

Maningrida Child and Family Integrated Services Annual Report

January 2020 to December 2020



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Acronyms	Full form
AEDC	Australian Early Development Census
ASQ-TRAK	Ages and Stages Questionnaire -TRAK
ECEC	Early Childhood Education and Care
FaFT	Families as First Teachers
NT	Northern Territory
RECIS	Remote Early Childhood and Integrated Services
RHD	Rheumatic Heart Disease
SCfC	Stronger Communities for Families

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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

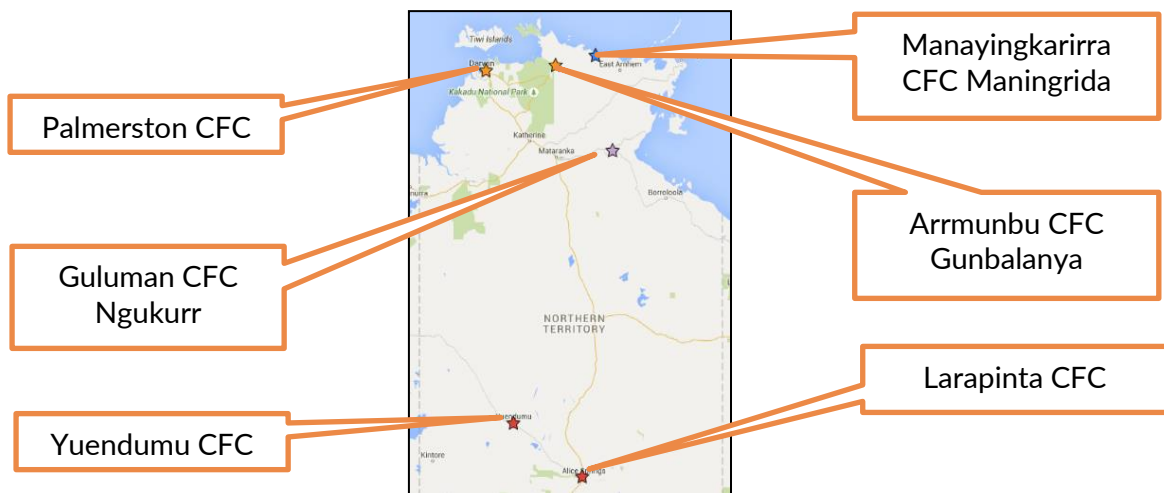
Families and communities support their children, pre-birth to five years of age, to have the best possible start in life and grow to be strong, healthy, safe, confident and capable learners.

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.

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%20Publications/Collective_Impact_3.0_FINAL_PDF.pdf

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.

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, measurement and innovation.

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



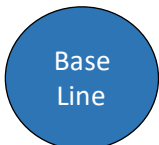
No significant change



Negative change



No data or only partial data available



First collection of data

MANAYINKARIRRA

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

Maningrida is one of the largest Aboriginal towns in the Northern Territory. It is 500 km east of Darwin, and 300 km north east of Jabiru. It is on the North Central Arnhem Land coast of the Arafura Sea, on the estuary of the Liverpool River. At the 2016 census, Maningrida and its outstations had a population of 2,366, which included 309 people living on the 30 homelands (outstations) around Maningrida.

Number of children

	0 - 1	1 - 2	2 - 3	3 - 4	4 - 5	Total
All	31	25	35	34	47	172
Male	11	13	22	18	29	93
Female	20	12	13	16	18	79
Indigenous	31	24	32	33	44	164
Non Indigenous	0	1	3	1	3	8

#172 is provided in partnership with Maningrida Clinic and is a total cohort [including Outstations children].

Maningrida Collective Impact

Manayingkarirra Child and Family Centre has spent a significant amount of time developing strong relational trust with key stakeholders using the centre regularly and opening up dialogue with less frequent participants, to create an authentic shared understanding and discourse of community issues impacting 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 (Attachment 1). Constructed on the NT Child and Family Integrated Services Outcomes Framework. Community participants have unpacked the document to create a place-based version with key aspirations for Maningrida.

The Integrated Services Outcomes 2020 report for Maningrida reflects the outcomes and localised indicators from this document.

Back Bone & Container for Change

The beginning of 2020 saw one of our Aboriginal Engagement Officers move into the Integrated Services Leader position, with the other Aboriginal Engagement Officer moving from a 0.5 position to a full-time position. One of the most significant changes that was made by the Integrated Services Leader was the restructuring of the Community Reference Group. This current group reflects an authentic cohort of relevant community members from different language and clan groups and also encompasses all key stakeholders from within the community. This new group also includes the Regional Director from the Department of the Chief Minister and Cabinet, as the secretariat. Some members of the Community Reference Group are also part of the School Council, providing continuity between the two groups.

Common Agenda & Community Aspiration

Common understandings and visions are developing with the Community Reference Group and key stakeholders with consistent and open communication to share and develop a joint approach to community issues, focusing particularly on children from 0-5 years in the Maningrida Community (which also extends to the Homelands). Alliances are strengthening with the Malala Health Services – Stronger Communities for Children (SCfC) at Maningrida. Targeted liaisons are ensuring economic efforts are distributed and supporting key community needs.

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 personalised plans to best aide the family needs.

Shared Measurement & Strategic Learning

Access to up-to date, and relevant data, shared between organisations is at the forefront of the decision making process for the 0-5 cohort of children in Maningrida. This data includes, but is not limited to, Ages and Stages Questionnaire (ASQ)-TRAK, Australian Early Development Census (AEDC), and relevant data from Malala Health Services.

With key stakeholders being a part of the Community Reference Group and being involved in open discussions about the 0-5 cohort in Maningrida, there is a genuine shared understanding about the openness to share relevant data with other organisations. This shared understanding between organisations will continue to strengthen as the Community Reference Group grows in capacity through 2021. Maningrida is fortunate to have a collective group that are working together to share data in the efforts of making Maningrida a better place for our focus group of 0-5year children.


















Continuous Communication & Community Engagement

The current Community Reference Group have reflected on key decisions impacting on 0-5's and their families and included information from community, and the data to ensure that the direction forward is both transparent, and benefits the children of our community. As the members of this group are also working in roles as key stakeholders within the community, this information is then filtered back to each organisation. Regular meetings, both formal and informal with service providers such as Malala and Territory Families are occurring to ensure that information is kept up to date.

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.

Manayingkarirra Collaborative Change Cycle Progress

	LEADERSHIP	COLLABORATION	COMMUNITY	MEASUREMENT	INNOVATION*
Achieving transformation					
Scaling up					
Creating a shared vision	  	 	 		
Building the Foundations				  	
Readiness Runway					

*Innovation domain added in 2020

2018



2019



2020



Leadership

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 has become a pictorial representation in the CFC foyer; with stakeholders abiding and advocating the implementation of this critical document.

Community

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

In relation to understanding the system we are working through 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.

Measurement

We are currently using community data sets to unpack and prioritise community needs. AEDC, Health statistics and attendance/engagement numbers have been instrumental in 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.

Innovation

Without doubt, the restructuring of the Community Reference Group has been the most significant aspect of innovation as this group now forms the nucleus for all matters involving the 0-5 cohort within Maningrida (including the Homelands). Previously, the Reference Group were utilised primarily in regards to decisions on funding for the Community Grant money, however, at the beginning of this reporting period the Community Reference Group have now become much more integrated in the whole process, enabling this group to have more autonomy and a stronger voice across all aspects of the 0-5 age group, which then feeds back into the stakeholder organisations in Maningrida, and the broader community.

What next?






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 Integrated Service Leader and Aboriginal Engagement Officer will lead this piece of work and encourage community members to participate and have a voice. These two local staff members 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.

Australian Early Development Census 2018 Profile

2 in 3 children vulnerable in 2 or more domains





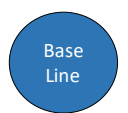

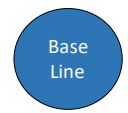
Proportion of children who were developmentally vulnerable by domain

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%

Maningrida Child and Family Integrated Service Outcomes Progress

Measurable Change	OUTCOME 1: All children are strong, healthy, confident and capable learners and reach their full potential
 2019	76% - 100% of families report increased attendance in high quality education and care programs
	80% - 90% of children 0-5 have participated in all standard health screening
 2019	51% - 75% of families report increased exposure and dosage of 3a strategies
	96% of children 0-5 have an up to date immunisation record
 2019	51% - 75% of families report improved maternal, relational and child health markers during prenatal and postpartum pregnancy continuum

2019 – Represents data captured in 2019 as we were unable to conduct family and community surveys during the 2020 reporting year.

Outcome 1: Community Narrative

Average Daily Attendance in Core Programs at CFC

Year: 2020	Crèche (Long day-care)	FaFT Playgroup	Preschool
Term 1	15	20	20
Term 2	15	6	6
Term 3	18	6	4
Term 4	18	12	15

Attendance data reflects the effects of COVID-19 on schooling, particularly across FaFT and Preschool during terms 2 and 3. Interestingly, numbers in Crèche were not affected, presumably due to working parents still requiring the service and the fees being waived. *Healthy Under 5* utilisation data indicates a steady presentation from community members with immunisations and standard health screening services.

Special Days and Events Calendar 2020

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 newsletter, distributed towards the end of each term, allows additional opportunity to pass onto families and services any information regarding the centre's activities and operations and also highlights the services that utilise the CFC.

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.

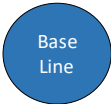
Healthy Under 5's Services

In 2020, Maningrida's *Healthy Under 5* paediatric nurses maintained service provisions for the full 12 months (nine months of the 2019 reporting year). Having a nurse based at the CFC on a daily basis throughout the year has greatly contributed to continued family engagement and further cemented the value of the CFC towards the 0-5 years cohort in Maningrida. Many families reported that the fact that there is a nurse based at the CFC has significantly impacted on them maintaining regular health checks as most families prefer not to visit the clinic due to long wait times and varied staff whom they do not have a connection with. We also have 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.

Statistics from the 2020 reporting period show the following:

- Fully immunised children by age (months) and percentage immunised;
 - Six to 11 months: 96%
 - 12 to 23 months: 96%
 - 24 to 71 months: 88%.
- 82% of children were measured for anaemia, with only 5% showing signs of anaemia at their last examination.
- On average key consultation topics range from: immunisations, growth faltering, developmental screening, skin checks, Rheumatic Heart Disease recall, and anaemia and skin checks.
- 90% of children were measured for weight, with only 5% being underweight.

It is also worth noting that 92% of all immunisations were on time. Further to this, data it is worthy to note that 92% of children aged one to 12 months in Maningrida received immunisations on time, whereas the NT average is 78%.

Measurable Change	OUTCOME 2: All children have a strong cultural identity (measured by community survey)
 2019	76% - 100% of families indicate that their 0-5 children have a strong cultural identity

2019 – Represents data captured in 2019 as we were unable to conduct family and community surveys during the 2020 reporting year.

Outcome 2: Community Narrative

As per the data provided in 2019:

- 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.

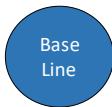
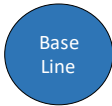
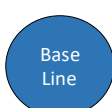
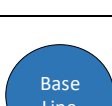

Markers of cultural identity were identified from the Aboriginal Coordinators and these were discussed and shared amongst CFC personnel and senior community members to collaborate and reach agreement that these indications were mutual amongst community members. Indicators of cultural identity labelled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



Baby Smoking Ceremony

Under 8's Day

Cooking Mud Mussels

Measurable Change	OUTCOME 3: All families are strong and empowered as partners in their children's learning and development
 2019	76% - 100% of community reports improved and informed provisions for young parents
 2019	76% - 100% of families report enhanced parental efficacy
 2019	76% - 100% of community reports they have new knowledge about the needs of children and families
 2019	76% - 100% of community indicates participating in information forums about the needs of children and families
 2019	76% - 100% of community reports partaking in planning forums and governance structures of the CFC

2019 – Represents data captured in 2019 as we were unable to conduct family and community surveys during the 2020 reporting year.

Outcome 2: Community Narrative

As per the data provided in 2019:

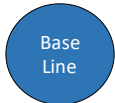
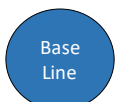
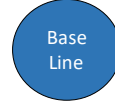
- 83% of sample survey participants indicate improved and informed provisions for young parents.
- 87% of sample survey participants report enhanced parental efficacy.
- 92% of sample survey participants report they have new knowledge about the needs of children and families.
- 92% of sample survey participants 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.



Measurable Change	OUTCOME 4: All families have a voice and are active partners in the integrated services
 2019	51% - 75% of community reports cultural richness and competence amidst celebrations, events and resource development
 2019	76% - 100% of community reports integrated service provisions for family wellbeing and children at risk
 2019	76% - 100% of community reports children's voice evident in decision making

2019 – Represents data captured in 2019 as we were unable to conduct family and community surveys during the 2020 reporting year.

Outcome 4: Community Narrative

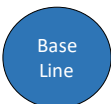
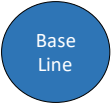
As per the data provided in 2019:

- 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.

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; and
- foster a variety of short and long term community initiatives to improve local conditions for children and families.

Measurable Change	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)
 Base Line 2019	51% - 75% of community reports improvement in key priority areas
 Base Line 2019	51% - 75% of community reports they have participated positively in the planning and governance of the CFC

2019 – Represents data captured in 2019 as we were unable to conduct family and community surveys during the 2020 reporting year.

Outcome 5: Community Narrative

As per the data provided in 2019:

- 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/Mala'la Collaboration

In 2020 the Maningrida Child and Family Reference Committee has been restructured to more accurately and authentically reflect the diverse language and clan groups of Maningrida, while also including representatives from all relevant stakeholders.

Localised Outcomes Framework Story – Fresh and Saltwater Turtles

The 2020 Outcomes Report is the second year of reporting against localised outcomes and priorities for Maningrida community and service integration alike. The visual representation of this is has been completed and is on display in the foyer of the CFC at Maningrida.



Measurable Change	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
	26% - 50% of Aboriginal employees are actively working towards a relevant formal qualification

Outcome 6: Community Narrative

As per the data provided in 2020:

- 19 out of 20 CFC employees are Aboriginal [99%]. Increased from 77% in 2019.
- Five out of 20 Child and Family Centre employees have formal qualifications [25%]. Increased from 19% in 2019.
- Three out of eight Child and Family Centre employees [working in regulated service provision] are actively working towards a relevant qualification [37.5%]. Decrease from 70% in 2019.

A success story of developing a strong Aboriginal workforce has been the Maningrida CFC Aboriginal Engagement Officer successfully winning the role of the Early Childhood Integrated Services Leader position. The Aboriginal Engagement Officer has been involved with the Maningrida CFC for some years and through support from the Department of Education successfully won the position of Early Childhood Integrated Services Leader in 2020. It was through the support from leadership and capability building opportunities the Aboriginal Engagement Officer was able to identify development opportunities to act in higher duties.

The CFC prides itself on utilising and building capacity of local Aboriginal community members. Both the Integrated Services Leader position and Aboriginal Engagement Officer positions are filled by local Aboriginal women. The authentic development of the women in these positions 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. Due to restrictions during this year, formal training has been non-existent. 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 Next in 2021? Ensuring 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

In 2020 the Maningrida Child and Family Reference Committee has been restructured to more accurately and authentically reflect the diverse language and clan groups of Maningrida, while also including representatives from all relevant stakeholders. This group will become more active and influential in 2021.

Outreach Playgroup Services – Flexible Service Delivery

Due to the Pandemic, and restrictions on social distancing, this aspect of the program was not active during the 2020 reporting period, discussions are already underway to have this operational during 2021.



Attachment 1 - Localised Outcomes Framework

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	Learning	Loved and Safe	Material Basics
Common Approach	Positive Sense of Culture and Identity	Healthy	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

<p style="text-align: center;">Strategies</p>	<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.
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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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