Collaboration on the Early Intervention Investment Framework

Recommendations and toolkit

Contents

Executive summary

VCOSS and the community sector have long advocated for greater investment into early intervention. Many organisations have significant experience in providing a spectrum of services: from primary prevention and early intervention, to supporting people through a crisis and into recovery. They work to prevent disadvantage and build people's capacity to fulfill their potential and participate fully in society. As a result, organisations, people with lived experience and practitioners have deep expertise on what works, where and how.

By engaging with the sector early and often, government departments can tap into this wealth of knowledge to design effective, evidence-based initiatives which prevent crises, avoid the escalation of negative outcomes and stop disadvantage becoming more entrenched.

Moving towards co-design and co-production approaches, where the sector and people with lived experience have greater ownership and influence over intervention design, promises better outcomes. These approaches, however, require sufficient time, resources and commitment to power-sharing. Ensuring the sector is informed, consulted and involved wherever possible and moving towards co-design will mean interventions have the best chance of success.

Based on engagement with department representatives and sector experts, VCOSS has identified five principles to form the basis for collaboration on early intervention design:

1. Establish a shared understanding of early intervention.
2. Collectively define the social problem and desired outcomes.
3. Centre client voice, lived experience, and practitioner expertise.
4. Focus on holistic social and economic value.
5. Share power and maintain clear roles and responsibilities.

To put these principles into practice, Treasury and other government departments can:

1. Build the understanding, awareness and capacity of the sector to engage with the Early Intervention Investment Framework.
2. Start co-design processes with the sector to solve complex problems in a holistic way.
3. Involve the sector in developing meaningful outcome measures and models for scaling effective initiatives.
4. Establish an inter-departmental community of practice to share insights and enable a systemic view of the early intervention landscape.
5. Embed a common approach and commitment to client voice and lived experience in the development, implementation and evaluation of early intervention initiatives.

This report provides a framework and principles to guide collaboration for early intervention, practical steps to put these into action and tools to support the process.

1. Background

The Department of Treasury and Finance (DTF) has commissioned VCOSS to prepare guidance on how service providers and government departments can best work together to design proposals under the Early Intervention Investment Framework (EIIF).

As part of the project, VCOSS has conducted interviews with department representatives, service delivery agencies and other sector experts to understand their experiences and perspectives on:

- Current approaches, barriers and opportunities for collaboration in the development of proposals for the EIIF and at each stage of the program cycle.
- Proposed principles for best practice in co-designing early intervention programs.
- Priority outcome areas and outcome measurement practices.

Based on these perspectives, alongside research on government and sector collaboration, co-design, early intervention and outcome measurement, VCOSS has developed a set of principles, mechanisms and tools to facilitate improved collaboration in developing high-quality proposals for early intervention initiatives.

2. The value of sector collaboration

The community sector in Victoria is large and diverse and is united by a commitment to supporting Victorians and their communities to thrive. Broadly defined, community sector organisations "provide support and assistance to individuals, families and groups to maximise their potential and enhance community wellbeing".[1] This can include government funded social services, as well as grassroots, community or philanthropically funded activities and programs.

The sector has long advocated for a shift in government funding and policy design from crisis responses to prevention and early intervention. Developing initiatives in close collaboration with the sector will improve their likelihood of success by leveraging the knowledge and expertise of organisations, people with lived experience and practitioners.

Organisations, people with lived experiences and practitioners hold different kinds of knowledge, all of which are vital to designing effective services and improving outcomes. Sector organisations have mechanisms for engaging with both people with lived experience and practitioners, so by collaborating with organisations, the government can harness this collective wisdom to develop better early intervention services.

Figure 1. The value of sector collaboration – types of knowledge

Organisations
Research, policy, operational models, data, design and delivery expertise

The value of sector collaboration

People with lived experience
Experience and knowledge of how services work in context, individual and community strengths and needs

Practitioners
Practice and professional expertise, knowledge of local context, communities and service networks

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[1] Productivity Commission, Report on Government Services 2023: Community services (part F), 2023, p. 1

2.1. Victoria's community sector organisations

Estimating the true scale of the Victorian community sector is difficult because of overlapping definitions of industries and occupations.[2] Nevertheless, the available data shows that Victoria's community sector makes a significant social and economic contribution to the state.

Counting only ACNC registered charities, the community sector in Victoria comprises around 4,100 organisations[3] that work to support Victorians across a range of areas including health and wellbeing, housing, education, economic and civic participation, justice, disability, aged care, disaster resilience and more. Collectively, these organisations employ over 185,000 people and engage approximately 427,000 volunteers.[4]

Annual revenue for the sector is more than $19 billion, equating to 4.2 per cent of the Victorian economy.[5] Approximately half of the sector's income is government funding. Most organisations are very small, with almost 2,200 organisations having an annual turnover of less than $250,000 per year.[6]

Organisations both large and small operate a range of services from prevention and universal services to acute and statutory services. Many organisations are engaged in supporting people with complex needs and those experiencing crises such as homelessness and family violence. They also play an important role in enabling recovery in the short and long term.

On the other end of the spectrum of services from crisis intervention to prevention, organisations such as Neighbourhood Houses focus on facilitating connection, building community capacity and offering integrated information and support services.[7] Services such as these foster social cohesion, a foundational building-block of prevention and early intervention.[8]

Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal Community Controlled Health Organisations (ACCHOs) are expert in enabling Aboriginal self-determination and supporting the holistic health and wellbeing of communities. As one sector leader put it:

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[2] Productivity Commission, *Report on Government Services 2023: Community services (part F),* 2023
[3] VCOSS, *Supporting the community services sector post COVID-19: VCOSS Submission to the Inquiry into economic equity for Victorian women*, August 2021, p.11-12
[4] Ibid
[5] Ibid, p.13
[6] Ibid
[7] Neighbourhood Houses Victoria, *Benefits of Neighbourhood Houses,* https://www.nhvic.org.au/neighbourhood-house-benefits, accessed 9 November 2023
[8] Michael Marmot & Richard Wilkinson, *Social Determinants of Health,* Ed. 2, 2005

"We work upstream of everything that the government is talking about… Our cooperatives have grown to deliver the social determinants of health, working to prevent and stop people from going into care, into the justice system and experiencing serious chronic illness." – sector expert

Alongside delivering services to communities, many organisations have specialised capacity in research, analysis, innovation, advocacy and policy development. Peak bodies engage with their members, as well as academics, researchers and policymakers to develop policy recommendations, promote best practice and advocate for improvements in systems for the benefit of people experiencing disadvantage.

Harnessing the knowledge and experience of Victoria's large, diverse and vibrant sector therefore presents a significant opportunity to develop effective and evidence-based initiatives that are tailored to community and individual needs and strengths.

2.2. Lived experience and client voice

There is a growing recognition amongst the sector and government that when people who use services or who experience disadvantage are involved in the design, delivery and improvement of services, better outcomes can be achieved.[9] This represents a movement away from 'doing for' to 'doing with' the community. This approach values people as "experts by experience", whose knowledge and insight should be elevated alongside that of professionals, practitioners, policymakers and researchers.[10]

The importance of listening to lived experience is backed by evidence in the Victorian context. Multiple government inquiries such as The Royal Commission into Family Violence, The Royal Commission into Victoria's Mental Health System and the Royal Commission into Institutional Responses to Child Sexual Abuse acknowledge that a lack of involvement of clients, victim/survivors, children and families contributed to systemic failures.[11]

"What governments need to work on more is understanding the power of people's stories to actually tell you about where early intervention could have been much more helpful for them." – sector expert

Many sector organisations and some government departments have client voice and involvement of people with lived experience embedded in their strategies and have

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[9] VCOSS, *Community Services Industry Plan,* 2018

[10] Lisa Attygalle, *Context Experts* (Tamarack Institute), 2017

[11] Victorian Department of Health and Human Services, *Client voice framework for community services,* 2019

developed ways of working with their clients and communities. This may include a range of approaches including:

- Client feedback processes
- Involvement of clients or people with lived experience in recruitment of staff
- Client or lived experience advisory councils, panels or governance groups
- Co-design projects to design or improve services and policies
- Client- or peer-led programs
- Lived experience workforce and board members

2.3. Practitioner expertise and local knowledge

"At certain stages of development, it's absolutely critical that we hear from practitioners." – sector expert

Practitioners – the clinicians, social workers, case managers, and other professionals engaged in the delivery of social services – hold technical, practical and subject matter expertise that is critical to informing the design of effective interventions. They often have insights and skills that have been developed over years of working closely with clients and communities.

The knowledge held by practitioners includes insight into how theoretical frameworks are put into practice on the ground and an understanding of the barriers and facilitators of implementing an intervention and achieving outcomes.[12] Some practitioners will be embedded in place and will also have valuable knowledge and understanding of the local community, culture, environment, and service networks. This wisdom is key to understanding what works, where, for whom and how to inform the development of new interventions. It can also be instrumental in identifying core good practice elements to shape strategies for scaling effective interventions.

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[12] Sandra Nutley, Alison Powell and Huw Davies, *What counts as good evidence? Provocation paper for the alliance for useful evidence* (Nesta), February 2013

3. A framework for collaboration

Prevention and early intervention initiatives tackle complex policy issues such as homelessness, chronic health conditions, family violence and incarceration that arise because of multiple, often compounding causes. Solving complex social problems such as these necessitates bringing together diverse perspectives and drawing on the collective wisdom of sector organisations, people with lived experience and practitioners.

A review of international literature on the design and implementation of prevention and early intervention policies recommended that governments undertake an ***open policy process***. This involves policymakers taking a holistic and multi-disciplinary approach to identifying relevant stakeholders and investing in engagement with "a broad range of stakeholders in order to learn from their experience and expertise".[13]

An open policy process focuses on engaging and collaborating across government departments, organisations, policymakers, practitioners and communities in the design, delivery and evaluation of policies and interventions.[14] This process can take many different forms and incorporate different engagement methods.

In embarking on an open policy process, departments may consider the level of participation from stakeholders which is appropriate and practical. Approaches will vary in terms of the level of engagement required of participants and the degree of influence they have over decision-making.

Open policy process example – ACT Wellbeing Framework

In 2020, the ACT Government released the ACT Wellbeing Framework. The framework brings together indicators through which the government and community can track progress towards wellbeing goals and inform policy decisions.

To develop the framework, the government undertook an extensive engagement process including online and in-person public consultations, community roundtables and workshops with key organisations and peak bodies. Over an eight-month period, over 3000 people were involved. The result is a holistic framework which captures what matters to Canberrans in achieving a high quality of life.[15]

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[13] Fiachra Kennedy, 'Beyond "prevention is better than cure": understanding prevention and early intervention as an approach to public policy', *Policy Design and Practice*, v. 3, n. 4, p. 351-369, 2020
[14] Ibid
[15] ACT Government, *ACT Wellbeing Framework*, 2020

Figure 2. The ladder of participation
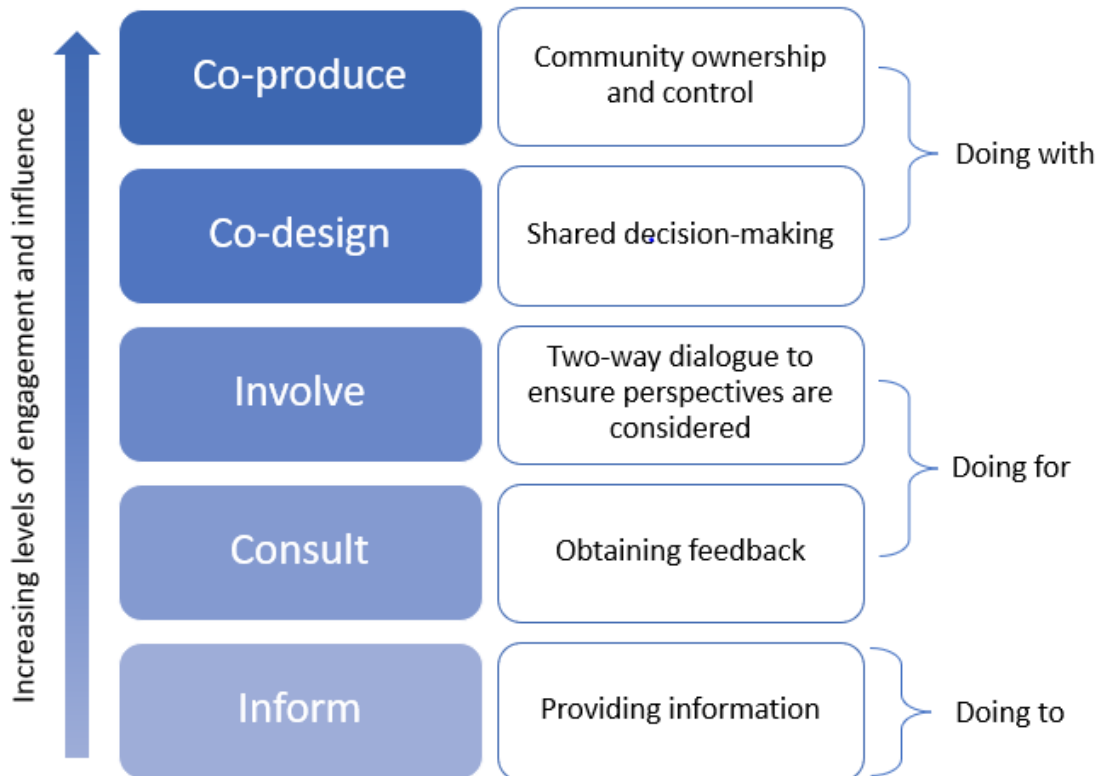
Source: Adapted from: New Economics Foundation, *Co-production in mental health: A literature review*, 2013, p. 4

Moving towards co-design and co-production is desired and advocated for by many communities and sector organisations. These approaches require a high degree of resourcing, expertise and a commitment to power-sharing.[16] Choosing the right approach will therefore depend on the desired outcome of engagement, the time, resources and capacity of the organisation undertaking the engagement and their readiness to share decision-making with stakeholders.

That said, maximising the involvement of stakeholders in the design of interventions may have long-term benefits. Co-design and co-production processes may lead to solutions that better meet people's needs, ensure that implementation issues are pre-empted and help build trust between communities, organisations and government.[17]

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[16] Emma Blomkamp, 'The Promise of Co-Design for Public Policy', *Australian Journal of Public Administration*, v. 77, p. 729-743, 2018
[17] Ibid

Collaboration to develop early intervention and prevention proposals for the EIIF will mean at minimum **consulting** with and **involving** the sector, people with lived experience and practitioners, with an ambition to move towards **co-design.**

3.1. Consult

Consultation is a one-way process where members of the public, organisations or communities are invited to provide feedback on a service, policy, or decision. While the results of consultation processes are often shared, there is not necessarily an obligation for the feedback to be taken into account by decision-makers.

Example mechanisms

- Public consultations (for example, via Engage Victoria)
- Surveys
- Focus groups
- Calls for feedback

This method is often used by governments as a mechanism to ensure that sector and community inputs are considered in government decision making. However, without a greater commitment on the part of decision-makers to engage in two-way dialogue and incorporate feedback, consultation on its own may not foster ongoing participation or consensus to be built around a solution.[18]

3.2. Involve

When stakeholders are involved in a process, there is two-way dialogue between decision-makers and participants to ensure their concerns, aspirations and needs are properly understood and reflected in the decisions made or design of the policy or service.

Example mechanisms

- Workshop series
- Interviews with stakeholders, clients and impacted individuals
- Advisory or reference groups

The Victorian Government has demonstrated a commitment to involving stakeholders and communities in developing and implementing policies. For example, Victoria's LGBTIQA+ strategy 2022-32 was formulated based on the input of over 1,600 community members and

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[18] Genevieve Fuji Johnson and Robert Howsam, 'Can consultation ever be collaborative?', *Policy Design and Practice*, v. 1 n. 4, p. 253-268, 2018

organisations under the leadership of the Commissioner for LGBTIQA+ Communities and the LGBTIQA+ Taskforce.[19]

This approach is powerful in enabling a deep understanding of the experiences of communities, shaping meaningful action towards equality and improving outcomes. Co-design, as the next step in the ladder, takes this further by ensuring stakeholders are engaged from the outset in defining the problem, developing solutions and evaluating results. This can enable greater community and stakeholder leadership and ownership of policies, programs and outcomes.[20]

3.3. Co-design

Co-design is an approach to problem-solving based on a specific set of principles and practices which draw from both participatory and design methods. In co-design, people with lived experience, practitioners and other stakeholders move through a structured process to collectively define the issue or issues to be solved and to then develop innovative solutions. As opposed to consulting with or involving stakeholders, co-designing a service, intervention or policy involves sharing decision-making power. There is an explicit commitment to participants that their voices are "heard, valued, debated, and then – most importantly – acted upon".[21]

Example mechanisms

- Workshop series which use participatory and design methods
- Steering and governance committees with decision-making authority
- Joint Development Phase Partnerships, as used in the development of Partnerships Addressing Disadvantage (PADs)

Victoria has a growing practice of co-design, particularly in the context of place-based initiatives such as the Greater Shepparton Lighthouse Project, Go Goldfields and Flemington Works. These initiatives seek to enable communities within a specific geographic location to thrive, by establishing local partnerships, enabling civic participation and sharing decision-making with local community members. There is potential to learn from place-based approaches which embed co-design practice to "inform policy decisions and systems change to address inequities and build a more equitable and resilient future".[22]

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[19] Victorian Government, *Pride in our future: Victoria's LGBTIQA+ strategy 2022-32,* October 2023
[20] Emma Blomkamp, 'The Promise of Co-Design for Public Policy', *Australian Journal of Public Administration*, v. 77, p. 729-743, 2018
[21] New Economics Foundation, *Co-production in mental health: A literature review,* 2013, p. 4
[22] Thea Hewitt, Noushin Arefadib, Haydie Gooder, Susie Moloney, Tim Moore and J Ryks, *What works for place-based approaches in Victoria. Part 2: A review of practice* (Report prepared for the Victorian Department of Jobs, Precincts and Regions), 2022

Aboriginal self-determination

Aboriginal self-determination recognises that Aboriginal Victorians "hold the knowledge and expertise about what is best for themselves, their families and their communities".[23] The inalienable right to make decisions on matters that affect their lives and pursue economic, social and cultural development, based on their own values and way of life is a critical first step towards achieving better outcomes for Aboriginal Victorians.

Embedding Aboriginal self-determination as a central pillar of the design, development and implementation of early intervention responses will therefore be critical in enabling the success of interventions. This goes further than informing, consulting, or co-designing with Aboriginal people. It involves the transfer of power and resources to communities and community-led organisations, ensuring that they have authority in determining the values, motivations and strategic intent of policies, services and funding.[24]

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[23] Victorian Government, *Self-Determination Reform Framework,* 2019, p. 6
[24] VCOSS, *Community Services Industry Plan,* 2018

4. Principles for collaboration

The EIIF represents an opportunity for the sector, line departments and DTF to meaningfully collaborate in the development and delivery of interventions that improve outcomes for Victorians and enable savings for government.

The following principles can form the basis for this collaboration:

1. Establish a shared understanding of early intervention.
2. Collectively define the social problem and desired outcomes.
3. Centre client voice, lived experience, and practitioner expertise.
4. Focus on the holistic social and economic value.
5. Share power and maintain clear roles and responsibilities.

4.1. <u>Establish a shared understanding of early intervention</u>

> *"If someone's given options early on about what their rights and responsibilities are and what else could be available to them, it really does open up a world of possibility in terms of early intervention."* – sector expert

There are currently varied definitions of early intervention across different departments and sectors, and a broad spectrum of interventions have been funded under the EIIF. Having a clearer and widely recognised definition would help generate innovative and robust proposals which are likely to prevent and reduce acute government service usage and improve outcomes for people and communities.

Effective early intervention…

- Prevents crises, avoids the escalation of negative outcomes and stops disadvantage becoming more entrenched.
- Builds capability and capacity of people to fulfill their potential and participate fully in society.
- Is based on a suitable cost and benefits case, which considers both the social and economic return on investment.
- Has holistic benefit across a range of domains and transcends government service silos.

- Has a strong evidence base and theory of change which links the intervention to outcomes for people and communities as well as savings for government.
- Considers developmental stages and leverages key moments for intervention in a person's life or journey.

4.2. Collectively define the social problem and desired outcomes

"Collaboration is really about having a common agreement and deep assessment of what the problem or the issue is together at the very outset." - sector expert

When the sector is engaged early and often, proposals can be developed that best fit the community need. This starts with a collaborative process to ensure there is a shared understanding of the problem that needs to be solved. In this process, departments should look to engage widely across the sector, including drawing on lived experience and practitioner expertise. There also needs to be based on open, two-way dialogue and transparency of data and insight. Starting with the problem, then collectively identifying the desired outcomes and allowing the sector to determine possible solutions could better ensure the success of funded models.

Principle in practice example – Aboriginal Health and Wellbeing Partnership Forum

The Aboriginal Health and Wellbeing Partnership Forum "brings together Aboriginal organisations, the Victorian Government, and the mainstream health sector with a shared vision of Aboriginal and Torres Strait Islander people having access to a health system that is holistic, culturally safe, accessible, and empowering."[25]

The Forum collectively identified key priorities for reform and then embarked on a process, which centred community voices and shared decision-making, to agree actions that address each priority.

Prevention and early intervention was identified as a key priority central to improving the health and wellbeing of Aboriginal people.

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[25] VACCHO, *The Aboriginal Health and Wellbeing Partnership Forum,* https://www.vaccho.org.au/ahwpf/, accessed 9 November 2023

4.3. Centre client voice, lived experience and practitioner expertise

> *"It comes back to what are the systemic issues that drive inequality or disadvantage. One of the systemic issues is that we're not making policies with the people that the policies affect." – sector expert*

Client voice and lived experience is essential in developing and implementing early intervention initiatives. Client voice and lived experience is a key part of the evidence based which needs to be integrated into the EIIF on two levels:

- At the initiative level, where people can define outcomes that matter to them and their communities.
- At the strategy policy level, where people's stories can provide insight and guidance on where early intervention could have been helpful in their own lives or journeys through services.

Principle in practice example – Public Understanding of Law Survey

> *"Early intervention could very much be about the right services at the right time, but it's also just about the right information at the right time." – sector expert*

Undertaken by the Victorian Law Foundation, the Public Understanding of Law Survey explores "how people understand, experience and navigate law and everyday life problems with a legal dimension".[26] The survey engaged over 6000 Victorians through face-to-face conversations.

By centring community perspectives on the law and their interactions with it, rather than relying on the understanding of legal professionals and institutions, the survey is a powerful tool in identifying what services and information are needed to resolve people's issues earlier and improve outcomes.

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[26] Victorian Law Foundation, *Public Understanding of Law Survey,* https://puls.victorialawfoundation.org.au/, accessed 9 November 2023

4.4. Focus on the holistic social and economic value

"We're not just about building and supporting the capacity and capability of people to fulfill their potential, but I would say it's to fulfill their potential as determined by them." – sector expert

Alongside cost-savings, early intervention enables the realisation of other outcomes such as improved educational attainment, wellbeing, employment, health, and for First Nations people, connection to culture, identity and community. These were described as the outcomes that mattered most to service providers and clients. These positive outcomes hold value for people, communities and government as they often represent the development of human capability and social cohesion that have medium and long-term benefits.

The EIIF offers an opportunity to focus on and measure outcomes achieved through early intervention initiatives to inform future investment and broader government policy. This shift is welcome from the sector, and greater engagement earlier in the proposal development phase to define community and client-centred outcomes could help ensure the holistic social and economic value of initiatives is recognised and measured.

Principle in practice example – New Zealand Treasury's Living Standards Framework

The Living Standards Framework developed by the New Zealand Treasury sets out a framework for measuring intergenerational wellbeing intended to align policy and budget decisions towards improving living standards for citizens.[27]

The framework is based on the premise that "wellbeing can be enhanced by expanding the capabilities of persons to lead the kinds of lives they value, and have reason to value."[28]

It considers outcomes across 12 domains and is unique globally with its focus on indigenous culture and identity.

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[27] New Zealand Government, *Our People Our Country Our Future,* 2018
[28] P. Dalziel, C. Saunders, & J. Saunders, 'From Economic Growth to Wellbeing Economics', *Wellbeing Economics: The Capabilities Approach to Prosperity*, p. 1–21, 2018

4.5. Share power and maintain clear roles and responsibilities

"You can't underestimate the importance of deep partnerships in early intervention. It doesn't work unless everyone plays their role." – sector expert

Deep partnership is built on mutual respect and shared power between parties, established through clear roles and responsibilities for line departments, sector organisations and DTF.

Interviewees identified the following roles and responsibilities in the EIIF commissioning cycle:

Sector organisations	Line Departments	DTF
• Contribute to the problem definition through observed data, themes and trends • Facilitate client, community and practitioner involvement in design, implementation and evaluation • Provide potential solutions and models based on evidence and experience, as well as client and practitioner voice • Facilitate local self-determination in implementing solutions	• Set the parameters and scope of the problem to be solved through early intervention or prevention • Provide information to guide problem definition including data on service demand and potential partnerships for change • Hold a strategic vision for what the early intervention and prevention system could look like • Enable early intervention through EIIF initiatives, and other commissioned services • Engage in strategic direction setting and operational trouble-shooting	• Make recommendations on funding and priorities • Assess trade-offs between areas of government • Offer expertise in modelling and share information on projected and actual costs and savings • Provide the authorising environment • Support line departments and sector to build capacity in outcomes measurement

5. Putting principles into practice: Proposed collaboration mechanisms

From generating new ideas for early intervention to developing strategies to scale existing programs, there are many opportunities for collaborating with the sector in the design and delivery of EIIF initiatives.

VCOSS recommends six collaboration mechanisms, each designed to meet the goals of the key program development stages: Ideation and early design, proposal development, implementation and scale.

Figure 3. Summary of proposed collaboration mechanisms
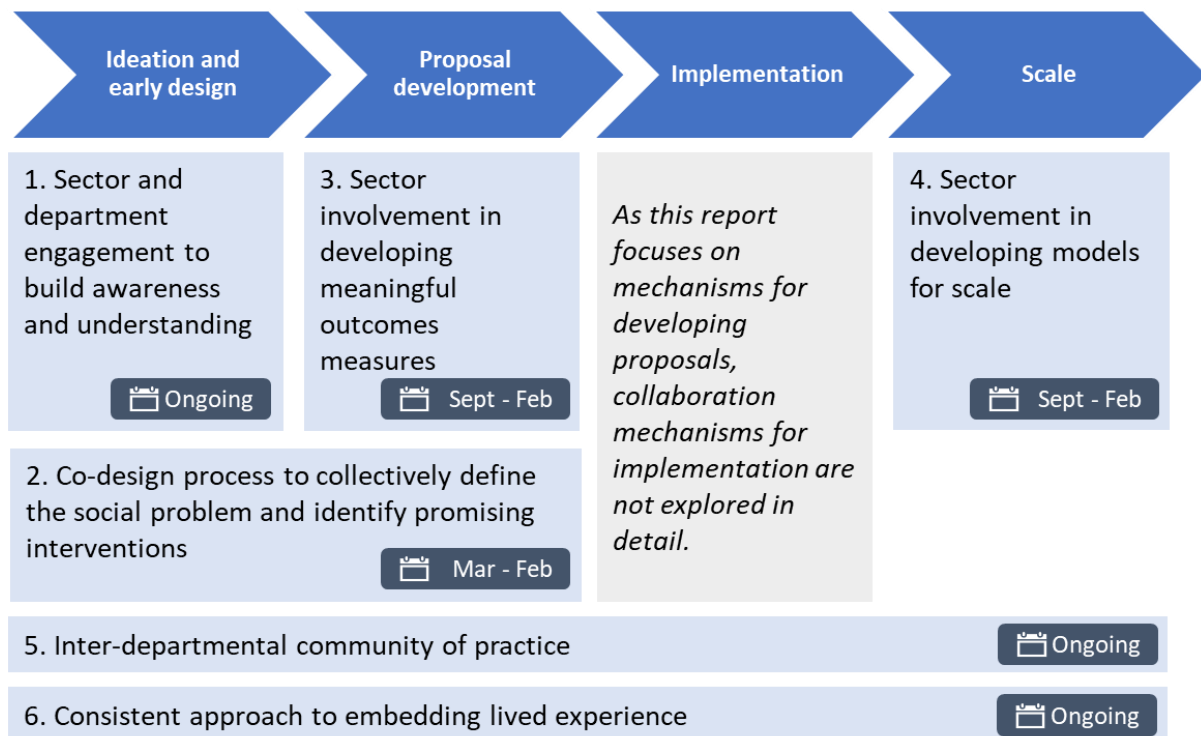
5.1. Sector and department engagement to build awareness and capacity

Understanding of what the EIIF is and how it works is limited amongst the broader sector. Many community organisations have a deep appreciation of the potential of early intervention, and some may be implementing effective programs at a small scale. Engaging with the sector and departments through a series of webinars, roundtables or events would be valuable in establishing a shared definition and language for early intervention, generating interest and demonstrating the government's commitment to intervening early to improve

outcomes for Victorians. This process could also be paired with a consultation process with the sector to identify early intervention priorities and good practice models which may already be operating or designed by sector organisations.

Who and how:

Broad sector engagement is likely best coordinated by DTF to ensure consistency of messaging and avoid duplication. Line departments should be involved in planning and promoting the sessions as well as developing targeted messaging for their stakeholders to ensure the information provided is relevant and actionable for sector organisations.

When:

Ongoing, with key events recommended to take place from July - September. This would allow for insights from the previous year of delivery to be shared and maximise time for line departments and sector organisations to collaborate on bids for the upcoming budget from September to February.

Considerations:

- Ensure active engagement and inclusion of regional and community-led providers.
- Provide mechanisms for follow up and clear steps an organisation can take to engage with relevant line departments.
- Broad engagement may also present an opportunity to gather information on the range of community sector organisations already implementing or interested in implementing early intervention.
- Sessions or events could also be an opportunity for sector capacity building, especially in developing organisations' understanding of DTF's outcomes measurement expectations and practices.

5.2. Co-design process to define the social problem and identify promising interventions

Developing high-quality proposals starts with a shared understanding of the social problem which needs to be addressed, then collaboratively designing the solution. Taking a co-design approach to tackling a complex issue which cuts across government departments can enable the development of holistic and effective early intervention models.

Who and how:

Recognising that issues are multi-faceted, two or more departments could lead a co-design process. This would consist of a series of workshops where sector representatives, experts and practitioners identify and define social problems and develop potential early intervention solutions. Departments will need to ensure that the people with lived experience are involved where appropriate, working alongside services, community and service user representative groups and peak bodies.

This co-design process would include:

- Sharing of data to understand the scope of the issue and who is impacted
- Mapping individual journeys through systems to identify intervention points
- Defining outcomes that matter most to people and communities
- Gathering evidence and good practice case studies
- Developing the scope and service specifications for a new program

When:

The time required for co-design processes can vary depending on the complexity of the issues and the number of stakeholders involved. Departments may need to commence the process 18 months or more prior to a fully developed proposal being submitted for consideration (for example commencing in March for consideration in the next year's budget cycle).

Considerations:

- Co-design can be an intensive process and would require dedicated time and resources from DTF and participating departments.
- Participating organisations, practitioners and people with lived experience will also need to be compensated and due recognition given for their time and expertise.
- The Cabinet in Confidence nature of documents associated with the budget process has so far been a barrier to sector collaboration. DTF and departments will need to consider how to enable information to be shared and iterated in a co-design process. For example, departments and the sector could collaborate on designing a project scope that then becomes the basis of the bid.

See *6.1 Co-design process and planning tool* on page 26 for further guidance.

Potential priority impact areas to pilot a co-design approach

In 2022 and 2023, VCOSS undertook listening tours across Victoria to understand what issues mattered to people and communities. This research highlighted priority concerns for people, some of which represent complex, multi-faceted problems that contribute to acute service usage. These issues may therefore be relevant areas to be explored and addressed through the EIIF.

1. **Loneliness:** The cost of loneliness to the Australian economy is estimated to be $2.7 billion a year[29], through additional acute service usage and lost productivity. Those experiencing socioeconomic disadvantage are most impacted.[30] As a large and growing issue that cuts the areas of health, education and employment, there is potential for loneliness to be addressed through prevention and early intervention initiatives.

2. **Disaster resilience:** Natural disasters are becoming more frequent in across Victoria due to climate change. People and communities are impacted in a multitude of ways, and disasters can lead to homelessness, financial stress, mental health issues and in some cases the loss of life and livelihoods. Investing in disaster resilience can prevent some of the worst impacts in the event of emergencies and enable communities to recover more quickly.

3. **Youth homelessness:** In 2021-22, young people aged 15 to 24 presenting alone made up 18 per cent of all presentations to homelessness services in Victoria.[31] Research shows that family breakdown and conflict is a major driver of youth homelessness.[32] Investment in early intervention initiatives that support families to resolve and recover from conflict and improve family wellbeing could prevent homelessness as well as enable a range of other positive benefits such as improved engagement with education and employment.

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[29] A. Duncan, D. Kiely, A, Mavisakalyan, A. Peters, R. Seymour, C. Twomey & L. Vu L, 'Stronger Together: Loneliness and social connectedness in Australia', *Bankwest Curtin Economics Centre Focus on the States Series*, v. 8, November 2021

[30] Claryn Kung, Johannes Kunz & Michael Shields, 'Economic Aspects of Loneliness in Australia', *The Australian Economic Review*, v. 54, n. 1, p. 147–163, 2021

[31] Australian Institute of Health and Welfare, *Specialist homelessness services annual report 2021-22: State and territory summary data fact sheets*, 8 December 2022.

[32] Dr J Moschion*, Disadvantage, family breakdown and homelessness*, The Conversation, 1 June 2017.

5.3. Sector involvement in developing meaningful outcome measures

"I've seen really good collaboration where I've actually been able to talk with providers about what we're planning to collect, whether that makes sense for them. They have said, oh, you actually do something with all this data that we have to fill out. I have heard them say we cannot, don't make us collect something more. We are exhausted by our reporting obligations… so I do think has to be provider-led, anything new, it's got to be valuable to them." – line department representative

Outcome measures are currently determined during the proposal development phase, often between line departments and DTF. Line departments noted that issues regarding the chosen measures have emerged through the first reporting period, including a lack of understanding and alignment between providers and departments on the meaning and significance of measures and data capture processes. Many of these issues could be prevented by ensuring providers and practitioners are included in designing the metrics in the initial instance. VCOSS therefore proposes outcome measures and targets are developed through in collaboration with the sector to ensure consistency, rigour and efficiency in the end-to-end process from data collection to analysis and reporting.

Who and how:

Line departments lead on the development of outcome measures, drawing on the knowledge and insight of sector experts, providers, practitioners and service users where appropriate. This could take the form of a workshop, interviews and/or a survey depending on the maturity and complexity of the intervention.

When:

This process could take place during the proposal development stage, between September and February.

Considerations:

- Outcome measures may be adjusted over time, in line with the maturity of the intervention, the depth of evidence available, provider capacity and feedback from service users.
- Service users will have invaluable insight into the impact of the intervention and what change is important to them. It is important this is reflected in the selection of outcome measures so that what matters to them is measured. It may not always be practical or ethical for service users to be directly engaged in the design of measures

for the EIIF; however, service providers may be able to represent perspectives based on their experience, research and engagement.

See *6.2 Developing meaningful outcome measures questions and checklist* on page 29 and *6.3 Data collection plan template (including worked example)* on page 32 for further guidance.

5.4. Sector involvement in developing models for scale

Some proposals for funding through the EIIF will involve scaling or expanding an existing intervention. This may take the form of replicating a successful intervention across more geographies, enabling state-wide provision, or adapting an intervention to meet the needs of a new cohort. There are several additional challenges and considerations when developing proposals that take a successful intervention and look to scale or expand in these ways. This is a key point at which sector expertise can be leveraged.

Who and how:

When developing proposals that involve expanding an intervention, the relevant department(s) could facilitate a process involving current providers, potential future providers, other relevant departments, partners, experts and practitioners to design an effective model for scale.

When:

This process should take place during the proposal development stage, between September and February.

Considerations:

- Facilitating partnerships between the government and the sector, as well as between sector organisations, will be key in enabling scale.
- Providers who have developed or refined delivery models expressed an interest in ensuring protection for their organisations' intellectual property, as well as considering how model fidelity could be maintained.
- Understanding unique community strengths and needs in new locations and allowing for local flexibility and self-determination will be another key factor, particularly for interventions affecting First Nations communities.
- Ensuring an adequate evaluation has taken place is critical, including the engagement of clients and practitioners to distil the core elements of the model to be replicated and scaled.

- A mature approach to developing the service sector capacity required for roll-out in new areas will be needed. This may include considering workforce development, training, data systems, local partnerships and networks, as well as broader policy and/or legislative change.

5.5. Inter-departmental community of practice

While all the department representatives involved in this research reflected positively on their engagement with DTF, several noted that their engagement with their counterparts in other departments was ad-hoc. There are significant gains that can be made by enabling shared learning, consistency in practice and development of a long-term strategy on early intervention and wellbeing across departments.

Who and how:

DTF could coordinate an inter-departmental community of practice for staff engaged with developing proposals and managing the implementation of initiatives funded through the EIIF. This could consist of regular meetings (for example, monthly or bimonthly), as well as a shared platform for communication, connection, resource-sharing and reflective practice (for example a Teams group).

The purpose of the community of practice would be to discuss issues, practices and ideas and establish common approaches to core processes related to the EIIF such as outcome measurement, understanding pathways to avoided costs, implementation, reporting, evaluation and embedding sector collaboration and lived experience. There is also potential for this group to grow and evolve over time, contributing to the development of a whole-of-government strategy for early intervention and improving the wellbeing of Victorians.

When:

Ongoing.

Considerations:

- Collaboration across departments needs to have a clear purpose, parameters and incentives. Central agencies such as DTF are best placed to provide this scaffolding.
- Coming together prior to the submission of proposals provides an opportunity for departments to start to map the early intervention service system and understand how the proposed interventions might interact and reinforce each other. This collaboration should occur between September and February, as bids are being developed and refined with the support of DTF.

5.6. A consistent approach to embedding lived-experience, client and practitioner voice

"Lived experience is a key part of the evidence base." – sector expert

Sector organisations often lead the way on engaging lived experience, client and practitioner voice in early intervention design. This can be enhanced and supported by ensuring there are consistent, good practice methods used at each stage of project development. The Department of Family Fairness and Housing's (DFFH) client voice framework could be adapted to serve this purpose on the EIIF.

The client voice framework for community services (DFFH)

The Royal Commission into Family Violence recommended government and agencies identify and develop ways to ensure the client voice is evident in every level of the system from service delivery to policy design.

Client voice includes all information (verbal or non-verbal) derived from a client, in any form including:
- Interactions with community service workers
- Complaints and other feedback mechanisms
- Input to service reviews, evaluations and consultations
- Participation in advisory groups and committees
- Information contained in case files and case management records.

The Client voice framework for community services seeks to:
- Provide overarching principles to guide related work across the department
- Help clients understand how services seek to listen and respond to client voice
- Emphasise the critical link between governance, client voice and outcomes
- Assist workers at every level of a community service to critically assess their current practice in relation to seeking, hearing and responding to the client voice
- Embed the client voice in community services delivery, design and review as well as in system-level policy and planning [33]

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[33] Victorian Department of Health and Human Services, *Client voice framework for community services*, 2019

6. Collaboration toolkit

6.1. Co-design process planning tool

Co-design is a collaborative approach to problem-solving where people with lived experience, practitioners and other stakeholders move through a structured process to collectively define the issue or issues to be solved and to then develop innovative solutions. In the context of early intervention, it can be a powerful methodology to use to design new initiatives which address complex, multi-faceted issues.

The length of time and resources required to undertake a co-design process will vary widely depending on the scope and complexity of the issue being explored. Relevant departments may look to commence a co-design process 18 months or more prior to submitting a proposal.

This process map and questions are designed to help policymakers:

1. Define the scope of the issue to be addressed
2. Identify stakeholders who will need to be involved in a co-design process
3. Plan the overall shape of the project and the required engagement activities

Define the scope

Participating departments will first need to agree on the scope of the issue to be addressed through early intervention. Questions to consider when defining the scope of the co-design process are:

- What is the issue that is to be addressed through early intervention?
- Why has this been identified as a priority issue?
- What do we already know about this issue? What evidence and data are available?
- What is out of scope?

Identify stakeholders

The next step will be to identify the stakeholders who will be invited to participate in the co-design process. Questions to consider are:

- Who is impacted by this issue? Are there groups who are disproportionately affected?
- What organisations are currently working with these groups or communities?
- Are there relevant peak bodies, service user or lived experience advocates or groups who should be involved?
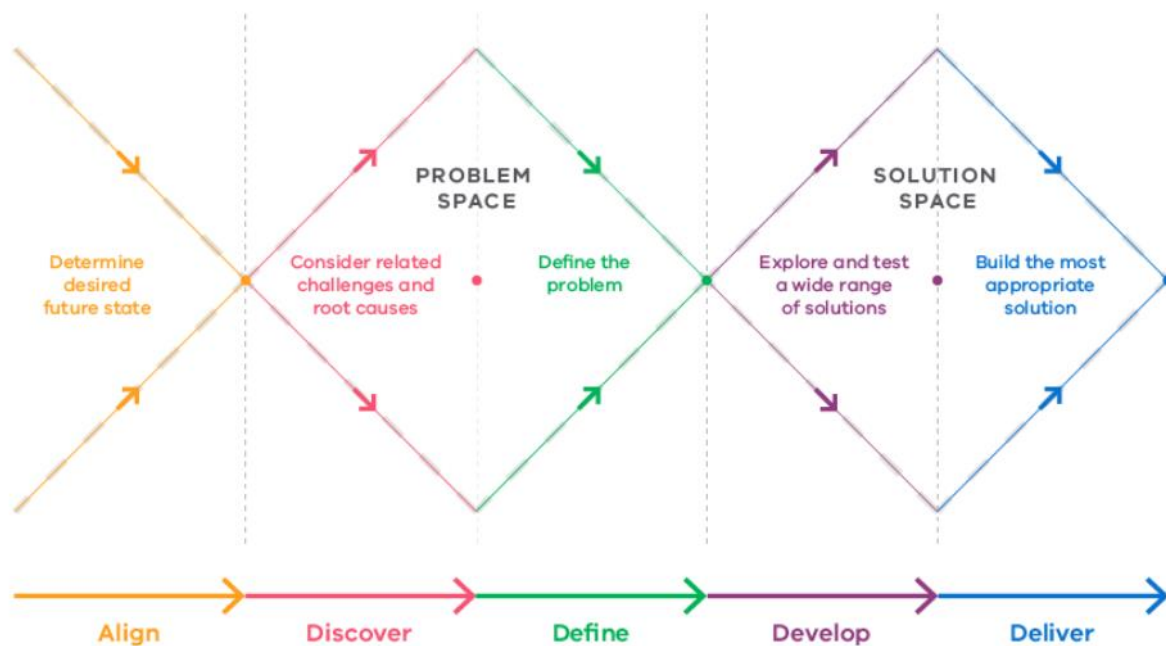
- Are there experts (policy, practice, academics) who have demonstrated interest and knowledge in this area?
- Are there other areas of government (state, commonwealth and local) which might intersect with this issue?
- How will stakeholders be invited and/or selected to participate?
- What will the stakeholders need to enable their participation?

Plan engagement

The double diamond approach is a process commonly used to design solutions to complex problems. There are 5 stages:

1. Align – understanding the desired future state
2. Discover – understanding the problem
3. Definition – defining the problem
4. Develop – developing possible solutions
5. Deliver – choosing and refining the solution

This model can be used to plan engagement with stakeholders, as the 5 stages help guide the kinds of questions and topics to be explored at each step of the process.

PROBLEM SPACE

SOLUTION SPACE

Determine desired future state

Consider related challenges and root causes

Define the problem

Explore and test a wide range of solutions

Build the most appropriate solution

Align | Discover | Define | Develop | Deliver

Source: The Victorian Government, *Introduction to human-centred design,* https://www.vic.gov.au/introduction-human-centred-design, accessed 9 November 2023

Stage	Aim	Questions to explore with stakeholders
Align	Have a shared understanding of scope and vision for the future.	• What do stakeholders see and understand the issue to be? Why do they think it's important to address? • What perspectives, experiences, knowledge and skills do stakeholders each bring? • How is this issue currently being responded to? What is working well and what are the gaps?
Discover	Deeply understand the issue and its root causes.	• How is this issue experienced by people and communities? • What are the potential causes and consequences? • How does this issue intersect with other issues?
Define	Narrow in on the specific problem to be solved.	• What is the most important aspect (root cause) of this issue to be tackled right now? • Where do we think early intervention could have the biggest impact?
Develop	Innovate and identify potential solutions.	• What are potential leverage points in people's journeys which could have resulted in better outcomes? • What are good practice models which seek to address this issue (either here or in other jurisdictions)? • What are community or individual strengths which could be built on?
Deliver	Choose and refine the solutions.	• What ideas/models are feasible and desirable given the context and resources available? • What ideas do we think will have the biggest impact given the evidence available? • How might the model need to be adapted or further developed to be culturally appropriate and fit the local context? • What would success look like and how would we measure it?

These questions can be used to design a series of workshops with stakeholders. In addition, the department team may need to undertake additional engagement and research with stakeholders to inform each workshop and the final outcome.

6.2. Developing meaningful outcome measures questions and checklist

Developing outcome measures collaboratively with stakeholders can ensure they represent meaningful change for service users as well as the economic and social value for government and communities. Consultation with providers and practitioners can also help ensure they are robust, feasible and practical.

This checklist and questions can be used to guide the consultation process.

Meaningful outcome measures for early intervention and prevention projects…

- ✓ Enable the economic and social value of the intervention to be quantified.
- ✓ At least one measure captures reduced acute service usage or avoided costs.
- ✓ At least one measure captures the change that occurs for service users.
- ✓ Represent outcomes rather than inputs or outputs.
- ✓ Are measurable within the next 1-10 years.
- ✓ Are clearly definable and calculable, based on a validated methodology.
- ✓ Are practical and do not create a disproportionate data collection burden for providers, practitioners and analysts.
- ✓ Are useful and meaningful for providers and practitioners in service delivery and improvement.
- ✓ Are culturally appropriate and respect the human rights, privacy and data sovereignty of service users.

Questions to guide the development of metrics in consultation with the sector[34]

Step	Who should be involved?	Questions to explore
Defining outcomes	Sector experts, service providers. Service users and practitioners may be engaged, and their perspectives must be considered when defining the desired change.	What changes for service users, government and communities as a result of the intervention? How do we know this change is likely to occur? What is the evidence base? Do any of these changes realistically lead to avoided costs? *(Consider what evidence there is for linking the objective to avoided costs)*

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[34] Adapted from: Social Finance, *Technical Guide: Designing outcome metrics*, 2015, p. 31-32

Step	Who should be involved?	Questions to explore
Measuring outcomes	Sector experts, service providers, practitioners.	How could the changes resulting from the intervention be quantified? *(If objectives cannot be quantified, consider if there are components which can be or if there are suitable proxy measures)* What is the evidence base for the suggested method of quantifying the changes? *(Consider tools already in use in the sector or validated via research)* How will the progress or impact of the intervention be captured using this measure? *(For example, meeting a threshold, progress against a baseline, performance against comparison cohort)* Is the measure culturally appropriate for service users and does it respect their dignity and human rights? *(Consider how it may be adapted to ensure cultural safety, or consider alternative measures)* What is the likely time horizon for measurable impact to be seen via the suggested measures?
Planning data processing	Sector experts, service providers, practitioners. Service users may be engaged, and their perspectives must be considered as part of the evidence base.	How and when will the data be collected? *(Consider data collection requirements at service intake, throughout the service and at exit)* What systems will be required to capture, store and administer data? *(Consider how this can be integrated with existing systems)* How will data capture impact on practitioner workflow and service user experience? *(Consider the time, resources and training required)* How will the human rights, privacy and data sovereignty of service users be respected? *(Consider informed consent, data storage, cultural appropriateness, access and return of data)*

Step	Who should be involved?	Questions to explore
Reporting	Sector experts, service providers, practitioners.	How will outcomes and performance be reported back to service providers? *(Consider how data collected can be used by providers and practitioners to support service improvement and adaptation)* How will narrative data and context be gathered to enable sense-making and action from the reporting? How will service user perspectives be included in the reporting?

6.3. Data collection plan template (including worked example)

Once suitable outcome measures have been designed with the sector, completing this template helps ensure that there is a plan in place to collect, store and analyse the data required to report on each measure. This will prevent risks in implementation and ensure:

- Data collection and reporting burden for providers and practitioners is minimised and managed.
- There is a shared understanding of the meaning and implications of the measures between government, service providers, practitioners and service users.
- There is a plan in place to ensure service user cultural safety, human rights, privacy and data sovereignty are upheld.
- There is a clear feedback loop to providers and practitioners to promote service improvement.

This template should be completed for each outcome measure with input and feedback from sector stakeholders and practitioners.

Outcome measure summary

Outcome	The desired change	*Improved mental health and wellbeing*
Measure	How the change will be measured	*The percentage of service users who report an improvement of 3 points or more between intake and after 12 months using the Warick-Edinburgh Mental Wellbeing Scale (WEMWBS)*
Benchmark or Baseline	What the change will be compared against (if using a historic baseline or comparison or control group)	*n/a*
Target	The expected impact (include rationale/evidence)	*70%, evaluations of similar programs report improvement in wellbeing amongst ~70% of participants.*

Data collection and analysis plan

Data inputs	Inputs required to calculate the outcome measure	*WEMWBS result for each service user at intake and at 12 months*
Collection and analysis steps	How the data inputs are collected and analysed	

	1. *Case worker completes survey with service user at intake and at 12 months, with the results stored on the case management system.* 2. *Data is exported, collated and analysed by service provider to calculate percentage service users with improved scores.*
System requirements and adaptations	What changes need to be made to IT systems (e.g. case management system) to enable data input and analysis | *WEMWBS is already used by case managers so no large changes required.*
Data matching requirements	Is data matching or integration with other data sets required? If so, what measures need to be in place to ensure compliance with privacy, ethical and security standards | *n/a*
Training and staff capacity considerations	What training and support will be put in place to ensure data quality efficient data collection| *WEMWBS is already used by case managers additional training Is not required.*

6.4. Further reading

Aboriginal Self-determination

Victorian Government, *Self-Determination Reform Framework,* 2019
https://content.vic.gov.au/sites/default/files/2019-09/Self-Determination-Reform-Framework-August-2019.PDF

Lived Experience

Mission Australia, *Learning from Lived Experience: A Framework for Client Participation,* 2020
https://www.missionaustralia.com.au/documents/resource-sharing/1738-learning-from-lived-experience-a-framework-for-client-participation

Co-design

WACOSS, *Co-design toolkit,* 2017
https://www.wacoss.org.au/wp-content/uploads/2017/07/co-design-toolkit-combined-2-1.pdf

Emma Blomkamp, 'Systemic design for participatory policymaking', *Policy Design and Practice* v. 5, n.1, p. 12-31, 2022
https://doi.org/10.1080/25741292.2021.1887576

Victorian Government, *Human Centred Design Paybook*, 2023
https://www.vic.gov.au/human-centred-design-playbook

Mind Australia, *Participation and co-design practice framework,* 2021
https://www.mindaustralia.org.au/sites/default/files/2023-06/Participation_and_codesign_practice_framework.pdf

Developing outcome metrics

Social Ventures Australia, *Outcomes Management Guide,*
https://www.socialventures.com.au/assets/SVA-Outcomes-Management-Guide.pdf

Social Finance, *Technical Guide: Designing outcome metrics,* 2015
https://www.socialfinance.org.uk/assets/documents/designing-outcomes-metrics.pdf

Lowitja Institute, *Indigenous Data Governance and Sovereignty,* 2021
https://www.lowitja.org.au/icms_docs/328550_data-governance-and-sovereignty.pdf

Appendix A: List of interviewees

VCOSS would like to thank the following people for their generous contribution to this report.

NAME	ROLE	ORGANISATION
DANIEL HANRAHAN	Senior advisor	ANZOG
ROBYN MILDON	Executive Director	Centre for Evidence and Implementation
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ARIS GOUNARIS	Manager	Department of Health
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KATE PROUD	Manager	Department of Education
HANG VO	CEO	Sacred Heart Mission
PAUL MCDONALD	CEO	Anglicare
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