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**COMMUNITY  
STRATEGIC PLAN  
2022-2026**

**Communities for Children North West Adelaide**

# COMMUNITY STRATEGIC PLAN

Families and Communities Program

Communities for Children Facilitating Partner

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## Overview

The Community Strategic Plan (CSP) is developed by the Communities for Children Facilitating Partner (CfC FP) and Communities for Children Committee and sets out a broad vision for the service area, identifying community needs, priorities and key outcomes.

The CSP is organised into six sections:

1. Communities for Children Facilitating Partner's Details
2. Community Needs Assessment
3. Community Engagement
4. Service Area Vision
5. Priority Areas
6. Key stakeholders

It identifies the key strengths, needs and service gaps in the community, considers ways to improve coordination and collaboration, outlines priority areas and strategies to address need and improve outcomes for children and families, and identifies key community stakeholders.

The CSP builds on the extensive knowledge that Facilitating Partners (FPs) and their Committees have gained in working with their communities, often over long periods of time. It will consider opportunities for everyone in the community to work together to achieve true change in outcomes for children and families. This includes community members, service providers, governments, non-government organisations, researchers and evaluators, and business.

The development of the CSP presents an opportunity to critically reflect on the strengths of local communities, as well as any opportunities, challenges and emerging needs.

The CSP is a dynamic document that should be reviewed as new data becomes available or as you become aware of changing needs within the community. It should inform the development of Activity Work Plans.

**UnitingSA's CSP** aligns with the [Families and Children Activity Outcomes Framework](#) and the CfC FPs objectives. It has been developed in conjunction with our CfC Committee.

The CSP is also informed by the following documents:

- [Families and Children Program Guidelines Overview](#)
- [Communities for Children Facilitating Partner Operational Guidelines](#)
- Your Communities for Children Facilitating Partners Grant Agreement
- [Families and Children Access Strategy Guidelines](#)

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## 1. Communities for Children Facilitating Partner's Details

### Facilitating Partner Details

Service Area Name	North West Adelaide
FP Name	UnitingSA
FP Contact Name	Angela De Conno
FP Contact Title	Manager, Child, Youth and Family Services
Address	58 Dale Street, Port Adelaide
State/Territory and Postcode	SA 5015

### Community Strategic Plan

Date Communities for Children Committee agreed to Community Strategic Plan	01/04/2022
Name of Facilitating Partner Authorising Officer	Angela De Conno
Signature of Facilitating Partner Authorising Officer	<i>Angela De Conno</i>

### DSS Use

Date of Submission to DSS	01/04/2022
Date of DSS approval	29/04/2022
DSS Delegate Name	Christy Crilly
DSS Delegate Position	Funding Arrangement Manager
DSS Delegate Signature	<i>Christy Crilly</i>

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## 2. Community Needs Assessment

This section describes the key needs of children and families experiencing vulnerability and disadvantage in the targeted community, as well as current services and service gaps within our service area. Multiple sources of information have been drawn upon to provide a profile of this community's demographics and social issues. Practice wisdom has also been drawn upon.

UnitingSA has acquired a wealth of knowledge, networks and resources to support the local community in this CfC place-based approach to community development, since its inception. As such, we have much human capital, corporate knowledge and strengths.

As a Facilitating Partner (FP), we aim to provide support to the local community by partnering with community services to deliver funded programs and supports as well as build the capacity of the community through community participation and voice, and advocating for sector and systems improvements to better support a coordinated service system.

A range of methodologies has been utilised to build a current picture of the status of families and communities in the North West region. This includes:

- a) Reviewing available data sets to build a community profile
- b) Engaging a consultant to facilitate co-designing a vision for the future
- c) Developing a service map reflecting existing services and potential gaps; and
- d) Reviewing North West Adelaide (NWA) CfC program data

Since the last Strategic Plan 2015 there have been significant changes in our community which have impacted the way we interact and provide services – namely the impact of COVID-19 pandemic. The global experience of COVID-19 has profoundly changed the social and economic situation for Australian households<sup>1</sup>.

### Community Profile:

The North West CfC region encompasses the Cities of Charles Sturt and Port Adelaide Enfield.

According to the ABS (2016) the **City of Charles Sturt** has a population of 111,759 residents. The demographic profile of this community includes:

- 20% children and young people under 18 years
- 1.4% Aboriginal and Torres Strait Islander people
- 33.5% of population are culturally and linguistically diverse comprising 25% from European countries and 8.5% from India, China and Vietnam

<sup>1</sup> Household Impacts of COVID-19 Survey, June 2021 | Australian Bureau of Statistics ([abs.gov.au](https://abs.gov.au))

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Suburbs rated lower than the state in relation to Socio-Economic Index for Areas include:

South Australia	979
Hindmarsh, Bowden, Brompton, West Croydon, Renown Park	968
West Woodville, Royal Park, Albert Park, Woodville South	964
Woodville, Kilkenny, Woodville Park, Woodville North	930

An analysis of the Australian Early Development Census (AEDC) data between 2012 and 2018 showed significant developmental vulnerability in more than one domain in the following suburbs:

Suburb	Domains				
	Physical Health and Wellbeing	Social Competence	Emotional Maturity	Language and Cognitive Skills	Communication and general knowledge skills
Allenby Gardens/Beverley	X	X	X	X	X
Athol Park		X		X	X
Brompton	X	X	X	X	X
Findon		X		X	X
Kilkenny *					X
Pennington *					X
Royal Park-Hendon	X	X	X	X	X
Seaton		X		X	X
West Croydon		X	X	X	X
Woodville North		X	X	X	X
Woodville Park			X		X
Woodville South	X	X			
Woodville West	X	X		X	X

*\*Suburb considered by UnitingSA developmentally vulnerable despite only one domain indicating so and/or lack of data has impacted the results*

AEDC (2021) data shows significant increase in one or more development vulnerability domain in the suburbs of Pennington, Woodville, Allenby Gardens/Beverley, Athol Park, Flinders Park and Hindmarsh (see Appendix 2).

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According to the ABS (2016) the **City of Port Adelaide Enfield** has a population of 121,230 residents. The demographic profile of this community includes:

- 22% children and young people under 19 years
- 2.3% Aboriginal and Torres Strait Islander people
- 30% of population are culturally and linguistically diverse comprising Italian, Vietnamese, Chinese, Indian, German, and Greek communities with the larger growth groups since 2011 being from Asia.

Suburbs rated lower than the state in relation to Socio-Economic Index for Areas include:

SA	979
Ethelton - Port Adelaide and District	970
North Haven - Osborne – Taperoo	949
Rosewater - Alberton – Queenstown	913
Croydon Park - Devon Park - Dudley Park	879
Ottoway - Gepps Cross and District	848
Ferryden Park - Mansfield Park and District	831
Kilburn - Blair Athol	809

An analysis of the Australian Early Development Census (AEDC) data between 2012 and 2018 showed significant developmental vulnerability in more than one domain in the following suburbs:

Suburb	Domains				
	Physical Health and Wellbeing	Social Competence	Emotional Maturity	Language and Cognitive Skills	Communication and general knowledge skills
Alberton-Port Adelaide-Queenstown		X		X	
Angle Park	X	X	X	X	X
Birkenhead-Peterhead				X	X
Blair Athol	X	X	X	X	X
Croydon Park-Devon Park-Dudley Park	X	X	X	X	X
Ethelton-Exeter-Glanville		X	X		X
Ferryden Park		X	X	X	X
Kilburn-Regency Park	X	X		X	X
Mansfield Park	X	X	X	X	X
Rosewater	X	X	X	X	X
Taperoo-Osborne*	X	X		X	X
Woodville Gardens	X	X	X	X	X

\*Suburb not in the CfC geographic region

AEDC (2021) data shows significant increase in one or more development vulnerability domain in the suburbs of Woodville Gardens, Ottoway/Wingfield, Alberton/Port Adelaide/Queenstown, Angle Park, and Kilburn/Regency Park (see Appendix 1).

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Data from research findings by the Early Intervention Research Directorate (EIRD) in 2019 highlighted the need to reduce and prevent children entering the child protection system, issues identified:

- Increase in child abuse reports (2013-2018), and number of young people in out of home care – more than 30% of children re-notified by age 5.
- Over-representation of Aboriginal children at every level of the child protection system, comprise over one-third of OOHC clients; and experienced more risk factors for child abuse due to impact of socio-economic disadvantage
- Multiple complexities reported by families including family violence, mental health and drug/alcohol issues.
- Young parents (women under 20 and men under 25 years) had more interface with child protection system when first child pregnancy.
- Families of infants at risk – first 1000 days are critical; 40 percent of reports within first year of life were made by health professionals

### Community Consultations

Throughout 2021, 252 community members (including 94 children) were consulted regarding the needs and aspirations for the region, and seven key issues/areas emerged:

1. **Participation:** voice and decision-making as well as community involvement
2. **Basic material needs**
3. **Education:** at all levels, supporting transitions and learning
4. **Safety:** safe community and relationships
5. **Health** including mental, emotional and physical health
6. **Culture and identity:** all groups are included
7. **System issues:** coordination, quality, locations, capacity/resourcing

The need for increased resourcing to support people with mental health concerns has been highlighted throughout consultations, across all groups, as well as data regarding mental health presentation to hospital Emergency Departments (EDs).

In the Western region, almost 2,000 presentations to hospital EDs for patients' experiencing a mental health episode highlights the need for targeted mental health services and supports for all community members (Social Health Atlas, 2021).

### Our intended outcomes of this Strategic Plan will include:

- A stronger and better resourced sector that can respond to diversity in a trauma-informed and culturally-sensitive manner
- Increased services provided and accessed by targeted disadvantaged cohorts
- Increased awareness and early intervention to reduce impact of vulnerability
- Increased voice and participation influencing local decision-making



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Gaps in services for the North West region have been identified through service mapping, consultations and review of CfC activities. These include:

- Mental health and wellbeing services for families
- Early intervention programs and services that reduce the risk of child protection, domestic violence and alcohol and other drugs impacting children and families
- Culturally safe services for First Nations people that are trauma-informed and offered by mainstream agencies as well as Aboriginal-led agencies
- Services targeting and supporting culturally and linguistically diverse people
- Male and father-friendly programs and services
- Social and recreational activities for children and families
- Increased resources to support people in need of food, emergency supports and other financial wellbeing services
- Case management services

These gaps will be addressed in the Strategic Plan through collaboration with other services through provision of CfC funding to new and existing Community Partners (CPs) to specifically design and deliver services addressing these gaps. Furthermore, the FP will continue to plan and influence stakeholders such as local government to deliver services, advocate to government regarding the need for resources to service these gaps, and support collaborative tendering among local stakeholders.

Continued identification of service gaps throughout the life of the CfC Strategic Plan (2022-2026) will take place through review of data and trends for the region, collaboration and communication with local networks and stakeholders, and regular service landscape reviews. This approach will enable responsive service planning and delivery as well as advocacy at a systems level.

Identified gaps will be addressed through pilot or seed funding (small grants program within CfC) and/or negotiation with CPs and other local services on program planning.

Where additional resources and stakeholders are needed to address service gaps, a systems advocacy approach engaging with government (for example) will be implemented.

The CfC FP will highlight emerging needs and trends to the Consultative Committee, engaging them in collaboration, re-design, seeking resources and collaboration with other stakeholders such as government.

The risk of not addressing all of the above needs and issues is:

- Children entering the child protection system would be adversely impacted,
- Additional resources will be required to support those experiencing mental health issues,
- Services may not meet the needs of the community, and
- The level of vulnerabilities and complex issues people are living with increase and compound further.

All of the above issues will contribute to a further breakdown in community wellbeing and connectedness.

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While a broad overview has been provided regarding gaps in services and needs within the North West service area, there are also great strengths and assets. Many of our vulnerable community members, despite their complexities, demonstrate resilience and entrepreneurship in navigating barriers, services and life challenges including, but not limited to:

- Aboriginal and Torres Strait Islander communities demonstrate strength in culture and diversity, often celebrating these through events and community gatherings, personal and collective successes, language increasingly becoming known and shared, and an openness and commitment to reconciliation
- Culturally and linguistically diverse communities build informal and formal associations to support one another
- Services and the sector, who show expertise, a passion for inclusion and human rights, individual and systems advocacy, and deliver programs and services seeking to support vulnerable people. There is also a range of consortiums and alliances that seek to collaborate for better client outcomes
- Local government infrastructure that connects people locally to resources, facilities and activities supporting community participation
- State and federal governments that resource business, services and community through funding, programs and legislation enabling stability, security and safety
- A community that genuinely supports those in need through volunteerism, donations and community connections
- Community spirit that is reflected in people, places, associations, activities and all that we do
- Children and young people who bring light, laughter, ideas and aspirations to inspire and support our community.

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### 3. Community Engagement

This section outlines the community engagement strategy for our service area. It describes who will be engaged and why, as well as how community will be engaged to ensure ongoing participation. It also describes anticipated challenges or barriers foreseen in engaging with particular groups or individuals and the strategies that will be used to try to overcome them.

Broad community engagement brings valuable, representative voices to the decision-making and is an important aspect of strong local collaboration. CfC aims to engage with families living in areas of persistent disadvantage. The key vulnerable groups within the community that we view as a priority are:

- Aboriginal and Torres Strait Islander peoples,
- Culturally and Linguistically Diverse people, especially New Arrivals,
- Families living with mental health and wellbeing challenges, and
- Families at risk of child protection involvement.

Critical strategies to ensure that our engagement efforts are meeting current and emerging needs of these cohorts include:

- Demonstrating respect, genuineness, and empathy for all family members, as defined by the family
- Working to build trust with children and parents/caregivers
- Providing regular and appropriate opportunities/mechanisms for consultation and feedback
- Ensuring all our information is sharable and simple
- Through consultation with these cohorts and/or relevant service providers, identifying appropriate methods to specifically target these cohorts
- Through consultation with these cohorts and/or relevant service providers, identifying barriers to engagement (such as transport, hours of availability, communication methods etc.)
- Providing information on specific areas of interest to parents/caregivers. For example, relating to child development and behaviour
- Ensuring activities and supports are continued to be provided through school holiday periods
- Ongoing monitoring of the availability of early childhood activities (parents have expressed a general concern that without activities to attend, feelings of isolation increase and feel their children may not be fully supported to reach their full potential.

These strategies, alongside our expertise and collaboration with CPs, aim to ensure ongoing involvement with these key priority groups, so that community priorities and emerging needs can be reviewed and services adjusted to meet changes as required over the funding period.

We will engage with these cohorts to:

- Encourage collaboration and service integration,
- Explore innovation,
- Consult on activity design,
- Build enthusiasm for the agenda,
- Contribute to the sustainability of initiatives, and
- Evaluate progress and outcomes.

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We will effectively engage to ensure the voice of children and families in the North West is heard and incorporated. We will engage with individuals as well as family groups, directly with children, with particular neighbourhoods through pop-ups and events, schools, and other service systems.

Part of the FP's role is to build capacity within the sector thereby strengthening the local service system. Capacity building may include governance practices, stakeholder management, engaging with business, staff development, measuring outcomes, undertaking evaluations, sourcing and using evidence-based practices and programs. Engaging with providers, community, governments, businesses etc. will ensure we continue to develop governance strategies and pathways to action. This ultimately helps facilitate a common CfC agenda to build a more responsive local service system.

#### **UnitingSA's CfC engagement strategy includes the following:**

##### *1. Consultative Committee*

Representatives of the community that oversee the CfC Strategic Plan meet quarterly with main role to monitor achievement of KPIs and plan. The expertise of committee members may include information provision, service delivery, systems or policy focus, and consumer engagement. A committee comprising a mixture of stakeholder representation as well as expertise is a critical component of the future direction of North West Adelaide CfC. A representative from the Aboriginal community (via service providers) is currently being sourced to support the committee and Strategic Plan. This is resourced by us as FP. A schedule of meetings and review of Terms of Reference will better support this governance group.

##### *2. Community Partners (CP)*

Community Partners will meet regularly to share ideas, resources and continuous improvement opportunities with all other CfC CPs, supported by the FP. This provides a platform for discussion around opportunities or innovation as well as forum to elicit feedback regarding strategies for engagement of all stakeholders.

##### *3. Interagency approach*

This involves consultation with service providers through networks, forums and meetings to share good practice, and collect information regarding new and/or changing services/programs.

##### *4. Children's voice*

Children are a key stakeholder whose voices are fundamental to shaping our community and the design of activities. Key engagement methods include gathering information through fun, interactive activities. CPs would do this as part of their service delivery, while the FP would promote and support the annual 'Important to Me' activity that all schools and relevant stakeholders are invited to participate in.

Furthermore, regular consultations with parents/carers, children and community via events, activities, surveys and more enables community engagement.

##### *5. Culturally responsive practice*

Applying a cultural lens, stepping back and considering the cultural implications of policy and practice for all stakeholders is a significant aspect to our engagement approaches. This involves provision of cultural support and education to sector partners so that they would meet the needs of the parent, child and family.

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We will consult with participants to learn of their involvement and participation, and work through complexities or barriers as they arise.

#### 6. *Access/inclusion*

Specific strategies will be implemented for cohorts where inclusion can be an issue, such as for those living with a disability, LGBTQIA+ individuals, multicultural and Aboriginal communities. For example, working with organisations that are already engaging with these clients, or forming a network of community members to work alongside services and FP to deliver an engagement strategy. Engaging an organisation to support a consultation and engagement strategy with clients whose voices aren't adequately reflected through other engagement processes is also an option.

#### 7. *Businesses as a key stakeholder*

Aligning with local business is critical for the sustainability of the program, due to the nature of federal funding. Through our strong partnerships with local councils and other organisations, we aim to continue to engage businesses by partnering with local business networks and forums.

### **Possible challenges or barriers:**

#### 1. *COVID-19*

COVID-19 continues to impact service delivery including face-to-face collaboration and information interchange. Strategies to overcome associated challenges should include built with flexible service delivery, determining best service delivery for each group, and looking at different ways to still connect with and provide support to clients in need. COVID-19 risk management plans will be kept up to date at all times.

#### 2. *Participant engagement*

Barriers to engagement include access to transport, travel distance, and participants' own capacity to contribute to program (social isolation and confidence, child behavioural challenges, language, educational achievement). Strategies to remove such barriers include provision of skilled facilitators, creating welcoming and safe spaces, and engaging workers with lived experience and/or similar cultural experiences.

#### 3. *Maintaining consistent membership of the CfC Consultative Committee*

Some Consultative Committee members leave due to change in role or circumstances, being time poor or other reasons which presents a challenge. The current Committee is represented by parents/community members, managers from a range of children's services and non-government organisations and government agencies. These members are key to ensuring expertise is applied to the project.

#### 4. *Local business appetite*

Continuing to build and maintain engagement from businesses is also perceived as a challenge. We will aim to address this through contacts within local council with the intent to have a representative from, or link to, the business networks on the CfC Committee.

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To validate the governance processes and community engagement strategies, we will engage an evaluator to assess community feedback mechanisms and identify any gaps in communication and participation of particular groups. The evaluation should focus on how the mixture of strategies create better outcomes for families, efficacy of activities/programs, how these governance arrangements influence the prevention support systems and influence the outcomes for children and families within the service area.

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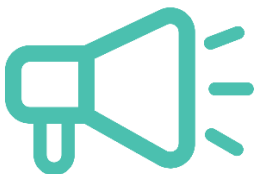
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## 4. Service Area Vision

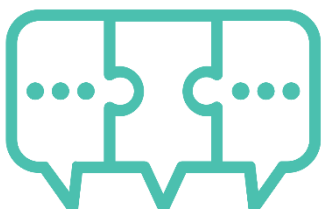
This section outlines our **vision** for the Service Area. Drawing on the community needs assessment and community engagement processes, the vision provides a clear and concise statement of the aspirations for the future of the service area.

A **child-friendly** community that is **inclusive and welcoming** of everyone, with safe spaces for children and families to **play, learn and connect**, so they have opportunities to reach their full potential.



A community that supports **local involvement** and **decision-making** enabling children and families to participate in and contribute their voices to local decisions, services and initiatives.

A vibrant community that enables all to flourish by having **access to services and supports** that meet their needs in an appropriate, safe, professional and timely manner.



An interconnected **community sector** that works **collaboratively** to ensure and advocate for a **well-resourced** and **coordinated system** that supports all people, especially those that are vulnerable, and respond to **emerging and changing needs** of the local community.

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The community acknowledges and **celebrates its strengths**, assets, resources and capabilities in relation to children and families as well as positive, **sustainable outcomes**.



A community that is **brave and open to learning** from the past, acknowledging the history and **intergenerational trauma** of our **First Nations** people, and working alongside Aboriginal and Torres Strait Islander peoples in the spirit of **reconciliation**.

A community that is **responsive** to external and internal variables and stressors such as global pandemics by building capacity, knowledge, strategies, and resources that mitigate risks, thereby increasing **sustainability** among services, people and outcomes.



A community that **prioritises health and wellbeing** among children and families including:

- **Healthy families:** supporting parents to care for their children before and after birth and throughout the early years;
- **Supporting families and parents:** support for parents to provide children with secure attachment, consistent discipline and quality environments that are stable, positive, stimulating, safe and secure;
- **Early learning:** provide access to high quality early learning opportunities in the years before school; provide early identification and support for children at risk of developmental and behavioural problems; assist parents with ways they can stimulate and promote child development and learning from birth; and
- **School transition and engagement:** support children and families to make a smooth transition to school and work with local schools to assist children and families with their ongoing engagement with school.





## 5. Priority Areas

Drawing on the Community Needs Assessment and Community Engagement strategy, the following priority areas have been identified by us and our community to achieve our vision.

### Priority Area One: Aboriginal and Torres Strait Islander community

#### Overview:

Aboriginal and Torres Strait Islander communities have strength and resilience in sustaining the world's oldest living cultures. However, the impacts of colonisation and intergenerational trauma continue to impact, with Aboriginal people being over represented in every system, are significantly disadvantaged and have poorer outcomes in relation to health, education and economic participation. They also experience racism and discrimination at a systemic and individual level, exacerbating their access to supports.

Furthermore, the western region of Adelaide has a higher proportion of Aboriginal and Torres Strait Islander communities than the greater Adelaide region as well as a large transient community from the APY Lands visiting and residing with family and community.

#### Why?

It is recognised that structural change in the way governments and community work with Aboriginal and Torres Strait Islander people is needed to address issues impacting on this community and to 'close the gap'<sup>2</sup>. Therefore, a targeted approach to deliver services, support mainstream agencies to build their cultural competence, and engage with the Aboriginal community in decision-making will enable the achievement of this priority area.

#### Outcomes:

CfC will support the achievement of outcomes that enable children and young people to thrive, adults to be empowered, families to flourish and communities to be more cohesive. Some of the anticipated outcomes of this program will include:

- Communities are safe and inclusive,
- Services are safe and inclusive,
- Positive parenting/caregiver practice,
- Strong connection to culture,
- Greater participation in decision-making,
- Positive development, and
- Positive engagement in education and training.

#### Goal 1: Provide culturally safe services to Aboriginal and Torres Strait Islander children and families (funded direct service delivery)

#### Strategies/activities include:

- Improving service delivery capability,
- Building community awareness,
- Engaging with other relevant service providers, and

<sup>2</sup> Closing the Gap Report 2020, <https://www.closingthegap.gov.au/resources/reports>

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## Priority Area One: Aboriginal and Torres Strait Islander community

- Engage and build parent/child capacity with Aboriginal and Torres Strait Islander people and their communities.

### **Outcomes for Aboriginal and Torres Strait Islander communities include:**

- Increased cultural understanding and support to engage with their own families and within community,
- Consistent engagement,
- Improved child/parent relationship attachment, and
- Increased knowledge and confidence to interact with agencies who can provide support.

We will collect information and measure outcomes through participant feedback pre and post-program, addressing circumstances, goals, satisfaction and SCORE.

### **Key stakeholders that will be critical for measure of success include:**

- Aboriginal support agencies,
- Key cultural leaders and Elders within the region,
- CPs, and
- Participants.

## **Goal 2: Develop community/sector capacity to better support Aboriginal and Torres Strait Islander children and families (FP)**

### **Strategies/activities include:**

- Collaborating with local stakeholders and cultural experts to develop and implement a cultural assessment tool across all non-Aboriginal CPs to support their engagement with Aboriginal and Torres Strait Islander communities,
- Working with government and non-government agencies to provide sector training and support to enable CPs/staff to better attract, support and service community members from this cohort, and
- Collaborating with local stakeholders to raise awareness of issues and opportunities faced by Aboriginal communities as well as support Reconciliation, for example via an event and/or campaign.



## Priority Area Two: Culturally and Linguistically Diverse (CALD) community

### Overview:

Culturally and Linguistically Diverse communities often face multiple barriers such as language, settlement and acculturation often impacting their access to services and participating in the community.

For CALD communities, navigating the typical developmental tasks of childhood and adolescence can be interrupted and impacted by the experience of unique challenges such as a lack of social supports, a sense of displacement, recovery from torture and trauma, discrimination and migration stress (Kaur, 2012)<sup>3</sup>. Therefore, for some, the experience of migration and settlement has been negative.

### Why?

There are insufficient services and supports for CALD communities, and current resources are often directed to support settlement however little incentive or support is provided for mainstream services to build their cultural competence and capacity to support this cohort. Therefore, a targeted approach to deliver services, support mainstream agencies to build their cultural competence, and engage with the CALD communities in decision-making and raising awareness will enable the achievement of this priority area.

### Outcomes:

CfC will support the achievement of outcomes that enable children and young people to thrive, adults to be empowered, families to flourish and communities to be more cohesive. Some of the anticipated outcomes of this program will include:

- Communities and services are safe and inclusive,
- Positive relationships,
- Positive parenting/caregiver practice,
- Safe at home and in the community,
- Strong connections to social supports and community,
- Strong connection to culture, and
- Greater participation in decision making.

### Goal 1: Provide culturally safe services to children and families from culturally and linguistically diverse backgrounds (Funded direct service delivery)

#### Strategies/activities include:

- Improving service delivery capability,
- Building community awareness,
- Engaging with other relevant service providers, and
- Engage and build on parent/child capacity with CALD and New Arrivals and their communities.

#### Outcomes for the CALD community include:

- Increased cultural understanding and support to engage with their own families and within the community,
- Consistent engagement,
- Improved child/parent relationship attachment,

<sup>3</sup> Kaur, 2012 - <https://aifs.gov.au/CfCa/publications/working-culturally-and-linguistically-diverse-cald-adolescents>



## Priority Area Two: Culturally and Linguistically Diverse (CALD) community

- Increased capacity and understanding of quality environments that are stable, positive, stimulating, safe and secure,
- Increased understanding to support their children into transition into quality early learning preschool and school, and
- Increased knowledge and confidence to interact with agencies who can provide support English as a second language, and adult literacy and numeracy assistance to support their child's development.

We will collect information and measure outcomes through participant feedback pre and post-program, addressing circumstances, goals, satisfaction and SCORE.

Key stakeholders that will be critical for **measure of** success include:

- Multicultural support agencies,
- Key cultural leaders within the region,
- CPs, and
- Participants.

### Goal 2: Develop community/sector capacity to better support children and families from culturally and linguistically diverse backgrounds (FP)

**Strategies/activities include:**

- Collaborating with local stakeholders and cultural experts to develop and implement a cultural assessment tool across all CPs to support their engagement of culturally and linguistically diverse communities,
- Working with government and non-government agencies to provide sector training and support to enable CPs/staff to better attract, support and service community members from this cohort, and
- Collaborating with local stakeholders to raise awareness of issues and opportunities faced by culturally and linguistically diverse communities, for example via an event and/or campaign.



## Priority Area Three: Mental Health and Wellbeing

### Overview:

In 2020-21 one in five (20%) Australians aged 16-34 years experienced high or very high levels of psychological distress<sup>4</sup>. Mental health effects and is affected by multiple socioeconomic factors, including a person's access to services, living conditions and employment status, and affects not only the individual but also their families and carers.<sup>5</sup> For many, mental illness effects are further compounded by co-morbidities such as alcohol and/or drug use.

The introduction of the National Disability Insurance Scheme over recent years has changed how mental health is resourced and supported for many individuals. So the mental health system has been in transition, whilst it is under-resourced to meet the growing needs of the community.

Furthermore, the recent experience of a global pandemic has impacted communities (children, adults and families) adversely in relation to their mental health. The restrictions imposed by government, the constant changes to work/play rules, requirement for vaccinations and working/schooling from home has placed families under immense stress.

### Why?

A stronger focus on building more resilient adults, children and communities regardless of their circumstances and mental health will enable demystifying and de-stigmatising mental health and building attitudes that support a positive approach to wellbeing. Therefore, a targeted approach to deliver services, support agencies to build their capacity to respond to mental health concerns, and engage with the lived-experience community in raising awareness and influencing local decision-making will enable the achievement of this priority area.

### Outcomes:

CfC will support the achievement of outcomes that enable children and young people to thrive, adults to be empowered, families to flourish and communities to be more cohesive. Some of the anticipated outcomes of this program will include:

- Positive mental health and wellbeing,
- Increased resilience,
- Positive relationships,
- Positive parenting/caregiver practice,
- Safe at home and in the community,
- Strong connections to social supports and community, and
- Greater participation in decision making.

<sup>4</sup> <https://www.abs.gov.au/articles/first-insights-national-study-mental-health-and-wellbeing-2020-21>

<sup>5</sup> <https://www.aihw.gov.au/reports/australias-health/mental-health>

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#### **Goal 1: Develop positive mental health and wellbeing among children, parents and families (Funded direct service delivery)**

##### **Strategies/activities include:**

- Improving service delivery capability,
- Building community awareness, and
- Engaging with other relevant service providers.

##### **Outcomes include:**

- Increased mental health education, building on information and resources available,
- Delivery of educational workshops providing strategies to maintain health and wellbeing within their family,
- Increased education and strategies to support children and families where one or more parents' have a mental health concern, and
- Increased education (strategies, information and resources) for parents and families where a child has a mental health concern.

We will collect information and measure outcomes through participant feedback pre and post-program, addressing circumstances, goals, satisfaction and SCORE.

Key stakeholders that will be critical for **measure of** success include:

- Mental health support agencies,
- CPs,
- Participants, and
- Other local stakeholders

#### **Goal 2: Develop community/sector capacity to better support children and families experiencing mental health and wellbeing challenges (FP)**

##### **Strategies/activities include:**

- Collaborating with local government and stakeholders to develop regular low/no-cost social recreational activities (after hours) for children and families to support active participation, healthy relationships and positive mental health and wellbeing,
- Working with government and non-government agencies to provide sector training and support to enable CPs/staff to better refer, and support community with mental health needs, and
- Collaborating with local stakeholders to raise awareness of mental health and wellbeing of children and families, for example via event and/or campaign.



## Priority Area Four: At risk of child protection involvement

### Overview:

We know that children are at most at risk of entering the child protection system within the first 1,000 days of their lives; where families are experiencing multiple vulnerabilities and complexities such as family violence, drugs and/or alcohol and mental health; and often where the parents are young. For Aboriginal children, this is worse with increased experience of risk factors due to socio-economic disadvantage and an over-representation at all levels of the system.

### Why?

State government is investing in direct service delivery to address these issues in the child protection system, however this CfC strategy seeks to complement current systems and service delivery with a stronger focus on early intervention. Therefore, a targeted approach to deliver early intervention services, support agencies to build their capacity to respond to child protection risk factors, and engage with the lived-experience community in raising awareness and influencing local decision-making will enable the achievement of this priority area.

### Outcomes:

CfC will support the achievement of outcomes that enable children and young people to thrive, adults to be empowered, families to flourish and communities to be more cohesive. Some of the anticipated outcomes of this program will include:

- Increased resilience,
- Positive relationships,
- Respectful relationships,
- Positive caregiver-child relationship,
- Positive parenting/caregiver practice,
- Safe at home and in the community,
- Strong connections to social supports and community, and
- Greater participation in decision making.

### Goal 1: Develop thriving family environments (Funded direct service delivery)

#### Strategies/activities include:

- Improving service delivery capability,
- Building community awareness, and
- Engaging with other relevant service providers.

Service delivery will focus on identifying key supports for families within the region who are vulnerable or at risk of adversity. Services will be underpinned by child development principles, holistic and trauma-informed approach, evidence-based, and culturally safe practices.

#### Outcomes include:

- Early identification of need by child protection authority,
- Provision of parenting support on building capacity and confidence within safe and secure spaces, for both the parent and the child,
- Structure of routines, safety, appropriate language for and by all,



## Priority Area Four: At risk of child protection involvement

- Structure of environments and spaces that welcome safe parent/child interactions/attachment, and
- Provision of resources and information to participants as required.

We will collect information and measure outcomes through participant feedback pre and post-program, addressing circumstances, goals, satisfaction, and SCORE.

### Key stakeholders that will be critical for measure of success include:

- Child protection support agencies,
- CPs,
- Participants, and
- Other local stakeholders.

### Goal 2: Develop community/sector capacity to identify and support families with developmental vulnerabilities (FP)

#### Strategies/activities include:

- Working collaboratively with government and non-government agencies to provide sector training and support to enable staff to:
  - Understand developmental vulnerabilities of children and family complexities,
  - Identify risks to children and families,
  - Understand Mandatory Reporting requirements,
  - Outline early intervention approaches to support families at risk, and
  - Provide resources and information about available supports for children, families and workers.
- Working with Aboriginal stakeholders to develop innovative culturally-safe activities and strategies that prevent children entering the child protection system, and
- Partnering with local stakeholders to raise awareness of the vulnerabilities of children, celebrating their strengths, and acknowledging parent/family supports.



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## 6. Key Stakeholders

The following table outlines the key stakeholders, collective networks, partnerships and initiatives that will need to be engaged to support the implementation of the CSP.

Key Stakeholder	How the stakeholder will be involved
Community Partners	Service provision
Consultative Committee (CfC)	Support development and implementation of CfC CSP
Funder – Department of Social Services	Support FP, and participate in Consultative Committee
UnitingSA	Referrals, service provision, FP (sector development)
Children in the western suburbs of SA	Consultation – key stakeholders whose voices are fundamental to the design of activities
Local government – Port Adelaide Enfield, City of Charles Sturt	Consultation, partnership and collaboration
Clients/participants	
Western Families Forum – convenor	
Paint the Town REaD	
Aboriginal Services and key cultural leaders and Elders	
Department for Child Protection	
SA Health	
Hospitals – Women’s and Children’s and Queen Elizabeth	
Child and Family Health Services (CaFHS)	
Mental Health Professional Network	
Child and Adolescent Mental Health Service (CAMHS)	
Department for Education including primary schools, Children’s Centres, Western Collective First 1000 Days	
NDIS	
Relationships Australia SA	
Anglicare SA	
Australian Refugee Association	
Government – federal and state	
Non-government agencies and networks	
Business community	
Networks – Aboriginal, Financial Wellbeing, Youth, Homelessness, Mental Health, Domestic Violence, Queer Youth Network etc.	
Others – any new/emerging groups	

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#### Appendix 1 – Table of AEDC data for Port Adelaide Enfield, SA and Australia (2021)

Port Adelaide Enfield community	Number of children	Number and Percentage of children developmentally vulnerable (N (%))							SEIFA score †^
		Physical health and wellbeing ‡	Social competence	Emotional maturity	Language and cognitive skills (school-based)	Communication skills and general knowledge	Vulnerable on <b>one</b> or more domains of the AEDC	Vulnerable on <b>two</b> or more domains of the AEDC	
<b>Australia</b>	305,015	28,341 (9.8%)	27,788 (9.6%)	24,271 (8.5%)	21,107 (7.3%)	24,064 (8.4%)	63,264 (22.0%)	32,718 (11.4%)	N/A
<b>South Australia</b>	20,251	2,023 (10.7%)	2,125 (11.2%)	1,950 (10.3%)	1,494 (7.9%)	1,622 (8.6%)	4,490 (23.8%)	2,411 (12.7%)	N/A
<b>Port Adelaide Enfield community</b>	1,464	141 (10.4%)	151 (11.1%)	133 (9.8%)	118 (8.7%)	139 (10.3%)	313 (23.1%)	180 (13.3%)	N/A
<b>Local Community</b>									
Alberton/Queenstown/Port Adelaide	46	9.3	14	16.3	9.3	7	32.6	16.3	917
Angle Park	17	47.1	47.1	29.4	23.5	29.4	64.7	47.1	818
Birkenhead/Peterhead	28	11.1	14.8	7.4	7.4	11.1	22.2	11.1	970
Blair Athol	69	9.5	6.3	12.7	6.3	12.7	23.8	12.7	845
Croydon Park/Devon Park/Dudley Park	55	13.5	13.5	11.5	5.8	7.7	21.2	13.5	879
Enfield/Gepps Cross	78	10.7	10.7	13.3	12	10.7	24	16	914
Ethelton/Exeter/Glanville	33	6.9	0	6.9	6.9	3.4	17.2	3.4	965
Ferryden Park	57	9.8	13.7	6.1	13.7	25.5	31.4	19.6	854
Kilburn/Regency Park #	57	9.6	9.6	17.3	21.2	15.4	36.5	21.2	777
Mansfield Park	52	10.6	17	6.4	10.6	14.9	27.7	21.3	848
Ottoway/Wingfield	39	0	6.1	9.1	9.1	18.2	24.2	9.1	838
Taperoo/Osborne	53	12.8	12.8	8.5	10.6	12.8	25.5	14.9	866
Woodville Gardens	27	30.4	21.7	13	21.7	30.4	43.5	34.8	766

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#### Appendix 2 – Table of AEDC data for Charles Sturt (2021)

Charles Sturt community	Number of children	Percentage of children developmentally vulnerable (%)							SEIFA score ‡^
		Physical health and wellbeing †	Social competence	Emotional maturity	Language and cognitive skills (school-based)	Communication skills and general knowledge	Vulnerable on <b>one</b> or more domains of the AEDC	Vulnerable on <b>two</b> or more domains of the AEDC	
<b>Local Community</b>									
Allenby Gardens/Beverley	31	32.3	25.8	12.9	6.5	22.6	48.4	22.6	1,000
Athol Park	28	25	25	14.3	17.9	17.9	46.4	21.4	848
Brompton and surrounds	59	5.7	9.4	7.7	5.8	5.7	19.2	7.7	957
Findon	66	6.3	4.8	6.3	6.3	12.7	23.8	7.9	934
Flinders Park	63	6.8	10.2	8.6	8.5	6.8	29.3	8.5	1,017
Fulham Gardens	77	9.2	10.5	8	1.3	3.9	20	7.9	1,031
Hindmarsh and surrounds	38	24.2	21.2	15.2	9.1	18.2	39.4	24.2	987
Kidman Park	35	15.2	0	0	6.1	9.1	21.2	6.1	1,021
Pennington	52	10.4	14.6	10.4	6.3	6.3	20.8	14.6	869
Royal Park/Hendon	52	13.3	8.9	6.7	6.7	6.7	20	13.3	932
Seaton	139	7.7	3.1	3.1	6.9	3.1	17.7	3.8	931
Woodville North #	23	9.5	9.5	9.5	4.8	4.8	9.5	9.5	879
Woodville Park	22	0	0	0	0	0	0	0	992
Woodville South	42	18.4	5.3	0	5.3	7.9	23.7	7.9	1,007
Woodville West	45	7.3	9.8	4.9	7.3	9.8	22	9.8	979
Woodville/Cheltenham/Saint Clare	60	8.8	7	7	5.3	7	15.8	14	1,004
No data for Kilkenny									