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Child and Family Hubs Framework



Document 1

Background, Purposes, Underpinnings
and Principles

To be read alongside **Document 2: Framework Elements**



Developed to help design and deliver best-practice
Child and Family Hubs

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Acknowledgement of First Nations People

The Australian Research Alliance for Children and Youth (ARACY) and Thriving Queensland Kids Partnership (TQKP) acknowledge the Traditional Owners and custodians of the lands upon which we live and work, and their continuing connection to land and sea, and to kin, culture and community. We acknowledge that these always were and always will be Aboriginal land. We pay respect to Elders past and present, and First Nations colleagues.

We are privileged to welcome and grow our children and support our families in these places. We acknowledge the gifts of wisdom, culture and connection of thousands of generations. We also acknowledge the First Nations leaders, advocates and organisations that have fought for children and their rights.

We acknowledge the enduring consequences of adversity and trauma experienced at the hands of systems over

generations, as well as the resilience, determination, leadership, generosity and patience First Nations people have long demonstrated.

ARACY and TQKP also acknowledged that we have much to learn from First Nations ways of living, raising children and connecting to kin, culture and country, and from their examples of innovation, integration of knowledges, recognition of the importance of identity and healing, and the experiences of working with, in, and despite systems.

TQKP is committed to working in partnership and collaboration as an ally to Aboriginal and Torres Strait Islander leaders, communities and organisations, and their aspirations and agendas. TQKP signed the Family Matters Queensland Statement of Commitment in early 2020 and continues to engage as an ally.

Background Information

About Thriving Queensland Kids Partnership (TQKP)

TQKP is a Queensland-based intermediary and coalition focused on systems change for the benefit of children and youth. Instigated and hosted by the Australian **Research Alliance for Children and Youth (ARACY)**, TQKP brings together a cross-sectoral coalition of Queensland leaders, organisations, practitioners, and collaborators working together with the shared purpose of improving the conditions for Queensland children and young people to thrive now, and into the future. For more information, please see www.tqkp.org.au

About the National Child and Family Hubs Network (NCFHN)

The Framework was developed in consultation with multiple stakeholders, including Steering Committee members of the NCFHN. The Network is dedicated to strengthening child and family Hubs across Australia to ensure children and families can access the supports and services they need and have a safe place to meet other families and build essential social networks. The Network unites leaders, service providers, policymakers and academics to advance research, advocacy and learning.

By building the capacity of Child and Family Hubs, the Network is helping to ensure fairer health, education and wellbeing for Australian families. For more information – including to subscribe to their mailing list – see www.childandfamilyhubs.org.au. As part of its **Strategic Plan 2024–2029**, the NCFHN will use this Framework as the basis for developing and testing a national version, as well as generation of a related evaluation framework.



National Child & Family
Hubs Network

About the Child and Family Hubs Framework Project

The project was funded with support from The Bryan Foundation and coordinated in 2023–2024 by TQKP. It primarily aimed to distil practitioner wisdom and the available evidence base to develop a Framework to inform the design and delivery of best-practice family hubs in the Queensland context, and possibly beyond.



Thanks to all who contributed to its development, which included integration of early learnings from the yarning circles conducted across the state by the Queensland Aboriginal and Torres Strait Islander Child Protection Peak to inform its Thriving Aboriginal and Torres Strait Islander Children's Initiative. While this Framework is not designed specifically for hubs delivered by Aboriginal Community-Controlled Organisations, it is hoped the rich feedback provided by Aboriginal and Torres Strait Islander people will help improve outcomes for First Nations children and families. For more information about the Child and Family Hubs Framework project, please see here or contact TQKP@aracy.org.au

Feedback welcome

We would love to hear how the Framework may have helped inform the work of your hub, as well as suggestions for improvement to consider for future updates. Please email any feedback to TQKP@aracy.org.au

Disclaimer

Information in this Framework is intended as a guide only. Although every effort was made at the time of publication to ensure the accuracy of information included, ARACY is not responsible for the way in which this Framework is used. Quality of service provision is the responsibility of individual service providers.

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Reader's Guide

This Framework aims to provide shared understandings, language and processes across groups to build effective, integrated local responses. The below list outlines how the Framework can provide value to different audiences:¹

Managers and Leaders

Supports coordination of relationships, operations and running of a child and family hub, including connection with and managing different perspectives, priorities and possible limitations to build shared local intent and action.

Practitioners and Staff

Supports greater shared ways of working across all workers (including administration staff and volunteers) who connect with children, families and community associated with a hub.

Community

Provides ways for hub users and the wider community to understand, engage with and be involved in a hub. This might include connecting with others, accessing support, volunteering and participation in co-design, governance and planning processes.

Funders and Policy Makers

Helps deepen understanding about hub activities and strategic direction needed to maximise a social and/or economic return on investment. It may also assist with comparison across hubs.

Researchers

Provides context for formal research to add to a hub's regular evaluation activities. It may also support comparison across sites to evaluate implementation of the Framework.

The Framework is divided into two parts:

- **Document 1:** Background, purpose, principles and underpinnings
- **Document 2:** Elements

Together, these set the scene for what the Framework wants to achieve and why.

Text in orange is hyperlinked, so clicking on the colour text will take you directly to the resource in question.

¹ Additional engagement and communication strategies beyond the Framework are recommended to meet the different needs of stakeholder groups, such as information packs, posters, brochures and online platforms.



Executive Summary

Children and young people thrive when their strengths, relationships and experiences are acknowledged and they are supported in holistic, culturally-informed, developmentally-appropriate ways according to need and ideally close to home. This includes enabling parents and carers, extended family, their local community, human services and the wider natural, built and digital environments.

Stronger support can help families navigate life's challenges – including systemic barriers to equal opportunities – and must be made available to those who are currently missing out if we want to ensure all children have the chance to thrive. A holistic approach to health and wellbeing matches the systems thinking long held and practised by Australia's First Nations people, as well as their collective child-rearing practices and integrated way of delivering services.

Child and family hubs (referred to as hubs) are an effective way of providing high-quality, joined-up, whole-family support from conception through to early adulthood, and have been identified as an important way to provide tailored support to Australian communities (Honisett et al., 2023). They aim to offer opportunities to build social connection and adult capability, and convenient, family-centred access to health, learning and social services and programs (Honisett et al., 2023). Hubs operate in a range of settings, and are made up of components at the community, individual/family and organisational levels connected and resourced to make sure support is holistic and integrated.

This Framework has been developed to outline best practice in the design, delivery and/or evaluation of hubs across a range of settings, with particular application

to Queensland. It is intended to inform a range of stakeholders including community, practitioners and staff, managers and leaders, funders and policy makers and researchers. The Framework draws together current evidence and practice wisdom, but needs to be considered within and tailored to the context of an individual hub.

The Framework outlines that the three purposes of a hub are to provide a space for children, families, communities and staff to feel welcomed and safe; connected and belonging; and empowered and thriving. It does this through the underpinnings of First Nations wisdom, participatory approaches, interconnected wellbeing and a systems approach, and through six practices principles: child-, family- and community-centred; culturally-responsive; relational; holistic; strengths-based; and neuro-informed.

These approaches have informed the following ten elements designed to guide the development, delivery and/or evaluation of a hub: partnership development and management; leadership and governance; strategy and planning; relationship to the local community; soft and hard infrastructure; shared knowledge, skills, frames, tools and processes; service and program mix; recruitment, support and professional development; funding; and information and reporting requirements. Each element provides background information; considerations for First Nations people; applications; questions to consider; and resources specific to each element to provide further support and guidance.

It is hoped that this Framework will provide a useful resource for all those interested in hubs as a means of improving the health and wellbeing of Queensland's children, families and communities, now and into the future.





Introduction

For Australia’s children to thrive we need to support their development and learning, from conception onwards. This improves their health and wellbeing, both now and throughout their lives, and forms the foundation of a flourishing society.

This includes supporting parents and carers, extended family, their community, human services and their wider natural, built and digital environments. This deep wisdom is also embedded in the child-rearing practices of First Nations people, who have nurtured their families through strong connection to kin and Country for many generations. Their deep understanding of systems has a lot to teach us about fostering wellbeing.

Human development and learning results directly from a complex relationship between biological, psychological, social and environmental factors at the individual, family, and community levels. Experiences during pregnancy and the early years¹ can have a significant impact on the ability of children and young people to reach their potential, including in some cases across their life and even across generations. The rapid development of a child’s brain and body during this time is vital for shaping wellbeing although the brain continues to change across life, especially during childhood and adolescence.

Safe, supportive environments, as well as consistent, responsive care provided by at least one adult, are critical for healthy development, and can help reduce the effects of adversity. Right now, some children aren’t receiving the support they need, which can cause their health and development to suffer. For families experiencing poverty and other stresses, raising children is like sailing in rough waters. Helping families and parents with supports, safe spaces to access services and places to connect makes

sure that they have the lighthouses and safe harbours that they need to navigate these rough waters. Best-practice hubs are one way of offering these lighthouses and safe harbours to families.

High-quality support requires coordinated efforts within and across systems and services, especially for those children, parents and carers² and communities encountering life challenges. When services are designed and delivered in an integrated (“joined-up”) way they can build a person’s sense of control and capability, and have been found to improve outcomes, satisfaction and access to other services (Baxter et al, 2018).

Integrated service delivery is supported by the increasing evidence base regarding promotion, prevention and early intervention, as well as current state and national policy directions. Australian governments are spending \$15.2 billion each year on high-intensity and crisis services for problems that may have been prevented had they invested earlier and more wisely in the lives of children and young people (Teager, Fox & Stafford, 2019). An early, effective system response is therefore also important economically.

Child and family hubs are one way of providing high-quality, integrated, whole-family support from conception through to early adulthood, and have been identified as an important way to provide equitable (fair) support to Australian communities (Honisett et al., 2023). However, the lack of a common framework across the many existing or emerging models that draw on practice wisdom and the latest evidence may reduce their application and impact of these hubs (Honisett et al., 2023). This Framework has been developed to help fill this gap, with a particular focus on Queensland.

1 This period is being referred to in Queensland (and other state/territories) as the First 2000 Days.

2 Given the different types and backgrounds of families, parents and carers are from here referred to as caregivers. This includes acknowledgement of the rich and intricate connections afforded by collective cultures, including kinship relationships central to traditional First Nations child-rearing practices.





1 | Purpose of the Framework

Development and maintenance of a high-quality hub is a complex, long-term process.

This Child and Family Hubs Framework (referred to from here as the Framework) has been generated from a range of perspectives to provide a guide for best-practice¹ Child and Family Hubs (referred to from here as hubs). It is offered as an aspirational resource for those involved in hub work, and is not limited to a specific model, funding, type or setting. It provides a summary of evidence and practice to support hubs in Queensland, with relevance and value nationally.

The Framework is guided by factors especially applicable to Queensland, including:

- its vast geography, requiring a range of flexible models of care such as telehealth;
- the fact that it is the most decentralised state or territory in Australia, after Tasmania,² requiring the active consideration of rural, regional and remote perspectives; and
- its high proportion of residents who identify as First Nations people.³

The need for the benefits provided by hubs may be also increasing due to the socio-economic strain from a number of factors being experienced particularly by Queensland, including:

- challenges to the state's traditional industries such as mining, tourism and agriculture (including from climate change);
- increasing population growth (the highest of all states/territories in 2021–22);⁴
- increasing rate of homelessness, second only to Western Australia (and higher in rural areas);⁵ and
- greater vulnerability to the impact of natural disasters, in which Queensland's total losses from extreme weather since the 1970s were around three times of that of Victoria and 50% greater than NSW.⁶

It is important for readers to reflect on and apply this Framework to their current situation and consider how it might add value to their hub work being planned, established, delivered and/or reviewed. Whatever their situation and wherever the reader is positioned on a hub journey, this Framework is intended to challenge, support, complement and enhance their work.

1 Best practice reflects an understanding of the best we know for now, acknowledging we can always do better through a cycle of continuous growth and improvement.

2 51 percent of Queensland's population live outside greater Brisbane. Queensland Government (2022). Queensland compared to other jurisdictions, Census 2021. www.qgso.qld.gov.au/issues/11951/qld-compared-other-jurisdictions-census-2021.pdf

3 4.6 percent, second only to New South Wales. Ibid

4 Queensland Government (2023). Population growth highlights and trends, Queensland, 2023 edition. www.qgso.qld.gov.au/issues/3071/population-growth-highlights-trends-qld-2023-edn.pdf

5 Pawson et al (2023). A blueprint to tackle Queensland's housing crisis. Brisbane: Queensland Council of Social Service. www.qcoss.org.au/wp-content/uploads/2023/03/Hal-Pawson-Report-2023-Final.pdf

6 Climate Council of Australia (2022). The great deluge: Australia's new era of unnatural disasters. www.climatecouncil.org.au/wp-content/uploads/2022/11/CC_MVSA0330-CC-Report-The-Great-Deluge_V7-FA-Screen-Single.pdf



2 | What is a Child and Family Hub?

In discussion with expert stakeholders, a combination of definitions developed by the National Child and Family Hubs Network (NCFHN)¹ and Social Ventures Australia (2023) has been used to develop the following definition for this Framework:

Child and family hubs provide a supportive, social space with integrated service offerings that support child development and learning, facilitate relationships with others and improve child and family health and wellbeing. They do so via two critical roles:

1. providing opportunities to build adult capability and for families to create social connections; and
2. improving equitable access to a range of health, learning and social services using a family centred approach.







Hubs are primarily places where children, families and community can gather and grow positive relationships while also accessing health and wellbeing supports, learning opportunities and skill-building activities. They provide a familiar base for families to connect and access age-appropriate support across a range of developmental stages and service providers as their children grow.

Play is often a common thread running across hub-related activities to promote engagement in a safe, fun, universal way. Hubs offer a wide range of free/low-cost services and programs that should be tailored to the needs of the local community. These can include – but are not limited to – options as varied as healthcare; early learning services; playgroups; parenting programs; vocational training; cultural gatherings; life skills courses; psychoeducation sessions; housing, legal and/or immigration advice; and special interest classes. Growing evidence indicates that ‘stacking’ approaches and sustaining them over time is more impactful than single approaches in reducing early inequities (e.g. Molloy et al., 2019).

Hubs therefore offer a number of different ways for staff to get to know the needs of children and families and for families to get to know what services and programs are

offered (these are sometimes known as ‘soft entry’ points). Doing so can help engage those who may not have otherwise attended any of these services or programs. This can include working in flexible ways that increase connection with families such as through outreach to meet them in their home or accessible community setting. This can furthermore address lack of transport as a possible barrier. Hub staff may also link with services families have already developed a trusted relationship with to increase engagement.

Interest and investment in hubs has grown in recent years. This growth is also reflected in their diverse settings, which may include the following:

-  Early years services;
-  Primary schools;
-  Community/non-government organisations;
-  Aboriginal community-controlled organisations;
-  Primary health care; and
-  Virtual/digital (online).

(National Child and Family Hubs Network – NCFHN, 2023)

This Framework has been written to be applicable to a range of settings. It has also adopted the vision of the NCFHN, which is of “all families being able to walk through a hub’s welcoming front door and receive the right care and support for their child and family at the right time, leading to improved and equitable health and development outcomes” (Honisett et al., 2023, p.8). As with the scope of NCFHN, the Framework is limited to children (conception – 12 years) and their families, including those in a caregiving role.² It is not specifically designed to meet the developmental needs of young people, although many aspects of the Framework are relevant to service delivery for this older age group.

¹ See www.childandfamilyhubs.org.au

² It should be noted that although not the direct target of this Framework, older children may benefit from improved family relationships through caregiver support provided by a hub; help for caregivers to navigate services and programs available in the community; and provision of hub programs with a wider age range.



Case Study

Family and Community Place (FCP) is an Integrated Child and Family Centre led by Children's Health Queensland (CHQ HHS) in Yarrabilba, Logan. The centre is co-located with Yarrabilba State School and offers a welcoming, community space which aims to empower families to improve their health and wellbeing through connection to others and equitable access to health, education and social services. CHQ HHS partners with other agencies to provide a range of free onsite programs which meet the needs of families including daily free-play opportunities, playgroups, child health nurse drop-in clinics, parenting support, immunisations, legal advice, assistance to access and navigate welfare services and counselling. FCP primarily supports families with children up to 12 years old however is open to the whole community. [Visit the FCP webpage](#) to learn more.



2.1 Why are hubs important?

Supporting child development and family wellbeing from conception onwards lays the foundation for children’s health and wellbeing, but right now children and families in some communities are not getting the support they need.

When children and families grow up in places without access to resources such as quality education, stable employment, affordable housing, public transport and clean and safe environments, this causes their health to suffer. Supportive spaces that offer integrated programs and resources to reduce these stressors, according to the community’s needs, can help children to thrive (L’Hôte et al, 2020).

The circumstances in which people are born, grow, learn, work and age – and the forces and systems shaping the conditions of daily life – are referred to as the social determinants of health.¹ Without a collective, long-term, adequately-resourced local response, poor determinants can become entrenched (Tanton et al., 2021).

They can also contribute to unfair but avoidable differences in life outcomes, with children and families particularly affected. Despite systemic challenges these communities often also possess many positive determinants such as rich diversity, intense pride, deep local connections and committed local leaders working to support their community. Recognising and partnering with these community resources is vital in addressing the poor social determinants of health.

Stress and adversities are also not experienced equally, with challenges such as structural racism, impacts of colonisation, discrimination and systemic trauma also impacting on children’s health wellbeing. For example,

children from First Nations and culturally and linguistically diverse (CALD) backgrounds are more likely to experience life challenges, especially when combined with low socio-economic position (O’Connor et al, 2020).

In the case of CALD families with limited English, this may be due to a range of factors including lack of familiarity with Australian systems, differences in cultural beliefs regarding child development and a lack of cultural competence amongst service providers (Garg et al, 2017).

People encountering adversity often report difficulties accessing support, which may not have been designed or funded to flexibly meet local community needs. Challenges navigating complex systems – and often-negative prior experiences of services – can mean people are more reluctant (and even afraid) to engage with mainstream service models. In some cases, services and systems can (re)traumatize people and groups, and act as a barrier to healing (Calderon e la Barca et al, 2024). Even when families do access support service providers may not feel confident or equipped to identify or respond to childhood adversity, with improved practitioner knowledge about community services and service navigation key to addressing this gap (Loveday et al., 2023).

Different ways of working are needed in supporting a “village” approach to raising children encountering multiple adversities (Reupert, Straussner, Weymand and Mayberry, 2022). Interest in hubs has partly been driven by the emerging evidence base for place-based approaches. Community-level actions which aim to enhance child development can lead to significant gains, especially for those encountering or at risk of life challenges (Clark, Cahill & Ansell, 2022).

Hubs may be considered a place-based approach to integrated service delivery for children, families and communities. As of late 2022 approximately 460 integrated child and family centres (hubs) have been identified nationally, with many located in high-needs communities that demonstrate readiness and demand for such a model (Deloitte Access Economics, 2023).

1 www.who.int/health-topics/social-determinants-of-health



2.2 How can hubs support integrated delivery?

One of the benefits of hubs is that they may strive to offer services and programs in the one place.¹ Being located together can enhance convenient access to more than one service or program, but this alone is not enough to guarantee integrated service delivery:

In the absence of careful pre-planning grounded in clearly articulated and shared expectations, co-location can create a situation in which agencies are merely co-tenants rather than collaborators (Bond, 2010, p.6).

There is not one definition of integrated service delivery, although basing it on the needs of the user is a common feature. One definition describes it as “services, providers, and organizations from across the continuum working together so that services are complementary, coordinated, in a seamless unified system, with continuity for the client” (Suter et al, 2007). According to Australia’s National Children’s Commissioner, “Integrated service models should be the default. Anyone who wants to run siloed services should be required to answer why, because none of the traditional models are designed based on what people need”.²

Hub stakeholders are a diverse group who represent:

- different professions with unique legislative, systemic, and funding requirements;
- different levels of government involvement (and different departments);
- local children, families and community members; and
- local leaders.

(Brennan, 2023, p. 69; Lauer et al., 2023, p. 56)

1 It should be noted that not all hubs will be based in a building, or just one site. Depending on the model used, hub funding may be used to help weave together local resources together for the benefit for all via a place-based approach. A hub may also operate ‘satellite’ sites, and/or provide support through options such as outreach or telehealth. These concepts are explored further in.

2 Stated in the NCFHN November 2023 webinar *A vision for a better system: the role of Child and Family Hubs*. www.childandfamilyhubs.org.au/resources/news/2023/hubs-webinar/

Hubs therefore need to explicitly consider and include multiple perspectives in building shared understandings, language and processes across groups to build effective, integrated local responses.

Hubs should aim to support a smooth, joined-up experience for children, families and community. The functions that enable this integrated approach is sometimes referred to as the “glue” that holds a hub together, and is made up of business oversight, staff support, community engagement and shared information and technology systems (NCFHN, 2023).

Emerging research suggests that including effective integration functions into hubs can improve mental health outcomes for children experiencing adversity (Honisset et al. 2022). Access to services and programs that are integrated (not just co-located) is a critical feature of a best practice hub.



The NCFHN (2023) lists the following as the core components of a best practice hub, regardless of setting:

Community level

- A welcome and safe place for families
- Participatory approaches to service design and implementation
- Ongoing family/community input and involvement in governance*
- Strong links with community services outside of the hub

Individual/family level

- Outreach services to connect high-need families
- Culturally-safe policies and practices
- Support to build parenting capacity

Organisational level

- High-quality services with quality frameworks and standards
- Relational practice/family-centred care
- Workforce development and ongoing support*
- Local leadership and administration to support integration*
- Coordination/Navigation/Linker staff*
- A focus on social determinants of health
- A multi-disciplinary approach*
- Mapped referral processes.

**Indicates element of glue that supports and promotes integration.*

While the mix of on-site services and programs means a hub may not be a “one-stop shop” to meet all needs, it should provide a smooth pathway to other agencies and opportunities that can offer benefit to a child/family. This can include engagement of services on a visiting basis, referral to community partners and/or connection with digital options where required. It has been recommended that governments work with service providers to design models that include non-stigmatising soft entry points and integrated approaches for groups facing adversity, including families from a CALD background (Lam et al., 2024).

2.3 What is the evidence base for hubs?


Robust research in this field is still emerging, but studies are increasingly demonstrating the social and economic benefits of hubs as well as evidence regarding the features that help or hinder their impact.

Of particular interest is a review of early years hubs in six rural and remote Queensland localities where service provision was considered challenging (Tayler et al., 2008). They were associated with an improvement in wellbeing for children and caregivers over two years, although it was difficult to compare contributing factors across settings given the diverse community contexts. Hub coordinators identified the need for additional training in networking, counselling/mediation and promotion/public relations and – to a lesser extent – leadership. A wide range of barriers to integrated service delivery was noted, with the authors highlighting the importance of engaging local communities in developing new models of service provision.

An evaluation conducted by The Benevolent Society across its six early years centres (hubs) in Queensland found improved child development outcomes, as well as improved parenting, mental and personal wellbeing, community connectedness and personal relationships amongst a sample of caregivers attending the centres. An economic evaluation suggested that it took no more than three children attending to be ‘better off’ in terms of wellbeing for a centre to break even or recover its services costs over time (Social Outcomes, 2022)

Similarly, an economic analysis of the Community Hubs Australia program found a 350 percent social return on investment for its model placing hubs in primary schools in 100 culturally diverse neighbourhoods across four Australia states (including Queensland) with the aim of providing families with the skills and connections to better integrate with, and succeed within, their communities (Deloitte, 2024).

Although not focused exclusively on children and families, it has also been found that every dollar invested by the Queensland government in neighbourhood centres in 2022–23 produced \$4.09 in community value (Mundy, 2024).



The impact of hubs has also been shown in evaluations of the Sure Start program rolled out in England from the late 1990s to support families with children under the age of five years through the integrated provision of health services, parenting support, early learning, childcare and parental employment support.

Studies found that living within 2.5km of a Sure Start hub was associated with improved family functioning and children's emotional development in the short-term (NESS Research Team, 2004).

Over time, it was also associated with:

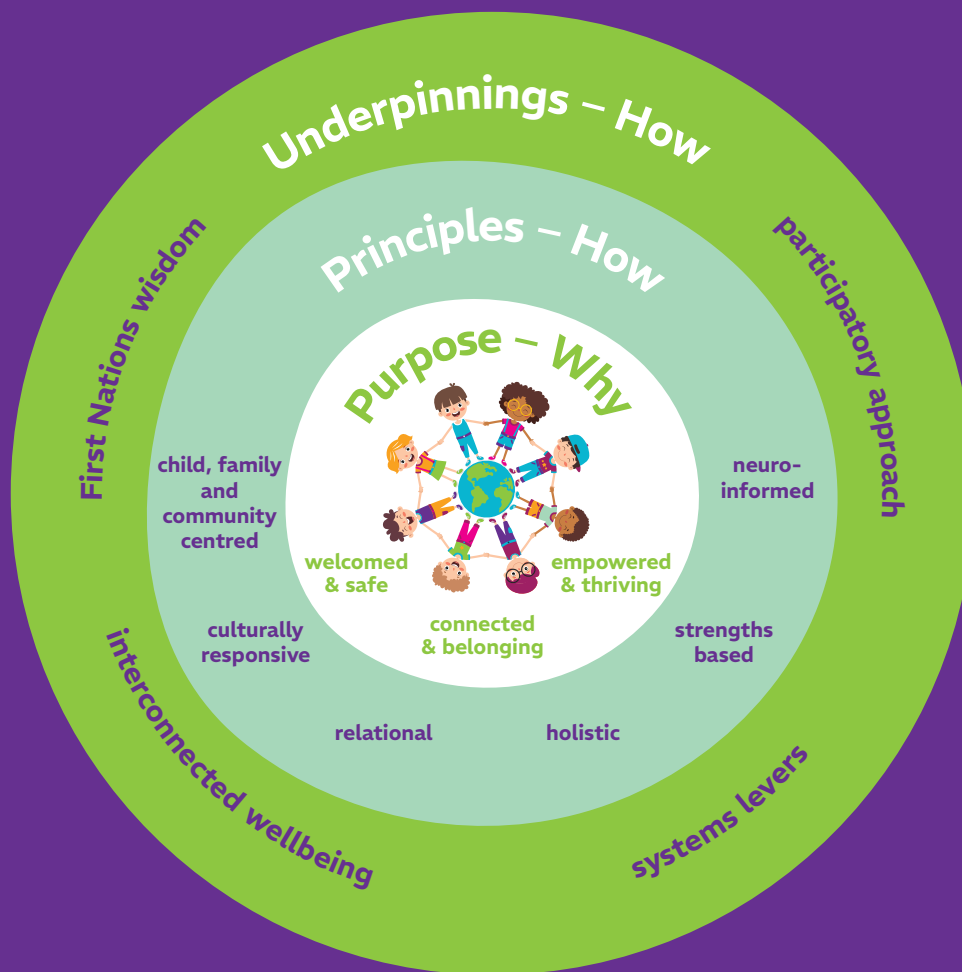
- significant reduction in children's hospitalisations by age 15, particularly amongst boys and at later ages in neighbourhoods encountering greater adversity (Cattan et al., 2021). In addition, 31 percent of the costs associated with setting up the Sure Start program was offset by the savings associated with reduced hospital admissions alone.
- a 13% reduction of 16 year olds who had ever received a criminal conviction and a 20% reduction in custodial sentences – the most severe criminal sanction – was reduced by a fifth amongst those in close proximity to a hub. There were mixed impacts on less severe contact with the criminal justice system (Carneiro et al., 2024).
- significant improvement in the educational achievement of children, with benefits lasting at least until age 16 and effects strongest for those from the poorest and non-white backgrounds (Carneiro, Cattan & Ridpath, 2024). This impact was driven entirely by the initial rollout of hubs between 1999 and 2003, which had larger budgets for parental outreach than hubs that were opened in later years. These early hubs were also characterised by much more community input into what programs were offered, highlighting the need to tailor a hub's offerings to its local context.



3 | Child and Family Hubs Framework

The Framework is displayed below, and captures its purposes (why), underpinnings and principles (how) and elements (what). It is designed to be viewed from the centre outwards. It will have the greatest impact when all parts of the Framework complement each other and are woven together. The purposes, underpinnings and principles are explored in the remainder of this document, while the elements are accessible in **Document 2**.

These three interrelated purposes guide the work of a hub to create positive experiences and outcomes. They apply to the children and families who access a hub, as well as staff and the wider community.



Elements – What

partnership development & management

soft & hard structure

services & program mix

funding

recruitment, support & professional development

strategy & planning

relationship to the local community

information & reporting requirements

shared knowledge, skills, frames, tools & processes

leadership & governance

4 | Purposes of a Hub (Why)

4.1 Welcomed and safe

Welcome invites people to engage with a hub and is a requirement for the other two purposes, as it creates an environment for positive, authentic and supportive relationships to grow. A family-friendly entry to a hub includes its physical, social and cultural features, and supports ease of access.

The first contact with or visit to a hub is very important and can influence the success of further connections. People should feel welcome, which is based on two factors that need to be clearly communicated to stakeholders:

1. Shared responsibility to maintain a safe environment for all those associated with a hub.
2. Any criteria to access a hub/related agencies e.g. due to different funding packages.

Those who do not match a hub's eligibility criteria should still be helped by staff to access more appropriate support. This may be through a "warm referral",¹ where a hub worker discusses a more suitable service or program with a person, obtains their consent to contact the agency and helps makes an appointment for them. The worker may also attend the first appointment to act as a "bridge" to the new service, which may reduce the likelihood a person slips through the gaps between agencies. Warm referrals should also be considered when supporting hub users to access other service and programs, including those in the community.

Actively fostering a sense of psychological and cultural safety will help acknowledge and address the fear and trauma people may associate with accessing mainstream services, particularly those from a CALD or First Nations background. A safe, appropriate, responsive and non-stigmatising hub will seek to positively connect with people through learning about, listening to and seeking to understand local groups and cultures. This will help grow trust, safety and responsiveness, including through people recommending a hub to others through word of mouth.

4.2 Connected and belonging

Connection creates cohesion, social capacity and capability. It invites people to engage with each other, which (re)builds trust to support healthy relationships and allows them to feel seen, heard and valued. The power of meeting with peers adds an additional aspect of validation and hope, highlighting the importance of joining children and families with fellow hub users as well as the wider community.

When people feel they belong, they are more able to recognise and build on their own strengths to flourish and grow. A hub also makes connection within and between service providers from different professions, sectors and perspectives, as well as the broader community, to develop shared vision, values, language and mindsets. It is therefore important to collectively identify, understand, navigate, challenge and address the traditional power imbalances, siloes and exclusionary practices that can get in the way of forming meaningful connections. This includes supporting relationships between hub staff and the community to build their sense of connection and belonging.

4.3 Empowered and thriving

Access to the connections and skills built through a hub can enhance confidence and capability to help people flourish. If people feel strong, competent, valued and believed in, they are more likely to feel able to rise beyond their current circumstances and take charge of their future.

Actions should be focused on ensuring people benefit through mutual (rather than transactional) relationships; learn new information and skills relevant to their lives, stories and concerns; generate new resources that people control; and have ownership in making decisions, taking action, and directing what support looks like (Kelly & Westoby, 2018, p. 94). These factors together enable children, families and communities to build lifelong wellbeing by creating positive pathways and opportunities for themselves and others.



¹ A "cold referral" instead means simply giving a person some information about a service for them to make contact directly.



5 | Underpinnings (How)

5.1 First Nations wisdom

Just as First Nations peoples and cultures are diverse, so are their perspectives on wellbeing. However, there are some ways of knowing, doing and being shared amongst First Nations people.

A literature review by Butler et al (2019) suggests First Nations wellbeing is made up of nine broad, interconnected dimensions:

- autonomy;
- empowerment and recognition;
- family and community;
- culture, spirituality and identity;
- Country;
- basic needs;
- work, roles and responsibilities;
- education;
- physical health; and
- mental health.

Integrated, community-led efforts towards wellbeing are strongly supported by practices effectively used over thousands of years by First Nations people. This includes collective practices in bearing, birthing and raising healthy children on Country, and the rich and extensive kin networks they identify with and draw strength from beyond the Western concept of the nuclear family. Culturally-informed approaches are vital when supporting First Nations individuals, families, groups and communities as they provide a foundation for everyone to acknowledge, support, learn from and build upon. Integrated service delivery for First Nations people can be healing (Secretariat of Aboriginal and Islander Child Care, 2012), and will help close the gap in life outcomes.

First Nations community-controlled organisations are embedding integrated practices – often without appropriate funding – to ensure they meet the needs of their people. It is important for non-Indigenous organisations to work in genuine partnership with and learn from these approaches. This includes the concept of First Nations First, which refers to seeking Aboriginal and Torres Strait Islander wisdom and perspectives from the beginning and as a priority to guide planning and delivery, as Western models imposed on First Nations people are bound to fail.

It is also important to help counter discrimination and negative public stereotypes by acknowledging, celebrating, amplifying and learning from positive narratives of First Nations wisdom, strength, resilience and healing. This includes in the context of intergenerational trauma experienced because of – and compounded by – systemic factors and failures.

Central to First Nations wellbeing is the right of all people to self-determination. “By virtue of that right, they freely determine their political status and freely pursue their economic, social and cultural development” (United Nations, 1966).

Essential to self-determination is choice, participation and control. Acknowledging the damaging effects of colonisation – and the enduring strength of First Nations people – have together contributed to a growing movement to embed self-determination as a vital part of individual, family and community wellbeing. This includes its central role in Queensland’s Path to Treaty¹ to promote healing, justice and reconciliation.

There is a lot hubs can do to support self-determination. Each of the ten elements in this Framework include a spotlight on hub practice implications for First Nations people to elevate these concepts, especially for universal hubs wanting to achieve more safe and equitable delivery for First Nations children and families.

¹ www.qld.gov.au/firstnations/treaty

5.2 Participatory approaches

Hub-based wisdom has a rich history that has been greatly influenced by community development practices. These use strengths-based, bottom-up approaches and participatory methods¹ to identify what is important to a community and empowers them to challenge systems and power to support positive local change.

The table below describes differences between traditional service delivery and participatory approaches. (It should be noted that agencies delivering programs linked to a hub may retain at least some service delivery aspects):

Service delivery	Community development
Focus on needs	Focus on assets
Responds to problems	Builds from opportunities
Charity orientation	Investment orientation
Emphasis on agencies	Emphasis on groups/networks
Focus on individuals	Focus on community
Goal is service	Goal is empowerment
Power comes from credentials	Power comes from relationships
Programs are the answer	People are the answer
People are clients	People are community members

From Dunalley Tasman Community House

¹ Including appreciative inquiry, participatory action research and participatory learning and action.

Community development practices compatible with hub-based work include:

- **The Participatory Development approach:** Provides a broad method framework for practitioners to do community development work. It also provides clarity about how services and community-based programs address social problems from different perspectives (Kelly & Westoby, 2018).
- **Asset-Based Community Development:** Aims to acknowledge, support and activate local people as citizens who contribute to community wellbeing.
- **Collective narrative:** A contemporary approach that highlights individual, family and community stories rather than focusing on needs.

Children, caregivers and community can lead, contribute to and participate in processes and decisions that affect them or are important. This is referred to as community-led, and the voices of children, families and community members is referred to as community voice. Where hubs (and place-based initiatives) seek to be community-led, with a strong community voice, they aspire to work collaboratively with local people and their insights.

These processes will together enhance community capacity building, a holistic and empowering approach that supports and builds local ability to together create grassroots, bottom-up and sustainable local solutions (Creyton, 2004). Given that community wellbeing impacts the experiences and wellbeing of children and families, building both individual and collective capacity should also be a focus of best-practice hubs. This includes addressing adverse social determinants of health where needed and possible.



5.3 Interconnected Wellbeing

The Nest (Goodhue, Dakin & Noble, 2021) is Australia's wellbeing framework for children and young people up to 24 years old. It is a way of seeing the whole child in the context of their daily lives – in their families and communities, interacting with systems and environments. It brings together the different elements of what we know it takes for a child or young person to thrive.

Developed by the Australian Research Alliance for Children and Youth (ARACY) after review of the evidence and extensive engagement with 150 organisations, The Nest conceptualises wellbeing as six related domains that support each other to help children reach their potential. To have the best possible wellbeing, a child or young person needs to be adequately resourced in all six domains at an individual level as well as within their family and community, and at the system and environmental levels.¹ The Wellbeing Wheel (Figure 1) provides an overview of the six wellbeing areas at each of these levels. This four-minute video also gives a demonstration of The Nest - *What is Wellbeing?*

The Nest framework provides a holistic way to understand and take action for child wellbeing at multiple levels, from individual through to service, population and systems-levels. Across Australia, The Nest is being used as:

- a framework for strategy development at national, state, regional and local levels;
- a tool for community engagement;
- a guide to monitoring, evaluating and reporting on children's outcomes;
- a way of tracking child wellbeing in real time; and /or
- a shared frame for workforce development through The Common Approach®.²

A number of key Queensland and national policies, agencies and initiatives are already using The Nest.³ There will be considerable benefits in coordinating efforts by more organisations adopting and applying it to their work.

1 The Nest is intended to be used flexibly and not to replace tools more specific to groups and settings, such as those designed to reflect the perspectives of particular cultures including First Nations peoples.

2 www.aracy.org.au/the-nest-in-action/the-common-approach, and www.aracy.org.au/the-common-approach/

3 Including Logan Together, the Queensland Family and Child Commission, Gladstone Region Engaging in Action Together and Children's Health Queensland Hospital and Health Service. For an overview of its use in Australia, see www.aracy.org.au/the-nest-in-action/around-australia

The six implementation principles outlined below guide application of The Nest, and have been considered throughout this Framework in the hub context.

- **The child at the centre:** starting from the perspective of the whole child, ensuring the child or young person has agency, focusing on what is required to ensure their overall wellbeing beyond established disciplines and service boundaries.
- **Privileging Aboriginal and Torres Strait Islander knowledge:** recognising that Aboriginal and Torres Strait Islander agencies are well placed to meet the needs of Aboriginal and Torres Strait Islander children and young people and such agencies require the funding, accountability and authority to do so.
- **A long-term, evidence-informed approach:** recognising there is no quick fix for the complex issues facing children and young people, adopting long-term views, strategies, monitoring and evaluation processes.
- **Prevention and early intervention:** although tertiary action will always be required, the maximum benefits will be achieved by shifting our efforts towards preventing problems and intervening early through a proportionate universalism approach.
- **A life stage approach:** our work will have the strongest impact when focused on the early years, yet we need to continue to combine this with focus on the middle years and young people, particularly at transitional points in their lives.
- **Systemic change using an outcomes approach:** agreement to work toward a shared vision, in collaboration with agencies, professions, governments and young people themselves. Collectively using shared outcomes frameworks.

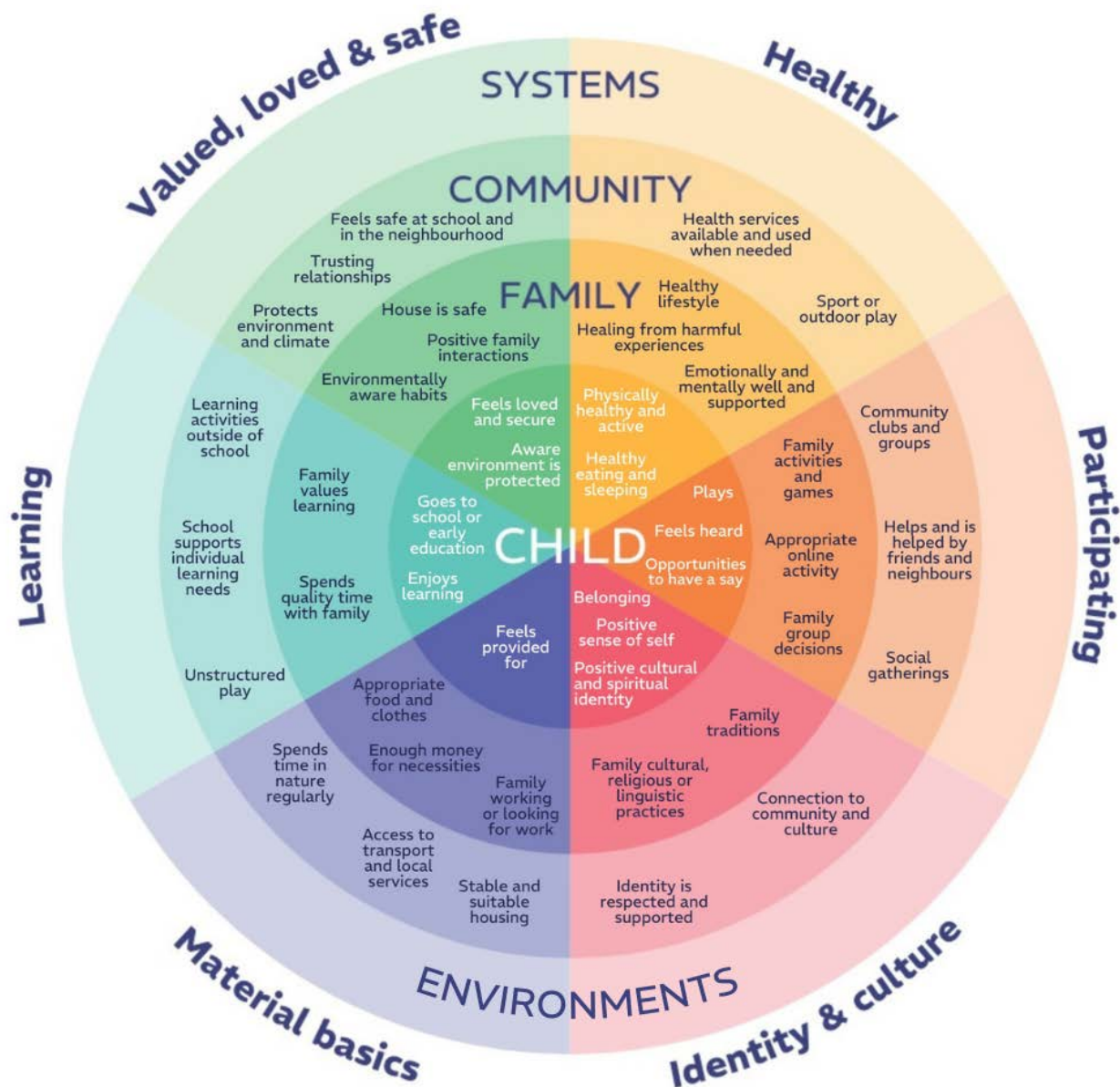


Figure 1: Wellbeing wheel

Wellbeing results from an ongoing interaction between risk and protective factors. Without early, effective intervention, risk factors can build up over time to impact on life chances as well as social, physical and mental health outcomes. On the other hand, protective factors can also accumulate when put in place to help children, caregivers and communities thrive.

The relationship between risk and protective factors is influenced by the development of life skills, with the three interacting to impact on someone’s resilience or ability to “bounce back” from difficulties. Resilience is not a permanent quality we are born with but is influenced by the world around us, changes over time and can be affected by different interventions.

This is represented by the Resilience Scale in Figure 2, which demonstrates the following three interrelated principles we know about human development (Shonkoff, 2022):

- reduce sources of stress in the lives of children and families;
- support responsive relationships for children and adults; and
- develop core life skills.

These principles have been expanded to include wider factors, including:

- A greater focus on the opportunities for intervention during pregnancy;
- Understanding the impacts of conditions and experiences beyond caregiving that are built into many biological systems including – but not limited to – the brain;
- How people respond differently to their environment and which interventions work for whom, why and in what contexts; and
- Expanded focus on social factors to include the impact of widespread racism and discrimination.

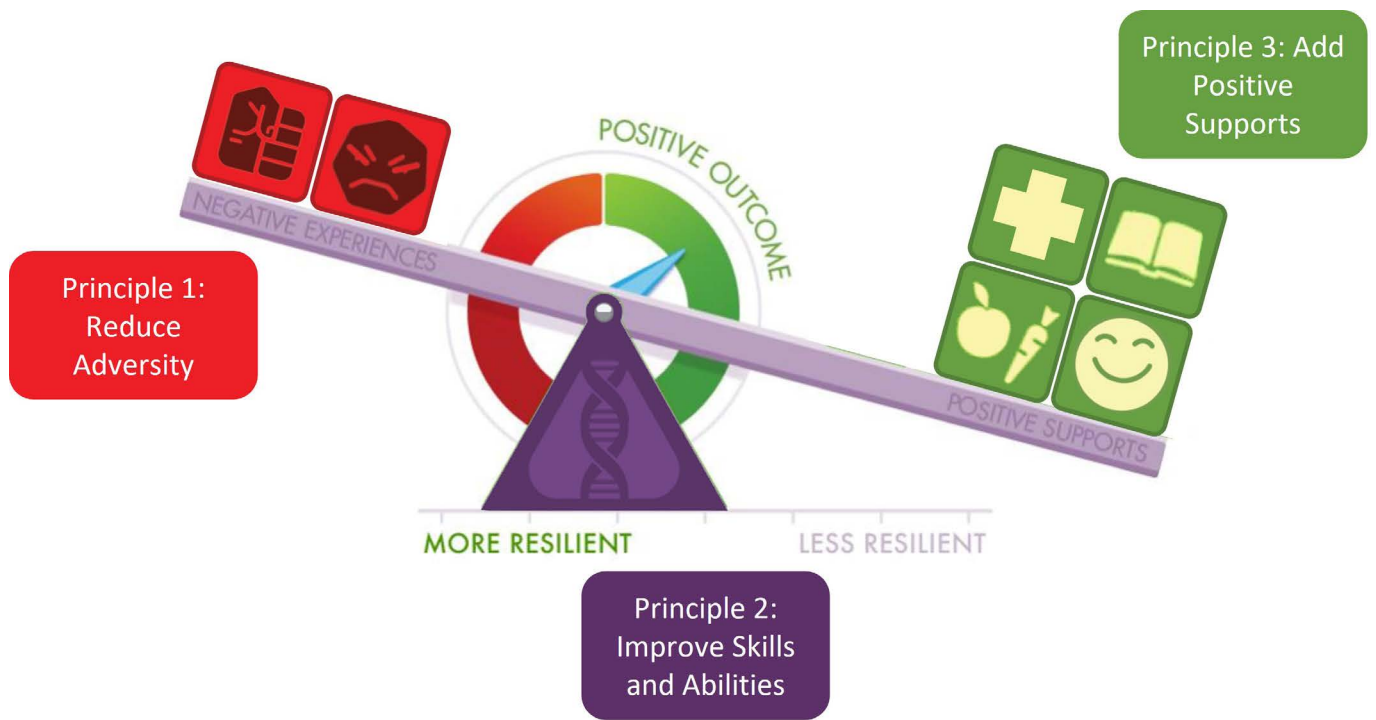


Figure 2: The Resilience Scale (Harvard Centre for the Developing Child (2021))

The balance point of life skills (sometimes referred to as capabilities) is designed to move, which means that resilience can change with the addition or removal of these skills as well as negative experiences and/or positive supports.¹ The three principles can work at the individual, family, community, environmental, economic, policy and society levels. It may help to map the presence or absence of elements of the six domains of The Nest against each of the three principles of the Resilience Scale to identify strengths and needs at all levels. For a six-minute video demonstrating application of The Nest to the Resilience Scale, please see [What Surrounds Us Shapes Us](#).

The Resilience Scale is an important metaphor to help people at whatever stage they are. It has been used to connect with, educate and support individuals, and can be completed with a child as well as families. This may be especially powerful as it values the positive role caregivers can play in building their child’s wellbeing, as well as starting conversations about what can improve their own. Building resilience in children supports their wellbeing now as well as in the future, including setting a strong foundation for their life roles such as a worker and future caregiver.

The Resilience Scale has been operationalised by Canada’s Alberta Family Wellness Initiative at an individual, family, organisational and systems level (Alberta Family Wellness Initiative, 2023a,b,c). It is a valuable tool that could be adopted by the many stakeholders associated with a hub to enhance integrated service delivery.

The same three principles outlined in the Scale can also influence the resilience of staff, and therefore the impact of their work. Opportunities should be taken up within a hub setting to also reduce sources of staff stress, support their relationships and develop professional skills.

Across sectors and organisations, The Resilience Scale has been used as a tool for developing shared language, approaches, competencies and referral pathways across several levels including:

- For individual case management;
- Whole-of-family engagement;
- With neighbourhoods and communities;
- By services and organisations; and
- At the population/system level.

1 It should be noted that the “weight” on the two ends of the Resilience Scale is not just based on the number of items on each end. It is based on how important a person (or family, service etc) thinks it is to them that determines the “weight” of an item.

5.4 A systems approach to wellbeing

It is useful to think about systems in relation to the design, delivery, evaluation and sustainability of a hub. A system has been defined as:

An integrated composite of components that provide feedback and capability to satisfy a stated need or objective. A system is a holistic unit that is greater than the sum of its parts. It has structure, function, behaviour, characteristic and interconnectivity. Modern day systems are typically composed of people, products and environments that together generate complexity and capability” (Ericson, 2011).

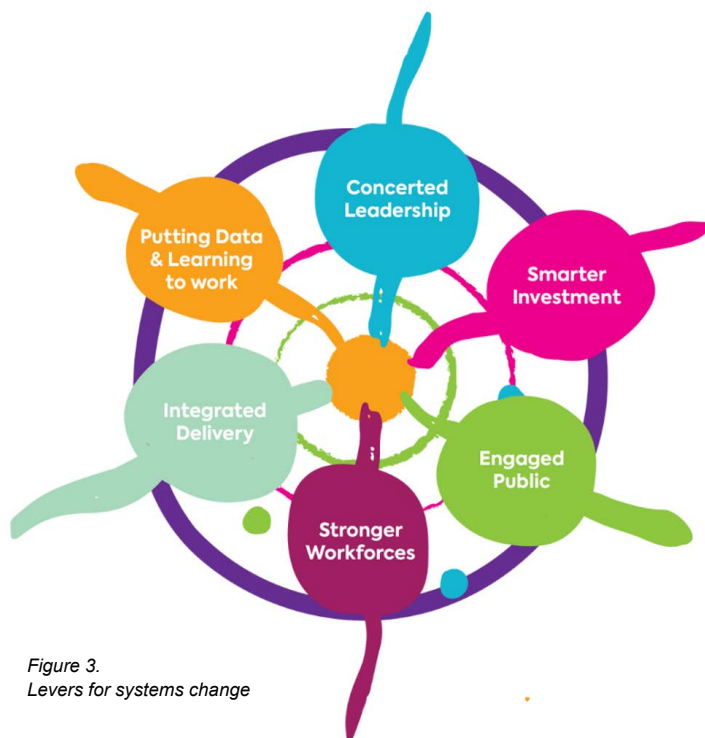


Figure 3.
Levers for systems change

A hub can be thought of as a system, constantly influenced by and influencing other systems including the local community. Consideration is also given here to the six interrelated levers that underpin a systems approach to wellbeing (Hogan, Hatfield-Dodds, Barnes & Struthers, 2021), shown graphically in Figure 3 and described briefly below:

Concerted leadership

Improved child and youth wellbeing requires priority and focus, political leadership and cross-sectoral collaboration. It requires a shared public purpose mission of enabling child and youth wellbeing and reducing adversity and inequalities.

Smarter investment

Raising child and youth wellbeing requires the investment of sufficient financial and other resources, and their effective and efficient utilisation: well-balanced across the universal, secondary and tertiary systems; supporting innovation; informed by evidence; and driving value, impact and productivity from existing and new investments and assets, across all sectors.

Engaged public and communities

A compelling, shared public and systems-wide narrative about child and adolescent development is critical for effective parenting, safe and supportive communities and enabling systems. Effective public and community engagement, characterised by community-led initiatives, are genuinely sharing power and knowledge, and deeply engaging with the lived experience and voices of children, young people and families.

Stronger workforces

Further effort is required to build the capability of all child wellbeing workforces, especially in core, common and contemporary knowledge, skills and attributes.

Integrated delivery

A core focus on enabling human development, connection and agency in policy and practice will strengthen services across the universal, secondary and tertiary systems, especially to the children and families experiencing most vulnerability.

Putting data and evidence to work

Digital transformation and inclusion can enable citizens and practitioners to navigate systems; and systematically revamp outdated models and inequitable barriers. There is considerable scope to: improve data matching and data sharing; keep fostering innovation and continuous improvement; improve reform implementation; and balance the focus on accountability arrangements with ‘human learning system’ approaches.

These levers are considered the inward-facing features of a hub that, if applied effectively, will have a positive impact on the quality of its outward-facing expressions i.e. a hub’s engagement and interactions with children, families and community, and the improved wellbeing outcomes it is hoped they will experience as a result of their connection with a hub.



6 | Practice Principles (How)

Having a consistent approach is important in meeting a hub's purposes. This is especially critical in a hub setting given the number and range of stakeholders, children, families and the wider community they may connect with, and therefore the need for them to develop and use shared ways of working.

Applying The Nest is supported through training in The Common Approach®.¹ This is a prevention-focused, flexible way of working to help everyone have quality conversations with children, young people and their families about all aspects of their wellbeing. The Common Approach® is underpinned by the following four practices to be used consistently with children:

- **Child-centred:** Includes letting children/young people lead interactions, ensuring they have a voice in decisions that impact them and providing relevant information in a meaningful way.
- **Working in partnership:** Includes assisting children and families to make choices and take action as experts in their own lives. It means the practitioner sees themselves as a 'helper' and not a 'fixer', using a 'power-with' and not 'power-over' mindset. It means proactively collaborating with the child/young person's parents or carers and their informal networks, plus any other relevant professionals or organisations who support the child's strengths and needs.
- **Holistic:** Means exploring all areas of a child's wellbeing as defined by the six domains of The Nest (Healthy; Valued, loved and safe; Material basics; Positive sense of identity and culture; Learning; and Participating). It means understanding the relationship and interconnectedness between different domains of wellbeing, and using an ecological model to see the child's wellbeing at an individual, family and community level.
- **Strengths-based:** Includes drawing attention to, celebrating and building the child/young person's abilities, strengths and connections, and all positive steps no matter how small. It means creating or enriching positive experiences, and helping to create a sense of hope, confidence and belonging. It means leveraging what is going well for the child or family to support areas of need.



¹ Although training in The Common Approach will help build staff knowledge and application of The Nest in their work, it is not essential to have done this training to be able to work effectively this Framework in a hub setting.

These four practices were considered in the context of a hub, and expanded slightly to result in six practice principles that would apply to a hub's engagement of all children, caregivers, staff and the wider community. These principles provide the 'soft' infrastructure and skills that support integrated (rather than just co-located) services and programs. They are designed to work together, and to inform the design, delivery, evaluation and sustainability of a best-practice hub. These principles can and should guide all aspects of its interactions and activities, and are briefly outlined below:

6.1 Child-, family- and community-centred¹

Children, families and community should be at the heart of a hub's purpose. This principle challenges services to be aware of, prioritise and hold the perspective of children from the start, including in the context of their family and wider community, to tailor responses to enhance their wellbeing. It includes being aware of and responsive to family diversity, including different needs across the lifespan.

It is here where play becomes an important tool to build connections with and between children and their caregivers, and to allow space for them to relax, have fun and grow. Equitable service and program delivery also requires flexible ways of working to meet the unique needs of each child, family and community.

Hubs should aim to support smooth journeys into, through and beyond its supports. This includes identifying and removing or minimising barriers to access, engagement and participation, such as applying rigid eligibility criteria or hub users needing to tell their story multiple times to different services. Being community-centred means ensuring the work of a hub is actively designed and delivered in partnership with and for its local context. This includes community representatives having an equal role leading local planning and ongoing delivery to build shared ownership for hub delivery and outcomes.

6.2 Culturally-responsive

Related to this first principle is being familiar with, respectful of and responsive to the cultural background and needs of a child, their caregivers, service providers and the wider community. This is critical for people whose culture lies at the heart of their identity, such as First Nations people, especially for those groups where individual and collective wellbeing are considered so closely related.

It is also important to understand that some of the issues encountered by CALD and First Nations people are different, as well as appreciate the wide diversity within groups. For example, Australia's First Nations comprise hundreds of groups that have their own distinct set of languages, histories and cultural traditions (Australian Institute of Health and Welfare, 2015). It is also important to note the different roles and responsibilities required of people according to their age, gender and status within a group, and how this impacts their cultural practices.

It is not possible to understand the cultural profile of every person associated with a hub, highlighting the need to be curious, open and respectful in seeing and treating each as a unique individual. It is also important not to assume that a child's name, country of birth, appearance or current living circumstances tells you anything about their cultural background or structure and practices of their family. Practitioners furthermore need to be aware of cross-cultural differences in body language, and perceptions of concepts such as help-seeking.

Extra strategies may need to be put in place to flexibly, proactively engage culturally-diverse groups, such as recruiting staff from local groups, providing resources and activities in related languages and ensuring culturally-appropriate engagement and support of fathers. Building cultural perspectives into a hub's design, delivery and evaluation will also help reduce barriers and improve equitable access for groups who may otherwise feel afraid to connect. A hub's celebration of cultural expressions such as events, dietary practices, language, rituals and religious beliefs will help build a sense of inclusion and belonging. Being culturally-responsive will also invite children, caregivers and community to engage in ways that are relevant to their interests, hopes, challenges and beliefs.

¹ Being child-centred includes acknowledgement of and – where possible – accommodating the wishes of caregivers, noting that in some cases the needs of the child will and should override the caregiver's views and preferences. This includes – but is not limited to – the issue of child protection. In the case of hubs, their explicit inclusion of caregivers as well as children necessitates that they operate in ways that are child and family-centred. It is also important to be mindful of cultural differences regarding the concept of 'centrality'. There is diversity in perspective, understanding and priority regarding family make-up, as well as the understanding that 'family centrality' is both common and healthy.



6.3 Relational

Achieving the purposes of a hub happens through the magic of relationships, not through services and programs. As Tulloch and Schulman (2020) note:

Sometimes the intervention is not the intervention, but is instead an exquisite moment of human encounter that brings with it hope, beauty, and inspiration. Sometimes the answer is not a rule or a professional demeanor, but is instead love and vulnerability” (p.42).

This principle acknowledges the power of strong, positive, trusting connections to bring about change. Connections formed within and through a hub can be built upon to foster relationships, reduce sources of stress and create or enhance skills. Doing so creates belonging and acceptance, which can help normalise experiences and create a sense of hope, confidence, control and joy.

A strong relational focus is therefore essential to the success of hubs. This includes displaying behaviours of authenticity, humility, warmth, empathy, humour, kindness, unconditional positive regard and being emotionally present by all staff associated with a hub, including those responsible for greeting children and families. It can also involve having free refreshments regularly and easily available in a comfortable environment so that people can connect socially over a tea, coffee and food. Demonstration of these behaviours provides a powerful role model for hub users and the wider community to learn from and apply.

Relational practices will also support stakeholders to jointly develop, invest in, communicate and demonstrate a shared vision for their hub. This common ground will help reframe and work through challenges to identify and trial creative new solutions. Being aware of – and proactively managing – spoken and unspoken messages (including those relating to power dynamics) will help a hub build on local strengths to help achieve its vision.

6.4 Holistic

Considering the relationships, stressors and skills of children, caregivers and the community against the six elements of The Nest (and at all levels) will help maximise wellbeing.

This includes acknowledging and valuing the vital role played by the whole family (including fathers) and community from pregnancy into infancy and childhood, including during important times of transition. A hub’s range of services and programs should ideally match these elements, with others engaged to address needs it cannot internally meet. Use of shared, contemporary and essential knowledge, skills, frames, tools and processes across different workforces will support holistic delivery through more seamless, early pathways and consistent positive experiences. Given their strong local links, hubs can also play an important role in the improvement of resources and responses. This may include collective actions to address local social determinants of health, such as securing better community access to stable employment, safe housing and high-quality education.

6.5 Strengths-based

Having a capability-building focus is known as strength-based practice. It starts by listening out for and reflecting back what’s strong for a child, caregiver, community or service providers – rather than what is wrong – and acknowledges them as resourceful and future-oriented.

This provides a solid foundation from which to form or enhance relationships, address sources of stress and gain, renew or improve skills. It can also tap into the potential for people to give back by drawing on their experiences to help others. Hubs offer opportunities for community contribution (such as sharing skills, knowledge and time, including through volunteering), and uses the power of peer support. Capability and empowerment underpin self-determination, and critical components of individual and collective healing for First Nations people.



6.6 Neuro-informed

This refers to having a current understanding of what promotes and hinders human brain development, and appropriately applying this knowledge to different people, groups and settings to help them thrive. It acknowledges that the building blocks of wellbeing are interconnected, dynamic and laid down early, and that these can affect the developing brain and other biological systems across a person's life to impact multiple outcomes including possibly for future generations.

It is a very strengths-based, culturally-responsive, evidence-informed approach as it highlights that lifelong pathways can be improved at any stage through a clear focus on a person's skills, social context, physical and built environment and systemic influences. This includes empowering adults to grow these opportunities for children, as well as building their own wellbeing. It also encompasses neuro-informed leadership to create the right conditions for staff to thrive in their personal and professional roles, and supports a systems approach to wellbeing.

Included within this principle is a focus on trauma-informed practice. This is especially critical given what we now know about the prevalence and impact of childhood maltreatment, including in Australia (Mathews et al, 2023; Scott et al, 2023; Lawrence et al, 2023). Trauma-informed practice "realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff and others involved with the system; responds by

fully integrating knowledge about trauma into policies, procedures and practices; and seeks to actively resist re-traumatisation" (Substance Abuse and Mental Health Administration, 2014, p 9).

This approach is especially important for people/communities who have encountered (or are still facing) life challenges, including the fact that their experiences of services and systems may have traumatised them further. Trauma-informed approaches aim to establish a sense of psychological safety as the basis from which wellbeing can develop or be restored. A hub that removes barriers to access; creates a feeling of trust, belonging and inclusion; normalises help-seeking; sensitively repairs ruptures in relationships, celebrates success; and where required engages specialist expertise will do much to reduce the short-and long-term effects of trauma, including amongst caregivers, staff and other stakeholders.

For more information about neuro-informed practices and principles, see the Training resources - including free online professional development - available at [Thriving Kids Brain Builders Initiative](#).





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