

Hearing the Voice of the Family

Throw Away the Book

Introduction

Throughout the development of our Communities for Children (C4C) Action Plan it has again been highlighted that many families experiencing vulnerability and disconnection are not linked in a meaningful way, or not linked at all, to the range of services and programs that support families, children's development and pre-school education. We know that the cost of failing to provide timely support to these young families is considerable and often devastating. Despite increased services and resources being available, we have continued to see an increase in child protection reports, increase in the number of children going into home care, increased family violence reports and increased referrals to Child FIRST.

There is growing consensus that rather than thinking about certain families as being hard to reach, we need to think of them as being people whom services find difficult to engage and retain.

Bendigo C4C saw it as critical to capture the stories of these families so we can hear their voice and understand what will make a difference for them. As a sector we are then charged with the responsibility to raise these voices up to the highest level possible so the unique perspective and recommendation from local families can be heard and used to change practice, policy and service delivery for the better.

Methodology

To understand what our services should change in order to meet community need, we must ask those who are not taking up our service offer or those who have tried the service and then walked away (Whalley, M; 2007). To get closer to this group of people, we worked with the Off to an Early Start (OTAES) program delivered through the City of Greater Bendigo. OTAES clients are families of young children who have rejected mainstream services because of a previous negative experience or who have found it difficult to access services because of a variety of different barriers.

The OTAES staff introduced the interviewers to the families who agreed to be involved and at times participated in the discussion. The interviewers were not provided with any background information about the families so that the story being shared was totally from the perspective of the interviewee. In addition, a public flyer was distributed to local kindergartens and playgroups inviting parents to participate in interviews if they felt they had a story to tell about service access.

Bendigo District Aboriginal Co-operative staff were asked to assist and they helped the interviewers connect with several families who were keen to share their story. Interviews were held wherever the family felt most comfortable and informed consent was obtained prior to interview. The interview style was an unstructured, open conversation with a natural inquisitiveness and interest in the family's story. Many families reported valuing this "open-minded", family-lead approach with no set questions.

Our 28 interviewees and focus group members, included single and married parents, grandparents and kinship-carers, foster carers, dads, young parents, parents of children with disabilities and families from different cultural backgrounds including Aboriginal families. It is important to note that all families reported feeling comfortable and positive about the conversation process and many spoke of feeling empowered by the knowledge that their views were important.

A key part of the project design was the offer of follow-up interviews with interested families to ask for their feedback about the conclusions and recommendations drawn from these interviews. Most families embraced the opportunity to be involved at this feedback level and have willingly shared their stories with us out of a desire to inform positive change. Many of the parent recommendations were developed further on our second visits, as a result of the discussions we had around families comments and themes.

In collating our findings, parents' comments on barriers to engaging appeared to fall into two broad categories. Parents tell us we need to *minimize* the practical or structural barriers to accessing services & *maximize* the quality of relationship between the parent and the service provider/s.

The real game changing message here is that it matters as much *how* we do something as *what* we do.

This evidence is brought to life and more deeply understood through listening to the stories of our families. Several key themes emerged as having an effect on service access and engagement and are explored with families comments below.

Listening to Families

The message at the heart of so many families conversations was that they often found it hard to get their message across and to feel heard.

The following father spoke disappointedly about asking from day one for support and not being listened to. Their child was finally identified as failure to thrive and ended up hospitalized-

"We had hit rock bottom with baby number 2 and asked for help. We asked for a referral to (a program utilized with first baby) because they had helped us in the past. They said that service was only for new parents who didn't know what they were doing. That was a real kick in the guts for us. I thought, we are asking for help here. People don't ask for help unless they really need it. She didn't even fill out the referral!"

This frustration emerged as a strong message throughout our conversations. Parents spoke of feeling desperate and still unable to get their message across and get the help they needed.

"It takes a lot to ask for help. We'd moved here and the kids were not sleeping at night. They were meant to be in school and kinder. But it was hard for us to get hooked in. And you can't go to school on one hours sleep. For me it was too much to take on. I was at my wits end. I thought I couldn't get anywhere."

Another parent of two young children added...

"We were firm believers in asking for help and that it is a sign of strength to ask for help. It needs to be more normal and people need to be praised for asking for help not told that it's unnecessary or they are not eligible"

On following up with a second visit to check back in with families we had several discussions around "no wrong door" and "warm referral" approaches ie ensuring that every family who asks for help is facilitated to find appropriate support or services. Families saw this as "essential". One father suggested that he felt "there would need to be an agency responsible for coordinating this". On discussion with subsequent families, this concept gained strong support.

Parents recommend that we:-

- Recognize that it takes courage to ask for help and that a considered and timely response is required. Allow time to really listen and hear people and respond emphatically and honestly.
- Ensure that there is "no wrong door" and families are supported to access appropriate services through the warm-referral process.
- Explore the possibility of one agency being the coordinating body for a "no wrong door" model.

Service Design

In order for families to feel really heard, we need to respond at all levels. This begins at a personal relational level, but moves through to how we design services and the service system in general.

“They need to throw away the book and listen...they (the workers) are so rigid”

A Carer of an Aboriginal child was able to so pertinently get to the heart of what many families said to us- The system can be very rigid and disempowering and you have to be able to navigate through and fit into a box to get assistance.

She spoke of her child’s dislike for the regular meetings he was obliged to attend-

“(child’s name) hated these meetings. They were only trying to tick boxes, not look at what he really needed.”

Families who are vulnerable have to balance competing needs and sometimes survival needs take precedence over our services. Parents stories tell us that we need to keep these practical issues in mind and avoid creating structural barriers which could be problem-solved and addressed by a committed service system.

The following were just three of many comments which exemplified structural barriers that were able to be overcome by asking the right questions and then having flexibility within the service or as a worker to respond

“I was always making excuses for cancelling appointments because my house wasn’t always the neatest. That’s when making a suggestion to meet somewhere else works really well. I was so relieved. I love getting out of the house too”

“I don’t drive, so transport is an issue. I just stay at home. The MCH nurse did extra home visits. That was really appreciated.”

“Once I got on to (the service) they started coming to my house in the morning and helping me to get ready, I got them to school and kinder more often and I could see they were happier. They made friends and their school work got better”

Parents recommend that we:-

- May be able to find a simple answer if we ask questions with a sincere aim to help.
- Consider and act on any unnecessary barriers to flexibility.

- Commit to meeting people where they are at rather than waiting for families to attend a program or service. This can be a way of connecting with the families and developing relationships with the community.
- Provide more soft-entry options for families eg supported playgroup and OTAES
- Ensure our services are culturally sensitive

Timeliness

Timeliness of responses to requests for support emerged as a big game changing issue. It can be difficult for workers juggling their roles, but from what families are telling us, it is never the less very important to reflect on.

The following comments highlight this-

A young mother commented:

"It is good if you call someone and they call you back the same day, because if it's a problem that is bothering you, you want to talk about it straight away"

Another mother involved in mental health services reports-

"I couldn't get my child out of the car at kinder. I called the teacher from out the front and asked her what do you want me to do? She said she didn't know so I drove home and cried. I decided it didn't matter if he didn't go."

Sometime later this mother went for a check for her child and was asked about her experience of kinder. She was then referred to OTAES who listened, and empowered the Mum in her parenting-

"(the worker) helped me with ideas about getting him there (Kinder). Then everything fell into place, (the child) got toilet trained and he was happy to go to kinder. They asked if I needed more support but I said leave it, as it was all going along ok. If I need help in the future I have a good relationship with the worker and I can call her if I need advice"

Parents recommend that we:-

- Consider what is a timely response, and the impact of not responding in a timely manner.
- Always communicate clearly and honestly with families about our ability to respond at any one time. Problem solve options if a more timely response is required than what you can realistically provide.

Accessing Support

Parents are telling us that it can be very difficult to find out about what services are available. One mother reflected on her early days of motherhood and how isolated she felt. She said she just didn't know how to find out about services, she just knew that she needed help-

"I just read all of the posters on the walls at Shopping Centre's and everywhere, just looking for a service that might be able to help me"

Another parent reported eventually getting into a playgroup and after sometime realized that there was a facebook page to keep in touch. Several parents spoke of how they received a lot of their information via facebook/social media and felt that this was *"how the world worked now"*.

On a follow-up visit a mother said that she didn't know *"why we couldn't all work together on one website advertising services for all young children and their families in Bendigo"*

Parents recommend that we:-

- Advertise services in multiple locations and utilizing varied mediums that families are already using or visiting. For example shopping centres, facebook, radio, newspapers, LMPA, Childcare, Preschool, GP's etc Explore and include the many possibilities with social media.
- Consider coordinated efforts to advertise.

Red Tape

We need to question whether red tape in our service system is causing preventable barriers.

A young single mother who reported previously finding it difficult to navigate services spoke of a delay in her son's preschool enrolment as she didn't have a birth certificate & was unsure how to get one

"..Then we tried kinder. The enrolment was held up because of the birth certificate, otherwise I would have had him in 12 months earlier. When he did go to kinder they were concerned about his development.."

Another mother of 7 children said a service had closed her case because they said she had no goals- *"they asked me what I needed help with, but I didn't know what they could help with so they said I had no goals"*

Reflecting on this the mother said that she was unable to nominate specific goals when asked even though she was really desperate for help. She voiced that after the meeting she realized that she needed support and information to know what the service could help her with first before she felt able to contemplate goals.

Parents recommend that we:-

- Question information/form requirements that impede a family/child engaging eg do we really need to see a birth certificate? If so, how can we support the family in getting one, or use a warm referral system to refer on to appropriate help.
- Question the timing and provide appropriate support to families so they can contribute effectively to goal setting or other planning processes

Supporting Universal Services

It is crucial that we equip universal services as they are the frontline for families. For many parents of young children the main points of initial contact are the General Practitioner (GP) or the maternal and child health nurse (MCH). More commonly now, parents are also going to the internet for parenting and medical advice.

The following experiences of two parents with their M & CH service also exemplify the importance of this relationship in the early years:

"I initially accessed the M & CH nurse, but she changed with no notice. This was unsettling"

"M&CH was good because it was the one thing that remained consistent over the 4 years"

Parents report that once the child is through certain milestones, the service from maternal and child health nurse drops off. You don't need it any more. Most likely you will go to the doctor and need to get the right help there. The relationship with the G.P. is important. It is important to know and trust your G.P.

A young mother of twin boys was able to clearly articulate this-

"I have been going to the same GP my whole life and now the boys have the same doctor. That's important to me, to have the one person who knows you really well. But he didn't know how to direct me and wasn't up to date"

Many professionals don't know enough. Professionals need access to more information to be able to help. G.P. referrals' are required for everything. Do G.P's know about how to link families in? They have to know a lot. Medically they are very well trained but are they informed enough about services?

Parents comments tell us that we also need to support GP's to really reflect on and involve parents in the options around the best service to access. if they choose a short term strategy and ensure they are transitioned successfully to any additional support they may need.

A mother commented

"Talking to the psychologist really helped. I could have had more sessions with a different psychologist – but after 8 sessions I didn't want to do that. To start at the beginning"

Parents recommend that we:-

- Equip universal services like the GP and M&CH as they are the frontline for families. Provide training in warm referral policies and commit as a sector to developing good relationships and providing ongoing support and information on referral pathways etc.

Warm Referrals

Coordination between services is critical to families being able to navigate the Early Years service system. When referring to a new service, families tell us it's good if a professional can call and make an enquiry. This is much less stressful and you're more likely to get the right information. The issue is likely to be taken more seriously too.

"It is helpful if someone makes a referral for you if they can share some of the important information so you don't have to start at the beginning."

One mother who worked from home said

"I think it's always important to ask- would you like me to call. Sometimes it's all too much and you need help. It's like you need a team leader. You want to be on the team but you don't always want to be in charge"

Another Mother very clearly said

"if I need a referral to someone else I would like the Dr to ring while I am there too".

A mother of a child in the mental health system added-

"A Paediatrician suggested a service, but I wasn't confident enough to approach (the service). I needed a pamphlet or the Paediatrician to call them and ask if this service would be suitable for my child and how best to get involved."

On a second visit, a father made the point that coordination in early years services was a huge issue and maybe we needed an organization to ensure that the warm referral process continued until- *"a family lands in the right place for them"*.

Parents recommend that we:-

- Make a commitment as workers and as a sector to facilitate family's getting the help they need when they need it. Help make connections between other agencies not just refer on without support. This means that as workers we also need to be committed to building relationships with other agencies/workers and to the "warm referral" principles and process'

Information Sharing

Families tell us that information shared needs to be relevant. Information sharing is seen as a positive thing and some parents talk about a feeling of being glad to know that professionals are talking about their situation because that means the issue is important and valued.

"If people are talking about my family because they have an idea to help I want that"

However we need to temper this carefully.....

"I like it if workers ask a few questions, but not too many....it depends on the way they say it"

We need to ensure that we are not

"Reports about you should be shared with you"

They also tell us that we need to be authentic and honest in our interactions

"If someone is going to work with me I want them to be clear about what they are here for and I want to feel like we are going somewhere. I don't want to sugar coat stuff and I want to know what they think is really going to happen"

"They should ask 'what do you understand and what do you want to know'. Not just assume. It doesn't help if workers are all just talking about all of the positive stuff- I need them to be real with me. We need all the information to start to make informed future choices for our family"

We need to consider what and why we are asking. When asking about medical history, parents tell us they want us to think

"is it relevant? Is it sensitive? Could it be re-traumatizing?"

Families also say...

"We want decent respectful treatment".

"A good experience was when the professional acknowledged they had read the history and didn't need to rehash things that weren't relevant. The relevance is important. Don't ask unless you really need to know".

A new worker may read the history and form a judgement or opinion about a family's situation. If the story isn't correct in the first place it can become more and more untruthful. How much truth is in the file? Do you need to check, is it correct? Is it clouding my judgement? We spoke with a mother who had a serious accident when she was pregnant and was on morphine, she was devastated when her baby was born addicted and clearly articulated how she felt the file notes impacted her future treatment, of how she felt treated as "dumb".

She added *"I reckon she read the file and saw the details about drugs and made a judgement about me straight away."*

Parents recommend that we:-

- Be very conscious that we aren't making assumptions and judgements. Consider when it's necessary to check for accuracy.
- Share information that is relevant – carefully consider what, why and how you share information and how it will contribute to a better outcome for the family.
- Always be transparent and authentic with families

Advocacy

Parents need good advocates and role models. They tell us they need to feel like someone is on their side and partnering with them. In the families stories there was frequently an absence of informal support networks- from extended family, neighbors and local communities.

A father of two young children commented-

“We were both raised in families where children were not supported to explore or problem-solve for ourselves. We wanted to parent differently, but it was hard, we didn’t know where to start”

Another mother spoke of feeling empowered by a worker to finally have the courage to call for some advocacy help,

“but they said there was none available at the moment and didn’t give me anywhere else to try”

Several families spoke of the gap in support services and role-models for Dad’s specifically. Two young parents said-

“There wasn’t anything for my partner-,that would have been good. There wasn’t really anything at the (other service) for Dad’s either”

“He (father) attended all of the appointments with me. He also attended mothers’ group meetings. There was nothing for Dad’s though”

Grandparents and Kinship carers can face unique barriers to supporting their children and related feeling isolated. One grandparent was very upset when a worker referred to her as a “step-grandparent- I am the primary carer and have been for a long time”

Parents recommend that we:-

- Have suitable advocacy services that can advise parents about the process, their rights and how to work positively with the service system towards the best outcome for their family. Ensure families are supported through until they find a suitable support service
- Partner with parents to develop appropriate training and support so as to facilitate the families advocating for themselves’.
- Work with families to develop advocacy services which meet their unique needs

Hanging in There

A number of parents spoke about the fact that services needed to be “a bit pushy” to keep them accountable and to show that they were committed to partnering with them and would stick by them even if the families circumstances meant they were needing to “have a break” from a service –

“Sometimes I just want a break from services all together, but it’s good to know they are there when I need them. I guess I want workers to hang in there with me and give me time to get it together”

A comment from a mother of three young children further exemplified this-

I was just at home all of the time...I’m a shy nervous person. It was good for my child to go to playgroup, I took all of them (three children). The Worker was bossy but good. She said I’ll meet you there, and I knew I had to show up”

Parents recommend that we:-

- Demonstrate we are committed to the partnership by checking- in and “hanging in there” even when families are not able to fully engage in a service.

The Power Imbalance

The formal service system has a culture of its own, and for parents to navigate it they need to master the language, roles and values of that culture. This may be very foreign to them.

Parents’ comments highlighted the need to be aware of and address the clear power imbalance between workers and families in the service system.

The following are two examples of when we need to be aware of this and to consider how we best support families in their journeys:

“We went to the appointment and after 45minutes walked out with a diagnosis of ASD. I couldn’t believe they could do that. No time to talk about it, work out what to do next. We were paying the bill and I was just thinking I can’t believe this”

“The Assessment went Ok but we had waited about a year and then I was told my daughter’s diagnosis in the one visit. At first I felt like a bad mother, I thought it was something I had done wrong”

Inadvertently the system can also add to the power-imbalance for the victims in family violence situations. One mother who experienced family violence expressed this in the following way-

"I felt like he (ex-partner) had all of the attention. It would have been helpful to have someone to advocate for us (herself and her children). To go to court on my behalf. I didn't want to go there and have to see him and hear him lie..."

The workers kept telling me I had to leave and go into hiding to be safe, and got cross when I wouldn't. Why should I change everything for me and my kids. I had done nothing wrong."

Limited finances can also contribute to feelings of powerlessness. Families tell us that when they know there are things they could or should do to offer their child better opportunities, their choices are often limited by their financial situation. This may mean reduce mainstream options and increased reliance on specialized or public services that have an attached stigma, expectations and certain image concerns.

A young mother spoke of making the decision to leave a violent partner, but then feeling like she had to return-

"I felt like I had to go back, I had no option. All of my money and belongings were tied up with my partner. How could I pay for everything the kids needed"

Professional meetings are a good example of where it's easy for professionals to fall into working in the 'expert' model, instead of striving to establish a partnership with families/carers.

In a carer's words-

"I came to a family meeting and everyone was already there and had clearly had a meeting together to discuss us prior to us coming. I felt this big"

Parents recommend that we:-

- Consider if parents are confident about expressing what they need and want from a service?
- Focus on empowering families and challenge or address anything in our service system that is creating feelings of powerlessness

Are transparent in all our interactions, including meetings, and involve families in all discussions

Parental Confidence

Parents reported that some interactions made them feel very judged and undermined in their confidence in their role as a parent/carer-

After the birth of her third child a mother said-

"I never had a chance to recover from the birth and my mental health suffered. My baby was crying in the hospital so I put her in bed with me-the nurse scolded me and said 'you will spoil her'. It really affected me"

A young mother related her mother's group experience

"The Mums in our group soon learned what to tell and what not to tell the nurse. The first one to tell her they were going to stop breastfeeding got told off so terribly so no one owned up to weaning after that"

Another mother of two, including a child who had recently been diagnosed with Autism, spoke of her first experience at a playgroup where she had felt judged by a "well-meaning" worker

"My little girl was near the steps and I was trying to watch my son too. A worker said that I would need to get my little girl away from the steps as she was unsafe there. I felt like she was judging my parenting. I'm sure it was a good program, but my experience on that day was the end for me and I never went back"

A mother who's family were recovering from a traumatic experience and was trying to get on with parenting said

"I had other workers but they were mostly telling me what to do, not helping me do it. I felt blamed, like I was a bad mother or a naughty child"

Parents recommend that we:-

- Consider how to empower families in all of our interactions and try to "put ourselves in their shoes"

Having Difficult Conversations

Families talk about needing to be more supported in their interactions with services around issues related to child protection. Parents feel there needs to be more discussion and respect as their involvement with these services can have long term consequences for families trying to do their best. This can include decreased confidence, anxiety, family disconnectedness and trauma for the child. This damage just decreases the parent's ability to go on and do the hard work of parenting after the service involvement ceases by undermining their confidence and skills.

A family involved in child protection said-

"(the service) kept telling me what I was doing wrong and I had to do this or that thing to fix it. It would have been good to be told that I did one thing right!"

Another mother gave an example of Children's Services making an unannounced visit 1 month after an incident had been reported by the child, at school, to the school chaplain-

"Workers and two police officers arrived unexpectedly at our home -they scared me as they came in over the front fence- and then waited for (child's name)'s father to arrive home, expecting him to be violent. When he wasn't, the DHS worker then took the child to hospital and returned her saying everything was ok"

The relationship between family and school had broken down. They were referred to a family support worker who had 1 month involvement. The mother said in discussion that she would have been still upset by the event, but ok about it if there was more respect shown and an explanation given.

“We need advocates for parents in this situation and support for parents going through the system. Need someone neutral....(who says)for example This is the way this has to happen so that we can protect children.”

One parent tried to discuss the results of a psychological assessment that had been done on her child without permission and asked why this had happened. *“It’s not about you”* she was told.

We understand there is some tension about supporting parents who may have done the wrong thing but in the end most of these parents go on to parent their children and this is only made more difficult and undermines their future parenting confidence.

Parents recommend that we:-

- Ensure workers are trained in how to raise protective issues with parents. Only don’t involve parents if we might increase the risk of harm to the child
- Ensure frontline workers know how to protect the child and ensure their rights are paramount in all scenarios eg Police and access supervisors

Ensure cultural awareness and sensitivity is at the forefront of our minds

The Voice of the Child

In many circumstances we work on the premise that supporting families is the best way to support a child. However, speaking with parents particularly around family violence and access issues, it became evident that the system doesn’t always ensure that the rights of the child are always at the forefront of workers minds, and considered enough in our systems structures.

The following were comments made by a mother experiencing family violence-

“I told the police that my children had witnessed the assault but he said ‘we don’t listen to children”

Another parent of a child now receiving mental health support, was clearly distressed by her child’s behavior prior to and after supervised access visits.

“He kicked & screamed and didn’t want to go. He was traumatized and no one cared as it was his Dad’s right and so my son had to go.”

A mother of two young girls who had experienced family violence reported feeling powerless and worn down by her long journey through a disconnected service system where everyone worked in silos and “often acted to contradict each other.” She felt that she had never received the help that her children, needed-

“I felt completely unable to protect and help my children. I was like a by-stander”

Parents recommend that we:-

- Always ask ourselves the important questions: Where do the rights of the child fit in this? Are we hearing their voice? Are we doing no harm? Are the staff who supervise visits, or police at the frontline, equipped to deal with ensuring a child’s physical and psychological health is paramount at all times? Do our court systems work together to ensure first and foremost a child is protected?

Parent and Child Mental Health and Wellbeing

“Sometimes involvement with this department can cause stress. You may need to seek counseling”

This letter was received from a mother at the point of closure from a service. It does get to the heart of the issue that family mental health needs to be paramount in all of our interactions- at the front of our mind at all times. We need to continually ask ourselves whether our intervention creates greater mental health concerns?

Parents’ conversations tell us that we need more of a parent wellbeing focus to decrease stress parents are under and intervene early in adult mental health issues. They say more attention needs to be paid to parents when they are unwell and there needs to be an emphasis on ensuring cultural awareness and sensitivity.

This mother of three children, one who was involved in the mental health system gives a harrowing account of her journey-

“I was at rock bottom. I had three kids that I was running around between, kinder childcare and school as well as trying to work and save my marriage. At home I was stressed and angry and unable to cope. The service was making everything worse. No one was helping us, no one actually ever has. They didn’t see the whole picture of our family and how this affected the other kids. They didn’t help us with words to explain to other people what was going on. Amazingly we held it together and things are good now. We were all really traumatized from that time though and I think about the damage it did to all of us and how things could have been so different.”

As we said earlier it matters as much *how* we do something as *what* we do. In reflecting on parents stories of what worked for them, it was immediately evident that their emphasis was on the personal qualities that the worker brought to the relationship.

This is clearly emphasized in the following examples of workers who *listen, support, lead and encourage-*

"In this program we are not a number or just a client. We're treated as a family unit and taken for who we are. There's no one pushing you where you don't want to go, it's more like, 'this is one way to go, here's another, it's your choice' They made me feel like I was the Mum. There was a sense of 'I'll help you as a parent and we're here for the kids'. In less than 6 months so much has changed. Now my kids are in school and the youngest one is in kinder. He's now toilet trained. We follow a roster in the mornings and night, they're immunized and they've been to the dentist"

"OTAES were there for me to talk to-they listened. They knew the contacts and the services and became the first person I would talk to when I needed advice or support. They actually did what they said they would. I need workers to be reliable and follow through and do what they say they will do. I also found the Foster Carers association helpful in helping us know our rights"

"OTAES was like putting a bomb under me. The day they visited I had just lost my job. They were very good and relaxed and didn't make me feel judged or intimidated. I had been thinking about getting the kids enrolled, but I didn't have the motivation to get it going."

"It's good when you have someone to point out what we are doing well, like healthy food for the children and they also told us honestly what they thought would make a difference without forcing us. They said, it's probably because of this... you are having trouble with their sleep, but it's up to you if you want to change that practice eg having the girls sleep in our bed through the night"

"To be helpful they need to listen and be able to talk. Just to have some adult conversation like you and me now. They need to be open to different ideas. I am happy to get advice, but I want options"

"That's where OTAES and my support worker are different. They point out what I am doing well and just make suggestions about what I could do better. I knew they were checking in because they cared about me and the kids"

"Along the way there were so many pats on the back, always I was told 'you can do this'. Now I'm getting my independence back. They gave me my self-confidence back. Without them I don't know where I would be"

"I feel very welcome at this kinder and I can talk to them easily"

Parents recommend that we-

- Firmly place family's mental health and wellbeing at the forefront. Seek to make a positive contribution towards parenting efficacy and confidence with each interaction.
- Work with the sector to facilitate training and common practice approaches for all early years workers around the relationship-based helper qualities necessary for effectively partnering with and empowering families

Reflections and Conclusions

After listening to families there are a range of actions which we need to consider in the planning and delivery of our services:-

- As much as possible are we facilitating “throwing away the book” and meeting families where they are at.
- Do we question what information and paperwork is really required?
We need to advocate at a system and government level for minimizing red-tape.
- Are we committed to working together in the Early Years to challenge the current paradigm of what working with families look like and build models around families as partners and contributors in co-design of services?
- How do our services build better relationships with families, communities and other services?
 - Do our workers all exhibit and understand the importance of the personal qualities that help to build trust or is further training required? For example evidence-based Family Partnerships Training.
 - Does our service have a relationship with local Aboriginal and CALD networks/organizations? Have we prioritized spending the time developing trust and relationships with members of these communities?
 - Do we work collaboratively with other agencies to ensure the diverse needs of families are met and that we are culturally sensitive in all of our approaches?
- Are we employing strategies that empower families? Are we ensuring that our services facilitate families solving problems for themselves rather than create a relationship of dependency? Are families confident about expressing what they want and need from our services? Are we asking them?
- Empowerment can look many different ways. Do we always ensure that we prioritize capacity building for parents in all of our planning and consider the possibilities for family involvement? For example:
 - Supporting parents to contribute to the planning and development of programs and or individual events and working with parents to implement their ideas
 - Encouraging participants to take a leadership role in a group, for example a parent mentor or playgroup facilitator, and supporting them in that role
 - Encouraging parents to take up further educational and employment opportunities

- How do we work with the sector to develop suitably trained and resourced advocates for families? How do we partnering with families to design services that empower them to advocate more effectively for themselves?
- Do we always use a strength-based approach to families that focuses on their skills and abilities? Do our staff understand the strength-based approach or is further training required?
- How do we build in creative soft-entry options and programs? Are word-of-mouth referrals accepted as well as those from agencies?
- Where do local families already gather? (e.g. parks, shopping centres, childcare, preschool, sporting events, festivals) When? Are we considering the possible purposes of going to where they are, for example to:
 - Provide families with information about services or promote a service
 - Provide families with resources
 - Communicate and build trust with the local community
 - Deliver services eg playgroups
- How do we engage our sector and the broader Bendigo community around the shared commitment of helping all children and families to become aware of and access the supports they need? Can we identify and address possible practical barriers to families being able to successfully engage in services that meet their needs.
- How do we develop a multiple faceted publicity strategy utilizing modes that families are already engaged with, including that of social media? Can we develop and agree on a plan and accountability strategy?
- How do we first and foremost ensure that we *do no harm* and that families and children's mental health is paramount?_ Do we focus on parenting confidence and ensure we are not "hurting" parents and making it harder to be good parents? How do we balance this with upholding the "Rights of the Child" at all times.
- How do we support frontline family violence workers such as police and access supervisors, to have the training and resources to ensure that the rights of children are always paramount?
- How do we develop and embed "no-wrong door" principles and "warm-referral" practices to support access and engagement for families in Bendigo? Do we consider the possibility of an agency being engaged to initially facilitate these processes, or an individual being responsible in each agency?

- How do we as a sector develop an ongoing collective strategy and commit to the support and resourcing of universal services that are at the frontline for families?
- How do we ensure that we facilitate ongoing research involving families who do not engage successfully with Early Years services? Do we really make a commitment to this and recognize that this is needed to inform future service system development? This includes offering ongoing opportunities to the family's in the "Voice of the Family" project to inform and be involved.

Next Steps

The messages that families continue to so clearly convey to us around the changes needed to enable access and engagement in our sector, create urgency in our efforts to facilitate real reform. We now have the responsibility of conveying this unique message to the sector and to all levels of government. In the words of one of the fathers, "it mustn't be another paper getting dusty on the shelves".

How do we begin to build ongoing structures and processes for the input by and consultation with families?

- Parents need to be given opportunities to meet with leaders
- We need to establish an ongoing, cross-sector parent consultative group & look for other opportunities to support parent advocacy
- Conduct a series of workshops run by families for the sector

After listening to families it would now seem to be pertinent and a natural progression, to consider the "Voice of the Child" in closer detail. How do we build models that ensure that their voice is always heard and they receive the support they require to thrive?

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