



# **The Early Years Strategy for Australian children**

Department of Social Services





## Good Shepherd Australia New Zealand

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### **Key contact:**

#### **Roslyn Russell**

Director, Research Advocacy & System Impact

Good Shepherd Australia New Zealand

Email: [roslyn.russell@goodshep.org.au](mailto:roslyn.russell@goodshep.org.au)

### **Author:**

#### **Suralini Fernando**

Senior Policy & Advocacy Advisor

Good Shepherd Australia New Zealand

Email: [suralini.fernando@goodshep.org.au](mailto:suralini.fernando@goodshep.org.au)



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## Statement of Recognition

Good Shepherd Australia New Zealand acknowledges the Traditional Custodians of the lands and waters throughout Australia. We pay our respect to Elders, past, present and emerging, acknowledging their continuing relationship to land and the ongoing living cultures of Aboriginal and Torres Strait Islander Peoples across Australia. We recognise that the perspectives and voices of First Nations peoples should be at the forefront of conversations about family, domestic and sexual violence in Australia.

## About Good Shepherd Australia New Zealand

The Sisters of Good Shepherd was established in France over 400 years ago to respond to the needs of women and girls. The first program was a refuge that offered new possibilities for women and girls who were trapped in situations of poverty and exploitation who wanted to change their lives. Saint Mary Euphrasia Pelletier carried forward this mission, expanding internationally. We are now the largest, longest running organisation supporting women and girls, located in 73 countries, and with consultative status on women and girls at the UN. Good Shepherd has worked in Australia and Aotearoa New Zealand since 1863.

We provide programs and services that support women, girls, and their families to be strong, safe, well, and connected. Our clients are at the centre of what we do. We are focused on responding to their emerging needs and on providing innovating, locally tailored responses. Our services are complemented by research, advocacy, and policy development that address the underlying structural causes of injustice and inequality to pave a way for a better tomorrow. We know one sector cannot disrupt the growing hardship in the community; we are building cross-sector coalitions to pursue our aims.

## Acknowledgements

We thank the practitioners from Good Shepherd client services who shared their practice wisdom with us and which we have referenced in this submission. Their insights from working with women, girls and families enhance our understanding of what children need most in their early years to thrive and the policy and program solutions. We are particularly grateful for the time and inputs from the following Good Shepherd staff: Cathryn Ryan, Monica Kelly and the Bayside Parents under Pressure team, Naomi McKinnon, Claudia Fletcher-Duggan, Imogen Morgan, Dr Jozica Kutin, Emma O'Neill, Marisa Lo Bartolo, Violet Hamence-Davies, and Phoebe Nagorcka-Smith.



We would also like to remember, honour, and acknowledge former residents of Good Shepherd Homes across Australia and New Zealand. A childhood in the institutions was often full of social, emotional, and physical hardship, and we recognise the ongoing effects of this experience into adulthood. We hear your voices, we believe your stories, and we see your struggles – as well as your resilience. Let us take these next steps together to ensure past mistakes are never repeated.



## Executive Summary

Good Shepherd Australia New Zealand (Good Shepherd) welcomes the opportunity to provide a submission to the Department of Social Services in relation to The Early Years Strategy for Australian Children (Strategy).

The early years are the most critical window for laying the foundations of a safe, well, strong and connected life. Parents and key caregivers can play a pivotal role by providing adequate nutrition, secure housing, and responsive caregiving. All parents have the right to raise their children with dignity, yet too many families and communities face chronic and acute stressors, that limit their access to necessary individual and collective resources. Family violence, intergenerational traumas, poverty, and other social determinants of health significantly hinder responsive parenting and healthy child development.

All governments are responsible for fulfilling human rights to equality and safety. The most profound changes will require strong coordination between federal, state and territory governments. The Australian Government has an unprecedented opportunity to integrate the portfolios and policies that intersect with the wellbeing of children, through the Early Years Strategy. This includes:

- addressing the contexts, prevalence, and potentially lifelong impacts of different early childhood traumas;
- investing in training existing family violence practitioners, and resourcing more practitioners, to recognise children as victim-survivors in their own right;
- prioritising prevention by targeting maternal safety, financial wellbeing, and programs that nurture secure attachment between vulnerable parents and their children, and support caregivers to provide for their children's material and emotional needs; and
- focusing on the historical and longstanding oppression of Aboriginal and Torres Strait Islander Australians and their children that continues to 'leave them behind' non-Indigenous children.

This submission sets out Good Shepherd's major priorities for addressing the safety and wellbeing of children in their early years, and the right of their parents and key caregivers to raise them with dignity.



## Recommendations

Good Shepherd recommends that the Australian Government do the following to improve the safety and wellbeing of children in their early years, particularly those who are born or raised in more vulnerable and disadvantaged circumstances:

**Recommendation 1:** The Strategy must recognise that early childhood abuse and trauma is widespread and remains a serious barrier to healthy early child development, particularly for girls.

**Recommendation 2:** The Strategy must acknowledge that very young children who are girls are at much higher risk of abuse than boys of the same age.

**Recommendation 3:** The Strategy must specify different traumas, particularly intergenerational trauma and institutional trauma, and consider their root causes. These are among the most serious barriers to the wellbeing of children from communities subjected to historical and ongoing social and economic disadvantage.

**Recommendation 4:** The Strategy must name that both direct and indirect exposure to family violence is a form of childhood abuse and trauma, and consider the implications of its alarming prevalence in this country.

**Recommendation 5:** The Strategy must require all early childhood programs and organisations providing services to adopt trauma informed approaches, based on the SAMHSA principles, as best practice.

**Recommendation 6:** Require the Australian Bureau of Statistics to amend the Personal Safety Survey tools so that:

- Data can be disaggregated by key identity markers, including disability, sexuality, gender, and identification as an Aboriginal or Torres Strait Islander person;
- Intersectional data analysis can be undertaken using multiple identity markers; and
- The experience and witnessing of family violence before the age of 15 is recorded.

**Recommendation 7:** The Department of Social Services should work with the Australian Bureau of Statistics to engage in meaningful data collection with Australians under the age of 18 regarding their experiences of all forms of family violence and other forms of adverse childhood experiences.



**Recommendation 8:** Government should provide funding for well-designed research that engages children in age-appropriate ways about their experiences of family violence. Given the prevalence of childhood trauma and abuse, such research is a vital step forward in improving sector-wide understandings of, and responses to, their experiences of violence.

**Recommendation 9:** Standardise family violence risk assessment and management and information sharing practices across states and territories, based on the Victorian MARAM, FVISS, and CISS.

**Recommendation 10:** Invest in training and upskilling workers in all early childhood settings to be able to conduct risk assessments for children and make appropriate referrals *in addition to mandatory child protection reports* where disclosures of violence, abuse or neglect disclosures are made.

**Recommendation 11:** Develop and amend existing training, including for family violence practitioners, so that children are recognised and provided services as victim-survivors in their own right.

**Recommendation 12:** Invest in more trained staff, such as children's workers, that are wholly resourced and available to work with children experiencing violence, and respond to their needs.

**Recommendation 13:** Invest in evidence-based, trauma-focused, and age-appropriate early support programs that have a preventative focus for children in the early years, including non-verbal methods such as art therapy and child-centred play therapy.

**Recommendation 14:** Preventative approaches targeting children should begin before birth, during pregnancy, and explicitly focus on maternal safety.

**Recommendation 15:** The Strategy must explicitly recognise that pregnant women who hold different minoritised identities face intersecting inequalities, including greater risks of family violence.

**Recommendation 16:** Consistently and widely fund programs for new parents that centres family violence prevention as a key aim, for example, engaging directly with fathers, exploring relationship changes, stress management, and parenting in order to prevent violence before it occurs in families.



**Recommendation 17:** The Strategy must address the impact of social security rates and policies on maternal safety and wellbeing, and as a contributing factor to childhood trauma because of poverty.

**Recommendation 18:** Reform the social security system so that it recognises that parenting is legitimate work, and that formal paid employment is only one form of productive time use.

**Recommendation 19:** Make further progress on paid parental leave by extending the leave period to 53 weeks, paying parents a living wage, and including superannuation.

**Recommendation 20:** All family violence support services should have co-located services they can refer women to that provide financial counselling and financial coaching, to recognise that family violence and financial abuse often co-occur.

**Recommendation 21:** Develop a nationally consistent, coordinated approach that would support practitioners at the intersection of health, allied health and social services with the identification, early intervention, and prevention of family violence for pregnant women, including pathology collectors, ultrasound sonographers, and radiographers.

**Recommendation 22:** Standardise family violence screening tools that incorporate screening and risk assessment, guide interpretation and referral pathways and provide tailored information for women.

**Recommendation 23:** The Strategy must explicitly acknowledge that the early attachments between children and key caregivers provide the child with their maps for all future relationships, prioritising prevention through policy change, and early intervention through tailored programs. These prevention and early intervention approaches should include a focus on poverty reduction.

**Recommendation 24:** The Strategy must include a strong poverty reduction focus and recognise the role of poverty alleviation in supporting parents to form strong, secure attachments with children in their early years.

**Recommendation 25:** Deliver a permanent, adequate increase to working age and parental support social security payments akin to the Coronavirus Supplement level, indexed to inflation, without mutual obligations or conditions, and sufficient to lift household incomes above the poverty line.

**Recommendation 26:** Replace mutual obligations and other punitive conditionalities within the social security system with measures that are designed



to provide voluntary employment support, training, career advice, mentoring and coaching.

**Recommendation 27:** Investment into scaling up responsive parenting and caregiving programs such as Parenting Under Pressure, which support caregivers and parents to develop secure attachments with their children in their very first years of life.

**Recommendation 28:** Reinvestment of funds from the carceral system into efforts to prevent trauma, violence, and poverty through childhood, especially in the early years.



## Background

“Overcoming poverty is not an act of charity. It is an act of justice. It is the protection of a fundamental human right, the right to dignity and a decent life.” - [Nelson Mandela](#)

All Australian children need safety, belonging, and dignity. Parents and key caregivers play a defining role in fulfilling these core needs and rights of children, especially when they are aged 0 to 5 years (‘early years’). When children’s inherent needs go unmet or are taken away, especially in their early years, it can activate their stress responses and survival mechanisms, even leading to early childhood trauma (see [the ACEs study](#)).

However, as the socio-ecological model demonstrates, parenting and caregiving processes occur in a wider context ([Ainley et al, 2008](#)). Children are raised in families and communities, whose access to opportunities and resources are shaped by social, political, and economic systems that not only generate but sustain poverty, inequality, and violence. In this sense, early childhood trauma can be a political experience as well as an individual psychological and physiological experience ([Treleaven, 2023](#)). It is therefore imperative to examine how broader structural and systemic forces empower or restrict parents and caregivers in attuning with, and responding, to their children’s core needs and developing secure attachments.

“Most traumatic experiences are caused by humans, or by human designed systems.” - [Staci K. Haines](#)

Good Shepherd practitioners attend to the impacts of political choices on the safety and wellbeing of children and their caregivers’ right to parent with dignity every day: from conducting safety plans for children who have been exposed to family violence, to counselling children who are experiencing household dysfunction, to supporting primary caregivers to access social security programs to provide food for their children. One thing that unites Good Shepherd clients across different sites and client services is their experience of crushing poverty and economic inequality. When social, political and economic forces deny or limit adults’ means to meet their material needs, such as through inadequate social welfare payments and punitive welfare policies, they deny not only their right to lead dignified lives, but also the rights of their children, including the chance to grow up with dignity ([Marmot, 2022](#)).

The impacts of economic inequality on early childhood development cannot be overstated. Some are worth highlighting to convey how deeply unjust and



damaging they are. Economic inequality, particularly rising wealth inequality, affects most Australian children ([Davidson and Bradbury, 2022](#)). Every Australian child has the right to the 'highest attainable standard of health' ([UNCRC, 1989](#)), regardless of the circumstances in which they are born or raised. And yet, growing up with chronic socio-economic disadvantage and economic inequality is more likely to lead to a range of poorer health outcomes ([Australian Institute of Health and Welfare, 2022](#)).

Another way in which poverty affects early child development is through attendant caregiver stress. Experiencing chronic financial scarcity reduces cognitive capacity, affecting brain processes such as problem-solving and decision-making ([Mullainathan and Shafir, 2013](#)). In other words, the relentless mental strain of constantly having to make do with less undermines parenting, and the right of parents to raise their children with dignity and nurture secure attachments. If this does not change, primary caregivers' sustained financial stress can affect the development of their children in their early years ([Marmot, 2022](#)).

This Strategy therefore can meaningfully address the intersecting, complex factors across the socio-ecological model that enhance or hinder parenting/caregiving, and children's wellbeing, in the early years. The Strategy can lay the foundation for a suite of policy interventions that can prevent the avoidable suffering and distress of very young children and their key caregivers due to violence, poverty and the other "social determinants of health" ([Wilkinson and Marmot, 2003](#)).

In this submission, Good Shepherd seeks to respond to the following consultation question (Question 5 in the Policy Priorities sub-section of Section 3), in the Early Years Strategy Discussion Paper ([Australian Government, 2023](#)):

*What could the Commonwealth do to improve outcomes for children – particularly those who are born or raised in more vulnerable and/or disadvantaged circumstances?*

While the Strategy focuses on Australian children in their early years, Good Shepherd emphasises that this Strategy alone cannot secure their wellbeing during this critical window of development. The social determinants of health demonstrate that wellbeing across the lifespan is impacted by a range of inter-related socio-economic factors, including poverty, violence, and oppression ([Wilkinson and Marmot, 2003](#)).

Reflecting the interdependence of the drivers of wellbeing of children in their early years, the Strategy must integrate with Australian Government work across portfolios and between states, that targets children, parents, families, and



communities. The Strategy must work with and link strongly to other relevant strategies, including: the National Plan to End Violence against Women and Children 2022 – 2032 ([Australian Government, 2022](#)); the National Strategy to Achieve Gender Equality (forthcoming), ([Australian Government, 2023](#)); and the National Housing and Homelessness Plan (forthcoming), ([Australian Government, 2023](#)). The Strategy will need targets and evaluation indicators that are tracked over time, enabling the Government and its partners to determine the collective impact, and course correct as needed ([Hanleybrown et al, 2012](#)). It is only through integration, mutually reinforcing activities, and shared measurement that we will be able to see systems change: shifts across the socio-ecological model in policy, community attitudes, organisations and families, and across sectors and settings.

## Childhood trauma

### Childhood trauma is gendered, and prevalent

“Children reflect the world in which they are raised. If that world is characterised by threat, chaos, unpredictability, fear and trauma, the brain will reflect that by alerting the development of the neural systems involved in the stress and fear response.” – [Bruce Perry](#)

Trauma is well-researched across different disciplines, including early childhood development. **Trauma** can be understood as an individual’s response to an event, series of events, or set of circumstances that causes physical, emotional or psychological harm ([Ayre and Krishnamoorthy, 2020](#)). While most definitions of trauma focus on the nature of the event or circumstances, the impact of trauma is a unique individual experience – i.e., two children may experience the same event and have very different experiences of it. In this sense, trauma is not what happens *to* a child, but what happens *inside* of them as a result ([Maté, 2021](#)).

A recent landmark study found that, based on a representative sample, around 62% of Australians aged over 16 reported experiencing **childhood trauma** including abuse, neglect, or exposure to family violence ([Mathews, 2023](#)). Girls experienced twice as much sexual abuse as boys, and 1.5 times as much emotional abuse ([Mathews, 2023](#)). In the most recent Personal Safety Survey, 1 in 6 women, and 1 in 9 men reported experiencing childhood abuse or witnessing parental violence during childhood ([Australian Bureau of Statistics, 2023](#)).

Good Shepherd’s practice experience reinforces that trauma is a **gendered experience**. Of the 2044 Family Violence Multi-Agency Risk Assessments (MARAM) conducted between July 2020 and March 2023 at our Hastings service centre in



Victoria, the majority (85%) were women. Further, the majority of clients who were assessed (68.8%) had children living with them. As part of the MARAM risk assessment, potential violence toward a woman's children is also assessed. Children in these families were assessed as being at high risk of directly experiencing violence (29%), having immediate safety risks (24%), at risk of experiencing threats (25%), and experiencing harm (31%).

**Recommendation 1:** The Strategy must recognise that early childhood abuse and trauma is widespread and remains a serious barrier to healthy early child development, particularly for girls.

**Recommendation 2:** The Strategy must acknowledge that very young children who are girls are at much higher risk of abuse than boys of the same age.

### Children from historically minoritised communities experience different traumas with compounding impacts

Children who experience overwhelming stress within their own home that is caused by the caregiver, or not reduced by the caregiver, will experience **developmental trauma** (Perry, 2020). In 50% of cases in the abovementioned Good Shepherd sample, the family violence perpetrator was the child's parent. Chronic physical, verbal or sexual abuse and neglect are the most well-known forms of developmental trauma. However, developmental trauma can also occur through adverse childhood experiences, such as witnessing or experiencing family violence, losing a parent due to abandonment or incarceration, not having enough food or clean clothing, and not feeling loved.

Trauma that is experienced by the first generation of victim-survivors and is then transferred to the second and further generations, epigenetically and/or behaviourally, is known as **intergenerational trauma** (Atkinson et al, 2010). As with developmental trauma, the adverse impacts of intergenerational trauma due to family violence, colonising systems and processes, unemployment, and intergenerational poverty, which all heavily interact with identity, belonging and community, can be severe. These experiences can impact and alter the development of the child's brain, unless protective factors or early responses are put in place (Yehuda, 2018). Intergenerational trauma is highly visible in prison populations, where intergenerational incarceration reinforces the need for early intervention. For example, around 50% of young people in youth justice centres in New South Wales reported that a parent had been previously incarcerated; in the case of Aboriginal youth, it was 66.4% (Remond et al, 2023).



An intersectional approach acknowledges that children from historically and systematically minoritised communities can experience multiple types of trauma due to overlapping disadvantages. Historical or **institutional trauma**, due to systemic oppression and prejudice based on key identity markers (i.e., race, socio-economic status, sexuality, etc.) can also impact on early child development. In Australia, we see how adults pass on their experiences and recollections of traumatic events to their children which, cumulatively, become ‘emotional and psychological wounds’ ([Atkinson et al, 2010](#)) in distinct communities. In the case of Aboriginal and Torres Strait Islander children, this is compounded by the ongoing and multiplying impacts of colonisation ([Atkinson, 1990](#)). Children living in out-of-home-care, and particularly First Nations children, are also among the Australian communities made most vulnerable to policy-induced harm, with many having experienced multiple forms of abuse, neglect, family violence, or parental substance abuse prior to entering care ([Ocampo and Commerford, 2016](#)).

**Recommendation 3:** The Strategy must specify different traumas, particularly intergenerational trauma and institutional trauma, and consider their root causes. These are among the most serious barriers to the wellbeing of children from communities subjected to historical and ongoing social and economic disadvantage.

### Witnessing family violence is common in Australia

There does not have to be a physical injury for children to experience trauma (see [Morrison, 2007](#)). As with adults, it is common for children to experience traumatic distress or disorders after witnessing harm or threats to a family member or friend ([Reuben, 2017](#)). This is especially noteworthy in the context of Australian children, where **witnessing domestic violence**, often considered ‘emotional abuse’, has been found the most common type of childhood trauma ([Mathews, 2023](#); [Australian Institute of Health and Welfare, 2023](#)). Based on a representative sample, it was found that four out of 10 Australian children had experienced exposure to family violence (39.6%) ([Mathews, 2023](#)). Good Shepherd practitioner experience reinforces these findings; in the abovementioned sample, in 71% of assessments, children were identified as being at risk of exposure to family violence. In 9% of cases, the risk was to an infant under the age of one year and 11% of assessments involved a child who was disabled.

#### **Practitioner insights: Exposure to family violence doesn’t always mean *seeing* it**

“Often, when we talk to the victim survivor, they’ll say, no, the kids haven’t experienced family violence, they haven’t been exposed to it, but then we find out that all through the



pregnancy, there was family violence. Or there was another child in the next room sleeping, while family violence was happening.” – Family Violence practitioner

**Recommendation 4:** The Strategy must name that both direct and indirect exposure to family violence is a form of childhood abuse and trauma, and consider the implications of its alarming prevalence in this country.

## Trauma-informed approaches for prevention and mitigating lifelong impacts

“To establish safety, people need to feel trust in those guiding them – a visceral sense that they’ll be seen, cared for, and understood for the complex people they are.” – [David Treleaven](#)

Whereas all children are vulnerable to the impacts of trauma at different stages of childhood, infants, toddlers, and children in their early years are most at risk of **carrying them for life**. Because early experiences occur in the context of the developing brain, neural development and social interaction are inextricably intertwined ([van der Kolk, 2003](#)). As a young child’s brain is developing rapidly and is receptive to environmental input, their experience of trauma reflects this malleability: trauma can impair or slow down the development of brain architecture. If trauma becomes the primary organising experience for a child in their early years, their stress-response and other neurological systems can be distorted for a lifetime without significant psycho-social support ([Perry, 2020](#)). Children who experience early childhood trauma generally risk carrying its impacts, including post-traumatic stress disorder and severe alcohol use disorder, through to adolescence and into adulthood ([Matthews, 2023](#)).

Therefore, **trauma-informed approaches** are particularly powerful in early childhood intervention. Trauma-informed approaches recognise the impacts of trauma on an individual’s and community’s wellbeing. In the field of early child development services, including health care and education, trauma-informed approaches are characterised by an awareness of the ways in which traumatic experiences can or have shaped children’s nervous systems, brains, and relational attachment patterns. Trauma-informed approaches:

- realise the widespread impact of trauma and understand potential paths for recovery;
- recognise the signs and symptoms of trauma in clients, families, staff, and others involved with the system;



- respond by fully integrating knowledge about trauma into policies, procedures, and practices; and
- seek to actively resist re-traumatisation ([SAMHSA, 2014](#)).

**Recommendation 5:** The Strategy must require all early childhood programs and organisations providing services to adopt trauma informed approaches, based on the SAMHSA principles, as best practice.

## Recognising children as victim-survivors

### Children have unique experiences of family violence

**Children’s experience of family violence** is unique and multi-dimensional. Children can experience abuse, neglect and other forms of childhood trauma directly themselves, including from multiple perpetrators, such as caregivers and siblings ([National Plan to end Violence Against Women and Children 2022 – 2023, 2022](#)). They can absorb parental or caregiver verbal conflict and emotional abuse, as well as witness physical or other forms of assault within the home. Good Shepherd’s practitioners see every day how these impact on children’s health and wellbeing outcomes, and report that the impacts on children of witnessing violence can be akin to directly experiencing it themselves. The rights, needs, and wellbeing of children must therefore be considered as a “primary focus” – not a secondary consideration for action after the needs of the parents have been accommodated ([Royal Commission into Family Violence, 2016](#)).

Despite increasing awareness of the need to recognise children as victim-survivors in their own right, the view that children are less impacted due to merely witnessing violence still largely persists among practitioners and policymakers. This is particularly true and problematic in the case of children in their early years. Unlike children in their middle years or adolescence, children in their early years are wholly dependent on their adult caregivers to meet their physical, emotional, and developmental needs. As infants and toddlers are still developing language skills, they have a particularly limited voice, and face barriers to expressing their needs and emotions. These compounding vulnerabilities underscore the importance of practitioners and policymakers in recognising children in their early years as victim-survivors on their own and considering age-appropriate early responses such as art therapy and play therapy. Non-verbal methods such as art therapy and child-centred play therapy, which can be done with children as young as 3 years old, have been found to be particularly promising supports in the early years ([Dermendzhiyska, 2019](#)).



## Data collection approaches largely ignore children's voices and perspectives

It is difficult to access a full picture of the nature and extent of very young children's experiences of family violence due to a lack of **comprehensive data**. Minimal research is conducted directly with children and young people who have experienced family violence, and most research on children's needs is written from an adult perspective ([Fitz-Gibbon, 2023](#)). Existing data collection mechanisms also fail to consider the different ways that individuals from minoritised communities experience family violence. This is starkly illustrated in one of Government's most important tools for assessing the prevalence of childhood exposure to family violence, the Personal Safety Survey (the 'Survey') conducted by the Australian Bureau of Statistics. For example, in addition to missing the voices of Australian children (respondents are over the age of 18), the Survey also does not collect data specifically on the experiences of Aboriginal and Torres Strait Islander Australians, nor the rate of violence experienced by Australians with diverse gender and sexual identities, nor people who are disabled ([Fitz-Gibbon and Harris, 2023](#)).

The Survey has particular limitations in capturing children's full experience of all forms of family violence. Questions in the 2016 Personal Safety Survey about *witnessing abuse before the age of 15* referred only to physical assault. In the partner violence section, respondents were asked to consider children in 2 questions: '*Were there any children in your care when the assaults or threats happened*' and '*Did any of the children see or hear your current partner/this ex-partner assault or threaten you*' – again, assault in this context referred only to physical or sexual assault. Concerningly, questions targeting emotional abuse did not ask the respondents to consider whether there were children witnessing or being in their care.

This approach arguably stems from dominant narratives around violence being only 'serious' when it is physical or visible and overlooks the impacts that being exposed to emotional abuse can have on children. It also neglects to consider the overall family dynamics and the household environment, particularly emotional cues between adults that children pick up on in the home. Even though children may not necessarily *see* violence, dysfunctional household environments and psychological conflict between caregivers – including emotional abuse – still affect their development ([Naughton, 2020](#)). Although findings from the 2021/2022 Personal Safety Survey have been released, the actual questionnaire that was used is yet to be made public. It is therefore not possible to know whether these limitations have now been remedied.



**Recommendation 6:** Require the Australian Bureau of Statistics to amend the Personal Safety Survey tools so that:

- Data can be disaggregated by key identity markers, including disability, sexuality, gender, and identification as an Aboriginal or Torres Strait Islander person;
- Intersectional data analysis can be undertaken using multiple identity markers; and
- The experience and witnessing of family violence before the age of 15 is recorded.

**Recommendation 7:** The Department of Social Services should work with the Australian Bureau of Statistics to engage in meaningful data collection with Australians under the age of 18 regarding their experiences of all forms of family violence and other forms of adverse childhood experiences.

**Recommendation 8:** Government should provide funding for well-designed research that engages children in age-appropriate ways about their experiences of family violence. Given the prevalence of childhood trauma and abuse, such research is a vital step forward in improving sector-wide understandings of, and responses to, their experiences of violence.

### Risk assessment practices still centre adult victim-survivors

Improving responses to children who experience family violence begins with embedding **child-centred risk identification**, assessment and management ([Fitz-Gibbon, 2023](#)). Risk assessment and management frameworks for children and adults are not currently streamlined and remain fragmented across the country. In New South Wales, for example, family violence practitioners including at Good Shepherd are required to focus on adult victim-survivor parents and key caregivers when doing intakes, relying on their assessment of the risks to their children's safety. Victoria has been a national leader in recognising children as victim-survivors on their own. While the MARAM Framework and existing practice guides focus on indirect risk assessment and safety planning through the parent who is not using violence, many gaps remain in direct risk assessment and risk management for children ([Fitz-Gibbon, 2023](#)). For example, delivering psychosocial education to caregivers about the importance and necessity of recognising children as victim-survivors on their own as part of case management and recovery services. While acknowledging that the adult victim-survivor is focusing on recovery herself, this



could be an important enabling factor in building their capacity on how to care for the child post-trauma.

**Practitioner insights: There are many barriers to working directly with children**

“Across the family violence sector, children get missed for a number of reasons. We always do MARAM with the adult victim-survivor; it is hard and time-consuming to do it with children. Practitioners are stretched. It can sometimes make more sense to speak with the [adult] and get information from them that way. Also, even though we are not a crisis response service, we’re constantly in crisis because of what our clients are experiencing – children sometimes get lost in this as well. They’re not the ones calling us saying, hey, I need this, where is it – whereas our [adult] clients are.” – Family Violence Practitioner

**Recommendation 9:** Standardise family violence risk assessment and management and information sharing practices across states and territories, based on the Victorian MARAM, FVISS, and CISS.

**Recommendation 10:** Invest in training and upskilling workers in all early childhood settings to be able to conduct risk assessments for children and make appropriate referrals *in addition to mandatory child protection reports* where disclosures of violence, abuse or neglect disclosures are made.

**Recommendation 11:** Develop and amend existing training, including for family violence practitioners, so that children as victim-survivors are recognised and provided services on their own.

### Organisational capacity building is key

In a commitment to address some of these persistent service system gaps, Good Shepherd has been implementing a range of methods, beginning with capability uplift within its family violence service team. Building capacity within organisations has been recognised as a critical component of recognising children as victim-survivors ([Victorian Government, 2022](#)). In response, in 2023, a **Senior Family Violence Specialist for Children** was recruited for a two-fold purpose: firstly, to work directly with children in family violence response and recovery programs, as well as to build the capacity of other family violence practitioners to effectively treat children as victim-survivors on their own. This has already translated into more effective identification and response to children’s unique needs.

**Practitioner insights: Children need their own safety plans**



“Previously, children were ‘added’ to their caregiver’s case plan – they didn’t have their own plan. We are now trying to recognise that children have individual needs, and that they are victim survivors on their own. We had a client with her own case plan – it included housing and a driving course. Then her 11 year-old child’s phone broke. Because he had his own plan, it included having a phone and the need for funding for that – not the driving course. If you looked at both their files, even though they were both linked, they had individual plans, and they were quite different.” – Family Violence practitioner

Opportunities also need to be created for children who are victim-survivors of family violence to have their own voices heard, particularly with respect to their needs, concerns, and decision-making processes such as safety planning that directly impacts their lives. Good Shepherd has been implementing more direct work with children within our family violence programs, instead of getting information from the caregiver, when it is appropriate.

Chief amongst these is resourcing **children’s workers** within family violence programs. A children’s worker who is separate and independent from the practitioner attending to the needs of the adult victim-survivor would be enormously beneficial. From a practitioner perspective, if an organisation resources a worker that is dedicated solely to responding to children as victim-survivors on their own, then that child is much more likely to have an individualised case plan. Good Shepherd practitioners report that the primary caregiver – often the mother – is often experiencing significant trauma at the time of service, due to being a victim-survivor of family violence. Resourcing a children’s worker means that the primary caregiver can focus on getting their needs met within the service, while the children’s worker can focus on the needs of the child.

**Practitioner insights: Children must have the opportunity to express their own needs**

“We were conducting an exit plan for a family to go back home. When speaking with the caregiver, she brought up some things that she thought her child would be concerned about. The caregiver said that her [primary school-aged] son hates school, he just doesn’t want to go. We then spoke with him, and it was because he had missed the NAPLAN tests – he was stressed about that. If we didn’t take the time to have that conversation and unpack that with him, he wouldn’t have gone to school and his caregiver would have just thought he was being difficult. We talked about contacting the school, organising to do the missed tests, and he felt much better knowing there was a plan in place. Speaking directly with the child, when it is appropriate, can be very beneficial because sometimes what has been identified by others for that child isn’t what



they are worried about, or needs to be focused on straight away.” – Family Violence practitioner

**Recommendation 12:** Invest in more trained staff, such as children’s workers, that are wholly resourced and available to work with children experiencing violence, and respond to their needs.

**Recommendation 13:** Invest in evidence-based, trauma-focused, and age-appropriate early support programs that have a preventative focus for children in the early years, including non-verbal methods such as art therapy and child-centred play therapy.

**Practitioner insights: Prevention programs are the most optimal**

“Right now, our family violence programs are like that ambulance at the bottom of the cliff – family violence has happened, these kids have already been traumatised, we’re supporting to them to get out of that. We need more programs in that prevention space, for children in their early years, like supported play groups, positive parenting and other programs that nurture healthy relationships.” – Family Violence practitioner

## Maternal safety impacts early child development

### Pregnancy can be a time of stress and risk

It is well established that the foetal environment can have lifelong impacts on the physical and emotional wellbeing of the child ([The First 2000 Days Framework, 2019](#)). A growing body of research shows that when women experience **excessive levels of stress** throughout the pregnancy, their children have increased risk for a range of physical, emotional and cognitive challenges ([van den Heuvel, 2022](#)). Alarming, these challenges are not confined to childhood, but can continue to affect the child into adolescence and adulthood unless protective factors and supports are put into place.

It is therefore of great concern that despite significant gains, **family violence** remains stubbornly persistent in Australia ([Australian Institute of Health and Welfare, 2019](#)). Family violence is associated with other vulnerabilities experienced by women, such as poverty, disadvantage, housing insecurity, and environments dominated by male peer relations ([Our Watch, 2021](#)). These factors significantly hinder women’s access to safety and wellbeing. Pregnancy is a particularly critical time in the life of the woman, where the stressors of family violence and poverty are most harmful to her and the developing child. At Good Shepherd, around a quarter of people who accessed our services were assessed as experiencing pregnancy-



related risk. This points to the urgency of security the safety and wellbeing, including financial wellbeing, of pregnant women across Australia.

### Prioritising maternal safety

Women are at a greater risk of experiencing **family violence during pregnancy**, which adversely affects the baby's development. Violence often begins during pregnancy or, if violence is already occurring, increases in severity during pregnancy and into the postnatal period ([Ocampo, 2015](#)). An Australian study of 1,507 first time mothers found that 29% of mothers experienced intimate partner violence before their child turned four ([Gartland et al, 2014](#)).

Due to the ongoing impacts of colonisation, Aboriginal and Torres Strait Islander women experience higher rates of family violence while they are pregnant than non-Indigenous women ([Taft, Watson and Lee, 2004](#)). Age and poverty are also exacerbating risk factors. Young women aged 18-24 years are more likely to experience family violence during pregnancy ([Taft, Watson and Lee, 2004](#)). Young women experiencing financial hardship are twice as likely to experience family violence as those not in financial hardship ([Campbell and Baxter, 2021](#)).

#### **Practitioner insight: Young women experience violence from multiple perpetrators**

"We mostly work with young female parents. Often, there are multiple perpetrators with a young person because a lot of them might be experiencing violence in the home with a parent, with a sibling, then they go out and experience it from a partner, maybe from that partner's family as well – they are just trying to figure out a safe space where [they can] sleep at night." – Family Violence practitioner

Much like the early years, pregnancy is a critical time of profound vulnerability as well as great potential for preventative and early response programs. Women affected by family violence consistently face difficulties in accessing health care, whether in relation to their injuries or more generally, due to the surveillance and control of perpetrators. Mothers, particularly those from over-surveilled communities, may also fear child removal and custody repercussions if they report violence to healthcare providers. However, as pregnancy itself requires women to frequently visit health care and other social service providers, it therefore represents an opportunity to provide wrap-around support to pregnant women, in a way that enables them to feel secure and in control of the process.

**Recommendation 14:** Preventative approaches targeting children should begin before birth, during pregnancy, and explicitly focus on maternal safety.



**Recommendation 15:** The Strategy must explicitly recognise that pregnant women who hold different minoritised identities face intersecting inequalities, including greater risks of family violence.

**Recommendation 16:** Consistently and widely fund programs for new parents that centres family violence prevention as a key aim, for example, engaging directly with fathers, exploring relationship changes, stress management, and parenting in order to prevent violence before it occurs in families.

### Women's financial wellbeing is linked to stress

Maternal poverty can profoundly hinder early child development. Research has tended to focus on the most measurable impacts on the newborn child, for example, low birth weight, malnutrition, and educational outcomes ([Marmot, 2022](#)).

While the link between cognitive delays with exposure to poverty during pregnancy is still emergent, there is a known, strong association between poorer socioeconomic circumstances and **psychological distress**. Among the poorest population group of Australians, 1 in 4 people had high or very high levels of psychological stress, compared to about 1 in 20 people in the richest population group ([Isaacs et al, 2019](#)). This group is also at high risk of not being able to afford or access mental health care, in our over-stretched and under-resourced support systems.

Preventative measures can uplift the **financial wellbeing** of pregnant women alongside their safety, physical and emotional wellbeing can alleviate, or limit elevated maternal stress. Of the women seen by Good Shepherd practitioners who were assessed as at risk of violence during pregnancy or when pregnant, 71.7% were experiencing financial abuse. In terms of programmatic needs for pregnant women, or women with pregnancy risk, 26% of assessments conducted by Good Shepherd practitioners indicated the client had financial needs, and 35% had housing needs. Given that a child's brain is 'built, not born', and that this process begins well before birth, financial wellbeing can protect and mitigate against maternal stress.

A powerful mechanism for supporting the financial wellbeing of parents, and their ability to engage meaningfully in their children's first months of life, is an **adequate paid parental leave scheme**. While currently Australia's scheme offers 18 weeks for primary caregivers— most often women – at minimum wage and 2 weeks for secondary caregivers – most often men – this falls behind OECD standards ([Maury, 2019](#)). The average length of leave in OECD countries is 53 weeks for mothers and 8



weeks dedicated leave for fathers ([Maury, 2019](#)). Paying parents their actual wage, where appropriate, and including superannuation would enhance the potential of such a scheme to meaningfully enhance women's financial wellbeing ([Karp, 2022](#)).

**Recommendation 17:** The Strategy must address the impact of social security rates and policies on maternal safety and wellbeing, and as a contributing factor to childhood trauma because of poverty.

**Recommendation 18:** Reform the social security system so that it recognises that parenting is legitimate work, and that formal paid employment is only one form of productive time use.

**Recommendation 19:** Make further progress on paid parental leave by extending the leave period to 53 weeks, paying parents a living wage, and including superannuation.

**Recommendation 20:** All family violence support services should have co-located services they can refer women to that provide financial counselling and financial coaching, to recognise that family violence and financial abuse often co-occur.

### A nationally consistent and coordinated approach

Good Shepherd clients consistently encounter the shortcomings that sit at the intersection of family violence, health care, and social systems. The **failure of these systems to work together** to understand and meet their needs is particularly problematic during pregnancy. Pregnancy-related hormone shifts and sleep disturbances among other things can lead to fatigue, and lapses in memory and attention. Victim-survivors who are pregnant must take on additional cognitive, emotional, and physical burdens in the form of continuously navigating fragmented service systems due to a lack of coordination. A continuous outlay of energy and effort, for example, telling their story repeatedly, may result in finding that they are ineligible for the services they seek.

**Routine screening** for, and responding to disclosures of, family violence in prenatal care settings is an area in which the Australian Government can play a powerful coordinating role by investing in a national, whole-of-system approach. The Australian Government Department of Health's (2013) Clinical Practice Guidelines for medical and health care workers recommend that *all* women are asked about family violence at their first prenatal visit. However, research shows that not all health care providers across the country follow this ([O'Reilly and Peters, 2018](#)). Further, screening rates and referrals vary across different screening contexts and between urban and rural sites ([ANROWS, 2020](#)).



In Victoria, health care providers are required to routinely screen for family violence in all public prenatal settings. The MARAM Framework enables the use of common screening questions across all public prenatal workforces and consistent referral pathways to the right services and support. However, other Australian jurisdictions use different screening approaches, ranging from routine screening to targeted screening, and using a variety of different screening tools ([ANROWS, 2020](#)).

While research shows that, when undertaken, screening does lead to increased disclosures, this does not always translate into increased referrals (to community, social or legal services) or reduced family violence ([O'Doherty et al., 2015](#)). This is a missed opportunity. A **nationally coordinated**, integrated approach to screening and referral in all prenatal health care settings could change this. It would begin with national, standardised training of all health care professionals working in different prenatal settings to routinely screen for and effectively respond to disclosures. As general practitioners (GPs) are a primary point of contact for many parents-to-be, increased training of GPs to *respond* to family violence disclosures would be highly beneficial. Allied health professionals are also regularly involved in prenatal care. As such, training cohorts should include not only GPs, but also pathology collectors, ultrasound sonographers, and radiographers.

Underpinning all such training efforts must be the recognition that family violence is complex, requires an integrated and coordinated approach, and that pregnancy is a particularly vital window in which to prioritise preventative measures.

**Recommendation 21:** Develop a nationally consistent, coordinated approach that would support practitioners at the intersection of health, allied health and social services with the identification, early intervention, and prevention of family violence for pregnant women, including pathology collectors, ultrasound sonographers, and radiographers.

**Recommendation 22:** Standardise family violence screening tools that incorporate screening and risk assessment, guide interpretation and referral pathways and provide tailored information for women.

## Early support to nurture attachment

“We are not the survival of the fittest; we are the survival of the nurtured.” - [Dr. Lou Cozolino](#)

Children’s emotional and cognitive development – brain growth – occurs in response to the emotional bonds that children form with their primary caregivers. This is a pivotal relationship, shaping the child’s sense of belonging, self-worth, and



capacity to self-regulate and co-regulate with others. Parents and caregivers are the 'hidden regulators' of children's growing brains and stress-response systems ([van der Kolk, 2019](#)).

When infants' and toddlers' need for attuned attention and responsive interaction with their primary caregiver goes unmet, it can lead to disorganised and other insecure forms of **attachment** ([Bowlby and Ainsworth, 1991](#)). Following the socio-ecological model and social determinants of health approach, this is often not a conscious decision on the part of the parent, especially those who are living in more vulnerable and disadvantaged circumstances, such as chronic financial stress. Parents may be responding to these and other stressors such as family violence, which influences their access to key parenting resources such as time, and their own capacities for self-regulation.

There is no doubt that it is possible for older children and adults to change, learn and grow through the brain's ability to change and reorganise its synaptic connections ('neuroplasticity'). However, studies show that while disorganised and other insecure attachment styles (i.e., anxious, avoidant) can be ameliorated with appropriate support, it is **less costly** to support the child's brain to develop strong neural pathways during the early years than it is to intervene and try to "repair" them later in life, in adolescence or adulthood. Preventing harm in children is not just about saving money: it is about fulfilling their right to a life free from avoidable suffering and distress.

A stark illustration of this is most visible in the Australian population experiencing the **criminal legal system**. It is well established that young Australians who were abused, neglected, or experienced other forms of trauma in early childhood are more likely to be convicted crime in adolescence ([Cashmore, 2011](#)). This trend also manifests in the adult incarcerated population; studies from Queensland, South Australia and New South Wales among others show that our country's prisons are almost entirely made up of adults with childhood histories of trauma, abuse and neglect (see for example [Honorato et al, 2016](#); [Malvaso et al, 2022](#); [Remond et al, 2023](#)).

Good Shepherd provides financial counselling and family violence services within a number of prisons in Australia. The experiences of many of our clients reflect these national trends: many women we serve have experienced childhood abuse, family violence, poverty, and other traumas.

Despite this strong link between abuse and neglect, and incarceration, Australians pay around \$380 per day to imprison each person, costing over \$5 billion annually, rather than spending that money on prevention ([Morgan, 2018](#)). Funding



reinvestment might target policy-induced or -reinforced drivers of harm in the form of poverty, marginalisation, disconnection from family, and family violence.

**Recommendation 23:** The Strategy must explicitly acknowledge that the early attachments between children and key caregivers provide the child with their maps for all future relationships, prioritising prevention through policy change, and early intervention through tailored programs. These prevention and early intervention approaches should include a focus on poverty reduction.

### Poverty and financial stress impact parenting

Poverty is associated with a wide range of risk factors, including housing insecurity, exposure to violence, and oppression. These and the other social determinants of health, in turn, can lead to overwhelming **financial stress** which undermines the right and capacities of parents to raise their children with dignity ([Wilkinson and Marmot, 2003](#)). Parents and caregivers experiencing poverty are likely to have reduced 'mental bandwidth' due to financial scarcity ([Mullainathan and Shafir, 2013](#)). Consequently, this can interfere with and limit their ability to form secure attachments with their very young children, leading to a range of long-term impacts on the child's emotional, cognitive and social development ([Marmot, 2022](#)).

The caregiver's reduced **cognitive capacity** to engage in processes such as play, mimicry, book reading and responsiveness towards language development in the early years can have a lifelong impact on the child's educational attainment, among other things ([Larson, 2007](#)). Good Shepherd's practice experience confirms that parents who are experiencing immense and ongoing financial stress, who are themselves in consistent 'fight or flight' mode due to financial scarcity, have less time and significantly limited emotional resources, which are needed to provide optimal, responsive caregiving to their children.

Frequent and prolonged exposure to key caregiver's financial stress undermines early child development, disrupting the neuron pathways of a child's developing brain ([Harvard University, 2014](#)). Children who grow up in conditions of chronic financial distress tend to exhibit elevated stress hormone levels ([Harvard University, 2014](#)). This is especially true for children who experience multiple adverse conditions associated with poverty, such as exposure to housing instability. The impact of economic hardship on children's stress systems is often exacerbated when key caregivers also experience depression and anxiety ([Harvard University, 2014](#)). Financial distress caused by poverty undermines caregivers' relationships



with their infants and toddlers, making it more difficult for them to provide consistent, responsive caregiving.

**Practitioner Insight: Financial stress and poverty undermines responsive caregiving**

“When we get a family with the outer edge stuff – crisis, homelessness, legal issues, drug problems – it is harder to get them to focus on the kids, because a lot of their needs are around just surviving and battling. When we get the parents who have some of those issues better under control, we are better able to tackle [them] and get them to think more about the kids, and the mindfulness, and the connection to the kids.” – Parents under Pressure practitioner

**Recommendation 24:** The Strategy must include a strong poverty reduction focus and recognise the role of poverty alleviation in supporting parents to form strong, secure attachments with children in their early years.

### Adequate and dignified social security supports for caregivers

Social security payments targeting Australian caregivers and parents remain well below the **poverty line**, and their conditionalities (‘mutual obligations’) greatly reduce the time and emotional resources that recipients need to focus on important matters, including parenting ([Klein et al, 2021](#)). Parenting and caregiving are valid forms of **productivity and work**, requiring time, energy, and emotional and cognitive resources ([Fraser, 2016](#)). The Strategy must recognise that reforming the social security system is necessary to guarantee the right of all Australians, regardless of their socioeconomic circumstances, to parent their infants and toddlers. Forcing key caregivers of very young children to comply with increasingly punitive obligations ([Henriques-Gomes, 2018](#)), especially when access to high-quality childcare is not assured, deprives them of their right to parent.

We have already witnessed the impacts that such reforms would have in nurturing secure attachment between parents and their very young children (see [Klein et al, 2021](#)). As part of a suite of relief measures in response to the Covid-19 pandemic, the Australian Government introduced the Coronavirus Supplement and suspended mutual obligations temporarily from April 2020 – April 2021 ([Klein et al, 2021](#)). When financial stress was subsequently reduced, people reported a greater ability to focus on things that mattered to them, including parenting and meaningful work.

At Good Shepherd, our practitioners have seen first-hand how increasing these social security payments and removing mutual obligations elevated the dignity and livelihoods of families and children through this period. Our practitioners



continue to observe how a return to previous levels of financial distress combined with punitive conditionalities resulting in time, energy and other types of scarcity adversely impact the caregiving relationship between parents and their very young children. While there has been a modest increase to working-age social security payments, these have been insufficient, and keep people in poverty ([Whiteford and Bradbury, 2021](#)).

**Practitioner Insights: Dignified and adequate social security nurtures attachment**

“For the first time in their lives, [our clients] had a lot more money available to them. It lasted for quite some time. It took a lot of pressure off the parents – they weren’t chasing charities as much, chasing other stuff they had to do. There was a lot of opportunity for us as practitioners to support them to concentrate on their parenting. Then those payments got cut off, back to the [previous] position, so then they’ve gone from feeling good about themselves to feeling even worse, and now there’s more financial pressure and that impacts parenting. There is less capacity to concentrate on those responsive parenting skills when all you’re doing is trying to survive.” – Parents under Pressure practitioner

**Recommendation 25:** Deliver a permanent, adequate increase to working age and parental support social security payments akin to the Coronavirus Supplement level, indexed to inflation, without mutual obligations or conditions, and sufficient to lift household incomes above the poverty line.

**Recommendation 26:** Replace mutual obligations and other punitive conditionalities within the social security system with measures that are designed to provide voluntary employment support, training, career advice, mentoring and coaching.

### Programs must be child-centred and strengths-based

“Wellbeing is not simply the absence of problems, but also the presence of strengths.” – [Deb Dana](#)

Early childhood programs such as **supported playgroups** and **responsive parenting programs** support caregivers and parents to develop secure attachments with their children in their very first years of life. Good Shepherd implements a suite of evidence-based programs that aim to promote the safety, stability and development of young children and their families.

**Building Blocks**, an evidence-based intervention following the Abecedarian approach (see [Early Edge Learning, 2021](#)), is a supported playgroup for young caregivers (15 – 25 years) and their preschool-aged children to improve the



parent-child relationship, increase preparedness for kindergarten/school, enhance parenting skills and capacity, and develop their children's social and emotional skills. While research into supported playgroups is limited, evidence suggests that they may improve parents' social supports and increase parents' ability to care for young children ([Commerford and Robinson, 2016](#)). Supported playgroups may also improve children's sociability and create new opportunities for them to learn ([Commerford and Robinson, 2016](#)). Good Shepherd's practice experience bears this out.

**Practitioner insights: Psychosocial education within parenting programs is essential**

"A first-time mum, 19 years of age, with a new baby of 8 weeks, expressed her gratitude to me last week. The mum said that she has found attending Building Blocks Playgroup has made so much difference to her mental health and she has learnt so much from just being in the playgroup. She said by observing other parents and their children has helped her to understand ages and stages of children and acknowledged my support and the information provided each week has been invaluable to her and has given her more confidence with her parenting." – Building Blocks practitioner

In consortium with partners, Good Shepherd also delivers the **Sydney Young Parents Program**. The Marrickville-based program involves a weekly supported play group and case management with young parents. The play group involves trained facilitators working with young parents and their very young children in an early child development setting and connecting them with necessary services such as speech pathologists, as children are frequently observed showing speech delays. Case management involves home visits and further engaging with the key caregiver around positive parenting skills. The necessity of qualified practitioners and safe spaces for vulnerable young parents cannot be overstated.

**Practitioner insights: Safe spaces are vital for young parents**

"What we often see in our Sydney young parents program is the lack of a safe person, within that young person's life, a family member who is in their corner. The program participant will either be extremely isolated, or they will be living with family, and the family is using violence against them, as well as the father of their child." – Family Violence practitioner

Since 2018, Good Shepherd has also been implementing the **Parents under Pressure** (PuP) (see [Australian Institute of Family Studies, 2023](#)). Grounded in developmental psychology and attachment theory, these responsive parenting programs work with families through home visits and case-management to address multiple issues that impact family functioning, such as depression, anxiety,



substance misuse, family violence, financial stress, and where there is a high risk of child maltreatment.

In 2020, Good Shepherd began piloting the 'early intervention' PuP program with families who had children preschool aged or younger (**2- 6 years**) where there were vulnerabilities placing them at risk of child protection intervention. Early support enables children to reach their full potential. By teaching key caregivers and young families about how to attune to their infants and toddlers, such programs help build caregiver capacity and confidence.

A preliminary evaluation of Good Shepherd's early intervention PuP program has shown promising results. It found **notable improvements** in parents' and caregivers' mood and anxiety. Parents reported an improvement in their children's behaviour, and a decline was noted in the overall level of disorganisation or environmental confusion perceived in the family home (Dawe and Hatzis, 2022, details available on request). The PuP program typically delivers support to families for 6-9 months, at a cost of \$1,300-15,000 per family depending on the level of support required: when this is balanced against the cost of engagement with child protection, family violence, or criminal justice systems, we find that early investment supports parents, prevents distress, and also saves money. Several studies, from Australia and other comparable countries, have found that PuP programs can reduce the risk of child maltreatment, improve parental functioning, reduce parental stress and child behaviour problems (see [Australian Institute of Family Studies](#)).

Good Shepherd emphasises that responsive parenting programs such as PuP should adopt a **strengths-based approach**. This recognises that most, if not all, caregivers have skills, strengths and capabilities, as well as unique needs and experiences. Responsive caregiving support programs should, among other things, focus on what caregivers are doing well and emphasise strengths, rather than focusing on deficits and shortcomings. In this context, we highlight evidence that shows how a 'good enough' parenting approach can still nurture secure attachment. It affirms that children don't need their key caregivers to respond to their needs perfectly or even all the time, but rather most of the time ([Winnicott, 2003](#)).

**Practitioner Insights: Strengths-based approaches elevate dignity**

"We look for what is going well. We might say [to the parents], yes, there are some issues, but look at how amazing you're doing despite all the issues, and let's focus on that, and help you to feel more confidence, and let's use the skills you've already got, to slowly chip away at that [negative] stuff. It's a way of advocating for the kids too, to say,



they're ok, you're doing a really good job, and you don't have to worry so much, because that's often what gets in the way." – Parents under Pressure practitioner

**Recommendation 27:** Investment into scaling up responsive parenting and caregiving programs such as Parenting Under Pressure, which support caregivers and parents to develop secure attachments with their children in their very first years of life.

**Recommendation 28:** Reinvestment of funds from the carceral system into efforts to prevent trauma, violence, and poverty through childhood, especially in the early years.