

EVERY CHILD EVERY CHANCE: CONFIDENT AND CONNECTED NEW PARENTS – VISION AND OUTCOMES WORKSHOP

Tuesday 29 June 2021, 10:00 – 1pm

Background

Connected and Confident New Parents is one of the five Go Goldfields Every Child, Every Chance change areas.

1. Healthy and supported pregnancies
2. **Confident and connected new parents**
3. Safe and secure children
4. Valued early years education and care
5. Great start to school for all kids

These 5 areas are intrinsically linked and together contribute to the overall vision of ensuring Every Child in Central Goldfields Shire, has Every Chance to grow up healthy, safe and confident.

Confident and Connected New Parents priority area is primarily focused on families with children up to the age of three.

This workshop brings together key and influential stakeholders /partners willing to develop a shared vision for this specific area, identify gaps and develop collaboratively projects.

The underpinning principles of work in Every Child Every Chance Priority Areas are:

- Engage with our community
- Robust evidence and data inform our work
- People with lived experience co-designing solutions
- Partnerships increase impact
- Activities are respectful and culturally safe
- Empathy for the life experiences of others

Workshop Goal

Develop a shared vision for change and utilise evidence to determine collaborative outcomes for the Confident and Connected Parents change area.

Workshop Outline

A half day workshop comprised of four sessions:

1. **Presentation of data.** This included a presentation of Australian evidence and local data to assist participants to understand the current context, services operating, and gaps in both services and data.
2. **Defining the problem.** This session was designed to draw upon the evidence presented, and participants collective expertise and knowledge; to begin to understand how to improve things by first defining the problem. This session involved defining a problem

statement and then working to determine the underlying causes of the problem to be able to address it.

3. **Developing a collaborative vision.** Building on the data and problem defining sessions, a brainstorming session was undertaken to develop ideas for a vision. The group then worked as a collective to merge these ideas and define a vision for the working group. It was agreed that this vision should be high level and ambitious.
4. **Using outcomes to achieve the vision.** Outcomes are a tangible way to move from the problem statement to progressing towards the vision. This session was designed to develop a set of outcomes that follow SMART principles (Specific, Measurable, Appropriate/Achievable, Realistic and Time Bound), that could provide the basis for an action plan using a Program Logic model.

Participants

Potential participants were invited from the Confident and Connected parents working group.

A list of workshops participants including the participants name, role and organisation are outlined below.

Table 1: Workshop participants

Table	Name	Role	Organisation
1	Merran Fleming	Best Start Facilitator	Maryborough District Health Service
2	Shelley Feilding	Best Start Facilitator	Maryborough District Health Service
3	Courtney Noonan	Coordinator Maternal Child Health	Central Goldfields Shire Council
1	Ellen Kelly	Community Engagement Officer	RIAC - Strengthening Parent Support Program provider
2	Michelle Baker	Team Leader Family Services	Anglicare- Child First/The Orange Door
3	Linda Lynch	Practice Team Lead	MacKillop Family Services - Cradle to Kinder program provider
1	Crystal Gordis	Early Childhood Facilitator	MacKillop Family Services - Cradle to Kinder program provider
2	Veronica Hutcheson	Manager Community Services	Central Goldfields Shire
3	Jane Humphries	Facilitator Supported Playgroup	Central Goldfields Shire Council
1	Rebecca Buchanan	Centre Coordinator	Goldfields Family Centre
2	Carolyn Bartholomeusz	Manager	Go Goldfields

3	Ciel Lindley	Community Engagement and Communications Coordinator	Go Goldfields
	Jodie Bennett	Business Support Officer	Go Goldfields

Session One -Presentation of data (summary)

A summation of the data from both the evidence and local data sets was presented by the Best Start facilitator. A full list of the data sources and findings is available in Appendix I.

The group discussion predominantly focussed on local data sources, and a number of key findings were discussed that have implications for the Confident and Connected parents working group (services) including:

- Central Goldfield families experience higher rates of poor health and social outcomes compared to the Victorian average.¹
- Central Goldfields has high levels of teenage birth compared to the broader Loddon Mallee region and Victoria.^{1,2}
- Central Goldfields has low levels of breastfeeding²
- Parent attendance at Maternal Child Health 'Ages and Stages' appointments is inconsistent²
- Although vaccination rates are high, many vaccinations were opportunistic²
- No sustained/enhanced MCH program exists despite a high need.³
- No data exists for NDIS children in Central Goldfields, and there is limited data on families¹
- Low levels of social connection were reported in parent consultation (50%)⁴
- Low levels of service knowledge and how to navigate the system were reported in parent consultation.⁴
- Significant levels of discomfort of accessing/attending services due to perceived stigma, anxiety, feeling unsafe or unwelcome was reported in parent consultation⁴

¹ Australian Bureau of Statistics Socioeconomic Indexes for Areas (SEIFA).

² Central Goldfields Maternal Child Health data (2020-2021)

³ Restacking the Odds Central Goldfields Community report (2019).

⁴ Best Start _Parent Consultation (2020-2021)

Session Two -Defining the problem

Workshop participants were split into three groups with a mix of all service providers across groups to encourage cross-sector collaboration. The groups were asked to define what they believe is the problem based upon the data presented, and their collective experience.

The groups were asked to use the “Five Whys” approach to interrogate their problem statement(s), to try and understand the root problem of the issues.

A summary of each group’s findings is presented below. Further detail can be found in Appendix II.

Group 1

Problem statement

That is the way they have always done it [parenting]-repeating generational patterns

Although the five whys activity was not utilised, the group discussion on the problem statement raised a number of points that were identified as important in contributing to the problem statement, including **individual circumstances** (poverty), the **lack of awareness about services**, and family’s experiences and **relationships with services** (trust, and personal relationships with services).

Group 2

Problem statement

(Ideologies/cultural change.) [It is challenging] To engage in best practice (as a service worker or a parent) and maintain that traction.

Group two utilised the five whys activity and drilled down from the original statement to what they believe are the core issues. The discussion began by trying to address why services were unable to engage families or maintain engagement, leading to discussing that families may not know they need help or how to access help especially if the person had low self-esteem or low capacity to help themselves. The discussion raised two key points that were identified as important: the individuals **lack of awareness/understanding of services benefits**, and a lack of **awareness of what services are available**.

Group 3

Problem statement

Parents [are not] valuing themselves and their parenting journey.

Although the five whys activity was not utilised, the group discussion on the problem statement raised a number of points that were identified as important in contributing to the problem including **individual experience with services** that were predominantly negative (past experiences, feeling let down by services) and **individual circumstances** (social disadvantage, trauma) that influenced people’s capacity to access services. From a service perspective, this group also discussed that there were **limited services available** to families in need.

Summary of small group work

Although not all groups were able to drill down into the root cause of their identified problem, several themes were identified from the problem statements discussions.

- Individual capacity is limited in terms of being aware of what they [families] might need and how to access it.
- Families have problems accessing services
- Families have (intergenerational) issues with developing trustful relationships with services.
- There are insufficient services to meet local demand.

Following the individual group presentations and explanations of each problem statement, a large group discussion was undertaken which built on the small group work and a number of additional core issues were identified:

- [There is a] Lack of opportunity to improve capacity to thrive
- Assumptions of services (about families)
- Fragmentation of services [in Central Goldfields]
- Services are not welcoming [in Central Goldfields]
- Cross collaboration is challenging [in Central Goldfields]
- Trust is lacking between services [in Central Goldfields]
- [Early Years] System is hard to navigate

Overall problem statement

Following discussions from both the small group work and the group brainstorming to discuss the problems , an overarching problem statement that summarised the main issues emerged:

The early years' service system is not working effectively to support families, especially those families that do not have the capacity or know how to improve their situation

Session Three -Building a vision

A large group brainstorming session was used to identify the important elements that workshop participants would like to see for families and for services working with families. This activity was designed to build upon the data presented in session one, and the problems identified in session two.

The elements were organised under the four constructs (individual, service, community, system) of the ecological model being used for the Theory of Change Plan in the Every Child Every Chance program. The results are presented in Table 2 below.

Table 2-Building a vision brainstorming results

Individual	Service	Community	System
Empowered	Welcoming	Culturally safe	Culturally safe
Engaged with own wellbeing	Engaged with community	Ownership	Accessible
Voices included	Culturally safe	Lack of stigma	Flexible
Pride/proud	Trust	Supportive (informal/peer/other)	Integrated
Supported	Individualised/tailored	Belonging	Trust
Aware/knowledgeable	Collaborative (with parents and other services)		Coordinated
			Empathetic
			Responsive
			Reciprocity

The group were then asked to develop this into a vision statement. The group were rapidly able to develop the statement from their brainstorming.

Vision statement

All parents and carers feel empowered and supported (to thrive) in a family friendly and responsive community

Session Four - Developing Outcomes

The outcomes session was designed to assist the group to move from the problem statement(s) to a series of outcomes that contribute towards achieving the vision.

Small groups were asked to develop outcomes for each of the Theory of Change constructs that related to progressing towards the vision statements. Outcomes could be short term, medium or long term. Participants were asked to consider the SMART principles (Specific, Measurable, Appropriate/Achievable, Realistic and Time Bound) in the development of outcomes.

Following the development of outcomes, each group reported back to the larger group on their outcomes and why they had developed them.

Finally, a large group exercise was then conducted for the workshop participants either individually or in their small groups to decide on the priority outcomes, and their reasons for this. The purpose of prioritising outcomes was to help participants focus on which outcomes were the most achievable and why, which could assist the Confident and Connected Parents priority area working group when developing action plans.

Results

A series of outcomes for each of the constructs of the ecological model were generated by the small groups. These included a mix of short, medium and long-term outcomes. A full list of the raw data is found in Appendix III.

The raw outcomes data were then analysed and developed into an overarching outcome(s) for each of Theory of Change ecological model construct (individual, service, community, system), and entered into a project logic table according to short, medium and long terms outcomes.

A number of statements from the workshop that were identified as outcomes were actually outputs and/or activities. These were reclassified and entered into the logic model as appropriate (see Table 3).

The number of respondents that rated each outcome as a priority are provided in brackets beside outcome in Appendix III. The key reasons for prioritising outcomes were due to resources, 'low hanging fruit', and the priorities of services.

Table 3-Program Logic for Confident and Connected New Parents

Inputs <i>"What resources are there."</i>	Activities <i>"What do you plan to do."</i>	Outputs: <i>"What happened? What did you achieve"</i>	Short-term outcomes <i>"What will be different if activities are completed?"</i>	Medium-term outcomes <i>"What changes will happen as part of the program."</i>	Long-term outcomes
			All parents and carers of newborns are consistently attending MCH health check ups		Parents and carers feel supported and empowered to regularly participate in parenting activities/ programs
				Services value and respond to family's needs	1. Services are well resourced and work in a collaborative, integrated manner 2. Parenting services are welcoming, safe and engaged with families.
	Plan and deliver a family friendly community celebration by the end of the year (2021)	<ul style="list-style-type: none"> • Number of community events • Number of families attending events 	Family friendly community celebrations are a regular event to enhance social connection		The community is well informed and connected providing a welcoming and supportive environment for all families.
					The services in the early years system are well connected and working collaboratively to support families and improve the lives of children.

Next steps

Following on the workshop, the next step is for the Confident and Connected priority area working group to meet and discuss the output and the development of the vision and outcomes, including any amendments to the vision and the outcomes as collective thinking in the working group progresses.

APPENDIX 1-DATA AND DATA SOURCES USED IN THE WORKSHOP

Research and Data Mapping

INFLUENTIAL RESEARCH

CENTRE FOR COMMUNITY CHILD HEALTH (CCCH) AND AUSTRALIAN RESEARCH ALLIANCE FOR CHILDREN AND YOUNG PEOPLE (ARACY)

“The First Thousand Days – The evidence paper 2017” acknowledges:

- The recent and growing focus on the first 1000 days is due to an amounting body of evidence which shows the significance of environments and experiences during this period.
- The impact of early experiences affects all aspects of development and functioning, including health and wellbeing, mental health, social functioning, and cognitive development.
- What is ‘learned’ in the prenatal and first two to three years of life has potentially profound consequences throughout the life course. Many challenges faced by adults, such as mental health issues, obesity, heart disease, criminality, and poor literacy and numeracy, can be traced back to pathways that originated in early childhood.
- Reversing early adverse adaptations or inheritances gets progressively harder after the first 1000 days. While it is never too late to make changes, the first and best opportunity we have to build strong foundations for optimal development is during the first 1000 days.

“Transformations in parenting: New possibilities through peer-led interventions” (Dr Paul Pritchard) acknowledges that:

- There has been profound technological and scientific advancement over the past century that has shaped changes in the social and physical contexts in which families live and children are raised. These changes have resulted in growing inequalities and these disparities are often evident in children by school entry age and can continue across the life course.
- Research evidence suggests that traditional service approaches are failing to engage the growing numbers of Australian families experiencing disadvantage.
- It is known that parents initially turn to others in their network of family and friends for advice and support before accessing professional support.
- The model of partnership emphasises the importance of services being able to support parents to make the transition from being service ‘users’ to service ‘contributors’.
- Research has provided insights into the potentially transformative changes parent participants experienced when participating in a peer-led parenting intervention.

DATA SPECIFIC TO CENTRAL GOLDFIELDS

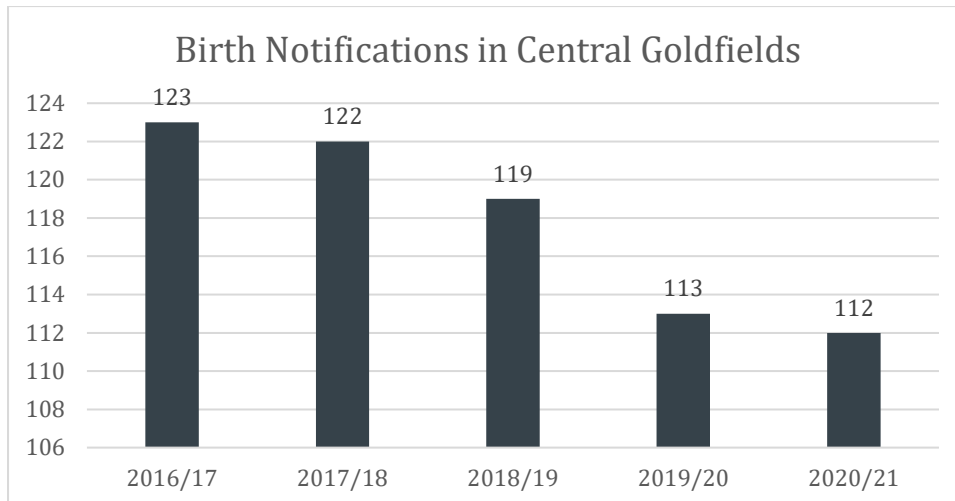
SCHOOL ENTRANCE HEALTH QUESTIONNAIRE (2019)

In the LGA of Central Goldfields (S), there were 113 children (0.2% of the state total of 67,286) involved in the 2019 SEHQ data collection*. Below are the number and percentage of responses from these parents about their children and aspects of their health and wellbeing as reported in the 2019 SEHQ.

	Central Goldfields	Victoria
Aboriginal and/or Torres Strait Islander children	5.1%	1.8%
Children living in an area with the most socio-economic disadvantage**	99.8%	19.5%
Children who live with one parent (mother only or father only)	21.3%	10.9%
Parents concerned about their child's oral health (eg, teeth, gums etc)	15.4%	15.3%
Children reported to have difficulties with speech and/or language	24.2%	15%
Children reported to have attended a Maternal and Child Health Centre for their 3 ½ year old check	85.4%	71.6%
Parents concerned about the behaviour of their child	18.8%	14.8%
Children at high risk of developmental or behavioural problems	23.1%	22.2%
Children at moderate risk of developmental or behavioural problems	26.8%	28%
Children at high risk of behavioural and emotional problems	15.3%	6.7%
Families experiencing high or very high stress during the month prior to the survey	1.6%	9%
Alcohol or drug related problem in family	8.6%	3.6%
History of abuse to parent	8.4%	5.2%
History of abuse to child(ren)	6%	1.9%
Child witness to violence	7.6%	3.4%
History of mental illness of parent	19.3%	8.1%

** based on the Australian Bureau of Statistics Socioeconomic Indexes for Areas (SEIFA).

MATERNAL AND CHILD HEALTH



First time mothers 50 (2020 – 2021)

Key ages and stages Visits (all)

Home Consults	2wks	4wks	8wks	4mth	8mth	12mths	18mths	2ys	3.5yrs
118	117	112	113	108	93	105	111	94	111

Additional Consultations outside of key ages and stages visits 230.7 (approximately 5 per week) which is considered to be high. Additional visits have primarily been for emotional well-being.

83% of Aboriginal children (0-3.5yrs) enrolled who participate in the MCH service.

Immunisations remain consistently high over all ages. 714 immunisations were opportunistic.

As mentioned in the Restacking the Odds Report, parent group attendance has been less than 3%

Breastfeeding: 1st July 2019 to 30th June 2020

	# Fully Breastfed	# Partially Breastfed
On Discharge	70	8
At 2 Weeks	65	5
At 3 Months	44	11
At 6 Months	18	22

Teenage Births (2018)

Number of live births per 1000 to women aged 13-19 in the period Jan 2017 – December 2018

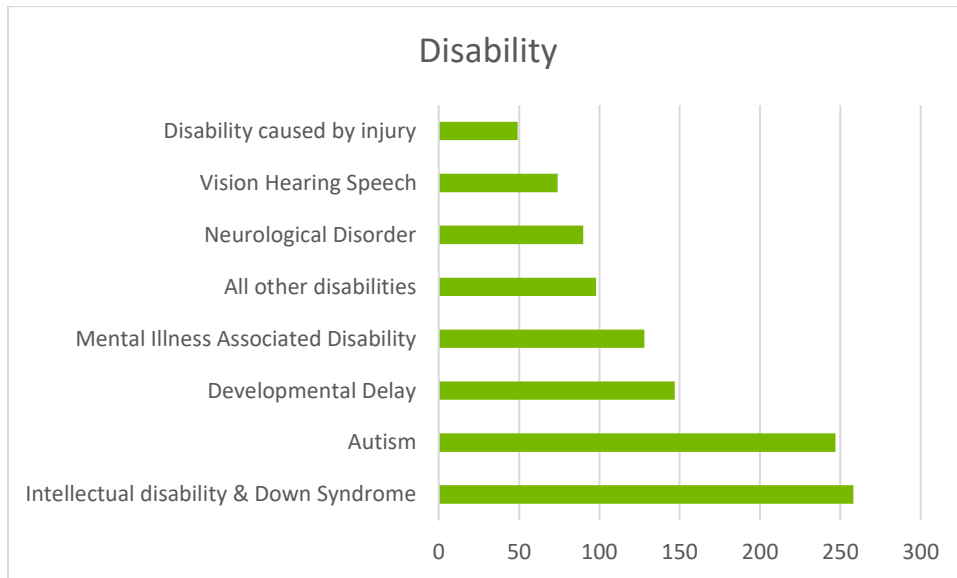
Central Goldfields	Loddon Mallee Region	State Average
16.91	13.3	9.5

DISABILITY

According to the Australian Bureau of Statistics, 29.4% people in Central Goldfields identify as living with a disability. (2016) and 16.2% of people in Central Goldfields are Disability support recipients, compared to 4.9% in Victoria (2017)

NDIS data

This data forecasts the number of people in Central Goldfields requiring NDIS support and costings. The following are the projections for 2023. Estimated costings are just over \$44.6million.



Please note that this data does not include people who are not registered with NDIS therefore the numbers of experiencing disability within their families and requiring services with be significantly higher.

CONSULTATIONS SPECIFIC TO CENTRAL GOLDFIELDS BEST START – PARENT CONSULTATION (2020 – 2021)

KEY POINTS:

Access to services

- Parents would have liked to have known about or have been invited to participate in a parent group, including those who had more than one child.
- Maternal and Child Health were helpful, reassuring, supportive and understanding. Having the same worker was mentioned positively.
- 27% of parents felt referrals to and between services could be improved. Comments spoke of miscommunication, being told about other options but not being able to remember them, services not being mentioned at all, not being offered services due to having other children, feeling unheard, times and days offered not suitable, confusing information or left to look up services themselves.
- 24% commented that it was hard to find out about services.
- 35% found it hard to join services for a range of reasons such as feeling uncomfortable, unsuitable times, not told or offered, too busy and/or COVID-19.
- Most parents reported that services always followed up with them if they missed an appointment and/or sent reminder texts. Both were highly valued.
- Personal reasons (feeling overwhelmed, not comfortable, health (mostly anxiety). Not knowing anyone, feeling unwelcome or discouraged) were acknowledged as the greatest barrier for parents not accessing early years services (64%), followed by time (47%).

Parenting and Parent Support

- 50% of parents stated that they are happy with social connection and 50% not or unsure.
- Most parents reported that they read/played with their children often.
- Most parents noted that they reach out for support if needed, primarily to family, then internet, then specific service.

Cultural reflections

- First nations parents mentioned how important it is for services to always ask about cultural background.
- Parents from other cultural backgrounds mentioned the importance for services/workers in being genuinely interested, mindful and open to parents' experiences, beliefs and customs.

Further comments and communication

- Facebook, fliers/ hardcopy and letter drops were the most preferred way for families to receive information, followed by text, e-mail and phone calls.
- The most significant point mentioned by parents was the importance of consistent service information being available at all early year's services and entry points

MURDOCH CHILDREN'S RESEARCH INSTITUTE - RESTACKING THE ODDS (2019)

KEY POINTS:

- There were no parenting programs offered in Central Goldfields for 5 years preceding and up to the RSTO report and an absence of a Sustained Nurse Home Visiting (NHV) program and Enhanced Maternal and Child Health program

- Research shows that poor parenting quality is the single most important environmental factor to influence a young child's behaviour and that early experiences can set children on developmental trajectories that become progressively difficult to modify as they get older
- Results suggest strategies to increase parent participation should specifically target the following program/service level factors : childcare, program scheduling, effective advertising to ensure that parents are aware of the available programs, know how to use them and have high expectations regarding program efficacy, anticipate supportive relationships with program staff and receive information about costs upfront (preferably with assurances that programs will be affordable or free of charge)

LOCAL LOGIC PLACE (2021)

Local consultations have recently been undertaken across the community by Local Logic Place. Questions included:

- What challenges do new parents (parents with children under the age of 1 year) living in Central Goldfields face?
- What are the positives of being a new parent in the Central Goldfields?
- How confident do you feel in your daily role as a parent?
- How often do you connect with other parents?
- Does this level of connection with other parents meet your needs (i.e.do you feel connected and supported as a parent)?
- Have you used the Maryborough District Health Services' Nest service?
- Have you ever attended a parenting program/group?
- Are any of these barriers to attending parenting programs/groups for you?
- What parenting topics / type of groups would be of interest to you?
- What can we do to better encourage, connect, and support all new parents in Central Goldfields?
- Once compiled and analysed it will have relevance to Connected and Confident New Parents Working Group

ABORIGINAL AND TORRES STRAIT ISLANDER SPECIFIC DATA

232 Indigenous people resided in Central Goldfields LGA. 39.6% were engaged in full time or part time employment, education or training and 61.3% were not. (Australian Bureau of Statistics 2016)

Paramount in all our work is to protect the rights of Aboriginal and Torres Strait children (sense of belonging, identity, self-determination) SNAICC (SNAICC is the national non-governmental peak body for Aboriginal and Torres Strait Islander children).

The difficulties many Aboriginal people have in accessing mainstream services stem from many years of oppression and racism, which includes government policies of segregation and removal.

As a result, Aboriginal children and their families are under-using maternal and child health services,

education services and social support services.

These historic issues have resulted in poorer outcomes for Aboriginal children in most childhood measurement areas. (Best Start DET)

A key focus of Closing the Gap 2020 is that children are born Healthy and Strong. Priorities areas are

- Increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight (9.9% Aboriginal babies born at low birth weight compared to 4.8 non-aboriginal babies (2017)).
- Children are not overrepresented in the child protection system (reduce the rate of over-representation in out-of-home care).

Australian Institute of Health and Welfare acknowledge that the foundations for good health start during the antenatal period, and the first years of life. Key areas highlighted for improvement identified in their 2013 – 2023 plan are to:

- Reduce the number of mothers smoking during pregnancy.
- Increase breastfeeding rates.
- Increase annual indigenous health checks (0 – 4 years).
- Increase oral health.
- Increase vaccination rates.

APPENDIX II-DEFINING THE PROBLEM (RAW DATA)

Group 1			
Initial problem statement	<i>That is the way they have always done it [parenting]-repeating generational patterns.</i>		
General discussion	Key discussion points	Themes	Notes
	Trust	Interactions/relationships with services	
	Disconnected-stay in regional area.		Unsure of what this was about
	Personal relationships (face of the service)	Interactions/relationships with services	
	New families in the area in the last few years -have different values, customs of local people impress on community.	Changing community demography and values	
	Lack of advertising-not just the newspaper	Lack of awareness	
	Poverty	Individual circumstances	
Root cause problem statement	Did not drill down to identify a root cause, but began to identify active/solutions in discussion: <ul style="list-style-type: none"> • More community event needed. • Community noticeboard that advertises events flag 		
Group 2			
Initial problem statement	<i>Ideologies/cultural change. To engage in best practice (as a service worker or a parent) and maintain that traction</i>		
The five Whys	Discussion points	Themes	
	Why can't we increase engagement and maintain continuing change? Is it because people don't want to admit to a need for change/help?	individual capacity	

	Because they don't know they need help or where to find it or what is on offer	Lack of awareness (services).	
	Lack of understanding and awareness what the help can bring to their family and the benefits and ripples of that	Lack of awareness/ understanding (benefits).	
	The person has low self esteem want given it themselves when they were a child OR they cant read/comprehend OR they are being blocked from seeking help	Low individual capacity	
Root cause problem	Individual capacity is low, and is reflected in being able to navigate the service system		
Group 3			
Initial problem statement	<i>Parents valuing themselves and their parenting journey</i>		
General discussion	Key discussion points	Themes	
	Past experiences	Interactions/relationships with services	
	Exposures and modelling (lack of), trauma, poverty	Individual capacity	
	Let down by services or institutions -funding models and requirements	Service trust and relationships	
	Location/geographic	Lack of services	
	Social disadvantage and barriers	Individual capacity	
Root cause problem statement	Did not drill down to identify a root cause.		

APPENDIX III -DEVELOPMENT OF OUTCOMES (RAW DATA)

Outcomes designed using the four core constructs of the Every Child Every Chance Theory of Change ecological model: individual, service, community, system.

Numbers in brackets refer to the number of individuals that indicated it as a priority.

Ecological model construct: Individual

- Parents and carers voices are valued , heard and responded to (4)
- 100% of parents and carers of newborns are consistently attending MCH health check ups (7)
- First time parents or carers are participating in community and family activities or programs.
- All new parents are provided with a connection (to services-one person to help navigate)

Overarching outcome:

1. Parents and carers feel supported and empowered to regularly participate in parenting activities/ programs.

Ecological model construct: Service

- Services are collaborative, integrated and working in partnership for parents and carers.
- EYS are well resourced, valued flexible and utilised by diverse cohorts across the community.
- Parenting services are welcoming, culturally safe and engaged.

Overarching outcome(s):

1. Services are well resourced and work in a collaborative, integrated manner
2. Parenting services are welcoming, safe and engaged with families

Ecological model construct: Community

- Deliver a family friendly community celebration by the end of the year to enhance social connection (short term)(3)
- A well informed, connected, proactive community who come together to speak up and support families in the shire(4)
- An accepting and nurturing community for children and families (3)

Overarching outcome: The community is well informed and connected providing a welcoming and supportive environment for all families.

Ecological model construct: System

- Build a well-informed early years system by developing a comprehensive guide of services, that is regularly updated and can be accessed/used by all. This could be done by an online platform.
- A system that values [place based] social change models that are actionable, responsive , sustainable and transferable (7)
- [The service system] is committed to improving the lives of children (5)

Overarching outcome:

1. The services in the early years system are well connected and working collaboratively to support families and improve the lives of children.