co-parenthood
Foundational Evidence

Co-parenthood is a shared parenting approach to foster care which supports families to work toward restoration safely.

Underpinnings of the model

This document articulates the key research underlying the design of the co-parenthood model. Through a focus on both increasing protective factors for the child/ren and on reducing stress and building adult capabilities, the co-parenthood model takes a two-generational approach[1].

The co-parenthood model has been developed with extensive consultation of literature regarding reunification and restoration, child maltreatment, child development, parenting practices and effective interventions;

-At the outset, TACSI partnered with the Australian Centre for Child Protection to undertake a literature review regarding restoration practice in Australia and Internationally.

-With this as a foundation TACSI went through a co-design process with children, parents, service providers and government staff.

-The theory of change, key activities and tools in the co-parenthood model have been developed in reference to the research regarding strategies that work in supporting child and adult development and in addressing maltreatment.

-The model has been prototyped, tested and refined with families.

The co-parenthood model is unique from other models within the restoration and reunification field due to its strong co-design ethic. The materials and activities developed for use on the program are intentionally designed with families, staff and managers to facilitate the translation of research into practice. This means that tools which support best practice are accessible and user friendly, this supports a higher level of fidelity to the model. The program has been designed with ease of implementation and use in mind.

The co-parenthood model aims to contribute to an ultimate goal of interrupting cycles of intergenerational disadvantage.

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[1]Cicchetti, D., Shonkoff, J., & Fisher, P. (2013). Rethinking evidence-based practice and two-generation programs to create the future of early childhood policy. 25(4pt2), 1635-1653.

The main pillars of the co-parenthood model

Five main evidence informed pillars underpin this model:

1. The effects of and effective responses to trauma
2. Attachment theory and social learning theory
3. Child wellbeing and safety
4. Building parent capabilities
5. Positive social networks

Collectively, these five foundations function to support parents on a change journey, improving their quality of life and most importantly, the quality of life of their children. The program aims to address immediate challenges and stressors, support growth and change, and to build on protective factors and reduce risk factors: ultimately setting families and children up to thrive.

1. Modern understandings of trauma

The co-parenthood model has been informed by research regarding how experiences of trauma and adversity affect child development and our life trajectory as adults. Mounting evidence highlights that the effects of early exposure to adversity and chronic stress can be mitigated, and key components of effective interventions have been integrated into this model[2,3]. Understandings of trauma inform the importance placed on the quality of the relationship developed between the Family Link Worker (FLW), the carer and the parent. The FLW and carer are provided with training to support them to understand how trauma might affect children's behaviour and how to respond in helpful ways. Importance is placed upon the FLW and the carer understanding the parent's own exposure to trauma and adversity and how this has affected their current circumstances and parenting journey. Trauma informed tools are integrated to assist in the navigation of points of difficulty that will arise between the FLW, carer and parents.

Key model components:

- Psychoeducation to inform FLW, Carer and parent of the effects of trauma and pathways to growth.
- Access to parenting strategies that are trauma informed and matched to parent and child context.
- Activities and materials are built into the program to address crisis and points of difficulty-these are informed by the sanctuary model and restorative practice[4].

2. Attachment theory and social learning theory

Both attachment theory and social learning theory have a shared focus on the centrality of children's healthy development resting on their relationships with caregivers being warm, contingent, predictable, supportive and positive[1]. This model of foster care aims to minimise disruption to the parent-child relationship which occurs when the state intervenes in the care of a child.

Research supports the effectiveness of interventions based on attachment theory for improving outcomes for maltreated and high-risk children and their parents[2,3,5]. Drawing on social learning theory; FLWs, carers and parents are supported to understand how learning and behavior change can be supported. Within the co-parenthood

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[2] Gunnar, M., & Fisher, P. (2006). Bringing basic research on early experience and stress neurobiology to bear on preventive interventions for neglected and maltreated children. Development and Psychopathology, 18(3), 651-677.

[3] Centre on the Developing Child at Harvard University (2017). Three Principles to Improve Outcomes for Children and Families. http://www.developingchild.harvard.edu

[4] Bloom, S. (2011) Sanctuary: An Operating System for Living Organizations. In N. Tehrani (Ed.), Managing Trauma in the Workplace — Supporting Workers and the Organisation. London: Routledge.

model the carer works with the parent to trial strategies drawing from both of these theories- with a focus on finding what works for the individual family and child. Tracking goals and outcomes alongside the parent is key to the success of the model[5].

Key model components:

- Informed by attachment theory, education is provided to both carers and parents regarding the importance of serve and return interactions in building a child's brain architecture.
- Drawing on social learning theory, carers and parents are supported to understand how to catalyze learning and behaviour change.
- Carers and parents are supported to practice strategies that are suitable for children who have experienced adversity and which fit their individual circumstances.

4. Child wellbeing and safety

The co-parenthood model will have the greatest effectiveness when utilized for families with young children. There is evidence to support the benefits of interventions which occur in the first 3 years of children's lives. Intervening early can prevent a pile up or accumulation of harm[6].

A central target of the co-parenthood model is the improvement of the relationship between the parent and child. The focus is on eliminating maltreatment, while at the same time increasing the joy and meaning experienced in the parent-child relationship.

Safety for the child will be clearly assessed and tracked through the use of an adaptation of the North Carolina Family Assessment Tool - Reunification (NCFAS-R).

The goal of the co-parenthood model is to build safe connections between parents and children; restoration is facilitated only when this is a safe option for children and parents.

Key model components:

- Tools used in assessment and screening help services to identify families who are most likely to benefit from the co-parenthood model.
- Assessment tool used to track progress toward restoration based on an adaptation of the NCFAS-R.
- Expectations regarding child safety clearly articulated.
- Expectations for what needs to change for the family to meet the child's needs clearly articulated.
- Tools are provided in the form of sorting cards to support conversations between the FLW and the family to define the key areas for improvement for the family.
- Conversations are informed by the sanctuary model in that they are designed to occur without shame and blame[4].
- Caseworkers connect with children and young people to understand their wellbeing, safety and needs.
- Supervision is provided to both Caseworkers and the FLW; professional support is provided from these staff to carers and parents around child safety.
- Ongoing check-ins with the carer regarding the child/rens, safety, physical health, mental health, education and development, happiness and play.
- When developmentally appropriate children are consulted directly regarding the above.
- An independent advocate is matched to the child so that their needs are heard and incorporated. The caseworker's priority is to hear the voice of the child and advocate for their interests and perspective.

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[5] Fernandez, E. & Lee J-S (2013) Accomplishing family reunification for children in care: An Australian Study, Children and Youth Services Review. Vol 35, Issue 9, 1374-1384pp.

[6] Moore, T.G., Arefadib, N., Deery, A., Keyes, M. & West, S. (2017). The First Thousand Days: An Evidence Paper – Summary. Parkville, Victoria: Centre for Community Child Health, Murdoch Children's Research Institute

3. Building parent capabilities

The co-parenthood model aims to improve outcomes for children through strengthening parental capabilities and supporting parents to move closer to their hopes and dreams for themselves and their child [2].

The co-parenthood model supports the carer to work with the parent in providing modelling and coaching in parenting skills and strategies. Parents are supported to understand how their behaviour impacts upon their children. They are encouraged to notice and build on what they are doing well and to learn new strategies to address challenging problems. In time spent with the parent and child together, the carer has a focus on modeling strategies and stepping back to provide the parent with supported opportunities to develop skills.

Tools have been developed to guide the FLW, the carer and the parent in this process. The FLW connects the family in with other services and service systems with the aim of reducing social and financial stressors. This includes referrals to treat specific problems being faced by the family such as: drug and alcohol, mental health problems, and financial hardship. Carers focus on building the parents' sense of agency and confidence in negotiating with others including with services.

The program has a strong formal learning component -through the structured peer-to-peer learning sessions for both parents and carers. Informal learning occurs in-between, when the parent, carer and child spend time together.

Key model components:

- Holistic assessment and referrals made by FLW to allow families to access the right support at the right time and to address underlying needs.
- The use of tools to navigate difficult conversations also works to build parents' own skills and resources.
- Regular peer-to-peer meetings focused on support and learning for both the parents and carers.
- Support provided to the carer and parent and in goal setting and tracking progress.
- Building parent's ability to advocate for themselves and negotiate difficulties in relationships with others and with services.

5. Building social capital

Often vulnerable families experience socially isolation. Many factors contribute to this such as: experiences of adversity, family break down, mistrust of others, trouble navigating social relationships and intergenerational trauma and disadvantage.

For parents, having positive social supports can improve resilience and access to resources. For children, having positive relationships with others beyond their parents is a protective factor and supports healthy development[7].

Linking parents in to social and community support is a key component of the model. Parents and children will provide the direction for these efforts - based on their preferences. Carers work with families to connect them with positive supports and influences in their community including: extended family, friends, organizations and clubs. For example the carer may accompany the family to activities at the local library, children's centre or community garden. The carer provides moral support and works to reduce barriers for families to make positive connections in their communities.

Building these connections supports the long term sustainability of the changes made by parents while involved in the co-parenthood program.

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[7]Shonkoff, J.P., & Phillips, D. (Eds.) (2000). From neurons to neighborhoods: The science of early childhood development. Committee on Integrating the Science of Early Childhood Development.Washington, DC: National Academy Press.

National Scientific Council on the Developing Child (2004). Young Children Develop in an Environment of Relationships: Working Paper No. 1. Retrieved from www.developingchild.harvard.edu.

Key model components:

- Structured peer-to-peer support for families under the guidance of the FLW.
- A focus on building positive relationships and supports for the child within the community.
- Work done to link families into broader community supports and introduce families to positive influences.
- Support from carer continues after the restoration to maintain behaviour change.

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