What role can child and family services play in enhancing opportunities for parents and families?

Exploring the concepts of social exclusion and social inclusion

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This Practice Sheet draws upon research to provide practitioners and policy-makers with ideas about how the concept of social inclusion can be used to plan and deliver child and family services in ways that enhance opportunities for parents and families.

Key messages

- Definitions of social exclusion are often vague and ambiguous however one of the best ways of understanding social exclusion is to explore how it is distinct from poverty and deprivation. Social exclusion is not the equivalent of poverty (i.e., inadequate economic resources) or deprivation (i.e., an enforced lack of socially perceived necessities). Social exclusion, in contrast to poverty and deprivation, is fundamentally about a lack of connectedness and participation.

- In the Australian policy context social inclusion is understood as four key “domains” of opportunity. They are the opportunity to: (1) participate in society through employment and access to services; (2) connect with family, friends and the local community; (3) deal with personal crises; and (4) be heard.

- There is substantial evidence to demonstrate the negative impact that social exclusion has upon children, parent–child relationships, parenting and family functioning. For example, children who live in a jobless family have a higher risk of behavioural, conduct and peer problems (Taylor, Edwards & Gray, 2010).

- Child and family services in Australia can play a key role in promoting the social inclusion of children and families by, for example:
  - providing a space for parents and children to meet with one another and develop friendships and informal support networks;
  - providing opportunities for parents to take up leadership roles within programs; and
  - encouraging parents and children to contribute to decision-making processes in the local community.
What is social exclusion?

According to a report by Catholic Social Services (2010) “social exclusion has never been an easy term to define” (p. 10). Many definitions of the terms are vague and ambiguous (Saunders, Naidoo, & Griffiths, 2007; Levitas et al., 2007) and the term has been used to describe a range of diverse causes and issues (Catholic Social Services, 2010). Saunders et al. (2007) claimed that ongoing discussions about the meaning of the term has “the potential to divert an important debate over new forms of disadvantage” (p. 13).

Saunders et al. (2007) described a range of definitions of the term and, taken as a whole, these definitions suggest that common features of the definition of social exclusion are a lack of social connectedness and a lack of participation. Definitions differ though, regarding whether social exclusion is a process or the consequence of a process or processes (Catholic Social Services, 2010). As Hayes, Gray, and Edwards (2008) have defined it, social exclusion is the “restriction of access to opportunities and limitation of the capabilities required to capitalise on these [opportunities]” (p. 6).

Are social exclusion, poverty and deprivation the same?

Regardless of how social exclusion is defined it is important to note that it should not be viewed as the equivalent of poverty (Saunders et al., 2007; Hayes et al., 2008). Poverty is traditionally defined as inadequate economic resources, whereas social exclusion is a more complex, multi-dimensional concept that relates to a lack of connectedness and barriers to participation. Furthermore, social exclusion should not be viewed as the equivalent of deprivation. Whereas deprivation is about “missing out”, social exclusion is about being “left out” (Saunders et al., 2007, p. 8).

Although social exclusion, poverty and deprivation overlap they are distinct from one another (Saunders et al., 2007). This is exemplified by the way in which individuals can experience these characteristics independently of the other. For example, individuals can experience poverty (i.e., inadequate economic resources) without experiencing deprivation (i.e., an enforced lack of socially perceived necessities) or social exclusion (i.e., not participating in key activities in society).

Why is the concept of social exclusion important?

Social exclusion as a concept is valuable because it can enrich our understanding of social disadvantage in a number of ways. For example:

The concept of social exclusion facilitates an understanding of the lived experience of social disadvantage. In other words, those who are experiencing social disadvantage are likely to experience multiple stresses during everyday life that extend beyond financial difficulties, including barriers to participation and connectedness (Saunders et al., 2007).

The concept of social exclusion takes into account the role that factors such as discrimination can play in social disadvantage and, in that sense, challenges the idea that social disadvantage is the result of the limitations of those individuals who experience it.

The concept of social exclusion allows for an understanding of disadvantage that extends beyond the individual and that can affect an entire community. Even if an individual family is not experiencing social exclusion, it can be living in a neighbourhood that is suffering the effects of social exclusion (e.g., high rates of unemployment, a high proportion of people on low incomes, poor or absent community infrastructure) and these neighbourhood characteristics have been shown to negatively impact upon children (Edwards, 2005; Edwards & Bromfield, 2009).
The concept of social exclusion has been identified as particularly relevant to Indigenous disadvantage in Australia because of the multi-dimensional, complex nature of Indigenous disadvantage and the ways in which ongoing racial discrimination plays a role in Indigenous people’s limited opportunities (Hunter, 2009).

What is social inclusion?

The amount of literature regarding social exclusion, and its definition, has overshadowed attempts to define social inclusion. In the Australian policy context social inclusion, rather than social exclusion, has been the focus of recent policy agendas. Within this context social inclusion is conceptualised as four key “domains” of opportunity (Australian Government, 2010). They are, the opportunity to:

- participate in society through employment and access to services;
- connect with family, friends and the local community;
- deal with personal crises (e.g., ill health); and
- be heard.

This paper employs this definition of social inclusion and, as such, Hayes et al. (2008) definition of social exclusion is employed, that is: “restriction of access to opportunities and limitation of the capabilities required to capitalise on these [opportunities]” (Hayes et al., 2008, p. 6).

Although the concepts of social inclusion and social exclusion are clearly related it is important to note that whilst social exclusion provides a means of understanding the nature of disadvantage, it could be argued social inclusion is more than just a means of understanding—it also provides a goal to work towards. As Friendly and Lero (2002) state: “[social inclusion is] a way of raising the bar and understanding where we want to be and how to get there” (p. viii).

How are the concepts of social exclusion and social inclusion relevant to children and families?

The concepts of social exclusion and social inclusion are relevant to children and families because they highlight the way in which families need more than just financial assistance in order to function well. Children and families need to feel connected to and supported by their community, especially when they face obstacles and challenges. They also need to feel a sense of belonging and to feel as if their voice will be heard.

As discussed, for the purposes of this paper social inclusion is defined as four key domains of opportunity, whereas social exclusion is the restriction of access to these opportunities. This Practice Sheet demonstrates how the opportunity to participate in employment, to connect with family, friends and the community, to deal with personal crises, and to be heard can be enhanced by child and family services.

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1 However, Hunter (2009) pointed out that social inclusion policies need to take into account cultural issues in order to avoid becoming “updated versions of assimilation practices” (p. 60). In other words, social inclusion is not about denying, undermining or erasing diversity; rather, as Friendly & Lero (2002) state, social inclusion “calls for a validation and recognition of diversity as well as a recognition of the commonality of lived experiences and the shared aspirations among people . . . which is particularly evident among families with children” (p. ix).


3 Children are defined here as those aged between 0–12 years.

4 Families’ access to services is a topic that has been covered previously by CAFCA (McDonald, 2010) and a range other publications (Carbone et al., 2004; Centre for Community Child Health, 2010; Katz, La Placa, & Hunter, 2007).
Whilst there is limited empirical evidence that directly links a lack of opportunity to “be heard” to poor outcomes for children and families, there is substantial evidence for the other three domains. Some of this evidence is described below.

Participating in society through employment and access to services

Employment

Research demonstrates that living in a jobless family can have adverse effects upon children (Department of Employment, Education and Workplace Relations, 2009). These adverse effects include a higher risk of behavioural, conduct and peer problems (Taylor, Edwards, & Gray, 2010), lower levels of reading literacy scores (Siddiqi, Subramanian, Berkman, Hertzman, & Kawachi, 2007), and an increased risk of accidental injury (Strom, 2002). There is also an association between negative outcomes in young adulthood—such as lower educational attainment and experiences of psychological distress—and growing up with a jobless parent (Ermisch, Francesconi, & Pevalin, 2004).

It is important to note that parents often face significant barriers to participating in employment—both in terms of securing and maintaining employment (Butterworth, 2003; Perkins, 2006; Millar & Ridge, 2008). Most families, especially single-parent families, require some support to manage the demands of employment and child-rearing (Millar, 2010; Millar & Rowlingson, 2001).

Access to services

Services for children, such as maternal and child health services and early education and care services, are a critical aspect of supporting parents and families to care for children (Carbone, Fraser, Ramburuth, & Nelms, 2004). These services have a range of positive benefits for children; depending upon the type of service accessed.

For example, in regards to early education and care services:

- high quality pre-school care can contribute to children’s increased resilience to risks that can compromise their cognitive development (e.g., birth weight, number of siblings) (Hall et al., 2009); and
- high quality centre-based pre-school programs can have long-term positive effects into adulthood including lower school drop out rates, reduced risk of unemployment and higher income (D’Onise, Lynch, & McDermott, 2010).

Health services can play a critical role in providing the types of support that benefit children and their families including:

- antenatal care to safeguard the health of women and their children (World Health Organization, 1998);
- initiating and maintaining breast-feeding during the first 2 years of a child's life (Bhandari et al., 2005; Guise et al., 2005); and
- providing childhood immunisations for the purpose of preventing disease (Centers for Disease Control and Prevention, 1999).

5 An accident was defined as one that was “so severe that a doctor’s visit was necessary” (Strom, 2002, p. 44).

6 In Australia and many other developed nations, lone parents, especially lone mothers, experience much higher rates of unemployment than partnered women (Whiteford, 2009).

7 Support may come in the form of, for example, family-friendly employment policies, provision of accessible child-care and tax credits for families with working parents on a low income (Millar & Ridge, 2008; Millar, 2010; Millar & Rowlingson, 2001).
Research demonstrates that in Australia families with young children (3–19 months) from a low socioeconomic background are much less likely than families from a higher socioeconomic background to have used health services for their children (Blakemore, as cited in McCarthur, Thomson, Winkworth, & Butler, 2010). This service access paradox, whereby those families who most need services are also the least likely to access them (Centre for Community Child Health, 2010), is related to a range of barriers, including service level (structural) barriers, such as inaccessible locations and service costs and barriers specific to children, parents and their situation, such as a lack of trust in services and low English literacy levels (Carbone et al., 2004; McCarthur et al., 2010).

Connecting with family, friends and the local community

Social support has been described as a “potent influence in parent’s lives” (Ceballo & McLoyd, 2002, p. 1311). Indeed, research demonstrates that mothers who are socially isolated are at an increased risk of depressive symptoms (Mulvaney & Kendrick, 2005) and children with mothers who suffer from depression experience a range of adverse outcomes—including an increased risk of behavioural problems (Dawson, Ashman, & Panagiotides, 2003; Murray, 1992), poorer cognitive development (Coghill, Caplan, & Alexandra, 1986; Murray, 1992), and adult-onset clinical depression (Cummings & Davies, 1994).8

Parental social isolation can also impact upon children’s birth weight, with a study involving more than 8,000 births in a Canadian city showing that amongst single mothers the risk of low birth weight is exacerbated by social disconnection (Muhajarine & Vu, 2009). Amongst disadvantaged families, social isolation has also been associated with child abuse and neglect (Wandersman & Nation, 1998). Research has demonstrated that homeless mothers who have high levels of emotional support and practical social support report greater improvements in parenting consistency over time when compared to homeless mothers without support (Marra et al., 2009).

Social connections are also important for children (Holmes, 1993). Even very young children benefit from interactions with their peers (Holmes, 1993). For primary school aged children, friendship is associated with higher levels of self-esteem and friendship moderates the effects of stressors (e.g., harsh parenting, domestic violence) in children’s lives (Bishop & Inderbitzen, 1995; Franco & Levitt, 1998). Support from friends for children with chronic illness has been shown to protect children from some of the negative impacts of strained parental relationships (Herzer, Umfress, Aljadeff, Ghai, & Zakowski, 2009).

Connections with the local community are also important. Children who have a sense of belonging in their community have been shown to improve in school performance, prosocial development and wellbeing (Solomon, Battistich, Watson, Schaps, & Lewis, 2000). Supportive neighbours, for example, can assist children’s development by providing positive role models (Wilkenfeld, Lippman, & Anderson-Moore, 2007). Within neighbourhoods where adults report positive social ties, children demonstrate fewer problem behaviours (Wilkenfeld et al., 2007). Furthermore, social capital—that is, the extent of supportive networks within a neighbourhood, levels of civic involvement and the level of trust and security felt by members of a community—can also impact upon the mental health of those caring for children; especially when they are not working outside the home (Mulvaney & Kendrick, 2005).

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8 It is important to note, however, that social networks may not always have positive outcomes; the effect depends upon people who make up a social network and the quality of the support they provide (Rajaratnam, 2008; Stansfeld, 1998).
Dealing with personal crises

The opportunity to deal with personal crises is defined here as the opportunity to access support, whether formal or informal, in a manner that minimises the extent of the trauma to the individuals involved (i.e., parents and children). As noted previously, some families will find it more difficult to access support, in terms of both formal support services and social support, than others.

The upheaval within a family created by a personal crisis such as serious illness (for either parents or children), parental job loss, divorce/separation, homelessness, natural disasters and bereavement can have long-term damaging effects upon children and families. For example:

- Children whose parents experience an acute psychiatric crisis can suffer problems with sleep, decline in school work, social withdrawal and anxiety reactions (Sivec & Masterson, 2009).
- Serious illness of a child can impact negatively upon the job and financial security of parents (Limburg, Shaw, & McBride, 2008).
- Parental job loss can impact negatively upon children’s educational prospects. For example, primary school children whose fathers had lost their jobs found they were more likely to repeat a grade, be suspended or expelled (Kalil & Zio-Guest, 2008).
- Parents post-traumatic stress disorder caused by, for example, natural disasters has been associated with parental over-protectiveness and, as a consequence, poor outcomes in children (McFarlane, 1987).

Interestingly, Blakemore (cited in McCarthur et al., 2010) noted that whilst families from low socioeconomic backgrounds are less likely than families from a higher socioeconomic background to access preventive or support care services, they are more likely to access economic or crisis response services.

Being heard

Compared to the evidence for the aforementioned three domains of opportunity, there is minimal empirical evidence to demonstrate the way in which restricting children and families’ opportunity to be heard (e.g., to identify their needs and provide feedback, to be involved in decision-making processes that impact upon their lives) leads to poor outcomes.

Some Australian research has investigated children and young people in out-of-home care “being heard” (i.e., participating in decisions that affect their lives) (Bromfield & Osborn, 2007). Overall, the research findings demonstrate that providing children and young people with opportunities to be heard (e.g., through participatory research) is a crucial aspect of meeting their needs (Bromfield & Osborn, 2007). An evaluation of a program to increase the engagement of residents in decision-making process in a disadvantaged community found that participants experienced increased confidence to claim individual and community rights and an overall increased sense of competence and self-esteem (St Vincent de Paul Society, 2003).

Despite minimal empirical evidence there is a clear shift in the direction of policy development and research in relation to children’s participation. Children have typically been excluded from actively participating in these processes; however advocates and researchers are increasingly highlighting the democratic right of children to participate (Christensen & James, 2000; MacNaughton, Smith, & Lawrence, 2003). This has led to child-inclusive policy development, such as the Australian Capital Territory Children’s Plan (see MacNaughton, Smith & Lawrence, 2003) and a new “sociology of childhood” in research fields that incorporates the views of children (MacDougall, Schiller, & Darbyshire, 2004).
How do children experience social exclusion?

A small qualitative Australian study sought to identify the barriers to social inclusion for children (aged 9–12) in the areas of exclusion from school, social activities and social networks (Davies, Davis, Cook, & Waters, 2007). The findings of the study provide a valuable insight into how children experience social exclusion.

Children and their caregivers were interviewed and nine key barriers to social inclusion were identified. They were:

- inability to attend school camps;
- inability to participate in school activities (e.g., school fundraising activities);
- bullying and being left out;
- time and transport constraints (e.g., children being unable to participate in social activities outside of school);
- financial constraints;
- children self-excluding (children who are aware of the pressures their caregivers face exclude themselves from activities they know their caregivers cannot afford);
- insufficient community facilities, safety and traffic concerns (e.g., mothers reported feeling concerned about local parks that were deemed unsafe);
- housing restrictions (e.g., insufficient space to play inside their house or their backyard restricting children’s opportunities to invite friends over); and
- parental permission (e.g., parents may not allow their children to visit friends’ houses if they know they cannot reciprocate).

The authors of the study noted two broad implications. Firstly, neighbourhoods can act as barriers to social inclusion. Therefore, providing family friendly, safe and appealing spaces for children may alleviate these barriers. Secondly, school environments act as barriers to social inclusion. The authors suggest social inclusion policies that educate students, parents and staff on a zero-tolerance approach to bullying and supporting parents to cover the cost of activities.

PRACTICE CONSIDERATIONS

These practice considerations are general principles based upon lessons from research and practice, designed to provide additional guidance to service providers about working with disadvantaged and socially isolated children and families.

How can the concept of social inclusion be used as part of the planning and delivery of services to children and families?

Social inclusion is conceptualised, for the purposes of this Practice Sheet, as four interconnected “domains” of opportunity; the opportunity to: participate in society through employment and access to services; connect with family, friends and the local community; deal with personal crises (e.g., ill health); and be heard. The following section of the Practice Sheet outlines how a social inclusion framework (i.e., the four interconnected domains) can be used during the planning and delivery of child and family services in order to promote social inclusion for children and families. As is evident from the Practice Considerations below, the domains of social inclusion are interconnected; that is, enhancing opportunities in one domain (e.g., participation in employment) may lead to enhancement of opportunities in another (e.g., connecting with the local community).
It is important to note that not all child and family services will have the capacity to respond to all of these domains; indeed, in some cases responding to all of these domains will be neither appropriate nor necessary. Therefore, these practice considerations could be used as a starting point for generating new ideas or to assess how well a program is reflecting some of the key aspects of social inclusion.

**Employment**

- Research demonstrates that work is beneficial to individuals and their families in terms of financial, health, wellbeing and self-esteem factors (Millar, 2010). However, some parents face significant barriers to participating in employment—both in terms of securing and maintaining employment (Butterworth, 2003; Millar & Ridge, 2008; Perkins, 2006). These barriers fall into three key categories:
  - issues such as skills, education or work experience;
  - structural barriers such as childcare, transport difficulties and job availability; and
  - personal circumstances such as family/care responsibilities, physical and/or mental health issues, housing instability or learning disabilities (Perkins, 2006).

- Barriers to participating in employment are compounded when parents are living in a disadvantaged area where there is a concentration of unemployment and joblessness (Hand, Gray, Higgins, Lohoar, & Deblaquiere, 2010).

- Although work is beneficial to individuals and their families, most families, especially single-parent families, require some support to manage the demands of employment and child-rearing (Millar, 2010; Millar & Rowlingson, 2001).

- Participation in employment will not be a viable option for all parents. Some forms of chronic illness and disability, for example, may restrict a parent’s ability to participate. However, it is important to note that one characteristic of social exclusion can be the restriction of hope and expectation (Berry, Hayward, & Porter, 2008); therefore, assuming that all parents with a disability are unable to work may constitute a form of social exclusion in itself.

- A key issue in seeking employment for some single parents with young children—and for some parents whose partner is already working full-time—is the need for reliable early childhood education and care services (Friendly & Lero, 2002; Millar, 2010). Child and family services play a key role in supporting parents to participate in employment through the provision of these services.

**Questions to consider in the planning and delivery of services**

- What is it that parents need in order to enhance their opportunities to participate in employment? Some areas in which parents may need help include developing skills for job searching; support to gain qualifications; opportunities to gain work experience (e.g., through volunteering roles); reliable child care; and English language classes.

- Is it viable to offer voluntary or paid employment opportunities to parents attending your program? Employing parents, on either a voluntary or paid basis, not only has benefits for the parents (e.g., increased self-esteem, decreased social isolation); it can also benefit the program. For example, employing parents from the local community who have had similar experiences may aid the process of trust- and rapport-building with new participants.

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9 The Family Centered Employment Project is an example of an initiative that seeks to reduce the proportion of jobless families. The initiative seeks to address the educational needs of jobless families and supports their capacity for employment (Australian Government, 2009).
An intentional part of the design of the program is the employment of parents who are also using [the program] with their own child(ren). This aids the process of building trust and rapport between tutors and other parents. (Circular Head Rural Health Services, 2008)

Volunteers do accredited training [in] in-depth interviewing skills and effective client communication. [This training enables] the volunteers to be effective community information workers. (Springvale Community Aid and Advice Bureau [SCAAB], 2008)

If your service does not have the capacity to support the needs of parents to participate in employment, what support is available to them in the local community through other services?

What are some practical ways to enhance parents’ employment opportunities?

Some of the practical ways in which programs provided by child and family services can directly or indirectly increase parents’ opportunities to participate in employment include the following:

- Enhancing parents’ confidence generally can lead to parents feeling more confident about seeking and gaining employment. Opportunities to take on a leadership role within a program can be especially beneficial for increasing parents’ confidence.

- Providing parents with opportunities to learn skills that can benefit themselves and their families (e.g., preparing meals and cooking with fresh food) can also potentially lead to employment opportunities.

- Providing parents with opportunities to learn practical skills that they can use in order to find a job, such as how to search for jobs and how to respond to selection criteria.

- [The program] supported 19 young men to develop resumes. A group trip was then organised to visit the mines and meet with HR managers. All young men secured employment. (Males in Black Inc. and UnitingCare Wesley, 2010)

- Providing parents with information about and opportunities to develop relationships and networks with multiple agencies in the community, including those that specialise in providing opportunities for further education and those that provide advice, guidance and support to people seeking employment.

Connect with family, friends and the local community

- Positive connections with family, friends and the local community are important to families because they provide a sense of belonging and support. Social networks are extremely important to parents’ wellbeing and general family functioning, and are also extremely important for children’s development (Cutrona & Cole, 2000; Thompson & Ontai, 2000).

- A lack of connections with family, friends and the local community can lead to social isolation. Social isolation has a negative impact upon the physical and mental health of individuals, and is a factor commonly associated with child abuse and neglect (Lamont & Bromfield, 2009).

- Some parent groups (e.g., young parents) will fear being judged by other parents and this may make them reluctant to attend child and family support programs and, when they are attending programs, it may be difficult for them to develop relationships of trust.

- Many families receive more support from informal (e.g., family, friends) rather than formal sources (McCarthur et al., 2010). Early childhood education and care facilities, child and family support services, schools, community hubs and other child and family service facilities can play a key role in facilitating opportunities for parents and children to meet with one another and
develop supportive relationships and friendships. For example, services can provide a space for parents to meet informally (e.g., a family room).

**Questions to consider in the planning and delivery of services**

- What opportunities are provided in the program for parents to socialise with one another?

  A shared lunch in the last session of [the program] improves and maintains relationships between parents and between children. This provides families with the opportunity to interact socially and reduce stressors through conversation and support, particularly for those living in isolation. [The program] is often the only place where families can have adult contact. (Uniting Care Wesley, 2008)

- Is there a dedicated space for families to interact and socialise with one another?

- For parents who are particularly susceptible to a fear of being judged by others (e.g., young parents), would a program that is restricted to certain groups (e.g., parents aged 15–24) make it easier for those parents to better make connections with one another?

- Do parents attending the program understand the importance of social interactions and friendships for their children? Are children provided with opportunities in the program to interact with one another and make friends?

**Deal with personal crises**

- Crises can affect families in different ways. While one family can develop stronger bonds as a result of crisis, others can be left on the brink of collapse (Moloney, 1994).

- It is likely that three or more normal life event stressors within a brief period of time will disrupt the functioning of the family system. Those families who do not have adequate resources to deal with these stressors may experience negative outcomes such as post-traumatic stress disorder (Landau, Mittal, & Wieling, 2008).

- Social support provides a post-trauma coping resource for families (Landau et al., 2008). Social support systems can include immediate and extended family members, friends, neighbours, schools, employers, work colleagues, health care providers, and human service organisations (Landau et al., 2008).

- In some cases, parents may be reluctant to seek formal support during times of personal crisis because they view it as a sign of weakness (Alston & Kent, 2004), fear custody loss (Khalifeh, Murgatroyd, Freeman, Johnson, & Killaspy, 2009) and/or child protection involvement (Tually et al., 2008).

**Questions to consider in the planning and delivery of services**

- What informal social supports are available to the family to assist them during periods of personal crisis? How can these social support networks be strengthened and expanded? (See “Connect With Family, Friends and the Local Community”).

- As a preventative measure, what strategies can be put into place to prevent crises from occurring? For example, financial management education can avert the development of financial crises within families:

  The project involves community-based workers who assist individuals and families negotiate a budget agreement and use system tools to implement their money management decisions and make adjustments as circumstances change. The outcomes of this project have been impressive with nearly 600 Indigenous participants improving their ability to cover essential living costs, reduce and manage debts, and save for and purchase goods. (Centacare Wilcannia-Forbes, 2009)
A common experience of social disadvantage is the feeling that you are not being heard (Peel, 2003). This experience of not being heard can extend from everyday interactions with service providers to a feeling of powerlessness at a broader societal level (e.g., not being “heard” by the government).

In order for parents to be heard, service providers need to be able to actively listen. A skilled listener “hears and understands what parents say, how they say it, and what they show through their non-verbal behaviour, as well as noticing what is not said or shown” (Davis, Day, & Bidmead, 2002, p. 69).

Practices that are family-centred, partnership based and strengths-based are designed to enable parents and children’s voices to be heard. These practice approaches are all founded upon the idea that people have the strengths and resources available to them for their own empowerment. Working in partnership with families, according to these principles, is not just about providing advice but about:

Hearing the whole story, seeing the full picture, knowing their main worries, learning their strengths, and taking all these into account in enabling them to find ways of managing the problems that confront them and their children. (Davis et al., 2002, p. ix-x)

People experiencing social exclusion are often left out of decision-making processes. Dibben (2006) highlighted how, for example, socially excluded people in England have often been left out of decision-making processes regarding public transport, even though transport is a critical issue for many socially excluded people.

Children, regardless of their socio-economic background, are often viewed as incapable of contributing meaningfully to decision-making processes within their own family and in other contexts, such as school and their local communities (Qvortrup, 1997). However, children’s feelings of importance within their community are enhanced when they have opportunities to be heard and listened to as valued citizens in their own right, (rather than being viewed as “citizens of the future”) (Tranter & Pawson, 2001). Children are also extremely interested in being consulted about issues that relate to their daily lives (Stafford, Laybourn, Hill, & Walker, 2003).

Activities that allow children and parents to tell their story from their point of view, can lead to a greater sense of empowerment (Mulligan et al., 2006).

When you look how far we’ve got, and how others have listened to us, it’s wonderful. I feel we’ve achieved things by talking to people. Once I would have thought, “I’m a nobody”, but now I know I can speak out … and you know what? You know how we talk a lot about people “above us”, well, we have found out there is no one above us! (St Vincent de Paul Society, 2008)

Professionals who work with low-income families can play a role in addressing the social, economic and political structures that perpetuate poverty and disadvantage, such as poor housing and racism. One of the ways they can do this is by bringing to light in public forums common themes in clients’ circumstances, such as inadequate housing (Waldegrave, 2005).10

Questions to consider in the planning and delivery of services

Most services provide parents with opportunities to provide feedback on services. This feedback process could be viewed as an important first step in providing parents with an opportunity to be heard, contribute to evaluations and contribute to subsequent improvements in the program. What opportunities are provided to parents and children to provide feedback on the program? Do parents and children take up these opportunities? If not, why not? How can they be encouraged to provide feedback?

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10 See Robinson and Parker (2008) for strategies practitioners can use to deal with the impact of housing issues on client’s mental health.
What does social inclusion look like in practice?

There are many examples within CAFCA’s Promising Practice Profiles database of promising and innovative methods that have been used by services and programs to promote social inclusion.

For example, in regards to participation in employment, one community-based organisation that provides information and assistance to a disadvantaged, culturally diverse community in a metropolitan area initiated a project that provided people from the local community with an opportunity to work as volunteers in the organisation (SCAAB, 2008).

Many people in this community are recently arrived migrants and refugees who face challenges such as unemployment, low income and social isolation. The project targeted people from disadvantaged and culturally diverse backgrounds and provided newly arrived migrants and refugees in the community with opportunities for civic participation in order to counter the potential for social isolation.

The key aspects of the program included:

- the opportunity to volunteer in a range of different programs including information, referral, advocacy and support; reception and administration; and a home visiting program for humanitarian migrants;
- the provision of accredited training in interviewing skills and client communication to all volunteers. During this training, volunteers learnt about local community services and resources; and
- individual supervision and mentoring support provided to volunteers by professional welfare and social workers. This enabled volunteers to familiarise themselves with work processes and work culture in a professional setting.

Half of the volunteers surveyed when they exited the program \((n = 43)\) left the organisation because they had found paid work. Eighty-seven per cent of surveyed volunteers reported increased confidence as a result of their involvement in the program.

A different program, that was based in a public housing estate, provides an insight into how a service can enhance disadvantaged people’s opportunities to be heard (St Vincent de Paul, 2008). The program was not dependent on a set of predetermined activities but focused on supporting community members to discuss and act upon the needs they identified as important. The key processes of program were:

- Listening and building relationships—a project worker worked with the community initially to bring people together and encourage them to discuss common problems. There was a focus on listening to community members, building self-esteem of those involved and building a sense of solidarity within the group.
- Identifying and analysing issues—the participants who came together analysed the causes of the issues they were facing and worked together in order to collectively respond to those issues.
- Undertaking action—the group attempted to bring about positive change (e.g., writing to a local politician).

“Change agents ” emerge—as the group went through the process of identifying and analysing issues and undertaking action, leaders within the group emerged and the role of the project worker diminished to a friend/supporter.

A number of community initiatives were put into place as a result of the program, including the alteration of a bus route to provide access to shopping facilities and the installation of three public phones. Participants increased their participation in the local community through volunteering and six independent community organisations were established by participants in the original project.

More information about these and other Promising Practice Profiles visit:
It has been our experience that when young parents themselves have direct input, the quality and quantity of services improve. (Kingston Bayside Primary Care Partnership, 2008)

- What type of activities could be used to help parents and children tell their own stories in their own ways? (e.g., small community arts projects.)

- What types of activities would help parents learn about how they can contribute to decision-making processes in their community? How can parents be encouraged to contribute to decision-making processes? Some examples include writing to newspaper editors and politicians:

  One group, with assistance from [a staff member], wrote to a politician. They received a letter saying that their correspondence had been received and would be responded to in the future. This generated enormous enthusiasm and confidence among the group, who reported it to the larger lunch group. Eventually, a full response arrived that was unsatisfactory to the group. However, the confidence they had developed enabled them to persevere over several years to ultimately gain the changes to a local bus route, which greatly increased the quality of their life. (St Vincent de Paul Society, 2008)

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CAFCA Practice Sheets are brief, evidence-informed resources that provide an overview of a specific practice issue and practice considerations to help practitioners reflect upon their own service delivery.

The information provided in the CAFCA Practice Sheet series is for practitioners and policy-makers who plan and/or deliver services to children and families in Australia, especially those working in disadvantaged communities.

The series draws upon and builds on the findings of an evaluation of a nationwide strategy (the former Stronger Families and Communities Strategy) that was designed to bring about improved outcomes for families and young children.