

Getting to Know Our Community

The following questions are provided to help focus your discussion as your group seeks to share information, knowledge and local wisdom to come to a collective understanding of your community context. The questions are aligned with the Tier 1 **Context** elements, these having been identified through research as being relevant to consider and explore to contribute to the development of a comprehensive understanding of contextual factors including structure, culture, agency, relations and the interplay between these.

1. What do we know collectively about the local children and families in our community?

Take your time exploring this question, asking all members to share their knowledge and insights, or asking each member of your group to talk to their colleagues, friends and family so this information can be shared with the group when you meet to discuss.

- a) Who are “our community”?
- b) What do we know about them/us?
- c) What are benefits / strengths of raising children in our community?
- d) What challenges do families with young children in our community experience?
- e) What are the key areas of need for families?
- f) How do these impact on the health, development, safety and security of children and their families?

2. What does culturally sensitive and respectful care or service delivery look like in our community? What do we need to consider to ensure the service model being implemented/adapted is appropriate, relevant and most importantly culturally safe for families living in our community? Who do we need to consult with to answer these questions?

3. What data is available for us to access to help inform our planning and priority setting? Is there data specific to our local community? Does the data include information in relation to disadvantaged or marginalised groups within our community?

4. **Is there a particular service model that has been or is planned to be implemented in our community? What would be key considerations for any service model to meet the needs of our community? Are there several potential models being considered and if so, which of these would best suit our community context?** These questions will help you consider the key priorities and contextual factors in your community that a service model must be able to address in order to be both relevant and effective. This information will inform your review of the “fit for context” of the service model you are considering or reviewing and any customisation or adaptations that may be needed when you move into **Tier 3 ‘Model’**.

5. **What opportunities are available to us to identify innovative solutions to overcome challenges that may occur during implementation?** Contextual factors can include the combined resources and expertise available in your community, and opportunities for collaboration as you adapt and implement a service model. You might consider what other services are available for families in your community, how the new/adapted specialist CFH service will interact and intersect with these.
 - a. Is there a commitment between the agencies represented in this group (and others with an interest) to share resources to optimise capacity and enhance services for families in our community?
 - b. Have there been other innovative strategies developed for service delivery your local community that you can harness for this project?
 - c. Are there examples of similar communities adapting or implementing specialist CFH service models that we can learn from, e.g. what worked well, challenges encountered and how these were overcome?

6. **Are there Government policies to which this project or it’s aims align? What funding is available to support this work? What are the requirements of funding available to us?**
 - a. What policies or Government priorities relate to this project? e.g. policies that articulate priorities to address the needs of young children and their families, CFH service access and provision.
 - b. Does the funding model have flexibility and breadth to address the realities of healthcare provision across different settings and contexts?
 - c. If the funding available is rigid in terms of criteria, requirements, outputs and timeframe, is there an opportunity negotiate flexibility to enable the consultation needed to adapt and implement a CFH service model which will meet the needs of our community?

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- d. Does the funding model enable the time and resources required to build trust, local coalitions and community engagement to effectively adapt service models for our local context?
 - e. Is there other financial support we can seek which will support community participation in service planning and governance?
- 7. Are there other key workers who hold a thorough understanding of local needs who may be able to act as advocates for groups in our community?** These may be health workers, NGO workers, volunteers or consumers who hold key information and insights enabling them to act as advocates for their communities. This may include making representations to government bodies at various levels or funding agencies to argue for additional resources or support to enable the implementation of an adapted specialist CFH service model to meet your local community's needs.
- 8. If we are implementing or adapting a service for families with young children, what do we need to consider when providing information to parents so they know about the services available to them?** Barriers to access can be more many and varied, including distance but also culture and families not knowing what and how to access services. The words we use can sometimes form an unintentional barrier if parents perceive the services are for other people, and wait until crisis point to reach out for help. You might like to consider asking parents about the language and words used to describe services, and the means of communicating this to inform your communication strategy to ensure the messages reach families.
- 9. How can we support clinicians / health service providers to engage and contribute to the project aims?** Now that we have gathered information about our local context and gained a greater understanding of the strengths, needs and priorities for families in our community, is there an opportunity to share these insights with clinicians who care for local families with young children?
- 10. What should we consider in terms of the governance and leadership of the service being adapted for implementation?**
- a. Are local stakeholders represented in our local healthcare systems at a leadership and governance level?
 - b. Are local stakeholders represented in planning and decision making?
 - c. Is there an opportunity for community-based governance to empower local providers to address local community needs?
 - d. Is decision making inclusive of local culture and population groups, particularly minorities and those with the greatest need?

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- e. Is there an opportunity to engage decision makers and stakeholders across all levels in aspects of this project? e.g. policy makers may be interested and able to offer support while local stakeholders will bring their local knowledge and perspective to inform decisions.

11. Does the organisational culture of the lead agency reflect the importance building of relationships and trust within and across organisational boundaries, and support this in our community?

- a. Does the organisational culture mirror a strengths-based approach from senior leadership to direct service providers for families?
- b. Does the organisational culture focus on improving outcomes for children and their families above all else?
- c. Does the organisational culture embrace advocacy and champions who understand the needs of local communities?
- d. Does the organisational culture embrace negotiation with parents, community and other stakeholders?
- e. If the answers to the above questions are 'No', is there a role our collective group can play in advocating for change and consideration by senior leadership of the benefits of this and other collaborations for our local community?