Creswick Foundation Fellowship in
children and young people's mental health

A **HOPEful** approach to supporting the wellbeing of children and young people

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Acknowledgement

My most sincere and humble gratitude is extended to the Creswick Foundation for supporting me to embark on this most extraordinary adventure of learning and connection.

This was my second Creswick Fellowship. The first was 14 years ago in 2011 and could only be described as career defining. On that fellowship to the Dartington Social Research Unit in the UK, I learned about implementation science, community co-design, and data driven innovation to support children who are vulnerable. This learning has informed every research project I have completed since then. The most recent fellowship escalated my knowledge and skill base further, allowing me to spend time with international leaders in early childhood education, cultural diversity, child health and developmental inequality, and strengths-based approaches to system reform. These experiences have, once again, been career defining. They have elevated my vision and fuelled my determination to contribute in my own small way to a kinder, fairer and more supportive world for children and young people.

Thanks is extended to Dr Ingunn Stray who was my host at the University of Agder in Norway. Ingunn is fearless, generous, driven by a passionate commitment to children, intelligent and also just fun to spend long days with. Ingunn challenged me, pushing me to explore new ideas and calling me out when she felt I was slipping back into conventional ways of thinking. The world needs more Ingunn Stray's, who stand up every time, regardless of the personal cost, for what they believe to be right for children.

Professor Bob Sege, my host at Tufts Medical in Boston, is an inspirational international leader. He is a pre-eminent paediatrician, a reformer, a compassionate advocate for children who experience significant adversity, and a believer in the power of family and community. Bob is the international leader of the HOPE (Healthy Outcome from Positive Experiences) network and has rallied hundreds of people from around the world to stand beside him in promoting positive childhood experiences. He allowed me to shadow him, sharing his network with me and introducing me to extraordinary people. I was privileged to sit alongside him to see service reform in action.

I extend thanks to my colleagues in the Centre for Transforming early Education and Child Health (TeEACH) at WSU, especially Linda Riek and Dr Susan Collings, who kindly carried some of my responsibilities on top of their own heavy workloads so that I could give my attention to my fellowship. Such supportive colleagues are hard to find and I do not take them for granted.

Finally, I thank my family, who muddled along without me for a couple of months while I relished the opportunity provided.

Personally and professionally, this Fellowship has been a remarkable experience and I am deeply grateful to all who made it possible.

A **HOPEful** approach to supporting the wellbeing of children and young people Solution

Background

This fellowship had two overarching objectives:

1. To support the development of an international program of research focused on the measurement of child wellbeing, employing a strengths-based approach that engages directly with children in understanding the positive experiences they feel promote resilience and wellbeing within their own lives.

2. To develop a HOPE-based approach to supporting children who experience disadvantage and vulnerability in early childhood education and care settings.

Both objectives are underpinned by the HOPE approach, which is briefly described below.

The HOPE Framework

Adversity during childhood is arguably one of the most challenging threats to both individual and societal wellbeing.[1] There is strong evidence demonstrating that people with multiple adverse childhood experiences (ACEs) are more likely to develop chronic disease as adults, more likely to experience mental health difficulties,[2] and less likely to complete their schooling and secure employment, resulting in higher rates of poverty and the consequent inter-generational impacts.[3] An extensive body of research gives focus to the identification and measurement of childhood risk factors.[4] Many child service organisations have included ACE screening in their intake procedures, and policy documents are shaped by concern for risk minimisation.

The importance of minimising risk and childhood adversity whenever possible cannot be overstated. However, a near exclusive focus on risk minimisation and mitigation can distract from the need to understand the mechanisms that support healthy development and counteract the impact of ACEs. The HOPE (Healthy Outcomes from Positive Experiences) approach draws on a large and growing body of international research that demonstrates the importance of giving equal attention to the identification and facilitation of positive childhood experiences (PCEs) as vital to healthy development and as potent mechanisms in counteracting the negative impact of ACEs.[5]

Over the last three decades, an overwhelming body of research has highlighted the need for a 'strengths-based' approach in working with children and families. This approach is built on the premise that every child, family, and community has strengths that can be mobilised to promote resilience and overcome adversity. It seeks to empower and support self-determination.[6]

While a strengths-based approach has attracted significant support on a conceptual and theoretical level, there remain challenges in practice.[7] It is common to observe a divide between what is said (reflecting a strengths-based rhetoric), and what happens in practice (based on problematising a child or community). Challenges in the real-world implementation of a strengths-based approach have meant that a deficit approach has remained dominant within many service settings.

The HOPE approach provides a structure to guide the operationalisation of a strengths-based approach, giving particular emphasis to the importance of positive experiences in children's lives. The foundation of this approach is research demonstrating that PCEs may potentially counteract the impact of adversity.[8] For example, children who experience adversity but also enjoy affectionate and strong relationships with their parents are at reduced risk of health and developmental difficulties compared with their peers who experience similar adversity but do not enjoy an emotionally close relationship with a parent.[9]

1 SmithBattle, L., et al., (2022). Adverse Childhood Experiences as public health threat. American Journal of Nursing, 122(3), 11.
2 Kalmakis, K. et al. (2015). Health consequences of adverse childhood experiences. Journal of the American Association of Nurse Practitioners, 27, 457-465.
3 Metzler, M. et al. (2017). Adverse childhood experiences and life opportunities. Children and Youth Services Review, 72, 141-149.
4 McDoniel, M.E. et al. (2022). Exploring pathways linking early childhood adverse experiences to reduced preadolescent school engagement. Child Abuse and Neglect, 105572.
5 Sege, R., & Browne, C. (2017). Responding to ACEs with HOPE. Academic Pediatrics, 17(7), S79-S85.
Pulla, V. (2017). Strengths-based approach in social work. International Journal of Innovation, Creativity and Change, 3(2), 97-114.

6 Pulla, V. (2017). Strengths-based approach in social work. International Journal of Innovation, Creativity and Change, 3(2), 97-114.
7 Brolin, M., et al. (2018). A salutogenic strengths-based approach in practice–an illustration from a school in Sweden. Curriculum studies in health and physical education, 9(3), 237-252.
8 Bethell, C., et al. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample. JAMA Ped., 173(11)
9 Webster, E.M. (2022). The impact of Adverse Childhood Experiences on health and development in young children. Global Pediatric Health, 9, 1–11.

The HOPE approach argues for proactive investment in supporting PCEs across four building blocks:

1. nurturing and supportive relationships;
2. safe, stable and equitable environments;
3. belonging and connectedness; and
4. opportunities for social and emotional growth.

Investment in PCEs across these domains is argued to be vital to supporting positive child outcomes, especially when children, families and communities are engaged as informants in determining the PCEs that are most meaningful to them. What this means in practice is that there is a need to review where time and resources are directed, to ensure at least equal investment in PCEs as in risk mitigation and direct intervention.

A participatory approach: Understanding PCEs from the perspectives of children

I bring to the research on ACEs a commitment to the importance of participatory methods in research. We know that a service approach that builds resilience must be dynamic, open, collaborative, and meaningful to those it is intended to serve.[10] There is a participatory imperative to include all stakeholders, including children, in service decision making around what should be prioritised in building or enhancing positive experiences for children.

As the HOPE approach has gained international momentum, I have observed a gap in the engagement of children and young people as stakeholders. Adult decision makers are still the loudest voices in determining how PCEs can be supported in different contexts. The leaders of the HOPE network in Boston have acknowledged this gap. They have invited me to partner with them in addressing this.

I am well positioned to lead an international project on how to understand children's perspectives on the experiences in their lives that best support their sense of wellbeing. Over the last ten years I have developed and implemented a methodological approach that can be used in research or in service settings to support the engagement of children and young people in service design and decision making, It is called the 'ReSPECT' approach (Reconceptualising Services from the Perspectives of Experienced Children and Teens). [11]

In short, the ReSPECT approach partners with groups of children over an extended period of time, to work through 4 stages, as depicted in Figure 2.

Relationships within the family and with other children and adults through interpersonal activities.

Safe, equitable, stable environments for living, playing, learning at home and in school.

Social and civic engagement to develop a sense of belonging and connectedness.

Emotional growth through playing and interacting with peers for self-awareness and self-regulation.

Figure 1. The Building Blocks of HOPE

An important element of the ReSPECT approach is that it also provides professional capacity building, working alongside service professionals to understand their role in supporting children as stakeholders, and challenge organisational cultural practices that prevent child voices from playing a role in decision making.[12]

The direct application of the ReSPECT approach to the work of HOPE has significant potential for extending the impact of HOPE, further centring child voice and agency in promoting positive childhood experiences.

10 Woodrow, C., Grace, R. & Cashmore, J. (2022). Impactful policy and practices for children, families and communities. In R. Grace, J. Bowes & C. Woodrow (eds). Children, Families and Communities (6th Edition). Melbourne Victoria: Oxford University Press.
11 Grace, R. et al. (2024). Supporting child and youth participation in service design and decision-making: The ReSPECT approach. Children and Youth Services Review. https://doi.org/10.1080/0312407X.2024.2379972

12 Michail, S., Grace, R. et al. (2024). Cultivating child and youth decision making: The principles and practices of the ReSPECT approach to professional development. Children and Society, 38(5), 1451-1470.

Figure 2. Stages of the ReSPECT Approach

DISCUSS
Exploring lived experiences and developing a shared vision for services

DISCOVER
Child-led research to test ideas with peers and gather information

DESIGN
Establishment of group priorities and co-design of a service initiative

ADVOCATE
Advocate for the implementation of children's ideas in practice

My Creswick Fellowship was completed in four legs.

Leg 1. University of Agder, Norway (May 2025)

I was hosted within the Faculty of Humanities and Education at the Universitetet i Agder (University of Agder). During this time, in addition to meeting with academic staff members, I was able to visit early childhood education programs (including a remarkable forest program in which the children engage in unstructured play and learning in outdoor environments), youth initiatives, and meet with government representatives.

Collaborative Projects Developed

There are five collaborative projects that were developed during my time in Norway and that will continue to grow into the future.

1. ***Drawing out the importance of culture in HOPE (Key partner: Dr Ingunn Stray).***

   The HOPE framework does include the importance of culture under the 'Social and Civic Engagement' domain. However, Dr Stray and I shared an interest in looking at the meaningfulness of the HOPE approach in diverse cultural and political contexts. Dr Stray proposed that 'Culture' should be elevated from being a sub-category under one domain, to a domain of its own. Based on my experience in applying the HOPE approach with Indigenous people, I agreed that this would resonate more strongly with culturally and linguistically diverse communities and make an important contribution to the HOPE research literature. Dr Stray and I will continue to work together to publish our analyses and prepare resources and materials to support those wanting to apply a HOPE approach in culturally diverse contexts.

2. ***HOPE in early childhood education (Key partner: Dr Ingunn Stray).***

   Dr Stray and I are working together in the design of resources and research to support the implementation of the HOPE approach in early childhood settings. We have a particular interest in the 'Emotional growth' domain and the critical role of play. Of the four HOPE domains, this is the domain that has least often been the focus of research, and so we have an important contribution to make in this space.

3. ***HOPE in action – establishment of a new HOPE-based youth centre (Key partner: Dr Ingunn Stray).***

   Dr Stray has been working with a not-for-profit community organisation to establish a HOPE based community youth initiative. We will collaborate in an impact evaluation, and work to replicate this initiative in Australia.

4. ***Cross-disciplinary undergraduate training in support children and families with complex needs (Key partner: Dr Esther Tamara Canrinus).***

   Dr Canrinus has led the establishment of an innovative undergraduate unit in cross-disciplinary partnerships to support vulnerable children and young people. What makes it especially innovative is that students from across all of the Human Sciences (e.g. Education, Psychology, Allied Health, Nursing, Medicine, Social Work) complete this course together. I am in the early phases of seeking approval to lead the establishment of a similar cross-disciplinary undergraduate training program at Western Sydney University.

5. ***Mobilising communities through volunteering to support families who are vulnerable (Key partner: Marianne Skinner, Norway University of Science and Technology).***

   While in Norway I had the opportunity to connect with Dr Skinner who shares my interest in the important role that volunteers can play in supporting families who are experiencing challenges. Dr Skinner and I will lead an international grant application to pursue this program of research.

Invited Presentations Delivered

- Introducing TeEACH: Contributing to global challenges, Faculty of Humanities and Education, University of Agder
- HOPE in early childhood: Supporting children who experience adversity and their families, Faculty of Humanities and Education, Unversity of Agder
- The ReSPECT approach for youth engagement in practice decision making, Sørlandet Hospital, Kristiandsand Norway
- Child participation in practice and policy contexts, Education Directorate, Kristiansand Municipality

Leg 2. Croatia and the UK

This leg of my trip was not officially supported by the Creswick Foundation, however it was only possible because of the Fellowship and so I would like to acknowledge these activities in this report. My Fellowship required transit from Norway to the US. I was able to secure funds from Western Sydney University to subsidise this leg of my travel, taking the long way, making stops in Europe, Scotland and England to attend important professional conferences.

Conference participation

I was able to attend and deliver presentations at the following conferences:

- International Research Group for Psycho-Societal Analysis, Inter-University Centre, Debrovnik. May 26 – 30
- International HOPE Summit, online. June 2-3.
  ◊ My presentation: HOPE in Foster Care
- Supporting the education of care experienced children and young people, Glasgow, June 4.
- International Foster Care Organisation Conference (IFCO), Glasgow. June 5-8.
  ◊ My presentation: The experiences of foster carers who have supported children from culturally diverse backgrounds
- International Network for Supporting Positive Childhoods (INSPEC), Liverpool. June 9.
  ◊ My presentation: Building on HOPE: Spotlighting opportunities for impactful research
- International Network for Research on Inequities in Child Health (INRICH), Liverpool. June 10-11.

Collaborative Projects Developed

Each of these conferences provided wonderful opportunities for building my international network and profile. I learned a great deal from my international colleagues and collaborative projects have been developed as a result, including:

- Partnership with Michael Battencourt from the University of Strathclyde on supporting school engagement for children in out-of-home care
- A multi-country 'INSPEC' collaboration on the embedding of PCEs in health practice and policy

Leg 3. TUFTS Medical, San Diego

I met Professor Bob Sege and his team from the International HOPE Resource Centre (Tufts Medical) in San Diego.

Observing system transformation in real time

The HOPE International team were working closely with the The San Diego Department of Child and Family Wellbeing to embed the HOPE approach within their organization at every level – including reviewing governance structures, resourcing, workload models, partnerships and staff training. I was able to spend a week attending meetings with government leaders, researchers and practitioners to see up close the mechanics of such significant and positive system reform.

I also had the privilege of spending time with Karen Thorne and Judge Bill Thorne, Native American leaders in child protection and long-standing advocates for the rights of Indigenous peoples. Both Karen and Bill have been powerful forces in the transformation of services and systems to better serve First Nations people. They were generous in the sharing of their experiences. My engagement with them strengthened my commitment to more strongly call out the importance of giving emphasis to cultural diversity in the HOPE framework.

HOPE
HEALTHY OUTCOMES FROM POSITIVE EXPERIENCES.

Leg 4. TUFTS Medical, TUFTS University, Boston

I spent a month embedded at Tufts Medical within the HOPE International Resource Centre, where I was able to expand my knowledge of international activity relating to the promotion of positive childhood experiences.

Receiving Training

Importantly, I received the training required to qualify as a member of the HOPE International Faculty, which means I can now train others in Australia to become HOPE facilitators.

Forming important connections

Professor Sege was generous in sharing his time and network with me. Important meetings were held with prominent people, including:

- Alice Newton, Harvard Professor, Pediatrician - Massachusetts General Hospital
- Linda Sagor, Professor of Clinical Pediatrics, University of Massachusetts & Medical Director of the Massachusetts Department of Children and Families
- Jennifer Valenzuela, CEO, Children's Trust

I benefitted significantly from 'shadowing' Professor Bob Sege who modelled high level and impactful engagement with policy makers and service organisations.

Personal reflections

The power of sitting alongside people

In this day and age it is easy to think that online meeting platforms, such as Zoom, remove the necessity to travel. While online platforms are certainly helpful in supporting engagement around particular tasks and topics, they do not replace the power of sitting alongside colleagues and leaders in the field. The opportunity to work for a period of time with fellow researchers in diverse settings provides a level of insight and learning that could not be achieved in any other way. I went to Norway with the intention of pursuing one project. Incidental meetings and hallway conversations grew into a further four projects that are now being pursued. Weekend walks with Dr Ingunn Stray led us to explore topics and possibilities that could never have been explored had we not had that time to walk together. The same is true of my time with Professor Sege. It was in the walking to and from meetings, the chats over lunch, and the day-to-day engagement in the office that the most creative thoughts blossomed. It is so often in these unplanned exchanges that inspiration is garnered and the seeds of innovation are planted. Now that I am back in Australia, Zoom will keep these connections alive, but there is no replacement for partnership founded in shared experience and genuine relationship.

I have as much to learn as I have to offer

I had the opportunity while I was away to sit in meetings with Ministers and service leaders, most of whom did not know much about my professional background. This led to an interesting and new experience for me in that many felt free to be critical of researchers and academics, or at least respectfully sceptical. To be given such an insight into how researchers can be perceived (i.e. as people who don't understand what is happening on the ground) has had a significant impact on me. I will come to my meetings and presentations a little differently from now on, with greater humility and understanding that I have as much to learn as I have to offer.

Australian researchers need not shrink

Across this Fellowship I met with world leaders from the most prestigious international Universities. Their research was of the highest standard and they were impressive in their expertise. However, they were equally impressed by my research and the research of my colleagues. Australian research is also of the highest standard, and there is no need for Australian researchers to feel that the research we do is sub-standard because we do not operate out of Ivy league Universities. I was very proud to know that we could stand shoulder to shoulder with the world's best.