

Action Plan to Build Healing Communities



01

Introduction

The present document is a combined effort to produce an actionable, useable, and practical set of principles and activities to build trauma-informed healing communities. Researchers, consultants, government and non-government agencies, service engagement officers, and community members have contributed to compile a series of recommendations captured in the following pages.

The complexity of building trauma-informed healing communities brings a challenge that will only be addressed by recognising triumphs and errors of the past, by opening new and old communication channels to share our stories, and by collectively and collaboratively tackling multidimensional issues.

We have reached a time where we understand that awareness is important but just as important as is taking action. Data and evidence have helped to raise and shape such awareness, the time to detonate change is now.

This report is a response to the need to take action. It is an invitation to become the change you want to see. Read it, implement it, challenge it, share it, develop it.

While producing it, we witnessed the power of tackling issues from different fronts. We also experienced the potential of working together to share best practices and insights to build stronger strategies and reach better outcomes.

At Nova Smart Solutions, we are honoured to be part of this collective effort. We hope this report contributes to improve practices, open conversations, and having a larger impact to Build Trauma-Informed Healing Communities.

02

**This Report
in a Nutshell**

In this report, you will find useful and actionable items for early childhood development by developing a network of healing communities¹.

Most of the information contained in this report was abstracted from the *Building Trauma-Informed Healing Communities Early Childhood* Leadership online Symposium². The main insights collected from the three Symposium sessions are listed below and expanded in the report.

SESSION 1

- 1** Recognise the trauma suffered by families and groups including Aboriginal and Torres Strait Islander peoples.
- 2** Data is helpful because it provides information about problems however it is just a beginning in finding solutions.
- 3** Sharing and listening to stories is a major component of a healing journey.

SESSION 2

- 1** Social connectedness and trauma-informed practice principles are key.
- 2** No service can do everything so we need to work collaboratively.
- 3** Parents and children increasingly use digital technology.

SESSION 3

- 1** A community of action is needed.
- 2** Governance can be both an impediment and an enabler.
- 3** Data must be collected in partnership with community members.

The actions that emerged from the Symposium, Deep Dives, and conversations with key stakeholders³ are:

¹In this document, a provisional definition of a 'healing community', deriving from that used by the Healing Foundation <https://healingfoundation.org.au/community-healing/> is one where people are involved in holistic processes, which address their relational, mental, physical, emotional and spiritual needs, involving their connections to culture, family and land.

²IMPORTANT NOTE: If you work in a Government agency, a not-for-profit, or faith community in the child development sector, it is not imperative for you to have attended this event to find the information contained in this report relevant and useful :) Also, if you missed the Symposium or want to recap, you can access all three sessions here: <https://www.youtube.com/playlist?list=PLxcxXicFt7LBsrkDigC3LLIecMCSXOm3r>

³Key stakeholders include service engagement officers, university researchers, and government officers.

ACTION ONE

Back to the basics -
be aware of your
resources, capabilities,
and community
expectations.

ACTION TWO

Create welcoming,
safe and comfortable
places.

ACTION THREE

Turn data into action
and action into data.

ACTION FOUR

Map and define
elements of a Healing
Communities System.

ACTION FIVE

Map your monetary
resources to become
aware of your possible
scope and priorities.

ACTION SIX

Collaborate and share
information with others
using trauma-informed
service principles.

This set of six actions is explained individually and at the end of this document you will find a toolkit that aims to provide support to activate the strategies suggested in each one of the action items.

03

Insights from
Symposium

SESSION ONE - Building trauma-informed healing communities

- 1** Recognise the trauma suffered by families and groups including Aboriginal and Torres Strait Islander peoples. A key starting point is to recognise the trauma that Aboriginal peoples, non-Aboriginal families and other groups have experienced through generations. Appropriate steps for the healing process to take place include peer support workers, cultural responsiveness training, truth-telling, counselling, and journaling.
- 2** Data is helpful because it provides information about problems however it is just a beginning in finding solutions. Data collected has proved that as a community there are many areas to improve. Having the evidence to identify areas where change is needed is crucial however taking action is also crucial. Evidence is a key component of change but it has to be aligned with bold actions.
- 3** Sharing and listening to stories is a major component of change. Families and community members must be able to share experiences of trauma and survival. Learning from each other in a safe environment can provide the elements to design services and activities to support positive change as well as the indicators to measure it.

SESSION TWO - Developing trauma-responsive practice

- 1** Social connectedness and trauma-informed practice principles are key. Building, maintaining, and strengthening relationships and trust are the key priorities. This means focusing on what matters to the community, people's passions, skills, connections, ideas, experiences, and what they care about.
- 2** No service can do everything so we need to work collaboratively. Forming regional networks with other services that work with children and families in partnership can work around this.
- 3** Parents and children increasingly use digital technology. There is a growing use of technology for social and educational purposes. While this brings great opportunities there are also risks to consider.

SESSION THREE - Leadership, governance, and evaluating what works in developing healing communities

- 1** A community of action is needed. A significant change is derived from maintaining our individual identities while joining in the community helping each other as we work together towards healing.
- 2** Governance can be both an impediment and an enabler. There must be well-defined roles and compliances within an organisation because this will have an effect on the quality of the services that we deliver to support healing and building communities.
- 3** Data must be collected in partnership with community members. The people from whom organisations collect data must have and keep a sense of ownership. This approach allows services to maintain the underlying science of statistics behind data as well as the human side of collecting information.

04

Action Plan

01

Back to the basics - be aware of your resources, capabilities, and community expectations

This activity is the cornerstone of the present plan. The activities derived from this strategy will inform many of the actions defined in this document. *Back to the basics* means raising internal awareness of your resources, capabilities, and your community's expectations. This action sits across many levels in your service delivery strategy and aims to serve as a driver and guide for change. Define the issue you are trying to address, the outcomes pursued, the skills needed to do so, and fill in the gaps. This is what this action item is about.

How can I do this in my organisation?

See *Tools 1, 2 & 3 in your toolkit* at the end of this document to facilitate these steps.

- 1 Know the community you serve and frame the issue you want to tackle and define the outcomes and cohort.** Starting from what sometimes has been avoided is important. You need to be able to articulate what is the issue your organisation is trying to address. A sound issue definition informs the outcomes and the cohort you are targeting.
- 2 Map your governance scheme and your organisation's skill-set.** Actioning this will provide you with an understanding of who is who, the set of skills that make your organisation accountable to your community, and the issue(s) you are trying to solve.
- 3 Identify and name your gaps.** Remember from the Symposium that governance can be both an impediment and an enabler. It takes a bold organisation to identify gaps and action changes towards better outcomes. Recognising that change is feasible as a team will trigger powerful solutions and improvements to service engagement internally and externally.

The extra mile

- Build on current capabilities to learn more about issue framing and outcome definition.
- Communicate governance scheme, outcomes and cohort across your organisation to keep targets and expectations aligned.

02

Create welcoming, safe and comfortable places to enable deep healing work, there is no wrong door for help seekers

The community needs safe spaces to be able to share stories that inform better practice. Doing so in places where parents, children, and community members feel safe, regardless of their cultural background, is crucial and necessary to heal communities.

How can I do this from my organisation?

See *Tool 4 in your toolkit* at the end of this document to facilitate these steps.

- 1 Create or find a place to have deep-healing sessions.** Provide a physical and mentally safe place for children and families to connect with each other and tell their stories. Being safe means consciously addressing cultural, ability, gender and socio-economic inclusion. Spaces need to be physically accessible and adaptable to multiple uses so that users can choose how they engage
- 2 Design activities that welcome storytelling.** Children and parents feel more comfortable in casual environments where they can openly share their opinions and experiences with others. Design activities for community members to socialise, engage in training and open discussions. These sorts of activities include cooking classes gardening, citizenship and English classes, playgroups, painting, story-time and snack time.
- 3 Capture stories and define next steps.** A safe space is as important as capturing stories that drive actions. Along with the activity design, create ways to capture the outcomes you are achieving, the 'pain points' of your community and the next steps needed to heal the community. Common 'pain points' are those which generate exclusion or division such as poverty, lack of accessible services, linguistic diversity, racism, violence, abuse and other trauma histories.

The extra mile

- Organise your first event with the community.
- If unavailable onsite, identify community centres nearby to spark meaningful and impactful conversations.

03

Turn data into action and action into data, both reported to relevant bodies

Evidence-based activities have become more relevant over the past years. It is important to make sure that the activities we deliver as service engagement officers have a solid foundation that provides us with the certainty that we will be achieving desired outcomes. At the same time, the argument of collecting top-quality data can become the centre of attention, diverting resources from the ultimate outcome which is meeting the community's needs to thrive. Data must lead into action and we must be able to translate actions into indicators of success or areas of improvement.

How can I do this from my organisation?

See *Tool 5 from your toolkit* at the end of this document to facilitate these steps.

- 1 Understand the role of data in my organisation.** It is important to learn from your current data collection process. Responding questions like *why is it important to collect data? What data am I already collecting for internal purposes? What data is collected for external purposes? Is the data I collect informing my next steps or has it become a bureaucratic process?*
- 2 Identify the resources needed to implement a data collection strategy.** These kinds of strategies usually require certain technical abilities that vary in complexity. Defining the role of data, framing the issue, and defining the outcomes can be done internally and it is crucial to start a data collection strategy. Depending on the size of the organisation and program, other activities might require external support. Finding the best indicators, choosing data collection methods, finding the most adequate wording, capture and analyse information is a good exercise to do internally but the learning curve can be steeper compared to finding external support.
HINT: See Action item 1 and Tools 1, 2 & 3 to improve your resource identification.
- 3 Develop a data collection strategy in partnership with community members.** Based on the issue and outcomes definition, create a data collection method in consultation with the people who are expected to hand over their information. It is important to ensure data collection includes language that is inclusive and relatable (e.g. *how many children do you care for?* rather than *how many children do you have?*), and welcomes and respects participation.

The extra mile

- Regularly inform what happens to data collected and how can it be translated into actions. Make the connection with your outcomes!
- If necessary, build capabilities to grow your team's knowledge and learn how to develop and implement data collection tools and strategies.

04

Map and define elements of a Healing Communities Systems

A key strength of a community action plan is understanding the players and how they interact with each other. This action item aims to tackle common challenges when approaching an issue from different fronts. For example, duplication of resources from the three levels of government, poor inter-agency accountability, and lack of a clear common definition of basic elements of the system.

How can I do this from my organisation?

See *Tool 6 from your toolkit* at the end of this document to facilitate these steps.

- 1 Define my role as an organisation.** It is very important to articulate the role of your organisation in the system. You can think about this definition within the reach of your services, the cohort you are targeting, the resources you need the most, the outcomes your community cares more about. Reflect deeply on your organisation's mission and vision to ensure it states your intention and action (then if needed, amend, or define one!).
- 2 Identify key partners.** If you could team up with another organisation(s) to bring healing to communities, what organisation(s) would that be? It is always important to learn about your own institution from a contrasting perspective that teaches you what others can do better than you.
- 3 Articulate enablers and blockers.** You can find these elements by understanding and learning what gives you access or works as a barrier to achieve your goals. Do the exercise considering these could be internal and/or external.

The extra mile

- Share and exchange with other organisations and government agents' role descriptions to build a solid common system definition.

05

Map your monetary resources to be aware of your possible scope and priorities

A strategic action that will provide insights to improve your decision-making process is to *map where your money comes from and where it is going*. One of the biggest challenges for any organisation is understanding where to allocate scarce resources to achieve the biggest impact. While this action could be complex, we would like to summarise it with easy steps and estimations.

How can I do this from my organisation?

See *Tools 7 & 8 from your toolkit* at the end of this document to facilitate these steps.

- 1 Identify sources of funding.** Make a list of your main sources of funding. Typically, not-for-profits depend on donations and government grants to stay afloat financially.

A. Get the round numbers. Do the exercise of listing, within a financial year, your main sources of income and the amounts attached to them.

B. Everything is relative. Use the information from your main sources of income to get an aggregate figure. Divide every source of income by the aggregate figure. With this, you will be able to articulate a phrase like "45% of our income comes from the Department of Human Services". The more years you can do this for, the more insights you will collect.

- 2 Identify where the money goes.** Just as important as listing the source of finding it is to identify where it is that you are allocating your financial resources.

A. Get the round numbers. Do the exercise of listing, within a financial year, your main expenses and the amounts attached to them.

B. Everything is relative. Use the information from your main expenses to get an aggregate figure. Divide every expense by the aggregate figure. With this, you will be able to articulate a phrase like "56% of our expenses go to salaries". The more years you can do this for, the more insights you will collect.

- 3 Make decisions based on the insights collected.** This exercise will enable you to observe if a large proportion of your funding comes from a single source or if your expenses could be allocated to different purposes.

The extra mile

- If necessary, further develop your team's financial skills to gain perspective of how a better understanding of monetary resources can boost your outcomes achievement strategy.

06

Collaborate and share information with others using trauma-informed service principles⁴

We must recognise the powerful role we can play in helping each other. All of the action items above gain relevance, momentum, and strength when we collaborate and share them with each other. Universities bring research and evaluation, service engagement officers work in the frontline with the community, government regulates and channels resources, consultants bring an external perspective and new techniques. All these players aim to find insights, explore best practices, and facilitate the process of healing communities. Having an active collective approach to do so brings us closer to finding practical solutions.

How can I do this from my organisation?

See *Tool 9 from your toolkit* at the end of this document to facilitate these steps.

- 1 Start conversations.** Many organisations in the sector are happy to build networks and share what works best to achieve outcomes. Learn from each other, ask questions, succeed and fail together, redefine strategies, and talk about it. Just as it is important to community members to have a safe space to start conversations, learn best practices, techniques, and approaches, to co-produce goals across regions, to build allied services.

HINT: See the Directory within Tool 9 in this document to find contact details of people willing to share ideas, concepts, and best practices.

- 2 Organise collaborative events on a regular basis.** It is very important to keep strategies, outcomes and best practices aligned. Regular events such as symposiums or workshops that allow having clear common takeaways are catalysts for collective success.

- 3 Promote a collaborative culture.** Be open to asking and sharing with others. Create and promote an organisational culture that welcomes questions and is open to feedback, change, and action.

The extra mile

- Build an internal communication strategy that encourages partnerships and collaboration rather than competition with other organisations in the sector.

⁴Trauma-informed six principles: 1. Safety 2. Trustworthiness and transparency 3. Peer support and mutual self-help 4. Collaboration and mutuality 5. Empowerment, voice, and choice 6. Cultural, historical, and gender issues

05

Toolkit

Tool 1

Frame the issue

Useful for Action item 1

What is the issue?

Start framing it as a question and come back to it as many times as needed to rephrase and improve.

Why is it an issue?

What are the circumstances (internal and external) that have made this an issue? Is it something we haven't addressed as a community, as an organisation? Is this a cyclical issue?

Who is involved in the issue?

Who impacts and is impacted by the issue?

Who says it is an issue?

Is it other organisations, media, or government driving the definition of this issue? Is it the evidence that informs this is an issue?

What happens if we do nothing?

If we don't take action, what could happen to those impacted by this issue

What does the perfect outcome look like?

If we succeed in solving this issue, what happens to us and the community?

REMEMBER!

- 1** There is no correct issue definition.
- 2** A conversational approach with community members and staff can unlock the words to define issues that are solvable.
HINT: Start with simple definitions and reachable outcomes.
- 3** Change can be scary and raise uncertainty. The more you talk about change, the more it becomes the norm. Practice an approach that allows the community to define the change needed.

Tool 2

Outcome and cohort definition

Useful for Action item 1

OUTCOME

Based on your issue definition, you can improve or define solid outcomes. Outcomes are the goals of the program, it is the ideal scenario, it is what you are working towards, it is what your community needs.

EXAMPLE

Issue definition: How can we ensure that we improve children's wellbeing where intergenerational cycles of disadvantage are present?

Outcome: Improve child wellbeing

Outcome definition: Improvement of wellbeing for children in the targeted cohort means reducing rates of child abuse, improve school attendance and therefore AEDC five domains.

REMEMBER! A solid outcome definition is:

Understandable: whoever reads it gets it.

Attainable: we can achieve it with the resources available.

Measurable: we can prove whether it's happening or not.

COHORT

What is the income profile of the people we work with? *(you can establish a range rather than an exact figure)*

What is the culture profile of the people we work with? *(define place of origin, language, date of arrival in Australia)*

Which particular 'ages and stages' of childhood development are we targeting?

What are the ages of the children that engage with our service?

What are the ages of the parents that engage with our service?

Tool 3

Governance, Skills and Service Mapping tool

Useful for Action item 1

Fill out this table in a group session.

Position	Name	Main Responsibilities	Skills	Outcomes addressed by skills

Based on the table above you can capture the following information:

Skills we have	Skills we want to have	How can we upgrade our skills?

In what ways do our services address trauma-informed principles?

Service Strategy	Trauma informed principle addressed

The six trauma-informed principles

Which of our services address trauma-informed principles?

1. Safety
2. Trustworthiness and transparency
3. Peer support and mutual self-help
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues

Recommended read for Tool 3 (if you're reading from your computer or phone, click on the name of the article to open it):

1. See Shared direction five “supporting and strengthening our workforce” of the document “CO-DESIGN FINDINGS AND NEXT STEPS Child and Family Support System”
2. Parents experience of Staff from document CHILDREN'S CENTRE EVALUATION. Evaluation Report: a report on the measurement of process and impacts

Tool 4

Welcoming, safe and comfortable places features

Useful for Action item 2

1. Places where parents:

- a. Feel safe
- b. Access to social network
- c. Learn about services from information sessions
- d. Learn new parenting skills
- e. Make friendships
- f. Reduce isolation and depression risks
- g. Can share their experiences with others
- h. Can contribute their knowledge and skills

2. Places where children:

- a. Feel safe (physically, emotionally, and culturally)
- b. Have Playtime
- c. Can access new/different resources
- d. Experience Peer interaction and learning
- e. Can develop language skills and communicate with other children
- f. Exercise a sense of belonging

Recommended read for Tool 4 (if you're reading from your computer or phone, click on the name of the article to open it):

Building Stronger Communities with Children and Families (2nd Edition)

Tool 5

Identify data collection strategy resources

Useful for Action item 3

Data Collection Key Elements	Resources available (name the skills, staff, or software needed)
Framing the issue	
Outcome definition	
Program's Cohort definition	
Identify data already collected	
Define outcome indicators (what tells me outcomes are happening)	
Establish a data collection method (tools, periodicity, target)	
Develop inclusive and community-driven data collection methods.	
Collect and capture data	
Analyse data (some ways of analysing data include counting, identifying key themes, exploring relationships between data variables, identifying range of content)	
Report internally and to funders	
Turn findings into strategy	
Embed data into reports	

Tool 6

Mapping the Healing Communities System

Useful for Action item 4

My role as an organisation	
<p><i>Triggering questions: What are we contributing to make a change? What would happen if we did not exist? What government agencies grants do we most often aim for? What is our pool of services?</i></p>	
My role as an organisation	
Organisation/Agency name	Their role
Enablers to succeed and Hurdles to overcome	
Enablers	Hurdles

List of key players and elements in the system:

- | | |
|--|---|
| 1. Families and communities | 7. Early Learning & Care Centres |
| 2. Family support workers | 8. Integrated Services |
| 3. Wellbeing classrooms | 9. Family/Children's Centres |
| 4. Maternity Hospitals | 10. Warm referral processes |
| 5. Supported and Faith Centre Playgroups | 11. Family support/child development training |
| 6. Parenting groups | |

Key professional groups:

- | | |
|--|---------------------------------------|
| 1. Educators | 5. Parenting & family support workers |
| 2. Nurses & midwives | 6. Human Services managers |
| 3. Social workers | 7. Community workers |
| 4. Psychologists & other mental health workers | |

Recommended read for Tool 6 (if you're reading from your computer or phone, click on the name of the article to open it):

What Next After the Early Years Summit: Moving Forward

Tool 7

Sources of income/expenses

Useful for Action item 5

Source of income/expense (within a financial year)	Total amount in AUD

Tool 8

Proportion of income/expenses

Total amount in AUD per source of income/expense	Relative income/expenses (divide the total amount by each source of income/expenses)

Tool 9

Directory (in alphabetical order - if you're reading from your computer click on the email address or LinkedIn profile)

Full name	Alexandra Segura Hernandez
My preferred name	Alexandra
Find me on LinkedIn	www.linkedin.com/in/alexandra-se-gura-hernandez/
Contact me to talk about...	Service Hub model
I enjoy and consider myself particularly good at...	Family Support Workers Connecting people Capturing best practices Seeing things holistically
Preferred conversation drink	Coffee or tea (depends on the time of the day)

Full name	Craig Bradbrook
My preferred name	Craig
Where I work	Playgroup SA
Flick me an email to	craig.Bradbrook@playgroupsa.com.au
Call me on...	0428 542 345
Find me on LinkedIn	www.linkedin.com/in/craig-bradbrook-62b7b336/
Contact me to talk about...	Playgroups Governance Leadership Systems change Change management Evaluation Complexity
I enjoy and consider myself particularly good at...	Seeing things holistically Doing research
Preferred conversation drink	Coffee

Full name	Elise Parker - No LinkedIn
My preferred name	Elise
Where I work and what I do	The Salvation Army Communities for Children Logan - Community Development
Flick me an email to	elise.parker@salvationarmy.org.au
Call me on...	0401 694 156
Contact me to talk about...	Playgroups Child & Family Centres Participating in Community-led evaluation and design Wellbeing classrooms
I enjoy and consider myself particularly good at...	Seeing things holistically
Preferred conversation drink	Coffee

Full name	Elspeth McInnes
Where I work	UniSA – Associate Professor Education Futures
Flick me an email to	elspeth.mcinnnes@unisa.edu.au
Call me on...	0421 787 080
Find me on LinkedIn	www.linkedin.com/in/elspeth-mcinnnes-573a1b5
Contact me to talk about...	Wellbeing classrooms Childcare centres Child abuse Substance addiction Domestic violence Child & Family Centres Trauma and child development and learning Family Support Workers Preschool
I enjoy and consider myself particularly good at...	Capturing best practices Seeing things holistically Doing research
Preferred conversation drink	Coffee or tea (depends on the time of the day)

Full name	Gunay Aghayeva
My preferred name	Gunay
Where I work	Primary schools - Relief teacher
Flick me an email to	gisrafilova@gmail.com
Call me on...	0404 783 077
Find me on LinkedIn	Literacy and numeracy support for preschool children Early
Contact me to talk about...	Learning & Care Centres Playgroups Child & Family Centres
I enjoy and consider myself particularly good at...	Connecting people Doing research
Preferred conversation drink	Coffee or tea (depends on the time of the day)

Full name	James Lenigas
Where I work and what I do	Schools Ministry Group - General Manger
Flick me an email to	james@smg.asn.au

Full name	Karl Brettig
My preferred name	Karl
Where I work and what I do	The Salvation Army - Convener Children Communities Connections Learning Network
Flick me an email to	karl.brettig@salvationarmy.org.au
Call me on...	(08) 8397 9333
Find me on LinkedIn	www.linkedin.com/in/karl-bret-tig-5a675539/
Contact me to talk about...	Wellbeing classrooms Child & family centres Collaboration Transdisciplinary leadership
I enjoy and consider myself particularly good at...	Connecting people Seeing things holistically Having casual but professional conversations
Preferred conversation drink	Tea

Full name	Lesley-anne Ey
Where I work and what I do	University of South Australia - Senior Lecturer
Flick me an email to	lesley-Anne.ey@unisa.edu.au
Call me on...	(08) 8302 4600
Find me on LinkedIn	www.linkedin.com/in/lesley-an-ne-ey-218a2b64
Contact me to talk about...	Child abuse Preschool
I enjoy and consider myself particularly good at...	Having casual but professional video calls Doing research
Preferred conversation drink	Coffee

Full name	Pablo Gonzalez
Where I work and what I do	Nova Smart Solutions – Lead Strategist
Flick me an email to	pablo@novasmartsolutions.com.au
Call me on...	0422 573 317
Find me on LinkedIn	www.linkedin.com/in/pablo-gz
Contact me to talk about...	Strategies Public Policy Governance Pop culture Footy Soccer
I enjoy and consider myself particularly good at...	Having casual but professional video calls Doing research Making friends
Preferred conversation drink	Coffee

Full name	Victoria Whittington
Where I work and what I do	UniSA - Dean of Programs: Education Futures
Flick me an email to	victoria.whittington@unisa.edu.au
Call me on...	(08) 8302 4334
Contact me to talk about...	Children's development Early Learning & Care Centres Wellbeing classrooms Playgroups Preschool Long day childcare centres School reform Early brain development, stress and trauma
I enjoy and consider myself particularly good at...	Connecting people Capturing best practices Seeing things holistically Doing research
Preferred conversation drink	Tea

Symposium on YouTube

You can access each one of the three Building Healing Communities sessions of the Symposium clicking **here** or copying and pasting this link to your preferred browser: <https://www.youtube.com/playlist?list=PLxcxXicFt7LBsrkDlGc3LLlecMCSXOm3r>

CfC Timeline... some story on the making

Timeline of some key milestones for the Communities for Children program.

2004

Communities for Children initiative begins with 7 pilot sites.

2005

45 sites rolled out across Australia. Baseline data taken for 10 sites as national evaluation begins.

2009

SPRC National Evaluation shows significantly less hostile parenting and improved collaboration in CfC sites. 377% ROI demonstrated. Target group expanded from families with children 0-5 years to 0-12 years.

2014

Australian Institute of Family Studies (AIFS) phase two evaluation shows some further improvement but not significant. Questions if a more intense version or evidence-based suite of direct programs needed. Government opts for a 50% Evidence-based practice requirement in response.

2015

Some sites expanded. Funding redirected to roll out of evidence-based programs. Facilitating Partners limited to a non-service delivery role.

2016

Acil Allen post implementation review released. Reports on tensions created and resourcing costs resulting from EBP policy.

2019

Stronger Places Stronger People place-based collective impact demonstration sites rolled out. CfC re-funded for 1 year.

2020

CfC re-funded for 1 year.



Nova Smart Solutions Pty Ltd
ABN 34 609 549 251
www.novasmartsolutions.com.au
contact@novasmartsolutions.com.au
+61 423 540 305
Adelaide, SA