

South East Area Advisory Group STRATEGIC PLAN 2011–2014

VISION FOR 2014

Responsive, flexible and adaptable services.

MEASURES OF SUCCESS

1. Timely assistance
2. Results that matter
3. Creative collaboration
4. Clear communication

PRIORITY AREAS

1. Strong Connections
2. Sounds Data
3. Accessible Services
4. Skilled People

Operational Plan Year I: 2011–2012

The **VALUES** that guide us

- **welcoming all people** in the area who seek to use the services offered
- recognising that usually **people know what support they need** and that professionals can assist them best by helping them clarify and voice this
- **being attentive** to the physical, social and psychological wellbeing of people and tailoring responses to each individual situation
- having **an attitude of optimism** that, with the right sort of support, people can overcome difficulties and improve their situation
- using interventions that **empower people** and enable them to strengthen their innate abilities and build their own skills
- being **willing to persevere** and work hard with people to achieve good outcomes
- identifying potential problems and **intervening early** where this may prevent larger problems and crises
- being **aware of our own values** and professional “blinkers” and how these might at times influence the way we work with some people
- understanding that working in **partnership**, while sometimes challenging, ultimately can bring better results
- displaying **integrity**, by following through and doing what we say we are going to do
- designing service models and providing interventions that are based on available **evidence** and which meet **quality standards**.

South East AAG 2011-2012¹

	STRATEGIES	TASKS	LEAD RESPONSIBILITY	PARTNERS ²	TIMEFRAME	RESOURCES
1						
1.1	Continue to set up and support Practitioner Networks	Continue to run the Family Services Practitioner Network	CPT, Good Beginnings	Mission Australia, Lady Gowrie, Pittwater Family Support Service, Jordan River Family Support Service, Hobart City Mission, Uniting Care		
		Set up a Disability Services Practitioner Network (develop TOR, coordinate meetings etc)	CPT	Oakdale, Parkside, DAAT, St Giles, Anglicare, Gateway, MA, Bapcare, STAR, Good Beginnings, Life Without Barriers		
		Discuss options for collaboration with SW Practitioner Networks.	CPT	Still to be confirmed		
		Explore idea of a Youth Workers Practitioner Network	Mission Australia Still to be confirmed	Anglicare, YJ Still to be confirmed		
		Explore possibility of a Complex Needs Practitioner Network	? Still to be confirmed	SASS, TACH, VSS Still to be confirmed		
1.2	Create a culture of collaboration across the region ³	Continue to hold regular AAG meetings, with members presenting and providing support as required.	CPT	See separate list		
		Run joint professional development as much as possible. ⁴	CPT	All		
		Hold regular meetings between Gateway and sector managers to identify and deal with joint business.	Gateway, (MA, Bapcare)	CHAPS, TACH		

¹ Content is drawn from two initial rounds of consultations: (1) AAG in December 2010; (2) Series of meetings between Community Partnership Team members and AAG members

	Establish regional coordination groups, commencing with Derwent Valley.	DoE <i>Still to be confirmed</i>	DHHS, Tas Police, CYS, MA		
	Set up opportunities for joint work in New Norfolk between Mission Australia and Salvation Army.	? <i>Still to be confirmed</i>	MA, Salvation Army		
	Extend mental health services in Tasman through shared social work resources.	DOE	Tasman Council, TMC		
	Set up formal processes for joint work between (1) Child Health & Parenting Service (CHAPS) and RHH for ante-natal care, and (2) CHAPS and Risdon prison for post-natal care.	CHAPS	CHAPS, RHH, Risdon Prison		
	Set up opportunities for joint work between Child Protection Services (CPS) and CHAPS, specifically sharing information and the possibility of joint visits through a formal role.	CHAPS, CPS	CPS, CHAPS		
	Set up opportunities for Family Support Workers and Disability Workers to explore common ground e.g. families with children with disabilities.	MA <i>Still to be confirmed</i>	Anglicare, CPS		
	Continue joint work between Tasmania Police, Child Protection Services and Department of Education. ⁵	CPS	Tas Police, DoE		
	Continue joint work between DoE and DHHS on educational achievement for students under care and protection orders.	Refer to Partnering Agreement 2011–2013			
	Explore the potential for joint research projects.	? <i>Still to be confirmed</i>	Anglicare, Disability and Community Services, CPS		
	Improve transition processes for clients of disability services moving between services.	CPT/DCS?	St Giles, MA, DCS		
	Set up opportunities for disability services to explore intersecting work with Department of Education.	CPT	DoE, STAR, St Giles, DCS		
	Set up process for joint work between SASS and FVCSS on common clients on case review and training.	SASS <i>Still to be confirmed</i>	SASS, FVCSS		

² The organisations involved in the consultations have indicated their interest in leading and participating in different Tasks. Other organisations are warmly invited to participate in any areas of interest.

³ See Appendix 1 for list of organisations willing to present general information or specific topics (e.g. at AAG and other forums), share resources and make other contributions.

⁴ See also 4.1

		Set up process for joint work between SASS and Salvation Army therapeutic care services.	SASS <i>Still to be confirmed</i>	SASS, FVCSS, ACF <i>Still to be confirmed</i>		
		Document and circulate examples of collaboration that contribute to good practice such as successful 'Quick Wins' from the AAG process.	CPT	All AAG members		
1.3	Establish high quality communications throughout the region	Identify common expectations for communications e.g. plain English and design features that promote readability.	AAG Co-chair <i>Still to be confirmed</i>	Advocacy Tas, DHHS Comms, CPT, Speak Out <i>Still to be confirmed</i>		
		Maintain regular AAG communications and explore possible new mechanisms for connecting with people who are from culturally and linguistically diverse backgrounds (CALD).	CPT	All AAG members		
		Continue to communicate information about the Gateway model and role widely.	MA	DCS		
		Support the work of the Primary Health Integrated Care Centre Project through networking and potential collaboration.	Primary Health	All members		
		Pursue opportunities to network and link services located in Integrated Care Centre for Clarence.	? <i>Still to be confirmed</i>	CHAPS, MA		
1.4	Create a culture of engagement among staff, clients and communities	Build an understanding of best practice in consulting with clients and community groups in all sectors.	CPT	MA, St Giles		
		Explore and document options for consumer engagement by AAG members collectively and individually.	CPT	All		
		Make regular presentations to each other of information about services.	CHAPS, St Giles <i>Still to be confirmed</i>	<i>Still to be confirmed</i>		
		Build an understanding of the vision and values of the Strategic Plan among all AAG organisations.	AAG Co-chairs	All		

⁵ There is an existing MOU between Tasmania Police and Child Protection Services, and a liaison role between Tas Police, CPS and Department of Education is in the early stages of being explored.

2							
2.1	Determine data and information requirements for the services in the South East ⁶		Set up a working group to identify (1) data needs and (2) sources of data and (3) capacity to analyse and interpret data ⁷	AAG Co-chairs	PPE, DHHS, MA, MHS, TACH		
			Explore the opportunity to create a service directory that is sustainable. ⁸	AAG Co-chairs	PPE, CHAPS, Parkside, St Giles, Able, Headway, Oakdale, MA. MHS		
			Make information about fact sheets on LGAs done by PPE available to AAG on an annual basis.	CPT	PPE		
2.2	Develop protocols for sharing data e.g. analysis and interpretation, security and confidentiality		Set up a working group to identify the range of protocols needed, what currently exists, what needs to be done and how.	AAG Co-chairs	PPE, MA, Anglicare		
2.3	Identify key indicators that point to the program priorities in the local area		Set up a working group to develop a results based accountability process (including KPIs) in line with the vision and success measures in the strategic plan. ⁹	AAG Co-chairs	PPE, MA, Anglicare, Life Without Barriers,		

⁶ See Appendix 1 for list of specific data requirements indicated through the consultations.

⁷ See Appendix 1 for suggestions regarding data collated at end of document. Links with 2.2 and 2.3

⁸ Conducted as project with a small working group to run it, and a larger group representing all agencies involved to provide information and advice and to ensure it is sustainable.

⁹ Current success measures: timely assistance, results that matter, creative collaboration, clear communication.

3							
3.1	Identify and address service gaps. ¹⁰		Identify ways to support the Launching into Learning program.	CHAPS	DoE		
			Work alongside Brighton Alive and Jordan River Learning Federation to develop services for young people aged 6-12 years.	?			
				Still to be confirmed	Still to be confirmed		
			Encourage innovative thinking about how to improve rural outreach using existing services.	AAG Co-chairs	CHAPS, Good Beginnings, Life Without Barriers, Anglicare		
				Still to be confirmed	Still to be confirmed		
			Recommend ways to develop policy and services to meet the needs of clients in rural and remote areas.	AAG Co-chairs	CHAPS, Good Beginnings, Life Without Barriers, Anglicare		
				Still to be confirmed	Still to be confirmed		
			Design accommodation options for clients with dual diagnosis that are specifically tailored to their needs ¹¹	DS	MHS		
			Systemic response to trauma.	?	MHS, St Giles, CPS, VSS		
				Still to be confirmed			
			Explore accommodation options for rural children with disability attending school and make recommendations to DCS.	DS	Oakdale, STAR, DoE		
		Still to be confirmed					
	Support the development of critical incident response strategies in the community house network.	TACH	MHS, Lifeline, CPT				
	Explore needs underpinning requests for a service map.	CPT	MHS, DCH, MA, TACH, others				
		Still to be confirmed					
	Support the work of Mission Australia to develop the Youth Plan	MA					
		Still to be confirmed	Still to be confirmed				

¹⁰ See Appendix 1 for list of specific gaps indicated through the consultations.

¹¹ Conducted as a project with working a group.

3.2	Provide a single entry point and common tool for assessment, review and evaluation.		Work with Gateway on making processes between them and other agencies run well.	MA	All Managers whose clients interact with Gateway		
			Identify and share current developments with assessment tools (NGOs, DHHS, others) and feedback to AAG. ¹²	CPT <i>Still to be confirmed</i>	AAG members developing tools including St Giles and MA		
			Work with Child and Family Centres (CFCs) on making processes between them and other agencies run well.	CFC Manager <i>Still to be confirmed</i>	All Managers whose clients interact with CFCs		
3.3	Create a culture of client-centred services.		Set up a working group to identify common expectations for client-centred services and broad strategies for making improvements.	CPT <i>Still to be confirmed</i>	<i>Still to be confirmed</i>		
			Identify current policy and good practices on cultural competence across the sector.	CPT	MHS, MRC, Housing & Community Services		
			Negotiate providing opportunistic health promotion at Launching into Learning sites.	CHAPS	DoE		
3.5	Develop and maintain promotional material about services.		Foster networking to assist organisations to develop and improve their promotional packages.	AAG Co-chairs	CHAPS, MA, CPT		
3.6	Develop an understanding of physical assets and accommodation options.		Survey organisations about what they have, what they need, and what they have to offer (e.g. options for shared rental space, office space). ¹³	CPT	Volunteers sought		

¹² Rationale includes encouraging information sharing agreements between services with common clients to reduce need for clients to have to tell their story many times.

¹³ This links with other areas, in particular delivery of services into rural and remote areas.

4								
4.1	Provide learning opportunities for all services (government and non-government) under shared funding arrangements as appropriate. ¹⁴		Set up shared professional development programs – both opportunistically and strategically. ¹⁵ Suggested topics include: <ul style="list-style-type: none"> • governance • supervision • working with data • understanding the needs of parents of children with disabilities. 	AAG Co-chairs CPT SE & SW	Various AAG members to date ¹⁶ SW AAG			
			Build intake skills of workers through allocating joint time to share information and improve processes.	MA	CHAPS, CPS, MHS			
			Create a shared framework for training youth workers ¹⁷	MA	<i>Still to be confirmed</i>			
			Run skills program on consulting with clients and community groups.	?	<i>Still to be confirmed</i>	<i>Still to be confirmed</i>		
			Set up opportunities for networking and shared training between CPS frontline staff and the rest of the sector.	CPS	<i>Still to be confirmed</i>	<i>Still to be confirmed</i>		
4.2	Maintain and further develop professional supervision and performance management programs.		Share government and non-government policies & framework.	AAG Co-chairs	CPT			
4.3	Work to make DCYFS and its partner services employers of choice.		Identify what is required to align tertiary programs with conditions in the field and feed information into DHHS and UTAS Partnership process.	CPT <i>Still to be confirmed</i>	MA, Anglicare			
			Support staff to attend Practitioner Networks.	AAG Co-chairs	Service managers			

¹⁴ See Appendix 1 for list of specific learning needs indicated through the consultations.

¹⁵ For example, may be a program for the year that is set up by a working group in consultation with other agencies, and marketed widely (funding would need to be figured out e.g. shared contribution, user pays, in-kind etc).

¹⁶ The following have indicated specific interest to date: CHAPS, CPS, Youth Justice, MHS, St Giles, STAR, Nexus, Cosmos, Oakdale.

¹⁷ Links with Targeted Youth Support Services (TYSS)

Appendix 1: ADDITIONAL SUGGESTIONS FOR REFERENCE WHEN STRATEGIES ARE PUT INTO ACTION

1.2 Culture of collaboration – organisations willing to present general information or specific topics (e.g. at AAG and other forums), share resources

ORGANISATION	WHO MADE OFFER	OFFER
Victims Support Service Dept of Justice	Debra Rabe	Share information, share resources, take part in shared professional development.
FaCHSIA	John Hargrave	Collaborate with local services.
RHH	Barbara Moerd	Address difficulties with accessing RHH services and discharge planning. Share information and take feedback back to RHH. Be involved in relevant training.
Oakdale	Kathy Tauber	Share information, knowledge and expertise.
Parkside	Adam Flack	Share information, knowledge and expertise.
Good Beginnings	Donna Evans	Share information, knowledge and expertise (early intervention, early years, outreach support/family support).
Family Violence Counselling & Support Service (DHHS)	Lizzie Mulder	Training programs. Share information, knowledge and expertise.
Advocacy Tasmania	Jane Blake	Clients' perspective.
Cosmos Inc	Lea Brady	Share information, knowledge and expertise (disability services).
Mission Australia		Share information, knowledge and expertise (documents, research, quality standards, examples of successful programs, learning from other programs).
Speak Out	Mary Mallett	Share information, knowledge and expertise.
STAR Tasmania	Lena Mitchell	Share information, knowledge and expertise.
Risdon Vale Neighbourhood House	Ann Harrison	Share information, knowledge and expertise. Joint projects.
CHAPS	Beverley (now Kim Parker)	Share information, knowledge and expertise. Involve all staff in the plan and their role in it.
Salvation Army	Wendy Cronk	Share information, knowledge and expertise. Formal partnerships and alliances.

2.1 Specific data requirements as indicated through the consultations

DATA	WHO RAISED IT
Number of people with disabilities in certain areas	Parkside
Demand data i.e. Gateway waiting lists de-identified	Parkside
Data needs to reflect quality of service, not just quantity/output e.g. when services do outreach, less cases, more time	Good Beginnings
Area/Local/Suburb-based data	Oakdale; TACH
Accommodation data, homelessness	Good Beginnings
Difficulties in using ABS website	TACH
Lifeline records trends from phone calls - can continue to provide that to the sector	Lifeline
Child Protection – open to requests for information rather than accessing database materials (because of statutory limits)	CPS
Victims Support Service – will consider requests for de-identified data and other ABS and police crime statistics they receive monthly	VSS

3.1: Specific gaps indicated through the consultations

SERVICE GAP	WHO RAISED IT
Risdon Vale, Clarendon Vale, Rokeby – human services minimal	FaCHSIA (based on national evaluation)
School holiday program for children with high needs	Parkside
Capacity of generic services to meet specialist need. IFSS increased referrals from families with a disability and also within TYSS	Anglicare, MA
Explore potential for more outreach to rural areas from community health centres.	Headway
Run training on job clubs – getting ready for employment	Headway
Check Operational Framework for Disability Services to see what's not been implemented	St Giles
Trauma support – many issues (including training)	CPS, St Giles, MHS, Good Beginnings, Victim Support Service
ACF is only available from Child Protection – cannot be accessed through other avenues	St Giles
Transition between services for school leavers	DS, DHHS; St Giles
Outreach – access to some areas where families can't meet costs to travel to services	Good Beginnings
Accommodation for young people with a disability who usually live in a rural area i.e. from Tasman	STAR, Oakdale
Increasing demand for emergency relief; not available in accessible locations.	TACH, FaCHSIA
No GPs available in some areas	TACH

4.1 Specific learning needs indicated through the consultations

TOPIC	WHO RAISED IT
See 4.1 for some listings	
Transforming trauma	<i>See above under service gap</i>
Needs of parents of children with disabilities	Mission Australia
Supporting people with a disability who are ageing	Able Australia

Appendix 2: ADDITIONAL SUGGESTIONS FOR FUTURE CONSIDERATION

	STRATEGIES	TASKS	LEAD RESPONSIBILITY	PARTNERS ¹⁸	TIMEFRAME	RESOURCES
3.4	Create a culture of early intervention through primary and secondary services.	Examine potential of CHAPS nurses doing regular joint visits with Child Protection workers to assess early indicators of problems with child development.	CHAPS	CPS		
		Examine possibility of a targeted home visiting system for vulnerable families, similar in style to cu@home.	CHAPS <i>Still to be confirmed</i>			

¹⁸ The organisations involved in the consultations have indicated their interest in leading and participating in different Tasks. Other organisations are warmly invited to participate in any areas of interest.

ACRONYMS

ACF	Australian Childhood Foundation	KPIs	Key Performance Indicators
CHAPS	Child Health & Parenting Service (DHHS)	MA	Mission Australia
CFC	Child & Family Centres	MHS	Mental Health Service (DHHS)
CPS	Child Protection Service (DHHS)	MRC	Migrant Resource Centre
CPT	Community Partnership Team (DHHS)	RHH	Royal Hobart Hospital
CYS	Children and Youth Services (DHHS)	SARC	Social Action Research Centre (Anglicare)
DCS	Disability and Community Services (DHHS)	SASS	Sexual Assault Support Service
DAAT	Dementia & Alzheimer's Association of Tasmania	TACH	Tasmanian Association of Community Houses
DHHS	Department of Health & Human Services	TMC	Tasman Multipurpose Centre
DoE	Department of Education	TYSS	Targeted Youth Support Service
FVCSS	Family Violence Counselling & Support Service	VSS	Victims Support Service (Justice)
Gateway	Mission Gateway (Mission Australia)	YJ	Youth Justice (DHHS)
IFSS	Integrated Family Support Services		