

# FINAL REPORT

## Supporting Interface Families Project

### Abstract

The Supporting Interface Families Project was commissioned by the Human Services Director's Group to provide a research platform to inform a strategic advocacy approach to the Victorian Government. The key question posed during the project was "What are the services families should expect to receive, no matter where they live?".

The project used a series of workshops, broadly distributed surveys and review of current and relevant literature to identify key themes, propose a common data model, develop a Foundation Service Model and inform the development of a draft Advocacy Framework.

The report has found:

- (i) there is evidence of continuing higher demand and service and infrastructure gaps across the Interface Council area that must be addressed by Government;
- (ii) there is an imperative for new funding and service commissioning models that are flexible and tailored to meet local needs;
- (iii) that there is a need for seamless integrated planning and 'follow through' to ensure appropriate infrastructure, services and community strengthening programs are implemented; and
- (iv) that there needs to be a 'whole of government' commitment to working in partnership to resolve the integration and resourcing issues that have been identified for many years but not successfully or fully addressed.

## Version Control

Supporting Interface Families – Final Project Report August 2016

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## Disclaimer

42 Squared Consulting has undertaken research and consultation to inform this project that is consistent with the agreed scope. The consultant's role in this review is to objectively examine all relevant information, conduct workshops, talk to relevant parties (within the agreed project scope), and express a view on the issues at hand through this report. Our objective opinion is available to the client, without prejudice, to inform its decision making as it sees fit. This is irrespective of whether or not our findings and recommendations are accepted or acted upon.

Whilst due care and diligence has been applied by the consultant in undertaking this review, the accuracy of the data and findings contained in this report cannot be warranted.

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## Executive Summary

The Supporting Interface Families Project was commissioned by the Human Services Directors' Group to provide a research platform to inform a strategic advocacy approach to the Victorian Government. The key question posed during the project was:

**“What are the services families should expect to receive, no matter where they live?”.**

The project used a series of workshops with social planner, service managers and practitioners and a final workshop with Directors and 'strategic thinkers' to inform the development of an advocacy framework.

Two broadly distributed surveys had a focus on informing the development of a foundation service model, collecting summary information on waiting lists and providing valuable information to inform the overall project approach.

A review of current and relevant literature identified key themes and informed the development of a foundation service model that can be used as the basis for further collaborative projects and dialogue between the Interface Councils and with relevant Victorian Government agencies.

A common data set has been developed and the associated files will be provided with the final report as an asset to be preserved and further developed. This provides a consolidated database of relevant social indicators, aggregated population data from ID Consulting and explores the use of AURIN as an intermediary for providing sophisticated spatial mapping capability. Recommendations are also made around the potential for community infrastructure and service mapping in collaboration with existing state-wide projects.

One of the key challenges for the project was gaining access to a sample DHHS service level dataset to test and quantify the issue of service gaps at the Interface when compared with Metropolitan Melbourne. It is noted that there is continuing commitment from DHHS senior officers to work on extracting and supplying data. Recommendations are made within the report regarding an approach to Victorian Government to develop a clear policy on data access and transparency and also entering into a formalised partnership around access to data and evaluation of equitable service distribution.

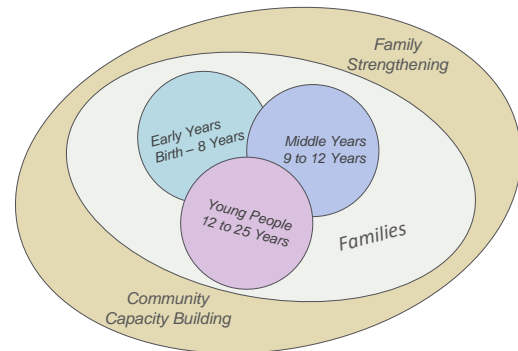
It was intended that the project report be closely aligned with current Victorian Government priorities and reform processes. Despite senior level commitment for meetings between the Project and areas responsible within DHHS for re-commissioning of services to ensure alignment, there was no opportunity for the project team or Project Control Group to meet with senior planners and discuss opportunities for alignment of recommendations and objectives. Also of concern was the reported absence of direct engagement by the major departmental service re-commissioning teams with affected municipalities and the Municipal Association of Victoria.

The key themes identified through the project are:

- (i) there is evidence of higher demand for services and continuing service and infrastructure gaps across the Interface Council area that must be addressed by Government;
- (ii) there is an imperative for new funding and service commissioning models that are flexible and tailored to meet local needs;

- (iii) that there is a need for seamless integrated planning and ‘follow through’ to ensure appropriate infrastructure, services and community strengthening programs are implemented; and
- (iv) that there needs to be a ‘whole of government’ commitment to working in partnership to finally resolve the integration and resourcing issues that have been identified for many years but not successfully addressed.

The Foundation Service model has been developed from a significant review of current literature, including the Roadmap for Reform: strong families, safe children published in April 2016. It uses contemporary frameworks for health and wellbeing, community strengthening and reflects the priorities of national agendas for families, young people and children.



It reflects the key life stages and identifies universal and secondary services that are required to support the development of healthy and robust families in strong communities. The Foundation Service Model is proposed as a basis for further development and collaborative project work across the Interface council group.

Implementation planning is the province of the Interface Council Group but an outline plan for Year One actions is proposed in the report. In summary this includes for following actions for consideration:

#### Advocacy Strategy

That the Interface Council Group work with SOCOM to refine, plan implementation and execute the overarching campaign.

That an approach is made to the Victorian Premier and relevant ministers:

- supporting the establishment of the Ministry of Suburban Development and that the objectives and aspirations be supported by an integrated ‘whole of government’ approach;
- requesting that local government is considered as a strategic partner in delivering investment benefit and improved liveability;
- to establish policy requiring access to service level data to inform collaborative planning and evaluation;
- seeking reform to key legislation to ensure effective integration between key pieces of legislation and consideration of health and wellbeing and liveability.

That a formal request is made to relevant Ministers for the establishment of a formal research project to gain access to service level data and analyse service reach, identify service gaps and undertake a service and infrastructure planning process mapping exercise.

#### Data Model

That the Interface Council Group:

- engage with Australian Urban Research Infrastructure Network as a formal research partner;
- engage with Melbourne University to further explore application of the Liveability Indicator Framework as a common measurement and evaluation framework;
- nominate a sub-group to manage access and use of the common data framework; and
- liaise with the Metropolitan Planning Authority to explore application of community infrastructure planning tools which are currently under development.

## Service Model

That the Interface Council Group:

- seek Victorian Government commitment to apply the service model in a key age domain to test and understand how integrated planning, local partnerships and policy alignment might work in practice;
- facilitate a process to confirm a shared position on the next stage of service model development; and
- document case studies that provide a consolidated view of existing good practice to better articulate opportunities for improvement in the planning and funding of services.

The recommendations arising from the report are extracted and consolidated in the following section.

## Summary of Recommendations

The recommendations arising from the report are summarised below under the project key focus areas.

### Data Model

**Recommendation 04:** That a formal request be made to relevant Ministers and Department Secretaries for the establishment of a 'partnership research project' which has a focus on gaining ongoing access to DHHS and other Departmental service level data to enable analysis of service reach, penetration and quantification of service gaps at the Interface. This is considered a high priority project as there is significant evidence of service gaps and any meaningful response will need to be informed by data and analysis.

**Recommendation 05:** That a formal request be made to the Victorian Government for policy to be established that allows open (where appropriate) and transparent access to service level data across health, human services, education and justice to inform local area planning, evaluation and enable Councils to better plan for their communities in partnership with the Victorian Government agencies.

**Recommendation 06:** That the Interface Council Group engage with Australian Urban Research Infrastructure Network as a formal project partner to act as a trusted intermediary to receive, hold and distribute service level data to support research and planning needs.

**Recommendation 07:** That the Interface Council Group consider whether an extensive study of the use of waiting lists and other demand management strategies is required or warranted at the next stage of the project. There is clear evidence that demand outstrips supply of services and there are likely to be other impediments and barriers preventing access to services for vulnerable families.

**Recommendation 08:** That the Interface Council Group make a formal request to the relevant Victorian Government departments for data and information sharing regarding the use of waiting lists and other demand management strategies in key universal and secondary services.

**Recommendation 19:** That the Interface Councils consider engaging with Melbourne University to further development and apply the Liveability Indicators Framework to support collaborative engagement, improved planning for the health and wellbeing outcomes for communities and establish a common measurement and evaluation framework for the Interface Council area.

**Recommendation 22:** It is recommended that the Councils nominate a sub-group to oversee the management and maintenance of a Data Framework, this will include: ensuring management of the core data; updating the model with new data points from time to time; engaging with external data providers to curate and maintain data for use by Councils and other stakeholders and developing appropriate policies and protocols to govern the responsible and appropriate use and publication.

**Recommendation 23:** It is recommended that the Interface Council Group engage / contract with Hayden Brown / City of Greater Dandenong on a short to medium term basis for the supply and management of the Social Indicator common dataset. It is also recommended that immediate work commence on identifying a more secure, long term solution for the supply and management of this core data set.

**Recommendation 24:** It is recommended that the Interface Council Group consider the benefits of incorporating future DHHS service level data into the core data set when it is made available.

**Recommendation 25:** It is recommended that the Interface Council Group consider contracting with id Consulting to prepare a consolidated online Forecast id for the interface councils that draws data directly from each council's most up to date projections.

**Recommendation 26:** It is recommended that the Interface Council Group continue to engage with DHHS and AURIN to explore how service and infrastructure provision data might be collected and analysed to provide a database of existing service and infrastructure provision across the Interface Council area.

**Recommendation 27:** It is recommended that the Interface Council Group liaise with relevant senior staff at the Metropolitan Planning Authority to explore the potential for the application of the community infrastructure planning tools currently under development to assist in understanding infrastructure needs and provision gaps.

### Service Model

**Recommendation 02:** The Melbourne Metropolitan Community Infrastructure Assessment was made available from the Metropolitan Planning Authority during the course of the Supporting Interface Families Project. It is recommended that the Interface Council Group undertakes further analysis on the document and findings to inform the arguments to be put to the Victorian Government at the next stage of the advocacy program.

**Recommendation 28:** That the Interface Council Group seeks Victorian Government support and commitment to apply the proposed Service Model in one of the key age domains (i.e. Middle Years) to fully test and understand the implications of integrated planning, local partnership development, policy alignment and service delivery.

**Recommendation 29:** Given the current Victorian Government interest in 'co-design' and 'co-production' there is an opportunity to better understand how effective partnerships might work. This might include a pilot of a service partnership to plan, deliver and evaluate a service delivery approach. Ensuring a focus on client / community participation would be a priority outcome.

**Recommendation 30:** That the Interface Council Group undertakes a study of existing good practice community engagement across the Interface and how this is used to inform service planning and delivery. This could be used to develop a consistent or common approach to an effective and authentic client / community 'co-design' model and therefore ensure 'community voice' in its own service delivery measurement and evaluation.

**Recommendation 31:** That the Interface Council Group facilitate a process to confirm a shared position on the delivery mode for universal secondary and tertiary services as identified in the service model taking into account the need for place based approaches and local needs and variations.

**Recommendation 32:** That the Interface Council Group works to document case studies that might provide a consolidated view of examples of existing good practice, assist in mapping processes and gap analysis as well as articulate opportunities for improvement in planning and funding of services. These would be used to inform negotiations with the Victorian Government in the planning for how these might be replicated across other regions.

### Advocacy Framework

**Recommendation 03:** That the Interface Council Group seeks to convince the Victorian Government and opposition to increase long term funding to the Interface Councils for the delivery of jointly planned, flexible and local service solutions to best support interface families.

**Recommendation 09:** That 10-year framework agreements between Victorian Government agencies and local government be developed to govern and coordinate service planning and provision at a localised level across the Interface Council area. These agreements should mandate common planning frameworks and agreed data, direct engagement with local government and the subject communities to ensure flexible and innovative local solutions are developed.

**Recommendation 10:** That, consistent with the 'Roadmap for Reform', the Interface Council Group should seek to hold the Victorian Government accountable for improving local access to services, enhancing coordination and collaboration in planning and delivery; ensuring a focus on area partnerships and increasing the delivery of community strengthening activities.

**Recommendation 11:** That the Interface Council Group directly engages with the Victorian Government via the Minister for Suburban Development to establish a new governance and brokerage framework to establish common service and program planning mechanisms to facilitate local solutions with long term flexible funding solutions. This framework should apply across key programs including health, human services, education and justice to ensure effective integration.

**Recommendation 12:** That the Interface Council Group advocate to the Victorian Government for removal of gaps and significant improvements in the 'horizontal' planning process for new communities. This means ensuring that there is 'follow through' on the currently strong land use planning mechanisms to ensure integrated planning for community and social infrastructure, the required service system and also maintaining a focus on community development and community strengthening.

**Recommendation 13:** That the Interface Council Group advocate to the Victorian Government for legislative reform to ensure that health and wellbeing and liveability indicators are incorporated into key legislation when amended. There should also be a focus on requiring legislative reform to ensure effective integration between legislation governing population growth, land use development and health and wellbeing outcomes.

**Recommendation 14:** That an 'end to end' schematic process mapping project be initiated to: identify gaps and failures in the current planning processes for new communities; explore integrated solutions with partner agencies to ensure early delivery of services and infrastructure and to make recommendations on how these might be applied.

**Recommendation 15:** That the Interface Council Group advocate to the Victorian Government for continued focus on the early delivery of infrastructure and services to meet the needs of growing and emerging communities and there is also a focus on 'stitching in' the needs of existing communities and townships.

**Recommendation 16:** That the Interface Council Group advocates to the Victorian Government for material changes in the way coordination and integration occurs between Victorian Government agencies and local government to ensure the delivery of the most effective service system to support the needs of Interface families.



**Recommendation 17:** That the ‘end to end’ planning process mapping project (see Recommendation 12) examine how to best achieve coordination and integration between Victorian Government agencies and local government to ensure the delivery of the most effective service system to support the needs of Interface families.

**Recommendation 18:** That improvements to planning coordination and integration, and therefore outcomes for communities will include: reinforcing the need for a ‘whole of government’ response to the service and infrastructure gaps at the Interface. This will include: development of ‘place plans’ understanding localised infrastructure and service needs; establishment of an appropriate and authorised coordinating body (i.e. MPA or similar), expanded ‘brokerage’ roles to work across boundaries; better data and evaluation frameworks and coordinated local area planning linked to capital and service investment mechanisms.

**Recommendation 20:** That the Interface Group partner with appropriate agencies to seek Victorian Government investment in the use of innovation and new technologies to build local capacity and the ability of communities resolve their own problems.

**Recommendation 21:** That the Interface Councils reinforce the need for affordable and effective community development and community strengthening activities as an integral component of building stronger and more independent communities.

#### Other

**Recommendation 01:** That the Interface Council Group considers how it might sustain focus and momentum on the key issues and projects identified within this report, this might include consideration of creating and funding a secretariat role, ensuring appropriate delegations and authority to sub-groups and formation of authorised project groups to progress matters.

## Table of Contents

Executive Summary .....	2
Summary of Recommendations.....	5
Table of Figures.....	11
1. Background .....	12
1.1 Introduction .....	12
1.2 Project and Report Structure .....	13
1.3 Sustainability and Maintenance of Effort .....	13
1.4 Project Context .....	14
PART ONE – Key Themes: Review of Literature and Research .....	15
2. Key Themes .....	15
2.1 Continuing Service and Infrastructure Gaps at the Interface .....	15
2.2 Innovation: Local and Flexible Solutions.....	20
2.3 Integrated Planning: From Land Use to Community Strengthening.....	22
2.4 Integrated Planning: Working Effectively Across Boundaries.....	24
2.5 Liveability: Health and Wellbeing, Community Building and Community Strengthening .....	26
PART TWO – Data Model and Framework.....	28
3. Background .....	28
3.1 Review of Existing Data and Material .....	28
3.2 The Supporting Interface Families Data Framework .....	29
3.3 Local Government community infrastructure planning tools .....	34
PART THREE – Service Model.....	35
4. Literature Review – Service Model .....	35
4.1 Introduction .....	35
4.2 Early Years.....	36
4.3 Middle Years .....	37
4.4 Young People .....	38
4.5 Families .....	39
4.6 Health and Wellbeing.....	40
5. The Service Delivery Model .....	41
5.1 Service Model Background .....	41
5.2 Context of the Service Delivery Model .....	43
5.3 The Foundation Service Model .....	47
Early Years – Birth to 8 Years .....	52
Middle Years – 9 to 12 Years.....	53
Young People – 12 to 25 .....	55

Families .....	57
PART FOUR .....	59
6. Advocacy Framework .....	59
6.1 Background .....	59
6.2 Campaign Goal .....	59
6.3 Community Outcomes Sought .....	59
6.4 Supporting Goals .....	60
6.5 Stakeholders .....	62
6.6 Force-field Analysis .....	63
7. Implementation Planning .....	66
7.1 Proposed Year One Actions .....	66
Appendix One: Review of Selected Literature .....	68
1.1 Growing Pains: Living in new growth areas – City of Whittlesea (2013) .....	68
1.2 One Melbourne or Two .....	69
1.3 Social Research of the Growth Area, Cardinia Shire, 2014 .....	70
1.4 Human Service Gaps at the Interface, RMIT, 2003 .....	73
1.5 Outer Suburban / Interface Services and Development Committee .....	75
1.6 Selandra Rise .....	77
1.7 There’s something about ... Community (2011) .....	78
1.8 Integrated planning for healthy communities: Does Victorian legislation promote it? .....	79
Appendix Two: Project Surveys .....	81
1. Project Surveys .....	81
1.1 Supporting Interface Families Survey .....	81
1.2 Waiting List Survey .....	86

## Table of Figures

Figure 1 The Green Booklet - Creating Liveable Communities .....	12
Figure 2: Supporting Interface Families Project Framework .....	13
Figure 3: Waiting Lists - Causal Factors.....	20
Figure 4: Liveability Indicators - Social Infrastructure.....	27
Figure 5: The Blue Pamphlet .....	28
Figure 6: Outline of the SIF Data Framework.....	29
Figure 7: Example of AURIN showing data table and formatted map layers. ....	32
Figure 8: Supporting Interface Families Project Framework .....	47
Figure 9: Foundation Service Model .....	49
Figure 10: Foundation Service Model Age / Stage Aspects and Primary Themes .....	51

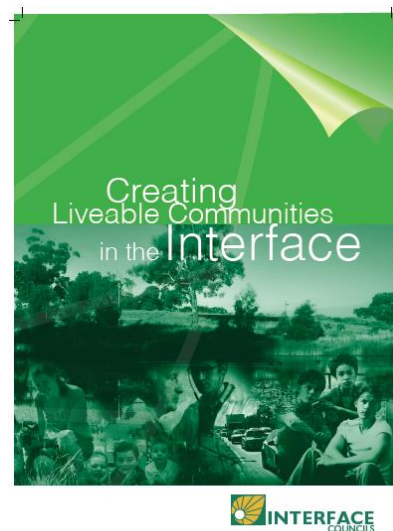
## 1. Background

### 1.1 Introduction

The Supporting Interface Families Project (the Project) emanates from, and supports strategic advocacy work undertaken in recent years through the Interface Councils' Mayors and CEOs' Group, in particular the publication 'Creating Liveable Communities at the Interface' which successfully influenced the establishment of an interface / growth area infrastructure capital fund with an initial commitment of \$50m.

The Interface Human Service Directors' Group (HSDG) issued a project brief in December 2015 seeking to leverage off this momentum and develop a business case for a foundation service model for families at the interface to complement the important commitment to the provision of social infrastructure.

It is known that there is a long term and continuing lag between development of new suburbs, growth in population and the provision of appropriate social infrastructure and services for families.



*Figure 1 The Green Booklet - Creating Liveable Communities*

The key outcome sought from the Project is the development of a service model and strategic advocacy framework on which to inform a campaign to the Victorian Government in the lead up to the 2018 Victorian election to begin to address this service lag and resultant disadvantage in a structural manner.

The project report has four main components:

**Key Themes: Literature Review and Research** – a review of selected policies, reports and other documentation has been undertaken to inform the report. There has been significant research and reports completed over the past 13 years and there are learnings for the project and all levels of government. Key themes are identified to inform the advocacy platform.

**Data Model** – the project team has worked with the Interface Social Planner Network, practitioners and partner organisations to understand data and information requirements and this has been translated into a baseline model for use and application by the Interface Councils.

**Service Model** – a foundation service model has been developed and tested through engagement with local government and partner agency practitioners. This service model does not imply or suggest a universal framework for application across all Councils, but it is designed to act as a reference point for self-assessment of service levels and standards and identification of service gaps to inform advocacy efforts.

**Advocacy Framework** – the initial advocacy framework brings together the three elements and provides a base for further strategy development in coming months. The final workshop held with Human Services Directors and strategic thinkers from each Council synthesised the

learnings from the project with local knowledge and intelligence to provide a firm foundation for the next stage of the overall advocacy project.

## 1.2 Project and Report Structure

The framework outlined at Figure 2 was developed to ensure project resources were directed appropriately and that required outcomes could be achieved. The focus of the project was on the development of the foundation service model, common data set and advocacy strategy.

A **Common Data Set** was required to better inform advocacy, planning and coordination of effort.

It was considered that a **Person and Agency Centred** narrative was critical to ensure the ‘lived’ experience was reflected in the work.

The core of the work was on the development of a **Foundation Service Model** to provide a point of reference for discussions with State and other stakeholders and between the Councils themselves.

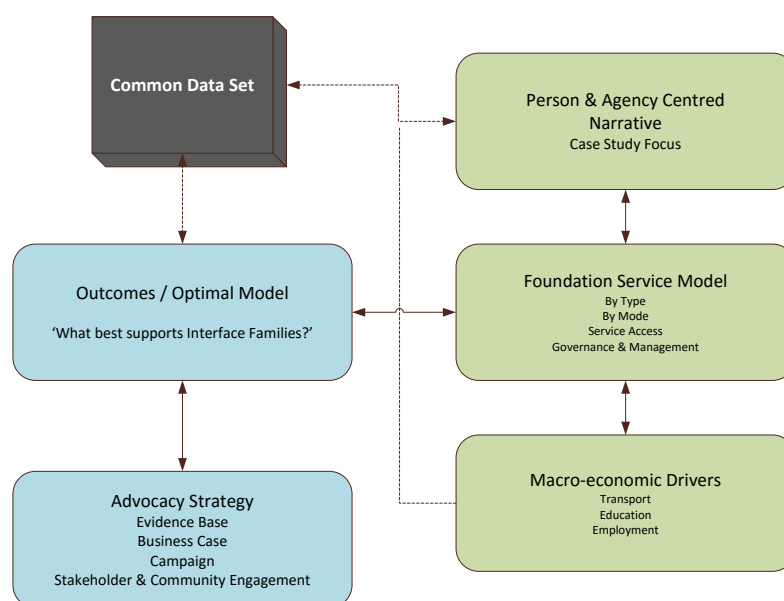


Figure 2: Supporting Interface Families Project Framework

The **Advocacy Strategy**, built on a business case informed by evidence and measurement is at the core of the entire project and will provide the foundation for further influencing work over the coming two years.

This report is structured in four parts:

Part One – Key Themes: Review of Literature and Research

Part Two – Common Data Set

Part Three – The Service Model

Part Four – Advocacy Framework

A separate summary ‘research’ report will be developed for public release in 2016 which includes key findings, service model and preliminary gap analysis.

## 1.3 Sustainability and Maintenance of Effort

A key observation from the conduct of the project is that there has been a significant amount of excellent work conducted by the Interface Group in the area of social policy and service needs over the past 15 years. For a range of reasons this has either lost momentum or has not been preserved, this might include the tremendous pace of change, changeover of key staff and the perpetual demands of growth and maintenance of service levels.

This Project has deliberately created a number of ‘assets’ or ‘artefacts’ to form the basis for further mutual or collaborative work amongst the Interface Councils, particularly the Human Service Directors’ Group. This will include maintenance of the baseline common data set, progression of priority pilot projects under the service model framework and further advocacy efforts around areas of mutual interest.

It is recommended that the Interface Council Group considers how, through an appropriate governance structure it might maintain momentum and sustain effort on collaborative projects, this might include:

- consideration of engaging a secretariat (or extending existing arrangements) to hold information and sustain effort, for and on behalf of the Human Services Group;
- ensure appropriate delegations and resources are provided to sub-groups (i.e. Social Planners, Family Services and others) to undertake the required tasks to maintain assets and undertake projects; and/or
- contract with appropriate third parties to maintain data on behalf of the group – AURIN, id Profile, MAV, Greater Dandenong Council etc.

**Recommendation 01:** That the Interface Council Group considers how it might sustain focus and momentum on the key issues and projects identified within this report, this might include consideration of creating and funding a secretariat role, ensuring appropriate delegations and authority to sub-groups and formation of authorised project groups to progress matters.

#### 1.4 Project Context

As previously stated this project continues the work undertaken on social infrastructure through the Creating Liveable Communities at the Interface campaign.

This project is the first foundation stage of work in a new campaign with a focus on improving service outcomes for Interface families. The overall project framework is summarised below.

- Stage One – Building an evidence base and advocacy framework – this project.
- Stage Two – Building awareness and interest from government.
  - First Stage Report to Ministers, Shadow Ministers and MPs (upper and lower) in Parliament during Interface Week 2016
  - Taking DHHS on a bus tour of Casey and Cardinia in mid-September, 2016
- Stage Three – Building Community Awareness
  - Launching the full report
  - Engaging with key stakeholders such as VCOSS and other service organisations as well as community groups
  - Maintenance of Stage Two activities.
- Stage Four – 2018 the Victorian Election – campaign in earnest commences in January 2018

## PART ONE – Key Themes: Review of Literature and Research

### 2. Key Themes

This section provides an overview of key themes emerging from the research, surveys and other activities conducted as part of the Project.

Attached at Appendix One is a review of selected documents and at Appendix Two are summary results from two surveys that were conducted during the life of the project.

The selection of documents was not intended to be a comprehensive study of previous literature and available documents but has been included to underpin identified key themes and to inform the service model and advocacy strategy.

#### 2.1 Continuing Service and Infrastructure Gaps at the Interface

The major theme emerging from the Project is that there is evidence of higher levels of demand and continuing gaps in services and infrastructure provision across the Interface Council areas.

Recent Social Research<sup>1</sup> conducted by Cardinia Shire in new growth areas has identified hospitals, specialist medical, mental health and counselling services as not being available in the new areas. There was also concern expressed regarding the inconvenience, time and cost of travel to access services.

**... there is evidence of higher levels of demand and continuing gaps in services and infrastructure provision in the Interface Council areas.**

The Parliamentary Inquiry into Liveability (2012)<sup>2</sup> found that the 7 growth area Councils had accounted for 50% of Melbourne's population growth between 2001 and 2011 and that there was a significant shortfall in mental health, disability, medical and other services in some areas. It also noted that services for ageing and young people required significant attention to improve access. The Inquiry stated that interface councils are experiencing significant pressures on social cohesion and are at risk of 'social-spatial polarisation'.

Human Services Gaps at the Interface, RMIT Centre for Applied Research, 2003<sup>3</sup> identified that there were significant challenges in keeping up with the pace of growth, maintaining service sustainability in interface areas and small peri-urban townships. Similar findings have been found in current research indicating that the service system has not kept pace with the growth in population and expansion of new suburbs. The RMIT report also indicated that the gaps might be caused by inadequate funding for more expensive outreach services, service establishment costs and lack of compliance and evaluation programs to ensure services are delivered evenly across regions.

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<sup>1</sup> Social Research of the Growth Area, Cardinia Shire, 2014

<sup>2</sup> Inquiry into Liveability Options in Outer Suburban Melbourne, Parliament of Victoria, 2012

<sup>3</sup> Human Services Gaps at the Interface, RMIT Centre for Applied Research, 2003



The existence of service gaps is supported by the Melbourne Metropolitan Community Infrastructure Assessment study undertaken by ARUP on behalf of the Metropolitan Planning Authority<sup>4</sup> as well as the DHHS LGA Profile 2014. The following table lists those measures for which the ARUP Study records a difference between the Interface average and the Central Metro average of at least 50% (i.e. the Interface has less than 50% the provision of Central Melbourne).

Measure	Source
# dentist sites per 1,000 population	Melbourne Metropolitan Community Infrastructure Assessment (MPA, 2015) and DHHS LGA Profiles 2014
# specialist medical sites per 1,000 population	Melbourne Metropolitan Community Infrastructure Assessment (MPA, 2015)
# allied health sites per 1,000 population	Melbourne Metropolitan Community Infrastructure Assessment (MPA, 2015)
# GP clinics per 1,000 population	Melbourne Metropolitan Community Infrastructure Assessment (MPA, 2015)
# GPs per 1,000 population	DHHS LGA Profiles 2014
# allied health sites per 1,000 population	DHHS LGA Profiles 2014

**Recommendation 02:** The Melbourne Metropolitan Community Infrastructure Assessment was made available from the Metropolitan Planning Authority during the course of the Supporting Interface Families Project. It is recommended that the Interface Council Group undertakes further analysis on the document and findings to inform the arguments to be put to the Victorian Government at the next stage of the advocacy program.

The DHHS LGA Profile 2014 outlines a range of key data elements that point to the ‘social-spatial polarisation’ across the Interface Councils that was noted by the Parliamentary inquiry and is also indicated through other literature and studies, these include:

- (i) the percentage of **low income and welfare dependent families with children** was 20% higher across the Interface Councils when compared to the Metropolitan Melbourne Area; the highest rates across the Interface Councils were Hume (+88%), Melton (+56%) and Wyndham (+ 40%).
- (ii) the mean LGA % of population **experiencing mortgage stress** across Interface Councils was 13.16% which is more than 15% higher than Metropolitan Melbourne; the highest rates across the Interface Councils were Hume (+62%), Whittlesea (+34%) and Casey (+30%).
- (iii) the mean LGA % of **social housing stock** for the Interface Councils was 2.15% which is nearly 42% lower than that of the Metropolitan area; the lowest rates of provision across the Interface Councils were Nillumbik (-80%), Yarra Ranges (-62%) and Cardinia (-59%).

In terms of education there are significant indicators of difference:

- (iv) the mean LGA % measure of **persons who did not complete year 12** for Interface Councils was 49.10% which is 28.53% higher than that of metropolitan Melbourne (38.20%); the four highest non-completion rates across the Interface Councils were

<sup>4</sup> Melbourne Metropolitan Community Infrastructure Assessment (MPA, 2015)

Mitchell (+56%), Cardinia (+46%), Mornington Peninsula (+37%) and Yarra Ranges (+35%).

- (v) the mean LGA % measure of persons who **completed a higher education qualification** for Interface Councils was 33.33% which is 33.47% lower than that of metropolitan Melbourne (50.10%). The four lowest rates across the Interface Councils were Mitchell (-51%), Cardinia (-48%), Yarra Ranges (-38%) and Mornington Peninsula (-35%).

In terms of access to health and other health associated indicators the Interface is not doing well:

- (vi) the mean LGA % measure of persons with **poor dental health** for Interface Councils was 6.00% which is 22.45% higher than that of the metropolitan Melbourne (4.90%); the three highest rates provision across the Interface Councils were Hume (+80%), Melton (+76%) and Yarra Ranges (+55%).
- (vii) the mean LGA % measure of persons who **drink soft drink every day** for Interface Councils was 19.13% which is 28.39% higher than that of metropolitan Melbourne (14.90%); the three highest rates provision across the Interface Councils were Yarra Ranges (+63%), Casey (+55%) and Mitchell (+47%).
- (viii) the mean LGA % measure of **infants fully breastfed at 3 months** for Interface Councils was 46.40% which is 10.77% lower than that of metropolitan Melbourne (52.00%); the three lowest rates provision across the Interface Councils were Hume (-31%), Melton (-24%) and Wyndham (-18%).

In terms of how children are faring there are some worrying indicators for the Interface:

- (ix) the mean LGA % measure of **children with a kindergarten subsidy** for Interface Councils was 25.05% which is 20.43% higher than that of metropolitan Melbourne (20.80%); the three highest rates provision across the Interface Councils were Hume (+79%), Wyndham (+33%) and Casey (+29%).
- (x) the mean LGA % measure of **children with emotional or behavioural problems** at school for Interface Councils was 4.99% which is 27.95% higher than that of metropolitan Melbourne (3.90%); the five highest rates provision across the Interface Councils were Mitchell (+51%), Casey (+41%), Hume (+41%), Melton (+38%) and Cardinia (+38%).

The DHHS data also related an under-provision in terms of medical, allied health and dental services at the Interface.

- (xi) the mean LGA measure of **GPs per 1,000 pop'n** for Interface Councils was 0.97 which is 19.17% lower than that of metropolitan Melbourne (1.2). The five lowest rates across the Interface Councils were Cardinia (-42%), Melton (-33%) and Casey, Hume and Wyndham (-25%).
- (xii) the mean LGA measure of **allied health sites per 1,000 pop'n** for Interface Councils was 0.55 which is 31.25% lower than that of metropolitan Melbourne (0.8); the five lowest rates provision across the Interface Councils were Melton (-62%), Cardinia, Casey, Hume and Wyndham (-50%).
- (xiii) the mean LGA measure of **dental services per 1,000 pop'n** for Interface Councils was 0.19 which is 36.67% lower than that of metropolitan Melbourne (0.3); the 9 lowest rates across the Interface Councils were Hume and Melton (-67%), Cardinia, Casey, Mitchell, Nillumbik, Whittlesea, Wyndham and Yarra Ranges (-33%).

At the time of writing the project has not been successful in accessing a broad range of service level data (this is discussed further below), however across two domains included in the DHHS LGA

Profiles there are indicators that there might be issues of both demand and supply that warrant further investigation.

- (xiv) the mean LGA measure of **Child FIRST assessments per 1,000 pop'n** for Interface Councils was 8.45 which is 28.03% higher than that of metropolitan Melbourne (6.60); the 3 highest rates across the Interface Councils were Mitchell (+159%), Hume (+65%) and Melton (+32%).
- (xv) the mean LGA measure of **HACC clients aged 0-64 per 1,000 pop** for Interface Councils was 244.81 which is 13.62% lower than that of metropolitan Melbourne (283.40); the 3 lowest rates provision across the Interface Councils were Whittlesea (-37%), Hume (-22%) and Melton (-17%).

**Recommendation 03:** That the Interface Council Group seeks to convince the Victorian Government and opposition to increase long term funding to the Interface Councils for the delivery of jointly planned, flexible and local service solutions to best support interface families.

#### Data Gap

A key data gap that has emerged in the project research is access to service level data from the Department of Health & Human Services and other agencies. Individual Councils are able to provide information regarding income and related expenditure for a limited number of service types but this does not provide a consolidated view of what is happening within each municipality or across the Interface. The Interface Council group also faces another challenge where Victorian government services such as Child FIRST operate in seven different catchments across the 10 municipal areas.

All the current evidence points to the existence of a significant 'service gap' but it is not possible to identify the extent of the gap without access to and analysis of service level data held by the State.

The project made a request for controlled access to DHHS data which might provide a consolidated view of service delivery into a municipality and allow:

- comparison across the Interface Councils;
- comparison with metropolitan and State averages; and
- development of a 'gap analysis' with estimated financial costing for bridging the gap.

The Project engaged with Australian Urban Research Infrastructure Network (AURIN) to act as a trusted intermediary to hold and manage the service level data. AURIN currently undertakes this role for many organisations and has appropriate protocols in place to ensure that sensitive service data is accessible and able to be used constructively in a controlled manner.

Several meetings were held with senior DHHS staff but in the end it was determined that access to service data could not be provided in time for inclusion in the project. The reasons provided for this included:

- (i) DHHS has rarely allowed service level program data to be accessed by external agencies and where this occurs there are significant negotiations and internal authorisations around what data is published and how it will be used;

- (ii) even internal exchange of data is sensitively managed and significant technical and programming resources are required to 'marry up' or create linkages between various data sources;
- (iii) most program data within the 'Human Services' programs is contained within active service and case management systems and extraction of data can be very complicated;
- (iv) service funding data is usually held in separate systems and the Project was advised that as yet there is not an easy way in which service outputs and the funding streams can be matched;
- (v) funded agencies account for program funding at headquarter locations and not where the services are delivered;
- (vi) work has commenced on a common client identifier across program areas under the Services Connect project but this work is at an early stage of development;
- (vii) there are understood to be associated projects that are looking to synthesise program output costs and attribute these to geographic locations but these are at early stages of development; and
- (viii) DHHS has various program areas looking at research and evaluation and these might provide the avenue and opportunity for a request for a formal research partnership between the Interface Council Group and the Department.

Senior staff within DHHS have confirmed that will continue to source relevant service level data and that

**Recommendation 04:** That a formal request be made to relevant Ministers and Department Secretaries for the establishment of a 'partnership research project' which has a focus on gaining ongoing access to DHHS and other Departmental service level data to enable analysis of service reach, penetration and quantification of service gaps at the Interface. This is considered a high priority project as there is significant evidence of service gaps and any meaningful response will need to be informed by data and analysis.

**Recommendation 05:** That a formal request be made to the Victorian Government for policy to be established that allows open (where appropriate) and transparent access to service level data across health, human services, education and justice to inform local area planning, evaluation and enable Councils to better plan for their communities in partnership with the Victorian Government agencies.

**Recommendation 06:** That the Interface Council Group engage with Australian Urban Research Infrastructure Network as a formal project partner to act as a trusted intermediary to receive, hold and distribute service level data to support research and planning needs.

### Waiting Lists and Demand Management

A waiting list survey conducted as part of the project has found evidence of the extensive use of waiting lists for managing excessive demand for services.

The key services where people experience the use of waiting lists were indicated as:

Family Support – there appeared to be extensive waiting times for both medium and high priority clients;

General Counselling – there was widespread reporting of waiting lists with 5 agencies reporting wait times between 1 and 3 months for service access;

Mental Health – 12 agencies reported waiting lists with half reporting waiting lists of between 1 and 3 months;

Family Strengthening Services – shorter waiting times were reported for family strengthening services;

Parenting Sessions – extended waiting times of between 1 and 3 months were reported across a number of agencies;

General Youth Services – moderate waiting times were reported, particularly for high priority cases.

The following chart at Figure 3 reflects the reported contributing factors for the existence of waiting lists.

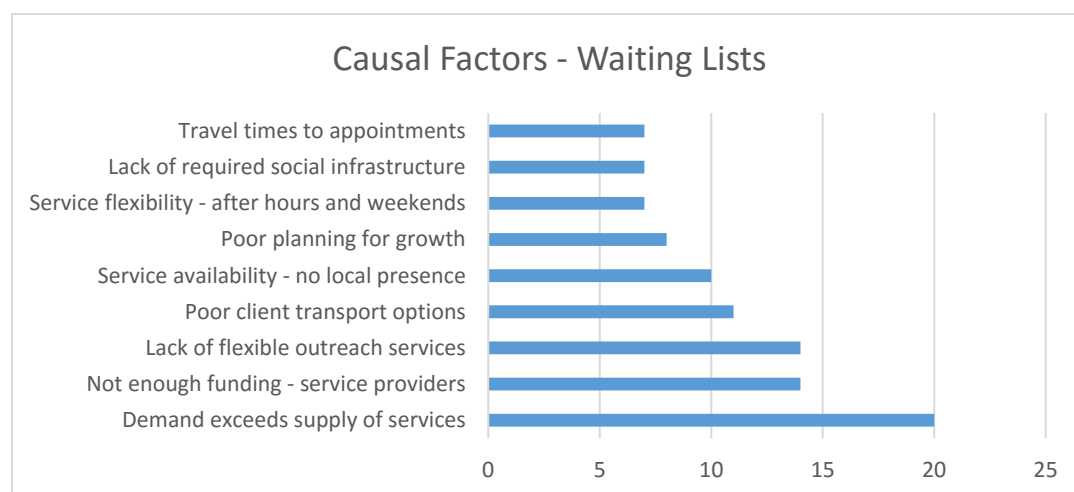


Figure 3: Waiting Lists - Causal Factors

The project survey was not designed to provide a comprehensive analysis of waiting lists but it does indicate that there is likely the basis to commission additional research into the issue of waiting lists at the Interface Council area, and to seek an understanding of the comparative situation in inner Melbourne.

**Recommendation 07:** That the Interface Council Group consider whether an extensive study of the use of waiting lists and other demand management strategies is required or warranted at the next stage of the project. There is clear evidence that demand outstrips supply of services and there are likely to be other impediments and barriers preventing access to services for vulnerable families.

**Recommendation 08:** That the Interface Council Group make a formal request to the relevant Victorian Government departments for data and information sharing regarding the use of waiting lists and other demand management strategies in key universal and secondary services.

## 2.2 Innovation: Local and Flexible Solutions

A key theme to emerge from the project is the imperative for new funding and service commissioning models that are flexible, tailored to meet local needs and underwritten by an enduring commitment.

The increasingly constrained fiscal environment that all levels of government must contend with mandates that new and innovative ways of providing services and support are found, this will be through the provision of traditional universal and secondary services as well as identifying new ways to improve effectiveness and efficiency through the application of new technologies and through building the capacity of communities to support and resolve issues themselves.

**... flexible, tailored services and funding models responsive to local needs and underwritten by an enduring commitment.**

‘Co-design’ and ‘co-production’ are two emerging service commissioning philosophies applied to the design and delivery of public services that might provide a constructive way forward. ‘Co-design’ is essentially ensuring that services are designed in collaboration with the end user(s) to ensure that they will meet the actual need on the ground. ‘Co-production’ is a design and commissioning philosophy that engages all parts of the value chain and assumes that all parties (including services recipients) can add value and are included as ‘assets’ in terms of the overall program.

The Roadmap to Reform<sup>5</sup> highlighted the following issues in terms of service design and integration:

- (i) inflexible funding contracts and service arrangements complicate and prevent access to services,
- (ii) low coordination effort and little focus on collaboration has created an urgent need for service system partnership to attend to need identification, demand management, innovative and integrated responses and whole person solutions;
- (iii) variable and inconsistent data and IT systems causing duplication and “falling through the gaps”;
- (iv) a priority focus to build local networked services with a focus on ‘co-design’ and participation in service development;
- (v) the inherent links between a range of causal factors as drivers of family violence; and
- (vi) an increased focus on community strengthening.

The key conclusions drawn from the research and consultation process include:

- (i) there is an urgent need for longer term commitments and framework agreements (up to 10 years) between local government and main Victorian government agencies to govern engagement around planning and implementation of service responses;
- (ii) funds holders and program designers (key State agencies) must invest in consultation, collaboration and engagement at a local or sub-regional level with local government, service users and partner agencies to inform service and infrastructure responses;
- (iii) the establishment of a governance and brokerage framework that crosses departmental boundaries to support integrated planning and allow streams of program funding to be joined together to support more effectively service localised needs;
- (iv) the need for proactive planning based on common frameworks (both for services and infrastructure), single source and single ‘truth’ demographic data and accessible service data to inform planning; and

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<sup>5</sup> Roadmap for Reform: Strong Families; Safe Children, Victorian Government, 2016.

- (v) enabling local solutions to be developed with flexible funding arrangements that focus on positive outcomes for building healthy communities.

It is clear from research that there is a Victorian Government commitment to 'co-design' and possibly 'co-production' but this appears to generally translate into conditions contained within service commissioning documents which require delivery agents to evidence client consultation and engagement. It is recommended that department managers responsible for the commissioning of services should be strongly encouraged to directly inform program planning and policy with engagement with Councils and service recipients.

The use of technology and innovative service solutions needs to be prioritised to reduce the costs and improve the effectiveness of service delivery. This is particularly important in terms of community strengthening activities, ensuring a focus early intervention, avoiding waiting lists and building community capacity and independence to solve its own problems.

**Recommendation 09:** That 10-year framework agreements between Victorian Government agencies and local government be developed to govern and coordinate service planning and provision at a localised level across the Interface Council area. These agreements should mandate common planning frameworks and agreed data, direct engagement with local government and the subject communities to ensure flexible and innovative local solutions are developed.

**Recommendation 10:** That, consistent with the 'Roadmap for Reform', the Interface Council Group should seek to hold the Victorian Government accountable for improving local access to services, enhancing coordination and collaboration in planning and delivery; ensuring a focus on area partnerships and increasing the delivery of community strengthening activities.

**Recommendation 11:** That the Interface Council Group directly engages with the Victorian Government via the Minister for Suburban Development to establish a new governance and brokerage framework to establish common service and program planning mechanisms to facilitate local solutions with long term flexible funding solutions. This framework should apply across key programs including health, human services, education and justice to ensure effective integration.

## 2.3 Integrated Planning: From Land Use to Community Strengthening

Horizontal integration is defined as integration across policy domains within the same organisation of level of government<sup>6</sup> ... this would encompass the planning process for new suburbs from the time they are designated to delivery of required physical infrastructure, social infrastructure and required health, social and community services. It would also include community development and community strengthening activities for the first ten to twenty years of the life of a suburb.

Land use development planning for new suburbs is essentially managed and coordinated through the Metropolitan Planning Authority (MPA). There is evidence that the MPA is doing a very good job of ensuring that land use planning for growth areas is well integrated and that plans are in place from a land and physical infrastructure perspective.

<sup>6</sup> Integrated Planning for healthy communities: Does Victorian State legislation promote it? M. Lowe, C. Whizman and B. Giles-Corti, McCaughey Centre and Melbourne University, 2012.



The MPA has established 30 to 40-year Growth Corridor Plans across the four main growth areas and these mandate the preparation of Precinct Structure Plans (PSP) that typically identify: proposed town centres and community facilities; alignment of arterial roads and the local transport network; open space networks and biodiversity; local employment and public utilities and major utilities.

What is clear from a review of the Growth Corridor Plans and underlying PSP documents is that there is really only general and high level discussion of the required services, community infrastructure and the need for 'staged development to ensure the efficient and orderly provision of services and infrastructure and services'.

There has been continued failures in the planning for effective transition between land use and spatial planning to more detailed social planning and delivery of required services and infrastructure to adequately support emerging and vulnerable communities.

What appears to be required is a much strengthened relationship between the preparation of PSP documents (which are ultimately incorporated into the Victorian Planning Scheme) and the planning, commissioning and delivery mechanisms of the major government departments and local governments responsible for timely delivery of required infrastructure and services.



**... there is a gap in the way planning occurs for growth areas, with the primary focus on the physical and spatial environment.**

There is significant evidence of gaps and lack of integration in the planning process for the creation of new communities, particularly between the land use planning process and integrated planning for community and social infrastructure and the service system. Lowe et al (2012)<sup>7</sup> reviewed three key pieces of Victorian legislation (Planning & Environment Act (1987), Transport Act (2010) and Public Health & Wellbeing Act (2008) and found that there are significant legislative barriers to achieving planning integration for developing healthy communities and that there is no real focus on the social determinants of health outcomes for new and emerging communities.

The publication 'There's something about community ...'<sup>8</sup> reinforces the gap in the way planning occurs for growth areas, with the primary focus on the physical and spatial environment. It recommended that a 'model planning framework' be developed for social infrastructure that combines the desired social support services as well as the facilities required to deliver the service system.

The Parliamentary Enquiry into Liveability<sup>9</sup> also saw opportunities for improving planning by ensuring that a common set of population and demographic data is used, the development of local population strategies and growth area development plans aimed at coordinating required infrastructure, services and housing.

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<sup>7</sup> Ibid.

<sup>8</sup> There's something about community ... Planning for healthy, well-functioning communities on the urban fringe of our cities., K. Breen, 2010

<sup>9</sup> Parliament of Victoria, 2012, Op Cit.



As early as 2003<sup>10</sup> the issue of integrated planning across stages of the development and suburb delivery process was identified, this recommendation focussed on State, Local and Regional agencies working together to assess future service needs and determining agreed funding and service levels and then working to coordinate adequate capital funding for the provision of the infrastructure.

It is also noted that the City of Whittlesea (custodians of the Growth Areas Social Planning Tool) are currently exploring the potential to align the tool with the Integrated Service and Facility Planning approach being developed by the Social Infrastructure Planners Network (Victoria) led by Moorabool Shire Council. This is intended to produce a planning framework to aid councils to identify essential services and the facilities they require.

**Recommendation 12:** That the Interface Council Group advocate to the Victorian Government for removal of gaps and significant improvements in the ‘horizontal’ planning process for new communities. This means ensuring that there is ‘follow through’ on the currently strong land use planning mechanisms to ensure integrated planning for community and social infrastructure, the required service system and also maintaining a focus on community development and community strengthening.

**Recommendation 13:** That the Interface Council Group advocate to the Victorian Government for legislative reform to ensure that health and wellbeing and liveability indicators are incorporated into key legislation when amended. There should also be a focus on requiring legislative reform to ensure effective integration between legislation governing population growth, land use development and health and wellbeing outcomes.

**Recommendation 14:** That an ‘end to end’ schematic process mapping project be initiated to: identify gaps and failures in the current planning processes for new communities; explore integrated solutions with partner agencies to ensure early delivery of services and infrastructure and to make recommendations on how these might be applied.

**Recommendation 15:** That the Interface Council Group advocate to the Victorian Government for continued focus on the early delivery of infrastructure and services to meet the needs of growing and emerging communities and there is also a focus on ‘stitching in’ the needs of existing communities and townships.

## 2.4 Integrated Planning: Working Effectively Across Boundaries

Vertical integration is defined as integration between different organisations or levels of government<sup>11</sup> ... this might mean the coordination of planning and delivery effort between the three levels of government and provider organisations but could also apply to coordination between agencies within a single level of government (i.e. DHHS, DEET and Justice & Regulation). Working effectively across organisational, program of funding boundaries will be necessary to ensure integrated planning occurs to build healthier and more robust communities.

The creation of the role of Minister for Suburban Development in May 2016 presents a real opportunity for the creation of a strategic framework for mandating or encouraging both vertical

<sup>10</sup> RMIT Centre for Applied Research, 2003, Op Cit.

<sup>11</sup> Integrated Planning for healthy communities: Does Victorian State legislation promote it? M. Lowe, C. Whizman and B. Giles-Corti, McCaughey Centre and Melbourne University, 2012.

and horizontal integration to achieve more effective planning for, and investment in infrastructure, employment and services in Interface areas.

There is a significant focus on 'place planning' and 'integrated planning for local areas' in many of the strategic plans developed by Interface Councils. This reinforces the need for all parties and agencies to be at the table to contribute to identifying the needs and developing localised and flexible funded solutions. Growing Pains (2013)<sup>12</sup> developed by the City of Whittlesea included the concept of 'place plans' that integrate physical and social infrastructure needs as well as coordinating service delivery needs. These plans would also include consideration of local economic development opportunities to encourage local employment and a diverse local economy.

The 2003 RMIT Human Services Gaps<sup>13</sup> report included the following recommendation:

**That the Interface municipalities establish, with the Victorian Government, mechanisms for the strategic planning of human service provision in growth areas, including the coordinated involvement of all departments with responsibilities for land-use, community building, planning and human services, and include this within the whole-of-government coordinating role for the Department for Victorian Communities. (RMIT Study, 2003)**

Vertical integration will rely on building new frameworks and capacities within the Victorian Government: an authorising environment to create the imperative for cross boundary planning; skilled 'brokers' with responsibility to span policy domains as well as infrastructure and service needs and a 'project sponsorship' overlay to ensure accountability for implementation and long term outcomes.

Better planning and coordination will also rely upon access to better data and evaluation of existing programs to understand if there is an equitable distribution of services across the metropolitan area and into the Interface. As previously indicated, gaining access to service level data for planning and evaluation purposes is not straightforward or simple and further partnership work is indicated in this domain.

**Recommendation 16:** That the Interface Council Group advocates to the Victorian Government for material changes in the way coordination and integration occurs between Victorian Government agencies and local government to ensure the delivery of the most effective service system to support the needs of Interface families.

**Recommendation 17:** That the 'end to end' planning process mapping project (see Recommendation 12) examine how to best achieve coordination and integration between Victorian Government agencies and local government to ensure the delivery of the most effective service system to support the needs of Interface families.

**Recommendation 18:** That improvements to planning coordination and integration, and therefore outcomes for communities will include: reinforcing the need for a 'whole of government' response to the service and infrastructure gaps at the Interface. This will include: development of 'place plans' understanding localised infrastructure and service needs; establishment of an appropriate and authorised coordinating body (i.e. MPA or similar), expanded 'brokerage' roles to work across

<sup>12</sup> City of Whittlesea, 2013, Op Cit.

<sup>13</sup> RMIT, 2003, Op Cit.

boundaries; better data and evaluation frameworks and coordinated local area planning linked to capital and service investment mechanisms.

## 2.5 Liveability: Health and Wellbeing, Community Building and Community Strengthening

The concept of liveability has been much discussed and researched in the past decade, the idea came into sharp focus in 2008 when the Victorian Competition & Efficiency Commission conducted its inquiry and arrived at the following definition.

**“Liveability reflects the wellbeing of a community and comprises the many characteristics that make a location a place where people want to live now and in the future” (VCEC, 2008)**

A major study of liveability indicators by Melbourne University, VicHealth and other partners was progressed under the aegis of the North West (Melbourne) Metropolitan Regional Management Forum from around 2011/12 and this resulted in a range of publications and research activities. The Place, Health and Liveability Research Program<sup>14</sup> Research Paper No.1 established the early framework for subsequent research and publications.

The most recent publication ‘How liveable is Melbourne? (2015)<sup>15</sup> has further developed and consolidated the research and presents a Liveability Indicator Framework that invites feedback and potential application. It is understood there are a number of councils looking to use the Liveability Indicator Framework as the basis for community and organisational planning and it is recommended that the Interface Council Group investigates the possibility of partnering in the further development and application of the indicators to support collaborative engagement and planning across the Interface area.

Seven domains of urban liveability have been identified through the research to date, these include: employment, food environment, housing, public open space, social infrastructure, transport and walkability.

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<sup>14</sup> Lowe, M., Whitzman, C., Badland, H., Davern, M., Hes, D., Aye, L., Butterworth, I. and Giles-Corti, B. (2013), Liveable, healthy, sustainable: What are the key indicators for Melbourne neighbourhoods? Research Paper 1, Place, Health and Liveability Research Program, University of Melbourne  
[http://mccaugheycentre.unimelb.edu.au/research/health\\_and\\_liveability](http://mccaugheycentre.unimelb.edu.au/research/health_and_liveability)

<sup>15</sup> Badland H, Roberts R, Butterworth I, Giles-Corti B. (2015). How liveable is Melbourne? Conceptualising and testing urban liveability indicators: Progress to date. The University of Melbourne: Melbourne

The adjacent figure is extracted from the document and reflects the conceptual model as it relates to the 'social infrastructure' liveability indicator domain, it draws the clear linkages between Urban Planning, Behavioural Outcomes, Intermediate Outcomes and Longer Term (Health and Wellbeing) Outcomes for a community.

The importance of community development and community strengthening activities has been highlighted throughout the project.

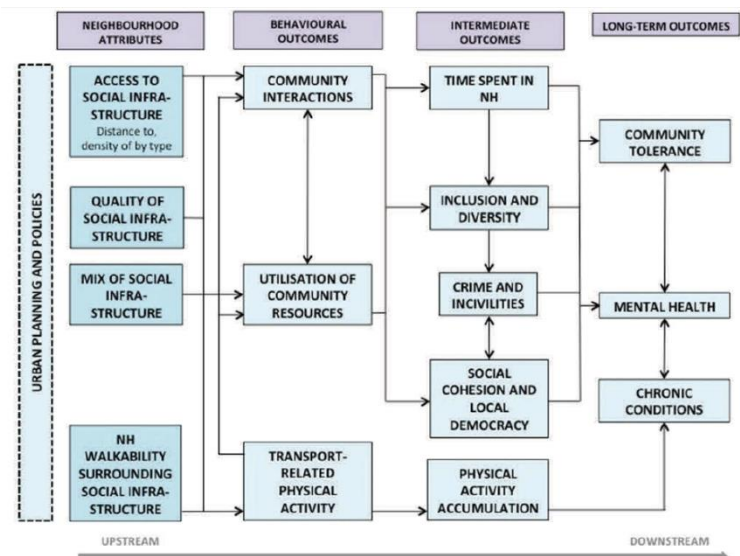


Figure 4: Liveability Indicators - Social Infrastructure

The Growing Pains Report<sup>16</sup> talked of the important role of community development workers and 'place makers' to deliver early and affordable community building initiatives. Applying for project funding for community strengthening initiatives in collaboration with regionally based agencies was identified as a priority in the 2003 RMIT research report.

Planning and Designing Healthy New Communities (Vichealth 2016)<sup>17</sup> identified the early delivery of transport and a community centre to initiate and stimulate a community building process in order to underpin strong communities and improve health and wellbeing outcomes.

**Recommendation 19:** That the Interface Councils consider engaging with Melbourne University to further development and apply the Liveability Indicators Framework to support collaborative engagement, improved planning for the health and wellbeing outcomes for communities and establish a common measurement and evaluation framework for the Interface Council area.

**Recommendation 20:** That the Interface Group partner with appropriate agencies to seek Victorian Government investment in the use of innovation and new technologies to build local capacity and the ability of communities resolve their own problems.

**Recommendation 21:** That the Interface Councils reinforce the need for affordable and effective community development and community strengthening activities as an integral component of building stronger and more independent communities.

<sup>16</sup> City of Whittlesea, 2013, Op Cit.

<sup>17</sup> Planning & Designing Healthy New Communities, VicHealth, 2016

## PART TWO – Data Model and Framework

### 3. Background

The Supporting Interface Families Project Brief indicated that the collation and assessment of data to inform the development of a Foundation Service Model and advocacy strategy was a key deliverable for the project. It requested that data be collected by Council and it should provide:

- (i) an update and distillation of the evidence base to quantify and substantiate the extent of key issues and outcomes for families, children and young people at the interface;
- (ii) exploration of key contributing factors to the identified issues for families, children and young people; and
- (iii) identification of the unique challenges or trends facing families and how these differ from other metropolitan areas.

The key recommendation arising from this element of the report is to establish a Supporting Interface Families Data Framework together with three sub-recommendations:

- (i) Nominate an Interface Councils sub group responsible for managing the data framework;
- (ii) Engage external data providers as required;
- (iii) Develop a database of existing service and infrastructure provision across the Interface.

#### 3.1 Review of Existing Data and Material

One of the first tasks undertaken was to review the *Creating Liveable Communities in the Interface* profile documents produced by the Interface Councils in 2014.

The 'blue pamphlets' sought to identify key issues and supporting statistics for each of the ten municipalities to inform projects and advocacy. Part of the brief for this project was to identify data that clearly illustrated the nature and scale of the issues faced by families and services within the interface area.

Feedback received from council representatives through the workshops strongly suggested that the Supporting Interface Families Project should make use of existing externally-managed data sources where possible. It is also essential that data be responsibly curated to ensure it is maintained, disseminated and used appropriately.

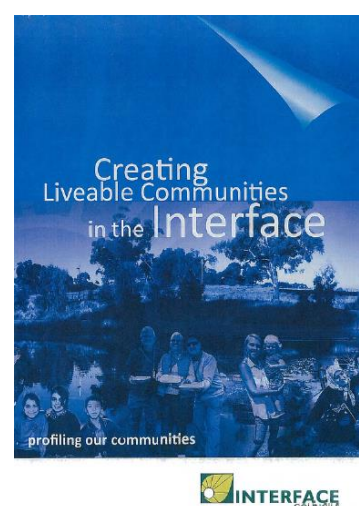


Figure 5: The Blue Pamphlet

It was also important that data used to inform this stage of the Project should not be provided to the councils as a static snapshot in time. Greater benefit was seen in a dynamic model that could change over the life of the Project to suit the needs of the longer term implementation of the service model.

The above considerations are embodied in the recommendation to the establish a data framework. The recommendation proposes how the councils can work together and with external data providers

to manage a dynamic data framework that will support the implementation of the service model and advocacy to government for expanded service provision.

If an update to the *Creating Liveable Communities in the Interface* blue pamphlets is desired, the Framework can be used to directly inform their production.

### 3.2 The Supporting Interface Families Data Framework

The data and sources required to inform the various components of the service model and subsequent advocacy campaigns are many and varied. Also, the scope and application of the model will need to evolve over time following completion of this consultancy. It is therefore prudent to propose a flexible multi-element data framework rather than a fixed data model.

Datasets will variously serve different purposes, namely:

- (i) Data that directly informs and justifies the service model;
- (ii) Community needs for each key age / stage and primary theme;
- (iii) Service design;
- (iv) Service distribution;
- (v) Data that describes the broader context of issues facing Interface families and services; and
- (vi) Data that will convincingly inform advocacy.

There is considerable overlap between these purposes so it is not appropriate to group or separate datasets in this manner. However, as some datasets make most sense or have the greatest impact when viewed in tabular form, and others through visual means such as maps, we propose that the data framework comprise of different tools (see Figure 6 and following sections of this report).

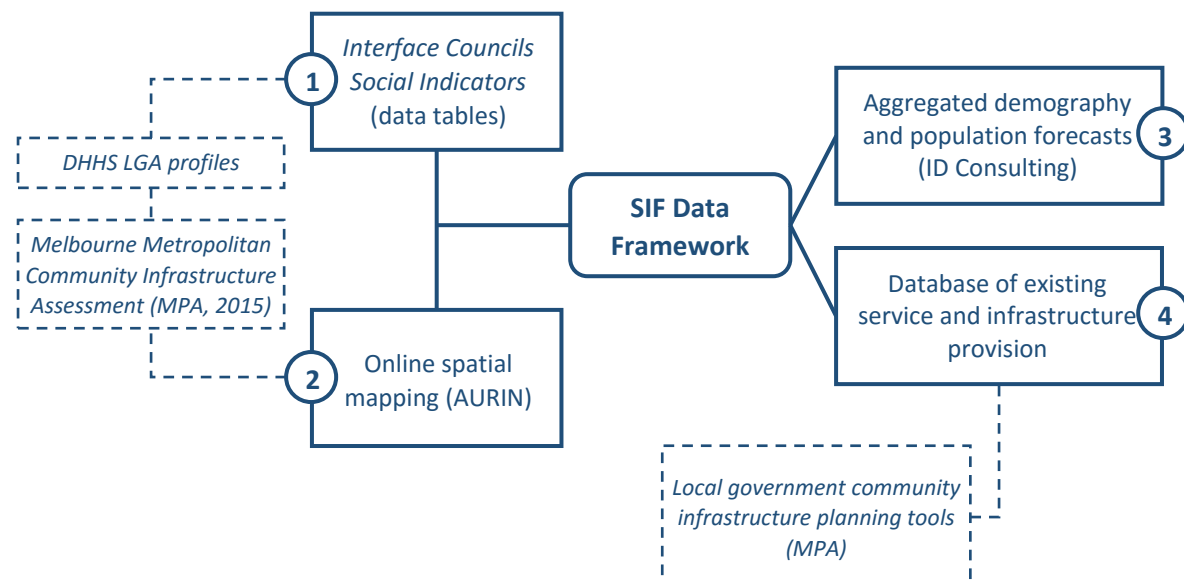


Figure 6: Outline of the SIF Data Framework

The proposed Framework makes use of external data providers to ensure that individual components are maintained.

**Recommendation 22:** It is recommended that the Councils nominate a sub-group to oversee the management and maintenance of a Data Framework, this will include: ensuring management of the core data; updating the model with new data points from time to time; engaging with external data providers to curate and maintain data for use by Councils and other stakeholders and developing appropriate policies and protocols to govern the responsible and appropriate use and publication.

For the purposes of this Project it is proposed that:

- (i) The Interface Councils Social Indicators be supported by Hayden Brown at City of Greater Dandenong;
- (ii) On-line spatial mapping be coordinated through AURIN; and
- (iii) Aggregated demography and population forecasts be managed through existing ID Consulting relationships.
- (iv) Options for component 4 are discussed later in this report but may require considerable input by each council to create a complete audit of existing provision within each municipality.

(a) **Component 1:** Data tables – ‘Interface Councils Social Indicators’ (MS Excel workbook)

The social planners workshop in April identified that the Social Statistics portal developed by the City of Greater Dandenong ([www.socialstatistics.com.au](http://www.socialstatistics.com.au)) was a familiar and well-used resource for council planners. Data relevant to the Project is currently distributed across several of the Excel workbooks provided through the website.

To simplify access to data on the Social Statistics portal, its author Hayden Brown was engaged by the Project to compile the most relevant datasets into a single Excel workbook.

The resulting Interface Councils Social Indicators workbook brings the data together into a single ‘dashboard’ for the ten Interface municipalities and provides comparisons between each LGA, the average for the Interface, Victoria and metropolitan Melbourne.

At present the workbook provides data at LGA level as this is the geography for which most datasets are available, and is most relevant to supporting collective Interface-wide advocacy. Some of the referenced datasets are available at sub-LGA level; the councils may wish to acquire this data and expand the framework to provide finer grain resolution.

The measures of health and wellbeing for each of the interface council sections of the Excel workbook provides key indicators under the following 12 themes:

- |               |             |
|---------------|-------------|
| • Community   | • Health    |
| • Early Years | • Housing   |
| • Education   | • Refugees  |
| • Employment  | • Safety    |
| • Families    | • Transport |
| • Finance     | • Youth     |



LGA-level data can be compared between councils and against the average for the Interface, Victoria and metropolitan Melbourne. The Ranked Measures of Health and Wellbeing section of the workbook provides bar-graphs for visual comparison of the same data.

The workbook provides key indicators from the following data sources:

- (i) 2012 Department of Health, 2010 Measures of Health Activity and Outcome
- (ii) 2012 VicHealth Indicators Survey
- (iii) Australian Early Development Census 2015
- (iv) Census 2011
- (v) Customized Data: Births by Maternal Age, 2013. Australian Bureau of Statistics
- (vi) DEECD & Department of Sustainability and Environment, 2012
- (vii) Department of Education and Training Victoria, 2016
- (viii) Department of Employment and Workplace Relations 2016
- (ix) Dept Immigration and Border Protection
- (x) Land Data 2015
- (xi) Vic Pop Health Survey 2011/12
- (xii) Vic Population Health Survey 2011/12
- (xiii) Victoria Police, 2016
- (xiv) Victorian Child and Adolescent Monitoring System (DEECD), 2010/11
- (xv) Victorian Commission for Gambling and Liquor Regulation, 2015
- (xvi) Victorian Curriculum and Assessment Authority, 2014
- (xvii) Victorian Department of Human Services, Rental Report 2016

The workbook provides a Raw Data section that allows users to extract the base data for each dataset and for each municipality.

DHHS has, at time of writing this report, indicated it may be interested in sharing data on the provision of health and human services across the Interface and more broadly across the State. It is not yet known exactly what data will be provided and in what format but some or all of it could be added to the Interface Councils Social Indicators workbook to allow for convenient comparison with other datasets.

**Recommendation 23:** It is recommended that the Interface Council Group engage / contract with Hayden Brown / City of Greater Dandenong on a short to medium term basis for the supply and management of the Social Indicator common dataset. It is also recommended that immediate work commence on identifying a more secure, long term solution for the supply and management of this core data set.

**Recommendation 24:** It is recommended that the Interface Council Group consider the benefits of incorporating future DHHS service level data into the core data set when it is made available.

**(b) Component 2: Online spatial mapping (AURIN)**

AURIN (Australian Urban Research Infrastructure Network, operated out of the University of Melbourne) was established in 2010 and provides access to a vast array of over 1,200 data sets from 35 different data sources. AURIN provides a suite of tools to view data in tabular and mapping form.



Many of the datasets provided through the Interface Councils Social Indicators workbook are also available through the AURIN data portal. AURIN provides data in both tabular form and as points, polygons and map overlays. Figure 7 below provides an example of an AURIN project showing data table and formatted map layers for the ten Interface Councils and the rest of Greater Melbourne.

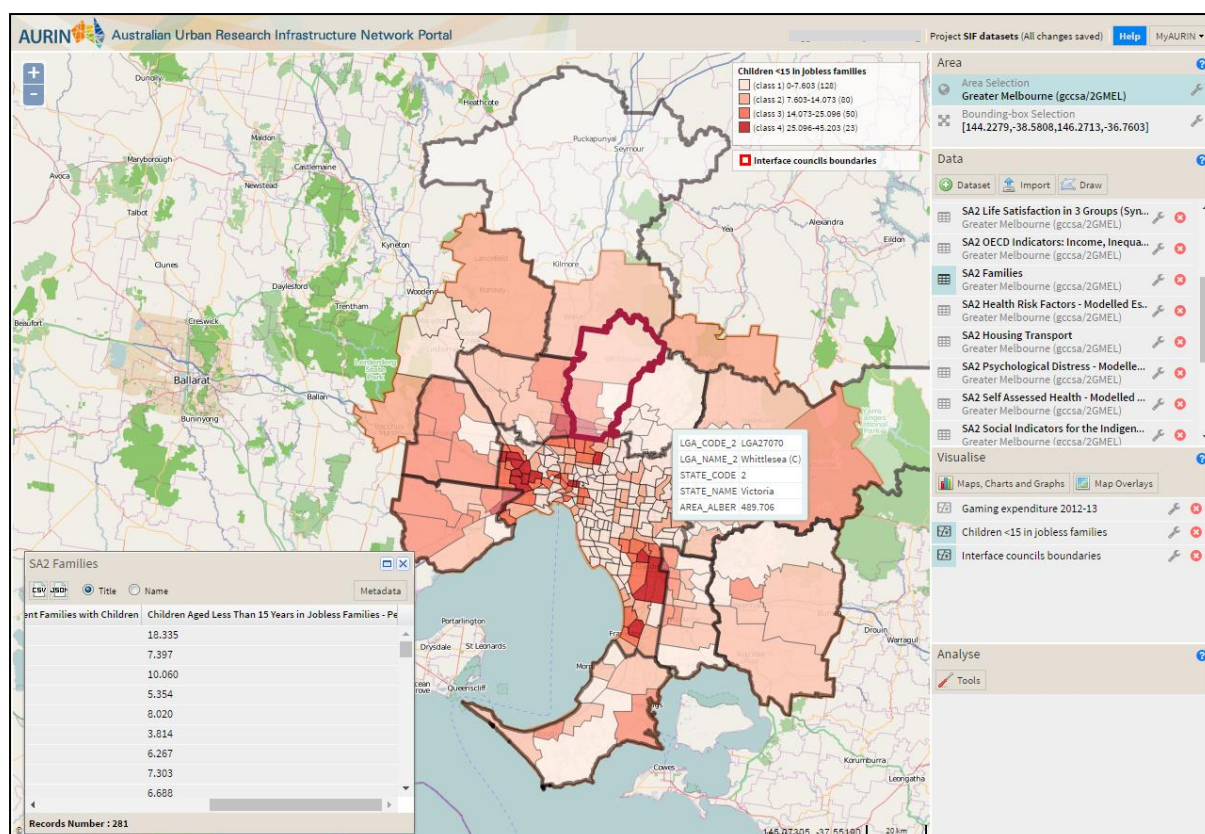


Figure 7: Example of AURIN showing data table and formatted map layers.

Anyone with a government email address can request creation of an AURIN Portal account. Users can create 'Projects' which comprise a set of selected datasets and formatted map layers. Projects also store users' visual settings so that anyone opening up the project will see the same thing. AURIN is currently working on a new function that will enable users to share its projects with each other.

It is recommended that once this functionality is available; the Interface councils should develop a single AURIN project that is shared between the ten councils<sup>18</sup>. This will ensure consistency in how the councils view AURIN datasets.

AURIN is continuing to add to the number and scope of datasets it provides. Users can also add their own datasets to an AURIN project, so any of the Interface councils could therefore import GIS data that supports the service model or an advocacy campaign.

AURIN does not host data themselves but rather connects live to the original data source, ensuring data is always current and authoritative. As discussed previously, DHHS data on local service provision may be made available in the future. As an alternative (or in addition to) incorporating this

<sup>18</sup> A demonstration 'Supporting Interface Families' AURIN project has been created by the consultant team. However, it is not yet possible (at time of writing this report) to export the project and share with the Interface Councils.

data into the Interface Councils Social Indicators workbook, the councils should discuss with AURIN how the DHHS data could be provided through the AURIN data portal.

**(c) Component 3: Aggregated demography and population forecasts**

Each of the Interface Councils already engage id Consulting to produce population forecasts (forecast id) and a basic breakdown of demography and residential housing (id Profile) based on the last Census. To inform future advocacy it would be highly advantageous to create a consolidated dataset of population forecasts for the Interface. The consultant team at id Profile have produced a demonstration consolidated data model in Microsoft Access and Excel which is provided with this report. However, the data has been extracted from each of the participating councils' forecast id websites (using the 'data exporter' function) and is not 'live'.

**Recommendation 25:** It is recommended that the Interface Council Group consider contracting with id Consulting to prepare a consolidated online Forecast id for the interface councils that draws data directly from each council's most up to date projections.

**(d) Component 4: Database of existing service and infrastructure provision across the Interface**

It is considered that the Supporting Interface Families project would benefit from a comprehensive provision audit of community services and infrastructure across the Interface. Such an audit would not only count the services and facilities but also record the relevant capacity or size of each.

None of the existing datasets or studies reviewed by the consultant team provide a sufficiently complete or comparable (between municipalities) record of provision. Existing data sources are limited by various factors, as follows:

- (i) Melbourne Metropolitan Community Infrastructure Assessment (MPA, 2015): the report compiled data on health, educational, recreational and other community facilities for the entire Greater Melbourne region. The primary data sources used include Melway (2012), Sport and Recreation Victoria (2014) and Dept of Education and Training (2014). While the report does provide directly comparable rates of provision between LGAs, the data is not sufficiently current nor comprehensive enough to support a robust advocacy position.
- (ii) VicMap: the 'features of interest' dataset available from [www.data.vic.gov.au](http://www.data.vic.gov.au) provides GIS points and related attributes for a broad selection of community facilities but does not address service capacity or facility size.
- (iii) Health Direct data (accessed via AURIN)<sup>19</sup>: Health Direct provide an extensive database of medical, clinical and support services across Victoria (listed in full at [www.healthdirect.gov.au](http://www.healthdirect.gov.au), use the 'service finder'). The data is current, appears to be comprehensive and is considered to be a reliable broad indicator of comparable provision for health services. But again it does not record service capacity or facility size.

A number of the Interface councils provide their own audits of provision, published as part of community infrastructure plans, or service-specific studies. However, there is insufficient consistency between the studies that do exist, and a lack of equivalent data for over half of the ten LGAs. Data is also generally presented in PDF form and difficult to extract on a large scale.

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<sup>19</sup> Health Direct require users to individually apply for access to data. Any local government user should be able to gain access by completing the relevant data request form available through the AURIN datasets web pages.

As previously discussed, it is not yet known exactly what data on local service provision may be made available by DHHS. It is hoped that the DHHS data could provide a more detailed dataset on comparative service capacity than has previously been available to the councils.

**Recommendation 26:** It is recommended that the Interface Council Group continue to engage with DHHS and AURIN to explore how service and infrastructure provision data might be collected and analysed to provide a database of existing service and infrastructure provision across the Interface Council area.

### 3.3 Local Government community infrastructure planning tools

The Interface Councils are not alone in seeking a better understanding of service and infrastructure provision across their municipalities. The Metropolitan Planning Authority (MPA) is currently developing community infrastructure planning tools in partnership with a number of LGAs. The tools will provide local governments with the means to conduct and maintain a complete audit of services and facilities. The tools will also enable councils to conduct detailed gap analyses for the supply of and demand for community infrastructure.

The strategic benefit of these tools to local and Victorian Government is the ultimate creation of a regional database of service and infrastructure provision that is comprehensive, comparable between municipalities, and relatively easy to maintain.

**Recommendation 27:** It is recommended that the Interface Council Group liaise with relevant senior staff at the Metropolitan Planning Authority to explore the potential for the application of the community infrastructure planning tools currently under development to assist in understanding infrastructure needs and provision gaps.

## PART THREE – Service Model

### 4. Literature Review – Service Model

#### 4.1 Introduction

The Supporting Interface Families foundation service model has been developed following consideration of Interface Councils' child, family and youth strategies, previous Interface project and research reports, recent project workshops and survey outcomes and contemporary policy, research and data to establish a model relevant to the shared and particular needs of interface communities.

The model has been developed at a time of significant reform. Current national agendas include the reform of the disability and aged care sectors, representing transformational change in the funding delivery and role of government at the local state and federal level. The recent release of the report and associated recommendations from the Royal Commission into Family Violence and subsequent documents including the Victorian Roadmap for Reform provide a further landscape in which the issues regarding vulnerability, prevention, early intervention, universalism and access equity are explored and policy commitments made. The Victorian Education State agenda to produce excellence and reduce the impact of disadvantage further reflects the current prioritisation to address inequity through the provision of universal secondary and tertiary services in a manner which reframes the future for children, young people and their families. This change environment provides opportunities to evidence and advocate for Interface communities who experience disadvantage due to population growth, lagging infrastructure, poor and uneven distribution of resources and services amongst other factors.<sup>20 21 22 23 24 25</sup>

Consistent with The Eight Principles for Health and Wellbeing<sup>26</sup> and Early Years – A National Early Childhood Development Strategy<sup>27</sup>, the Supporting Interface Families project proposes that all children and young people should be able to access services when needed and regardless of their circumstances, including background and location.

The model offers a life course perspective that assists to provide a clarity and focus on the life stages from birth to age twenty-five and incorporates and highlights the role of primary carer, parent and

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<sup>20</sup> Marston, G; Morgan, L; Murphy, J, Human Service Gaps at the Interface, Centre for Applied Social Research, March 2003.

<sup>21</sup> Roadmap for Reform: strong families, safe children; The first steps, Department of Health and Human Services, April 2016.

<sup>22</sup> Victorian Early Years Learning and Development Framework: for all children from birth to 8 years (revised), Department of Education and Training Victoria (DEET), May 2016.

<sup>23</sup> Australian Institute of Family Studies (AIFS), The tyrannies of distance or disadvantage: Factors related to children's development in regional and disadvantaged areas of Australia, Research Report No. 25, November 2013.

<sup>24</sup> Robson, B, Wiseman, J, The Macro Melbourne Initiative: Social and Economic Disadvantage in Melbourne: Trends challenges and priorities for philanthropic investment, McCaughey Centre The University of Melbourne, 2009.

<sup>25</sup> Cronin, B, Interface Councils, Youth Support Services, Who's Carrying the Can, Wyndham City Council, May 2006.

<sup>26</sup> Department of Education and Early Childhood Development (DEECD), The Eight Principles of Health and Wellbeing, Victoria, November 2014.

<sup>27</sup> Council of Australian Governments (COAG), Investing in the Early Years-A National Early Childhood Development Strategy, July 2009.

family as a fourth component of the service structure and resources to be attained and enhanced for interface communities. The Australian Institute of Family Studies noted that the increasing complexity of family living arrangements makes a life course perspective essential for understanding families and their response to life events <sup>28</sup>. The life course approach also provides an accessible means to explore and understand the policy context which continues to influence and guide planning, funding and service development. Coupled with the life course perspective, the model also utilises an ecological approach to understanding the continuing and emerging needs of interface communities and creating an accessible framework to enhance responses to those. This approach enables implementation of the service model in the context of two key factors; family strengthening and community capacity building. Success of the model is contingent on addressing these factors to effect long term and sustainable outcomes.

## 4.2 Early Years

Contemporary research and National and Victorian policy agendas continue to emphasise that the right kinds of experiences in early childhood are key to a productive, successful and enjoyable life. Early experiences impact on childhood learning and development and on adult education, emotional wellbeing and physical and mental health outcomes<sup>29</sup>. Based on this proposition resources, including intellectual and institutional, have been prioritised to develop strategies to positively affect the life course of children born and growing up in Australia <sup>30</sup>. Improving the wellbeing and developmental outcomes of Australia's children continues as a key policy priority of Australian Governments<sup>31</sup>.

Additionally, the cost and impact on Australia's economic productivity and the benefits of addressing early childhood vulnerability and young peoples' wellbeing are increasingly considered from an economic as well as an ethical responsibility, with increased GDP outcomes estimated at 7% over the next 60 years <sup>32</sup>.

Informed by strategic policy documents including, Early Years – A National Early Childhood Development Strategy <sup>33</sup> and the Melbourne Declaration on Educational Goals for Young Australians(MCEETYA,2008) which recognise the whole child “across cognitive, learning, physical, social, emotional and cultural dimensions” and their need for equality of opportunity <sup>34</sup> the Victorian Early Years Learning and Development Framework (VEYLDF) continues as a key, and recently revised, document to drive the local early years policy agenda <sup>35</sup>. Read in conjunction with the recently released Roadmap for Reform <sup>36</sup> the importance of positive environments in which children grow

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<sup>28</sup> AIFS, Families, life events and family service delivery: A literature review, Research Report No. 20, August 2012.

<sup>29</sup> Australian Research Alliance for Children and Youth (ARACY), The *NEST* Action Agenda: Improving the wellbeing of Australia's children and youth while growing our GDP by over 7%, Second Edition, March 2014.

<sup>30</sup> Heckman, J., Promoting Social Mobility: Progressive Universalism, Boston Review, September 2012.

<sup>31</sup> Redmond, G; Skattebol, J; Saunders, P., The Australian Child Wellbeing Project: Overview, [www.australianchildwellbeing.com.au](http://www.australianchildwellbeing.com.au), June 2013.

<sup>32</sup> ARACY, March 2014.

<sup>33</sup> COAG, July 2009.

<sup>34</sup> *ibid*

<sup>35</sup> Victorian Early Years Learning and Development Framework, May 2016.

<sup>36</sup> Roadmap for Reform, April 2016.



and develop is reinforced as critical to a child's wellbeing. Continuing commitment to universal service provision is strongest in this "aspect".

Bronfenbrenners ecological model of child development is much referenced across early years' research and policy and, put succinctly, determines that all children influence and are affected by the environments that surround them and as a result the life of a child should be acknowledged within a social, environmental, political and economic context <sup>37</sup>. "Children learn about themselves and construct their own identity within the context of their families and communities. This includes their relationships with people, places and things and the actions and responses of others. Identity is not fixed. It is shaped by experiences. When children have positive experiences they develop an understanding of themselves as significant and respected, and feel a sense of belonging. Relationships are the foundations for the construction of identity – 'who I am', 'how I belong' and 'what is my influence?' <sup>38</sup>

The ecological model is equally adaptable to the middle years' experience and to the context for planning and addressing the needs and aspirations of young people and has been a key influence in structuring the Supporting Interface Families foundation service model and the context necessary to deliver effective outcomes.

### 4.3 Middle Years

The middle years are variously described as 9-14 years, 10-15 years and 8-12 years depending on the research, service and organisational preference. For the purposes on this project we have defined middle years as between the ages of 8 and 12 years of age and sitting between the early year's framework (0-8 years) and Youth Agenda (12-25 years). It is fair to say that the middle years are neglected in Australian policy and practice and there are significant service and program gaps.

There is no current Federal or State policies that specifically set out an approach to middle years although various early years and youth policies speak to the needs of this middle year's group and their eligibility to access services is incorporated or provided by extension to meet this deficit. Wellbeing in the middle years is both important for a child's current quality of life and future development. Middle year's research is also comparatively neglected, with inroads into understanding this age group starting to emerge in the last few years<sup>39</sup>.

ARACY has suggested that middle years have been overshadowed by the early years and youth policy landscape and as a result activity and service delivery to this age group is limited, of varied quality, fragmented and piecemeal <sup>40</sup>. Fitting uncomfortably between service and policy frameworks, middle years' children are equally uncomfortable in early years focussed programs such as out of school hours care and often out of their depth in youth programs where the conversation and conceptual requirements are beyond their capability and coping.

Middle years are considered a critical developmental stage in the transition from early years to becoming a young person and adult. It is known for increased risk taking and experimental activities as children transition to independence and is a period of significant risk of disengagement from

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<sup>37</sup> Victorian Early Years Learning and Development Framework, May 2016.

<sup>38</sup> Belonging Being and Becoming-The Early Years Learning Framework for Australia, Australian Government, Department of Education and Training, July 2009.

<sup>39</sup> Redmond, et al, June 2013.

<sup>40</sup> ibid

school. ARACY's Report Card 2013 <sup>41</sup> identified school children in Year 4 with literacy and numeracy levels ranking them in the bottom third of OECD countries.

The middle years provides a key intervention point with increased need for prevention and early intervention strategies to support protective factors. Throughout this developmental stage the role of family, school and peers is significant and the importance of collaborative and inclusive service models that are funded, appropriate for this age group and supported by a trained and aware workforce is paramount to prevent vulnerability and disengagement <sup>42</sup>.

#### 4.4 Young People

The National Strategy for Young Australians <sup>43</sup> promotes a vision that "all young people to grow up safe healthy happy and resilient and to have the opportunities and skills they need to learn, work, engage in community life and influence decisions that affect them". The Roadmap for Reform: Strong Families; Safe Children <sup>44</sup> identifies the need to support young people to develop executive function and self-regulation skills to enable the capacity for positive behaviour and healthy decision making.

The Vulnerable Youth Framework "recognises that some young people require particular support and intervention to do well in life. This is ideally provided early in life and early in the occurrence of a problem. However, the current service system is complex and difficult for young people and families to navigate. By promoting and facilitating a more collaborative approach to services, there is the opportunity for government and service providers to work together more effectively to provide the necessary holistic supports that will enable more vulnerable young people to have positive life outcomes."

Vulnerable children are defined as "young people who, through a combination of their stage of life, individual, family and community circumstances and barriers to participation, are at risk of not realising their potential to achieve positive life outcomes<sup>45</sup>. Consistent with Bronfenbrenner's ecological model, the ARACY Report Card <sup>46</sup> highlights the interrelationship between the individual, their family factors, broader community and societal factors. The MAV's 2013 research into services to vulnerable young people <sup>47</sup> noted the significant variability in the range and types of services available to young people and the need for consistent and systemic support to young people, provided at the local level, where they are located.

The recent Royal Commission into Family Violence <sup>48</sup> noted that "despite Victoria's legal framework recognising children's right to safety and wellbeing, and specific legislative protections for children who experience family violence, the specific needs of children and young people are often overlooked. They are rarely treated as victims in their own right. "

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<sup>41</sup> Australian Research Alliance for Children and Youth (ARACY), Report Card: The wellbeing of young Australians, 2013.

<sup>42</sup> Municipal Association of Victoria (MAV), Right in the mix: Roles of Victorian Councils in the delivery of services to vulnerable young people: Report of the MAV/DEECD Partnership Project, July 2013.

<sup>43</sup> The National Strategy for Young Australians, Australian Government, Canberra 2010.

<sup>44</sup> Roadmap for Reform, April 2016.

<sup>45</sup> Positive Pathway for Victoria's vulnerable young people, Victorian Government, 2010.

<sup>46</sup> ARACY, 2013.

<sup>47</sup> MAV, July 2013.

<sup>48</sup> Royal Commission into Family Violence: Summary and Recommendations, March 2016.

Policy development impacting young people over the past several years has been both specific and included as part of broader policy and reform. Economic reform, education state, youth funding and partnerships, vocational education and training, alcohol and drug strategy, housing and disability reform have all variously spoken to the needs of young people. Limited funding and recent government changes to the resourcing and policy commitment to young people has created a sense of uncertainty regarding the location of young people as a particular and strategic priority and resource.

## 4.5 Families

Given the diversity of contemporary family structures it is also useful to focus on family functioning and family processes when considering the impact on children and young people<sup>49</sup>. The role of parents, primary carers and families is central to a child's learning development and wellbeing outcomes. Parents are considered the first and most important teachers and other family members and carers have important influence in formal and informal roles<sup>50</sup>. The importance of family sensitive practice is recognised in the DEECD Principles for Health and Wellbeing<sup>51</sup> and described the need to see people in the context of their family and environment to support and empower them to lead and sustain healthy lives. Children and young people successfully transition through the life course and through significant life events when a strong family framework is in place<sup>52</sup>.

The strengthening families' framework proposes the following protective factors evidence strong family capability and should inform effort in this regard. They include; knowledge of parenting and child development; concrete support in times of need; social and emotional competence of children; parental resilience; and social connections<sup>53</sup>.

The recent Roadmap for Reform report<sup>54</sup> confirms a number of priorities linked to the strengthening families model including; the need to offer broad support for families under pressure; the delivery of targeted and practical supports to families; the capacity to build confidence stability and functioning within families; provide support and advice; a whole of community approach. Importantly the Victorian Roadmap acknowledges that some parents and caregivers have experienced childhood adversity and therefore face parenting challenges as a result of these circumstances<sup>55</sup>. The focus to build family resilience and parenting capacity was prioritised in the Supporting Parents, Supporting Children report<sup>56</sup> and mechanisms to support respond and stabilise family circumstances is represented in the outcomes of the Royal Commission into Family Violence<sup>57</sup>.

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<sup>49</sup> AIFS, August 2012.

<sup>50</sup> ARACY, March 2014.

<sup>51</sup> DEECD, November 2014.

<sup>52</sup> AIFS, August 2012.

<sup>53</sup> Center for the Study of Social Policy's strengthening families: a protective factors framework, Core meanings of the strengthening families' protective factors, [cssp.org/strengtheningfamilies.net](http://cssp.org/strengtheningfamilies.net), Washington.

<sup>54</sup> Roadmap for Reform, April 2016.

<sup>55</sup> *ibid*

<sup>56</sup> Supporting parents, supporting children: A Victorian early parenting strategy, Department of Human Services, June 2010.

<sup>57</sup> Royal Commission, March 2016.



International research suggests strategies that reduce parent isolation, increase family income, improve housing conditions, and connect parents with mental health services can prevent child maltreatment<sup>58</sup>.

#### 4.6 Health and Wellbeing

The health and wellbeing of children, young people and families requires definition and discussion in the context of the proposed service model and outcomes delivered to people living in interface communities. Wellbeing is variously described across the literature and is subjective and influenced by social and cultural influences<sup>59</sup>.

ARACY describes wellbeing as being present when “children {and young people} with good social and emotional wellbeing are loved and safe with positive family relationships connections and support networks. They have a strong sense of identity and self-esteem and are resilient to setbacks”<sup>60</sup>. The whole child approach to service planning, participation and wellbeing, mentioned earlier, is consistent with the growing recognition of the rights of the child and with trends towards a more comprehensive international monitoring of children’s development and wellbeing<sup>61</sup>.

Vulnerability and resilience are states, not traits which vary for individuals and families across the life course and so flexible responses are required including; maintaining and strengthening individual and family capabilities through early identification and intervention; implementing prevention approaches and providing a timely response to vulnerability to ensure participation in universal services and community life<sup>62</sup>.

After centuries of rising life expectancy, we are currently facing a decline in expectations and research suggests a need to disrupt the pathways to change this future for young Australians<sup>63</sup>. Following a survey of 34 OECD countries Australia was ranked “middle of the road” on indicators of child and youth wellbeing, in the bottom third in 14 of the 46 indicators. These lowest rankings included key data such as jobless families, number of young people in education and rates of infant mortality<sup>64</sup>. Additional inequality and poorer outcomes are experienced by CALD and aboriginal children and children with a disability, in care and at risk of or experiencing homelessness<sup>65</sup>.

Disparity within cities across Australia are evidenced through environmental factors with research suggesting that growth area experience poorer air quality, less access to green space, reduced

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<sup>58</sup> DiLorenzo, Paul; White, Catherine Roller; Morales, Alex; Paul, Andrea; Shaw, Su., Innovative Cross-System and Community Approaches for the Prevention of Child Maltreatment, Child Welfare, Volume: 92 Issue: 2, March/April 2013.

<sup>59</sup> Redmond, et al, June 2013.

<sup>60</sup> ARACY, March 2014.

<sup>61</sup> Redmond, et al, June 2013.

<sup>62</sup> AIFS, August 2012.

<sup>63</sup> ARACY, 2013.

<sup>64</sup> ARACY, March 2014.

<sup>65</sup> Phillips, Clare; Fisher, Matt; Baum, Fran; MacDougall, Colin; Newman, Lareen; McDermott, Dennis, To what extent do Australian child and youth health policies address the social determinants of health and health equity?: a document analysis study, BMC Public Health, London, Vol 16,2016.

<sup>66</sup> ARACY, March 2014.

physical activity and fewer opportunities for social interaction and community building. Interface communities are also evidenced as being more vulnerable to climate change impacts<sup>6768</sup>.

The recent release of findings and recommendations from the Royal Commission into Family Violence recognises the lack of targeted resources to meet the specific needs of children and young people who have experienced family violence.

The Commission recommends that “supporting children and young people must be central to Family Violence policies”. It further noted the deficit in universal service capacity to recognise and respond to evidence or presentation of family violence, impacting the opportunity for early intervention to avert or avoid an incident or escalation of violence, in a service system already compromised by the insufficient focus on therapeutic and other interventions<sup>69</sup>. The service system challenges, identified by the Commission, are captured in the further service model discussion and provides a platform to enhance the wellbeing of all children and young people, consistent with the research, evidence and advice emerging from this project.

## 5. The Service Delivery Model

### 5.1 Service Model Background

The proposed service delivery model recommends a range of universal, secondary and tertiary services to be available in a timely, coordinated and integrated manner to all children, young people and families as they require them, throughout their life course and in response to life events. The continuing commitment to universal service provision is reflected in current policy and research and recent discussion highlights the value of integrated secondary and tertiary services to more effectively address vulnerability.

The 2010, Supporting Parents, Supporting Children report reinforced the need to prioritise universal services to be available and accessible to all and that intensive secondary services be available and linked as additional assistance as required<sup>70</sup>. The Nest Action Agenda suggests a combination that provides a “coherent platform of universal services in infancy combined with increased attention to care and education child centred and enhanced support for parents and carers and targeted services for vulnerable and disadvantaged children and families<sup>71</sup>. The establishment of effective pathways and collaboration between the universal secondary and tertiary services provides a range of benefits for children young people and families including; an improved opportunity to receive the assistance and support required in a timely and coordinated manner; continuing engagement with or reconnection into universal services while additional supports and resources are provided; reduces the stigma of accessing additional support as they are seen as a resource rather than an intervention<sup>72</sup>; reduces the risk of the person and family “falling through the gaps”.

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<sup>67</sup> Lowe, M., Whitman, C., Badland, H., Davern, M., Hes, D., Aye, L., Butterworth, I. and Giles-Corti, B. (2013), Liveable, healthy, sustainable: What are the key indicators for Melbourne neighbourhoods? Research Paper 1, Place, Health and Liveability Research Program, University of Melbourne  
[http://mccaugheycentre.unimelb.edu.au/research/health\\_and\\_liveability](http://mccaugheycentre.unimelb.edu.au/research/health_and_liveability).

<sup>68</sup> Robson, B, et al, 2009.

<sup>69</sup> Royal Commission, March 2016.

<sup>70</sup> Supporting parents, supporting children, June 2010.

<sup>71</sup> ARACY, March 2014.

<sup>72</sup> Heckman, J., September 2012.

As mentioned earlier the foundation service model has been developed by drawing upon a range of research data and advice. Consideration of a framework to establish agreed indicators to assist planning, prioritisation, measurement and evaluation of actions and outcomes will further benefit the model. Research suggests that available options including liveability indicators, health and wellbeing outcomes, social determinants of health and human rights approaches all interact and intersect<sup>73 74 75 76</sup>.

This would suggest that consideration of a range of indicators that can evidence a link to policy, behaviour, possible actions and outcomes would assist in establishing a framework that informs local approaches to service delivery and captures outcomes in a consistent manner. The opportunity to “create indicators that measure something publicly valued where the end users are involved in design and thus own the results” provides an opportunity to consider co-design and co-production opportunities in this development<sup>77 78 79 80</sup>.

The key data points used to inform the foundation model may prove a valuable starting point as comparative data can be drawn from previous interface assessments and these points offer advocacy evidence aligned with current policy and funding priorities.

The recently released Roadmap to Reform: Strong Families; Safe Children<sup>81</sup> has been developed in response to the Royal Commission findings and recommendations and closely aligns with and reflects the priorities identified and captured through the recent planner and practitioner workshops; the significant contemporary research regarding integrated service planning and delivery and; the importance of community capacity building as a mechanism for community wellbeing and social inclusion and cohesion. The following findings from the Roadmap to Reform are most closely aligned with workshop feedback and current research:

- Inflexible funding contracts and service arrangements that complicate and prevent access to services, reinforce service silos, encourage competitive behaviour and impact opportunities for innovation.
- Low coordination of funding planning and delivery of services and an absence of agency collaboration with few incentives through funding and policy to do so. The urgent need for service system partnership to effectively attend to need identification, demand management, innovative and integrated responses, whole person solutions and supports

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<sup>73</sup> Lowe, M., et al, 2013.

<sup>74</sup> “Social determinants and the health of Indigenous peoples in Australia – A human rights based approach.” Workshop paper presented by Darren Dick on behalf of Tom Calma, Aboriginal and Torres Strait Islander Social Justice Commissioner, International Symposium on the Social Determinants of Indigenous Health, Adelaide, 29-30 April, 2007.

<sup>75</sup> Shonkoff, Jack P; Fisher, Philip, Re-thinking evidence-based practice and two-generation programs to create the future of early childhood policy, A Development and Psychopathology, Volume 25, November 2013.

<sup>76</sup> Phillips, Clare; et al, 2016.

<sup>77</sup> Lowe, M., et al, 2013.

<sup>78</sup> National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services Public Bodies (Joint Working) (Scotland) Act. Published by The Scottish Government, February 2015.

<sup>79</sup> DiLorenzo, Paul; et al, March/April 2013

<sup>80</sup> Health and Medicine; Reports Summarize Social Science and Medicine Study Results from H. Badland and Co-Researchers (Urban liveability: Emerging lessons from Australia for exploring the potential for indicators to measure the social determinants of health) Health & Medicine Week, NewsRx, Atlanta, July 2014.

<sup>81</sup> Roadmap for Reform, April 2016.

and comprehensive strategic and service planning requires priority action and change management.

- Variable, inconsistent data collection, inadequate IT systems, poor information sharing and communication protocols and practices across the services resulting in duplication, vulnerabilities and a “falling through the gaps”.
- Limited opportunities, resources and strategies to enable early identification and intervention of broader support options to children and families at risk, resulting in late interventions and fragmented program responses due to waiting lists, service confusion, location and ease of access and subsequently poorer outcomes
- Variable quality and effectiveness of “siloe” services that are “captured” in short term intervention and crisis response rather than long term wellbeing and sustainable outcomes
- A priority focus is to build local networked services and hubs with the capacity to provide a trusted place to access assistance, advice support and services. *The emergence of the Safety and Support Hubs concept through Family Violence Commission report is of particular significance.*
- The gap in effective co-design strategies and participation in service development delivery and evaluation.
- The need for information support and advice as a precursor or alternative to service engagement and reliance
- Acknowledgement that restrictive opening hours, lack of transport and negative perceptions and effectiveness of services have impacted response and resolution to vulnerability and the need for intensive and effective family and parent support and development services is urgently required.
- The links between family violence, mental health, substance abuse, financial stress and disability is significant and attention to drivers of family violence require urgent attention
- That risk taking behaviours of middle years and young people is escalating with increased dangers in risk behaviours including youth crime and recidivism with higher numbers of children and young people with disability represented in the youth justice and out of home care systems
- A focus on strengthening communities<sup>82 83 84 85 86 87 88 89</sup>

## 5.2 Context of the Service Delivery Model

The strengthening families focus continues to build traction and is fundamental to the range of issues identified through the project process and research. Converging theoretical models and extensive empirical research underscores the extent to which life outcomes are influenced by a dynamic interplay between the cumulative burden of risk factors and the buffering effects of

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<sup>82</sup> ibid

<sup>83</sup> ARACY, March 2014.

<sup>84</sup> ARACY, 2013.

<sup>85</sup> Redmond, G; et al, June 2013.

<sup>86</sup> Royal Commission, March 2016.

<sup>87</sup> Supporting Interface Families workshop and survey outcomes 2016.

<sup>88</sup> Positive Pathway for Victoria’s vulnerable young people, Victorian Government, 2010.

<sup>89</sup> Victorian Early Years Learning and Development Framework, May 2016.

protective factors within the individual, family, community, and broader socioeconomic and cultural context<sup>90</sup>.

The establishment and enhancement of protective factors in the family and across the community is central to identified interface priorities. Protective factors including; involvement in community organisations; sense of neighbourhood and belonging; and obtaining help from family and friends are some of the measures of social capital and these influence service use and access<sup>91</sup>. A focus on building and consolidating the strengthening families' protective factors discussed earlier in this section has been prioritised in recent strategic documents following the release of the findings of the Royal Commission into Family Violence.

Additional factors that maximise the chances of families navigating adverse events are related to family resilience and include belief systems, communication and problem solving capacities. The confirmation that children and young people's learning and development are influenced by their formal and informal environments requires attention to those spheres of influence, particularly the mechanisms and environments in which they and their families live, work and socialise. Social inclusion or exclusion is recognised as "mediating or moderating the effects of life events"<sup>92 93 94 95</sup>.

Additionally, the focus on voice, participation and co-design is a priority for the development delivery and evaluation of services and is an active priority in government policy strategy and funding planning and discussions. Consistent with the findings of Redmond et al<sup>96</sup> is the view that people "have a right to be consulted on matters affecting them, are experts in their own lives and are best placed to interpret their lives and environments in ways that make sense to them." Policies not inclusive of the child and young person's voice will not be as successful as those approaches may not be related to the lived experience.

The Victorian social cohesion model<sup>97</sup> includes five (5) domains that are relevant to interface priorities and establishing effective environment for successful implementation of the proposed service model;

- Belonging- shared values, trust and identification with place
- Social justice and equity- equality of opportunity and trust in institutions
- Participation- voluntary work, political and co-operative involvement
- Acceptance and rejection, legitimacy- experience in discrimination, attitudes towards minorities and newcomers
- Worth-life satisfaction and happiness, future expectations

Focussing on building "qualities of a capable community at the individual, community and organisational level can bridge the relationship between the individual and agency and can give effect to systematic change at a local level across four dimensions; participation and leadership;

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<sup>90</sup> Shonkoff & Fisher, November 2013.

<sup>91</sup> AIFS, November 2013.

<sup>92</sup> Roadmap for Reform, April 2016.

<sup>93</sup> Victorian Early Years Learning and Development Framework, May 2016.

<sup>94</sup> ARACY, March 2014.

<sup>95</sup> AIFS, August 2012.

<sup>96</sup> Redmond, G; et al, June 2013.

<sup>97</sup> Strategic Framework to Strengthen Victoria's Social Cohesion and the Resilience of its Communities, [dpc.vic.gov.au/Community Resilience](http://dpc.vic.gov.au/Community%20Resilience), November 2015.

community structures and resources; social network and sense of community; and community power<sup>98</sup>.

ARACY suggest that a supportive service system for children and young people “focuses on achievement of outcomes based on a common agenda, use of best available evidence in achieving these outcomes, using a shared measurement system to measure impact, collaboration through mutually reinforcing activities and a focus on prevention as well as ensuring ready access to treatment”<sup>99</sup>.

Successful implementation, funding and advocacy for the proposed service model will require effort in the;

- ✓ planning delivery and evaluation of service delivery,
- ✓ establishment of collaborative models and strategies and strong and effective partnerships,
- ✓ shared approaches to data collection, information exchange and the systems and protocols to give effect to this priority,
- ✓ the cooperation and collaboration with government and funding bodies to provide flexible and innovative person centred and sustainable solutions.

Aligned with this service level activity the development of family strengthening and community capacity building strategies that actively affect change will provide the critical platform in which prevention, early intervention and targeted service responses effect long term and transformational change to the pathways and opportunities of children young people and families living in interface communities.

**Recommendation 28:** That the Interface Council Group seeks Victorian Government support and commitment to apply the proposed Service Model in one of the key age domains (i.e. Middle Years) to fully test and understand the implications of integrated planning, local partnership development, policy alignment and service delivery.

**Recommendation 29:** Given the current Victorian Government interest in ‘co-design’ and ‘co-production’ there is an opportunity to better understand how effective partnerships might work. This might include a pilot of a service partnership to plan, deliver and evaluate a service delivery approach. Ensuring a focus on client / community participation would be a priority outcome.

**Recommendation 30:** That the Interface Council Group undertakes a study of existing good practice community engagement across the Interface and how this is used to inform service planning and delivery. This could be used to develop a consistent or common approach to an effective and authentic client / community ‘co-design’ model and therefore ensure ‘community voice’ in its own service delivery measurement and evaluation.

**Recommendation 31:** That the Interface Council Group facilitate a process to confirm a shared position on the delivery mode for universal secondary and tertiary services as identified in the service model taking into account the need for place based approaches and local needs and variations.

**Recommendation 32:** That the Interface Council Group works to document case studies that might provide a consolidated view of examples of existing good practice, assist in mapping processes and

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<sup>98</sup> Aref, F, Redzuan, M, Gill, S, Dimensions of Community Capacity Building: A review of its Implications in Tourism Development, Journal of American Science, 2010.

<sup>99</sup> ARACY, 2013.

gap analysis as well as articulate opportunities for improvement in planning and funding of services. These would be used to inform negotiations with the Victorian Government in the planning for how these might be replicated across other regions.

### 5.3 The Foundation Service Model

One of the key objectives of the Supporting Interface Families project was to identify a service model that answers the following question:

*What are the services that families should expect to receive, no matter where they live?*

The proposed foundation service model has been informed by local and international research, consideration of current National and State policy, a range of available data including comparative service level data, Municipal Early and Middle Years, Youth and Family focussed strategies and plans and agency, practitioner and social planner feedback through workshops and survey tools.

The development of this model has not included community or client input at this stage.

The Foundation Service Model is best read in the context of the overall project framework that is represented in the adjacent diagram.

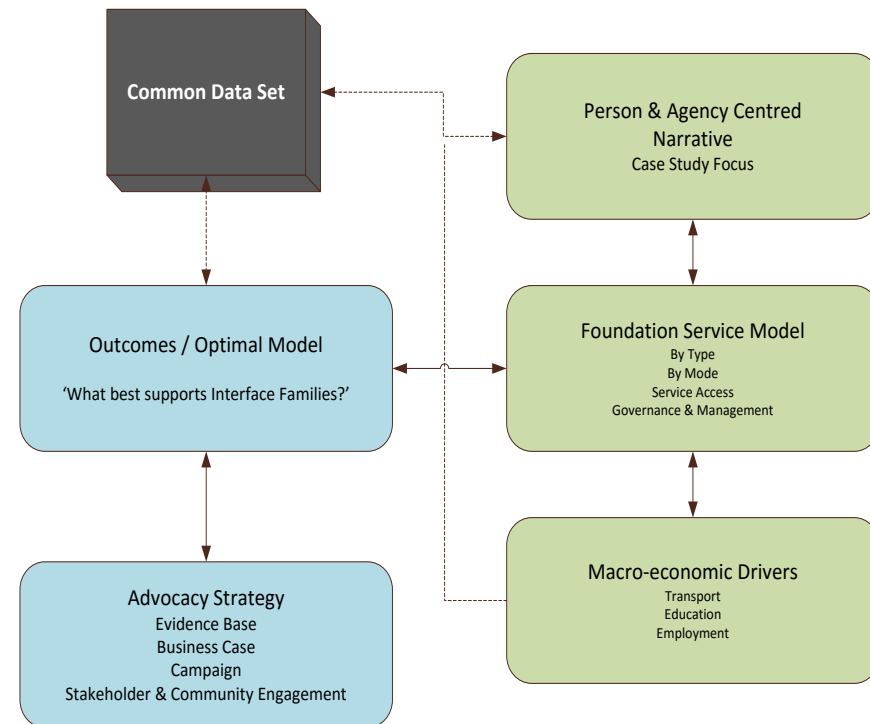


Figure 8: Supporting Interface Families Project Framework



The Foundation Service Model does not include consideration of the services located as Macro-Economic Drivers. These include transport, education, employment and health services, such as hospitals, GP's and other primary and acute health services.

The inclusion of community based health services such as allied health, counselling and mental health services into the model is based on the proposition that planning and funding for these services is considered and available outside of the broader health planning frameworks. Consistent with this, services that will enhance pathways and access to employment, education and offer ancillary supports to transport and mobility are also incorporated into the model. Continued planning, funding and advocacy for these macro- economic drivers remain a priority and sit as a keystone to inform the service planning and advocacy framework and directly influences the Foundation Service Model with regard to evidenced need, mode of delivery and context, as does the narrative and evidence provided through case study and agency input.

Figure 9 (below) provides an overview of the proposed service model and is seeking to visually express;

- ✓ the environment and context in which services most effectively operate
- ✓ the value of integrated and coordinated service planning, delivery and evaluation
- ✓ the interrelationship and continuum of service delivery
- ✓ the importance of a life course approach which includes the acknowledgement of critical transition points within and across the life stages, from birth to adulthood.

The model accesses both a life course and ecological approach to understanding the continuing and emerging needs of interface communities and creating an accessible framework to enhance responses to those.

The four service “aspects”: Early Years, Middle Years, Young People and Families, are then explored individually, with each life stage and associated foundation service requirements identified and listed under primary themes. Figure 10 provides a view of the four (4) aspects and associated primary themes. The foundation services required in this model are listed as Universal and Secondary/Tertiary Support. There has been much consideration of the services grouped under these headings. The current allocation of services could be considered a dynamic that may and should change, in type, range and location, based on agreed and evidence based priorities and needs identification across the interface. This model proposes services and locates them based on the combined consideration of current policy, funding, data and stakeholder input and advice.

This further consideration may be informed by determining the framework by which you choose to select, measure and evaluate indicators. Options available include Liveability Indicators, Principles for Health and Wellbeing, Social Determinants of Health, a Human Rights Based Approach and others that

may be preferred<sup>100 101 102</sup>. For the purposes of this project we have selected key data points that have assisted to demonstrate both continuing need and the variation between access, opportunity and availability of services for the designated cohorts. These data points can also provide comparison to past service level and gap assessments and so offer a broader picture and relative insight.

In recognition of previous and continuing work regarding unmet service needs at the interface, this model is part of a continuing evolution and builds on existing knowledge and learning shared by researchers, planners and practitioners across the interface. The Foundation Service Model acts as a tool to support the strategic advocacy strategy as primary outcome of this project.

Consideration of the contextual and environmental factors that impact the course and outcomes for children, young people and families and additional context such as service delivery mode, is found in the literature review which provides the overarching service model discussion.

Further discussion and deliberation regarding the optimum mode for universal secondary and tertiary service delivery should progress as next stage discussions to ensure an agreed interface position that reflects local and municipal need and variation as appropriate.

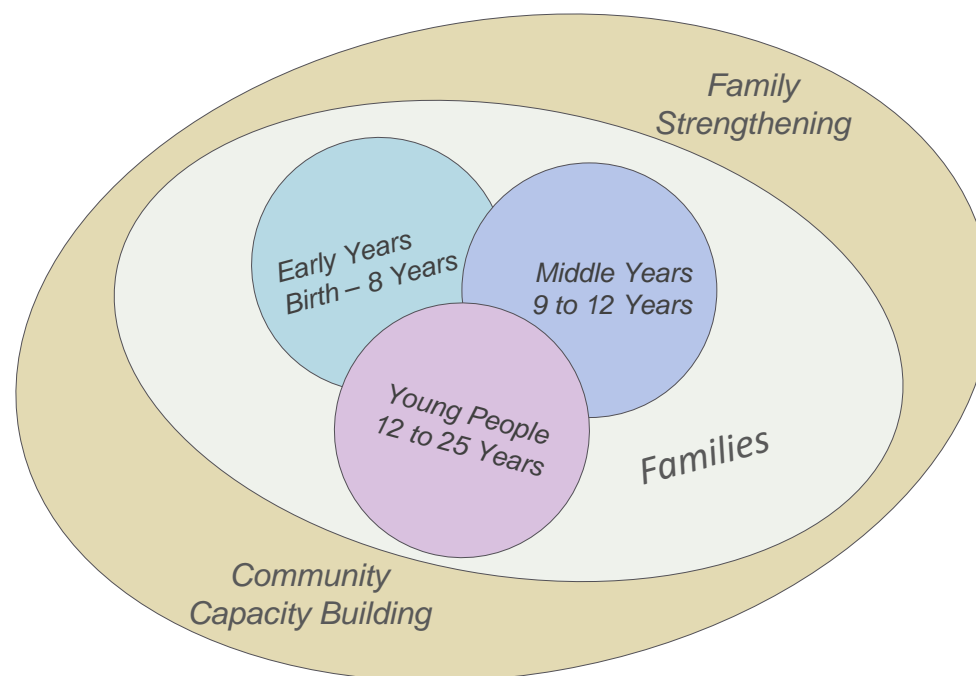


Figure 9: Foundation Service Model

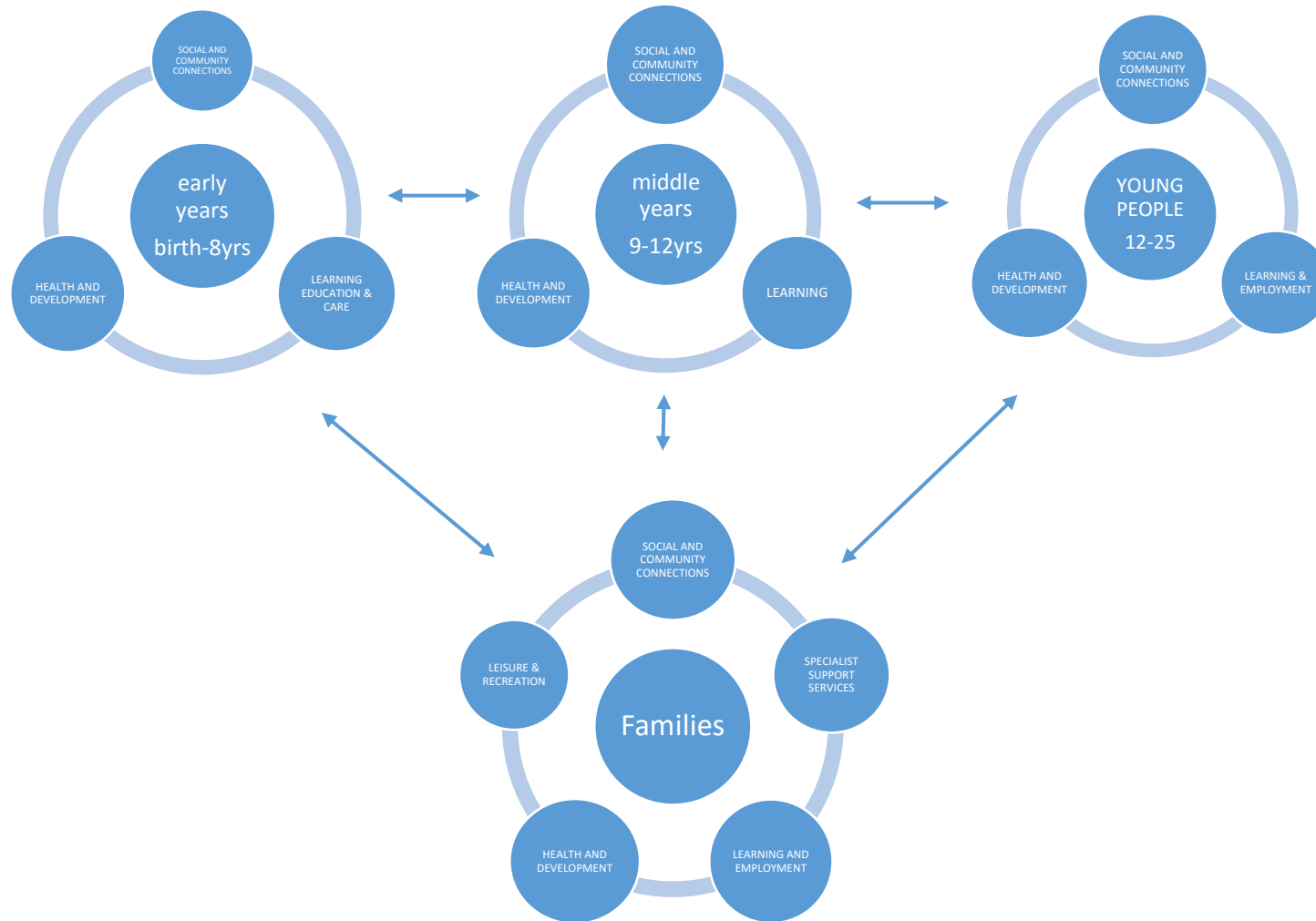
<sup>100</sup> Lowe, M. et al, (2013)

<sup>101</sup> National Health and Wellbeing Outcomes, (2014)

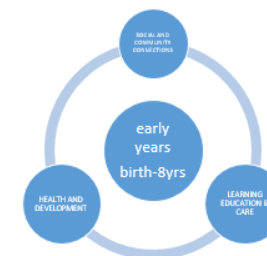
<sup>102</sup> DEECD, (2014)



Figure 10: Foundation Service Model Age / Stage Aspects and Primary Themes

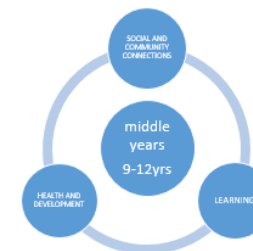


## Early Years – Birth to 8 Years



EARLY YEARS	UNIVERSAL	SECONDARY / TERTIARY SUPPORT
Health and Development	<ul style="list-style-type: none"> <li>• Maternal and Child Health (MCH)</li> <li>• Enhanced Maternal and Child Health</li> <li>• Early intervention and prevention services</li> <li>• Disability Support and Developmental Diagnostic Services</li> <li>• Family Support and Child Protection Services</li> <li>• Aboriginal and CALD specific services</li> <li>• Out of Home Care Support Services</li> </ul>	<ul style="list-style-type: none"> <li>• Specialist and generalist parenting services</li> <li>• (LGBTIQ, disability, CALD)</li> <li>• Specialist and Generalist Counselling Services (inc grief and loss)</li> <li>• New and Early Parenting Programs</li> <li>• Respite Services</li> <li>• Paediatric Services</li> <li>• Pre and Ante Natal Services</li> <li>• Child Mental Health Services</li> <li>• Allied Health Services</li> </ul>
Learning-Education and Care	<ul style="list-style-type: none"> <li>• 4-year-old kindergarten</li> <li>• Occasional care</li> <li>• Long day care</li> <li>• Transition to school programs inc. PSFO</li> </ul>	<ul style="list-style-type: none"> <li>• 3-year-old kindergarten</li> <li>• Extended care options</li> <li>• Literacy and numeracy programs (parent and child) - e.g. HIPPY, koori</li> <li>• Counselling and parent/primary carer support</li> </ul>
Social and Community Connections	<ul style="list-style-type: none"> <li>• Playgroups – supported, facilitated</li> <li>• Open space and playground options that are age appropriate</li> <li>• Recreation services/centres</li> <li>• Information and advice –multiple modes</li> <li>• Aboriginal and CALD specific services</li> </ul>	<ul style="list-style-type: none"> <li>• Parenting support, information and education groups (evening and weekend options) and digital options</li> <li>• Grandparent and sibling support programs</li> <li>• Play experiences (including practical learning and skills development)</li> <li>• Toy Libraries</li> <li>• Access and care options to enable parent participation in mainstream services e.g. recreation centres</li> </ul>

## Middle Years – 9 to 12 Years



MIDDLE YEARS	UNIVERSAL / FOUNDATION	SECONDARY / TERTIARY SUPPORT
<b>Health &amp; Development</b>	<ul style="list-style-type: none"> <li>• Health Services <ul style="list-style-type: none"> <li>○ Sexual health</li> <li>○ Gender and sexual identity services</li> </ul> </li> <li>• Disability Services</li> <li>• Mental Health Services</li> <li>• Individual Support Services</li> <li>• Family support and child protection</li> <li>• Aboriginal and CALD specific services</li> <li>• Out of Home Care support services</li> </ul>	<ul style="list-style-type: none"> <li>• Counselling and support services <ul style="list-style-type: none"> <li>○ early intervention and prevention</li> <li>○ family, peer and sibling relationships</li> <li>○ conflict resolution</li> <li>○ risk behaviours and experimental activities</li> <li>○ resilience support and programs (family and individual)</li> <li>○ depression, anxiety</li> </ul> </li> <li>• Diversity services; aboriginal and cultural identity support and response</li> <li>• Health promotion and response Physical health and body image</li> <li>• Parent support (transition and independence)</li> </ul>
<b>Social &amp; Community Connections</b>	<ul style="list-style-type: none"> <li>• Digital access</li> <li>• Places and spaces for structured and unstructured play</li> <li>• After school, weekend and holiday period recreation and education programs and activities</li> <li>• After school (OSHC) and Vacation Services programmed for 8-12 years</li> <li>• Leisure and lifestyle options and services</li> <li>• Transport options</li> <li>• Aboriginal and CALD specific services (xviii)</li> </ul>	<ul style="list-style-type: none"> <li>• Age specific and appropriate services and programs</li> <li>• Resilience building strategies and programs</li> <li>• Family based and focussed activities (broad family definition)</li> <li>• Engagement mechanisms -consultation, recognition and programming outcomes</li> </ul>

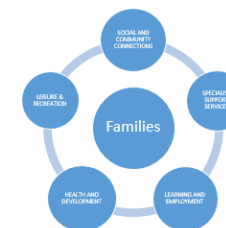
MIDDLE YEARS	UNIVERSAL / FOUNDATION	SECONDARY / TERTIARY SUPPORT
<b>Learning</b>	<ul style="list-style-type: none"> <li>• School transition, planning and support services</li> <li>• Learning and development options</li> <li>• Professional development</li> <li>• Literacy, language and numeracy programs –child and parent/carer</li> </ul>	<ul style="list-style-type: none"> <li>• Access, Information and Connections through appropriate social networking</li> <li>• Arts and libraries programs</li> <li>• Specialist support, mentoring and learning support programs; homework clubs</li> <li>• Resilience building programs and services <ul style="list-style-type: none"> <li>○ Safety and protective behaviours</li> <li>○ Parent / Primary Carer programs, workshops and support to inform and resource</li> </ul> </li> </ul>



YOUNG PEOPLE	UNIVERSAL / FOUNDATION	SECONDARY / TERTIARY SUPPORT
<b>Health and Development</b>	<ul style="list-style-type: none"> <li>• Mental Health – episodic, acute, un / diagnosed and emerging esp. depression&amp; anxiety.</li> <li>• Sexual Health- gender and sexual identity/body image/assault response</li> <li>• Youth focussed General Health services</li> <li>• Drug and Alcohol treatment, counselling, support and referral</li> <li>• Gambling counselling, support and referral</li> <li>• Out of Home Care support and transition services</li> <li>• Juvenile Justice-support and diversion</li> <li>• Financial Advice/Emergency Relief</li> <li>• Housing and Homelessness</li> <li>• Aboriginal and CALD specific services (xix)</li> </ul>	<ul style="list-style-type: none"> <li>• Health Promotion and Prevention</li> <li>• Young Parent programs</li> <li>• Health Literacy</li> <li>• Generalist and Specialist Counselling services                             <ul style="list-style-type: none"> <li>○ Individual support services</li> <li>○ Anger management</li> <li>○ Conflict resolution</li> <li>○ Family violence</li> <li>○ Parent relationships and family dynamics</li> <li>○ YP as Carer support services</li> <li>○ Peer and intimate relationship</li> <li>○ Risk behaviours</li> </ul> </li> </ul>
<b>Social and Community Connections</b>	<ul style="list-style-type: none"> <li>• Digital Access</li> <li>• Community Place and Identity, Cultural Awareness</li> <li>• Youth Friendly Spaces – specific spaces and accessible generalist</li> <li>• Structured and unstructured open spaces and meeting places</li> <li>• Recreation programs – affordable mainstream services and specific locally based programs include weekend and evening programming</li> <li>• Aboriginal and CALD specific services</li> </ul>	<ul style="list-style-type: none"> <li>• Civic Participation</li> <li>• Engagement and voice-consumer and citizen</li> <li>• Entertainment options –affordable and age appropriate</li> <li>• Skill development workshops e.g. respectful relationships, safety etc</li> <li>• Connections through specialist groups and programs (GLBTIQ, gender and identify programs, special interest and affinity programs- e.g. music, art, dance, culture etc)</li> </ul>



YOUNG PEOPLE	UNIVERSAL / FOUNDATION	SECONDARY / TERTIARY SUPPORT
<b>Learning and Employment</b>	<ul style="list-style-type: none"> <li>• Digital Access</li> <li>• Education options and Pathways- secondary and tertiary options and alternatives</li> <li>• Transition Planning and support</li> <li>• School retention and early intervention programs</li> <li>• Specialist assistance and support- tutoring/homework groups/cultural bridging/mentoring and support programs/</li> <li>• Employment partnerships and options-part time/ full time/placements/traineeships/apprenticeships</li> </ul>	<ul style="list-style-type: none"> <li>• Literacy programs</li> <li>• Specialist skills development- driver education training and access, respectful relationships, cultural awareness, behaviour awareness etc</li> <li>• Career counselling and advice</li> <li>• Employment Pathways- skills development programs (CV and letter writing. Interviewing, presentation etc)</li> </ul>



FAMILIES	UNIVERSAL / FOUNDATION	SECONDARY / TERTIARY SUPPORT
<b>Health and Development</b>	<ul style="list-style-type: none"> <li>• Family Violence                             <ul style="list-style-type: none"> <li>○ Family Support Services</li> <li>○ Child First</li> <li>○ Child protection</li> <li>○ Elder abuse responsive services</li> <li>○ Sexual and physical assault responses</li> <li>○ Early intervention and prevention</li> <li>○ Perpetrator services</li> </ul> </li> <li>• Mental health services</li> <li>• Therapeutic Services                             <ul style="list-style-type: none"> <li>○ Speech therapy</li> <li>○ Physiotherapy</li> <li>○ Occupational Therapy</li> </ul> </li> <li>• Drug and alcohol services</li> <li>• Psychiatric, psychological and generalist counselling services</li> <li>• Disability Services</li> <li>• Aged Care Services-in home and community based</li> </ul>	<ul style="list-style-type: none"> <li>• Remedial health services</li> <li>• Allied health services</li> <li>• Tertiary health services including palliative care</li> </ul>
<b>Learning and Employment</b>	<ul style="list-style-type: none"> <li>• Lifelong learning                             <ul style="list-style-type: none"> <li>○ Further and adult education</li> <li>○ Literacy and Numeracy</li> <li>○ Library services-extended hour's access and programs</li> <li>○ Training and employment programs</li> <li>○ U3A</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Employment readiness</li> <li>• Community based learning and development programs and activities</li> </ul>

FAMILIES	UNIVERSAL / FOUNDATION	SECONDARY / TERTIARY SUPPORT
<b>Social and Community Connections</b>	<ul style="list-style-type: none"> <li>• Recreation and Leisure services</li> <li>• Open space</li> <li>• Digital access</li> <li>• Parenting programs</li> <li>• Library Services</li> </ul>	<ul style="list-style-type: none"> <li>• Entertainment options</li> <li>• Neighbourhood connections programs</li> <li>• New resident programs</li> <li>• Extended service access including evenings and weekends</li> <li>• Engagement and co-design opportunities</li> </ul>
<b>Specialist Support Services</b>	<ul style="list-style-type: none"> <li>• Housing services <ul style="list-style-type: none"> <li>○ Affordable/social/public housing</li> <li>○ Emergency housing</li> <li>○ Refuge options</li> <li>○ Transitional housing</li> <li>○ Group and specialist (disability, low income individuals)</li> <li>○ Homelessness</li> <li>○ Individual Support Packages</li> </ul> </li> <li>• Settlement and Refugee Support Services</li> <li>• Aged Care – community and residential services</li> <li>• Transport services and options –community, Night-Rider</li> <li>• Financial Counselling, emergency relief</li> <li>• Gambling Support services</li> <li>• Legal Aid and Justice services</li> </ul>	<ul style="list-style-type: none"> <li>• Grandparent / Elder support services- primary carer and relocated family</li> <li>• Financial literacy programs</li> <li>• Carer support programs</li> </ul>

## PART FOUR

### 6. Advocacy Framework

#### 6.1 Background

The Supporting Interface Families Project has as a requirement for the development of an Advocacy Framework. The draft framework outlined in this section has been developed from findings of the literature review, project workshops and discussions with key stakeholders.

It is planned that the framework will inform the work of the Interface Human Service Directors' Group and Mayor and CEO's Group at the next stage of project implementation.

#### 6.2 Campaign Goal

An overarching advocacy campaign goal must be engaging, specific and reasonably realistic. The group discussion at the final workshop indicated that the key priorities for the participating Councils are:

- additional funding and greater flexibility to enable delivery of localised service solutions; and
- development and implementation of a shared service commitment between Victorian and local government.

A draft campaign goal based on these priorities is outlined below:

*Convince government, opposition and other parties to increase long term funding (by \$##m) for the delivery of jointly planned, flexible and local service solutions to meet Interface needs.*

*"... universal, secondary and tertiary services to be available in a timely, coordinated and integrated manner to all children, young people and families as they require them, throughout their life course and in response to life events."*

#### 6.3 Community Outcomes Sought

The outcomes that will be sought through the campaign are:

- more effective application of existing resources as well as additional resources to meet unmet demand for services;

- effective and early delivery of required services through incentives for service agencies – this may mean increased investment or possibly increased compliance for existing resources targeted at growth areas;
- communities receiving services they need, when they need them;
- stronger planning and service commissioning relationships between Victorian and local government;
- commitment to flexible funding for local solutions responding to local need;
- increased health and well-being and community resilience;
- focus on social and economic outcomes for communities; and
- stronger focus on preventative strategies including community development and community strengthening roles.

## 6.4 Supporting Goals

Three supporting goals have been identified for the advocacy campaign, these are outlined below.

The supporting goals range across a broad platform of changes required in planning for new communities and the commissioning of services to ensure that there is both effectiveness and efficiency in the use of public money to deliver best outcomes.

The supporting goals of joint planning and commissioning, full ‘horizontal’ integration in planning for communities and strengthening efforts to build community capacity to be independent and solve their own problems are supported by literature, project engagement and outcomes from workshops.

### (a) Supporting Goal One

*Commitment to joint planning and commissioning of Interface area services between Victorian Government, local government and communities, this includes:*

- detailed research and increased engagement with local government to better understand service gaps and plan for the most effective holistic response to the needs of Interface communities;
- commitment to ‘co-design’ of programs and (funded) engagement with local government and community;
- reinforcing a ‘whole of (Victorian) government’ response through an appropriate coordinating body (extension of MPA / DELWP?); and
- local flexible solutions that have enduring financial commitment.

*Co-design – is a process of design that is normally led by experts in service commissioning but will ensure engagement with planners, deliverers of services, other experts and users of services to ensure the most effective outcomes. It is an emerging field within the public service and relies on direct experiential engagement with all levels of the system.*

Outcomes sought:

- flexible funding contracts – enable innovation to make service access easier;
- exchange of data to support strategic planning, delivery of services and effective evaluation of investment;
- whole of government funding – ensuring departmental boundaries are not interfering with service delivery and capacity building;
- increased incentives for collaborative planning and delivery of services;
- local networked services (and hubs) with the capacity to provide a trusted place to access assistance, advice, support and services; and
- increased service flexibility in terms of when services are delivered and when support is available.

**(b) Supporting Goal Two**

*An Integrated Planning Framework – ensuring that there is full integration between land use, population, social infrastructure and service planning. This will include:*

- ensuring service planning and funding models are predicated on lead population and growth indicators;
- legislative reform to ensure better integration between land use planning, transport and community infrastructure provision and the commissioning of required services and community strengthening programs;
- service planning and commissioning is an integral part of the new suburb development process;
- ten year holistic agreements between the Victorian Government and local government (including primary commissioning agencies – MPA, DWELP, DEET, DHHS); and
- Victorian Government to invest in consultation with local government and local communities.

Outcomes sought:

- a legislative framework that supports truly integrated planning for sustainable communities;
- integrated and long term planning that will have a positive impact on emerging and small communities;
- common planning language and processes to ensure needs are understood and met – between local government and State and between State Departments;
- more timely and localised service options and supporting infrastructure; and
- better transport and local employment outcomes.

**(c) Supporting Goal Three**

*Strengthening communities and building resilience – increased investment in community capacity building and fostering independence, this will include:*

- using innovation and technology to drive local capacity and ability of families to solve their own problems;

- applying the principles of ‘co-production’ in service redesign and re-commissioning to ensure local resources and assets are fostered and strengthened; and
- application of a common measurement and planning framework for measuring liveability and building community resilience.

#### Outcomes sought:

- information support and advice as a pre-cursor or alternative to service engagement and reliance;
- increased focus on community capacity building and fostering local opportunities for participation and networking;
- increased family capacity to solve own problems and not get enmeshed in the service system;
- identifying local capacity and building on strengths and energy embedded within the community.

*Co-production – is a term coined in the US and now emerging in the UK for the broadening and deepening of public services when they are delivered by the beneficiaries, alongside professionals. The concept is very much focussed on ensuring the service system encourages and supports communities assisting themselves through ‘voluntary’ action at a local level. In some ways it is the antithesis of the welfare state ... the system assumes local individual capacity and seeks to support and nurture this. There are three important underpinnings to the theory: professionals need clients as much as the other way around; service users also need to be considered assets within the system; and (iii) a core economy (people living lives) is not a magically inexhaustible economic resource and sometimes needs to be supported.*

*“Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.” D Boyle and M Harris, 2009, ‘The challenge of co-production’, NESTA, London*

## 6.5 Stakeholders

A preliminary listing of stakeholders was developed through workshop discussions; this includes:

Secretaries of Gov’t Departments – Planning, DEET, DHHS and Justice

Minister for Suburbs – Hon Lily D’Ambrosio

Minister for Health – Hon Jill Hennessy

Minister for Families & Children, Youth Affairs – Hon Jenny Mikakos

Minister for Education – Hon James Merlino

Minister Local Government – Hon Natalie Hutchins



Minister for Housing, Disability & Ageing – Hon Martin Foley

Minister for Mental Health – Hon Martin Foley

Minister for Planning – Hon Richard Wynne

Treasurer, Hon Tim Pallas

Marginal Seats in Interface areas

NFP Agencies – service partners

School Principal Networks

Primary Health Networks

Philanthropic organisations

Media – local and state-wide

Community – individual leaders and groups.

Department of Health & Human Services

Department of Justice & Regulation

Department of Education & Training

Department of Economic Development, Jobs, Transport and Resources

Department of Environment, Land, Water and Planning (Local Government Victoria)

Metropolitan Planning Authority

Metropolitan Development Victoria

VCOSS

Municipal Association of Victoria

Victorian Local Governance Association

Land Use / New Suburb Developers

## 6.6 Force-field Analysis

A group exercise undertaken at the workshop was a force-field analysis to identify and understand the dynamics preventing or supporting positive change, the outcomes of discussions are outlined below.

These can be used as the basis for designing the detailed action plan as part of the next stage of work underpinning the advocacy strategy.

### (a) Forces for Positive Change

Longer term funding linked to population growth and data.

Positive relationships with local MPs.

Partnerships

Progress with digital transformative services.

Genuine community engagement – more two-way exchange.

Public private partnerships.

Reform at State & Commonwealth level – moving towards client centred approach.

Flexible and out of hours' services.

Greater sharing of data across levels of government.

Increased funding to service provider agencies to allow expansion into interface areas.

Deep understanding of local needs and aspirations.

Agility, innovation and adaptability.

Being clear about success factors.

Use best practice models

Role of MPHWP Plan

Strengthening trust between Victorian and local governments

Joined up planning to achieve delivery of the services model

Stronger coordination between service planning and local infrastructure planning.

Expand the Growth Broker role from infrastructure focus to include service planning.

Use of 'case' models to highlight innovative practices at Victorian and local government level.

### **(c) Forces Preventing Improvement**

Short term funding – too much ad hoc service delivery.

Lack of infrastructure.

Lack of coordinated planning across government.

Poor governance / competition in the community.

Delay in digital infrastructure – lack of NBN roll out.

Lack of local employment opportunities.

Hard to reach communities.

Current systems not encouraging innovation – risk aversion.

Increased unit costs to deliver services at the Interface.

Funding agreements prevent real collaboration.

Funding for existing services is not grown as the services demand grows.

Pilot funding builds expectations – Councils are left holding the bag.

Service delivery targets are often not tied at municipal level (small area targets) – this results in services being concentrated ‘close to the office’.

Policy mismatch between Victorian and local government.

‘Cookie Cutter’ responses and funding models

Disconnect across Victorian Government funding

Rate Capping – impact on capacity of local government to explore flexible responses

Working in silos

FAST roll out – led by electoral cycle

Changes to service agreements to allow innovative service delivery.

Disconnect between head and regional offices.

Lack of timely decision making.

Absence of long term planning in Victorian Government.

## 7. Implementation Planning

Planning for the implementation of recommendations arising from this report will be the responsibility of the Interface Council Group (Mayor & CEOs Group and the Human Service Directors Group).

However, it was considered that an outline 'roadmap' would assist in the process of determining priority actions for the first year given the experience of the project team.

### 7.1 Proposed Year One Actions

Priority actions outlined under the key themes for Year One might include:

#### **Advocacy Strategy**

- That the Interface Council Group work with SOCOM (acting as secretariat to the Mayor & CEO Group) to refine, plan implementation and execute the overarching advocacy campaign.

The following actions are proposed as priority associated actions for Year One.

- That a formal letter be written to the Premier and relevant Ministers:
  - supporting the overall objectives and aspirations of the new Suburban Development policy and program area and requesting that this approach be supported by an integrated 'whole of government' approach for planning and delivery of economic, social and wellbeing outcomes for all Victorian communities;
  - requesting that local government is not just considered as a key stakeholder but as a strategic partner with the Victorian Government in delivering investment benefit, social and economic outcomes and ensuring liveability across the State;
  - requesting that a policy be established to allow and facilitate open and transparent access to relevant service level data to inform collaborative local area planning and impact evaluation; and
  - seeking reform to key legislation to ensure that consideration of health and wellbeing and liveability indicators is incorporated into key legislation and that there is effective integration and coordination between legislation governing population growth, land use development and health and wellbeing outcomes.
- That a formal request be made to relevant Ministers and Department Secretaries for:
  - the establishment of a formal 'partnership research project' to gain ongoing access to DHHS, Education and relevant Departmental service level data to enable analysis of service reach, penetration and quantification of service gaps at the Interface; and
  - initiation of a project to undertake high level schematic 'end to end' process mapping of current service and infrastructure planning and commissioning processes to better understand and respond to identified gaps and poor integration.
- That the Interface Council Group to take advantage of the appointment of the Minister for Suburban Development and creation of the Victorian Planning Authority to:
  - request the establishment of mechanisms establish a new governance and 'whole of government' brokerage framework;
  - establish common service and program planning mechanisms between State and local government and other stakeholders;

- establish 5 to 10 year agreements between local government, the Victorian Government and key agencies governing planning and delivery of social and economic outcomes;
- delivering localised 'place based' solutions with long term flexible funding; and
- ensure integration and accountability across key programs including health, human services, education and justice to ensure delivery of services and infrastructure in a timely manner.

## **Data Model**

- That the Interface Council Group:
  - engage with Australian Urban Research Infrastructure Network (AURIN) as a formal project partner to act as a trusted intermediary to receive, hold and distribute service level data to support research and planning needs;
  - formally engage with Melbourne University to explore how the Liveability Indicator framework might be further developed as a common measurement and evaluation framework for the Interface Council area;
  - nominate a sub-group to oversee and manage the common data-set and progress the recommendations outlined in the report; and
  - liaise with relevant senior staff at the Metropolitan Planning Authority to explore the potential for the application of the community infrastructure planning tools currently under development to assist in understanding infrastructure needs and provision gaps.

## **Service Model**

- That the Interface Council Group:
  - make a formal request to the relevant Victorian Government departments for data and information sharing regarding the use of waiting lists and other demand management strategies in key universal and secondary services;
  - seeks Victorian Government support and commitment to apply the proposed Service Model in one of the key age domains (i.e. Middle Years) to fully test and understand the implications of integrated planning, local partnership development, policy alignment and service delivery;
  - facilitate a process to confirm a shared position on the delivery mode for universal secondary and tertiary services as identified in the service model taking into account the need for place based approaches and local needs and variations; and
  - document case studies that might provide a consolidated view of examples of existing good practice, assist in mapping processes and gap analysis as well as articulate opportunities for improvement in planning and funding of services. These would be used to inform negotiations with the Victorian Government in the planning for how these might be replicated across other regions

## Appendix One: Review of Selected Literature

### 1.1 Growing Pains: Living in new growth areas – City of Whittlesea (2013)

Growing Pains is a contemporary document that builds on findings from Connect: A municipal plan for children, young people and their families (2013-2018). The report indicated that some people experienced social and physical isolation and significant challenges that impact on the wellbeing of families and households. Findings draw on a range of existing data and literature sources.

Growing Pains responds to the following Strategic Directions from Connect:

- **Partnership and continuous dialogue with children young people and the community** – this acknowledges that the community have the expertise to determine local strengths and challenges.
- **Family Strengthening** – this focuses on strengthening parents and households by responding to the stress on households as voiced by residents and practitioners.
- **Resilient and robust children and young people** – focuses on Council's role in supporting families and the healthy development of children and young people.
- **Social and physical infrastructure for diversity, all ages and abilities** – focuses on civic actions, services, programs and the public realm that act to connect the community, and enable the delivery of household support needs in an integrated and timely manner
- **Opportunities to connect** – focuses on addressing social and physical isolation through the timely delivery of social and physical infrastructure, community development, and the design of places and spaces.

Key findings with relevance to the Supporting Interface Families Project include:

- the highest incidents of family violence in the northern region, including incidents with children and young people present;
- significant levels of mental ill health;
- significant levels of child protection substantiations;
- areas where children are starting school are developmentally vulnerable;
- unacceptable numbers of young people disengaged from education and employment, and fewer are attending university or post-secondary education than young people in inner urban areas;
- unemployment, including youth unemployment is increasing;
- adolescents reported being bullied;
- not enough employment opportunities within the municipality;
- local agencies reporting young people present at support services with complex issues'; and
- very high losses through gambling, largely on poker machines.

The report found that residents enjoy living in new growth areas for a range of environmental and social reasons.

The key messages from the Growing Pains report include:

1. The important role of community development workers and 'place makers' to deliver early and affordable community building initiatives;

2. The development of Place Plans that integrate physical and social infrastructure needs as well as coordinate service delivery needs, this would include:
  - Early provision of community development and social and physical infrastructure;
  - Timely provision of services including medical and dental, mental health, family violence, financial counselling and a range of age appropriate services (see below);
3. The need for Place Plans to consider and promote local economic development opportunities to encourage local employment and a diverse local economy.

The age and stage service model includes:

- **For children 0 to 4:** Playgroups, developmental and early intervention support services, like speech therapy, MCH and kindergarten and a toy library;
- **For children 5 to 7:** Schools, after school activities, for example sports and gymnastics;
- **For children and young people in the middle years 8 to 12:** Access to schools close to home, after school activities, safe public places to roam, socialise and explore
- **For young people 13 to 18:** Secondary schools that are local, youth programs and internet access. Sessional youth workers to link young people in NGAs to services
- **Young people 19+:** Venues to socialise including cinemas, restaurants and bars
- **Parents:** Support to establish the house and garden, out of hours' services, access to local jobs, and affordable activities that enable being able to spend as much time as possible with family.

**Finding:** The Growing Pains Report provides a good insight into the key issues facing families living in Growth Area Interface Councils and indicates the importance of integrated place based planning for physical and social as well as services and local employment.

**Finding:** The age and stage service model provides a good insight into how an optimum service model might be reflected to best support Interface Families.

## 1.2 One Melbourne or Two

*Implications of Population Growth for Infrastructure and Services in the Interface Areas, Essential Economics, 2013.*

The One Melbourne or Two report was prepared for the Interface Group of Councils as key background research to inform the Fairer Funding Campaign. Key findings from the report include:

- Interface Councils will accommodate approximately 64% of metropolitan population growth and 57% of labour force growth over the period 2011-2026;
- A set of strategic development objectives have been compiled by the Interface Councils which have a focus on improved infrastructure and services provision;
- Around 650,000 additional persons will be accommodated in the interface over the coming 15 years;
- Strong growth is indicated in the 65+ age cohort which will place significant strain on existing services;



- Interface Councils are characterised by relatively low average incomes, poor education and health outcomes, high unemployment rates, high levels of youth disengagement (higher education and employment);
- The Interface has a significant deficit in the provision of local employment opportunities with 1 job provided for every 2 labour force participants – compared to 1:1 for non-Interface areas;
- A relatively low provision of higher order services (hospitals, courts, libraries arts centres etc);
- A very high reliance on private vehicles creating congestion and congestion related dis-benefits; and
- Over the past five years’ little progress has been made in closing the gap between Interface and non-Interface areas in terms of local job provision, educational outcomes and employment diversity (with the relative lack of professional and management jobs very apparent). Between 2006-2011 the jobs deficit in Interface areas increased from approximately 240,000 jobs to 280,000 jobs, while unemployment rates have trended well above non-Interface levels.

‘One Melbourne or Two’ found that social-economic profiling and benchmarking analysis show that compared to Melbourne averages, the interface areas are characterised by:

- Relatively high level of socio-economic disadvantage as highlighted through SEIFA and VAMPIRE
- Relatively low average incomes
- Relatively low educational outcomes
- Evidence of poorer health outcomes
- Relatively high level of youth disengagement with regard to higher education and workforce participation
- Significant deficit in the provision of local employment opportunities
- Relatively low provision of professional jobs
- Relatively high unemployment rates
- Relatively low provision of higher order services (hospitals, TAFEs, Courts etc)
- Relatively low provision of arts and cultural services (libraries, arts centres etc)
- Poor provision of public transport options
- Heavy reliance on private vehicle-based travel

The report concludes that there has been little progress in closing the gap between Interface and non-Interface areas in terms of local job provision, educational outcomes and employment diversity.

**Finding:** The One Melbourne or Two Report provides a good insight into the key economic issues and stress factors facing families living in Interface Councils. It is an important source of economic indicators that points to the past and current lag in infrastructure and service provision as well as the need to address employment, transport and education.

### 1.3 Social Research of the Growth Area, Cardinia Shire, 2014

The Summary of Findings: Social Research of the Growth Area provides an outline of findings from an innovative research methodology that was a ‘conversation with residents, with a specific focus on

their personal values, experiences and priorities. The survey had the added benefit of acting as an advocacy tool, opening a pathway for discussion between Council and new residents.'

A total of 394 residents participated in a telephone survey conducted by the Local Government Research Group in December 2014. The key findings are outlined below:

#### Experience of estate life

- Proximity to shops and shopping centres (43.1% of all respondents)
- Their estate is in a peaceful and quiet area (34.3%)
- There is good public transport is available in the area (22.1%)
- It is a friendly area with welcoming people (14.7%)
- It is close to schools (12.9%)
- It is an attractive area (11.9%)
- It has good access to the freeway and the city (11.9%)
- There are good parks and open spaces in the estate (11.9%)

Services and facilities that residents indicated were not available in their local area are outlined in the adjacent table:

The most important service that residents felt was not available was a hospital. This was followed by mental health and other support services and local conveniences such as newsagencies and post offices.

Residents that indicated that they were experiencing **issues that kept them awake at night** noted that the following services or facilities would improve their lives:

- Hospitals (66.1%)
- Playgrounds and play equipment (58.9%)
- Barbeque and picnic areas (51.8%)
- Mental health counselling and support (50.0%)
- Specialist medical or dental services (44.6%)
- Community meetings (44.6%)
- Youth activities or skate parks (40.4%)
- Arts and cultural facilities (38.4%)
- Public transport (35.7%)
- Aged and disability services (34.8%)
- Sports, recreation or fitness facilities (33.0%)
- Police (33.0%)

Services and facilities not available (prompted)	All respondents (n=394) %
Entertainment and social venues	71.3
Hospital	57.6
Public toilets	50.8
Barbecue/ picnic areas	38.1
Walking tracks/ cycling paths	38.1
Newsagency	37.8
Mental health/ counselling/ support	35.0
Specialist medical/ dental services	33.8
Community meetings spaces	32.7
Youth centre/ skate park	32.5
Playground/ play equipment	31.2
Post office	29.9
Arts and cultural facilities	28.4
Banking services	27.9
Employment service providers	27.9
Leisure/ aquatic facilities	27.9
Aged and disability services	27.2
Schools	26.4
Doctor/ GP	26.1
Police	26.1
Public transport	24.9
Sports/ recreation/ fitness facilities	24.4
Library	21.3
Financial/ legal services	20.8
Child care/ kindergarten	15.2
Supermarket	9.4

The main negative impacts experienced by households due to lack of service availability included:

- The inconvenience of having to travel (43.1% of those negatively impacted)
- Loss of time caused by having to travel (30.7%)
- The expense of travel (20.9%)

- A lack of activities for youth (19.0%)
- Impact on social life and end up staying home (9.8%)
- Boredom (9.8%)

Concerns and hopes for local children: Residents were able to list more hopes than concerns for children living in the local area. Residents' concerns tended to relate to unemployment, inactivity, safety (including road safety and safety from strangers) and drug use. The most common hopes for the future of children in the local area were that children have access to a good education, employment and are happy and healthy.

The following table outlines the responses from the survey.

### Concerns and hopes for local children

Concerns for children in your area	All respondents (n=394)	Hopes for the future of children	All respondents (n=394)
	%		%
Unemployment	12.4	A good education	30.5
Lack of activities/ boredom	11.4	Get a job	29.7
Dangerous driving/ road safety	11.2	Be happy	26.9
Drug usage	9.1	Be healthy and well	23.6
Lack of facilities	9.1	Feel safe/ safe environment	9.6
Criminal behaviour	7.1	More activities	6.1
Not getting a good education	6.6	More places to play	4.6
Lack of schools	6.6	Financially independent/ secure	4.3
Safety/ stranger danger/ abductions	6.6	Employment opportunities/ success	4.3
Anti-social behaviour	4.8	Fulfilling life/ live to their potential	3.8
Cost of living/ financial difficulties	4.6	Become good role models	3.0
Alcohol addiction/ binge drinking	3.3	Be good people/ have good values	2.8
Lack of parental supervision/ involvement	3.3	Avoid drugs/ smoking	2.5
Mental health issues/ youth suicide	3.0	Avoid violence/ crime/ racism	2.5
Under-employment	3.0	Access to counselling and advice	2.3
Lack of health/ support services	2.3	Have a good friendship group	1.8
Bullying	2.0	Better facilities/ access to needs	1.8
Lack of transport	1.0	To stay in the area/ a nice place	1.8
Lack of exercise/ outdoor activities	0.8	Better transport	1.3
Family violence	0.3	Community involvement/ contribution	1.0
Body image	0.3	Have good role models in their life	0.8
Other concerns	2.3	Be more active/ spend time outdoors	0.8
No concerns	32.5	Move out of this area	0.5
Don't know	4.8	Be resilient	0.5
		Other comments	1.8
		None/ does not concern me	0.8
		Don't know	8.1

**Finding:** The Social Research of the Growth Area, Cardinia Shire provides an excellent insight into the key issues facing families living in Growth Area Interface Councils, particularly new estates. It speaks to the relative importance of services for the community, the issues faced by households and families and the current and future concerns for children.

**Finding:** This form of social research, engaging directly with communities regarding their needs and aspirations is a very important foundation for engaging with Victorian Government in the design of localised services that respond to community needs and aspirations.

#### 1.4 Human Service Gaps at the Interface, RMIT, 2003

*RMIT, Centre for Applied Social Research, 2003*

This report was commissioned by the Interface Human Services Directors Group with a focus on families with children, and young people aged 12-24. The objectives of the research were stated as:

- examine if there were factors that make the Interface Councils different from rural and metropolitan Councils;
- to analyse how well existing funding models and delivery systems meet the needs of families and young people at the Interface; and
- to recommend actions to assist in better meeting human service needs at the Interface.

The identified challenges in delivering human services included:

- providing services at the urban fringe that keep up with very high rates of population growth and large numbers of families with children under five;
- maintaining the sustainability of services in small rural towns, and
- providing outreach services to more dispersed populations in rural areas

The analysis of a variety of health and wellbeing indicators and other data within the report found that:

- infants at the Interface have a higher incidence of low birth weight, and are less likely to be breast-fed than those in both the metropolitan and rural health regions;
- the Interface has significantly higher rates of post-natal depression than both metropolitan Melbourne and rural Victoria;
- the Interface has higher rates of child protection notifications, substantiations and care and protection orders than metropolitan Melbourne;
- young people living at the Interface are less likely to complete secondary schooling, with knock-on effects in terms of participation in higher education and opportunities in the knowledge economy.

The report made a total of 31 recommendations, most retain some relevance and those with implications for this project include, that:

- to reduce the lag of funding behind population growth, the Victorian Government undertake to ensure that all funding formulae based on population counts be as close as possible to “real time” figures, based on ABS updated population estimates.
- Victorian, Local Government and regional agencies build on collaborative partnerships for the strategic planning of human service delivery, including assessing future service needs and determining agreed funding and service levels, and that this strategic planning framework includes a focus on measures to ensure adequate capital funding to build infrastructure in anticipation of future needs.

- DHS ensure that regional agencies contracted to deliver human services to catchments that include Interface communities receive funding sufficient for their own outreach to the Interface, and that conditions apply to such funding such as demonstrated partnerships with local organisations.
- the Victorian Government develop and fund programs to urgently address the needs of families living at the Interface identified in this report, and specifically the problems of low birth weight, breast-feeding incidence, postnatal depression, child protection problems and lower school completion rates.
- the Interface municipalities work on clarifying and developing the principles underlying specific delivery models – to assist in determining when a Hub is more appropriate than a One-Stop Shop, or when outreach or ‘teleoutreach’ are viable and effective, including monitoring evaluations of the Hub Strategy in Queensland
- research is funded for the exploration and development of innovative and appropriate models, and for developing the service models that are most sustainable and appropriate in small towns.
- attention be given to the development - in consultation with DHS and with key regional agencies – of accountability mechanisms to ensure regionally-funded agencies deliver services evenly across their region.
- further resources be devoted to the development of staff support models to enhance the working practice of outreach workers.
- the Interface municipalities undertake to develop the collection of consistent and comparable social planning data, such as population cohort projections, human service needs, patterns of regional agency usage and existing funding levels.
- research is undertaken to develop templates for this social planning data and to identify training needs, evaluate models of service provision, investigate questions of staff retention, and develop models of good practice.
- the Interface municipalities monitor the development of Department of Infrastructure population projections, Population Dispersion Scores and other indicators discussed in this report.
- the Interface municipalities establish, with the Victorian Government, mechanisms for the strategic planning of human service provision in growth areas, including the co-ordinated involvement of all departments with responsibilities for land-use, community building, planning and human services, and include this within the whole-of-government co-ordinating role of the Department for Victorian Communities.
- the Interface municipalities allocate resources to concerted co-ordination of their strategic planning with community- and church-based agencies, as a means of enhancing social networks, and of ensuring that such agencies are aware of the needs of the Interface communities and include these needs in their own planning.
- Victorian Government ensure that all funding of human service agencies at the Interface include provision for the costs of proactive support, debriefing and co-ordination for outreach programs.
- the Interface municipalities develop a project to map and assess the current levels and costs of incentives being provided by Local Government to attract community- and church-based agencies, including cross-subsidies of rental accommodation, provision of secretarial and computing services, and provision of support and staff co-ordination services.

- the Victorian Government develop, in collaboration with Local Government and the community service sector, frameworks for regional human service planning that include measures to attract and retain community- and church-based agency engagement at the Interface; these measures could include incentives such as covering agencies' rental costs, subsidising capital investment in accommodation by agencies, or incentives for the private sector to build accommodation for agencies locating at the Interface, with guaranteed rents.
- the Interface municipalities develop, in collaboration with regionally based agencies, applications for funding (for example, to the Community Support Fund) for projects that strengthen communities through building partnerships at the Interface between Local Government, communities and the non-government welfare sector.
- the Interface municipalities continue to build on existing forums and cooperation with regional agencies to develop awareness of these agencies of the needs of the Interface communities.
- the Victorian Government commission research to develop a clearer picture of how well regionally-funded agencies are delivering an equitable distribution of services to Interface communities that are part of their regional catchment.

**Finding:** The RMIT Centre for Applied Research Study (RMIT, 2003) provides an excellent opportunity to compare and contrast the findings with current data to see if there has been much of a shift in the status of human service delivery for Interface Families. The recommendations are also of interest for this report to understand how many have been effectively implemented in the 13 years since the study was undertaken.

**Finding:** Many of the recommendations from the RMIT Study (2003) have currency and are directly translatable to the current experience, these include the need for more integrated planning and commissioning of services; the importance of common planning frameworks and data sources, strengthening communities, creation of service attraction and retention strategies and ensuring a focus on innovation and use of new technology to resolve issues.

## 1.5 Outer Suburban / Interface Services and Development Committee

### *Inquiry into Liveability Options in Outer Suburban Melbourne – Parliament of Victoria (2012)*

This Victorian Parliamentary Committee chaired by Mrs Jan Kronberg MLC, was established to inquire into, consider and report to parliament on the provision of services to new urban regions and the development or expansion of new urban regions. Its wide ranging report to Parliament noted:

- that between 2001 and 2011 the seven growth area Councils had accounted for more than 50% of Melbourne's population growth;
- that this had placed a great strain on infrastructure and caused a pressing need for additional service provision;
- some areas were facing pressures on social cohesion and socio-spatial polarisation;
- there was a significant shortfall in mental health, disability, medical and other services in some areas; and

- housing affordability was commonly cited as one of the most important measures of liveability.

Key findings from the report include:

- Finding 2.3: The Committee finds that there is a pressing need for forward planning by interface councils to meet the future needs of ageing populations in Melbourne's outer suburbs.
- Finding 2.7: The delayed provision of infrastructure in Melbourne's growth areas has significantly increased the demands placed upon the available infrastructure in Melbourne's established outer, middle and inner ring suburbs and has a negative impact on liveability throughout metropolitan Melbourne
- Finding 3.3: Some areas in Melbourne's interface councils are currently experiencing pressures on social cohesion and are at risk of socio-spatial polarisation
- Finding 5.3: Extending the opening hours of libraries, neighbourhood houses and youth community centres, and making opening hours more consistent between service providers, has the potential to improve the liveability options of youth in Melbourne's outer suburbs
- Finding 7.6: There is a significant shortfall in the provision of mental health services in a many of Melbourne's outer suburbs. Without significant investment, this shortfall will be exacerbated in those areas for which significant levels of population growth have been forecast in coming decades. The shortfall is particularly severe in the area of mental health services for young people in many of Melbourne's outer suburbs

Recommendations from the Committee Report that have relevance for the Supporting Interface Families Project include:

- Recommendation 2.5: That the Victorian government facilitate the collection of accurate and regularly updated local population and demographic data by the interface councils and regionally to enable them to frame local population strategies and growth area development plans. These plans should be aimed at directing future population growth towards areas with the greatest current and future capacity for infrastructure provision. Such local population strategies and growth area development plans should be subject to annual review on the basis of population and demographic data that is also collected on an annual basis
- Recommendation 2.8: That the Victorian government work with the interface councils to target the provision of additional youth and children's service infrastructure to the interface councils
- Recommendation 2.9: That the Victorian government, in its new metropolitan planning strategy, establish planning policies aimed at directly addressing the needs of both an ageing but also a relatively young population in Melbourne's outer suburbs. Such policies should include specific provision for these age groups in terms of infrastructure, services and housing
- Recommendation 3.5: That the Victorian government collaborates with the interface councils to provide resources to boost social cohesion and reduce socio-spatial polarisation within Melbourne's outer suburbs
- Recommendation 5.1: That the Victorian government initiates and collaborates with the interface councils with the greatest need to develop location-based and tailored



community programs specifically aimed at alleviating the impacts of socioeconomic disadvantage in Melbourne's interface councils

- Recommendation 5.2: That the Victorian government works collaboratively with the interface councils, the municipal association of Victoria and other relevant stakeholders to develop a mechanism of review of operating hours in libraries, youth community centres and neighbourhood houses, with a view to encouraging more flexible operating hours to enable such facilities to be accessible for extended periods outside of usual business hours
- Recommendation 5.8: That the Victorian government works with the interface councils to devise a means of steadily increasing the level of per capita expenditure on arts and culture to a level commensurate with Melbourne's inner metropolitan areas
- Recommendation 5.9: That the Victorian government initiates a study to determine strategies for increasing the engagement of younger people in arts and cultural activities in the interface councils. This should include consideration of the establishment of an arts and culture outreach or touring program to the outer suburbs
- Recommendation 5.20: That the Victorian government and interface councils investigate models for accelerating the provision of schools, with the aim of providing sufficient school facilities from the time that a new suburb is established
- Recommendation 5.30: That the Victorian government evaluate the Selandra rise model with a view to working with the interface councils to promote the adoption of a model as a means of providing early provision to residents of new housing estates with community centre or neighbourhood house facilities
- Recommendation 7.6: That the Victorian government, in conjunction with the federal government, investigate incentives to increase the number of health care professionals (including GPs, specialists, nurses, and allied health professionals) in the outer suburbs of Melbourne
- Recommendation 7.14: That the Victorian government, in tendering for funding under the national partnership on mental health, prioritises the need for significantly increased mental health funding in Melbourne's outer suburbs
- Recommendation 7.15: That the Victorian government works with the interface councils and disability providers to identify suitable sites for the establishment of alternative disability accommodation and respite models to meet demand in Melbourne's outer suburbs.

**Finding:** The findings and recommendations of the Inquiry into Liveability Options Parliamentary Committee reinforced what is well understood by people living in the Interface Council areas, there is a very significant lag in delivery of infrastructure and services across a broad domain and increased funding, better planning and more effective coordination is required in a systemic and planned manner to address identified enduring issues.

## 1.6 Selandra Rise



## Planning and Designing Healthy New Communities – VicHealth, 2016

This research project undertaken in Selandra Rise (a new housing development 52kms to the South East of Melbourne) by VicHealth found that the two most important social determinants of health in growth area communities were access to employment and transport. The project aimed to understand how design and planning could improve the health and wellbeing of residents.

The research was guided by the social determinants of health directly related to housing and neighbourhood, these are: physical activity, social inclusion, mental health, childhood health, food accessibility and safety.

The critical recommendations arising from the research included:

- early delivery of transport;
- early delivery of a community centre;
- integration with regional planning and transport opportunities;
- access to local employment opportunities closer to areas of affordable housing;
- early delivery of local community services; and
- well connected pathways and walking routes.

**Finding:** The Selandra Rise longitudinal research points to the importance of early delivery of transport and community services and also reinforces the need to boost local employment opportunities to enable people's lives to be lived more locally.

## 1.7 There's something about ... Community (2011)

Planning for healthy, well-functioning communities on the urban fringes of our cities. December, Kevin Breen, 2011

This wide ranging report was written in response to a project brief sponsored by the City of Whittlesea and the Melbourne Community Foundation. The Social Infrastructure Planning Tool Project aimed to 'deliver a dynamic flexible planning tool to guide the shaping of growing communities in Growth Areas'.

The report defined Social Infrastructure as:

*'those processes, programs, events, services, networks and activities that support individuals and families meet their social and personal needs in a particular place through personal growth, social interaction, social services support and community development'*

The key findings from the report include:

- a review of both Australian and international experience has not revealed any established benchmark system of set of objective standards for Social Infrastructure;
- there is evidence to indicate that sustainable communities can be fostered through early and sustained provision of Social Infrastructure;

- there is a gap in the way planning occurs for Growth Areas with the primary focus on the physical and spatial environment;
- social and financial vulnerabilities are apparent in new communities and there is an increased exposure to risk from changes in interest rates and fuel prices; and
- there are four areas for future investigation that might address gaps, there are:
- establish a benchmark system with population trigger points for government services in order to attract 'growth' funds in a timely fashion;
- documentation of practical Community Capacity Building Tools (facilities, events and programs) to be used in the early phase of new communities;
- develop a 'model planning framework' for Social Infrastructure that combines the desired community support services as well as the facilities required to deliver the service system; and
- examine and recommend organisational and governance support to the NFP service provider sector to improve their capacity to plan and deliver services as partner organisations to government.

**Finding:** The 'There's something about ... Community report found through local and international research that there are no 'social infrastructure' benchmarks but that more viable and sustainable communities can be fostered through early and well planned social interventions. It speaks to the need for population triggers and integrated social infrastructure and service planning for new growth areas.

### 1.8 Integrated planning for healthy communities: Does Victorian legislation promote it?

Melanie Lowe, Carolyn Whitzman and Billie Giles-Corti, 2012

This publication examines three Acts under the Victorian legislative framework and seeks to understand if it is designed to support integrated planning that promotes healthy outcomes for growth area and new communities. It defines integrated planning as "management of cross-cutting issues that transcend the boundaries of established policy fields and that do not correspond to the institutional responsibilities of individual government departments".

The three Acts examined were: Planning & Environment Act (1987), Transport Integration Act (2010) and the Public Health and Wellbeing Act 2008.

The publication has a focus on planning for healthy outcomes using the social determinants of health framework and it notes that lower density outer suburban development is creating inequities in provision of essential infrastructure and services.

It defines horizontal integration as integration across policy domains within the same organisation or level of government and vertical integration is integration between different organisations or levels of government.

In summary the findings of the research included:

- the Planning & Environment Act (1987) does not explicitly promote human health or wellbeing;

- the Transport Integration Act (2010) is the only act that specifically includes ‘health’ as a specific goal on seven occasions;
- none of the Acts explicitly aim to promote the social determinants of health;
- the Public Health and Wellbeing Act (2008) has little focus on prevention of chronic disease through creation of healthy environments.

The results of analysis indicate that there are legislative barriers to achieving integration in pursuit of developing healthy communities and that there are no imperatives in the principal act governing land use planning (the Planning & Environment Act (1987)) for consideration of health outcomes for communities.

**Finding:** The achievement of vertical and horizontal integration in planning for healthy communities will rely on a range of changes to how the machinery of government is organised and how supporting legislation is amended to facilitate and ensure consideration of the social determinants of health and cross functional coordination.

## Appendix Two: Project Surveys

### 1. Project Surveys

In order to gather information and data, two main surveys were conducted as part of the Supporting Interface Families Project, these were:

Supporting Interface Families Survey – a broad survey seeking feedback and insights on a broad range of matters to guide and inform the project. The findings from this survey were used to inform the two workshops held with social planners and practitioners.

Waiting List Survey – a high level survey seeking preliminary feedback on the extent of waiting lists and how demand and supply issues were being managed by organisations.

A further survey was used to collect feedback on the first draft Service Model and responses have informed the work on the final model outlined in this report.

This section of the report provides an overview of the findings from the first two surveys.

#### 1.1 Supporting Interface Families Survey

The first survey issued was sent to a broad range of service planners, practitioners and managers. It was comprised 17 questions over four pages. Sixty-two responses were received in the 4 weeks that it was open. The survey was distributed broadly through the Interface Councils and service partner organisations.

Over half the surveys were completed by service coordinators / managers and a good response from social planners and family service practitioners. Responses were received from all municipal areas, most responses were received from Hume City Council and Yarra Ranges Council. Just under half of the respondents had been in their roles for more than 5 years.

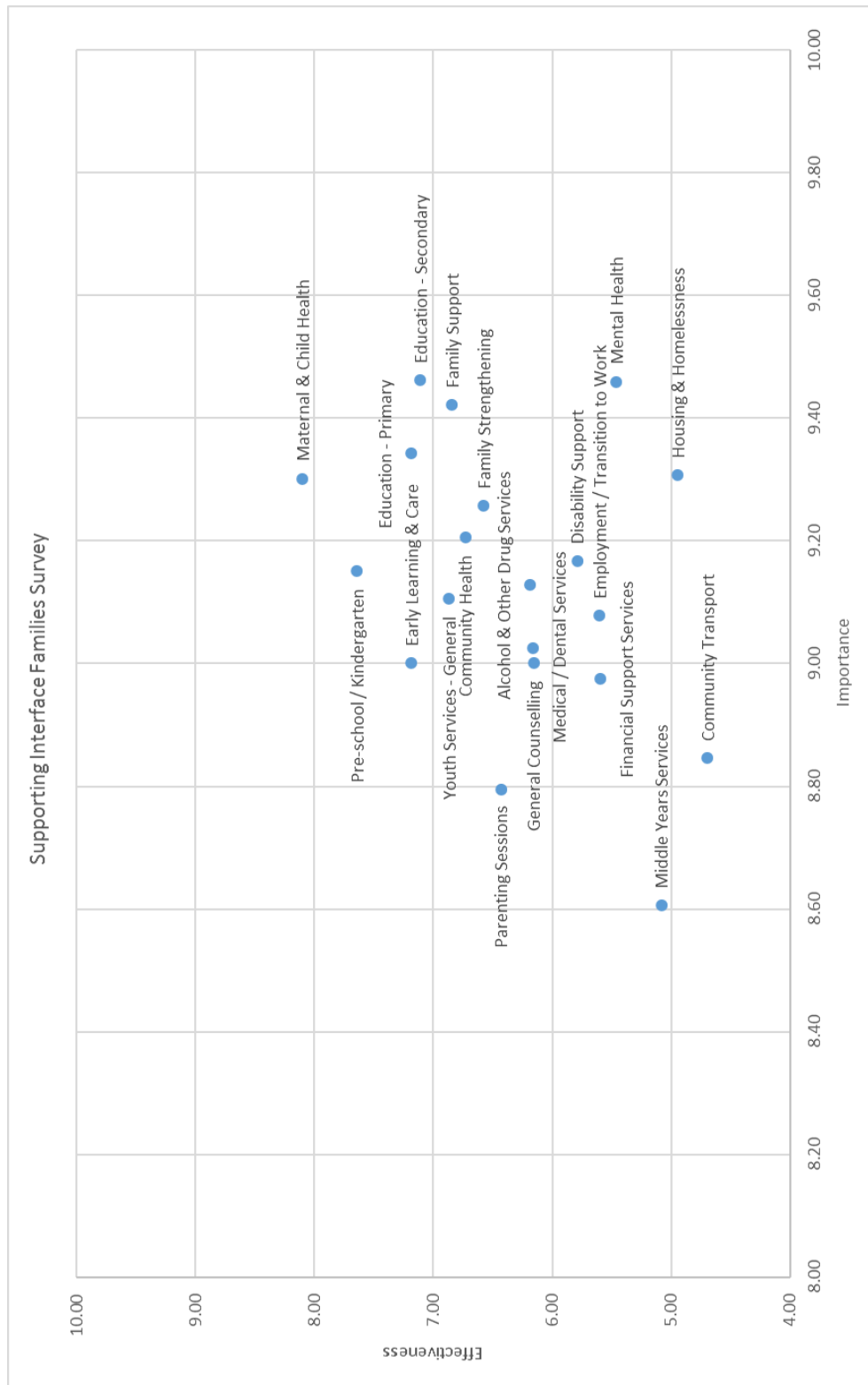
##### (a) Importance and Effectiveness of Services

The survey deliberately sought the assessment of the relative effectiveness and importance of services currently being provided to Interface Families. The data included in this part of the survey is based on the perceptions of importance and effectiveness by experienced practitioners.

The 'scatter chart' on the following page provides the results of this element of the survey, issues to note include:

- (i) the Importance ranking of all services in the top 20 was above 8.6 (out of 10);
- (ii) the Effectiveness ranking of the top 20 services started at 4.6 (out of 10);
- (iii) services that were assessed as being least effective included: Housing & Homelessness, Mental Health, Financial Support, Middle Years, Employment Services, Disability Support and Medical & Dental Services;
- (iv) the most effective services were noted as: Maternal & Child Health, Pre-school/Kindergarten, Primary & Secondary Education, Early Learning & Care, Family Support and Youth Services.

# Assessment of Effectiveness and Importance – Supporting Interface Families Survey (2016)



### Top 15 Importance

The adjacent table outlines the top 15 services in terms of Importance and provides an assessment of the Effectiveness gap.

Of note are Housing & Homelessness, Mental Health, Employment / Transition to Work and Disability Support.

Service Name	Importance	Effectiveness	Gap
Education - Secondary	9.46	7.11	2.35
Mental Health	9.46	5.46	4.00
Family Support	9.42	6.84	2.58
Education - Primary	9.34	7.19	2.15
Housing & Homelessness	9.31	4.95	4.36
Maternal & Child Health	9.30	8.10	1.20
Family Strengthening	9.26	6.58	2.68
Community Health	9.21	6.73	2.48
Disability Support	9.17	5.79	3.38
Pre-school / Kindergarten	9.15	7.64	1.51
Alcohol & Other Drug Services	9.13	6.19	2.94
Youth Services - General	9.11	6.87	2.24
Employment / Transition to Work	9.08	5.61	3.47
Medical / Dental Services	9.03	6.16	2.86
Early Learning & Care	9.00	7.18	1.82

### Top 15 Effectiveness

When the same analysis is run on the Top 15 most effective services it can be seen that the 'gap' is reasonably narrow.

Services to note include: Alcohol & Other Drug, Medical / Dental; General Counselling, Family Strengthening and Support and Community Health.

Service Name	Importance	Effectiveness	Gap
Maternal & Child Health	9.30	8.10	1.20
Pre-school / Kindergarten	9.15	7.64	1.51
Education - Primary	9.34	7.19	2.15
Early Learning & Care	9.00	7.18	1.82
Education - Secondary	9.46	7.11	2.35
Youth Services - General	9.11	6.87	2.24
Family Support	9.42	6.84	2.58
Community Health	9.21	6.73	2.48
Family Strengthening	9.26	6.58	2.68
Supported Playgroups	8.44	6.57	1.87
Parenting Sessions	8.79	6.43	2.36
Alcohol & Other Drug Services	9.13	6.19	2.94
Medical / Dental Services	9.03	6.16	2.86
General Counselling	9.00	6.16	2.84
Parent Led Playgroups	7.72	6.05	1.66

## General Issues Facing Interface Families

The survey asked ... what are the top three general issues and challenges facing Interface Families?

The adjacent 'word cloud' reflects the key responses to this question. The key issues identified were:

- (i) creation of local employment opportunities;
- (ii) access to affordable services;
- (iii) social isolation and mental health issues;
- (iv) transport and access to services;
- (v) family violence and abuse;
- (vi) housing and financial stress and vulnerability; and
- (vii) being time poor due to travel to work.



## Service Related Issues Facing Families at the Interface

The survey asked ... what are the top three service related issues and challenges facing Interface Families?

The 'word cloud' analysis of responses indicates that the key service related issues for interface families are:

- (i) limited availability of required services;
- (ii) transport and access issues;
- (iii) waiting lists and service levels;
- (iv) that services are not offered on a localised basis; and
- (v) mental health, health and counselling services were indicated as areas of concern.



## Challenges Facing Service Providers

The survey asked ... what are the top three challenges facing services providers at the Interface?

Responses indicate that the critical issues for service providers include:

- (i) population growth and expansion into new areas;
- (ii) availability of supporting infrastructure;
- (iii) funding and resources to match growth;
- (iv) community transport and access to services;
- (v) increased complexity of need and relative disadvantage; and
- (vi) staff recruitment and retention.

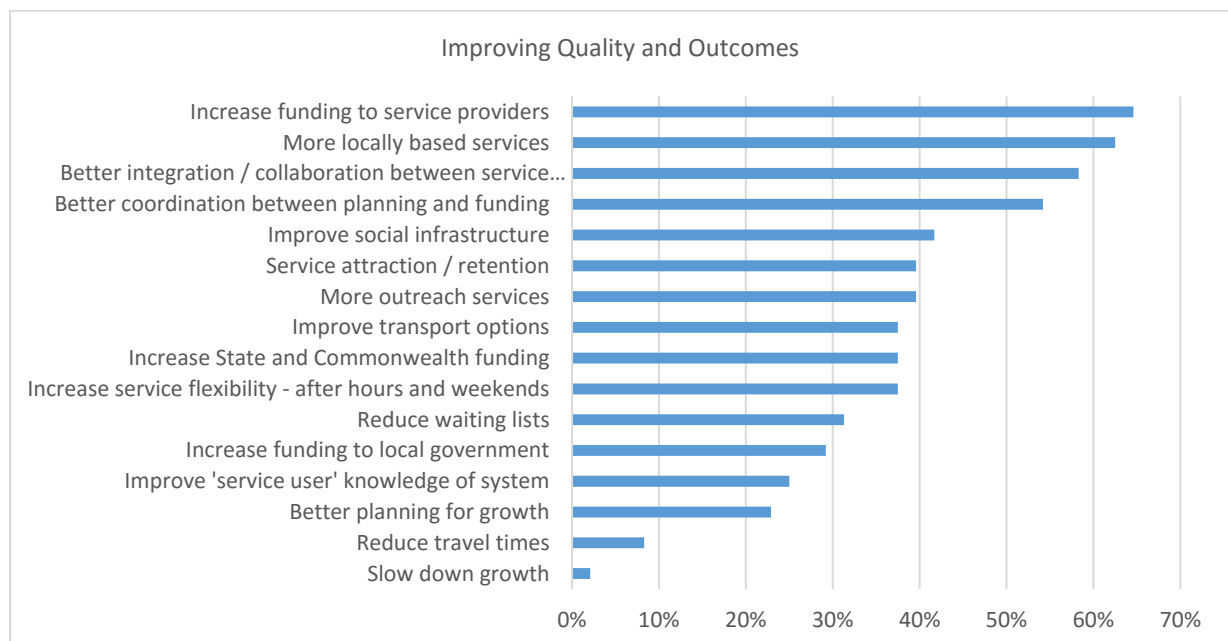
Staff Turnover Support Funding Population  
Service Appropriate Resources  
Meet Infrastructure Needs Locations Families  
Waiting Lists Services Support Funding  
Issues Complexity Health Staff  
Growth Providers Infrastructure Activity  
Funding Increasing Service Issues  
Families Staff Community Transport

## A positive change in quality of services and improved outcomes?

Survey respondents were asked the following question:

*What are the critical factors to achieve significant change in the quality of services to, and outcomes for Interface Families?*

The following chart reflects the frequency of responses for each of the listed factors, as can be seen there is a clear indication that improved integration, coordination and collaboration is required as well as additional funding to achieve improved quality and better outcomes for families living at the interface.





## 1.2 Waiting List Survey

A relatively simple survey was issued to over 70 practitioners, planners and managers from local government and partner agencies. Thirty-one responses were received across all municipalities within the Interface Group.

The survey was designed to seek high level responses to test whether the issue of waiting lists was a significant issue for agencies and services working in the Interface areas.

Responses indicate that around two-thirds of the responding agencies or local government authorities manage waiting lists (for some or all of the time) for at least one of their services to actively manage and prioritise access to services. Summary results are outlined below:

For 'medium priority' services offered by agencies the key areas of concern include:

- Family Support – 4 providers indicated waiting lists of up to 3 months and between 10 and 50 people on waiting lists;
- General Counselling – 6 providers indicated waiting lists between 1 week and 3 months, between 10 and 50 people were noted on the waiting list; and
- Mental Health – agencies indicated that waiting lists exist between 1 and 3 months with between 10 and 50 people on lists

For 'high priority' services offered by agencies the key areas indicating waiting lists include:

- Family Support – mainly 1 to 2 weeks but two indicating up to 3 months;
- Family Strengthening – 1 to 2 weeks with one up to 3 months;
- General Counselling – between 2 weeks and 3 months;
- Mental Health – two agencies reported waitlists between 1 to 3 months.

For 'medium priority' services that agencies make referrals to, the key areas of concern include:

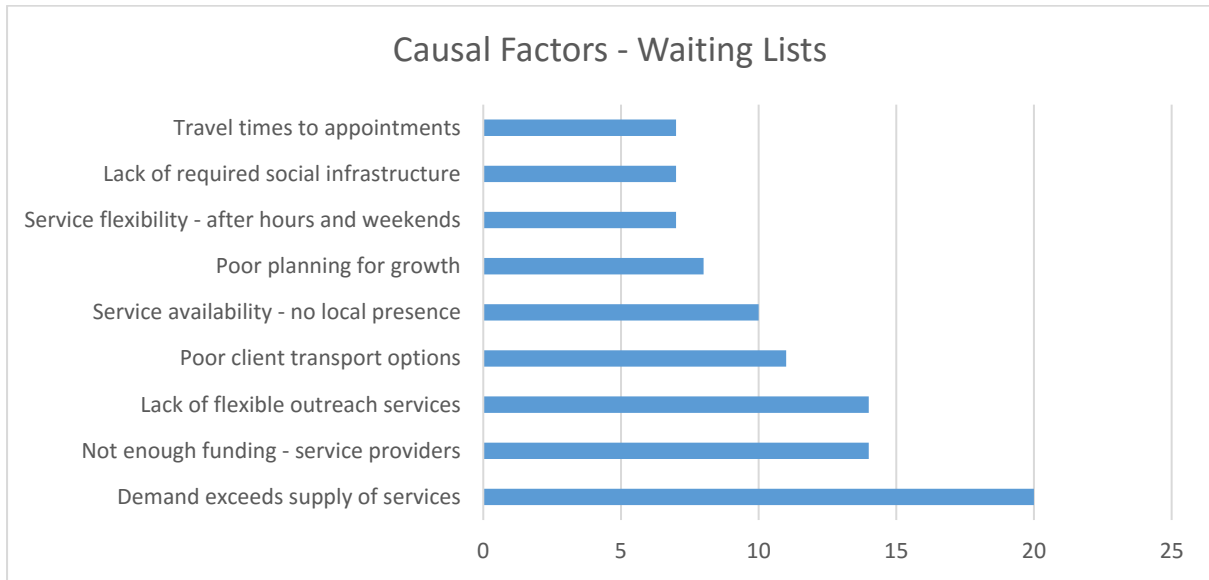
- Family Support – 13 agencies indicated waiting lists for referrals of up to 3 months and one agency reported service delay of between 3 and 6 months;
- Parenting Sessions – 7 agencies indicated waiting lists between 2 and 3 months;
- General Counselling – 10 agencies indicated waiting lists between 2 week and 3 months, 5 reported waiting times between 1 and 3 months;
- Mental Health – 12 agencies indicated waiting lists with 3 reporting waiting lists of between 3 to 6 months;
- Disability Support – 7 agencies reported agencies with the longest being over 6 months and 4 between 1 and 6 months;
- Early Learning & Care – 5 agencies reported waiting lists for EL&C services of between 2 weeks and 3 months;
- Alcohol and Other Drug Services – 11 agencies indicated waiting lists, mainly 2 to 4 weeks and 2 reporting waiting lists of between 1 and 6 months;
- Housing & Homelessness – 11 agencies indicated waiting lists, 9 less than a month and 2 between 1 and 6 months.

For 'high priority' services that agencies refer to, the key areas of concern include:

- Family Support – 11 agencies indicated waiting lists for referrals of up to 1 month including one agency reporting a service delay of between 3 and 6 months;

- Early Learning & Care – 5 agencies reported waiting lists for EL&C services of between 2 weeks and 3 months;
- Youth Services General – 8 agencies indicated waiting lists for referrals of up to 1 month with 2 agencies reported service delay of up to 3 months;
- Mental Health – 12 agencies indicated waiting lists with 6 reporting waiting lists of between 1 to 3 months.

The survey asked respondents to list the four main factors contributing to waiting lists, the graph below provides a snapshot of the results.



The survey was not designed to provide a comprehensive analysis of waiting lists across the interface areas. However, the results do indicate that there probably the basis to commission additional research into the issue of waiting lists at the Interface Council area, and to seek an understanding of the comparative situation in inner Melbourne.