

THE UNIVERSITY OF  
NEW SOUTH WALES



**STRONGER FAMILIES AND  
COMMUNITIES STRATEGY**

**NATIONAL EVALUATION  
FRAMEWORK**

**FOR DEPARTMENT OF FAMILY  
AND COMMUNITY SERVICES**

Social Policy Research Centre  
Australian Institute of Family Studies

December 2005

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**Prepared for the Department of Family and Community  
Services**

**Social Policy Research Centre  
Australian Institute of Family Studies**

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## Evaluation Team

### *Social Policy Research Centre UNSW*

Ilan Katz, Karen Fisher, Cathy Thomson, Natasha Cortis, Christiane Purcal and Julie Young

### *Australian Institute of Family Studies*

Alan Hayes, Matthew Gray, Helen Cheney and Robert Johnstone

### *Advisers (alphabetical order)*

Dr Ilse Blignault, Centre for Culture and Health, UNSW

Paul Bullen, Management Alternatives, Sydney

Dr Elizabeth Fernandez, School of Social Work, UNSW

Dr Anne Graham, Director, Centre for Children & Young People, Southern Cross University, Lismore

Sue Green, Nura Gili, Indigenous Programs at UNSW

Elizabeth Harris, Centre for Health Equity Training, Research and Evaluation, UNSW

Professor Ross Homel, Key Centre for Ethics, Law, Justice and Governance, Griffith University, Brisbane

Dr Lisa Jackson Pulver, Muru Marri Indigenous Health Unit, UNSW

Professor Gwynnyth Llewellyn, Sesquicentenary Foundation Chair for Occupation & Leisure Sciences and Dr David McConnell, Research Manager, Australian Family & Disability Studies Research Centre, School of Occupation & Leisure Sciences, University of Sydney

Professor Pam Meadows, Visiting Fellow, National Institute of Economic and Social Research and Institute for Children, Families and Social Issues, UK

Dr Jan Nicholson, Senior Research Fellow, Centre for Health Research, School of Public Health and Dr Donna Berthelsen, Senior Lecturer, School of Early Childhood, Queensland University of Technology

Professor Jenny Onyx, Centre for Australian Community Organisation and Management and Dr Bronwen Dalton, Lecturer, School of Management, University of Technology, Sydney

Dr Gary Robinson, Senior Research Fellow, School for Social and Policy Research, Institute of Advanced Studies and Professor Lesley Barclay, Health Services Development, Charles Darwin University, Darwin

Dr Bryan Rodgers, Centre for Mental Health Research, Australian National University, Canberra

Professor Peter Saunders, Associate Professor Michael Bittman, Dr Judy Cashmore and Dr Robyn Dolby, Social Policy Research Centre

Professor Michael Sawyer, Director, Research and Evaluation Unit; and Professor of Child and Adolescent Psychology, Department of Paediatrics, University of Adelaide

Dr Catherine Spooner, National Drug and Alcohol Research Centre, UNSW

Emeritus Professor Tony Vinson, School of Social Work, UNSW

Dr Melissa Wake, Director, Research and Public Health Unit, Centre for Community Child Health, Royal Children's Hospital, Melbourne

Associate Professors June Wangmann, Bob Perry and Sue Dockett and Frances Press, Lecturer, School of Education and Early Childhood Studies, University of Western Sydney

## **Contacts for Follow up to this Report**

Professor Ilan Katz, Acting Director, Social Policy Research Centre and Cathy Thomson, Research Fellow, Social Policy Research Centre, University of New South Wales, Sydney NSW 2052, ph 02 9385 7800, fax 02 9385 7838, email [ilan.katz@unsw.edu.au](mailto:ilan.katz@unsw.edu.au) and [CM.Thomson@unsw.edu.au](mailto:CM.Thomson@unsw.edu.au)

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## Abbreviations

ABS	Australian Bureau of Statistics
AEDI	Australian Early Development Index
AIFS	Australian Institute of Family Studies
ATSI	Aboriginal and Torres Strait Islander
CAG	Consortium Advisory Group, LSAC
CALD	Culturally and Linguistically Diverse
CATI	Computer Assisted Telephone Interview
CCC	Communities for Children Committee
CfC	Communities for Children
DoFA	Department of Finance and Administration
FaCS	Australian Department of Family and Community Services
FP	Facilitating Partner
FTB	Family Tax Benefit
HILDA	Household, Income and Labour Dynamics in Australia Survey
ItG	Invest to Grow
LA	Local Answers
LE	Local Evaluator
LSAC	Longitudinal Study of Australian Children
LSIC	Longitudinal Study of Indigenous Children
NE	National Evaluation
NGO	Non-government organisation
OIF	Outcome Indicators Framework
SEIFA	Socio-Economic Indexes for Areas
SFCS	Stronger Families and Communities Strategy (2004-2008)
SP	Service Provider
SPRC	Social Policy Research Centre

## Glossary of Terms

For the purposes of this paper the following definitions will be used:

**Communities for Children national initiative** – the entire Communities for Children initiative funded under the Stronger Families and Communities Strategy

**Communities for Children local initiative** – the sum total of activity funded by SFCS in one area (the Communities for Children site)

**Communities for Children Committee** – the committee established by the Facilitating Partner to support and guide the Communities for Children local initiative

**Communities for Children Strategies** – the programmes of activity usually provided by one agency delivered in accordance with the Community Strategic Plan and Service delivery Plan – fully or partly funded by CfC

In addition:

A **community** can be defined in Communities for Children as children aged 0-5 and their families and communities in an area roughly within a geographic boundary.

The term '**parents**' includes all those who look after children informally on a long-term basis, and is not confined to biological mother and father only.

## Executive Summary

### Introduction

A National Evaluation Consortium, comprising the Social Policy Research Centre (SPRC), UNSW, Australian Institute of Family Studies (AIFS) and research advisers, has been contracted by the Australian Government Department of Family and Community Services (FaCS) to develop the evaluation framework for the Stronger Families and Communities Strategy (SFCS) 2004-2008.

The SFCS aims to: help families and communities build better futures for children; build family and community capacity; support relationships between families and the communities they live in; and improve communities' ability to help themselves. It contains four strands: *Communities for Children* (CfC), *Invest to Grow* (ItG), *Local Answers* (LA) and *Choice and Flexibility in Child Care*. This Evaluation Framework addresses the evaluation of the first three of these strands.

The framework is designed to evaluate the SFCS in relation to the Outcomes Framework developed by FaCS. The Outcomes Framework aligns with the four priority areas of the National Agenda for Early Childhood: *healthy young families; supporting families and parents; early learning and care; and child-friendly communities*. A fifth priority area specifically relates to the CfC initiative; *family and children's services work effectively as a system*. These priorities apply to the Strategy as a whole, but they apply differently to each strand of the Strategy. In this document we address each of the three strands, as well as the SFCS as a whole.

The National Evaluation (NE) will be both *formative* – contributing to the development and refinement of policy and practice in relation to the Strategy – and *summative* – addressing the effectiveness of the Strategy and its implementation. The key evaluation questions are:

- Have outcomes for children and families in relation to the four key action areas improved as a result of the Strategy?
- Which lessons have been learnt on how to achieve and sustain better outcomes for children 0-5 and their families /communities?
- Is early investment effective in terms of cost and outcomes for children?
- For which children, families or communities is it effective?
- What aspects of the model are effective?
- How effectively have resources been used?
- Has the SFCS achieved its objectives?

The evaluation framework consists of the following interlocking components:

### **Communities for Children**

#### *Outcome Evaluation*

#### Family Study

Service Users Before and After Study

Outcomes Indicators Framework

*Process evaluation*

Comprehensive Community Profile

Demographic profile

Baseline service mapping

Service Coordination Study

Strategic level snapshots

Operational level snapshots

Partnership Model Study

Progress Reports Analysis

*Themed Case Studies*

*Cost effectiveness Evaluation*

*Synthesis Report*

**Invest to Grow Evaluation**

*Before and After Questionnaire for Parents*

*Themed Case Studies*

*Progress Reports Analysis*

*Synthesis Report*

**Local Answers Evaluation**

*Themed Case Studies*

*Progress Reports Analysis*

*Synthesis Report*

**Cross Strategy evaluation**

*Themed studies*

*Promising Practice Profile*

*Synthesis Report*

## Core Evaluation Components

Although the methodologies of the different strands of SFCS vary, they do share features in common. In particular, they all seek to measure the outcomes and relate them to the inputs, processes and outputs. The context in which the initiatives operate is also taken into account, and for each strand of the Strategy the question of *what works?* is expanded by asking, *why it works, under what circumstances and for whom?*

### Communities For Children Initiative (CfC)

The bulk of the National Evaluation will focus on evaluating CfC, and in particular on capturing outcomes for children and families in CfC communities.

The overall evaluation questions for CfC are:

- Have outcomes for children and families in CfC sites improved as a result of the Initiative?
- Do services in CfC sites work more effectively as a system?
- Are CfC communities more child-friendly?
- How successful has the Facilitating Partner model been in bringing about these changes?

The evaluation of CfC comprises an *outcomes, process* and a *cost effectiveness* evaluation. Each is outlined below.

#### *Outcomes Evaluation for CfC.*

The outcomes evaluation has two primary methods: The study of families in the CfC communities (the *Family Study*) and the *Outcomes Framework Indicators*. The National Evaluation is also developing a *Service User Before and After* study. It is intended that the Service Users Questionnaire will be completed by the main carer, either as a self-completed questionnaire or together with a practitioner or local evaluator, depending on the service and the circumstances of the carer.

#### *Family Study*

The Family Study will form the core of the CfC outcome study and will be the primary mechanism for collecting data on children, family and community outcomes in CfC communities. In the first wave, the Family Study will collect data on approximately 1500 families in up to 12 CfC sites and 5 contrast sites. The study will be conducted in three waves to enable a longer-term follow up of children in CfC communities. The first wave is scheduled for February 2006, with subsequent waves planned for February 2007 and February 2008.

#### *Outcome Indicators Framework*

The outcome indicators framework uses secondary administrative data to determine the extent of community level changes in the wellbeing of children, families and communities over the life of the Strategy. As well as assisting in determining the effectiveness of the Strategy, the Outcomes Framework sets out population level information that communities can draw on for their own planning purposes.

### *Service Users Study – Before and After*

For many projects funded by CfC (and also some Invest to Grow and Local Answers projects) it will be important to measure short-term outcomes for families who access services. We have therefore designed questionnaires that can be used by projects, if they choose, for the purposes of measuring short-term outcomes. This will allow consistency across projects.

### *Process Evaluation of CfC*

The logic model of CfC asserts that the Facilitating Partner model will improve services in CfC communities and strengthen communities, ultimately improving outcomes for children and families. The aim of the CfC process evaluation is to determine whether and how services in the communities have improved.

The process evaluation will include a comprehensive community profile of each of the CfC communities, an assessment of how well services for young children in the community work together (strategic and operational snapshots), a study of the effectiveness of the SFCS partnership model and an analysis of progress reports provided by the Facilitating Partner to FaCS.

### *Cost Effectiveness of Communities for Children*

The cost effectiveness analysis will use the quantitative data from the outcomes evaluation and programme financial management to provide information about the value added by the initiative. The aim is to compare the goals of the initiative with its outcomes and costs, thereby assessing the extent to which the costs produced tangible benefits.

### **Invest to Grow (ItG)**

Key National Evaluation questions for ItG are:

- To what extent have ItG projects contributed to improved outcomes for children and families in relation to the four priority outcome areas (*healthy young families, early learning and care, supporting families and parents, and child-friendly communities*)?<sup>1</sup>
- What were the most important factors that facilitated improved outcomes?
- What were the factors that facilitated and inhibited the project logic models being implemented in different contexts?
- Which of the models were implemented in the most effective and efficient manner?
- Which of the models are most suitable for broader implementation?

The National Evaluation will design a range of tools that ItG projects may choose to use in their local evaluations, including a Service User Study. In addition, ItG will be

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<sup>1</sup> Note that Invest to Grow does not include the priority outcome area ‘family and children’s services work effectively as a system’.

included in the Themed Case Studies, and the National Evaluation will analyse the progress reports that projects provide to FaCS. The National Evaluation will also prepare a Synthesis Report summarising the findings from the local evaluations of ItG and discussing which models are most suitable for wider national implementation.

### **Local Answers (LA)**

The LA evaluation will examine the following questions:

- To what extent did funded projects address the LA aims?
- To what extent did funded projects achieve the LA Outcomes?
- Of the projects that appeared to be most successful, what were the success factors?
- What were the unintended project outcomes (positive and negative)?
- How were these consequences addressed?
- Was the LA initiative well managed – both by the Department and project holders?

The emphasis of the National Evaluation of LA will be on reporting project level data, supplied to and managed by FaCS, against the Outcomes Framework. In addition, good practice will be identified through the Promising Practice Profile conducted by the National Evaluation.

Key findings from this component of the evaluation will be included in the Synthesis Report and will identify general principles and themes arising from the implementation of the whole Strategy. LA will also be part of the Themed Studies. Where appropriate, LA projects will be able to use the Service Users Questionnaire and the various process evaluation instruments.

### **Cross Strategy Evaluation**

The Evaluation will analyse findings across the entire SFCS initiative to draw out core themes and lessons learned. This will consist of Themed Studies, Promising Practice Profile and the Synthesis Report.

#### *Themed Case Studies*

The purpose of the Themed Case Studies will be to explore particular topics in depth. These studies will enhance our understanding of ‘what works’ by exploring in more depth ‘why’ and ‘how’ things work. These studies will cross the three SFCS initiatives that are covered in the evaluation – Communities for Children, Invest to Grow and Local Answers. It is intended that the Themed Studies will be undertaken in partnership with the local evaluators and that the themes will be chosen in negotiation with the SFCS Partnership and FaCS.

#### *Promising Practice Profile*

One of the key objectives of this Evaluation is to identify ‘what works’ in early intervention, in order to identify, validate and disseminate promising practice arising from the Strategy. Promising Practice will be identified through a call for submissions from sites and projects and from Local Evaluators. These will be

shortlisted for external validation. After external validation a selection of practices found to be promising against the established criteria are to be identified and disseminated as Promising Practice.

### **Synthesis Report**

The Synthesis Report will combine information from the each of the initiatives of the Strategy and will draw out common themes relating to effective early intervention. This will focus not only on ‘what works’ in terms of outcomes, but also effective implementation issues at the strategic and operational levels. This report will seek to synthesise all the data collected from various sources including the National Evaluation, local evaluations and project data to identify general principles and themes arising from the implementation of the Strategy.

## 1 Introduction

The Stronger Families and Communities (SFCS) is an Australian Government initiative giving families, their children and communities the opportunity to build a better future. The new Strategy focuses on the Government's concerns about the health, well being and capacity of many young Australians. Of particular concern are increases in substantiated cases of child abuse, the numbers and poor outcomes of children in foster care, the rising levels of childhood obesity, the incidence of some chronic illnesses among the general population of Australian children, and the broad spectrum of poor outcomes for Indigenous children.

The Intergenerational Report highlights demographic pressures of an ageing population and shrinking of labour force growth. Doing more to assist people to reach their full potential will both increase their productive contribution to the economy and reduce the extent to which they need to draw upon the community's scarce resources. Compelling evidence supports appropriate intervention during the first five years of a child's life can significantly assist a child to reach their full potential.

Evidence shows that assistance and intervention at critical transition points in the life cycle from before and immediately after birth and through the first five years of life improves outcomes in health, education and employment. In particular, timely intervention reduces the likelihood of later substance misuse, mental illness and suicide, domestic violence, child abuse and crime and increases the likelihood of children continuing education through high school and beyond and being employed as adults.

The Strategy has a focus on improving child outcomes and is a reflection of the Government's commitment to early childhood, with a particular focus on the National Agenda for Early Childhood's four key action areas where evidence suggests the potential for large long-term gains.

The Australian Government Department of Family and Community Services (FaCS) contracted the UNSW Consortium to develop the Stronger Families and Communities Strategy (SFCS) Evaluation Framework. The Consortium comprises the Social Policy Research Centre (SPRC), Australian Institute of Family Studies (AIFS) and research advisers. The SFCS aims to help families and communities build better futures for children; to build family and community capacity; to support relationships between families and the communities they live in; and to improve communities' ability to help themselves. It contains four initiatives: *Communities for Children* (CfC), *Invest to Grow* (ItG), *Local Answers* (LA) and *Choice and Flexibility in Child Care*. This Evaluation Framework addresses the evaluation of the first three of these strands.

### 1.1 Evaluation Framework

This document outlines the proposed SFCS National Evaluation Framework. The methodology is designed to evaluate both the SFCS as a whole and each of the three strands (CfC, ItG and LA). However, more detail is presented for CfC given the complexity of evaluating this initiative. In addition, we describe the roles of the local evaluators that have been appointed by CfC sites and ItG projects with SFCS funding. Although local evaluators have been appointed by and are accountable to each site or project, they are also required to contribute to the National Evaluation.

The evaluation framework is designed to address the various elements of the SFCS Outcomes Framework developed by FaCS and aligned with the key priority areas of the National Agenda for Early Childhood. Across the SFCS these are:

- Healthy young families
- Supporting families & parents
- Early learning and care
- Child-friendly communities

And additionally for CfC:

- Family and children's services working effectively as a system

These elements of the Outcomes Framework apply to the Strategy as a whole, but apply differently to each strand.

## **1.2 Aims of the Evaluation**

The overarching aims of the National Evaluation are to:

- Capture the lessons learnt from the SFCS on how to achieve and sustain better outcomes for children 0-5 and their families /communities
- Determine whether early investment is effective in terms of cost and outcomes for children
- Identify which children, families and communities SFCS is most effective
- Establish which aspects of the model are effective
- Gauge how effectively resources have been used
- Ascertain whether SFCS has achieved its objectives overall.

## **1.3 Formative and Summative Evaluation**

The evaluation has two overall purposes – to help policy makers and practitioners refine and develop the process through which the SFCS initiative is implemented (formative evaluation), and to measure the impact of the Strategy (summative evaluation).

The aims of the formative aspect of the evaluation are:

- To influence policy makers, service managers and practitioners to adopt promising practice
- To contribute to the evidence base for early intervention.

The summative component of the evaluation aims:

- To determine the effectiveness and sustainability of the SFCS initiative
- To assess the extent to which the Strategy has achieved the outcomes set out in the SFCS Outcomes Framework.

## **1.4 Core Evaluation Components**

Although the methodologies for evaluating each initiative of SFCS differ, they share some core features. Each component of the evaluation seeks to capture the outcomes as set out in the SFCS Outcomes Framework, and to relate those to the **inputs**

(resource allocation), **processes** (activities) and **outputs** (results of activities). The evaluation also takes into account the **context** in which the initiatives operate. For each initiative of the Strategy we will therefore go beyond the question, *what works?* to consider *why it works, under what circumstances and for whom*.

## 1.5 Evaluation Questions

The National Evaluation of SFCS will seek to answer the following questions:

- Have outcomes for children and families in relation to key action areas improved as a result of the Strategy?
- Which lessons have been learnt on how to achieve and sustain better outcomes for children 0-5 and their families /communities?
- Is early investment effective in terms of cost and outcomes for children?
- For which children, families or communities is it effective?
- What aspects of the model are effective?
- How effectively have resources been used?
- Has SFCS achieved its objectives?

These evaluation questions and a summary of the methodologies used to address them are summarised in Table 1.1.

## 1.6 Outline of the Evaluation Framework Document

This document presents the evaluation framework for Communities for Children, Invest to Grow, and Local Answers, before describing each component of the cross-Strategy evaluation. The framework consists of the following interlocking components:

### Communities for Children

#### *Outcome Evaluation*

Family Study

Service Users Before and After Study

Outcomes Indicators Framework

#### *Process evaluation*

Comprehensive Community Profile

Demographic profile

Baseline service mapping

AEDI

Service Coordination Study

Strategic level snapshots

Operational level snapshots

Partnership Model Study

Progress Reports Analysis

*Themed Case Studies*

*Cost effectiveness Evaluation*

*Synthesis Report*

**Invest to Grow Evaluation**

*Before and After Questionnaire for Parents*

*Themed Case Studies*

*Progress Reports Analysis*

*Synthesis Report*

**Local Answers Evaluation**

*Themed Case Studies*

*Progress Reports Analysis*

*Synthesis Report*

**Cross Strategy Evaluation**

*Themed studies*

*Promising Practice Profile*

*Synthesis Report*

**Table 1.1 Stronger Families and Communities Strategy – Summary of Evaluation Questions and Components**

Evaluation Questions	Components										
	Outcome Indicators Framework	Family Study	Service Users Study	Comp. Community Profile	Service Co-ord Study	Partnership Model Study	Progress Reports Analysis	Themed Case Studies	Promising Practice Profiles	Cost Effectiveness	Synthesis
Have outcomes for children and families in relation to the four key action areas improved as a result of the Strategy?	✓	✓	✓					✓			✓
Which lessons have been learnt on how to achieve and sustain better outcomes for children 0-5 and their families / communities?			✓		✓	✓		✓	✓		✓
Is early investment effective in terms of cost and outcomes for children?	✓			✓					✓	✓	✓
For which children, families or communities is it effective?	✓	✓	✓				✓	✓	✓	✓	✓
What aspects of the model are effective?								✓	✓		✓
How effectively have resources been used?							✓			✓	✓
Has SFCS achieved its objectives?							✓				✓

## 2 Communities For Children

The National Evaluation will focus on the evaluation of CfC, and in particular on outcomes for children and families in CfC communities.

### 2.1 Conceptual Approach

The overall evaluation questions for CfC are:

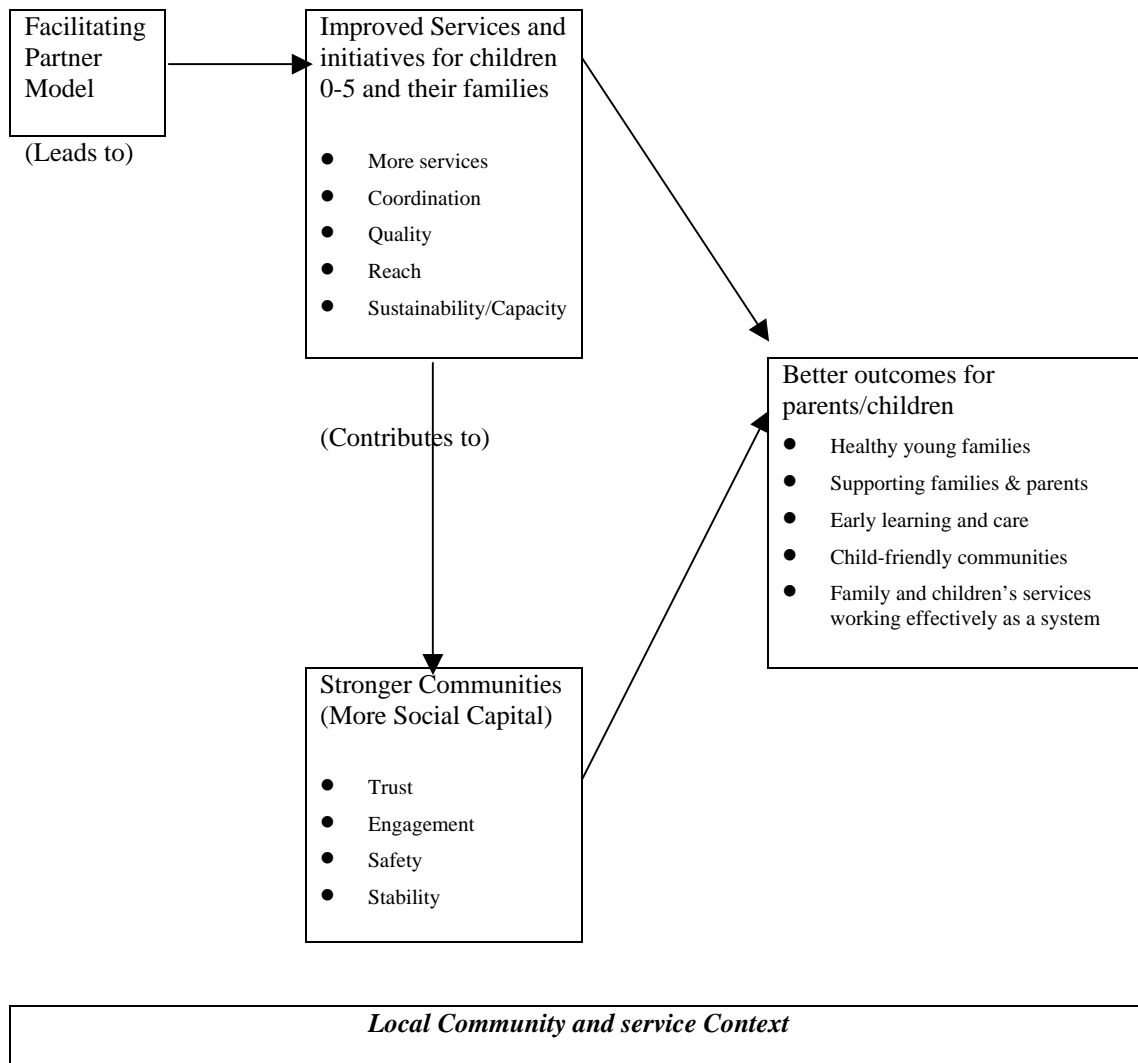
- Have outcomes for children and families in CfC sites improved as a result of the Initiative?
- Do services in CfC sites work more effectively as a system?
- Are CfC communities more child-friendly?
- How successful has the Facilitating Partner (FP) model been in facilitating these outcomes?

Figure 1 illustrates the conceptual framework or logic model for the Communities for Children evaluation. In essence it asserts that the FP model<sup>2</sup> will lead to improved services and other initiatives and contribute to strengthening of the community. These in turn will lead to better outcomes for children and parents in the community.

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<sup>2</sup> This model consists essentially of an NGO taking the role of the Facilitating Partner (FP) in each CfC community. The FP has the responsibility for bringing existing and new services together with community members to develop new ways of addressing the needs of children and families in the community. The FP coordinates a Communities for Children Committee (CCC) composed of the major stakeholders in CfC. The FP also distributes the CfC funding within the community. The CCC is responsible for drawing up a Strategic Plan which identifies the strengths and assets, and the needs and service gaps of children in the community. Once the Plan has been approved, the Facilitating Partner is then responsible for implementing and monitoring the plan.

**Figure 1: Evaluation of CfC - Conceptual Framework**



The overall approach to the evaluation will be to establish baselines for child and family wellbeing, the child-friendliness of the community (a kind of social capital), and service coordination and quality, and to measure changes in these dimensions over the course of the funding period. The analysis will then relate outcomes for children and parents, and the changes in the community's child-friendliness, to the quality, quantity and coordination of services and other local initiatives. The evaluation will also develop tools that can assist local communities to monitor their own progress and to coordinate their future planning in relation to services and activities for children and families.

It is expected that the impact of the CfC initiative will be felt over a period of time, rather than being apparent in the early part of the Strategy. The implications for the evaluation structure and methods are that they will need to reflect the expected timing of those changes, especially with respect to the Outcomes Framework.

Figure 2 shows how outcomes are likely to be staggered over time (although they will be overlapping). It shows that, in the short-term, the main impact of the initiative will be to change the way services and activities are delivered, improving the effectiveness of family and children's services working together as a system. Other short-term outcomes should include greater awareness of services by community members and, eventually, gradual improvements in parenting skills, smoking status and breastfeeding for example, for those families directly involved in the initiative. Ultimately the whole community will feel the impact of CfC on child outcomes with community members being more trustful of each other, feeling safer and more willing to participate in community activities. Changes in the way services work together – better coordination, more early intervention, co-location, etc. – will become a feature of mainstream service delivery.

To understand this process, it is important to note the work on socio-economic health gradients (Keating and Hertzman, 1999). This demonstrates how the development of health and wellbeing is a population phenomenon related to socio-economic status and is not purely an individual occurrence. This points to a need to monitor population-level indicators as well as outcomes specifically intended to result from the initiatives. However the timescales required for these changes to take place are, by their nature, longer term than those relating to individuals who come into direct contact with initiatives funded by CfC.

In broad terms, changes relating to the SFCS priority areas will become evident in the following sequence:

- Family & children's services working effectively as a system
- Supporting families & parents
- Early learning & care
- Healthy young families
- Child-friendly communities.

Figure 2 provides some examples of the timeline for expected changes.

Of course, CfC is a complex initiative and changes will be continuous, overlapping and interacting, so it will be difficult to predict exact timeframes in which particular outcomes are likely to begin. For example, improving the way child and family services work as a system will be a continuous process rather than a specific event in time – so a judgement about whether this has been achieved will be dependent on the criteria and definitions applied, as well as on the quality of the data available to the National Evaluation. Similarly, trust in the community will build slowly and continuously, and the time when it appears to be achieved is unclear, and depends on how the concept is operationalised. However, the evaluation recognises differences in the timing of outcomes and when they can be expected to manifest, and this is captured in Figure 2.

**Figure 2: Examples of Indicative Outcome Timeline for CfC**

<b>Year/ Outcome domain</b>	<b>1st year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>	<b>4<sup>th</sup> year</b>	<b>5<sup>th</sup> year and beyond</b>
Services working together	New Services established	Planning and monitoring Quality		Engage hardest to reach	
	Coordination improved				
Child- Friendly Communities	Consulted	Awareness of services and other community initiatives.		Trust	Reciprocity
Early learning/ supporting families/ healthy families – service users		Receive service and develop parenting skills	Build parenting skills	Relationships School readiness	Anti-social behaviour Teenage pregnancy
		Maternal smoking decreases Breastfeeding rises			
Early learning/ supporting families/ healthy families – community					Anti-social behaviour Teenage pregnancy
			Breastfeeding rises School readiness Maternal smoking decreases		

The National Evaluation recognises the review of SFCS, which will take place in mid-2007, and have designed the evaluation to maximise the information that will be available for that review, given the timescales for setting up and delivering the various strands of the Strategy. However, the evaluation is also designed to encourage a focus on outcomes for children, families and service delivery systems beyond the funded period, and so has developed tools such as the Outcomes Framework, which will help point communities to the indicators and sources of data with which to monitor changes over the longer term. .

**Table 2.1 Communities for Children – Summary of overall evaluation questions and methodologies**

Evaluation Questions	Methodologies						
	Outcome Indicators Framework	Family Study	Service Users Study	Comprehensive Community Profile	Service Coordination Study	Partnership Model Study	Progress Reports Analysis
Have outcomes for children and families in CfC sites improved as a result of the Initiative?	✓	✓	✓				
Do services in CfC sites work more effectively as a system?			✓	✓	✓	✓	
Are CfC communities more child-friendly?	✓	✓					
How successful has the FP model been in helping to achieve these outcomes?						✓	
What were the key factors that facilitated or inhibited success of CfC initiatives?				✓	✓	✓	✓
Have the CfC interventions been cost-effective?	✓	✓					
To what extent, and how successfully, were evidence-based interventions used?					✓	✓	✓

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### **3 Outcome Evaluation for Communities for Children**

The outcomes of Communities for Children (CfC) will be measured using the Family Study (a study of families in the CfC communities), the Outcome Indicators Framework, and the Service Users Study. These components will help answer the following evaluation questions:

- To what extent has CfC contributed to improvements in outcomes for children and families in the community?
- How are these outcomes distributed amongst the different groups in the community?
- Has CfC reached the most disadvantaged families and had an effect on them?
- What are the most important factors about the initiative that facilitate improvements in outcomes?

#### **3.1 Family Study**

The Family Study will form the core of the CfC outcomes study. It will be the primary mechanism for collecting data on outcomes for children, families and communities in CfC communities, and it will be the only mechanism for measuring these outcomes in time for the 2007 review of SFCS funding.

In the first wave, the Family Study will collect data on approximately 2000 families in up to 12 CfC sites and 5 contrast sites. The study will be conducted in three waves to enable a longer-term follow up of children in CfC communities. The first wave is scheduled for February 2006, with subsequent waves planned for February 2007 and February 2008.

The following section details the methodology, the sampling options and the data analysis issues, and explains how the Family Study fits into the overall evaluation.

#### **Rationale for the Family Study**

The most important issue for the evaluation of CfC is to assess the extent to which children and families in CfC sites have benefited from the initiative in the domains set out in the SFCS Outcomes Framework, and the degree to which the community has become more 'child-friendly'. The Family Study will be the primary mechanism for measuring these outcomes and the centrepiece of this evaluation.

Whilst many evaluations of early interventions (including that of SFCS Phase 1 2000-2004) contain process evaluations – and much is now known about the implementation issues relating to community interventions – relatively few studies contain rigorous outcome studies. Without this element of the evaluation, the SFCS National Evaluation would risk merely covering familiar ground. Including the Family Study in the evaluation methodology will ensure that the SFCS evaluation provides robust evidence of outcomes as well as implementation processes. Although from a research point of view the most authoritative findings would come from a randomised control trial (RCT), this would not be feasible in the context of SFCS, and the resources required would be prohibitive. Nevertheless the proposed methodology is designed to ensure the findings are robust. In designing the methodology for this study we have taken into account the following factors:

- 
- The nature of the CfC initiative and its logic model
  - The need for early findings in time for the DoFA review in 2007
  - The practicalities of undertaking such a study
  - The resources available

### **Aim**

The overarching aim of the Family Study is to measure changes in *child, family and community outcomes in CfC communities over the funding period, and potentially beyond*. Within this overall aim fall the following objectives:

- To ascertain differences in community-level outcomes for groups of children and different types of CfC initiatives
- To identify the extent to which outcomes are related to the CfC initiative
- To provide information which will lead to a more detailed cost-effectiveness study
- To investigate the relationship between community, family and child level outcomes.

A baseline for children and families in CfC communities will be established in February 2006 and measures will then be made of changes over time. Children and families in CfC communities will be compared to those in other similar communities and in Australia as a whole. Outcomes can then be related to evidence of the specific contexts of CfC initiatives and the different types of communities. This will help to explain *why* and *under what circumstances* particular outcomes are more likely to be achieved.

Without the Family Study it would be difficult to make a meaningful assessment of the impact of CfC on children and families in CfC sites, especially in the first years of the funding period. Although the evaluation proposes other methods for measuring outcomes (i.e. the Service Users Before and After Study and the Outcomes Indicator Framework and the Australian Early Development Index (AEDI)) (see the following sections of the Evaluation Framework), none of these is particularly robust on its own. Even together they would not provide an adequate picture of outcomes. The Outcomes Indicator Framework, for example, will be unlikely to demonstrate outcomes for several years given the delay in availability of administrative data, meaning that data available in the DoFA review period will be unlikely to apply to the situation later than 2005 – ie the baseline period. In addition, the outcomes indicators consist largely of proxy indicators based on secondary data sources, whereas the Family Study will capture information directly from families, including parent-child relationships, service use and satisfaction, and community embeddedness, all of which are core elements of the SFCS Outcomes Framework and the rationale for CfC and SFCS as a whole.

A particular strength of the Family Study is that it will provide the evaluation with far greater power to link process with outcomes. We will be able to ask not only whether CfC is effective, but also which community and implementation issues will lead to better outcomes. We will also be able to determine more accurately the groups of children for whom CfC has been the most effective and those for whom it has been the least effective. In addition, the Family Study will greatly enhance the cost-

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effectiveness study. Unlike the information generated by the outcomes indicators, the data provided by the Family Study will allow much more fine-grained analyses of the costs and impacts on different groups of children and families.

### **Approach to the Family Study**

We will identify samples of families with children aged 2 years in 2006, and will administer a questionnaire to the parent. Although the samples will be drawn from the wider community, they may include families who have used services provided under SFCS (as outlined in the methodological sections below).

The Family Study questionnaire will cover the following domains:

- Demographics – child’s age and gender, family type and composition, living arrangements, CALD/ATSI
- Socio-economic factors – level of education, paid work, income sources and amount, housing
- Child development – health, learning and behaviour
- Parents – parenting self-assessment and attitudes, parent health, parents’ relationship
- Service-use – type, reason, frequency, availability, accessibility
- Community embeddedness – stability, engagement, support, trust and safety

These domains are designed to capture outcomes in the following CfC Priority Areas:

- Healthy young families
- Supporting families and parents
- Early learning and care
- Child-friendly communities.<sup>3</sup>

With these domains we will measure child and parent outcomes, as well as the strength of communities to support these outcomes. The strength of the community is important for three reasons. Firstly, the child-friendliness of communities is one of the key outcome areas for the Strategy, and it is important to understand how the Strategy affects this. Secondly, the logic model of the Strategy asserts that stronger communities will provide better environments for children and will ultimately result in better outcomes. The third issue is that the community provides the context in which the early intervention services are working. Communities that have stronger networks of support for parents of young children will potentially provide a more conducive context for services that are aimed at helping families in need.

We will assess community strength in terms of the following components (which are sometimes referred to as ‘social capital’):

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<sup>3</sup> See section 4.3 for the fifth Priority Area, ‘Family and children’s services working effectively as a system’.

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- Service attitudes – whether community members know about and have a positive attitude to accessing services
  - Stability – whether families have moved in the last year
  - Engagement – levels of volunteering and attendance at community events
  - Support – whether families feel they have someone to turn to
  - Trust of others in the community
  - Safety – respondents' perceptions of neighbourhood safety.

In the Family Study questionnaire, these components will be covered under the domains 'demographics', 'service use' and 'community embeddedness'. The questionnaire will be based on the Longitudinal Study of Australian Children (LSAC) and we will, as far as possible, use scales derived from LSAC. This is for the following reasons:

- LSAC scales have been validated and normed on Australian families.
- LSAC participants can be used as a contrast group for CfC children. As a group, LSAC children represent the outcomes for the 'average' Australian child. Alternatively, a sample of LSAC participants from communities that are similar to CfC communities could be selected for the purposes of contrast.

Administering the Family Study questionnaire will be outsourced to specialist fieldworkers. The interview will take approximately three-quarters of an hour to complete. The respondent will be the primary carer of the study child, and a trained interviewer will administer the questionnaire. The survey will be conducted before CfC activities are fully operational in the community (the beginning of 2006), and then again after one year, with a third wave planned after another year.

The Family Study will have a longitudinal design. This means that the same families who are interviewed for wave 1 of the study will be approached again for the subsequent waves. A longitudinal study will be able to trace the development of individual children and then relate those to service use, community engagement, etc. It will therefore be able to answer questions about the factors associated with different outcomes for individual children and families, as well as changes in the community as a whole. Another advantage of this approach is that it will approximate aspects of the LSAC methodology. Finally, a longitudinal study will be the best methodology for measuring longer-term outcomes – i.e. what the effect of CfC is beyond the current funding period.

## **Sampling**

### *CfC sites*

We will undertake this study in a sample of up to 12 CfC communities selected on the basis of data about CfC community characteristics provided by FaCS. The sample will include communities

- From different locations (metro, regional/rural, remote)
- Of different population sizes (but should have a 2-year-old population of over 300 children for sampling purposes)

- 
- With different levels of socio-economic disadvantage as indicated in ABS SEIFA (Socio-Economic Indexes for Areas) indices
  - Which have undertaken the Australian Early Development Index (AEDI)
  - Where it is practical to undertake the study in that community.

#### *Number of Families within Sites*

It is important to attain a sample of at least 100 families per community. If the sample falls too far below this number, our ability to analyse particular local factors influencing specific outcomes would be compromised. Given that we are targeting the study to families with children under five (see methodological options below), and that the families we are targeting for this study are particularly hard to reach, this is a challenging but attainable sample size.

#### *Respondent Sample*

The evaluation should measure change in key outcomes over a twelve-month period. Advice received indicates that whilst some changes may be evident in parental attitudes and beliefs and in behaviours of parents who have had direct contact with early intervention services, one year may not be sufficient to capture measurable changes in parental attitudes, beliefs or behaviours, nor in child outcomes across a community. Thus it will be important to identify a group of parents who are most likely to benefit from the CfC initiative. To do this, it would be efficient to focus the study on certain sub-sectors within the community – either geographically, socio-demographically or according to the families’ level of contact with CfC programmes.

Our preferred approach will be to target those post codes (or collection districts) within the chosen communities that are most likely to be affected by CfC. In order to identify them we will use SEIFA and consult with the Facilitating Partner where necessary. This approach would increase the representation of those families who are more needy and ‘hard to reach’ – the families that CfC are likely to capture. Importantly, such an approach would assess the effect of the CfC on the community as a whole as CfC is a universally targeted initiative. This method is the preferred option of sampling.

#### *Sample selection*

The sample will be randomly drawn from Centrelink’s Family Tax Benefit (FTB) database (a database of mothers who receive a fortnightly payment of Family Tax Benefit (FTB) Part A or Part B).

A number of surveys have been conducted using Centrelink data as a sampling frame, including the FaCS Customer Survey and the FaCS New Claims Survey. The Australian Institute for Family Studies, Family and Work Decisions survey successfully selected its sample using the FTB database. The major advantage of the Centrelink FTB database over any other available sampling frame is that children can be directly identified from this source, through use of the date of birth field on the database. This will be a cost-efficient search method for finding the Family Study target population, because it means that selected families can be contacted using a personal pre-approach letter, rather than by cold-calling. Importantly, use can be made of the information provided on the database to conduct a substantial level of non-response analysis.

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## **Contrast groups**

In order to ascertain whether outcomes measured in the Family Study are in fact due to the Strategy, the results of the Family Study will be compared with a number of contrast populations. Use will also be made of the CfC Community Profiles to assist with attribution.

### *Contrast Sites*

Firstly, it is important to compare the outcomes in CfC sites with outcomes in other communities because this will enable much more robust conclusions to be drawn about the reasons for specific findings. We will administer the Family Study questionnaire in a number of contrast communities that will be matched with the CfC communities. They will be chosen from the same state and territory as the index communities and will be similar in location, size and SEIFA index. These contrast communities will be chosen preferably from the pool of possible communities considered for CfC funding, or from communities in which the AEDI is administered.

### *LSAC*

Secondly, LSAC will provide another contrast to the findings from this study. We will be able to compare baseline and programme outcomes for children and families in CfC communities with those in Australia as a whole possibly with Australian children from other communities. Fieldwork for LSAC wave 2 will be conducted at almost the same time as fieldwork for wave 1 of the Family Study, and the Family Study children will be of the same age group as LSAC's younger age cohort – two-years-old. Thus findings from variables that are common to both studies will be directly comparable. The same holds true for wave 3 of the Family Study, which will coincide with LSAC wave 3.

However, this aspect of the methodology does have some limitations. In particular, there is no community background information for LSAC families, so LSAC can only really be used to compare child- and family-level outcomes, not community-level outcomes. Also, using LSAC alone would diminish the extent to which we could attribute any findings to CfC or components of the initiative.

## **3.2 Service Users Study**

For many projects funded by CfC (and also by Invest to Grow and Local Answers) it will be important to measure short-term outcomes for families who access a service. We have therefore designed questionnaires that can be used for this purpose and which will allow comparability across projects. These questionnaires will be administered by service providers to each participating parent at the beginning of their involvement with the service (T1), and then again when they are ending their involvement or shortly after completion (T2). The questionnaire covers:

- Demographics – child and parent
- Child physical health and development
- Parent wellbeing
- Family relationships (including parent/child relationships)
- Service use and satisfaction
- Social support and community embeddedness (where appropriate)

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Note that we do not intend to use this strand as a mainstream part of the CfC National Evaluation. This is because the logic model of CfC states that the initiative should benefit all children in the community, not only those who are subject to an intervention. Secondly, there are many activities funded by CfC that are not ‘services’ and therefore would not be captured by such a questionnaire.

However, for those activities that do provide services to users, questionnaires are being developed which consist of:

1. A core module that includes basic demographic questions as well as questions about service expectations and service satisfaction; and
2. Several optional modules that cover a range of topics such as child health, parenting and service use. One or a combination of these modules may be used, depending on the particular type of service.

The questionnaires are designed to be short and simple (no flash cards or complex routing), and parents are welcome to complete them on their own. Demographic information is necessary to help the evaluators determine which groups the service is reaching. Further, the demographic information will help identify which groups of service users have chosen not to participate, so as to reveal any potential bias relating to the optional nature of the survey. In accordance with ethical protocols, potential participants will be informed that their participation is voluntary and will not compromise the service they receive. It is intended that the Service Users Questionnaire will be completed by the main carer, either as a self-completed questionnaire or together with a practitioner or local evaluator, depending on the service and the circumstances of the carer.

### **3.3 Outcome Indicators Framework**

The success of the SFCS ultimately depends on the extent to which it contributes to improvements in the wellbeing of children, families and communities. The Outcome Indicators Framework for Communities for Children helps establish this, using secondary data as evidence of community level changes in the wellbeing of children, families and communities over the life of the Strategy. As well as assisting in determining the effectiveness of the Strategy, the Outcome Indicators Framework sets out population-level information that communities can draw on for their own planning purposes. The Outcomes Indicators Framework is essential to facilitate the working together of services and communities to effect changes in whole-of-population outcomes, and to assist agencies to move beyond traditional silos/boundaries and develop shared agreement and ownership of the outcomes for the whole population in a community. In this way, the outcomes indicators can be used as tools for devising the Community Action Plans used by all CfC sites for planning, and for communities to monitor their own development and performance.

For the purposes of planning and evaluation, outcomes can be represented using headline indicators (providing a selective view through a single indicator), multiple indicators, or summary indices (involving the compilation of many indicators into a single composite measure). Here we propose a hybrid approach that uses a small number of headline indicators within a framework comprised of multiple indicators. This approach has the benefit of representing the most important outcomes as headline indicators while simultaneously yielding the methodological advantages of multiple indicators (Spicker, 2004). Multiple indicators can more thoroughly cover and capture complex, multidimensional issues, whilst preserving distinctions between

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dimensions of wellbeing and allowing cross-confirmation of trends (Spicker, 2004: 438). Further, multiple indicators allow a developmental approach because they can be refocused as priorities change or as new data sources emerge. The disadvantages of using multiple data sources relate to their complexity, and their potentially selective use.

While this combination of headline and multiple indicators has methodological superiority over other approaches, the secondary or administrative data on which indicators are based is often limited. Although these data are generally found to be good at measuring events (like hospital admissions or arrests), secondary data is less effective in measuring 'soft' outcomes such as parent-child relationships or children's self esteem. Internationally, these difficulties have been documented in the context of initiatives involving the early years. For example, from 1998 to 2002 the effectiveness of early-years policies in Scotland was measured in terms of the following indicators: infant mortality; immunisations; breastfeeding; body weight; maternal smoking; dental decay; hospital admissions; and attendance at pre-school and family centres. A lack of data availability was found for key outcomes (such as family functioning); only small improvements showed up in health indicators (such as rates of breastfeeding and maternal smoking); and it was too early to reveal changes in other areas (such as nutrition and obesity) (Wasoff et al, 2004: 3). Overall, the Scottish indicators study found that compiling indicators was initially time-consuming due to the tight specifications required, although the bulk of the costs related to the collection of the baseline data rather than to the subsequent waves of collection and reporting. Other difficulties included the instability and non-standardisation of official data collections and reports, as well as data gaps and a lack of reliability.

Taking into account the likely limitations, we will use both headline and multiple indicators based on secondary data sources to identify and monitor key areas of change in the wellbeing of children and families. However, these indicators should not be interpreted as full representations of the effectiveness of the Strategy. This aspect of the evaluation is designed to track changes at the community level and within communities. As such, the data will not measure the effectiveness of the Strategy at the service user level. These indicators cannot therefore address the issue of attribution, and we cannot assume that changes have come about as a result of CfC activity. Nevertheless they will be an important source of information about community-level outcomes.

Provisional outcome indicators were selected according to the following criteria:

1. The *availability* of *reliable* secondary population data for small geographic communities. The outcome framework will only use data if it is considered reliable by the relevant statistical agency, such as the ABS. Where the proposed national sources are not available, local level data from state agencies will be used.
2. The *appropriateness* of the indicator in relation to the expected outcomes of the Strategy. If possible, the outcomes should not be proxies but should represent positive outcomes in their own right.
3. The *sensitivity* of the outcome to policy interventions
4. The basis of the indicator in sound *research evidence*
5. The *meaningfulness* of the indicator to stakeholders

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6. Appropriate *timing* of the data collection and reporting. (The outcomes must be either changes that would occur within the time frame of the initiative, or those that communities will be able to monitor over the longer term. Further, data collection and reporting will need to coincide with appropriate points in the implementation of the Strategy. For example, baseline data should be obtained for early points in the implementation (2005-2006), followed by subsequent indicators in the later review stages of the Strategy.)
  7. National and international *standards* and *data definitions* so that outcome indicators can be compared with other national indicators
  8. Allow for *differences* in data collection systems across Australian states without setting specific targets.

### **Provisional measures**

The following provisional indicators are largely focused on outcomes for children, but they also capture changes at the family and community level. We propose compiling the following indicators (headline indicators are in bold). The process will be repeated around 2007 by the national evaluators in collaboration with other agencies. More detail (including potential data sources) is in Appendix B.

#### *Early learning and care*

- Per cent of children aged five years and under attending preschool<sup>4</sup>
- Age-specific participation rates in education for 15-, 16-, and 17-year-olds
- Australian Early Development Index (if available)

#### *Healthy young families*

- **Per cent infants weighing less than 2500 grams at birth**
- **Per cent of children aged 0-5 who visited hospital casualty/emergency.** Also number of hospital separations for children aged 0-5 for injuries and for gastroenteritis; total hospital separations for children aged 0-5 years
- **Number of child abuse substantiations**
- Per cent babies exclusively breastfed until 4 months and 6 months or more
- Number of mothers smoked at all during pregnancy
- Number (and per cent) of mothers who are aged 19 and under
- Number and per cent of children aged 4 who are in the healthy weight range
- First antenatal visit before 20 weeks of gestation
- Proportion of children decay-free at age 5 years
- Maternal self-assessed health status

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<sup>4</sup> It should be noted that some states offer free preschool for children in the year prior to starting school. Enrolments in preschool may be affected by access and cost issues.

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### *Supporting families and parents*

- Per cent using formal prior-to-school services in the last week including preschool, long day care, before- and after-school care, family day care, occasional care but not care by a relative
- Number and per cent of children living in families with no parent in paid work

### *Child-friendly communities*

- Volunteer rate (number of volunteers in area as per cent of total population).
- Incidence of certain offences (e.g. assault, robbery, sexual offences, drug offences)
- Lived in same address 1 and 5 years ago
- Ability to raise emergency money (for families with children aged 5 and under)
- Per cent households with children under 15 where respondent was able to get support in time of crisis from persons living outside the household.
- Adults living in households with children aged 14 years or less where neighbourhood is perceived as unsafe.

It should be recognised that there are many practical challenges to be faced in developing and implementing this indicator framework. In particular, changes in outcomes for children and families will not necessarily be evident in a short period of time at a community level. In the short term we should expect small and probably non-significant changes on most indicators, as documented in the Scottish example (Wasoff et al, 2004). However the development of a national set of community-level outcome measures for children and families will be useful for a range of different purposes over time, and where the data is available, it can be used to track the wellbeing of children in different neighbourhoods, regions and states.

## **3.4 Contrast Groups**

We envisage that the outcome indicators for CfC areas will be compared to the same contrast groups as in the Family Study. This is important because many evaluations of early interventions have shown positive changes in the research population that have not been significant when compared to control groups (eg St Pierre et al, 1997; McAuley et al, 2004; MacMillan et al, 2005). This is because families experiencing difficulties often recover after a time, even without intervention, and also because an improving economy means that outcomes for the population as a whole may improve.

The CfC communities already have a ready-made contrast group. As CfC communities were selected from a list of 80 communities identified by the ABS as having similar characteristics, outcomes for CfC areas could be compared with those in similar communities. In addition, communities will be matched initially according to the following criteria:

- State<sup>5</sup>

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<sup>5</sup>Much of the administrative data we might use for the outcome evaluation differs from state to state, and therefore it may be necessary to compare communities in the same state rather than inter-state.

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- Number of children under 5
  - Urban/suburban/rural/remote
  - Demography – Indigenous and CALD populations.
  - SEIFA score

The next phase of the evaluation will involve more detailed examination of how these different contrast groups may be used.

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In addition some states and territories have implemented other initiatives or policies which may impact on SFCS.

**Table 3.1 Communities for Children – Summary of Outcome Evaluation Questions**

Evaluation Questions	Methodologies						
	Outcome Indicators Framework	Family Study	Service-Users Study	Comprehensive Community Profile	Service Coordination Study	Partnership Model Study	Progress Reports Analysis
To what extent has CfC contributed to improvements in outcomes for children and families in the community?	✓	✓	✓	✓			✓
How are these outcomes distributed amongst the different groups in the community?	✓	✓	✓				✓
Has CfC reached and had an effect on the most disadvantaged families?	✓			✓			✓
What are the most important factors about the initiative that facilitate improvements in outcomes?	✓				✓	✓	✓

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## 4 Process Evaluation for Communities for Children

The logic model of the CfC initiative asserts that the Facilitating Partner (FP) model will lead to improved services in CfC communities, and these will in turn lead to improved outcomes for children and families and stronger communities. The aim of the CfC process evaluation is to determine whether and how services in the communities have improved and the extent to which the FP model has contributed to these improvements. Elements of improved services are discussed in the first part of this section, followed by the process evaluation questions. The process evaluation will consist of:

- A comprehensive community profile of each of the CfC communities
- An assessment of how well services for families with young children in the community work together
- A study of the effectiveness of the SFCS partnership model
- An analysis of progress reports provided by services to the FP.

In order to measure changes that the Strategy might have effected, most of the information used for the process evaluation will be collected three times; for the baseline before initiatives commence (except for the partnership survey, which needs the partnership to be in place); in early 2007 for the Strategy review; and again in 2008 at the end of the funding period.

### Elements of Improved Services

For the purpose of the evaluation we have operationalised the concept of improved services and initiatives for children 0-5 and their families to consist of four elements: coordination, quality, reach and sustainability/capacity. Each is outlined below.

#### **Coordination**

The SFCS has a priority area ('family and children's services working effectively as a system'), which aims to break down the barriers between services for the early years both at the strategic planning and management level and on the ground. The rationale for this is twofold. Firstly, a more coordinated set of services and other initiatives is understood to be a good thing in its own right as it is more cost-effective and better at targeting those families most in need. More importantly, a more coordinated and 'joined up' service will provide higher quality input to children and families and therefore will result in better outcomes. Coordination must improve on two levels:

#### *Strategic*

At the strategic level improved coordination will involve:

- Senior managers from the key sectors (health, education, community/family services and NGOs) working together to plan the range of services in the community
- Joint planning of services and other initiatives or activities
- Shared common view of the strengths, assets and needs of the local population and the way services and other initiatives should work together to meet those needs

- 
- Evidence of co-located or multi-agency/multi-disciplinary interventions
  - Agreed mechanisms for identifying difficulties early and referring them to appropriate services or interventions, and for ensuring that those services intervene appropriately
  - A mix of universal and targeted/specialist services with clear protocols around referrals to the specialist services
  - Clear leadership and accountability structures for all services and key interventions
  - Meaningful consultation and involvement of parents in the design and monitoring of services and other initiatives
  - Shared systems for monitoring and quality assurance across agencies.

### *Operational*

At the operational level coordinated services will be apparent if there is evidence of:

- Improved knowledge and understanding by front-line practitioners of the range of preventive services and other initiatives in the community
- Formal and informal joint working arrangements
- Families not being subjected to multiple assessments and/or multiple services
- Services and other initiatives being configured to meet the needs of families, rather than operating on the basis of thresholds and eligibility criteria
- Families having a choice of working with those practitioners with whom they feel comfortable, rather than being assigned to services on the basis of bureaucratic criteria
- Services and other initiatives being co-located in non-stigmatising venues such as family centres, schools and primary health centres
- Frontline practitioners being able to access advice from experts in health, education or child development without having to make formal referrals.
- Parental/participant engagement in service planning processes
- Processes for incorporating consumer feedback being included in service design.

### **Quality**

Improved service quality will consist of the following components:

- Innovation,
- Evidence-based services and other interventions,
- Services and initiatives with an explicit theory of change,
- Sustainability, and
- Replicability.

### **Reach**

One of the key signs of improved services will be that they are able to reach out to and engage those families in the community who are normally considered 'hard to

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reach'. These are generally families who are unaware of services, resistant to or anxious about accessing services or other initiatives, or who feel that these are not relevant to their needs. Reaching these families can have various components – informing them of the service or initiative, engaging them to come to the activity, involving them in the activity and retaining them so that they complete the activity.

### **Sustainability/Capacity**

CfC is a short-term initiative and it is important that the gains for children in their early years are sustained beyond the timescale of the funding initiative. 'Sustainability' often refers to activities by raising funds from other resources in order to be able to continue operating. However in this context we will not be looking only at sustainability in this sense. Rather we will be looking for:

- Increased levels of training and development for early years workers
- Continuation of infrastructure for joined-up working
- Continuation of new ways of reaching 'hard-to-reach' families
- Sustainability of skills by those participating in CfC activities
- Sustainability or resources developed by the community with CfC funding

### **4.1 Evaluation Questions**

The process evaluation will examine the following questions:

- Can we find evidence in the CfC sites that there are better-coordinated and more joined-up approaches for achieving better outcomes for children 0–5 and their families/communities?
  - How has coordination been improved and what are the conditions that lead to better coordination?
  - How extensive is collaboration across sectors such as health, education, family and community and the government and NGO sectors?
  - What are the barriers to service coordination and quality?
- To what extent have participating agencies adopted the key principles of the Strategy into their core business?
  - (e.g. the use of evidence, the creation of communities that understand the importance of the early years, appropriate models of community development, etc.)
- Is the FP model effective for coordination of services and other initiatives and for achieving effective outcomes for children, families and communities?
- Has better coordination of services and other initiatives led to higher quality services, including perceived service levels (access, reached those most in need, work better together)?
  - Is there evidence that changes have been sustained?
- What are the unintended outcomes of the CfC model?

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The methodology, which will test whether CfC has improved services and other initiatives in CfC communities, will consist of the following four strands, each addressing a different aspect of service delivery:

- Comprehensive community profile
- Service coordination study
- Partnership model study
- Progress reports analysis

Each component is outlined below.

#### **4.2 Comprehensive Community Profile**

The National Evaluators will draw up comprehensive profiles of each of the CfC sites in collaboration with Local Evaluators and Facilitating Partners. This will include the following data sources:

- Demographic information
- Service mapping
- Baseline outcome indicators (including child protection data and AEDI results where available)
- Information about other programmes

This information will be geo-coded to provide a graphic representation of service provision against need, and to allow community-level changes to be tracked over time.

One of the key purposes of the community profile will be to provide a baseline against which to link the *quality of the implementation* of the initiative with outcomes. International research about different initiatives has shown that outcomes depend on successful implementation of the programme (e.g. Mihalic et al, 2004; Brooks-Gunn, 2003). Further, it is necessary to understand the relationship between implementation and outcomes in their specific community contexts.

We will thus try to quantify the following:

- Service context
- Community context
- Quality of implementation of CfC

These scores can then be related to the outcome scores for communities and for families.

Many evaluations struggle to link implementation factors with outcomes, and this is an attempt to design a process that will enable us to do so. It will answer the research questions related to which children and communities CfC is most effective for, and which aspects of the initiative are most effective.

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## **Demographic profile**

A demographic profile of each community will be compiled. This will provide an overview of the demographic characteristics of the populations within each community. Information will include:

### **Children**

- Number of 0-5 year olds (Indigenous and total)
- Per cent of population which is aged 0-5
- Population changes for 0-5 age group between 1991, 1996 and 2001
- Number of births
- Australian Educational Development Index (AEDI)

### **Families**

- Household with children 0-5 years (couple, lone parent, other families)
- Mothers with children 0-5 years who speak languages other than English at home (by mother's proficiency in English) (count number of mothers and children)<sup>6</sup>

### **Socio-economic status**

- Number and per cent families with weekly family income under \$500 (with dependent children aged 5 and under)
- Number and per cent households with no motor vehicle
- Per cent adult population who completed Yr 12
- Children 0-5 years in families where one parent unemployed, both parents unemployed (number of children and families)
- SEIFA (index of disadvantage)
- ARIA (remoteness)

### **AEDI (Australian Early Development Index)**

As well as being used as an outcome indicator (where possible), the AEDI is a potentially powerful component of the comprehensive community profile for CfC. It is a population-based measure of child development based on scores from teacher-completed checklists in the first year of school, covering five areas: language and cognitive skills; emotional maturity; physical health and wellbeing; communication skills and general knowledge; and social competence. Results from a cluster of local schools can be aggregated and used to provide a comprehensive, community-wide snapshot of school readiness. Unlike administrative data, it is a direct measurement of children's functioning, as assessed by teachers. In addition it offers information about much smaller geographical areas than most secondary data (other than the Census),

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<sup>6</sup> The English proficiency of mothers rather than primary carers is used because the identity of the child's primary carer is not discernable from the Census.

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and can capture the development of a very high proportion of five- to six-year-old children in an area.

A number of CfC sites have been selected to participate in the AEDI (see Appendix C for sites which have been selected as of November 2005 to be reported in 2006). In addition, some areas in which CfC initiatives are operating have also used the AEDI (Mirrabooka in WA was the site of the pilot in 2003). As well as offering a tool for evaluation, AEDI can, as part of the community profile and outcomes framework, be used as a tool for interagency planning. The results of the AEDI could therefore form the basis for community level planning.

*Issues: AEDI*

- *Timing:* To be really useful for this evaluation it would have to be administered in all the SFCS (and contrast) communities at more or less the same time.
- *Age groups:* Although the AEDI captures early childhood development for those who are starting school, it does not capture issues relating to younger age groups who may not be at school by the end of the funding period.
- *Geographical Area:* In some areas the AEDI will not map directly to the CfC site, which will complicate the analysis of the data.

### **Baseline Service Mapping**

This will establish a baseline of the current range of services and initiatives that are in place at the beginning of the local Strategy (see above discussion). This is part of each CfC site's Strategic Plan, although there will be variability in the amount and quality of information provided.

The basic methodology of this aspect will be to analyse current documentation (e.g. service directories, planning documents, previous mapping exercises) that can help identify all the relevant services and key initiatives. It will involve a short questionnaire sent out to as many organisations as possible in the local area. This mapping could be repeated in 2007 to estimate if a change has occurred. Additional data will be collected by the FP or the Local Evaluator according to a framework developed by the National Evaluator, which will be available in early 2006. In some communities this framework might need to be adjusted to capture all local services.

The analysis of baseline service mapping information will allow the National Evaluator to build a picture of the types of interventions that CfC provides. Some interventions will target individual families, but given that many CfC outcome measures concern the community as a whole, baseline service mapping can be used to determine to what extent CfC provides services that link families to each other. These might be services such as playgroups and community events.

### **4.3 Service Coordination Study**

This study is intended to complement the baseline service mapping by providing information about how services work together at both the strategic and the operational levels. The logic model of the Strategy indicates that the impact on children and families is dependent not just on the number of services (or overall spending on services), nor on the strategic planning, but also on the fact that services and other initiatives are coordinated and working together 'on the ground'. The service

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coordination study will consist of two elements: snapshots at the strategic level, and snapshots at the operational level.

### **Strategic level snapshots**

One component of the service coordination study will establish the baseline level of inter-agency working and cooperation in relation to planning, coordinating and commissioning services, and measure changes during the funding period. This is essential to understanding the effectiveness of implementation, because in areas where there is already a history of planning and coordinating services together, implementing an initiative such as SFCS is likely to be easier and quicker.

The strategic level snapshots will involve:

1. Mail surveys of senior managers of relevant agencies in each CfC community, administered by the National Evaluator in collaboration with Local Evaluators.
2. Additional semi-structured interviews with an average of seven senior managers in key service agencies in CfC communities in which the family study is being conducted. These interviews will be conducted by the National Evaluator, either face-to-face or via telephone.

Further details will depend on the results of pilots. The National Evaluator will develop questionnaires, interview schedules and analytical frameworks, and will conduct a national analysis.

Strategic level snapshots will be conducted in early 2006 and again in early 2007.

Some of the key questions to be addressed are:

- What are the local arrangements for joint:
  - Planning
  - Commissioning
  - Monitoring/Quality Assurance
  - Information-sharing between early years services?
- Which agencies are (most) involved in early intervention services?
- Which agencies are (most) involved in joint arrangements?
- At what level (CEO, senior management, operational managers, front-line workers)?
- Is there a functioning local partnership in existence relating to service provision for early years?
- What is the history of joint successes and failures in this area?
- Have there been any other early intervention initiatives for 0-5 years that have necessitated the development of multi-agency partnerships?
  - What have been their successes and failures locally?
- How are service gaps identified?
- To what extent is the Outcomes Framework used to guide priority setting, resource allocation, etc.?

**Table 4.1 Strategic Level Snapshots: Administration of Questionnaires and Data Analysis**

<b>Task</b>	<b>National Evaluator roles</b>	<b>Local Evaluator / Facilitating Partner roles</b>	<b>Timescales Round 1</b>	<b>Timescales Round 2</b>
Developing questionnaire	- develops draft questionnaire		- Aug 2005	
	- develops final questionnaire		- Nov 2005	- Nov 2006
Piloting	- conducts piloting in CfC communities	- NE collaborates with LE/FP in pilot communities	- Oct 2005	- Oct 2006
Sampling (depending on size of community and relevant agencies in each CfC site)	- develops sampling specification	- LE/FP generates list of agencies	- Jan 2006	- Jan 2007
		- LE/FP generates list of staff to be interviewed: 1 senior staff member per agency, preferably CEO or equivalent	- Jan 2006	- Jan 2007
Conducting survey	- NE conducts survey by mail		- Feb 2006	- Feb 2007
	- NE will conduct additional in-depth interviews with senior agency staff in up to 12 CfC sites		- 2006	- 2007
Analysis	- conducts national analysis			- Apr to June 2007
	- reports to FaCS			- June 2007

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## **Operational level snapshots**

This component of the study addresses how well services are working together – do they know about each other? Do they find it easy to refer to each other? Are there information-sharing protocols that allow services to know who else is involved with families? Are there ways of coming together to discuss cases that cause concern?

The methodology for this study will involve a questionnaire administered to service providers, and in-depth interviews with a sample of providers. The questions will focus on the level of joined-up working on the ground and will attempt to gauge the degree of understanding, knowledge and cooperation between services. Two approaches to this are suggested by the literature:

- Question each service about every other service, ranking their relationships from ‘not known’ to ‘collaborate closely’.
- Map referral patterns between services.

Our experience of both of these methods has led us to believe that they are time-consuming and yield poor response rates. Service providers do not commonly collect referral information. In order for them to provide referral information they often have to set up a manual tally system of the referrals in and out of the organisation. This can take a considerable amount of time, particularly if it is a large provider. Also the administrative burden placed on service providers results in poor response rates and therefore inaccurate mapping of referral patterns between services.

More meaningful information has been gained in previous projects by examining network and integration activities. For example, selected services could be asked about the frequency and effectiveness of network activities including attendance at interagency meeting, joint case management, joint training sessions, joint referrals and involvement in joint planning.

Operational level snapshots will be conducted in a similar fashion to the strategic level snapshots outlined above. They will involve:

1. Mail surveys of managers and coordinators of relevant agencies in each CfC community, administered by the National Evaluator in collaboration with Local Evaluators.
2. Additional semi-structured interviews with an average of seven senior managers in key service agencies in CfC communities in which the family study is being conducted. These interviews will be conducted by the National Evaluator, either face-to-face or via telephone.

The National Evaluator will develop questionnaires, interview schedules and analytical frameworks, and will use progress reports to conduct a national analysis. Further details will depend on the results of the pilot.

Operational level snapshots will be conducted in early 2006 and again in early 2007.

**Table 4.2 Operational Level Snapshots: Administration of Questionnaires and Data Analysis**

<b>Task</b>	<b>National Evaluator roles</b>	<b>Local Evaluator / Facilitating Partner roles</b>	<b>Timescales Round 1</b>	<b>Timescales Round 2</b>
Developing questionnaire	- develops draft questionnaire		- Aug 2005	
	- develops final questionnaire		- Nov 2005	- Nov 2006
Piloting	- conducts piloting in CfC communities	- NE collaborates with LE/FP in pilot communities	- Oct 2005	- Oct 2006
Sampling (depending on size of community and relevant agencies in each CfC site)	- develops sampling specification	- LE/FP generates list of agencies and staff to be interviewed, same as Strategic Level Snapshots: 1 staff member per agency, preferably a manager or coordinator	- Jan 2006	- Jan 2007
			- Jan 2006	- Jan 2007
Conducting survey	- NE conducts survey by mail		- Feb 2006	- Feb 2007
	- NE will conduct additional in-depth interviews with senior agency staff in up to 12 CfC sites		- 2006	- 2007
Analysis	- conducts national analysis			- Apr to June 2007
	- reports to FaCS			- June 2007

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#### **4.4 Partnership Model Study**

The local Communities for Children Committee (CCC) will be the key decision-making structure in each local Strategy, and it is important that we find out something about their establishment, implementation and ongoing effectiveness. The purpose of this study will be to gauge the effectiveness of the Committee itself, and to understand whether and how various methods of organising local partnerships facilitate improved working together, service planning and service delivery.

The study will focus on strategic issues such as shared vision, sustainability, decision-making structures and community ownership. It will also address the question of whether NGOs can successfully work with other agencies, including government. There are a number of national and regional Strategies of a similar nature in place, therefore it is important to determine in what way SFCS adds to and complements local and other initiatives. Does it build on existing structures, or does it set up competing structures? The study will be conducted in mid 2006.

The National Evaluator will conduct the Partnership Model Study. It will involve:

- Mail or telephone surveys of an average of 10 key staff from the local partnerships, relevant services and NGOs in each CfC community; and
- Additional semi-structured interviews in up to 12 CfC communities. These interviews will be conducted with an average of five people from CCC/FP and FaCS State and Territory Offices in each sample community. Interviews will be conducted face-to-face or via telephone by the National Evaluation.

**Table 4.3 Communities for Children – Process Evaluation Questions**

Evaluation Questions	Methodologies						
	Outcome Indicators Framework	Family Study	Service-Users Study	Comprehensive Community Profile	Service Coordination Study	Partnership Model Study	Progress Reports Analysis
Can we find evidence in the CfC sites that there are better-coordinated and more joined-up approaches for achieving better outcomes for children 0–5 and their families/communities?		✓	✓		✓		
How has coordination been improved and what are the conditions that lead to better coordination?					✓	✓	
How extensive is collaboration across government levels and sectors, and between the community, government and NGO sectors?					✓	✓	✓
What are the barriers to service coordination and quality?					✓	✓	✓
To what extent have participating agencies adopted the key principles of the Strategy into their core business?					✓	✓	✓
Is the FP model effective for coordination of services and for achieving effective outcomes for children, families and communities?						✓	
Has better coordination of services led to higher quality services, including perceived service levels (access, reached those most in need, work better together)?	✓				✓	✓	✓
Is there evidence that changes have been sustained?						✓	
Were there any unintended outcomes (positive and negative), and how were they addressed?	✓					✓	✓
How effectively was CfC managed, both by the Department and the Facilitating Partners?					✓	✓	

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## 5 Evaluation strategy for CfC sites with Indigenous Communities

Although the evaluation is designed to address the whole of the SFCS, the methodology will need to be adapted to ensure cultural appropriateness for Indigenous populations within CfC sites. The practical issues associated with doing so are outlined below, including the need to negotiate the evaluation *process* and *access* to community members. In addition, although the *instruments* proposed by the national evaluators cover issues of relevance to Indigenous populations, these may need to be adapted to ensure local appropriateness. The data collection and analysis will also need to take into account issues of remoteness, isolation and access to services, which are likely to impact on costs, service capability and outcomes in some CfC sites.

### 5.1 Evaluation process: negotiation of protocols

The evaluation process will be conducted in line with principles set out by the Australian Institute of Aboriginal and Torres Strait Islander Studies for research, including ongoing consultation and negotiation, and respect for Indigenous knowledge systems and processes (AIATSIS, 2000).

The National Evaluation will harness the expertise of local evaluators and staff in each FP organisation in areas where there are significant numbers of Indigenous families. Their local expertise will help identify appropriate individuals and organisations to consult in each community, so as to explain and obtain permission to carry out the evaluation, and to ensure protocols and tools are culturally appropriate. Prior to the piloting process, expert advisers will be invited to give feedback on the design of evaluation instruments including the questions in the Family Study, the Service User Study, the service co-ordination study and the indicators in the Outcome indicators framework. National Evaluators will work in collaboration with Local Evaluators, Facilitating Partners and local Indigenous representatives through the evaluation process to ensure cultural appropriateness. Given the need for careful negotiations and the need to phase the research according to community as well as research priorities, the time frames for the evaluation may need to differ in those communities.

### 5.2 Issues for Indigenous Children and Families

#### Outcome Evaluation

The Productivity Commission's 'Overcoming Indigenous Disadvantage Key Indicators 2005' report (SCRGSP, 2005) lists a series of indicators designed to assist in assessing the extent to which policy interventions are improving outcomes for Indigenous people. The following table (Table 5.1) shows the extent to which those Productivity Commission indicators that are directly relevant to CfC are covered in the instruments proposed for the National Evaluation. The table also outlines why, in some cases, it is not possible to include the recommended measures relating to Indigenous children.

**Table 5.1 Coverage of Productivity Commission Indicators by SFCS evaluation**

Productivity Commission Indicator relevant to children and families	Coverage by National Evaluation of Communities for Children
Life expectancy at birth	Not covered. Estimates are available by the ABS at the state level
Years 10 and 12 retention and attainment	OIF proposes to monitor age-specific participation rates in education for 15-, 16- and 17-year-olds
Labour force participation and unemployment	OIF CP FS
Household income	FS CP
Home ownership	FS CP
Suicide and self-harm	Not covered – Indigenous communities are too small to track at a community level.
Substantiated child protection notifications	OIF
Victim rates for crime	OIF (some states only)
Imprisonment and juvenile detention rates	No, but FS asks about problems with police and court appearances in last year.
Hospital admission for infectious diseases	OIF
Infant mortality	Numbers for Indigenous communities are too small to track at a community level.
Birth weight	OIF
Hearing impairment	FS – also included as prompt within open ended disability question
Preschool attendance	OIF
Year 3 literacy and numeracy	We will negotiate including this measure
Primary school children with dental caries	OIF (for children aged 5)
Alcohol and tobacco consumption	FS
Child’s access to the nearest health professional	FS – questions is framed as access to services which would include health
Participation in organised sport, arts or community group activities	FS
Overcrowding in housing	FS
Access to clean water and functional sewerage	This can be covered in the service profiling component of the community profile

Key:

OIF- Outcomes Indicators Framework

CP- Community Profile

FS- Family Study

Table 5.1 shows how the components of the National Evaluation cover most of the national issues relevant to children identified in this Productivity Commission Report. To ensure local appropriateness, for Indigenous communities and families, Local Evaluators, Facilitating Partners and Indigenous community representatives will be invited to comment on the list of proposed indicators. Following these consultations, the National Evaluators will seek to adapt the evaluation, including the Service User Study, to improve coverage of issues deemed relevant to the local area.

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Where sample sizes are large enough, the indicators from the Outcomes Indicators Framework and Family Study will be disaggregated to show trends for Indigenous and non-Indigenous people. Data from the Family Study can also be analysed for Indigenous and non-Indigenous people in each community, although numbers in any single community are likely to be small.

The methodology for the Family Study and the Service Users Study will also need to be adapted to be applied Indigenous communities, particularly in remote areas. This is because:

- The methodology requires a random or stratified sample of the community, and we need to interview at least 100 families in each sampled community. We estimate that we need a population of at least 500, 1 and 2 year olds to achieve this, and this is not possible in remote communities.
- The fieldwork may have to be undertaken at different times due to the necessity of negotiating access to the community and the families, and also because of practical issues relating to contacting the families etc.
- Interviews are conducted face-to-face on a one-to-one basis, but Indigenous families may prefer to respond in groups.
- Many of the CfC initiatives in remote Indigenous areas are not direct service providers but are much more focused on capacity-building.

It is recognised that this component of the evaluation may take longer than the rest of the study. This will be done in collaboration with Local Evaluators who are already engaged with Facilitating Partners.

### **Process evaluation**

As well as adapting the outcome evaluation, the National Evaluation will also adapt the process evaluation, where appropriate, to be applied in Indigenous communities. For example, depending on advice from Local Evaluators and Facilitating Partners, Operational and Strategic Level Snapshots may need to be reviewed to reflect the service reality in some remote communities, where there may, for example, be a limited number of agencies active in the area.

### **Cost-effectiveness evaluation**

In analysing the data collected from isolated Indigenous sites, the National Evaluation will recognise the impact of remoteness. For example, services are likely to be costlier to provide in remote areas, which will show up in the cost-effectiveness study. Further, the evaluation will also need to recognise that the strategies adopted by Facilitating Partners may be limited by the costs of travel and access to professional resources, constraining efficiency and effectiveness.

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## 6 Cost-Effectiveness

The Communities for Children Cost-effectiveness Analysis will use the quantitative data from the outcomes evaluation and programme financial management to provide information about the value added by the initiative.

The principle of cost-effectiveness is that, for the given budget, FaCS wishes to maximize the total aggregate benefits conferred. Cost-effectiveness analysis assesses how effectively resources have been used, thereby helping to assess how the SFCS achieved its objectives. The information will help fulfil DoFA requirements in relation to a lapsing programme.

The aim of the cost effectiveness study is to compare the goals of the initiative with its outcomes and costs, thereby deciding whether the initiative is cost-effective and whether the money spent produced tangible benefits.

We will predict economic returns on measured indicators with which the policy activities are correlated in the following way:

- Calculate the per annum cost of the initiative;
- Estimate and measure outcome indicators correlated with the initiative activities; and
- Model economic returns in terms of saved services and other economic benefits to society in relation to the particular indicators and the combined effects of the indicators (based on relevant literature). The model will predict different returns in the short, medium and long-term, so future costs and benefits will be discounted at the appropriate discount rate<sup>7</sup>.

### 6.1 Costs

For the purposes of the Cost-effectiveness Analysis, costs will include only the financial costs of managing SFCS, the costs of planning and arranging services and the costs of the services themselves. It will exclude the following costs:

- One-off costs of evaluation, because these are not comparable to the operational systems in other human service systems;
- Costs incurred by other agencies, such as state agency costs not allocated to the SFCS budget; and NGO costs not reimbursed by the contract;
- Costs to clients or other stakeholders; and
- Non-financial costs, such as time and impact on other services.

The source of the cost data will be the FaCS financial management records, presumably budget, contract and reporting records.

Analysis of the costs will take account of the process evaluation data on baseline services in the location.

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<sup>7</sup> The economic modelling will be carried out by the Consortium's economic evaluation investigators and consultants – Bruce Bradbury, Peter Saunders and Pamela Meadows.

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## **6.2 Outcomes**

Outcomes will be measured in terms of changes over time in the CfC locations compared to similar areas without the initiative. Effectiveness will be in terms of the relative size of the change in outcomes compared to locations without CfC. The source of the outcome data for the cost-effectiveness analysis will be the Outcomes Indicator Framework and the Comprehensive Community Profiles, which will assist in determining changes in outcome in the context of specific communities.

## **6.3 Cost-effectiveness analysis**

The Cost-effectiveness analysis will be presented in two ways: first, an analysis of cost per outcome; and second, in terms of a comparison of the cost and imputed economic return from the outcome from the research literature. So, for example, if the percentage of mothers breastfeeding increases by 1 per cent more than the comparison area, we will impute an economic value for a mother breastfeeding and multiply by the increase in the number of mothers who breastfeed.

## **6.4 Other Parts of the Strategy**

Cost data for other parts of the Strategy will be analysed by providing descriptive financial cost data for each initiative and the Strategy in the cross-Strategy evaluation. Depending on the quality and reliability of the data, this could be analysed and presented in relation to a number of variables (e.g. initiative, service-type and community-type).

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## 7 Invest to Grow (ItG)

The National Evaluation has a remit to undertake the national evaluation of the 22 Established and Developing projects funded under the ItG initiative. Project level evaluation will also be undertaken by a Local Evaluator with the National Evaluation drawing a link from the local activity to the National Evaluation activity and to a cohesive whole for the Strategy, ItG funds a wide range of different interventions with the common theme that they are projects assessed as having potential for broader application.

### 7.1 ItG National Evaluation Questions

Key National Evaluation questions for ItG are as follows:

- To what extent have ItG projects contributed to improved outcomes for children and families in relation to the four priority outcome areas (healthy young families, early learning and care, supporting families and parents, and child-friendly communities)?
- What were the most important factors that facilitated improved outcomes?
- What were the factors that facilitated and inhibited the project logic models being implemented in different contexts?
- Which of the models were implemented in the most effective and efficient manner?
- Which of the models are suitable for broader implementation?

The ItG initiative shares many characteristics of CfC because both are aimed at children in their early years and their families. Hence, many of the kinds of interventions involved in ItG are similar to those likely to be funded by CfC, and so the impact on children, families and (to a lesser extent) communities is expected to be similar. The ItG Framework does not include the dimension *services working together*, but a number of ItG projects are focused on improved service coordination and/or community capacity building.

However, ItG is structured and targeted differently to CfC. The most relevant differences from an evaluation point of view are:

- ItG does not operate a FP model
- The interventions are not focused on designated communities
- ItG interventions tend to be much more structured and large-scale
- There is more emphasis on direct service provision and less emphasis on joining up different services.
- Suitability for broader application is a key criterion for the ItG evaluation
- ItG projects have a greater proportion of their budgets (up to 10 per cent) set aside for local evaluation, and so we expect the bulk of the evaluation activity to be undertaken by Local Evaluators. The evaluation will therefore be structured in a slightly different way.

The role of the National Evaluation will be:

- 
- To design, in partnership with ItG Local Evaluators, a ‘before’ and ‘after’ Service Users questionnaire, to be used as part of the impact evaluation in ItG<sup>8</sup>. This questionnaire will link to the Family Study instrument and to LSAC. (The core module of the Service User Study is now available)
  - To design a range of other tools (such as satisfaction questionnaires or service coordination questionnaires) which can be used by ItG projects for local evaluations.
  - To undertake an analysis of the interim and final local evaluation reports which draw out and synthesise the main themes and learning points from the local evaluations.
  - To analyse project models and progress reports to identify national patterns
  - To identify and disseminate promising programmes and promising practices in partnership with Local Evaluators.
  - To undertake themed case studies on a range of topics in partnership with Local Evaluators
  - To coordinate meetings with ItG Local Evaluators to facilitate information exchange and development of evaluation methodology in partnership with FaCS.
  - To review and comment on proposed evaluation methodology of ItG projects.

FaCS has provided guidance for ItG programmes on local evaluation activity to be developed by Local Evaluators. This sets out four strands of evaluation:

- Project logic – to provide a detailed description of the project model and its expected impacts on children, families, communities and other services
- Performance monitoring
- Process evaluation – to describe the facilitating factors and barriers to successful implementation of the logic model in various contexts
- Impact evaluation – to measure short-term outcomes for children and families. ItG projects can use the research instruments provided by the National Evaluation. However, these instruments are designed to assist projects, and where they are not useful for particular projects they are not required to be used.

## **7.2 Questionnaire for Parents – Service Users Study**

The questionnaire will be provided to ItG projects to administer to parents before and after the intervention. The Service Users Questionnaire is described in the CfC section above. Data items, definitions and standards for the ItG questionnaire will be consistent with national standards or other significant studies (such as LSAC) where possible. The questionnaire covers:

- Demographics – child and parent
- Child physical health and development
- Parent wellbeing

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<sup>8</sup> This is the same instrument which will be used for the Service Users Study of the CfC evaluation.

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- Family relationships (including parent/child relationships)
  - Service use and satisfaction
  - Social support and community embeddedness (where appropriate)

A number of modules will be developed which can be adapted to the particular needs of specific projects. These will include:

- A version for infants, which would include issues such as behaviour and early learning
- Versions for children/people with a disability, Culturally and Linguistically Diverse (CALD) and Indigenous children

The questionnaire will be designed primarily for self-completion by parents, but it is recognised that this may not be possible for all parents or projects. In some cases the questionnaire may be completed by (or together with) a project staff member.

### **7.3 Themed Case Studies**

ItG Local Evaluators will collaborate on a voluntary basis with the National Evaluators on the Themed Case Studies described below in the Cross Strategy Evaluation Section (9.1).

### **7.4 Relationship between the National Evaluation and Local Evaluations**

The respective roles of the National and Local Evaluators are described in detail in Appendix E (and Tables E1-E4). In summary the role of the National Evaluator in relation to ItG local evaluations will be to:

- Review and comment on proposed evaluation methodology of ItG projects
- Facilitate the sharing of methodology and findings
- Provide templates for reports
- Facilitate mutual support and sharing of instruments by Local Evaluators

The National Evaluation will **not** be conducting:

- Fieldwork in ItG projects
- Analysis of local evaluation raw data
- One-to-one events with individual projects
- Line management of Local Evaluators

### **ItG Local Evaluation Responsibilities in Relation to the National Evaluation**

#### *Local Evaluators and/or Project Managers*

- Develop an Evaluation Plan for the Project
- Develop evaluation methods for local projects.
- Ensure that process and outcome monitoring data is collected
- Ensure reliability and completeness of data
- Collaborate on Themed Case Studies

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*Local Evaluators*

- Validate promising practice (if chosen to participate)
- Complete interim, draft and final evaluation reports
- Use, if chosen, instruments designed by the National Evaluation, where appropriate
- Develop evaluation methods (and provide advice and training on the SFCS Outcomes Framework at the local level)
- Provide technical advice on issues like research methods and data use to the project
- Assist projects to establish evaluation and data collection systems

**Table 7.1 Invest to Grow – Summary of National Evaluation Questions**

Evaluation Questions	Methodologies				
	Parent Questionnaire	Quarterly reports	Local Evaluations	Promising Practice Profile	Synthesis Report
To what extent have ItG projects contributed to improved outcomes for children and families in relation to the four priority outcome areas?	✓	✓	✓		✓
<ul style="list-style-type: none"> <li>• What are the most important factors that facilitate improved outcomes?</li> </ul>	✓	✓	✓	✓	
<ul style="list-style-type: none"> <li>• What were the factors that facilitated and inhibited the project logic models being implemented in different contexts?</li> </ul>	✓	✓	✓		
<ul style="list-style-type: none"> <li>• Which of the models were implemented in the most effective and efficient manner?</li> </ul>	✓	✓	✓		
Which of the models are suitable for ongoing funding or wider national application?		✓	✓	✓	✓
What were the unintended consequences (positive and negative) and how were these consequences addressed?	✓	✓	✓		✓
What new evidence has Invest to Grow provided?			✓		✓

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## 8 Local Answers

The overall aims of the Local Answers (LA) projects include the following:

- To build effective parenting and relationship skills;
- To build opportunities and skills for economic self-reliance in families and communities;
- To strengthen support to families and communities by delivering better services and addressing unmet needs through the building of partnerships between local services;
- To assist young parents in particular to further their education or access to training and other services where they are seeking to make the transition to employment; and
- To assist members of the community to get involved in community life through local volunteering or mentoring of young people or training to build community leadership and initiative.

The LA evaluation questions will examine:

- To what extent did funded projects address the LA aims?
- To what extent did funded projects achieve the LA Outcomes?
- Of the projects that appeared to be most successful, what were the success factors?
- What were the unintended project outcomes (positive and negative)?
- How were these consequences addressed?
- Was the LA initiative well managed – both by the Department and the project holders?

The emphasis of the National Evaluation of LA will be on the reporting of project level data, supplied to and managed by FaCS, against the Outcomes Framework. In addition, good practice will be identified through the Promising Practice Profile conducted by the National Evaluation (see below). In addition the National Evaluation will continue to disseminate good practice according to the model established in the first SFCS Strategy and provide web-based resources and an e-list. Key findings from this component of the evaluation will be included in the Synthesis Report that will identify general principles and themes arising from the implementation of the whole Strategy. LA will also be part of the Themed Studies. Where appropriate, LA projects will be able to use the Service Users Questionnaire and the various process evaluation instruments.

**Table 8.1 Local Answers – Summary of National Evaluation Questions**

Evaluation Questions	Methodology	
	Promising Practice Profile	LA Outcomes Framework Quarterly Reporting
To what extent did funded projects achieve the LA Outcomes?		✓
To what extent did funded projects address the LA aims?		✓
Of the projects that appeared to be most successful, what were the success factors?	✓	✓
What were the unintended project outcomes (positive and negative)?	✓	✓
How were these consequences addressed?		
Was the LA initiative well managed – both by the Department and project holders?		✓

Key findings from this component of the evaluation will be included in the Synthesis Report, which will identify general principles and themes arising from the implementation of the whole Strategy.

The following table (Table 8.2) outlines the contribution of Local Answers to the overall National Evaluation of SCFS.

**Table 8.2 Local Answers – Contribution to the Overall SFCS Evaluation**

Task	National Evaluation	Contribution to Overall SFCS Evaluation
Service Users Study - Before and After	- designs questionnaires and modules - conducts national analysis	*- where appropriate organises and monitors administration of questionnaires by LA service providers
Themed Studies	* - mutual agreement on division of tasks for each study	
Promising Practice Profile	- develops list of criteria - assists in documenting cases - makes cases available for dissemination	*- works with LAs to help identify cases *- supply documentation for submissions
Synthesis Report	- produces report	

\*Tasks marked with an asterisk are voluntary

## 8.1 Local Answers: Cross Strategy Evaluation

Some of the strands will cross the whole of SFCS to ensure that lessons learned are not confined to those working within particular strands. The core activities of the cross Strategy evaluation are:

- Themed Studies

- 
- Promising Practice Profiles
  - Progress Report analysis
  - Synthesis Report

### **Themed Studies**

Over the course of the evaluation a number of Themed Studies will be conducted on various aspects of the SFC Strategy, including LA. It is intended that the Themed Studies will be undertaken in partnership with the LA projects (together with CfC and ItG local evaluators) and that the themes will be chosen in negotiation with the SFCS Partnership and the Evaluation Steering Committee. Further details are discussed in Section 9.

### **Promising Practice Profiles**

One of the key objectives of this Evaluation is to identify ‘what works’ in early intervention, in order to be able to disseminate such practices to communities across Australia. National Evaluators will lead this aspect of the evaluation to identify, validate and disseminate promising practice arising from the Strategy.

Promising Practice will be identified through a call for submissions from sites and projects and from Local Evaluators. These will be shortlisted for external validation. After external validation a selection of practices found to be promising against the established criteria are to be incorporated as Promising Practice Profiles (refer to Section 9.2).

### **Progress Reports Analysis**

Information to be analysed in this component will include output data collected by services in the quarterly reports. Because there are larger numbers of LA projects only the larger projects will be selected for Progress Report Analysis. It will include information about the types of services provided, the intensity (how often a service was provided per day/week/month) and duration (over what period of time a service was provided) of service provision, staffing, levels of funding, a profile of participants (children and families). Additional information to be analysed in this component, such as satisfaction outcomes and perceptions of change, could be collected by the project where appropriate. The National Evaluators will provide templates for the information to be provided.

### **Synthesis Report**

The Synthesis Report will combine information from the each of the initiatives of the Strategy and will draw out common themes relating to effective early intervention. This will focus not only on ‘what works’ in terms of outcomes, but also effective implementation issues at the strategic and operational levels.

This report will seek to synthesise all the data collected from various sources including the National Evaluation, local researchers and project data to identify general principles and themes arising from the implementation of the Strategy. These principles and themes will be identified from the data and in discussion with FaCS.

Table 8.3 below outlines the division of tasks between the National Evaluation and LA projects in relation to the cross evaluation strands.

**Table 8.3 Cross Strategy Evaluation – Division of Tasks Between National Evaluations and LA projects**

<b>Task</b>	<b>LA project</b>	<b>LA project contributions to National Evaluation<sup>1</sup></b>
Themed Studies	* - mutual agreement on division of tasks for each study	
Promising Practice Profile	- develops list of criteria - assists in documenting cases - makes cases available for dissemination	*-identify cases
Synthesis Report	- produces report	
Other tasks (e.g. satisfaction surveys, short-term outcome studies for service users)	- designs questionnaires - designs templates for reporting back	*-administers questionnaires or monitors administration

\*Tasks marked with an asterisk are voluntary

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## 9 Cross-Strategy Evaluation

### 9.1 Themed Studies

Over the course of the evaluation a number of Themed Studies will be conducted on various aspects of the SFC Strategy. The purpose of these studies will be to explore particular topics in depth. These studies will enhance our understanding of ‘what works’ by exploring in more depth ‘why’ and ‘how’ things work. These studies will cross the three SFCS initiatives that are covered in the evaluation – CfC, Invest to Grow and Local Answers.

It is intended that the Themed Studies will be undertaken in partnership with the Local Evaluators and that the themes will be chosen in negotiation with the SFCS Partnership and the Evaluation Steering Committee. We would envisage five to six Themed Studies over the course of the evaluation.

Possible themes could include:

Client Groups	Process Issues	Service Types
Indigenous	Governance	Home visiting
CALD	Partnership	Parent training
Fathers	Information sharing	Family centres
Children with a disability	Parental involvement	Rural
Parents with a disability	Volunteering	Services focusing on specific outcomes:
Families who are isolated		Health, early learning, behaviour, parenting, community cohesion
		Family violence

### 9.2 Promising Practice Profiles

One of the key objectives of this Evaluation is to identify ‘what works’ in early intervention, in order to be able to disseminate such practices to communities across Australia. AIFS will lead this aspect of the evaluation on behalf of the National Evaluation to identify, validate and disseminate promising practice arising from the Strategy. This will involve collaborations between the service providers, FPs and the local and national evaluators.

Promising practice does not refer only to front-line service delivery. There may also be promising ways, for example, of consulting communities, engaging with hard-to-reach families, or helping small NGOs develop new services. A number of the Promising Practice Profiles will be able to focus on issues needing examination, such as family violence and change in Indigenous families.

Promising practice will be identified through a call for submissions. Submissions will be short-listed for external validation. After external validation a selection of practices found to be promising against the established criteria are to be incorporated into the National Evaluation as Promising Practice Profiles. These will be presented as descriptive cases with justifications for why they are promising. Analysis will be undertaken linking the practice to specific aspects of the Strategy and relevant policy and research.

It is not always easy to identify promising practice. It is likely that some services may see themselves as particularly innovative or worthy, but they may not be as promising

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when compared to others or may not be suitable for wider application. Others may not see themselves as being particularly promising but may be doing things in a potentially interesting and challenging way. It is important, therefore, that a consistent and clear method is developed which can be used to assess whether a particular service or approach should be counted as ‘promising’.

The Promising Practice Profiles will be linked to the overall evaluation questions and the underlying principles and outcomes identified for each of the initiatives within the Strategy. The approach to each of the initiatives will each have different foci to align with the Strategy. For example, where it is appropriate Local Evaluators will undertake tasks for cases within ItG and CfC.

The most promising approaches will be developed into comprehensive profiles that will include justifications for selection. The profiles will also include analysis that links local practice to the aims of the Strategy and policy and research issues. These will then be disseminated broadly. It is anticipated that these practices will be adopted by SFCS projects in the first instance, and by the broader community in other parts of the country.

### **Communities for Children**

**Process:** FPs will have the primary responsibility for identifying promising practice in the CfC initiative. These will be shortlisted and then validated by the Local Evaluators according to national criteria and process established by the National Evaluators. The National Evaluators will be responsible for monitoring and auditing the process, as well as for final review of submissions.

**Focus:** Profiles will be selected on the basis of the Outcomes Framework (Healthy Young Families, Early Learning and Care, Supporting Families and Parents, Child-Friendly communities, Families and Children’s services working effectively as a system). Also, there will be calls for practice that demonstrates the ability to reach the most disadvantaged communities and includes ingredients of successful change and ways of overcoming barriers to change.

### **Invest to Grow**

**Process:** These initiatives have already been assessed as having potential for broader application. There are considerable resources dedicated to local evaluation and so greater capacity to work in partnership with the National Evaluators to validate submissions (see below).

**Focus:** The outcomes for this initiative are more concerned with models of service delivery so promising practice will include consideration of: the factors which facilitate improved outcomes, the factors which facilitated and inhibited the project logic models being implemented in different contexts, the effectiveness/efficiency of the model, and suitability for national or broader application. The Outcomes Framework is also relevant for assessing promising practice.

### **Local Answers**

**Process:** Project Managers will have the primary responsibility for identifying promising practice in the CfC initiative. These will be shortlisted and then validated by the Project Managers according to national criteria and process established by the National Evaluators. The National Evaluators will be responsible for monitoring and auditing the process, as well as for final review of submissions.

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Focus: The outcomes identified in this initiative include local responsiveness and the extent of the participation of local stakeholders. The emphasis here will be on demonstrating impacts, including significant and micro change as well as unintended outcomes.

### **Criteria for Promising Practice Innovation**

- Evidence-based
- Explicit theory of change
- Viability
- Sustainability
- Replicability
- Other criteria

These criteria will be clearly defined in consultation with SFCS stakeholders through an e-discussion, through the SFCS Partnership and with FaCS. Details can be found at <http://www.aifs.gov.au/cafca/index.html>. The profiles will then be assessed using the criteria with relative weightings according to each funding stream.

### **Process for Selecting Promising Practice Profiles**

*Finalise evaluation criteria and validation process.*

1. The selection criteria will be outlined in a short document that the NE will develop in consultation with the Evaluation Steering Committee, the SFCS Partnership, FaCS and the SFCS network.
2. The validation process will be developed by the NEs and the LEs and is expected to incorporate a mix of independent peer review, linking to research literature, participant involvement, review of management data, internal evaluation, reflections on practice and ongoing improvement. This will also be developed in consultation with the Evaluation Steering Committee, the SFCS Partnership, FaCS and the SFCS network.

#### *Submissions*

3. There will be up to three calls for submissions over the three years. Notices will be placed on the two e-lists (CAFCA-chat & e-valuation), in the evaluation newsletter and on the relevant websites. The call for submissions will be in the following areas:
  - Improved services and other initiatives in early childhood (coordination, quality, reach, sustainability)
  - Supporting families/parents
  - Early learning and care
  - Healthy young families
  - Child-Friendly Communities
  - Other processes and practices (especially for hard-to-reach families)

#### *Shortlisting and validation*

4. Short-listing of Promising Practice Profile submissions. The selection of submissions is expected to include examples of each outcome area (as above), as well

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as other processes and practices. These processes and practices are expected to be similar to topics that have been identified for the themed studies, such as family violence, rural/remote and change in Indigenous families (See section 9.1 for list of possible themes).

5. Request Local Evaluators (CfCs and ItG) to validate submissions using nationally developed methodology. The National Evaluators will be responsible for monitoring and auditing the process, as well as for final review of submissions.

6. Support and coordinate validation of projects (in partnership with Local Evaluators) and prepare justification statements and policy/research analysis on final selection of projects.

7. The final review of submissions will be undertaken by the National Evaluators in consultation with FaCS and SFCS Partnership.

#### *Dissemination*

8. Discussion papers will be published and distributed. Feedback will be invited from Evaluation Steering Committee, SFCS Partnership, SFCS Network and FaCS.

9. Publish a list of all submissions and case studies of validated Promising Practice Profiles on Communities and Families Clearinghouse Australia website.

### **9.3 Link between National Evaluation and Local Evaluations**

Each strand of the SFCS has varying responsibilities in terms of the National Evaluation. These are outlined in more detail in Appendix E. (see Table E1, Table E2, Table E3 and Table E4). In summary, in CfC Local Evaluators are responsible for undertaking a number of tasks for the National Evaluation (see Table E1). National Evaluators will develop templates for data collection that will be available for CfC, ItG and LA to use as appropriate. Analysis of evaluation reports and project-level data from each stand will be used in the Synthesis Report.

### **9.4 Progress Reports Analysis**

Information to be analysed in this component of the process evaluation will include output data collected by services in the progress reports and provided to the FP and Project Managers. It will include information about the types of services provided, the intensity (how often a service was provided per day/week/month) and duration (over what period of time a service was provided) of service provision, staffing, levels of funding, a profile of participants (children and families). Additional information to be analysed in this component, such as satisfaction outcomes and perceptions of change, could be collected by Local Evaluators.

### **9.5 Database Options and Data Flows – Progress Reporting (CfC, ItG and LA)**

The proposed database for progress reporting is based on the following principles:

- The effort required by CfC, ItG and LA projects should be minimised; and
- The flow of information should be as simple as possible.

There is no direct flow of progress information between the sites/projects themselves and the National Evaluator so that the reporting requirements of projects to FaCS are not duplicated. Rather the National Evaluator will draw upon the regular reports that FPs or individual projects produce for FaCS. The progress report information for each strand of the Strategy will use information drawn from the FaCS Evaluation

Module where possible and will depend on the timely provision of data by FaCS to the NE.

A detailed map of proposed data flows between projects, FaCS and the National Evaluators is contained in Appendix F. As the map shows, the National Evaluation database will interface with FACS project management systems, drawing on existing information where possible, to minimise duplication of data collection and entry. Linking to the Evaluation Module will also mean that National Evaluation data for each project is linked to relevant funding data and milestones, geographical and target group data and other information about the projects and their management. Sites and projects will have an established reporting mechanism from February 2006.

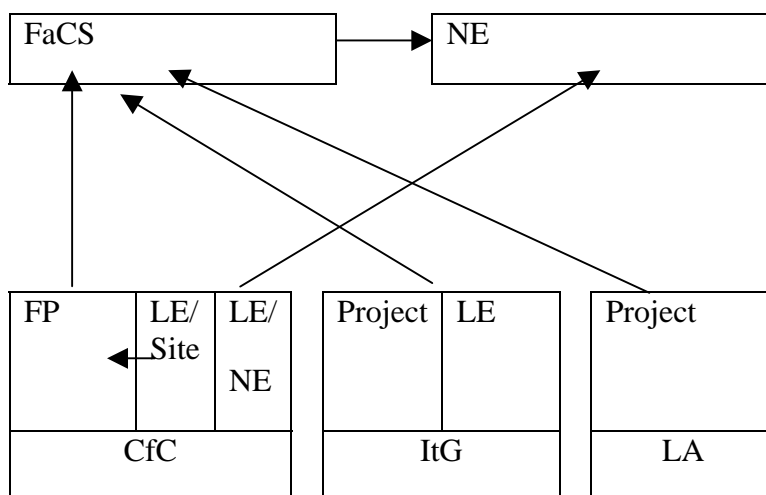
Reports go to FaCS and are uploaded by Project Officers. The NE will minimise the amount of extra data that needs to be collected and entered by aligning data for the National Evaluation with FACS project management data as much as possible.

We propose the following data flow option for progress reports:

- For CfC, individual services to complete statistics and provide returns to nominated data manager<sup>9</sup> within three weeks of the end of the reporting period. Note that the FP will neither hold nor report identifiable data on participants. The data manager will then provide data to FaCS within six weeks of the end of the reporting period.
- For ItG and LA, projects to provide data to FACS within three weeks of the end of the reporting period.

Figure 2 provides a graphic representation of these data flows.

**Figure 2 Data flows for progress reporting**



## 9.6 Other Data Flows

In addition to the progress reports, FPs will provide annual progress reports to FaCS, which will include local evaluation milestones and interim reports. Data collected from projects by Local Evaluators as part of the National Evaluation will flow directly

<sup>9</sup> In some areas it may be the Local Evaluator who is responsible for data collection and local analysis.

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to the NE team, and will use templates provided by the NE. Quantitative data collected directly by the evaluation will be stored in a relational (Microsoft ACCESS) database at SPRC. Qualitative data will be analysed using NVivo software. Information relating to Promising Practice Profiles will be held securely by AIFS on behalf of the National Evaluation.

### **9.7 Synthesis Report**

The Synthesis Report will combine information from each of the initiatives of the Strategy (CfC, ItG and LA) and draw out common themes relating to the efficiency and effectiveness of early intervention. This will focus not only on ‘what works’ in terms of outcomes, but also on implementation issues at the strategic and operational levels.

The purpose of this report will be to synthesise the data collected from various components of the SFCS evaluation, including the National Evaluation, local evaluations and project data. This will allow the National Evaluator to identify general principles and themes arising from the implementation of the Strategy as a whole.

The analysis will synthesise the evaluations of specific programmes undertaken by the local evaluators, and will assist in building the evidence base by identifying the key elements of successful programme delivery, and highlighting areas for further development and research. The findings in this report will act as the foundation for future research and contribute to the evidence base.

Analysis for the synthesis will involve triangulation of data and methods from the various evaluation components. Comparing and contrasting findings will help test effectiveness and attribute causality, recognising that most communities benefit from more than one project and are situated in the broader context of other Commonwealth and State policies.

### **9.8 Communication Strategy**

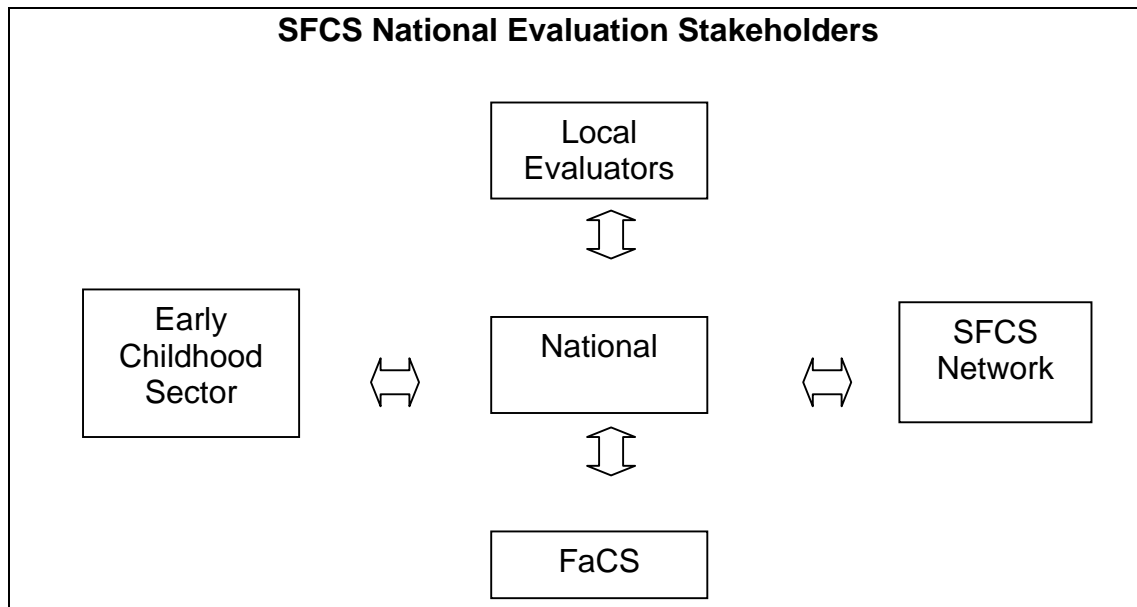
The Communications Strategy serves the major stakeholders, including the Minister, FaCS, CfC Facilitating Partners, Project holders (ItG and LA) and Local Evaluators (CfC and ItG). For the purposes of communication, these groups are referred to as the ‘SFCS network’, which includes all organisations and projects directly related to SFCS, including the Local Evaluators. The Communication Strategy also addresses the broader community. The Local Evaluators have a special relationship to the National Evaluators and so these are also addressed as a distinct group. There are also stakeholders in the early childhood sector who have an interest in the outcomes of the Strategy.

The Communities and Families Clearinghouse Australia (CAFCA) located within AIFS, has a central/specific role in facilitating communication between National Evaluators and Local Evaluators and the Project Holders. CAFCA will develop and operate an organised, coherent and integrated set of activities and services to enhance linkages and communications among the SFCS network. The provision of relevant and accessible information is aimed to improve participation in, and support for, the SFCS National Evaluation.

There are four main linkages across which information would pass as a two-way transfer. Each of these linkages is addressed in the Communication Strategy.

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In addition, there are relationships within the National Evaluation Team between SPRC and AIFS (the National Evaluation Team); the National Evaluation Team and expert advisers, and the National Evaluation Team and FaCS. This communication Strategy does not address these internal linkages.



### **Purpose and Objectives**

This Communication Strategy has been prepared to identify and facilitate timely and strategic information exchange between all parties who have a direct responsibility for the process and outcomes of the SFCS National Evaluation.

The objectives are:

- To increase interaction and feedback between the evaluators and the SFCS network;
- To enhance the range of knowledge and experience available to all parties involved in evaluating SFCS initiatives;
- To promote the integration of good practice within SFCS funded initiatives;
- To recognise the diversity of participants in the early childhood sector; and
- To distribute evaluation material and publications relevant to the SFCS network and the early childhood sector.

### **Expected outcomes**

It is expected that this communication Strategy will lead to a number of outcomes for the National Evaluation team, FaCS and the SFCS network including:

- The availability of useable, practicable and understandable resources for local evaluators, as well as other practitioners in early childhood;

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- Awareness of the National Evaluation activities at local, regional and national levels will enhance participation in the evaluation of services and facilitate the expansion of best practice, networks and models;
  - Active support for the National Evaluation is expected to improve the quality of data collected;
  - Connections and linkages among the SFCS network will be enhanced by knowledge and information sharing across the research, practice and policy sectors;
  - Potential for collaboration, coordination or even integrated connections could be generated; and
  - Expanded knowledge of early childhood will inform SFCS funded initiatives and improve local outcomes.

With feedback and interaction between, within and across agencies and persons contributing to the SFCS evaluation effort (local and national), there will be increased opportunities to create, develop, test and disseminate appropriate research and learning. This will influence policy and practice within the SFCS network and more broadly.

### **Communication with Stakeholders**

#### *Approach*

Communications will be multi-faceted based on principles of adult learning and community development. The National Evaluation will use the AIFS partners existing communication services through CAFCA to support the communication activities of the National Evaluation. CAFCA actively promotes 2-way learning through:

- *Active participation:* whereby adults learn best by doing and through active participation.
- *Meaningful material:* learning is more effective when participants can relate new material to their existing knowledge and experiences.
- *Holistic learning:* it is important to start with the big picture of entire job, and break down into component parts
- *Practice and reinforcement:* appropriate opportunities to practice and apply new skills and knowledge enhance the learning process. Positive feedback and encouraging comments about work or progress reinforce the learning.
- *Multi-sensory learning:* a variety of mediums are employed.
- *Feedback:* learning is more effective when participants receive appropriate feedback, whereby the knowledge of results of past performance leads to modification and improvement of future performance. Feedback should occur through the process and not be confined to the end.

The next step to implement this Communication Strategy is to determine the information needs of the key audiences. In the first instance these are the local evaluators and the SFCS network. The needs identified here will relate directly to specific responsibilities related to the Strategy but will overlap with those of the early childhood sector more broadly. AIFS is in an excellent position, having hosted

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SFLEX (now CAFCA) in the previous Strategy, to understand the needs of the SFCS network. CAFCA will consult with the identified stakeholders to determine their information needs and how these should be met.

This process has commenced with a recent survey of Clearinghouse members that sought to ascertain their information needs. Through this survey, along with internal evaluations of SFLEX and the projects they supported, a number of preferences have been established. It has been consistently established that face-to-face communication is highly valued. In the past, information has been highly valued in the form of the SFLEX bulletin. Stakeholders have indicated that they are also interested in the internet and e-discussion as a resource for information and networking.

Further work in ascertaining information needs will involve the identification of communication processes within each of the stakeholder groups. Examples of this are that the CfC strand has its own newsletter that may be used for distribution of information. It has been suggested that the ItG project holders and the Local Evaluators may require their own e-discussion list. It is also expected that the National Evaluators will take advantage of events such as the ARACY national conference for CfC. As these processes and events are identified they will be incorporated into the communication plan. Where possible, information needs will be met through existing processes. This will ensure that communication is appropriately targeted and that resources are used efficiently. It is likely that gaps in the information flow will be identified over time and the Strategy will be flexible enough to address these as they arise.

#### *Activities*

CAFCA proposes 6 separate but overlapping and linked communication activities to involve and inform the SFCS network and the broader sector. These include:

- SFCS Evaluation Newsletter

A six monthly newsletter will be published and distributed to the SFCS network. It will be published electronically and distributed by email and on the website. These newsletters will be short, simple and accessible. It is envisaged that they will include short notices and newsletter type items. They could contain information about the SFCS, project descriptions and news, articles on best practice elements of projects, descriptions of research-in-progress, news and reviews of the latest publications and resources, developments in relevant policy or legislation and training/conferences and workshop notices. More widespread and direct dissemination is possible through the CAFCA (previously SFLEX Bulletin) mailing list (approx. 7000 members).

- National Evaluation website

CAFCA will host a regularly updated and widely recognised web site with links to FaCS, SPRC and others where relevant. The site will be identified with the consortium and include updates on the National Evaluation, Promising Practice Profiles, bibliographies, forthcoming events and links to related sites. Tailored evaluation resources and publications will also be published electronically on this site.

- Subscriber-based e-discussion list

CAFCA will provide an interactive, monitored medium for open use by individuals in the SFCS network. It is envisaged that two distinct lists will be run. First, a general early childhood and community development discussion list would support the

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network of SFCS initiatives across Australia. Second, a more specific list would focus specifically on the National Evaluation.

The e-lists will provide the structure for discussion of research, policy and practice issues. It has the potential to facilitate dialogue on key issues arising within the evaluation process. A recent survey of Clearinghouse members found that respondents were interested in discussion about the evaluation of the SFCS 2004-2008.

In order to have some control over the issues being discussed and the quality of the electronic interchanges, the list will be monitored. Being 'monitored' means that there is a list owner who scrutinises messages and intervenes where required. The list owner may also actively promote discussion on the list. AIFS will work closely with FaCS on issues arising and in responding to these.

- Clearinghouse Library Service/ Help Desk (funded separately)

Researchers, professionals and community groups who are involved in the evaluation require access to the best and latest information to help them with their work. The AIFS library already compiles and catalogues a comprehensive collection of the latest International and Australia prevention and early intervention research and practice literature and resources. Because many of these resources are already being acquired, substantial savings for the Stronger Families Clearinghouse are enabled.

Primary stakeholders (Clearinghouse members) will be provided with material directly, and will be able to place requests through the website. Material will be made available to other clients by the interlibrary system.

A Help Desk is established in the AIFS library to answer queries by telephone, fax, mail, email or in person. General queries are handled by the Help Desk staff and requests for more specialised information are referred to the CAFCA team. Help Desk staff are experienced reference librarians who will respond to queries by drawing on the extensive resources of the research library and all in-house databases. Where necessary the staff can also draw on external online and Internet services to supplement existing information resources.

- Resources

CAFCA has the capacity to develop and disseminate reports, templates and other resources produced by the National Evaluation team. For example, model instruments, ethics guidelines and consent forms, research/evaluation guidelines.

- Conferences, Seminars and workshops

CAFCA has the capacity to design and deliver presentations and workshops at pre-existing forums designed for the SFCS network. They also have the expertise to tailor events specifically for local evaluators and the SFCS network (for example regional workshops).

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# APPENDICES

## Appendix A Proposed Outcome Indicators and Draft Data Sources

Items in **bold** are proposed as headline indicators

Outcome area	Measure	Possible data sources	When changes could be expected to be apparent	Most current data for mid-2007
<i>Early learning &amp; care</i>	% of children aged 5 years and under attending preschool	ABS Census 2001, 2006	First five years ?	Census 2006
	Age specific participation rates in education for 15, 16, and 17 year olds	DEST National Schools Statistics Collection (has postcode data)	Ten years and over	2005
<i>Healthy young families</i>	<b>% infants weighing less than 2500 grams at birth</b>	AIHW National Perinatal Statistics Unit (2002) Available by postcode	2 <sup>nd</sup> -3 <sup>rd</sup> year	Annual
	<b>% of children aged 0-5 who visited hospital casualty/emergency</b> Also : number of hospital separations for children aged 0-5 for unintentional injuries and for gastroenteritis; total hospital separations for Children aged 0-5 years	AIHW Hospital Statistics (annual)	2 <sup>nd</sup> -3 <sup>rd</sup> year	2006
	<b>Number of child abuse substantiations</b>	AIHW may provide at postcode level. Individual states and territories could provide sub-state breakdowns (eg NSW has data for DOCS regions)	Note that figures may initially increase in response to increased service contact	
	% babies exclusively breastfed until 4 months and 6 months or more	ABS National Health Survey (1995, 2001, then 2006 or 07) NSW data available at Area Health Service level, but substate breakdown unlikely below capital city.rest of state due to sample size.	2 <sup>nd</sup> -3 <sup>rd</sup> year	2006-07 (NHS)

	Number of mothers smoked at all during pregnancy	AIHW NPSU has reported data for 2002 for NSW, WA, SA, ACT and NT only. States have their own reporting of trends.	2nd-3 <sup>rd</sup> year	Annual
	Number (and %) of mothers who are aged 19 and under	NPSU (annual) By postcode	5 <sup>th</sup> year and beyond	2006
	Number and % of children aged 4 who are in the healthy weight range	Clarify availability of sources		
	First antenatal visit before 20 weeks of gestation	AIHW NPSU has data available for NSW only. Should flag for development of national data		
	Proportion of children decay-free at age 5 years	Dental Statistics Research Unit (AIHW)	5 <sup>th</sup> year and beyond	
	Maternal self assessed health status	Collect in service users or Family Study and compare with state and national benchmarks from ABS NHS		
<i>Supporting families and parents</i>	% using formal prior-to-school services in the last week (including preschool, long day care, before and after school care, family day care, occasional care. Not care by a relative)	ABS ChildCare		2005
	Number and % of children living in families with no parent in paid work	FACS data		
<i>Child-friendly communities</i>	<b>Volunteer rate (number of volunteers in area as % of total population).</b>	Question on volunteering likely to be in 2006 Census		2006

	Incidence of certain offences (eg assault, robbery, sexual offences, drug offences)	ABS Crime and Justice collection Or from the states eg NSW BOCSAR has LGA level data on the incidence of various offences per 100,000 people		2006 (BOCSAR)
	Lived in same address 1 year ago Lived in same address 5 years ago	Census		2006
	Ability to raise emergency money (For families with children aged 5 and under if possible)  % HHs with children under 15 where respondent was able to get support in time of crisis from persons living outside the household.  Adults living in households with children aged 14 years or less where neighbourhood is perceived as unsafe	Estimates for communities based on ABS Household Expenditure Survey (2003-04), then 5 yearly ?  ABS General Social Survey 2002 (next due April 2006)  Are these available from any other source or are estimates possible from GSS?	Longer term	

## Appendix B Successful Round 2 AEDI sites

:C4C site	Non-C4C site
Armadale C4C, WA Kwinana C4C, WA	Ashdale area, WA Collie, WA Kalbarri, WA Rockingham, WA Shire of Capel; WA Meekatharra, WA Katanning, WA North Metropolitan Area (Lower Zone), WA
Brimbank C4C, VIC	Bayside City Council, VIC Broadmeadows, VIC Geelong, VIC Maribyrnong, VIC Mornington Peninsula, VIC Shire of Yarra Ranges, VIC Wyndham, VIC
Blacktown C4C, NSW Fairfield C4C, NSW Raymond Terrace C4C, NSW	Lismore, NSW Miller, NSW Sydney West Area, NSW Tumbarumba Shire Council, NSW
Onkaparinga C4C, SA Port Adelaide C4C, SA Port Augusta C4C, SA Sailsbury C4C, SA	
	Gungahlin-Hall District, ACT
Burnie C4C, TAS	
Deception Bay C4C, QLD	

## Appendix C Comprehensive Community Profile

	Draft Profiling Measures	Data collection	Justification
<b>Demographic Profile</b>	<p><i>Children</i></p> <ul style="list-style-type: none"> <li>- No. 0-5 year olds (Indigenous and total).</li> <li>- % of population which is aged 0-5</li> <li>- Population changes for 0-5 age group between 1991, 1996 and 2001</li> <li>- Number of births</li> <li>- School Readiness (AEDI)</li> </ul> <p><i>Families</i></p> <ul style="list-style-type: none"> <li>- Household with children 0-5 years (couple, lone parent, other families)</li> <li>- Mothers with children 0-5 years who speak language other than English at home (by mothers' proficiency in English) (count number of mothers and children)</li> </ul> <p><i>Socio-economic status</i></p> <ul style="list-style-type: none"> <li>- No &amp; % families with weekly family income under \$500 (with children &lt; 5)</li> <li>- Number and % HHs with no motor vehicle</li> <li>- % adult population who completed Yr 12</li> <li>- Children 0-5 years in families where 1 parent unemployed, both parents unemployed (number of children and families)</li> <li>- SEIFA (index of disadvantage)</li> <li>- ARIA (remoteness)</li> </ul>	<p>Census</p> <p>1991, 1996, 2001, 2006 (available in 2007-8)</p> <p>AEDI results in five domains</p>	<p>Most CAPS include this Census data anyway. However, it would be useful for planning as well as evaluation purposes to collect this data consistently for each community.</p> <p>AEDI is a direct measurement of children's functioning, as assessed by teachers and is available for small geographical areas.</p>
<b>Service Profile</b>	<p>List existing <u>services</u> in the community available to 0-5s and their families which focus on:</p> <ul style="list-style-type: none"> <li>- Child health and development</li> <li>- Early learning</li> <li>- Support for families and parents (including child care)</li> <li>- Community development</li> <li>- Integrating existing services for children</li> </ul> <p>List <u>identified gaps</u> in services available for 0-5s and their families in the areas of:</p> <ul style="list-style-type: none"> <li>- Child health and development</li> <li>- Early learning</li> <li>- Support for families and parents (including child care)</li> <li>- Community development</li> <li>- Integrating existing services for children</li> </ul> <p>List other <u>facilities</u> available for 0-5s (eg parks with play equipment, baby change facilities, children's book libraries, toy libraries)</p> <p>List any <u>gaps in facilities</u> for 0-5s</p>	<p>Initiatives gather this data in planning stage and report in their CAPS. This data could be later updated (with assistance from Local Evaluators) in order to capture how services and facilities change, and as new gaps are identified</p>	<p>At the moment, 4.3 in CAPS asks initiatives to describe community resources and local services- focusing on gaps.</p> <p>However, this proposed framework would enhance that requirement, by ensuring that services and service gaps are more systematically identified and reported.</p> <p>As well as assisting Initiatives to plan their interventions, data collected in this way will help track changes in the service profile over the life of the initiative, whilst highlighting emerging areas of need.</p>
	<p>List existing and recent <u>policy initiatives</u> affecting issues for 0-5s and their families in the area (and list approximate level of investment)</p> <ul style="list-style-type: none"> <li>- Federal Govt initiatives</li> <li>- State Govt initiatives</li> <li>- Local Govt initiatives</li> <li>- Other initiatives (eg community, NGO)</li> </ul>	<p>Initiatives to gather this data in the planning stages</p>	<p>This will help identify other initiatives that might impact on outcomes in C4C sites.</p>

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## **Appendix D The link between local initiatives, Local Evaluators and national evaluators**

### **Background**

The National Evaluation Framework for the Stronger Families and Communities Strategy (SFCS) will link local and National Evaluation activity to a cohesive whole, by drawing together information from:

- local evaluations;
- targeted methodologies developed specifically for the SFCS evaluation – these are both quantitative and qualitative; and
- secondary data sources (for example, from the ABS and Australian Early Development Index).

In the context of the National Agenda for Early Childhood, the focus of SFCS Evaluation activity is to understand the impact of funded initiatives and improve the quantum and quality of Australian evidence on what works and why:

- in early intervention and prevention in early childhood;
- in strengthening families and communities to meet the needs of young children;
- for Communities for Children (CfC) Facilitating Partners to achieve better co-ordination, joined up and sustainable services for parents and young children; and
- to extend Invest to Grow (ItG) projects to broader or different communities.

CfC Facilitating Partners and ItG projects are responsible for evaluating their own initiatives within the National Evaluation Framework, and for implementing components of that Framework. Broadly, local evaluations should aim to verify and improve on the effectiveness of the local initiatives in achieving planned outcomes, and contribute to the data collection and research activities of the National SFCS Evaluation.

### **Role of Local Evaluators**

Local Evaluators are appointed by the CfC Facilitating Partners and ItG Project Administrators, and are therefore accountable to them. Local Evaluators have different roles, responsibilities and accountability in the different areas and projects, but it is recognised that there should be a common framework for them to work to.

The Local Evaluators have five basic roles to play (within the local evaluation budget for the CfC or ItG initiative):

- To advise the CfC Facilitating Partner or ItG Project Administrator on applying evidence in their initiative design and implementation;
- To provide consultancy to local initiatives in relation to evaluation, management information and data collection, storage and analysis;
- To undertake or supervise evaluation activity commissioned by the local initiative;
- To quality assure the data produced by the local initiatives; and

- 
- To coordinate local data collection on behalf of the National Evaluation.

The Local Evaluators responsibilities, on behalf of the National Evaluation, will include carrying out the following activities [or ensuring that they are carried out by others]:

- Baseline service mapping of services for under 5s at the beginning and end of the funding period
- Selecting a sample for the operational and strategic level snapshots (a questionnaire which will canvass how services work together).
- Collecting data for the Progress reports analysis.

A full list of Local Evaluators responsibilities is outlined in Table E1 below.

### **The link between Local and National Evaluators**

- The National Evaluators will, in consultation with Local Evaluators design a suite of instruments that will be used for the tasks listed above and for other tasks that the Local Evaluators may wish to undertake (e.g. short term outcome studies for service users).
- The National Evaluators will provide advice and support to Facilitating Partners and ItG Project Administrators on what is required to embed the National Evaluation Framework into ongoing project management and to tailor local data collection to fit the National Evaluation requirements.
- Each local CfC initiative and ItG project will nominate one person responsible for data collection and data quality (The Data Manager), who will be the main contact between the National Evaluators and local initiatives. This could either be a Local Evaluator or it may fall to a staff member of the local initiative.
- The role of the Data Manager is to ensure that:
  - data are submitted to the National Evaluation on time;
  - data are collected in the correct manner;
  - data are complete and ‘clean’ ;
  - and to facilitate qualitative research which will be done by or on behalf of the National Evaluators (e.g. identify relevant stakeholders, as well as advise on local sensitivities and any other matters relevant to the evaluation of the project in this location etc.)
- The Local and National Evaluators will work together to ensure that front line staff are trained and ready to administer the Service User Questionnaires. The National Evaluators will provide support and advise on evaluation tasks and provide information on how to administer the questionnaires. Local Evaluators will monitor the administration of the questionnaires.
- The Local and National Evaluators will work together on programmes of work relating to the Themed Case Studies for the National Evaluation. This may involve a range of tasks to be agreed mutually at the beginning of each themed or case study.

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- The Local Evaluator will work with the CfC Facilitating Partner and ItG projects, to help identify and validate services that demonstrate exceptionally promising practice, with the National Evaluators to assist in its documentation.

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**Table E1 Communities for Children – Division of Tasks Between National and Local Evaluations**

	<b>Task</b>	<b>National Evaluation</b>	<b>Local Evaluation contributions to National Evaluation<sup>1</sup></b>
Outcome Evaluation	Outcome indicators framework	- designs list of data items - compile data	
	Family Study	- designs questionnaire - conducts study	
	Service users before and after study	- designs questionnaires and modules	*- organises and monitors administration of questionnaires by CfC service providers
Process Evaluation	Comprehensive community profile		
	- Demographic profile	- designs list of data items - compiles data	
	- Baseline service mapping	- designs list of data items - designs template for reporting back	- collects data
	Service coordination study		
	- Strategic level snapshots	- designs questionnaires - designs template for reporting back - conducts additional interviews - conducts national analysis	- identifies sample and supplies list of suitable respondents with contact details
	- Operational level snapshots	- designs questionnaires - designs template for reporting back - conducts additional interviews - conducts national analysis	- identifies sample and supplies list of suitable respondents with contact details
	Partnership model study	- designs questionnaire - conducts telephone or face to face interviews or mail survey	- supplies list of suitable interview partners with contact details
Progress reports analysis	- designs templates for data collection and reporting - conducts national analysis	- collects data - send data to FaCS	
Cost Effectiveness Evaluation		- conducts evaluation	

<sup>1</sup>Tasks assigned to the Local Evaluation will be carried out either by the Local Evaluator or the Facilitating Partner.

\*Tasks marked with an asterisk are voluntary

**Table E2 Invest to Grow – Division of Tasks Between National and Local Evaluations**

<b>Task</b>	<b>National Evaluation</b>	<b>Local Evaluation contributions to National Evaluation<sup>1</sup></b>
Development of Evaluation Plan	-Review and comment on proposed evaluation methodology of ItG projects - Facilitate the sharing of methodology, instruments and findings	- Develop evaluation plan
Service Users Study- before and after	- designs questionnaires and modules	*- organises and monitors administration of questionnaires by ItG service providers
Service coordination study		
- Strategic level snapshots	- designs questionnaires - designs template for reporting back - conducts national analysis	*- identifies sample and supplies list of suitable respondents with contact details
- Operational level snapshots	- designs questionnaires - designs template for reporting back - conducts national analysis	*- identifies sample and supplies list of suitable respondents with contact details
Progress reports analysis	- designs templates for data collection and reporting - conducts national analysis	- collects data - ensure reliability and completeness of data - send data to FaCS
Promising Practice Profile	- develops list of criteria - assists in documenting cases - makes cases available for dissemination	-*Works with NE to identify and validate submissions
Themed studies	* - mutual agreement on division of tasks for each study	
Synthesis Report	- produces report	

\*Tasks marked with an asterisk are voluntary.

**Table E3 Local Answers – Contribution to the Overall SFCS Evaluation**

<b>Task</b>	<b>National Evaluation</b>	<b>Contribution to Overall SFCS Evaluation</b>
Service Users Study- before and after	- designs questionnaires and modules - conducts national analysis	*- where appropriate organises and monitors administration of questionnaires by LA service providers
Themed studies	* - mutual agreement on division of tasks for each study	
Promising practice profile	- develops list of criteria - assists in documenting cases - makes cases available for dissemination	*- works with LEs to help identify cases *- supply documentation for submissions
Synthesis report	- produces report	

\*Tasks marked with an asterisk are voluntary.

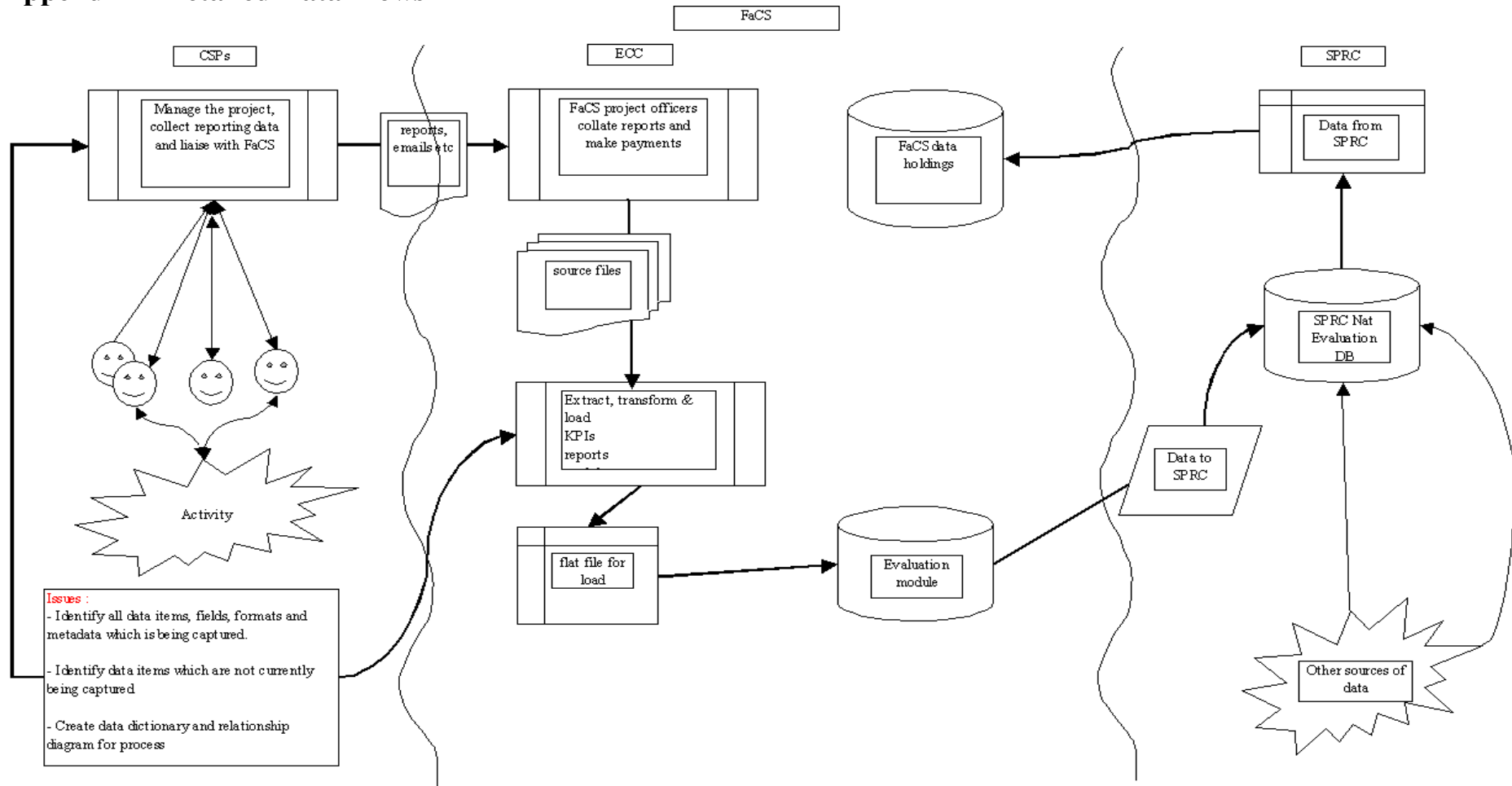
**Table E4 Cross Strategy Evaluation – Division of Tasks Between National and Local Evaluations**

<b>Task</b>	<b>National Evaluation</b>	<b>Local Evaluation contributions to National Evaluation<sup>1</sup></b>
Themed studies	* - mutual agreement on division of tasks for each study	
Promising practice profile	- develops list of criteria - assists in documenting cases - makes cases available for dissemination	*- works with FPs and projects to help identify and validate cases
Synthesis report	- produces report	
Data management		-supervises local data manager - facilitates contact between data manager and National Evaluator - sends raw data collected in surveys to National Evaluation for analysis
Evaluation support	- supports and advises on evaluation tasks	*- attends meetings
	- provide information on how to administer questionnaires	*- attends information sessions

<sup>1</sup>Tasks assigned to the Local Evaluation will be carried out either by the Local Evaluator or the Facilitating Partner.

\*Tasks marked with an asterisk are voluntary

## Appendix E Detailed Data Flows



Notes: CSP: Community Service Providers; ECC: Early Childhood & Communities (FaCS);