Strengthening our villages

'It takes a village to raise a child'

Stronger Families Alliance

Support document for children, young people and families

2019 – 2024

STRONGER FAMILIES ALLIANCE

Backbone support agencies for the Stronger Families Alliance

mcrn

blue mountains City Council

About this document

This is where you will find more information to support your understanding of the Alliance including the theory that informs our practice and the tools that assist us in our work.

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Section 1

About the Stronger Families Alliance

Section 1 About the Stronger Families Alliance

Membership of the Alliance and Member Roles

The Alliance comprises three major groups:

1. Non government organisations funded by Department of Justice and Communities including
    a) Mountains Community Resource Network
    b) Belong Blue Mountains (incorporating Katoomba, Mid Mountains and Lower Mountains Neighbourhood Centres)
    c) Blackheath Neighbourhood Centre
    d) Springwood Neighbourhood Centre
    e) Winmalee Neighbourhood Centre
    f) Mountains Outreach Community Service
    g) Gateway Family Services
    h) Thrive Services
    i) Mountains Youth Services Team
    j) Platform Youth Services
    k) Connect Child and Family Services
    l) Aboriginal Culture and Resource Centre
    m) Blue Mountains Women's Health and Resource Centre
2. Government agencies:
    a) Blue Mountains City Council
    b) Department of Communities and Justice (formerly Family and Community Services)
    c) Department of Education
    d) Nepean Blue Mountains Local Health District
3. Community partners
    a) Bendigo Bank
    b) Rotary
    c) The Big Fix

How we are structured

Back bone

Develop the Alliance:

- Facilitate the collaborative network
- Drive sector and Alliance communication
- Evaluation of the Child and Family Plan
- Professional development
- Convene Main Group and Executive meetings
- Research and data management
- Telling the story of the Alliance to the community

Executive

Care-taker of the Alliance and Strategy for Children, Young People and Families

- Ensure the Alliance's long term sustainability by considering the external environment and long-term future
- Keep the implementation groups strategically on track (including oversight of the Strategy's development)
- Manage political interface
- Source and manage external partnerships
- Link to the Backbone
- Determine funding directions
- Sign off on Evaluation plan.

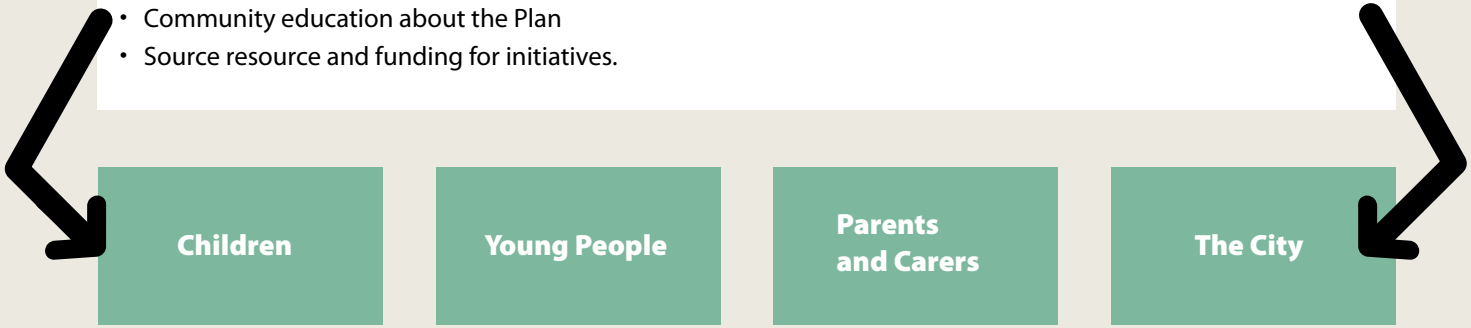
Main group

Support the implementation of the Strategy for Children, Young People and Families

- Maintain whole system common vision
- Set / sign off on Implementation Group core directions and major initiatives
- Facilitate cross-implementation Group synergies, opportunities, learning and innovation
- Respond to evaluation information
- Identify needed Alliance capacity building initiatives

Implementation Groups: Implement the Strategy for Children, Young People and Families

- Set implementation directions or carry out implementation directions decided by the Main Group
- Develop and implement initiatives
- Review the success of initiatives to determine what works, communicate this.
- Maintain strategic line of sight between initiatives and the Child and Family Plan
- Community education about the Plan
- Source resource and funding for initiatives.



Role of the main group

The Main group comprises members and those agencies/ workers actively involved in implementation of Alliance activity.

The Alliance Main Group makes all major decisions, sets the direction and vision, and contributes to Alliance outcomes. Main Group meetings are the forum for raising and discussing issues, formulating strategies, and developing implementation processes for Alliance actions.

Role of the backbone

The Alliance Backbone consists of Blue Mountains City Council and Mountains Community Resource Network (MCRN).

The Backbone:

- Facilitates the collaborative network;
- Ensures strategic alignment;
- Helps shape professional development for the sector;
- Has oversight of the writing and evaluation of the Strategy and its Actions;
- Convenes the Main Group and Executive;
- Communicates the Alliance's decisions and activity to the wider community; and
- Undertakes research and data management.

The Mountains Community Resource Network is well placed to fulfill the Backbone role because it:

- Facilitates and encourages collaborations, networking and partnerships;
- Acts as an 'information conduit' to and from the sector;
- Assists with capacity-building for the sector;
- Undertakes advocacy on behalf of the sector and our community; and
- Supports and assists the sector to utilise data and research effectively to tell their story.

Blue Mountains City Council is well placed to fulfill the Backbone role because

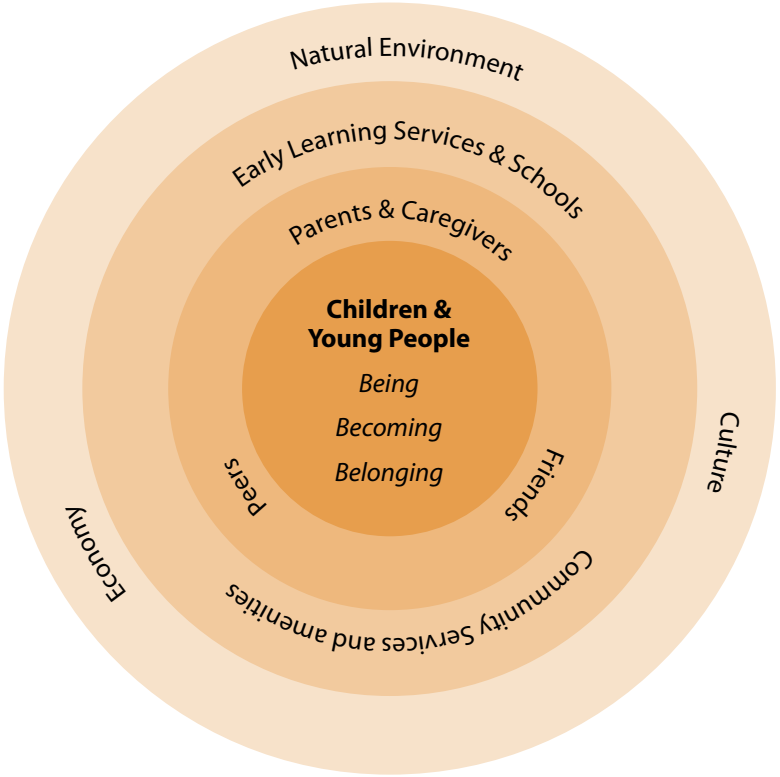
- It is seen as a neutral agency, not in competition with other Alliance partners for funding, or community service contracts with other levels of government;
- Its focus covers the Blue Mountains Local Government Area;
- The Community Development Team covers the entire age span; and
- Backbone functions form a core part of the Community Development Team's work

Council has integrated the Backbone role into positions in the Community Development team.

The Strategy is also embedded in Council's core activities and reporting framework, as indicated in the adjacent diagram.

Council's planning framework

A focus on children and young people is central to our work



Our Key population indicators	Metrics	Source
Total population (Greater Sydney 22.1%)	22.2%	Census 2016
Population 0 – 4 years (Greater Sydney 6.4%)	5.5%	Census 2016
Population 5 – 17 years (Greater Sydney 15.7%)	16.7%	Census 2016
Vulnerable on 2 or more domains when start school	7.8%	AEDC 2015
University attendance (Greater Sydney 6.1%)	4.5%	Census 2016
15 – 24 years participating in study or FT/PT work	86.9%	Census 2016
15-24 youth unemployment rate	11.5%	Census 2016
School completion rates	76%	Census 2016
Children and young people with disabilities	707	Census 2016
Numbers of ATSI children and young people	778 or 4.3%	Census 2016
Average Resilience Score	68%	R&W 2019
Average Well-being score	75%	R&W 2019
Numbers of disengaged young people 16-24	7.6%	Census 2016

Principles underpinning our work

There are six principles that frame the methodology for this Strategy:

1. Measurable Outcomes for Children, Young People and Families
2. Locally Developed Projects addressing Locally Identified Priorities
3. Community Development Approach
4. Knowledge, Social Research and Evidence-based Practice
5. Strategic Learning and Evaluation
6. A commitment to address inequity

1. Measurable Outcomes for Children, Young People and Families

The Outcomes framework was developed through systematic analysis, using the expertise of Alliance members, and informed by exhaustive research commissioned by Blue Mountains City Council[1]. The Backbone agencies and the Alliance membership are confident that the Framework is a robust analysis of real and significant Outcomes for children, young people and families, and will secure wide community support.

These nine Outcomes are broad and generic, relevant to all children, young people and families, regardless of where they live. The core work of Alliance members is already directed to this end. In addition, the focus and content of Projects developed under this Strategic Plan will be specific to the needs of and opportunities for children, young people and families in the Blue Mountains. The Alliance will evaluate these activities according to their effectiveness in achieving measurable benefits under these nine **Outcomes.**

2. Locally Developed Projects addressing Locally Identified Priorities

Through this Strategy a series of discrete, local-level projects will be developed that address specific, locally relevant priority needs or opportunities for children, young people and families. Projects will be aligned with one or more of the nine Outcomes. Locally relevant Priorities are identified through:

a) **Demographic research and data collection** on the Blue Mountains population characteristics. This is collected by the Backbone, principally the Blue Mountains City Council Social Research and Data Management position, which was created in part to support the Alliance. Community sector partners will also collect data relevant to Alliance projects.

b) **Longitudinal data collection** from residents on key issues relevant to the wellbeing of children, young people and families. Blue Mountains Council has begun longitudinal data collection on Resilience and Well-being of Blue Mountains residents, focusing on children and young people. Data was collected in collaboration with community sector partners and government departments, particularly high schools. The method used two scientifically validated tools: The Personal Well-being Index and The Connor-Davidson Resilience Scale. The initial survey was conducted at Blue Mountains secondary schools in 2018, in community centres, and through the Have Your

[1] Shared Measurement Framework for the Stronger Families Alliance: 2018: Regina Hill Consultants. Commissioned by BMCC.

Say online platform. The data will provide a baseline to identify the efficacy of the Alliance's Priority areas and Implementation Strategies, alongside other measurement tools.

c) **Consultation, surveying and community engagement.** A key consultation and engagement tool relevant to this Strategy is the use of the Harwood Methodology[2] for conducting detailed consultations through "Harwood Conversations", alongside quick surveys known as " Harwood Asks". Some Alliance members have developed expertise in the Harwood Methodology over a number of years. This information collection is also augmented by other tools and avenues for consultation provided by the Backbone agencies, including Blue Mountains City Council's Have Your Say survey, Social Research workshops and focus groups, public exhibitions, and Mountains Community Resource Network's and other Alliance members' data collection tools.

Priorities for children and young people identified in Harwood consultations[3] conducted in 2015 and 2016 include:

i. The Environment
ii. Safety
iii. Living in A friendly, accepting, respectful and welcoming community
iv. Mental Health and wellbeing

Two of the Implementation Groups adopted these priorities, Safety, and Mental Health and wellbeing, as the focus of 2019 / 2020 projects.

d) **The experience and expertise of workers** in the Alliance and other community agencies. There is a very significant pool of expertise and cooperation amongst the community sector, which the Alliance supports and facilitates. In addition to these priorities, the Stronger Families Alliance identified a further priority based upon data collected for children in the Blue Mountains and their own expertise: children's early development and health.

3. Community development approach

Community Development is a concept that has a long history and evolution, and consequently has different meanings to different people. The United Nations describes community development as *"a process where community members come together to take collective action and generate solutions to common problems."* (United Nations *"Community Development"*[4])

The Alliance supports a Community Development approach that incorporates the key elements of:

- **Collective activity** – which brings diverse expertise and perspectives, promotes "buy-in" from affected people, and facilitates individual growth in the process of project implementation;
- The involvement of **communities of interest and/or communities of place (eg Asset-Based Community Development**[5])– who bring sustained commitment, expertise and resources to the projects;

[2] Detailed information can be found at the Harwood Institute: **https://theharwoodinstitute.org**
[3] See "Harwood Community Consultation: Analysis report for the Blue Mountains City Council and the Stronger Families Alliance for children and young people: Ross Beaton Consulting: 2015
[4] **http://unterm.un.org/DGAACS/unterm.nsf/8fa942046ff7601c85256983007ca4d8/526c2eaba978f007852569fd00036819?OpenDocument**
[5] **https://www.communitydoor.org.au/asset-based-community-development-abcd** provides a definition with four foundational elements:
1. It focuses on community assets and strengths rather than problems and needs
2. It identifies and mobilises individual and community assets, skills and passions
3. It is community driven
4. It is relationship driven

- Activity for the **common good** – which promotes an altruistic culture and does not secure exclusive benefits for sectional interests, but has value for the wider community, beyond the direct beneficiaries; and
- Is **not service delivery** – but may establish or assist service development by community agencies

4. Knowledge, social research and evidence-based practice

In order to gather, analyse and keep up-to-date knowledge of the Blue Mountains community, this Strategy is supported by active and ongoing social research, coordinated by a designated position in Blue Mountains City Council's Community Development team: the Social Research and Data Management Officer. The management of social data is also a key support function for this Strategy. "User friendly" presentation and dissemination of social data, along with the progress of Projects, is crucial for the Strategy's Projects to be supported by and attract the participation of the Blue Mountains community, local agencies, and all parts of Council.

The principle that an "evidence base" can be identified to validate practices or activities developed for public benefit, has become established as an expectation by governments in their contracting of community agencies. In this context, Blue Mountains City Council commissioned a consultancy in 2017 to develop an evidence base for projects benefiting children, young people and families, to be implemented through this Strategy. This consultancy also involved facilitation of the development of "Shared Measurement" processes to be used by the Alliance, in accordance with the Collective Impact framework. See Section XXX below for the evidence base for each of the four focus areas

The Blue Mountains City Council Social Researcher, in conjunction with Alliance members, will provide the following information to assist with measuring the effectiveness and community benefit of Alliance projects.

a) The collation and maintenance of up-to-date demographic data on key socio-economic parameters for children, young people and families in the various townships and/or planning areas (Upper, Middle and Lower)
b) Research and analysis of specific social, cultural, economic or environmental issues, as identified by Alliance members to be of significance to the wellbeing and inclusion of children, young people and families. Key parameters for children and young people for this Strategy are developmental milestones, relative geographic disadvantage and vulnerability
c) Identification and assessment of relevant evidence of effectiveness of project activities and requisite data collection to inform Evaluation of projects contained in the Strategy
d) Collation, presentation and dissemination, through various print, online and social media, of key information secured through Principles 1, 2, & 3 above, to enable Alliance members and the general community to assess the value of projects undertaken under this Strategy
e) Collection of longitudinal data on Resilience and Well-being that can inform the assessment of projects and activities

Basic demographic information is taken from the Census (see Appendix 2.). Specific issues and opportunities (i.e. mental health, mobility, safety etc) are identified through community consultations, analysis by partners to this Strategy, and in liaison with community members.

Particular emphasis is given to issues and opportunities identified by existing "communities of interest" as these bring expertise and resources to any Projects developed.

5. Equity

Relative disadvantage, or vulnerability, in members of the population is also recognised as warranting priority action. In identifying disadvantage/ vulnerability, this Strategy adopts the internationally recognised parameters for full participation in society and citizenship developed by the World Health Organisation in "***The Solid Facts: The Social Determinants of Health"[6].*** The Solid Facts' parameters of disadvantage/ vulnerability most relevant to the Blue Mountains population are:

- Social Gradient
- Discrimination
- Stress
- Income and employment
- Early Life
- Social Safety networks
- Transport and Isolation
- Addiction
- Housing
- Disability

In addition, the UN 2030 Agenda for Sustainable Development, adopted by all UN member states in 2015 including Australia, provides a shared blueprint for peace and prosperity for all. Strategies for improving health and education, reducing inequality and fostering economic growth exist alongside strategies to tackle climate change and the degradation of our oceans and native vegetation[7].

6. Strategic learning and evaluation

Alliance Project partners involved with Implementation Groups have agreed to gather information on the achievement of identified milestones, and make assessments of success and completion or continuation of Projects on a cycle of 18 months or two years. A format for the monitoring of Implementation Group Projects is provided in Section 6. However, Implementation Groups may use their own monitoring and evaluation practices rather than this template.

Alliance members will also share outcomes from their agency work outside of Implementation Groups that align to the four Focus Areas. Twice yearly, agencies will track how they are contributing to outcomes and share information on the Alliance dashboard.

The Strategy itself will be evaluated against its Objectives (Alliance Strategy P9) by the Backbone agencies at the end of the life of this Strategy.

[6] See "The Solid Facts: Social Determinants of Health" 2003. World Health Organization : **http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf**
[7] **https://sustainabledevelopment.un.org/?menu=1300**

A full description of the Evaluation Strategy is provided in the Evaluation Section below.

This Evaluation Strategy has been informed by research into the performance of the Collective Impact approach in Australia[8], which identified three issues where improvements could be achieved:

a) **Equity,** in terms of outcomes for relatively disadvantaged / vulnerable people

b) **Community engagement** to inform the development and implementation of projects, and

c) **Systemic change** that translates short-term project outcomes into long-term benefits for the intended participants and the community.

[8] See "Collective Impact: evidence and implications for practice: 2017 CFCA Paper 45 ISBN: 978-1-76016-152-1

Section 2

How we work

Section 2 How we work

Collaboration and Collective Impact: a Unifying Principle for the Stronger Families Alliance.

Collective Impact is a model that was developed by John Kania and Mark Kramer, and described in the Stanford Social Innovation Review in 2011[9]. Kania and Kramer theorised why some large scale collaborative networks working to solve entrenched social problems succeeded, where others failed. They identified five common elements underpinning successful collective ventures:

1. All participants have a **common agenda** for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions.
2. Collecting data and **measuring results consistently** across all the participants ensures shared measurement for alignment and accountability.
3. A plan of action that outlines and coordinates **mutually reinforcing activities** for each participant.
4. Open and **continuous communication** is needed across the many players to build trust, assure mutual objectives, and create common motivation.
5. A **backbone organisation(s)** with staff and specific set of skills to serve the entire initiative and coordinate participating organisations and agencies.

At the time of Kania and Kramer's research, the Stronger Families Alliance had been in existence for several years and was unaware of this model, but quickly embraced these principles as an accurate description of its work. The Alliance consciously sought to align its activities with the Collective Impact Framework, recognising that *measuring results consistently* was an area requiring further development and focus.

[9] Kania, J and Kramer, M, "Collective Impact" in Stanford Social Innovation Review, Winter 2011, **https://ssir.org**

Collective Impact Elements

Collective Impact as a theoretical construct has undergone several iterations since 2011. There have also been limitations identified, and criticisms levelled, at the approach, particularly with regard to community engagement, equity and capacity to deliver systemic change (see later: Limits of Collective Impact). The following diagram describes these changes, some of which address these criticisms.

The work of the Alliance is aligned with some of the six shifts (see below), while others require more time for development and deeper reflection. The work of the Alliance is iterative and may move in and out of alignment with these paradigms at different points. It may also diverge in key respects, and this should not be seen as a shortcoming as much as dynamic permutation, as the Alliance was never set up purely as a Collective Impact initiative.

The work of the Alliance and the new Collective Impact Paradigm

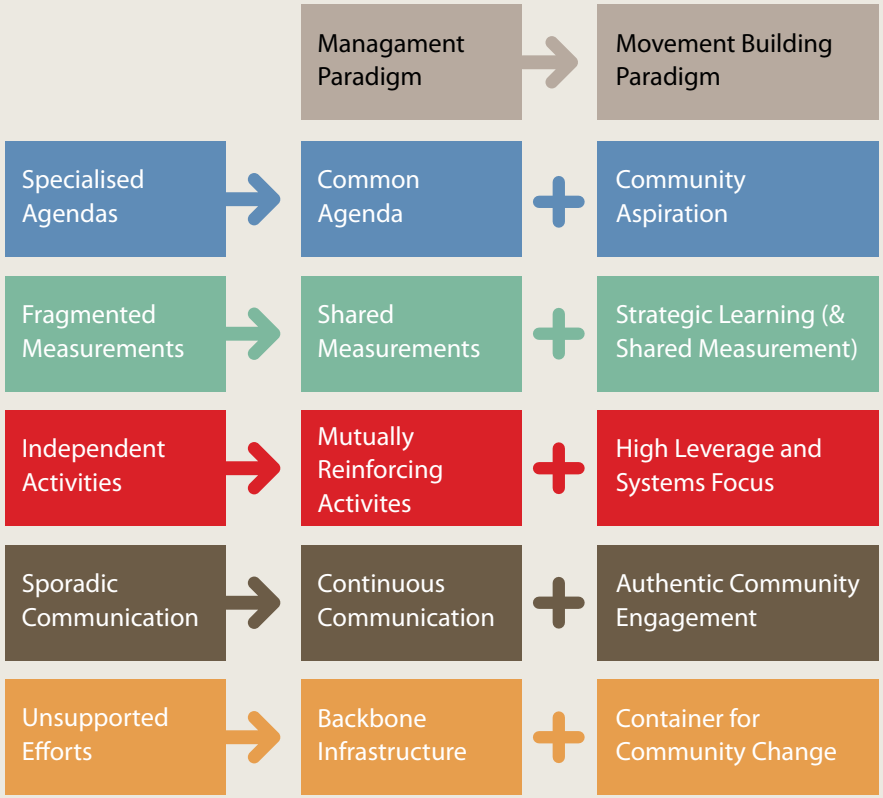
(i) Movement Building Paradigm

We are challenged to think in terms beyond the traditional goal of improving systems towards changing or transforming them. What does this mean for the Alliance? This question requires further exploration to ascertain whether building a new movement is desirable for the Alliance. Services have a history of working collaboratively and striving to improve referral pathways, and co-locate where possible, but the literature is clear that this way of working may improve systems but doesn't necessarily transform them.

In a management building approach (arguably the one adopted by the Alliance), organisation leaders come together to find ways to get better outcomes, seeing themselves as responsible for identifying and implementing solutions to a problem within existing systems without necessarily transforming them. Yet if outcomes are achieved within this structure, is that a negative? Does the Alliance need to build a movement? Is systems transformation necessary, and if so, what might this look like? Does the Alliance have capacity to undertake a deeper level of work?

Collective Impact Changes

Six Shifts



At this point in time, the Alliance doesn't have the resources or membership to build a movement; however, it does have capacity to better engage the community in change processes, representing a shift away from a top down management approach to one that encourages different levels of engagement and paradigm-building. Improvement is worthwhile whether it is "transformational" or not.

(ii) Community Aspirations

In recent years the Stronger Families Alliance has sought to understand *community aspirations* through holding a series of Harwood conversations with children, young people and the broader community to discover the type of community that people want to live in. Harwood is a structured method of community consultation and engagement developed by the Harwood Institute in the USA that has been adopted by the Alliance due to its focus of "turning outwards" towards community priorities instead of turning inwards to organisational agendas.

Harwood processes involve listening deeply to community views, training people to look for themes and patterns in people's responses, and accepting that public knowledge resides in the community and not within the expert knowledge and internal focus of organisations, whether government or non-government.

There are two types of Harwood consultations: one is known as the Harwood "Ask", which involves asking one to four questions, and can be completed by individuals or groups in survey form when a "deeper dive" isn't feasible. The Ask has been useful when talking to groups of children who don't have the attention span required of longer conversations, or conducting quick surveys on the street or at festivals. An "Ask" can be conducted with hundreds of people in a short space of time. It is a useful tool for gauging broad concerns.

Harwood "Conversations" comprise a structured set of ten questions aimed at exploring community aspirations in depth, in one and a half to two hour sessions. Conversations enable participants to explore issues and impacts, identify solutions as well as the organisations that each community feels are best placed to work alongside them during change processes. Conversations are useful for gauging specific concerns, exploring challenges and obstacles and also uncovering "public knowledge" held by community members. It is essential that members undertaking either "Asks" or conversations receive adequate training in the method to ensure the process, especially of information gathering and analysis, remains robust and rigorous.

Ultimately, public knowledge and expert knowledge need to coalesce for sound decisions to be made regarding programs and resource allocation, but all too often organisations rely on their expert knowledge or the dictates of funding programs without knowing if their activities are a good fit for the community, or if the community is ready for or even wants the programs.[10] In a move to better understand and better engage the community in a change process, the Alliance has, over the past few years, been talking to children and young people about their views and concerns, and their articulated solutions to problems. This work is ongoing and builds on the previous Conversations and Asks that took place in 2015-16.

[10] A criticism that has been levelled at Collective Impact initiatives is the assumption that communities are at the "catalytic" or programmatic stage, when they might be deeply suspicious of, even hostile to, efforts from funded organisations to intervene.

To date, the Alliance has talked to over 1,000 children, young people and community members (over two distinct consultation periods) and has found that the top four concerns shared by the community are:

- Environmental concerns
- Safety
- The importance of living in a friendly, accepting, respectful community
- Mental health

People were also concerned about

- Civic pride
- Public spaces for connection and recreation
- Education and employment opportunities

In 2018, two of the Implementation Groups conducted a "deeper dive" into the areas of safety and mental health respectively. Alliance members asked children, young people and other community members, in 500 structured Asks, what they thought constituted a Child and Youth Friendly City. In addition, longer Harwood Conversations were held with 100 young people in four high schools exploring what good mental health looked like and what supports were required to achieve it.

Where possible, children and young people will be given the opportunity to co-design solutions that impact on them, including creating new or reworking existing programs. The findings of collated Harwood Asks and Conversations are on the Stronger Families Alliance website: **Outcomes from Consultations, Surveying and Research 2018 / 19.**

(iii) Strategic Learning and Shared Measurement

"Strategic Learning" occurs when organisations or groups integrate data and evaluative thinking into their work, and then adapt their strategies in response to what they learn." [11]

The Alliance has the opportunity to reflect at each meeting of the Executive and Main Group. In addition, convenors of Implementation Groups meet periodically to share what they are learning, as well as debrief on challenges. This process is essential to supporting innovation and critical thinking amongst members.

Shared Measurement is a difficult concept and/or strategy for Collective Impact initiatives to come to terms with. Hanley et al define shared measurement as "the use of a common set of measures to monitor performance, track progress towards outcomes and learn what is and is not working."[12] Throughout most of 2017, the Alliance worked closely with a Shared Measurement consultant to identify the data and data collection tools that could be used to measure outcomes. Recent insights have landed on the importance of Collective Impact participants being more successful with shared measurement if it is viewed as part of a larger system of learning and evaluation (Tamarack Institute series, Collective Impact 3.0[13]) rather than a narrow focus on data.

Shared measurement continues to remain a thorny issue for the Alliance (and for many other Collective Impact initiatives). Collecting data, and knowing which data to collect, is rarely a straightforward process. Organisations collect data for, and are accountable to, their funding bodies, but may struggle to translate this to unfunded collective activities involving shared measurement. It is also assumed that individuals strive to collaborate, where collaboration may involve a relinquishing of individual (organisational) priorities for a collective outcome.

[11] Coffman, J and Beer, T (2011) Evaluation to Support Strategic Learning: Principles and Practices, Centre for Evaluation Innovation, p1, **https://evaluationinnovation.org**
[12] Hanleybrown, F, Kania, J and Kramer, M, "Channeling Change: Making Collective Impact Work" in Stanford Social Innovation Review, Jan 26, 2012, **https://ssir.org**
[13] Cabaj, M and Weaver, L "Collective Impact 3.0: an Evolving Framework for Community Change" in **https://collectiveimpactforum.org**

Shared measurement is embedded in the planning and monitoring template **(See link)** for the Implementation Groups **(see Section 4)**, along with learnings taking place while implementing plans. Each Implementation Group completes a template for data collection and monitoring, while the Group convenors also participate in a Strategic Learning group.

(iv) High Leverage Activities and Systems Focus

High leverage activities are those where members feel the biggest impact can be made with the resources, knowledge, structures and networks available to them. This shifts the focus from seeking opportunities for cooperation to seeking opportunities for results. It involves understanding the systems Alliance members are trying to change, and knowing where best to focus resources and efforts to maximise systemic shifts. This is not an easy task, but it is one that the Alliance is committed to.

In a series of shared workshops held in November 2017, the Alliance landed on projects within the four Focus Areas where they felt they could achieve the biggest impact:

a. Ensuring children start school ready to learn *(Children)*

b. Enhancing the emotional resilience of young people *(Young People)*

c. Supporting parents to be confident and engaged in their child's development *(Parents and Carers)*

d. Creating child and youth friendly communities *(the City)*

Much has been written about the need to shift the conditions that hold problems in place by taking a systems focus to the issue rather than tackling individual components of it. Conditions that need to change include policies, practices, resource flows, relationships, power dynamics and mental models[14]. What systems is the Alliance trying to change? How is it trying to change them?

[14] Krania, J, Kramer, M, Senge, P "The Water of Systems Change" (May 2018) in **https://fsg.org**

Each Implementation Group can identify the nature of the systems they are trying to shift or change, and consider options that might facilitate this change.

(v) Authentic Community Engagement

Many of the Alliance's activities are undertaken after extensive consultations with the community. The Harwood Asks with community members, and Conversations with young people, have provided rich information on the values and aspirations that matter to the Blue Mountains community. Community engagement has informed two of the four focus areas (Young People, and the Child and Youth Friendly City) in a sustained way. Alliance members working in the other two focus areas are exploring how their projects can better engage the community by promoting confident parenting (Parents and Carers), and ensuring children start school ready to learn (Children).

More important than simply informing the actions of Alliance members and the work of Implementation Groups, the Alliance needs to envision what community engagement might look like in terms of:

- Ownership and community leadership of initiatives;
- The structure and content of meetings and communications to secure genuine participation by community members; and
- Governance.

The Alliance began as a service system model and largely remains one today. There is the necessity to identify and tap into synergies that might exist with discrete community-led projects (eg the Big Fix, Farm it Forward, etc), or other collaboration structures (eg the Community Development Workers Network, the Youth Mental Illness and Substance Abuse Network etc).

It may also be necessary to revise the model of the Alliance to better facilitate community ownership and a bottom-up approach. How do we bring community members to the table? What role is there for those most affected by decisions made? These issues should be a focus of Main Group attention, supported by advice and research from the Executive and Backbone.

(vi) Container for Community Change

To date, Blue Mountains City Council and Mountains Community Resource Network have provided Backbone support in the form of both staff time and financial resourcing, while ownership of the work and decision making sits with member organisations through the Main Group meetings. The definition of Backbone support in Collective Impact theory development has expanded to one of building a "space" or "container for change".

The Backbone is committed to promoting cross-sectoral leadership on issues, encouraging members to be open to new ways of doing their work, and fostering trust and reflection, especially in situations that are marked by tension or uncertainty. The Backbone plays an important role in coordinating activities and meetings, ensuring collaboration takes place, keeping abreast of policies and funding opportunities impacting on the Alliance, and guiding the development of strategies including the Strategy for Children and Young People.

According to Cabaj and Weaver (Collective Impact 3.0)[15] Backbones, as Containers for Change, are responsible for carrying out a range of functions including mobilising funding, facilitating participants' inner journey of change, cultivating trust among members, and encouraging participants to seek new approaches to "wicked" or entrenched problems without being overwhelmed by them. A developmental analysis of the Alliance conducted by Charles Sturt University in 2016 **(link??**) found that these functions had been achieved by the Backbone to a very high standard, with the exception of mobilising funding. The Blue Mountains is not considered an area of disadvantage by either government funders or philanthropic trusts, and this hinders the ability to attract significant amounts of funding. The current role of the Backbone is to continue to nurture commitment and willingness to participate on the part of members, and steer the work of the Alliance in new directions in the absence of dedicated funding.

Limits and critiques of collective impact

A study of Collective Impact by the Australian Institute of Family Studies[16] found it had four clear areas of concern requiring urgent attention:

1. Failure to address inequity
2. Failure to adequately address systems and policy change
3. Lack of community engagement, and
4. Ignoring evidence from other collaborative change efforts.

A similar critique has been voiced by Tom Woolf writing in 2016 in the *Global Journal of Community Psychology Practice*,[17]. This critique can be summarised as the need to: invite those most affected to share in the power and decision making; build leadership amongst the membership (rather than being held by the Backbone); ensure that action is steeped in a sound understanding of the political context that gives rise to inequity; and broaden theoretical knowledge to include community development and coalition building.

[15] **https://www.collectiveimpactforum.org/sites/default/files/Collective%20Impact%203.0.pdf**
[16] Smart, J," Collective Impact: Evidence and Implications for Practice", CFCA Paper No.45 – November 2017, **https://aifs.gov.au**
[17] Woolf, T, "Ten Places Where Collective Impact Gets it Wrong" in Global Journal of Community Psychology Practice, v7, Issue 1March 15, 2016, **https://gjcpp.org**

In fairness to the original Collective Impact authors, there has been a concerted effort in the revision of Collective Impact in recent years to address some of the criticisms, as well as point out instances where Collective Impact initiatives have led to population level outcomes despite these perceived limitations.[18]

However, the critique of Collective Impact approach has resonance with membership of the Alliance in the three areas of

1. Community Engagement
2. Policy and Systemic Change
3. Equity

Accordingly, these three issues will be the particular "lenses" through which Implementation Group activities and outcomes will be examined and evaluated.

The Implementation Groups have identified a set of measures from the evidence base for each of the four Focus Areas **(link to website)** Before data can be gathered, there needs to be a robust process for strategic learning so that members understand what sort of data they need to be gathering.

Each of the Implementation Groups, in developing and managing their projects, will seek to improve community engagement, influence policy and systemic change, as well as address equity. The following discussion on these aspirations is a starting point for conversation rather than prescriptive.

Community engagement

There is no one model or definition of community engagement or even community. There are communities of place (people held together by geographic location) and communities of interest (people held together by belief/activity). Ultimately, what matters most is people's perceptions of their relationship to their community rather than what their community is or their relationships within it.

People who feel they belong to their community are more likely to contribute to it and make use of resources and facilities. They support each other and build social cohesion. Those who feel isolated, for whatever reason, are likely to be disadvantaged and not make use of resources and facilities or participate in community life. Social isolation is a known risk factor for personal and family malaise. It contributes to poor mental health for the individual, and poor outcomes for children and families.[19] Effective community participation is key to the health of each individual who is a member of that community.

The Alliance has adopted a working definition of Community Development that incorporates the key elements of:

- Collective activity - which brings diverse expertise and perspectives, promotes buy-in from affected people, and facilitates individual growth in the process of project implementation;
- The involvement of communities of interest and/or communities of place – who bring sustained commitment, expertise and resources to the projects;
- Activity for the common good – which promotes an altruistic culture and does not secure exclusive benefits for sectional interests, but has value for the wider community, beyond the direct beneficiaries; and
- Is not service delivery – but may establish or assist service development by community agencies

[18] Stachowiak, S and Gase, L "Does Collective Impact Really Make and Impact?" in Stanford Social Innovation Review, August 9, 2018, **https://ssir.org**

The Public Participation Spectrum promoted by the International Association for Public Participation IAP2[20] shows a range of possible interactions within community engagement ranging from informing the community to empowering them in decision making. IAP2 is an association which seeks to improve community and stakeholder engagement in all facets of public life. The following chart is a guide for the Alliance to gauge public participation practice. The Harwood method is ideally situated on the third, fourth and fifth columns (involve, collaborate, empower), and remains the Alliance's preferred engagement tool. Strategies can be developed by any Implementation Group to move their activities across the spectrum from left to right. For example, if they are at the consultation or involvement phase, they can formulate explicit strategies for collaborating with or empowering their community/stakeholder groups to claim effective community engagement.

IAP2's Public participation spectrum

	Inform	Consult	Involve	Collaborate	Empower
Public Participation Goal	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	To obtain public feedback on analysis, alternatives or decisions	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution	To place final decision making in the hands of the public
Promise to the Public	We will keep you informed	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced that decision. We will seed your feedback on drafts and proposals	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision	We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decision to the maximum extent possible	We will implement what you decide

[20] **https://iap2.org.au**

According to CFCA Paper no 39[21] at least the fourth level (collaborate and empower) is required when working with marginalised communities and when addressing "wicked" and multifactorial issues. Each Implementation Group needs to develop a strategy that incorporates at least some of the actions found in "collaboration" and "empowerment".

Whilst there are many different ways of engaging the community, and little agreement on how this is best done, the literature is clear that bringing together people who are the context experts (those with lived experience) as well as content experts (service providers) to tackle thorny issues must be a priority activity in any Collective Impact initiative.[22] This is similar to the Harwood approach of turning outward to understand and harness public knowledge, and then supplementing this with expert knowledge to form a complete picture.

Policy and Systemic Change

This involves a shift from focusing on improving service delivery and referral pathways (though this is important) to simultaneously looking at the systemic disadvantage behind individual behaviour. Many of the social and economic conditions that lead to poverty and disadvantage are created outside of the communities most impacted by these conditions. Inter-generational factors (i.e. inter-generational disadvantage, education levels, social / economic connections, etc) have a significant bearing on outcomes for children and young people. Inter-generational disadvantage is a widely acknowledged and researched phenomenon in Australia, notably in the work of Prof. Tony Vinson and colleagues[23]. While it is important for services to continue to alleviate the symptoms, analysis of root causes and development of strategies to eliminate structural inequity need to accompany any program design and delivery.

Population level change cannot take place without systemic change. This is not to imply that all change needs to be systemic change, or to denigrate the real benefits of improving programs and referral pathways. But in the work of the Alliance there needs to be an accompanying understanding of structural disadvantage, and how to influence policies that have a detrimental impact on affected communities.

Equity

There are structural barriers to wellbeing and positive life outcomes for many in the community that are based on multiple factors including:

- Socio-economic gradient
- Aboriginality
- Ethnicity and language
- Disability
- Rural or regional location
- Low educational attainment/unemployment
- Mental health/drug and alcohol misuse
- Homelessness
- Chaotic family or individual circumstances
- Social isolation
- Trauma

[21] Moore, R, McDonald, Myfanwy, Hugh-Dillon, H, West, S "Community Engagement: A Key Strategy for Improving Outcomes for Australian Families" , CFCA Paper No.39 – April 2016, **https://aifs.gov.au**
[22] Smart, J, Smart, J," Collective Impact: Evidence and Implications for Practice", CFCA Paper No.45 – November 2017, **https://aifs.gov.au**
[23] See Intergenerational disadvantage14 Sep 2000 and Dropping off the edge 2015 Persistent communal disadvantage in Australia 21 Jul 2015; Tony Vinson, Margot Rawsthorne, Adrian Beavis, Mathew Ericson: Jesuit Social services: Catholic Social Services Australia. Accessed **https://apo.org.au/node/18909**

Structural inequities lead to poorer health and social outcomes for people, with diminished ability to access the same level of service as those better equipped to navigate what they need. Low literacy as a result of any of the above factors makes it exceedingly difficult for people to navigate their way around a baffling and often inflexible service system. Mistrust or avoidance is a logical consequence for people who feel that the service on offer is misaligned to their needs. It can be difficult for people experiencing extreme emotional or physical hardship to make and follow through with appointments and a plan of action.

Community engagement is an effective way of beginning the process of overcoming barriers, but it does mean that the equity lens must be applied when engaging the community. Who we are reaching, and how we attempt to reach the most difficult to reach people, are questions that need to be applied to our work. What are the mechanisms we will use to improve participation and decision making at the community level and improve equitable access?

Working with the Aboriginal community

To date, the governance and strategic development of the Alliance has not been effective in including Aboriginal organisations or Aboriginal residents. In implementing projects, however, the Alliance has sought and acted upon advice and guidance provided by Aboriginal bodies such as the Aboriginal Advisory Council.

The scarcity (and reticence) of Aboriginal agencies to join the governance structures of the Alliance nevertheless requires Alliance members to make special efforts to include Aboriginal people in projects, and consult the community about how it should best be involved and included. In doing this, Alliance members need to be mindful of any implications of the ILUA relevant to activity on Gundungarra country. The Alliance will continue to look for opportunities to involve Aboriginal people in governance structures and activities wherever possible.

This Strategy does not purport to speak for Aboriginal children, young people or their families. It does not exclude them, but nor does it explicitly include them. Aboriginal children and young people were included in the mainstream Asks and Harwood conversations, but, at the request of the Blue Mountains City Council Aboriginal Advisory Council, weren't identified as Aboriginal.

Accordingly, Resilience and Well-being survey results and data pertaining to Aboriginal young people were de-identified prior to being shared with the wider Aboriginal community.

This is indicative of the special complexity and sensitivity required in bridging the gulf between Aboriginal and non-Aboriginal people that exists as a result of colonisation of this country (Ngurra). The Alliance has to consider the historic and ongoing removal of children to understand the problematic dimensions of social intervention, particularly research in this area and other related issues by non-Aboriginal people. Members should also reflect on privilege that non-Aboriginal people enjoy which can create an inherent cultural bias. A dialogue between Aboriginal people and Alliance members on these questions and other concerns could map a path forward on this issue.

Section 3

How we identify and develop Alliance projects

Section 3
How we identify and develop Alliance projects

Iterative Local Project Development

Implementation of the Strategy will take the form of a series of local-level projects which align to the nine Outcomes for children, young people and families, as outlined **here**. They will be identified and developed using:

- The participation of residents and local agencies, building upon their strengths and skills;
- Evidence of effectiveness and community benefit;
- Project plans that are temporal, designed to deliver identifiable and measurable outcomes at milestones; and
- Data and analysis secured through the social research and Alliance

The Alliance needs to employ a methodology that is flexible and responsive in terms of participation, projects and activities undertaken, timeframes and review processes. This enables Strategic Learning to be robust and sensitive to the conditions required to deliver the best outcomes. The core work of individual agencies can also be mapped against outcomes, enabling agencies to measure their contribution. The Alliance's implementation methodology has taken the form of iterative project development, where short-term projects are trialled and monitored, and their results inform subsequent work. This iterative approach allows us to reassess regularly how to engage local residents in the work of the Alliance and develop strategies to facilitate resident participation. It also allows for the growth of unforeseen but positive resident-initiated activities aligned with the work of the Alliance. Project development is aligned to a framework comprising four consistent Focus Areas:

1. Children
2. Young People
3. Parents & Carers, and
4. The City

The intention of this framework is that at any one time there would be a project operating in each of these Focus Areas, therefore comprehensively addressing the Vision and Outcomes of the Alliance.

Focus Area 1: Children

YEARS	Alliance Projects and Alliance Member Contribution	Council-only Projects - Informed by Alliance
2018- 2019	Children Start School Ready to Learn	Forum on AEDC Analysis and implications for local priorities for Early Childhood and Family Support Services
2019 -2020	Children Start School Ready to Learn	Early Childhood Education Network and Support Project
2020-2024	To be determined	

Focus Area 2: Young people

YEARS	Alliance Projects and Alliance Member Contribution	Council-only Projects - Informed by Alliance
2018-2019	Young People Are Emotionally Resilient • Conduct Harwood conversations in four schools to learn what young people think about their mental health • Collate findings and report back to young people, school staff, parents and the broader community • Look for opportunities to develop peer support models for young people to help peers with mental health concerns • Look for opportunities to develop resources for coping with stress and other concerns	Harm Minimisation for Young People through Peer Support • Develop Drug and Alcohol prevention resources with young people that can be used in schools and other settings
2019 -2020	Young People Are Emotionally Resilient • Implement Stage 2 of the Project (to be developed)	1. Continuing Harm Minimisation through Peer Support 2. "Farm it Forward" Social Enterprise 3. Blue PEN network: Implementing Positive Education in Schools • Work with schools to further Positive Education programs and professional development opportunities 4. Planet Youth as a YMISA/LDAT project, chaired and led by Council • Coordinate four participating schools to complete survey and liaise with Alcohol and Drug Foundation • Develop Community Action Plan with strategies for implementation • Apply for funding to implement Action Plan
2020-2024	To be determined	

Focus Area 3: Parents and Carers

YEARS	Alliance Projects and Alliance Member Contribution	Council-only Projects - Informed by Alliance
2018-2019	Parents are Confident and Engaged in their Children's learning and development • Service Holiday activity providers coordinated to provide low cost activities for different ages across the Mountains for at least 3 days each week of school holidays. This information was promoted in the Stronger Families Alliance calendar of low cost holiday activities	
2019-2020	Parents are Confident and Engaged in their Children's learning and development • Continued promotion of the Alliance school holiday calendar as a place to easily find information about low cost school holiday activities.	Grandparents Support project: research and recognition (TBC)
2020 -2024	To be determined	

Focus Area 4: The City

YEARS	Alliance Projects and Alliance Member Contribution	Council-only Projects - Informed by Alliance
2018-2019	Blue Mountains is a Child and Youth Friendly City • Completion of Harwood Ask surveys of children, young people and adults on safety issues • Publication of report on Harwood Ask Surveys and reporting of outcomes to the Alliance membership and Council	Youth Council focus on environmental projects informed by previous Harwood research showing the environment as one of the top four concerns for young people
2019 -2020	Blue Mountains is a Child and Youth Friendly City • Development of strategies in response to findings from the 2018 / 2109 research	Gender Equity Strategy • Development of broad Community Gender Equity Strategy in consultation with government and non-government stakeholders and the wider community Community Safety Strategy • Development of broad Community Safety Strategy in consultation with government and non-government stakeholders and the wider community • Incorporation of safety aspects of a Gender Equity Strategy Youth Council focus on environmental projects informed by previous Harwood research showing the environment as one of the top four concerns for young people
2020-2024	To be determined	

Section 4

Evaluation methodology

Section 4
Evaluation methodology

The progress of this Strategy overall will be evaluated by the Backbone at the end of the period of the Strategy, with respect to each of the Strategy Objectives.

In general terms, the parameters through which these Objectives will be evaluated are:

- How we know they have been achieved;
- If so, to what extent; and
- Whether there have there been unanticipated benefits or deficits resulting from project implementation

Data Collection and Analysis for Evaluation of Strategy Objectives

The Evaluation will include data on individual projects collected by Implementation Groups as well as data collected by the Backbone that show evidence of:

1. Collaboration between relevant Blue Mountains agencies, and individual service contributions to outcomes.

2. Systemic change within Council and/or community agency partners, with respect to:

a) Policy change

b) Service delivery change

c) Shifting of resources, either funds or worktime

3. Relevant research and analysis of community need, opportunity and evidence-based practice.

4. Individual Project monitoring information that is fed into the overall Strategy Evaluation conducted by the Backbone.

Data collection and analysis for the Evaluation will take the forms of"

1. Quantitative data : such as numbers of participants; numbers of beneficiaries; location and demographics of participants / beneficiaries; *Provided by agencies*

2. Qualitative data: surveys of participants; surveys of beneficiaries; location and demographics of participants / beneficiaries; *Provided by agencies and/or conducted by the Backbone*

3. Output measures/ Activity assessments: activities held; communications disseminated; *Provided by agencies*

4. Cost / Benefit analysis: can include calculation of resources expended, including staff time. However, it can also include a qualitative assessment of the "worthwhileness" of the outcome in terms of time and resources spent, and what may have been foregone due to the commitment of time and resources; *Conducted by backbone*

The table below outlines how the various forms of data will be applied to the Evaluation of Objectives in the Strategy Evaluation. Note that this does not evaluate individual projects, but whether Strategy objectives have been achieved through the delivery of individual Alliance Project activities.

Year	Objective	How we know	To what extent?	Unanticipated benefits or deficits
2	Measurable benefits to children and young people, particularly to those who may be vulnerable or marginalised	• Quantitative : numbers • Qualitative: surveys	• Activity assessments • Cost/Benefit	
4		• Quantitative : numbers • Qualitative: surveys	• Activity assessments • Cost/Benefit	
2	The participation of Blue Mountains residents, particularly communities of interest with strengths and skills	• Quantitative : numbers • Qualitative: surveys	• Activity assessments • Cost/Benefit	
4		• Quantitative : numbers • Qualitative: surveys	• Activity assessments • Cost/Benefit	
2	The collaboration of relevant Blue Mountains agencies	• Quantitative : numbers • Qualitative: surveys	• Activity assessments • Cost / Benefit	
4		• Quantitative : numbers • Qualitative: surveys	• Activity assessments • Cost / Benefit	
2	Systemic change within Blue Mountains City Council and community agency partners	• Quantitative : identified changes • Qualitative: survey / feedback from agencies		
4		• Quantitative : identified changes • Qualitative: survey / feedback from agencies		
2	Relation to research and analysis of community need/ opportunity and evidence-based practice	• Identified relevant issues / data	• Identified evidence of good practice	
4		• Identified relevant issues / data • Identified evidence of good practice	• Identified evidence of good practice	

Section 5

Templates and working with data

Section 5
Templates

How Alliance Members contribute to Outcomes

Model template for Alliance members to document the contribution of their Core projects to the Outcomes of the Alliance.

Target Group – specify | AND/OR |

Focus area Tick primary focus: ☐ *children* ☐ *young people* ☐ *parents/carers* ☐ *our city*

Ultimate Outcome

1. What is the current issue we want to change relating to this Ultimate Outcome?

2. How do we know that it's an important issue?
(tick all that apply)

- [ ] Direct request or information from young people
- [ ] Anecdotal evidence from services or networks
- [ ] Census or other government evidence
- [ ] Harwood conversations
- [ ] Well-being and Resilience Index
- [ ] Evidence from other surveys
- [ ] Other – please specify

3. What do we want to see that will make a difference?
(tick all that apply)

- [ ] Engagement with support services
- [ ] Engagement with school
- [ ] Access to employment opportunities
- [ ] Better connectivity
- [ ] Friendly, safe spaces for target group
- [ ] Capacity building for target group
- [ ] Access to skill building/resourcing opportunities
- [ ] Community engagement & participation /empowerment
- [ ] Other – please specify

4. How are we proposing to achieve this?

Activity or program – please specify

- [ ] Programs in pre-schools or schools – please specify
- [ ] Harwood conversations
- [ ] Mental Health First Aid
- [ ] Mentoring Programs – please specify
- [ ] Parenting Workshops or activities – please specify
- [ ] Advocacy for Policy change
- [ ] Community participation – please specify

5. How will we know that we have made a difference?

- [ ] Evidence of engagement with support services – number of people
- [ ] School completion rates
- [ ] Employment statistics
- [ ] Surveys with people gauging increased connections and wellbeing
- [ ] Number of spaces identified as friendly to target group/s
- [ ] Number of programs that build on creative or employment opportunities
- [ ] Number of mentoring programs
- [ ] Number of programs in pre-schools or schools
- [ ] Number of parenting programs or workshops
- [ ] Number of residents participating

At completion of activity / project:

6. Please provide the detail from measuring the impact - refer to Q5 including analysis of equity in place (geographic spread) and community participation (representation from community of interest, vulnerable / marginalised)

7. Please describe the impact of your project/activity in relation to what you wanted to change (refer to Q1)

Sample Planning Monitoring Template for Implementation Groups

Focus Area:

Ultimate Outcome:

Step 1. Brainstorming what we want to be different for people

1. **Project Name / Description**

2. **Project Objectives: Questions to ask would include:**
   a. What do we want to achieve through our activity/program?
   b. What do we want to be happening?
   c. What do we want to be different for people?

3. **What is the current situation? Ask and include evidence of this situation**

Step 2: How will we track our progress and how well we are doing?

4. How will we know that Project Objectives have been achieved? Questions to ask would include:

a. What data can be collected during the course of the Project?

b. What Outputs do we plan to deliver?

5. How will we know if we have done the activity well? Questions to ask would include:

a. How will we compare / measure our activity against best practice?

b. Did we meet our Project milestones?

Step3: How will we know if people are better off?

6. Assessment of wellbeing outcomes for clients / participants. Questions to ask would include

a. How do we follow up with participants after the Project finishes?

b. How do we define "better off"? i.e. What elements of wellbeing are relevant?

More detail is on the Alliance website Dashboard **here**

Section 5
Working with data

Approach

The Stronger Families Alliance (the Alliance) works within a framework of proportionate universalism[24] that recognises the importance of universal interventions with a scale and intensity that is proportionate to the level of disadvantage. The Alliance also agrees with the literature on prevention and early intervention[25]: that intervening early both in the life of the child and the trajectory of the issue is the best way to mitigate risk factors and bring about the best results. Risk factors for vulnerability[26] include limited family income and education, domestic violence, substance abuse, poor mental health, and social isolation. Disability in a family can also create enormous strain on the family's physical, emotional and financial resources.

Data, such as Socio- Economic Indexes of Areas (SEIFA), of the Blue Mountains as a whole indicate relatively high socio economic advantage. However, there are areas of disadvantage in all of the villages, particularly those in the Upper Mountains, and the impact of social isolation for parents/carers and consequences for children, is relevant across all levels of SEIFA. Collectively, the Alliance works to increase and strengthen protective factors at the level of the child, family or whole community that can mitigate risk factors.

Online Data Dashboard

Blue Mountains City Council has employed a social researcher to assist in data collation and analysis to demonstrate Alliance outcomes and measure improvements. This position will build and moderate a dashboard for Alliance members to make sense of the data they are collecting, and communicate achievements to the community.

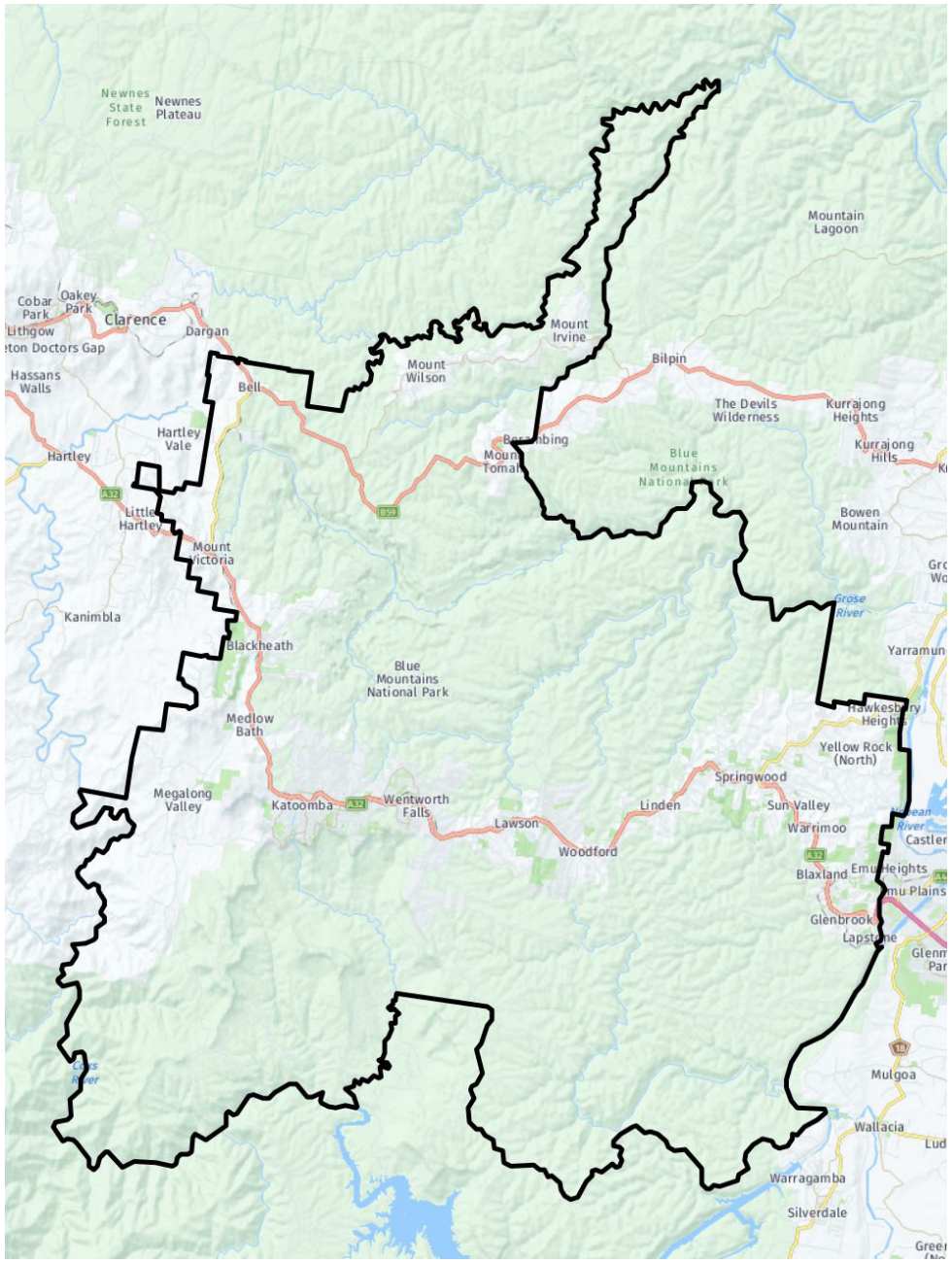
A dashboard is a tool that is commonly used by Collective Impact initiatives to measure outcomes and visualise data. Dashboards consolidate and arrange numbers, metrics and other information on a single screen. Dashboards can be interactive, allowing the user to extract information from the data using a variety of media such as maps, pictures, videos, pictures and graphs.

The dashboard can be used to track changes in community outcomes over time through longitudinal data that the Alliance membership is collecting. The will provide a clear visual roadmap for Alliance members and the community showing progress and results.

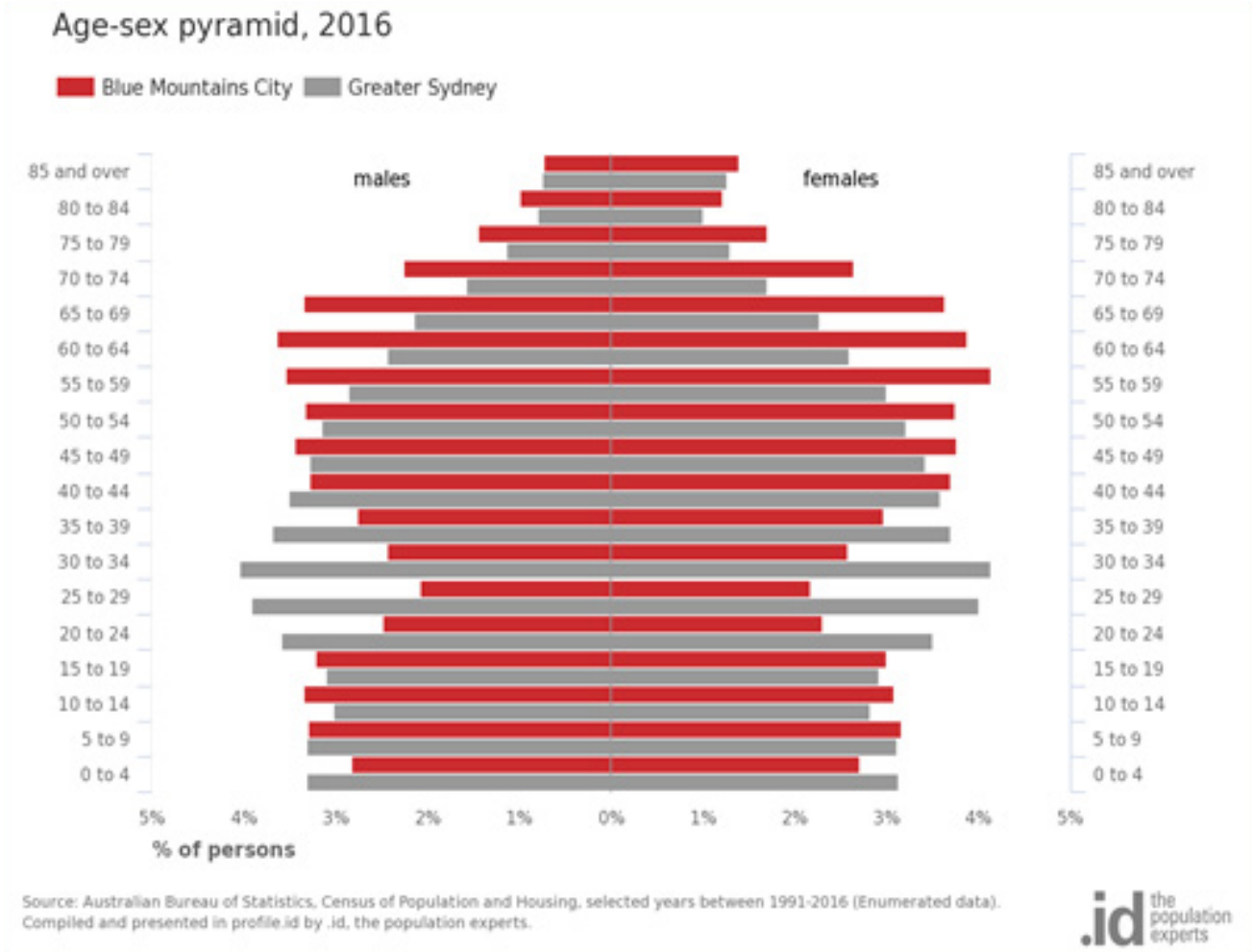
[24] For a detailed explanation of how this health framework can be applied see **https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-015-0207-6**
[25] There is abundant evidence for prevention and early intervention. For a literature review see: **http://www.community.nsw.gov.au/__data/assets/pdf_file/0014/321602/eip_literature_review.pdf**
[26] **https://aifs.gov.au/cfca/publications/risk-and-protective-factors-child-abuse-and-neglect**

Key demographics

Blue Mountains LGA Boundaries



Age structure Blue Mountains population



[27] Greater Sydney (Greater Capital City Statistical Area), as classified by the Australian Bureau of Statistics, covers 12,367.7 sq km and is made up of 35 local councils, extending from Wyong and Gosford in the north to the Royal National Park in the south, and includes the Blue Mountains, Wollondilly and Hawkesbury LGAs.

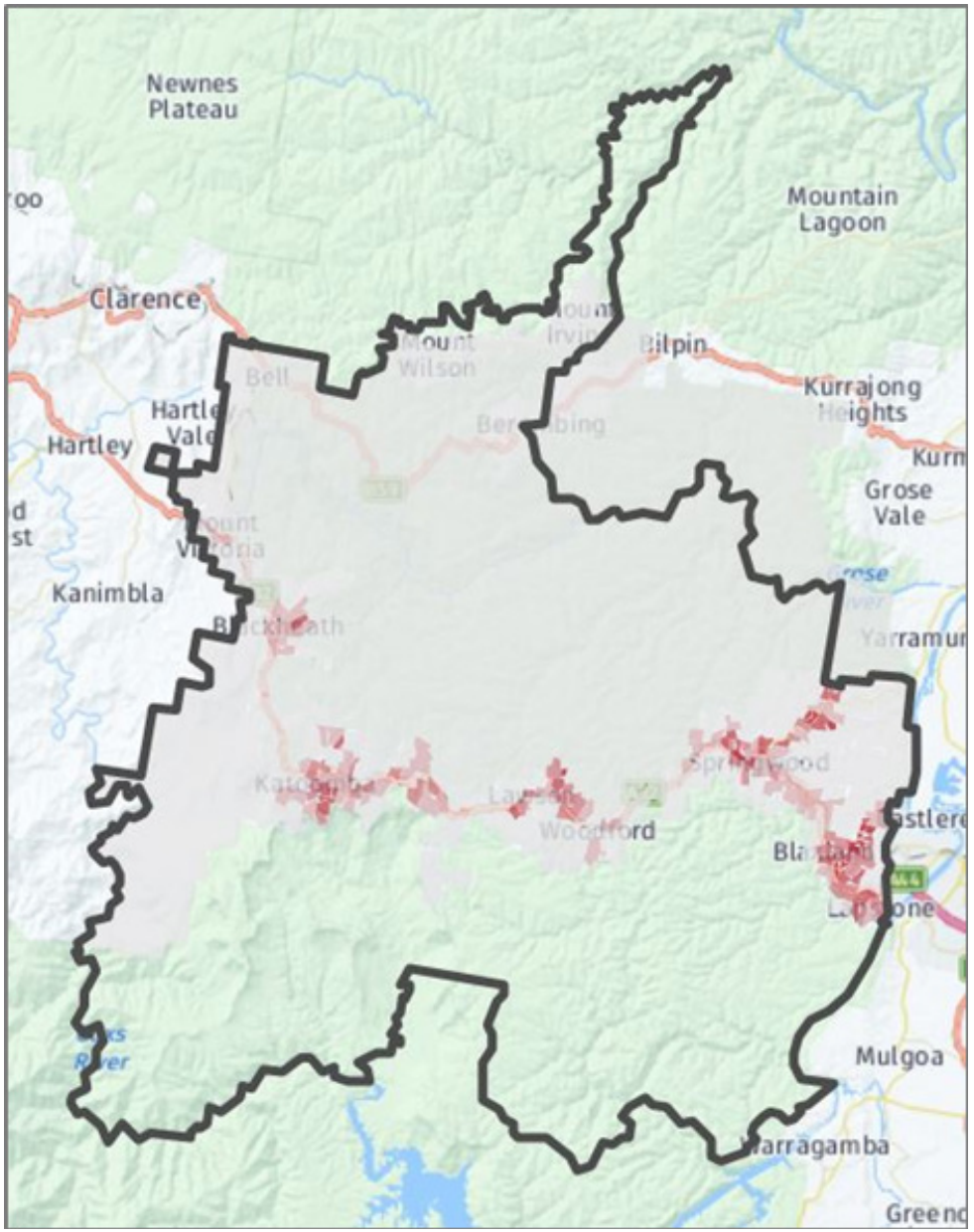
The age profile in 2016 for the Blue Mountains, and its comparison with Greater Sydney is shown in the above chart (Census 2016). Key features of this profile are:

1. The proportions of children and young people in the age range of 5 – 19 years old are similar to those of Greater Sydney.
2. The proportions of children in the youngest age range of 0-4 years, are significantly lower than the Greater Sydney average. This suggests that either young families are not settling in the area, or the natural population increase is lower in the Blue Mountains than the Greater Sydney average, or both.
3. The proportions of people older than 45, but particularly above 55 years old, are much greater in the Blue Mountains than in Greater Sydney. This "ageing" of the population has emerged in recent years across the state and nation a recent censuses, but is more marked in the Blue Mountains than in Greater Sydney and the State.
4. Correspondingly, the proportion of people in "child- bearing" age of 20 - 44, particularly between 25 and 35, is much less than in Greater Sydney
5. Taking points 1. and 4. suggests that fewer adults are supporting more children and young people in the Blue Mountains than in Greater Sydney, on average
6. Taking points 1. and 3. together, suggests that older parents and grandparents may take a larger role in raising children and young people between the ages of 5 and 19 than they do in Greater Sydney.

Population distribution and density in the Blue Mountains

Population Distribution and Density

- Population is distributed across the LGA, in all areas except the National Parks
- Pattern of townships along the Transport Corridor – highway and rail line, also the Bell's line of road in the North of the LGA 28 townships in all
- Darker tone indicate higher density clustered

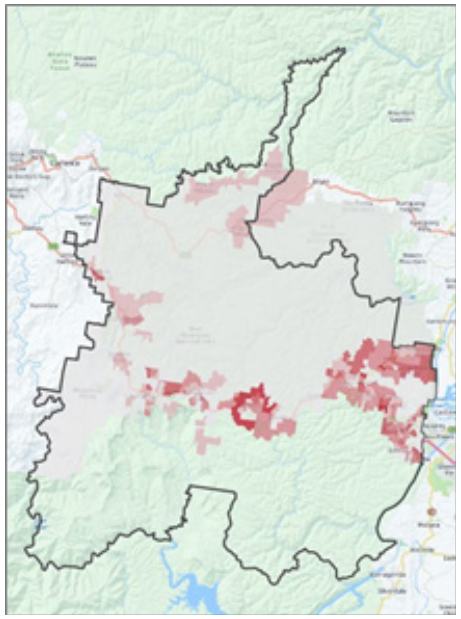


Numbers and distribution of children and young people

Numbers and Percentages of Age Groupings : 0 - 24 Years (2016 Census)								
0 - 5 years		6 - 12 years		13 - 18 years		19 - 24 years		Total
Nos.	% Total	Nos.	% Total	Nos.	% Total	Nos.	% Total	
5,169	23%	6,974	31%	5,785	26%	4,515	20%	22,443

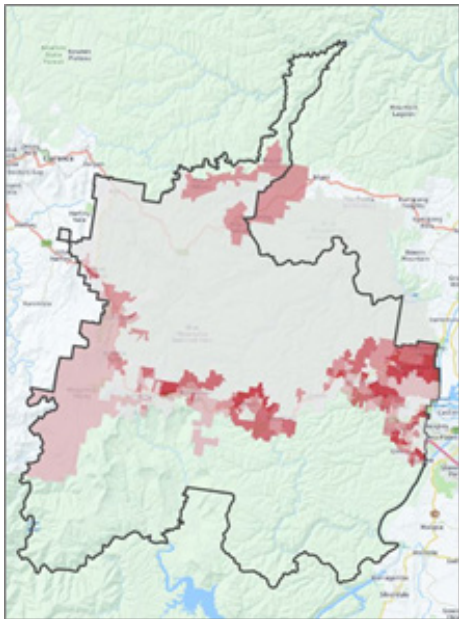
These figures s, the current slightly larger numbers of children will likely be reversed by the 2021 Census.

Distribution of children and young people



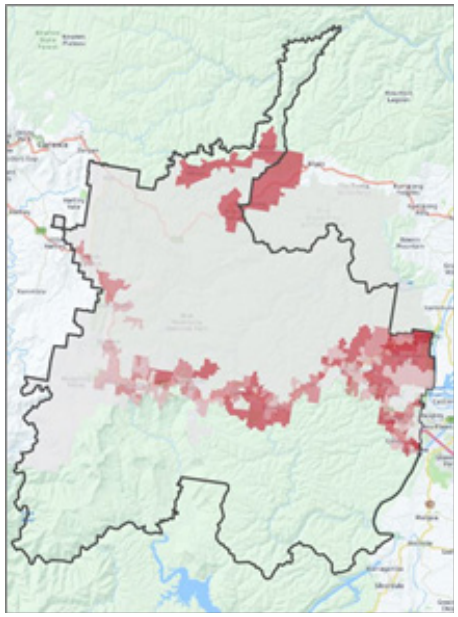
0 - 4 Year-old Children (numbers)

- Clustered around the major townships in the Lower and Mid mountains, particularly Hazelbrook, Lawson, Winmalee, Yellowrock and Hawkesbury Heights
- Some in Upper mountains, particularly North Katoomba and North Leura



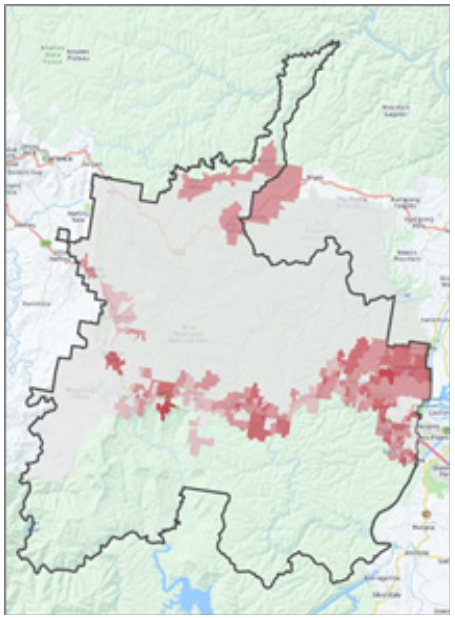
5 - 11 Year- old Children (numbers)

- Clustered around the major townships in the Lower and Mid mountains, particularly Hazelbrook, Lawson, Winmalee, Yellowrock, Hawkesbury Heights and Glenbrook
- Some in Upper mountains, particularly North Katoomba and North Leura, but generally more spread, including MT Wilson and Mt Tomah



12 - 17 Year-old Young People (numbers)

- Generally corresponding to the overall population distribution
- Some concentration in parts of Lower mountains (Yellowrock, Hawkesbury Heights, MT Wilson and MT Tomah)



18– 24 Year-old Young People (numbers)

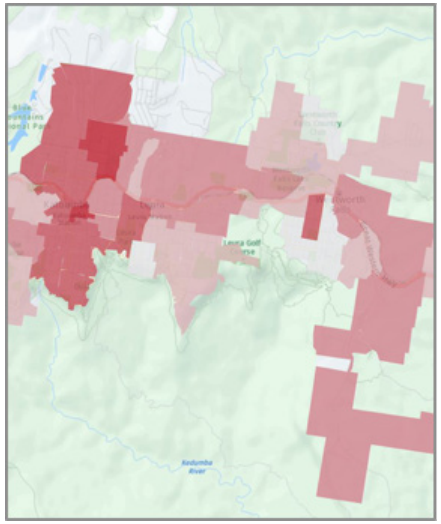
- Generally corresponding to the overall population distribution
- Some concentration in parts of Lower mountains (Yellowrock, Hawkesbury Heights, Medlow Bath and Leura)

These maps illustrate the challenges in developing projects and participation across a fragmented and linear landscape. A focus on the Mid and Lower Mountains is clearly warranted, but activity under this Plan in the Upper Mountains would be particularly valuable for young people due to a lower SEIFA and greater disadvantage.

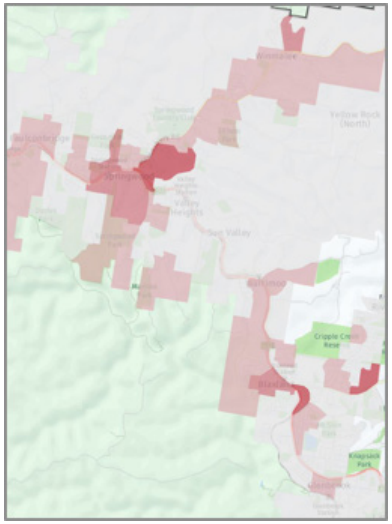
Population disadvantage

The maps below provide a broad (coarse- grained) comparison of relative "disadvantage" as described by the SEIFA index, derived from a number of demographic indices derived from the Census data set.

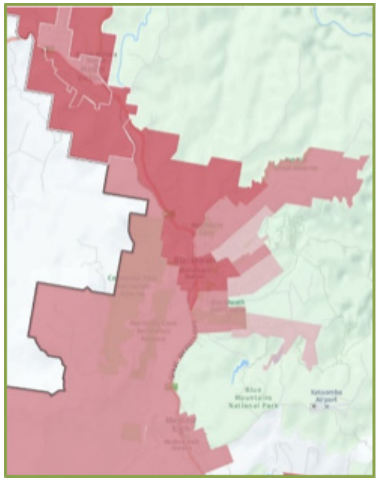
SEIFA Index of Disadvantage: (Census 2016)



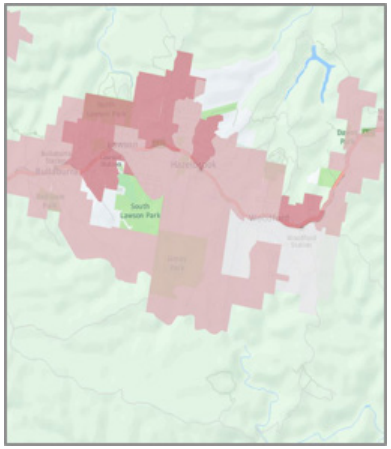
Katoomba to Wentworth Falls



Faulconbridge to Glenbrook



Medlowbath to Mt Victoria



Bullaburra to Linden

1. Generally the Upper Mountains exhibits higher levels of disadvantage amongst the population than the Mid- or Lower Mountains

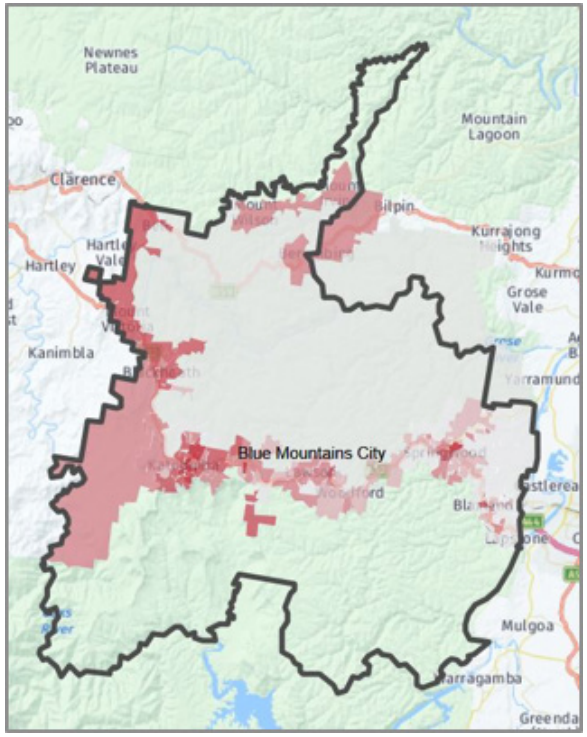
2. Katoomba, particularly North Katoomba and parts of East Katoomba exhibit the highest levels of disadvantage, according to the SEIFA Index.

3. Blackheath and Mt Victoria also exhibit higher levels of disadvantage and there are also "pockets" of disadvantage in the mid and lower Mountains

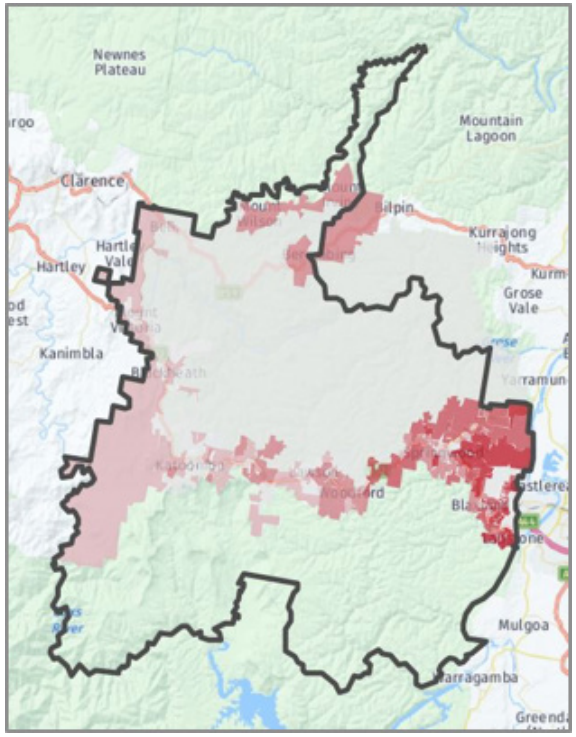
The SEIFA Index of disadvantage is particularly relevant to this Strategy because it has been developed specifically to measure ''relative socio-economic advantage and disadvantage in terms of people's access to material and social resources, and their ability to participate in society." (SEIFA Technical Paper, 2033.0.55.001 – 2016). This focus on access and participation corresponds to the broad Outcomes (Alliance Strategy p 10) and the Community Development priorities outlined in

However, while these maps provide a convenient and visual comparison and ranking of different areas, there are important limitations to their interpretation. The Index "does not ...capture housing affordability, housing stress, dwelling value and dwelling quality" (p.12.) and "the need for a car varies depending on the remoteness of the area and access to public transport (p. 13). The issues of declining housing affordability / housing stress and isolation were identified by community agencies and Council as increasing concerns in 2019. Housing Affordability has been declining for both mortgages and rental due to the housing market boom. Isolation is accentuated by the linear development pattern (along the highway railway corridor) of the villages, limited public transport, and some residents' lack of access to a private vehicle.

Household Income - Comparisons of Low Income and High Income households.



Low Income Households: (numbers)



High Income Households (numbers)

Household Income is a parameter in the SEIFA Index, and a key factor in levels of individual and household disadvantage. These maps demonstrate the stark divide in income distribution between the Upper Mountains and Lower Mountains.

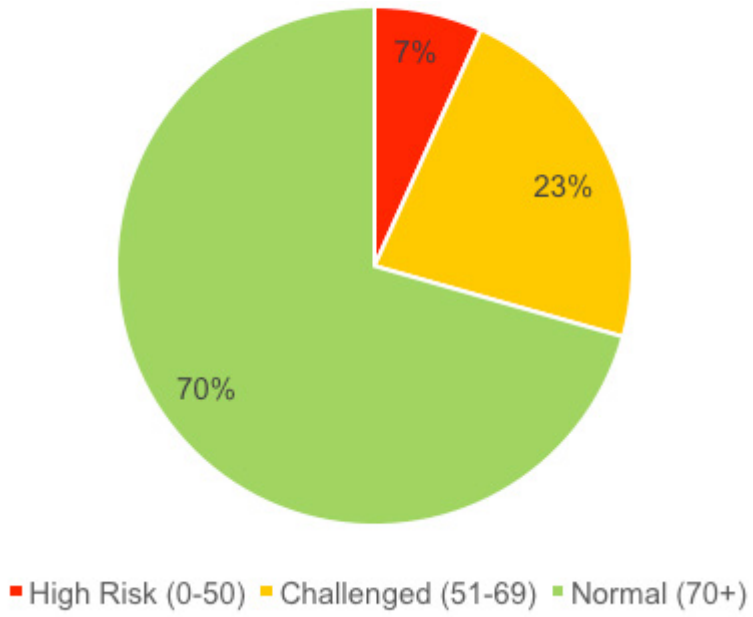
The high income distribution also mirrors the distribution of households where the mother is employed out of the home, which is another parameter collected by the Census.

Blue Mountains survey of resilience & wellbeing

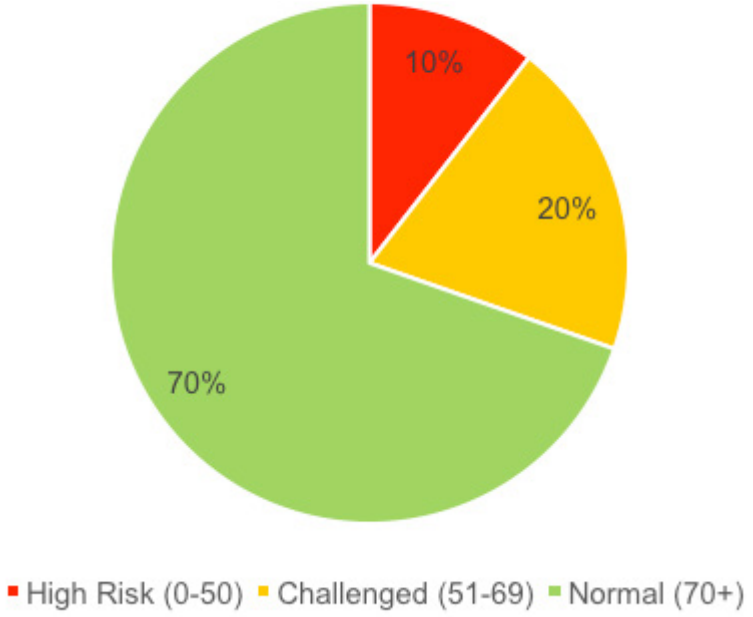
2595 people participated in the Survey of Resilience and Wellbeing (Aug-Nov 2018)

Percentage of participants in each Wellbeing

% of Participants aged 12-19 in each Wellbeing Risk Category

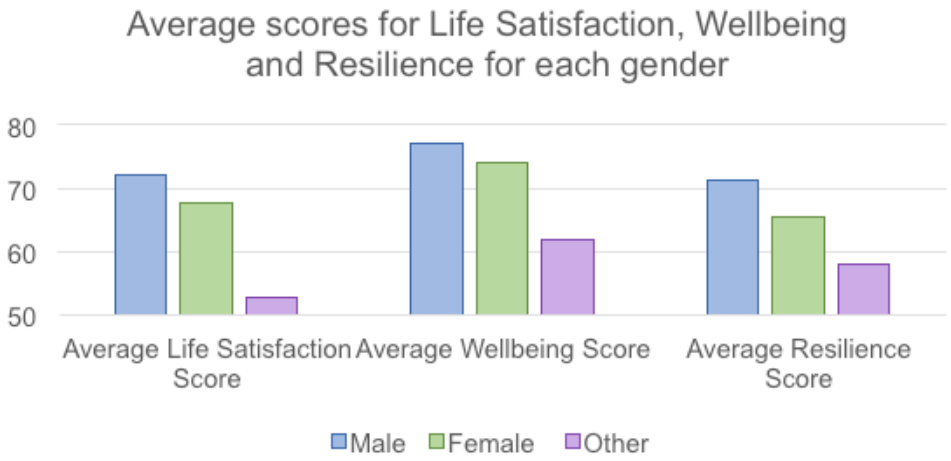


% of Participants aged 20-96 in each Wellbeing Risk Category



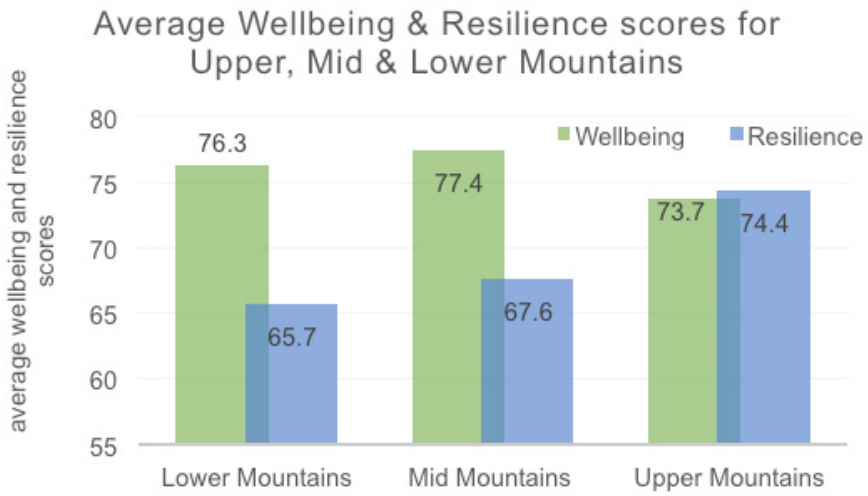
Index category

70% of both cohorts reported scores that suggest they are on track for positive wellbeing	**7%** of young people and 10% of adults reported scores that suggest they are at high risk of low mental wellbeing	**69%** = Average life satisfaction score for young people
72% = Average life satisfaction score for adults	**75%** = Average Wellbeing score for young people	**68%** = Average Resilience Score for young people
1 in 4 people reported high levels of loneliness	Loneliness was reported by people of all ages	**40%** of people are currently feeling very stressed
51% of people aged 16-19 report very high rates of stress	**1 in 3** people report experiencing high rates of anxiety	People aged 16-30 report highest rates of anxiety



Gender: More than half of young people who identified their gender as 'Other' reported that they are Not Happy with their life as a whole, that they are at risk of low wellbeing, low resilience and social isolation.

Young females had lower life satisfaction, wellbeing, and resilience scores than young males.



Geography: Young people living in the Mid Mountains reported highest wellbeing. Young people living in the Upper Mountains reported highest resilience.

People living in Mid Mountains reported results that suggest they are happier than those living in Lower or Upper Mountains.

Above average wellbeing	Above average resilience
Participate in sport/recreation	Participate in sport/recreation
Feel connected to their community and can access social support when needed	Feel connected to their community and can access social support when needed
Reside in Mid-Mountains	Reside in the Upper Mountains
Typically gender identify as 'male'	Typically gender identify as 'male'
Are 12 to 13 years of age	

For Young people, being connected to community is a strong predictor of positive wellbeing and resilience. Young people who reported low levels of loneliness, and that they could get help from friends, family or neighbours when needed, reported above average wellbeing and resilience scores.

Strengths	Areas of concern
Wellbeing domains	
Safety	Achieving in Life
Community connection	Future Security
Standard of living	Health
Resilience domains	
Humour	Coping with Stress
Adapting to change	Focusing under pressure
Achieving goals	Not discouraged by failure

Young people also told us that they could strongly see the humorous side of things, that they can adapt to change, and they can achieve goals despite obstacles that might block their way.

Young people told us that stress was not a strength, that they could not stay focused under pressure and that they were easily discouraged by failure.

Young people scored highest on the wellbeing domains of Safety, Community connection and Standard of living. Young people told us that they were least happy with: What they were currently achieving in life, their future security, and their health.

Data on domains of vulnerability for children starting school in the Blue Mountains

Table 6.6 – Vulnerable on one or more domain(s) and two or more domains at the national, state/territory, community and local community levels.

Region (including local communities)	Vulnerable on one or more domain(s)						Vulnerable on two or more domains					
	2012		2015		2018		2012		2015		2018	
	n	%	n	%	n	%	n	%	n	%	n	%
Australia	59,933	22.0	62,960	22.0	63,448	21.7	29,543	10.8	31,754	11.1	32,434	11.0
NSW	17,722	19.9	18,378	20.2	18,583	19.9	8,189	9.2	8,733	9.6	9,001	9.6
Blue Mountains	102	11.5	166	18.3	138	16.9	38	4.3	68	7.5	64	7.8
Blackheath-Medlow Bath	5	9.1	6	14.3	8	16.0	2	3.6	3	7.1	3	6.0
Blaxland	3	4.5	18	16.8	12	12.4	1	1.5	10	9.3	5	5.2
Faulconbridge	4	8.7	9	16.4	1	2.4	1	2.2	5	9.1	1	2.4
Glenbrook-Lapstone	5	9.1	11	13.8	13	18.1	2	3.7	4	4.9	6	8.3
Hazelbrook	8	11.1	14	25.5	11	18.0	6	8.3	3	5.5	5	8.2
Katoomba	13	15.7	16	20.3	15	19.0	3	3.6	6	7.6	4	5.1
Lawson-Bullaburra	6	12.0	4	8.2	10	24.4	3	6.0	3	6.1	5	12.2
Leura	5	8.8	8	18.2	4	10.3	3	5.2	3	6.8	2	5.1
Mount Riverview	7	15.6	14	37.8	19	57.6	1	2.2	6	16.2	12	36.4
Springwood	9	10.2	17	17.3	4	6.0	4	4.6	7	7.1	0	0.0
Valley Heights	-		3	13.6	2	11.8	-		2	9.1	0	0.0
Warrimoo	7	21.2	5	19.2	6	21.4	1	3.0	2	7.7	3	10.7
Wentworth Falls	8	10.7	12	19.4	14	21.9	5	6.6	6	9.7	10	15.6
Winmalee-Yellow Rock-Hawkesbury Heights	14	12.8	21	18.9	8	8.8	2	1.8	7	6.3	3	3.3
Woodford-Linden	4	13.8	6	21.4	7	26.9	2	6.7	1	3.6	2	7.7

[28] Table sourced from AEDC website 2018. Further analysis of local AEDC data, implications and priorities for Blue Mountain communities is available at **www.strongerfamilies.net.au**. Local School community Hubs are working collaboratively to respond to these local prioirties.

Backbone support agencies for
the Stronger Families Alliance