

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 is it 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	Townsville West
FP Name	The Smith Family
FP Contact Name	Karen Loto
FP Contact Title	Senior Project Manager
Address	280 Palmerston Street, Vincent Vincent State School
State/Territory and Postcode	Queensland, 4814

Community Strategic Plan

Date Communities for Children Committee agreed to Community Strategic Plan	12 th November 2021
Name of Facilitating Partner Authorising Officer	Karen Russell
Signature of Facilitating Partner Authorising Officer	<i>[electronically signed by]</i> Karen Russell

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:

Key needs within the community – guiding questions

- What are the key outcomes you are aiming to achieve in your service area?
- What are the key needs of families at risk of poor outcomes in your service area, and what evidence do you base this assessment on (short hand, not long data / evidence lists needed)?
- What are the existing children and family services doing to meet those needs?
- Are there emerging needs for your community that you need to be proactive in addressing?
- What are the strengths, assets and opportunities within your service area that could be further developed?
- In relation to the prioritised needs, what are the associated issues, risks and protective factors?

We will facilitate the delivery of a range of services designed to improve outcomes for children from 0 to 12 years old and their families within our local community. By taking a place-based and 'whole of community' approach, Townsville West Communities for Children FP (CfC FP) aims to help build a strong community that is inclusive, supportive, and culturally safe for all families living within the Townsville West Area. Eligible organisations will be able to put forward projects which will demonstrate fit in one or more of the four identified key priorities through a Request for Proposal process.

The current Townsville West CfC site consists of seven adjacent suburbs - Aitkenvale, Currajong, Garbutt, Gulliver, Heatley, Vincent and West End. The total population of the site is 23,011 (from census data 2016) of which 2,119 or 8.9% are ATSI descent, and 4,370 or 19% are children aged 0 - 14 years. The 2016 census data also shows that the CfC suburbs all have a higher percentage in the age groups of 0 - 4 and 65+. This sits with anecdotal information provided by services and families that there is a high number of children whose primary caregivers are older family members.

Since 2006 we have maintained a focus on the early years, that aligns with the CfC FP objectives while remaining cognisant of the importance of overall family wellbeing and functioning and the role it plays in positive life outcomes for children and families. Through a process of consultation that has encompassed numerous one on one conversations, workshops, meetings and surveys, the importance of early intervention for children receiving the best start possible has continued to be highlighted. Improving parent/carer understanding of the role of parenting and the impact that secure relationships and safe home environments play in providing children with positive life outcomes.

Throughout consultations a need for the focus from the pre-natal stage in the early years through to school including the provision of child and family friendly information and culturally safe programmatic responses was emphasised. While our wider community has many services to support it such as, health, education, and various other government services, for our most vulnerable families, access to many of them remains out of reach. The appropriate knowledge and skills required to navigate many systems becomes all too hard for families already in stress. Culturally appropriate services that listen and provide supportive environments that can advocate and make linkages where and as needed and ultimately build capacity of families are sort.

The Australian Early Development Census (AEDC) for 2018 shows that children living in Aitkenvale are most vulnerable in one (47.5%) and two (39.3%) domains. Aitkenvale and Heatley have shown a significant increase in vulnerability over three domains (social, emotional and communication). Children living in Vincent and Heatley had high vulnerability of 46.5% and 42.1% in one domain. Garbutt has shown significant decrease in vulnerability its physical health and wellbeing and may in part, be due to the number of services focusing on those domains. The Socio-Economic Index for Areas (SEIFA) scores for the Townsville

West sites indicate that all the suburbs are relatively disadvantaged, with the most disadvantage concentrated in Garbutt. Only 48.1% of children living in Garbutt had attended a pre-preschool program, and the number of parents having completed year 12 was lowest in Garbutt with only 44.3%.

All CfC suburbs, with the exception of Aitkenvale, have a higher proportion of Aboriginal and Torres Strait Islander people, compared to the whole of Townsville and Queensland. Each suburb has double the average of Queensland with 17% Aboriginal and Torres Strait Islander people residing in Vincent, the highest. The statistics show that amongst the Aboriginal and Torres Strait Islander population the age groups of 0 - 4 and 5 - 9 are amongst the highest. While the average age of the Townsville population is 37 years, our Aboriginal and Torres Strait Islander population average age sits at 21 years which has implications for engagement and program delivery.

Covid 19 has impacted upon immigration and refugee arrivals, however an influx is expected once international borders begin to reopen in 2022. However, the CfC site continues to have numbers of this demographic in the programs and services in the area. Aitkenvale State School (SS) has 37% of enrolled children whose primary language is other than English, Vincent SS follows with 36%, and Townsville Christian College located in Vincent is highest at 62%. Our individual DEX data for the previous 2 financial years shows significant Aboriginal and Torres Strait Islander and Culturally and linguistically diverse participation. In 2021, a Community Hub commenced in Aitkenvale SS with the purpose of supporting and assisting migrant and refugee families, particularly mothers with young children to bridge the gaps between themselves and their wider community. The focus is on connecting with schools, each other and with organisations that provide health, education and support services is a welcome additional and a significant point of engagement.

Transience and housing instability are a broader community issue, with an average of 14.5% of families having a different address a year ago, and above 20% for children living in Aitkenvale, Garbutt and West End. Townsville is currently experiencing a severe housing shortage which has seen homeless, particularly among families, increase. Rental vacancies are at 0.7% and social housing has an official wait list of over 2000. The Australian Red Cross report they are currently supporting more than 100 people every month who are experiencing problems with securing affordable accommodation. Locally they have 110 clients in their Street to Home program with a waitlist of 70, and their Homestay program also has 110 clients with a waitlist of 40.

In Townsville West, the families most vulnerable and disadvantaged include those:

- Young families; particularly parents 25 and under
- Single parent families (including single fathers)
- Aboriginal and Torres Strait Islander people
- Culturally and linguistically diverse
- Elderly carers

These vulnerabilities are further compounded by factors such as:

- Low household incomes
- low educational attainment
- Unemployment
- Limited transport options
- Poor access to digital technology
- Poor knowledge of and access to services
- Housing security

Some isolated service accessibility has improved in areas such as Aitkenvale in bringing some support services to families, with a service hub at the local school targeting the

culturally and linguistically diverse community. The consultation process has shown a continued need for families and the service sector to continue to create a strong and stable support system for children and families, while increasing knowledge of availability and ease of access.

The Communities for Children FP continues to engage with external stakeholders in the development of community connectivity and increased service sector capacity. Nevertheless to obtain long term success, it is important that services taking part in capacity building activities not only embed this new knowledge and practice in their own work but look to extend to their service team.

CfC FP will continue to work with other key initiatives/strategies that are being implemented within the Townsville West site designed to identify, assist and reduce vulnerabilities, these currently include:

- Closing the Gap strategy
- Community Hubs
- Supporting Families Changing Futures Strategy 2019 - 2023
- Connect 4 Children Initiative – Department of Education (till 2022)
- Everyday counts initiative
- First 1000 Days
- Step up Into Education initiative
- Giving Every Child a Great Start initiative
- Try for 5 - Cowboys Community Foundation
- Activate Queensland strategy
- Sport and Recreation Facility Strategy
- Northern Australia Primary Health Limited – Closing the Gap and Refugee Health
- National Disability Insurance Scheme (NDIS)
- State Libraries of Queensland - First 5 Forever and Deadly Digital Communities

A full needs analysis can be found in the Townsville West scoping document.

Many of these initiatives have representation through the Communities for Children Committee (CCC) or are engaged through other networks and meetings. This engagement works to reduce crossover and ensure that we work together to support common agendas that support the children and families we work with in a more holistic way.

(Up to 1,000 words)

Current service and service gaps – guiding questions

- If there are gaps in existing service provision, what are they?
- How will you address identified gaps?
- How will the CfC FP program interact with other programs and services?

A lengthy consultation that has encompassed numerous one on one conversations, workshops, meetings, and surveys has highlighted gaps in the following areas:

Services

- Cultural competency and awareness, including the use of interpreters.
- Cultural safety
- Collaboration and communication between services.
- Infant and child mental health with long waitlists.

- Empowering vs rescuing approach.
- Knowledge of and accessibility of services and what is available.
- Obtaining birth registrations and certificates particularly for Aboriginal and Torres Strait Islanders and subsequent barriers.
- Transport, particularly getting to appointments with children.
- Parenting programs and supports in family functioning.

Parents/families

- Services/organisation that are family friendly environment that provide holistic support using a variety of platforms.
- Lack of peer support - it was highlighted that many do not have a family or friends close by.
- Transport issues make it hard to access services, supports, education etc.
- Financial pressures.
- A lack of knowledge around what services and supports are available and accessibility to these.
- Behaviour management information and support with children.
- Lack of supports and groups for fathers.
- Lack of digital access due to unavailability and/or cost.

Data key points

- A need for culturally safe programs.
- Transport important to make programs/services/education accessible.
- Greater collaboration and understanding among services and the community to reduce barriers.
- More support to get children into and to school, as well as families feeling supported by school.
- DFV focus, awareness and understanding, particularly effects on children's development.
- A lack of digital accessibility and affordability
- The importance of identifying, acknowledging, and working with protective factors.
- The importance of the early years message.
- Single fathers – high across CfC suburbs and lack of appropriate services
- Single parents under 25 high compared to Townsville and QLD
- High numbers of children being cared for by grandparents/older family members
- School/prep, Early Learning Centres – low enrolment rates for ATSI and CALD children
- A lack of appropriate and affordable housing.
- Townsville LGA has the third highest unemployment rate in Queensland
- All CfC suburbs, except for West End, have a lower median income than the Townsville and Queensland medians.

Townsville West CfC and all partnering organisations recognise the importance of an awareness of, and sensitivity to, the specific challenges faced by vulnerable families grappling with social and financial disadvantage. Through the consultation process and the subsequent identification of service provision gaps, Townsville West CfC has developed 4 key priority areas of focus. A Request for Proposal (RFP) process to commence in December 2021 for the 2022 - 2026 contracting period which will provide an opportunity for eligible organisations to present proposals of relevant and appropriate programs that will meet the current needs of the Townsville West community.

The request of proposal process is a single open selection process where potential partners and current parents will have the opportunity to propose a project in a way that

provides the capacity for flexibility and innovation. The proposals will need to demonstrate an understanding of the local community and the need that is being met with evidence. The proposal through strict selection criteria will need to demonstrate, its intended outcomes, activities and how it aligns with the cfc objective and meets a minimum of one of the CfC FP Townsville West priority areas.

An activity working group will be set up, comprising of Committee members having a good understanding of the key priorities and with no conflict of interest or who may be a subject specialist. The Activity working group will be responsible to sort through the applications and support the FP in making recommendation to the broader CCC. These will be approved by the committee to be incorporated as the programmatic response of the priority areas.

(Up to 800 words)

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?

Communities for Children (CfC) has been in Townsville West since 2006 and has geographically expanded over that time from 3 to 7 suburbs in total. The Smith Family as Facilitating Partner (FP) conducted a thorough *research and community consultation* process in developing its Community Strategic Plan 2022- 2026. The consultation process was guided by the *CfC Committee* with the current *Community Partners* from mid-2021. The surveys were developed in conjunction with the Community for Children Committee who ensured a focus was maintained on learning about the experiences of children, families, service providers including a range of local and state government departments around the areas of early learning experiences, education, health, wellbeing and socio-economic factors.

The *consultation* involved over 400 interactions with children up to 12 years of age, parents, and service providers. Methods utilised included surveys, conversational interviews, workshops, and smaller focus groups. Meetings were also held with school leaders and staff as well as local and state government departments. The extensive *engagement of the community* has ensured representation of the diversity of backgrounds and experiences of people living in the Townsville West area and those accessing programs from outside the area.

The culmination of the community consultation and the desktop research undertaken by the FP team were tabled in a *Scoping Document* that was discussed by the Committee at its various monthly meetings from August through to October 2021. The Committee engaged with the *Summary of Findings* of the report in developing our *strategic priorities* at a meeting held on 13th October 2021.

In 2022, the FP will continue to engage an *extensive representation* in the committee and maintain the active participation and membership of its seven distinct groups: Community Partners, Activity Work Groups, Aboriginal and Torres Strait Islander Advisory Group, Multicultural Working Group, Child & Family Mental Health Network, the Early Years Network, and the development of a Principals Network. The voice of children from the early years to 12 years will be an additional informal group as required to enhance the relevance of the work of the FP and the Committee through feedback from the Community Partners activities and continued connections with schools. The extensive membership of the Committee ensures the representation of the diverse group of people, the services provided, and the voice of the vulnerable and disadvantaged people who are the intended beneficiaries of our work.

The Committee will continue to meet bi-monthly as will its subsequent Advisory Groups as per appendix B in the Terms of Reference. Representatives will hold membership that will be re-invigorated every 2 years or as needs emerge through an Expression of Interest process. The FP will continue to pursue alliances and membership to a range of committees to increase exposure of our work and that of the Committee. This engagement will be sort with those working with vulnerable children and families, as well as with local businesses and authorities who are keen to strengthen relationships and partnerships across the area.

As in previous years, the FP will continue to have a close relationship with local schools and seek to continue to grow relationships with the early years' providers and the

Department of Education Training and Employment forged through the consultation process. The FP will engage Committee members and Community Partners in building capacity in Outcomes Based Accountability and Cultural Safety ensuring culturally appropriate ways of working within our diverse community.

The wider Townsville community has remained relatively free from Covid 19 outbreaks and wider long periods restrictions to date. Into 2022 we will see the further easing of both State and National boarder restrictions as vaccination rates rise. Implications for the spread and localised outbreaks may have consequences for delivery and will need to be factored into a flexible delivery component. Hard to reach families continue to be an element explored and strategies like the cultural safe principle's will be embedded in project design and delivery.

- The Committee's Terms of Reference document is available in Attachment A.

(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**).

An Inclusive and Culturally Safe Community

Our vision came from the voice of our Townsville West community through a process of consultation that has encompassed numerous one on one conversations, workshops, meetings, and surveys. Over several Committee meetings, we synthesised the words we felt most depicted the desired aspirations that form our vision.

Children and their families who are at the heart of the initiative particularly spoke Inclusion: to that sense of belonging; having supportive networks and being able to talk through everyday issues, feeling respected and valued for who they were; having friendly and supportive people when they went to services.

Our community is rich in diversity with higher representation of our Aboriginal and Torres Strait Islander and Culturally and Linguistically diverse members, high numbers of single parent families (both young and fathers) as well as a higher rate of those experiencing a disability.

Families and the sector servicing our community expressed the desire for an environment that was culturally safe. One that was spiritually, socially, and emotionally safe, including one that was physically safe and didn't challenge or deny their identity and who they are or what they need.

Communities for Children Townsville West will continue to work cooperatively, strengthening relationships with all levels of government, community, and business sectors to achieve positive outcomes for our vulnerable and disadvantaged families.

(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

Great Beginnings: A positive trajectory from first beginnings

This priority recognises the multitude of the evidence linking the development in the early childhood years (zero to five) to future health, wellbeing and learning outcomes. The priority identifies the need for the promotion and provision of optimal brain development in utero and throughout the early years. There will be a focus on enhanced awareness of the importance of early childhood development and care including provision of recognisable and accessible pathways to appropriate resources and supports as well as impact that protective factors play.

As the World Health Organization (2009, p.1) states, 'the many challenges faced by adults, such as mental health issues, obesity, heart disease, criminality, and poor literacy and numeracy, can be traced back to early childhood'. In a child's first three years of life the brain grows to approximately 80–90 per cent of the adult size, with so many important connections between the brain's nerve cells being developed. There is rapid growth in cognitive, language, and social and emotional development (RACP 2006) which is subject to environmental/contextual experiences and influences. During this time there is a significant opportunity for development, as there is for negative experiences during this critical period that can impact long term outcomes throughout life (Center on the Developing Child 2010). Once an opportunity to intervene has passed it is increasingly difficult (and typically more costly) to alter course.

This priority is informed by the education vulnerabilities identified in the AEDC and NAPLAN data and through the consultation process. Children in the Townsville West area are particularly vulnerable in specific AEDC domains, with almost half of children vulnerable on one or more domains in many CfC suburbs. NAPLAN results do indicate that while some improvement has been made in year 3, the vulnerability of a child of a child does not change through the school system. With high numbers of children at risk and attendance rates of between 80-90% in our primary schools parental understanding, knowledge and engagement is essential in the early years.

Outcomes and Objectives

Families and Children Activity's outcome: **Children and young people thrive:** Increased resilience, positive social connections, safe at home and in the community, strong connections to culture, optimal health, and development. **Family Relationships Flourish:** positive parenting/caregiver practices, positive caregiver- child practices, good conflict management.

Communities for Children FP objectives: *Objective 1* - 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: **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

Strategies under this Priority:

Fund direct service delivery for activities such as: Facilitated access for families to quality early education environments; Facilitated access for families to specialist services including speech and language services; Build capacity of parents/carers and staff around speech and language interventions; Parenting support that enable increased engagement in their child's development and learning as well as preparedness at stages of transition. Direct service can also target Aboriginal and Torres Strait Islander families and newly-

arrived refugee and migrant families using culturally appropriate strategies, young parents, grandparents and Dad's.

As Facilitating Partner build sector capacity through support in relation to: Enhanced integration of early year's networks, Enhanced integration between specialist health services and child and family services. Increased levels of Early years awareness through the provision of child and family friendly information.

Outcomes measurement: Client outcomes measured through observation and surveys (pre and post service) as per DSS data collection; AEDC, NAPLAN and other education data at appropriate scales will measure contribution to change over time.

Key Stakeholders:

Children aged 0-5 and their families;

Aboriginal and Torres Strait Islander organisations and services;

Culturally and linguistically Diverse organisations and services, including settlement services;

Preschools, schools and child and family services;

Child maternal health services;

Department of Education: Early Childhood Education and Care

(Up to 800 words)

Priority Area Two

Wellbeing; physical, mental and social-emotional.

Overview

This priority recognises the significance of improving overall childhood and family wellbeing, supporting early intervention and healthy lifestyle choice for children and their families. The priority acknowledges the importance of improved healthy behaviours in nutrition, increased physical activity and importantly improved mental and social-emotional wellbeing of children. Families identified all aspects of wellbeing, emotional self-regulation, and safety as important and where support was needed. Those supporting families reported that physical activities such as sport, swimming, and access to child mental health advice as important. Community consultation with parents and the service sector spoke to cost, transport, and limited knowledge of issues as barriers to physical activity, healthy eating, and overall wellbeing in achieving a healthier lifestyle.

Northern Queensland Primary Health Network (NQPHN) Needs Assessment for 2019-22 cited Townsville as having the highest rate for overweight and obesity in children aged 5–17 years at nearly 31% with recommended healthy eating and lifestyle statistics significantly lower. The poorer health of Australia's Aboriginal and Torres Strait Islander peoples compared to the non-Indigenous population is well documented. Low numbers of Indigenous health checks conducted has a flow on effect for future outcomes, higher levels of chronic disease and risk factors that exist within Aboriginal and Torres Strait Islander populations are also well documented. Cost of healthy food options for those families who often have larger household numbers on average means there is a greater cost again.

Higher rates of mental health disorders among children and young people in NQPHN records a greater percentage of infants and children (0-14 years) as the group most in need of mental health services. This is supported locally when looking at high waitlists for services working in this space to support children. Further acknowledged is our Aboriginal and Torres Strait Islanders young people utilising mental health services as very small. Data from The Young Minds Matter estimated the prevalence of mental health disorders among children and young people aged 4-17-year-old in Townsville at (17.6%). Data also revealed about 8.7% (aged 4-17 year) experience internalising disorders (anxiety disorders and major depressive disorder), while 7.1% experienced externalizing disorders (Attention-deficit/hyperactivity disorder and conductor disorder).

Townsville is a resettlement site for refugees who have a unique and often traumatic experience of migration. Townsville had 69% “women at risk visas” in 2018 with a large proportion in the 5-11 age group (26%) requiring particular mental health service needs. Stigma, lack of information about mental illness and mental health services in appropriate and accessible formats, and poor communication and cultural differences between clients and clinicians have been reported as major barriers to timely access to mental health services

There is limited access to perinatal and infant mental health in primary health care Studies have demonstrated significant associations between mental health problems experienced during pregnancy and postnatal on the physical, cognitive, social, behavioural, and emotional well-being of a child and also on the mothers health (Geia, West, & Power, 2013; Jongen, McCalman, Bainbridge, & Tsey, 2014; Patel et al., 2016; Raine, Cockshaw, Boyce, & Thorpe, 2016; Simcock et al., 2017).

Outcomes and Objectives

Families and Children Activity outcome: **Children and young people thrive:** positive mental health and wellbeing, increased resilience, positive social relationships, Safe at home and in community, Strong connections to culture, Optimal health and development.

Adults are empowered: Positive mental health and wellbeing

Communities for Children FP objectives: *Objective 1* - 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; *Objective 2* - 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.

Under this Priority we would:

Fund direct service delivery for activities such as: Facilitated access and supported referrals to specialist health services; Food handling and cooking skills; Shopping and budgeting skills; Activities in local play and recreation spaces; Low-cost/ no-cost physical activities; activities building resilience within young children and families; focusing particularly on fathers, young parents, Aboriginal and Torres Strait Islanders, Culturally and Linguistically Diverse communities

As Facilitating Partner through support of and promotion to services providers in relation to early identification of health risk factors (such as early detection of developmental delays, smoking during pregnancy, poor infant diet and nutrition and low physical activity) and strategies for service providers to effectively address these with families; enhanced and supported referral pathways; Enhanced integration of health services (general and specialist) and child and family services, preschools and schools.

Outcomes measurement: Client outcomes measured through observation and surveys (pre and post service) as per DSS data collection; Health data if available at appropriate scale will indicate contribution made over time.

Key Stakeholders:

Children aged 0-12 and their families

Health providers

Preschools, schools and child, family and disability services

Parents including Aboriginal and Torres Strait Islanders, Culturally and Linguistically Diverse, young parents and those from low-socioeconomic backgrounds

(Up to 800 words)

Priority Area Three

Empowered Parents and Caregivers

Overview

This priority recognises the importance of improving parent/caregivers understanding of the role parenting and home environments and the affect it has on their child's development and future aspirations and outcomes. We know that parents/carers need support in raising happy healthy children that feel safe and this comes from practical, personal and information support. This priority will facilitate parent's access to all forms of support thereby improving parent confidence, capacity, and family functioning.

This priority was informed particularly through the voice of parents in their feedback calling for parenting support programs, skills programs and financial support with pride and embarrassment as the uppermost barrier in accessing help and services. Research studies clearly indicate that parenting is one of the strongest determinants of a child's future development. Positive parenting strategies and strong parent-child relationships have been found not only to promote positive development and adjustment in children, but also to make children more resilient to the harm that is caused by negative experiences.

The need for a focus on empowering parents is demonstrated through Queensland police services referral statistics to services for parenting support ranking as one of the highest above support for women and relationship counselling. The data indicates high rates of unemployment continue to exist within the CfC suburbs as is parents desire to have financial capacity and ways to navigate barriers. A higher than national average number of single parent families, lower incomes and low rates of educational attainment on average for the CfC area is reflected in the SEIFA index. Consultation data strongly indicates that lack of education, employment, income and financial security are high ranking needs as identified by service providers.

Outcomes and Objectives

Families and Children Activity's outcomes: **Adults are Empowered:** Positive mental Health and wellbeing, Increased resilience, positive social relationships, safe at home and in community, Strong connections to social supports and community, strong connection to culture, Greater participation in decision-making, Improved self-efficacy and confidence
Family Relationships Flourish: Positive parenting/caregiver-child relationship, respectful relationships, Good communication, Good conflict management.

Communities for Children FP objectives: **Objective 1** - 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** — support for parents to provide children with secure attachment, consistent discipline and quality environments that are stable, positive, stimulating, safe and secure

Under this Priority we would:

Fund direct service delivery for activities such as: Cultural programs and learning through culture; Healing programs; Support for parenting and family functioning; Aspiration-supporting programs; Particularly for young parents, fathers, Aboriginal and Torres Strait Islanders and Culturally and Linguistically Diverse demographics.

As Facilitating Partner build professional capacity through learning and development support related to: Identifying and supporting family aspirations. Building sector capacity support for: Enhanced integration of employment, education and training, and child and family services.

Outcomes measurement: Client outcomes measured through observation and surveys (pre and post service) as per DSS data collection.

Key Stakeholders:

Parents / carers of children aged 0-12 years

Job Services Australia providers

Local business and employers

Australian Government Departments of Human Services and Employment

Parents including Aboriginal and Torres Strait Islanders, Culturally and Linguistically

Diverse, young parents and those from low-socioeconomic backgrounds

(Up to 800 words)

Priority Area Four

A Culturally Safe and Connected Community

Overview

This priority focuses on enabling children and families to develop, learn and seek support in a culturally safe and supported environment, where systemic links and connections exist. With our diverse community of children and families, more than one pathway is needed, with approaches that meet the individual experiences, cultural identity and way of being respected. The priority will also look to enhance referral and collaborative processes increase the ability to create relationships and partnerships amongst service providers to build a more cohesive service sector.

There are Five Principles to Engender Cultural Safety:

1. Protocols: Finding out about cultural forms of engagement and respect these.
2. Personal Knowledge: Becoming mindful of one's own cultural identity, socio-historical location in relation to service recipients, pre-commitments to certain beliefs and ways of conceptualising things like health and wellness. Being prepared to share information about oneself if this will help to create equity and trust.
3. Partnerships: Promoting collaborative practice in which those seeking help are also welcomed into a joint problem-solving approach as carriers of important information and know-how.
4. Process: Engaging in mutual learning, frequent checking in to ensure that proposed action plans 'fit' with service recipient's values, preferences, and lifestyles.
5. Positive Purpose: Ensuring that there is a good probability that positive steps to achieve a service recipient's goals (or resolve problems) can be taken and that these are likely to be beneficial.

Practicing these principles can increase the likelihood that a person seeking help will feel respected, included, and protected in terms of their cultural identity, cherished values and goals. (J Ball M.P.H,Ph.D, www.ecdip.org)

This priority emerged as a result of the consultation where many interactions with parents/carers and service providers indicated the need for safe places that were non-judgemental, welcoming and listening to their needs. The parents that were consulted indicated quite strongly the need to be aware of services they thought would be useful to improve conditions for themselves and their children. Service providers' surveys and staff interviews by the FP indicated that they struggle to reach new clients and engage with vulnerable, socially excluded and disadvantaged people. Service providers as well as government services also indicated lack of awareness of programs to be able to refer clients to and the processes to do so. This priority would also increase the ability to create relationships and partnerships amongst service providers to build a more cohesive service sector

Outcomes and Objectives

Families and Children Activity's Outcome: **Communities are cohesive Outcomes:**

Communities are safe, Communities are inclusive, Communities understand issues facing children, youth and families, Services are accessible, appropriate and inclusive, Services work together to support families, Services have capacity to respond to children's and families needs.

Children and young people Thrive: Strong connections to social supports and community, Strong connections to social supports and community, Strong connections to culture.

Adults are empowered: safe at home and in the community, Strong connection to culture
Communities for Children FP Objectives this priority will address:

Objective 2 - 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.

Under this priority we would:

Fund direct service delivery and other actions by FP CfC committee to provide input that enhance the existing communication systems and influence improvement by utilising innovative practices. Mapping and developing relationships within the community. Advocacy to service providers, NGOs, state and local government to create a shared vision. Soft entry points through family events and that for service providers enabling a large attendance and participation of the community, particularly those most vulnerable.

Outcomes measurement: there will be evidence of improvement in this priority area through thorough and user-friendly service mapping, soft and hard entry points for children and families, events and spaces. The DSS Data Exchange SCORE will be very useful in identifying increased reach to new clients and satisfaction of service.

The Smith Family, as Facilitating Partner, understands the key relationships between effective and socially inclusive approaches, practice, evaluation and research and how each informs the other. As an organisation which both delivers an extensive range of programs and has a research function, it is well placed as a Facilitating Partner to bring these three areas together, as it works collaboratively with the CCC towards the attainment of its 'vision'.

Key Stakeholders:

- Children aged 0-12 and families
- Communities for Children Committee and Stakeholders
- Community leaders.
- Service providers and NGOs offering services
- State and local government departments

(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
Community Organisations and Employees <ul style="list-style-type: none"> • Committees for Children Committee Meeting. • Communities for Children Committee Workshops. • Community Partners (through quarterly Reviews). 	<ul style="list-style-type: none"> ○ Involvement in decision Forums, workshops and networking processes for implementation and strategies that effect our families and children in our community.
Department of Health <ul style="list-style-type: none"> • Midwifery Navigator Team. • Child Youth Mental Health Services 	<ul style="list-style-type: none"> ○ Ongoing Meetings and Conversations around the Maternal and Health and Wellbeing Space. ○ Support in capacity building ○ Referral to/from
The Smith Family <ul style="list-style-type: none"> ○ Learning For Life ○ Saver Plus ○ Money Minded 	<ul style="list-style-type: none"> ○ Support in capacity building ○ Referral to/from

Stakeholder	How the stakeholder will be involved
<ul style="list-style-type: none"> ○ Community Hubs 	
<p>Early Learning Services</p> <ul style="list-style-type: none"> • Childcare • Playgroup • Kindergartens 	<ul style="list-style-type: none"> ○ Continued Meetings and Discussions around Barriers, Needs and Supports currently in the Community and within their service setting. ○ Early Years Network
<p>Schools in CfC area</p> <ul style="list-style-type: none"> ○ Principal network Meetings. ○ School Guidance Counsellor ○ Chaplain Meetings 	<ul style="list-style-type: none"> ○ Meetings and Discussions with School Community Engagement Counsellors / officers ○
<p>Children Focusing on Children 0-12</p>	<ul style="list-style-type: none"> ○ Engagement in funded programs
<p>Parents / careers /Grandparents Especially those with Children 0-12</p>	<ul style="list-style-type: none"> ○ Engagement in funded programs ○ CCC Meetings
<p>Fathers Especially those with Children 0-12</p>	<ul style="list-style-type: none"> ○ Engagement in funded programs ○ CCC Meetings
<p>Indigenous Community</p>	<ul style="list-style-type: none"> ○ CCC Meetings ○ Aboriginal and Torres Strait Islander Networks. ○ Community Partner – Garbutt Bombers, Community Gro, Churches of Christ – through Program operations. ○ The Gowrie Headstart Kindergarten.
<p>CALD Community</p>	<ul style="list-style-type: none"> ○ CCC Meetings ○ Direct contact and discussions with Townsville Multicultural Support Group (TMSG) and Townsville Intercultural Centre (TIC). ○ CALD Working Group.
<p>Department of Education and Training. Early Childhood Education and Care</p>	<ul style="list-style-type: none"> ○ Involvement in CCC, Forums, workshops and networking processes for implementation and strategies that effect our families and children in our community. ○ Information on current and future policy ○ Connect 4 Children initiatives ○
<p>QLD Dept of Children, Youth Justice and Multicultural Affairs. QLD Government. QLD Health; including Child Youth Mental Health Services</p>	<ul style="list-style-type: none"> ○ Involvement in CCC, Forums, workshops and networking processes for implementation and strategies that effect our families and children in our community. ○ Information on current and future policy

Stakeholder	How the stakeholder will be involved
<p>Townsville City Council.</p> <ul style="list-style-type: none"> • Libraries • Community Development 	<ul style="list-style-type: none"> ○ Involvement in CCC, Forums, workshops and networking processes for implementation and strategies that effect our families and children in our community. ○ Information on current and future policy
<p>Employment programs Providers in the Townsville Employment Region:</p> <ul style="list-style-type: none"> • jobactive – Max Employment, CoAct/Workways, Neato Employment Services • Transition to Work – BUSY at Work, Workways Australia • ParentsNext – My Pathway, Multicultural Australia, Access Community Services • Employability Skills Training – Designer Life, STEPS Group Australia Ltd, Strategix Training Group Pty Ltd • Career Transition Assistance – Designer Life • Time to Work Employment Services – Career Employment Australia Ltd • Skills for Education and Employment – TAFE Queensland • Australian Apprenticeship Support Network – Sarina Russo Job Access (Australia) Pty Ltd, The BUSY Group Ltd, MEGT (Australia) Ltd, MAS National • Industry Training Hub – MEGT (Australia) Ltd 	<ul style="list-style-type: none"> ○ Engage to build relationship for referral purposes of families we are working with.
<p>Local and State Government Departments</p> <ul style="list-style-type: none"> • Australian Bureau of Statistic (ABS) • Australian Early Development Census (AEDC). • Australian Government Labour Force Information Portal. • Australian Institute of Health and Welfare. • Data.gov.au • QLD Government Rental Tenancies Authority. • MySchool. • National Disability Insurance Scheme. • National Skills Commission Internet Vacancy Index. 	<ul style="list-style-type: none"> ○ Contact in the Provision of Data Sets related to the Townsville and in particular The Townsville West CfC suburbs. ○ Emails and correspondence in relation to Townsville based organisations for relevant and up to date data that surround Families and Children.

Stakeholder	How the stakeholder will be involved
<ul style="list-style-type: none"> • QLD Courts. • QLD Curriculum and Assessment Authority. • QLD Police Online Crime Map. • QLD Police Research and Analytics Organisational Capability Command. • QLD Survey Analytic System. • The Partnerships Office, Sport and Recreation Department of Tourism, Innovation and Sport. • Townsville City Council. 	

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

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

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/