

CHILD AND FAMILY INTEGRATED SERVICES ANNUAL REPORT

January 2019 to December 2019



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Background

The Northern Territory's Child and Family Centres (CFCs) are a focal point for the integration of services supporting children and their families within a community. Six purpose built child and family centres (CFCs) are currently operating in the Northern Territory at Yuendumu, Maningrida, Ngukurr, Gunbalanya, Larapinta and Palmerston.

CFCs can and do provide services for young children and their families e.g. Families as First Teachers; child care; maternal and child health; etc. but are not 'one stop shops'. Rather they promote and facilitate a community wide 'no wrong door' approach to services for young children and their families.

CFCs foster

- shared understandings and model a collaborative and integrated mindset.
- shared practices that are evidence and outcomes-based, supporting service providers, families and community to reach agreements about aims and outcomes.
- an interdisciplinary teamwork model striving to provide universal core services to all families and children.
- leadership that is relational, effective, inspiring and supportive and able to work across traditional divides.
- co-design that is sensitive and responsive to diversity and to families' and communities' needs and priorities ensuring that families and communities are partners in planning and governance.

The CFC Integrated Service paradigm represents authentic community co-design, joined up service provision, sustainable local employment pathways and most of all better education, health and social outcomes for young children.

Child and Family Integrated Services Vision:

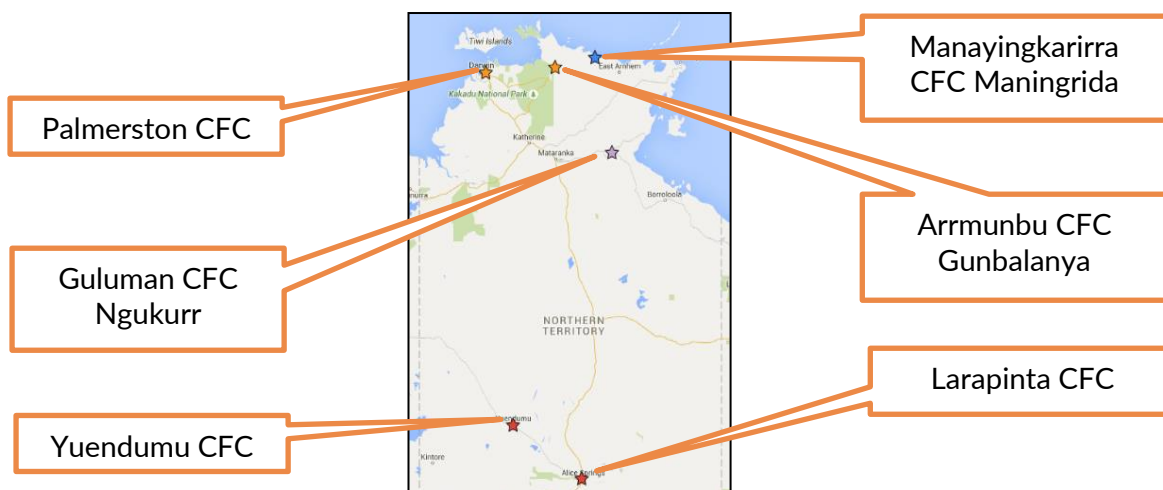
Families and communities support their children, pre-birth to five years of age, to have the best possible start in life and grow to be strong, healthy, safe, confident and capable learners.

Child and Family Integrated Services Mission:

To establish a community led, integrated service system focussed on children pre-birth to five years of age and their families

Child and Family Integrated Services Principles:

- Services are centred on the child and family and integrated
- Services and programs understand and privilege the local cultural context
- Services are committed to a long term, evidence informed approach
- Services are committed to prevention and early intervention



Definitions

Australian Early Development Census (AEDC)

The Australian Early Development Census (AEDC) is a nationwide data collection of early childhood development at the time children commence their first year of full-time school. The AEDC highlights what is working well and what needs to be improved or developed to support children and their families by providing evidence to support health, education and community policy and planning.

ASQ TRAK

The ASQ-TRAK is a developmental screening tool for observing and monitoring the developmental progress of Australian Aboriginal children at 2 months, 6 months, 12 months, 18 months, 24 months, 36 months and 48 months of age.

Child and Family Centre (CFC)

Child and Family Centres are a focal point for the integration of services focussing on children from before birth to 5 and their families within a community. They provide some services for young children and their families e.g. Families as First Teachers; child care; maternal and child health; etc. and connect families and children to other services in a community. CFCs foster:

- Shared understandings - Common principles in all program, policy and practice documents that are embedded in a common philosophy.
- Shared practices - Common evidence and outcomes-based practices across all services, with service providers and families reaching agreements about aims and outcomes characterised by a transdisciplinary teamwork model, universal core services to all families and children, and an inclusive and non-stigmatising approach to programming and planning.
- Leadership - Leaders that are well-trained and supported, effective in their roles, inspiring and supportive of all staff, and able to work across traditional divides.
- Co-design - Families and communities are partners in planning and governance. It is essential that any integrated centre is sensitive and responsive to diversity and to families' and communities' needs and priorities.

Child and Family Integrated Service

The CFC Integrated Service is model of authentic community co-design, joined up service provision, sustainable local employment pathways and most of all better education, health and social outcomes for young children. The CFC Integrated Service Model operates on the following principles:

- Services are centred on the child and family and integrated
- Services and programs understand and privilege the local cultural context
- Services are committed to prevention and early intervention
- Services are committed to a long term, evidence informed approach

Chronic Health Issues

The terms chronic disease, preventable chronic diseases, chronic conditions, long term disease/conditions are commonly used interchangeably. In this report the term 'chronic health issues' is used to refer to conditions that are influenced by the underlying social determinants of health that are largely preventable, and if addressed can minimise the onset of chronic conditions – please refer to the NTG [Chronic Conditions Prevention and Management Strategy 2010-2020](#)¹.

Collective Impact

CFCs have adopted a modern Collective Impact approach with the CFC being the 'Back bone & Container for Change' through which 'Continuous Communication & Community Engagement' supports the identification and articulation of a 'Common Agenda & Community Aspiration' and encourages 'Mutually reinforcing & High Leverage Activities' and 'Shared Measurement & Strategic Learning'² across all service providers.

- **Common Agenda & Community Aspiration**
 - A community led vision of a better future for children
- **Back Bone & Container for Change–**
 - A team or individuals that mobilise stakeholders, demonstrate leadership, cultivate trust and empathy, facilitate change and sustain the process.
- **Shared Measurement & Strategic Learning**
 - A learning and evaluation process that provides real time feedback and robust processes for sense making and decision making
- **Continuous Communication & Community Engagement -**
 - authentic and inclusive involvement of a broad spectrum of stakeholders, particularly those most affected.
- **Mutually Reinforcing & High Leverage Activities**
 - Both mutual and independent activities that are adaptable, enable innovation and provide opportunities for change.

Cultural Identity

Cultural identity refers to a feeling of belonging to a group. It is part of a person's self-conception and self-perception and is related to nationality, ethnicity, religion, social class, generation, locality or any kind of social group that has its own distinct culture. In this way, cultural identity is both characteristic of the individual but also of the group sharing the same cultural identity.

FaFT

Families as First Teachers program.

Formal Qualification

A qualification recognised under the Australian Qualification Framework for Education and Training.

Learning and development activities

Formal and informal activities that support the learning and development of children

Quality Formal Early Learning Programs

Quality Formal Early Learning Programs are planned and regular program delivered by qualified staff utilising recognized curriculum and evidence based practices.

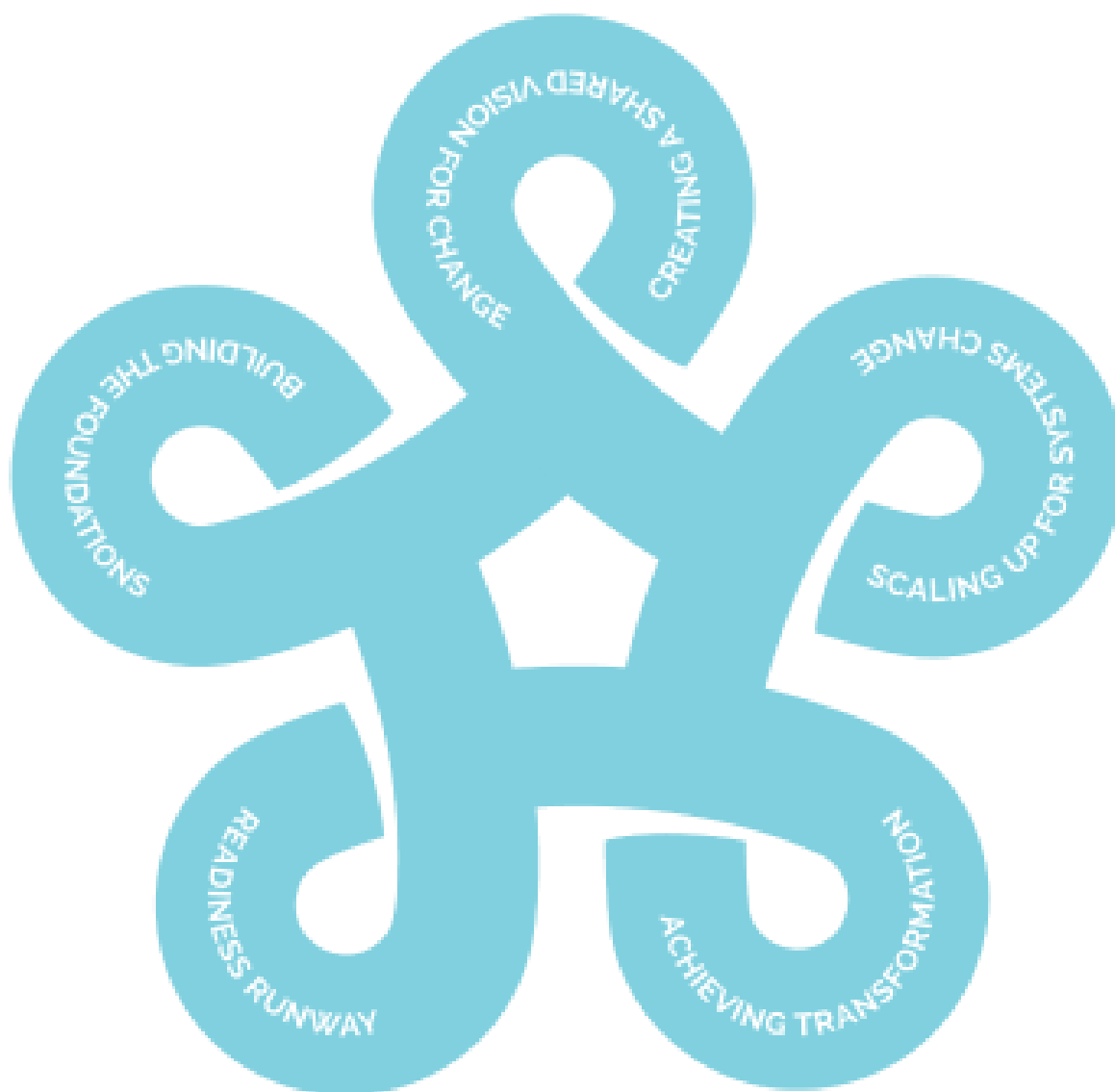
¹ <http://digitallibrary.health.nt.gov.au/prodjsui/handle/10137/535>

² Tamarack Institute https://cdn2.hubspot.net/hubfs/316071/Events/Multi-Day%20Events/Community%20Change%20Institute%20-%20CCI/2016%20CCI%20Toronto/CCI_Publications/Collective_Impact_3.0_FINAL_PDF.pdf

Collaborative Change Cycle

CFC Integrated Services are using the [Collaborative Change Cycle](#) developed by Collaboration for Impact³ to monitor and inform progress toward service integration.

The Collaborative Change Cycle articulates five interlinked phases of work each providing guidance and resources - the readiness runway; building the foundations for change; creating a shared vision for change; scaling up for systems change; and achieving transformation.



Each phase incorporates four layers, each of which plays an important part in achieving and sustaining real progress. These are leadership, collaboration, community and measurement.

² Collaboration for Impact (CFI) is Australia's leading organisation for learning *how* to respond to complexity through effective collaboration. <http://www.collaborationforimpact.com>

NT Child and Family Outcomes Framework

The Northern Territory Child and Family Outcomes Framework identifies six outcomes to measure and understand the progress, and impacts of integrated service delivery across the Northern Territory. An outcomes based approach enables integrated services to understand their impact on children, families and communities, and the real value families receive from services and programs provided, including developing a better understanding of the vulnerabilities and strengths for children and their families in community.

The NT Child and Family Outcomes Framework identifies objectives, strategies and actions under each outcome. It also describes the performance indicators which will enable communities and the system to determine whether the strategies and actions are improving outcomes for children and families in each of the key areas.

Each site has developed a *place based outcomes framework* that aligns with the overarching NT Child and Family Outcomes Framework. These Place Based Outcomes Frameworks acknowledge that every community is unique and may have different needs. They can also be used to addresses fragmentation and duplication of services, in order to foster more efficient use of resources and build better connections in improving access to services for families.

The Place Based Outcomes Framework will assist integrated services to fulfil the vision, objectives and strategies that underpin integrated service delivery and will use both formal and informal measuring tools to collate both qualitative and quantitative data.

The outcomes data will be used to measure the impact of change, determine which services are most needed, identify what services and programs are directly making an impact and ensure, where possible, resources and funding are not being duplicated.

The individual child and family centre reports below use the following symbols to demonstrate the progress against the outcomes in each community/ integrated service.



Positive change



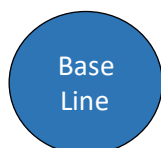
No significant change



Negative change



No data or only partial data available



First collection of data

MANAYINGKARIRRA

CHILD AND FAMILY INTEGRATED SERVICE

MANINGRIDA

Maningrida Community Vision

Our vision is to create a stronger and more connected community. We believe that everyone deserves assistance during times of vulnerability and have created our services to have a positive impact on children, families and the wider community. Our role is to assist people to live their life, their way.

Maningrida Community Population

Number of children

	0 - 1	1 - 2	2 - 3	3 - 4	4 - 5	Total
All	37	41	43	45	51	217
Male	23	28	22	25	33	131
Female	14	13	21	20	18	86
Indigenous	36	38	41	44	47	206
Non Indigenous	1	3	2	1	4	11

#217 is provided in partnership with Maningrida Clinic and is a total cohort [including Outstations children]. There has been a dramatic drop in births per annum over the past five years; a decline of 20 – 30 births per annum with community women utilising a contraceptive implant to bring about this reduction.

Maningrida Collective Impact

Manayingkarirra Child and Family Centre has spent authentic and significant amounts of time developing strong relational trust with key stakeholders using the centre regularly and opening up dialogue with less frequent participants, to create a shared understanding and discourse of community issues affecting children under five years.

The Child and Family Centre “*Leadership*” is distributed. It promotes two-way knowledge, shared working practices with strong and committed Aboriginal Community Workers who are the conduit to the community.

A key piece of work has been our localised Outcomes Framework. Constructed on the NT Child and Family Integrated Services Outcomes Framework, but community participants have unpacked the document to create a place-based version with key aspirations for Maningrida.

The Integrated Services Outcomes report for Maningrida reflects the outcomes and localised indicators from this document 2019.

Back Bone & Container for Change

The Integrated Services Leader and Aboriginal Engagement Officers [two X 0.5 positions] synchronise participating stakeholders and organisations with open communication, distribution of meeting invitations and up to date community information.

Two local Aboriginal staff share the engagement role. This role includes guiding and informing community of issues and concerns for children under five. The authentic development of the staff is building their capacity and engaging them in experiences that they are being recognised for their input and knowledge from community members and stakeholders alike.

Common Agenda & Community Aspiration

Common understandings and visions are developing with key stakeholders with consistent and open communication to share and develop a joint approach to community issues. This occurs through a variety of opportunities and meetings.

Alliances are progressing with the Malabam Health Board – Stronger Communities for Children (SCfC) at Maningrida. Targeted liaisons are ensuring economic efforts are distributed and supporting key community needs.

The Early Years Reference Group has undergone a reviewed membership to safeguard community governance is distributed and caters for all language/clan groups in Maningrida. Membership of this reference group is voluntary.

Vulnerable Children's Networks occur monthly. These meetings consist of Territory Families, the Department of Education and Department of Health and support vulnerable community families and enable service providers to develop distributed plans to best aide the family needs.

In addition to this the Early Years Hub Network meets regularly and focusses on targeted program liaison to direct and enable innovation in the Education and Care Services provision.

The Child and Family Community Fund (Reform Management Office) has engaged the holistic community response to addressing communal vulnerability to Rheumatic Heart Disease. Maningrida has the highest incidence levels than any other recognised in third world countries.

Shared Measurement & Strategic Learning

The outcomes, strategies and indicators are aligned with services sharing information openly and celebrating successful achievements.

This is an area that requires future exploration from the collective, with making decisions about methods of data collection, systems and occurrence to articulate the community story.






















Continuous Communication & Community Engagement

A mutual appreciation of the task ahead is consistent within communications and heralds within all liaisons and shared implementations. Relational trust and mutual motivations is growing within all services and silos are being broken down. Shared and common language is now evident in practice.

Mutually Reinforcing Activities & High Leverage Activities

Key activities and service provision is responsive to collective planning and community voice. Key community needs are targeted via shared initiatives or differentiated activities with common agenda and measures.

Maningrida Collaborative Change Cycle Progress

	LEADERSHIP	COMMUNITY	COLLABORATION	MEASUREMENT
Large scale impact				
Building alignment				
Enabling the work				
Brokering agreement				
Building shared understanding				
Building the container				
Understanding the System				
Calling for a new way of working				
Recognising possibility for change				
Responding but not changing				



Previous years progress



Current years progress

Leadership: "Building shared understanding"

The Early Years Advisory Group membership has been revised and connections made with key community personnel who have the authority to make decisions and steer the strategic direction of the CFC with key stakeholders.

Stakeholder forums have occurred to talk about Collective Impact in Maningrida and what this may look like. There is no formal agreement to distributed funding but this is an avenue to nurture and progress further, especially with the whole of community venture to reduce Rheumatic Heart Disease vulnerability.

Stakeholders have had input and collaboration in the development of the "Localised or Place-based" Outcomes Framework which will become a pictorial representation in the CFC foyer; with stakeholders abiding and advocating the implementation of this critical document.

Community: "Building shared understanding"

Facilitation and unpacking key concepts with Early Years Advisory Group about Collective Impact and long term change.

The Aboriginal Engagement Officers broker the ideas and language with wider community about the new way of working and keeping the discussions open about progressions.

Collaboration: “Understanding the system”

In relation to understanding the system we are currently in the process of reducing the restraint of “working smarter, rather than harder” and abolishing silos within community. This includes opening up dialogue about shared key performance indicators and activities that share target audiences and outcomes.

We are also attempting to immobilise solo action with ongoing discussion and use of common language.

Measurement: “Calling for a new way of working”

We are currently exploring using community data sets to unpack and prioritise community needs.

AEDC, Health statistics and attendance/engagement numbers guide these consultations.

Focus groups and sample survey numbers [subset of the community to estimate interests and views] have been utilised as the collection method for the outcomes reporting.

What next?

I think a collective, stakeholder forum is required to reinvigorate Collective Impact and requires community personnel to express interest and seek a new way of working amongst associations. The Aboriginal Engagement Officers will lead this piece of work and encourage community members to participate and have a voice.

Aboriginal Engagement Officers have also expressed community desire to establish and host an Aboriginal Network Meeting to discuss and pursue joint ventures to address key community priorities in Education and Health. Inviting all services to participate and tackle community issues as a collective voice.

Key service relationships:***Start Right, Eat Right – Stronger Communities for Children [SCfC]***

The start our children get in life is so important. This start is made all the better by an introduction to healthy, nutritious food in a positive and encouraging environment. Children receive 50% of their daily nutritional intake whilst in an early education and care setting. A strong nutrition and education focus at the Child and Family Centre enables community member’s access to:

- Nutritious and regular food accessibility
- Parent workshops
- Enable newsletter inserts/focus topics
- Specialised assistance with professional expertise

By improving health via nutrition it brings substantial benefits for a child’s educational outcomes.

Long Day Care

Centre-based childcare provided by professional staff where babies and children up to school-starting age can be cared for while their parents work study or have time for their other commitments.

Families as First Teachers [FaFT] Playgroup

FaFT early learning activities have an emphasis both on child and adult learning and are described as dual generational.

The key components of dual generational early childhood learning in FaFT and Mobile FaFT programs are:

- quality child-centred early learning experiences
- facilitated adult-child interactions through the Abecedarian Approach including Conversational Reading, Learning Games, enriched caregiving and Language Priority
- adult learning opportunities
- nutrition, health and hygiene
- linking families with support services and agencies.

Community Hearing workers

Community Health Workers (CHWs) have the potential to improve access to ear and hearing services for people across low-income, remote, underserved, or resource-poor areas of the world.

Healthy Under 5's

The Healthy Under 5 Kids (HU5K) Program is a Department of Health (DoH) initiative. It builds on the existing programs that remote health centres offer young children and families including the Growth Assessment and Action (GAA) and the Healthy School Aged Kids (HSAK) programs. This new program encompasses more lifestyle factors that affect children's growth and development, anticipatory guidance (age appropriate health education) and some points about child development, which have not existed in previous standard programs for young children living in remote areas.

One Disease

Working with remote Indigenous communities, the approach is holistic, involving the provision of Crusted Scabies education, including the creation of Scabies Free Zones, to local health workers, people with Crusted Scabies, their families, and the wider community. Aim is to create knowledge bases within remote communities so that people can manage this disease themselves.

Oral Health Teams

Provides quality oral health services including:

- children's dentistry
- oral health promotion
- preventative dental examinations and cleans
- dental emergency, pain and trauma management



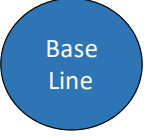

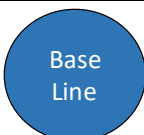
Australian Nurse Family Partnership Program

The Australian Nurse-Family Partnership Program (ANFPP) is a nurse-led home visiting program that supports women pregnant with an Aboriginal and/or Torres Strait Islander child to improve their own health and the health of their baby. The ANFPP also provides valuable support and advice to mothers that help with the baby's development in their early years.

Catholic Care – Child & Family Wellbeing Educator (co-located at CFC)

This position plays a key role in providing parents and carers increased capacity, knowledge, skills and support to raise healthy community children under seven years.

OUTCOME 1: All children are strong, healthy, confident and capable learners and reach their full potential

	76 - 100% of families report increased attendance in high quality education and care programs
	51 - 75% of children 0-5 have participated in all standard health screening.
	51 - 75% of families report increased exposure and dosage of 3a strategies.
	70 - 80% of children 0-5 have an up to date immunisation record.
	51 - 75% of families report improved maternal, relational and child health markers during prenatal and postpartum pregnancy continuum.

Outcome 1: Community Narrative

2019	Crèche (Long day-care)	FaFT Playgroup	Kikka Mumma
Average daily attendance in core programs at CFC			
Term 1	15	21	11
Term 2	21	22	8
Term 3	19	15	7
Term 4	18	15	7

- Focus group reports a noted decrease in smoking during pregnancy, healthier birth weights and a decline in domestic violence incidents.
- Focus group reports increased participation in long day-care, playgroup and Preschool: Early Childhood, Education and Care service provisions.
- Sample survey results indicate increased exposure and utilisation of 3a strategies across Early Childhood, Education and Care services.
- Healthy Under 5 utilisation data indicates a steady presentation from community members with immunisations and standard health screening services.

Special days and events calendar 2019

Early Years Network Alliance which is key service providers within the CFC, including preschool and transition educators collaborate and have a targeted learning focus for the duration of each month.

The community calendar is distributed amongst families, service partners, providers and shared within social media forums to highlight the key community initiatives and targeted activities on offer and upcoming.

A comprehensive bi-monthly newsletter allows additional opportunity to pass onto families and services any information regarding the centre's activities and operations.

Multi -disciplinary approach to ASQ Trak

FaFT Family Educator and Family Liaison Officers, Healthy Under 5 Nurses, Bodyfit physiotherapists and Maningrida Child Health collaborate to form a dynamic multidisciplinary team to provide care services to vulnerable families; primarily fulfilling developmental screening as a coordinated group.

Bodyfit NT

Bodyfit NT has enjoyed working with the Child and Family Centre team this year. While the shape and delivery of services continues to evolve, the increased frequency of physiotherapy in community offers mums and dads and their young ones greater opportunity to engage with both physical activity and physiotherapy.

Education around exercise and movement especially, are vitally important in giving children a good start in life and mums the tools to look after themselves as well as their children. Referrals for developmental assessments and therapy to address motor delay have mostly come from the child health nurses, crèche workers and Family Educator FaFT. There have been some referrals from the Royal Darwin Hospital (RDH) and the Maningrida Health Centre's as well.

Child and Family Centre personnel have been supportive over the year in helping to locate and identify these children and engage them in physiotherapy. The referred clients are either seen at the centre, at home with their family or at the clinic. The Child and Family Centre provides a safe and enjoyable atmosphere for parents and children to attend and there is ample equipment for the physiotherapists to utilise in therapy sessions. We often strongly recommend children whom are referred for physiotherapy attend the FaFT Playgroup regularly so they can engage in the activities and interact with peers to further their development.

There has also been some collaboration with RDH over telehealth for some clients to receive specialised intervention and further support. This has worked well with support from clinic staff as well as CFC staff in coordinating appointments. We hope to develop this further over the next year as telehealth is a valuable cost effective tool for management of complex clients in remote communities.

Bodyfit NT hopes to be able to continue to offer their expertise in identifying and providing therapy for children with a diverse range of conditions around motor function.

Healthy Under 5's services

In 2019, Maningrida Healthy Under 5 Kids nurses maintained service provisions for nine out of the 12 months (nil Nurses in July, August and October). Gaps in service provision were the result of staff resignations and nominated holiday periods for employees. Community members continued to present and inquire about child health services during this time, to be redirected and supported in attending Maningrida Clinic.

Allied health professionals from Hearing, Menzies Research, Dental Health, Territory Families, Public Health Nutritionist and irregular fly in - fly out service providers have utilised the targeted health facilities on offer at the CFC.






During 2019, 593 contacts have been collected throughout consultations.

On average there is 66 contacts per month and key consultation topics range from: immunisations, growth faltering, developmental screening, skin checks, Rheumatic Heart Disease recall, and anaemia and skin checks.

Australian Early Development Census 2018 Profile

2 in 3 children vulnerable in 2 or more domains



Proportion of children who were developmentally vulnerable by domain			
Domain	2018	Domain icon	Description
Physical health and wellbeing	40.5%		Children's physical readiness for the school day, physical independence and gross and fine motor skills.
Social competence	29.7%		Children's overall social competence, responsibility and respect, approach to learning and readiness to explore new things.
Emotional maturity	13.5%		Children's pro-social and helping behaviours and absence of anxious and fearful behaviour, aggressive behaviour and hyperactivity and inattention.
Language and cognitive skills (school-based)	75.7%		Children's basic literacy, interest in literacy, numeracy and memory, advanced literacy and basic numeracy.
Communication skills and general knowledge	73%		Children's communication skills and general knowledge based on broad developmental competencies and skills measured in the school context.

Community trend of vulnerability on two or more domains overtime			
2009	2012	2015	2018
70.4%	38.5%	46.4%	70.3%

OUTCOME 2: All children have a strong cultural identity



76 - 100% of families indicate that their 0-5 children have a strong cultural identity.

Outcome 2: Community Narrative

- 100% of sample survey participants report children and families are treated with dignity and respect at the Child and Family Centre.
- 83% of sample survey participants report staff incorporate activities and adapt/choose curriculum that promotes the exploration and celebration of multiculturalism and diversity.
- Community members indicate sense of self and how they relate to others.
- Focus group discussion consents to skin colour, language/s, cultural practice and yarning as markers of Aboriginal identity.

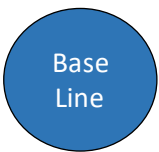
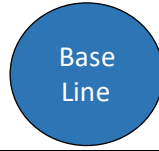
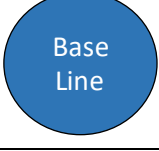
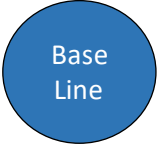
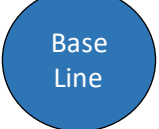
Markers of cultural identity were identified from the Aboriginal Coordinators and these were discussed and shared amongst CFC personnel and senior community members to collaborate and reach agreement that these indications were mutual amongst community members.

Indicators of cultural identity labelled are: skin colour, language/s, cultural practices and yarning as markers of Aboriginal identity for Maningrida.

Focus group discussions and sample survey responses were conducted by Aboriginal Coordinators and Kikka Mumma Coordinators of the Strong Young Mum's Program. A shared understanding of data collection and discussions was that the participants' responses would include and reference the highlighted markers spontaneously.



OUTCOME 3: All families are strong and empowered as partners in their children's learning and development

 Base Line	76 -100% of community reports improved and informed provisions for young parents.
 Base Line	76 - 100% of families report enhanced parental efficacy.
 Base Line	76 - 100% of community reports they have new knowledge about the needs of children and families.
 Base Line	76 - 100% of community indicates participating in information forums about the needs of children and families.
 Base Line	76 - 100% of community reports partaking in planning forums and governance structures of the CFC.

Outcome 3: Community Narrative

- 83% of sample survey participants indicate improved and informed provisions for young parents.
- 87% of sample survey participants report enhanced parental efficacy.
- 92% of sample survey participants report they have new knowledge about the needs of children and families.
- 92% of sample survey participants indicate participating in information forums about the needs of children and families.
- 83% of sample survey participants report partaking in planning forums and governance structures of the CFC.

FaFT parent capacity building activities

The key components of dual generational early childhood learning in FaFT and Mobile FaFT programs consist of:

- quality child-centred early learning experiences
- facilitated adult-child interactions through the Abecedarian Approach including Conversational Reading, Learning Games, enriched caregiving and Language Priority
- adult learning opportunities
- nutrition, health and hygiene
- linking families with support services and agencies.

Strengths-Based: Build on existing parenting capabilities as the basis for promoting and strengthening new parenting skills

Family-Centered: Engage parents in participatory experiences and opportunities to strengthen and promote parenting knowledge, skills, and self-efficacy beliefs

Parenting experiences and opportunities that actively involve parents in everyday, real life parenting activities are more likely to have capacity-building characteristics and consequences. These include, but are not limited to, a parent providing his or her child everyday learning opportunities to promote child development and the use of naturalistic teaching procedures to encourage and support child learning while engaged in everyday activities.

Topics of: Capacity Building areas:

1. Nutrition
2. Child Health
3. Maternal Health
4. Hygiene & Home Care
5. Financial Management
6. Behavioural Management & Parenting
7. Adult Literacy & Numeracy
8. Early Learning & Child Development

Approach of delivery

1. Formal workshop & information/group discussion sessions
2. Parent coaching (including home visit)
3. Family Support (including home visit)
4. Linking family with services (including referrals)

Catholic Care – Child & Family Wellbeing Educator [co-located at CFC]

This position plays a key role in providing parents and carers increased capacity, knowledge, skills and support to raise healthy community children under seven years

“Check and Connect” model for family supports

Check & Connect is an intervention used with K-12 students who show warning signs of disengagement with school and who are at risk of dropping out in the US. At the core of *Check & Connect* is a trusting relationship between the student and a caring, trained mentor who both advocates for and challenges the student to keep education salient.

Families are referred to the Maningrida “*Check & Connect*” paradigm when they show warning signs of disengaging from early childhood services, are known clients of Territory Families and require additional supports or program service providers indicate family needs of assistance.

The Vulnerable Children’s Network of interagency service providers guides and assists the families “*Check & Connect*” needs, with collective service providers steering the family supports based on relational trust and interpersonal skills of the cooperative.

Kikka Mumma – Certificate 1 in Hospitality

Maningrida’s Strong Young Women’s Program, favourably titled “Kikka Mumma program” engage in a range of routine and predictable hospitality work activities. They work under close supervision and are given clear directions to complete tasks.

The group caters for the CFC meals two days a week, including preschool. The group is supported in the College Hospitality kitchen and also partakes in barista and café style services each week as part of their course conditions.

Positive outcomes have resulted in employment for three community women as a result of their involvement in the course requisites. The program has also been sought to cater for the annual Learning on Country camp experiences.

Sister Centre Project – Inclusion Support ECA

The project aims to embed culture within practice in child care and crèche settings and to overcome barriers to access, via sharing of knowledge, skills, practical support, and resources. The goal is that all

child care centres and crèches in the NT are culturally welcoming and inclusive, and educators are capable and confident in creating inclusive early childhood settings.

By improving the cultural competence of non-Aboriginal educators and creating a more culturally safe space for Aboriginal educators, it is anticipated that Aboriginal and Torres Strait Islander children will have a better sense of belonging in child care centres and crèches within the region.

By implementing a project focused on two way learning opportunities, all educators will have improved opportunities to learn, develop and embed new skills and knowledge. This includes building their leadership and mentoring abilities, which are important skills in the early childhood sector and in communities. The Sister Centre project is supporting urban and remote services in quality education and care service provisions and shared learnings amongst peers.

Assessment and Rating – reflective practice of elements with families

During the self-assessment process, the service's practice is evaluated against the requirements of the National Law and Regulations, as well as against the guidance provided in the National Quality Standard and the approved learning framework.

The self-assessment involved examining current practice at the service, deciding what is being done well and identifying what might need to be improved with parents/caregivers and staff alike.

Post self-assessment the service identified goals that will enhance the quality of children's and families' experiences within the service. These goals were captured and incorporated into the service's Quality Improvement Plan.

Early Years Advisory Group – parent representation

The purpose of the Early Years Advisory Network (the Committee) is to provide advice to Council on the emerging issues affecting families and young children within Maningrida Community and surrounds.

The objectives of the Committee are to:

- Provide advice and recommendations to Council on the implementation of the key objectives of the Maningrida College School Improvement Plan
- Provide advice to Council on emerging issues affecting families and children and the related services within the Maningrida community,
- Identify emerging key research, policy and legislative issues that might impact integrated service provision within Maningrida's Early Years services.

Natural Yard development – ECEC Long Day Care Grant

Development of play spaces to be rich in nature-based, open-ended experiences that give children, families and community opportunities to connect with nature. The local design captures stories and elements that are unique to the area, culture, values and context. Seamless connections between play spaces that enable children to be confident and independent in their exploration. This has included the inclusion of a crocodile, rainbow serpent, water wall, music wall, boat, stepping stones, construction area, chicken coop, trampoline, fire pit, seating and planter boxes.

October 2019

Centre to purchase trampoline, planter boxes, and chicken coop in preparation for the proposed project.

November 2019

Concrete crocodile, rainbow serpent and boat prior to wet season.

Dig out fire pit and add supports of bricks, concrete, beach rocks and sand prior to the wet season commencement.

December 2019

Installation of water wall, music wall and concrete stepping stones prior to the wet season.

Planter box construction and erecting.

January 2020

Final aesthetic touches and completion to tasks during the nominated closure of the Child and Family Centre.



OUTCOME 4: All families have a voice and are active partners in the integrated services

Base Line	51 - 75% of community reports cultural richness and competence amidst celebrations, events and resource development.
Base Line	76 - 100% of community reports integrated service provisions for family wellbeing and children at risk.
Base Line	76 - 100% of community reports children's voice evident in decision making.

Outcome 4: Community Narrative

- 75% of sample survey participants reports cultural richness and competence amidst celebrations, events and resource development.
- 92% of sample survey participant's reports integrated service provisions for family wellbeing and children at risk.
- 83% of community reports children's voice evident in decision making.

Celebrations [5 years CFC / 10 years FaFT / Concert / Children's Week / Graduations]

Celebrations can be as diverse as each of the children in a child care service. When incorporated into children's services appropriately, celebrations can be used to bring people together, to create a feeling of belonging and to develop a sense of community amongst families, educators and children.

The incorporation of celebrations into children's services programs can be an enriching experience for children, educators and families. Each person has their own culture which they bring with them to the child care setting.

Targeted calendar focus

The Early Years Network alliance which is key service providers within the CFC, including preschool and transition educators collaborate and have a targeted learning focus for the duration of each month.

The community calendar is distributed amongst families, service partners, providers and shared within social media forums to highlight the key community initiatives and targeted activities on offer and upcoming. A comprehensive bi-monthly newsletter allows additional opportunity to pass onto families and services any information regarding the centre's activities and operations.

Vulnerable Children's Network meeting

Territory Families and Maningrida College rely on multiple providers to deliver support services. Effective partnerships and governance arrangements are critical to the coordinated and efficient delivery of these services. The Vulnerable Children's Network is a local mechanism to engage better with current and potential service providers. The effective alliance and relationships are dependent on the level of professional capability of individuals. The collective cohort coordinates planning, operational and strategic management of the initiative. Family support is interpersonal and service providers distribute the lead organisation according to the relational trust and connections with community families.

Early Years Network Meeting



Early Years Network plays an important role in connecting community by working collaboratively to develop and implement initiatives, services and activities aimed at improving outcomes for young children and families. It provides a strong platform to build collaborative practices between organisations; increase

opportunities to coordinate policies and programs and respond to evidenced based information about children living in their community.

Maningrida's Early Years Network provides opportunities to:

- share knowledge and experiences collectively to improve communities for children and their families
- engage members to discuss emerging early years issues across their community and advocate solutions to decision makers
- gain insights and perspectives from community representatives to understand what may be influencing early childhood development
- explore the AEDC results together with other information to understand community strengths and areas for improvement in supporting children's development
- foster a variety of short and long term community initiatives to improve local conditions for children and families

OUTCOME 5: Community voice informs service provision in the integrated service (broader community e.g. Aboriginal organisations, employees with lived experience in that community, respected community members, local government)

	51 - 75% of community reports improvement in key priority areas.
	51 - 75% of community reports they have participated positively in the planning and governance of the CFC.

Outcome 5: Community Narrative

- 75% of sample survey participants reports improvement in key priority areas.
- 75% of sample survey participants reports they have participated positively in the planning and governance of the CFC.

Rheumatic Heart Disease: "Makarrada" Community Health Network

- The rheumatic heart disease follow-up program work has shifted to Mala'la, with a new team coordinating care for people with rheumatic heart disease in Maningrida, supported by a grant from the federal government that came to Mala'la because of recognition of the scale of the RHD problem in Maningrida
- Ongoing impact of having a school nurse based at Maningrida College, facilitating early treatment of skin sores and other strep infections, and helping with follow up and treatment of kids with rheumatic heart disease
- Further training has occurred for one health worker in handheld echo for diagnosis of rheumatic heart disease
- The rheumatic heart disease curriculum has been further developed by the Lurra Language and Culture Unit, and is being delivered to students, parents and community members in local languages
- The Moonshine Agency film makers (Mike Hill) have helped Mala'la to get a grant to support a project making films in local languages that provide education about strep infections, good hygiene, rheumatic fever and rheumatic heart disease - based on the Lurra Language and Culture Unit curriculum
- All of the kids who were diagnosed with RHD during the Pedrino project have kept going with penicillin injections, and some of them have improved already in terms of their rheumatic heart disease

Community Led Grant – Advisory Group/School Council/Ma'lala collaboration

The Maningrida Child and Family Reference Committee comprises of members of CFC staff, the school council, the Lúrra Language and Culture team, and traditional owners, who act as a steering committee of community members to guide and prioritise the use of the Child and Family Community Fund.

During 2018 the Pedrino Research Project team (Pedrino team) visited Maningrida twice to screen children and young people under the age of 18 for Rheumatic Heart Disease (RHD). The Pedrino team found a high incidence of RHD in West Arnhem Land; the rate of incidence found in Maningrida is higher than that found by the Pedrino team in East Timor and the highest rate of incidence documented anywhere in the world. RHD is a disease of poverty and the highest rates of incidence are found among people who live in squalid, overcrowded conditions.

The Maningrida community has been galvanised into action by the findings of the Pedrino team. Every agency operating in this community has committed to working in collaboration for the next five years to address RHD and reduce the incidence of new cases. Manayingkarirra CFC commits to a five year focus on projects whose outcomes will contribute to reducing the incidence of RHD.




Localised Outcomes Framework story – fresh and saltwater turtles

The NT CFC Outcomes Framework were developed over a number of years preceding the operations of site centres. Manayingkarirra (Maningrida) CFC explored this work and incorporated works at a grass-roots level with community, to engage community membership to own and understand its purpose.

A symbolic representation of information was discussed with community members and hence the fresh and saltwater turtle were nominated as the key graphics to capture and represent this very long-winded document in a way that enabled access and local ownership of its content.

The 2019 outcomes report is the first year of reporting against localised outcomes and priorities for Maningrida community and service integration alike. The visual representation of this is currently underway in Darwin at a local graphic designer; with works designed to be completed by end of quarter one in 2020 and on display in the foyer of the CFC at Maningrida.

OUTCOME 6: A strong Aboriginal workforce enables sustainable local communities

	76 - 100% of employees across all service providers are Aboriginal.
	Less than 25% of Aboriginal employees have formal qualifications
	51 - 75% of Aboriginal employees are actively working towards a relevant formal qualification

Outcome 6: Community Narrative

- 20 out of 26 CFC employees are Aboriginal [77%].
- 5 out of 26 Child and Family Centre employees have formal qualifications [19%].
- 7 out of 10 Child and Family Centre employees [working in regulated service provision] are actively working towards a relevant qualification [70%].

The CFC prides itself on utilising and building capacity of local Aboriginal community members. Two local Aboriginal ladies share the engagement role; they guide and inform community of issues and concerns for

children under five. The authentic development of the ladies is building their capacity and engaging them in experiences that they are being recognised for their input and knowledge from community members and stakeholders alike.

Staff attendance whilst exercising cultural sensitivity around cultural obligations, makes progression complex and responsive to community time and place.

Batchelor Study Centre has remained unoccupied since September 2018 and no formal training is delivered onsite in community as a result.

Staff absenteeism is an ongoing circumstance and community members don't favour leaving community for prolonged periods of time due to family and cultural obligations.



Where to in 2020 to ensure continuous innovation and progression

Governance training

Provision of appropriate preparations to assist community members in their application of governance roles and responsibilities within their community organisations.

Aboriginal Community Network – CFC to initiate and lead with support from services

An Aboriginal led network of community members amongst all service providers to voice and direct key community initiatives and priorities as a collective voice. Integrated Services Leader to initiate and liaise with service providers networks.

Antenatal classes and Maternal Health Services at CFC

Connect with Maningrida Health Clinic to revive antenatal classes or birth education to help prepare you for labour, birth and early parenthood.

Outreach playgroup services – flexible service delivery

Be flexible, responsive and adaptive to the needs of carers and children and the local community.

Be dynamic and ready to change as the needs of families change.

Be adaptive and able to focus on the specific needs of the group.

The playgroup model is flexible, enabling the structure, format and activities to vary based on the needs of carers, children and the local community.

Positive parenting courses - Baby FAST [Anglicare]

Baby FAST is a widely used multifamily group intervention model for young parents and their infants and toddlers (age 0-3). It works especially well for first-time mothers, and is intended to protect vulnerable families with risk factors, such as single-parent families, teen mums, isolated families, or within communities with higher risk factors.

Explore service integration with Health, Education and Family Support providers in Maningrida.

Playgroup for children with mixed abilities [disabilities support]

Explore playgroup sessions for parents to socialise and share ideas with others who understand the rewards and intensity of their caring role. Parents can meet with people in similar circumstances to have fun, share stories and find out about available community support.

Parents and carers build a social support network that supports their parenting as they navigate some of the additional challenges they experience, while children who attend have a positive and accessible play experience.

Pathways for parents – courses/certification/upskilling [Kikka Mumma Program]

The adult community education sector is the critical link between the needs of the community and an opportunity for a better life, by providing them with education and training choices best suited to their individual needs. Aside from offering school and blended learning options for students, we also cater to young adults who are looking to earn a high school certificate. The Kikka Mumma Program can assist community members who are seeking to re-enter the workforce after overcoming a personal challenge, or wish to pursue further education.

Pathways can help pave the way to a better life and Maningrida has rich opportunities in 2020 with the extension of their academies and blended service delivery model. This includes evening sessions at the Trade Training Centre to be inclusive of individuals working and desires to undertake further skill development.

Community members have the prospect of: Maritime, Mechanics, Construction and Hospitality in the VET sector available to them in the New Year.





Manayingkarirra Child and Family Centre – Maningrida [Localised Outcomes Framework]

Vision	Our vision is to create a stronger and more connected community. We believe that everyone deserves assistance during times of vulnerability and have created our services to have a positive impact on children, families and the wider community. Our role is to assist people to live their life, their way.		
Mission	To establish a community led, integrated service support system focussed on children pre-birth to five years of age and their families.		
Beliefs, Principles and Services	Beliefs	Key Principles	Integrated Practices for services
	<ul style="list-style-type: none"> The child is always considered in the context of their family, relationships, culture and community. The needs of the infant/child must be placed at the centre of any planning and provision of high quality services. All parents need support at times to feel confident in raising their children in a loving and supportive environment. The safety and well-being of children is central to every aspect of children's learning, health and development. 	<ul style="list-style-type: none"> Parents and the home environment have the strongest influence on children's development. Two-way learning and cultural understanding is the foundation of connecting people. By strengthening the community capacity, more supportive environments for children and families are enabled. Families are actively engaged in services, programs and decision making. 	<ul style="list-style-type: none"> A commitment to work towards universal, high quality integrated education, health and care service provision. Universal access to children's centres and related services as a vital route to family support. Integrated service delivery and agency partnerships are required to address multiple disadvantages. Programs are responsive to community need. Effective referral pathways linking education and health service deliverables.
ARACY Common Approach	Learning Positive Sense of Culture and Identity	Loved and Safe Healthy	Material Basics Participating
Outcomes	Child/ren	Families	Community
	All children are strong, healthy, confident and capable learners and can reach their full potential.	All families are strong and empowered as partners in their children's learning and development.	Community voice informs service provision in the integrated service.
	All children have a strong cultural identity.	All families have a voice and are active partners in the integrated service.	A strong Aboriginal workforce enables sustainable, local communities.

Objectives	<ul style="list-style-type: none"> • Increase access to high quality early learning experiences and environments • Expand equitable access to child health services • Progress children's healthy development with a focus on nutrition, physical activity, oral health, social and emotional wellbeing • Develop children's literacy and numeracy outcomes with 3a strategies across CFC programs • Increase early detection, intervention and appropriate support for children with health, developmental and learning concerns via ASQ Trak screening • Increase number of children successfully transitioning to school 	<ul style="list-style-type: none"> • Increase the capacity of parents and carers to nurture and support their child's healthy development • Extend support for vulnerable children and families with a focus on prevention and early intervention • Improve families' access to adult learning & community supports, activities and programs • Support parents and siblings of children with identified learning needs 	<ul style="list-style-type: none"> • Increase connections with and between families, the CFC service providers & the broader community • Increase opportunities for parents to engage in the Child and Family Centre integrated service activities by providing supported access • Increase service coordination, integration & responsiveness in active partnership with parents • Enhance workforce competence and service effectiveness in an inclusive environment • Increase service access for and engagement of marginalized groups • Enable parents to actively contribute in CFC's operations and directions • Increase children's participation in planning and decision making
Strategies	<ul style="list-style-type: none"> • Provide and assist with connections to quality early learning experiences. • Provide a developmental screening tool for use in CFC – ASQ Trak • Provide information and education for families, community members and centre staff about child development stages. • Connect families with Child Health and Parenting Services [Healthy under 5, Antenatal and Aus. Nurse Family Partnership] programs for health and developmental assessments. • Provide training for CFC staff around early identification of developmental and health concerns. • Targeted community activities and resources to reduce RHD vulnerability 	<ul style="list-style-type: none"> • Provide a range of information about available services and community facilities. • Establish family friendly community services/activities and facilities. • Provide community services, activities and facilities responsive to the needs of families. • Provide a range of parenting information/education programs. • Provide opportunities for volunteering, education/training pathways. • Community - led Reference Group providing local governance and decision making within the Child and Family Centre 	<ul style="list-style-type: none"> • Provide information to raise awareness of the health, development and learning needs of children and families. • Provide opportunities for community members to participate in the planning/governance of CFCs. • Create opportunities for community partnerships to occur. • Foster health promotion initiatives to address locally identified priorities. • Create opportunities for communities to celebrate achievements.

Indicators	<ul style="list-style-type: none"> • Increased attendance in high quality education and care programs • Increased exposure and dosage of 3a strategies [Literacy/Numeracy] • Increased immunisation statistics • Increases recorded in overall children's wellbeing and developmental milestones [AEDC vulnerability profile will reflect decrease] • Increased numbers of health checks • Decreased vulnerability with healthy weights/ oral health /skin /iron levels checks • Children's voice evident in decision making 	<ul style="list-style-type: none"> • Improved and informed provisions for young parents • Integrated service provisions for family wellbeing and children at risk • Reduced incidence of domestic violence rates • Reduced levels of smoking (in pregnancy & prevalence) • Increased normal birth weight figures • Parents report enhanced parental efficacy 	<ul style="list-style-type: none"> • Communities report they have new knowledge about the needs of children and families. • Communities report they have participated positively in the planning and governance of CFCs. • Communities report improvement in key priority areas • # of community members participating in information forums about the needs of children and families. • # of information forums held. • # of community members participating in planning forums and governance structures. • # of cultural events. • # of community celebrations.
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