

Connecting
Community for



COMMUNITY APPROACHES FOR SOCIAL CHANGE



TOGETHER WE CAN HELP OUR CHILDREN THRIVE!

Improving the health & wellbeing of children in Cockburn & Kwinana

By working collaboratively with community members and service providers to build capacity

So that the children of Cockburn & Kwinana thrive and achieve the same level of development as children in the Perth region

WHO WE ARE

Connecting Community for Kids is a collective impact initiative developed to empower parents, children and professionals in the communities of Cockburn and Kwinana to improve childhood outcomes. Working collaboratively with Government agencies, service providers and community groups; we aim to make a lasting difference in the lives of children pre-birth to eight and their families.

Funded for five years through the Woodside Development Fund, Connecting Community for Kids aims to assist young children in Cockburn and Kwinana achieve the same level of physical, social, emotional, communication and language development as the Perth Metropolitan Area by 2024, based on the outcomes of the Australian Early Development Census (AEDC).



OUR JOURNEY

Since 2016, Connecting Community for Kids has engaged and energised the communities of Cockburn and Kwinana through hosting numerous Community Conversations, pop-up cafés and picnics, attending local community events and operating stalls at open days. We surveyed throughout both communities and asked the tough questions; why are **1 in 5** children within the City of **Cockburn** and **1 in 4** in the City of **Kwinana** still developmentally vulnerable in one or more AEDC domain? What are the contributing factors?

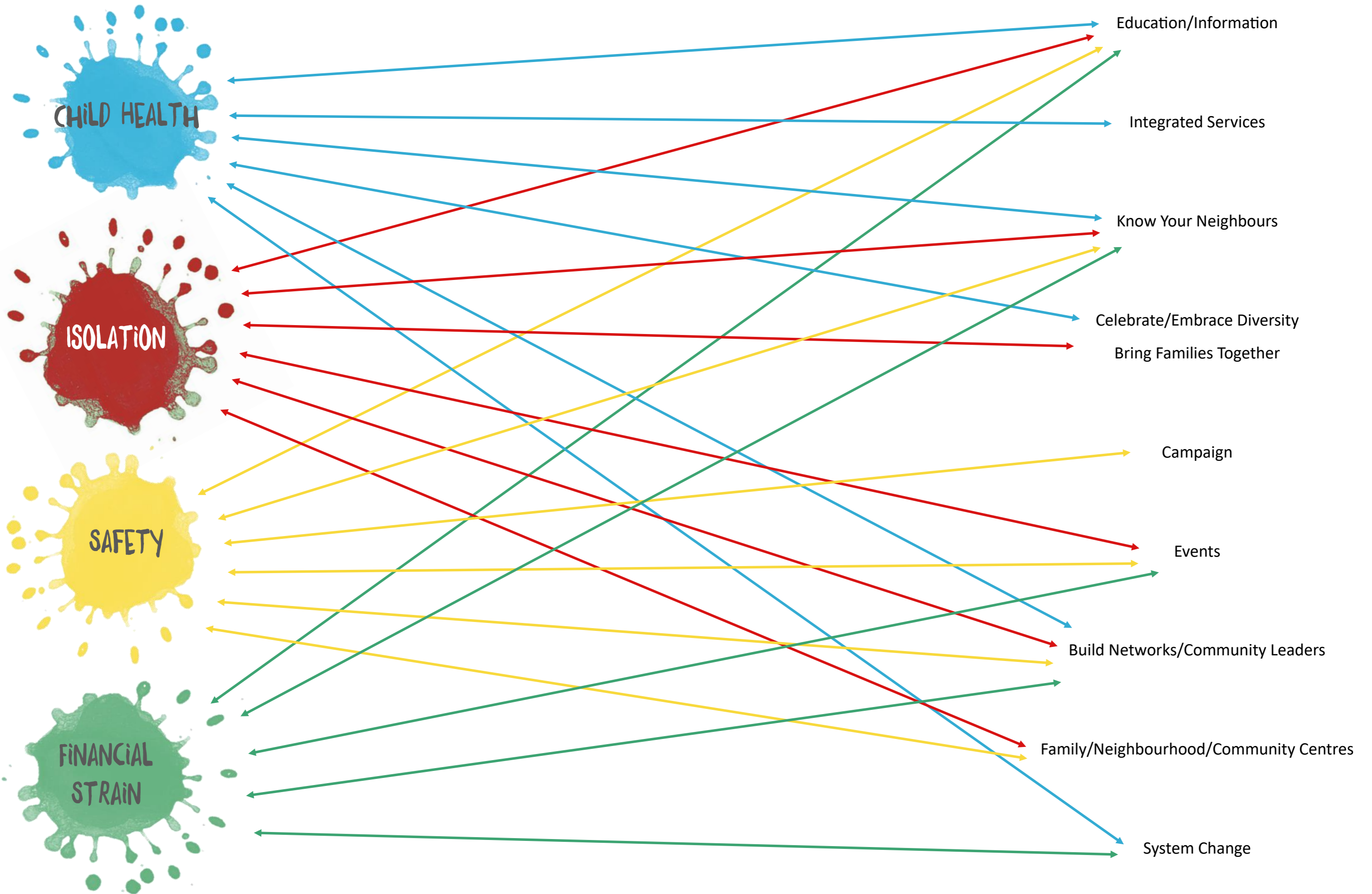
Through continued lines of enquiry and consistent community engagement, we identified four common themes to address childhood vulnerability - health; isolation; financial strain; and safety. We harnessed community energy by conducting brainstorming workshops for each identified topic, which ensured each theme was thoroughly investigated and a clear outline of the community's requirements was revealed.

Collating all data provided, Connecting Community for Kids conducted research on possible approaches that would assist in creating social change. On 30th August 2017, these approaches were presented to the community and Action Teams were formed to start implementing these circuit breakers for change.

This document provides an outline of the eight approaches that were presented to community and the results from our **Decide the Right Path Workshop**. Five approaches were deemed agreeable and Action Teams formed. This provides the framework for our Community Action Plan; where we will ensure our individual projects will build community capacity; create an inclusive environment; collaborate and engage community to co-design change; advocate for system change; and be sustainable.



From our continued community consultation and our series of Workshops addressing the four identified themes impacting childhood development; we found aligned solutions.



After conducting research on possible programs and activities to support these solutions; we presented eight approaches to community at our Decide the Right Path Workshop, held 30th August 2017.

COMMUNITY GOAL: PEER TO PEER SUPPORT WITH PARENTING (SIMILAR TO PARENT CAFÉ IN A BOX) UNIVERSAL



The Parent Café in a Box concept was originally created by *Be Strong Families* in the United States. These gatherings, derived from the World Café model, bring community members together for a series of structured conversations that directly or indirectly address protective factors. Cafés are a method of facilitating meaningful, reflective conversations that promote leadership and collaboration and help to strengthen families.

The Cafés are characterised by:

- * An informal, safe and inviting atmosphere with small tables arranged to mimic a café
- * Very small groups (3 to 5 individuals) engaged in peer based conversations focused around specific questions
- * A structure that allows participants to move among café tables and converse with others through multiple rounds of conversations
- * A peer host who has participated in an earlier café series and has received training or orientation in creating an inclusive café conversation

They provide peer to peer support by addressing 5 protective factors for children:

- 1) Parental resilience
- 2) Social connections
- 3) Knowledge of parenting and child development
- 4) Concrete support in times of need
- 5) Social and emotional competence of children

The goal is to create an intimate environment where parents, caregivers and community members can share and support each other as a strategy for strengthening families. Cafés designed to build parent leadership have been held in a wide variety of settings. Early care and education centres, community centres, faith communities, family support centres, community action agencies and schools are typical hosts of cafés. Cafés may be open to the general public in a city or neighbourhood, or targeted to those who are affiliated with the hosting school, place of worship or community program.

Cafés may be used to strengthen existing relationships among members of a group, or to help community members form new relationships and cultivate a sense of community that may not already be in place. Cafés are generally offered in a series so that participants have a chance to get to know each other and explore issues in greater depth. (Café experts recommend holding a series of at least three connected cafés to have an effect on protective factors and parent leadership).

Parents and caregivers participate in cafés in a variety of ways. Many parents first participate in one café series, then seek support or training to start hosting or co-hosting another series – and eventually step into roles of organising cafés and/or training other parents. Café participation can be a gateway to greater leadership opportunities and the development of skills that parents then use in their communities, in their caregiving roles and in their paid work.

Community goals advanced with this approach:

- ✓ Child Health – protective factors
- ✓ Isolation – peer to peer support and group engagement – available to all
- ✓ Safety – protective factors
- ✓ Financial strain – low cost to trial and low to no cost to participate

Resources required:

- * Volunteer hosts
- * Venues
- * Parent Café in a Box questions (purchase price is \$50 – 40 cards with a total of 200 questions) or develop our own
- * Mentoring of hosts and support to get it started
- * Additional Boxes are available specifically for Dads' at the same price

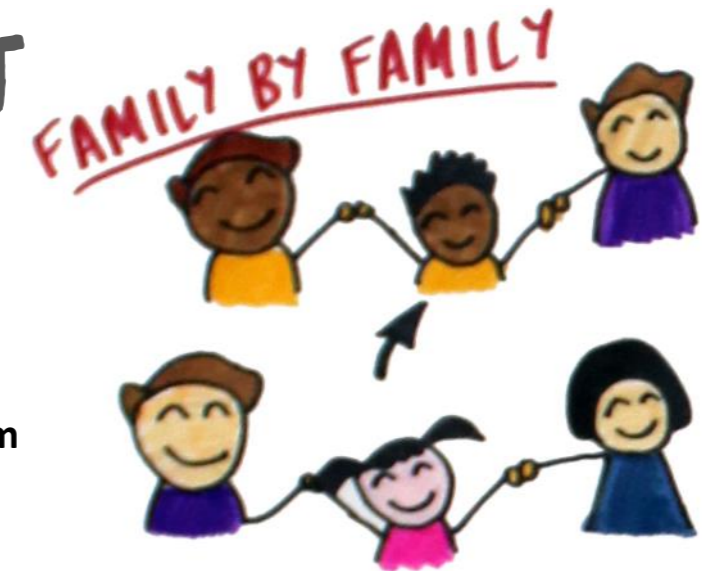
Implementation scale:

1. Ready – Working Group co-design implementation
2. **Modification/training required**
3. Trial to inform funding/system change
4. Funding to conduct trial
5. System change to conduct trial

After conducting research on possible programs and activities to support these solutions; we presented eight approaches to community at our Decide the Right Path Workshop, held 30th August 2017.



COMMUNITY GOAL: PEER TO PEER SUPPORT (SIMILAR TO FAMILY BY FAMILY) TARGETED



Family by Family finds and coaches families who have been through tough times and come out the other side and links them up with families who would like something to change. Professionals take an indirect role: motivating, prompting, and problem-solving with family pairs, rather than assessing, diagnosing, or directing change.

Family by Family calls the families who want things to change, seeking families; the families who support seeking families to change, sharing families; and the professionals who guide and challenge family pairs, family coaches.

Family by Family responds to two problems:

- 1) Too many families stressed without the support to get through tough times, and
- 2) Too much demand on crisis services without the resources to match.

Much of that demand comes from families living in extreme isolation with inadequate social support. New Australian research tells us that people's relationships with trusted others is on the decline. Family by Family is an opportunity to keep families from coming into contact with crisis services by enabling them to have more good people and things in their lives.

Our focus isn't only on helping families overcome crisis (i.e. resiliency) but on moving families towards different lives (i.e. thriving). Families don't want to just get by; they want a sense of future and possibility.

Seeking families, sharing families, and coaches come together through six types of interactions:

- 1) finding families,
- 2) training families,
- 3) linking-up families,
- 4) coaching families,
- 5) introducing families to new people and places; and
- 6) measuring change.

Family by Family brings together trained sharing families with families who want something to change. We call this a link-up. Linkups last for 10 weeks. Some families find they need more time to work on the things they want to change and may go on to do multiple link-ups (up to 30 weeks). Sharing families are paid a grant to attend weekly team coaching, however volunteer their time for families.

Change in Family by Family is led by families, but supported by professional family coaches with experience in enabling change. The family coach meets regularly with the seeking and sharing families to keep the link-ups focussed on change. Coaches help match families, manage risk and most importantly provide ideas, motivational support, troubleshooting and professional know-how when needed.

Community goals advanced with this approach:

- ✓ Child Health – information, family support, building networks and parental wellbeing
- ✓ Isolation – engaging disengaged and or vulnerable families and linking them back into the community
- ✓ Safety – increase parent capacity, increase social and support networks
- ✓ Financial strain – medium to high cost to trial and no cost to participate

Resources required:

- * Seed funding to conduct a trial
- * Service Provider to partner with
- * Co-design of trial by Working Group
- * Partnership with health professionals
- * Evaluation by Telethon Kids Institute
- * Volunteers to coordinate

Implementation scale:

1. Ready – Working Group co-design implementation
2. Modification/training required
3. Trial to inform funding/system change
- 4. Funding to conduct trial**
5. System change to conduct trial

After conducting research on possible programs and activities to support these solutions; we presented eight approaches to community at our Decide the Right Path Workshop, held 30th August 2017.

Connecting
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COMMUNITY GOAL: EARLY INTERVENTION CHILD HEALTH (SIMILAR TO DIY HEALTH) UNIVERSAL



DIY Health is a co-produced health education delivery model to empower parents in managing children's health. It was developed and implemented by local health services and community members in the UK, in response to a need identified across multiple suburbs.

Parents of children under the age of 5 were frequently re-attending surgeries for support with treatment of preventable and self-manageable childhood problems. These repeat visits led to recognition that healthcare professionals needed to work better with parents and carers to identify how to provide knowledge and skills that would ensure they were more confident to manage their children's health at home and when to seek further help.

The DIY Health (0-5) Model:

- * 6 week educational program for parents of children under the age of 5
- * Co-facilitated by health visitors and adult learning specialists
- * Co-produced curriculum based on supporting parents to access the right help at the right time for minor ailments
- * Drawing on local resources to provide additional support
- * Supported by local Children's Centres

The Curriculum:

- * 6 core topics identified locally - Cold & flu/ Diarrhoea & vomiting/ Fever/ Feeding/ Eczema/ Ear pain
- * Priority matching exercise at the beginning of each cohort
- * Additional sessions co-produced based on parent identified topics
- * Evidence based and community resources

Co-Production:

- * Using knowledge and lived experiences of people and professionals
- * Challenging existing relationships and creating new ones
- * Involving 'service users' in the design, delivery and evaluation of services
- * Establishing partnerships to build resilience in the community through empowerment and education

This program has been successful in the UK; increasing not only the knowledge of family health and well-being for participants, but also growing friendships and building confidence.

Community goals advanced with this approach:

- ✓ Child Health – information, family support, building networks and parental wellbeing
- ✓ Isolation – building networks in a supported group- a purpose to the engagement
- ✓ Safety – reduced escalation of health issues and attendance at A & E
- ✓ Financial strain – medium cost to trial and low cost to participate

Resources required:

- * Co-design of the course with community and Working Group coordinating
- * Evaluation by Telethon Kids Institute
- * Partnering with health and education professionals
- * Volunteers to coordinate

Implementation scale:

1. Ready – Working Group co-design implementation
2. Modification/training required
- 3. Trial to inform funding/system change**
4. Funding to conduct trial
5. System change to conduct trial

After conducting research on possible programs and activities to support these solutions; we presented eight approaches to community at our Decide the Right Path Workshop, held 30th August 2017.

COMMUNITY GOAL: EARLY INTERVENTION CHILD HEALTH

TARGET 100% 2 YEAR OLD HEALTH CHECKS

TARGETED

The child health visiting schedule has been updated based on feedback from families and nurses, as well as looking at what works well across Australia and overseas.

Changes have been made so that:

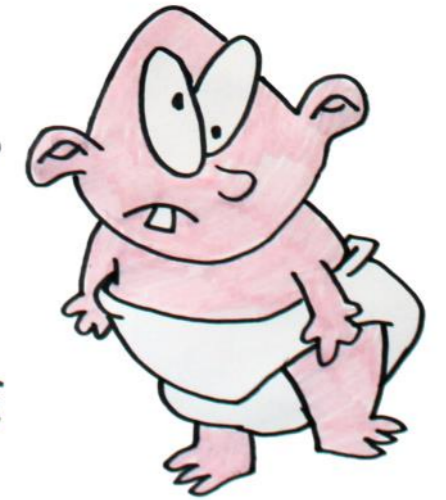
- * there are more drop-in sessions and group sessions, which families have told us are important
- * the Purple Book appointments fit with important ages and stages of your child's growth and learning
- * there is a new parent questionnaire (Ages and Stages Questionnaire) at Purple Book health checks to find out more about how your child is developing
- * **community child health nurses see toddlers at 2 years, rather than 3 years, so that any signs of developmental concerns can be picked up earlier and there is more time to help children catch up before they start school**
- * Community Child Health Nurses have more flexibility to offer extra appointments and services in between the Purple Book checks if you or your child need a bit more help.

At our Health Workshop the need for early intervention was raised several times. The Department of Health has modified their schedule to provide an opportunity for earlier intervention through a child health check that will now be available at 2 years of age instead of 3 years of age. The data provided by the Department showed that although this is a free service the majority of children did not receive their 3 year old health check in either Cockburn or Kwinana. We are keen to see that percentage increase and propose to undertake a trial in selected locations where we target all eligible children with an aim to achieve 100% take up rate. In addition we would like to continue to track the families in the trial to learn more about attendance at follow up appointments or referrals to Allied Health professionals.

The approach would require co-design from the Working Group that would include the Department of Health and Telethon Kids Institute along with community members and other key stakeholders.

The trial would seek to:

- * understand what it takes to engage families who have not previously participated in the Health schedule
- * learn what barriers there are to remaining engaged with Allied Health professionals
- * track the journey of families from early intervention to transition to school comparing population results of the 4 year old Health Assessment with the trial group



Community goals advanced with this approach:

- ✓ Child Health – early intervention
- ✓ Isolation – engaging disengaged families and linking them back into the community
- ✓ Safety – assess all 2 year olds in a select location, meet parent or care giver
- ✓ Financial strain – medium to high cost to trial and no cost to participate

Resources required:

- * Co-design of trial by Working Group
- * Partnership with health professionals
- * Support from Department of Health
- * Evaluation by Telethon Kids Institute

Implementation scale:

1. Ready – Working Group co-design implementation
2. Modification/training required
- 3. Trial to inform funding/system change**
4. Funding to conduct trial
5. System change to conduct trial

After conducting research on possible programs and activities to support these solutions; we presented eight approaches to community at our Decide the Right Path Workshop, held 30th August 2017.

COMMUNITY GOAL: SENSE OF BELONGING AND PRIDE IN ALL CULTURES

CELEBRATE CULTURE

UNIVERSAL



Throughout all workshops, our community raised the need for more activities that were inclusive and welcoming to all. In addition there was a lot of feedback on embracing the cultures who reside in our community and celebrating them.

A variety of ideas were raised, that in order to action; require a dedicated group to work with both the City of Cockburn and City of Kwinana, as well as a variety of other key stakeholders. This will include reference and advisory groups and provide feedback to both cities on their Disability and Inclusion Action Plan and their Reconciliation Action Plan. Both Cities have scheduled events throughout the year; and it is proposed that the Celebrate Culture Working Group would be involved in future planning by the City and also continue to work with community to plan additional future events that promote and celebrate our vibrant culture.

In order to enable events to take place, this group will be trained in grant applications and will work with various agencies to establish MOU's to enable auspicing arrangements where grants require an incorporated body. Other key responsibilities for this group will be to seek new spaces for activities to be held and work with key stakeholders to improve accessibility for community groups.

Community goals advanced with this approach:

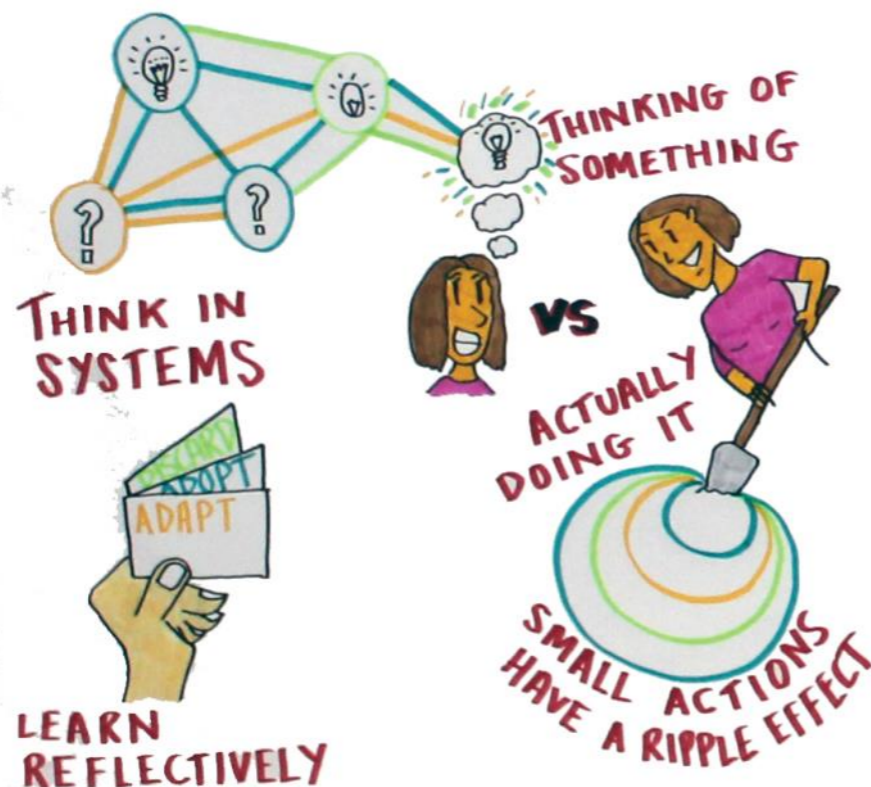
- ✓ Child Health – Celebrate diversity, bring families together
- ✓ Isolation – generate pride in all cultures, sense of belonging, capacity building and inclusion
- ✓ Safety – building community and building capacity
- ✓ Financial strain – low cost to trial and no cost to participate

Resources required:

- * Mentoring/training of working group members
- * Link in with Community Development Officer in City of Cockburn and City of Kwinana
- * Skilled volunteer to develop grant applications and MOU's

Implementation scale:

1. Ready – Working Group co-design implementation
2. Modification/training required
3. Trial to inform funding/system change
4. Funding to conduct trial
5. System change to conduct trial



After conducting research on possible programs and activities to support these solutions; we presented eight approaches to community at our Decide the Right Path Workshop, held 30th August 2017.



COMMUNITY GOAL: SAFETY CAMPAIGN (SIMILAR TO NOT IN OUR TOWN) UNIVERSAL

Not in Our Town is a movement to stop hate, address bullying, and build safe, inclusive communities for all. Not in Our Town films, new media, and organising tools help local leaders build vibrant, diverse cities and towns, where everyone can participate.

Not in Our Town and Not in Our School are both projects of The Working Group, an Oakland-based non-profit founded in 1988. Not in Our Town was launched in 1995 with the landmark PBS film that documented the heroic efforts of Billings, Montana citizens who stood up for their neighbours after a series of hate crimes. They inspired hundreds of communities in the United States and around the world to take action against hate.

Here's an excerpt from an interview with Not in Our Town CEO and Executive Producer Patrice O'Neill about how Not in Our Town turned into a movement:

"We could have never guessed a single story would launch a movement. Nearly 20 years ago, The Working Group sent a film crew to Billings, MT to document a story about working people, ordinary people, who stood up for their neighbours when they were under attack by white supremacists. After attacks on a Native American woman's house, an African-American church, and a Jewish family's home, the entire town refused to be silent and fearful. They stood up together. They said, 'Not in Our Town'. That became the title of our landmark media and engagement project, 'Not in Our Town'. It changed the way we made films, and it changed the way we thought about the process of community transformation. The Billings story opened up a conversation about how we deal with hate crimes. Few states had hate crime laws back then; it was an issue that often surfaced but was not dealt with. The Billings story demonstrated that the responsibility for dealing with intolerance lies with all of us. We first screened the film in a small California town, curious to see what happened when a community unlike Billings watched the film. There were teachers, students, rabbis, priests, and city council members. When the film ended, they didn't want to talk about Billings, they wanted to talk about their town. They wanted to talk about how people were treated in their community. It was exciting. We took our film to town hall meetings across the country. We watched as communities formed their own groups. They were saying Not in Our Town in Illinois and New Jersey and Colorado. University students in New York and California were saying Not on Our Campus, Not in Our Residence Hall. In Lewiston, Maine a middle school principal started the first Not in Our School campaign. Not in Our School is now a national leader in bullying prevention, working with national teacher unions and the PTA. Like Billings, the solutions came from the ground up. They countered division with unity. There were songs and flash mobs, signs and pledges. They went to their city council and human relations commission meetings. They wrote to their local newspaper. They raised the issue of hate crimes, said that no resident should be targeted because of who they are. Some worked together to heal after murder, other worked to prevent tragedy before it happened. For two decades, we have been filming, sharing stories and tools, and helping to empower communities."

Save the Children – Dampier Peninsular

"Not in Our Town" is a Child and Family Wellbeing program in the Dampier Peninsula. This program is taking a holistic approach to addressing endemic community developmental issues, through Early Childhood Education (ECE), Parenting and Family Support, School Attendance and Success, Leadership and Capacity Building and Employment and Workforce Development.

Not in Our Town could be our Safety Campaign for Cockburn and Kwinana, designed and driven by our community and embedded throughout our community.

Community goals advanced with this approach:

- ✓ Child Health – information, family support, building networks and parental wellbeing
- ✓ Isolation – whole community involvement and responsibility – everyone counts and has a role to play
- ✓ Safety – everyone is responsible, stop bystander behaviour
- ✓ Financial strain – medium to high cost and no cost to participate

Resources required:

- * Resource pack for NIOT
- * Diverse Working Group representing whole of community
- * Co-design by Working Group through significant community engagement
- * Enlist professional to review and guide plan
- * Evaluation by Telethon Kids Institute
- * Partnering with multiple groups in the community (schools, council, business, community, etc.)
- * Volunteers to coordinate
- * Funding for marketing design and material

Implementation scale:

- 1. Ready – Working Group co-design implementation**
2. Modification/training required
3. Trial to inform funding/system change
4. Funding to conduct trial
5. System change to conduct trial



After conducting research on possible programs and activities to support these solutions; we presented eight approaches to community at our Decide the Right Path Workshop, held 30th August 2017.



COMMUNITY GOAL: PEER TO PEER SUPPORT WITH PARENTING (SIMILAR TO COMMUNITY MOTHERS PROGRAM) TARGETED

The Community Mothers Program has been successfully implemented in the UK. It provides monthly visits to new mothers during the first two years of the child's life and aims to increase the mother's self-confidence by having a non-professional mother from the community visit in the home and share her own experiences raising a child.

This program was found to have positive impacts on child immunisations, child nutrition, number of days in the hospital for children who spent time in the hospital, mother reading to the child, mother's fatigue, mother feeling miserable, and mother staying in.

DESCRIPTION OF PROGRAM (as implemented in the U.K):

Target Population: First-time and second-time mothers, low-income mothers in an urban setting. In the Community Mothers Program, the new mother receives the usual support from a public health nurse, but receives monthly visits at home from a mother in the community for a year. This program recommends that the home visitor share her own experiences with the mother, rather than giving advice or teaching her. In doing so, the mother will ideally feel empowered and equal to the home visitor. The first-time mothers were encouraged to use cartoons promoting educational development, language development, and cognitive development. Education involved reading to the child early. Language was developed through nursery rhymes, and cognitive development was encouraged through play.

METHODS:

Seven years later, trial participants were interviewed about child health, nutrition, cognitive stimulation, parenting skills, and maternal self-esteem. The aim of this study was to see whether the demonstrated benefits at 1 year of age of this program could be sustained at age 8.

RESULTS:

One-third of the original group (38 intervention, 38 control), were contacted and interviewed. The risk for having an accident requiring a hospital visit was lower in the intervention group and intervention children were more likely to visit the library weekly. Intervention mothers were more likely to check homework every night; and to disagree with the statement 'children should be smacked for persistently bad behaviour'. They were more likely to disagree with the statement 'I do not have much to be proud of'; and to make a positive statement about motherhood than controls: Subsequent children of intervention mothers were more likely to have completed Haemophilus, influenza A and B; and polio immunisation.

CONCLUSIONS:

The Community Mothers Program had sustained beneficial effects on parenting skills and maternal self-esteem 7 years later with benefit extending to subsequent children.

Community goals advanced with this approach:

- ✓ Child Health – protective factors
- ✓ Isolation – peer to peer support and group engagement—available to all
- ✓ Safety – protective factors
- ✓ Financial strain – moderate cost to trial and no cost to participate

Resources required:

- * Volunteer Community Mothers
- * Mentoring of Community Mothers
- * Support from Department of Health (in the UK model, Community Mothers are recruited, trained and supported by Child Health Nurses in the NHS)

Implementation scale:

1. Ready – Working Group co-design implementation
2. Modification/training required
- 3. Trial to inform funding/system change**
4. Funding to conduct trial
5. System change to conduct trial

After conducting research on possible programs and activities to support these solutions; we presented eight approaches to community at our Decide the Right Path Workshop, held 30th August 2017.

COMMUNITY GOAL: BUILDING NEIGHBOURHOOD CONNECTIONS (SIMILAR TO STREET BY STREET) UNIVERSAL



The Centre for Civil Society, since its establishment in 2007, has brought residents, social innovators, community builders and policy-makers together in several forums to explore how community life in local neighbourhoods can be re-invigorated on a large scale.

This has resulted in the establishment of the Street by Street Project.

The need for social infrastructure at the neighbourhood level, and the life-changing benefits of living in a connected community, have been long proven. However, despite some outstanding exceptions, many Australians live in neighbourhoods that do not offer vibrant opportunities for neighbours to do things with and for each other. Neighbourhood groups and the processes of community development are not new. Around the world and around Australia there are wonderful examples of communities coming together to create meaningful opportunities for sharing, laughing, learning, supporting and helping one another in their day to day lives. The Street by Street model offers a framework to make it easier for people to build local connections and develop a greater sense of community.

The Centre for Civil Society's vision is that all over Australia, people will connect with their neighbours, help one another and make amazing things happen, street by street.

Involvement in Street by Street neighbourhood groups is expected to:

- * Strengthen relationships between neighbours
- * Make a positive difference to the lives of neighbours who participate
- * Increase social and practical support amongst neighbours
- * Contribute to safer, healthier and more connected communities

Everyone benefits from community life – older people can stay in their homes longer if neighbours give them a hand, people with a disability are included, people with a social life suffer less from depression and social isolation and safety is improved when neighbours look out for you and your property. As neighbours get to know one another through simple, regular social gatherings, they find common interests and concerns. People help one another, friendships may form, kids find playmates, matters affecting the area are shared and the group may take on projects of interest to members.

An example from South Fremantle Precinct:

The South Fremantle Precinct was restarted in 2013 and has been involved in a number of key activities. Pizza Fiesta: The group organised a community picnic in a local park. A local bakery supplied 50 1m long pizzas which were shared by residents. Local musicians both amateur and professional played at the event. The local school ran a cake stall which raised nearly \$1000 for the school. Community groups provided information about themselves on information boards and a local environment group ran a verge competition to encourage residents to convert their nature strips to natives. The group also collected suggestions for ways to improve the local shopping area, which had been identified by Precinct members as a priority. They are now working with the local Council on draft plans to improve this area.

Community goals advanced with this approach:

- ✓ Child Health – peer to peer support
- ✓ Isolation – connection with neighbours making streets more welcoming
- ✓ Safety – getting to know your neighbours, building community and building capacity
- ✓ Financial strain – low cost to trial and no or low cost to participate

Resources required:

- * Coordinators to identify who wants to get started and then support community members in planning etc.
- * Link in with Neighbour Day and apply for funding
- * Skilled volunteer to develop grant application
- * Link in with Community Development Officers in City of Cockburn and City of Kwinana

Implementation scale:

1. Ready – Working Group co-design implementation
2. Modification/training required
3. Trial to inform funding/system change
4. Funding to conduct trial
5. System change to conduct trial

Participants of our Decide the Right Path Workshop were asked to decide which approach they were most passionate about.

They then spent 1 hour discussing in depth; flagging any issues; thinking about additional stakeholders and raising any questions.

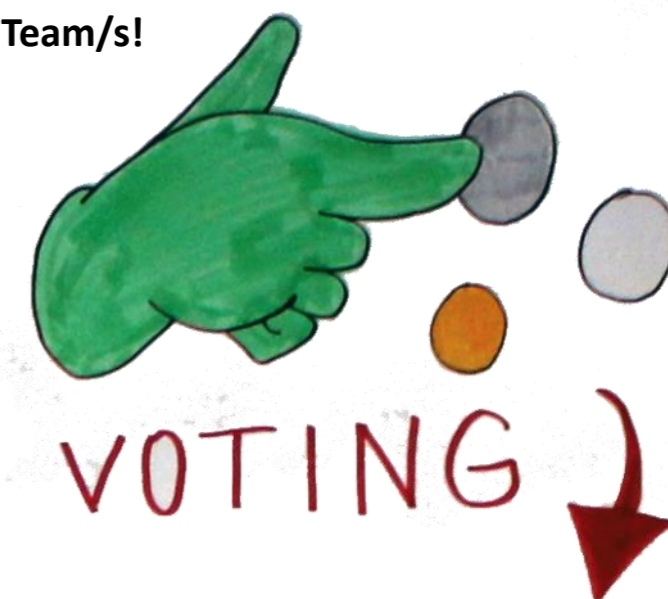
Once this data was collated, each participant was given the opportunity to choose another table and discuss an additional approach for a further 15 minutes each.
Each participant was given the opportunity to rotate 3 times.

Once everyone was across each of their chosen circuit breakers, they were asked to vote with gold (3 points), silver (2 points) and white (one point) for their 3 favourite and feasible approaches.



Our dedicated community members and service providers then signed up for their chosen Action Team/s!

**FIND SOMETHING
YOU CAN CHANGE
AND GET
GOING!**



COMMUNITY GOAL	APPROACH	VOTE	ACTION TEAM
Peer to Peer Support with Parenting	Similar to Community Mothers Program	39	9
Early Intervention Child Health	Target 100% 2 Year Old Health Checks	35	8
Building Neighbourhood Connections	Similar to Street by Street	29	9
Sense of Belonging and Pride in all Cultures	Celebrate Culture	25	4
Peer to Peer Support with Parenting	Similar to Parent Café in a Box	25	7
Safety Campaign	Similar to Not in our Town	14	0
Peer to Peer Support	Similar to Family by Family	9	0
Early Intervention Child Health	Similar to DIY Health	0	0

COMMUNITY GOAL: PEER TO PEER SUPPORT WITH PARENTING (SIMILAR TO COMMUNITY MOTHERS PROGRAM)

TARGETED



100%
THUMBS UP FOR
EACH ROTATION!

**PARENTS
SUPPORTING
PARENTS FOR KIDS**



QUESTIONS

- * What cultural competency is needed, how would we assess?
- * Look to have 1-5 community members involved in peer support
- * Use other models – Parenting by Connection (COC)
- * How long would a person volunteer?
- * Working families – struggle a lot
- * Large areas – what would it look like?
- * Could following year's recipients be next years volunteers?
- * Finding volunteers is challenging!
- * Incentives for volunteers
- * How old can volunteer's children be – can parents of teens volunteer?
- * Volunteer Resource Centre funding may not continue after December, need to check
- * Come from excess mothers accessing the service
- * Can children attend with volunteer?
- * Might not feel supported by CHN
- * Small one to one rather than large groups
- * How do you access program?
- * Massive support for people?
- * Would you be good for individual needs – to bring own children etc.
- * Walk in your shoes etc.
- * Accessing hard to reach families – 2 year health check – community events, facilitate advocacy to see CHN
- * Could reduce isolation and mental health
- * Triage client to volunteer?
- * Access to data – foundation points into community?
- * CHN connection as first point of call
- * Neighbour mothers program = learning
- * Boundary set around time – relationship, guidelines set out regarding transition
- * Step down approach
- * Natural friendship – not forced visits
- * Commitment – do I want to commit to this person?
- * Shorter time period – is it too much pressure?

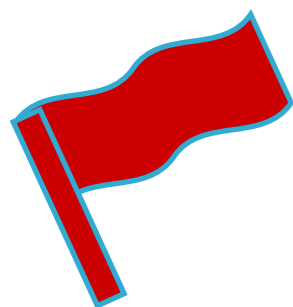
FLAG ANY POTENTIAL ISSUES

- * Will the Child Health Nurses do the supervision?
- * What support will there be for volunteers?
- * Very Mother focused – could it be more inclusive – carer focused?
- * What happens if advice is given and something goes wrong?



WHO ELSE SHOULD BE IN THE ROOM?

- * Health Department
- * Volunteer Resource Centre
- * Parenting Services
- * Community members
- * Parents Next (SMYL)
- * Department of Social Services



COMMUNITY GOAL: EARLY INTERVENTION CHILD HEALTH

TARGET 100% 2 YEAR OLD HEALTH CHECKS

TARGETED



HAVE YOU HAD YOUR
2 YEAR OLD HEALTH
CHECK?



100%
THUMBS UP FOR
EACH ROTATION!



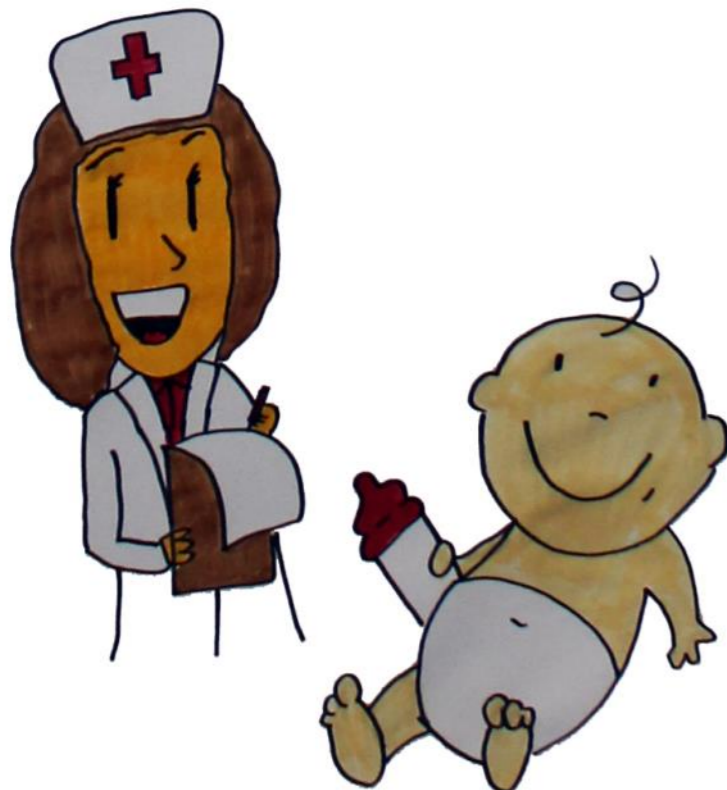
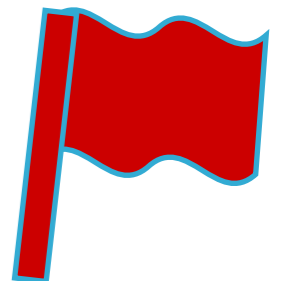
QUESTIONS

- * Has the 2yo health check started yet?
- * Is home visiting available for those parents who don't have transport?
- * Availability of resources to deliver?
- * What's already happening?



FLAG ANY POTENTIAL ISSUES

- * Is it early enough?
- * What resources would be needed?
- * Access and transport can be a problem
- * Profiling and marketing the change for those who need to know e.g. Parents
- * Invisible problems picked up
- * Hard to get appointment
- * New mums don't know what to look for
- * 1st appointments made—no flexibility
- * Long wait times for speech therapy
- * Incentive for families to have check like immunisation
- * Families concerned of DCP reporting



LIGHT BULB MOMENTS

- * Education & awareness and have an approach of celebration of 2 years milestone

COMMUNITY GOAL: BUILDING NEIGHBOURHOOD CONNECTIONS (SIMILAR TO STREET BY STREET)

UNIVERSAL

**STREET BY STREET IS
WHERE IT STARTS**
“SSS”

FLAG ANY POTENTIAL ISSUES

- * Logistics of closing a street e.g. traffic mat for grass roots
- * A barrier is willingness and fear to create cultural inclusiveness
- * Frequency – ongoing v’s once off where people can miss out
- * How to reduce the fear factor?
- * Positive roles/role models
- * Pre-work needed to ensure physical and emotional safety
- * Needs to align/link to safety initiatives e.g. Feel safe to get out and about
- * Link to existing groups (have they been missed out during consult or did not come?)
- * How to access people who are difficult to access/engage?
- * Work with Councils to get use of places
- * How to target our target groups?
- * Is knowing people translating to action?



**100%
THUMBS UP FOR
EACH ROTATION!**

LIGHT BULB MOMENTS

- * How to ideas, link to other things beyond S2S
- * Move beyond a street as a location e.g. Park, but still may be too big?
- * How to put information out there not jargon – relational
- * Start small—localised for people to feel comfortable
- * How to change peoples mindset about how to be neighbourly– set up activities for success
- * Modelling for young generations
- * Opportunity for friendship, confidence, change
- * Link in with Imagine Kwinana (Bill Toon) Kwinana community share, garden and sewing group



WHO ELSE SHOULD BE IN THE ROOM?

- * Police
- * City of Cockburn and City of Kwinana
- * Multicultural Rep
- * Aboriginal Rep
- * Local business
- * Space, food and resources



QUESTIONS

- * How can we connect to pockets of activity already happening?
- * Integrate to everyday/usual, behaviours/ routines
- * How do we fund resources needed?
- * How would we determine a neighbourhood – boundaries?
- * How can we involve business/community to get message out to the target groups: beyond social media/websites/word of mouth/local newspaper/library
- * Community centres should be free of charge
- * Who will be the backbone facilitator for this?
- * What has been achieved elsewhere?
- * Can this be linked to children's local playing?
- * How to identify local champions?
- * Support that is not event based but contact based
- * Social media harnessed
- * Where do we start?
- * What kind of role is there for governance in this approach? What would it look like? Essentials/ risks/lower formality
- * Bringing people together such as gardening
- * Gaps bridged between communities
- * How will success be identified?
- * Links to liveability/useability
- * Line for education safety to support peoples involvement
- * Scan to ID other activities to avoid duplication

COMMUNITY GOAL: SENSE OF BELONGING AND PRIDE IN ALL CULTURES

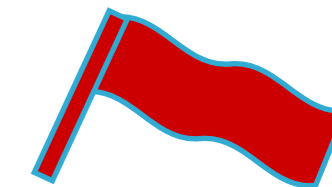
CELEBRATE CULTURE

UNIVERSAL

**CELEBRATION,
CONNECTION,
INVOLVEMENT,
ENGAGEMENT**

18

THUMBS UP IN TOTAL



FLAG ANY POTENTIAL ISSUES

- * City of Kwinana are withdrawing from events they have previously organised e.g. Harmony Day, NAIDOC Week
- * Make sure the working group connect with community groups, organisations to get feedback and involvement
- * Not many community members from Kwinana at this workshop so hard to determine an approach that works for Kwinana
- * Language in flyers is important in getting people to attend & participate. No academic jargon – simplify flyers
- * If it is too service driven services will keep making assumptions what the community wants and engagement will be low, needs to be community member driven to get high engagement.
- * Insurance at events is a minefield
- * Obstruction for participation include:
 - o Reading the conditions – long and arduous
 - o Consequence, reading insurance big issue and deters involvement at the beginning
- * Difficult to accept with words such as system change, trial, conduct—very threatening
- * Timing of workshops and working groups
- * Wattle Day 1st of September – new Australia Day?
- * Keep festivals happening
- * Harmony Day – love it
- * People want to be involve but already committed
- * Acknowledge difference between 2 communities and LGA's
- * COC do training for community groups/support in different ways
- * This working group can play an advisory role to the LGA's
- * Small pop up activities/events
- * Pool of money to support pop up small activities e.g. Early years activities (talk to Susie)
- * Need to ensure feedback to and from LGAs/CCK/WG community
- * Concerns about COK withdrawing from events without having a plan to support groups to transition run events e.g. NAIDOC, Children's Party
- * LGAs need to provide leadership in the community
- * Often workers don't live where they work so can be difficult to commit to activities/events
- * How can we shake hands with LGAs
- * Overwhelmingly people said LGAs need to be involved

WHO ELSE SHOULD BE IN THE ROOM?

- * Aboriginal elders
- * Cultural groups
- * Residents association
- * Bronwyn Barrett, Red Cross Kwinana



QUESTIONS

- * What is the anticipated time commitment for working groups?
- * What is the role of CCK staff on working groups?
- * How will this approach connect with children and families?
- * This is designing a process to engage the relevant groups in the communities e.g. CALD, Aboriginal, schools, community groups
- * Will there be a working group in City of Cockburn and City of Kwinana?
- * Role of local government differs across both communities
- * Stocktake of what is already happening grants available etc.
- * "one big voice"
- * "WA Rocks"
- * Capacity and capability of community
- * Range of issues for groups wanting to run events such as applying for grants, event management, event coordination, insurance costs



COMMUNITY GOAL: PEER TO PEER SUPPORT WITH PARENTING (SIMILAR TO PARENT CAFÉ IN A BOX)

UNIVERSAL



**FANTASTIC
LET'S DO IT!**



75%
THUMBS UP IN
TOTAL



QUESTIONS

- * What training for the host?
- * Who supervises/supports host?
- * How do we overcome jargon?
- * Would it be aged defined?
- * Creating café's that are themed according to community needs
- * Do we have a group value of philosophy?
- * Would there be an overall social media support?
- * How to be most inclusive?
- * Could these be held at night at day care centres?
- * What would the legalities be for 3-5 individual hosts (what support in under the Charity Act)?



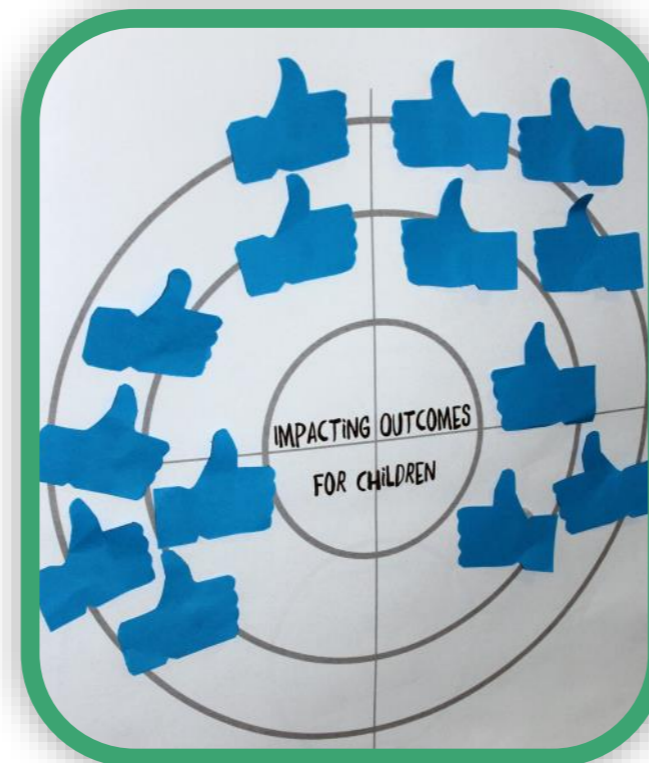
FLAG ANY POTENTIAL ISSUES

- * How to support/encourage ongoing engagement?
- * How do we create Café in a Box?
- * Need response, user choice
- * What are the specific needs of families with children 0-8, is it prioritised from urgent – importance to social gathering?
- * Advertising this and adapting, being able to reinvent
- * As group is small a process is needed for turning people away due to full group – no wrong door
- * What happens when host no longer wants to continue – what happens to group



LIGHT BULB MOMENTS

- * Mentoring parents in the group who can become hosts themselves
- * Group philosophy
- * Aged defined
- * Tree of Life parenting – recognising support networks
- * Social media support

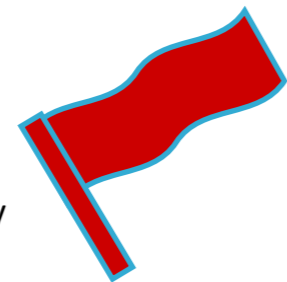


COMMUNITY GOAL: SAFETY CAMPAIGN (SIMILAR TO NOT IN OUR TOWN)

UNIVERSAL

**NOT IN OUR HOOD.
EVERY COMMUNITY
MEMBER IS RESPONSIBLE
FOR KEEPING THE
COMMUNITY SAFE**

FLAG ANY POTENTIAL ISSUES



- * Respect for language and everyone to have a say
- * Do we have an Australian program?
- * Money?
- * Not to victimise people by being responsible for all – people fearful and reserved
- * Need to change people's behaviour
- * Don't like the word Hood— is it going to be positive?
- * Use of language in initial statement, how do we influence attitude?
- * This should be part of education, what is being taught now?



ONLY 17
THUMBS UP IN
TOTAL



LIGHT BULB MOMENTS



- * Other names...Step Up, Respect or Step out of the Hood
- * Co-design with youth
- * Led by a professional consultant
- * Start at primary school
- * Language – get involved – don't walk past
- * What has happened before?
- * Promote safety messages that already exist
- * Community champions
- * Education – promotion of how to keep community safe
- * Community events

WHO ELSE SHOULD BE IN THE ROOM?

- * Role models, businesses, elders, community groups, prison reps
- * Mentors
- * Schools (not in our Hood)
- * Primary schools
- * MLA – local reps
- * Student council/school captains/PNCs
- * Local government
- * Youth centres
- * NGO's
- * Youth advisors
- * Security companies
- * Young people
- * Child and parent staff
- * Parents
- * Employees of shopping centres
- * Mental health agencies e.g. Head space

COMMUNITY GOAL: PEER TO PEER SUPPORT (SIMILAR TO FAMILY BY FAMILY)

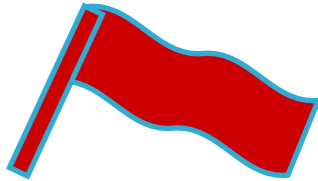
TARGETED



**A NEED, BUT
COMPLEX!!**



96%
THUMBS UP IN
TOTAL



LIGHT BULB MOMENTS

- * Family outings
- * DCP as the starting point for families who have completed the program 8 weeks



FLAG ANY POTENTIAL ISSUES

- * Securing appropriate funding
- * Resources to gather feedback/data to determine the benefit and areas of improvement
- * Great concept & could bring about REAL change, but it is resource intensive & would require significant funding, resources, training and support
- * How to supervise or provide feedback mechanism?
- * How/who assesses risks in home (volunteer safety)?
- * Huge undertaking
- * Requires collaboration
- * What and how do we measure this, pick a target area?
- * Working out what's already funded



QUESTIONS

- * Where will the funding come from?
- * Possibly need 20 – 30 families for validity of research (funding)
- * Would multiple organisations need to be involved?
- * Would this model fit with some services when parenting services are not funded for home visiting or home visit minimal i.e. partnership?



COMMUNITY GOAL: EARLY INTERVENTION CHILD HEALTH (SIMILAR TO DIY HEALTH)

UNIVERSAL



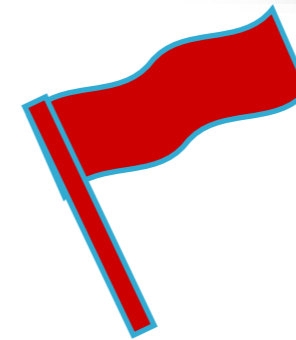
DIY HEALTH

45%
THUMBS UP
ACROSS ALL
ROTATIONS



FLAG ANY POTENTIAL ISSUES

- * Not our space
- * No engagement of hard to reach families
- * You can get free medication at ED
- * Parents in control, build confidence, empower parents
- * Explore relationship with GP who knows your child



LIGHT BULB MOMENTS

- * Improve and enhance families confidence by providing/promoting a general guidelines/steps before emergency. I.e. Pharmacist, child health, GP, Health Direct, ER
- * TV screens at doctors surgeries and ED, pharmacist ELC's with information on the above



QUESTIONS

- * Different ways to triage patients, phone service in ED to call Health Direct
- * Encourage people to call Health Direct before turning up at hospital
- * Provide more info specific for what not to turn up to ED with, use Health Direct, 24/7 Doctor at home services. Better inform parents
- * Empower parents to know what to look for. How high is a temperature? What can be done at home?

