



Thriving Together

Incubation report



February 2021

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1. Executive Summary

Thriving Together emerged from feedback received from the early childhood education and care sector at the onset of the coronavirus pandemic. Concerns were raised that restrictions necessary under Public Health Order would place more children at risk and that the sector was not equipped to respond to those risks as they were identified.

The Thriving Together incubation was underpinned by evidence based strategies:

- strengthen economic supports to families
- change social norm to support parents and positive parenting
- provide quality care and education early in life
- enhance parenting skills to promote healthy child development
- intervene to lessen harms and prevent future risks

The aim of the incubation initiative was to explore what is needed to prevent adverse childhood experiences or promote resilience to adverse childhood experiences.

By achieving this aim, we believe we can now move to build a prototype/pilot to deliver a new local model of service delivery to improve lifelong health, social and economic outcomes for pre-school children.

Thriving Together believes the incubation initiative has given us the toolkit to guide expanding the model across different NSW contexts. We will measure success in individual components and show alignment through Thriving Together aggregates.

Thriving Together is confident a prototype/pilot in two sites in 2021 will contribute to:

- an improvement in school readiness rates for children transitioning to school;
- a reduction in substantiated reports of children at risk of significant harm;
- a reduction in children being removed from their family and placed into out of home care;
- a reduction in presentations to emergency departments on non-accidental injuries to children aged 0-5 years.

2. Acknowledgements

Thriving Together acknowledge and thank the Waratah Education Foundation for providing funding for this incubation initiative.

We also recognise and thank our incubation partners without whose financial and in-kind contributions this initiative would not be prototype/pilot ready. Your generous giving of time, expertise, guidance and patience has delivered an ambitious collective initiative that will set the course to achieve better outcomes for children, families and communities across Australia.

3. Context

As the effects of COVID-19 were beginning to be felt by the Early Childhood Education and Care sector, Healthy Australia hosted several webinars with the aim of supporting the sector to face the challenges that were emerging including the increasing risk to child safety.

Practitioners clearly understood the risk to children, but they also raised the constraints in capacity and capability of the sector to identify risk, engage with parents and refer families for support. The sector felt that they needed to be supported and work alongside other agencies to be effective in reducing the risk to children.

Healthy Australia agreed to coordinate an exploration of potential design solutions to test in a local community with the view to preparing a proposal for a prototype/pilot to demonstrate the health, social and economic impact of a truly local approach.

South Grafton was chosen as an eight week incubation site where, with incubation partners, we could observe the system as it works and dream of the system as it could be. The aim of the incubation is to test the operational reality of our hypothesis approach. We would quickly discover what works well (and what does not) to inform the design of the prototype/pilot.

4. Adverse Childhood Experiences

The incubation initiative had a strong focus on unearthing what it would take to connect with and engage those children and families who are isolated from the support they need. Our local practice wisdom tells us that the “most hard to reach” children are often those with four or more adverse childhood experiences.

Adverse childhood experiences¹, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example: experiencing or witnessing violence; abuse; or neglect. Also included are aspects of the child’s environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with: substance misuse; mental health problems; or instability due to parental separation or household members being in jail or prison.

ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. ACEs can also negatively impact education and job opportunities. However, ACEs can be prevented. Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full potential.

Raising awareness of ACEs can help:

- change how people think about the causes of ACEs and who could help prevent them;
- shift the focus from individual responsibility to community solutions;
- reduce stigma around seeking help with parenting challenges; and

¹ <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

- promote safe, stable, nurturing relationships and environments where children live, learn, and play.

Preventing Adverse Childhood Experiences²	
Strategy	Approach
Strengthen economic supports to families	<ul style="list-style-type: none"> • Strengthening household financial security • Family-friendly work policies
Promote social norms that protect against violence and adversity	<ul style="list-style-type: none"> • Public education campaigns • Legislative approaches to reduce corporal punishment • Bystander approaches • Men and boys as allies in prevention
Ensure a strong start for children	<ul style="list-style-type: none"> • Early childhood home visitation • High-quality child care • Preschool enrichment with family engagement
Teach skills	<ul style="list-style-type: none"> • Social-emotional learning • Safe dating and healthy relationship skill programs • Parenting skills and family relationship approaches
Connect youth to caring adults and activities	<ul style="list-style-type: none"> • Mentoring programs • After-school programs
Intervene to lessen immediate and long-term harms	<ul style="list-style-type: none"> • Enhanced primary care • Victim-centered services • Treatment to lessen the harms of ACEs • Treatment to prevent problem behaviour and future involvement in violence • Family-centered treatment for substance use disorders

5. Thriving Together incubation partners

The aim of the Thriving Together incubation initiative was to understand what is needed in a local context to prevent adverse childhood experiences or promote resilience to ACEs. By achieving this aim, Thriving Together believes it can improve lifelong health, social and economic outcomes for preschool children.

² Ibid

According to the research³ there are five key strategies that we can employ collectively. These are:

- strengthen economic support to families;
- change social norm to support parents and positive parenting;
- provide local quality care and education early in life;
- enhance parenting skills to promote healthy child development; and
- intervene early to lessen harms and prevent future risks.

The Thriving Together incubation partners bring together skills and resources that when framed through a community driven “bottom-up” response can deliver these strategies.

HubHello⁴ provides a technical solution to improve access to advice and support to families including supporting their data sovereignty needs.

The **Child Abuse Prevention Service**⁵ (CAPS) is responsible for the ongoing review of child protection concerns made through the SAFE platform by staff at participating childcare and child service organisations.

The **New School of Arts Neighbourhood House**⁶ is the local anchor providing early identification of risk and early access to family and community support programs.

Primary and Community Care Services⁷ connected the initiative with General Practitioners (GPs) and provide non-medical referral options for family members experiencing more than three ACES.

Anna Bowden led Parent Café, bringing her many years’ experience delivering programs and designing social impact projects to this initiative.

Fams⁸ monitored and evaluated the incubation while **Healthy Australia**⁹ provided the administrative and backbone support.

Throughout the incubation, Thriving Together sought out and/or was directly contacted by other potential partners to connect and avoid duplication of effort. Our hypothesis is that by changing the way players in the system interact and removing systems barriers for children and families, we can improve access to early learning for families struggling financially and we can create early intervention options for families that keeps children safe, promotes their health and realises their potential.

³ The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and household challenges and later-life health and well-being

⁴ <https://hubhello.com/>

⁵ <https://www.capsau.org/>

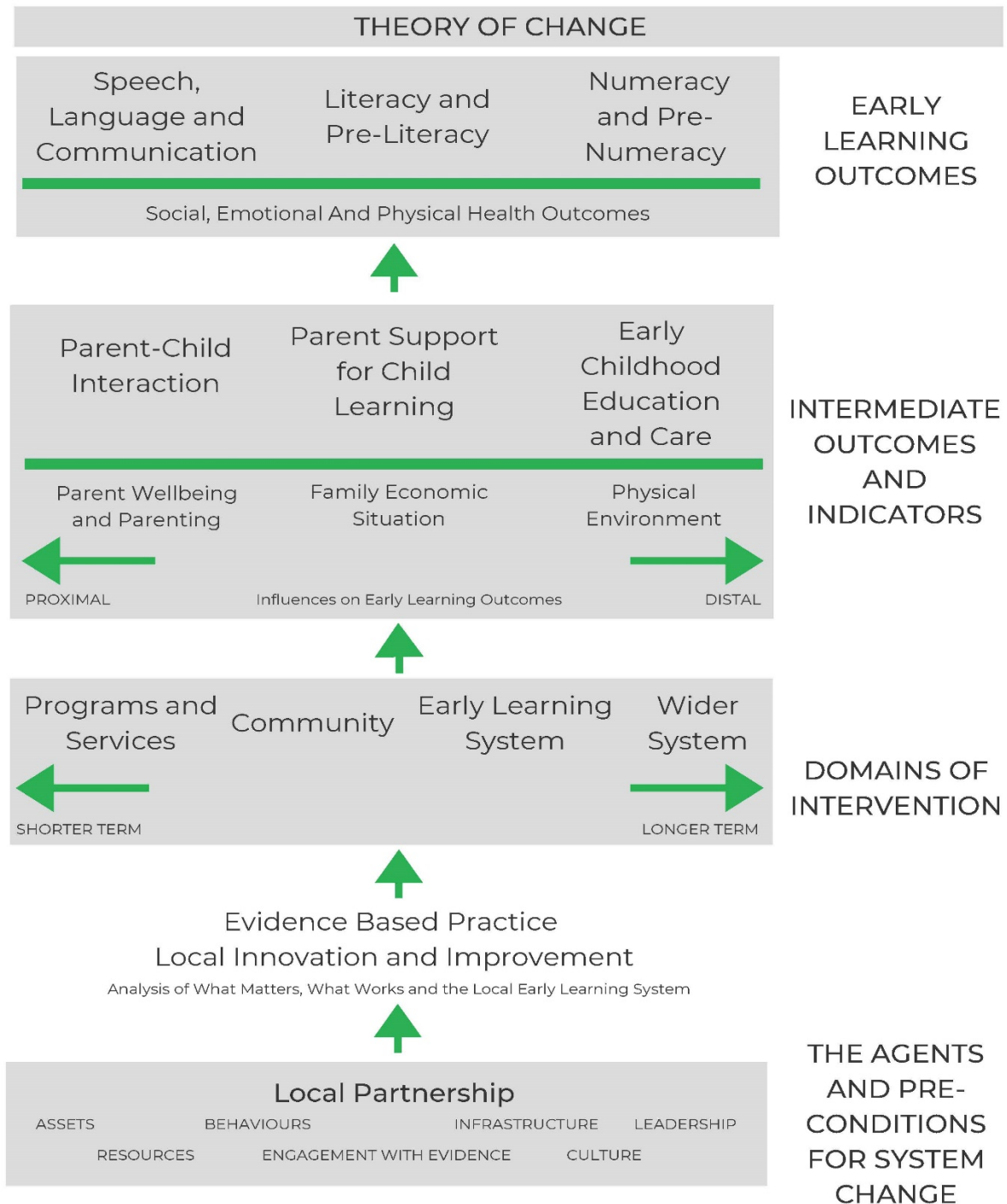
⁶ <http://www.conc.org.au/index.php/consortium-members/sth-grafton>

⁷ <https://pccs.org.au/>

⁸ fams.asn.au

⁹ <http://www.healthyaustralia.org/>

6. Our theory of change



Courtesy and with permission from Dartington Service Design Lab and Save the Children

7. The key components of the incubation period

7.1. A strong local anchor

Thriving Together recognises its focus must be on local strengths within communities. Too many services focus on fixing discrete problems in a child or family, rather than building holistically on families' strengths. And despite large differences between communities, we tend to roll out the same services everywhere. Services need to fit the local situation.

In this incubation, New School of Arts Neighbourhood House¹⁰ (NSOA) was the local anchor as they are respected and connected in their community and operate in a "local and bottom-up" not "distant and top-down" models of service delivery.

NSOA established a dedicated team to contribute to the incubation:

- NSOA General Manager
- NSOA Project Officer (Casual), who was specifically recruited to support implementation of the TT initiative
- NSOA Youth Worker
- NSOA Early Learning & OOSH Nominated Supervisor

Throughout the incubation period NSOA has endeavoured to support Thriving Together's aim of reducing ACEs by:

- intervening early to lessen immediate and long-term harms.

7.1.1. Ensuring a strong start for children

The NSOA Early Learning & OOSH Centre is the only service of its kind in the local area:

- embedded in a well-known and much-trusted Neighbourhood Centre;
- the only provider of Occasional Care in the Clarence Valley;
- the only provider of Long Day Care, Occasional Care, After School Care and Vacation care in a single convenient location in the Clarence Valley; and
- the only provider of Long Day Care, After School Care and Vacation care in South Grafton.

During the Thriving Together incubation period NSOA tested the concept of an early ECEC scholarship (see 7.2 Early childhood education and care).

7.1.2. Strengthening economic supports for families

The NSOA provides access to a range of economic supports for families. During the incubation NSOA's Thriving Together team provided information on and/or referral for parents and families via our ECEC and Community Hub on 191 occasions including:

- emergency relief on 33 occasions;

¹⁰ See Appendix B for more information about the of local services offered by NSOA

- financial counselling on 20 occasions;
- Legal Aid on 12 occasions; and
- food recovery on 13 occasions.

NSOA also conducted follow-up conversations with eight of the 14 participants who attended Parent Café in December 2020. 50% indicated that they would like more information on the range of economic supports provided by the NSOA including emergency relief (2), financial counselling (3) and food recovery (1).

7.1.3. Teaching skills and promoting connection

The NSOA partnered with Anna Bowden to deliver Parent Café (see 7.5 Parent Café) in South Grafton in December 2020. As part of this approach:

- We recruited and orientated a Project Officer in November 2020; and
- Three NSOA staff members undertook Parent Café Facilitators training via Zoom over five sessions in November 2020.

7.1.4. Intervening to lessen immediate and long-term harms

As a neighbourhood centre (place-based, community-governed) delivering a range of fully integrated community development, support & social inclusion programs, the NSOA is uniquely placed to contribute to the prevention of adverse childhood experiences in South Grafton and the broader Clarence Valley area.

The NSOA has strong professional and community networks and has been providing local leadership on community issues including child protection, youth advocacy, mental health & wellbeing, and suicide prevention for over 43 years.

The NSOA currently facilitates the Clarence Valley Child & Family Network, chairs the Clarence Valley Youth Interagency and the Community Drug Action Team, auspices Clarence Youth Action and coordinates the implementation of the Our Healthy Clarence Project. This reinforced NSOA's critical role as local anchor through the opportunities to raise awareness and discussion among local partners and stakeholders.

During the incubation, NSOA's Thriving Together team provided information and supported referral for parents and families to external agencies, including: mental health; housing; child health; employment services; and education and training providers on 45 occasions.

7.2. Early childhood education and care

The size of a child's brain reaches 90 per cent of an adult's by the age of five. Early childhood is a time of rapid change – particularly for the development of a child's brain. These early years are critical for lifelong learning and well-being. Talking, reading, playing

and singing with babies and toddlers is so important in shaping thinking and emotional patterns for life and influencing learning, relationships and resilience.¹¹

Between April and July 2020, families in Australia had access to fee-free early childhood education and care (ECEC) and the public message through the media was clear: the positive difference it made in households was profound. The NSW Government announced in their Budget delivered on 17 November 2020:

To ensure that children are not falling behind and have the educational foundations for a successful future, this Budget provides additional support with: ... \$120.0 million to extend the free preschool program for community and mobile preschools through to the end of 2021, providing fee relief for families¹²

Even before COVID-19 hit, families were struggling with the high cost of ECEC. Government subsidies offered some financial relief to families on low incomes, however, the pre-pandemic arrangements still saw too many Australian families struggle to access or afford the quality ECEC their children deserve to give them the best start in life.

The devastating economic impact caused by COVID-19 has just exacerbated how unaffordable early education and care is, while simultaneously proving how invaluable and essential it is.¹³

The incubation sought to test whether a scholarship to cover the fee-gap (the difference between full cost less government subsidies), thereby making ECEC free for scholarship recipients, would remove one significant barrier to universal access.

Research is clear that attendance at quality ECEC is a protective factor for children. It follows, that promoting universal access to children with ACEs should contribute to their recovery. New School of Arts Neighbourhood House agreed to dedicate two vacant ECEC places two days each week for 12 weeks to the incubation initiative.

NSOA tested the concept of a scholarship two days of care per week free for up to 12 weeks to improve access to ECEC for families experiencing adversity or disadvantage. Information on the ECEC Scholarship was provided directly to nine families by the Thriving Together team in December 2020 and January 2021. NSOA continues to work with four of those families to establish ECEC scholarship arrangements to commence in February 2021.

¹¹ <https://thrivebyfive.org.au/>

¹² <https://www.budget.nsw.gov.au/sites/default/files/2020-11/1.%20Budget%20Overview-BP1%20Budget%202020-21.pdf> at page 15

¹³ <https://womensagenda.com.au/latest/how-would-free-early-childhood-education-care-impact-your-family/>

7.3. SAFE

CAPS is partnered with Healthy Australia and HubHello on SAFE, a world-first early intervention program that uses machine learning and language processing technology to identify children potentially at risk of abuse or neglect.

The aim of SAFE is to make it as easy as possible to accurately verify and triage children at risk and provide referrals to the early intervention family services or child protection services that will keep them safe from harm.

SAFE was developed in response to the Royal Commission into Institutional Responses to Child Sexual Abuse, which found that all organisations in contact with children should have the systems in place to identify those at risk and respond appropriately.

The SAFE platform works by analysing health and welfare data sets provided by childcare organisations through the Australian Government's prescribed Child Care Management System. This data is unique to SAFE and is based on the mandatory reporting guidelines in each Australian state and territory.

When providing the data to SAFE users must respond to simple questions designed to identify the level of risk and the type of abuse or neglect (including emotional, physical and sexual). These questions were developed in consultation with industry leaders on child protection, trauma and case management.

This data is then reviewed by experienced child protection case review specialists (employed by CAPS), who can then make a mandatory report for that child if appropriate, providing their case information to the appropriate state or territory child protection agency.

By default, cases are prioritised in order of risk to ensure the most vulnerable children receive the most urgent attention. This ensures better outcomes for the child and prevents anyone from slipping through the safety net.

CAPS is providing its case review services to all childcare or other child service provider organisations involved in the Thriving Together partnership that utilise SAFE through the HubWorks! platform.

As part of Thriving Together CAPS will also work with Healthy Australia to establish new early intervention referral pathways to ensure that each vulnerable child receives compassionate, meaningful support well before more intensive and traumatic interventions are required.

CAPS will also allocate resources to promote both Thriving Together and SAFE to key stakeholders across the child protection, education, and government sectors to help build a smarter, more integrated support system for vulnerable children and families everywhere.

7.4. GP connect

Beyond early primary health care following birth, parents are often left feeling isolated and disconnected. Research and professional experience identify that parents experiencing vulnerability are more likely to be disconnected from local prevention and early intervention support services available in their community. Attendance at a general practitioner may be the first, or only, connection to support. The incubation initiative sought to better integrate primary health and community professionals for these families.

GP connect is an eight week social prescribing program designed to supported mothers who have more than four ACEs with children under five years of age.

Social prescribing¹⁴ is a new and growing framework used by GPs and other health practitioners internationally, particularly in the UK. The evidence base is still emerging, but early indications suggest it can be beneficial in marginalised patient groups.

Social prescribing is a way to link people with long-term health conditions to psychosocial services, with the aim of improving their social wellbeing. It shares the same values as the broader person-centred care approach that now underpins the health and social care sectors.

The *GP connect* program supports GP referral pathways to external services. The program links the mother and her immediate family to a social worker that will offer links to services and supports the family needs, a template that identifies the family's values and strengths to support better engagement with services.

GP connect aims to improve the access pathway to social services and reduce demand on primary health care services.

To raise awareness of *GP connect*, it was advertised through North Coast Primary Health Network via the Clarence Valley Practitioner News. For obvious reasons, communication about *GP connect* was critical within local GP networks as it contributed another element in a new hub model of care being introduced across the wider Primary Health Network.

7.5. Parent Café

In 2007, the Parent Café process was developed by parent leaders from Strengthening Families Illinois to design a parent-to-parent way to bring the Strengthening Families™ Protective Factors to families¹⁵.

The Strengthening Families™ Protective Factors are:

- resilience: parent resilience;
- relationships: positive social connections;

¹⁴ <https://pccs.org.au/wp-content/uploads/2019/06/SocialPrescribingEvidenceBase.pdf>

¹⁵ <https://www.beststrongfamilies.org/parent-cafes>

- support: concrete support in times of need;
- knowledge: knowledge of parenting and child development;
- communication: social and emotional competence.

Parent Cafés are physically and emotionally safe spaces where parents and caregivers talk about the challenges and victories of raising a family. Through individual deep self-reflection and peer-to-peer learning, participants explore their strengths, learn about the Protective Factors, and create strategies from their own wisdom and experiences to help strengthen their families.

Cafés are structured discussions that use the principles of adult learning and family support. They are highly sustainable with training reinforcement, institutional support, and a commitment to an approach that engages and affirms parents as leaders. Participants leave Parent Cafés feeling inspired, energised, and excited to put into practice what they have learned.

Anna Bowden has introduced the Parent Café's model into New South Wales, with a view to customising the approach to the local context. True to the evidence base of the original, Parent Cafés in this incubation are emotionally safe and engaging guided small group conversations aimed at increasing:

- parental knowledge about research based protective factors that keep families strong so they can take responsibility for living those protective factors in their families,
- peer to peer support and learning
- healthy community connection & creation of a conduit to early identification of family violence and other challenges with access to referral networks

The NSOA developed and hosted two Parent Café as part of the incubation. 14 parents¹⁶ attended and completed a survey on their experience of the Parent Café. All participants agreed or strongly agreed that they:

1. felt safe with other participants
2. were helped to reflect on their own strengths and challenges
3. practiced ways to talk to others that will improve their relationship
4. want to get more involved with New School of Arts
5. see themselves as able and willing to be part of a Parent Café team

NSOA conducted follow-up conversations with eight of the 14 participants in January 2021. Early outcomes from Parent Café identified include:

- 8 (100%) indicated that they had already applied learnings from Parent Café at home;
- 8 (100%) indicated that they would be interested in the range of opportunities that the NSOA provides to learn and connect with others including Men's Group (1), Women's Group (4), Arts & Craft Group (3), The Change Room (7), and volunteering (8);
- 5 (63%) have already engaged in other NSOA social inclusion programs (specifically The Change Room) and 1 has already commenced volunteering with our Youth Hubs.

¹⁶ Participants self identified in the survey as either parent, grandparent or foster parent

NSOA has two more Parent Café sessions planned for February 2021.

A summary of all survey results is at Appendix A.

8. Key findings and recommendations

The overwhelming lesson learned through the South Grafton incubation was the critical importance of **orientation, team building and relationships**. Creating a conscious mission for local agencies to work together to deliver coordinated activities in line with each agency's core purpose is key to success.

This involves **crafting a common strategy and narrative** that can be shared within local agencies, partners, families, and community. The narrative needs to be clear, easily understood, and demonstrate the link between resources, activities and outcomes. It needs to respect what is already working well in community and not unnecessarily duplicate effort.

Thriving Together prototype/pilot sites will each need their own **local anchor** who is respected and connected in their community in order to ensure Thriving Together remains "local and bottom-up" not "distant and top-down" initiative. They need to be clear on the process, outcomes, theory of change. Investing in local relationships is the foundation for success or failure. Human relationship, trust and belonging takes time and should not be underestimated or rushed.

The **local system** and partnership needs to be thought about with a systems thinking approach. Refocusing activities to align with the strong evidence surrounding adverse childhood experiences has a better chance of delivering success than each continuing to progress down their own lanes of work.

Determining local priorities will provide the prototype/pilot sites with the opportunity to balance the evidence base with innovation, local practice and political realities of the implementation and delivery. The Harwood Institute practice framework¹⁷ can guide this approach.

The success of Thriving Together requires investment in **building capacity and infrastructure** to ensure the people delivering the prototype/pilot are trained and supported to deliver the new way of working. Operational design, communication channels, business continuity and governance arrangements need to be developed and funded.

Lastly, we need to embed continuous improvement into the design. We need to **monitor, evaluate and respond** based on the information we receive and data we collect. Thriving Together prototypes/pilots must be ready to accept when ideas have not translated into local solutions. We must fail fast and keep moving forward. We must never lose sight of what matters and what works.

¹⁷ See Appendix C

9. Conclusion

The Thriving Together incubation in South Grafton has demonstrated that early markers of success exist when the local system is patchworked together:

- Early childhood education and care
- Neighbourhood centre
- Primary health network
- Social prescribing agency
- Peer support
- Child safety agencies
- Backbone, tech support and evaluation

Thriving Together believes the incubation initiative has given us the toolkit to guide expanding the model across different NSW contexts. We will measure success in individual components and show alignment through Thriving Together aggregates.

Thriving Together is confident a prototype/pilot in two sites in 2021 will contribute to:

- an improvement in school readiness rates for children transitioning to school;
- a reduction in substantiated reports of children at risk of significant harm;
- a reduction in children being removed from their family and placed into out of home care;
- a reduction in presentations to emergency departments on non-accidental injuries to children aged 0-5 years.

Over time, population indicators across health, social and economic domains will see positive shifts in outcomes, including:

- a reduction in suicidality;
- a reduction in crime;
- a reduction in chronic disease;
- a reduction in poverty; and
- a reduction in addiction.

This is a huge claim, but the evidence is clear. Adverse childhood experiences are linked to poorer health, social and economic outcomes. If we reduce exposure to adverse childhood experiences, and treat children and adults exposed to them, then we have chance to start to see the curve turn by 2030.

Appendix A

Summary of Parent Café survey results

Participants = 14

Participants could voluntarily self-identify demographic information:

Parent

Foster parent	1
Grandparent	1
LGBTQ parent	1
Parent of a child with needs	1
Parent of a LGBTQ child	1
Teen/Youth parent	6

Gender

Female	9
Male	3

Age

22-30 years	2
31-54 years	12

Nationality

Aboriginal	3
Australian	8
Other	1

Age/s of children

0-4 years	7
5-12 years	8
13-17 years	5
18+ years	3

Participants agreed or strongly agreed that they:

1. felt safe with other participants (100%)
2. learnt something through someone else's experience (93%)
3. were helped to reflect on their own strengths and challenges (100%)
4. met a person they planned to stay in touch with (71%)
5. learnt they can use protective factors to keep their family strong (86%)
6. learnt something to help them deal positively with a current challenge (86%)
7. feel more comfortable seeking help (86%)
8. practiced ways to talk to others that will improve their relationship (100%)

9. want to get more involved with the host (100%)
10. see themselves as able and willing to be part of a Parent Café team (100%)

Participants' comments on their Parent Café experience were positive:

- Great atmosphere
- Fun
- Was worthwhile to link with other people
- Awesome opportunity
- Splendid initiative
- Lovely environment with such an open welcome
- Was awesome to share with other women

Only one participant indicated they found it hard to listen and know what or how much to say for fear of being judged. Even so, this participant indicated they were willing to part of a Parent Café team and wanted to be more involved with The New School of Arts Neighbourhood House. This response is consistent with first experiences generally of parents experiencing vulnerability.

Appendix B

The **New School of Arts Neighbourhood House Inc.** (NSOA) was established in 1977 and has been operating as a neighbourhood centre (including an ECEC service) since its incorporation in 1987. The NSOA coordinates a range of funded programs and services including:

- Long Day Care (including preschool program)
- Occasional Care
- After School Care
- Vacation Care
- Clarence Valley Community Hubs Project (South Grafton & Baryulgil)
- Volunteer Management Program
- Community Visitors Scheme
- Our Healthy Clarence
- Youth Programs

In addition, NSOA is a member of the Consortium of Neighbourhood Centres which is currently funded to deliver the following programs & services:

- CONC Brighter Futures Program
- CONC Emergency Relief Program
- CONC Staying Home Leaving Violence Program
- CONC Food Recovery Project

Ensuring a strong start for children

The NSOA Early Learning & OOSH Centre is the only service of its kind in our area:

- embedded in a well-known and much-trusted Neighbourhood Centre
- the only provider of Occasional Care in the Clarence Valley
- the only provider of Long Day Care, Occasional Care, After School Care and Vacation care in a single convenient location in the Clarence Valley
- the only provider of Long Day Care, After School Care and Vacation care in South Grafton

We provide accessible, flexible care for families in South Grafton and the wider Clarence Valley community:

- Catering for over 200 children from over 140 families per week
- 34% of the children enrolled at the Centre identify as Aboriginal or Torres Strait Islander.
- 36% of the families that attend the Centre receive 85% Child Care Subsidy (or higher)

Strengthening economic supports for families

The NSOA provides access to a range of economic supports for families including Emergency Relief, Financial Counselling, Tax Help, Legal Aid, Food Recovery and Work & Development Orders (WDOs).

Teaching skills and promoting connection

The NSOA partnered with Anna Bowden to deliver Parent Café in South Grafton in December 2020.

- Two Parent Café sessions, attended by 14 parents, were developed and delivered at the NSOA in December 2020
- Eight follow-up conversations were conducted with participants in January 2021 (see Appendix A)

Parent Café Participants expressed the following in their survey responses and subsequent follow-up conversations:

- That they felt safe with other participants in the Café (100%)
- That as a result of their Café experience they would like to get more involved with the NSOA (100%)
- That they see themselves as able and willing to be a part of our Parent Café team (100%)
- That they would like to attend our February Parent Cafes (100%)

Intervening to lessen immediate and long-term harms

As a neighbourhood centre (place-based, community-governed) delivering a range of fully integrated community development, support & social inclusion programs, the NSOA is uniquely placed to contribute to the prevention of adverse childhood experiences in South Grafton and the broader Clarence Valley area.

The NSOA has strong professional and community networks and has been providing local leadership on community issues including child protection, youth advocacy, mental health & wellbeing, and suicide prevention for over 43 years. The NSOA currently facilitates the Clarence Valley Child & Family Network, chairs the Clarence Valley Youth Interagency and the Community Drug Action Team, auspices Clarence Youth Action and coordinates the implementation of the Our Healthy Clarence Project.

In addition, the NSOA has:

- Promoted the TT Incubation Initiative to the Clarence Valley Child & Family Network, Clarence Valley Youth Interagency and the Our Healthy Clarence Steering Committee
- Arranged meetings between TT Incubation Partners and local stakeholders including Clarence Valley Council, Our Healthy Clarence Project Coordinator, the CV Child & Family Network, The CV Youth Interagency and CRANES.

Appendix C

Harwood Institute practice framework

Harwood Institute practice framework which can guide all community projects

