



Introducing VCAMS

The Victorian Child and Adolescent Monitoring System (VCAMS) provides a common basis for setting objectives and planning across the whole-of-government to advance the wellbeing of Victoria's children, through monitoring and reporting on how children are faring. The system has been established in recognition of the need to strengthen links between data and policy and to measure and report on **outcomes** for children and young people (discussed in Child Outcomes, Issue 1).

Uniquely, VCAMS allows us to monitor and report on the broad spectrum of children's health, wellbeing, safety, learning and development, on the whole span of childhood (0-17), and on specific priority populations of higher needs children and families, as well as the whole child population.

VCAMS provides valuable information about how well we are tracking towards agreed outcomes for children, facilitating informed decision making across government and supporting policy makers and program planners by identifying emerging issues and areas of greatest need.

This Issue (Issue 2) highlights the capacity of VCAMS to shape and influence policy making for Victoria's children.

The VCAMS outcomes framework and indicators

VCAMS is supported by **an outcomes framework** of 35 outcomes, endorsed by government, and based on the best available research evidence of what matters in the lives of children and young people. Some of the outcomes relate to the child directly, and others relate to key factors that influence child wellbeing: the family, the community and services and supports (the Outcomes Framework is described in more detail in Issue 1).

Each of the 35 outcomes of the outcomes framework is accompanied by indicators – or quantifiable measures - which facilitate reporting against the outcome.

There are **150 VCAMS indicators** in total, each with documented supporting evidence. This large number of indicators allows for the development, over time, of a comprehensive knowledge base

on issues impacting on children and young people, and a breadth of focus that is greater than that offered by a set of high-level or headline indicators. Regular reporting against the comprehensive VCAMS indicators also allows for early identification of new and emerging issues for children and their families.

The indicators were chosen through a rigorous selection process involving a review of national and international research evidence, consultation with academic experts and practitioners, and assessment of indicators against best practice criteria, based primarily on the National Health Performance Committee criteria for indicator assessment (see Box 1). The final suite of 150 VCAMS indicators¹ was endorsed by the Secretaries of Victorian Government Departments, through the Children's Services Coordination Board in 2007.

1. As it is not always possible to measure an outcome directly, indirect measurements, or a 'composite' of measures may be necessary. For these reasons, the number of identified indicators is higher than the number of outcomes.

Box 1: National Health Performance Committee criteria for indicator assessment

In line with best practice, indicators will

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. Be worth measuring - The indicators will represent an important and salient aspect of measuring whether a child is safe, healthy, continuing to develop, learning and achieving wellbeing. 2. Be measurable for diverse populations - The indicators are valid and reliable for the general population and diverse populations. 3. Be understood by people who need to act - People who need to act on their own behalf or that of others should be able to readily comprehend the indicators and what can be done to | <p>improve health, safety, learning, development and wellbeing.</p> <ol style="list-style-type: none"> 4. Galvanise action - The indicators are of such a nature that action can be taken at the national, state, local or community level by individuals, organised groups and public and private agencies. 5. Be relevant to policy and practice - Actions that can lead to improvement are anticipated and feasible – they are plausible actions that can alter the course of an indicator when widely applied. 6. Reflect results of actions when measured over time - If action | <p>is taken, tangible results will be seen indicating improvements in various aspects of children's health, safety, development, learning and wellbeing.</p> <ol style="list-style-type: none"> 7. Be feasible to collect and report - The information required for the indicator can be obtained at reasonable cost in relation to its value and can be collected, analysed and reported on in an appropriate time frame. 8. Comply with national processes of data definitions. <p>Source: National Health Performance Committee 2001</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Populating the indicators with data

Nearly half of the 150 VCAMS indicators are populated by administrative data that is collected across government.² The use of this data to report against outcome measures prevents duplication of effort in trying to source data via other means. It can also prompt investigation of data standards and provide an opportunity to work with administrators to improve data quality and to potentially include more variables.

A rolling program of population level surveys has been developed, within VCAMS, to fill data gaps in existing administrative and survey sources. These surveys are providing robust data, for the first time, on indicators relating to child nutrition, behaviour, physical activity, family functioning and parent promotion of child health and development. The surveys facilitate a comprehensive view of how Victorian children are faring, and allow for monitoring of trends over time.

'Whole' population surveys are supplemented by surveys on priority populations of higher needs children

and families, for whom data is commonly lacking:

- Aboriginal children and their families
- Recent/high need immigrant – including refugee - children and families;
- Families affected by disability
- Families affected by chronic disadvantage and complex needs, including children in out-of-home-care.

Recent, current, and planned VCAMS surveys are shown in Box 2.

Box 2: VCAMS surveys

The Victorian Child Health and Wellbeing Survey (VCHWS)

First undertaken in 2006, and repeated in 2009. 5000 telephone interviews were carried out with parents or carers of Victorian children aged from birth up to 12 years.

The Local Level Child Health and Wellbeing Survey (LLCHWS)

A local version of the Victorian Child Health and Wellbeing Survey was undertaken in 2007, with almost 8500 parents and carers of children under 13 years surveyed across 25

Local Government Areas where the Best Start program operates.

The Victorian Adolescent Health and Wellbeing Survey (HowRU?)

An online survey completed by a representative sample of approximately 10,000 secondary school students across the state. Fieldwork was undertaken in terms 2 and 3, 2009.

The National Aboriginal and Torres Strait Islander Social Survey (NATSISS)

A collaboration with the ABS to oversample Victorian Aboriginal

children and families as part of their national household survey. This survey was conducted across 2008 and 2009.

The Child and Family Services Outcomes Survey

This survey of outcomes for children and young people who are in contact with child protection and family services or in out-of-home-care is planned for 2009/10.

2. Administrative data sources include the Department of Human Services, Department of Education and Early Childhood Development, Department of Justice, Department of Planning and Community Development, Victoria Police; and the Australian Institute of Health & Welfare.

Realising the capacity of VCAMS: through sharing data

VCAMS has many **stakeholders**, all of whom play a key role in ensuring that the full capacity of the system is realised. The provision of VCAMS data is dependent, for example, on parents, carers, administrators, health workers and educators.

The **audiences** for VCAMS data are wide-ranging and include state, local and national levels of government; schools, childcare providers and health care providers, researchers, NGO's, advocacy and other interest groups.

VCAMS data need to be accessible, in appropriate forms, to these audiences, for policy, planning, research and evaluation activities.

Data sharing with VCAMS users maximises value, as re-collecting data is expensive and time-consuming. Data sharing also allows researchers to access local data, limiting reliance on international data sets; builds and/or strengthens a local evidence base; and "helps more directly in policy decisions" (Gruen 2008).

Published reports

Analysis of VCAMS data is reported in a range of publications including outcomes bulletins, journal articles and specialised reports on focus areas.

An **annual report** on how children are faring, against the comprehensive VCAMS indicators, is prepared in line with the legislative requirement that the Children's Services Coordination Board reports annually to the Minister on the outcomes of Government actions in relation to children, particularly the most vulnerable children in the community' (Child Wellbeing and Safety Act 2005). Three reports in this series have been published to date (see www.education.vic.gov.au/about/directions/children/annualreports.htm).

At the local government level, **community profiles** provide data on a range of indicators to inform planning and program development. It is intended that data provided in these profiles will be incorporated into the development of the Municipal Early Years Plans.

Access to VCAMS survey data

VCAMS supports requests by researchers to access VCAMS survey data for further analysis. Survey data is made available, on approval by the Early Childhood Research Committee, with procedures in place to ensure the data is in a non-identifiable form and complies with privacy legislation.

Data linkage

A data linkage component is also being established within VCAMS to link existing administrative or program datasets. This will present a valuable opportunity to undertake comprehensive longitudinal and cross-sectional analyses without additional survey burden in the community.

VCAMS on the web

A web-based system is being developed, from which VCAMS data will be accessible to a broad audience.

Provision of data by external data custodians will be facilitated through the establishment of data provisioning agreements, a metadata framework to support data exchange and data quality check automation. In recognition of the importance of place-based and local level planning, the data will be reported at the lowest possible geographic level and as agreed to by the data custodians.

Release of data through an interim website portal will be in place from November 2009 (www.education.vic.gov.au/vcams). This will allow key feedback from stakeholders on the design and functionality of the public information portal. Full-scale implementation of the complete solution is expected in 2010/11.



Realising the capacity of VCAMS: through research, analysis and evaluation

As we have noted, VCAMS provides valuable monitoring data about how well we are tracking towards our agreed outcomes for Victorian children as a whole, for priority population groups and in different geographical areas.

In order to shape policies towards the best possible outcomes, we need to know not just how well we are tracking (for whole and sub-populations), but **why and how** the particular outcomes have resulted for which children (and families); and **whether programs and services are contributing to any changes**.

This means that the full potential of VCAMS is realised when the monitoring data that the system provides is supplemented by additional data collected from:

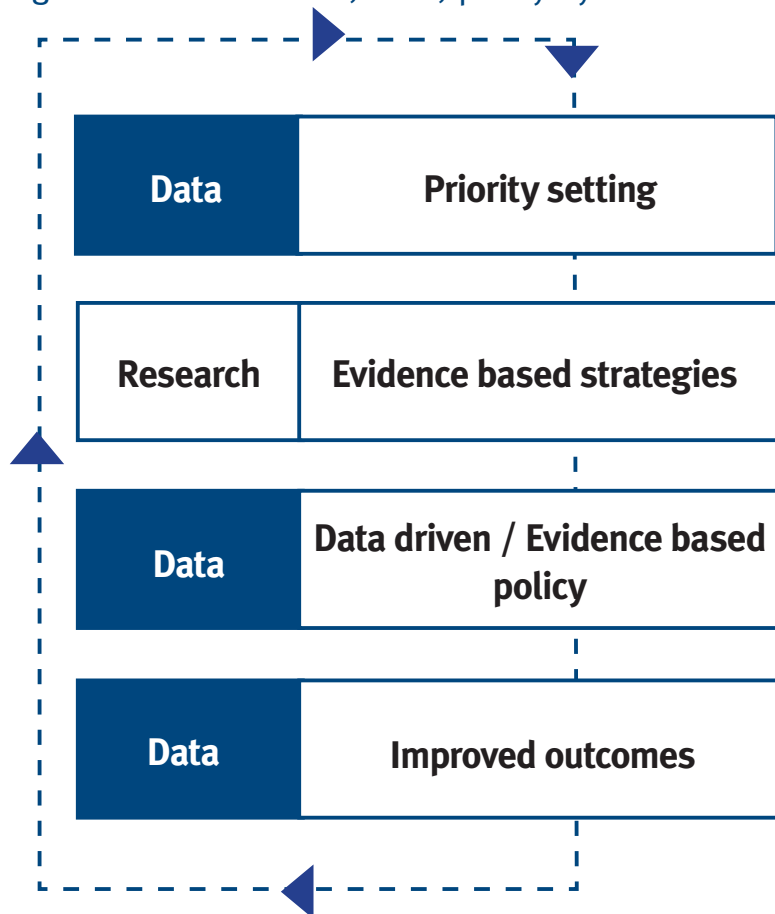
- Ongoing research on the factors that influence outcomes for children and young people
- Evaluation of services and programs to determine whether and how they are impacting on outcomes.

Strategies to improve outcomes for children and young people also need to be developed and implemented on the basis of evidence about what is known to be effective – or 'what works'.

The Victorian Government is committed to working across the Government and with partners to build evidence in these areas, linking evidence, data and policy, as shown in Figure 1.



Figure 1: The evidence, data, policy cycle



Source: adapted from Goldfeld and Hall, in Cleary et al 2008

Ongoing research on determinants, influences, risk and protective factors will be used to inform periodical review of the VCAMS indicators, to ensure that they adequately reflect emerging issues and influences that are impacting on the health and wellbeing of children. In-depth analysis of VCAMS survey data, and the development of data linkage projects, will also add to our knowledge about factors that impact on child outcomes.

Sound and rigorous evaluation of government services and programs will be used together with up-to-date evidence about ‘what works’ to support the development of strategies, interventions and initiatives. In 2007 the Victorian Government published a catalogue of evidence-based strategies containing practical guidance to assist in improving particular outcomes for children and young people. The catalogue is reviewed and updated regularly, and has been expanded to include evidence relating to additional outcomes.

Conclusion

Using indicators to measure, monitor and report on child outcomes is not a new idea. Neither is collecting and reporting on outcomes data, researching factors affecting outcomes or using evaluation and evidence-based strategies to develop programs. What is unique to VCAMS is the integration, by government, of all these elements into one system, linking evidence, data and policy.

The Victorian Government is committed to improving child wellbeing and to ensuring that children are given a higher priority across all government policies, programs and activities. As demonstrated here, VCAMS is powerfully placed to make a difference, ensuring that the policy-setting process is optimally directed towards improving outcomes for Victoria’s children.



References

- Cleary J, Goldfeld S, Gabriel S and Siemon D (2008), Information for action: Developing the Victorian Child and Adolescent Monitoring System (VCAMS). Australian Epidemiologist; 15 (3): 19-23
- Gruen, David (2008), The Smarter Use of Data, Plenary address to the NatStatso8 Conference, 20 November 2008
- National Health Performance Committee (2001), National Health Performance Framework Report, Queensland Health, Brisbane

Prepared by:
Data, Outcomes and Evaluation Division