

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. It 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 | Mirrabooka Communities for Children Facilitating Partner |
| FP Name | The Smith Family |
| FP Contact Name | Maria Miceli |
| FP Contact Title | Project Manager Communities for Children – Mirrabooka |
| Address | Wattle Room Herb Graham Recreation Centre 38 Ashbury Crescent Mirrabooka |
| State/Territory and Postcode | WA 6061 |

Community Strategic Plan

| | |
|---|--|
| Date Communities for Children Committee agreed to Community Strategic Plan | 16 th December 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

Mirrabooka Communities for Children (CfC) is on Whadjuk Noongar lands. The service region area is across two Local Government Authorities, the City of Stirling suburbs of Balga, Mirrabooka, Nollamara and Balga, and the City of Wanneroo suburbs of Alexander Heights, Girrawheen, Koondoola and Marangaroo.

A community needs assessment was undertaken by collecting and triangulating quantitative and qualitative data through desk top research, 47 families were engaged through 7 community focus groups, a community conversation with 5 Whadjuk Noongar Aboriginal Elders, 2 Sector Workshops (Mirrabooka Early Years Network and Mirrabooka Joondalup Family Support Network) and 82 surveys were received from families, service system members and schools. All the information that was gathered was used to guide the two community strategic planning workshops in which 30 community stakeholders contributed to the development of the vision and priority areas.

The emerging needs in the Mirrabooka CfC service region are as follows:

Growing Cultural Diversity:

According to the 2016 ABS data, 45% of people living in the Mirrabooka CfC service region area were born overseas. This has grown by 17% since 2011 and 43% speak a language other English at home. The cultural representation is a blend of established communities like the Vietnamese, English and New Zealand and the new emerging communities from India, Myanmar (Karen) and the Philippines.

The service system told us that there are barriers to engagement with programs and information due to language and the need for more culturally specific programs and groups. There is also a need for more parenting programs across cultures for the different age groups (i.e. early years, school transitions and teenage years).

Early Learning and Intervention:

In 2018 Mirrabooka CfC Service Area Region, the Australian Early Development Census (AEDC) data showed improvements across most of the five domains. Despite the improvements, most of the domains remain below state and national average.

| Geography | Developmentally vulnerable | | | | | | | |
|-------------------|----------------------------|------|-------|------|-------|------|-------|------|
| | 2009 | | 2012 | | 2015 | | 2018 | |
| | n | % | n | % | n | % | n | % |
| Australia | 30135 | 11.9 | 29543 | 10.8 | 31754 | 11.1 | 32434 | 11.0 |
| Western Australia | 3317 | 12.2 | 3449 | 11.2 | 3403 | 10.5 | 3086 | 9.4 |
| Balga | 33 | 23.7 | 33 | 25.6 | 24 | 17.6 | 27 | 13.8 |
| Mirrabooka | 33 | 23.9 | 25 | 18.7 | 35 | 27.6 | 18 | 15.0 |
| Nollamara | 12 | 15.4 | 22 | 21.2 | 24 | 20.9 | 10 | 8.9 |
| Westminster | 15 | 34.9 | 9 | 14.3 | 9 | 15.0 | 12 | 16.2 |
| Alexander Heights | 14 | 15.1 | 6 | 6.8 | 10 | 9.3 | 13 | 14.3 |
| Girrawheen | 19 | 18.1 | 21 | 16.7 | 21 | 17.2 | 17 | 13.3 |
| Koondoola | 10 | 20.0 | 12 | 18.2 | 12 | 20.0 | 7 | 14.6 |
| Marangaroo | 26 | 18.2 | 21 | 13.6 | 20 | 15.5 | 13 | 11.2 |

Based on the data, the areas of focus across the community are:

Language and cognitive skills – Girrawheen, Mirrabooka, Westminster and Nollamara

Communications skills and general knowledge – Marangaroo, Balga and Mirrabooka

Physical health and wellbeing – Alexander Heights, Girrawheen and Koondoola

Through the consultation process, the service system and families highlighted the need to support families and children in the early years. With the introduction of the National Disability Insurance Scheme (NDIS) and a growing awareness of early identification, there are long waitlist for services,

up to two years. Secondly only 30% of families are attending their 2 year old checks with child health nurses. There is an opportunity to support families while they are waiting for their early intervention appointments and consider ways to engage families that are not attending child health appointments, playgroups or early learning centres with child developmental milestones information.

Decline in Family and Children Health and Wellbeing:

In 2020, WA Kids Helpline Report stated that 64.3% of calls received related to mental health and emotional wellbeing. The Australian Institute of Health and Welfare July 2021 report "*Mental Health Services in Australia*" stated that nationally, Lifeline received 18.4% increase in calls for a 4 week period compared to 2019. Kids Helpline had received a 10.5% increase in calls from 2019 and Beyond Blue had received 30.7% increase in contacts from 2019. Lastly, the 2021 *Speaking Out Survey* by the WA Commissioner for Children and Young People highlighted that mental health is a critical issue for children and young people.

The community consultation reinforced the growing decline in the community mental health. The service system indicated that emerging child health needs are linked to anxiety, healthy eating and an increase in screen time.

Families' mental health is being impacted by trauma, anxiety, not having the material basics and social isolation due to the WA interstate and international border closure. The CALD community indicated it experienced social isolation over the 18 months of the COVID-19 pandemic due to families and friends being interstate or overseas.

Families told us they are worried about the social and emotional wellbeing of their children linked to bullying, need support with healthy eating programs and more access to sporting activities.

Material basics of families and children are not being met:

In the *Dropping off the Edge Report 2021*, five of the Mirrabooka CfC Suburbs Mirrabooka, Balga, Girrawheen, Nollamara and Westminster, are listed in the Top 40 most disadvantaged postcodes in Western Australia.

As a consequence of COVID-19, families' material basics of stable and suitable housing, food, transport and access to local services are not being met. According to the REMPLAN Unemployment data of March 2021, the average unemployment rate across the region is 15.4%. The 2016 ABS data shows that median total family income is \$1,371 per week, \$539 lower than the state average. The Real Estate Institute of WA (REIWA) reports that currently there is less than one percentage rental vacancy rate in WA and there has been a 16% increase in median rents in Perth Metro. In 2020, Food Bank WA indicated that 31% of food insecure Australians access food relief at least once a week.

CoLab's 2018 *The Impact of Poverty on Children Snapshot* highlights that learning outcomes, health, brain function and family functioning impact on child development when basic materials not being met.

As a result of the community needs assessments, the Mirrabooka CfC Service Region Area will be working towards achieving the following outcomes:

- Respond and adapt to the changing needs and demographics of families and children in the community through coordination and collaboration
- Strengthen resilience of families and children
- Build on families and communities understanding of child development milestones
- Support positive relationships within families and connections to community

The four identified priorities will strengthen family protective factors relating to parent resilience, social connections, concrete support in times of need, knowledge of parenting and child development and social and emotional competence of children, and are aligned with the Australia Research Alliance of Child and Youth (ARACY) six domains of the Wellbeing Wheel for Children and Youth.

Current service and service gaps – guiding questions

Mirrabooka has a large service footprint and is one of Perth's Metropolitan Service Hub Regions and has a number of services that specialise in supporting Newly Arrived Migrants to Perth.

ARACY Wellbeing Wheel for Children highlights that there needs to a collaborative approach across six domains to support children wellbeing.

In our desktop research, 127 organisations were identified in the area, with 47 organisations located within the Mirrabooka CfC Service Area Region. The services are wide ranging, including Aboriginal Community Controlled Organisations, Multicultural Services, Community, Health, Government Service Hubs and Commonwealth Government services. They are all in close proximity to each other and close to the Mirrabooka Bus Station.

A number of WA State Government initiatives have continued or have been introduced to provide services to families and children. Department of Education Child and Parent Centres (Roseworth, Westminster and Warriapendi) are well established community hubs that offer support for families and children. They have good working relationships with the community, schools and the service system. In the May 2021, the Census Data from the three Child and Parent Centres demonstrated that 80% of participations were families and children living in the Mirrabooka CfC Service Region Area.

The Department of Communities has introduced the Mirrabooka/Joondalup Family Support Network, Naala Djookan Healing Centre (Family and Domestic Violence Hub) and the Pilot Aboriginal Family Led Decision Making as new initiatives to support families. All these initiatives have placed based governance models, including the Child and Parent Centres, which demonstrates a collaborative approach however, the opportunity exists to be more integrated and consider cross sector collaboration to include Education and Care, Health, Community, Government and Education working together to support families and children.

With the introduction of the NDIS, there has been an increase in demand for allied health services (speech therapists, physiotherapists and paediatricians) for diagnosis and or early intervention services. Demand exceeds supply, and very long waitlists are the norm, up to 2 years for paediatricians. This has been compounded by the deployment of Department of Health Staff (Child Health Nurses, Child Development Services and School Nurses) into the Western Australia government vaccination clinics to respond to the pandemic.

Through our consultation, we heard that the service system and families find it hard to know about services and what is available in their community, as the service landscape is constantly changing. Although there is some very positive collaboration in the area, it isn't enough, as identified by the service sector through this community strategic planning process.

Also identified are emerging gaps in the Mirrabooka Service System:

1. Culturally appropriate parenting and support programs
2. Consistent information about transition to school, and transition to high school programs
3. Mental health programs and counselling for under 12s
4. Social connections and peer support programs for families

Of the gaps that have been identified, transition programs, mental health initiatives, targeted CALD parents' programs, social connections and peer support programs are all aligned with CfC FP objectives. They can be address through funded direct service delivery through the facilitating partner work of building sector collaboration and community awareness.

The Department of Health's systemic challenge of staff and service shortage is beyond CfC FP's circle of control. However, the CfC FP role is to encourage organisations to consider what alternatives support families and children can be offered while they wait to engage with services.

Mirrabooka CfC FP will continue to interact with programs and services through involvement in Networks, District Leadership Groups and Local Advisory Committees, to build relationships,

understand the emerging issues and lastly, to not duplicate services and responses to address the needs.

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.

Mirrabooka Communities for Children (CfC) has been operating since 2004 and has strong and well established community connections and relationships.

To continue to build on these, a community engagement plan based on the IAP2, International Association for Public Participation Framework, will be developed. The plan will detail how the Mirrabooka CfC will inform, involve and consult with the Committee, Families, Children and the Service Sector to provide the opportunity for all stakeholders to input into CfC FP activities through the duration of the agreement period.

Mirrabooka CFC will regularly engage with the community to:

- Understand emerging issues and trends for families and children
- Foster collaboration across the service system
- Develop responses which meet community needs
- Bring the voice of families and children to the CfC FP activities.

Communities for Children Committee

The CfC Committee meets bi-monthly and will continue to plan, guide and support the initiative. The Committee is made up of representatives of the community, and the Facilitating Partner will ensure membership continues to engage a broad representation of state, local and commonwealth government, service organisations, community representatives and local businesses.

As Mirrabooka CfC is a culturally diverse community, the concept of CALD community connectors was suggested during our consultations. There are community members with strong links to the different communities, for example the African and the Karen community who have expressed an interest in being a part of the CfC Committee, perhaps in an advisory capacity to provide guidance to the Committee.

Families and Children

As part of our community consultation, families were asked how they would like the Mirrabooka CfC to engage with them in the future. They said:

- Face to face Interactions
(Focus groups, interviews and interactions through community organisations)
- Community events
- Online platforms like social media and surveys
- Through schools

All these approaches will be considered when developing the community engagement plan.

Bringing the voice of children into the CfC activities aligns with National Principles 2 for Child Safe Organisations and is a factor within the ARACY Children and Youth Wellbeing Wheel.

We plan to collaborate with schools to engage children across the eight suburbs within the service delivery region. Consistent with the Department of Education policy, that students' voices should be involved in school decision making, schools welcome this opportunity for students to help guide the Mirrabooka CfC activities. We will also work with and through established children organisations in community to leverage existing trusted relationships in the community.

Service Sector

CfC Mirrabooka will continue to be involved in existing Networks, Leadership Groups, Councils and Committees. These have been listed in Section 6 - Key Stakeholders.

As part of a community consultation, the service sector was asked how they would like the Mirrabooka CfC to engage with them in the future and they responded:

- Regularly engage with agencies
- Facilitate Meetings/Forums
- Engage on-line through emails, surveys and newsletters
- Work in partnership and collaboration with the sector

We will use this feedback when developing the community engagement plan.

In summary, the Mirrabooka CfC team will continue to use traditional methods and will also trial new approaches to engagement. For example, we will explore interactive platforms, technology and creative approaches. Using hybrid approaches will be a mechanism to build community (children, families and service system) capacity and capability with these new community engagement methods and these methods can be introduced to respond to changing circumstances like COVID-19, bushfires and other unforeseen circumstances that may arise in the future.

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**).

All families and children feel safe, connected and are resilient, with community being involved in the decisions that affect them to develop and thrive.

This vision statement reflects what we heard from families and service system. It was development by community stakeholders at the Community Strategic Planning Workshop. All the participants had the opportunity to contribute to the development of the vision statement. The key themes that emerging from the discussion

1. Create an inclusive place with equitable opportunities for all families relating to cultures, disabilities and the changing nature of families
2. Provide agency to families and children
3. Create a place where everyone feels safe, a sense of belonging and has the ability to manage whatever life circumstances they are faced with

The vision statement encompasses the following:

Communities for Children FP Objectives:

- To improve the health and well-being of families and the development of young children, from before birth through to age 12
- To create strong child-friendly communities that understand the importance of the children and apply this capacity to maximise the health, well-being and early development of young children at the local level.

Families and Children Activity's outcomes

Children and Yong People Thieve and Adults Are Empowered

- Positive mental health and wellbeing
- Strong connections to social supports and community
- Greater participation in decision making

Communities are Cohesive Outcomes

- Communities are safe
- Communities are inclusive
- Communities understand issues facing children, youth and families

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

Children have improved early childhood developmental outcomes and are supported through their life transitions

Priority Area Overview

Knowledge of parenting and child development are protective factors for strengthening families.

'Learning' is one of the six domains of ARACY Wellbeing Wheel for children and young people to thrive.

Why the Priority Area was chosen

There is a growing need to support families with children who are trying to access early intervention support while they are waiting for appointments. The AEDC data for the community show developmental vulnerabilities greater than state and national averages and there are gaps in supports for children with their transitions to compulsory school, school readiness and transitioning to high school.

Communities for Children FP Objectives

To improve the health and well-being of families and the development of young children, from before birth through to age 12, paying special attention to:

- Healthy young families
- Supporting families and parents
- Early learning
- School transition and engagement

To create strong child-friendly communities that understand the importance of the children and apply this capacity to maximise the health, well-being and early development of young children at the local level.

Families and Children Activity's outcomes

Children and Young People Thrive

- Optimal health and development
- Positive engagement in education and training

Family Relationships Flourish

- Positive parenting/caregiver practices
- Positive caregiver-child relationships.

What would success look like

- All families understand the importance of being the child's first teacher. They have skills and knowledge, and access to information to support their children in the early years.
- Families and children are connected to early learning opportunities and programs to meet their cultural, language and developmental needs.
- Decrease in the number of children in the AEDC vulnerable domains across the 8 suburbs
- Families understand their role in transitions through early years, to school and high school for children.
- Children have what they need to transition through their life cycle stages

Strategies to achieved improved outcome

Funded Direct Service Delivery – Examples include:

- Family and children early learning activities and programs
- School mentoring programs for children

Actions by FP and Committee – Examples include:

- Promotion of activities supporting child development milestones is accessible and available in multiple languages

- Connect the community so child development and education activities are delivered in multiple locations, e.g. libraries, playgroups, community places, community events
- Support community advocacy for improved access to early intervention programs and supports
- Develop transition support programs across the community, in partnership with schools, families, children and the wider community.

What assets, resources, strengths can be used to address this priority areas

Mirrabooka Service Region Area has three Child and Parent Centres, five Community Health Nurses locations, 106 Early Learning Centres, 36 playgroups and two Early Years Networks – Mirrabooka and Wanneroo. There are multiple engagement touchpoints to connect with families and service system to improve child developmental outcomes.

Measurement Outcomes

Each funded activity will have a program logic with the short- and medium-term outcomes. Community Partners will develop their own measurement tools or use a measurement tool that AIFS has already translation into SCORE. All the funded activities will be encouraged to liaise with the Child and Family Expertise Panel to review the measurement tools that have been developed.

All the activities undertaken by the FP and Committee will include process outcomes and short- and medium-term outcomes. An outcomes framework for each activity will be developed and measurement tools to capture programs through quantitative and qualitative data. Measurement tools will vary depending on the activities and there will continue to be monitoring of secondary data sources to measure if there has been change over time.

Key Stakeholders

- Child and Parent Centres (Roseworth, Warriapendi & Westminster)
- Department of Health (Child Health Nurses, Child Development Services)
- Early Learning Centres
- Early Years Network – Mirrabooka and City of Wanneroo
- General Practitioners
- Libraries – Mirrabooka and Girrawheen
- NDIS – Early Childhood Early Intervention
- Playgroups
- Schools

Priority Area Two

Families and children have improved physical health and mental wellbeing

Priority Area Overview

Resilience and social and emotional competence of children are protective factors for strengthening families.

'Healthy' is one of the six domains of ARACY Wellbeing Wheel for children and young people to thrive.

Why the Priority Area was chosen

Throughout the community consultation process, physical health and mental wellbeing was expressed by the service sector and families as the most prevalent issues impacting families and children, and is a priority for many schools. Contributing factors include trauma, social isolation, social media and technology, impacts of poverty, bullying and more complex issues families and children are facing today.

Communities for Children FP Objectives

To improve the health and well-being of families and the development of young children, before birth through to age 12, paying special attention to:

- Healthy young families
- Supporting families and parents as
- Early learning
- School transition and engagement

To create strong child-friendly communities that understand the importance of the children and apply this capacity to maximise the health, well-being, and early development of young children at the local level.

Families and Children Activity's outcomes

Children and Young People Thrive

- Positive mental health and wellbeing
- Optimal health and development.

Adults are empowered

- Positive mental health and wellbeing

What would success look like

- Decrease in the number of vulnerable children in the AEDC represented in the domains for Social Competence, Emotional Maturity and Physical Health and Wellbeing
- Families, children and community have the tools, knowledge and understanding of mental health literacy.
- Families and children have the ability to navigate through life transition and their circumstances.
- Activating spaces in communities (parks, schools, community places) to provide accessible and affordable healthy activities across the eight suburbs (nutrition and physical activities)

Strategies to achieved improved outcome

Funded Direct Service Delivery – Examples include

- Parent and Families social and emotional development programs
- Children social and emotional development programs

Actions by FP and Committee - Examples include

- Deliver capacity building activities for families and service system, like Mental Health First Aid training
- Strengthen relationships with Mental Health Commission, Department of Health and local governments to leverage what is available in the community (resources, information, and programs) for families and children and work in partnership to implement.
- Use social media platforms to share information and strategies to promote positive mental and physical health to wider community.

- Examine opportunities to activate the 97 parks in the community for physical health and mental wellbeing activities.

What assets, resources, strengths can be used to address this priority areas

With the introduction of the Commonwealth National Children's Mental Health and Wellbeing Strategy, it is important to promote this to the community. This will guide the FP and Committee actions and leverage the investment.

As previous mentioned, there are 97 parks in the community and families are keen to see more activities both structured and unstructured being delivered in community. There is an opportunity to advocate to key stakeholders ways to use these spaces to improve family and children health and wellbeing.

Measurement Outcomes

Each funded activity will have a program logic with the short- and medium-term outcomes. Community Partners will develop their own measurement tools or use a measurement tool that AIFS has already translation into SCORE. All the funded activities will be encouraged to liaise with the Child and Family Expertise Panel to review the measurement tools that have been developed.

All the activities undertaken by the FP and Committee will include process outcomes and short- and medium-term outcomes. An outcomes framework for each activity will be developed and measurement tools to capture programs through quantitative and qualitative data. Measurement tools will vary depending on the activities and there will continue to be monitoring of secondary data sources to measure if there has been change over time.

Key Stakeholders

- CALD Service Providers
- Disability Service Providers
- City of Stirling and City of Wanneroo
- Department of Health
- Department of Local Government, Sports and Cultural Industries
- General Practitioners
- Fitness Industry
- Local Sporting Clubs and Associations
- Mental Health Commission
- Schools
- WA Health Alliance

Priority Area Three

Families and children have positive relationships with each other and strong connections within their community

Priority Area Overview:

Family functioning and connections to community are key protective factors for strengthening families

'Valued, Loved and Safe' and 'Participating' are two domains of the of ARACY Wellbeing Wheel for children and young people to thrive

Why the Priority Area was chosen:

Through the consultation, the service system indicated that there continues to be a need to offer the community family functioning programs in the areas of attachment, discipline, behaviour, managing screen time and communication.

Families expressed the need to build their understanding and knowledge around aspects of parenting. They also want to be more connected to their neighbourhoods, know what is happening and to not be so reliant on community organisations for support.

Communities for Children FP Objectives

To improve the health and well-being of families and the development of young children, from before birth through to age 12, paying special attention to:

- Healthy young families
- Supporting families and parents

To create strong child-friendly communities that understand the importance of the children and apply this capacity to maximise the health, well-being and early development of young children at the local level.

Families and Children Activity's outcomes

Children and Young People Thrive

- Safe at home and in the community
- Strong connections to social supports and community

Family Relationships Flourish

- Positive caregiver-child relationships
- Respectful relationships

Adults Are Empowered

- Strong connections to social supports and community
- Improved self-efficacy and confidence

Communities Are Cohesive

- Communities are inclusive

What would success look like

- Families have the opportunity to strengthen their skills and knowledge to create safe and positive interactions with their children.
- Families and children are connected to the people and place they live in. They have social connection and engagement in community outside of the traditional social service organisations.
- Schools and community are connected.

Strategies to achieved improved outcome

Funded Direct Service Delivery – Examples include

- Family and Parenting Programs

- Develop a peer-to-peer support models
- Community Connector Programs
- Empowering Families Programs

Actions by FP and Committee – Examples include

- Build community awareness of the community assets and resources in community and share with families, schools and community services sector.
- Liaise with local government authorities, community associations, sporting groups and faith-based organisations to determine if there are opportunities to remove engagement barriers to increase wider community engagement participation (information, cost, language, location)
- Advocate for existing programs and services to bring programs out of buildings and more in community spaces (parks)

What assets, resources, strengths can be used to address this priority areas

Mirraboopa Services Region Area has a plethora of community assets around the 8 suburbs linked to churches, cultural groups, sporting associations and placed based community organisations. There is the opportunity now to map what is already in the service area, build relationships and connect the community.

Measurement Outcomes

Each funded activity will have a program logic with the short- and medium-term outcomes. Community Partners will develop their own measurement tools or use a measurement tool that AIFS has already translation into SCORE. All the funded activities will be encouraged to liaise with the Child and Family Expertise Panel to review the measurement tools that have been developed.

All the activities undertaken by the FP and Committee will include process outcomes and short- and medium-term outcomes. An outcomes framework for each activity will be developed and measurement tools to capture programs through quantitative and qualitative data. Measurement tools will vary depending on the activities and there will continue to be monitoring of secondary data sources to measure if there has been change over time.

Key Stakeholders

- City of Stirling and City of Wanneroo
- Community Associations
- Faith based organisations
- Schools
- Sporting Associations and Club
- Placed based services (i.e. Community Neighbourhood Houses)

Priority Area Four

The service sector has enhanced coordination and collaboration, so families and children are supported.

Why the Priority Area was chosen:

Mirrabooka service region area has a culture and reputation for coordination and collaboration within the family and children sector. There is an opportunity to build stronger relationship with Government, Education and Care Sectors and Schools so families in Mirrabooka experience a *no wrong door* approach.

Mirrabooka community stakeholders have expressed to desire to want to work together for this purpose and to explore new ways to do this.

COVID -19 allowed the service sector to adapt new approaches in working with each other, families and children and there is a sentiment to continue to explore new and innovative approaches to working together.

Communities for Children FP Objectives:

To improve the health and well-being of families and the development of young children, from before birth through to age 12, paying special attention to:

- Healthy young families
- Supporting families and parents
- Early learning
- School transition and engagement

To create strong child-friendly communities that understand the importance of the children and apply this capacity to maximise the health, well-being and early development of young children at the local level.

Families and Children Activity's outcomes

Communities are Cohesive Outcomes

- Services work together to support families
- Services have the capacity to responds to children's and families' needs

What would success look like

- Families and children have access to information and are supported to navigate the service system
- Increase in sector relationship and connections between the education and care, schools, community organisations and various levels of government.
- New partnerships and initiatives have been developed where there are joint policies, programs/events and aligned resources, eventually leading to systems change and collective approaches to address family and children needs.

Strategies to achieved improved outcome

Actions by FP and Committee:

- Leverage and enhance existing networks and information platforms
- Develop new approaches for information sharing and working together
- Facilitate Sector Forum for emerging issues and trends, collaboration opportunities and planning sector responses
- Develop new partnership and initiatives designed with and for the families and children.

What assets, resources, strengths can be used to address this priority areas

The strength of the community is that there is a culture of collaboration and a continued enthusiasm to explore new opportunities. This provides Mirrabooka CfC with the conditions to work with the service system to try innovative approaches to collaboration and coordination.

Technology will also be leveraged to support collaboration and coordination amongst the Committee, Community Partners and the wider community to bring people together and share information in multiple languages to extend the reach of services, families and children.

Measurement Outcomes

The Collaboration Health Assessment Tool (CHAT) will be introduced or a like measurement tool to capture baseline data how stakeholders, like the CFC FP Committee and Community Partners are working and how that changes in the future. It is envisaged the Assessment Tool will be used annually.

All the activities undertaken by the FP and Committee will include process outcomes and short- and medium-term outcomes. An outcomes framework for each activity will be developed and measurement tools to capture programs through quantitative and qualitative data. Measurement tools will vary depending on the activities and there will continue to be monitoring of secondary data sources to measure if there has been change over time.

Key Stakeholders

- Communities for Children FP Committee
- Community Partners
- Early Years Network – Mirrabooka and Wanneroo
- Early Learning Centres
- Dept. of Communities West Metro District Leadership Group
- Dept. of Education Child and Parent Centres (Roseworth, Warriapendi, Westminster)
- Dept. of Health – Child Health Nurses
- City of Stirling and City of Wanneroo
- Mercycare – Family Support Network Leadership Alliance
- School principals
- Playgroup WA

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 |
|---|---|
| Aboriginal Elders | Listen and learn what families and children need in the community Working in partnerships for families and children |
| CALD Community – Community Members and Faith-Based Leaders | Listen and learn what families and children need in the community Working in partnerships with families and children |
| Dept. of Communities District Leadership Group | Platform to advocate for family and children needs and system change |
| Dept. of Education Child and Parent Centres – Roseworth Warriapendi and Westminster | CFC FP Committee Members Delivery location for CP Activities Place to engage families and children Child Health Nurses and Child Development Service are co- located on site |
| Early Years Network – Mirrabooka and Wanneroo | Strengthen sector coordination and collaboration – information sharing |
| Families and Children | To co-design and involve them CfC FP activities over contract period. |
| Mirrabooka/Joondalup Family Support Network (Mercycare Lead Agency) | Platform to understand the emerging needs and trends for families and children |
| Mirrabooka Social Inclusion Reference Group | Manages and leads community- led projects in Mirrabooka and surrounding suburbs. |
| Local Government Authorities City of Stirling City of Wanneroo | Manage Libraries – public spaces – access to information regarding community associations & sporting groups Partnership to deliver sector networking events and forums. |
| State Government Departments Commissioner of Children and Young People Dept. of Education Dept. of Health Mental Health Commission Department of Local Government, Sports and Cultural Industries WA Police | Responsible for policies, practices and services impacting families and children |

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 — support for 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 Pediatric Mortality and Morbidity | LGA (Tables 62-65) | Maternal, perinatal, pediatric 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/ |