

Disability, Child, Youth and Family Services

North West Area Advisory Group Area Plan

July 2010 – June 2013

Prepared by:

North West Area Advisory Group

As at 13 December 2010

Table of Contents

1. Introduction	3
1.1 Preface from the North West Area Advisory Group Co-Chairs	3
2. DCYFS NW Area Advisory Group – Area Plan Summary	3
2.1 Summary of Actions by Working Group	3
2.2 Summary by Goals and Focus Category	3
3. Governance	3
3.1 Overview	3
3.2 State-wide Framework	3
3.3 Area Advisory Groups	3
3.3.1 How will Area Advisory Groups Work?	3
4. National and Tasmanian Planning Context	3
4.1 National/State Legislative and Policy Framework	3
4.1.1 Legislation	3
4.1.2 National Agreements	3
4.1.3 Tasmanian Initiatives	3
4.2 Department of Health and Human Services	3
4.2.1 DHHS objectives and values	3
4.2.2 Disability, Child, Youth and Family Services	3
4.3 Tasmanian Community Sector Initiatives	3
5. North West Area Context	3
5.1 Demographic Overview	3
5.1.1 Population Distribution	3
5.1.2 Aboriginal and Torres Strait Islander Population	3
5.1.3 Population of People with a Disability	3
5.1.4 Culturally and Linguistically Diverse Population	3
5.1.5 Population Growth and Change	3
5.1.6 Index of Relative Socio-Economic Disadvantage (IRSD) by Suburb	3
5.2 Service Related Data	3
5.2.1 Health and Well-Being	3
5.2.2 Child Health and Parenting Service (CHAPS) Usage	3
5.2.3 Crisis Support	3
5.2.4 Child Protection Notifications Received by Intake	3
5.2.5 Disability Services	3
5.3 Challenges and Risks	3

5.3.2	Linkages to Other Processes and Bodies.....	3
5.3.3	Financial Resources	3
5.3.4	Human Resources.....	3
5.3.5	Consumer Engagement.....	3
5.4	Development and Management of the Plan.....	3
5.4.1	Process for Identification of Priorities	3
5.4.2	Consumer and Community Engagement	3
5.4.3	Structure of the North West Area Advisory Group.....	3
5.4.4	Management and Evolution of the North West Area Advisory Group – Area Plan	3
6.	The Plan	3
6.1	Goals.....	3
6.2	Focus Categories for Outcomes and Actions	3
6.3	Service Delivery Outcomes and Actions – North West Area.....	3
7.	Appendix 1 – North West Area Advisory Group – Gap Analysis by Client Group	3
8.	Appendix 2 – Planning by Location	3
8.1	Aims and Principles of Planning by Location.....	3
8.1.1	Introduction	3
8.1.2	Principles.....	3
8.1.3	Regional requirements.....	3
8.2	Strategies for Planning by Location.....	3
8.2.1	Experiences and Perspectives of the Local Community.....	3
8.2.2	Population Needs and the Community Profile.....	3
8.2.3	The Local Service System	3
9.	Appendix 3 – Reference and Resources	3
9.1	Demographic Information.....	3
9.1.1	National.....	3
9.1.2	State	3
9.2	Legislation	3
9.2.1	Commonwealth of Australia Legislation	3
9.2.2	Tasmanian Legislation	3
9.3	National Initiatives	3
9.3.1	Agreements, Standards and Reports.....	3
9.4	Tasmanian Initiatives	3
9.4.1	Inter Departmental and non DHHS Initiatives	3
9.4.2	Department of Health and Human Services (DHHS) – General	3
9.4.3	DHHS – Disability, Child, Youth and Family Services (DCYFS).....	3

9.4.4	DHHS, DCYFS – Disability and Community Services	3
9.4.5	DHHS, DCYFS – Child Protection.....	3
9.4.6	DHHS, DCYFS – Youth Justice.....	3
9.4.7	DHHS – Housing Tasmania.....	3
9.4.8	Other	3
10.	Appendix 4 – Glossary.....	3

I. Introduction

I.1 Preface from the North West Area Advisory Group Co-Chairs

We are pleased to present the North West Area Advisory Group – Area Plan. This Plan is the result of the development of a close partnership between the community sector and Disability, Child, Youth and Family Services (DCYFS), Department of Health and Human Services (DHHS).

In the North West we have committed to an inclusive approach with membership open to advocacy services representing consumers, all DCYFS funded service providers, DCYFS representatives, a wide range of associated DHHS and other departments and local government. As part of our commitment to include local communities, in our first year of operation we have remodelled our structure to include working groups based in rural and remote communities, as well as working groups geared to our diverse consumers (e.g. Disability and Family Support, including Children and Young People).

We commenced our planning process by considering demographic and service data, then identifying service gaps and prioritising these against the state wide goals to ensure all key consumer groups were considered. This prioritisation was done at a local area level and the development of outcomes and strategies commenced immediately. The consolidated Area Advisory Group was given further opportunities to identify priorities.

We are excited by the possibilities of a developing partnership with the University of Tasmania. By bringing together our sector expertise with the research initiatives of the University, we see the possibilities of local based, nation leading innovations. Another promising initiative is the development of closer links with local governments and the opportunities this brings for joint consumer consultations and strengthening community based strategies.

Initially, a twelve month plan was envisaged, but because of the complexity of some of the priorities identified, as well as the number of actions enthusiastically supported by members, it has been decided to commence with a three year plan. This will also aid our collaboration with the University and with local government. We will annually review and revise our Area Plan in order to capitalise on these and other developments.

Signed:



Steve Daley
Co-Chair

Signed:



Mal Phillips
Chair

2. DCYFS NW Area Advisory Group – Area Plan Summary

2.1 Summary of Actions by Working Group

DISABILITY WORKING GROUP

Description of Outcome / Action from Area Plan

1. Respite and support services for families with children who have challenging behaviours.
2. Flexible community access services for people with disabilities.
3. Clear pathways and a partnership approach for clients with mental illness and disability.
4. Integration through access to generic services, including leisure for people with disabilities.
5. Establishment of Disability Practitioner Network.
6. Supported transition from school to post school options for people with disabilities.
7. Collaborative approach between education and community services for children with disabilities.

FAMILY SUPPORT WORKING GROUP

Description of Outcome / Action from Area Plan

8. Families are supported to resolve conflicts constructively.
9. Forensic, psychiatric, therapeutic and counselling services for children and families.
10. Development of accommodation options suitable for young people.
11. Clear supported pathways for families seeking mental health services for their children.
12. Establishment of Family Support Practitioner Network.
13. Transitional accommodation for men in Devonport.

OVER-ARCHING

Description of Outcome / Action from Area Plan

14. Communication and partnership strategies, including a conference and expo and service mapping.
15. Community transport – directory of services and survey of barriers to resource sharing.
16. A consumer engagement framework for the North West Area Advisory Group.

PLACE-BASED WORKING GROUP – CIRCULAR HEAD AND KING ISLAND

Description of Outcome / Action from Area Plan

17. Identification of issues and development of strategies for isolated areas.

PLACE-BASED WORKING GROUP – WEST COAST

Description of Outcome / Action from Area Plan

18. Project plan for Youth Case Worker for West Coast.
19. Web based tool to assist with the coordination of services for West Coast clients.
20. Collaborative service approach for clients with disabilities on the West Coast.

2.2 Summary by Goals and Focus Category

GOALS	
	<ol style="list-style-type: none"> 1. People with disability enjoy choice, wellbeing and the opportunity to live as independently as possible. 2. Families and carers are well supported in their caring role to ensure both their own wellbeing and that of the person/s being cared for. 3. Children and young people have the capacity to reach their full potential. 4. Local communities are supported to be inclusive of all community members.
FOCUS CATEGORIES FOR OUTCOMES AND ACTIONS	
Client-centred	
Actions*	<ol style="list-style-type: none"> 1. Respite and support services for families with children who have challenging behaviours. 8. Families are supported to resolve conflicts constructively. 9. Forensic, psychiatric, therapeutic and counselling services for children and families. 16. A consumer engagement framework for the North West Area Advisory Group.
Quality	
Actions	<ol style="list-style-type: none"> 2. Flexible community access services for people with disabilities. 5. Establishment of Disability Practitioner Network. 12. Establishment of Family Support Practitioner Network. 14. Communication and partnership strategies, including a conference and expo and service mapping.
Access	
Actions	<ol style="list-style-type: none"> 6. Supported transition from school to post school options for people with disabilities. 10. Development of accommodation options suitable for young people. 13. Transitional accommodation for men in Devonport. 18. Project plan for Youth Case Worker for West Coast.
Collaboration	
Actions	<ol style="list-style-type: none"> 3. Clear pathways and a partnership approach for clients with mental illness and disability. 7. Collaborative approach between education and community services for children with disabilities. 11. Clear supported pathway for families seeking mental health services for their children. 19. Web based tool to assist coordinated services for West Coast clients. 20. Collaborative service approach for clients with disabilities on the West Coast.
Inclusion (community and individual)	
Actions	<ol style="list-style-type: none"> 4. Integration through access to generic services, including leisure services for people with disabilities. 15. Community transport – directory of services and survey of barriers to resource sharing. 17. Identification of issues and development of strategies for isolated areas.

(* The numbering of actions reflects the sequence of distribution by Working Group. This maintains consistent numbering of each action in line with the detail provided in Section 6.3.)

3. Governance

3.1 Overview

In the interest of working towards the best outcomes for children, young people, families and those with disabilities, area partnerships have been established across Tasmania. Under the new Disability, Child, Youth and Family Services (DCYFS) operating model, the Department of Health and Human Services (DHHS) and Community Sector Organisations (CSOs) now share governance responsibility, working jointly to identify and implement policies, systems and solutions within their communities.

Joint governance has seen the establishment of bodies at state and area levels.

3.2 State-wide Framework

Governance across the State is led by DHHS, in conjunction with key advisory groups such as the Minister's Disability Advisory Council and a range of key stakeholders. A Partnership Agreement will be developed between the community and government sectors along with a Community Sector Futures Taskforce and Action Plan.

Following development of the Area Advisory Groups, their State wide counterpart has been established with representatives for each Area Advisory Group, a number of peak bodies and DCYFS representatives. This complements existing arrangements for a range of peak bodies to meet regularly with the DHHS to focus on issues relevant to their membership.

3.3 Area Advisory Groups

To support coordination and oversight of services provided by and/or funded by DCYFS area-level advisory groups have been established in each of the South East, South West, North and North West areas. While the focus is on services funded by the DCYFS, the aim is to increasingly work in partnership with all relevant services in the area (whether government or privately funded) to provide seamless client pathways and quality client outcomes.

The Area Advisory Groups are responsible for supporting the coordinated delivery of services, enabling a holistic response to the individual and their family, the provision of a flexible continuum of services locally, and opportunities to make best use of resources at the area level to improve responsiveness to community needs.

Area Advisory Groups complement the state-wide group by ensuring a localised response to the needs of vulnerable children, young people and families and people with disabilities, their families and carers based on an understanding of community needs.

Core functions of the Area Advisory Groups include:

- providing strategic advice to DHHS on key local area issues for vulnerable children, young people and families and people with disabilities, their families and carers;
- providing a key means for communication and consultation between DHHS, CSOs and vulnerable children, young people and families and people with disabilities, their families, carers and informal support networks;
- promoting the needs of vulnerable children, young people and families and people with disabilities, their families and carers in:

- local area strategy development; and
- community strengthening activity;
- influencing government policy through closeness to the community, which will provide the capacity to reflect community needs in service system development and planning (see Appendix 2 for Area Advisory Group planning guidelines);
- engaging vulnerable children, young people and families and people with disabilities, their families and carers in decision-making or consolidating information from engagement activity across the region; and
- promoting information sharing and collaboration amongst DCYFS service providers.

3.3.1 How will Area Advisory Groups Work?

Area Advisory Groups will adopt a practical approach, supporting DHHS to make decisions about policy, planning and service delivery issues that impact on vulnerable children, young people and families and people with disabilities, their families and carers.

With the use of key local data and knowledge of area conditions, they will identify gaps in existing services, which they will seek to address directly or by engaging with local government or other universal services.

They will provide vulnerable children, young people and families and people with disabilities, their families and carers with more direct input into the way policies are developed and resources allocated.

Area Advisory Groups will introduce new ways of thinking and working amongst DHHS and CSOs, enabling a culture that is more responsive to individual and local circumstances.

Members of the Area Advisory Groups must have the appropriate seniority to bind their agency to the agreement, creating a shared commitment to implementing the new model.

Leadership and management functions will include:

- development and implementation of an area plan (each of which will feed into the state wide plan);
- monitoring and reporting on the effectiveness of the partnership to the state wide governance group;
- building the sustainability of the sector into the future, identifying opportunities for organisational capacity building, the transfer of skills, knowledge, experience, and ways to encourage best practice and innovation in service delivery across agencies; and
- identifying workforce skill gaps and opportunities for workforce development.

This document is the product of the Area Advisory Group established in the North West.

4. National and Tasmanian Planning Context

4.1 National/State Legislative and Policy Framework

The Area Advisory Group's activities are governed by a range of legislation, government priorities, budget priorities, strategic objectives, plans, policies and agreements.

4.1.1 Legislation

Commonwealth and Tasmanian legislation includes:

- Anti-Discrimination Act 1998 (Tas);
- Children, Young Persons and their Families Act 1997 and new amendments 2009 (Tas);
- Criminal Code Act 1924 (Tas);
- Disability Act 1986 (Commonwealth);
- Disability Discrimination Act 1992 (Commonwealth);
- Disability Framework for Action 2005-2010 (Tas);
- Disability Services Act 1992 (Tas);
- Family Law Act 1975 (Commonwealth);
- Family Violence Act 2004 (Tas);
- Guardianship and Administration Act 1996 (Tas);
- Personal Information Protection Act 2004;
- Privacy Act 1988 (Commonwealth);
- Right to Information Act 2009 (Tas); and
- Youth Justice Act 1997 (Tas).

4.1.2 National Agreements

Agreements and initiatives at a national level include:

- National Affordable Housing Agreement;
- National Child Protection Framework;
- National Disability Agreement;
- National Disability Standards Framework;
- National Partnership on Homelessness;
- National Partnership on Remote Indigenous Housing;
- National Partnership on Social Housing;
- National Standards for Out of Home Care; and
- Stronger Families and Communities Initiative (Commonwealth).

4.1.3 Tasmanian Initiatives

Tasmanian initiatives include:

- Tasmania Together – a plan developed by the Tasmanian community to identify its direction to 2020;
- A Social Inclusion Strategy for Tasmania – a range of options for building social inclusion and highlighting action across governments, sectors and communities; and
- Safe at Home – a whole of Government approach to domestic violence aimed at changing behaviours to reduce the incidence of violence in families.

4.2 Department of Health and Human Services

4.2.1 DHHS objectives and values

The Agency's objectives as outlined in *Strategic Directions 09-12* are:

- Supporting individuals, families and communities to have more control over what matters to them;
- Promoting health and wellbeing and intervening early when needed;
- Developing responsive, accessible and sustainable services;
- Creating collaborative partnerships to support the development of healthier communities; and
- Shaping our workforce to be capable of meeting changing needs and future requirements.
(*Strategic Directions 09-12*, p.3.)

These objectives are informed by the Agency's values of:

- Respect for staff and clients;
- Equity of access;
- Integrity;
- Collaboration;
- Safety and Quality;
- Efficiency and Effectiveness;
- Continuous Learning and Improvement; and
- Promotion and Support of Health and Wellbeing.

(*Disability, Child, Youth and Family Services Governance Framework*, September 2010, p.3.)

4.2.2 Disability, Child, Youth and Family Services

Within this framework, the Operational Unit of Disability, Child, Youth and Family Services seeks to make a positive "difference in the lives of vulnerable children and young people, people with disabilities and their families".

(*Disability, Child, Youth and Family Services Governance Framework*, September 2010, p.3.)

This work is supported by specific projects such as:

- Kids Come First Project – which aims to comprehensively monitor the well being of Tasmania’s children and young people and identify what further support is needed;
- The Disability Operational Framework – which aims to reshape the delivery of disability services to strengthen the focus on individuals, improve access, support greater inclusion and allocate resources according to area, population and demand;
- Disability Services’ Workforce Development Strategy 2007/08 – 2011/12;
- Building Futures Service Delivery Framework – for youth justice services;
- Resource Allocation and Unit Pricing Project – across funded Community Sector Organisations;
- QualityFutures – Implementation of a Quality and Safety Framework for funded services; and
- Review of Family Support and Personal and Family Counselling Services.

4.3 Tasmanian Community Sector Initiatives

The Community Sector has been influential in the development of DHHS policy and planning documents mentioned above. It has taken a lead role in the development of initiatives such as:

- Neighbourhood House Strategic Framework 2009-2012 (with DHHS); and
- a range of project reports and policy statements from the Tasmanian Council of Social Services including:
 - *Independence: Support for the elderly in their communities*, Home and Community Care Consumer Consultation Project Report (2009);
 - *Just Scraping By? Conversations with Tasmanians on low incomes*;
 - *The Financial Crisis and the Community Services Industry in Tasmania: Forum report and Overview*, February 2009;
 - *Enhancing Quality of Life: Addressing poverty and disadvantage through the HACC program*, Home and Community Care Consumer Consultation Project Report (2008); and
 - *Budget Priority Statements*.

(See Appendix 3: References and Resources.)

5. North West Area Context

5.1 Demographic Overview

5.1.1 Population Distribution

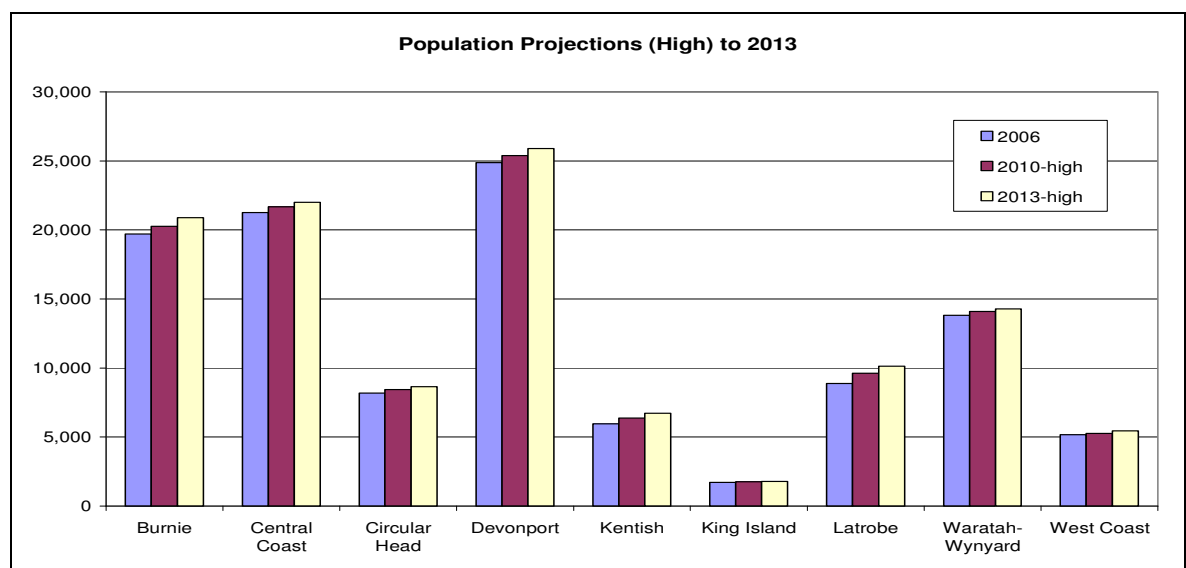
The North West of Tasmania has a highly dispersed population. The coastal ribbon development includes the small cities of Burnie and Devonport. More remote is King Island and the small communities scattered near the West Coast.

As at 2006 the North West population by Local Government Areas (LGAs) was as follows.

LGA	Population
Burnie	19,701
Central Coast	21,259
Circular Head	8,188
Devonport	24,880
Kentish	5,965
King Island	1,703
Latrobe	8,888
Waratah-Wynyard	13,815
West Coast	5,171
North West Area	109,570
Tasmania	489,922

(Source: DCAC LGA Profiles)

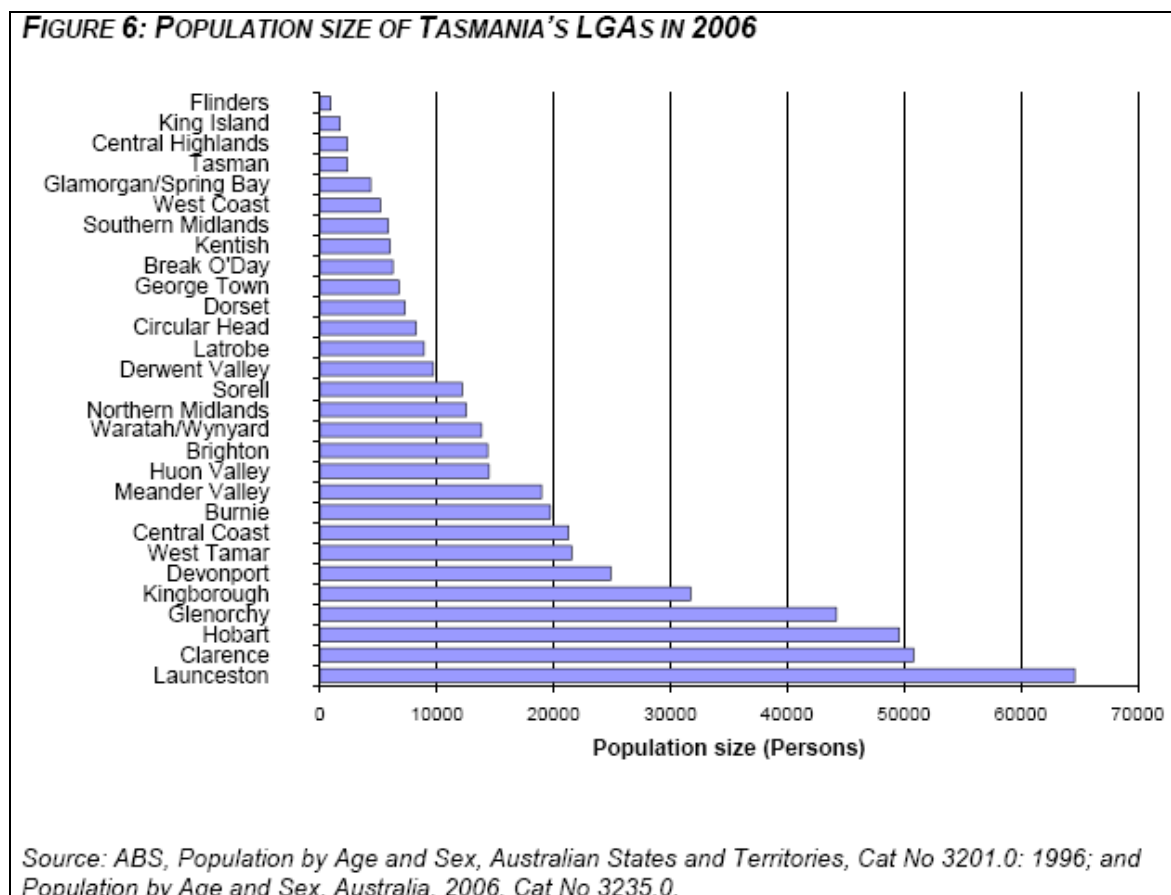
The population of the North West area is projected to increase by approximately 23% (from 2006 to 2026), as trends from 2006 to 2010 roughly equal the 'High' growth level indicated in the Demographic Change Advisory Council ([DCAC](#)) and University of Tasmania, Demographic Analytical Services Unit ([UTAS-DASU](#)) analysis.



(Source: DCAC Population Projections)

By numbers, from 2006 to 2026 the most growth will be in Burnie, Latrobe and Devonport (with projected growth of 20% or 10,678 people), though growth-by-number is fairly even across the LGAs (apart from King Island). By percentages, from 2006 to 2026 the most growth will be in Kentish and Latrobe (with projected growth of 38% or 5,684 people). Refer to [DCAC Population Projections](#) for caveats and further details (see Appendix 3 for web address).

The following graph indicates population size by LGA for 2006 (see page 9 of [DCAC Information Paper 3](#), which includes other valuable information).



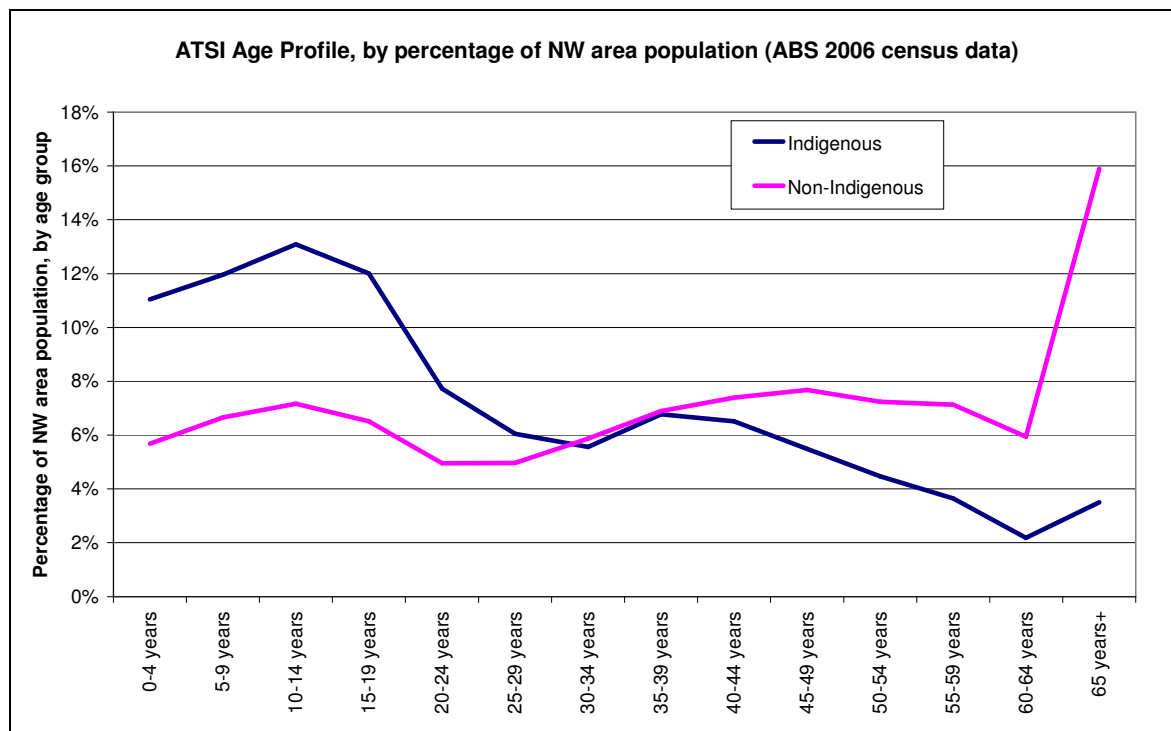
5.1.2 Aboriginal and Torres Strait Islander Population

The North West area has 33% of Tasmania's Indigenous population, with the highest proportion in Circular Head and the West Coast.

LGA	Indigenous Population	% of LGA Population
Burnie	887	4.9
Central Coast	1,071	5.4
Circular Head	703	9.2
Devonport	1,063	4.6
Kentish	204	3.7
King Island	48	3.1
Latrobe	428	5.2
Waratah-Wynyard	703	5.4
West Coast	341	7.2

LGA	Indigenous Population	% of LGA Population
North West Area	5,448	5.3
Tasmania	16,769	3.7

(Source: ABS Census DATA 2006)



(Source: ABS Census DATA 2006)

Within the Tasmanian Indigenous population there is a significantly larger proportion of 0 to 19 year olds, compared to the non-Indigenous population. There are fewer older Indigenous people, which reflects lower life expectancy.

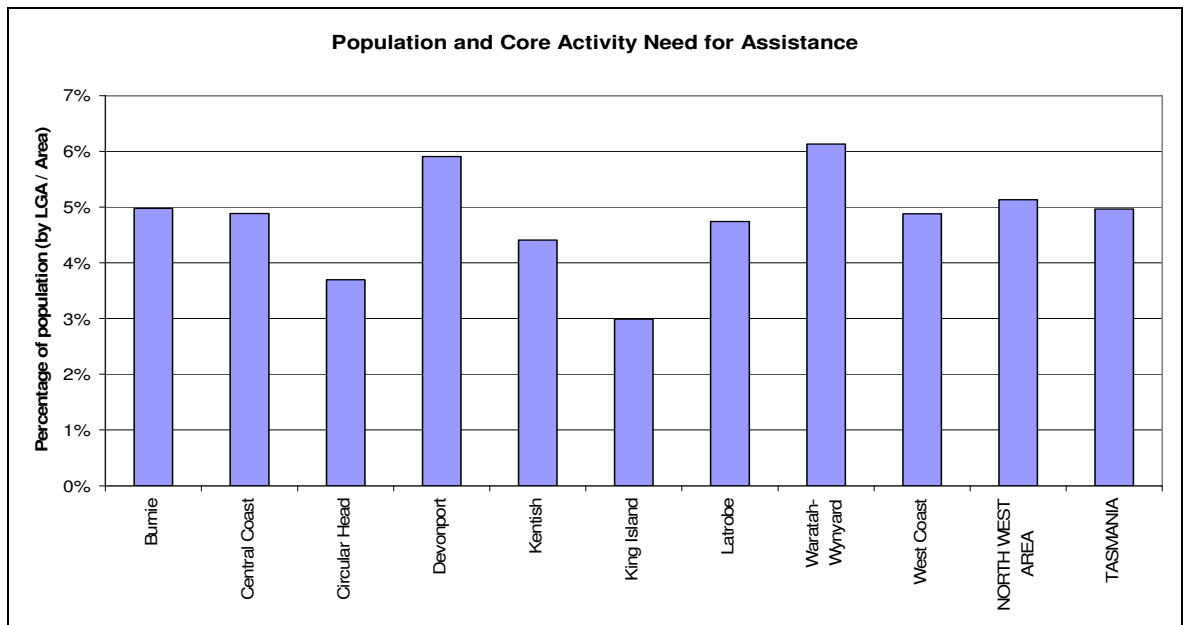
5.1.3 Population of People with a Disability

The population of people with a disability varies across the LGAs in the North West area, with Waratah-Wynyard and Devonport having the largest percentage of people with need for assistance.

Age Group	Need for Assistance (NW area)
0 – 4 years	59
5 – 14 years	284
15 – 19 years	129
20 – 24 years	109
25 – 34 years	234
35 – 44 years	423
45 – 54 years	638
55 – 64 years	907
65 – 74 years	684
75 – 84 years	1,101

85 years +	879
NW Area	5,447
Tasmania	23,610

(Source: ABS Census DATA 2006 – above and below)



The above data shows that the North West population has a slightly higher than average need for assistance with the tasks of daily living. Given its isolation it is, perhaps, fortunate that King Island has an unusually low number of people needing assistance at 3% of the population. Waratah-Wynyard has the highest with just over 6% needing assistance with core activities.

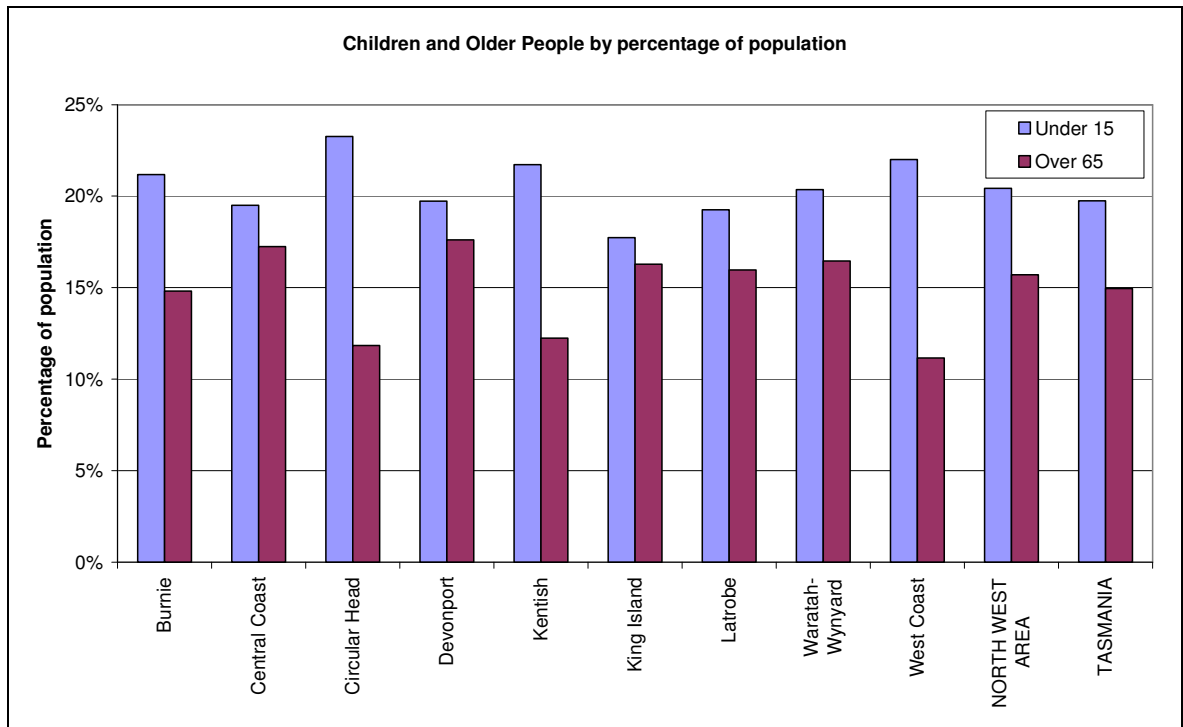
5.1.4 Culturally and Linguistically Diverse Population

The 2006 census data indicates that 11% of Tasmania’s population were born overseas, with approximately half of these people coming from non-English speaking countries. As such, approximately 5% to 6% of the Tasmanian population was born in non-English speaking countries. Breakdown by LGA and region is not readily available.

5.1.5 Population Growth and Change

The North West region has an ageing population. Between 2002 and 2006, 4.9% of the population was aged 0 to 14 years and by 2006 this had decreased to 4.6%. In the same period those aged 65 years and over increased from 3.2% to 3.4%. Those aged 45 to 64 years increased from 5.6% to 6%. (DHHS Service and Community Profile, 2009, pp.18-19.)

For children and older people as a percentage of the population, see the graph below. The highest proportion of children in the North West area is in the LGA of Circular Head, followed by West Coast, Kentish and Burnie.

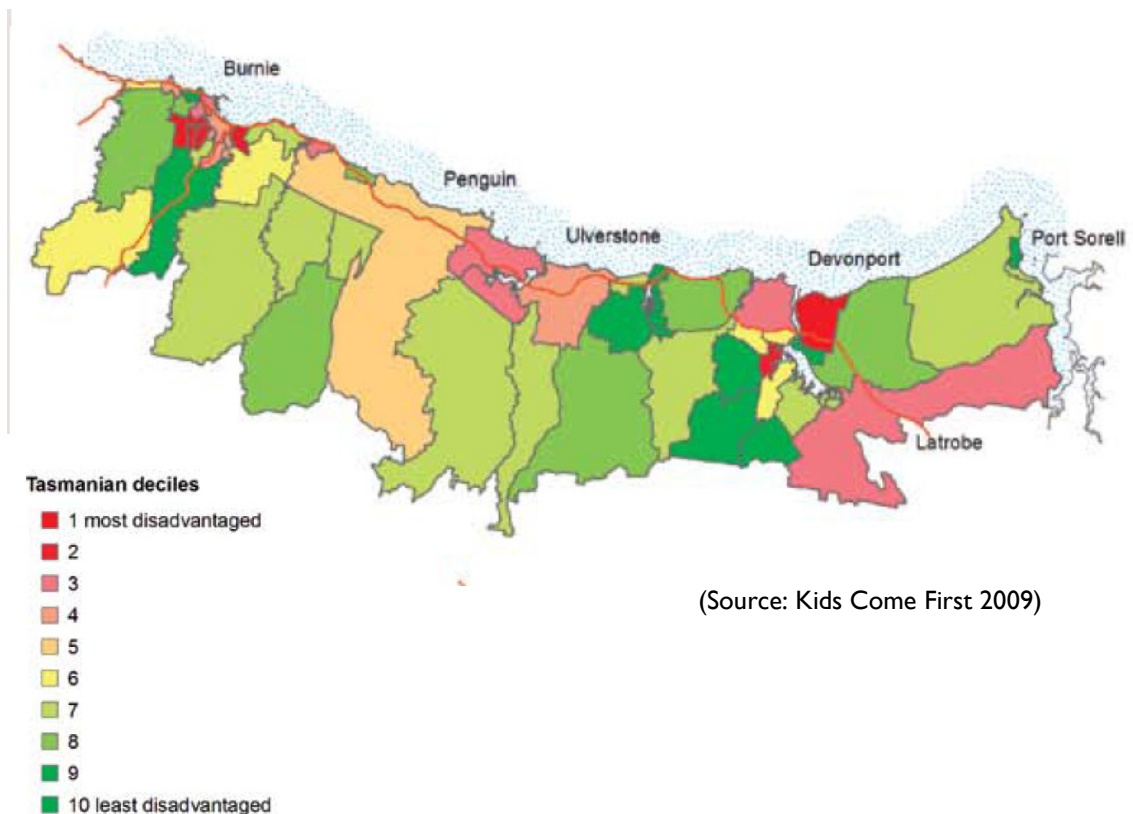


(Source: ABS CDATA 2006)

5.1.6 Index of Relative Socio-Economic Disadvantage (IRSD) by Suburb

The IRSD is derived from the 2006 census of population and housing and measures aspects of social and economic conditions in an area. Attributes of the population of an area, such as educational attainment, income, employment and occupation, contribute to the index value.

The below suburb-level map shows that for the main population centres of the North West area, there are concentrated pockets of relative disadvantage in particular suburbs.



(Source: Kids Come First 2009)

Ability to pay for essentials	North West Region	Tasmania	Year
Percentage of children and young people aged 0-19 living in low income households	27.4	25	2006
Percentage of children and young people living in families that ran out of food and could not afford to buy more	1.8	3.9	2009
Percentage of families who frequently experienced difficulty in paying bills	21.4	25.2	2009

(Kids Come First, 2009)

Further information regarding social demographics is available from sources such as the Office of the Social Commissioner (See *A Social Inclusion Strategy for Tasmania*), Kids Come First Report 2009 and *Tasmania Together* publications.

5.2 Service Related Data

5.2.1 Health and Well-Being

Statistical collections of service data are such that information is of varying availability and meaningfulness across the target groups of children, young people, families and people with disabilities. Below are some points of interest.

Optimal Antenatal and Infant Development	North West Region	Tasmania	Year
Percentage of mothers attending Nurse Health assessments and breastfeeding at 6 months	41.6	49.7	2007-08

(Kids Come First, 2009)

Healthy Parental Lifestyle	North West Region	Tasmania	Year
Percentage of women who drank during pregnancy (self reported)	12.4	15.9	2006
Percentage of women who smoked during pregnancy (self reported)	30.6	27.1	2006

(Kids Come First, 2009)

5.2.2 Child Health and Parenting Service (CHAPS) Usage

Early Identification of and Attention to Child health and Wellbeing needs	North West Region	Tasmania	Year
Percentage of children attending the 6 week Nurse health assessment (CHAPS)	86.9	79.9	2007-08
Percentage of children attending the 18 month Nurse health assessment (CHAPS)	63.2	47.1	2007-08

(Kids Come First, 2009)

Support for Teenage Parents	North West Region	Tasmania	Year
Percentage of teen parents enrolled with the cu@home program	10.6	16.5	2007-08

(Source: Kids Come First Outcomes Framework Regional Profile, 2009)

5.2.3 Crisis Support

The social networks and support structures available to families have a significant impact on the health and wellbeing of children and young people. Use of crisis support services is low for North West families (17%). Given the high attendance rates for the CHAPS service (reported above) this may be due to availability and accessibility issues for crisis family support services (Kids Come First Report 2009, p.68).

5.2.4 Child Protection Notifications Received by Intake

Table 1: Notifications Received by Region by Month

Region	May 2010	Apr 2010	Mar 2010	Feb 2010	Jan 2010	Dec 2009	Nov 2009	Oct 2009	Sept 2009	Aug 2009	July 2009	June 2009
North	200	192	223	171	213	222	247	288	244	281	245	266
North West	167	144	200	189	136	132	172	176	207	224	178	111
South East	205	179	233	270	223	229	245	295	226	253	284	242
South West	213	213	216	157	143	147	191	146	133	166	209	192
Total	785	728	872	787	715	730	855	905	810	924	916	811

(Source: DHHS unpublished data, 2010)

There has been a reduction in child protection notifications since March 2010, consistent with the diversionary effects of Gateway and Integrated Family Support Services.

5.2.5 Disability Services

State wide the number of clients urgently waiting for supported accommodation has decreased since the December 2009 quarter from 34 to 32 in March 2010. Additional funding for supported accommodation places has also been provided via matched funding agreements with the Australian Government. (DHHS Quarterly Performance Report, March 2010.)

Over the same period, the number of clients waiting for a community access placement has increased state wide from 111 to 138. This increase may have been influenced by funding program changes that have resulted in more clients accessing services but receiving lower levels of service per client.

Likewise, the number of people with a disability waiting for assistance to live within their own home increased from 239 to 277 in that period.

Services users by region

General population estimates				
	North	North West	South	Total
Total	138,702	109,570	241,650	489,992
Population	28%	22%	49%	100%

Estimates of people with a severe or profound disability aged less than 65				
	North	North West	South	Total
Total	5,919	4,883	10,050	20,851
Population	28%	23%	48%	100%

Funded Service users 2005-06				
	North	North West	South	Total
Total	2195	998	2,540	5,733
Population	38%	17%	44%	100%

(Source: KPMG, Review of Tasmanian Disability Services – Final Report, 2008)

While data suggests an under representation in the North West, this is likely to be due to the skewing of area representation due to the historical effect of the Willow Court institution. This raises the question of the impact of recurrent funding models for future generations.

5.3 Challenges and Risks

5.3.2 Linkages to Other Processes and Bodies

For full realisation, many of the actions and strategies identified within this Plan require the cooperation and support of a number of bodies, some of which may have peripheral or no involvement in the larger Area Advisory Group.

Likewise, funding processes lie beyond the scope of the Area Advisory Group, which means that there is a substantial risk that priorities identified within this Plan will not be sufficiently influential on other decision making processes.

It will be important to secure the co-operation of all key stakeholders where collaborative procedures are being developed (e.g. for children with disabilities in schools) and to lobby for recognition of the AAG in determining regional priorities in disability and family services.

5.3.3 Financial Resources

Linked to the above risk is that, even where this Plan's priorities are key determinants of funding decisions within DHHS, it is likely that budget limitations will impact upon meeting the vision of this Plan.

It will be important to ensure that a range of funding sources are considered, which include sources beyond the Department, and that low cost options be developed where funding submissions are unsuccessful. It is also important that AAG members and the wider community understand that the AAG was established to influence existing process and budgets and does not imply an increase in new financial resources.

5.3.4 Human Resources

While the establishment of the AAG has been without dedicated project support, the progress of this Plan will depend heavily upon such project support. The Community Partnership Team (CPT) has, and will continue to, provide a substantial level of support, but even with the enthusiasm generated by the commencement of this Plan it is unlikely that current CPT resources alone will be adequate. Additional support is being sought from related stakeholders with a direct interest in specific areas identified in the Plan.

The first year of operation of the AAG has also seen significant fluctuations in attendance. Steps have been undertaken to adapt the structure to make the AAG more relevant to the needs of members and, with the outcome orientation of the Plan, it is hoped that attendance will improve.

5.3.5 Consumer Engagement

It is acknowledged that consumer involvement in the identification and selection of these priorities has been limited to consultations reported in documents informing the process, representation by service providers and use of the AAG website developed by Speak Out and Advocacy Tasmania. Consumers have been involved in consultations held by some of the first working groups with responsibility for progressing specific actions. It is anticipated that many actions in the Plan will specifically include consumer engagement using a range of methodologies.

The Plan specifically seeks to encourage consumer involvement through the development of a Consumer Engagement Framework. It is anticipated that this will include regular monitoring/ reporting of consumer engagement.

5.4 Development and Management of the Plan

5.4.1 Process for Identification of Priorities

After consideration of demographic background, and informed by the wider policy and planning context highlighted previously, a service mapping exercise was undertaken. From this exercise service gaps were matched to client based goals. For the full list of identified service gaps refer to Appendix I.

These gaps reflect the data provided above in Section 5: North West Area Context. Thus the ribbon coastal development is closely linked to the prominence of transport as an issue. The dispersed nature of the population results in access issues; thus transitional accommodation for men in Devonport is an issue, but not in other population centres. Similarly, West Coast youth experience difficulties in accessing the same range of services as their city based counterparts.

The service related data shows that, despite good attendance rates for routine child health assessments, the North West has low access rates for crisis and family support services. This concern shows through in the range of actions nominated for child and family related services.

From the extensive list of identified service needs/gaps, place-based working groups identified priorities for each of the goals (see section 6.1 – Goals). AAG members were then given a further opportunity to nominate any key issues which may have been overlooked in a location or place-based method.

Initial reflection on the identified gaps revealed the following recurring themes:

- Services tailored to particular demographic groups such as young men and older people with disabilities;
- Working across program and service lines;
- Services to rural and remote communities;
- Making generic services, workplaces and leisure groups more inclusive;
- Transport; and
- Expanding existing services.

These themes are closely reflected in the focus categories for outcomes and actions that are being used throughout Tasmania by regional AAGs.

5.4.2 Consumer and Community Engagement

The North West Area Advisory Group has chosen to underline its commitment to consumer engagement by identifying the development of a Consumer Engagement Framework as a key priority of this current Plan. It is anticipated that there will be regular reporting of consumer engagement by the AAG.

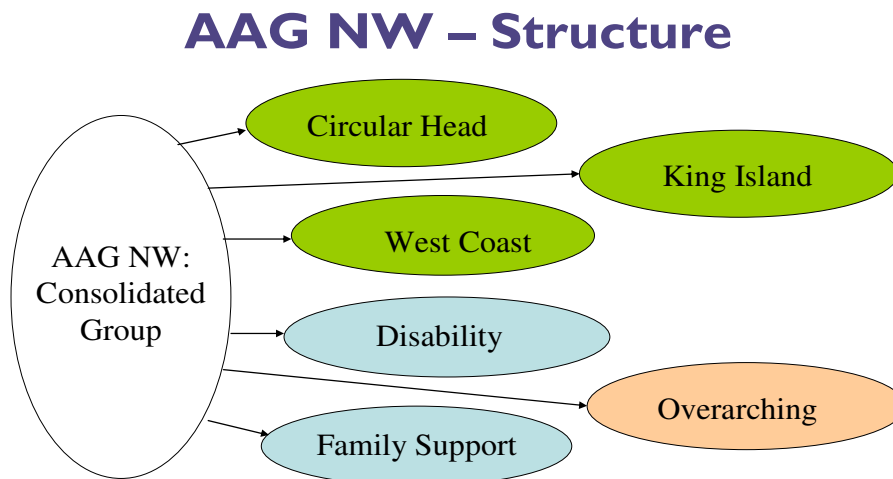
5.4.3 Structure of the North West Area Advisory Group

The North West Area Advisory Group utilised a variety of structural approaches in the development of this Plan. Groups selected by locality where most frequently used, but sometimes issue specific groups were formed.

It has been decided that the actions will be the responsibility of working groups selected according to a mix of locality and client focus. Initial working groups will be:

- Overarching;
- Disability;
- Family Support;
- Burnie (merging with overarching from January 2011);
- Circular Head;
- Devonport (merging with overarching from January 2011);
- King Island; and
- West Coast.

The figure below illustrates the proposed structure:



5.4.4 Management and Evolution of the North West Area Advisory Group – Area Plan

The progress of implementation of the Plan will be reported to the AAG NW on a quarterly basis.

Annual reviews of this Plan will also be conducted at which time substantial revision of objectives and actions may ensue in response to changes to progress of reform implementation an/or the scheduled release of the next strategic plan for Disability, Child, Youth and Family Services.

6. The Plan

6.1 Goals

The goals adopted reflect Tasmania's commitment to the reform agenda across Disability, Child, Youth and Family Services. The four goals have been developed as a direct result of the outcomes to be achieved as indicated in the range of reviews, operational frameworks and national agreements to which Tasmania is committed.

The four goals and supporting outcomes and actions are:

1. People with disability enjoy choice, wellbeing and the opportunity to live as independently as possible.

- Respite and support service for families with children with challenging behaviours.
- Flexible community access services for people with disabilities.
- Clear pathways and a partnership approach for clients with mental illness and disability.
- Integration through access to generic services, including leisure services for people with disabilities.
- Establishment of Disability Practitioner Network.
- Supported transition from school to post school options for people with disabilities.
- Collaborative approach between education and community services for children with disabilities.
- Collaborative service approach for clients with disabilities on the West Coast.

2. Families and carers are well supported in their caring role (family support) to ensure both their own wellbeing and that of the person/s being cared for (and/or their family).

- Family counselling, mediation and advocacy service for families.
- Establishment of Family Support Practitioner Network.
- Forensic, psychiatric, therapeutic and counselling services for children and families.

3. Children and young people have the capacity to reach their full potential (children and youth, out of home care, youth at risk, etc.).

- Development of accommodation options suitable for young people.
- Project plan for Youth Case Worker for West Coast.
- Clear supported pathway for families seeking mental health services for their children.

4. Local communities are supported to be inclusive of all community members

- Transitional accommodation for men in Devonport.
- Web based tool to assist with the coordination of services for West Coast clients.
- Community transport – directory of services and survey of barriers to resource sharing.
- Identification of issues and development of strategies for isolated areas.

Supporting each of the above four goals are the following outputs:

- A consumer engagement framework for the North West Area Advisory Group; and
- Communication and partnership strategies, including a conference and expo and service mapping.

6.2 Focus Categories for Outcomes and Actions

The following pages provide a broad outline as to how the outcomes and actions will be delivered and the performance measures that will be used to track progress towards their achievement.

The desired outcomes and activities for the Area's service delivery have been categorised under the five key Focus Categories of:

- Client-centred;
- Access;
- Quality;
- Collaboration; and
- Inclusion (community and individual).

6.3 Service Delivery Outcomes and Actions – North West Area

DISABILITY WORKING GROUP

Summary – I. Respite and support services for families with children who have challenging behaviours.

Desired Result		Strategies	Performance Measures
Client-centred	<p>I. Families are supported to manage the challenging behaviour of their children.</p>	<p>How</p> <ul style="list-style-type: none"> • Clarify definition of challenging behaviour. • Investigate the need and feasibility of establishing/expanding respite services and support for families with children with challenging behaviours. • Consider surveying families. • Develop plan identifying a range of strategies and potential funding sources for strategies to assist families with children with challenging behaviours. • Include strategies to ensure diagnosis so families receive help. • Foster a holistic approach. <p>Resourcing</p> <ul style="list-style-type: none"> • Unidentified and significant funding likely to be required. <p>Who</p> <ul style="list-style-type: none"> • Disability, Child, Youth and Family Services. • Family Support and Disability Organisations (including Glenhaven, Optia). • Project Support – To be determined. <p>When</p> <ul style="list-style-type: none"> • To be determined. 	<p>Quantitative</p> <ul style="list-style-type: none"> • Forum/survey of families of children with challenging behaviours held. • Submission for funding to assist families with children with challenging behaviours. <p>Qualitative</p> <ul style="list-style-type: none"> • Survey of families completed within one year of any new services operating or other strategies implemented.

DISABILITY WORKING GROUP

Summary – 2. Flexible community access services for people with disabilities.

Desired Result		Strategies	Performance Measures
Quality	<p>People with disabilities will have community access services tailored to their individual choices and appropriate to their stage of life.</p>	<p>How</p> <ul style="list-style-type: none"> • Conduct a pilot or pilots for flexible community access services by: <ul style="list-style-type: none"> – using a collaborative approach; – conducting a forum of relevant stakeholders; – reviewing good programs currently in place; – developing models suitable for young people (17–25) and older people; – attracting seed funding if necessary; and – considering need in Circular Head. <p>Resourcing</p> <ul style="list-style-type: none"> • Dependent on model as to need for additional funding. <p>Who</p> <ul style="list-style-type: none"> • Clients and families. • Advocates. • Disability, Child, Youth and Family Services. • Community Sector Organisations. • Project Support – To be determined. <p>When</p> <ul style="list-style-type: none"> • To be determined. 	<p>Quantitative</p> <ul style="list-style-type: none"> • Forum/survey of clients held. • Models developed. • Pilot implemented. <p>Qualitative</p> <ul style="list-style-type: none"> • Survey of clients prior to end of pilot. • Survey of participating service providers to reflect on successes and identify challenges and possible solution/s.

DISABILITY WORKING GROUP

Summary – 3. Clear pathways and a partnership approach for clients with mental illness and disability.

Desired Result		Strategies	Performance Measures
Collaboration	<p>Clients with a dual diagnosis of mental illness and disability enjoy a seamless journey through the service system in the North West Area.</p>	<p>How</p> <ul style="list-style-type: none"> • Develop a partnership approach to client-centered service delivery by: <ul style="list-style-type: none"> – Establishing a working group of key stakeholders; – Surveying consumers, service providers and key stakeholders; and – Producing a pathway document and any supporting policies/procedures to ensure access by people with a disability to mental health services. <p>Resourcing</p> <ul style="list-style-type: none"> • Minimal financial, but considerable time for project support. <p>Who</p> <ul style="list-style-type: none"> • Disability Services. • Mental Health. • Community Sector Organisations. • Clients. • Parents/carers. • Doctors. • Project Support – To be determined. <p>When</p> <ul style="list-style-type: none"> • Commence 2011. 	<p>Quantitative:</p> <ul style="list-style-type: none"> • Working group established. • Survey completed. • Pathway document produced. • Supporting policies/procedures developed. <p>Qualitative</p> <ul style="list-style-type: none"> • Survey of clients in target group after strategies implemented. • Reflection by original working group on success of strategies.

DISABILITY WORKING GROUP

Summary – 4. Integration through access to generic services, including leisure services for people with disabilities.

	Desired Result	Strategies	Performance Measures
Inclusion (Community and Individual)	<p>People with disabilities enjoy equitable access to generic services and integration into generic leisure services.</p>	<p>How</p> <ul style="list-style-type: none"> • Establish working party of key stakeholders to: <ul style="list-style-type: none"> – Clarify the two sets of issues relevant to generic services (e.g. housing, medical, legal) and generic leisure services; – identify generic services that people with disabilities would most like to access, but have difficulty in so doing, and work with these services to address barriers; – Survey of key stakeholders, including people with disabilities, to clarify issues and priorities; and – Apply for grant to assist leisure services to address barriers. <p>Resourcing</p> <ul style="list-style-type: none"> • Minimal financial, but considerable time for project support. <p>Who</p> <ul style="list-style-type: none"> • Disability, Child, Youth and Family Services. • CSOs, including advocacy organisations. • Medical organisations, including North West Regional Hospital. • Guardianship and Administration Board. • Police and legal representatives. • Housing Tasmania. • Project Support – Area Review and Response Officer. <p>When</p> <p>To be determined.</p>	<p>Qualitative</p> <ul style="list-style-type: none"> • Initial survey of key stakeholders, including people with disabilities is completed. • Final survey of key stakeholders to assess success of intervention.

DISABILITY WORKING GROUP		
Summary – 5. Establishment of Disability Practitioner Network.		
Desired Result	Strategies	Performance Measures
Quality	<p>Support practitioner service improvement through the establishment of a Disability Practitioner Network.</p> <p>How</p> <ul style="list-style-type: none"> • Establish Disability Practitioner Network. <p>Resourcing</p> <ul style="list-style-type: none"> • Some financial resources for administrative costs supplied by DCYFS. <p>Who</p> <ul style="list-style-type: none"> • Disability Services practitioners. • Project Support – To be determined. <p>When</p> <ul style="list-style-type: none"> • Strategy developed by December 2011. • Implementation by December 2011. 	<p>Quantitative</p> <ul style="list-style-type: none"> • Terms of reference agreed for Disability Services Network by December 2011. • Disability Services Practitioner Network meeting by December 2011. • Annual report on progress of networks (e.g. list of speakers/topics addressed).

DISABILITY WORKING GROUP

Summary – 6. Supported transition from school to post school options for people with disabilities.

Desired Result		Strategies	Performance Measures
Access	Young people with disabilities benefit from a supported transition from education to post school options.	<p>How</p> <ul style="list-style-type: none"> Develop a collaborative, person-centered approach by services working with children and young people with disabilities by: <ul style="list-style-type: none"> Establishing a working group of key stakeholders; and Identifying key issues and developing supporting documents to address these issues. <p>Resourcing</p> <ul style="list-style-type: none"> Minimal financial, but considerable time for project support. <p>Who</p> <ul style="list-style-type: none"> Students and young people with disabilities and their families. Disability, Child, Youth and Family Services. Community Sector Organisations. Department of Education. Project Support – To be determined. <p>When:</p> <ul style="list-style-type: none"> To be determined. 	<p>Quantitative</p> <ul style="list-style-type: none"> Working group established. Issues paper written. Supporting policies/procedures developed. <p>Qualitative</p> <ul style="list-style-type: none"> Reflection by original working group on success of strategies.

DISABILITY WORKING GROUP

Summary – 7. Collaborative approach between education and community services for children with disabilities

Desired Result		Strategies	Performance Measures
Collaboration	Children with disabilities benefit from a collaborative approach between education and community services.	<p>How</p> <ul style="list-style-type: none"> Develop a collaborative, child-centered approach by services working with children with disabilities by: <ul style="list-style-type: none"> Establishing a working group of key stakeholders; and Identifying key issues and develop supporting documents to address these. <p>Resourcing</p> <ul style="list-style-type: none"> Minimal financial, but considerable time for project support. <p>Who</p> <ul style="list-style-type: none"> Families. Students. Disability, Child, Youth and Family Services. Community Sector Organisations. Department of Education. Project Support – To be determined. <p>When:</p> <ul style="list-style-type: none"> To be determined. 	<p>Quantitative</p> <ul style="list-style-type: none"> Working group established. Issues paper written. Supporting policies/procedures developed. <p>Qualitative</p> <ul style="list-style-type: none"> Reflection by original working group on success of strategies.

FAMILY SUPPORT WORKING GROUP

Summary – 8. Families are supported to resolve conflicts constructively

Desired Result		Strategies	Performance Measures
Client-centred	Families are supported to resolve conflicts constructively.	<p>How</p> <ul style="list-style-type: none"> • Increase/establish family counselling, mediation and advocacy services for families by: <ul style="list-style-type: none"> – Clarifying available resources, including existing services, and specific need (may address family violence issues); – Developing strategies to engage families who are reluctant to access the service system; – Identifying potential funding source and developing funding submission; – Identifying minimal resourcing strategies which could be effective; and – Developing good working relationships between services. <p>Resourcing.</p> <ul style="list-style-type: none"> • Significant funding required. <p>Who</p> <ul style="list-style-type: none"> • Relevant Commonwealth Government and associated services. • Disability, Child, Youth and Family Services. • Community Sector Organisations. • Project Support – To be determined. <p>When</p> <ul style="list-style-type: none"> • To be determined. 	<p>Quantitative</p> <ul style="list-style-type: none"> • Establishment of / increase in availability of family mediation services. • Establishment of / increase in availability of advocacy for families. • Plan for establishment of family advocacy. • Plan for establishment of family mediation service. • Submission for funding for family advocacy and mediation services. • Recorded data. <p>Qualitative</p> <ul style="list-style-type: none"> • Survey of clients and families completed within one year of any new services operating or other strategies implemented (unlikely to take place in this Plan’s timeframe).

FAMILY SUPPORT WORKING GROUP		
Summary – 9. Forensic, psychiatric, therapeutic and counselling services for children and families		
Desired Result	Strategies	Performance Measures
Client-centred	<p>The resilience of children and families is improved through the provision of professional forensic, psychiatric, therapeutic and counselling support.</p> <p>How</p> <ul style="list-style-type: none"> • Investigate the feasibility of establishing forensic psychiatric, therapeutic and counseling services, including: <ul style="list-style-type: none"> – Clarification of focus; – Identification of existing services and barriers to accessing these services; – Identification of service limitations and gaps, such as need for early intervention and longer, sustained support; – Development and implementation of a plan responding to this; – Increased service capacity; – Development of service models; and – Development of funding submissions. <p>Resourcing</p> <ul style="list-style-type: none"> • Significant and unidentified. <p>Who</p> <ul style="list-style-type: none"> • Disability, Child, Youth and Family Services. • Community Sector Organisations. • Project Support – To be determined. <p>When</p> <ul style="list-style-type: none"> • To be determined. 	<p>Quantitative</p> <ul style="list-style-type: none"> • Plan identifying a range of strategies and potential funding sources for establishing forensic, psychiatric, therapeutic and counseling services for children and families. • Development of paper outlining preferred service model. • Submission for funding for relevant services. • Evidence based evaluation underpinned by research. <p>Qualitative</p> <ul style="list-style-type: none"> • Survey of clients completed within one year of any new additional services operating or other strategies implemented (unlikely to take place this Plan’s timeframe).

FAMILY SUPPORT WORKING GROUP

Summary – 10. Development of accommodation options suitable for young people.

Desired Result		Strategies	Performance Measures
Access	Young people (14-17) have increased accommodation options.	<p>How</p> <ul style="list-style-type: none"> • Run a focus group to establish what accommodation options young people would prefer, which include consideration of young mothers with babies. • Work with Housing Tasmania and other services in the area such as Youth and Family Focus – Focus on Transitional Outreach. • Develop an achievable plan. • Identify funding sources. <p>Resourcing</p> <ul style="list-style-type: none"> • Significant funding; not currently available through DHHS. <p>Who</p> <ul style="list-style-type: none"> • Young people with accommodation issues. • Disability, Child, Youth and Family Services. • Community Sector Organisations. • Project Support – Community Partners, Housing Tasmania. <p>When</p> <ul style="list-style-type: none"> • To be determined. 	<p>Quantitative</p> <ul style="list-style-type: none"> • Hold focus group of young people to identify needs. • Plan developed. • Submission written.

FAMILY SUPPORT WORKING GROUP

Summary – 11. Clear supported pathways for families seeking mental health services for their children.

Desired Result		Strategies	Performance Measures
Collaboration	Families with children who could benefit from access to mental health services enjoy a seamless journey through the service system in the North West Area.	<p>How</p> <ul style="list-style-type: none"> Develop a clear, supported pathway for families who wish their children to access mental health services by: <ul style="list-style-type: none"> Establishing a working group of key stakeholders; Identifying specialist services that can assist children to respond with normal reactions to abnormal occurrences, as well as children with mental illness; Developing practitioner networks; Building relationships; and Producing a pathway document and any supporting policies/procedures to ensure access by children to mental health services. <p>Resourcing</p> <ul style="list-style-type: none"> Minimal financial, but considerable time for project support. <p>Who</p> <ul style="list-style-type: none"> Disability, Child, Youth and Family Services. Community Sector Organisations. Project Support – To be determined. <p>When</p> <ul style="list-style-type: none"> To be determined. 	<p>Quantitative</p> <ul style="list-style-type: none"> Working group established. Pathway document produced. Supporting policies/procedures developed. <p>Qualitative</p> <ul style="list-style-type: none"> Survey of clients in target group after strategies implemented. Reflection by original working group on success of strategies. Long term study of parents and children (e.g. Elenora Child Care Centre North).

FAMILY SUPPORT WORKING GROUP

Summary – 12. Establishment of Family Support Practitioner Network.

Desired Result		Strategies	Performance Measures
Quality	Support practitioner service improvement through the establishment of Family Support Practitioner Network.	<p>How</p> <ul style="list-style-type: none"> Establish Family Support Practitioner Network. Involve specialist services. <p>Resourcing</p> <ul style="list-style-type: none"> Some financial resources for administrative costs supplied by DCYFS. <p>Who</p> <ul style="list-style-type: none"> Family Support practitioners. Specialist services (e.g. Child and Adolescent Mental Health Service). Other practitioner networks (e.g. Hobart based). Project Support – To be determined. <p>When</p> <ul style="list-style-type: none"> Strategy developed by February 2011. Implementation by March 2011. 	<p>Quantitative</p> <ul style="list-style-type: none"> Terms of reference agreed for Family Support Practitioner Network by March 2011. Family Support Practitioner Network meeting by March 2011. Annual report on progress of networks (e.g. list of speakers/topics addressed).

FAMILY SUPPORT WORKING GROUP

Summary – 13. Transitional accommodation for men in Devonport.

Desired Result		Strategies	Performance Measures
Access	Men in Devonport will have access to transitional accommodation.	<p>How</p> <ul style="list-style-type: none"> • Develop an achievable plan to address the needs of men in Devonport needing crisis/transitional accommodation. • Earlier intervention to prevent homelessness. <p>Resourcing</p> <ul style="list-style-type: none"> • Significant funding; not currently available through DHHS. <p>Who</p> <ul style="list-style-type: none"> • Devonport Crisis Accommodation Group. • Housing Tasmania. • Disability, Child, Youth and Family Services. • Community Sector Organisations. • Project Support – Community Partners, Housing Tasmania. <p>When</p> <ul style="list-style-type: none"> • To be determined. 	<p>Quantitative</p> <ul style="list-style-type: none"> • Completion of plan. • Monitoring implementation of plan. • Reduced waiting list for transitional accommodation.

OVER-ARCHING**Summary – 14. Communication and partnership strategies, including conference and expo and service mapping.**

Desired Result		Strategies	Performance Measures
Quality	Increased organisational effectiveness by promoting closer partnerships and sharing information between services.	<p>How</p> <ul style="list-style-type: none"> • Conference and expo to promote best practice in communication and partnership arrangements in the North West. • Integrated service mapping system for the North West. <p>Resourcing</p> <ul style="list-style-type: none"> • Resources for mapping system dependent on model and extent of map (geographic, client, service type). <p>Who</p> <ul style="list-style-type: none"> • Disability, Child, Youth and Family Services. • University of Tasmania (to be determined). • Commonwealth Carelink Centres. • Community Sector Organisations. • Project Support – To be determined. <p>When</p> <ul style="list-style-type: none"> • Conference/Expo – May 2011. • Service mapping – December 2012. 	<p>Quantitative</p> <ul style="list-style-type: none"> • Conference and expo conducted. • Service mapping system in place.

OVER-ARCHING

Summary – 15. Community transport – directory of services and survey of barriers to resource sharing.

Desired Result		Strategies	Performance Measures
Inclusion (Community and Individual)	Improved resource and information sharing to increase accessibility and efficiency of community transport.	<p>How</p> <ul style="list-style-type: none"> • Compile a directory of community transport services and available vehicles in the Devonport area and then extend across the North West. • Survey community organisations to identify barriers to sharing vehicles. • Lobby to maintain an exemption from obtaining public vehicle licenses for small buses. • Support initiatives to extend the Metro link transport system to outlying areas and include Sunday and evening services. <p>Resourcing</p> <ul style="list-style-type: none"> • Minimal financial, but considerable time for project support. <p>Who</p> <ul style="list-style-type: none"> • Disability, Child, Youth and Family Services and Community Sector Organisations. • Project Support – Community Partnership Team. <p>When</p> <ul style="list-style-type: none"> • Devonport directory of services by December 2010. • Burnie directory of services by June 2011. • Remaining North West by December 2011. • Directory of vehicles for sharing by December 2011. 	<p>Quantitative</p> <ul style="list-style-type: none"> • Production of a directory of community transport services and available vehicles in the Devonport area. • Production of a directory of community transport services and available vehicles in the Burnie area. • Production of a directory of community transport services and available vehicles in the broader North West area. • Survey completed of community organisations to identify barriers to sharing vehicles.

OVER-ARCHING

Summary – 16. A consumer engagement framework for the North West Area Advisory Group.

Desired Result		Strategies	Performance Measures
Client-centred	Consumers are meaningfully involved in AAG planning and development work.	<p>How</p> <ul style="list-style-type: none"> • Develop a consumer engagement framework. • Establish a working group of key stakeholders. • Produce a framework document with policy statement and minimum commitments for consumer engagement. <p>Resourcing</p> <ul style="list-style-type: none"> • Minimal financial, but considerable time for project support. <p>Who</p> <ul style="list-style-type: none"> • Disability, Child, Youth and Family Services. • Community Sector Organisations. • Project Support – Community Partnership Team <p>When</p> <ul style="list-style-type: none"> • To be determined. 	<p>Quantitative</p> <ul style="list-style-type: none"> • Working group established. • Draft document produced by July 2011. • Document endorsed by AAG NW by December 2012. • Annual monitoring of commitments. <p>Qualitative</p> <ul style="list-style-type: none"> • Reflection by original working group on success of strategies.

PLACE-BASED WORKING GROUPS – CIRCULAR HEAD AND KING ISLAND

Summary – 17. Identification of issues and development of strategies for isolated areas.

Desired Result		Strategies	Performance Measures
Inclusion (Community and Individual)	Identify issues and develop strategies for isolated areas.	<p>How</p> <ul style="list-style-type: none"> • Circular Head and King Island Working Groups in consultation with their communities to identify goals and develop strategies to meet these goals. • Consider use of information technology, local council staff and visits by DCYFS representatives to establish King Island Working Group. <p>Resourcing</p> <ul style="list-style-type: none"> • Minimal financial, but considerable time for project support. <p>Who</p> <ul style="list-style-type: none"> • King Island AAG Working Group. • Circular Head AAG Working Group. • Disability, Child, Youth and Family Services. • Community Sector Organisations. • Project Support – To be determined. <p>When</p> <ul style="list-style-type: none"> • Plan by 2011, then development work as determined by Working Groups. 	<p>Quantitative</p> <ul style="list-style-type: none"> • Consultation with Circular Head local community by July 2011. • Consultation with King Island local community by December 2011. • Plan developed for Circular Head by December 2011. • Plan developed for King Island by June 2012.

PLACE-BASED WORKING GROUPS – WEST COAST

Summary – 18. Project plan for Youth Case Worker for West Coast.

Desired Result		Strategies	Performance Measures
Access	West Coast youth have access to a sustainable service system which supports them to be active partners in the management of their health and wellbeing.	<p>How</p> <ul style="list-style-type: none"> Develop a project plan for a Youth Case Worker for the West Coast of Tasmania by conducting focus groups then developing a response plan. Secure grant funding. <p>Resourcing</p> <ul style="list-style-type: none"> Significant unfunded resource implications if plan implemented beyond initial three years. Three year grants to fund action research and youth worker. <p>Who</p> <ul style="list-style-type: none"> Disability, Child, Youth and Family Services. Community Sector Organisations. Project Support – Working Group/Community Partnership Team. <p>When</p> <ul style="list-style-type: none"> December 2011. 	<p>Quantitative</p> <ul style="list-style-type: none"> Key meeting dates met. Focus Group meeting/survey conducted.

PLACE-BASED WORKING GROUPS – WEST COAST

Summary – 19. Web based tool to assist with the coordination of services for West Coast clients.

Desired Result		Strategies	Performance Measures
Collaboration	West Coast clients enjoy a more co-ordinated access to the service system of the North West area.	<p>How</p> <ul style="list-style-type: none"> • Service mapping by UTAS student. • Implementation of a web based tool that will enable all stakeholders to update a live calendar to better co-ordinate service provider information and travel times to the West Coast. <p>Resourcing</p> <ul style="list-style-type: none"> • Minimal financial, but considerable time for project support. <p>Who</p> <ul style="list-style-type: none"> • Disability, Child, Youth and Family Services. • Other DHHS providers. • Community Sector Organisations. • Private providers. • Project Support – To be determined. <p>When</p> <ul style="list-style-type: none"> • To be determined. 	<p>Quantitative</p> <ul style="list-style-type: none"> • Development of tool. <p>Qualitative</p> <ul style="list-style-type: none"> • Survey of service providers to establish ease of use and usefulness. • Survey of clients to see if system has benefited them.

PLACE-BASED WORKING GROUPS – WEST COAST

Summary – 20. Collaborative service approach for clients with disabilities on the West Coast.

Desired Result		Strategies	Performance Measures
Collaboration	<p>People with a disability living on the West Coast enjoy a seamless journey through the service system in the North West Area.</p>	<p>How</p> <ul style="list-style-type: none"> • Develop a strong partnership approach to client centred service delivery. • Survey young people to inform project. <p>Resourcing</p> <ul style="list-style-type: none"> • Minimal financial, but considerable time for project support. <p>Who</p> <ul style="list-style-type: none"> • Gateway. • Co-located Disability worker. • Community Sector Organisations. • Project Support – Community Partnership Team. <p>When</p> <ul style="list-style-type: none"> • To be determined after service mapping project (Action 19). 	<p>Quantitative</p> <ul style="list-style-type: none"> • Working group established. • Pathway document produced. • Initial survey completed. <p>Qualitative</p> <ul style="list-style-type: none"> • Evaluative survey of clients in target group after strategies implemented. • Reflection by original working group on success of strategies.

7. Appendix I – North West Area Advisory Group – Gap Analysis by Client Group

The below table is a compilation of service gaps identified by members of the North West Area Advisory Group, which have been arranged by client group. Each entry includes a reference to enable the reader to link back to the 'DCYFS Service Map, 5/5/10'.

1. People with disability enjoy choice, wellbeing and the opportunity to live as independently as possible		2. Families and carers are well supported in their caring role to ensure both their own wellbeing and that of the person being cared for		3. Children and young people have the capacity to reach their full potential		4. Local communities are supported to be inclusive of all community members	
Gap	Link to DCYFS Service Map	Gap	Link to DCYFS Service Map	Gap	Link to DCYFS Service Map	Gap	Link to DCYFS Service Map
Appropriate housing options	1.3	Single father support programs (Burnie)	2.2	Group homes for children with disabilities	1.3, 4.2	Service information and encouraging target groups to access	2.2
Case management	1.3	Preventative medicine	2.2	Healthy lifestyle choice for young children	2.2	Activities for people with mental health issues	2.2
Retirement options for older people	1.3, 4.2	Education opportunities for young mums	2.2	Activities for young people (West Coast)	2.2	Transport for West Coast, rural areas and people with disabilities across region	2.2, 4.2, 5.2
Leisure	1.3	Mental health – Post natal depression	3.2	Youth social worker (West Coast)	2.2	Family violence information for CALD	3.5
Accommodation support (independent and group home). More needed and more flexible	1.3, 4.2	Assessment tools for family violence	3.5	Reference centres for young people (West Coast)	2.2	Community groups taking on children with disabilities (e.g. scouts, community rec. groups)	4.2
Transport (especially evening, weekend, between towns)	1.3	Collaborative practice in relation to unborn baby alerts	3.5	Mental health services	3.2,	Recreations services (West Coast)	5.2

1. People with disability enjoy choice, wellbeing and the opportunity to live as independently as possible		2. Families and carers are well supported in their caring role to ensure both their own wellbeing and that of the person being cared for		3. Children and young people have the capacity to reach their full potential		4. Local communities are supported to be inclusive of all community members	
Gap	Link to DCYFS Service Map	Gap	Link to DCYFS Service Map	Gap	Link to DCYFS Service Map	Gap	Link to DCYFS Service Map
Flexible day support with choice, including venues outside large centres, age and ability appropriate	1.3, 4.2	Family violence courts	3.5	Accommodation options for 14+ (other than foster care)	3.2	Additional resources for community and neighbourhood houses	5.3
Respite places	1.3	Family violence information for CALD	3.5	Family support for children with disabilities	3.2	Mental health services in Circular Head	5.3
Vocational courses targeted at people with learning disabilities	1.3	Respite for parents with children with challenging behaviours, mental health issues	4.2, 5.2	Facilities/service delivery for children and young people who remain in family violent situations	3.5	No visiting neurologist for NW region	6.1
Employment	1.3	Limited supported places in schools for children with disabilities; not inclusion focussed	4.2	Universal Respectful Relationship Program in schools (K-12)	3.5	Interstate and intrastate transport for patients/clients with medical condition	6.1
Psychological services	1.3	Free and more counselling	5.2	Specialist children and young peoples' legal representative in relation to family violence matters.	3.5	Work (voluntary or paid) for people with mental illness, cognitive deficits	7.1
Advocacy	1.3	Family mediation	5.3	School holiday programs for high school children with disabilities	4.2	West Coast – midwifery, youth services, access to services, drug and alcohol, children's services, men's health	

1. People with disability enjoy choice, wellbeing and the opportunity to live as independently as possible		2. Families and carers are well supported in their caring role to ensure both their own wellbeing and that of the person being cared for		3. Children and young people have the capacity to reach their full potential		4. Local communities are supported to be inclusive of all community members	
Gap	Link to DCYFS Service Map	Gap	Link to DCYFS Service Map	Gap	Link to DCYFS Service Map	Gap	Link to DCYFS Service Map
Perpetrator courses for domestic violence – Safe at Home	1.3	Community allied health staff – long waiting lists	5.3	Vocational courses targeted at people with learning disabilities	1.3		
Group homes for children	1.3, 4.2	Short term support for those who are ineligible for HACC Post Acute	5.3	Support services for youth with gay parents	5.2		
Official visitors program	1.3	Crisis accommodation for families and men	5.3	Support for young people with mental health issues/ADHD/ADD	5.2		
Information	1.3	Accommodation for people with mental illness, especially CALD and intellectual disability	7.1, 7.3	Shelters, hostels, accommodation and volunteer emergency community care and support towards independent living for young people	5.2		
Family support groups	1.3			Outdoor, bush therapy	5.2		
Transition from school to day program	1.3, 4.2			Alternative education	5.2		
Meaningful social opportunities	1.3			Early intervention and awareness programs in schools to provide skills to prevent homelessness	5.2		

1. People with disability enjoy choice, wellbeing and the opportunity to live as independently as possible		2. Families and carers are well supported in their caring role to ensure both their own wellbeing and that of the person being cared for		3. Children and young people have the capacity to reach their full potential		4. Local communities are supported to be inclusive of all community members	
Gap	Link to DCYFS Service Map	Gap	Link to DCYFS Service Map	Gap	Link to DCYFS Service Map	Gap	Link to DCYFS Service Map
Experienced staff in generic services (e.g. hospitals and community groups, Scouts) to deal with people with intellectual disability	1.3, 4.2			Supportive ways of working with school refusal	5.2		
Cooperative practices between services focussing on disability and mental health	1.3			Respite for children & young people with disabilities	5.3		
New service providers across all areas	4.2			Residential rehabilitation service for youth	5.3		
Group homes not aligned to 9–3 day service	4.2						
Day options for younger people	4.2						
Transition accommodation	4.2						
School holiday programs for high school children with disabilities	4.2						
More choice for vocational services – supported employment providers, meaningful work options	4.2						

1. People with disability enjoy choice, wellbeing and the opportunity to live as independently as possible		2. Families and carers are well supported in their caring role to ensure both their own wellbeing and that of the person being cared for		3. Children and young people have the capacity to reach their full potential		4. Local communities are supported to be inclusive of all community members	
Gap	Link to DCYFS Service Map	Gap	Link to DCYFS Service Map	Gap	Link to DCYFS Service Map	Gap	Link to DCYFS Service Map
Better vocational services – target those with greatest barriers (rather than most employable), including intellectual, challenging behaviour, visual impairment.	4.2						
Transition from sheltered workshops to fully integrated work.	4.2						
Better connections between Education Department, DHHS, Federally funded employment programs.	4.2						
More flexible respite – for children beyond weekend at Latrobe; adults beyond Burnie	4.2, 5.3						
Limited supported places in schools for children with disabilities	4.2						

8. Appendix 2 – Planning by Location

8.1 Aims and Principles of Planning by Location

8.1.1 Introduction

Planning will be conducted within each area collaboratively by the Area Advisory Groups, with the involvement of other mainstream services. This will inform state-wide planning processes. Core elements of the Areal plan will be consistent across the State, while reflecting area and (where required) local conditions/priorities.

8.1.2 Principles

The purpose of area planning will be to enhance well-being and quality of life for vulnerable children, young people and families and people with disabilities, their families and carers by applying the following key principles:

- Planning will support better matching of service development to community needs and priorities;
- The emphasis will be on strengthening pathways between specialist services and other universal/secondary service options;
- Planning will support effective demand management, and responsiveness to the requirements, goals and aspirations of vulnerable children, young people and families and people with disabilities, their families and carers;
- Planning will support equity in the distribution of resources/services, based on the identified characteristics and needs of regional populations;
- There will be a strong focus on developing and consolidating a continuum of services, as well as improving the range, flexibility and quality of services delivered; and
- Planning will enable ease of access to services, undertaking service development based on population needs analysis, starting from the preferred options of community based services.

8.1.3 Regional requirements

Each region will be required (as a minimum) to identify:

- Community needs of vulnerable children, young people and families and people with disabilities, their families and carers);
- The profile of existing services within the region;
- Priority areas for service system development;
- Proposed strategies to address key issues in relation to the current service continuum (i.e. the need for new service types, a requirement to re-deploy existing resources to better meet community needs and preferences); and
- Requirements in terms of capacity building to support services in the region to respond to the particular needs of vulnerable children, young people and families and people with disabilities, their families and carers.

8.2 Strategies for Planning by Location

Area Advisory Groups will consider a number of approaches prior to identifying regional planning priorities. Plans will then be forwarded to the state-wide governance group for consideration and to inform decision making on service growth, capital, and required new funding.

8.2.1 Experiences and Perspectives of the Local Community

Area plans will be informed by input from vulnerable children, young people and families and people with disabilities, their families and carers themselves, based on their lived experience and intimate familiarity with the service system. This will create a shared understanding of the needs and preferences of the regional population, and the extent to which the existing services and supports respond to these.

8.2.2 Population Needs and the Community Profile

A range of demographic data will be utilised, together with national and state-wide studies which provide insight into the needs of vulnerable children, young people and families and people with disabilities, their families and carers, local government planning data, and other related data.

8.2.3 The Local Service System

An understanding of the characteristics of the existing services within each region will inform Area Plans. This will include the mix of services available to address the needs of vulnerable children, young people and families and people with disabilities, their families and carers, level of service utilisation, service gaps, waiting lists and other indicators of unmet demand, and areas of duplication/overlap.

9. Appendix 3 – Reference and Resources

9.1 Demographic Information

9.1.1 National

- Australian Bureau of Statistics
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/web+pages/statistics?opendocument#from-banner=GT>

9.1.2 State

- DCAC Population Projections
<http://www.dcac.tas.gov.au/>
- University of Tasmania, Demographic Analytical Services Unit – News Release
http://www.taspop.tasbis.com/webapps/site/588/1396/info/info-page.html?info_id=195576

9.2 Legislation

9.2.1 Commonwealth of Australia Legislation

http://www.austlii.edu.au/au/legis/cth/consol_act/

- Disability Act 1986 (Commonwealth)
- Disability Discrimination Act 1992 (Commonwealth)
- Family Law Act 1975 (Commonwealth)
- Privacy Act 1988 (Commonwealth)

9.2.2 Tasmanian Legislation

<http://www.thelaw.tas.gov.au/index.w3p>

- Anti-Discrimination Act 1998
- Children, Young Persons and their Families Act 1997 and new amendments 2009
- Criminal Code Act 1924
- Disability Services Act 1992
- Family Violence Act 2004
- Guardianship and Administration Act 1996
- Personal Information Protection Act 2004

- Right to Information Act 2009
- Youth Justice Act 1997

9.3 National Initiatives

9.3.1 Agreements, Standards and Reports

Disability:

- National Disability Agreement
http://www.fahcsia.gov.au/sa/disability/progserv/govtint/Pages/policy-disability_agreement.aspx
- National Disability Standards Framework
<http://www.fahcsia.gov.au/sa/disability/standards/Pages/policy-nsds1993.aspx>

Children and Young People:

- National Framework for Protecting Australia's Children
<http://www.fahcsia.gov.au/sa/families/pubs/Pages/default.aspx>
- National Standards for Out of Home Care
<http://www.fahcsia.gov.au/sa/families/pubs/Pages/default.aspx>
- National Youth Advisory Council Summit Reports
<http://www.create.org.au/publications/nyac-summit-reports>

Families:

- Stronger Families and Communities Initiative
<http://www.fahcsia.gov.au/about/publicationsarticles/research/occasional/Pages/ops-ops24.aspx>
- National Affordable Housing Agreement
http://www.homelessnessinfo.net.au/index.php?option=com_content&view=section&id=29&Itemid=29

Housing:

- National Partnership on Homelessness
http://www.homelessnessinfo.net.au/index.php?option=com_content&view=section&id=29&Itemid=29
- National Partnership on Remote Indigenous Housing
http://www.homelessnessinfo.net.au/index.php?option=com_content&view=section&id=29&Itemid=29

- National Partnership on Social Housing
http://www.homelessnessinfo.net.au/index.php?option=com_content&view=section&id=29&Itemid=29

9.4 Tasmanian Initiatives

9.4.1 Inter Departmental and non DHHS Initiatives

- *Tasmania Together* – a plan developed by the Tasmanian community to identify its direction to 2020
<http://www.tasmaniatogether.tas.gov.au/>
- The Office of the Social Inclusion Commissioner, *A Social Inclusion Strategy for Tasmania*
http://www.dpac.tas.gov.au/divisions/siu/social_inclusion_commissioner
- *Safe at Home* – a whole of Government project
<http://www.safeathome.tas.gov.au/>

9.4.2 Department of Health and Human Services (DHHS) – General

- communityExpress
Note: DHHS intranet documents are available through the communityExpress website:
<http://www.communityexpress.dhhs.tas.gov.au/home>
- *Strategic directions 09-12*
<http://intra.dhhs.tas.gov.au/dhhs-online/page.php?id=28783>
- Quality Futures – Quality and Safety Standards
http://www.dhhs.tas.gov.au/about_the_department/organisational_structure/groups/human_services/office_for_the_community_sector/quality_and_safety_standards_framework

9.4.3 DHHS – Disability, Child, Youth and Family Services (DCYFS)

- *Disability, Child, Youth and Family Services Governance Framework*, September 2010
<http://intra.dhhs.tas.gov.au/dhhs-online/page.php?id=34516> (accessed 20/10/10)
- *Resources Allocation and Unit Pricing Project Fact Sheet*
http://www.dhhs.tas.gov.au/disability/publications/easy_english_fact_sheets
- *Unit Costing Fact Sheet*
http://www.dhhs.tas.gov.au/disability/publications/easy_english_fact_sheets

9.4.4 DHHS, DCYFS – Disability and Community Services

- *The Disability Operational Framework*
http://www.dhhs.tas.gov.au/disability/disability_services_reform/operational_framework_for_disability_services

- *Disability Services Workforce Development Strategy 2007/08 – 2011/12*
http://www.dhhs.tas.gov.au/disability/publications/easy_english_fact_sheets

9.4.5 DHHS, DCYFS – Child Protection

- *Kids Come First Report 2009*
http://www.dhhs.tas.gov.au/about_the_department/organisational_structure/operational_units/dcyfs/program_and_strategies/kids_come_first

9.4.6 DHHS, DCYFS – Youth Justice

- *Building Futures: Youth Justice Service Delivery Framework*
Internal DCYFS document
- *A publication for youth justice services:*
http://www.dhhs.tas.gov.au/about_the_department/organisational_structure/operational_units/dcyfs/unit_structure/area_teams/youth_justice_services/publications_and_resources

9.4.7 DHHS – Housing Tasmania

- *Tasmanian Homelessness Plan* including:
 - Same House Different landlord
 - Service Coordination and Improvement Project

http://www.dhhs.tas.gov.au/about_the_department/organisational_structure/operational_units/housing_tasmania/programs_and_strategies/national_housing_reforms/national_partnership_on_homelessness

9.4.8 Other

Tasmanian Council of Social Services, various reports and documents sourced through their website:

<http://www.tascoss.org.au/Publications/ProjectReports/tabid/84/Default.aspx>

These include:

- *Independence: Support for the elderly in their communities; Home and Community Care Consumer Consultation Project Report (2009)*
- *Just Scraping By? Conversations with Tasmanians on low incomes*
- *The Financial Crisis and the Community Services Industry in Tasmania: Forum report and Overview February 2009*
- *Enhancing Quality of Life: Addressing poverty and disadvantage through the HACC program; Home and Community Care Consumer Consultation Project Report (2008)*
- *Budget priority statements*

<http://www.tascoss.org.au/Publications/BudgetPriorityStatements/tabid/74/Default.aspx>

10. Appendix 4 – Glossary

Acronym/Term	Definition
AAG	Area Advisory Group
ABS	Australian Bureau of Statistics
ABS CDATA	Australian Bureau of Statistics Online Application combining comprehensive information on Australian Society from 2006 Census data, with powerful web mapping application software with instant access to valuable topic data.
Agency	Department of Health and Human Services
Agency Units	Departmental and Operational Units within the Agency that purchase services from Community Sector Organisations.
Board of Management	A body of elected or appointed persons who jointly oversee the activities of an organisation. These bodies can have a variety of names, such as board of trustees, board of governors, board of managers, board of directors or executive board. It is often simply referred to as 'the board'.
CALD	Culturally and linguistically diverse
CAMHS	Child and Adolescent Mental Health Service
CHAPS	Child Health and Parenting Service
Community Sector Organisations (CSO)	Any Agency funded organisation that provides services through a funding agreement with DHHS.
CPT	Community Partnership Team
DCAC	Demographic Change Advisory Council – Tasmania
DCYFS	Disability, Child, Youth and Family Services
DHHS	Department of Health and Human Services
DPAC	Department of Premier and Cabinet – Tasmania
IRSD	Index of Relative Social-Economic Disadvantage
LGA	Local Government Area
NW	North West
PPE	Planning Performance & Evaluation (within Policy and Programs of DCYFS, DHHS).
UTAS DASU	University of Tasmania, Demographic Analytical Services Unit



Tasmania
Explore the possibilities

For further information please contact:

COMMUNITY PARTNERSHIP TEAM NW
Disability and Community Services
Disability, Child, Youth and Family Services
Human Services Group
Department of Health and Human Services

PO Box 258, Burnie, TAS. 7320

Phone: (03) 6440 7082

Fax: (03) 6434 4122

Email: cptnw@dhhs.tas.gov.au