

office for the community sector  
people working in partnership  
**Strategic Plan 2008-2010**



# Foreword

The contribution that the community sector makes to the health and wellbeing of the Tasmanian population is extensive, ranging from population health strategies aimed at promoting good health and well being, through prevention, community based care and rehabilitation services. All of these strategies are key elements of our health and human services system.

The importance of the contribution made by the community sector towards achieving health and well-being and social inclusion goals of the Tasmanian Government cannot be over stated.

In fact, it is likely that every single Tasmanian benefits from the efforts of the community sector - either directly as a consumer, or through services to friends and loved ones, or as a member of the Tasmanian community made all the more rich through the contribution made by not for profit organisations to the lives of vulnerable and marginalised people in our society.

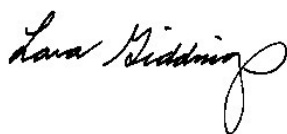
A large proportion of health and human service delivery is provided by not for profit organisations. While a substantial working relationship already exists between Government and the sector, the establishment of the Office for the Community Sector will ensure that the relationship is strategic and focused on building the capacity and sustainability of the varied elements that it comprises.

The Tasmanian budget for 2008-09 announced \$108.6 million in new areas of funding for human services - \$17.1 million over four years to expand alcohol tobacco and other drug services; \$50 million in partnership with the Commonwealth Government over four years to expand access to services for people with disabilities; and \$41.5 million over four years to build family support services and reform of out of home care for children at risk.

Most of this funding will go to service provision by the community sector, on top of the already considerable investment of over \$150 million dollars made by the Department of Health and Human Services in the community sector.

This is an exciting time for Health and Human Services - the opportunities exist to make a sustainable difference, achieving and maintaining an inclusive Tasmania where all people are enabled to participate in their community and lead meaningful lives.

This Strategic Plan will guide the further development of community sector capacity so that collectively we improve the health and wellbeing of clients and the community. We look forward to the successful achievement of this vision.



Lara Giddings, MP  
Deputy Premier  
Attorney General  
Minister for Justice  
Minister for Health



Lin Thorp, MLC  
Minister for Human Services

# Introduction

The Office for the Community Sector is an initiative of the Department of Health and Human Services Secretary, Mr David Roberts. The Department in turn recognises the increasing importance of ensuring sustainable and progressive partnerships with the non-government sector, industry and the community.

The Office for the Community Sector will provide the vehicle to assist in developing the relations that will ensure improved health and human service outcomes for all Tasmanians are achieved in an efficient and effective way.

Working in partnership with the community sector, and building on the community sector plan, the Office for the Community Sector has identified four key platforms to launch its activities over the next two years. These platforms comprise strategic development, quality and safety and finance and performance which underpin the fourth platform of an overarching agenda to encourage social innovation across government, industry and the community sector:

These platforms encompass the critical elements that will be required to not only improve consumer outcomes in an efficient and effective manner but also provide the clarity and the priorities established by the Department of Health and Human Services in its engagement with the community sector:

Like all health and human services globally, the increasing demand for high quality services requires all stakeholders, including Government, the community sector, private organisations and the broader community, to work collaboratively together. It will only be through these partnerships that we will be able to effectively manage the demand for services and deliver the care and support required for our community.

The Office for the Community Sector is committed to actively contributing to this association and it looks forward to building and progressing the positive relationships that will be required to ensure the implementation of this strategic plan.



Associate Professor Des Graham  
**Director**

# Office for the Community Sector - Planning Framework

This Strategic Plan provides the planning framework that will lead to the achievement of the objectives developed by the Department of Health and Human Services (DHHS) Agency Executive in relation to services delivered by community sector organisations.

The Plan has been developed in consultation with DHHS operational units and community sector organisations currently delivering services to clients. Furthermore, it is consistent with the Department's corporate planning framework, and aligned with the planning undertaken by the Peaks Network facilitated by the Tasmanian Council of Social Service Inc (TasCOSS).

## Defining the Community Sector

The health and human services sector can be clustered into three groups of service providers:

1. The business or private sector, which is privately owned and profit motivated.
2. The government or public sector, which is owned by local, state or federal governments.
3. A third group of service providers, less clearly defined and known by a range of names including the social sector, non-government organisations, the third sector or community sector. This group embraces a wide range of community, voluntary and not for profit activities aimed at improving the lives of citizens, particularly those who are disadvantaged or vulnerable.

The third group as defined above, can be broken down into three sub-groups (although many organisations may overlap these artificial boundaries):

- a) Community organisations that are organised on a not-for-profit basis. They are usually active at a local level, small and modestly funded, and largely dependant on voluntary rather than paid effort. They may be formal or informal in their structure. Examples include neighbourhood watch, community associations, civic societies, small support groups.
- b) Community organisations that are formal, independent of government and self governing. They also operate on a not-for-profit basis and rely on a meaningful degree of volunteer involvement, though they may be organised by a paid workforce. Examples include large charities, large community associations, campaign or advocacy organisations, faith-based support services.
- c) Social enterprises that are community based and community owned organisations which are primarily aimed at providing a community benefit and returning a surplus for the purpose of reinvestment into the community, rather than for the benefit of shareholders and owners. Examples include cooperatives, community organisations delivering government services, building societies and credit unions, development trusts, housing associations.

The Tasmanian Department of Health and Human Services recognises the valuable contribution made by all groups. It is important for transparency and a shared understanding of purpose and values that a clear definition of the "Community Sector" is articulated for all stakeholders involved in improving the health and well-being of Tasmanians. As such the Department recognises the "Community Sector" as having the following characteristics;

- Mission: the primary objective of the enterprise is to improve the lives of individuals, and/or the communities in which they live, particularly those who are disadvantaged or vulnerable. To achieve this mission community sector organisations deliver a range of services including support, capacity building and advocacy for disadvantaged groups and on behalf of individuals.

- Ownership: the resources of the enterprise are owned and invested by and for the benefit of the community, particularly those who are disadvantaged or vulnerable. Community sector organisations operate independently of government.
- Governance: The enterprise has a shared purpose that is directed, formally or informally, by a collective approach to decision making targeted at improving the health and well-being of Tasmanians.

## The Strategic Plan in context

In recent times the evolution of a stronger working relationship between the Tasmanian Department of Health and Human Services and community sector organisations has continued to evolve, beginning with “Changing Relationships” in 1996.

The Changing Relationships process evolved to become the Partnerships Project in 2000 and a draft Compact was developed by TasCOSS in 2001, based on models in operation in the Australian Capital Territory and England.

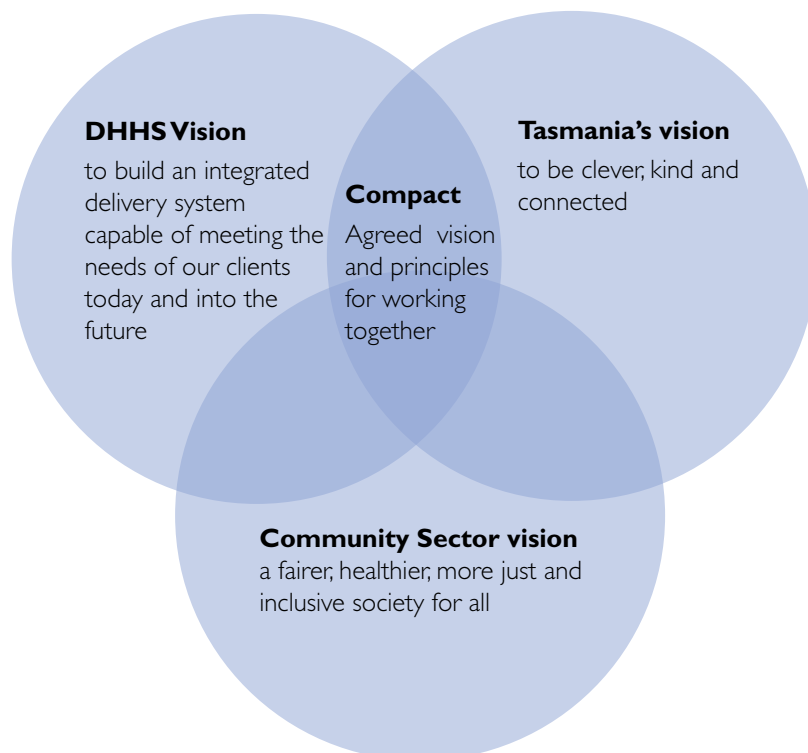
In 2006 the Tasmanian Government committed \$1 million towards the development of the sector, including a community sector industry plan, to be led by TasCOSS as the Peak Body for not for profit organisations in Tasmania.

In 2008 the Department of Health and Human Services formed the Office for the Community Sector to develop a stronger focus for the strategic development of community services within the health and human services care delivery system.

Concurrent with these developments, all other State jurisdictions in Australia are developing partnership relationships with the community sector, and in July 2008 the Australian Government announced an intention to develop a National Compact to promote effective partnerships.

There is a growing realisation that rather than simply working together, government needs to broaden and deepen its relationships with the community through collaboration and partnership to create new organisational forms which take on a life of their own and become larger than the sum of their parts. This is the Departments vision for a compact between the Department of Health and Human Services and the community sector in Tasmania.

### A compact for delivery



Consistent with the focus on partnerships is the increasing focus on social inclusion and more recently the development of partnerships has focused on concepts of social innovation.

Social innovation is described as ideas that are actioned and diffused to create value (Adams 2008).

Since 2002 there has been a rapid increase in the awareness of the benefits associated with social innovation. Recently South Australia established a Social Innovation Centre. A new Centre of Social Impact, located in the University of NSW and Melbourne Business School, has begun implementing a business plan focused on educating social entrepreneurs and strengthening social enterprises.

In Tasmania informal discussions between a handful of interested stakeholders is beginning the process of working through how social innovation can lever service and system development across the business, government and community sectors in this State.

The first steps in this process include establishing a shared vision and common goal between the sectors on how to best support social innovation through understanding its nature - what it is, and how and why it occurs - so that we can grow these efforts.

There are many examples of successful social innovation in Tasmania. As the partnership between government and the community sector develops these examples will provide insight that will recruit other communities or networks and guide further innovation within them.

## **Tasmania's Mission**

To be clever; kind and connected.

## **DHHS Vision**

An integrated delivery system capable of meeting the needs of our clients today and in the future.

## **Drivers**

In February 2008 the Secretary outlined five drivers for the Department of Health and Human Services:

- Client focus
- Safety and Quality
- Public Engagement
- Managing to Budget
- Performance

## **Office for the Community Sector Goal**

To facilitate the delivery of efficient and effective community sector services for all Tasmanians.

## **Principles**

The following principles outline the framework that will be used for all community sector services:

- Consumer/customer focus
- Equitable
- Population based
- Sustainable
- Appropriate Governance
- Workforce - development and planning
- Innovation
- Partnership
- Leadership
- Transparency and Probity
- Efficient
- Strategic
- Integrated service delivery
- Evidence based decision making
- Diversity

## **Operating framework**

The Office for the Community Sector will become the primary portal through which relationships between DHHS operational units and community sector organisations delivering services for DHHS are managed.

The operations of the unit will be organised around three key themes:

- Quality and Safety
- Finance and Performance Management
- Strategic Development

The following framework unpacks the elements under each of these functions:

# I: Quality and Safety

## Goal

All services provided by community sector organisations under DHHS funding Agreements are consumer focused, of high quality and safe.

## Why we are focusing on this area

There has been an increasing focus on continuous quality improvement in the health and human services area for some time now. This means viewing all operations as part of a whole system of service and having as our focus the best possible outcomes for customers.

In recognising the importance of a Quality framework, the DHHS Agency Sector Forum (ASF) recently auspiced a Quality Management project, including engaging consultants to prepare a report on current frameworks used in the community sector, and recommendations for a workable model in Tasmania. That report has now been released and a consultation process has been undertaken by the OCS and the ASF Quality and Safety Reference Group.

## Success measures

1. Community sector actively engage in consultations and development of a clear quality and safety framework for the Tasmanian community sector.
2. A Quality and Safety Standards Framework for the community sector is developed and implemented commencing in July 2009.
3. Community sector organisations implement and are committed to the value of quality and safety systems and continuous quality improvement in providing services.
4. Individual community sector organisations implement, as part of their Quality Framework, client driven processes and feedback mechanisms.

## Risks

The main risks in this area are the lack of agreement on continuous quality improvement for the Tasmanian Community Sector resulting in a:

- Insufficient or inadequate systems and processes.
- Office for the Community Sector processes may not align with processes already in place within some community sector organisations.
- Quality and safety improvement is driven by reactive responses to external influences (risk management) rather than by analysis of service data, service need and client feedback (quality measures).

## Major strategies

- Develop and implement a Quality and Safety Standards Framework which is agreed by the Agency Sector Forum.
- Processes to monitor and review key quality and safety outcome measures are identified and implemented for each DHHS funded community sector organisation.
- Complaints, compliments and suggestions process for consumers of DHHS funded community sector organisations are implemented as part of the agreed Quality and Safety Standards Framework.

## 2: Integrated Finance and Performance Framework

### Goal

All DHHS service agreements with community sector organisations are outcomes focused, represent best value for money, and address the needs of the Tasmanian community.

### Why we are focusing on this area

There has been a growing trend in Australia, and internationally, towards policy models that emphasise the importance of partnerships between government, not for profit and corporate sector organisations in the delivery of publicly funded services for the community.

More recently, the importance of linking services within local communities so that complex and inter-related problems are addressed with a holistic response has been recognised.

In Tasmania, DHHS purchases a range of community based services from more than 240 non government organisations. This is a significant outlay and requires an integrated financial and performance framework to provide community confidence that the investment represents best value for money, and is contributing to improving the health and welfare of Tasmanians.

Current funding Agreements have been developed over time. This has created processes, policies and services which are now no longer consistent with contemporary purchasing or service delivery models, particularly for recurrent Grants that have been in place for many years.

### Success measures

1. An Integrated Finance and Performance Framework is in place for the 2009-10 financial years. Including role delineation, policies, procedures, templates, service agreements, resource allocation formulas and evaluation models.
2. Reporting requirements for the Integrated Finance and Performance Framework are more streamlined and efficient.
3. A business case for the development of an information system to support an Integrated Finance and Performance Framework and data collection on community sector service delivery completed by April 2009, and if approved for funding, implemented by September 2009.
4. From July 2008 all new service Agreements are outcome focused and contain measurable outcome indicators.
5. From July 2009, all service Agreements are outcome focused and contain measurable outcome indicators.

### Risks

The main risks in this area are:

- The difficulty of establishing meaningful outcome indicators for complex health and community services.
- The complexity of developing purchasing frameworks and achieving the right balance between value for money, sustainability, collaboration, innovation, diversity, transparency and quality.
- Tight timeframe for implementation.
- Lack of an integrated information system to provide performance reporting on community sector activity.
- Non compliance by the community sector resulting from lack of resources, workforce skills, competing deadlines and other service delivery priorities.
- Lack of understanding and ownership of the purchasing model within Departmental operational units.

## Major strategies

- In collaboration with DHHS Operational Units and community sector organisations research:
  - outcome indicators applicable to services delivered under Agreement for the department;
  - funding models that reflect an “investment” approach and account for the true cost of service delivery and organisational development.
- Establish a reference group to guide the reform of the current Grants Program to ensure successful implementation of the Integrated Finance and Performance Framework, including purchasing of services under Agreement with the community sector:
- Develop an Integrated Finance and Performance Framework that is based on agreed service principles. This includes service policies, procedures, resource allocation formulas, service agreements and evaluation models, templates and related training to be delivered leading up to the introduction of the new model, by July 2009.
- Develop a business case for an electronic information system that will support an Integrated Financial and Performance Framework through the provision of timely reports on activity, outputs, outcomes for clients and financial information, if approved, by September 2009.

## 3: Strategic Development

### Goal

A sustainable and growing community sector that is effectively delivering outcome focused health and human services for all Tasmanians.

### Why we are focusing on this area

Community sector organisations currently deliver a wide range of services under funding Agreements with the Department of Health and Human Services. In 2007-08 approximately 10% of the total departmental budget was committed to services purchased from community sector organisations.

As service delivery continues to focus on community based care, it is likely that the funding allocated to the community sector will grow. This means the Department needs to work strategically with organisations in the sector to maximise their capacity to deliver high quality consumer focused services.

A number of service reform reviews have been conducted within DHHS operational units. The OCS will assist in the implementation of the accepted recommendations of these reviews which will lead to an expansion of high quality and consumer focused services delivered by community sector organisations on behalf of the Department.

Strategies to further develop the skills and professionalism of the workforce, build industry capacity, improve information sharing and a partnership approach to service delivery will all contribute to the growth of the community sector into the future. These initiatives will be consistent with this Strategic Plan and undertaken in partnership with key stakeholders.

### Success measures

1. Launch of the DHHS Strategic Plan for Tasmania's community sector in October 2008.
2. Compact or Partnership Agreement developed and signed between DHHS and community sector organisations (or Peak body representation) by end 2008.
3. Clear governance structures involving partnerships between government and non-government organisations are established as required, to oversight the implementation of key activities associated with the Strategic Plan. This will include a review of the current Agency Sector Forum Terms of Reference by December 2008.
4. Workforce development strategy developed in partnership but lead by the sector by June 2009. Implementation commenced by December 2009.
5. Develop a comprehensive and sustainable communication strategy by December 2008 and progressively implemented by June 2009.
6. Successful implementation of projects that are innovative and/or lead to service enhancements and reforms as identified from time to time that involve purchasing Agreements with community sector organisations. Success measures for these reforms will be developed, monitored and reported as initiatives are agreed.

### Risks

The main risks in this area are:

- Not engaging all partners, including internal stakeholders, in the process of developing a strategic framework.
- As a result of the broad range of community sector organisations delivering services, agreement on key activities and their priority is not achieved and therefore not progressed.
- Failure to establish a good working relationship between OCS and DHHS operational units implementing service reforms, leading to a lack of understanding, and therefore commitment, to the Strategic Plan.
- Lack of capacity within the community sector to take up increased demand for services. This includes infrastructure and workforce constraints.

## Major strategies

- Develop community sector participation in all strategic approaches to industry development. This includes engaging in the industry planning processes facilitated by TasCOSS.
- Assist the sector to undertake research and development of strategy for community sector organisations workforce supply, demand, recruitment and retention issues. This includes addressing workforce issues related to ensuring an effective, growing and vibrant voluntary sector.
- Under the Auspice of the DHHS Agency Sector Forum establish a community sector workforce planning reference group to ensure effective exchange of information, take up and usage of local, state and national initiatives and resources.
- Develop a comprehensive information and communication strategy for regular and consistent sharing of information to internal, external and whole of government stakeholders. This includes developing an internet based resource bank on community sector services for the community sector and internal operational units.
- Enhance, facilitate and support knowledge sharing and development between the OCS and community services sector. This includes strengthening the focus on service review and program evaluation as an essential tool to facilitate a learning culture. Initial key focus areas will be on efficiency and service effectiveness, service viability and sustainability.
- Initially scope existing and future reviews and implementation plans relevant to services provided by the community sector, and ensure they are integrated into OCS planning and service delivery frameworks.
- Investigate an industry innovative practice award.
- In consultation with internal and external stakeholders establish effective and efficient governance arrangements, as required, for shared planning and decision making related to this Strategic Plan.

## Appendix I: Glossary

**DHHS** – Department of Health and Human Services

**ASF** – Agency Sector Forum

**OCS** – Office for the Community Sector

**TasCOSS** – Tasmanian Council of Social Service Inc

A list of Planning and Performance terms can be found in an online glossary at:

[http://intra.dhhs.tas.gov.au/strategicservices/PPE/intranet/Glossary%20of%20Planning%20Terms\\_March%20version%20O%20E.pdf](http://intra.dhhs.tas.gov.au/strategicservices/PPE/intranet/Glossary%20of%20Planning%20Terms_March%20version%20O%20E.pdf)

## Appendix 2: References and Further Reading

- National Endowment for Science Technology and the Arts (NESTA), UK <http://www.nesta.org.uk/>
- Tasmanian Department of Health & Human Services ([www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au))
- Australia Government Website ([www.australia.gov.au](http://www.australia.gov.au))
- TasCOSS Website ([www.tascoss.org.au](http://www.tascoss.org.au))
- Quality Management Services (QMS) 'A Standards & Quality Management Model for the Community Sector in Tasmania' FINAL REPORT April 2008
- The Australian Council of Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQulP) 4 Guide
- 'Building the Organisational Capacity of Non-Government Organisations: Supporting Sector Reform and Development' - Industry Plan for the Non-Government Human Services Sector Discussion Paper 5 (June 2005) – Department of Premier & Cabinet, Government of Western Australia
- 'Developing Capacity Across the Non Government Sector' – Presentation notes for Networking for Success NADA conference, Sydney (September 2003) – Gary Moore, Director, Council of Social Service of NSW (NCOSS)
- 'Creating a new partnership between the Commonwealth Government and the Not-for-Profit Sector: Time for a National Compact?' – a discussion paper (August 2008)
- 'Funding and Purchasing Community Services' – A Policy Statement on a Fresh Approach to Funding and Purchasing Relationships with Not-For-Profit Sector (October 2002) – Department of the Premier and Cabinet, Government of Western Australia
- 'Industry Plan for the Non-Government Human Services Sector' – Prepared by the Industry Plan for the Non-Government Human Services Sector Working Party (June 2004) - Department of the Premier and Cabinet, Government of Western Australia
- Final Draft 'Working Together for NSW' – An Agreement between the NSW Government and NSW Non Government Human Services Organisations
- 'Advancing the Community Together' – A Partnership between Volunteer Sector and the South Australian Government (May 2003)
- 'Partnership Agreement' – Partnership in Practice, Victoria Department of Human Services / Health, Housing and Community Sector (2005)
- 'The Social Compact' – A Partnership between the Community Sector and the ACT Government (May 2004)
- 'The Queensland Compact Consultation' – Your opportunity to have your say on how government and the non-profit community services sector will work together into the future – Queensland Council of Social Service (QCOSS) (July 2008)
- 'Review of Not-for-Profit Regulation – Final Report' – State Services Authority, Victoria Government (September 2007)
- 'New Directions for Child Protection in Tasmania: An Integrated Strategic Framework' – DHHS, Tasmania Government (January 2008)
- 'New Directions for Child Protection in Tasmania – Action Plan for Children in Care' – DHHS, Tasmania Government (June 2008)
- 'New Directions for Child Protection in Tasmania – Action Plan for Family Services' – DHHS, Tasmania Government (June 2008)
- 'Pricing Principles for Community Services in the ACT – A Discussion Paper' – An initiative of the Joint Community Government Reference Group (January 2008)
- 'Department of Communities Strategic Plan 2008 – 12' – Department of Communities, Queensland Government (April 2008)

- 'Operational Guidelines – Non-Government Organisation Grant Program' – NSW Health Department (August 2000)
- 'Buying Wisely to ensure Access for people with Disabilities' – State Supply Commission, Government of Western Australia (June 1998)
- 'General Provisions for the Purchase of Community Services by Government Agencies (Non-Indexation Version) 2008 Edition – State Solicitor's Office, Commercial and Conveyancing, Perth WA
- 'Funding and Purchasing Community Services – A Policy Statement on a Fresh Approach to Funding and Purchasing Relationships with the Not For Profit Sector' – Government of Western Australia (October 2002)
- 'Community Sector Funding Policy – Working Together' – ACT Government (February 2004)
- 'The Operating Framework – For the National Health Service (NHS) in England 2008/09' – Department of Health (December 2007)
- David Adams - Briefing note: Social Innovation (unpublished)



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