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| Alliance planning and oversight policy for Child and Family Alliances |
| Version 1 – August 2022 |
| OFFICIAL |

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| **Alliance planning and oversight policy for Child and Family Alliances**  Version 1- August 2022 |

To receive this publication in an accessible format email [Children, Youth and Families](mailto:ChildrenYouthFamilies@dhhs.vic.gov.au) <ChildrenYouthFamilies@dffh.vic.gov.au>

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Where the term ‘Aboriginal’ is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program, or quotation.

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# Introduction

Family Services[[1]](#footnote-2) work with children, young people and their families who experience vulnerability and disadvantage in Victoria to promote and protect children’s rights and improve child safety, wellbeing, and development. This includes a focus on empowering children, young people, parents, carers, and families to build capacity, knowledge, skills, and resilience, as well as building the community’s capacity so children and young people can thrive.

Around 150 community service organisations, including Aboriginal Community Controlled Organisations (ACCOs), are funded to provide Family Services across Victoria. Family Services are guided by the best interests’ principles for children and requirements of the *Children Youth and Families Act 2005* and the *Child Wellbeing and Safety Act 2005*.

This policy document is current for 2022-23. The child and family system[[2]](#footnote-3) is currently undergoing significant reform, designed, and delivered through partnership between government, the community service sector, Aboriginal community-controlled organisations, and other key stakeholders. This document seeks to align Alliance Planning with these reform directions, where possible, and will continue to be updated as these reforms develop.

# Context

### **2.1 Strategic Framework for Family Services**

[Every Child, Every Chance: A Strategic Framework for Family Services (2007)](https://providers.dffh.vic.gov.au/sites/default/files/2017-08/strategic-framework-for-family-services-2007.pdf) <https://providers.dffh.vic.gov.au/strategic-framework-family-services-pdf> describes a Family Services platform aimed at promoting an inclusive Victoria that supports vulnerable families earlier and could give every child the opportunity to thrive. The framework aligns with the *Child Wellbeing and Safety Act 2005* and *Children Youth and Families Act 2005.*

The establishment of Child FIRST and Integrated Family Services, strengthened linkages between Family Services and Child Protection, development of the [Best Interests Case Practice Model](https://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model), <https://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model>, active engagement, information sharing, standards of governance, collaborative local service networks and partnerships with universal and secondary service networks are all elements of these reforms we may take for granted today.

The Alliances forged through this period have demonstrated an extraordinary ability to support families, practitioners, and other service providers through a context of reform and increasing demand and complexity.

### **2.2 Department of Families, Fairness and Housing outcomes**

The Victorian Government is committed to providing services that protect families and that set a child up for life, leaving them more likely to be healthy, to form positive relationships, to learn and grow, and to live a life they value into adulthood.

A key outcome goal in the Department of Families, Fairness and Housing’s (the department) outcomes framework; is for **children, young people, and families to be safe, strong, and supported**

More about the department’s [outcomes framework](https://www.dffh.vic.gov.au/publications/dffh-strategic-plan) can be found at <https://www.dffh.vic.gov.au/strategic-plan>

## 2.3 Children and families reform

The Roadmap for Reform: Strong Families, Safe Children - the first steps (Roadmap) released in 2016 provides a blueprint for transforming the child and family system from a crisis response to early intervention and prevention.

Roadmap is focussed on developing new ‘pathways’ to support vulnerable children and families. The pathways approach looks at how all parts of the child and family system connect and work with other service platforms, including universal and specialist services.

The three pathways to support vulnerable children and families (early help, targeted and specialist care and continuing care) are based on needs. This approach shifts away from the primary, secondary and tertiary structure of the current system, which divides services and creates barriers to families accessing support. Advancing Aboriginal self-determination and self-management is embedded in the pathways approach.



#### Pathways to support

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| 1. **Early help**  * Child and family services * The Orange Door * Specialist health and human services * Universal services * Community | 1. **Targeted and specialist care**  * Child and family services * The Orange Door * Specialist health and human services * Universal services * Community * Child protection (and Aboriginal Children in Aboriginal Care) | 1. **Continuing care**  * Child and family services * The Orange Door * Specialist health and human services * Universal services * Community * Child protection (and Aboriginal Children in Aboriginal Care) |

#### The Priority Setting Plan 2021-24

The Priority Setting Plan 2021-24 sets out the next stage of long-term changes to shift the child and family system towards the pathways to support model.

The priorities in the Priority Setting Plan 2021-24 will:

* shift the system to intervene earlier to improve family functioning, keep children with their families and safely reunify children, with a priority focus on Aboriginal families
* build evidence across the system to enable effective services, targeted to the needs of priority groups of children and families
* strengthen partnerships between child protection, family violence, sexual assault and child and family services to enable improved experiences and outcomes for children and families
* advance Aboriginal self-determination and self-management, including through care and case management of Aboriginal children by ACCOs and Aboriginal-led service offerings.

The plan will be supported by rolling 12-month action plans, to be updated annually over the implementation period from 2021 to 2024.

For more information, see [Roadmap for reform: Strong families, safe children](https://www.dffh.vic.gov.au/publications/roadmap-reform-strong-families-safe-children) <https://dffh.vic.gov.au/publications/roadmap-reform-strong-families-safe-children>.

## 2.4 Wungurilwil Gapgapduir Aboriginal Children and Families Agreement

The [Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement](https://www.dhhs.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement)

<<https://www.dhhs.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement>> is a tripartite agreement between the Aboriginal Community, Victorian Government and CSOs. The agreement commits to better outcomes for Aboriginal children and young people, addressing the over-representation of Aboriginal children and young people in care and advancing Aboriginal self-determination.

# Child and Family Alliances

## 3.1 Purpose of the Alliance

Alliances are non-incorporated groups of family service providers and key partner services in a specific geographic area (catchment) that work under a Memorandum of Understanding to deliver coordinated responses to vulnerable children, young people, and their families. To effectively intervene and assist families at the right time to meet children’s health, learning and developmental needs, Alliances form partnerships with a range of other local services including universal health and education services and adult specialist services referred to as the local service network.

Alliances play an essential coordination point for children and family services including Child Protection, at a local level. The overall function of an Alliance is to promote vulnerable children’s safety, wellbeing, and development in the community. Alliances have responsibilities within their section of the reform rainbow (see section 2), to families and practitioners, and across the rainbow, in ensuring multi-service responses are coordinated to wrap around families.

Since their implementation, Alliances have taken a broad approach to engaging with other sectors such as family violence and the early years’ service system. The efforts of Alliances to drive these partnerships, which underpin collaborative Alliance planning, provide a sound basis from which to continue to achieve shared outcomes for vulnerable children, young people, and their families.

All 17 areas across Victoria have Alliances operating and they are responsible for:

* Shared strategic planning (Alliance planning)
* Operational management, including demand management, which has a dedicated policy and business continuity focus
* Service coordination – as reflected in [Procedural requirements for referral and consultation Child Protection, Child FIRST and Integrated Family Services (](https://providers.dffh.vic.gov.au/procedural-requirements-referral-and-consultation-child-protection-child-first-and-integrated#:~:text=The%20procedural%20requirements%20for%20referral%20and%20consultation%20%28the,requirements%20place%20the%20Child%20Protection%20and%20IFS%20Agreement.)word) - DFFH Service Providers (to be updated shortly) and in locally developed policies and procedures to support coordinated delivery of services

Further information about the role of the Child and Family Alliance can be found in the [Strategic Framework for Family Services](https://providers.dhhs.vic.gov.au/strategic-framework-family-services-pdf). <https://providers.dffh.vic.gov.au/strategic-framework-family-services-pdf>

## 3.2 Alliance membership

Alliance membership will vary across areas, however, in each local area there will be Executive, Operations and Practitioner level collaborative groups, who carry out the functions of Alliances and whose membership will include at a minimum:

* Integrated Family Services and Family Preservation and Reunification Response providers
* The Orange Door [[3]](#footnote-4) – as the key child wellbeing referral point into family services
* Aboriginal Community Controlled Organisations (ACCOs)/or other Aboriginal representation. (In catchments where an Aboriginal controlled family service does not exist or does not have capacity, Alliance partners should make all efforts to consult with the Aboriginal community on Alliance activities)
* Child Protection – As demand and complexity increases the need for connected ways of working through agreed processes between Child Protection (including Intake, other key Child Protection phases and Community Based Child Protection) Orange Door and Family Services.
* The Department of Families, Fairness and Housing partnership staff- including Agency Performance and System Support teams.
  + Area Director of Local Area of the department. Area Directors have ultimate responsibility for a balanced and effective service system spanning internally delivered services and services delivered by service providers. Area Directors are required to be involved in Alliance governance meetings at least bi-annually.

Other sector representatives can be invited to participate in activities as determined by the Alliance partners. Partnerships with universal services are a particularly important aspect of Child and Family Service Alliance activities, including with early childhood providers, maternal and child health and parenting services.

## 3.3 Alliance structure - component and roles

Areas may incorporate the Alliance functions into local area governance in varying ways. Governance structures should be optimised for the local context. Alliances will have up to date MOUs for each level of governance to ensure effective decision making in relation to local children and family service priorities. In many local areas the Alliance is the primary coordination point for Child Protection, the Orange Door, and Family Services.

At a minimum there should be:

### Executive oversight

* Executive, decision making level representation from all Family Services providers (including Response providers), The Orange Door, Child Protection, and local partnership staff, monitor important local trends and the policy environment and set strategic objectives.
* Area Director attends executive level meetings at least bi-annually to coincide with review of the Alliances annual action plan.

### Operations

* Usually team leader level, these groups are the backbone of Alliance operations, responsible for ensuring that policies and procedures are implemented and continuously improved, and actions assigned through planning processes are progressed.

### Practitioner

* Systems should be in place so that practitioners across the children and family platform understand each other’s role, develop trust and are able to effectively work together.

# 4. Alliance planning

## **4.1 Purpose of Alliance planning**

The Alliance planning process is synonymous with strategic planning and involves consideration of local trends to inform service system changes and to document priorities at a strategic level. Outcomes for families cannot be achieved by Family Services alone, a collaborative approach is required. Alliance planning informs future service delivery for vulnerable children, young people, and their families by driving service integration at a local level and addressing issues through collective impact.

Fundamental features of Alliance plans will be consistent across the state while reflecting local context and environments. The Alliance plan should develop strategic relationships and strengthen collaborative partnerships between Child and Family Service agencies, the Orange Door, Child Protection, the department, and other relevant stakeholders to:

* identify local priorities to determine service needs including;
  + an integrated and coordinated service system, inclusive of processes describing assessment, prioritisation, referral, accountabilities, and outcomes
  + improved earlier intervention and prevention approaches
  + partnerships to support planning for priority groups
  + strengthened pathways between family services and other sector services
  + strong linkages with local place-based community building initiatives
  + advancing Aboriginal self-determination
  + delivery of services that strengthen cultural identity and cultural connection of Aboriginal children, young people, and families
  + delivery of culturally competent services to families from CALD backgrounds
* identify approaches to support and enable capacity building
* identify improvements in collaborative practice through collaborative quality improvement, performance measurement and use of client voices and data for service planning
* support the Child and Family workforce to ensure resources within the Alliance are used to meet strategic priorities and client needs and support business continuity.

Through planning and review, Alliances identify service issues, demands, and gaps in service delivery to establish local priorities. Alliance members can target and coordinate local efforts and resources to respond more efficiently and effectively to the needs of the vulnerable children and families. Alliance Plans also support the shaping of broader policy and service development.

### 4.2 Features of good Alliance planning

The process of Alliance Planning is a cycle of analysing the service environment and outcomes for families, setting priorities and objectives, identifying actions, outcomes, and measures; and evaluation. Alliance planning identifies local area risks, issues, priorities, and measurable outcomes for strategic planning at the local level. The goal of planning is to develop and implement strategies and assess the impact of any strategies implemented.

Figure 2: Alliance Planning Process

#### Place based planning

The purpose of Alliance planning is to enhance service system capacity. Place based planning identifies and prioritises local needs through the collaboration of local stakeholders. This approach builds a collective knowledge of local issues to be targeted, improves articulation of local needs, and supports development of shared localised strategies to address them.

#### Outcomes oriented planning driven by evidence and data

Local planning uses robust evidence, information, and analysis to foster a shared understanding of service demand, identification of service gaps and mutual motivation to drive improvements in the lives of vulnerable children, young people, and their families. Data sharing at the local level empowers local areas to develop appropriate strategies to deal with identified problems and to be accountable for implementing them.

Alliances should reflect on their data culture and how they can use data available to inform service planning and strategies to further capture client voice and lived experience.

#### Strategic planning and leadership

Strategic planning in Alliances focuses on the identification and response to trends and emerging issues, as well as the longer-term outcomes being sought. Operational planning is more detailed and focussed on the implementation of the strategic plan. Both levels of planning are important and strong leadership is required in Alliances to support both strategic and operational planning and facilitating engagement of key stakeholders in this.

#### Partnership approach and leveraging from other planning mechanisms

Partnerships across the service system are necessary to improve outcomes for vulnerable children, young people, and their families. To be effective each partner must have a mutual understanding of each other’s business, trust, and a shared purpose. To support this, Alliances plans should identify mechanisms for continuous communication and review and describe processes around the sharing of data and information.

Partnerships that can add value to the work of the Alliance include Local Government (as a provider of early years health and education services), adult specialist services (such as alcohol and other drug services, family violence services, mental health services, disability, housing, and homelessness services), and universal services – particularly child focused universal and parenting services.

Local planning should align with, and build on, other local networks and planning structures: such as Local Service Executive Committees, Best Start Partnerships, Aboriginal specific networks, Primary Care Partnerships, Education networks, Family Violence networks, Municipal Early Years Plans, Mental Health and Alcohol and Drug planning functions, or any other local networks and planning structures that may be specific to individual areas. When existing planning mechanisms have a shared priority and measurement alignment is both efficient and effective. For example, a Best Start network may be asked to act as a working group for an Alliance where a shared priority for 0-4-year-old children is identified.

For areas with an Early Childhood Development Program (ECD) role the ECD plan must be aligned with the Alliance Action Plan.

### 4.3 Alliance planning process and requirements

The Alliance planning approach has four elements: environmental scanning, identifying strategic objectives, action planning and review. Planning processes should involve all levels of the Alliance.

Alliances are asked to provide their action plan to the department centrally to support the department in gaining a state-wide overview of needs and risks identification and innovations in Local Areas. Reporting requirements and timelines are described in the Governance and Oversight section of this document.

### 4.4 Environmental Scanning and analysis

The Environmental Scanning template guides Alliances in capturing client pathways and emerging trends in their local area, and to make comparisons to other areas. The template is available at [the Family Services Providers webpage](https://providers.dffh.vic.gov.au/family-services) <https://providers.dffh.vic.gov.au/family-services>.

The analysis of local area data and client voice information, combined with Alliance member’s knowledge of the area assists Alliances to identify priorities, develop strategic objectives and inform action plans in an approach tailored to the local area.

FSI Qlikview provides Alliance overviews of Child and Family services and includes Family Service IRIS data and Child Protection CRIS data at a local and state-wide level.

The Alliance should review several data sources to further understand their area. The department APSS teams can provide additional IRIS data on request if a specific area of interest is not contained in FSI Qlikview. Other publicly available population data and statistics may also be useful (refer to resources for list). Orange Door data can be requested at a local level. Work is being undertaken with Family Safety Victoria to provide area level reports.

Alliances should use a SWOT (Strengths/Weaknesses/Opportunities/Threats) or other strategic planning frameworks and tools to workshop the Area’s priorities. SWOT analysis tools can be found on the internet.

Figure 3: SWOT analysis

Reporting will include an overview of the risks, opportunities, effective initiatives etc identified by the Alliance. These will be collated to develop a state-wide overview of themes that can be shared and to inform policy development.

### 4.5 Alliance Strategic Plan –medium- and long-term objectives

As per the [Program requirements for family and early parenting services in Victoria](https://providers.dhhs.vic.gov.au/program-requirements-family-and-early-parenting-services-victoria-word) <https://providers.dffh.vic.gov.au/program-requirements-family-and-early-parenting-services-victoria-word service providers will have a strategic plan in place, focused on meeting the needs of vulnerable children, young people, and families. The Alliance Strategic Plan should outline the high-level purpose and long-term aspirations for the Alliance. These objectives should direct all other decisions within the Alliance, such as where funds are spent and the goals within the Alliance Action Plan. The strategic plan should be aligned with relevant local and state-wide planning mechanisms.

This Alliance Strategic Plan or record of objectives may take any form. It should include current initiatives being worked on, accomplishments and milestones. The Alliance Planning framework, set out below, should be used to theme the strategic direction. The Alliance may nominate different timelines for different objectives for example 3-, 5- or 10-year plan.

Alliances are then encouraged to select several short-term goals within their Alliance Action Plans which can be built upon each year to achieve the higher-level outcomes set in the Strategic plan.

### 4.6 Alliance 2022-23 Action Plan and Review

Template available at the [Family Services Providers webpage](https://providers.dhhs.vic.gov.au/family-services) <https://providers.dffh.vic.gov.au/family-services>

After identifying priority areas and strategic objectives through environmental scanning and strategic planning processes, Alliances are to record goals and agreed actions for 2022-23 in the Action Plan template, aligned with the domains below. These goals are to be realistically achievable within the Alliance Plan time frame and can be built upon in subsequent years in line with the Alliance’s wider strategic objectives.

Use SMART goals (specific, measurable, attainable, relevant, and timely) and outline:

* priority areas of focus or goals for the Alliance
* state-wide benchmarks
* local indicators to measure progress against outcome goals
* actions and timeframes for each local indicator

Alliances should consider the current sector climate and resources available to set achievable and sustainable goals.

In addition to goals set against the Alliance Planning Framework, there will be space to reflect and provide feedback to the department on risks and barriers to priority areas and how the Alliance plans to address these.

Alliances should regularly review progress against actions in the action plan. The action plan is to be a living and dynamic document that is to be used to report progress against key goals and any changes, including new initiatives or service models being trialled by the Alliance.

# 5. Alliance Planning Framework

Alliance planning focuses on five interdependent domains which are focused on ensuring children’s and families’ needs are met. The domains are detailed below.

Figure 4: Alliance Planning Framework

Roadmap for Reform identifies the need to move away from outputs towards focussing on how services are creating meaningful change for families and children, and to develop data and analysis capabilities to support this, which will take time. The Alliance Planning tools and guidance embed an overarching goal of supporting all levels of the Alliance to become more familiar with the stories the data can tell us and how it can be used to inform service planning.

Much of the Alliance guidance and tools will draw on IRIS data, asking Alliances to combine local knowledge with the data to reflect on local trends and state-wide comparisons to inform the area’s strategic priorities.

As part of environmental scanning, Alliances should have an eye to any IRIS data integrity issues in the area’s data and consider strategies for improvement where needed, including establishing feedback loops so that staff have access to their own data, or policy development for monitoring data entry.

### **5.1 Client experience and outcomes in Family Services**

Alliances should reflect on opportunities to strengthen outcomes. Overall outcomes for Child and Family Services relate to the below, and have a strong correlation to the IRIS issues:

* Child safety, stability & wellbeing
* Parenting capability & family functioning
* Mental health, Alcohol and Drugs, Family Violence
* Housing, health, connection, financial stability

IRIS records issues identified by Family Services practitioners as important to child and family wellbeing and can be used to support qualitative reflection outcomes in family services.

While Family Services practitioners are not responsible for the provision of services such as Alcohol and Drug or Mental health counselling, there are strong correlations between these complex issues and child wellbeing, and Alliance planning processes are an opportunity to explore and test system level thinking and governance to achieve better outcomes for children and their families.

The Victorian Government’s Early Intervention Investment Framework promotes the measuring of outcomes for early intervention services. Recent investment in family services falls under this framework and will be subject to a range of outcome measurements aimed at showing the impact of family services on children and families. This highlights the importance of ensuring that data is adequately recorded in IRIS, including the inclusion of CRIS IDs where there is child protection involvement, engagement of children with schools and kindergartens, goals and closure outcomes as outlined in the IRIS data dictionary.

Alliances should continue to focus on measuring children’s engagement with three- and four-year-old Kindergarten. Access to kindergarten for vulnerable children has been included as a priority goal for Alliances over several years and recognises the research which demonstrates quality play-based learning has a positive impact on children’s learning and development, particularly for children who need extra support or are in vulnerable circumstances. The benefits last into the school years and beyond. Evidence also shows that two years are better than one when it comes to early learning.

Similarly, Alliances should also use IRIS data to focus on engagement in schools by children accessing family services given the benefits of a quality education and strong connection to a school community.

Alliances may identify other outcome priorities based on local data.

Alliances should explore opportunities at every level to critically assess their current practice in in relation to seeking, hearing, and responding to the client voice.

Alliances should refer to Community Service Client Voice Framework for further information - <[Department of Health and Human Services Victoria | Client voice (dhhs.vic.gov.au)](https://www.dhhs.vic.gov.au/client-voice#:~:text=The%20Client%20voice%20framework%20for%20community%20services%20aims,seeking%2C%20hearing%20and%20responding%20to%20the%20client%20voice.)>

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| Environmental Scan – Client experience and Outcomes |
| * Be familiar with the top 15 issues in your area as identified in IRIS – what is their prevalence, do practitioners think this is accurate? Do practitioners have the tools or partnerships they need to support families in these areas? * Are policies, procedures and practice aligned with the Best Interest framework, address cumulative harm concerns and support culturally safe engagement with Aboriginal and Torres Strait Islander families. * Consider the IRIS data for all children’s, and Aboriginal children’s enrolment and attendance at Kinder and education. * Consider data that reflects the client experience in the local service system including the ‘journey of the client’ through (but not limited to) -subject to data availability:   + allocation times   + any local client voice information or data collected for example client satisfaction surveys and or client participation groups. * Consider other information available to your Alliance. |
| Strategic Objectives – medium- and long-term goals |
| * Establishment of client voice initiatives and understanding factors that lead to improved engagement * Improved Data integrity * Outcome measures including: * Children attending Kindergarten – 100% of 4-year-olds, and 100% of 3-year-olds known to Child Protection are attending kindergarten. * Increases in the number of school aged children from families supported by family services engaged with school/education. |
| Action Plan for 2022-23 -Identifies short term objectives and how the objectives will be met |
| * Actions (processes, partnerships) toward all eligible children enrolled in and attending Kinder and engaged with education. * Actions to improve data integrity and understanding across the Alliance (including accurate IRIS data entry in particular CRIS IDs recorded for children engaged in Child Protection, child kindergarten and school engagement, and goals and case closure outcomes recorded as defined in data directory. * Actions to further capture the client voice. * Any other actions toward identified priorities. |

### **5.2 Family Services frontline workforce capability**

A skilled, competent, and proactive workforce is the backbone and greatest resource of the Child and Family Services system and investing in its development should be a priority for Alliances.

Recruitment challenges are being felt across the state, especially because of COVID-19. Strategies to attract and retain skilled family service practitioners are critical to future service delivery.

Indicators of a strong and empowered workforce include;

* Confidence in key client outcome areas (refer to top 15 IRIS issues)
* Confident in practice elements and service models including the Best Interest Framework (including cumulative harm)
* Confidence in culturally responsive practice
* Training and supervision needs met
* Thriving teams and staff health and wellbeing
* Practitioners report that they have effective policies, procedures and supports in place to help them in their role
* Collaboration – practitioner report they have the right networks & partnerships
* Connection – practitioners understand their role in service system.

Alliances should seek frontline workforce feedback on the above domains (e.g., by survey monkey) and identify strategic objectives from this activity.

As part of Roadmap for Reform, service providers are to focus on the embedding of evidence-based practice. To ensure the effectiveness of evidence-based practice, strong implementation strategies need to be in place to optimise readiness for change and to support practitioners to embed practices consistently and effectively.

Alliances are encouraged to think creatively when developing actions to uplift workforce capacity beyond simply providing training, including how any training provided will be embedded into practice such as - but not limited to – structures to promote improved implementation of evidence-based practice, changes to supervision structures or Alliance wide communities of practice. Program Development funding can be used for a wide variety of initiatives that build workforce capability, including training costs.

Alliances may find the resources from [Emerging Minds, Supporting Staff to work with children and families with complex needs: a checklist for organisations](https://emergingminds.com.au/resources/supporting-staff-to-work-with-children-and-families-with-complex-needs-a-checklist-for-organisations). <https://emergingminds.com.au/resources/supporting-staff-to-work-with-children-and-families-with-complex-needs-a-checklist-for-organisations> helpful in setting goals.

Alliances should take an evidence informed approach to developing strategies - use [OPEN](https://www.outcomes.org.au) <https://www.outcomes.org.au>.

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| Environmental Scan - Family Services frontline workforce capability |
| * What strategies are in place to improve recruitment and retention of practitioners? * What processes are in place to measure and understand workforce capabilities and satisfaction? * Survey/Anecdotal evidence * Measure Staff Confidence against top 15 IRIS issues * Measure staff confidence in best interest framework * Measure staff confidence in cumulative harm * Measure staff confidence in working with children under two * Measure staff confidence in working in a culturally safe way with Aboriginal and Torres Strait Islander families * Measure staff satisfaction of essential elements of the Alliance functioning   Other relevant comments. |
| Strategic Objectives – medium and long term |
| Establish a baseline understanding of workforce satisfaction in key domains and identify long term strategic objectives, including establishing regular review processes.  Establish local workforce strategies around attraction and retention of practitioners as required.  Capability building and implementation strategies to embed evidence-based practice and increase the skill base or procedures across the Alliance should look to:   * Address gaps in workforce skill * Support the workforce to respond to cumulative harm, including in documenting cumulative harm or progressing cases to court. * Support the culturally safe practice with Aboriginal and Torres Strait Islander families. * Support the workforce skill in assessing children under two |
| Action Plan for 2022-23 Identifies short term objectives and how the objectives will be met |
| Alliances are asked to identify frontline capability gaps and set related capability uplift goal and strategies to support the embedding of evidence-based practice.  Program Development funding use aligns with strategic objectives. |

### **5.3 Models of service delivery**

Family Services are an innovative sector who adapt and pioneer to meet the needs of the families they work with. Alliances should continue to critically evaluate their models of service delivery. Roadmap for Reform provides some lenses through which to consider models of service delivery including:

* evidencing what we do and understanding and learning from what works
* prevention and earlier intervention targeted at families who would otherwise progress into Child Protection or Care services
* sequence, mix and intensity of services to achieve outcomes
* visible and non-stigmatising entry points to services, making it easier for people to help themselves
* Early help: pro-actively connecting people at risk through and to more universal support services such as early childhood services, schools, general practitioners, financial counselling and community health services, and informal networks (such as a trusted community member).
* closer work between Child Protection, the Orange Door, and Family Services
* closer work with secondary service such as mental health, alcohol and drugs, financial counselling.

While family services will seek to improve outcomes for all vulnerable children and young people and their families who require support, it is recognised that a focus on those children and communities most vulnerable and at risk of harm, and that present with critical unmet needs, require a different response

Alliances should critically evaluate the area’s models of service delivery in line with priority groups identified by the Alliance, including consideration of the priority groups under Roadmap for Reform.

* vulnerable children and families pre-birth and in the first three years of life, with a focus on Aboriginal children and parents
* children and young people experiencing cumulative harm
* children and young people at risk of entering care, particularly Aboriginal children, and young people

Alliance’s may also seek to have a specific focus on supports for adolescents or other additional cohorts identified in data or review.

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| Environmental scan – Models of service delivery |
| Alliances are asked to look at their data to identify gaps in relation to responses to priority groups identified in Roadmap for Reform and the local area priorities. For example, reviewing for unborn reports or children aged 0-3 years (subject to available data):   * Numbers of this cohort in Child Protection * Numbers in The Orange Door * Allocation outcomes in The Orange Door * Numbers in Family Services * Outcomes in Family Services   Alliances should review how cumulative harm is assessed and managed across the system. |
| Strategic Objectives – medium and long term |
| Alliances should explore strategic objectives which may relate to the following:   * design and implement an innovative response in Community Activation, Early Help, Targeted and Specialist Support or Continuing Care for a priority group * small scale testing of innovative approaches (or introducing models from other places) * take an evidence-based approach to developing strategies (use [OPEN](https://www.outcomes.org.au/) <https://www.outcomes.org.au/> resources)   Utilise Program Development funding to meet costs of specialist expertise required to develop models.  All alliances are to have strategic objective to develop local policies and procedures designed to adequately assess and support priority groups identified by the Alliance, including consideration of priority groups identified in Roadmap for Reform (i.e., pre-birth to 3 months, cumulative harm). Alliances may also seek to prioritise models of care for adolescents at risk of further child protection involvement. Alliances may select to concentrate one or more of these priority areas. Workforce capability to deliver these models should also be explored. |
| **Action Plan for 2022-23 Identifies short term objectives and how the objectives will be met** |
| Identify actions to ensure a systematic and considered response in relation to the priority cohorts identified through the Alliance and in consideration of priority areas identified in Roadmap for Reform. |

### **5.5 Priority cohorts and access to Family Services**

Active and pre-emptive management of access and outcomes for priority groups ensures that the right clients are receiving the right service at the right time. Demand Management remains a priority for all Alliances. Alliances need to balance a partnership approach to demand management and a model which identifies vulnerable families earlier and wraps the right evidence-based supports around them. Earlier intervention services carefully target families who have indications that without support they are likely to become more involved in Child Protection or Out of Home Care. This will rely on the improved use of predictive analytics.

The department will establish measures for the priority areas, through data linkage, so that access and change in patterns of access can be measured over time and across Areas.

For the 2022-23 Alliance Plan, the Alliance may focus on one or more reform priority groups identified in Roadmap for Reform, including vulnerable children and families pre-birth and in the first three years of life, with a focus on Aboriginal children and parents, children experiencing cumulative harm and children and young people and risk of entry to care.

Alliances are also able to set their own priority cohorts in line with their data. Environmental scanning should start to identify priority cohorts in your local area.

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| Environmental scan - Priority cohorts and access to Family Services |
| * Understanding who is accessing services: * For Major Referral Sources (including aboriginal) e.g., MCHN, Police, Education (subject to data availability)   + How many reports to Child Protection?   + How many referrals to The Orange Door?   + Allocation Rates   + Outcomes * Understanding referrals to The Orange Door and Family Services from Child Protection   + Which Cohorts   + What phase of Child Protection (Intake, Substantiation, Family Preservation, Family Reunification)   + Outcomes   Other relevant comments |
| Strategic Objectives – medium and long term |
| Alliances should set strategic objectives which help in identifying priority cohorts, in consideration with the Roadmap for Reform priority groups, and enhance access to services where:   * Children’s development in compromised * Children are impacted by the effects of cumulative harm * Children are at risk of harm escalating and therefore becoming involved with Child Protection if problems are not addressed. |
| Action Plan for 2022-23 Identifies short term objectives and how the objectives will be met |
| For the 2022-23 Alliance Plan, Alliances are asked to set goals in relation to priority group identified by the Alliance in consideration of those in the Roadmap for Reform priority setting plan:  Alliances may identify additional priority groups (such as adolescents, Parents with a care services history, Prevention of Aboriginal Children entering care services, Parents with Mental Health). |

### **5.6 Partnerships, networks & governance**

Strong Partnerships, networks and governance is critical for effective Alliance functionality and to achieve the best outcomes for children, young people, and their families. Alliances must support strategic and operational management (including demand management), service planning and coordination across all family services, including integrated family services and Family Preservation and Reunification services.

Alliance Planning needs to incorporate measures which ensure the longevity, health, and effectiveness of the Alliance. This process needs to include regular review of the vision and membership to include the members and structures required to wrap supports around a family. Essential characteristics of a healthy Alliance include all members understanding the business of others, trust, a shared purpose, and responsibility, sharing knowledge and acting as a learning network. A review of partnership health must be undertaken at least once per year, with the findings used as the basis for ongoing strengthening of Alliance relationships.

Aboriginal self-determination and self-management are critical to the pathways approach. Principles of Aboriginal self-determination are to be reflected in Alliance governance mechanisms, including community led. Alliance plans should support the projection of the voice of Aboriginal communities and ensure this voice is communicated to decision makers.

The COVID-19 pandemic has highlighted the importance of partnerships in supporting business continuity during emergencies. Alliances play a critical function in supporting business continuity across the child and family system.

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| Environmental scan – partnerships, networks, and governance |
| * Review membership and relevant memorandums of understanding * Review structure * Review vision * Review Partnership Health * Ensure mechanisms to support Aboriginal self-determination and self-management * Other relevant comments |
| Strategic Objectives – medium and long term |
| * Alliances should set strategic objectives which support the longevity, health and effectiveness of the Alliance and promote business continuity. |
| Action Plan for 2022-23 Identifies short term objectives and how the objectives will be met |
| * Incorporate Family Preservation and Reunification Response services into Local Area governance at all levels, including ensuring that MOUs and other local governance arrangement are updated and that consider operational, prioritisation and allocation processes for family preservation and reunification services and the role of Child Protection Navigators * Ensure that all MOUS and other local governance arrangements recognise the Orange Door * Ensure that the Alliances have mechanisms in place to support business continuity in emergencies. |

It is strongly encouraged that Alliances are familiar with [Community services quality governance framework–Safe, effective,](https://www.dhhs.vic.gov.au/sites/default/files/documents/201810/Community%20services%20quality%20governance%20framework_0.pdf#:~:text=The%20Community%20services%20quality%20governance%20framework%20sets%20the,systems%20which%20promote%20and%20support%20its%20consistent%20delivery.) connected, and person-centred community services for everybody, every time (dhhs.vic.gov.au) > and The Client Voice Framework for Community Services< <https://www.dhhs.vic.gov.au/sites/default/files/documents/201910/client-voice-framework-for-community-services.pdf>>

Alliances may use the [VicHealth Partnership Analysis tool](https://www.vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool) <https://www.vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool> to identify areas for focus or other tools and processes to valuate Partnership Health.

Agencies holding funds will be required to acquit against System Enablers funding ([Service Activity 31436](https://providers.dhhs.vic.gov.au/health-human-services-activity-search)): program development. Alliances will be responsible for decisions about funding in line with the Alliance Strategic and Action Plans.

# 6. Governance and oversight

## 6.1 Timeframes

Alliances should use the August –November period to undertake their environmental scan, strategic plan, and action plan. A copy of the environment scan and action plan is due to the department by end of November 2022 (changed from October for the 2022-23 year).

The department is aware that over the last two years the focus of Alliances has been on business continuity in response to the COVID-19 pandemic and we are aware that this may have and may still be impacting on alliance planning. To allow time for this, the department will be flexible in relation to the timelines outlined in the attached.

Where possible, the previous year’s action plan should be reviewed to inform the new action plan each year. This will facilitate processes to build upon small actions which impact a larger strategic plan.

**Note:** Normally, there is no requirement for a strategic plan to be written annually but they should be reviewed every year, to ensure they still align with reform direction and sector needs. Depending on the time frame chosen by the Alliance for their strategic plan, in years where this is active only environmental scans and action plans will need to be completed with subsequent reviews.

The governance timeline: 
July: Develop alliance plan for coming year
October: Provide copy of environmental scan and action plan to DFFH
January: Bi-annual oversight meeting review of action plan
July: Bi-annual oversight meeting review of action plan

Image: Governance and oversight timelines.

## 6.2 Monitoring and review by the Alliance

It is recommended that Child and Family Alliances adopt strategies to ensure that the Alliance Plan and its relevant goals/actions remain a central focus to the Alliance. A regular process to monitor and review will maintain the Alliance Plan as a dynamic and ‘live’ document to ensure:

* early identification of issues related to implementation, including engagement of relevant partners and executive to support progress, as needed.
* the plan to remain informed and responsive to changing local context or issues.
* partner engagement to be monitored, including capacity or level of engagement of existing partners, and whether new partners need to be engaged to understand changing environments or contribute to actions.
* a clear focus on indicators to track progress toward outcomes.

The minimum recommendation is that Alliances review the Alliance Plan formally on a quarterly basis. This is best achieved by designing meeting agendas to include a focus on shared measures and other enablers of Alliance Planning. This should occur at the executive and operational levels of the Alliance governance structure. Agendas should incorporate any actions relevant to their level of delegation.

Feedback from these monitoring processes should be provided to the Alliance’s Executive Leadership for formal review at the Bi-annual Departmental Oversight Meeting.

## 6.3 Monitoring and review by the department

The Environmental Scan, Alliance Strategic Plan and Alliance Action Plan must be provided to the department at the start of the Alliance Planning cycle. Work on these documents should commence at the start of the cycle in July. They are due to the department’s Children and Family Support Area (via email [ChildrenYouthFamilies/DHHS](mailto:ChildrenYouthFamilies@dhhs.vic.gov.au) <ChildrenYouthFamilies@dhhs.vic.gov.au>). no later than the 1st of October of each year.

### The Area Director

The DFFH Area Directors play a vital role in supporting oversight to ensure the needs of Child Protection and Community service agencies remain balanced. The Area Director ensures that the department has visibility of the services which it funds and that outcomes set by the Department, for all Victorians, are achieved. The Area Director will chair the Bi-annual Governance and Oversight meetings. The Area Director must sign the Alliance Action Plan and subsequent reviews.

### Bi-annual governance and oversight meetings (departmental oversight)

Biannual Governance and Oversight meetings are to include DFFH divisional and area engagement with the Alliance and to occur twice per year. The existing Executive Alliance schedule can be used to include two specific strategic discussions as described in these guidelines to occur between:

* July – December
* January – June.

The meeting will have a strategic focus, including specific discussion on alliance plan implementation (including partnership health), emerging issues and risks. Emerging issues should be identified early to inform planning and risk management. Issues should be identified collectively, associated risks determined, and corresponding actions and risk mitigation strategies identified and tracked.

It is intended that this process will enable:

* Identification of partnership health issues
* monitoring of actions against Alliance Planning and reporting on progress to goals
* recording emerging issues, providing high level view of the identified, issues, risks, and association actions (It is not expected to provide extensive detail)
* planning for mitigation of risks
* feedback on the Alliance Planning process

Templates must be reviewed at the subsequent meeting to monitor and track issues and progress.

The Alliance Action Plan allows for formal reporting with sections to record progress to goals, update risks, barriers, business, and feedback on the Alliance Planning process. This forms the record of the bi-annual governance and oversight meeting.

Updated Alliance Action Plans, capturing progress to goals and identified issues, must be completed by the Alliance Chair following each meeting.

Completed Alliance Action Plan- Reviews are due to the Family Service Policy Unit by the 31st of July and the 31st of January each year; via email [ChildrenYouthFamilies/DHHS](mailto:ChildrenYouthFamilies@dhhs.vic.gov.au) <ChildrenYouthFamilies@dhhs.vic.gov.au>, for State-wide analysis, sharing of themes through state-wide mechanisms and oversight purposes.

While Alliance Oversight and Governance meetings must occur twice per year, it is expected that actions are monitored in between meetings through Alliance review processes.

### Membership and chair arrangements

Membership will comprise of Executive Alliance group including;

* DFFH Area director
* senior representation from Child Protection (at a minimum the Area Manager)
* Agency Performance and Systems Support teams (APSS Manager or equivalent)
* funded Community Service Organisation (CSO) executives
  + senior representatives of partner agencies.

The departmental Area Director will chair the Bi-annual Governance and Oversight Meetings.

# 7. Resources

This section provides a range of resources to support Alliance catchment planning. While it is not an exhaustive list, it collates some of the main sources of publicly available data and information to support planning.

## Key Child and Family Services Policy Documents

Alliances should have a good understanding of these key frameworks and policy documents.

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| [**Best Interests Case Practice Model**](https://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model) | <https://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model> |
| [**Community services quality governance framework, DFFH**](https://www.dffh.vic.gov.au/publications/community-services-quality-governance-framework) | <https://www.dffh.vic.gov.au/publications/community-services-quality-governance-framework> |
| **Demand management of child wellbeing and safety concerns** | [Demand management of child wellbeing and safety concerns - Child FIRST and Family Services demand management framework (Word) - DFFH Service Providers](https://providers.dffh.vic.gov.au/demand-management-child-wellbeing-and-safety-concerns-child-first-and-family-services-demand) |
| [**Early Childhood Development Program Guidelines**](https://providers.dhhs.vic.gov.au/early-childhood-development-program-guidelines-word) | <https://providers.dffh.vic.gov.au/early-childhood-development-program-guidelines-word> |
| [**Every Child, Every Chance: A Strategic Framework for Family Services**](https://providers.dhhs.vic.gov.au/strategic-framework-family-services-pdf) | <https://providers.dffh.vic.gov.au/strategic-framework-family-services-pdf> |
| [**IRIS Data Dictionary 2019**](https://providers.dhhs.vic.gov.au/integrated-reports-and-information-system-data-dictionary) | <https://providers.dffh.vic.gov.au/integrated-reports-and-information-system-data-dictionary> |
| [**Procedural Requirements, Referral and Consultation between Child Protection, Child FIRST and Family Services**](https://providers.dhhs.vic.gov.au/procedural-requirements-referral-and-consultation-child-protection-child-first-and-integrated) | <https://providers.dffh.vic.gov.au/procedural-requirements-referral-and-consultation-child-protection-child-first-and-integrated>  \*Please refer to Family Safety Victoria equivalent in Orange Door catchments. |
| [**Program Requirements for Family and Early Parenting Services in Victoria**](https://providers.dhhs.vic.gov.au/program-requirements-family-and-early-parenting-services-victoria-word) | <https://providers.dffh.vic.gov.au/program-requirements-family-and-early-parenting-services-victoria-word> |
| [**The Roadmap to Reform: Strong families, safe children**](https://www.dffh.vic.gov.au/publications/roadmap-reform-strong-families-safe-children) | <https://www.dffh.vic.gov.au/publications/roadmap-reform-strong-families-safe-children> |
| **Role of DHHS in Alliances** | Please contact APSS teams for a copy. |
| [**Services Activity Search, DFFH**](https://providers.dffh.vic.gov.au/families-fairness-housing-health-activity-search) | <https://providers.dffh.vic.gov.au/families-fairness-housing-health-activity-search> |

## Data Provided by the Department of Families, Fairness and Housing and Family Safety Victoria

Data provided by the department includes Child FIRST and Family Services data from IRIS and Child Protection data from CRIS. This data will be provided via APSS teams and through FSI Qlikview. Data provided by Family Safety Victoria about the Orange Door will be provided as available. Work is being done with FSV on the provision of area-based reports.

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All data, which is provided to Alliances for the purposes of Alliance Planning only, is confidential and not for further distribution beyond the Alliance.

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| **FSI Qlikview** | The Family Services Information (FSI) Qlikview application supports planning, analysis, and monitoring. FSI Qlikview contains some Child FIRST and Integrated Family Services data (drawn from IRIS exports) as well as population, child protection data and should be used to monitor against applicable Alliance plan measures. Please contact APSS teams for further information on Qlikview. |
| **TeamRoom** | Further data is available through the department TeamRoom that can be accessed by APSS teams if Alliances identify additional needs. Please contact APSS teams for further information on data available in TeamRoom. |
| **Integrated Reports & Information System (IRIS)** | Organisations can run basic reports from their local IRIS application. |

## Publicly available data and statistics

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| [**Australian Bureau of Statistics (ABS)**](http://www.abs.gov.au) | Data on catchments needs to be amalgamated from other levels, such as LGAs, when using the ABS data sets.  <www.abs.gov.au> |
| [**Australian Bureau of Statistics- Census Data**](http://www.abs.gov.au/websitedbs/censushome.nsf/home/data?opendocument#from-banner=LN) | 2021 Census data can be accessed at  <www.abs.gov.au/census#from-banner=LN> |
| [**Australian Bureau of Statistics – Data by region**](http://www.stat.abs.gov.au/itt/r.jsp?databyregion) | Also available is national regional profiles which allows for filtering and comparisons of data at levels including LGA (Local Government Area) and statistical area.  <www.stat.abs.gov.au/itt/r.jsp?databyregion> |
| [**Australian Early Development Census (AEDC)**](http://www.education.vic.gov.au/about/research/Pages/aedi.aspx) | The AEDC is a population-based measure of how children have developed by the time they start school.  The AEDI is a measure of children’s health and development on entry to school within a community or local geographic area and indicates how well children are faring relative to others.  It looks at five areas of early childhood development domains: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, and communication skills and general knowledge  AEDC data from the 2009, 2012, 2016 and 2018 collections are available for research and analysis.  <www.vic.gov.au/australian-early-development-census-victoria?Redirect=2> |
| [**Australian Institute of Health and Welfare (AIHW)**](http://www.aihw.gov.au/) | AIHW is a major national agency that provides authoritative information and statistics on Australia's health and welfare.  <www.aihw.gov.au/> |
| [**Community Indicators Victoria**](https://apo.org.au/node/34060) | Community Indicators Victoria (CIV) aims to support the development and use of local community wellbeing indicators, with the purpose of improving citizen engagement, community planning and policy making  CIV presents data and reports on the wellbeing of Victorian’s using an integrated set of community wellbeing indicators.  These indicators include a broad range of measures designed to identify and communicate economic, social, environmental, democratic, and cultural trends and outcomes.  <https://apo.org.au/node/34060> |
| [**Community Profile Series**](https://www.health.vic.gov.au/community-health/victorian-community-health-indicators) | The Community Profile series have been produced to provide local level information on the health, learning, safety, development and wellbeing of Victorian children and young people.  The community profiles series include:  Adolescent Community Profiles - These profiles provide local area information on 58 indicators of adolescent health, development, learning, safety, and wellbeing for young people aged 10-17 years. Compiled for the 79 local government areas within Victoria and for the 9 Departmental regions  Early Childhood Community Profiles - These profiles provide local area information on 41 indicators of child health, development, learning, safety, and wellbeing for children 0-8 years. Compiled for the 79 local government areas within Victoria and for the 9 Departmental regions  Aboriginal Early Childhood Community Profiles - Provides local area information on 12 indicators of child health, development, learning, safety, and wellbeing for Aboriginal children 0-8 years. Compiled for 30 local government areas within Victorian with large population of Aboriginal children aged 0-8 years and for the 9 Departmental regions  <www.health.vic.gov.au/community-health/victorian-community-health-indicators> |
| [**Crime statistics**](https://www.police.vic.gov.au/crime-statistics) | Victoria Police provide a range of administrative data on reported crimes including family incidents by region, LGA and postcode.  <https://www.police.vic.gov.au/crime-statistics> |
| [**Data. Vic**](http://www.data.vic.gov.au/) | Data. Vic provides access to Victorian government open data for research purposes.  <www.data.vic.gov.au/> |
| [**Local Government Area Profiles**](https://www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-indicators-lga-profiles-2015) | The Department of Health has developed Local Government Area Statistical Profiles to assist with service planning and policy development.  <www.vichealth.vic.gov.au/media-and-resources/publications/vichealth-indicators-lga-profiles-2015> |
| [**School Entrant Health Questionnaire (SEHQ)**](https://www.vic.gov.au/school-entrant-health-questionnaire) | The SEHQ is a parent report instrument that records parent’s concerns and observations about their child’s health and wellbeing as they begin primary school in Victoria.  The intention of the questionnaire is to assist parents to identify health and wellbeing concerns; and provide nurses with a clinical tool to assess the health and wellbeing of each Prep grade child by providing detailed information on parental concerns.  Findings from SEHQ analysis inform planning and service delivery of the Program.  Summary sheets for the 2014 SEHQ for each Victorian LGA are provided on the website.  <www.vic.gov.au/school-entrant-health-questionnaire> |
| [**The State of Victoria’s Young People and State of Victoria’s Children**](https://www.vic.gov.au/state-victorias-children-report) | The *State of Victoria’s children* reports are produced annually and provide a comprehensive picture of how Victorian children, young people and their families are faring across the domains of health, safety, learning, development, and wellbeing.  They incorporate an ecological focus that recognises the importance of family and community on outcomes for children and young people and provide a solid evidence base for service planning and policy development.  The 2009 State of Victoria’s Children focused on how Aboriginal children and young people aged 0 up to 18 years are faring.  It provides a systematic review of the evidence, allowing the Government to shape policy and programs and to identify where additional action may be required to improve the wellbeing of Aboriginal Victorians.  <www.vic.gov.au/state-victorias-children-report> |
| [**Victorian Child and Adolescent Monitoring System (VCAMS)**](https://www.vic.gov.au/victorian-child-and-adolescent-monitoring-system) | VCAMS indicators report against the key outcomes for children and young people as identified in the VCAMS Framework**.**  Excel spread sheets provide access to raw indicator data used on the VCAMS portal. The spreadsheets are designed to be downloaded and used for planning and research purposes.  Data is being released onto the VCAMS portal in stages. Phase 3 was released in July 2015 which included the addition of 43 indicators.  <www.vic.gov.au/victorian-child-and-adolescent-monitoring-system> |
| [**Victoria in Future**](https://www.planning.vic.gov.au/land-use-and-population-research/victoria-in-future) | Victoria in Future is the official state government projection of population and households. Projections are based on trends and assumptions for births, life expectancy, migration, and living arrangements across all of Victoria. Victoria in Future 2019 covers the period 2016 to 2056 for Victoria and the major regions.  <https://www.planning.vic.gov.au/land-use-and-population-research/victoria-in-future> |

## Research and innovation

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| [**The Australian Centre for Social Innovation (TACSI)**](http://tacsi.org.au/) | TACSI exists to develop, test, and spread innovations that change lives for the people who need it most.  <http://tacsi.org.au/> |
| [**Australian Institute of Family Studies (AIFS)**](https://aifs.gov.au/) | AIFS is the Australian Government's key research body around family wellbeing.  <https://aifs.gov.au/> |
| [**Australian Research Alliance for Children and Youth (ARACY)**](https://www.aracy.org.au/) | ARACY progresses and promotes evidence-based programs and strategies to improve the wellbeing of children and youth.  <https://www.aracy.org.au> |
| [**Better systems, better chances**](https://www.aracy.org.au/publications-resources/area?command=record&id=207&cid=6) | 2015 publication of Better systems, better chances: A review of the research and practice for prevention and early intervention.  <https://www.aracy.org.au/publications-resources/area?command=record&id=207&cid=6> |
| [**Communities that Care**](http://www.communitiesthatcare.org.au/) | Communities that Care is an evidence-based, community-change process for reducing youth problem behaviours, including harmful substance use, low academic achievement, early school leaving, sexual risk-taking, and violence.  <http://www.communitiesthatcare.org.au> |
| [**Emerging Minds**](https://emergingminds.com.au/resources/supporting-staff-to-work-with-children-and-families-with-complex-needs-a-checklist-for-organisations) | Emerging Minds: Supporting staff to work with children and families with complex needs: a checklist for organisations.  <https://emergingminds.com.au/resources/supporting-staff-to-work-with-children-and-families-with-complex-needs-a-checklist-for-organisations> |
| [**Murdoch Children’s Research Institute**](http://www.mcri.edu.au/research/)  [**Royal Children’s Hospital Centre for Community Child Health**](http://www.rch.org.au/ccch/) | Murdoch, in partnership with the Royal Children’s Hospital Centre for Community Child Health undertakes research into infant, child and adolescent health.  The Institute studies the health of communities, to understand the factors that affect child health and its management at the population level.  This includes examination of the complex interplay of social, environmental, and biological factors that influence child health, and planning to address these factors.  <http://www.mcri.edu.au/research/>  <http://www.rch.org.au/ccch/> |
| [**OPEN**](https://www.outcomes.org.au/) | OPEN connects practice experience with research and evaluation expertise across Victorian child, youth, and family services to achieve better outcomes with children, young people, and families.  <https://www.outcomes.org.au> |
| [**The Parenting Resource Centre**](https://www.parentingrc.org.au/) | The Parenting Resource Centre aims to support children and families to thrive by driving improved ways of supporting parenting by helping governments and community agencies put the best scientific evidence on parenting support into action.  <https://www.parentingrc.org.au> |
| [**The Stanford Social Innovation Review**](http://ssir.org/) | The Stanford Social Innovation Review is a magazine and website that covers cross-sector solutions to global problems.  <http://ssir.org> |

## Other

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| [**VicHealth Partnership Analysis Tool**](https://www.vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool) | This resource is for organisations entering into or working in a partnership to assess, monitor and maximise its ongoing effectiveness.  <https://www.vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool> |

1. Family services refers to services funded under the activities Individual Child and Family Support, Specialised Interventions and System Enablers. [↑](#footnote-ref-2)
2. In line with the Victorian Government’s *Roadmap for Reform* future directions, the child and family system are comprised of Child and Family Services, including Care Services; Child Protection, including Aboriginal Children in Aboriginal Care; and The Orange Door. [↑](#footnote-ref-3)
3. The Orange Door is presently either in or is being implemented in every area of the State and will replace Child FIRST. As such Child FIRST is no longer referenced in this document. References to the Orange Door include Child FIRST where they continue to operate over this period. [↑](#footnote-ref-4)