verses or hadits is urgently needed in the context of Indonesia as a nation-state, as those entities underline the principles of equality, justice and non-violence. For example, husband and wife must consult each other to decide whether or not they want to have kids, or how many children they want to. Under old Interpretation of texts, wives are seen in a passive position and have no bargaining in the decision-making.

In addition, working together with intellectual leader or public figures and policy makers is also important to advocate for new family values. The success of this advocacy will likely be determined by the support of public figures whose deeds and voices are among the main references for their society members. Policymakers are not least important to influence, as Policies they adopt would impact their societies. Indonesia's successful experience in campaigning for family planning in the past showed how important this new interpretation of religious texts and cooperation with religious/intellectual leaders and policy makers.

## Ms Denise Bijoux, Director at Catalyse Network (Auckland, NZ)

Our work is focused on the local level but I think it can inform global policy and program development too, if we can think of the global level as a mosaic where every tile is important to the overall picture

My main points will be:

- taking a principled approach. What works well locally is often based on
  - 1. Shared visions drive local action and change
    2. Using existing strengths and assets
    3. Many people, groups and sectors working together
    4. Building diverse and collaborative local leadership
    5. Working adaptively - learning informs planning and action
- starting with strengths, building on those with others - growing our abilities to say "why yes" rather than "why no" and then act competently on that commitment
- get creative, innovative, unpredicted and unexpected approaches from working collectively so that part is vital
- Collective approaches need to include those for whom these policies/programs are expected to benefit in the design and delivery; and need to value their skills as much as any professional: ako ako - we are all teachers and learners and awhi mai awhi atu we share and support one another: Ehara taku toa i te toa takitahi, ēngari he toa **takimano** e. My strength is not mine alone, but that of many.
- investing in people as much as programs may be disruptive because there are many roads to travel to achieve our goals because different roads suit different people and purposes. Variation, not duplication - aligning our waka to common destinations rather than getting on the same waka
- having a bit of a plan, not necessarily a lot of a plan because new possibilities will emerge on the way and we need to be able to both notice them and act on them. Another reason for having collective action - because we all see what we are looking for and different people are looking for different things. Together we see more, and can act more effectively
- Action is key. Too much strategising can mean we end up acting on yesterday's problems - need principles to underpin nimblity and to understand the experience of the action, being in the action being part of the acting is an outcome as much as any change in state is
- Conclusions: at local and global levels, pay attention to process as much as content: what emerges will be fit for purpose in that place, for those people and at that time, and will enable us all to act as communities and families, which is several steps beyond acting with communities and families.

# INTERNATIONAL SYMPOSIUM: FAMILY AND COMMUNITY STRENGTHS SUMMARY NOTES FROM INTERACTIVE SESSIONS

## **Collaborative Session 1: What do we want to explore while we're here?**

1. How to better tinker with the systems that don't pay attention to children and families
2. Learn from others to teach others
3. Local knowledge and learnings
4. Key ideas:
5. Collective impact research capability
6. Connection with ideas and direction for long term research
7. Already valuable connections with existing completed research
8. University graduates are able to actively, truly contribute to society
9. Allowing to share e.g. finding safe spaces, readiness
10. How do we remember what has worked – effective programs can be de-funded, we have to remember this and tell that story and understand why?
11. Practical application of learnings – How do we apply the theory into the reality of practice?
12. Listen – action – collaboration
13. New perspectives
14. Connect gems throughout communities, districts and internationally
15. We want more examples of how things work well. Theory to practice including the barriers
16. Information about how to support families from different cultures and contexts (city v's rural). Bridging values through developed shared perspectives and programs.
17. "Early interventions", "using the space", "working with the community not for the community"
18. Designing families studies programs to meet the needs of communities. Positioning different ideas/beliefs of "family"
19. Common goal and common language
20. Access/collaboration with schools, police etc (not just other family support services)
21. Working together across borders e.g. cross-sector and cross service
22. To hear about and share how to get linked up intake and assessment processes
23. Families and community and end service users need to be co-producers of services

## **Collaborative Session 2: What do we need to create strong families and capable communities?**

1. Build community capacity build on family strengths, build trust
2. The need to find ways to innovate not limit to “evidence based programs
3. Utilising the strengths and resources within families and communities
4. Equality of access for regional/rural areas
5. Define what a capable community
6. Having dedicated TV free family time table including family prayer together
7. Cultural adaption, empowering people and communities, service mapping and better knowledge
8. Availability of services (across regions, ages, social groups)
9. Choices + agency, limited reach and separation of process legislation
10. Use language that doesn't unwittingly suggest families are in deficit e.g. building strong families creating strong families
11. Listen to families
12. Shared goals, framework and drivers
13. Meeting families, where they are
14. Seeing people within their context, not separate issues
15. Ability for vulnerable families to make friends naturally
16. Healthy/respectful meaningful relationships
17. Clear purpose
18. Community workers to community facilitators
19. Collaboration, generation
20. Flipping the paradigm between services and families/communities
21. Appropriate group education opportunities that are adequately resources
  - Cultural
  - Relationships
  - Lifestyles
  - Community spaces!!
22. Cultural safety – finding a way to see through the lens of minority

How do we do this?

1. No assumptions
2. Conversation
3. Honesty
4. Consistency
5. Action

6. Don't double up
7. Confidentiality
8. Trying new things
9. Dichotomies are dangerous
10. Listening
11. Believing
12. Consultation
13. Collaboration
14. Sharing
15. Embedded
16. Respect
17. Long term commitment
18. Caring
19. Letting go
20. Strength
21. Question ourselves
22. Supporting
23. Trust

### **Collaborative Session3:**

#### **1. How can collective action be strengths-based and community led?**

#### **2. How can family and community practitioners work with the community and each other?**

Summary of suggestions

1. Community drive agenda
2. Community conversations first!
3. Pathways to people
  - Position appropriate people in front facing services
  - Create pathways to key people
  - Provide alternatives
4. Payscale, recognition of value of lived experience
5. Access without support # opportunity
6. Breaking down barriers from competitive tending e.g. creating service forums to share service delivery and referral pathways
7. Coke bottle – education and deconstructing language
8. ABCD ensuring the ‘doing’ with the collected information
9. Empowering families/communities to raise stories with government when policy isn’t aligned with community needs/strength
10. Lead by stepping back
11. Sharing power balance
12. What is success to the community? Evaluations are community lead
13. New funding models using long term approach
14. Cultural safety, wider education of Aboriginal history, competence and trust
15. Creating capacity building relationship between smaller and larger services
16. Be willing to challenge oneself
17. Humour and fun, role reversal modelling, normalising, flexibility, leaning into things, empathy, creativity and keeping it real

All Group Suggestions

#### **Group 1**

1. Not bring in solutions from other communities
2. What’s needed culture + commitment + community development, identify who is there and has strong relationships.
3. How do we work together?

4. Bring community together to identify needs together. Talk about what is working and what problems exist?
5. Make it about the community
6. Recognise strength to bring community together.
7. Empower the community to drive community development.
8. Community part of the discussions and identifying
  - a. How do you involve the community
  - b. Recognise the power imbalance
9. Ask the community – trial and error, variety of engagement methods
10. Involve men & women leaders – both loud and quiet voices
11. Identify current resources & utilise these
12. Community asset map as a starting point
13. Identify challenges/boundaries with community – not dictating to them
14. Transparent and open to feedback.
15. Involve people who matter e.g. children. Children need to be “heard” and deliver their “voice”.
16. Asset based Community Development (ABCD) + Action: linking assets to issues.

## **Group 2**

1. Feedback & data is shared and critically reflected on & changes shared
2. Values of community and the ‘why’.
3. Getting buy-in for sustainability
4. Respectful relationships
5. Simple reminder of client focused practice
6. Evaluations are community led
7. Appreciation of two-way learning
8. Using strength language in discussions and reports
9. Looking through a different lens
10. Checking what success means to the community – and reflecting/reporting on that.
11. Reflecting with community/families on their own growths and achievements.
12. Community ‘feel’ they are driving the ‘agenda’.
13. Coaching/time to let people know parameter and allowing TIME (allow community to decide)
14. Implementation is appropriate (time)
15. Soft outcomes (things hard to quantify) not just outputs/smaller achievable goals
16. Recognising and valuing each other’s strengths

17. Address power imbalance (need to think about neutralising power imbalance i.e. between men/women)
  - a. Responsibility with people in power to acknowledge and step down/back so others can participate “park your power at the door”
18. Allowing ‘failure’ to learn lessons – let the learning happen, depending on obligations (i.e. Board has more risk) i.e. in co-designing building confidence and knowledge (try, test, learn)

### **Group 3**

1. What can I do?
2. Focus on outcome not output
3. Make good on what you say
4. Communicate
5. Build trust
6. Question again and follow through
7. Ongoing, not just once
8. Give time to talk at their pace
9. You are not isolated – there are other people in this space.
10. Empathy and humour
11. Remove the barriers from physical spaces (entry by codes/intercoms, corporate and excluding)
12. Human voice – not telephone
13. Communicate and build personal relationships
14. Friendly not daunting
15. Empower and allow ownership
16. Normalise
17. Go where the people are – outreach and embed roles
18. Add a question to existing consultation – what would you like to see happen in your community?
19. Be prepared to advocate when community needs don’t meet government policy.
20. Challenge government and communicate with them
21. Empowering communities/families to talk to government about issues.

### **Group 4**

1. Breaking down the barriers created by competitive tendering e.g. creating services forums to share service models and referrals.
2. Capacity building – creating relationships between smaller and larger services such as developing research projects.

3. ABCD – ensuring collective action with the gathered information is fulfilled with the ‘doing’
4. FISH

### **Group 5**

1. Collaboration with community through variety of ways – forum, technology (social media), and outreach.
2. Access to opportunity
3. Community driven decisions
4. Partnerships – consultation with community leaders, communication with other services.
5. Collaboration with others – multi-agency responses, co-location.
6. Community awareness – services, facilities, resources that are available.
7. Specifically ASK the client!
8. Avoid assumptions/’agenda’ of referral sources
9. Empower community members - to become qualified, to make decisions, to deliver programs.

### **Group 6**

1. Ask and hear families and community
2. Working WITH clients and THEIR plan
3. LISTEN – story and what they want
4. Being at the table and help them navigate
5. Supporting self determination
6. Sitting WITH where they are
7. Recognise they are the expert in their life.
8. Provide information in appropriate and creative way
9. Cultural safety and respect.

### **Group 7**

1. New funded flexible service models that include funding for networking and community
2. Finding time spans that allow us to decided together what we really want to do
3. Building relationships with community through what they are interested in
4. Community needs to know the outcome. Honouring and valuing their input.
5. Using different channels to get information across
6. Using assets of existing community organisations
7. Investing in things that last longer and go broader than our involvement
8. Collecting data in their everyday life – through conversations
9. Community conversations.

# Final Open Space: Group Learnings and Final Reflections

## Reflection topic 1: Help small organisation and NGOs apply for funding

1. Community partnership
2. Seeking business support/fundraising
  - a. Tax incentives – Indonesia 5-15% philanthropy
  - b. Every company has a community service responsibility (CSR)
3. Advocacy: write to local MP
4. Proposals to council/province
5. University completes for \$

## Reflection Topic 2: How could you partner with your local library?

1. Harwood Institute – suite of tools for community conversations
2. Community readiness for change
3. Is library available for 24 hour access

## Reflection topic 3: New interpretation of religions for cultural mobilisation (Cultural Inclusion in Family Studies)

1. Departed from sociological fact of Indonesian society, religion significantly affects how family operates. Need a new interpretation of religion e.g. “Mahrom” limits female mobility
2. How to develop “family studies” family practitioners
3. Indonesian Islam progressive
4. What other group affected?
5. Pesantren – Islamic boarding schools
6. Ulama – clerics and their council
7. Government – KUA officers, Modin, Mbas Kaum
8. Australia – cultural inclusiveness: particularities?
9. How might you define the limits of family studies (different models, embrace of different types of families: same sex families, indigenous)
10. Foreignness
11. What does family diversity mean?

## Reflection topic 4: How does learning about what is happening in other countries help local efforts?

1. Avoid ego-play
2. Learn what to do/not to do
3. Stimulates ideas/innovation

4. Collaborating on global basis
5. Learning from one another and collaborating with one another.

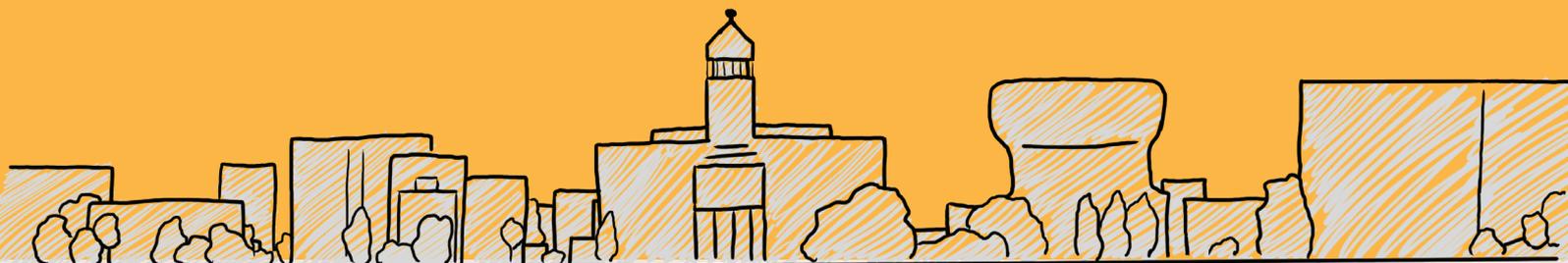
**Reflection topic 6: How to mesh lived experience with education pathways**

1. Education pathways – therapeutic pathways – employment
2. Identify capable people
3. Prior learning/volunteers/life experience e.g. credit points
4. So often not valued in education e.g. highflyers
5. Generalisation at individual level possible
6. Non-judgemental facilitators strong message
7. Counter-professionalism a barrier
8. What the curriculum teaches you about life experience
  - i. Security within the class
  - ii. Ground rules
9. Online environments
10. My experience is not everybody's. Critique why lived experience is best placed.

# FAMILY & COMMUNITY STRENGTHS

INTERNATIONAL SYMPOSIUM

A symposium with invited participants from the Global Consortium for International Family Studies (GCIFS), the Asia-Pacific Network for Asset-Based Community Development (APN-ABCD), the Network for Indonesian-Australian Family Studies (NIAFS), the International Association of Community Development (IACD), representatives of national, state and local governments and family and community organisations



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