

Kids Come First

Business Plan Summary

1 Project Scope

1.1 Project Title

The long title of the project is “Kids Come First Blueprint”

The short title of the project is “Kids Come First”

1.2 Project Background

Broad Strategic Context – Social Inclusion

In the past decade there has been rising concern over deteriorating outcomes on many measures of child health, development, wellbeing and education, and the implications this has for society, both socially and economically. It has also been recognised that early intervention and prevention hold the key to improving many of these outcomes.

Additionally, there has been growing realisation of the impact of social exclusion on children and families and the desirability of targeting resources and interventions toward the specific needs of communities, and groups and individuals within those communities.

Social exclusion has been defined in the following terms: -

“social exclusion happens when people or places suffer from a series of problems such as unemployment, discrimination, poor skills, low incomes, poor housing, high crime, ill health and family breakdown,. When such problems combine they can create a vicious cycle.” (British Social Exclusion Unit established by the Blair Government in 2007)

Social exclusion can happen as a result of problems that face one person in their life. But it can also start from birth. Being born into poverty or to parents with low skills still has a major influence on future life chances”. (SEU, Office of the Deputy Prime Minister, undated.)¹

Internationally and nationally, policy development, research and analysis have focussed on identifying key variables and measures by which social inclusion and exclusion can be measured. A large portion of that work has focussed on children.

While there is a range of research and debate about social exclusion, there has been less evidential research relating to social inclusion. However it has been stressed that exclusion and inclusion are not “in or out” propositions and that they exist on a continuum.² There is also significant work around the establishment of social inclusion indicators which incorporate health, wellbeing and educational indicators for children.³

¹ Daly, A. *Social Inclusion and Exclusion among Australia's Children: A review of the literature. Discussion Paper No. 62. December 2006.* National Centre for Social and Economic Modelling, University of Canberra, 2006, page 11.

² Ibid., page 12

³ See Daly page 13 and ACOSS, *Targeting for fairness, setting targets for social inclusion.*, Background discussion paper for ACOSS Social Inclusion Conference, April 2008.

Moore (1997) has identified criteria for the nature of indicators of child wellbeing in the US.

These include:

- Comprehensive coverage across a range of outcomes, behaviours and processes
- Age appropriate indicators covering all children
- Clear and comprehensive to the general public
- Positive outcomes as well as negative aspects of wellbeing
- Common interpretation for all groups covered by indicators
- Consistency over time
- Collected in anticipation of future use and provide a relevant baseline
- Data collection methods should be rigorous
- Geographically detailed at state and local level
- Data collection detailed at the state and local level
- Data collection should be cost effective
- Reflect social goals for children
- Adjusted for demographic trends reflecting changes in the composition of the population⁴

A recent report undertaken by the National Centre for Social and Economic Modelling (University of Canberra) reviewing literature on social inclusion and exclusion for Australia's children concluded that there is "considerable evidence to support the importance of spatial analysis of disadvantage among Australian children. While there are obvious problems in measurement, judgement is involved in the choice of indicators and the underlying assumptions of any analysis. As long as the methodology is clearly set out, the results will contribute to our knowledge of childhood disadvantage in Australia."⁵

Commonwealth Level

The Australian Government has committed to a social inclusion strategy as a key election platform in 2007.

Key aspects of the framework include:-

- Framework around investing in people and communities that delivers the right interventions at the right time in the right place – the localised setting.
- Commitment to universal education for all four year old children
- Developing clear targets and means by which these targets can be measured and reviewed
- Establishment of a Social Inclusion Board
- Development of a Social Inclusion Unit in DPAC
- Partnerships with State, local governments, the not for profit sector and private sector to deliver targeted and tailored interventions which address localised system disadvantage
- Development of Social Inclusion Plans
- Focus on Broad Participation⁶

State Level

This project is consistent with the vision for the State established by the Tasmanian community through *Tasmania Together*.

⁴ Daly op. cit. page 13 and 15

⁵ Daly op. cit page 32.

⁶ Gillard. J., *An Australian Social Inclusion Agenda*, Election 07 Policy Document, www.alp.org.au/download/071122_social_inclusion.pdf, viewed 8th April 2008.

An important Tasmania *Together* goal is that Tasmanian communities should be confident, friendly and safe (Goal 2). There is a number of key indicators concerning children's wellbeing that are relevant to achieving this goal.

In addition, in March 2008, the Premier outlined the Government's vision for the future (*Agenda 2008*), which detailed eight core priorities for 2008, which included "Improving support and care to children and families"

In order to achieve both of these goals the government requires accurate and comprehensive information about the health, well being and educational outcomes for all Tasmanian children.

The *Kids Come First Blueprint* will provide the government with a comprehensive way of monitoring how Tasmania's children and young people (from birth to 18 years) are faring and more accurately identify where additional action and support are needed.

1.3 Objective(s)

The objectives of the Kids Come First Blueprint Project are:

- To develop an outcomes-based framework for children with key indicators of health, wellbeing, safety, development and learning that reflect the influences of child, family, community and service systems;
- Improved understanding within government and the broader community of children's health, wellbeing, development and learning by mapping key outcomes data together with community profiles to demonstrate relative strengths and weaknesses in local areas, together with contributing factors
- To examine and make recommendations regarding the legislative base for reporting and monitoring against these outcomes and indicators by Government and non-government agencies and ensuring that agencies are committed to working towards improvements;
- ...
- To provide recommendations to government on how the framework can best be utilised to improve access, equity and targeting of services to areas of need; and
- To enable government agencies to utilize the framework to develop innovative models of integrated service delivery, and raise community awareness.

1.4 Target Outcome(s)/Benefits

The intended project outcome is improved health, wellbeing and educational outcomes for all Tasmanian children from birth to eighteen years, by more efficient targeting of services and resources.

1.5 Output(s)

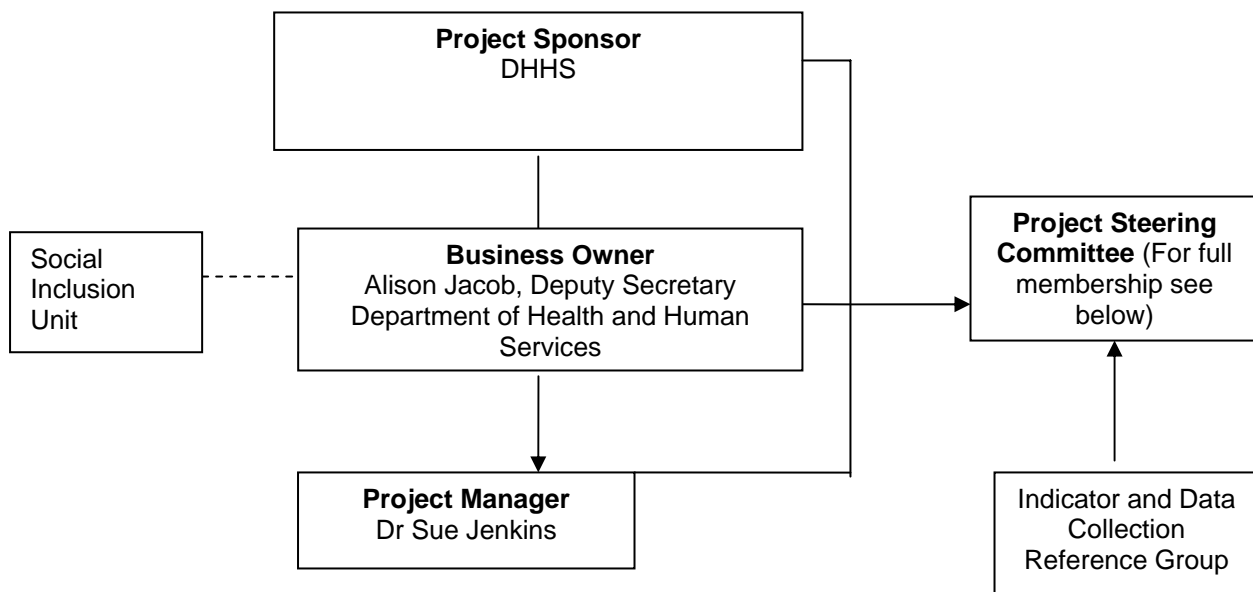
The high level Outputs to be delivered by the Kids Come First Blueprint Project are:-

- An outcomes based framework with key indicators;
- Local area analysis and maps demonstrating the spread of key indicators, demographic data and services available to children and families, together with recommendations regarding the future use of such analysis and maps;;
- Recommendations to government on the legislative requirements to support the framework;
- A report to government providing objective information for improved and more accurate targeting of interventions and support services.
- Recommendations regarding the use, effectiveness and future application of SIPS spatial analysis, mapping and planning tools in relation to health and socio-demographic planning.

2 Project Management Plan

2.1 Governance

The following diagram depicts the project governance structure



Project Steering Committee

ROLE

The role of the project steering committee is to provide strategic oversight of the *Kids Come First Project*.

- To give approval to the range of outcomes and indicators for the *Kids Come First Blueprint*
- To provide final approval for stages 12, 17 and 23 of the project schedule
- To agree to any significant deviations from the project plan or schedule

MEMBERSHIP

The membership should comprise of high level representation from the following agencies/organisations:-

- Department of Health and Human Services (Chair)
- Project Manager
- Social Inclusion Unit
- Department of Premier and Cabinet
- Department of Education
- Tasmania Police
- Commissioner for Children
- Department of Infrastructure, Energy and Resources
- TASCOS
- YNOT

Data Collection Reference Group

ROLE

The role of the data collection reference group is to determine the range and availability of appropriate indicator data from their own organisations.

The reference group will provide recommendations to the steering committee about technical data collection issues, format of data, availability of data and frequency of collection.

MEMBERSHIP OF REFERENCE GROUP

The membership of the reference group will comprise those persons in the following agencies/organisations who have technical knowledge of data collection, format of data and availability:

- Project Manager (Chair)
- Department of Health and Human Services
- Department of Premier and Cabinet
- Department of Education
- Tasmania Police
- Australian Bureau of Statistics
- Department of Infrastructure Energy and Resources (infrastructure Policy and Planning)