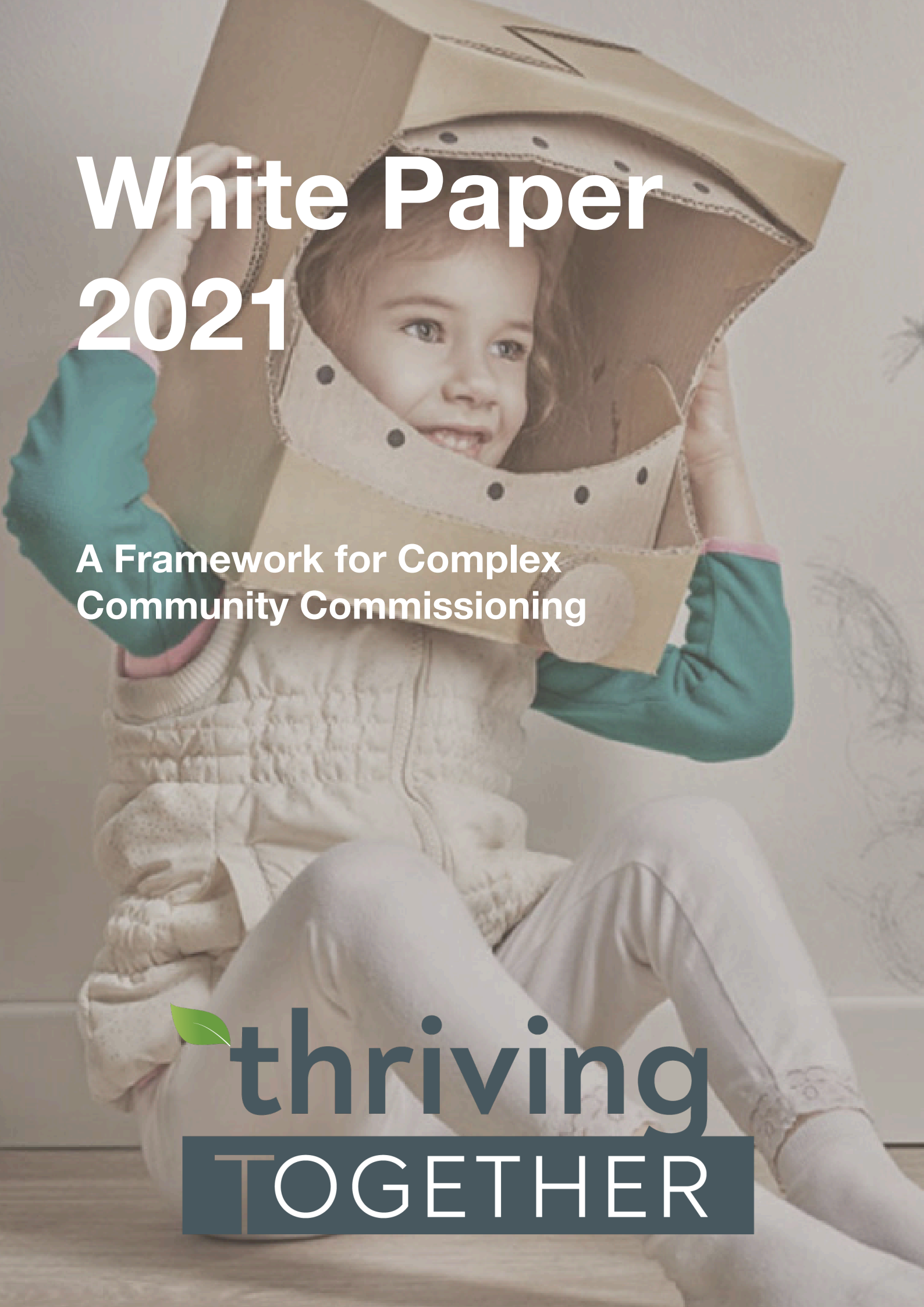

White Paper 2021

A Framework for Complex Community Commissioning

thriving TOGETHER

“Whatever the hopes, wishes or intentions of the parent, the child does not experience the parent directly: the child experiences the parenting.”
—Gabor Mate

Thriving Together, a Healthy Australia initiative, is a collaboration between Australian Social Impact Trust, Blue Knot Foundation, Centre for Evidence and Implementation, Child Abuse Prevention Service, Fams, Harwood Institute, Healthy Australia, Healthy North Coast, HubHello, Local Community Services Association, New School of Arts Neighbourhood House, Primary and Community Care Services, Resilience Cafe and Waratah Education Foundation.

This program was only made possible due to the start-up funding provided by Waratah Education Foundation, HubHello, Healthy Australia and the Australian Government.

Written by Eugene McGarrell
Designed by Jill Farrar

hello@healthyaustralia.org

Contents

1. Acknowledgement of Country

We respect and honour Aboriginal and Torres Strait Islander Elders past, present and future.

We acknowledge the stories, traditions and living cultures of Aboriginal and Torres Strait Islander peoples and commit to building a brighter future together.

2. Foreword

2.1. Thriving Together is a health and social commissioning process designed specifically to engage families, neighbourhoods, the local service system, funders and policy makers to prevent and build resilience to the consequences of childhood trauma.

2.2. The Thriving Together framework is designed with the understanding that every neighbourhood has its unique set of issues, that local services and funders are best placed to deliver change, and that real change happens when neighbourhoods can realise their potential.

2.3. Thriving Together is an evidence-based framework for complex commissioning that is designed to deliver vulnerable children out of the intergenerational cycle of disadvantage.

2.4. Early adopters are invited to invest and participate in the development of the *Framework for Complex Community Commissioning*.

2.5. Version 1 testing commenced in the Clarence Valley, NSW, in June 2021.

2.6. The intention is to test the *Framework for Complex Community Commissioning* in at least 3 neighbourhoods over a period of 3 years.

2.7. This white paper describes the research and logic for the design of version 1.

2.8. During testing, it is expected that the version will go through several iterations before the final version is released and scaled in June 2024.

2.9. The Thriving Together team is confident there is a more effective way to prevent childhood trauma and build resilience to the consequences of trauma and toxic stress.

2.10. By achieving these goals, we believe we can improve health, social, welfare and economic outcomes. This will, in turn, reduce costs to governments and taxpayers.

3. Introduction

3.1. Thriving children, parents and communities lead to positive health, social, educational and economic outcomes. Yet despite our best efforts, we are still failing our children in Australia.

3.2. The best predictor of a fulfilling life is social and emotional wellbeing within the family, yet 30% of our young people currently experience toxic emotional stress.

3.3. Next to intellectual disability, toxic stress is the leading cause of academic failure and the main contributor to juvenile and adult crime, suicide, mental illness, addiction and chronic illness in adult life.

3.4. The children most affected, with a pile up of factors, are the children living in poverty – in marginalised communities with much poorer health and educational outcomes.

3.5. The science clearly shows us there is a direct and powerful link between our relationships and emotional experiences as a child, and our outcomes later in life. We now have new information about how social problems are linked together through childhood adversity.

3.6. The research on adverse childhood experiences (ACEs) shows they harm children's developing brains so much that the effects show up decades later; they cause much loss of academic potential, chronic disease, most mental illness and are at the root of most violence. ACEs are common and cut across socioeconomic class and gender.

3.7. As a community we need to shift these compelling figures and build social and emotional health, and a sense of agency at every level.

3.8. Our starting point works with a whole new point of view about where social problems come from.

3.9. To this end, a team has come together to design, test, build and scale a process that can meet neighbourhoods on their terms, raise local awareness of ACEs and 'what works', and co-create strategies that address issues at a local level.

3.10. This process is called *Thriving Together: A Framework for Complex Community Commissioning*. Thriving Together is not a program, rather our objective is to 'rebalance the scales' and create a way of working that gives the community the capacity to overcome the impact of ACEs and adversity, and develop a culture of resilience, hope and self-determination.

3.11. Our first priority is to 'do no harm'. So we developed a small prototype to incubate the development and design of the framework.

3.12. The small prototype tested the applicability of a parent support workshop with an explicit focus on introducing parents to the protective factors (parent cafe), while the team engaged with local stakeholders, reviewed the literature and developed a pilot for testing from June 2021.

3.13. The pilot expanded the parent cafe workshops and engaged in formal community conversations. The data and outputs from these activities are being collected to inform the development of the *Framework for Complex Community Commissioning*.

3.14. The literature review, undertaken to inform the theory of change framework, includes the successful 'self-healing communities model' (SHCM). The SHCM was developed in Washington State so needs to be adapted for the Australian context.

3.15. The research on adverse childhood experiences, trauma and toxic stress provides rich information for the eventual design of the framework.

3.16. We are determined to take a child's focus for the framework. We know that positive parenting builds resilience and we also know that connected neighbourhoods and wider social and systemic issues provide opportunities to build resilience.

3.17. Australia is fortunate to have a strong early education and care (ECEC) sector. Access to ECEC is a protective factor for children and parents.

3.18. We understand self-agency and self-determination are often missing in marginalised neighbourhoods and families. There are initiatives that attempt to shift the decision making from government to community. Participatory budgeting is one such model we will explore.

3.19. The 3-year pilot will deliver an evidenced-based *Framework for Complex Community Commissioning*.

3.20. This framework will be available for local neighbourhoods to use in order to deliver 'what works' within the context of 'what matters for that neighbourhood'.

3.21. The team will expand the pilot scope to a range of neighbourhoods to ensure applicability and efficacy in communities with different demographics.

3.22. We are aware there are many committed experts working in this space, both domestically and internationally. We are also aware there are resources being invested in models that are not delivering results.

3.23. Our aim is to create a tool for change agents to use to ensure the available funding is used to deliver intergenerational results.

3.24. This white paper captures the foundation on which we are building the framework for change. We learned a great deal during the incubation and prototype phase in 2020 and we expect to learn more during the pilot phase which commenced in June 2021.

3.25. We are adopting an 'open source' mindset so the lessons we learn can be adopted and adapted locally. We are committed to delivering every child in Australia out of intergenerational disadvantage so that every Australian can experience a healthy lifestyle.

3.26. If you would like to join this effort to deliver every child out of intergenerational disadvantage then please get in touch. Everyone is invited.

4. Our premise

This section provides a frame for the work of Thriving Together. This was developed by Julie Sweetland with support by the Prevent Child Abuse America and the Alliance for Strong Families and Communities.

4.1. Every child is filled with promise – and we have a shared obligation to foster their potential. That means improving the ways we support families. Every policy we set – from taxation to paid leave – should reduce financial pressures on families and increase the time and capacity for supportive family relationships.

4.2. Our policies can help to create the safe, stable environments that children need to thrive. Instead, they often channel serious stress into certain communities, undermining child wellbeing. For example, intergenerational poverty means that marginalised families cannot afford to live near good jobs and are more likely to experience pressure from low wages or extended travel times to work.

4.3. Chronic stress can spark a toxic stress response, increasing the risk for depression, anxiety or other causes of child neglect. The link between policy to parenting means that when we address social inclusion, we also help to prevent child abuse and neglect.

4.4. Toxic stress disrupts healthy brain development.

4.5. Adverse childhood experiences (ACEs) are common, and in the absence of support, they can cause long-lasting harm. They include experiences such as witnessing violence or growing up with a family member with a serious mental illness.

4.6. When children experience multiple negative events like these, their bodies can be flooded with stress hormones, increasing their risk for later health problems like heart disease, diabetes, or depression.

4.7. If we ensure that every neighbourhood is equipped to support people who have experienced traumatic events like abuse or witnessing violence, we make resilience a real possibility.

4.8. Children thrive when they are connected with responsive, caring adults. Yet neglect is the most commonly reported form of child abuse, and it can have long-term effects on children's health and development.

4.9. Child neglect is more likely in families that are experiencing an overload of stress. The weight of poverty, especially, can overload parents' abilities to provide the supportive relationships children need. Depression or other mental health challenges can also slow down parents' responses to children's needs.

4.10. Severe and persistent stress can overload our ability to manage emotions. This helps explain why recessions have historically contributed to a rise in child abuse and neglect. But we also know that reducing the financial burdens on families and adding support can make a huge difference, quickly.

4.11. Providing stable incomes and stepping up social services can reduce the load that families across the country are under right now. If we act now, we'll make sure children and families can keep moving forward, even during this difficult moment.

4.12. When children experience serious adversity, such as witnessing violence, we have a shared responsibility to buffer the impact. One innovative approach involves paediatricians talking with families about the difficult things their children have experienced. If there's a need, doctors can connect families to resources like family counselling. The idea is to add positive support to counterbalance the weight of negative experiences.

5. Executive summary

5.1. The outcomes for children in Australia are trending in the wrong direction. Fortunately, the research points to a new way of working that can deliver all Australian children out of the intergenerational cycle of disadvantage.

5.2. To successfully apply the research on complex community health and social issues, we need a robust and nuanced change management process. A framework that can adopt the evidence within the unique local context.

5.3. It's also important for parents, families and neighbourhoods to authentically participate in the process and adopt the evidence locally.

5.4. The early childhood education and care (ECEC) sector is well placed to work with parents and local neighbourhoods to ensure access to local, quality, adaptable and flexible early learning. But they need support from the local service system.

5.5. A wrap-around service model known as Thriving Together was designed and tested as a prototype in South Grafton, NSW. The evaluation of the prototype led to lessons learned and changes made to the model.

5.6. Thriving Together is a collaboration focused on creating an effective and efficient model for change that will deliver Australian children out of the intergenerational cycle of disadvantage. This model is called *Thriving Together: A Framework for Complex Community Commissioning*.

5.7. The framework will be created by drawing on the research and testing in place. The lessons learned from the prototype in South Grafton during the incubation phase in 2020 have been fed into the design of the 3-year pilot.

5.8. The 3-year pilot commenced in the Clarence Valley in June 2021. The scope of the pilot will be expanded to include neighbourhoods of varying demographics.

5.9. This white paper captures the body of research that has informed the design of the pilot. The design will iterate during the 3-year program to drive efficiency and efficacy of the framework.

5.10. Neighbourhoods, services, funders and policy makers are invited to join the 3-year pilot and be involved in the creation of *Thriving Together: A Framework for Complex Community Commissioning* by June 2024.

6. The problem

6.1. The rates of children in Australia being taken out of their family home and into foster care continue to trend in the wrong direction.

6.2. According to the Australian Institute of Health and Welfare, about 46,000 children were in out-of-home care in 2020; that's a 7% increase in 3 years.

6.3. Aboriginal and Torres Strait Islander children are 11 times more likely to be in foster care than non-Indigenous children.

6.4. 1 in 32 children are receiving child protection services.

6.5. To turn the curve on these rates we need to establish a new way of working based on research, experience and local context.

7. The solution

7.1. Delivering children out of intergenerational disadvantage is a complex challenge. There are no ‘silver bullets’ or ‘golden threads’ to pull.

7.2. This challenge requires hard work, the adoption of the evidence and the authentic engagement and involvement of the neighbourhoods.

7.3. Implementing the evidence in neighbourhoods without meeting the neighbourhood on their terms and authentically engaging and involving them in the solutions has failed in the past and is likely to fail in future.

7.4. The Thriving Together collaboration is a program focused on designing, testing, implementing and scaling an effective ‘how-to’ framework that implements the evidence within the context of the neighbourhood.

7.5. The development of Thriving Together started with a simple prototype in South Grafton and incubation period in 2020. The experience of the prototype has informed the pilot stage.

7.6. The 3-year pilot phase started in June 2021. This phase will be used to test the emerging framework in place and iterate the design as we learn which characteristics work and which characteristics do not work.

7.7. Thriving Together will be co-created with parents, neighbourhoods, the ECEC sector, the local business sector, funders and local service providers.

7.8. The pilot has started ‘in place’ in the Clarence Valley, NSW. Our plan is to broaden the scope to include communities with a variety of demographic characteristics.

7.9. The scope will be determined by the depth of support we receive from potential partners and funders.

7.10. In June 2024 the Framework for Complex Community Commissioning will be published and made available to funders and policy makers for local adoption in neighbourhoods across Australia.

7.11. Lessons will be learned beyond the 3 years. Neighbourhoods using the framework will provide feedback to support the iteration of the framework and improve its efficacy.

7.12. An updated version of the framework will be published annually.

8. Road map

8.1. **March to June 2020**
Webinar with the ECEC sector identifies the need for wrap-around services for vulnerable families. Waratah Education Foundation, Healthy Australia and HubHello allocated funds for the development of a prototype and South Grafton identified it as a site to incubate the prototype.

8.2. **July to August 2020**
Prototype co-designed and incubation period goes live.

8.3. **February to March 2021**
Incubation period ends, and evaluation of the prototype reported. Data, information and lessons learned are captured and fed into the design of the pilot. Waratah Education Foundation, HubHello and Healthy Australia invest in the start-up of the pilot phase in the Clarence Valley, NSW.

8.4. **June to September 2021**
Pilot goes live, local leaders trained in community conversations and parent cafe facilitation. Grant funding from Australian Government boosts resources for the pilot.

8.5. **October to December 2021**
Publish white paper to provide the evidence backing the concept of an effective and efficient framework for complex change.

8.6. **2022 to 2024**
Run, test, evaluate and report on the development of the framework for complex change in delivering children from the cycle of intergenerational disadvantage.

8.7. **June 2024**
Publish *Thriving Together: A Framework for Complex Community Commissioning* and demonstrate positive outcomes for children, parents and neighbourhoods.

8.8. **Beyond 2024**
Support and promote the scaling and adaptation of Thriving Together.

9. Invitation to collaborate

9.1. Families, neighbourhoods, service providers, ECEC services, policy makers and funders are invited to join the drive to deliver every child in Australia out of the intergenerational cycle of disadvantage.

9.2. Healthy Australia provides backbone support to connect and coordinate engagement and collaboration.

9.3. There is an open invitation to anyone who would be willing to share their expertise, experience and network to add value to the objective.

9.4. We are keen to work with other neighbourhoods to ensure the framework we are creating is adaptive to the needs of communities with different socio-demographics.

9.5. If you would like to explore how you could contribute to our objective, please get in touch by emailing **hello@healthyaustralia.org**

“The act of releasing your shame is—in itself—healing.”
—Johann Hari

10. Prototype

This section outlines the context and lessons learned from the 2020 prototype and incubation phase.

10.1. As the effects of COVID-19 were beginning to be felt by the ECEC sector, Healthy Australia hosted several webinars with the aim of providing support in the face of the emerging challenges, including the increasing risk to child safety.

10.2. Educators clearly understood the risk to children. They were also concerned about capacity restraints and the capability of the sector to identify risk, engage with parents and refer families for support.

10.3. Educators felt they needed to be supported. They felt they would be more effective at reducing risk to children if they could work alongside other agencies.

10.4. Healthy Australia agreed to coordinate an exploration of potential design solutions for a prototype to test in place.

10.5. South Grafton was chosen to host an incubation project to design and test a new way of working.

10.6. The aim of the incubation was to test the operational reality of a new approach. We quickly discovered what worked well (and what did not) to inform the design of the framework.

10.7. *Thriving Together: A Framework for Complex Community Commissioning* is now designed to:

10.7.1. improve school readiness rates for children transitioning to school

10.7.2. reduce the rates of substantiated reports of children at risk of significant harm

10.7.3. reduce the rates of children being removed from their family and placed into out-of-home care

10.7.4. reduce presentations to emergency departments on non-accidental injuries to children aged 0–5 years.

10.8. The aim of the prototype was to safely learn what is needed in a local context to prevent adverse childhood experiences (ACEs) and promote resilience to ACEs.

10.9. The Thriving Together prototype collaboratively brought together a range of expertise, skills and resources. These included:

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

10.9.2. Primary and Community Care Services connected the initiative with general practitioners (GPs) and provided non-medical referral options for family members experiencing more than three ACEs.

10.9.3. Resilience Cafe delivered and tested the parent cafe model in South Grafton.

10.10. In 2007, the parent cafe 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 families.

10.11. The Strengthening Families™ Protective Factors are:

10.11.1. resilience: parent resilience

10.11.2. relationships: positive social connections

10.11.3. support: concrete support in times of need

10.11.4. knowledge: knowledge of parenting and child development

10.11.5. communication: social and emotional competence.

10.12. Parent cafes 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.

10.13. Cafes 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.

10.14. Participants leave parent cafes feeling inspired, energised, and excited to put into practice what they have learned.

10.15. Resilience Cafe has introduced the parent cafe'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 cafes in this incubation are emotionally safe and engaging. These guided, small-group conversations aim to increase:

10.15.1. parental knowledge about research-based protective factors that keep families strong so they can take responsibility for living those protective factors in their families

10.15.2. peer-to-peer support and learning

10.15.3. healthy community connection and creation of a conduit to early identification of family violence and other challenges, with access to referral networks.

10.16. The New School of Arts Neighbourhood House hosted a parent cafe as part of the incubation. All participants agreed or strongly agreed they:

10.16.1. felt safe with other participants

10.16.2. were helped to reflect on their own strengths and challenges

10.16.3. practised ways to talk to others that will improve their relationships

10.16.4. want to get more involved with New School of Arts

10.16.5. see themselves as able and willing to be part of a parent cafe team.

10.17. Fams is a peak not-for-profit that advocates for better public policy, advises on how to achieve sustainable and measurable outcomes, and acts to help vulnerable children, young people, families and communities across NSW.

10.18. Fams monitored, evaluated and reported on the prototype.

10.19. Healthy Australia is a not-for-profit agency that brings together technology, evidence, innovation and partners to protect children, promote their health and reach their potential.
10.20. Healthy Australia provided the administrative and backbone support.

10.21. 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.

10.22. This involves crafting a common strategy and narrative that can be shared within local agencies, partners, families and communities.

10.23. 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 the community and not unnecessarily duplicate effort.

10.24. The Thriving Together Prototype in South Grafton has demonstrated that early markers of success exist when the local system works together.

11. Child-centred

This section provides a child-centred model of the systems that affect children's lifelong health, social and educational development.

11.1. Bronfenbrenner's Ecological Systems Theory is a child-focused model that considers the influences on development.

11.2. This ecological systems theory sees children's development as a complex system of relationships.

11.3. This means we need to look beyond the dynamics at home if we are to deliver better outcomes.

11.4. For example, a parent's work environment may have an effect on the mood of the parent and therefore on the care given to the child at home.

11.5. The child at the centre is surrounded by her microsystem including her family, peers, neighbourhood and school.

11.6. The mesosystem is the next layer, where the child's microsystem interacts with other parts of the child's system. For example, where the parents interact with the school teachers.

11.7. The next layer is known as the exosystem. This is where interaction occurs outside the child's environment and these interactions have an impact on the child. For example, if a parent experiences bullying in the workplace, this may affect the care given to the child.

11.8. The macrosystem is the next layer. It incorporates social circumstances such as culture, poverty and racism.

11.9. The outer layer is the chrono-system and includes events over time such as the death of parents, pandemics, historical events and environmental disasters.

11.10. Each system has an impact on the development of the child.

11.11. Positive childhood experiences can be enhanced by improving elements in each system. Addressing racism, promoting psychologically safe workplaces and eliminating poverty will enhance lifelong outcomes for children.

11.12. Thriving Together will focus initially on the microsystem and mesosystem. Over time, the program will work to influence each level through strategic partnerships and government engagement.

11.13. Thriving Together will enrol a movement to influence policy makers, legislators and funders to create a positive ring of support for children at each system level.

11.14. Our first challenge is to support parents and local neighbourhoods to prevent ACEs and build resilience to the consequences of ACEs.

12. ACEs

This section provides an overview of adverse childhood experiences research and evidence-based strategies to address ACEs.

12.1. *The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study* is one of the largest studies of childhood abuse, neglect and household challenges and the link with lifelong health and well-being.

12.2. The ACE Study reported its findings in 1998, almost a quarter of a century ago. Since then, further research has found effective approaches to both preventing ACEs, and buffering families and neighbourhoods against the consequences of ACEs.

12.3. Thriving Together is a grassroots collaborative of families, neighbourhoods, services and commissioners focused on implementing the ACE research with the local context in mind.

12.4. The study of ACEs identified the link between early adversity, stress and trauma with the leading and actual causes of death across the lifespan.

12.5. The original classifications for ACEs included child maltreatment and household challenges. The study identified 10 ACEs:

12.5.1. physical abuse

12.5.2. sexual abuse

12.5.3. emotional abuse

12.5.4. physical neglect

12.5.5. emotional neglect

12.5.6. parental substance misuse

12.5.7. parental mental illness

12.5.8. parental incarceration

12.5.9. exposure to physical/verbal violence/abuse in the home.

12.6. The ACE study found that:

12.6.1. “ACEs are common. About 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs.

12.6.2. “Preventing ACEs could potentially reduce a large number of health conditions. For example, up to 1.9 million cases of heart disease and 21 million cases of depression could have been potentially avoided by preventing ACEs.

12.6.3. “Some children are at greater risk than others. Women and several racial/ethnic minority groups were at greater risk for having experienced 4 or more types of ACEs.

12.6.4. “ACEs are costly. The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year.”

12.7. Significantly, the study found that people with one ACE were at greater risk of mental illness, addiction and violent behaviour than those with no ACE.

12.8. The ACE study also found that:

12.8.1. “ACEs can have lasting, negative effects on health, well-being, as well as life opportunities such as education and job potential. These experiences can increase the risks of injury, sexually transmitted infections, maternal and child health problems (including teen pregnancy, pregnancy complications, and fetal death), involvement in sex trafficking, and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease and suicide.

12.8.2. “ACEs and associated social determinants of health, such as living in under-resourced or racially segregated neighborhoods, frequently moving, and experiencing food insecurity, can cause toxic stress (extended or prolonged stress). Toxic stress from ACEs can change brain development and affect such things as attention, decision-making, learning and response to stress.

12.8.3. “Children growing up with toxic stress may have difficulty forming healthy and stable relationships. They may also have unstable work histories as adults and struggle with finances, jobs and depression throughout life. These effects can also be passed on to their own children. Some children may face further exposure to toxic stress from historical and ongoing traumas due to systemic racism or the impacts of poverty resulting from limited educational and economic opportunities.”

12.9. Simply by raising community awareness of ACEs, we can:

12.9.1. Change how people think about the causes of ACEs and who could help prevent them.

12.9.2. Shift the focus from individual responsibility to community solutions.

12.9.3. Reduce stigma around seeking help with parenting challenges or for substance misuse, depression or suicidal thoughts.

12.9.4. Promote safe, stable, nurturing relationships and environments where children live, learn and play.

12.10. There is a strong correlation between the number of ACEs exposed to before the age of 17 and the level of negative health, social and educational lifelong outcomes. For example, adults with 4 or more ACEs are 3 times more likely to have lung disease and 14 times more likely to attempt suicide.

12.11. The evidence points to 6 key strategies to prevent ACEs and build resilience against exposure to ACEs. These are:

12.11.1. strengthen financial support to families

12.11.2. promote socially accepted norms that protect against violence and adversity

12.11.3. ensure a strong start for children

12.11.4. teach skills

12.11.5. connect youth to caring adults and activities

12.11.6. intervene to lessen immediate and long-term harms.

12.12. Since this study, a series of research studies have confirmed the findings and consequently there are some jurisdictions actively applying the findings.

12.13. Local, place-based, whole-system models are emerging to promote the healing and recovery of adults and break the intergenerational cycle of exposure to ACEs.

12.14. Currently, it's challenging to raise awareness of the research, reflect the ACE research in government policy, and promote active adoption to address and prevent ACEs.

12.15. ACEs occur in every community and they are more prevalent in communities that are marginalised. These neighbourhoods are referred to as 'adverse childhood environments'.

12.16. Adverse childhood environments include: poor-quality housing and affordability, systemic racism and discrimination, deterioration of the physical environment, lack of access to educational opportunities, low sense of collective political and social efficacy, intergenerational poverty, lack of opportunity and economic mobility, poor transportation services or systems, community disruption, damaged social networks and trust, unhealthy food products and long-term unemployment.

12.17. To successfully prevent ACEs and buffer against the impact of ACEs, we need a framework that builds resilience in the home and in the neighbourhood.

“While loneliness has the potential to kill, connection has even more potential to heal.”
—Vivek H. Murthy

13. The NEAR Science

This section provides an overview of 4 merging sciences that support the compelling case to create new ways of working with children, parents and neighbourhoods.

13.1. NEAR stands for neuroscience, epigenetics, ACEs and resilience.

13.2. NEAR Science is a complementary set of studies that open the door to practical applications and responses to ACEs.

13.3. Each of the fields is evolving and offering new opportunities and insights.

13.4. NEAR Science provides insights that can lead to solutions within a trauma-informed approach.

13.5. **Neuroscience** leads the way – understanding the nervous system, the spine, and the brain. Discovering the role of emotions relative to memory and the brain, understanding brain states, recognising the capacity we have available through neuroplasticity.

13.6. There is a neurobiological root to behaviour and a dynamic relationship between the physical body, emotions, thoughts and actions.

13.7. Neuroception and mirror neurons offer insight into how the brain is conditioned or wired through relationships.

13.8. Neurodevelopment helps us see the impacts of trauma on the developing brain, and how to intervene wisely at different ages and stages.

13.9. **Epigenetics** means 'above the genes' and shows how the body is always adapting.

13.10. DNA is not destiny. The ability to heal generation-to-generation is present in our epigenome.

13.11. The prenatal and early years are critical to setting the conditions for the health and life trajectory.

13.12. Recognising the intergenerational nature of trauma and resilience is also key.

13.13. **ACEs:** The ACEs Study helped us study and quantify the impacts of toxic stress across the health and life trajectory. It also demonstrated how ACEs drive chronic health issues.

13.14. ACEs are common. They co-cluster and co-occur. Through the study we can see the factors that mitigate the impacts of ACEs and set goals to reduce ACEs generation-to-generation.

13.15. The broader category of toxic stress is important to address. ACEs are one form of toxic stress. Racism, inequity, historic trauma, poverty, violence, migration and war are also forms of toxic stress that can have impacts across the health and life trajectory.

13.16. Working to achieve equity is central to addressing the intergenerational nature of the ACEs.

13.17. **Resilience:** Our bodies are resilient, our families are resilient, our communities are resilient, nature is resilient.

13.18. Resilience is a capacity that can be developed or exercised.

13.19. Resilience factors help prevent ACEs and mitigate the impacts of ACEs.

13.20. Contextual and systemic resilience are important.

13.21. Communities function as living systems and self-organising systems. Therefore, it's crucial to investigate resilience in the ecosystem.

14. Self-Healing Community Model

This section provides a summary of an approach, developed in Washington State, which successfully delivered real outcomes for children, parents and neighbourhoods while also reducing demand for government services.

14.1. The understanding of the origins and dynamics of child, family and community problems changed rapidly during the period of time preceding the development of methods and strategies for improving child and family life in Washington State.

14.2. Those changes were integrated into the work. In 1998, the first peer-reviewed publications from a landmark study on adverse childhood experiences revealed the most powerful determinant of the public's health.

14.3. The accumulation of childhood adversity combined with ACE-attributable adult problems, such as incarceration, workplace injury or homelessness, has a profound effect on risk for lost daily functioning, a loss that affects families, communities and the economy.

14.4. The Self-Healing Community Model (SHCM) was adapted in light of the ACE research and aimed to prevent ACEs and buffer against the impact of ACEs on adults and children.

14.5. As outlined in the following paragraphs, the SHCM has a proven track record of more than 15 years. The experience and success over this time has resulted in a new approach to solving complex health and social issues in communities across Washington State.

14.6. Realising that communities with high community capacity scores had fewer health and social issues and reduced ACE scores for youth transitioning to adulthood, they wondered if there was a link between community capacity, health and social outcomes – and ACEs.

14.7. SHCM operated in 42 communities to assess the effective use of the 4 characteristics of the SHCM: leadership, focus, learning and results.

14.8. They found that in these communities, high general community capacity (GCC) proved to be a significant contributor that positively improved youth academic, physical and mental health through increased reciprocity and social bridging, and changes in peer and school social norms.

14.9. GCC refers to the ability of a geographically based group of people to come together; build authentic relationships and reflect honestly about things that matter; share democratic leadership; and take collective actions that assure social and health equity for all residents.

14.10. It follows that if ACE scores offer the potential for decreasing the prevalence of complex health and social problems, then the SHCM's focus on culture change and increased community capacity is likely to generate significant cost savings for government, private and public sectors.

14.11. They also found that communities don't have to achieve the highest community capacity to benefit. Less than a decade of work in low- and middle-scoring communities in Washington State resulted in decreases in the rate of at least one social problem in each community.

14.12. The SHCM has 3 properties, each of which is essential to the process by which change occurs. These are partners, principles and process.

14.13. Commissioners, specialists and community members are partners who work together to support culture change.

14.14. Partners each work in their own sphere of influence. But together, they link their insights and abilities, and leverage efforts to connect and achieve unity of purpose and effort.

14.15. These 6 principles are critical to the success of the SHCM:

14.15.1. **Inclusive leadership with downward accountability**
Leaders are accountable to the communities they support, and they engage and improve the lives of people most affected by adversity. When people who are directly affected by policy reforms become decision-makers about the ways to innovate, adapt and coordinate efforts, those reforms are better able to address the problems for which they were created. The ability of leaders to build trust, listen and acknowledge their own roles in the dynamics that produce status-quo outcomes are central to the SHCM.

14.15.2. **Learning communities**
Self-Healing Communities create and participate in iterative cycles of change. They move from learning; to innovative action; to evaluating, examining and frequently changing previous assumptions based on new information. This creates a new level of learning that initiates the cycle again. Some of the great accomplishments of communities using the SHCM include recognising that cultural assumptions must be changed, and developing the ability to drill down into cultural autopilots to make those changes.

14.15.3. **Emergent capabilities**
The model promotes the development of new lines of communication, peer support systems, self-organising networks, and communities of practice to augment the formal service-delivery system and generate an infrastructure for change.

14.15.4. **NEAR-informed engagement**
Self-Healing Communities practice inclusion, compassion and appreciation for the core gifts of every person while recognising that offering those gifts can be more difficult for people most affected by ACEs or other adversities. Choice, safety and collaboration are intentionally designed as primary features of engagement.

14.15.5. **Right-fit solutions given available resources**
Communities using the SHCM address complex, severe and multigenerational problems by building ingenious solutions around available resources. They employ a multipronged, layered and aligned set of strategies to produce significant impact.

14.15.6. **Hope and efficacy**
Self-Healing Communities nurture hope and efficacy by noticing, supporting and celebrating hope-filled action that transforms community identity, inspires peer-helping systems, and builds the capacity of a community to generate wellbeing.

14.16. The SHCM process consists of 4 phases of community engagement. These phases provide community members with opportunities to over-come or reduce stress, adversity and life challenges by developing and expanding healthy social and cultural networks and practices.

14.17. The rhythm of the SHCM 4-phase process allows time for reflection and emergence of new perspectives, leaders and opportunities. It also allows time for active inquiry and to practice intentional changes.

14.18. Each phase in this process is powerful. Success in each phase naturally invites success in the next, forming self-reinforcing cycles that mirror processes in healthy living systems. The 4 phases are outlined below.

14.19. **Leadership expansion**
Communities that expand the circle of people who are actively engaged in leading community improvement efforts are more likely to succeed.

14.20. Coordinators invite people of different sectors, classes, neighbour-hoods, political affiliations and disciplines – including people most affected by ACEs – to develop and manage activities and strategy.

14.21. Leadership that is characterised by reciprocity – not only by sacrifice or expert standing – is especially powerful. Examples of activities in this phase are:

14.21.1. Generative conversations with a mix of residents, service providers, local officials and resource people. Conversations may be recorded to capture the preferred language for describing problems or solutions, offers of expertise, and hints about what would build hope and confidence in the community's ability to solve problems.

14.21.2. Product development to illustrate the tension between people's values and beliefs, and the community's current results.

14.21.3. Invitation, in the form of personalised requests, for people to contribute to community improvement activities.

14.22. **Focus**
Community members generate a shared understanding of the values, mental models (ways of thinking) and cultural patterns that interact to generate status-quo outcomes. Neuroscience, epigenetics, ACEs, and resilience research (NEAR Science) combined with systems-thinking skills provide a particularly useful framework for developing this shared understanding.

14.23. Examples of activities in this phase are:

14.23.1. A community summit, think tank or gathering that promotes learning on issues of mutual concern, and results in a shared action agenda which invites everyone to contribute.

14.23.2. Distribution of summit outcomes to establish common language, illuminate shared values, and generate further learning and opportunity.

14.23.3. Recruitment of a local meta-leadership team to keep communication moving.

14.23.4. Celebration routines to appreciate all those involved.

14.24. **Iterative cycles of learning**
Interactive and reflective processes facilitate the learning of community members and continuously transform the community as a whole.

14.25. In this phase, new information or perspectives are introduced.

14.26. People are invited to reconsider their assumptions, and consider context and the constellation of factors that generate current outcomes.

14.27. People and systems organise efforts. The strategies used in different disciplines are complementary and mutually reinforcing.

14.28. Successful evaluations focus on learning.

14.29. Examples of activities in this phase include:

14.29.1. Knowledge- and skill-building activities that are informative (e.g. professional development); motivating (e.g. marketplace for people to offer help, policy dialogue); and entertaining (e.g. family engagement activities such as the Children's Resilience Treasure Hunt).

14.29.2. Celebration routines to appreciate all those involved.

14.29.3. Family or community cafés with structured dialogue, free food and child-care.

14.29.4. Peer-to-peer help. This includes formal or informal systems for people to help and be helped by people outside of their immediate social circle.

14.29.5. Reflective practices that generate feedback to the whole system.

14.30. **Results**
Local participation in outcome research and reporting motivates communities to use real results when designing iterative improvements to strategies and activities.

14.31. Data is used to generate a powerful community journey story that explains success as it unfolds over time and invites deep commitment to culture change within a community.

14.32. A community that is focused on results does not get fixated on a small number of data sources as an agreed-upon metric for an initiative.

14.33. Instead, they use data to build a sense of shared identity: “We are the ones who are creating a better future for our children.” That shared identity drives next-step improvements to the community’s strategy.

14.34. These communities use data to tell a story about local people and attract unusual resources, such as in-kind donations of labour, space, materials and expertise.

14.35. They use data to generate questions that matter enough for people to try something new, to illuminate new effective strategies and to help everyone to recognise: “We are in this together.”

14.36. Researchers have long recognised that evaluating community-level interventions is a complicated process. Randomised procedures are difficult to apply to complex, multi-causal community interventions, including embedded variables of local culture, knowledge and involvement.

14.37. However, over time, participatory action research and learning produce both quantitative and qualitative variables and measures for developmental evaluations. These measures assess local effectiveness and results in ways that are meaningful to local people.

14.38. The SHCM uses a developmental evaluation approach. Examples of activities in this phase are:

14.38.1. Products that show process and outcome measures from activities or strategies.

14.38.2. Conversations to determine the kinds of actions people thought were promising, and why.

14.38.3. New ways to monitor the success of the system as a whole in moving toward goals.

14.38.4. Publications or presentations of data that offer a new framework for thinking about community dynamics and results, and challenge people to co-lead next steps.

14.38.5. Community capacity index scores that provide feedback to the community, with awards given for strengths and progress.

“Without strong communities, we cannot pull together during times of hardship. Our diversity turns from a source of strength to a source of conflict.”
—Vivek H. Murthy

15. Science of change

This section describes the evidence base for managing change in complex health and social environments and highlights the plan to develop an evidence-based change management process designed for the Australian context.

15.1. Implementation science is the scientific study of methods and strategies that facilitate the uptake of evidence-based practice and research into regular use by practitioners, communities and policymakers.

15.2. The field of implementation science seeks to systematically close the gap between what we know and what we do (often referred to as 'the know-do gap'). It seeks to identify and address the barriers that slow or halt the uptake of proven health interventions and evidence-based practices.

15.3. The science of ACEs must be considered within the context of the health and social complexity where they exist.

15.4. In 1973, Rittel and Webber coined the term 'wicked problems' to describe this complexity that is pervasive in the context of social and policy planning.

15.5. Wicked problems have 10 defining characteristics:

15.5.1. they are not amenable to definitive formulation

15.5.2. it is not obvious when they have been solved

15.5.3. solutions are not true or false, but good or bad

15.5.4. there is no immediate, or ultimate, test of a solution

15.5.5. every implemented solution is consequential, it leaves traces that cannot be undone

15.5.6. there are no criteria to prove t hat all potential solutions have been identified and considered

15.5.7. every wicked problem is essentially unique

15.5.8. every wicked problem can be considered to be a symptom of another problem

15.5.9. a wicked problem can be explained in numerous ways and the choice of explanation determines what will count as a solution

15.5.10. the actors are liable for the consequences of the actions they generate.

15.6. To achieve results on a wicked problem, an adaptive implementation process needs to deliver the science of what works within the context of what matters to the local neighbourhood, families and children.

15.7. The IDEAS Impact Framework™ provides that approach, drawing on existing research and development tools and applying them in new ways to set a higher bar for program development and evaluation.[1]

15.8. The IDEAS Impact Framework™ is a rigorous design process for developing, testing, deploying and iterating programs. IDEAS stands for:

15.8.1. **innovate** to solve unmet challenges

15.8.2. **develop** a usable program with a clear and precise theory of change

15.8.3. **evaluate** the theory of change to determine what works for whom, and why

15.8.4. **adapt** in rapid-cycle iterations

15.8.5. **scale** promising programs.

15.9. Using the IDEAS Impact Framework™ prompts the questions:

15.9.1. What about it works? If we understand the key ingredients, we can replicate them.

15.9.2. How does it work? Being specific about the underlying mechanisms can help us increase the impact.

15.9.3. For whom does it work, and for whom does it not work? When we know who is and isn't responding, we can make targeted adaptations to improve the outcomes.

15.9.4. In what contexts does it work? By evaluating the context in which a program is implemented, we can adapt it for other settings.

15.10. An implementation toolkit has been developed to deliver 'what works' within the context of 'what matters'. This toolkit was developed by Save the Children UK and Dartington Service Design Lab with support from Plymouth University and our collaborative partner Centre for Evidence and Implementation.

15.11. The toolkit recommends 7 stages for successful implementation.

15.11.1. **Orientation**
To negotiate and agree on desired outcomes, design the theory of change and structure the implementation process and road map.

15.11.2. **What matters and what works**
Engage the community in a dialogue, connect and support the parents, and analyse the local population data. Prepare the science and raise awareness of what works with the community and local agencies. Pull together the data, information and knowledge – and share it.

1 The IDEAS Impact Framework™ was originally developed in partnership with the University of Oregon Center for Translational Science, and the University of Washington College of Education.

15.11.3. **The local system and partnerships**
Connect with and understand the local system, and embed the work within current infrastructure and anchor agencies. Generate a collective desire for action and specify shared outcomes.

15.11.4. **Determining local priorities**
Engage with families, neighbourhoods and services to negotiate and agree on a balance between evidence-based practice and local innovation.

15.11.5. **Building capacity and infrastructure**
Provide resources, training and coaching to build local capacity and capability. Aim to deliver and sustain change that creates the desired outcomes.

15.11.6. **Crafting a strategy**
Analyse and collate data, information and knowledge as inputs for the co-designed plan for the neighbourhood. Parents and neighbourhood leaders are central to the delivery of their plan. Service providers are central to planning and adapting in light of 'what works' and 'what matters'.

15.11.7. **Implementing, testing and learning**
Use an 'action learning' adaptive approach to implementation. Use continuous monitoring and evaluation to guide delivery and determine opportunities to pivot.

15.12. The development of local capacity, capability and infrastructure is key to sustaining the work. The changes that deliver the desired results must become 'business as usual'. Logistics must be connected with the local service system and supported by neighbourhoods.

15.13. StriveTogether is an agency in the US that has created a "network of communities to work and evolve together to advance equity so local success stories can become the reality for every child, everywhere".

15.14. StriveTogether Theory of Action™ supports communities working towards changing the systems that shape opportunity.

15.15. The Theory of Action is built on 4 pillars:

15.15.1. shared community vision

15.15.2. evidence-based decision making

15.15.3. collaborative action

15.15.4. investment and sustainability.

15.16. Thriving Together will build on the experiences of science implementation methodology to co-design a process specifically tailored to prevent ACEs and buffer the impact of ACEs within the Australian context.

15.17. The collective experience of Harvard University, Dartington Service Design Lab, Save the Children UK and StriveTogether provided the foundation for the development of the *Thriving Together: A Framework for Complex Change*.

16. Emerging framework for complex change

This section describes the current emerging *Thriving Together: A Framework for Complex Change* to deliver every child out of intergenerational disadvantage.

16.1. Healthy Australia provides the backbone support for Thriving Together to ensure coordination of effort, develop strategic partnerships and attract funding for the pilot and beyond.

16.2. The backbone support is founded on 6 principles. These are:

16.2.1. **Clarity of purpose**
Preventing ACEs, and building family and neighbourhood resilience to ACEs for lifelong benefits.

16.2.2. **Driving long-term momentum and growth**
Building a powerful coalition to create a compelling future, based on credible evidence.

16.2.3. **Strong partnership identity**
Building the Thriving Together brand to represent strong principles, processes and policies.

16.2.4. **Connected and aligned people and activities**
Investing in relationship and team cohesiveness to generate a sense of purpose and belonging.

16.2.5. **Involving the target population**
Engaging with communities to co-design ways of working that benefit local children, parents and neighbourhoods.

16.2.6. **Clear measures of success connected to learning**
Preventing ACEs and buffering the impact of ACEs for lifelong health, social and educational outcomes.

16.3. Healthy Australia arranges the training for local leaders to execute the framework for complex change.

16.4. For every community we establish an anchor agency. The anchor agency is well established in the neighbourhood, with frontline experience, and a strong health and community network.

16.5. A neighbourhood or community service centre is ideally placed to take on this role. If that's not possible, then a local ECEC service or community-managed organisation may be best placed.

16.6. The anchor agency for the Clarence Valley pilot is New School of Arts Neighbourhood House (NSOA) in South Grafton. NSOA is a neighbourhood centre and provides ECEC services.

16.7. The Social Policy Research Centre's *Neighbourhood and Community Centres: results for children, families and communities* demonstrated the value of universal neighbourhood centre services by:

16.7.1. Providing effective methods for engaging vulnerable children and families and providing a range of non-stigmatising preventative services.

16.7.2. Acting as a conduit for other services that many vulnerable families may not have accessed.

16.7.3. Helping foster greater levels of social capital in the community.

16.7.4. Targeting services to the specific needs of their communities, due to their intimate understanding of the local context.

16.7.5. Providing services more flexibly, which leads to greater levels of participation and better results.

16.8. To unlock neighbourhood potential, we will engage in dialogue; create opportunities for voices to be heard; listen to those voices and ask generative questions to explore solutions; and engage in community conversations to discover shared aspirations, resources and motivations to act.

16.9. Once the backbone support and anchor agency are in place, the following activities can be managed:

16.9.1. Funders Road Map to determine the capacity of the neighbourhood and determine funding and activity strategy.

16.9.2. Community conversations to raise awareness and hear the aspirations of people in the neighbourhood.

16.9.3. Parent cafes to create peer support networks for vulnerable parents of young children.

16.9.4. Connecting the ECEC sector to improve access to sustained, local and quality early learning for vulnerable families.

16.9.5. Intentional choices to act to help the neighbourhood adapt and iterate, based on feedback on the activities being delivered.

16.9.6. Co-creating local service design so local services adapt to the local need and co-ordinate efficient and effective adaptations over time.

16.9.7. Technological innovation to help automate processes, and identify and protect data.

16.10. The following sections describe each of these activities.

17. Funders Road Map

This section is the first proposed step in *Thriving Together: A Framework for Complex Change*. Understanding which stage the neighbourhood is experiencing helps to determine the level of funding required and the type of activity that will work best to create and sustain positive change.

17.1. The Funders Road Map was developed by The Harwood Institute in partnership with the ten20 Foundation and Opportunity Child.

17.2. The Funders Road Map helps funders and their partners to build stronger alignment, trust and impact as they work together.

17.3. It's based on The Harwood Institute for Public Innovation's framework *Community Rhythms: The Five Stages of Community Life* which comes from nearly 30 years of research and on-the-ground work in communities.

17.4. All communities are in one of the five stages.

17.5. What's critical to know is which stage the particular community you're working with is in right now.

17.6. Each stage has its own implications for the different types of investment and support that will help a community move forward.

17.7. The 5 stages are: The Waiting Place, Impasse, Catalytic, Growth, and Sustain and Review.

17.7.1. In the **Waiting Place**, people sense that things are not working right in their community, but they are unable to clearly define the problem; the feeling could be described as a 'felt unknown'.

17.7.2. People feel disconnected from leaders and from different decision-making processes within the community; the community itself is fragmented; discussion about common challenges is infrequent and/or highly divisive.

17.7.3. Community discussion about challenges is infrequent and/or highly divisive. People want to create change, but negative norms for public life keep them locked into old patterns.

17.7.4. People often are waiting – for issues to become clearer, for someone else to 'solve' their problems. People in this stage often say, "Everything will be better when we get the right mayor to save the community!" So, people just wait.

17.7.5. At **Impasse**, the community has hit rock bottom, and people can be heard saying, “Enough is enough! It can’t go on like this any longer!”

17.7.6. In this stage, unlike in the Waiting Place, there is a sense of urgency in people’s voices; people are tired of ‘waiting’. But while people want change, they lack clarity about what to do.

17.7.7. The community’s norms and ways of working together keep the community stuck in an undesirable status quo. The community is mired in turf wars; it lacks leadership at different levels and people seem fixated on their own individual interests.

17.7.8. People’s frustrations have hit the boiling point, but the community lacks the capacity to act.

17.7.9. The **Catalytic** stage starts with small steps that are often imperceptible to the vast majority of people in the community.

17.7.10. Small numbers of people and organisations begin to emerge, taking risks and experimenting in ways that challenge existing norms in how the community works.

17.7.11. The size of their actions is not the vital gauge. Their actions produce some semblance of results that gives people a sense of hope.

17.7.12. As this stage unfolds, the number of people and organisations stepping forward increases, and links and networks are built between and among them.

17.7.13. A key challenge in this stage is the emerging conflict between a nascent story of hope and the ingrained narrative that ‘nothing can change’. Even as change appears, the old narrative will still dominate people’s communication and outlook until more progress is made and trust builds.

17.7.14. During the **Growth** stage, people begin to see clearer and more pervasive signs of how the community is moving forward.

17.7.15. People in the community are able to name leadership at all levels and where such leadership is expanding and deepening – from the official level to neighbourhoods, within civic organisations and non-profits. Networks are growing, and a sense of common purpose and direction are taking deep root

17.7.16. People feel a renewed spirit of community. More people are working together. Efforts are taking place across the community and are targeted to more concerns.

17.7.17. A feature of this stage is that you can randomly ask people on the street what kind of community they live in, and they provide similar answers. A common story has emerged about the community.

17.7.18. In **Sustain and Renew**, the community is ready to take on – in a deeper and more sustained way – the tough, nagging issues that may have been tackled before but were not adequately addressed.

17.7.19. Such issues might include racism and race relations, the public schools, and economic growth in all neighbourhoods. Change relating to these concerns typically requires sustained, long-term effort.

17.7.20. Lessons, insights and new norms that emerged over time now pervade the community.

17.7.21. But, the community may be struggling to maintain its momentum. It must find new ways to bring along a new cadre of leaders, civic groups and active citizens, as others tire or move on.

17.7.22. There is a danger that the community will fall into a new Waiting Place as it comes to rest on its laurels.

17.7.23. Each stage requires a set of unique investment strategies. Failure to align the strategies to the stage of the community will lead to poor outcomes and return on investment.

17.7.24. Community engagement work provides the data to understand the stage of the community. Once established, the right strategy can be tailored for that community.

17.8. In essence, the key strategies are:

17.8.1. During the **Waiting Place** stage, people need help to crystallise what's frustrating them. People can't change something they can't name.

17.8.2. Change is gradual. Demonstrate small signs of progress that connect with people's daily lives.

17.8.3. Leaders and groups that step forward may receive initial commitments of support only to result in lukewarm support when it's time for action.

17.8.4. Keep working, despite feelings of limited progress. This stage provides the seedbed for larger, future progress.

17.8.5. The **Impasse** stage is about harnessing people's negative energy to set a more hopeful direction.

17.8.6. It's very important to help people openly express their frustrations and anger, and then pivot to discovering their shared aspirations for progress. This can be highly emotional and difficult to do.

17.8.7. Identify taboo issues that contribute to the community's impasse and find authentic language that helps people imagine an alternative future.

17.8.8. Even though leaders and residents may want to break the impasse, the community may not have an abundance of strong, trusted leaders and organisations – or positive norms to support new efforts. The latter usually don't exist.

17.8.9. Consensus is not the name of the game here. Instead, look for windows to enlist those ready to work together on small, achievable efforts. Be ready for leaders and organisations that step out front to be knocked down by others.

17.8.10. The **Catalytic** stage is about innovating to create a new trajectory of change in the community. This happens by developing pockets of change that – over time – take root, grow and spread.

17.8.11. It's essential to make room for trial and error, and to learn from what sticks and what doesn't. Various actions will be going in different directions simultaneously; that's part of the innovative process.

17.8.12. Focus on those leaders and groups ready to make progress rather than trying to get everyone on board. Place a premium on getting things moving with growing momentum.

17.8.13. Pay special attention to the emerging conflict between the nascent story that change is possible and the ingrained narrative that 'nothing can change'.

17.8.14. The **Growth** stage is mostly about larger-scale and systemic changes that build on earlier successes.

17.8.15. It's critical to coalesce the community across dividing lines.

17.8.16. New and more diverse groups of people are coming into the community and the community must be inclusive.

17.8.17. Focus on issues and concerns that have gone either unaddressed or have been only partially acted on, which often include education, transportation, and race, equity and inclusion, among others.

17.8.18. The **Sustain and Renew** stage is about figuring out how to maintain momentum and renew the community as it faces new challenges.

17.8.19. It's essential to be proactive, or else the community will slide back into a new Waiting Place.

17.8.20. Continue to focus on underlying issues that have not been fully addressed and tackle new, emerging issues as the community evolves.

17.8.21. Bring new residents, leaders and groups into decision-making. The community will need new energy and a forward-thinking approach.

17.9. Each stage is different, with different challenges and different resource requirements. The level of investment and the allocation of resources and activities needs to align with the right approach for the community.

17.10. Thriving Together works with funders to provide information on the stages of each neighbourhood in the community and to co-design the right strategies for each place.

17.11. The risk to funders is that they can invest significant resources on expensive approaches such as collective impact when the community is not ready. This leads to a loss of funds, a loss of trust by the community and failure to achieve the desired outcomes.

17.12. *Thriving Together: A Framework for Complex Change* embeds the Funders Road Map in the methodology. By delivering results, potential investors build trust and confidence in the process.

18. Change in communites

This section describes the community engagement approach adopted by Thriving Together. It was founded on 30 years' experience and described by Richard C. Harwood in his recent book *Unleashed*.

18.1. Richard Harwood describes 10 characteristics that, in The Harwood Institute's experience, are essential for change to spread in communities. These characteristics are described below:

18.1.1. A chaotic and unpredictable chain of events is driven by people making a series of intentional choices.

18.1.2. The chain of events hinges on a reframing of what matters to people in the community.

18.1.3. The reframing sparks a different notion of what needs to be addressed, how, and by whom.

18.1.4. It doesn't really matter who in a community sparks the chain of events.

18.1.5. The precipitating cause for people taking action is always different – and is simply a point of departure.

18.1.6. Change spreads by people working through networks – not through the whole community as though it operated as a single unit.

18.1.7. A small cadre of change agents can catalyse growing and expanding chains of events.

18.1.1.8. There is a profound realignment with 'community' that occurs in the organisations, groups and individuals engaged in creating the change.

18.1.9. Small changes that people, organisations and groups produce lead to a major shift in the underlying conditions – the civic culture – of the community.

18.1.10. Time and relentless patience are essential factors for communities to move forward.

18.2. The Harwood Institute teaches 4 mantras to anyone seriously intending to engage with the community. They are:

18.2.1. **Turn outward**
People and agencies serious about catalysing changing must first turn outward to the community.

18.2.2. **Get in motion**
Act to get things moving.

18.2.3. **Start small to go big**
Start making a difference with the local resources and networks currently available.

18.2.4. **Create a new trajectory of hope**
Take action and create a ripple effect for change, based on a vision for a new reality.

18.3. These principles are consistent with key implementation science change strategies, which highlight the need to generate local buy-in; identify and prepare change champions; and ensure leadership is distributed during the change effort.

18.4. Understanding the characteristics, mantras and strategies, we now need to make intentional choices to act.

19. Parent cafes

This section describes the peer support network for vulnerable parents.

19.1. The Strengthening Families parent cafes aim to facilitate self-agency and problem solving. They are designed to build protective factors in vulnerable parents, including:

19.1.1. Resilience: Parent resilience

19.1.2. Relationships: Positive social connections

19.1.3. Support: Concrete support in times of need

19.1.4. Knowledge: Knowledge of parenting and child development

19.1.5. Communication: Social and emotional competence.

19.2. Parent cafes 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.

19.3. Cafes are structured discussions that use the principles of adult learning and family support. They are highly sustainable with training reinforcement, institutional support, and a committed approach that engages and affirms parents as leaders.

19.4. Independent evaluations of parent cafe efforts have found significant increases in:

19.4.1. protective factors to reduce child maltreatment and improve family functioning and resiliency

19.4.2. cross ethnic-group social interactions

19.4.3. the ability to listen carefully to children, family members or friends

19.4.4. the quality of interactions and relationship with their children

19.4.5. the ability to handle stressful situations with their children or other family members

19.4.6. motivation to become involved in their community or their child's school

19.4.7. the overall summary score for the Connor-Davidson Resiliency Scale.

19.5. The anchor agency has a critical role in building and sustaining the parent cafes, training facilitators and collating the themes emerging from the cafe workshops.

19.6. The parent cafe model can adapt to local needs and create workshops that deal with nutrition, budgeting and positive parenting as required.

20. Connecting to the ECEC sector

This section highlights how the early childhood education and care (ECEC) sector can work with local neighbourhoods and parents to deliver better outcomes for children and families.

20.1. A literature review by the NSW Government Department of Education in 2018 found that:

20.1.1. High-quality early childhood education can improve children's cognitive and non-cognitive outcomes.

20.1.2. Disadvantaged children stand to gain the most from high-quality early childhood education.

20.1.3. The positive effects of early childhood education programs are contingent upon, and proportionate to, their quality.

20.2. The Smith Family conducted a community consultation exercise in 2019 to better understand the barriers to ECEC.

20.3. The consultation process identified the following barriers:

20.3.1. **Lack of awareness** of the benefits of intentional play-based education and of the nature of the preschool services available.

20.3.2. **Complexity** – not just of the ECEC and preschool system, but also of the availability and accessibility of subsidies, and eligibility and enrolment requirements.

20.3.3. **Trust deficits** ranging from trust in the 'system' (fears of child protection) to trust in the staff to care for "my" child (especially for children with special needs) and fear of judgement.

20.3.4. **Cost and other financial concerns** – the cost of preschool presents barriers for disadvantaged families, especially those who are not eligible for a healthcare card. Other costs such as for enrolment documentations, appropriate clothing and food, and transport, are also factors.

20.3.5. **Transport and logistics** – especially for parents without access to viable transport. Inflexible session hours for preschool programs increase the logistical challenge.

20.3.6. **Rigidity of the preschool and subsidy systems** – casualisation of work makes schedules unpredictable and income uncertain. Childcare/preschool isn't flexible enough to suit, and subsidies in this uncertain environment are difficult to secure.

20.3.7. **Access for children with additional needs** – children with a disability and those impacted by trauma are regularly excluded, either prior to access or after enrolment.

20.3.8. **Parental physical and mental health or disability challenges** – sometimes it is too hard for a parent to leave the home.

20.3.9. **Chaotic home environments** – family violence, alcohol and drug addictions, and unstable housing and incomes all contribute to reducing the priority of preschool in some families.

20.4. In response to the rich feedback The Smith Family received, they recommend 5 key strategies. These are:

20.4.1. **Increase awareness of the value of preschool**
There is an opportunity to increase awareness of the educational benefits of preschool in a way that is meaningful to families experiencing vulnerability and disadvantage.

20.4.2. **Support relationships and trust**
Building stronger relationships between families, communities and services will build trust and facilitate engagement.

20.4.3. **Guide and simplify enrolment requirements and fee structures**
Enrolment and fee structures can act as a barrier to parents/carers experiencing vulnerability and/or disadvantage.

20.4.4. **Improve flexibility**
Families say they need greater flexibility in service delivery around opening hours, location or transport.

20.4.5. **Support staff dealing with more complex issues**
It's essential to provide access to the skills and support required to deliver a quality service at a tailored, community level.

20.5. In the Smith Family's follow-up report *Small Steps, Big Futures*, they also reported 3 broader systemic issues that need to be addressed to improve access to ECEC. These are:

20.5.1. The system is complex, and for families experiencing vulnerability this complexity inhibits engagement with early learning.

20.5.2. We need to better understand who is missing out on preschool, and what works to support participation.

20.5.3. Educators need more resources to support them to engage with vulnerable families.

20.6. In response to these challenges, The Smith Family recommend that any intervention needs to be designed with the human experience in mind by:

20.6.1. Adopting a family-focused approach, with greater responsiveness to families' needs.

20.6.2. Enhancing connections between government sectors, such as health and education, and encouraging collaboration across the early education and family service system to create a more seamless experience for families.

20.6.3. Involving the local community in developing solutions.

20.7. We know access to local, quality, adaptive and trauma-informed ECEC for preschool children has lifelong benefits.

20.8. Global Access Partners (GAP) is facilitating a systemwide approach to realise those benefits across Australia.

20.9. The GAP Taskforce *Early Childhood Education Report* in 2016 recommended 8 strategies:

20.9.1. **Adopt a strengths-based approach**
Enable local services to take a holistic, strengths-based approach to children and families, through service delivery and governance structures that support co-design.

20.9.2. **Engage communities in service design**
Design tools, service governance and support networks which allow communities to measure and judge their own needs.

20.9.3. **Set incentives for families to use services**
Provide targeted incentives to influence good parenting practices to improve children's developmental outcomes.

20.9.4. **Commission services more strategically**
Trial alternative ways to fund services to achieve more flexible, person-centred service delivery, while maintaining accountability.

20.9.5. **Improve information sharing**
Use technology and data systems to better collect and share information to better inform the way early childhood professionals interact with children, their families and each other.

20.9.6. **Improve service integration**
Improve the capacity of services to integrate by focusing on leadership, resources and technology to build and maintain relationships with other service providers within existing universal service systems.

20.9.7. **Implement an early childhood data strategy**
Develop an early childhood data strategy to build an enduring national dataset and evidence base (including a measurement and assessment framework) which increases our understanding of best practice and research in early childhood development.

20.9.8. **Use data to improve the quality of services**
Develop a self-service portal for early childhood services to coordinate the physical and digital services already in existence and promote co-investment between service providers and technology companies.

20.10. Access to ECEC is a key strategy for Thriving Together. The benefits of ECEC are clear and well understood. The barriers in Australia are well researched and the strategies are well developed – but they are unexecuted.

20.11. Every child has the right to access an ECEC service that is local and meets or exceeds the standards of the National Quality Framework.

20.12. In early 2020, Healthy Australia engaged the ECEC sector to explore what needed to be done to protect children at risk. The feedback from educators was that they did not have the capacity or capability to support at-risk children and their parents.

20.13. Educators called for a wrap-around service for vulnerable families to break down the barriers to ECEC, sustain placements and improve access to early intervention.

20.14. Access to local, quality ECECs is a strong foundation but it was clear that vulnerable families need services to be adaptive and trauma-informed.

20.15. It was also clear that local early-intervention services should be responsive to the needs emerging from the local ECEC services.

20.16. Thriving Together emerged to create that wrap-around service so that all children and every parent can benefit from the lifelong outcomes associated with local, quality, adaptive and trauma-informed ECEC services connected to a locally responsive early-intervention service system.

20.17. The wrap-around service includes a joint CAPS, Healthy Australia and HubHello initiative known as SAFE. SAFE is a technology program with machine learning and natural language processing capability to assess the risk of each child. These assessments are reviewed by an expert practitioner and reports are generated for the jurisdiction responsible for child protection.

20.18. SAFE identifies children with emerging risks and provides the ECEC service with an opportunity for vulnerable families to access early intervention services before the risk escalates.

20.19. The ECEC sector provides an opportunity for innovation and change.

21. Intentional choices to act

This section outlines the intentional choices to act by the Thriving Together collaborative. This has been designed on the characteristics and mantras of successful community change and in the understanding that "...communities are natural, organic systems made up of people, organisations, networks, norms, and other elements, all interacting with one another. They can be shaped but never controlled."[1]

21.1. Healthy Australia will embed infrastructure within established local community services, with the aim of scaffolding neighbourhood conversations and managing logistics.

21.2. The infrastructure includes physical premises, frontline community workers and established networks within community, partner agencies and government departments.

21.3. The anchor agency will have technological support, including a dashboard of indicators to monitor implementation and the impact of progress.

21.4. The technological support will include a database to capture the voice of the community, the barriers to prevention and resilience, as well as a record of community aspiration.

21.5. Healthy Australia will define, design and/or adapt community conversations and parent cafes.

21.6. Healthy Australia will train frontline community workers to deliver and facilitate community conversations and parent cafes.

21.7. Empowered neighbourhoods will be supported by the anchor agency to build and deliver resilience strategies for families and neighbourhoods.

21.8. Frontline community workers will facilitate parent peer-support workshops or parent cafes to identify struggles; adopt tools to prevent ACEs and build resilience; and share victories.

21.9. Healthy Australia will train local leaders emerging in the neighbourhood (including parents) to deliver community conversations and parent cafes.

21.10. Local leaders, networks and valuable data will emerge from neighbourhood conversations and parent cafes. They will help inform opportunities to improve the local adverse childhood environmental characteristics.

21.11. Parents and neighbourhoods will be equipped to implement effectively, and not fall prey to the know-do gap. Specifically, they will be supported to build their networks and leadership capability so they can identify local barriers and create local solutions, maximising the fit between the approach and the context.

21.12. The activity will create signals in the neighbourhood. These signals will determine whether the local activities are benefiting or harming local families.

21.13. The program will monitor the activity, outputs and outcomes in parallel and look for opportunities to learn and pivot.

1. Harwood, R.C., 2020

22. Co-creating local service design

This section describes the need and process for local services to adapt and co-ordinate their offerings in light of neighbourhood aspirations.

22.1. Parents and neighbourhoods can achieve so much, but the local service system will also need to adapt.

22.2. The local system includes local business and government, as well as education, health, criminal justice, welfare, child protection and primary health networks.

22.3. ECEC, health, community, welfare and community justice services can adopt trauma-informed practices to improve outcomes.

22.4. People affected by trauma are often retraumatised by our service system.

22.5. According to trauma specialist Gabor Mate, homelessness, addiction and offending are some of the consequences of trauma. Yet our service response tends to re-traumatise when they could in fact be set up to heal.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the principles of trauma-informed services are:

22.5.1. **Safety**
The organisation supports staff and the people they serve (whether children or adults) to feel physically and psychologically safe. The physical setting is safe and interpersonal interactions promote a sense of safety. Safety is defined by the people being served.

22.5.2. **Trustworthiness and transparency**
Organisational operations and decisions are conducted transparently. The organisation aims to build and maintain trust with clients and family members; among staff; and with others involved in the organisation.

22.5.3. **Peer support**
Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilising their stories and lived experience to promote recovery and healing.

22.5.4. The term ‘peers’ refers to individuals with lived experience of trauma. In the case of children, this may be family members of children who have experienced traumatic events and are caregivers in their recovery.

22.5.5. Peers have also been referred to as ‘trauma survivors’.

22.5.6. **Collaboration and mutuality**
Importance is placed on partnering and the levelling of power differences. This includes between staff and clients, and among organisational staff – from clerical and housekeeping personnel, to professional staff to administrators. This demonstrates that healing happens in relationships and in the meaningful sharing of power and decision making.

22.5.7. The organisation recognises that everyone has a role to play in a trauma-informed approach.

22.5.8. **Empowerment, voice and choice**
Throughout the organisation and among the clients served, individuals’ strengths and experiences are recognised and built on.

22.5.9. The organisation fosters a belief in the primacy of the people served, in resilience, and in the ability of the individuals, organisations and communities to heal and promote recovery from trauma.

22.5.10. The organisation understands the experience of trauma may be a unifying aspect in the lives of those who run the organisation, who provide the services, and/or who come to the organisation for assistance and support.

22.5.11. As such, operations, workforce development and services are organised to foster empowerment for staff and clients alike.

22.5.12. Organisations understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice, and are often recipients of coercive treatment.

22.5.13. Clients are supported in shared decision making, choice and goals etting to determine the plan of action they need to heal and move forward.

22.5.14. They are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than controllers of recovery.

22.5.15. Staff are empowered to do their work as well as possible through adequate organisational support. This is a parallel process as staff need to feel safe, as much as people receiving services.

22.5.16. **Cultural, historical and gender issues**
The organisation actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography etc); offers access to gender-responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals; and recognises and addresses historical trauma.

22.6. ECEC, health, community, welfare and criminal justice services participating in Thriving Together will be connected to interagency trauma-informed training and support on request. Boards, CEOs, managers and frontline practitioners will have access to that support in order to adapt to a trauma-informed service.

22.7. A local, integrated, coordinated trauma-informed service system will aim to prevent further trauma and will facilitate child, parent, family and neighbourhood healing.

22.8. As the surrounding context adapts, parents and neighbourhoods may need to respond with further adaptations.

22.9. The anchor agency helps to expand community leadership to facilitate local system change.

22.10. The anchor agency provides the data, information and knowledge gleaned from the community to inform providers and funders of opportunities to develop local strategies, sustain practices that work and close down practices that do harm.

22.11. Technological support will offer the anchor agency the resources to collate, analyse and report on neighbourhood and parent aspirations.

22.12. Potential initiatives to be considered within the adaptation of the service system include:

22.12.1. social prescribing

22.12.2. home visiting

22.12.3. participatory budgeting.

22.13. Initiatives like social prescribing – designed to connect general practitioners (GPs) with a referral route to local services – will be explored.

22.14. According to The King's Fund, "Social prescribing enables GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services to support their health and wellbeing."

22.15. The evidence base for social prescribing is still emerging. Social prescribing in itself is not the intervention, the key is in assessing the right service at the right time.

22.16. We know that social prescribing improves individual health outcomes and quality of life. It improves emotional wellbeing and self-agency, and reduces levels of anxiety and depression.

22.17. We also know that social prescribing improves service efficiency by reducing visits to GPs, reducing medication and reducing presentations to emergency departments.

22.18. Social prescribing improves integration between health and social services and it also improves community capacity and resilience.

22.19. Social prescribing models must be co-designed with the primary care sector, local neighbourhoods and local support agencies in order to deliver these outcomes within the local context.

22.20. The evidence points to the effectiveness of sustained home visiting models for parents in vulnerable situations. Investment into home visiting in Australia has been sporadic, although the evidence from overseas suggests it is effective for marginalised families.

22.21. The research points to the positive impacts of targeted home visiting services for vulnerable families.

22.22. It is not yet clear what characteristics of home visiting are delivering the results and whether or not a professional home visiting service would be more effective than a peer support home visiting service.

22.23. Clarence Valley is covered by the First 2000 days joint initiative led by Tresillian. The First 2000 Days Project is a child health and wellbeing project that focuses on the period from conception to age 5.

22.24. In response to community consultation undertaken as part of the project, a Child and Family Integrated Services Hub was established in Grafton, NSW, to better support families experiencing vulnerability.

22.25. The NSW Government's child development policy settings include the initiative Brighter Beginnings.

22.26. "Brighter Beginnings is a whole-of-government initiative to give children the best start in life. It aims to:

22.26.1. "provide families with the information they need, when they need it to make their decisions – a customer-centric approach to empower families with clear, reliable and timely information;

22.26.2. "improve universal services that lift the standard of opportunity for all – facilitating full participation in universal health, education and family services;

22.26.3. "target support and services for families that need it most – improve existing services and deliver evidence-based supports for families with additional needs."

22.27. The NSW Government's policy settings provide an opportunity to connect family and neighbourhood initiatives with local changes to the service system.

22.28. Thriving Together will explore the successful characteristics of home visiting.

22.29. This includes the extent to which a practitioner is able to successfully engage families; the intensity and duration of support provided; and what actually happens during the home visits.

22.30. Through this work, we will identify what practices and strategies are being used to address vulnerabilities and upskill parents, and decide which strategies to adopt in partnership with the local service system.

22.31. As parents and neighbourhoods grow a movement to fight ACEs, they will influence the development of evidence-based, government service models. These service models will need to adapt to meet local needs and may include home visiting; trauma-informed training for educational, health and social service providers; and therapeutic parent-child counselling services.

22.32. To achieve the above, we will build the capability of frontline practitioners and community members to engage in community conversations and facilitate peer support workshops for parents.

22.33. Policy makers will be encouraged to implement evidence-based models that fight ACEs and defund services and practices that sustain the impacts of ACEs.

22.34. Decision-makers will be equipped with actionable insights from implementation science to guide this process.

22.35. Another opportunity to explore is the benefit of participatory budgeting.

22.36. According to Wikipedia, "Participatory budgeting (PB) is a process of democratic deliberation and decision-making, in which ordinary people decide how to allocate part of a municipal or public budget. Participatory budgeting allows citizens to identify, discuss, and prioritise public spending projects, and gives them the power to make real decisions about how money is spent."

22.37. PB creates opportunities for neighbourhoods to participate in the distribution of their public budget.

22.38. The experience of PB can be found overseas. Countries adopting PB are experiencing significant returns on relatively small investments by building trust between neighbourhoods, funders and governments.

22.39. Funders and social investors allocate funding to the PB budget projects suggested by the local neighbourhood.

22.40. Project viability and design is developed through conversations and co-design between the investor and the neighbourhood.

22.41. Once the projects are designed and feasible, they are put to the vote by the neighbourhood. The characteristics of the project will determine the responsibility for delivering the projects. This could be the neighbourhood, the investor or a combination of both.

23. Technological innovation

23.1. HubHello is the key technological partner for the Thriving Together collaborative.

23.2. Emerging technology has the potential for making project processes more efficient and less costly.

23.3. For example, blockchain technology is being used to decentralise systems including the finance system and contracting.

23.4. Smart contracting platforms and decentralised applications provide the tools to create decentralised budgeting, individual data sovereignty and funding by outcomes.

23.5. PB is recommended as good practice by the World Bank and the United Nations, with potential to improve health and wellbeing.

23.6. It's critical to develop a sense of self-agency on the path to recovery and healing.

23.7. Creating decentralised and autonomous systems that are person-centred and provide purposeful engagement in solving the problems faced by the local neighbourhood will f acilitate self-agency.

23.8. In this way, communities are not consulted on service system changes, they are driving the changes.

23.9. The *Assessment of Participatory Budgeting* in Brazil, April 2005, by the Inter-American Development Bank in Washington, found that PB was instrumental in creating local empowerment and social inclusion.

23.10. The governance and administration costs of PB are expensive. Technology can reduce those costs through smart contracts, decentralised finance and distributed autonomous organisation arrangements.

23.11. The cost of PB has been prohibitive and has been the main reason why PB hasn't scaled. The dynamics of shifting resource decision-making from government to community cannot be underestimated.

23.12. Building smart contracts that reward outcomes and cost efficiencies will engage local councillors, local MPs, government ministers and service agency CEOs.

23.13. Innovations and solutions can place data sovereignty in the hands of parents and ensure access to local evidence-based services.

23.14. Parents will own their digital identity. They will be able access and update at all times, have the ability to take it with them and connect (or disconnect) from services they chose to engage with. There will be no siloed, custodial storage of their information.

23.15. The technology will also support the development of local neighbourhood networks and peer-to-peer groups to support local coordination of activities to create safer and thriving communities.

23.16. HubHello will connect with governments to create local neighbourhood dashboards that will monitor the effectiveness of the strategy and inform neighbourhood decision-making.

23.17. The technology design will ensure the framework can be adopted and scaled.

23.18. The priority will be to create technological support that is easily scalable, including the program, data privacy and security requirements.

23.19. HubHello's contribution will include complimentary programs for parents, families and services. They will continually modify these programs via community consultation and adaption with the program findings.

23.20. These programs include SAFE, feedAustralia and Educate.

24. What will success look like

24.1. The settings of the *Thriving Together: A Framework for Complex Community Commissioning* will be measured as successful if they deliver and sustain:

24.1.1. reduced rates of out-of-home care placements

24.1.2. reduced rates of non-accidental injuries presented to emergency departments

24.1.3. reduced rates of early childhood development vulnerability

24.1.4. reduced rates of alcohol and other drug-related injuries presenting to emergency departments.

24.2. These population results won't emerge for at least 3 years, and some won't be realised for more than 20 years.

24.3. To make sure we are on track, Thriving Together will monitor a number of intermediary indicators.

24.4. These include:

24.4.1. improved access to early childhood education and care

24.4.2. improved levels of engagement in peer support groups

24.4.3. strengthened participation in local 'neighbourhood networks'

24.4.4. strong participation in awareness-raising workshops

24.4.5. numbers of 'neighbourhood leaders' actively engaged as volunteers

24.4.6. numbers of local service agencies actively committed to the program

24.4.7. status of partnership from each level of government and departments within government

24.4.8. engagement levels of local media, community radio and social media.

24.5. Each stage of the implementation process will be monitored and stages will be repeated if objectives are not met.

24.6. Healthy Australia will provide the project management discipline for Thriving Together.

24.7. As Thriving Together adapts to the local context, then so will the measures of success. Fams will provide the evaluation discipline and HubHello will ensure the technology is in place to automate monitoring, and link the monitoring into government processes.

24.8. Ultimate success will be measured in health, social, economic and education terms. A balanced scorecard will be developed to measure and monitor each domain from a child, parent and neighbourhood perspective.

24.9. We aim to realise the health, social, economic and educational potential of children and parents by creating safe homes and neighbourhoods where all can thrive.

24.10. The team will ensure rigour in the process of managing complex change by applying evidence from implementation science.

24.11. Once the framework settings are shown to deliver the desired results, it will be published to accelerate access to the methodology.

24.12. The emerging *Thriving Together: A Framework for Complex Community Commissioning* will undergo several pivots before we realise real and consistent results.

Who we are

This section provides the background information on the start-up team and founding member agencies of Thriving Together.

Adjunct Associate Professor JR Baker (Primary and Community Care Services) is an experienced executive with 20 years' experience strategically leading health organisations to achieve cutting-edge service delivery. He has consistently introduced industry-leading service improvements that always keep the client at the centre of change. He has led Primary and Community Care Services to become an Australian leader in social prescribing, complex care coordination and link work services. JR is driven by his ideas on providing optimal health services through innovation in the not-for-profit health space.

Reegan Barber (Child Abuse Prevention Service) drives the strategic direction of the longest-running child abuse prevention organisation in Australia and works with stakeholders across government, corporate and social services sectors to deliver innovative, evidence-based child protection programs. In this role he has overseen the development of Safe Arrival, a domestic and family violence education program that recognises the unique needs of refugee and recent migrant communities and is responsible for the delivery of the Safe Children, Safe Families protective behaviours program, Child Safe Leaders child protection audits and the national case review system, SAFE.

Reegan has more than 10 years' experience working at NSW Government agencies in the research and development of policy across diverse areas including domestic and family violence prevention, social services innovation and the protection of biodiversity. Highlights of this work include the delivery of the $20 million NSW Domestic and Family Violence Innovation Fund and program design for the Social Innovation Council, a civil society partnership to help spark innovation across the social services sector.

Anna Bowden (Resilience Cafe) has worked for more than 20 years in a broad spectrum of leading brands, philanthropic foundations, charities, peak bodies and government departments to variously fund, construct and deliver community change, social enterprise and program initiatives to address systemic challenges and enable business, community and sector-led social and economic outcomes.

Geraldine Campbell (Waratah Education Foundation) has 22 years' experience working in the non-profit organisation management industry. Geraldine is skilled in internal audit, accounting, internal controls, management and financial accounting. A strong business development professional, she has a first-class Bachelor's degree focused in accounting from University of Ulster.

Julie Hourigan Ruse (Fams) is a strategic, transformational and influential outcomes-focused leader. An award-winning advocate and spokesperson for children and families, Julie is an expert influencer, trusted advisor, and manager of diverse stakeholders across government, non-profits, private and public sectors, and delivers measurable social impact and reform.

Jessica Browne, PhD, (Centre for Evidence and Implementation) is a researcher with a background in health psychology. She has more than 10 years' experience in applied behavioural research, particularly in the health services and population health fields. She has held roles in academic and applied research centres, and in a government agency.

Jessica has worked on a variety of large-scale trials and evaluation projects, and has expertise in using mixed-methods and hybrid designs in research that seeks to address health and social program and policy challenges.

Jessica is committed to high-quality and creative knowledge translation, and is passionate about contributing to and utilising the best evidence to inform policy and practice.

Eugene McGarrell (Healthy Australia) has more than 40 years' experience serving the health and community sectors in a range of settings in the UK and Australia. This experience includes front line, management and executive roles in mental health, disability, child protection, homelessness and workers compensation.

Tamara O'Sullivan (Blue Knot Foundation) is National Executive Manager at Blue Knot Foundation, where she facilitates the education and training, supervision and organisational change portfolio. Tamara specialises in complex trauma and trauma-informed practice.

She has worked in the human services sector for 25 years in a variety of roles, both in government and non-government services including child protection; out-of-home care; and family preservation and restoration.

Tamara's previous experience includes leading and supporting the implementation of one of Australia's first social benefit bonds, which focused on therapeutic group work and support for parents and their children across NSW and ACT, with the aim of keeping families together.

Tamara's key aim is to support the community by creating safety in organisations. She aims to embed trauma-informed practices, focus on staff wellbeing and utilise the principles of secure base leadership.

Sarah Robin (Health Coast Primary Health Network) is an experienced manager with a passion for building healthy communities and workplaces. Sarah is skilled in program design, project management, research and evaluation, stakeholder engagement and team leadership across the health, government and community sectors.

Ben Salajan (HubCare Group) has 20 years' experience working in the finance sector, including experience as a chief financial officer.

David Salajan (HubHello) has 17 years' experience working in the information technology industry across information security, product development and executive roles. This includes 14 years with HubHello creating solutions to protect children, promote their health and realise their learning potential.

Natasha Scully (Australian Social Investment Trust) is Chair and company director of ASIT. Natasha is a public sector advisor, business strategist, transformation leader and collective impact specialist. She has a passion for collaboration, infrastructure and innovation as enablers for social, community and economic development. Natasha has spent close to two decades implementing innovative public and private sector initiatives, reforms and transformational change initiatives that drive triple-bottom-line outcomes.

Skye Sear (New School of Arts) has more than 14 years' experience in the early childhood education and care and community sector in Grafton. Skye is well connected in the Clarence Valley and has led many local innovations in social care.

Brian Smith (Harwood Institute) works with organisations and local communities to include the voices and experience of those who are not heard, marginalised or dismissed as alien or 'other'. Brian helps to shape understanding, policy and action. This consistent thread has motivated his focus on organisational and community change in diverse leadership roles within the Uniting Church and the non-government sector in Australia, and generated a record of innovation, unconventional thinking and bold action.

Can Yasmut (Local Community Services Association) is a leader in community development and is a social policy analyst and influencer. He has worked with local organisations and local communities for the past 20 years. He has a firm belief in the power of communities taking control of their own affairs, participating in all aspects of policy development and implementation, and contributing to a more socially just, inclusive and independent democracy.

Australian Social Investment Trust (ASIT) is the expert agency leading the development and ongoing management of funding allocation, monitoring and reporting.

ASIT acts as a host collaborator, neutral facilitator, and liaison with government and non-government entities, as well as the private sector. They aim to drive social and economic development through social and collective impact initiatives, for the benefit of members of the Australian community.

ASIT will be responsible for governance, partnership agreements and pooled resourcing of financial management via a sub-fund. They will help to anchor the initiative and share expert knowledge on collective impact in early childhood achievements in the It's Our Place Bellambi initiative.

Blue Knot Foundation is Australia's National Centre of Excellence for Complex Trauma. It is a national leader delivering trauma-informed education, training and resources on the ground to different communities. It also delivers direct counselling support to people with experiences of complex trauma, often from childhood as a result of adverse childhood experiences through its Blue Knot Helpline, Redress Support Service, and National Counselling and Referral Service – Disability.

A national for-profit organisation, Blue Knot Foundation has published several highly acclaimed practice guidelines and an extensive suite of fact sheets and other tools around trauma-informed practice including its most recent 2020 *Organisational Guidelines for Trauma-Informed Service Delivery*.

Its training, practice and organisational change arm provides professional development training using online and face-to-face deliveries attuned to different audiences.

Centre for Evidence and Implementation is the expert agency leading the implementation science methodology design and execution.

They are a global team of research, policy and practice experts based in Australia, Singapore and the United Kingdom. CEI work with a wide range of clients including policy makers, governments, practitioners, program providers, organisation leaders and funders. They aim to understand the evidence base; develop methods and processes to put the evidence into practice; trial, test and evaluate policies and programs to drive more effective decisions; and deliver better outcomes.

Child Abuse Prevention Service (CAPS) is an expert child protection agency. Established in 1973, CAPS is the longest-running child abuse prevention organisation in Australia. They are a non-government, non-religious charity that works to prevent child maltreatment in all its forms, including emotional, physical and sexual abuse. Their staff are experienced psychologists, educators and policy experts who are well-equipped to deliver frontline child protection programs and create the environments needed to ensure that children are safe, supported and loved.

Fams is an expert agency in early childhood development and service evaluation. They are a not-for-profit agency with a mission to keep children safe by providing quality services to help kids and families where they need it. Fams makes this possible by advocating for better public policy, advising how to achieve sustainable and measurable outcomes, and acting to help vulnerable children, young people, families and communities.

The Harwood Institute is an expert agency that specialises in accessing and utilising public knowledge. The Harwood Institute equips people, organisations, communities and networks with the tools to bridge divides, build capacity and tackle shared challenges. By 'turning outward', they enable communities to become a collective force for change.

Healthy Australia is a small charity working predominantly in the early childhood sector to promote child safety, health and education. Healthy Australia provides services to the sector including feedAustralia, Protect and Educate. Healthy Australia provides the backbone support to Thriving Together and provides access to parent cafes in early learning settings. Healthy Australia is the lead agency and backbone for the Thriving Together collaborative.

Healthy North Coast works with primary health care and the broader health sector to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improve coordination of care to ensure patients receive the right care in the right place at the right time.

HubHello are expert technical innovators in early childhood education and development.

HubHello provides a unique and holistic service system for sharing information across social service ecosystem. They improve outcomes for citizen engagement, and increase productivity, ensure compliance with services and improve government oversight.

HubHello facilitates efficiencies for the 6 core pillars of social services – health, welfare, family support, community support, education participation and workforce participation. HubHello supplies service to providers and citizens where assistance is needed for digital engagement.

LCSA is an expert agency in community resilience building. LCSA is a membership organisation representing the diverse interests of locally governed not-for-profit organisations in NSW. Their purpose is to provide collaborative leadership. They do this through connecting and resourcing members and communities to promote social justice principles in public policy.

LCSA is a membership organisation representing the diverse interests of locally governed not-for-profit neighbourhood centres and community organisations in New South Wales.

New School of Arts Neighbourhood House is a neighbourhood centre in South Grafton which provides a range of programs and services across the Clarence Valley, including child care and OOSH long day care; occasional care; preschool, after school care and vacation care; community hubs; South Grafton and Baryulgil Community Kitchen, which provides free community meals; youth services, which include drop-in activities and events; case coordination; advocacy and support; Volunteering Clarence Valley, which provides volunteer engagement and support; Our Healthy Clarence, which provides mental health and well-being support; collaborative emergency relief; food recovery; and the Brighter Futures Program.

Primary and Community Care Services (PCCS) is a program and system design and implementation expert agency.

They are a non-government, not-for-profit organisation focused on driving positive outcomes in the health and welfare sectors. They provide access to community-based services including nursing, occupational therapy, physiotherapy, social work, care coordination and psychological support services. They work in partnership with funders, including state and federal governments and insurance providers, to deliver meaningful health programs and services for the local community.

Their close connections with local referrers – including GPs, allied health professionals, psychologists, psychiatrists, and mental health teams – are essential to program delivery.

Waratah Education Foundation is an independent charity dedicated to supporting educational opportunities for kids in Australia. They believe education is the fuel for progress in every community and society. Through their work, they hope to create a better future.

Reference list

- Aboud, F.E., Yousafzai, A.K. and Nores, M. (2018). 'State of the science on implementation research in early child development and future directions', *Annals of the New York Academy of Sciences*, 1419(1), p. 264–271.
- Ashiabi, Godwin S., and Keri K. O'Neal. (2015). 'Child Social Development in Context.' *SAGE Open*, vol. 5, no. 2, 15 June 2015, journals.sagepub.com/doi/full/10.1177/2158244015590840
- Bethell, C.D., Solloway, M.R., Guinosso, S., Hassink, S., Srivastava, A., Ford, D., and Simpson. L.A. (2017). 'Prioritizing Possibilities for Child and Family Health: An Agenda to Address Adverse Childhood Experiences and Foster the Social and Emotional Roots of Well-being in Pediatrics'. *Acad Pediatr*. 2017 Sep-Oct;17(7S):S36-S50. doi: 10.1016/j.acap.2017.06.002. PMID: 28865659.
- Bodendorfer, V., Koball, A.M., Rasmussen, C., Klevan, J., Ramirez, L. and Olson-Dorff, D. (2019). 'Implementation of the adverse childhood experiences conversation in primary care'. *Family Practice*, 37(3), pp.355–359.
- Braithwaite, J., Churruca, K., Long, J.C., Ellis, L.A. and Herkes, J. (2018). 'When complexity science meets implementation science: a theoretical and empirical analysis of systems change'. *BMC Medicine*, 16(1).
- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge - Mass. & London, Harvard University Press, 1979.
- Buck, D., and Ewbank, L. (2017). 'What Is Social Prescribing?' *The King's Fund*, 2 Feb. 2017, www.kingsfund.org.uk/publications/social-prescribing.
- Campbell, M., Escobar, O., Fenton, C. et al. (2018). 'The impact of participatory budgeting on health and wellbeing: a scoping review of evaluations'. *BMC Public Health*, 18, 822 (2018). https://doi.org/10.1186/s12889-018-5735-8
- Duda, M. and Wilson, B. (n.d.). *Using Implementation Science to Close the Policy to Practice Gap*.
- Edwards, R., Gillies, V. and White, S. (2019). 'Introduction: Adverse Childhood Experiences (ACES) – Implications and Challenges'. *Social Policy and Society*, 18(3), pp.411–414.
- Ellis W.R., and Dietz W.H. (2017). 'A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model'. *Acad Pediatr*. 2017 Sep-Oct;17(7S):S86-S93. doi: 10.1016/j.acap.2016.12.011. PMID: 28865665.

- Evans, A., Dunstan, F., Fone, D.L., Bandyopadhyay, A., Schofield, B., Demmler, J.C., Rahman, M.A., Lyons, R.A. and Paranjothy, S. (2019). 'The role of health and social factors in education outcome: A record-linked electronic birth cohort analysis'. *PLOS ONE*, 14(8), p.e0220771.
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P. and Marks, J.S. (1998). 'Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults'. *American Journal of Preventive Medicine*, [online] 14(4), pp.245–258. Available at: https://www.ajpmonline.org/article/S0749-3797(98)00017-8/fulltext.
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P. and Marks, J.S. (2019). 'Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study'. *American Journal of Preventive Medicine*, 56(6), pp.774–786.
- Garbarino, J. (2017). 'ACEs in the Criminal Justice System.' *Academic Pediatrics*, vol. 17, no. 7, Sept. 2017, pp. S32–S33, 10.1016/j.acap.2016.09.003. Accessed 6 January 2020.
- Giano, Z., et al. "The Frequencies and Disparities of Adverse Childhood Experiences in the U.S." *BMC Public Health*, vol. 20, no. 1, 10 Sept. 2020, 10.1186/s12889-020-09411-z.
- Goldfeld, S., Bryson, H., Mensah, F., et al.(2021). 'Nurse Home Visiting and Maternal Mental Health: 3-Year Follow-Up of a Randomized Trial'. *Pediatrics*. 2021;147(2):e2020025361
- Goldfeld, S., Price, A., Smith, C., et al. (2019). 'Nurse Home Visiting for Families Experiencing Adversity: A Randomized Trial'. *Pediatrics*. 2019;143(1):e20181206
- Asmundson, G.J.G., and T.O., Afifi. (2019). *ADVERSE CHILDHOOD EXPERIENCES: using evidence to advance research, practice, policy, and prevention*. S.L.: Elsevier Academic Press.
- Guy-Evans, O. (2020). "Bronfenbrenner's Ecological Systems Theory | Simply Psychology." *Simply Psychology*, 9 November 2020, www.simplypsychology.org/Bronfenbrenner.html.
- Hargreaves, Margaret B., et al. (2017). 'Aligning Community Capacity, Networks, and Solutions to Address Adverse Childhood Experiences and Increase Resilience.' *Academic Pediatrics*, vol. 17, no. 7, Sept. 2017, pp. S7–S8, 10.1016/j.acap.2017.04.004. Accessed 28 Feb. 2020.
- Harper Browne, C., Blount-Clark, J., Lovejoy, A. and Marchand, V. (2014). *The Strengthening Families Approach and Protective Factors Framework: Branching Out and Reaching Deeper The Strengthening Families Approach and Protective Factors Framework: Branching Out and Reaching Deeper.*
- Harwood, R.C. and Kettering, C.F. (2021). *Unleashed: a proven way communities can spread change and make hope real for all*. Dayton, Ohio: Kettering Foundation Press.

- Harwood, R.C., Septimus, M., Kettering, C.F., Kettering Foundation Press and Tronvig Group. (2012). *The Work of Hope: How Individuals & Organizations Can Authentically Do Good*. Dayton, Ohio: Kettering Foundation Press. Copyright by Charles F. Kettering Foundation.
- Jimenez, M.E., Wade, R., Lin, Y., Morrow, L.M. and Reichman, N.E. (2016). Adverse Experiences in Early Childhood and Kindergarten Outcomes. *Pediatrics*, 137(2), p.e20151839.
- Krist, A. (n.d.). 'A Primary Care Approach to Adverse Childhood Experiences Prescription for Health, Addiction Medicine.' *Am Fam Physician*. 2020 Jul 1;102(1):55-57. PMID: 32603065.
- Larkin, H. (2014). *Adverse childhood experiences: Overview, response strategy, and integral theory.*
- Larkin, H., Beckos, B.A. and Shields, J.J. (2012). 'Mobilizing Resilience and Recovery in Response to Adverse Childhood Experiences (ACE): A Restorative Integral Support (RIS) Case Study'. *Journal of Prevention & Intervention in the Community*, 40(4), pp.335–346.
- Lavery, J.V. (2016). '"Wicked problems", community engagement and the need for an implementation science for research ethics'. *Journal of Medical Ethics*, 44(3), pp.163–164.
- Llorente, A. (2020). *ACES & TRAUMA-INFORMED PRACTICES FOR CHILDREN & EDUCATORS IN EARLY CHILDHOOD EDUCATION.*
- Maxim, P., White, J. and Whitehead, P. (2001). 'Toward an Index of Community Capacity: Predicting Community Potential for Successful Program Transfer'. *PSC Discussion Papers Series*, 15(3).
- Merrick, M.T., Ford, D.C., Ports, K.A., Guinn, A.S., Chen, J., Klevens, J., Metzler, M., Jones, C.M., Simon, T.R., Daniel, V.M., Ottley, P. and Mercy, J.A. (2019). 'Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017.' *Morbidity and Mortality Weekly Report*, [online] 68(44), pp.999–1005. Available at: https://www.cdc.gov/mmwr/volumes/68/wr/mm6844e1.htm?s_cid=mm6844e1_w#contribAff.
- Molloy, Carly, et al. (2020). 'Systematic Review: Effects of Sustained Nurse Home Visiting Programs for Disadvantaged Mothers and Children.' *Journal of Advanced Nursing*, 10 Oct. 2020, 10.1111/jan.14576. Accessed 5 Dec. 2020.
- Nurius, P.S., Logan-Greene, P. and Green, S. (2012). 'Adverse Childhood Experiences (ACE) Within a Social Disadvantage Framework: Distinguishing Unique, Cumulative, and Moderated Contributions to Adult Mental Health'. *Journal of Prevention & Intervention in the Community*, [online] 40(4), pp.278–290. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3445037/.
- Pachter, Lee M., et al. (2017). 'Developing a Community-Wide Initiative to Address Childhood Adversity and Toxic Stress: A Case Study of the Philadelphia ACE Task Force.' *Academic Pediatrics*, vol. 17, no. 7, Sept. 2017, pp. S130–S135, 10.1016/j.acap.2017.04.012.

• Srivastav, A., Strompolis, M., Moseley, A. and Daniels, K. (2019). 'The Empower Action Model: A Framework for Preventing Adverse Childhood Experiences by Promoting Health, Equity, and Well-Being Across the Life Span'. *Health Promotion Practice*, p.152483991988935.
• Porter, L., Martin, K. and Anda, R. (2016). *Self-Healing Communities. [online] The Robert Wood Johnson Foundation*. Available at: https://www.rwjf.org/en/library/research/2016/06/self-healing-communities.html.
• Srivastav, A., Strompolis, M., Moseley, A. and Daniels, K. (n.d.). *The Empower Action Model™ Mobilizing Prevention to Promote Well-Being and Resilience.*
• Stevens, J.E. (2013). *A theory of change from Harvard's Center on the Developing Child.* [online] ACEs Too High. Accessed 5 Jul. 2021. Available at: https://acestoohigh.com/2013/06/03/a-theory-of-change-from-harvards-center-on-the-developing-child/
• Sweetland, J. (2021). *Reframing Childhood Adversity: Promoting Upstream Approaches Contents.* Supported by Prevent Child Abuse America and the Alliance for Strong Families and Communities.
• Watson, L. and Chesters, J. (n.d.). *Early Intervention for vulnerable young children and their families through the Parents as Teachers Program Final Report.* The Education Institute.
• Wickramasinghe, Y.M., Raman, S., Garg, P. and Hurwitz, R. (2019). 'Burden of adverse childhood experiences in children attending paediatric clinics in South Western Sydney, Australia: a retrospective audit.' *BMJ Paediatrics Open*, 3(1), p.e000330


thriving
TOGETHER


Healthy AUSTRALIA


HubHello
AUSTRALIA


CAPS AU.ORG


fams


Primary &
Community Care
Services Limited


LCSA
LOCAL COMMUNITY SERVICES ASSOCIATION


HARWOOD
The Institute for Public Innovation


blueknot
empowering recovery from complex trauma


AIT
AUSTRALIAN
SOCIAL
INVESTMENT
TRUST


Waratah
Education Foundation


Centre for
Evidence and
Implementation


HEALTHY
NORTH COAST


phn
NORTH COAST
An Australian Government Initiative