

CHILD AND FAMILY INTEGRATED SERVICES BIANNUAL REPORT

July 2018 to December 2018



Maningrida, Arnhem Land, Northern Territory

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Background

In 2014, construction of five child and family centres (CFCs) funded by the Commonwealth Government was completed at Yuendumu, Maningrida, Ngukurr, Gunbalanya and Palmerston. In 2016, the Northern Territory Government completed construction of a sixth CFC at Larapinta Primary School and is currently establishing another at Tennant Creek with plans for a further 10 across the Territory over the next 3 years.

Child and Family Integrated Services use a place based planning approach is to ensure that children and their families (from pre-birth to five years of age) have access to quality integrated and culturally responsive programs and services in their local community to strengthen their health, wellbeing, education and care. The underpinning methodology for this work is Collective Impact.

CFC's also offer a soft entry point for vulnerable and disadvantaged children into preschool and school by engaging children and their families in quality, integrated early childhood education and care programs and services including Families as First Teachers. Each CFC is associated with a school and funded through the global school budget.

School principals manage the overall operation of CFC's in collaboration with the community. At each CFC site an Early Childhood Integrated Service Leader and an Aboriginal Coordinator work as a team to facilitate an integrated service delivery model by facilitating partnership and collaboration between government and non-government service providers and the community.

Child and Family Integrated Services Vision:

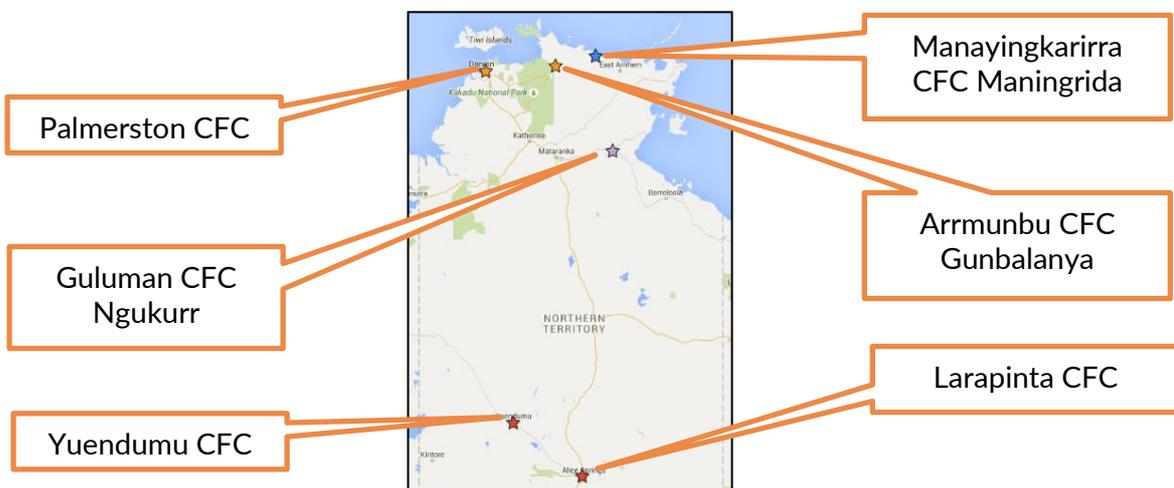
Families and communities support their children, pre-birth to five years of age, to have the best possible start in life and grow to be strong, healthy, safe, confident and capable learners.

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.

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

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.

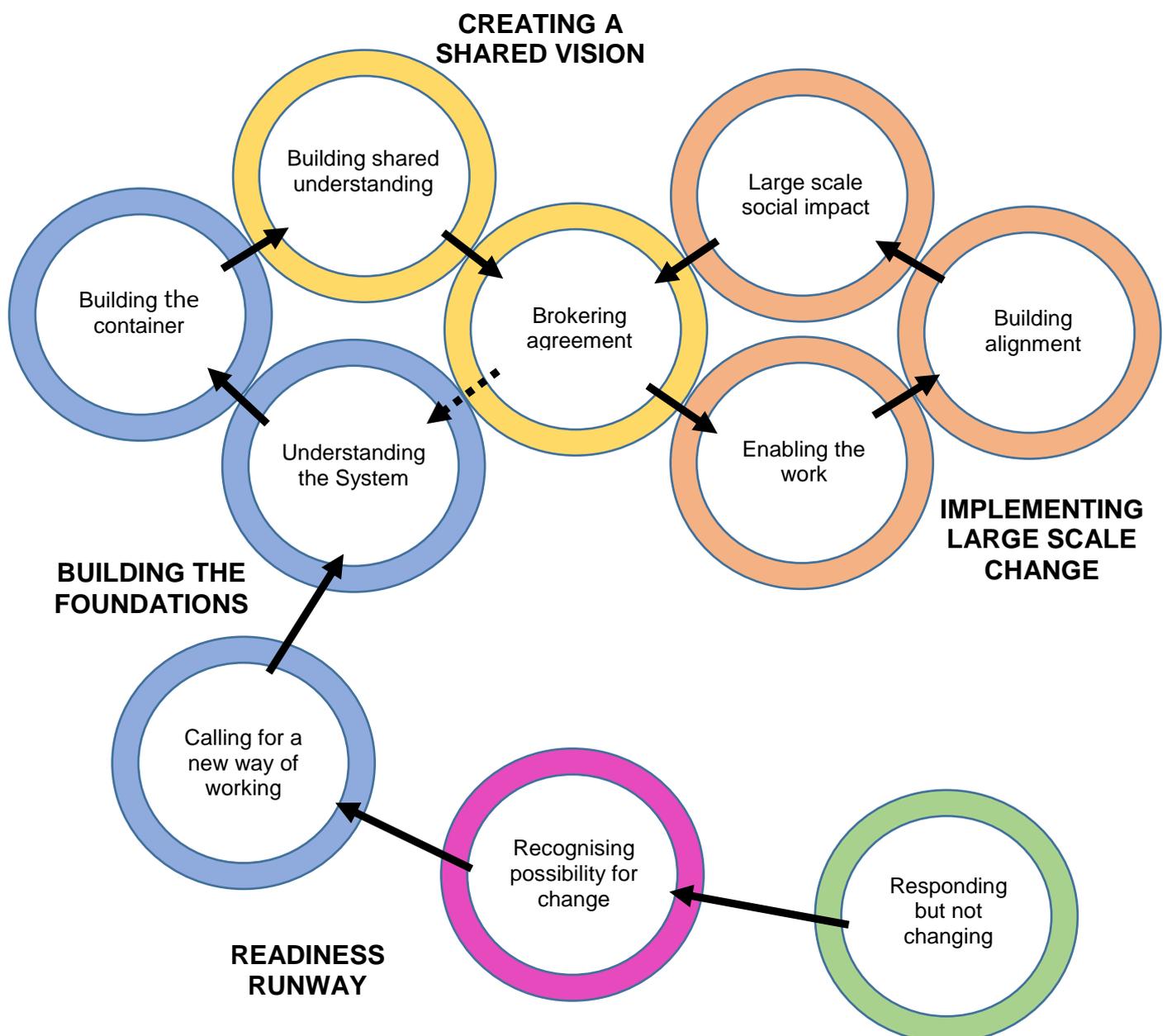
² Tamarack Institute https://cdn2.hubspot.net/hubfs/316071/Events/Multi-Day%20Events/Community%20Change%20Institute%20-%20CCI/2016%20CCI%20Toronto/CCI_Publications/Collective_Impact_3.0_FINAL_PDF.pdf

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 the phases and stages of an effective collaborative change process. The Cycle is both a descriptive guide and a planning tool that identifies the clear milestones for working collaboratively with complexity. Importantly, the Cycle integrates the core disciplines and skills required to make progress at each phase and stage, being:

- Leadership practice
- Collaborative design
- Community engagement
- Data 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 address 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



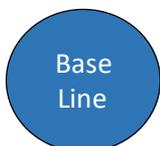
No significant change



Negative change



No data or only partial data available



First collection of data

MANAYINGKARRIRA CFC

CHILD AND FAMILY INTEGRATED SERVICE

MANINGRIDA



Maningrida Community Vision

Together we build stronger, healthier families respecting the rights and values of all cultures. We champion fairness, sharing two-way knowledge and celebrate diversity in a quality Education and Care Service.

Maningrida Community Population

Number of children

	0 - 1	1 - 2	2 - 3	3 - 4	4 - 5	Total
All	37	35	41	50	51	214
Male	21	22	27	23	31	124
Female	16	13	14	27	20	90
Indigenous	35	35	41	48	50	209
Non Indigenous	2	0	0	2	1	5

#214 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.

This will hopefully be finalised in Term 1 and pictorially developed to be on display and referenced in Term 2 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 visionary 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 is meets regularly and focusses on targeted program liaison to direct and enable innovation in the Education and Care Services provision.

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

The Community Led Grant (Reform Management Office) grant has engaged the holistic community response to addressing communal vulnerability to Rheumatic Heart Disease. Maningrida has the highest incidence levels than any other recognised 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				

Leadership: “Building shared understanding”

The Early Years Reference 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 agreements 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: “Understanding the system”

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

The Aboriginal Engagement Officers brokered 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 as 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.

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.

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 and Families (DHF) 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 to Territorians including:

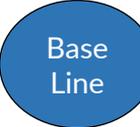
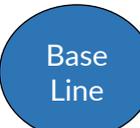
- children’s dentistry
- oral health promotion
- preventative dental examinations and cleans
- dental emergency, pain and trauma management

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.

MANINGRIDA INTEGRATED SERVICE OUTCOMES PROGRESS

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

	20 - 40% of children 0-5 are diagnosed with chronic health issues
	60-80% of children 0-5 have participated in all standard health screening and have an up to date immunisation record.
	Greater than 80% of children on track against the social competence and emotional maturity domains of the AEDC
	Greater than 80% of children are developmentally on track in the Ages and Stages Questionnaire (TRAK) domains: of Communication, Gross Motor, Fine motor, Problem solving and Personal-social.
	40 - 60% of children 3 - 5 participate in quality formal early learning programs at least 80% of the time

#171 under 5 years old have been seen by the Healthy Under 5 nurses out of 214 for the under 5 year’s population [79%].

Chronic rates for children under 5 years have decreased because of the inclusion of the Healthy Under 5 program.

36 children attended Crèche services Term 3 2018 over 10 week period, with 28 out of 36 classify as Aboriginal [78%]

41 children attended Crèche services Term 4 2018 over 9 week period, with 33 out of 41 classify as Aboriginal [81%]

Family Educator indicates children at FaFT are developmentally on track with the inclusion of the ASQ TRAK to identify children at risk earlier than later [preventative].

FaFT and Preschool attendance rates have declined in Semester 2 2018.

90% indicate the service is meeting expectations of an education and care service [survey of a select community sample]

Outcome 1: Case Story/Community Narrative

One example of this outcome includes Mother S indicating that she and her child have benefitted greatly from playgroup participation. This was described that this benefit has occurred due to FaFT staff explaining the developmentally areas of the ASQ TRAK and what normal development is in local language. Mother S has been able to reinforce developmental areas with her child by using Learning Game resources and using the Motor Space at the Child and Family Centre to develop fine and gross motor ability using designed program support from Bodyfit, who are visiting Exercise Physiologists.

This is one example of local empowerment and capacity building of parents/guardians to educate and take on their parent efficacy role.

What next for Maningrida?

Initiate conversations and partnerships across education, health and community services. Invite NT AEDC Manager to come to Maningrida and unpack the results with community. This will provide a common ground from which key stakeholders can work together to form partnerships to plan and implement activities, programs and services responsive to the needs of the community children. This initiative would be good to inform economic resources and distribute where most needed.

OUTCOME 2: All children have a strong cultural identity (measured by community survey)

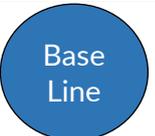
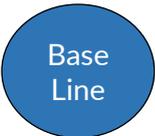
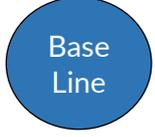
	60 - 80% of families indicate that their 0-5 children have a strong cultural identity.
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Aboriginal Engagement Officer conducted a small focus group with 10 participants at the Child and Family Centre to discuss cultural identity. 8 out of 10 indicated that their child had a strong sense of which they are [80%]

Outcome 2: Case Story/Community Narrative

The Child and Family Centre reflects the local context and culture with artefacts and paintings that identify the local Aboriginal culture. The environment is clearly connected to the community and it provides a welcoming feel to the Aboriginal culture. Community artists and children at the centre have been involved in the development of these aesthetic pleasing items.

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

	40 – 60% of families implement learning and development activities at home.
	Greater than 80% of families would seek assistance if they thought they needed it.
	FaFT Family Educators and other relevant staff indicate that greater than 80% of parents understand their children's learning and development needs.

#12 out of 14 participants indicated knowing where to seek assistance when required in a focus group scenario [85%].

#6 out of 10 participants indicated playing learning games or developmental activities at home [60%].

93% of a small survey sample indicated confidence in knowing what normal child development is and where to go or what services for any concerns.

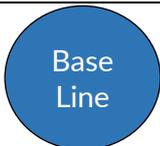
The focus group were asked the following questions:

1. Where or whom would you call if your child was showing signs of being unwell?
2. What would you do if your child wasn't speaking by 2 years old?
3. What's the program at the Child and Family Centre where mums and children learn together?

Outcome 3: Case Story

A mother who attends FaFT shared that on the weekends she plays “Show 1, 2, 3” on the beach with her 3 year old daughter. She does this using shells, and her daughter can make the collections confidently and count using 1:1 correspondence.

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

	40 – 60% of families are represented in engagement activities.
	40 - 60% of families have active participants in programs.
	Greater than 80% of families believe that they contribute to decision making.

90% of sample survey participants indicated involvement in decision making and contribution to their child's learning at the Child and Family Centre. 51% of community families are represented and/or have active engagement in programs [84 out of a possible 163].

Outcome 4: Case Story

A mother whose four year old child attends child care indicated she was happy with working with educators regarding her son. She expressed the educators were approachable, knowledgeable and really cared for her son. The mother said a suggestion box, feedback forms and verbal communication is always encouraged and well received by educators at the Child and Family Centre.



OUTCOME 5: Community voice informs service provision in the integrated service

 Data Gap	40 – 60% of the general population are represented in engagement activities.
 Data Gap	40 – 60% of the general members of the community believe that they contribute to decision making.
 Base Line	Local governance groups organisations and/or programs that are governed by local community members have good input.

Focus group with key stakeholders indicated a 40 – 60% of the Maningrida population are represented in engagement activities.

Outcome 5: Community Narrative

The cultural complexities of the 13 clan groups and diverse language groups make Maningrida a multi-layered environment with challenges to be truly inclusive of all.

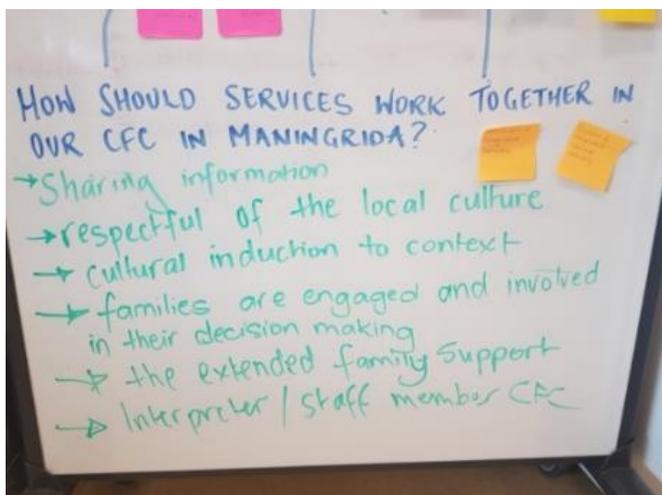
Targeted outreach and creative thinking for service delivery to capture the group/s not engaged is needed. The collective have identified this as a task for 2019.

The revised Early Years Reference Group and Maningrida School Council Inc. (which share common participants) regularly meet and keep abreast of Child and Family Centre developments and decisions are made by the collective.

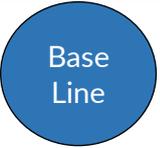
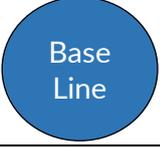
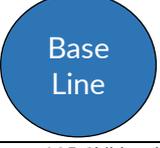
Where to next?

Invigorate the Outreach Trailer program around community which takes service provision to groups around the community who don't necessarily engage in the Child and Family Centre.

It's an initiative that recognises the Aboriginal culture and doesn't require people to come to the service (the bricks and mortar), the service comes to them.



OUTCOME 6: A strong Aboriginal workforce enables sustainable local communities

 <p>Base Line</p>	60 - 80% of employees across all service providers are Aboriginal.
 <p>Base Line</p>	20 - 40% of Aboriginal employees have formal qualifications
 <p>Base Line</p>	20 - 40% of Aboriginal employees are actively working towards a relevant formal qualification

20 out of 25 Child and Family Centre employees are Aboriginal [80%].

5 out of 25 Child and Family Centre employees have formal qualifications [20%].

8 out of 25 Child and Family Centre employees are actively working towards a relevant qualification [32%].

Outcome 6: Community Narrative

The Child and Family Centre 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.

