
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:

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- 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-

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.³

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’):

³ 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)

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- 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.

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)

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

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 preschool⁴
- 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

⁴ 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.

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:

- State⁵

⁵Much 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.

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?	✓				✓	✓	✓