

Centre for Community Child Health



AUTHENTIC ENGAGEMENT: The nature and role of the relationship at the heart of effective practice

Tim Moore

Keynote address at ARACY Parent Engagement
Conference ~ *Maximising every child's potential* ~

Melbourne, 7 June, 2017



Suggested citation

Moore, T.G. (2017). Authentic engagement: The nature and role of the relationship at the heart of effective practice. Keynote address at ARACY Parent Engagement Conference ~ *Maximising every child's potential* ~ Melbourne, 7th June.

Prepared by:

Dr Tim Moore

Senior Research Fellow

Centre for Community Child Health

Phone: +61-3-9345 5040

Email: tim.moore@mcri.edu.au

The Centre for Community Child Health is a research group of the Murdoch Childrens Research Institute, a department of The Royal Children's Hospital, Melbourne, and an academic centre of the University of Melbourne.

Centre for Community Child Health

The Royal Children's Hospital Melbourne

50 Flemington Road, Parkville

Victoria 3052 Australia

Telephone +61 9345 6150

Email enquiries.ccch@rch.org.au

www.rch.org.au/ccch

Contents

Abstract	iii
Introduction	4
The neurobiology of relationships	4
The neurobiology of thinking and feeling	4
The neurobiology of interpersonal relationships	5
Importance of relationships for healthy development and functioning	6
Importance of relationships for effective helping / service delivery	6
Lessons from research with vulnerable families.....	7
Research on psychotherapy efficacy	7
Research on patient and professional beliefs, and placebo / nocebo effects	8
Conclusion.....	9
Key features of effective relationships	10
Universal features of effective relationships.....	10
Challenges to authentic engagement	11
Conclusions	15
References	16

Abstract

Professionals may seek to engage parents for a variety of reasons: to help individual parents with personal or parenting issues; to help parents support their children's learning; to help groups of parents manage shared issues; to engage communities of parents in addressing common concerns regarding services and environments; or to collaborate with parents in co-designing, co-managing and co-evaluating services. To be successful, all of these different forms of engagement depend upon the nature of the relationships that are established between the professionals and the parents.

This presentation focuses on parental engagement at this personal level, and explores what such relationships involve, and what is known about the nature of effective relationship-based partnerships. Convergent evidence from a variety of sources (including the neurobiology of interpersonal relations) indicate that the way in which services are delivered – the manner in which professionals engage parents – is as important as what is delivered. This evidence also suggests that effective relationships have universal properties, including authenticity. The key features of authentic engagement are described, and the challenges in establishing authentic relationships are explored. One particular challenge is how to resolve the apparent contradiction between the flexibility demanded of relationship-based approaches and program fidelity required in evidence-based practice. An evidence-informed decision-making model for reconciling these two approaches is described. Finally, training and support implications are considered.

Introduction

Professionals may seek to engage parents for a variety of reasons – to help individual parents with personal or parenting problems, to help groups of parents manage shared issues, to help parents support their children’s learning, to engage communities of parents in addressing common concerns regarding services and environments, or to collaborate with parents in co-designing, co-managing and co-evaluating services.

To be successful, all of these different forms of engagement depend upon the nature of the relationships that are established between the professionals and the parents. This presentation focuses on parental engagement at this personal level, and explores what such relationships involve, and what is known about the nature of effective relationship-based partnerships. To answer these questions, we first need to understand the role our biology plays in shaping our interactions with one another. We begin with a brief review of what is known about the neurobiology of interpersonal relationships.

The neurobiology of relationships

Our behaviour towards each other is governed by our biology: we are a relational species, built for attunement and engagement with others of our kind.

Our brains are designed to respond to and be influenced by others: *we are wired to be social*. (Lieberman, 2013).

The human brain is a social organ of adaptation, and we have evolved to be linked to and learn from other brains in the context of emotionally significant relationships: *relationships are our natural habitat*. (Cozolino, 2013).

The evidence for these claims comes from recent research into the neurobiology of thinking and feeling (Damasio, 1999, 2010; Davidson & Begley, 2012; Johnston & Olson, 2015; Kahneman, 2012; LeDoux, 2003; McGilchrist, 2009; Panksepp, 1998; Panksepp & Biven, 2012; Schore, 2012; Siegel, 2012) and, more specifically, the neurobiology of relationships (Cacioppo & Cacioppo, 2012; Cozolino, 2014; Lieberman, 2013; Siegel, 2012).

The neurobiology of thinking and feeling

What this research has shown is that our brains have two parallel pathways for processing conscious and unconscious information (Cozolino, 2014, 2016; Kahneman, 2012). The first pathway is a set of fast systems that emerge early in development and that govern our senses, motor movements, and bodily processes. These systems are non-verbal and inaccessible to conscious reflection, and are variously called implicit memory, the unconscious, or somatic memory. The information conveyed through these pathways is stored as memories that we do not consciously remember, yet never forget. The second pathway is a set of slower systems that emerge later in development, and are the source of conscious awareness and the capacity for story-telling, imagination and abstract thought (Cozolino, 2014, 2016).

The cognitive psychologist Daniel Kahneman¹ (2012) calls these two pathways System 1 and System 2, and focuses on the role that they play in our judgments and decision-making. When we think of ourselves, we identify with System 2, the conscious, reasoning self that has beliefs, makes choices, and decides what to think about and what to do. Although System 2 believes itself to be in charge, most of what we (our System 2) think and do originates in our System 1. This is continuously generating suggestions – impressions, intuitions,

¹ In 2002, Kahnemann won the Noble Prize in economics for his work with Amos Tsversky on behavioural economics.

impulses, and feelings – that we do not consciously register but which we act on most of the time. If endorsed by System 2, impressions and intuitions turn into beliefs, and impulses turn into voluntary actions. When all goes smoothly, System 2 adopts the suggestions of System 1 with little or no modification. However, when we are faced with difficult situations, System 2 takes over, and it normally has the last word (Kahneman, 2012).

While Kahneman is primarily concerned with thinking – how we make judgements and decisions, the two parallel information processing pathways he describes also underpin how we relate to one another – how we react to and feel about others and our relationship with them.

The neurobiology of interpersonal relationships

In addition to shaping our thinking and decision-making, the fast pathway (Kahneman's System 1) is devoted to mindreading others: we have an unparalleled ability to understand the actions and thoughts of those around us, enhancing our ability to stay connected and interact strategically (Lieberman, 2013). This is made possible by the fast pathway's ability to read the unconscious cues given by others in the form of gaze, pupil dilation, facial expressions, posture, proximity, touch, and mirror neuron systems.

These are all reflexive and obligatory systems that work below conscious awareness, and create a high-speed information linkup between us, establishing ongoing physiological and emotional synchrony, enabling us to read the minds of others and experience something of what they are experiencing (Cozolino, 2014). They, in turn, read our minds, moods and intentions which we are unconsciously transmitting. Our minds connect across the space between us at lightning fast speed.

The clinical psychologist Louis Cozolino (2010, 2016) calls this space between us the social synapse: like neurons, we send and receive messages from one another across this space, through which we communicate constantly, both consciously and unconsciously.

When we smile, wave, and say hello, these behaviors are sent through the space between us via sight and sound. These electrical and mechanical messages are received by our senses, converted into electrochemical signals within our nervous systems, and sent to our brains. The electrochemical signals generate chemical changes, electrical activation, and new behaviors, which in turn transmit messages back across the social synapse. (Cozolino, 2010)

Communication between people stimulates the social networks of the brain, the brain is built in light of the interaction, and we become linked together to create relationships in which we impact the long-term construction of one another's brain. The synapse is that space between us where we communicate with all of our senses and we become linked together and serve as regulators for each other.

The difference in processing speed between the fast and slow pathway is approximately half a second (Cozolino, 2016). Our brains process sensory, motor, and emotional information in a mere 10-50 milliseconds, whereas it takes 500–600 milliseconds (half a second) for brain activity to register in conscious awareness. This is because conscious processing requires the participation of so many more neurons and neural systems. During this vital half second, our brains work like search engines, unconsciously scanning our memories, bodies, and emotions for relevant information. In fact, 90 per cent of the input to the cortex comes from internal neural processing, not the outside world. This half second gives our brains the opportunity to construct our present experience based on a template from the past that our minds view as objective reality. By the time we become consciously aware of an experience, it has already been processed many times, activated memories, and initiated complex patterns of behaviour (Cozolino, 2016).

What makes these neurobiological processes so important for relationships is that we cannot turn off this fast processing system – which means that we are always registering the reactions and moods of others, and they

are always registering our reactions and moods in turn. While these reactions do not entirely control our behaviour towards others – our slower conscious systems can always override these initial reactions – we need to be aware of our automatic reactions and learn how to manage them so that they do not compromise our interactions with others. As we will see, this is particularly important in helping relationships.

Understanding these neurobiological processes that underpin all relationships helps us understand why relationships are important for healthy development and functioning.

Importance of relationships for healthy development and functioning

It is well understood that relationships characterised by responsive caregiving and secure attachments are absolutely critical in early childhood (Barlow et al., 2016; Christakis, 2016; Gerhardt, 2014; Music, 2011; National Scientific Council on the Developing Child, 2004; Richter, 2004; Siegel, 2012). As Christakis (2016) states,

Young children are important because they contain within themselves the ingredients for learning, in any place and any time. Parents and teachers are important, too. And that is because they control the one early learning environment that trumps all others: the relationship with the growing child.

Relationships continue to be important throughout our lives: in preschool settings (Ensher & Clark, 2011; Raikes & Edwards, 2009), schools (Cozolino, 2013, 2014; Roffey, 2012), adult relationships (Hazan & Campa, 2013; Roffey, 2012), work settings (Gillies, 2012; Langley, 2012) and society as a whole (Barrett-Lennard, 2004).

The extent and quality of our relationships with others affect our health and well-being (Hawkley & Cacioppo, 2013; Lieberman, 2013; Seeman, 2000). When we experience threats or damage to our social bonds, our brains responds in much the same way as they responds to physical pain (Lieberman, 2013). Hence, the experience of loneliness is aversive, and the feeling of social connectedness is as vital to our survival as food and drink (Hawkley & Cacioppo, 2013). The more adverse a person's circumstance and the fewer resources they have, the more important it is becomes for them to have secure supportive relationships with the people in their lives (Ungar, 2013; Ungar et al., 2013).

Importance of relationships for effective helping / service delivery

The relevance of these findings lies in the fact that *all human services are relational services*, dependent to a much greater extent than other forms of service on the quality of the relationships between practitioners and parents (Ruch et al., 2010). Given the powerful neurobiological effects of the interactions involved in these relationships, relationships should be regarded as the foundation of effective service delivery.

There is convergent evidence from multiple sources of the importance of relationships and of how services are delivered (Moore, 2015, 2016; Moore et al., 2016). These sources include:

- research with vulnerable families (Boag-Munroe & Evangelou, 2012; Centre for Community Child Health, 2010; Cortis et al., 2009)
- research on psychotherapy efficacy (Cozolino, 2016; Duncan et al., 2010; Shore, 2012; Horvath et al., 2011; Norcross & Lambert, 2011; Norcross & Wampold, 2011; Sprenkle et al., 2009; Wampold & Imel, 2015)
- research on doctor-patient relationships (Benedetti, 2010, 2013; Decety & Fotopoulou, 2015; Halpern, 2012; Nobile & Drotar, 2003; Roberts, 2004; Stewart et al., 1999; Sweeney et al., 1998)

- research on patient beliefs (Dunst et al., 2007, 2008; Trivette et al., 2012a, 2012b) and placebo / nocebo effects (Benedetti, 2013, 2014; Frisaldi et al., 2015; Testa & Rossettini, 2016)
- research on family-centred practice (Bailey et al., 2011; Dunst et al. 1988, 2008; Dunst & Espe-Sherwindt, 2016; Dunst & Trivette, 2009; Raver and Childress, 2015; Trivette et al., 2010; Trute & Hiebert-Murphy, 2013) and the family partnership model (Davis & Day, 2010)
- research on effective help-giving practices (Braun et al., 2006; Dunst & Trivette, 2007, 2009)

This evidence has been described at greater length elsewhere (Moore, 2015, 2016). Some key findings are highlighted below.

Lessons from research with vulnerable families

The first body of evidence relates to vulnerable and marginalised families, focusing on those features of service delivery that are associated with more successful engagement with families and greater 'take up' of services (Boag-Munroe & Evangelou, 2012; Cortis et al., 2009; Evangelou et al., 2011). Reviews of the evidence (Centre for Community Child Health, 2010; Moore et al., 2012) suggest that what vulnerable and marginalised families need are services that:

- help them feel valued and understood, and that are non-judgmental and honest,
- have respect for their inherent human dignity, and are responsive to their needs, rather than prescriptive,
- allow them to feel in control and help them feel capable, competent and empowered,
- are practical and help them meet their self-defined needs,
- are timely, providing help when they feel they need it, not weeks, months or even years later, and
- provide continuity of care – parents value the sense of security that comes from having a long-term relationship with the same service provider.

What is noticeable about this list is the heavy emphasis on the qualities of the service providers and the relationship between families and service providers.

The second body of evidence comes from studies research regarding the efficacy of psychotherapy and the neurobiology of the relationship between clients and psychotherapists.

Research on psychotherapy efficacy

There is a great deal of evidence to show that psychotherapy is effective, but little evidence that one particular model of therapy is more effective than another, or how therapy works (Duncan et al., 2010; Green & Latchford, 2012; Sprenkle et al., 2009; Wampold & Immel, 2015).

An explanation for how therapy works was first articulated by Saul Rosenzweig (1936) who proposed that there are particular therapist attributes, relationship variables, and other factors that make therapy effective. Known as the *common factors* approach, this proposal is that services such as psychotherapy work not because of the unique contributions of any particular model of intervention, but because of a set of common factors or mechanisms of change that cuts across all effective therapies (Sprenkle et al., 2009). The two main factors are the therapeutic alliance (the joint working relationship between the therapist and the client), and the personal qualities of the therapists themselves (Sprenkle et al., 2009; Duncan et al., 2010). In the words of

Johnsen and Friberg (2015), these common factors 'represent the chassis that enables the motor to move the vehicle forward.'

The importance of the psychiatrist or psychotherapist as a means of treatment is borne out of what we have learned about the neurobiology of psychotherapy (Cozolino, 2010, 2016; Schore, 2012). An illustration of the importance of the service deliverer and their relationship with parents comes from a study by McKay et al. (2006) that looked at the potential effect that psychiatrists have on patient outcomes. The study found that a particular drug (imipramine hydrochloride) was significantly more beneficial than a placebo for people undergoing treatment for depression. However, who the patient saw, rather than what they were prescribed, had a bigger effect: between 7 and 9 per cent of the variability in outcomes was due to the psychiatrist administering the drug and only 3.4 per cent to the drug itself. Some psychiatrists were consistently more effective than others, regardless of whether they were prescribing the drug or the placebo. In fact, the top third performing psychiatrists in the study achieved better outcomes using the placebo than the bottom third did using the drug. The authors of this study conclude that we should consider the psychiatrist 'not only as a provider of treatment, but also as a means of treatment.'

Different forms of psychotherapy place different weight on the contribution of the relationship to therapeutic outcomes, but, according to Wampold (2017), 'there is a compelling case to be made that the real relationship is critical to the benefits of psychotherapy of all kinds.' The key qualities of a real relationship are genuineness and authenticity (Gelso, 2009, 2011, 2014; Gelso & Silberberg, 2016), backed by understanding and empathy (Decety & Fotopoulou, 2015; Halpern, 2012).

Another body of evidence that helps us learn more about the nature of effective help-giving comes from research on the role of client and professional beliefs.

Research on patient and professional beliefs, and placebo / nocebo effects

People's belief systems play a major role in guiding their behaviour. Recent analyses of family-centred practice have highlighted the crucial role that both parental and professional beliefs play in effective service delivery (Dunst et al., 2007, 2008; Trivette et al., 2012a, 2012b). *Parents' beliefs* take two forms: belief in the intervention plan and belief in their personal ability to implement the intervention. Service delivery is more effective when the parent has confidence that the intervention will be effective, and that they have the capacity to implement the intervention as intended. This means that they not only need to trust the professional and the professional's suggested solution, but they also need to trust themselves.

Professional beliefs also play an important role in the adoption and implementation of effective practices (Trivette et al., 2012a, 2012b). These also take two forms: belief in the efficacy of the intervention, and belief in the parent's ability to implement the plan. Service delivery is more effective when professionals not only believe in the power of the agreed intervention strategy to achieve the desired goals, but also in the caregiver/parent's ability to implement the strategy. If the professional is not genuine in this belief, the patient will know – that's the power of the neurobiological processes that govern our exchanges.

This evidence from research on family-centred practice on the important role of beliefs and trust is mirrored by the evidence from medicine regarding the power of placebo and nocebo effects (Benedetti, 2013, 2014; Frisaldi et al., 2015; Testa & Rossettini, 2016; Wampold, 2017). Placebo effects refer to positive changes in the body that result from belief in the power of an intervention to have positive effects. Nocebos are opposite to placebo phenomena, involving the damaging effects of imagination and negative expectations. In both cases, the nature of the relationship that the professional is able to form with the person has a major impact on whether the person forms positive or negative beliefs and expectations.

As indicated earlier, other insights into the nature and importance of relationships in human services come from research on doctor-patient relationships; research on family-centred practice and family centred care; and research on effective help-giving practices (Moore, 2015, 2016; Moore et al., 2016).

Conclusion

The convergent evidence from various sources indicates that how services are delivered is as important as what is delivered, and that how helpers relate to clients is as important as what we can for them and with them.

Outcomes are not simply the result of advice (e.g. take drug X or play with your child) but are determined also by the ways in which advice is given (Davis & Day, 2010)

The manner in which support is provided, offered, or procured influences whether the support has positive, neutral, or negative consequences (Dunst & Trivette, 2009)

This conclusion is consistent with what we know about the deeply relational properties of human nature and what we have learned about the neurobiology of interpersonal relationships. It is telling us that these relational processes operate in all relationships and circumstances, not just in our personal relationships with families and friends. We cannot turn off our responses to each other or the impact that they have on our behaviour.

In the case of helping relationships – between professional and parents – the evidence also indicates that the quality of the relationships between practitioners and parents are central to achieving the objectives of services (Bell & Smerdon, 2011; Braun et al., 2006; Greenhalgh et al., 2014; Norcross & Lambert, 2011; Moloney, 2016; Scott et al., 2007). As Greenhalgh and colleagues (2014) have argued of medical services, ‘Real evidence based medicine builds (ideally) on a strong interpersonal relationship between patient and clinician.’ Bell and Smerdon (2011) use the term Deep Value to convey the importance of the practitioner-parent relationship:

Deep Value is a term ... that captures the value created when the human relationships between people delivering and people using public services are effective. We believe that there are real benefits in delivering public services in ways that put the one-to-one human relationship at the heart of service delivery. In these relationships, it is the practical transfer of knowledge that creates the conditions for progress, but it is the deeper qualities of the human bond that nourish confidence, inspire self-esteem, unlock potential, erode inequality and so have the power to transform. (Bell & Smerdon, 2011).

The evidence suggests that the more vulnerable the parents are, the more important it is to establish effective relationships (CCCH, 2010). For those who are better resourced / supported, effective engagement is not as critical, but still important. The quality of our relationships therefore affects how effective we are as helpers and change agents.

The more adverse a person’s circumstance and the fewer resources they have, the more important it is for them to have secure supportive relationships with one or more people in their lives (Ungar, 2013; Ungar et al., 2013). For example, see Ungar, 2013, on the differential need of young people for secure relationships depending on their circumstances / context: youth engagement is a protective factor against psychological and social problems in circumstances where young people experience adversity, but is less influential when risk is low).

The final point to note here is that relationships have a dual quality or function: they are both a means to an end and an end in themselves. They are a means to an end in the sense that it is through relationships that children (and adults) learn, develop and change. And they are an end in themselves in that relationships do not just *lead* to a better quality of life, they *are* quality of life (Westley, Zimmerman & Patton, 2006).

We turn now to examine what is known about the key features of effective relationship.

Key features of effective relationships

Relationship are the medium through which we transmit effective strategies to help families change the way they relate to and care for their children – the ultimate aim is to strengthen the parent's capacity to provide the child with opportunities to develop functional skills and participate meaningfully in everyday activities.

Having a positive relationship with a parent or parents is a necessary but not sufficient condition for improving child outcomes - you have to do something, intentionally and purposively, to build parental capacities to provide children with different experiences if child outcomes are to improve. Thus, engagement is *a necessary but not sufficient condition* for creating change or for being an effective helper – the engagement relationship is the medium through which effective learning / change / programs can be delivered.

However, there is a caveat - you cannot treat the relationship simply as a means to an end – you can't fake an interest in the parent and their views because they will know.

Research indicates that help receivers are especially able to 'see through' help-givers who act as if they care but don't, and help-givers that give the impression that help receivers have meaningful choices and decisions when they do not (Dunst and Trivette, 1996).

This is our neurobiology at work and means that we have to treat the relationship as an end in its own right, while being mindful of the ultimate goal of changing behaviour. This is what authentic parent engagement – or authentic engagement of any kind (with children, partners and colleagues) – means.

Universal features of effective relationships

As I have argued elsewhere (Moore, 2006), all effective relationships have universal properties. There are ten features that are common to all effective relationships:

- attunement / engagement,
- responsiveness,
- respect / authenticity,
- clear communication,
- managing communication breakdowns (repair),
- emotional openness,
- understanding one's own feelings,
- empowerment and strength-building,
- assertiveness / limit setting, and
- building coherent narratives.

These characteristics are observable in the relationships between parents and children, professionals and parents, managers and professionals, colleagues, as well as in our personal relationships. The universality of these key features suggest that they function as a kind of 'psychosocial fractal' (Moore, 2006), analogous to

fractals in mathematics and the real world (Mandelbrot, 1982). Fractals are intricately repeated shapes in which the parts resemble the whole across several levels of resolution. Many examples of fractal shapes appear in nature, and there is evidence that many real-world network systems display this same kind of symmetry, just as if they were fractal shapes (Song, Havlin and Makse, 2005; Strogatz, 2005). This is what is occurring with relationships: no matter what level one examines - the micro-level of parent and infant, or the macro-level of community engagement, the same key features of relationships can be observed (Moore, 2006).

For example, at the community level, engagement and partnering involve the relationship between a service system and groupings of community members. The same principles and practices that have shown to be effective in engaging and empowering families at an individual level are also effective at community levels – community centred-practice is family-centred practice at a group level (Moore et al., 2016).

Another illustration of the universality of the key features of effective relationships is the way that parallel processes operate at all levels of the chain of relationships and services, so that our capacity to relate to others is supported or undermined by the quality of our own support relationships (Moore, 2006). Relationships form a cascade of parallel processes, so that the quality of relationships at one level shapes the quality of relationships at other levels. This flow-on effect can be seen in the relationships between early childhood professionals and parents of young children: we model for parents how to relate to their young children by the way we relate to them.

People learn how to be with others by experiencing how others are with them – this is how one's views and feelings (internal models) of relationships are formed and how they may be modified. Therefore, how parents are with their babies (warm, sensitive, responsive, consistent, available) is as important as what they do (feed, change, soothe, protect and teach). Similarly, how professionals are with parents (respectful, attentive, consistent, available) is as important as what they do (inform, support, guide, refer, counsel) (Gowen and Nebrig, 2001).

More details about the key features of effective relationships can be found in Moore (2006).

One particular characteristic that has been highlighted by the neurobiological research as being critical is *authenticity*. Some of the challenges in maintaining a consistently authentic approach in engaging parents are discussed below.

Challenges to authentic engagement

There are a number of challenges to maintaining an authentic stance when engaging with parents and others.

- *How to know and manage one's own emotions and values.* There will always be some clients and some situations that we will find hard to understand and accept, and will have a visceral reaction to. It is important to recognise and understand these default reactions, and not let them compromise our response to the person or situation. Being respectful of others is one of the most important steps in developing positive relationships (Law et al., 2003a). Because we show respect to others in everything we do or say, it is essential that we develop awareness of our actions and the ways they may be interpreted by others. Understanding our default reactions is partly a matter of being aware of our bodily reactions, and what they mean. These reactions are part of the unconscious neurobiological processes.
- *How to stay in the moment and manage distracting thoughts.* The mind is perpetually busy, and random thoughts are continuously popping into our minds when we are trying to pay full attention to someone's story. It is important to learn how to manage these thoughts so that they do not interrupt our

attunement and responsiveness to the parent or client. Mindfulness strategies for managing stray thoughts are needed (Siegel, 2007, 2009), as well as well-developed listening skills (Miller & Rollnick, 2013; Nichols, 2009).

- *How to maintain authenticity.* The neurobiology of interpersonal relationships ensures that we cannot fake our feelings and intentions. The reason we cannot fake being interested, caring or empathetic is because our real feelings and intentions are being broadcast to other people's brains through subconscious pathways. Therefore we need to be particularly careful to cultivate a real interest in those we engage with and in how they understand and experience the world, what their circumstances are, and what is most important to them.
- *How not to try and fix every problem.* A common response to other people's problems is to want to try and fix them. This is not necessarily the best response – our well-meaning efforts to help may be experienced as intrusive, and can prevent the person from finding a solution for themselves. What people want first and foremost is for others to listen, rather than try to fix their problem.² Given space and support, people can often find their own solutions to many of the challenges they face.
- *How to build parental competencies.* Change only occurs if families become better able to meet their child's needs for care and support. Building such parental capabilities requires using a strength-based approach (Dunst & Espe-Scherwindt, 2016; Dunst & Trivette, 2009; Rouse, 2012; Saint-Jacques et al., 2009; Scerra, 2012). The research evidence indicates that use of strengths-based practices is associated with greater engagement with service users, and more positive outcomes being achieved (Scerra, 2012). Adopting a strength-based approach is harder than it looks since our default approach is to see others' mistakes and weaknesses, rather than their strengths (Law et al., 2003b). Strategies for identifying and building on family strengths and resources have been identified (e.g. Law et al., 2003b).
- *How to know if we are engaging parents effectively.* To ensure that they are maintaining authentic engagement with parents, professionals must receive regular feedback from them to check that they are continuing to target the issues that are of most importance to the parents and are supporting them in ways that the parents are comfortable with (Fonagy et al., 2014; Lambert, 2010; Norcross & Wampold, 2011; Rousmaniere et al., 2017). Such feedback provides more opportunities to repair ruptures in partnerships, improve relationships, modify the strategies being used, and prevent complete breakdowns of the relationship or service (Lambert, 2010).
- *How to build genuine partnerships with parents.* Building genuine partnerships with parents is widely acknowledged as vital for effective service delivery (eg. Davis & Day, 2010; Dunst et al., 2008; Law et al., 2003c; Roose et al., 2013). Genuine partnerships involve sharing information, decision-making and power. The key to doing this successfully is trust – we need to trust both the process and the person. *Trusting the process* means believing that the process of partnering will yield greater benefits than professionals retaining control over information and decision-making. *Trusting the person* means believing in their capacity to be or become an equal contributor in sharing information and expertise, and in making decisions.
- *How to plan and design services with parents.* The co-production or co-design of services involves a partnership between service providers and service users in which decisions about what, where and how services are delivered are made jointly, with power shared equally. This approach has been proposed as a

² For an illustration of this, see the short YouTube video Don't Fix the Nail <https://www.youtube.com/watch?v=-4EDhdAHRog>

way of reforming public services and ensuring that public services are more responsive, fit-for-purpose, and efficient (Batalden et al., 2016; Boyle et al., 2010; Bradwell & Marr, 2008; Clarkson, 2015; Dunston et al., 2009; Lenihan, 2009; Lenihan & Briggs, 2011). The rationale for this approach is that people's needs are better met when they are involved in an equal and reciprocal relationship with public service professionals and others, working together to get things done (Boyle et al., 2010). Co-production / co-design require new skills of both professional and consumers: consumers need to become experts in their own circumstances and capable of making decisions, while professionals must move from being fixers to facilitators (Realpe & Wallace, 2010). Australian examples of how this can be done include the development of the Tasmanian Child and Family Centres (Prichard et al., 2015; McDonald et al., 2015; Taylor et al., 2015), and the community co-design approach developed by the Australian Centre for Social Innovation (TACSI) (<http://www.tacsi.org.au/services/co-design/>).

- *How to resolve the apparent clash between the relationship-based approach and evidence-based practice.* The evidence we have considered in this paper strongly indicates that effective services need to be relationship-based. How is this approach to be reconciled with the drive for practice to be evidence-based, which is often interpreted narrowly as only using strategies or programs that have been selected from lists of 'proven' interventions? As Moore (2016) has shown, properly understood evidence-based practice is much broader than this and involves integrating three sources of evidence: *evidence-based programs*, *evidence-based processes*, and *client and professional values and beliefs*. What is more appropriately called *evidence-informed practice* is best understood as a decision-making process that integrates all three of these elements on an ongoing basis, as shown in Figure 1.

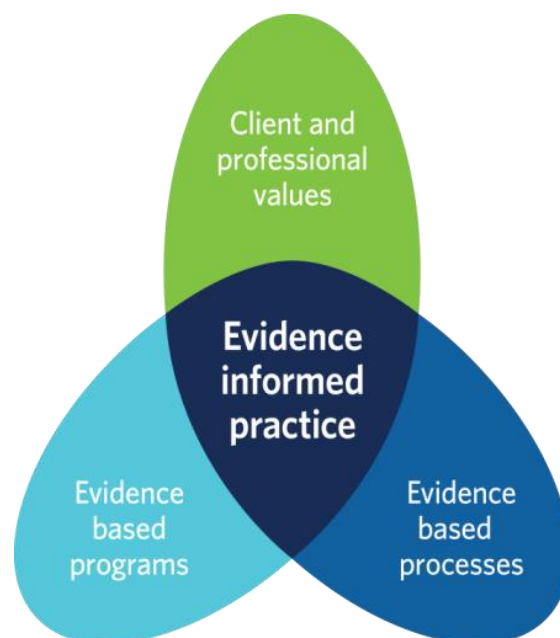


Figure 1: Evidence-informed practice decision making

Selecting an effective intervention strategy is not simply a matter of choosing an intervention from a list of 'proven' strategies. Instead, one must take account of all contributing factors, including the outcome that is desired, the circumstances in which the intervention is to be implemented, and the values and preferences of those involved.

Moore (2016) describes a nine-step evidence-informed decision-making framework that reconciles relationship-based and evidence-based approaches.

- Step 1. *Begin to build a partnership relationship with the family.* The key qualities of effective relationships are engagement, attunement and responsiveness, and the key skill is reflective listening.
- Step 2. *Explore what outcomes are important to the family.* This involves an exploration of family values and circumstances, and what achievable change would make the most difference to their lives.
- Step 3. *Agree what outcome will be the focus of work with the family.* Identify how the family will know when the outcome has been achieved, and how this will be measured.
- Step 4. *Explore what strategies are available for addressing the outcomes chosen.* This involves exploring with the family what strategies they already know about or use, as well as sharing with them information about what evidence-based strategies are available.
- Step 5. *Agree on what strategy or strategies will be used.* The strategies should be acceptable to the family and able to be implemented in their family circumstances.
- Step 6. *Monitor the process of intervention implementation.* During the actual implementation phase, the role of the professional is to support the family as they implement the strategy, and to help them make any necessary adjustments.
- Step 7. *Review the process of implementation.* In addition to the ongoing support and monitoring of the implementation, time should be made for a review of action plan.
- Step 8. *Monitor the intervention outcomes.* In addition to monitoring the processes involved in implementation, it is also important to monitor the actual outcomes.
- Step 9. *Review the outcomes.* At an agreed point, a review of the whole intervention plan should be undertaken by the professional and parents.

At the heart of this framework lies the partnership relationship. This is the medium through which practical help is provided and positive changes made. The process described in the framework begins with engagement and tuning into family values and priorities, rather than with professionals deciding beforehand what the family needs and what strategies are most appropriate for meeting those needs. Evidence-based programs and strategies have an important role to play, but always in the context of family values and priorities. Information about such programs is not introduced until a partnership has been established and the professional has understood the family values and circumstances.

The process described allows for constant adjustments based upon feedback. It is not assumed that the strategies will always work in the ways intended, and indeed assumes that there may need to be modifications. This flexibility is a strength rather than a weakness, as the process of constant adjustments makes it more likely that the interventions will be manageable for the family and ultimately effective.

This service framework is universal, in that it can be used by an individual practitioner or team working with a client or family, an agency working with groups of parents or families, a network of services working with a community, or even a government department working with service networks. Whatever the context, the use of this framework should maximise parents' 'take-up' of the service.

- *How to build our relationship-based skills.* Given the key contribution that relationships make to effective service delivery, it is important to know what skills are involved and how these can be improved.

Effective communication is an essential part of effective human services, and professionals need to learn about and practice communication skills (Law et al., 2003d). Such skills will allow them to listen well, monitor communication, build warm relationships, and support parents more effectively. The key elements of effective relationships and therapeutic relationships are now sufficiently well understood and can form the basis of what Norcross and Wampbold (2011) call evidence-based therapy relationships.

There are many valuable accounts of the key skills needed to build effective relationships with others (e.g. Geldard & Geldard, 2003; Harms, 2015; Miller & Rollnick, 2013). In Australia, the most relevant and accessible training for human service providers is the Family Partnership Model, developed at the Centre for Parent and Child Support in the UK (Davis & Day, 2010; Barlow et al., 2006) (for further information, see <http://www.cpcs.org.uk/index.php?page=about-family-partnership-model>).

Conclusions

- Engaging and partnering families and communities are quintessentially relational processes whose success depends upon the nature and quality of the relationships established between all those involved. Without such relationships, there is a much reduced likelihood of our efforts to build parents' capacity to support their children's development and learning being successful.
- The process of engaging and partnering is a necessary, but not sufficient, condition for change – it needs to be complemented by strategies that are evidence-based and build the capabilities of parents and caregivers to support their children's development and learning.
- Engagement and partnering are the medium through which interventions to change behaviours are driven. Engagement is necessary for effective 'take-up', that is, for parents to learn how to be more supportive of their children's learning at home. We cannot treat engaging and partnering merely as stages to be gone through– they must be done authentically for full 'take up' to occur.
- The skills needed to establish collaborative partnership relationships are well understood and eminently trainable, although not necessarily easy to sustain.
- The operation of parallel processes implies that direct service providers will be more likely to engage and partner with families and communities more effectively if their managers and others use similar practices. We need to be aware of the key role we play in modeling / embodying for parents ways in which we would like them to relate to their children. We also need to be aware of the importance of ensuring that we have supportive relationships that model / embody the way in which we would like to relate to our clients.
- The evidence-informed decision-making framework incorporates the key features of effective help-giving into a decision-making process that includes evidence-based strategies and outcomes-based monitoring.
- While relationships and engagement are important aspects of service delivery, they must be approached *purposively*, not mindlessly or casually.
- We have to *trust the process* – have faith that engagement and partnership strategies will be productive.
- We also have to *trust the person* – have faith that parents are valuable partners who can develop skills and capabilities to support their children's development and learning effectively.

Finally, different forms of helping have different outcomes. Whether we do things to people, for people, with people, or through people makes a major difference to the outcomes we achieve.

DOING THINGS TO PEOPLE	If we direct or control others, or if we have a covert agenda to change people as we see fit then we will get either compliance or resistance, but no building of skills or self-reliance
DOING THINGS FOR PEOPLE	If we do charitable work, with no expectation of parent doing anything or reciprocating then we may provide temporary relief, but no building of skills or self-reliance
DOING THINGS WITH PEOPLE	If we establish partnerships between parents and professionals, with shared power then we will see benefits for parent, building confidence, skills and self-reliance
DOING THINGS THROUGH PEOPLE	If partnership with shared agenda to promote child skills and participation	... then we will see benefits for child as well as the family, creating positive environments for all

The most productive forms of helping are to work with and through parents to achieve positive change, both for the families and for their children.

References

- Barlow, J., Davis, H., McIntosh, E., Jarrett, P., Mockford, C. and Stewart-Brown, S. (2006). The role of home visiting in improving parenting and health in families at risk of abuse and neglect: Results of a multicentre randomised controlled trial and economic evaluation. *Archives of Disease in Childhood*, 92, published online 26 Oct 2006; doi:10.1136/adc.2006.095117
- Barlow, J., Schrader-McMillan, A., Axford, N., Wrigley, Z., Sonthalia, S., Wilkinson, T., Rawsthorn, M., Toft, A. and Coad, J. (2016). Attachment and attachment-related outcomes in preschool children – a review of recent evidence. *Child and Adolescent Mental Health*, 21 (1), 11–20. doi: 10.1111/camh.12138
- Barrett-Lennard, G. (2004). *Relationship at the Centre: Healing in a Troubled World*. London, UK: Whurr Publishers.
- Batalden, M., Batalden, P., Margolis, P., Seid, M., Armstrong, G., Opiari-Arrigan, L., and Hartung, H. (2016). Coproduction of healthcare service. *BMJ Quality and Safety*, 25 (7), 509-517. doi:10.1136/bmjqs-2015-004315
- Bell, K. and Smerdon, M. (2011). *Deep Value: A literature review of the role of effective relationships in public services*. London, UK: Community Links.
http://www.community-links.org/uploads/documents/Deep_Value.pdf

- Benedetti, F. (2010). *The Patient's Brain: The neuroscience behind the doctor-patient relationship*. Oxford, UK: Oxford University Press.
- Benedetti, F. (2013). Placebo and the new physiology of the doctor-patient relationship. *Physiological Reviews*, 93 (3), 1207-1246. DOI: 10.1152/physrev.00043.2012
- Benedetti, F. (2014). *Placebo Effects (2nd. Ed.)*. Oxford, UK: Oxford University Press.
- Boag-Munroe, G. and Evangelou, M. (2012). From hard to reach to how to reach: A systematic review of the literature on hard-to-reach families. *Research Papers in Education*, 27 (2), 209-239.
- Boyle, D., Coote, A., Sherwood, C., & Slay, J. (2010). *Right Here, Right Now: Taking co-production into the mainstream*. London, UK: new economics foundation.
http://www.neweconomics.org/sites/neweconomics.org/files/Right_Here_Right_Now.pdf.
- Bradwell, P., & Marr, S. (2008). *Making the most of collaboration: an international survey of public service co-design* (Demos Report No. 23). London, UK: Demos. <http://www.demos.co.uk/files/CollabWeb.pdf>
- Braun, D., Davis, H. and Mansfield, P. (2006). *How Helping Works: towards a shared model of process*. London, UK: Parentline Plus.
<http://www.parentlineplus.org.uk/index.php?id=81&backPID=80&policyreports=95>
- Cacioppo, S. and Cacioppo, J.T. (2012). Decoding the invisible forces of social connections. *Frontiers in Integrative Neuroscience*, 6: 51. doi: 10.3389/fnint.2012.00051
- Centre for Community Child Health (2010). *Engaging marginalised and vulnerable families*. CCCH Policy Brief No. 18. Parkville, Victoria: Centre for Community Child Health, The Royal Children's Hospital.
http://www.rch.org.au/emplibrary/ccch/PB18_Vulnerable_families.pdf
- Christakis, E. (2016). *The Importance of Being Little: What Preschoolers Really Need from Grownups*. New York, USA: Viking.
- Clarkson, M. (2015). *Walk alongside: co-designing social initiatives with people experiencing vulnerabilities*. Melbourne, Victoria: Victorian Council of Social Service.
http://vcoss.org.au/documents/2015/08/Codesign-paper-Jul15_Final.pdf
- Cortis, N., Katz, I. & Patulny, R. (2009). *Engaging hard-to-reach families and children*, Occasional Paper No. 25. Canberra, ACT: Department of Families, Housing, Community Services and Indigenous Affairs.
<http://www.fahcsia.gov.au/about/publicationsarticles/research/occasional/Documents/op26/op26.pdf>
- Cozolino, L. (2010). *The Neuroscience of Psychotherapy: Healing the Social Brain (2nd Ed.)*. New York: W.W. Norton.
- Cozolino, L. (2013). *The Social Neuroscience of Education: Optimizing Attachment and Learning in the Classroom*. New York: W.W. Norton.
- Cozolino, L. (2014). *Attachment-Based Teaching: Creating a Tribal Classroom*. New York: W.W. Norton.

- Cozolino, L. (2014). *The Neuroscience of Human Relationships: Attachment and the Developing Social Brain (2nd. Ed.)*. New York: W.W. Norton.
- Cozolino, L. (2016). *Why Therapy Works: Using Our Minds to Change Our Brains*. New York; W.W. Norton.
- Damasio, A. (1999). *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*. New York: Harcourt.
- Damasio, A. (2010). *Self Comes to Mind: Constructing the Conscious Brain*. New York: Pantheon Books.
- Davidson, R.J. with Begley, S. (2012). *The Emotional Life of Your Brain*. London, UK: Hodder and Stoughton
- Davis, H. and Day, C. (2010). *Working In Partnership: The Family Partnership Model*. London, UK: Pearson.
- Decety, J. and Fotopoulou, A. (2015). Why empathy has a beneficial impact on others in medicine: unifying theories. *Frontiers in Behavioural Neuroscience*, 8: 457. doi: 10.3389/fnbeh.2014.00457
- Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble, M. A. (Eds.) (2010). *The Heart and Soul of change: Delivering what works (2nd Ed.)*. Washington, DC: American Psychological Association.
- Dunst, C.J. & Espe-Sherwindt, M. (2016). Family-centered practices in early childhood intervention. In B. Reichow, B. Boyd, E. Barton & S. L. Odom, (Eds.), *Handbook of Early Childhood Special Education*. New York: Springer.
- Dunst, C.J. & Trivette, C.M. (1996). Empowerment, effective helping practices and family-centered care. *Pediatric Nursing*, 22(4), 334-337.
- Dunst, C.J. & Trivette, C.M. (2009). Capacity-building family-systems intervention practices. *Journal of Family Social Work*, 12 (2), 119–143.
- Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2007). Meta-analysis of family centered helping practices research. *Mental Retardation and Developmental Disabilities Research Reviews*, 13 (4), 370–378.
- Dunst, C.J., Trivette, C.M. and Hamby, D.W. (2008). *Research Synthesis and Meta-Analysis of Studies of Family-Centred Practices*. Asheville, North Carolina: Winterberry Press.
- Dunston, R., Lee, A., Boud, D., Brodie, P. and Chiarella, M. (2009). Co-production and health system reform – from re-imagining to re-making. *The Australian Journal of Public Administration*, 68 (1), 39-52.
- Ensher, G. and Clark, D.A. (2011). *Relationship-Centred Practices in Early Childhood: Working with Families, Infants, and Young Children at Risk*. Baltimore, Maryland: Paul H. Brookes.
- Evangelou, M., Coxon, K., Sylva, K., Smith, S. and Chan, L. L. (2011). Seeking to engage ‘hard-to-reach’ families: Towards a transferable model of intervention. *Children & Society*, 27 (2), 127-138. doi: 10.1111/j.1099-0860.2011.00387.x
- Fonagy, P., Cottrell, D., Phillips, J., Bevington, D., Glaser, D. & Allison, E. (2014). *What works for whom? A critical review of treatments for children and adolescents (2nd Ed.)*. New York: Guilford Press

- Frisaldi, E., Piedimonte, A. & Benedetti, F. (2015). Placebo and nocebo effects: A complex interplay between psychological factors and neurochemical networks. *American Journal of Clinical Hypnosis*, 57 (3), 267-284. <http://dx.doi.org/10.1080/00029157.2014.976785>
- Geldard, K. and Geldard, D. (2003). *Counselling Skills in Everyday Life*. South Yarra, Victoria: Palgrave Macmillan.
- Gelso, C.J. (2009). The real relationship in a postmodern world: Theoretical and empirical explorations. *Psychotherapy Research*, 19 (3), 253-264. <http://dx.doi.org/10.1080/10503300802389242>
- Gelso, C.J. (2011). *The Real Relationship in Psychotherapy: The Hidden Foundation of Change*. Washington, DC: American Psychological Association.
- Gelso, C.J. (2014). A tripartite model of the therapeutic relationship: Theory, research, and practice. *Psychotherapy Research*, 24 (2), 117-131. <http://dx.doi.org/10.1080/10503307.2013.845920>
- Gelso, C. J., & Silberberg, A. (2016). Strengthening the real relationship: What is a psychotherapist to do? *Practice Innovations*, 1 (3), 154-163. <http://dx.doi.org/10.1037/pri0000024>
- Gerhardt, S. (2014). *Why Love Matters: How affection shapes a baby's brain (2nd Ed.)*. London, UK: Routledge.
- Gillies, E. (2012). Positive professional relationships. In S. Roffey (Ed.). *Positive Relationships: Evidence Based Practice across the World*. Springer.
- Gowen, J.W. and Nebrig, J.B. (2001). *Enhancing Early Emotional Development: Guiding Parents of Young Children*. Baltimore, Maryland: Paul H. Brookes.
- Green, D. and Latchford, G. (2012). *Maximising the Benefits of Psychotherapy: A Practice-based Evidence Approach*. Chichester, UK: Wiley-Blackwell.
- Greenhalgh, T., Howick, J. and Maskrey, N. for the Evidence Based Medicine Renaissance Group (2014). Evidence based medicine: a movement in crisis? *British Medical Journal*, 348: g3725. doi: <http://dx.doi.org/10.1136/bmj.g3725>
- Halpern, J. (2012). Clinical empathy in medical care. Ch. 13 in J. Decety (Ed.). *Empathy: From Bench to Bedside*. Cambridge, Massachusetts: The MIT Press.
- Harms, L. (2015). *Working with People: Communication Skills for Reflective Practice (2nd. Ed.)*. South Melbourne, Victoria: Oxford University Press Australia.
- Hawkey, L.C. and Cacioppo, J.T. (2013). Social connectedness and health. In C. Hazan and M.I. Campa (Eds). *Human Bonding: The Science of Affectional Ties*. New York: The Guilford Press.
- Hazan, C. and Campa, M.I. (Eds) (2013). *Human Bonding: The Science of Affectional Ties*. New York: The Guilford Press.
- Horvath, A.O., Del Re, A. C., Flückiger, C. and Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy*, 48 (1), 9–16. DOI: 10.1037/a0022186

Johnsen, T. J., & Friborg, O. (2015). The effects of cognitive behavioral therapy as an anti-depressive treatment is falling: A meta-analysis. *Psychological Bulletin*, 141 (4), 747-768.
<http://dx.doi.org/10.1037/bul0000015>

Johnston, E. and Olson, L. (2015). *The Feeling Brain: The Biology and Psychology of Emotions*. New York: W.W. Norton.

Kahneman, D. (2012). *Thinking, Fast and Slow*. Penguin. London, UK: Penguin

Lambert, M.J. (2010). *Prevention of treatment failure: The use of measuring, monitoring, and feedback in clinical practice*. Washington, DC: American Psychological Association.

Langley, S. (2012). Positive relationships at work. In S. Roffey (Ed.). *Positive Relationships: Evidence Based Practice across the World*. Springer;

Law, M., Rosenbaum, P., King, G., King, S., Burke-Gaffney, J., Moning, J., Szkut, T., Kertoy, M., Pollock, N., Viscardis, L. and Teplicky, R. (2003a). *Using respectful behaviours and language*. CanChild FCS Sheet #09. Hamilton, Ontario, Canada: CanChild Centre for Childhood Disability Research, McMaster University.
<https://www.canchild.ca/system/tenon/assets/attachments/000/001/274/original/FCS9.pdf>

Law, M., Rosenbaum, P., King, G., King, S., Burke-Gaffney, J., Moning, J., Szkut, T., Kertoy, M., Pollock, N., Viscardis, L. and Teplicky, R. (2003b). *Identifying and building on parent and family strengths and resources*. CanChild FCS Sheet #06. Hamilton, Ontario, Canada: CanChild Centre for Childhood Disability Research, McMaster University.
<https://www.canchild.ca/system/tenon/assets/attachments/000/001/271/original/FCS6.pdf>

Law, M., Rosenbaum, P., King, G., King, S., Burke-Gaffney, J., Moning, J., Szkut, T., Kertoy, M., Pollock, N., Viscardis, L. and Teplicky, R. (2003c). *Working together: From providing information to working in partnership*. CanChild FCS Sheet #10. Hamilton, Ontario, Canada: CanChild Centre for Childhood Disability Research, McMaster University.
<https://www.canchild.ca/system/tenon/assets/attachments/000/001/275/original/FCS10.pdf>

Law, M., Rosenbaum, P., King, G., King, S., Burke-Gaffney, J., Moning, J., Szkut, T., Kertoy, M., Pollock, N., Viscardis, L. and Teplicky, R. (2003d). *Effective communication in family-centred service*. CanChild FCS Sheet #08. Hamilton, Ontario, Canada: CanChild Centre for Childhood Disability Research, McMaster University.
<https://www.canchild.ca/system/tenon/assets/attachments/000/001/273/original/FCS8.pdf>

LeDoux, J. (2003). *Synaptic Self: How Our Brains Become Who We Are*. London, UK: Penguin Books.

Lieberman, M.D. (2013). *Social: Why Our Brains are Wired to Connect*. Oxford, UK: Oxford University Press.

Lenihan, D. (2009). *Rethinking the Public Policy Process: A Public Engagement Framework*. Ottawa, Canada: Public Policy Forum. <http://www.ppforum.ca/sites/default/files/Framework%20Paper%20.pdf>

Lenihan, D. and Briggs, L. (2011). Co-design: Toward a new service vision for Australia? *Public Administration Today*, January-March, 35-47. <http://canada2020.ca/wp-content/uploads/2015/05/co-design-new-service-vision.pdf>

- McDonald, M., Prichard, P., & O'Byrne, M. (2015). *Using the Family Partnership Model to engage communities: Lessons from Tasmanian Child and Family Centres*. Parkville, Victoria: Centre for Community Child Health at the Murdoch Childrens Research Centre and the Royal Children's Hospital.
http://www.rch.org.au/uploadedFiles/Main/Content/ccch/150130_Using-the-Family-Partnership-Model-to-engage-communities_Report.pdf
- McGilchrist, I. (2009). *The Master and His Emissary*. New Haven, Connecticut: Yale University Press.
- McKay, K.M., Imel, Z.E. and Wampold, B.E. (2006). Psychiatrist effects in the psychopharmacological treatment of depression. *Journal of Affective Disorders*, 92 (2-3), 287-290.
- Mandelbrot, B. (1982). *The Fractal Geometry of Nature*. New York: W.H. Freeman and Co.
- Miller, W.R. and Rollnick, S. (2013). *Motivational Interviewing: Helping People Change (3rd. Edition)*. New York: Guilford Press.
- Moloney, L. (2016). *Defining and delivering effective counselling and psychotherapy*. CFCA Paper No. 38. Melbourne, Victoria: Child Family Community Australia information exchange, Australian Institute of Family Studies.
<https://aifs.gov.au/cfca/publications/defining-and-delivering-effective-counselling-and-psychotherapy>
- Moore, T.G. (2006). *Parallel processes: Common features of effective parenting, human services, management and government*. Invited address to 7th National Conference of Early Childhood Intervention Australia, Adelaide, South Australia, 5-7th March.
http://www.rch.org.au/emplibrary/ccch/TM_ECIAConf06_Parallel_process.pdf
- Moore, T.G. (2011). *A developmental rationale for working with families of young children with developmental disabilities*. Presentation as part of a symposium on International Perspectives on the Roles of Families in Early Childhood Intervention, at the Third Conference of the International Society on Early Intervention, 4th May, Hilton Hotel, New York City.
- Moore, T.G. (2015). *Engaging and partnering with vulnerable families and communities: the keys to effective place-based approaches*. Invited presentation at the Goulburn Child FIRST Alliance Conference 2015 - The NEXT Generation: The future of our children and young people's safety is in our hands – 27th October, Shepparton.
<http://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-Engaging-Partnering-Vulnerable-Families-Communities-Tim-Moore.pdf>
- Moore, T.G. (2016). *Towards a model of evidence-informed decision-making and service delivery*. CCCH Working paper No. 5. Parkville, Victoria: Centre for Community Child Health, Murdoch Childrens Research Institute. DOI: 10.13140/RG.2.1.3155.7367.
<http://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-Towards-a-model-of-evidence-informed-decisio-making-and-service-delivery-Tim-Moore-May2016.pdf>
- Moore, T.G., Beatson, R., Rushton, S., Powers, R., Deery, A., Arefadib, N. and West, S. (2016). *Supporting the Roadmap for Reform: Evidence-informed practice*. Prepared for the Victorian Department of Health and Human Services. Parkville, Victoria: Centre for Community Child Health, Murdoch Childrens Research institute, the Royal Children's Hospital.
http://strongfamiliesafechildren.vic.gov.au/news-feed/news_feed/using-evidence-to-improve-outcomes

Moore, T.G., McDonald, M., McHugh-Dillon, H. & West, S. (2016). *Community engagement: A key strategy for improving outcomes for Australian families*. (CFCA Paper No. 39.) Melbourne, Victoria: Child Family Community Australia information exchange, Australian Institute of Family Studies.

<https://aifs.gov.au/cfca/sites/default/files/cfca39-community-engagement.pdf>

Muran, J.C. and Barber, J.P. (Eds.) (2010). *The Therapeutic Alliance: An Evidence-Based Guide to Practice*. New York: Guilford Press.

Music, G. (2011). *Nurturing Natures: Attachment and Children's Emotional, Sociocultural and Brain Development*. London, UK: Psychology Press.

National Scientific Council on the Developing Child (2004). *Young Children Develop in an Environment of Relationships*. NSCDC Working Paper No. 1. Waltham, Massachusetts: National Scientific Council on the Developing Child, Brandeis University. http://www.developingchild.net/papers/paper_1.pdf

Nichols, M.P. (2009). *The Lost Art of Listening: How Learning to Listen Can Improve Relationships (2nd. Ed.)*. New York: Guilford Press.

Nobile, C. and Drotar, D. (2003). Research on the quality of parent-provider communication in pediatric care: Implications and recommendations. *Journal of Developmental and Behavioral Pediatrics*, 24 (4), 279-290.

Norcross, J.C. & Lambert, M. J. (2011). Psychotherapy relationships that work II. *Psychotherapy*, 48 (1), 4-8.

Norcross, J.C. & Wampold, B.E (2011). Evidence-based therapy relationships: research conclusions and clinical practices. *Psychotherapy*, 48 (1), 98-102. doi: 10.1037/a0022161.

Panksepp, J. (1998). *Affective Neuroscience: The Foundations of Human and Animal Emotions*. New York: Oxford University Press.

Panksepp, J. and Biven, L. (2012). *The Archaeology of Mind: Neuroevolutionary Origins of Human Emotions*. New York: W.W. Norton.

Prichard, P., O'Byrne, M., Jenkins, S., (2015). *Supporting Tasmania's Child and Family Centres: The journey of change through a Learning & Development strategy*. Parkville, Victoria: Centre for Community Child Health, Murdoch Childrens Research Institute, The Royal Children's Hospital. DOI: 10.4225/50/558CD4D667CED http://www.rch.org.au/uploadedFiles/Main/Content/ccch/151014_Supporting-Tasmanias-Child-Family-Centres_June2015.pdf

Raikes, H.H. and Edwards, C.P. (2009). *Extending the Dance in Infant and Toddler Caregiving: Enhancing Attachment and Relationships*. Baltimore, Maryland: Paul H. Brookes.

Realpe, A. and Wallace, L.M. (2010). *What is co-production?* London, UK: The Health Foundation. http://personcentredcare.health.org.uk/sites/default/files/resources/what_is_co-production.pdf

Richter, L. (2004). *The Importance of Caregiver-Child Interactions for the Survival and Healthy Development of Young Children: A Review*. Geneva, Switzerland: Department of Child and Adolescent Health and Development, World Health Organisation.

Roberts, C. (2004). 'Only connect': the centrality of doctor-patient relationships in primary care. *Family Practice*, 21 (3), 232-233. doi: 10.1093/fampra/cmh302

Roffey, S. (Ed.) (2012). *Positive Relationships: Evidence Based Practice across the World*. Springer.

Roffey, S. (2012). Developing positive relationships in schools. Ch. 9 in S. Roffey (Ed.), *Positive Relationships: Evidence Based Practice across the World*. Springer.

Roose, R., Roets, G., van Houte, S., Vandenhoele, W., & Reynaert, D. (2013). From parental engagement to the engagement of social work services: discussing reductionist and democratic forms of partnership with families. *Child & Family Social Work, 18* (4), 449-457. DOI: 10.1111/j.1365-2206.2012.00864.x

Rosenzweig, S. (1936). Some implicit common factors in diverse methods in psychotherapy. *American Journal of Orthopsychiatry, 6* (3), 412-415. DOI: 10.1111/j.1939-0025.1936.tb05248.x

Rouse, L. (2012). Family-Centred Practice: empowerment, self-efficacy, and challenges for practitioners in early childhood education and care. *Contemporary Issues in Early Childhood, 13* (1), 17-26.
<http://dx.doi.org/10.2304/ciec.2012.13.1.17>

Rousmaniere, T., Goodyear, R.K., Miller, S.D. and Wampold, B.E. (2017). Introduction. In T. Rousmaniere, R.K. Goodyear, S.D. Miller & B.E. Wampold (Eds.). *The Cycle of Excellence: Using Deliberate Practice to Improve Supervision and Training*. Wiley-Blackwell

Ruch, G., Turney, D. and Ward, A. (Eds.) (2010). *Relationship-Based Social Work: Getting to the Heart of Practice*. London, UK: Jessica Kingsley.

Saint-Jacques, M.-C., Turcotte, D. & Pouliot, E. (2009). Adopting a strengths perspective in social work practice with families in difficulty: From theory to practice. *Families in Society, 90* (4), 454-461. DOI: 10.1606/1044-3894.3926

Scerra, N. (2012). Strengths-based practices: An overview of the evidence. *Developing Practice: The Child, Youth and Family Work Journal, No. 31*, 43-52.

Schore, A.N. (2012). *Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development*. London, UK: Psychology Press.

Schore, A.N. (2012). *The Science of the Art of Psychotherapy*. New York: W.W. Norton.

Scott, D., Salvaron, M., Reimer, E., Nichols, S., Sivak, L. and Arney, F. (2007). *Positive Partnerships with Parents of Young Children*. West Perth, Western Australia: Australian Research Alliance for Children and Youth.
http://www.aracy.org.au/publicationDocuments/TOP_Positive_Partnerships_with_Parents_of_Young_Children_2007.pdf

Seeman, T. E. (2000). Health promoting effects of friends and family on health outcomes in older adults. *American Journal of Public Health, 14* (6), 362-370. DOI: <http://dx.doi.org/10.4278/0890-1171-14.6.362>

Siegel, D.J. (2012). *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are (2nd Ed.)*. New York: The Guilford Press.

Song, C., Havlin, S. and Makse, H. A. (2005). Self-similarity of complex networks. *Nature, 433*, 392-395.

Sprenkle, D. H., Davis, S. D. and Lebow, J. L. (2009). *Common factors in couple and family therapy: The overlooked foundation for effective practice*. New York, NY: Guilford Press.

Stewart, M., Brown, J.B., Boon, H., Galajda, J., Meredith, L. and Sangster, M. (1999). Evidence on patient-doctor communication. *Cancer Prevention and Control*, 3 (1), 25-30.

Strogatz, S.H. (2005). Complex systems: Romanesque networks. *Nature*, 433, 365–366.

Sweeney, K.G., MacAuley, D. and Gray, D.P. (1998). Personal significance: the third dimension. *The Lancet*, 351 (9096), 134-136. doi:10.1016/S0140-6736(97)06316-2

Taylor, C.T., Jose, K., Christensen, D., & Van de Lageweg, W.I. (2015). *Engaging, supporting and working with children and families in Tasmania's Child and Family Centres*. Report on the impact of Centres on parents' use and experiences of services and supports in the Early Years. Perth, Western Australia: Telethon Kids Institute. <http://telethonkids.org.au/media/1428013/tas-cfc-evaluation-report-web.pdf>

Testa, M. and Rossetini, G. (2016). Enhance placebo, avoid nocebo: How contextual factors affect physiotherapy outcomes. *Manual Therapy*, 24, 65-74. <https://doi.org/10.1016/j.math.2016.04.006>

Trivette, C.M., Dunst, C.J., Hamby, D.W. & Meter, D. (2012a). Relationship between early childhood practitioner beliefs and the adoption of innovative and recommended practices. *Research Brief, Volume 6*, Number 1. Tots-n-Tech Institute: http://tnt.asu.edu/files/TotsNTech_ResearchBrief_v6_n1_2012.pdf

Trivette, C. M., Dunst, C. J., Hamby, D. W., & Meter, D. (2012b). Research synthesis of studies investigating the relationships between practitioner beliefs and adoption of early childhood intervention practices. *Practical Evaluation Reports*, 4 (1), 1-19. Asheville, North Carolina: Centre.

Trute, B. and Hiebert-Murphy, D. (Eds.) (2013). *Partnering with parents: Family-centred practice in children's services*. Toronto, Canada: University of Toronto Press.

Ungar, M. (2013). The impact of youth-adult relationships on resilience. *International Journal of Child, Youth and Family Studies*, 4 (3), 328–336. DOI: <http://dx.doi.org/10.18357/ijcyfs43201312431>

Ungar, M., Ghazinour, M. and Richter, J. (2013). Annual Research Review: What is resilience within the social ecology of human development? *Journal of Child Psychology and Psychiatry*, 54 (4), 348–366. doi: 10.1111/jcpp.12025

Wampold, B.E. (2017). What should we practice?: A contextual model for how psychotherapy works. Ch. 3 in T. Rousmaniere, R.K. Goodyear, S.D. Miller and B.E. Wampold (Eds.), *The Cycle of Excellence: Using Deliberate Practice to Improve Supervision and Training*. Wiley-Blackwell

Wampold, B.E. and Imel, Z.E. (2015). *The Great Psychotherapy Debate: The Evidence for What Makes Psychotherapy Work (2nd Ed.)*. London and New York: Routledge.

Westley, F., Zimmerman, B. and Patton, M. (2006). *Getting to Maybe: How the World Is Changed*. Toronto, Canada: Random House Canada.

Melbourne
Children's

A world leader
in child and
adolescent
health



Centre for Community Child Health

The Royal Children's Hospital Melbourne
50 Flemington Road Parkville Victoria 3052 Australia
www.rch.org.au/ccch

The Centre for Community Child Health is a department of The Royal Children's Hospital
and a research group of Murdoch Childrens Research Institute.