



**Families and Communities Program
COMMUNITIES FOR CHILDREN FACILITATING PARTNER**

Volume 1

Community Strategic Plan 2015-2019

South East Tasmania Activity Delivery Area

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1: Communities for Children Facilitating Partner Details

Facilitating Partner Details

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Community Strategic Plan

Date Community Strategic Plan agreed by Communities for Children Committee	31 st of March 2015
Name of Facilitating Partner Authorising Officer	Nell Kuilenburg
Signature of Facilitating Partner Authorising Officer	

DSS Use

Date of Submission to DSS	
Date of DSS approval	
DSS Delegate Name	
DSS Delegate Position	
DSS Delegate Signature	

2: Community-informed Service Mapping

The South Eastern Tasmania Communities for Children Activity Delivery Area covers four sites; Brighton, Central Highlands, New Norfolk and the Southern Midlands.

SUMMARY OF OUR PROCESS

The Salvation Army consulted with over four hundred people to prepare this Community Strategic Plan for the South East Tasmania Communities for Children area. One third (141) of those consulted were from the Brighton area, almost one quarter (102) from New Norfolk and one fifth (89) from the Upper Derwent Valley/Central Highlands. One in eight was from the Southern Midlands and 7 per cent from Triabunna.

TABLE 1 TOTAL PEOPLE CONSULTED FOR STRATEGIC PLAN

Communities for Children Site	Service providers	Parents	Other community	children	total
Brighton	47	34	8	52	141
New Norfolk	31	12	2	57	102
UDV/CH	9	21	6	53	89
South Mid	14	7	1	47	69
Triabunna	4	1	1	27	33
Total	105	75	18	236	434

Feedback was provided by 105 service providers, 75 parents, 236 children and 18 others who lived or worked in the communities consulted. Children represented more than half of those consulted (54%). Group discussions were held with students in grades 3-6 at fifteen schools over the five sites in Term IV of 2014.

Questions were prepared, by an external consultant in consultation with Communities for Children management and staff that could be used either in paper-based questionnaire format, face to face interviews or via an online survey. Electronic copies of the questions and links to the survey was distributed widely to service providers familiar with the five communities. Parents were provided with paper copies of the survey as well as instructions on how to access the survey on the CfC website. The Communities for Children Manager and the external consultant conducted group interviews at local networking meetings in three of the communities in late 2014 to canvass community needs. The online survey remained open until mid-January 2015.

A number of additional sources of information were consulted for this document including data from the Australian Bureau of Statistics, the Australian Early Education Census, NAPLAN results and reports from Australian Institute of Health and Welfare. Local evaluation reports were also incorporated into the background information. Relevant information from these background sources is reproduced in Volume 2 of this strategic plan.

3: Summary of key needs of at risk families

A summary of the main issues that were identified as part of the consultation process for this strategic plan are outlined for each community below.

Brighton

Brighton resident response to Parent survey -

A place where people have been told for years that they are no good, disadvantaged, uneducated, unemployed, violence is rife and they can't raise their children properly. The impact of these messages is one of general hopelessness. There is a lack of trust of outsiders and also others in the community who may have wronged them or their family in the past - some relationships are very fraught. There seems to be a high incidence of mental illness and the impact of past trauma. When the community is challenged from outside, people will jump to the community's defence. Many people still have an expectation that services will do things for them and to them.

The above quote describes a number of issues which characterise the Brighton Communities for Children site. It has the stigma associated with an area populated by lower socio-economic groups which also geographically isolated from Greater Hobart. People speak of multi-layered relationship dysfunction – within and between families, within and between communities, with service providers, with education and so on.

COMMUNITY STRENGTHS

The Brighton area is characterised by having a large area of affordable housing which has led to ongoing population growth, and associated shift in demographics and growth in opportunities for employment or volunteering. Residents of Bridgewater and Gagebrook are renowned for their resilience and pride; they can survive on very little and make do. Community champions exist and there is a dedicated pool of volunteers in the community. People have skills and abilities but tend to undervalue these. There are many activities, events and training opportunities available locally for people to access for learning, education and training. There are a number of long term, connected service providers and teachers who are genuinely passionate about delivering good and consistent outcomes. While there are significant groups of vulnerable families that will not engage with services, there are pockets of engagement and evidence that those that engage can show rapid progress. The Launching into Learning initiative has helped to open the doors to the school and helped to bring the community together. NAPLAN results for local schools have improved in recent years. The Child family centre has made an impact on community. It is used as a drop in centre for families and other services are based there e.g. paediatrician which reduces the community's isolation from specialist services. Brighton children report that they enjoy having family and friends living close by, having access to shops and parks and nearby paddocks to ride their bikes and skate park facilities.

SERVICE GAPS CHILDREN

Of the parents surveyed for this plan 92% think there are enough services and activities in area for under 2 years, 86% think enough activities for 3-5 years yet only 37.5% think there is enough for 6-8 group and only 20% say there is enough for 9-12s AEDC results suggest that Brighton children need assistance with school readiness in terms of hygiene, nutrition, clothing and shoes. Schools are struggling to work with the 6-12 age group who exhibit difficult

behaviours and resistance to education. Many services concentrate on early years or high school years with a significant gap in the provision of services for 8-12 year olds in the area. There is a lack of after school activities and weekend activities. Apart from sport, there is little for young people to do. Organised sport is expensive and not all are interested. While several schools operate Breakfast clubs there is evidence that lunch clubs may be warranted as well. There is also a need for flexible access to mental health/trauma/intensive intervention for highly anti-social children with their families. The most need is outside Mon-Fri 9-5. Children in Brighton reported a high level of anxiety over aspects of their environment. They spoke of broken glass; uneven and cracked footpaths; drugs and syringes in the parks; uncontrolled dogs roaming streets; being fearful of paedophiles, rapists, murderers; bullies; drug dealers; people with weapons; being unable to sleep because of hooning and burnt out cars exploding in the night; noisy people and loud parties; people throwing rocks at houses; street violence; smashed windows; guns; theft and vandalism; fear of being kidnapped and raped. Their suggestions for improving their lives included more maintenance of streets, cleaning up litter and bike and skate parks and public toilets; suggesting fencing around the park and locking it at night to eliminate the glass and drug paraphernalia; more sporting clubs/activities; cleaning up car bodies; faster response from police; healthier food in shops; more street lighting and safe crossing for highway.

SERVICE GAPS PARENTS

There were a number of service gaps relating to parents identified in the consultation process for this plan. The primary gaps identified by service providers are the need to:

- provide parents with skills and tools to manage relationship dysfunction in families and
- Programs that address adult literacy and job-readiness. Whilst there is a need for a wide range of education and training it was considered that it was important that these do not occur in conventional educational settings but rather delivered in a more subtle way e.g. digital literacy program and cooking programs. Parent feedback is that they want to develop themselves and their skills and have more opportunities to learn different types of things that provide pathways to either other learning or a job (with wider choice than only Child Care and Community Services certificates).
- Young/teen parents need support on a variety of levels from parenting to money, crafts, and mindfulness.
- Fathers also need to be catered for within these parenting and skills programs; with programs provided at flexible times so they can attend. Fathers also need mentors and role models.
- Health and well-being programs including personal hygiene and presentation
- Community linkage groups where people can meet others in the same situation e.g. grandparents/kinship carers group would be beneficial
- Services need to provide more flexible access not only in operating hours but more options in supports in appropriately identified venues across the community or multiple locations – with coordination so people do not have to keep telling their story multiple times.
- Consistent follow up from people they have established key trusted relationships with.
- more outreach for those without transport nutrition for families (education)
- Database with all community events
- Parents want help with bullying, community safety, cyberbullying and personal safety. They would like support groups for parents (without children present) with enough time to

share knowledge, information on nutrition, budgeting, music activities and better access to affordable health care and mental health services.

- Need to focus on developing strengths and trying to find the passions in the community.

BARRIERS LIMITATIONS

In Brighton the barriers to effective bridging of the service gaps identified above are basically the well-recognised difficulties of engagement with groups of vulnerable people – this includes a fear of engaging with services because families are in fear of their children being removed; stigma associated with public opinion of a disadvantaged community with multiple and complex needs; factors associated with an isolated community including poor public transport and the high cost of fuel for those who own cars, which are often old and inefficient. There are young families in the community both unaware of services and also those fearful of attending/reaching out to services. Other barriers relate to working families it being difficult to access services if your work hours are the same as the service.

New Norfolk

There is evidence that New Norfolk is transitioning from a rural town to a suburban satellite. There is a wide range of people including extremely poor and disadvantaged to wealthy property owners. The majority of work is outside of the township although employment is available through local businesses, schools, nursing home, disability services and forestry with the Paper Mill, Norske Skog and outlying farming within the immediate district. The most disadvantaged clusters in the community experience higher incidence of unemployment, crime, vandalism, violence including family violence, mental health issues, alcohol and drug abuse and school absenteeism.

COMMUNITY STRENGTHS

The strengths of the New Norfolk area include a beautiful natural environment with an historic township situated on the Derwent River. Housing is affordable and there are a lot of community facilities including recreational facilities. There is a strong sense of community pride. Local people are seen as kind-hearted, generous, community-minded and knowledgeable. There is a group of established NGOs providing support for families and individuals that work well together. New Norfolk has a Child and Family Centre, a Community House, a comprehensive Salvation Army Centre, all of which are safe spaces for people to go. In recent times there is increasing appetite for a community approach to dealing with social issues. Children in New Norfolk recognise that they live in a beautiful environment surrounded by helpful and friendly people. They have space and limited issues with traffic and access to farm animals.

SERVICE GAPS CHILDREN

The major finding from our consultations with New Norfolk children is that they feel unsafe. Their beautiful and peaceful natural environment is spoilt by noisy, cars and motorbikes drag-racing and hooning; loose animals; noisy people; snakes, vicious dogs; guns; abandoned buildings; drugs; roads in poor condition; no footpaths and long grass; litter and needles/bongs; dumped rubbish and dog faeces; community violence; loud parties; not enough street lighting, stolen and burnt out cars. They spoke of “scary” people approaching children; smashed windows; and family feuds and violence. They would like the adults in their town to work to make it more pedestrian friendly – better footpaths and speed humps; clean

up parks and other public areas; reduce speed limits; have grass and weed control etc.; better street lighting; graffiti walls to minimise vandalism; CCTV, fences on properties and to have the opportunity to talk to council and police about safety issues from children's point of view.

They would like to have the skills to keep themselves safe from gangs.

Among parents, 86% felt there were enough local activities for the under-5 age group. There was a universal consensus among both children and parents that there was not enough for children in the 6-12 age groups to do in respect of after-school activities. Some suggestions were a petting zoo; dunking tank; art and craft activities; after school sport; gymnastics; Book reading club; holiday programs; basketball; football; cricket and table tennis; cooking; archery; Little athletics; movies; children's expos; to be able to play in the school grounds at weekends and holidays like we used to; computer games; makeovers; disco; and tennis. The community has a strong sporting culture but there is little to do for those who are not interested in sport.

SERVICE GAPS PARENTS

The gaps in services for parents concentrated on

- Developing parenting capacity around financial skills, food, education and developing the emotional resilience of parents
- Working to change the psychological predisposition of the community. People are unable to articulate their aspirations which compounds existing negativity
- Getting people to access support consistently.
- Mental health including helping fathers with mental health problems with children and support for deep-rooted psychological issues
- Intensive support around family violence – including outreach
- Support around employability particularly for single parent families (predominantly younger mothers) for example: A dedicated Learning & Development team of 1-2 people who support the learning and development for improved outcomes for families.
- Funding for dedicated outreach to parents to improve school readiness.
- Parents want help with bullying, community safety, cyberbullying and personal safety.

BARRIERS LIMITATIONS

New Norfolk has a number of inter-related barriers to attempts to decrease disadvantage. It is an area characterised by social and relative geographic isolation with many unwilling to travel to Hobart for specialist services; the population has low education levels compounded by belief that education isn't that important, "I didn't go to matric so my kids don't want to, just get an apprenticeship in year 10, they'll be ok." There is no capability for local children to do Year 11 and 12 without travelling to Hobart. Generational poverty and a culture of minimal participation in paid employment become associated with crime, substance abuse and family violence. There is stigma associated with the perception of disadvantage in the community and historic association with the (now closed) mental asylum.

Southern Midlands

The Midlands is a sparsely populated rural site which has access to services only at its northern end and in the adjacent LGA of Brighton to the south. Its population is a mix of large landowners and low income young families moving into area for cheaper housing often not taking into consideration that costs of living can be higher due to lack of services like shops and health services and being reliant on private transport. There is only one bus service a day through the main highway to Hobart. There is no big business activity. The Midlands has the

highest rate of smoking in Australia; poorest intake of fresh fruit and vegetables in Tasmania and very low retention to year 12. The Midlands has poor telephone reception and broadband access.

COMMUNITY STRENGTHS

While geographically isolated, there is a strong sense of community across the Midlands. The lifestyle is generally relaxed and people are friendly with traditional rural values.

While there are not many service providers those that exist are good at networking and collaboration and are committed to working with the rural population. Local children report that the Midlands is quiet and safe; there is space to ride bikes and motorbikes and they like the fact that people know each other well.

SERVICE GAPS CHILDREN

There is evidence that increased mental health supports are needed for families in the Midlands. There is a significant group of children who care for themselves and for their parents due to parent mental health as well as alcohol and drug issues. Recent suicides have exposed children to significant trauma. There are low levels of social and emotional skills amongst children. Service provision is difficult because a high percentage of children live outside of the towns. This area is less well-serviced for activities for under 5s as there is no local child and family centre although there are LIL groups at the local schools. There are almost no facilities for the 6-12 age groups with limited youth programs/sport in local communities due to a lack of facilitators. Service providers reported an increase in behavioural issues among the Grade 3 and 4 boys. Children are reliant on parents to drive them to activities and this is a barrier for those on low incomes. The most disadvantaged families do not have private transport. Children expressed interest in having better equipment in their local parks, cleaner toilets and upgrades to local tennis and volleyball courts. The local schools do not offer year 11 and 12.

SERVICE GAPS PARENTS

The main issues for parents are life and employment skills training; nutrition; and physical fitness and mental health services that deal with more complex issues. There are job service providers servicing the region but coverage has reduced recently due to lack of attendance. Families need help with health and wellbeing, and children's behavioural issues. Any training needs to include a child care component as lack of child care impacts on attendance. Parents have dental health needs that are not catered for – while there is a periodic dental bus for children parents are not eligible. There is a need for an ongoing calendar of life skills training for the Midlands with programs increasing in complexity to meet changing needs. Engagement of vulnerable parents is an ongoing issue, as one parent commented:

There's a gap between how to grow vegetables and how to prepare them – I've done cooking classes and the people most at need do not attend – it's a combination of their mental health, transport, shyness, self-esteem, and literacy.

BARRIERS LIMITATIONS

Issue is getting to those vulnerable families. There is no way to access people without knocking on their doors. Hub models do not work in this community because of difficulties with travel. Schools are the centre of many of the villages and a good way to connect with families. A further issues is self-imposed isolation – people say they don't know events are being held but don't read a paper, listen to radio, check local notice boards etc., and don't have email. Another barrier is the complacency and entrenchment of people in the local area even though there is a lack of employment opportunities; people don't want to move as born

and bred there and have family but this perpetuates social isolation, low educational attainment, and poor role models. There are local drug issues with meth, marijuana and ice as well as complex mental health issues.

Upper Derwent Valley/Central Highlands

The Upper Derwent Valley/ Central Highlands is a rural area and can be characterised as socially isolated with a mix of socio economic areas including a proportion of areas that are low socio economic status, together with high levels of unemployment and lack of value placed in education. There is a lack of transport including limited public transport and no access to community cars, a declining population, few services and lack of ongoing employment opportunities.

COMMUNITY STRENGTHS

Communities are small and can be intergenerational leading to “Everyone knows everyone” scenario which is positive when people are in crisis. Local schools are seen as the hub of the communities, and services such as Communities for Children are well regarded due to ongoing engagement with families, encouraging education participation in activities and providing transport to and from events. Tourism is seen as an emerging employer. There currently are some employment programs through Work Skills (work for the dole type of programs that are engaging people in work) Education Trauma support (currently accessed through Gateway Services)

SERVICE GAPS CHILDREN

The majority of parents think the 0-8 year age group have enough activities, but only 20% of parents think there are enough activities for the 9-12year age group. Parents also identified the following issues; bullying; cyber bullying; personal safety; community safety; affordable health care. Comments from parents include-

We have had problems with bullying at our 3 local schools and when the schools were approached we kept hitting a brick wall. Schools don't take this issue seriously.

The children surveyed in the 6-12year age group for this plan identified that they are bored with often nothing to do. Playgrounds need repairing; families find it too hard to go places – 90 min to Hobart if parents have transport. Their environment includes hazards such as snakes, shooting and bush fires. The area has only one local shop. Children would like to see bike track, exercise classes, expos/fun days, gymnastics, football/soccer, scouts, guides, gun club, camping trips and discos/music events.

SERVICE GAPS PARENTS

Literacy is an issue in families along with general lack education of health and nutrition, oral health, finance and budgeting. Access to fresh food is an issue as Coles and Woolworths will not deliver to the Upper Derwent Valley and Highlands. The area is service poor and could benefit from more health professionals travelling to rural areas on a weekly basis including mental health. Parents expressed a desire for more local support groups/mother groups including supports with challenging behaviour in children, “creating a functional family not a dysfunctional one” and the opportunity to connect with other parents in the area. Programs need to include on one relationship building to earn trust so as to be empowered to make decisions that improve the situation of their families and themselves. 74% of parents also identified an interest in accessing the following training and support; small business skills,

raising teens, first aid, computing and job skills - and CfC has been instrumental in providing these in the past;

I have enjoyed the programs provided by Communities for Children in the past such as the garden program, cooking, get active, job ready. They help us to connect and have given me skills, motivation and belief in myself. We must not lose these opportunities

BARRIERS LIMITATIONS

Transport is a huge issue in this community, there is limited public transport, no community car, and petrol is expensive. The lack of transport and remote location impacts on employment and training options for the community. Population is low and would not support local business growth. While the need for parenting skills is clear, there is a stigma attached to 'needing to attend a parenting program' and so often the families that would benefit most do not feel comfortable attending these - it has been a real challenge for schools to engage parents because of the stigma involved.

Triabunna (Glamorgan/Spring Bay)

The township of Triabunna is rural and can be characterised as an area of high unemployment – a wood chip mill which was the basis of local industry closed some years ago and the local economy has declined since then. Families have moved out of area, or have sought employment interstate and ‘fly in - fly out’ and yet other families are moving into the area because of low cost housing. On the surface it appears as a “close knit” community however the community is divided on many social and economic issues. Many younger parents and caregivers struggle on Centrelink payments and feel alienated by the larger community. There are high levels of substance abuse, family breakdown, depression and mental illness. While Triabunna is located on the main highway along the East Coast of Tasmania here are limited transport options with a single bus service to Hobart each day.

COMMUNITY STRENGTHS

Triabunna is a coastal town with access to beautiful beaches and bushland. The General Manager of Council reported that there has been a 27% increase in the sales of houses in the area in recent months. Some of these properties have been bought by highly skilled retirees keen to give back to the community. There are many volunteer groups and the Communities for Children partner sat The Village and the Triabunna District School have dramatically increased the number of activities and opportunities for Primary school children and their families. Triabunna has a tight network of services and community members with currently have more than one hundred connected into the East Coast Network at The Village. This network has a group now concentrating on employment, education and training as well as a specific health taskforce and a suicide prevention group.

SERVICE GAPS CHILDREN

Children have to board in Hobart for senior high school and travel to Hobart for sport. Children surveyed in Triabunna identified their issues as including not having much to do as well as being isolated from friends. While there are pools and forty beaches in the area they are not in walking distance or not safe for swimming. Not only were they reliant on parents to drive but they were aware that fuel was expensive, they had to negotiate a busy highway and roads that were slippery when wet. Playground equipment was in need of maintenance or replacement. They did not like aspects of their environment such as graffiti, broken glass, litter and anti-social behaviour, cars doing burnouts, guns and swearing parents.

Children mostly wanted additional recreational opportunities such as provision of netball or basketball hoops; craft activities; horse riding park; scouts/guides; exercise equipment in the park. There are limited activities offered in the township but those (outside of CfC activities) involve a cost and some families can't afford to pay. Triabunna children would also like the opportunity to talk to police about things that concern them.

SERVICE GAPS PARENTS

Parents identified a range of gaps including lack of access to fresh food, transport, being stigmatised by community, lack of counsellors, more employment and training opportunities, more local job creation and mentoring from supportive community members. There are many services but frequent changes in personnel. Those workers who stay in the area over a period of time build relationships of trust and are very effective. There is a great need for alcohol and drug services to be based in the area.

BARRIERS LIMITATIONS

This Municipality has the highest proportion of aging population and the lowest youth population in Australia. Families on benefits grouped around a certain section of Triabunna. These families have their own networks but often very dysfunctional ones not well informed on issues that matter to them. The vulnerable families in the area are not only geographically isolated, relating to lack of transport or money for petrol, but also have a fear of the city - many only go to the next largest town for shopping. There is a lack of job opportunities and limited training opportunities. While there are health services in the community there is a lack of integrated support mechanisms that work with people and their strengths. The social worker position at the Community Health Centre has been permanently terminated. The area is experiencing greater poverty due recent State/Federal policy changes and cuts in funding to Education in Tasmania means that schools are reducing arts and sports programs.

What are the emerging needs for the communities that you need to get on the front foot for addressing?

- **All five areas** predict an increase in the level of poverty and disadvantage that will be experienced due to recent changes to welfare and health policies by both state and federal governments.
- At risk families living in the Communities for Children sites have limited opportunities for training and employment due to a lack of local economic activity.
- There is a high degree of family breakdown in Brighton and New Norfolk with increased lack of capacity of people to manage complex families.
- It has been observed that anti-social behaviour is occurring at a younger age and community members are worried that the upcoming peak in population due to the “Baby Bonus” will lead to a medium term increase in anti-social behaviour as a larger group enters into this risk-prone age group.
- There have been funding cuts in education across Tasmania which impacts on the capacity of schools to provide support staff such as social workers, chaplains etc. and extension activities such as arts and sports which will further restrict the activities that disadvantaged families have access to.
- There is anecdotal evidence that there is an observable increase of the use of ice and synthetic speed in Brighton, New Norfolk and the Midlands.
- There is a consensus among parents in all areas that the main issues for parents are bullying, safety (both community and personal), health (including mental and dental) and nutrition.
- Emerging issues in **New Norfolk** include that the community is gaining a larger representation of disadvantaged families with complex issues.
- In the **Southern Midlands** there is potential economic growth to be achieved via a number of irrigation schemes to be brought online over the next two to three years, and while this brings increased employment opportunities during construction and ongoing horticultural work this may disadvantage the local community due to a lack of local skill training in these industries. While employment is expected to increase; the development of the irrigation scheme is unlikely to lead to an increase of retention of young people to year 12 due to more complex issues within the community.
- In the **Upper Derwent Valley/Central Highlands** –There very few services, and there is a continuing threat of further school closures, where the school is the hub of the community, this will impact most heavily on disadvantaged families in the area.

What are the existing children and family services doing to meet the needs? Are there gaps?

Brighton

There are over two hundred services in the Brighton municipality with more than a quarter of them providing support to families; however it remains one of the most disadvantaged areas of Southern Tasmania. The population of Brighton has access to a range of health, individual support and life skills services.

Category	Number of services in category
Family Support	60
Early Years	29
Recreation	24
Sport	23
Individual support (Inc. mental health)	18
Training	18
Health	15
Child Care	13
Lifeskills	12
Employment services	7
Aboriginal	1
Legal Services	1
Total	221

Children under 14 represent 25% of the population of Brighton; of which 8% are under 4 years of age (ABS, 2014). Brighton has a good supply of programs for the early years age group, due to a long term strategy of the Tasmanian Government aiming to alleviate the level of disadvantage in families through support and early intervention in the life of the child. This included the establishment of Launching into Learning at the four government schools in the area and an Aboriginal Child and Family Centre at Bridgewater in recent years. While there is a reasonable amount of child care available for the early years, there are not many out of school hours' services and activities for the primary aged cohort. PCYC often run short term family support programs which are dependent on community funding programs. Whilst Brighton has the highest population under 18 years of age in Southern Tasmania there is no local youth policy. In terms of services for adults, most are centred on the Bridgewater area, with few recreational or other services available outside of Bridgewater/Gagebrook.

Brighton has two Medicare Local projects underway under the Social Determinants of Health initiative. **Community Blitz** (partners are the Council, Workskills, MONA and Red Cross) an education, employment and training program centred on property maintenance and garden development in community spaces, public buildings and public housing. This project will expand MONA's 24 Carrot Gardens Project to three local schools and the Community Blitz program across the Brighton community and work with vulnerable families and community organisations. **Waterbridge** (partners are Jordan River Services, Colony 47, SecondBite, Local general practitioner, Centacare Evolve, Workskills Inc.) developing a food program for the Bridgewater and Gagebrook communities to increase access to healthy and affordable food.

Waterbridge Food Co-Op centres on social engagement of families through local community houses and provides life skills training and outreach support.

Children in Brighton report spending their recreational time in visiting friend’s houses; watching videos and playing video games, sleepovers and playing in paddocks and riding their bikes. The area has learn to swim programs; football and netball at school; gymnastics, running, little athletics and soccer but at prohibitive cost for vulnerable families. Schools run “Active after School” 1 day a week.

As can be seen above, there are a plethora of services for families in the Bridgewater area but the main gaps are in terms of engaging the families that need the services most. There is a community-level lack of trust in services due to programs being short-lived, punitive or insensitive to community needs. At the present time there are gaps in the provision of services that develop the skills that families need – in terms of skills for family formation, management and parenting. Parents also need help with skills in health and nutrition and in budgeting and developing emotional intelligence. Literacy and numeracy and employability skills are required. Parents are also aware that their children do not feel safe and strategies need to be developed to support them.

New Norfolk

There are over fifty services operating in the New Norfolk area (see Table below) and yet, like Brighton, it remains an area of high disadvantage with one of the highest levels of teenage pregnancy in Tasmania. Children under the age of 14 represent 20% of the population of the Derwent Valley; with 6% being under the age of four years. Similar to Brighton, New Norfolk has a number of services providing support for the early years including Launching into Learning at three schools and a Child and Family Centre. New Norfolk has an effective community youth policy and a number of organisations working collectively in that space. The 6-12 age groups have access to in-school and after-school activities at The Salvation Army hub and the local neighbourhood house. The New Norfolk service provider network (RAFT) is in the process of devising a community driven community of wellness (CoW) initiative for the community.

Category	Number of services in category
Family Support	10
Recreation	9
Health	9
Early Years	8
Child Care	4
Sport	3
Employment Services	3
Mental Health	2
Youth Welfare	2
Adult Recreation	1
Life Skills	1
Grand Total	52

Children in New Norfolk report spending their time Bike riding; swimming; walking; accessing the library in New Norfolk; Active after School; using local parks and skate parks. There is basketball training locally but games are held at Moonah.

New Norfolk has received funding for a Medicare Local project under the Social Determinants of Health initiative. **Tree2Sea** (partners Derwent Valley Community House New Norfolk High School, Derwent Valley Council/Derwent Valley Real Action Forward Thinking (RAFT), Workskills Inc.) using boat building and the local environment to engage young people (initially those in the 13+ age group but as the project grows there may be scope to include young people in the 6-12 age group) in further education and training in construction of traditional kayaks and sailing boats.

New Norfolk has a number of services available but the main gaps are, similar to Brighton, in terms of engaging the families that need the services most. There is also the same community-level lack of trust in services due to programs being short-lived, punitive or insensitive to community needs. Gaps exist in the provision of services that develop the skills that families need – in terms of skills for family formation, management and parenting. Parents consulted for this plan expressed a need for assistance with skills in health and nutrition and in budgeting and developing emotional intelligence. Literacy and numeracy and employability skills are required. Parents are also aware that their children do not feel safe and strategies need to be developed to support these. New Norfolk has additional challenges in terms of poor transport networks and a paucity of employment opportunities.

Southern Midlands

The population of the Southern Midlands is highly dispersed with 2.3 people per square kilometre over 2,500 kilometres. One fifth of the population is under 14 years and 6 per cent under the age of four. Service provision is sparse, most services being in the health category, as well as concentrated in the northern hub of Oatlands. Other small towns and villages have few services apart from the local school.

Category	Number of services in category
Recreation	7
Health	4
Early Years	4
Child Care	2
Mental Health	1
Employment Services	1
Family Support	1
Grand Total	20

There is Launch into Learning services at the four local schools but no Child and Family Centre or neighbourhood houses. Southern Midlands kids are rural kids and spend most of their time outside school on their properties. There are no local youth groups and not many after school activities and if provided the out of area children have difficulty participating.

Upper Derwent Valley/Central Highlands

The population of this site is even more dispersed with a density of 0.3 people per square kilometre. Only 17% of the population is under 14 years with 7% being four years old or

younger. There are four local schools with Launch into Learning programs and a significant number of children being home-schooled.

Category	Number of services in category
Early Years	3
Health	3
Recreation	2
Support	1
Mental Health	1
Child Care	1
Lifeskills	1
Grand Total	12

There is a scant service base and families rely on allied health services at Ash Cottage (Ouse), outreach mental health via Rural Alive and Well and Communities for Children. Other services appear on an adhoc basis without consistency or strategy. Children are isolated, spending time at home/farm with the animals; fishing; swimming in pool or river; riding bikes and skateboards but most said there wasn't much to do and they did not have friends living close. Poverty and lack of transport options increase the disadvantage and isolation of families in this area.

Triabunna

In the Triabunna area, only one in eight persons are under the age of fourteen and only 4% are four years old or less. There are Launching into Learning groups at two local schools. The area is well serviced in terms of health, mental health and allied health services and Triabunna receives outreach from job service providers. Other community groups are well connected.

Category	Number of services in category
Health	9
Recreation	8
Mental Health	4
Childcare	3
Early Years	2
Education	2
Lifeskills	1
Support	1
Grand Total	30

Triabunna families need support for development of multiple life and employability skills but have little option for employment in the local area. Kids have active after school programs, netball; golf and little athletics at Swansea and Sorell. There are activities such as spinning and pottery at The Village. Children generally feel quite safe in this area although there is a significant amount of anti-social behaviour. There is a local Aboriginal community with cultural activities also provided at The Village in Triabunna.

4: Community Engagement

Who you will engage with:

The Facilitating Partner and Community Partners across the five areas will implement a collaborative approach to engage with specific government departments, non-government organisations (NGO) and community based organisations and groups to deliver holistic services across communities. These will include but are not limited to;

COMMONWEALTH	STATE GOVERNMENT	LOCAL GOVERNMENT	NON-GOVERNMENT	OTHER
DSS	Education	Councillors and General Managers	Parent support groups	Committee
DHS e.g. Social Work Services Branch (Centrelink)	Child Family Centres in Brighton and Derwent Valley	Community development officers	Neighbourhood houses and Men's sheds (where they exist)	Expert Panel
	DHHS and RPHS	Youth officers where they exist	Aboriginal groups	Community of practice networks
	Specialist support services		Other service providers Inc. CALD if need emerges	Parents
	Police and Department of Justice		Local playgroups	Children
	Other state government agencies		Training providers	University of Tasmania
			Other specialist supports	Other community members

COMMONWEALTH

Why? The Facilitating Partner will have an ongoing engagement with DSS to expedite information exchange through the SCORE system, report on and track change and outcomes for families and children including liaise on any future policy changes that impact on the programme. The FP will also engage with the Social Work Services Branch of DHS to exchange information and work collaboratively on identified projects meeting community need.

How? Engagement with DSS will be via ongoing formal and informal dialogue e.g. at CFC meetings, FP meetings, informal dialogue as required and six-monthly progress reports including feedback from the Department. Engagement with DHS will be via regular meetings and informal dialogue with Social Work Services Branch of Centrelink.

EXPERT PANEL

Why? The Facilitating Partner will have an ongoing engagement with DSS, AIFS and the Child Family Community Australia (CFCA) to ensure the Facilitating Partner stays up to date with the list of approved evidence based programs and to identify current locally developed programs to be assessed for future inclusion on the list.

How? Engagement will be via regular meetings with DSS; updates from the Expert Panel; working with Community Partners and other organisations to identify programs that are delivering outcomes to be assessed by the panel for inclusion on the list.

STATE GOVERNMENT

Why? The FP will work closely with a variety of Tasmanian Government entities because they co-produce the policy environment in which the CfC programme is operating. This will help to avoid duplication of services and programs. Working with specific agencies in a collaborative manner will deliver a holistic service to families and children across our areas. For example, working with police, child protection, GATEWAY services, NGOs and school social workers will deliver comprehensive supports for vulnerable and at-risk children and families in our areas.

How? The FP will work closely with these organisations via community meetings, one on one meetings, adopting a collective impact approach to exchange information and best practice to address current and identify future community needs.

LOCAL GOVERNMENT

Why? Communities for Children is a place based program and thus it is essential for local government and local services to work collaboratively towards the same outcome.

How? The FP will work closely with local government via council meetings and quarterly meetings to discuss local area needs including support for existing or future youth plans. This will be achieved by open communication and adopting a collective impact approach to exchange information and best practice. This strategy will address current, and identified future, community needs including local environmental and infrastructure factors.

NGO SECTOR

Why? Working collaboratively with other services will value add to existing programmes and avoid duplication and confusion for community. Engagement with other services will also increase referral networks and maximise supportive access to services for families. In this way the programme will foster best practice and respond collectively to the voice of community.

How? The FP will work closely with other organisations in the non-government sector by creating or identifying linkages and partnerships via attendance at community meetings; communities of practice meetings; one on one meetings and supporting/leading a collective impact approach to maximise resources that address current and help identify future community needs.

COMMITTEE

Why? The Committee will govern the Communities for Children project in SE Tasmania. The Facilitating Partner will harness the knowledge and networks intrinsic to the Committee to link and monitor current and emerging needs of communities.

The Facilitating Partner will utilise the Committee to build a collaborative approach, a resource network and to maximise efficiencies and identify opportunities. The Committee is also

responsible for planning and guiding strategies and activities, building the CfC brand and evaluating outcomes.

How? Membership of the Committee is drawn from key stakeholders in the community including representatives of local service providers, state and local government, business and community. Committee members will have:

- Local connections within the CfC SE site
- Will attend committee meetings
- Be able to bring an overarching perspective to the committee focusing on the strategic elements of the programme's development and delivery
- Have an excellent understanding of the CfC service strategy and programme guidelines
- Be conversant with the principles of social inclusion and integrated service delivery.
- Help to identify creative ideas that drive innovation

The committee meets at ten-weekly intervals. Subcommittees will be selected on an as-needs basis to address specific strategies such as safety, resilience, capacity building and administrative issues such as selection panels.

COMMUNITY PARTNERS

Why? To deliver a holistic program that meets the needs of each community; to foster a collaborative impact approach; to deliver measurable outcomes for families and children; to monitor data exchange and the SCORE system; to obtain progress report information and support the implementation of the Communities for Children programme as outlined in the Activity Work Plan.

How? Monthly meetings with project officers and line managers; six-monthly activity delivery plans from Community Partners delivering multiple activities; Progress Report information; liaison, support and informal dialogue as required.

ENGAGING THE FIVE COMMUNITIES

Why? The Facilitating Partner will adopt a reconnaissance role in each community; developing and maintaining relationships with the key stakeholders and community members (including children) in each community and continually monitoring the child-friendliness (including safety) of each community.

How? The Facilitating Partner

- attends key service provider networking meetings
- Supports local community groups and organisations to increase resources, activities and build resilience
- Recommends evidence based programs that will meet community needs
- Fosters synergy in program delivery and avoiding duplication
- Fosters relationships to promote a strong referral network
- Small grant program
- Ongoing consultation with families and children across communities
- Communicating the programme through Facebook, community newsletters and pamphlets in letterboxes.

ENGAGING VULNERABLE FAMILIES

Who?

- families with children at risk of abuse or neglect

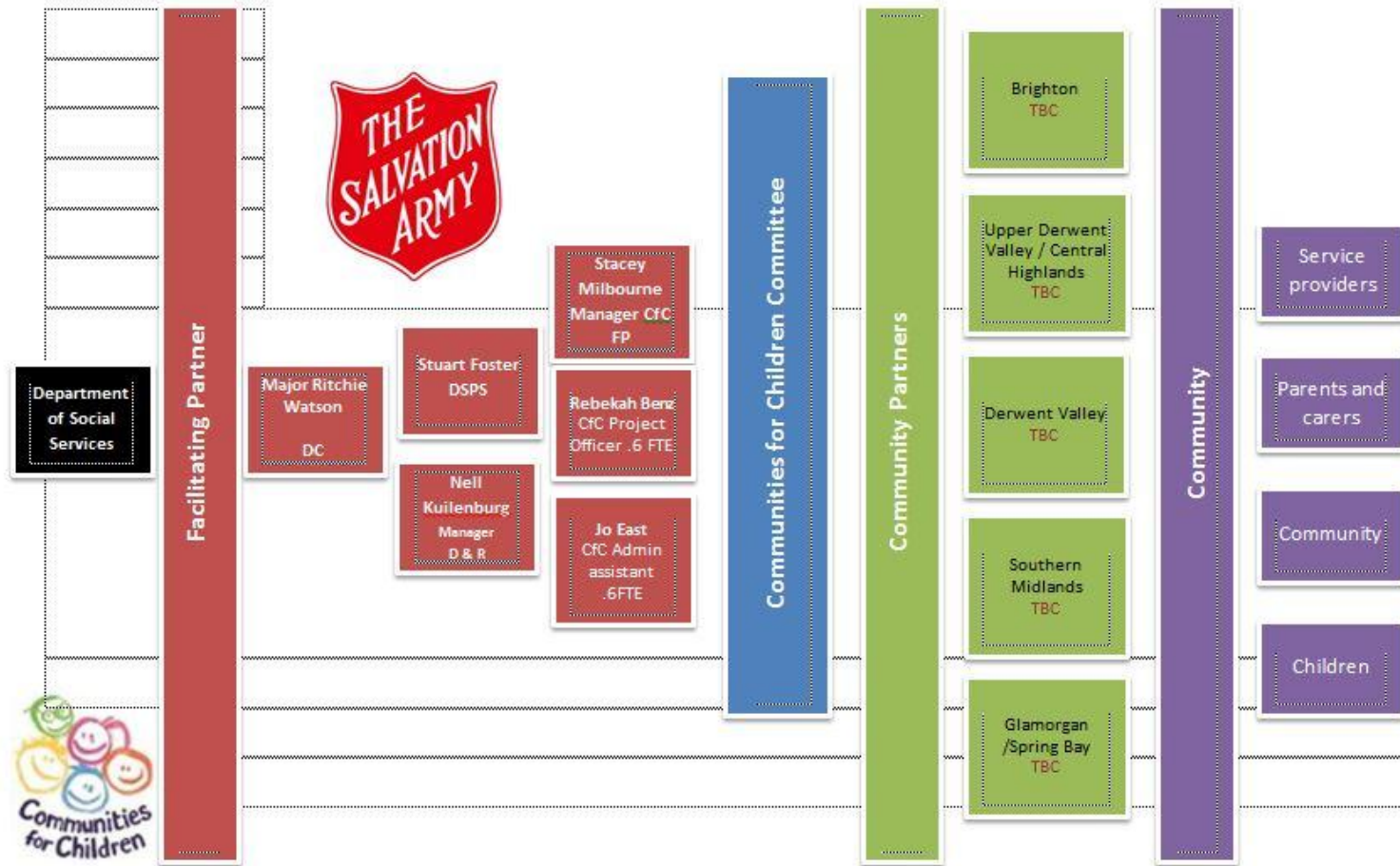
- families experiencing disadvantage or vulnerability
- Aboriginal and Torres Strait Islander clients

How? The Facilitating Partner will engage Community Partners that can offer programmes that feature the following identified needs of the Communities established by research for this plan:

- Flexible delivery (including multi-site and delivery out-of-hours and weekends)
- Outreach/home visiting
- Early intervention and prevention approaches
- Supported (warm) Referrals for families
- Evidence Based approaches
- Relevant skilled and qualified staff
- Strengths-based approaches
- Demonstrate cultural competency
- Capacity to meet contractual requirements.

The Facilitating Partner will engage directly with community including parents, community groups and children to hear the voice of community and to ensure that activities delivered under Communities for Children address current and urgent identified needs of community. This will be achieved by the facilitation of periodic local adult and children's forums and focus groups

Governance Structure 2015-2019



5: SERVICE AREA VISION

The Vision for Communities for Children in South East Tasmania for 2015-19 is:

Families thriving in strong, safe communities

Underpinning this overall vision is that there is cumulative evidence that

Children are:

- Nurtured
- Healthy
- Safe
- Resilient
- Heard
- Valued

Parents are:

- Supported
- Valued
- Heard
- Encouraged
- Empowered to develop and maintain positive relationships (with each other, their children and their communities)
- Engaging with responsive strength-based family-centred services
- Accessing evidence based early intervention and prevention programs
- Aspiring to engage in lifelong learning and development

Families are

- Safe
- Strong
- Healthy
- Cohesive
- Confident
- Heard and valued

Communities are cohesive and child-safe.

Services work collaboratively and follow best practice.

This vision was developed following consultation with members of the CfC Committee.

6: PRIORITY AREAS

Three overarching priority areas will drive the achievement of the vision for Communities for Children in South East Tasmania from July 2015 to June 2019. These are safety, resilience and aspiration.

Priority area One – Safety

The aim of this priority area is that communities are safe, families are safe and children are safe.

1. Why chosen as priority area

The overarching category of safety was conceived as a priority area which can include all aspects of environmental safety, personal safety, and promoting practices and lifestyles that are cognisant of health and safety. Consultation for the strategic plan identified significant gaps across the 6-12 age groups which supports safety and tackles issues around bullying, cyber-bullying, community violence and family violence as high areas of concern.

The highest need locations for this priority area are **Bridgewater, Gagebrook, Herdsman's Cove, New Norfolk and Fairview.**

2. How it relates to families and children's activity outcomes and CfC FP objectives

The priority area of safety fits into Facilitating Partner objectives of improving the health and well-being of families and the development of young children, from before birth through to age 12 years and in particular the subgroups of

- Healthy young families
- Supporting families and parents
- Creating strong child-friendly communities

A priority area of safety also fits with the Families and Children activity and outcome of improved adult and family wellbeing and more cohesive communities.

Our strategies to achieve improved outcomes in this priority area include:

- Sourcing Community Partners to deliver evidence based and place-based programs that support increased physical and personal safety including but not limited to: family violence; bullying; cybersafety; child abuse, mental health; health and wellbeing; first aid; bush safety; water safety; fire safety; community safety in public areas i.e. parks with broken glass and syringes
- Providing community leadership and strategic input to programs and activities delivered by local services and community partners that address safety including but not limited to; bullying, cyber-bullying and cyber-safety in the 6-12 age group
- Providing leadership and strategic input into an Intensive collaboration project with local services and community to co-design a collective impact project that provides support and early interventions for at-risk children 6-12 and their families in the Bridgewater, Gagebrook and Herdsman's Cove locations
- Sourcing community partners to implement programs / activities that focus on supporting parents of children in the 0-12 age group around positive parenting, transition and relationship building across all five areas.

- Co –design a collaborative approach with community, local services and community based groups and organisations to identify and promote best practice in risk management to create child-friendly and safe communities across all five areas.
- The Facilitating Partner will facilitate the undertaking of children’s focus groups - Community decision making and progress towards creating child-friendly communities will be informed by children’s input via focus groups presenting to local council and police in Bridgewater, Gagebrook Herdsman Cove and New Norfolk and Fairview.
- **The methods you will use to measure whether outcomes in this priority area have improved**
 - The FP will monitor children’s and parent’s feelings of safety and areas of concern using periodic anonymous surveys, child and parent focus group feedback and group interviews.
 - Uptake and outcomes of all of evidence based and placed based programs via DSS information management systems e.g. SCORE and the data exchange portal
 - Anecdotal and official statistics around family violence will be used to evaluate the success of activities and programs by the FP and CP
 - Anecdotal and official statistics around bullying in local schools will be obtained from local schools within the CfC focus locations to help evaluate the success of activities and programs by the FP and CP
 - Attendances at awareness raising events will be monitored by the CP and FP.
 - Progress on addressing community safety will be monitored via agenda items at community networking meetings attended by the CP and FP.
 - Overarching evaluation on progress via independent evaluation reports in 2017 and 2019.

3. Key stakeholders critical for success

- a. Local government
- b. Police
- c. Schools
- d. Community partners
- e. Other state government agencies
- f. Local networking/progress groups
- g. Community organisations
- h. Experts
- i. Children and families
- j. Parents
- k. Businesses

Priority Area Two – Resilience

Resilience has been chosen as a second priority area because it encompasses the changes needed to be observed in our five communities for families to thrive in communities that are safe and strong.

1. Why chosen as priority area

Based on the information gathered for this plan for our five areas we know that families continue to face risk factors for vulnerability. They face challenges in the areas of life skills, employability skills, healthy coping strategies for relationships, transition from school and employment, emotional intelligence and overcoming social and geographical isolation. The highest need locations for this priority area are **Bridgewater, Gagebrook, Herdsman's Cove, New Norfolk and Fairview** and to a lesser degree in the rural areas of Southern Midlands – Campania and Bagdad, Upper Derwent Valley/Central Highlands – Glenora, Ouse and Bothwell and Glamorgan Spring Bay - Triabunna.

2. How it relates to families and children's activity outcomes and CfC FP objectives

The priority area of resilience fits into facilitating partner objectives of improving the health and well-being of families and the development of young children, from before birth through to age 12 years and in particular the subgroups of:

- Healthy young families
- Supporting families and parents
- Early learning

A focus on resilience also assists with the objective of School transition and engagement - where children and families are supported to make a smooth transition to school and work with local schools to assist children and families with their ongoing engagement with school. Resilience also fits with the Families and Children activity and outcome of improved adult and family wellbeing and increased economic management.

Our strategies to achieve improved outcomes in this priority area include:

- Sourcing Community Partners to deliver evidence based and place-based programs that support increased resilience, such as; access to support services for families; activities that focus on health and nutrition and budgeting including financial literacy; activities or programs that develop positive relationships with fathers and children
- Sourcing Community Partners to support and educate families to develop and increase skills and capacity in positive interpersonal relationships.
- Sourcing Community Partners to provide intensive support including outreach, home visiting and flexible delivery of services to engage with the most vulnerable families
- Providing community leadership and strategic input to whole of community events that, promote positive parent /child engagement and reinforce child friendly communities these events will include; expos, family fun days, school holiday activities, weekend activities and afterhours activities for families and children.
- Sourcing community partners to deliver programs and activities that are co designed with community to increase family capacity and life skills to reduce social isolation; develop emotional intelligence and healthy coping strategies; economic management skills and improved employment skills including literacy and numeracy.

- Sourcing community partners to connect teen and young parents, fathers and grandparents to support groups that promote resilience, positive peer learning and role modelling
- Sourcing community partners to provide programs and activities for parents attending existing activities for the 0-5 age group, to build resilience, employment pathways and positive parenting
- Sourcing community partners to support parents in addressing generational and situational barriers to education and training or employment including Aboriginal families, parents transitioning from Parenting Payment to NewStart.
- Providing community leadership in the use of arts-based programs as tools for building resilience

3. The methods used to measure whether outcomes in this priority area have improved are:

- Uptake of evidence based and placed based programs via DSS information management systems e.g. SCORE and the data exchange portal
- Community Partners will be required to report on collaboration with local RTO's, TAFE, and other educational facilities to monitor and support individuals, who are progressing onto further training and education.
- Individual outcomes via DSS information management systems e.g. SCORE and the data exchange portal Anecdotal and official statistics around school attendance will be monitored
- Anecdotal and official statistics around family violence will be monitored
- Engage UTAS or RDA consultants to complete an overarching evaluation on progress via independent evaluation reports in 2017 and 2019.

4. Key stakeholders critical for success:

- a. Local government
- b. Police
- c. Schools
- d. Community partners
- e. Other state government agencies
- f. Local networking/progress groups
- g. Community organisations
- h. Experts
- i. Children
- j. Parents especially fathers
- k. Grandparents and other kinship carers
- l. Businesses

Priority Area Three – Aspiration

1. Why chosen as priority area

Background research to this Strategic plan shows that retention to year 12 in the five CFC sites in SE TAS is between 23 and 34 per cent (Tasmanian average is 69 per cent). The Salvation Army as FP in SE TAS seeks to improve the aspirations of its families and children. Aspirations will be identified, nurtured and developed through working with individuals, one on one and in group settings to access future career pathways, identify an individual's hard and soft skill sets, and personal strengths, to broaden horizons and reduce stigma associated with poverty, vulnerability and disadvantage and supporting all family members through life long education and training.

2. How it relates to families and children's activity outcomes and CFC FP objectives

The priority area of aspirations fits into facilitating partner objectives of improving the health and well-being of families and the development of young children, from before birth through to age 12 years and in particular the subgroups of:

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

A priority area of aspiration also fits with the Families and Children activity and outcome of improved adult and family wellbeing, increased economic management and more cohesive communities through reduction in stigma, families relating to the importance of further education, resulting in increased capacity within communities and community empowerment. The highest need locations for this priority area are; **Bridgewater, Gagebrook, Herdsman Cove, New Norfolk and Fairview**

Our strategies to achieve improved outcomes in this priority area include:

- Sourcing Community Partners to provide opportunities and access for parents transitioning to Newstart allowance, Jobless families, Teen and Young parents to training and education through Registered Training Organisations (RTO) such as; Avidity Training and Development, TAFE TAS, UTAS, and local LiNCs.
- Sourcing community partners to support parents transitioning into employment, including access to peer and work place mentoring.
- Evidence based programs will be identified from the EBP list to be delivered by Community Partners in local areas, to support increased literacy and numeracy skills, employment pathway planning, goal setting, small business skills.
- Providing community leadership and strategic input to combating entrenched intergenerational resistance to education through the development of an innovative project which provides families with children aged 4-12 years, increased exposure to activities and opportunities external to their immediate environments. This will include working in partnership with tertiary education providers, state government Department of Education, community groups and families.

- Providing community leadership and strategic input on identification of programs and activities that target the 6-12 year age group to be delivered by experienced Community Partners through in-school and after school activities that focus on building resilience and capacity and a reinforcement of improved aspirations and goal setting.

3. The methods used to measure whether outcomes in this priority area have improved will be

- Engagement of families outreach services via DSS information management systems e.g. SCORE and the data exchange portal
- Review of previous data gathered through CfC Evaluations and consultations sessions to identify local area gaps in service delivery
- Individual outcomes and progress will be monitored via DSS information management systems e.g. SCORE and the data exchange portal
- Anecdotal and official statistics around school attendance will be monitored
- Anecdotal and official statistics around school retention will be monitored
- Overarching evaluation on progress via independent evaluation reports in 2017 and 2019.

4. Key stakeholders critical for success will include:

- a. Department of Education
- b. University of Tasmania
- c. Community Partners
- d. Local community organisations including PCYC, Neighbourhood Houses, local community groups
- e. RTO's
- f. Job service providers
- g. Other state government agencies
- h. Community
- i. Children and their families
- j. Parents especially fathers
- k. Grandparents and other kinship carers

7: Small Grant Program

The CfC Small Grant Program is available to NGOs and local incorporated community based organisations across the 5 CfC locations. However, for the financial years 2015/16 and 2016/17 the small grant sub-committee will give priority to applicants from Southern Midlands, Upper Derwent Valley / Central Highlands and Glamorgan/Spring Bay. The sub-committee will also focus on applications that address the identified priority areas of Safety, Resilience and Aspirations as well as the following;

- Applications that focus on addressing family violence and increasing the safety of women and children
- Activities that provide after school and school holiday activities for children 6-12 years
- Activities that support resilience and aspirations for families and children
- Activities that encourage positive engagement for fathers and their child/ren
- Activities that promote healthy eating and nutrition
- Activities that support increased growth and community capacity

8: Transition and/or retention of Priority Locations for 2017-2019.

Commencing in early 2017 the FP and the CfC committee will conduct a review of current services and programs (both evidence based and place based) delivered by community partners in the identified priority locations. It is envisaged that this review will help form the 2017 -2019 updated CSP and AWP.

It is anticipated that the updated CSP and AWP will identify the following;

- Effectiveness and outcomes for families through activities delivered since July 2015 in priority locations. This will be measured through report information received, consultation with community, feedback from participants and service providers including Department of Education, Child Protection services and TAS Police.
- Identify activities and programs that have increased local community capacity and sustainability that ensure ongoing delivery of activities.
- Review of priority locations based on current available data sets including but not limited to AEDC, SEIFA, ABS, NAPLAN.
- Identification and engagement of placed based organisations in rural areas to deliver the CfC program and in particular EBP when utilising the 50% Community Partner funding allocation.

The completed review will inform future decisions and planning which locations within the CfC SE TAS site will be prioritised to receive funding for the delivery of the CfC program from July 2017 –June 2019.