

Families and Communities Program

Communities for Children Facilitating Partner

Community Strategic Plan

Overview

The Community Strategic Plan (CSP) is developed by the Communities for Children Facilitating Partner (CfC FP) and Communities for Children Committee and sets out a broad vision for the service area, identifying community needs, priorities and key outcomes.

The CSP is organised into six sections:

1. Communities for Children Facilitating Partner's Details
2. Community Needs Assessment
3. Community Engagement
4. Service Area Vision
5. Priority Areas
6. Key stakeholders

It identifies the key strengths, needs and service gaps in the community, considers ways to improve coordination and collaboration, outlines priority areas and strategies to address need and improve outcomes for children and families, and identifies key community stakeholders.

The CSP builds on the extensive knowledge that Facilitating Partners (FPs) and their Committees have gained in working with their communities, often over long periods of time. It will consider opportunities for everyone in the community to work together to achieve true change in outcomes for children and families. This includes community members, service providers, governments, non-government organisations, researchers and evaluators, and business.

The development of the CSP presents an opportunity to critically reflect on the strengths of local communities, as well as any opportunities, challenges and emerging needs.

The CSP is a dynamic document that should be reviewed as new data becomes available or as you become aware of changing needs within the community. It should inform the development of Activity Work Plans.

Key dates and documents

All FPs are required to provide a CSP for each Service Area by **1 April 2022** covering the period **1 July 2022 to 30 June 2026**. You will also be required to provide a brief update on the progress of your CSP within your annual Activity Work Plan Report.

Your CSP needs to align with the [Families and Children Activity Outcomes Framework](#) (at **Appendix E** of the updated [Operational Guidelines](#)) and the Communities for Children Facilitating Partners objectives (see **Appendix A**).

Other key departmental documents that should inform your CSP include:

- [Families and Children Program Guidelines Overview](#)
- [Communities for Children Facilitating Partner Operational Guidelines](#)
- Your Communities for Children Facilitating Partners Grant Agreement
- [Families and Children Access Strategy Guidelines](#)

The Australian Institute of Family Studies (AIFS) [Families and Children Expert Panel Project](#) website provides a range of resources and supports that you may find useful should you require further guidance when undertaking your strategic planning processes.

The CSP must be developed in conjunction with your Communities for Children Committee and signed by an authorising officer in your organisation before it is submitted to your Funding Arrangement Manager for review.

Please note that CSPs may be submitted at any time prior to the submission deadline.

Indicative word limits have been applied to the template, however additional content may be provided as attachments.

Please contact your Funding Arrangement Manager in the first instance if you need assistance developing your CSP or you have concerns about meeting the 1 April 2022 submission deadline.


1. Communities for Children Facilitating Partner's Details

This section must be completed and signed before it is submitted to your Funding Arrangement Manager for review.

Facilitating Partner Details

Service Area Name	Katherine Region
FP Name	The Smith Family
FP Contact Name	Eugenie Collyer
FP Contact Title	Karen Russell
Address	1 Second St Katherine
State/Territory and Postcode	NT 0850

Community Strategic Plan

Date Communities for Children Committee agreed to Community Strategic Plan	8 February 2022
Name of Facilitating Partner Authorising Officer	Karen Russell
Signature of Facilitating Partner Authorising Officer	

DSS Use

Date of Submission to DSS	
Date of DSS approval	
DSS Delegate Name	
DSS Delegate Position	
DSS Delegate Signature	

2. Community Needs Assessment

In this section you will describe the **key needs** of children and families experiencing vulnerability and disadvantage in your community, and the **current services and service gaps** within your service area.

Consider these questions:

- What outcomes are you aiming to achieve in your service area (relevant to CfC FP objectives)?
- Who is at risk of poorer than average outcomes? How many are at risk?
- What are the key needs of families at risk of poor outcomes in your service area?
- For example, what are the strengths, assets and opportunities within your service area that could be further developed?
- What are the existing children and family services doing to meet those needs? Are there gaps? How will you address those gaps?
- How will the CfC FP program interact with other programs and services?
- Are there emerging needs for your community that you need to be proactive in addressing?
- What are the issues, risks and protective factors associated with the prioritised needs?

You should draw from multiple sources to answer these questions. For instance, research evidence, published data about your community, Data Exchange (DEX) data, community consultations, and your own knowledge of the community's demographics and social issues. Practice wisdom, while valuable, should be included as one part of a balanced evidence-informed approach that includes research / data and community / participant perspectives.

A range of selected data sources that may be useful when conducting needs assessments is available at **Appendix B**.

State and territory agencies will have additional data on school attendance, domestic violence, child protection and crime. For example:

- [Mapping Economic Disadvantage in NSW](#) – NSW Council of Social Service

If you want to undertake a formal needs assessment process, the AIFS Expert Panel Project has developed a [Needs Assessment](#) resource that may be helpful.

Outline information about community needs and service provision below:

This initiative has been facilitated in the Katherine Region by the Smith Family since 2005. Extensive community consultations were undertaken in 2014 for the previous Community Strategic Plan (CSP, 2015-2019) Further consultations have been carried out from July to December 2021 to inform this CSP (2022-2026). The CfC FP has continued to fund direct service delivery throughout multiple CfC FP funding extensions; over the last two years many Community Partner organisations have maintained a client-centred approach, continuing to delivery projects wherever possible while affected by Covid19 measures.

The Katherine Region CfC FP site covers four ABS designated Statistical Areas, level 2 (SA2s): “Elsley”, “Gulf”, “Katherine” and “Victoria River”. Combined, these form the ABS designated Statistical Area, level 3 (SA3), called “Katherine”. The total geographic area is 326,250.27m². Location, weather conditions and population spread all impact significantly on service accessibility and cost of delivery. Hence, impacting on availability of support and resources for families with children birth to 12 years across the communities. Around a quarter of the population are under 14 years old. According to ABS census data, the proportion of Aboriginal people, who do not speak English as a first language, ranges between 10.6% and 22.3% in Katherine town, and 87-99% in remote communities¹.

The demographics in Katherine are far from the mainstream. Evidence-based services have often been designed outside of the Katherine Region context, for non-Indigenous and/or urban settings. Any service delivery funded by Katherine Region CfC FP will need to be relevant to our context and informed by local and cultural knowledge. Community voice strongly expresses the need for services and programs that strengthen families and communities; for this to occur there must be relationships, respect, understanding of the region and consistency in delivery. Consultation with families and children signals their key priorities for are staying at home and staying with family. For Aboriginal and Torres Strait families, kinship and culture need to be incorporated into program design delivery. It is important to support for all young children and their families, including prioritising cultural safety of all families, including Aboriginal and Torres Strait Islander families and CALD families. Socially isolated families also need support.

Safety, and providing a safe community, for young people in Katherine is a key priority. In 2020-21, 22.6% of young people aged 0-17, are included in notifications with domestic and family violence recorded as a contributing factor. 319 young people were subjected to violence or heard/saw the incident. In 2019-20, there were 2649 notifications of child abuse or neglect of children aged 0-17. In 2020-21 there were 130 house break-in offences and 163 victims (aged 0-17) of an offence against a person. Many young people are also encountering the justice system. In 2020-21, 191 males and 55 females (aged 10-17) were arrested, issued a summons or notice to appear before court or referred for youth diversion².

Overcrowding is also a concern. Available information indicates 2,165 people of any age are living in severely crowded dwellings. Given the high proportion of children, these statistics indicate overcrowding has a substantial impact on a child’s needs for ‘material basics’ (a domain from ARACY’s ‘Wellbeing Wheel for Children’³).

Developmentally, our children need support. AEDC data reflects that all SA2s in the Katherine site have higher proportions than the NT for both developmentally vulnerable in one or more domains, and developmentally vulnerable in two or more domains. The more remote SA2s of Gulf, Elsey, and Victoria River, have a higher proportion than even that of Katherine SA2 for vulnerability in one or more and two or more domains⁴.

Due to abovementioned factors, service availability decreases as remoteness increases. Mapping of services indicates fewer services are available in communities than in Katherine town. For many remote communities, services may be only available via phone, or on fly-in fly-out basis, with no presence on the ground. The Productivity Commission’s inquiry into ‘Expenditure on Children in the Northern Territory’⁵ found that, despite significant investment by both the Commonwealth and Territory Governments, this is not well coordinated and often driven by service sector capacity to apply for funding, rather than community identified needs and priorities. Lack of coordination leads to siloed decision making; short funding cycles compound these issues. Through community services mapping, we found many remote communities now have early childhood programs,

¹ ABS, 'Data by Region'.

² De Vincentis et al., *Story of Our Children and Young People, Northern Territory, 2021*.

³ Goodhue, Noble, and Dakin, 'Exploring Australia's Wellbeing Framework for Children and Young People'.

⁴ '2018 AEDC National Report'.

⁵ Productivity Commission, 'Expenditure on Children in the Northern Territory'.

however other services such as family support programs are limited. Across the region, services report that staff recruitment and retention is challenging, impacting on community relationships and maintaining corporate memory of what works for a particular community, or family, or place. Developing local capacity where possible will ameliorate this challenge. Food security and access to nutrition education has also been raised as a need for remote communities. Collaborating and forming partnerships with schools, ACCOs and local decision-making groups will help strengthen the service system and support finding place based solutions.

Transitions into and engagement with school needs to be supported⁶. Transience of families throughout different times of year means many young people frequently move between schools. Data indicate a need to support young people through transitions, not only into school and between different levels of schooling, but also as they transition between schools. Struggles with transition can have lasting negative impacts on a young person, both behaviourally and on their mental health. Particularly for Aboriginal children, maintaining connections to family, culture and community, are key to strengthening education outcomes. Including elders in decision-making and culture in curriculum, has been shown to increase attendance and engagement⁷.

Families with young people need to be connected to their community and equipped with skills and knowledge to thrive. Developing the capacity of community members to become the staff who deliver programs will mitigate against factors such as staff turnover and seasonal accessibility. Best practice research and feedback from parents and service providers strongly indicate the need to have culturally respectful, appropriate and inclusive approaches that will remove the stigma of participation and provide a safe environment.

Over the last two years, Covid19 measures have impacted in expected and unexpected ways. Inability to travel to remote communities prevented some service delivery, while locally staffed programs were able to continue in remote communities, even when service delivery in Katherine town had slowed or ceased. Some programs with elements of online service delivery, were able to continue in some form; as a result of Covid19, online capabilities for service providers and participants have increased over this time.

Arising issues and risks are: frequent staff turn-over, high cost of funding and resources to achieve remote service delivery, providing children with the material basics and a safe environment, and support through life transitions.

Protective factors include: local knowledge and staffing, supporting relationships with elders in schools, in service design and delivery, supporting cultural identity, keeping children at home with family on country.

Remote communities each have a number of services. The services that are available differ across communities and some services are only available over the phone, or on a fly-in fly-out basis. Early childhood services are predominantly targeted towards early learning, while other services such as family support are less widely available. In Katherine town, there are many more services than in remote locations, including some funded through CfC FP. Parents and carers have expressed a desire for early childhood services such as playgroups, two-way learning (including language and culture), support for children to stay in school, outdoor activities and healthy nutrition. Children expressed that they want to be with family, be active, they value culture and identity and friends. Community members expressed that they did not agree that all children in the community are healthy, happy and ready for learning. This highlights the need to wholistically support children and the community to achieve this.

To address service gaps and support a sustainable approach, the CfC FP will prioritise projects which are designed to build capacity and keep knowledge in the community and be staffed locally. This will combat the issues of accessibility and costs associated delivery by services outside the community. The CfC FP will avoid duplication of services through developing relationships and

seeking local feedback about community needs. Local decision-making bodies, such as local reference groups and ACCOs will be key to identification and delivery of services. Where possible, the FP will support strengthening the service system by encouraging relationships and referrals, when relevant, between services within CfC FP and to external services.

The CfC FP aims to contribute to outcomes on the child level, family level and community level. There are several key outcomes. Firstly, on the child level, a wholistic support of children's needs for the material basics, and the specific need to support learning. In order to support this outcome, at the family level, parents and carers of children need the skills and knowledge. At the community level, communities need to be child friendly and inclusive. The Katherine Region CfC FP defines these outcomes in the key priority areas section of this document outlining specific strategies to ensure site specificity.

(Up to 800 words)

⁶ Smith, Cahill, and Crofts, 'Supporting Students in Transition'.

⁷ Jaeschke, 'Submission to the Productivity Commission's Inquiry into Expenditure on Children in the Northern Territory'.

3. Community Engagement

In this section you will outline the **community engagement strategies** you plan to use in your Service Area. Your response should include information about:

- Who you will engage with and why
- How you will engage to ensure ongoing involvement/participation
- Any challenges or barriers you see in engaging with particular groups or individuals e.g. children, business etc., also giving consideration to impacts of Covid-19 and other local contexts (i.e. bushfires / flooding) and the strategies you will use to try to overcome them.

When completing this section, think about the target groups you want to engage with in a broad sense, as well as how you will engage to best ensure the voice of the beneficiary is heard. For instance, you may wish to engage with individuals/families, directly with children, with particular neighbourhoods, philanthropic organisations, schools, academia/researchers, other service systems, local media and business.

Reflect on why you want to engage with each target group. Is it to explore innovation? Encourage collaboration and service integration? Consult on activity design? Build enthusiasm for the agenda? Contribute to the sustainability of initiatives? Evaluate progress?

Undertaking broad community engagement brings valuable, representative voices to the discussion and is an important aspect of strong local collaboration.

You should also think about how well your governance structures and community feedback mechanisms are working and identify any gaps in communication and participation of particular groups.

Your strategy needs to address the [Families and Children Access Strategy](#) requirements.

Interaction with other initiatives

If [Stronger Places Stronger People](#) (SPSP) or [Empowered Communities](#) are active in your service area, consider engaging with relevant leadership groups as part of your strategy.

Below are some resources on how to engage and collaborate with communities and partner organisations and evaluate inter-agency partnerships.

Community engagement and inter-agency partnership approaches

- [Creating change through partnerships](#) – SNAICC guide to establishing partnerships between Aboriginal and Torres Strait Islander organisations and non-Indigenous child and family organisations
- [Community engagement: A key strategy for improving outcomes for Australian families](#) – AIFS paper about adopting community engagement strategies in practice
- [Collective Impact: Evidence and implications for practice](#) – AIFS paper that explores the collective impact framework
- [Interagency Collaboration](#) – AIFS paper about how to maximise the effectiveness of interagency collaboration
- [Deep Collaboration](#) – an approach to collaboration and shared leadership created by First Nations and other multicultural Australians

- [Partnering with Indigenous organisations for a sustainable environment](#) – Department of Environment and Energy guide for non-Indigenous organisations partnering with Indigenous organisations and communities
- [Working together to keep children and families safe: Strategies for developing collaborative competence](#) – AIFS practice paper focused on improving cross-sectoral relationships between child protection and child and family welfare practitioners
- [Platform C](#) Resource Hub – A useful library of tools and resources for collective change.
- [Most Significant Change \(MSC\) technique](#) – an approach to help monitor and evaluate social change programs and projects, particularly at the community level.

Tools for measuring inter-agency partnerships

- [SNAICC partnership audit tool](#) – Measures progress towards genuine partnerships where Aboriginal and Torres Strait Islander families are concerned
- [Collaboration Health Assessment Tool \(CHAT\)](#) – Measures how collaborators are working together now and into the future
- [VicHealth partnerships analysis tool](#) – Helps organisations entering into new partnerships assess, monitor and maximise effectiveness
- [Change cycle progress mapping tool](#) – Helps collaborators to understand which phase of the collaborative change cycle they are in and what can be done to continue making progress.

Outline your community engagement strategy below.

Guiding questions

- Who in the community will you engage with? (giving consideration also to the groups described under Section 2)
- Why are you engaging with them?
- How will you ensure their ongoing involvement/participation?
- Do you foresee any particular challenges or barriers in engaging with particular groups (e.g. children)? What strategies will you use to address these challenges?
- Considering the impacts of Covid-19 and other local contexts (i.e. bushfires / flooding), will there be new or modified ways of engaging with the community?

When communities experience a high level of disadvantage, such as many of the communities in the Katherine Region, it may be the case that existing services are not succeeding in improving outcomes or are not fully utilised. Evidence based programs tailored to the local community are needed. Community engagement with the organisations running these programs will positively impact on the program goals. A strengths based approach will underpin community engagement strategies.

Relationships

Responses in recent consultations show both community members and service providers desire services that are supported and informed by good relationships between the local community and its specific needs. Challenges to engagement include distance, limited funding, Covid-19, team capacity, and high staff turnover. The Facilitating Partner will endeavour to overcome these challenges as much as possible, using online communications, and, where possible, human relationships with people 'on the ground' in remote communities. The FP will explore identifying 'community champions' to develop these relationships. In particular, the FP will focus on establishing (in some cases re-establishing) and building on existing relationships with schools and ACCOs, as well as participating in relevant network groups (i.e. CHAIN, KYIG, BREYN, NAIDOC committee, DFV group). There may be a greater use of online technology to achieve this, as Covid-19 measures may limit travel to remote communities and face to face interactions.

Communications

Previous tailored communications have been predominantly written, town-based, and services-focussed. The Facilitating Partner will continue to promote available services by producing tailored materials, as well as using other strategies, such as face to face and audio communication. The FP will tailor communications to community need and capacity – taking into account language, literacy, and style. This will include increasing the FP social media presence.

Child participation

In recent years, the Facilitating Partner has supported the development of child participation practice through the Hearing Children's Voices project. Recent work has produced a practice tool ('A Way of Listening to Kids' Voices'). The FP will continue to support the development of this practice through promotion of the tool and providing support to use the tool. The FP will continue the practice of listening to kids to develop relationships with schools, and support child participation in the selection of school holiday program activities.

Membership and representation

The Facilitating Partner will improve CCC representation by setting, and continually reviewing, membership targets for remote-based, Aboriginal and Torres Strait Islanders, parents and community members. Online technologies will continue to be used to connect with remotely-based members.

Covid-19

Covid-19 has highlighted the usefulness of online technologies to keep people connected. It has also highlighted the difficulty some communities face to stay connected with unreliable internet connectivity. Being 'on the ground' for site visits to remote communities will continue to be impacted by Covid-19. For example, council regulations may include vaccination requirements,

potential mask mandates, and testing regimes.

(Up to 800 words)

4. Service Area Vision

Drawing on your community needs assessment and community engagement processes, describe the **vision** for your Service Area. The vision should provide a clear and concise statement of the aspirations for the future of the service area. Ensure that your vision encompasses the Families and Children Activity outcomes and the Communities for Children Facilitating Partner objectives (**Appendix A**).

Our Katherine Region families and communities are valued, connected and empowered, to ensure our children are happy, healthy and safe.

This vision puts families and communities at the centre of the narrative. It and reflects the shared values of the people in communities across the Katherine Region. It was originally developed through in-depth community consultation and has guided the Katherine Region CFC FP work since 2015. Together with other consultation work, stakeholders revisited this vision in 2021 and confirmed that it is still appropriate and applicable in guiding decision making for funding program delivery and informing Katherine Region CfC FP work.

The vision is place responsive, strength based and inclusive and embodies the values of the Katherine Region community. Recent community consultation showed emerging themes were 'being close to family' and 'having a sense of belonging in the community'. The consultation process included the voices of children (through child participation activities) as well as parents/carers, and other community members (through surveys) and service providers (through surveys and workshops).

In particular, the vision encapsulates what children value: during recent child participation activities, common themes for 'What makes you happy?' were 'being with family', 'playing sport and outdoor activities', 'culture and identity', and 'being at home'. When children were asked about feeling safe, there was a large overlap in themes: by far the strongest response was 'being with family', followed by 'being at home', 'playing with friends', 'culture and identity'.

After reviewing the CfC FP Vision and Priority Areas, responses from a stakeholder workshop also resonate with the vision:

"...remoteness and distance and the cost of providing quality services needs to be considered – "zoom" should not always replace face to face interactions" (connectedness)

"Consideration of how we can address institutional racism." (valued)

"Address the divide in resources available to town based and remote children, whether that be through availability of technology, support services etc. Impacts of family and domestic violence" (valued, connected, empowered, happy, safe)

"To include opinions, perspectives and lived experiences of first nations peoples in the communities in all aspects of services and interventions to align with RAP. And to be a good role model for other organisations." (valued, empowered)

"More emphasis on mental health and culture needs to be made explicit" (healthy, safe, valued)

The vision also fits all DSS Objectives for Communities for Children Facilitating Partner initiative, as it takes a community-level, family level, and child level approach to: supporting healthy young families and parents, early learning, school transition and engagement, and child-friendly communities. The vision also fits with the Families and Communities outcomes: children thrive, adults are empowered, family relationships flourish and communities are cohesive.

(Up to 500 words)

5. Priority Areas

Drawing on the Community Needs Assessment and Community Engagement strategy, in this section, describe the priority areas that you need to focus on to achieve your vision.

Priority Areas are the areas that the community wants you to focus on. The priority area may be a particular target group (e.g. young parents), a service gap (e.g. parent education), or systemic issue (e.g. adult services being disconnected from children's services; low rates of literacy).

Information about each priority area should include:

- An overview of the priority area
- Why you have chosen it as a priority area
- How it relates to the Families and Children Activity's outcomes and Communities for Children FP objectives
- What would success look like
- What strategies you will use to achieve improved outcomes in this priority area. For instance, funded direct service delivery or other actions a FP and its Committee could undertake such as improving service delivery capability, building community awareness, or engaging with other relevant service providers, such as adult services.
- What assets, resources, strengths can be used to address each priority area.
- The method you will use to collect information and measure whether outcomes in this priority area change over time.
- Outline the **key stakeholders** that will be critical for success.

Priority Area One: Our children are happy and have everything they need to learn and grow

This priority is based on the belief that in order to assist children to reach their potential, a holistic and integrated approach to learning, health and wellbeing is critical. Holistic approaches appear to be becoming more recognised in service delivery, with public health approaches and the social model of health frequently being referred to in policy documents⁸.

Awareness of the social model of health and public health approaches is vital in recognising the limitations of Communities for Children, service providers and the importance of supporting service providers to work collaboratively with partners. Children's wellbeing is largely socially determined. In addition to access to support in early childhood, wellbeing is also connected to access to healthcare, education, housing and recreational opportunities and the overall health of their communities and circumstances of their lives.

"Children are our future, they thrive when they have everything they need"

"If children are happy and have everything they learn better"

"Our children are everything – we need to give them every opportunity to be happy, to explore opportunities, to understand their choices, and feel able and confident to realise their future"

(Communities for Children Committee members)

Strategies to achieve improved outcomes in this priority area:

Funded direct service delivery:

- Continue providing early years programs that are evidence based, focussing on developing school readiness skills.
- Programs which aim to keep families together should be prioritised
- Provide services that enable young people and their families to participate in healthy activities together.
- Cultural protocols and kinship should inform program design and delivery.
- Programs which embed education about healthy food and nutrition should be considered.

Actions by FP and Committee:

- Children and families should be consulted on how to strengthen and keep families together.
- Kinship ties need to be identified, respected and prioritised.
- Support development of, or community awareness of and participation in, local culturally informed education programs on baby development during pregnancy for young people and expectant mothers.

Assets, resources and strengths:

- Relationships with Elders, ACCOs, Schools and NGOs are key to supporting effective project design and delivery.
- Schools and regional councils have essential infrastructure.
- Including cultural knowledge in design and delivery will support engagement, and a culturally safe environment.

Outcome Measurement:

All CfC FP funded projects will measure attendance and outcomes using the DSS Data Exchange system. This will also include seeking feedback on and level of satisfaction with service delivery. In addition, long term measures such as AEDC and NAPLAN, when measuring the region against itself, or measuring it against 'like' communities will be used to gauge community need over time.

Family and children's activity outcomes for this priority: increased parental capacity, improved child wellbeing, improved family functioning, improved individual and family wellbeing.

Communities for Children FP objective being met: To improve the health and well-being of families and the development of young children, from before birth through to age 12 years paying special attention to: **Healthy Young Families** and **Early learning**.

Key stakeholders:

- Children and their families (immediate and extended)
- Schools, Department of Education, NTG
- Community leaders
- Office of Territory Families, NTG
- National Indigenous Australian Agency
- Family and child related services
- Childcare centres/Pre-schools
- Local and Regional Councils
- Local businesses

(Up to 800 words)

⁸Goodhue, Noble, and Dakin, 'Exploring Australia's Wellbeing Framework for Children and Young People'.

Priority Area Two: Our children and their families are ready for and supported through all of life's transitions

This priority was set to focus on improving the school readiness of children 3 to 5 years and transition to adolescence for children 9 to 12 years.

A review of relevant research identifies that school transitions are a time of change and challenge for children and young people. Transitions can be associated with anxiety, grief and loss of social and emotional support. Some children and young people find this process of change more difficult than others, and some children are presented with far more frequent and challenging home and school transitions than others. Students who have negative transition experiences are more likely to experience depression, lower learning attainment, poorer peer connections, lower self-esteem, and higher levels of anti-social behaviour.⁹

Referring to the AEDC data, 27.6% of children in the Big Rivers Region were assessed as being developmentally on track in all five domains (compared to 55.3% Australia Wide)¹⁰

In 2019, 64.1% of students in Year 3 achieved the minimum national standard in literacy while 59.8% achieved the minimum standard in numeracy. 47.2% of students in Year 7 achieved the minimum standard in literacy and 55.8% achieved the minimum standard in numeracy.¹¹ The decrease in achievement levels from Year 3 to Year 7 is consistent and demonstrates a need for supporting young people as they transition from early years learning to middle years.

"If children don't successfully transition to the next phase in their development, it has a compounding effect and will make further transitions more difficult. So supporting all transitions as best we can is important."

"Support is critical for individuals and families during life transition. It is easy to get lost in these stages, and to lose confidence, which has a knock on impact to future transitions, or well being at the time."

(CCC member)

Strategies to achieve improved outcomes in this priority area:

Funded direct service delivery:

- Develop targeted programs to support school and life transitions. This should be a guided by community consultation and must include kinship and culture as key elements.

Actions by FP and Committee:

- Consult with schools/Department of Education, families, young people and Elders, on how to best support young people transitioning into school, between schools, and from primary into high school.
- Support Elders to engage with schools to build respect back up between young people and Elders and schools.

Assets, resources and strengths:

- Knowledge of kinship relationships and cultural knowledge.
- Relationships with Elders, ACCOs, Schools and NGOs are key to supporting effective project design and delivery.
- Schools and regional councils have essential infrastructure.
- Aboriginal Community Controlled Health Organisations have essential infrastructure

Outcome Measurement:

All CfC FP funded projects will measure attendance and outcomes using the DSS Data Exchange system. This will also include seeking feedback on and level of satisfaction with service delivery. In addition, long term measures such as AEDC and NAPLAN, when measuring the region against itself, or measuring it against 'like' communities will be used to gauge community need over time.

Family and children's activity outcomes for this priority: Increased personal agency, more cooperative post separation arrangements, improved child wellbeing, improved individual functioning, improved individual and family wellbeing, stronger family relationships.

Communities for Children FP objective being met: To improve the health and well-being of families and the development of young children, from before birth through to age 12 years paying special attention to: **school transition and engagement** - support children and families to make a smooth transition to school and work with local schools to assist children and families with their ongoing engagement with school.

Key stakeholders:

- Children and their families (immediate and extended)
- Schools, Department of Education, NTG
- Community leaders
- Office of Territory Families, NTG
- National Indigenous Australian Agency
- Family and child related services
- Childcare centres/Pre-schools
- Youth Services
- Local and Regional Councils
- Local businesses

(Up to 800 words)

⁹ Smith, Cahill, and Crofts, 'Supporting Students in Transition'.

¹⁰ '2018 AEDC National Report'.

¹¹ De Vincentis et al., *Story of Our Children and Young People, Northern Territory, 2021.*

Priority Area Three: Our families have the knowledge, skills and connectedness to support their children's aspirations

This priority area was chosen to reflect the need for parents to thrive as both parents and individuals, recognising that when parents lack the necessary child rearing skills, social supports and knowledge of child development, the risk of child maltreatment is increased. Best practice research and the feedback from parents and service providers both strongly indicate the need to have culturally respectful, appropriate and inclusive approaches that will remove the stigma of participation and provide a safe environment.

Parents and caregivers are the most important people in children's lives and are the people with the most significant influence on their child's overall outcomes¹². For services to support parents it is essential these services are informed by the lived experience of parents and their views regarding the challenges they face and how they can be met.¹³

"It's important for families to have all the right tools to support their children's aspirations"

"Families should be empowered to support their children in their dreams and goals."

"Our children grow up in "family" groups so we must be mindful of the variety of what "family groups" look like... and be inclusive and support to all families."

(CCC members)

Strategies to achieve improved outcomes in this priority area:

Funded direct service delivery:

- Develop the capacity of community members to become the staff who deliver programs; this will mitigate against staff turnover, seasonal factors currently affecting delivery, support and promote connectedness and culturally informed service delivery, and keep knowledge in the community.

Actions by FP and Committee:

- Engage with collaborations and initiatives that support the service system and seek to promote available services to client target groups.
- Develop a targeted and relevant strategy to promote available services, including face to face communication and audio communication, as well as written and online.

Assets, resources and strengths:

- Cultural protocols and kinship relationships must be considered and embedded in both program design and delivery.
- Schools and regional councils have essential infrastructure.
- Aboriginal Community Controlled Health Organisations have essential infrastructure

Outcome Measurement:

All CfC FP funded projects will measure attendance and outcomes using the DSS Data Exchange system. This will also include seeking feedback on and level of satisfaction with service delivery. In addition, long term measures such as AEDC and NAPLAN, when measuring the region against itself, or measuring it against 'like' communities will be used to gauge community need over time.

Family and children's activity outcomes for this priority: improved individual and family wellbeing, more cohesive communities, improved family functioning, improved child wellbeing, stronger family relationships, increased parental capacity.

Communities for Children FP objective being met: To improve the health and well-being of families and the development of young children, from before birth through to age 12 years

paying special attention to: **supporting families and parents** and **create strong child friendly communities.**

Key stakeholders:

- Children and their families (immediate and extended)
- Schools, Department of Education, NTG
- Community leaders
- Office of Territory Families, NTG
- National Indigenous Australian Agency
- Family and child related services
- Childcare centres/Pre-schools
- Local and Regional Councils
- Local businesses
- Community Health Organisations

(Up to 800 words)

¹² Australian Research Alliance for Children and Youth (ARACY), 'The NEST Action Agenda: Improving Wellbeing of Australia's Children and Youth While Growing Our GDP by over 7%'.

¹³ Murdoch Children's Research Institute, Centre for Community Child Health, 'Developing Holistic Integrated Early Learning Services for Young Children and Families Experiencing Socio-Economic Vulnerability'.

Priority Area Four: Our communities are safe, nurturing and inclusive places

The United Nations Convention on the Rights of the Child¹⁴ recognises that a happy, loving and understanding family environment is necessary for the development of a child. Setting this priority has been informed by an understanding of the importance of traditional Aboriginal and Torres Strait Islander cultural practices in contributing to effective family functioning, and how these practices can have positive effects on children and communities¹⁵. Supporting and strengthening an inclusive community combats social isolation experienced by many families.

In the Big Rivers Region in 2020-21, 22.6% of young people aged 0-17, are included in notifications with domestic and family violence recorded as a contributing factor. 319 young people were subject to violence or heard/saw the incident. In 2019-20, there were 2649 notifications of child abuse or neglect of children aged 0-17.

In 2020-21 there were 130 house break-in offences in the Big Rivers Region and 163 victims, aged 0- 17, of an offence against a person. In 2020-21, 191 males and 55 females, aged 10-17, were arrested, issued a summons or notice to appear before court or referred for youth diversion.

“Feeling safe and included in your own community is paramount to growing up strong and having the ability to share your ‘voice’”

“This one is the most important. Environmental/systemic change will have the most impact.” “Children who have felt excluded by their community, for reason of language, sex, race, disability, etc. have increased interaction with the justice system, homelessness, and health conditions later in life.”

Strategies to achieve improved outcomes in this priority area:

Funded service delivery:

- The focus of funding decisions should support and create safe families and safe homes.
- Where the target group is Aboriginal and Torres Strait Islander families, programs must be delivered in culturally informed and respectful manner; informed and led by Elders and place based.

Actions by FP and Committee:

- Build the capacity of community members to deliver programs to retain knowledge and skills within the community for the community.
- Staff must be appropriately skilled and informed about culturally relevant practices of raising children. This applies whether the target group are Aboriginal and Torres Strait Islander families or to CALD families.
- Providing and participating in training such as child safe organisation training provided by NAPCAN.
- Support service system through participating in networks
- Use community events to support children to participate in having a say about their community and values

Assets, resources and strengths:

- Elders and community leaders
- Community Health organisations and regional councils have essential infrastructure
- Schools and regional councils have essential infrastructure

Outcome Measurement:

All CfC FP funded projects will measure attendance and outcomes using the DSS Data Exchange system. This will also include seeking feedback on and level of satisfaction with

service delivery. In addition, long term measures of National datasets such as AEDC, when measuring the region against itself, or measuring it against 'like' communities will be used to gauge community need over time. The FP will

Family and children's activity outcomes for this priority: Increased positive community connectives, improved community functioning, more cohesive communities, increased economic engagement, improved child wellbeing, improved family functioning.

Communities for Children FP objective being met: To create **strong child friendly communities** that understands the importance of children and applies this capacity to maximise the health, wellbeing and early development of young children at local level.

Key stakeholders:

- Children and their families (immediate and extended)
- Schools, Department of Education, NTG
- Community leaders
- Office of Territory Families, NTG
- National Indigenous Australian Agency
- Family and child related services
- Childcare centres/Pre-schools
- Local and Regional Councils
- Local businesses
- Community organisations
- Community Health organisations
- Sport and recreation organisations

(Up to 800 words)

6. Key Stakeholders

In this section, you will provide details of key stakeholders, collective networks, partnerships or initiatives that will need to be engaged to support the implementation of the CSP.

Stakeholder	How the stakeholder will be involved
<i>Please provide details of key stakeholders that will need to be engaged as part of the CSP</i>	<i>How will the stakeholder be involved? What benefits does this partnership or engagement have on supporting the delivery of services and achieving outcomes for families and children?</i>
Children and their families	CfC FP team will continue to conduct 'Listening to Kids' Voices' (child participation) activities with children and their families about their needs and aspirations.
Communities for Children Committee (CCC)	The CCC is made up of organisations working within the child service system.

¹⁴ United Nations, 'OHCHR | Convention on the Rights of the Child'.

¹⁵ Lohoar, Butera, and Kennedy, 'Strengths of Australian Aboriginal Cultural Practices in Family Life and Child Rearing'.

Stakeholder	How the stakeholder will be involved
	There are also community members and parents. Some members are also Community Partner organisations who deliver funded projects. The CCC will inform funding decisions about CfC FP projects, and the work of the Facilitating Partner. The CCC are well placed to strengthen the service system through identifying needs, gaps and opportunities.
Community Helping and Action Information Network (CHAIN)	This network of community organisations meets bimonthly to share practice knowledge, introduce and re-introduce staff as practitioners come and go. The CHAIN is a hub of place-based knowledge for working in and around Katherine, and forging partnerships. The CfC FP will aim to have a team member present at each meeting, keeping the team 'in the loop' as to who is working in the community services sector in Katherine.'
Katherine Youth Interagency Group (KYIG)	This is a group of community organisations working with youth. The KYIG is chaired by a member of NT Police. CfC FP's on-going participation in this network enables coordination and knowledge sharing of needs and challenges of servicing 0-12yo cohort (age range of CfC FP) and the youth cohort (12-26); supports knowledge of and value of intervention and prevention approaches and opportunities.
Aboriginal Community Controlled Organisations (ACCOs)	Where remote communities have ACCOs, these organisations play a key role in ensuring projects are delivered in a culturally safe way. The CfC FP team will seek to forge and maintain relationships with ACCOs, sharing information on opportunities to fund projects through ACCOs through forming partnerships. ACCOs are uniquely placed to provide a space for capacity building in the community for the community.
Aboriginal Community Controlled Health Services (ACCHOS)	Wurli-Wurlinjang Aboriginal Health Service Sunrise Health Service Katherine West Health Board These ACCHOS deliver many services to children 0-12. In particular, immunisations and antenatal care. CfC FP funded projects potentially share many clients with these health services. Fostering relationships between the ACCHOS and community partners will be key to coordinating and strengthening service delivery.
Land Councils	Northern Land Council Central Land Council

Stakeholder	How the stakeholder will be involved
	<p>Land council permits are required for travel to many of the region's remote communities. They also run junior ranger programs in some communities; these activities could potentially be funded CfC FP projects, or could coordinate with funded projects where appropriate. Land councils have also played a custodial role in protecting communities from Covid19 through attaching vaccination requirements to permits. CfC FP team are all required to obtain permits for all communities visited. The team will forge relationships with local land council offices where relevant and appropriate.</p>
<p>Department of Education</p>	<p>Town/Remote schools – maintaining and strengthening relationships will help link schools with services and opportunities available in town.</p> <p>Remote schools – remote schools are often a central piece of community infrastructure. CfC FP will seek relationships with remote schools, where there may be opportunities to meet community needs through a CfC FP funded project or other activity.</p> <p>The CfC FP team will also maintain a relationship with the Department of Education to stay connected with and provide information about the needs and opportunities within the service system.</p>
<p>Department of Territory Families Housing and Communities (TFHC)</p>	<p>This department takes carriage of Domestic Family and Sexual Violence Reduction and Child Safety (through supporting families as well as out of home and foster care). TFHC aims to enhance partnerships and connect individuals to coordinated services. This links with early intervention and prevention work of the CfC FP. Particularly in terms of client identification for funded projects (such as families or children who need support) and other FP activities such as PD for TFHC staff who are working in this space.</p>
<p>Domestic Family and Sexual Violence local reference group (Katherine)</p>	<p>Facilitated by TFHC, this group of organisations (NGO and Gov) shares knowledge, to understand trends and support a unified approach to dealing with and ultimately reducing incidence of domestic violence. CfC FP participates in this network to understand community needs and link organisations to relevant supports in the early intervention and prevention space; these may be CfC FP funded projects or other programs as required. This group feeds into the Cross Agency Working Group (CAWG) which</p>

Stakeholder	How the stakeholder will be involved
	oversees the implementation of the Northern Territory's Domestic, Family and Sexual Violence Framework 2018-2028.
National Association for Prevention of Child Abuse and Neglect (NAPCAN)	NAPCAN have a long standing relationship with CfC FP. Several times a year, NAPCAN are hosted by CfC FP to provide training in Mandatory Reporting, Seven Steps to Safety, Child Safe Organisations. They have also liaised with the CCC to provide other professional development such as the recent 'Safer Communities for Children'. The on going relationship with NAPCAN means CCC and CfC FP can access and consult on the latest child safety training. NAPCAN have also sought feedback from members of the CCC training packages in development such as their 'Reframing parenting' training. CfC FP has a mutually beneficial two-way relationship with NAPCAN.
National Disability Insurance Scheme (NDIS)	Establishing a relationship with NDIS will enable the CfC FP and CCC to have greater knowledge of opportunities for children and their families experiencing living with a disability. Enabling opportunities for NDIS to connect and interact with the service system will strengthen inclusivity within the sector.
NT Police	Fostering and maintaining a relationship with NT Police will enable the CfC FP and CCC to develop a deeper understanding of children's early contact with the justice system. This will support capacity of police and other services to understand the system and more effectively implement early intervention and prevention strategies.

Appendix A - Communities for Children Facilitating Partners objectives

- To improve the health and well-being of families and the development of young children, from before birth through to age 12 years, paying special attention to:
 - Healthy young families — supporting parents to care for their children before and after birth and throughout the early years;
 - Supporting families and parents — support for parents to provide children with secure attachment, consistent discipline and quality environments that are stable, positive, stimulating, safe and secure;
 - Early learning — provide access to high quality early learning opportunities in the years before school; provide early identification and support for children at risk of developmental and behavioural problems; assist parents with ways they can stimulate and promote child development and learning from birth; and
 - School transition and engagement - support children and families to make a smooth transition to school and work with local schools to assist children and families with their ongoing engagement with school.
- To create strong child-friendly communities that understand the importance of children and apply this capacity to maximise the health, well-being and early development of young children at the local level.

Appendix B - Selected data sources that may be useful when conducting needs assessments

This table lists a range of selected data sources that may be useful when conducting needs assessments.

Data source	Most recent	Author/Source	Smallest geographical area covered	Main topics covered	Website
National datasets					
Australian Bureau of Statistics (ABS) Community Profiles	2016	ABS	Postal area, suburb, local government area (LGA)	Social, economic and demographic characteristics	https://www.abs.gov.au/websitedbs/D3310114.nsf/Home/2016%20Census%20Community%20Profiles
ABS Table Builder	2016	ABS	Postal area, suburb, LGA	Social, economic and demographic characteristics	https://www.abs.gov.au/websitedbs/d3310114.nsf/home/about+tablebuilder
ABS Socio economic indexes by LGA	2016	ABS	Postal area, suburb, LGA	Socio-economic advantage and disadvantage	https://www.abs.gov.au/ausstats/abs@.nsf/mf/2033.0.55.001
.id community demographics	2016	.id	LGA (data not available for all LGAs)	Population, age, ethnicity, employment, income, disadvantage, family structure, housing	https://profile.id.com.au/
Dropping off the Edge	2015	Jesuit Social Services & Catholic Social Services Australia	Postcode, suburb	Disadvantage	https://dote.org.au/
Social Health Atlases of Australia	varies	Torrens University	LGA	Health, demographics, disadvantage, housing	https://phidu.torrens.edu.au/social-health-atlases
Primary Health Network (PHN) Area Profiles	varies	Commonwealth Dept. Health	PHN region	Health and demographics. Detailed information can be found on individual PHN websites	https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home

Bibliography

Data source	Most recent	Author/Source	Smallest geographical area covered	Main topics covered	Website
Australian Early Development Census	2018	Australian government	LGA	Indicators of early childhood development	Australian Early Development Census (aeadc.gov.au)
Mothers, Babies and Children report Supplementary table-Births	2018	Consultative Council on Obstetric and Paediatric Mortality and Morbidity	LGA (Tables 62-65)	Maternal, perinatal, paediatric mortality and morbidity, and birth outcomes	https://www.bettersafecare.vic.gov.au/publications/mothers-babies-and-children-2018
Data tables for Australia's mothers and babies	2018	Australian Institute of Health and Welfare	Statistical Area Level 3, PHN	Pregnancy, childbirth and babies	https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-and-babies-2018-in-brief/data
Settlement reports	2020	Dept. Home Affairs	LGA	Demographics of people granted permanent or provisional visas	https://data.gov.au/data/dataset/8d1b90a9-a4d7-4b10-ad6a-8273722c8628
Australian open government data	varies	Federal, state and local government agencies		A range of topics, including crime, domestic violence and school attendance	https://data.gov.au
Longitudinal Data Sets	varies	National Centre for Longitudinal Data (NCLD)		Including Household, Income and Labour Dynamics in Australia (HILDA) Survey, Growing up in Australia: The Longitudinal Study of Australian Children (LSAC), Footprints in Time: The Longitudinal Study of Indigenous Children (LSIC), and Building a New Life in Australia (BNLA): The Longitudinal Study of Humanitarian Migrants)	https://www.dss.gov.au/national-centre-for-longitudinal-data-nclid/access-to-dss-longitudinal-datasets

Bibliography

Data source	Most recent	Author/Source	Smallest geographical area covered	Main topics covered	Website
State datasets					
VicHealth Indicators	2015	VicHealth	LGA	Health and wellbeing of Victorian adults	https://www.vichealth.vic.gov.au/programs-and-projects/vichealth-indicators-survey-2015
Victorian Population Health Survey	2018	Better Safer Care	Dashboard data at Dept. Health Region and PHN level	Health and wellbeing of Victorian adults	https://www.bettersafecare.vic.gov.au/reports-and-publications/vphs2018
Victorian Child and Adolescent Monitoring System (VCAMS)	varies	Victorian Dept. Education and Training	Postcode for some indicators	Key outcome indicators for children and young people	https://www.education.vic.gov.au/about/research/Pages/vcamsindicator.aspx
Domestic violence (NSW)	2020	NSW Police Force	LGA	Domestic violence incidents	https://www.bocsar.nsw.gov.au/Pages/bocsar_pages/Domestic-Violence.aspx
School attendance (Queensland)	2019	Queensland Education Dept.	School	School attendance	https://qed.qld.gov.au/publications/reports/statistics/schooling/students
School attendance (South Australia)	2019	South Australian Education Dept.	School	School attendance	https://data.gov.au/dataset/ds-sa-6ace352b-1329-4054-a849-9ef26b88ce6f/details?q=school%20attendance
“Mapping the Potential: Understanding persistent disadvantage to inform community change”	2020	ANU Centre for Social Methods and 21 CSSA member project partners	SA2	Investigates four drivers of persistent disadvantage: economic, education, health and social factors. Drivers drawn from a range of data sets.	https://mappingthepotential.cssa.org.au/

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