
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

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- 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

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?

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.

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)⁶

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),

⁶ 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.

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

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

Task	National Evaluator roles	Local Evaluator / Facilitating Partner roles	Timescales Round 1	Timescales Round 2
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

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

Task	National Evaluator roles	Local Evaluator / Facilitating Partner roles	Timescales Round 1	Timescales Round 2
Developing questionnaire	- develops draft questionnaire		- Aug 2005	
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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

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?					✓	✓	