

Targeted Earlier Intervention Program

Mid North Coast, Northern NSW and New England District

Northern NSW District Priorities

We will take a local approach


We know that every local community is different and has distinct needs and priorities. Local knowledge is crucial to identifying and addressing these needs. That's why we're taking a local approach to recommissioning for Targeted Earlier Intervention.

The new TEI program will focus on collecting data so you can learn more about your local community. This will help you to identify needs, as they change, in your area. As the evidence grows, you'll be able to adapt your service to what works in your community. This is crucial to supporting children, young people, families and communities experiencing, or at risk of experiencing, vulnerability in NSW.

DCJ Districts will work with you to identify the needs and priorities of your community. We will look at:

1. local priority groups – who needs the services most in your community?
2. location – where in your local area are the services needed most?
3. service type – what kinds of services will work in your area?

This evidence-based snapshot outlines the main priority groups in your District. This will help you to plan services that can make a real difference in your local area.



Local Priorities for Northern NSW

Northern NSW spans diverse communities across a large area. TEI funded service providers should consider the priorities as follows in order to address disadvantage.

Please note, local priorities are not listed in order of importance.

1. Children aged 0 to 5 and their families
2. Young people up to age 25 who are vulnerable
3. Aboriginal people and communities
4. Communities across Northern NSW experiencing multiple vulnerabilities, in particular these three locations:
 - Richmond Valley LGA
 - Clarence Valley LGA
 - Kyogle LGA
5. Access to culturally responsive services for Aboriginal children, young people families and communities:
 - services that meaningfully engage Aboriginal people in their design and delivery
 - services delivered by Aboriginal staff
 - services delivered through Aboriginal organisations

Evidence

1. Children 0-5 years and their families

- Children who are not reaching their developmental milestones experience disadvantage that may impact them across their life span.
- Children from families who are economically disadvantaged, socially and geographically isolated, or have intergenerational trauma are particularly vulnerable.
- There are 4,483 vulnerable children aged 0 to 5 in Northern NSW. Of



these, 30% are Aboriginal.¹

- In Northern NSW, the most vulnerable 2% of children 0 to 5 years experience four or five indicators associated with poorer outcomes. 73% of these children identify as Aboriginal.²

2. Young people up to age 25 who are vulnerable

Factors that can make young people particularly vulnerable include poor mental health, school disengagement, and involvement in the criminal justice system. Teen parenthood is often a key indicator of vulnerability, both at the individual and community level.

- 27% of all people in the Northern NSW district are under the age of 25.³
- 2.8% of mothers giving birth in Northern NSW in 2017 were aged 19 or younger. This is higher than the state average of 1.9%.⁴
- There are 4,013 (13%) children and young people aged under 15 years who are affected by mental illness in Northern NSW.⁵ Of these, 28% are Aboriginal children and young people.
- There are 1,911 (18%) 15 to 18 year olds affected by mental illness in the Northern NSW district.⁶ Of these, 21% are Aboriginal young people.

3. Aboriginal people and communities

Aboriginal and Torres Strait Islander people and communities across NSW experience significant disadvantage due to the history of dispossession and disenfranchisement.

- 4.5% of the Northern NSW population (12,923 people) identify as Aboriginal and/or Torres Strait Islander. 45% of the Aboriginal and/or Torres Strait Islander population are 19 years old or younger.⁷

¹ Their Futures Matter

² Their Futures Matter

³ ABS Quickstats, 2016 Census, <https://www.abs.gov.au/websitedbs/D3310114.nsf/Home/2016%20QuickStats>

⁴ Healthstats NSW: http://www.healthstats.nsw.gov.au/Indicator/mab_mbth_age/mab_mbth_age_lgmap

⁵ Their Futures Matter

⁶ Ibid.

⁷ ABS Community Profiles, Aboriginal and Torres Strait Islander Peoples Profile, 2016 Census: <https://www.abs.gov.au/websitedbs/D3310114.nsf/Home/2016%20Census%20Community%20Profiles>

- Aboriginal and/or Torres Strait Islander children are overrepresented amongst children in Out of Home Care (OOHC) in Northern NSW. As of 30 June 2018, Aboriginal children made up 43.6% (379 children) of children in OOHC in Northern NSW.⁸
- Aboriginal and/or Torres Strait Islander children and young people made up 34% (312) of children and young people who were found to have been significantly harmed or were at risk of significant harm in Northern NSW.⁹

4. Communities experiencing multiple vulnerabilities

All LGAs in Northern NSW encompass areas of higher vulnerability. However, some LGAs are particularly disadvantaged and need more targeted service delivery.

Richmond Valley

- Richmond Valley is ranked as the 6th most disadvantaged LGA in NSW. The next highest ranked Northern NSW LGAs were Kyogle LGA at 13th and Clarence Valley LGA at 16th.¹⁰
- Richmond Valley had the highest proportion of children considered socially at risk or vulnerable in the Northern NSW district. 12.6% of children in Richmond Valley were considered socially vulnerable, and 19% of children were considered socially at risk.¹¹
- 7.7% of people who gave birth in Richmond Valley LGA were aged 19 years or younger. This is nearly four times the the state average of 1.9%.
- There were 21,174 dwellings (19.2%) in the Northern NSW district that did not have access to the internet. The highest proportion was in Richmond Valley (27%).¹²
- 15.3% of the population in Northern NSW district have attained a bachelor degree level or above compared to 23.4% across NSW. This

⁸ FACS Administrative data, unpublished.

⁹ FACS Datacube

¹⁰ ABS, Socio-Economic Indexes for Australia (SEIFA), 2016, 2033.0.55.001

¹¹ AEDC Data Explorer: <https://www.aedc.gov.au/data/data-explorer>

¹² ABS, Socio-Economic Indexes for Australia (SEIFA), 2016, 2033.0.55.001



is significantly lower in Richmond Valley LGA at 7.5%.

Clarence Valley

- Clarence Valley LGA has the largest number of vulnerable children 0-5 years in Northern NSW (1,013). This is 38% of the 0 – 5 year old population in Northern NSW. Of these children, 36% are Aboriginal children.
- 22% (469) of young people aged 15 to 18 in the Clarence Valley LGA are affected by mental illness. This is the highest proportion in Northern NSW.
- The highest number of Aboriginal young people with a mental illness were in Clarence Valley LGA (127).¹³

Kyogle

- The highest proportion of vulnerable children was in the Kyogle LGA (39% or 63 children) followed by Richmond Valley (37% or 245 children).¹⁴
- Kyogle and Richmond Valley LGAs both have 28.6% of children developmentally vulnerable on one or more domain. This is significantly higher than the state average of 19.9%.¹⁵
- Kyogle LGA had the highest incidence of domestic violence assaults in Northern NSW (562 per 100,000), or 30th out of 129 LGAs in the State.
- Kyogle has nearly twice the proportion of low-income households (35.2%) as the State average (19.7%). By comparison, Clarence Valley 30.6%, Richmond Valley 29.3%, Lismore 27.5%, Tweed 26.9%, Byron 25.8% and Ballina 23.6%.

¹³ Their Futures Matter

¹⁴ Their Futures Matter, FACS District Data pack, Northern NSW district

¹⁵ AEDC Data Explorer: <https://www.aedc.gov.au/data/data-explorer>



5. Aboriginal children, young people families and communities have access to culturally responsive services

It is crucial to invest in Aboriginal services to respond to the needs of Aboriginal children, young people, families and communities in Northern NSW. This will help to break the cycle of disadvantage that continues to impact on generations of Aboriginal families.

We will develop a holistic approach to Aboriginal child and family supports. We will deliver universal, targeted and tertiary services within communities. These services will cover the entire continuum of care and will reflect the community context¹⁶. Implementation of the DCJ Aboriginal Case Management Policy is an integral focus of the New England District.

Services that meaningfully engage Aboriginal people in their design and delivery

- Participation of Aboriginal and Torres Strait Islander people in decisions that affect them is a core human right.¹⁷ It is also critical to decision-making that takes into account the best interests of children from a cultural perspective.¹⁸

Services delivered by Aboriginal people

- Aboriginal staff and partner organisations can offer valuable cultural knowledge. This can improve design of services, service accessibility and outcomes for Aboriginal clients.
- Aboriginal staff and partner organisations can develop an organisation's cultural competency.


Services delivered through Aboriginal organisations

- ABSEC states that 'Aboriginal-led solutions to issues in Aboriginal communities are widely recognised as more appropriate to addressing not only the crisis that is occurring, but going some way

¹⁶ 'What you told us' – Aboriginal Case Management policy consultations, Absec, August 2017

¹⁷ United Nations Declaration on the Rights of Indigenous Peoples, 2007

¹⁸ The Family Matters Report 2019



towards addressing the causal factors of disadvantage, poverty and limited economic engagement.’¹⁹

¹⁹ Absec, Delivering Better Outcomes for Aboriginal Children and Families in NSW