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**Department of Families, Housing,  
Community Services and Indigenous Affairs**

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**National evaluation (2004–2008) of the  
Stronger Families and Communities Strategy  
2004–2009**

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**Improving the lives of Australians**

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The Stronger Families and Communities Strategy (SFCS) was originally funded from 2004–2008. The SFCS program was later extended by 12 months, so the strategy is referred to as the SFCS 2004–2009. The strategy evaluation was contracted only for the 2004–2008 period. Final evaluation data was collected in early 2008.

This report was prepared for the Department of Families, Housing, Community Services and Indigenous Affairs as part of the National Evaluation Consortium (Social Policy Research Centre, University of New South Wales, and the Australian Institute of Family Studies).

### **Administrative Arrangements Orders changes**

In January 2006, the Office of Indigenous Policy Coordination and the Australian Government Department of Family and Community Services (FaCS) merged to form the Australian Government Department of Families, Community Services and Indigenous Affairs (FaCSIA). Following this, in December 2007, Administrative Arrangements Orders were announced that created a new Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to replace the former FaCSIA. The acronym FaHCSIA has been used in most instances to refer to the department.

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# Executive summary

The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) contracted the Social Policy Research Centre (SPRC), University of New South Wales (UNSW), and the Australian Institute of Family Studies (AIFS), to evaluate the Stronger Families and Communities Strategy (SFCS) 2004–2009. The evaluation ran from 2004–2008.

The SFCS aimed 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
- improve the ability of communities to help themselves.

It contained four strands: Communities for Children (CfC), Invest to Grow (ItG), Local Answers (LA), and Choice and Flexibility in Child Care. The latter was not included in the evaluation. The national evaluation evaluated the first three strands (CfC, ItG and LA), with the main focus on CfC. This report presents the findings of the evaluation.

## Methodology

The methodology was designed by the National Evaluation Consortium to address the SFCS outcomes framework developed by FaHCSIA. The detailed methodology and logic model for the evaluation is available in the *Stronger Families and Communities Strategy Evaluation Framework* (Stronger Families and Communities Strategy National Evaluation Consortium 2005).

The evaluation findings are based on a range of sources and methodologies. These include:

- the Stronger Families in Australia (SFIA) study—a three-year longitudinal survey of 2,202 families with children aged 2 to 5 years in 10 CfC communities and five non-CfC, ‘contrast’ communities
- an outcome indicators framework—analysis of secondary data for evidence of community-level changes across 77 indicators
- community profiles of the 45 CfC sites
- service mapping in all 45 CfC sites in 2006 and 2007
- a service coordination study, which surveyed agencies in 41 CfC sites, with 442 respondents in 2006 and 302 in 2008, and 222 interviews with key personnel conducted in 10 CfC sites in 2006 and 2007
- a partnership model study, also based on 222 interviews and the service coordination survey
- costs and effects analysis
- ItG local evaluator reports
- the analysis of progress reports from data collected by FaHCSIA on all components of the strategy (CfC data was collected from 641 CfC-funded activities; LA data was collected from 360 projects; and ItG data was collected from 22 projects)
- three themed studies:

- *Indigenous families and children: coordination and provision of services*—literature review, 25 telephone interviews with service providers, 125 interviews with CfC stakeholders in 10 sites, two focus groups with CfC stakeholders, analysis of 23 ItG reports and SFIA analysis
  - *Engaging hard-to-reach families and children*—literature review, document analysis and 20 interviews with stakeholders from 14 ItG and six LA projects, additional interview data collected as part of the 125 interviews with CfC stakeholders in 10 sites
  - *Engaging fathers in child and family services*—survey responses from 59 SFCS program managers, 17 interviews with service providers, and seven focus groups with 34 fathers
- ▶ promising practice profiles identified in 57 CfC, LA and ItG programs through three calls for proposals.

## CfC

The evaluation uncovered a number of outcomes across the early childhood sector in CfC sites, both for services and for families, children and communities.

### Services

Overall, there was an increase in the number, focus, capacity and reach of services in the 45 CfC communities.

#### *Number*

- ▶ At December 2007, CfC had delivered 641 funded activities (an average of 14.2 per site).
- ▶ The Facilitating Partners reported a substantial growth in services in CfC sites between 2006 and 2008 as a result of the funding investment. On the basis of service mapping data, they estimated the total number of services in their communities had increased by an average of 12 per cent in that period.

#### *Focus and capacity*

- ▶ CfC-funded activities were spread across all four priority areas of the National Agenda for Early Childhood, but creating child-friendly communities was the most common focus of all activities.
- ▶ A number of CfC programs were developed or expanded for specific target groups, such as socioeconomically disadvantaged families and children, those from culturally and linguistically diverse backgrounds or Indigenous Australians.
- ▶ Service capacity was improved by addressing some service gaps, for example, establishing preventative services, trialling innovative programs, and tailoring services to the needs of people from different cultures and groups.

#### *Service reach*

- ▶ The increases in service provision and capacity were accompanied by an improvement in recruitment and engagement of families previously disengaged from early childhood services and from groups considered hard-to-reach.
- ▶ Service reach increased when:
  - funding was made available for consulting with the community
  - interventions and recruitment methods were tailored and designed for specific groups (for example, ‘soft entry’ approaches, which took traditionally formal services into familiar, non-threatening locations where families congregated), and practical support like transportation and active referrals were offered



- there was networking and coordination between service providers
- staff and outreach workers had local connections and where at least one worker was of similar background to the target group.
- Service reach was also facilitated because non-government organisations were perceived as less threatening than government departments (based on the fear that governments may try to remove children).

#### *Challenges experienced with service provision*

- Service provision was challenged by staffing issues, difficulties tailoring services to better meet the needs of target families and the limited capacity of some of the smaller Community Partners.<sup>1</sup>
- Social issues, such as housing instability, domestic violence, substance use and mental illness, presented barriers to service access for some families.

#### *Service coordination and collaboration*

Increased service coordination and collaboration were major outcomes of CfC.<sup>2</sup>

- According to the CfC progress report data, between July 2006 and December 2007, 89 per cent of CfC-funded activities were conducted in partnerships consisting of two or more organisations or groups.
- There were highly significant increases in collaboration between staff from different agencies in CfC communities (in 2006, 34 per cent of agencies worked closely together most of the time. By 2008 this had increased to 66 per cent).
- Services worked together by referring clients, exchanging information and holding interagency meetings.
- From 2006 to 2008, there were significant increases in the proportion of agencies referring clients and of those conducting interagency staff training (from 86 per cent to 92 per cent and 57 per cent to 73 per cent respectively).
- The number and strength of networks increased, as did trust and respect between service providers, which helped to break some previous silos.
- Collaborations helped service providers to solve problems, increase their skills and capacity, identify the best providers for different services and minimise duplication.

#### *Circumstances under which service coordination improved*

- With funding—the 10 SFIA CfC sites spent \$1.5 million or 9 per cent of their service activity funding on activities related to coordination
- when there was a shared common goal of positive early childhood outcomes
- when there was an effective Facilitating Partner who could organise transparent and effective consultation and communication processes, resolve conflicts, and link services and networks
- when there was an effective CfC Committee
- when there were pre-existing networks or working relationships
- when there was a place-based approach
- when partnerships were built around community needs.

### *Challenges experienced*

- ▶ Traditional tensions relating to federalism (such as siloed provision of early childhood services by Australian Government, state/territory governments or local councils).

### **Families, children and communities**

The SFIA study found that:

- ▶ CFC had small but positive effects on a number of outcomes for families, children and communities.
- ▶ Comparisons between CFC and non-CFC sites in Wave 3 in 2008, and over time, showed some positive significant changes. These changes were encouraging because of the short period of time since the initiative was implemented.
- ▶ Trend data for the majority of outcomes were also consistently positive (75 per cent of measured outcomes at Wave 3 and 60 per cent over time), suggesting that CFC families, children and communities may be faring better than those in non-CFC sites, even though the CFC and contrast sites were comparable prior to the CFC intervention.<sup>3</sup>
- ▶ There was evidence that CFC was assisting and supporting parents. At Wave 3:
  - Parents living in CFC sites had significantly **less hostile and harsh parenting practices** than those in the contrast sites.<sup>4</sup>
  - Parents in CFC sites had significantly **higher levels of parenting self-efficacy** than those in non-CFC sites.<sup>5</sup>
- ▶ There was also evidence that CFC was helping to improve communities for young children and their families:
  - Children living in CFC sites were significantly **more likely to be living in households where at least one parent was employed** than children in non-CFC sites.<sup>6</sup>
  - Families and children were **more likely to be participating in community service activities** than their counterparts in non-CFC sites (over time and at Wave 3).<sup>7</sup>
  - Low-income families living in CFC sites were significantly more likely to perceive **higher levels of social cohesion in their community** than low-income families living in non-CFC sites (over time).<sup>8</sup>
  - There were also positive trends for having service needs met for the hard-to-reach group, households with mothers with low education (Year 10 or less), and low-income households. However, **service needs were significantly less likely to be met** for not-hard-to-reach parents living in CFC sites than for comparable parents in non-CFC sites at Wave 3.
- ▶ CFC appears to have a positive impact on children's early learning:
  - Trend data suggest that children from all groups may be faring **better in receptive vocabulary achievement and verbal ability** than their counterparts in non-CFC sites at Wave 3.
  - The groups where children's vocabulary and verbal ability were significantly better for children living in CFC sites were the not-hard-to-reach groups and those from households with mothers with low education (Year 10 or less at Wave 3).
- ▶ At this stage, CFC does not appear to be having a positive impact on the health of young families:
  - **Child physical health was significantly poorer** for children living in CFC sites than for those in non-CFC sites.<sup>9</sup>
  - **Parental general health and mental health were significantly worse** for households with mothers with low education (Year 10 or less) in CFC sites than for their counterparts in non-CFC sites (over time). Hard-to-reach parents were also significantly more likely to report poor general health, and the trend was negative at Wave 3 and over time for parents from low-income households.

- However, it may be that CfC improved parents' ability to identify health problems and therefore the level of reporting of these problems increased, not the health problems themselves.
- Despite the general apparent negative health outcomes, trend data show that children of mothers with low education (Year 10 or less) and children from low-income households in CfC sites had fewer reported injuries requiring medical attention than their equivalents in non-CfC sites (at Wave 3 and over time).
- Within CfC sites, the evidence indicates that, for most outcomes, children in hard-to-reach families and those in socioeconomically disadvantaged families were just as likely to benefit from CfC as children in the other families.
- Some of the individual child and family outcomes may have arisen because of the timing of data collection or the particular research instruments used. However, the overall pattern of results suggests that CfC has had some positive impacts in the short-term.

## The CfC model

The outcomes for children, families, communities, services and the service sector were based on three key aspects of the CfC model—the Facilitating Partners, funding and the community focus. Governance also played an important role.

### Facilitating Partners

The Facilitating Partners were essential to the development and implementation of CfC.

#### *Why was it important?*

- The role played by Facilitating Partners in asset-mapping, community development, program establishment, facilitation, coordination, implementation and support was a major strength of CfC.
- The Facilitating Partner model gave community organisations a sense of ownership and small agencies an opportunity to attain funding, develop networks and build capacity (for example, training in relation to funding applications and program implementation and reporting).

#### *Circumstances under which the Facilitating Partner was effective*

- When non-government organisation Facilitating Partner agencies were well-known in the community, had administrative support and could build on pre-existing interagency collaborations
- when Facilitating Partners provided clear and regular information to other stakeholders, when they established transparent and equitable decision-making processes and when they set up structures in addition to the CfC Committee
- when Facilitating Partner project managers had the necessary communication, organisational, facilitation, contract management and conflict resolution skills, because the success of the CfC model was highly dependent on the qualifications, skills, experience and personalities of the project manager, staff and volunteers.

#### *Challenges experienced*

- High-level demands on project managers resulted in recruitment difficulties (especially in rural and remote areas) and high staff turnover.
- In some sites, other local non-government organisations resented the leadership role of the Facilitating Partner organisation.

## Funding

### *Why was it important?*

- **Funding** was critical to all aspects of CfC, including the work of the Facilitating Partner, the coordination of services and the provision of community-based projects, programs and activities:
  - It was essential to the establishment and implementation of the initiative, and to assessing the assets, strengthening existing service networks, filling service gaps, helping address unmet community needs, developing innovative programs and increasing service access.
- In interviews, CfC service providers reported that they preferred the CfC **funding model** to direct funding because it was community-based, allowed for flexibility and built on local connections.

### *Circumstances under which this occurred*

- When the funding was flexible.

### *Challenges experienced*

- Having to provide budgets for the entire program early in the establishment of CfC
- the perception that funding could not be adjusted
- accountability requirements that put substantial burdens on Facilitating Partners, especially since they also had to assist many CfC service providers with their reporting.

## Community focus

### *Why was it important?*

- The asset-mapping component of CfC helped communities to tailor CfC programs, activities and services around their own capacity and needs.
- Community consultations helped CfC stakeholders understand the needs or aspirations of community members, fund and design programs and services to support these needs, increase awareness of programs, and help engage families.
- Community consultation was critical in communities with a high proportion of Indigenous Australians.
- Involving other local agencies in CfC enabled existing community organisations to deliver services based on their expertise and skill sets, and to build capacity.

### *Circumstances under which community consultation was effective*

- When the funding provided by CfC enabled the time-consuming process of wide community consultation to take place
- when a community development officer was employed.

### *Challenges experienced*

- Building a comprehensive picture of local needs and services and the service gaps in the areas of the CfC sites
- discovering needs that had not been apparent during the early phase of the initiative
- in the case of some of the smaller non-government organisations, struggling with contractual requirements and with recruiting appropriate staff

- inability to achieve widespread, effective community consultation with Indigenous Australians in the three to four year funding period<sup>10</sup>
- some disengagement of community members as CfC progressed and there was a shift in focus from initial community consultation to project management of CfC services.

### **Governance of CfC**

- The governance of CfC via FaHCSIA's state and territory offices was reported to be effective.
- CfC committees played an important role in planning and implementing the local CfC program and, in some cases, worked as a management committee.

#### *Circumstances under which the CfC Committee was effective*

- When committee membership was diverse, meetings were held regularly, decisions were made collaboratively and there was a proactive Facilitating Partner leading the group
- when the remit of CfC committees was refocused after the distribution of funding to prevent stalled momentum and attrition in membership.

#### *Challenges experienced*

- When state and territory officer staff turnover and early ambiguity about program requirements and accountability mechanisms hindered relationships between state and territory offices and Facilitating Partners
- when the remit of CfC committees was not changed over time
- CfC committees were generally unsuccessful in recruiting smaller service providers, business representatives, and parents of young children.

## **CfC costs and effects**

- Over four financial years (2004–05 to 2007–08), FaHCSIA has spent over \$100 million on CfC across 45 sites.
- The majority of this investment was spent on service delivery, with Community Partners (the local service provider that delivered the services/activities) receiving 60 per cent of the funding, Facilitating Partners receiving 7 per cent of the funding and 3 per cent was used for local evaluation. The remaining 30 per cent was for community resource funding (development, implementation, project management and community development).
- Based on the number of 0 to 5 year olds in each SFIA CfC site in 2006 (n=28,810), \$840 was spent on each 0 to 5 year-old child living in the CfC communities between 2004–05 and 2007–08.
- For this expenditure, a range of positive outcomes occurred across families, children and communities. These have been detailed above but particularly relate to child-friendly communities, supporting families and parents, early learning and care, and service coordination.

## **Broader challenges for CfC**

### **Timeframe**

CfC struggled with the three to four year timeframe.

- The timeframe was inadequate for very disadvantaged communities and for those with limited pre-existing infrastructure or networks.
- Implementing an innovative model such as CfC without longer-term commitment risked raising false expectations and damaging the trust of community members. This was particularly the case in very disadvantaged sites.

### **Geography**

CfC sites struggled with geographic issues.

- Arbitrary administrative boundaries in some sites consisting of several distinct suburbs, regions and government areas impeded service delivery and service coordination.
- Remote areas were very difficult to establish and implement CfC in because of limited infrastructure, high costs, timeframes, recruitment and retention of staff, and extreme seasonal weather.

### **Local evaluation**

Local evaluation was sometimes hindered by a lack of clarity, limited budgets and high expectations.

### **Sustainability**

- The sustainability of CfC overall is unrealistic because of the short timeframe, especially since the program is new and innovative.
- Some services may be sustainable if they are provided by a Community Partner with ongoing capacity and access to resources and other funding sources.
- Some networks and service coordination may continue, but a paid facilitator may be important in ensuring their sustainability.
- The skills and professional development gained throughout CfC will remain with service personnel themselves who may or may not stay in the sector.
- It is too early to assess the sustainability of outcomes for families, children and communities.

## **Local Answers (LA)**

- The LA part of the SFCS invested \$90 million over five funding rounds between 2004 and 2007 into 616 small to medium-scale, time-limited projects.
- Funding rounds were competitive and generally open to all community non-government organisations.
- LA projects delivered over 121,500 occasions of service/support. Based on estimations for 286 projects, each project provided an average of 425 occasions between 2004 and 2007.
- LA was very child and youth-focused, with 70.3 per cent of occasions of service/support provided to people aged 19 years or younger.
- Projects were targeted towards and attracted high proportions of people from marginalised or disadvantaged groups (culturally and linguistically diverse backgrounds, 26 per cent; Aboriginal and Torres Strait Islander backgrounds, 12 per cent; no social support, 10 per cent; at risk or having experienced abuse, neglect or trauma, 8 per cent; unemployed or underemployed, 8 per cent).
- The majority of projects aimed to build effective parenting and/or relationship skills (59 per cent).

- ▶ Evaluations of 18 projects (of 26 evaluation reports submitted) found they had promising practices and were ‘locally responsive, involved the participation of local stakeholders and demonstrated impacts (either significant or micro-level change)’.
- ▶ Positive attitudes among staff, positive relationships with clients, good local connections, client-focused approaches, partnerships, and training were widely mentioned as factors which contributed to the success of LA projects.
- ▶ Partnerships played an important role in the development and implementation of the projects, suggesting that the management styles and structures were sufficiently open, flexible and communicative.
- ▶ LA funding assisted projects to develop strategies and programs applicable for people from different marginalised or disadvantaged groups.

## Invest to Grow (ItG)

- ▶ ItG invested over \$26 million in 26 established and developing early intervention programs and resources to help families, professionals and communities improve outcomes for young children (0 to 5 years).
- ▶ ItG also aimed to build the Australian evidence base about what works in early intervention and prevention, and to support the expansion of successful program models for early childhood.
- ▶ ItG projects can be broadly clustered into projects:
  - supporting children’s transitions to school
  - supporting children and families with disabilities, learning or behavioural difficulties
  - enhancing child care services as settings for early intervention
  - in playgroup settings
  - promoting nutrition
  - developing and providing information and resources.
- ▶ Target groups for ItG projects included families and children (0 to 5 years) in the general population, and those with different characteristics and demographic backgrounds, including children with disability, families from Indigenous and culturally and linguistically diverse backgrounds, pre-school children, parents with mental health problems and other disabilities, socioeconomically disadvantaged families, fathers and young parents.
- ▶ Twenty-one of the ItG projects provided 36,097 occasions of service.
- ▶ A total of 12,522 families and 11,415 children were engaged in 18 ItG projects.
- ▶ ItG projects engaged children from Indigenous and culturally and linguistically diverse backgrounds (approximately 5 per cent were Indigenous and 13 per cent were culturally and linguistically diverse).
- ▶ Although reporting of program outcomes varied significantly among the ItG evaluations in quantity, quality and comprehensiveness, each evaluation report noted positive outcomes for children, parents and services.
- ▶ Child outcomes reported include:
  - improved behaviour and social, motor, language and academic skills
  - successful transitions to school and other mainstream programs and services
  - improved literacy from increased involvement with books and stories.

- ▶ Parent/family outcomes reported include:
  - improved awareness of and access to services
  - improved parenting and coping skills
  - improved parent–child relationships and family functioning
  - increased knowledge about child health risks and specific disabilities
  - improved parent attitudes towards children’s health, nutrition and education
  - increased support networks and confidence.
- ▶ Service outcomes reported include:
  - improved attitudes towards families
  - increased staff knowledge, skills and understanding of specific issues for families and early childhood development
  - increased collaboration with other agencies.
- ▶ Outcomes were facilitated or hindered by a range of factors, including staffing and leadership, collaboration, cultural appropriateness, and project design and targeting.
- ▶ Where challenges had been addressed, especially those relating to staffing, then the projects tended to be successful irrespective of the particular nature of the intervention itself.
- ▶ All of the ItG projects were suitable for broader implementation, although many of them would require modification to adapt to different circumstances.

## Conclusion

- ▶ SFCS successfully raised the profile across Australia of early intervention and the need for a coordinated approach to the early years.
- ▶ Overall the implementation went well for CfC, ItG and LA and the vast majority of projects, initiatives, activities and sites were well implemented and achieved their objectives.
- ▶ SFCS successfully engaged families traditionally thought of as hard-to-reach.
- ▶ The three programs of the SFCS were not well integrated.



# 1 Introduction

The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) contracted the National Evaluation Consortium to develop the evaluation framework for the Stronger Families and Communities Strategy (SFCS) 2004–2009. The consortium comprised the Social Policy Research Centre (SPRC), University of New South Wales (UNSW), the Australian Institute of Family Studies (AIFS) and research advisers. The evaluation ran from 2004–2008.

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- improve the ability of communities to help themselves.

The SFCS contained four strands: Communities for Children (CfC), Invest to Grow (ItG), Local Answers (LA) and Choice and Flexibility in Child Care.<sup>11</sup>

The national evaluation was designed to evaluate both the SFCS as a whole and each of the three strands (CfC, ItG and LA), with the main focus on CfC. The national evaluation was both **formative**—contributing to the development and refinement of policy and practice—and **summative**—addressing the implementation and effectiveness of the SFCS 2004–2009. The detailed methodology and logic model for the evaluation is available in the *Stronger Families and Communities Strategy National Evaluation Framework* (Stronger Families and Communities Strategy National Evaluation Consortium 2005).

This report presents the findings from the national evaluation. It triangulates data from multiple methodologies to examine and assess the models and their outcomes, the effectiveness and challenges experienced in relation to CfC, ItG and LA. The report should be read in conjunction with the six web appendixes<sup>12</sup> and other stand-alone SFCS evaluation reports (Berlyn, Wise & Soriano 2008; Cortis, Katz & Patulny forthcoming; Edwards et al. 2009; Flaxman, Muir & Oprea 2009; Soriano, Berlyn & Wise 2008), which include detailed discussions on findings from the range of methodologies used in the national evaluation.



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## 2 Background

### 2.1 Stronger Families and Communities Strategy

The Stronger Families and Communities Strategy (SFCS) 2004–2009<sup>13</sup> was an initiative of the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). It had a specific early childhood focus, targeting support to children aged 0 to 5 years and their families. It contained four strands:

- Communities for Children (CfC)
- Invest to Grow (ItG)
- Local Answers (LA)
- Choice and Flexibility in Child Care.

The strategy aimed 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
- improve communities' ability to help themselves.

The national evaluation was designed according to the outcomes framework developed by FaHCSIA. This framework was structured around the four priority areas of the National Agenda for Early Childhood:

- healthy young families
- supporting families and parents
- early learning and care
- child-friendly communities.

It also contained a fifth priority area specifically related to the CfC initiative: family and children's services working effectively as a system.

The national evaluation of SFCS, which occurred between 2004 and 2008, sought to answer the following questions:

- Have outcomes for children and families improved as a result of the SFCS?
- What lessons have been learnt on how to achieve and sustain better outcomes for children aged 0 to 5 years and their families/communities?
- Is early investment effective in terms of cost and outcomes for children?
- For which children, families or communities was it effective?
- What aspects of the SFCS were effective?
- How effectively were resources used?
- Did SFCS achieve its objectives?

This section describes the three initiatives of SFCS 2004–2009. Section 3 describes the methodologies used in the evaluation.

## 2.2 Communities for Children

Under the CfC initiative, non-government organisations (NGOs) were funded as Facilitating Partners in 45 community sites around Australia to develop and implement a strategic and sustainable whole-of-community approach to early childhood development in consultation with local stakeholders.

In implementing their local initiatives, Facilitating Partners established CfC committees with broad representation from stakeholders in their communities. The Facilitating Partners oversaw the development of community strategic plans and annual service delivery plans with the CfC committees and managed the overall funding allocations for the communities. Most of the funding was allocated to local service providers known as Community Partners, who delivered the activities specified in the community strategic plans and service delivery plans.

Examples of activities implemented in the sites include:

- home visiting programs
- early learning and literacy programs
- early development of social and communication skills
- parenting and family support programs
- child nutrition programs
- community events about the importance of children, families and the early years.<sup>14</sup>

According to the SFCS logic model, service effectiveness was dependent not only on the nature and number of services, but also on seamless, coordinated service delivery. Thus, the CfC effort was devoted both to providing new services and to increasing service coordination and cooperation. CfC was implemented in an innovative way, via the Facilitating Partner model.<sup>15</sup> This lead agency approach, where an NGO acted as a broker in engaging the community in the establishment and implementation of CfC, differed from traditional funding models where governments directly contract service providers. The logic model of CfC was based on the assumption that the Facilitating Partner model would improve services and service coordination in CfC communities, ultimately improving outcomes for children and families.

## 2.3 Local Answers

The LA SFCS program funded 616 small-scale projects through five funding rounds. Projects were designed by local, community-based organisations and communities. The overall aims of LA included:

- building effective parenting and relationship skills
- building opportunities and skills for economic self-reliance in families and communities
- strengthening support to families and communities by delivering better services and addressing unmet needs through building partnerships between local services
- assisting young parents to further their education or gain access to training and other services facilitating the transition to employment
- assisting members of the community to get involved in community life through volunteering, mentoring young people, and training to build community leadership and initiative.

The initiative funded a diverse range of projects, some of which focused on early childhood, parenting and family relationships, and others which concentrated on mentoring, leadership, volunteering and community-building.

## **2.4 Invest to Grow**

The ItG SFCS initiative funded 26 established and developing early intervention programs to help families, professionals and communities improve outcomes for young children. This included funding for early childhood programs and for the development of tools and resource materials to be used by families, professionals and communities supporting families and young children. Like CfC, ItG had a prevention and early intervention focus.

The program aimed to develop the Australian evidence base around these issues and support the expansion of successful program models. To do so, projects were funded to engage local evaluators. Local evaluation reports were analysed for the final ItG national evaluation report provided to FaHCSIA.<sup>16</sup>



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## 3 Methodology

### 3.1 Introduction

The methodology for the Stronger Families and Communities Strategy (SFCS) national evaluation was developed in consultation with FaHCSIA and outlined in the national evaluation framework (Stronger Families and Communities Strategy National Evaluation Consortium 2005). As already mentioned, the methodology was designed to make the national evaluation both formative (contributing to the development and refinement of policy and practice), and summative (addressing implementation and effectiveness). The evaluation sought to measure outcomes and relate them to the inputs, processes and outputs. It asked ‘what components of the model work?’, ‘why do they work?’ and ‘under what circumstances?’ The CfC component of the evaluation also examined for whom the early intervention works.

This section outlines the methodologies employed in the various evaluation strands and substrands. Further details about the methodologies can be found in the web appendixes relating to each strand of the evaluation. Methodological limitations are described in Appendix A at the end of this document.<sup>17</sup>

### 3.2 Stronger Families in Australia Study (CfC)

The primary component of the CfC outcomes evaluation was the Stronger Families in Australia (SFIA) study. It was a longitudinal, quantitative survey of families living in 10 CfC sites and five comparable communities (non-CfC sites known as contrast sites). The contrast sites provided the control group against which the impact of the CfC intervention could be estimated.

The survey followed 2,202 children (aged 2 years at the time of the first wave of the survey) and their families over three periods of time (at the beginning of the CfC in 2006, and again in 2007 and 2008). The findings from this component of the evaluation are available in a separate report (Edwards et al. 2009) and are summarised below.

### 3.3 Outcome Indicators Framework (CfC)

The Outcome Indicators Framework examined changes in the wellbeing of children, families and communities over the course of the SFCS at the community level (rather than the individual level) using secondary data from a range of sources.<sup>18</sup>

The Outcome Indicators Framework was initially set up to measure community level change from 2004 to 2008, but because of a serious lack of pre-existing indicator data, the Outcome Indicators Framework established a baseline. As CfC aims to achieve long-term results (like Sure Start in the United Kingdom), the Outcome Indicators Framework puts in place some baseline data to monitor long-term community level achievements. The Outcome Indicators Framework report presents 77 indicators representing CfC outcome domains of interest—early learning and care, healthy young families, supporting families and parenting, and child-friendly communities.<sup>19</sup>

### 3.4 Community profiles (CfC)

The national evaluators created comprehensive profiles of all 45 CfC communities. These included producing demographic profiles and mapping child and family services which pre-dated CfC. These profiles were

created using customised and publicly available data from the Australian Bureau of Statistics (ABS) Census of Population and Housing, the results of the Australian Early Development Index (where it was available) and other relevant data. This data provided contextual information about the social and economic characteristics of CfC sites, and the demographic characteristics of children aged 0 to 5 years and their families. Comparing these data across sites helped to highlight the wide variety of contexts in which CfC was implemented.

### 3.5 Service mapping (CfC)

Service mapping involved compiling lists of existing services for 0 to 5 year olds and their families in all 45 CfC sites. Two rounds of service mapping were conducted for the national evaluation. The first round established a baseline of the range of services and initiatives in place prior to the establishment of local CfC initiatives, or early in their implementation. The second round tracked changes during the life of the program. The number and types of services were aggregated for this component of the evaluation—they were not spatially mapped. In addition, data from the service mapping exercise informed the Service Coordination Study.<sup>20</sup>

### 3.6 Service Coordination Study (CfC)

The logic model of CfC indicated that outcomes for children and families partly depend on how services and activities are coordinated. Therefore, the national evaluation included a Service Coordination Study, which aimed to measure the extent to which service agencies in CfC sites worked together and also the manner in which they collaborated.

The study consisted of two components: fieldwork interviews and a snapshot survey.<sup>21</sup> The snapshot survey was completed by agencies in 41 CfC sites providing services for children aged 0 to 5 years and their families in 2006 and 2008.<sup>22</sup> Survey results are based on 744 responses (442 in Wave 1 and 302 in Wave 2) from stakeholders within agencies in the contrast sites, those not funded by CfC, as well as those that were.<sup>23</sup>

The fieldwork involved visits to 10 CfC sites<sup>24</sup> to conduct in-depth interviews with CfC key personnel in 2006 and late 2007. In total, 222 interviews were conducted (97 in Wave 1 and 125 in Wave 2) with Facilitating Partner and Community Partner staff, CfC Committee members, FaHCSIA state and territory offices, local evaluators, local government personnel, interagency group chairpersons, and other relevant community members.

### 3.7 Partnership Model Study (CfC)

The Facilitating Partner model used in the CfC program was an indirect way of funding community services. Rather than entering directly into contracts with service providers (as in the LA program), the government funded local non-government organisations (NGOs), the Facilitating Partners, as brokers in their sites to engage the community in CfC processes and services. As part of their role, Facilitating Partners subcontracted other NGOs to provide services. This made the Facilitating Partners intermediaries between government and the community sector.

The evaluation sought to ascertain how useful the Facilitating Partner model had been for improving and coordinating services in the CfC sites and for achieving outcomes. It also sought to determine how effectively FaHCSIA and the Facilitating Partner organisations managed the model's implementation. These questions were investigated during two rounds of the intensive fieldwork with 222 stakeholders in the 10 CfC sites.



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### 3.8 Costs and effects analysis (CfC)

The CfC costs and effects analysis assessed how effectively resources had been used by comparing the goals of the initiative with its outcomes and costs. It established whether the money spent on the CfC initiative produced tangible benefits.

The analysis used the data from the outcomes evaluation<sup>25</sup> and financial management data obtained from FaHCSIA to provide information about the value added by the initiative. Outcomes were measured at Wave 3 of SFIA, and through changes over time in the CfC locations compared to similar areas where the initiative did not take place. Effectiveness was assessed in terms of the relative size of the change in outcomes compared to locations without CfC.

### 3.9 Evaluation reports analysis (ItG)

The national evaluators analysed 22 evaluation reports prepared by ItG local evaluators.<sup>26</sup> The analysis is included in Web Appendix B<sup>27</sup> and is summarised in this report. The evaluation reports describe ItG projects, the factors facilitating project implementation, challenges faced by the projects, and outcomes which had been achieved.

### 3.10 Progress reports analysis (CfC/LA/ItG)

The progress reports analysis was based on output data collected by SFCS services in their reports to FaHCSIA. All 45 CfC sites and all organisations funded under Local Answers (LA) and Invest to Grow (ItG) were required to complete progress reports. These reports covered information such as the type of activity, the number of participants, allocation and expenditure of finances, partnerships, success factors and outcomes. The quality of this data varies considerably between sites.

This report includes analysis of CfC, ItG and LA progress reports. The CfC data is based on a total of 641 CfC-funded activities (up to December 2007). Progress report data is available on 22 of the 26 ItG projects, which delivered more than 36,000 occasions of service. The LA database includes information on 360 projects, which provided over 120,500 occasions of service.

### 3.11 Themed studies (CfC/LA/ItG)

The national evaluation included three themed studies, which explored particular topics in greater depth to determine why and how things work.

The *Indigenous families and children: coordination and provision of services* study examined the impact of SFCS on service provision and coordination in communities with a high proportion of Aboriginal and Torres Strait Islander children. This investigation comprised a literature review, 25 telephone interviews with people working in 12 CfC communities, 125 interviews with CfC stakeholders in 10 sites (additional questions were added as part of the 2007 fieldwork), two focus groups, document analysis of ItG evaluation reports, and additional analysis of the SFIA data (Flaxman, Muir & Oprea 2009).

The *Engaging hard-to-reach families and children* study explored how, and how effectively, CfC, LA and ItG projects engaged children and families that may be considered hard-to-reach. The study also investigated the challenges encountered and how additional supports might enhance engagement. The methodology included a literature review, document analysis and 20 interviews with key stakeholders in a sample of 14 ItG and six LA projects. Additional interview data was also collected during the 125 interviews conducted in 10 CfC sites in 2007 (Cortis, Katz & Patulny forthcoming).

The *Engaging fathers in child and family services: participation, perceptions and good practice* study explored how SFCS services managed to engage the fathers of young children, and the effectiveness of services in assisting this client group. The study investigated father participation in selected SFCS programs and identified successful strategies for engaging with fathers. The research included survey responses from 59 SFCS program managers about father engagement, 17 interviews with service managers and facilitators across seven projects, and seven focus groups with a total of 34 fathers (Berlyn, Wise & Soriano 2008).

### **3.12 Promising practice profiles (CfC/LA/ItG)**

One of the key objectives of the national evaluation was to identify what works in early childhood and community development, and to disseminate some of these practices. The promising practice profiles (PPP) aimed to provide a resource for practitioners, policy makers and researchers working in the early childhood sector, by providing access to information about examples of effective practices in different settings. The PPPs aimed to assist in the planning of appropriate programs, provide a vehicle for peer learning and information sharing, and enhance the quality of services provided to families and communities.

A validation process identified promising practices in 57 CfC, LA and ItG programs through a call for proposals over three rounds. All proposals received were subject to a semi-blind independent review process. The PPPs will be published online in 2008 and 2009. A summary report of the PPP findings is also available (see Soriano, Berlyn & Wise 2008).

## 4 Communities for Children service outcomes

Communities for Children (CfC) was the most rigorously evaluated component of the SFCS 2004–2009. Sections 4 to 7 of the report describe the outcomes of CfC for families, children and communities, and for services and the early childhood sector. They describe aspects of the model that were instrumental in achieving these outcomes, specifically the Facilitating Partner, the funding and the community focus, and the broader challenges faced by CfC.

CfC resources increased the number, type and capacity of services available to people in the 45 target communities. These resources, coupled with aspects of the model like community consultation and service coordination, helped to enhance the capacity, quality and relevance of services for community members.<sup>28</sup>

### 4.1 Availability of services

As expected, interviews with CfC stakeholders, CfC progress reports and the service mapping all indicate that services increased substantially throughout the program. The Facilitating Partners in the 45 communities reported receiving funding for a total of 641 CfC funded activities (up to December 2007, CfC progress reports). On average, each CfC site funded 14.2 new activities (Table 1).

**Table 1: Number of CfC-funded activities in the 45 CfC sites by December 2007**

	Activities
Total number	641
Mean per site	14.2

Source: CfC progress report data.

The finding that services in CfC communities increased was supported by the service mapping exercise. Between December 2005 and November 2007 the total number of services mapped by Facilitating Partners within their communities increased by 12 per cent.<sup>29</sup> While some of this increase may have been the result of other funding streams, the figures above (Table 1) demonstrate that CfC made a large contribution to increasing services.

The service coordination survey also indicates growth in CfC-funded services between 2006 and 2008. Agencies that completed the survey were significantly more likely to be receiving CfC funding in 2008 than in 2006 (Table 2). These agencies represent only those services identified in the service mapping and who participated in the survey. They do not represent all services in the CfC communities. When the CfC progress report, service mapping and qualitative interview data are triangulated, however, it is clear that there were substantial increases in service provision as a result of CfC.

**Table 2: Service coordination respondents providing services funded by CfC**

	Wave 1		Wave 2	
	(%)	n	(%)	n
All agencies <sup>(a)</sup>	33	383	51	302
Repeat agencies <sup>(b)</sup>	32	75	55	75

(a)  $p < 0.001$ .

(b)  $p < 0.01$ .

## 4.2 Focus of services

### *Services devoted to 0 to 5 year olds*

The proportion of agencies' activities devoted to 0 to 5 year olds and their families remained consistently high throughout the evaluation. Based on the Service Coordination Study,<sup>30</sup> between 2006 and 2008 there was a slight increase in the proportion of agencies that provided more than half of their services specifically for 0 to 5 year olds. In 2006, 60 per cent of the 376 agencies who completed the service coordination survey were delivering half or more of their services to children 0 to 5 years. By 2008, this had increased to 63 per cent (n=302; Table 3).

Interestingly, there was a slight decrease in the proportion of agencies who completed surveys in Wave 1 and 2 devoting half or more of their services to 0 to 5 year olds (from 66 per cent to 61 per cent; Table 3). These changes were not significant and so the results are not incompatible with agencies committing consistently high proportions of their services to 0 to 5 year olds. The slight decrease may be the result of sample bias, or of services increasing their age focus beyond 5 years. The qualitative interviews found that some stakeholders believed that CfC did not include prenatal maternal health, and that its scope should have been expanded to include that, and also to include 5 to 8 year olds to incorporate the transition to primary school years.

**Table 3: Agency activity in the local government area/CfC site specifically devoted to services for 0 to 5 year olds and their families**

	All agencies <sup>(a)</sup>		Repeated agencies <sup>(a)</sup>	
	Wave 1 (%)	Wave 2 (%)	Wave 1 (%)	Wave 2 (%)
All or most of it	49	51	52	51
About half	11	12	14	10
Some or very little	40	38	34	40
n	376	302	73	73

(a) Results not significant.

Note: All columns add to 100 per cent except in cases of rounding error.

The proportion of services devoted to children aged 0 to 5 years and their families was similar both for CfC consortium members and for agencies which provided services funded under CfC.<sup>31</sup> Interestingly, agencies that were not involved with CfC in any capacity reported a slight, non-significant decrease in the proportion of services devoting half or more of their services specifically for 0 to 5 year olds (repeat agencies, 66 per cent to 61 per cent). The reasons stated above could also apply to this group, but the slight drop might also have been partly the result of shifting the focus to other areas of need, since there was a large local investment into services for 0 to 5 year olds in communities targeted by CfC.

### *Activities and priority areas*

CfC activities focused on a range of areas, but were specifically targeted to tackle the SFCS priority areas. Analysis of the CfC progress report data found that the proportion of CfC-funded activities was fairly evenly divided across priority areas (Table 4). The greatest focus for activities was on creating child-friendly communities (24 per cent). The other priority areas each attracted just over one-fifth of the activities (20 to 22 per cent). The exception was 'family and children's services work effectively as a system', which consisted of 13 per cent of all activities. This was understandable, since most CfC sites were working collaboratively to address the other priority areas rather than making collaboration and coordination a particular activity in itself. It should also be noted that many of the funded activities covered more than one priority area.

**Table 4: Proportion of activities by priority area**

Priority area	Proportion of total activities (%)
Child-friendly communities	24
Supporting families and parents	22
Early learning and care	21
Healthy young families	20
Family and children's services work effectively as a system	13
<b>Total</b>	<b>100</b>

### *Services focused on target groups*

A number of programs funded by CfC were either developed or expanded specifically for Indigenous families and children. Increases were accounted for by new services, the expansion of existing services, and the re-establishment of services disbanded through lack of funding prior to CfC (see Flaxman, Muir & Oprea 2009). Similarly, service providers interviewed for the *Engaging hard-to-reach families and children* and *Engaging fathers in child and family services* studies reported that SFCS had increased services specifically tailored for people from disadvantaged and marginalised groups, and for fathers (Berlyn, Wise & Soriano 2008; Cortis, Katz & Patulny forthcoming).

#### **Box 1: Examples of CfC activities around Australia**

##### **Community nutrition initiative, Inala to Goodna, Queensland**

A community garden was developed to engage families from culturally and linguistically diverse (CALD) backgrounds around health and nutrition. This activity attracted almost 300 participants and was reported to increase knowledge about nutrition and its benefits, and to improve social connectedness in the community.

##### **Strengthening attachment and bonding, Lismore, New South Wales**

This activity built community-based supports to strengthen attachment and to ensure that early professional support was available for parents suffering attachment difficulties such as ante or post-natal distress, or relationship difficulties. Most participants reported getting out of the house more often and becoming more involved in activities with their baby: 'I feel like a good mum for the first time in six months'.

##### **Outreach nurse, Miller and surrounds, New South Wales**

This activity provided access to early childhood nurse support and information through attendance at a playground within the CfC site. Taking the practitioner to an informal child-friendly setting was a common, successful soft entry practice used by CfC-funded Community Partners. The outreach nurse in Miller increased the number of children 0 to 5 years having regular assessments by a child and family nurse.

##### **'HIPPPY', Burnie and surrounds, Tasmania**

An evidence-based, structured program that provided intensive education and support to parents with children 0 to 5 years. Parents learnt to spend time with their children in activities that enhanced cognitive and social-emotional development. Positive parent-child interactions occurred and parents were encouraged to perceive themselves as the primary educators of their children 0 to 5 years.

##### **Early learning Warmun, East Kimberly, Western Australia**

This activity supported the Warmun Early Learning Centre to develop evidence-based programs to achieve positive educational outcomes for children 2 to 5 years. Reports have stated that the activity has assisted Indigenous children's transition to school and contributed to children's ability to communicate in both standard and Aboriginal English.

**Linking families and services, Onkaparinga, South Australia**

This project linked high-needs groups (such as homeless families, families where a family member has a disability, and recently settled migrants and refugees) into mainstream services like playgroups and kindergartens. The project also established a playgroup for male carers and their children.

**Aboriginal dads project, Port Augusta, South Australia**

This project developed culturally appropriate ways of working with new and young Aboriginal fathers to increase father involvement in the lives of their children (0 to 5 years) and demonstrate the effect of father involvement on the wellbeing of children.

**Transition from schools to hubs, Bendigo, Victoria**

This project promoted the development of school hubs within the CfC site area and developed partnerships between a range of service providers working for different agencies in the early childhood sector. It also worked to engage families in CfC activities in the area.

**The library has legs, Cranbourne, Victoria**

An early years literacy and language librarian/outreach worker provided language and literacy programs to children, parents and care givers in different locations using the most appropriate strategies. The approach was tailored for each group, but was especially targeted towards disengaged families, as well as for children 0 to 5 years in child care centres, kindergartens, playgroups and other locations where children and families gather.

**Core of life, Katherine, Northern Territory**

This was a life education program that helped teenagers understand the realities of becoming pregnant, giving birth and parenting a newborn baby.

### 4.3 Service capacity

The interviews conducted with CfC stakeholders indicated that CfC had not only increased service provision, but also improved service capacity. It had allowed providers to address some service gaps in their communities. For example, they were able to establish preventative services (such as including therapists in mainstream services), trial innovative programs (such as professional development for early years staff to work with vulnerable families), establish new ways of delivering services (such as locating family centres on public school grounds), and complement state-funded services.

Many CfC stakeholders working in communities with high proportions of Indigenous families reported that CfC had improved the relevance and quality of some services. This was because CfC enabled service providers to collaborate, implement cultural change, listen to and focus on community needs and deliver services with great flexibility (Flaxman, Muir & Oprea 2009). Similarly, there were benefits from SFCS for services working with marginalised and disadvantaged communities, and those working with fathers (as shown in the other themed studies) (Berlyn, Wise & Soriano 2008; Cortis, Katz & Patulny forthcoming).

The nature of the model had also enabled joint service provider and community member decision-making in program development, increased the focus on the aims and goals of activities and on strengths-based and community development models of working, and provided small organisations with experience in applying for government funding and implementing activities.<sup>32</sup>

Importantly, the increases in service provision and capacity were accompanied by an improvement in service access by families and children from groups considered hard-to-reach, or who were previously disengaged from early childhood services.

## 4.4 Service reach: increasing family access and engagement in services

Recruitment and engagement of families by services was generally successful within CfC. Factors that contributed to this success were the:

- funding available for consulting with the community
- tailoring of services
- design of early interventions for specific groups
- opportunities for networking and coordinating between service providers.

These findings are based on the 222 interviews with CfC stakeholders and the themed studies (Berlyn, Wise & Soriano 2008; Cortis, Katz & Patulny forthcoming; Flaxman, Muir & Oprea 2009).

### *Consultation*

The consultation process assisted Facilitating Partners and Community Partners to understand the needs and aspirations of community members and to design programs and implement services that supported these needs.

### *Funding*

The funding for CfC was a critical component of its ability to increase service provision and engage families. Funding non-government organisations (NGOs) as Facilitating Partners and allocating the service funding to Community Partners may have played a pivotal role in the recruitment of some families. This is because families who fear removal of their children are more likely to engage with NGOs than with government providers (Cortis, Katz & Patulny forthcoming).

The SFCS funding also assisted families to overcome financial and attitudinal barriers to accessing services. There were reports from CfC stakeholders in many different communities that there was a widespread lack of understanding of the importance of early childhood, which hindered service access and outcomes. Coupled with the financial cost of early childhood services, this may have prevented some families from accessing services. The provision of free or very low-cost early childhood services through SFCS 2004–2009 may have assisted in demonstrating the value of these services to families.

### *Service coordination*

The strong focus on service coordination was very important for increasing people's access to services. It allowed services to recruit people through single entry points and helped them find clients through interorganisational referrals. This was particularly useful in increasing access to services for people from specific groups who generally have poor levels of service use, such as Indigenous Australians (Flaxman, Muir & Oprea 2009).

CfC stakeholders maintained that referrals between organisations were working effectively. Trust in service providers was the most important factor for ensuring that referrals resulted in actual take-up of services. It may not be enough for a service provider to simply refer a family or individual to another service. Additional support, such as transportation or accompanying the family members to the appointment or service, might also be required.

Service providers, however, should be aware that staff who are trusted by specific families can easily become overburdened with the responsibility of facilitating relationships with other service providers. This is likely to

occur in communities where there is only one outreach worker assisting a large hard-to-reach group (such as Indigenous families).

### *Targeted and universal services*

SFCS 2004–2009 benefited from having both targeted and universal services. Some CfC funding was allocated to develop and deliver early interventions for people from specific groups. These types of targeted programs and activities provided safe, welcoming service environments.

Universal services within the disadvantaged CfC communities were also important in increasing widespread access to services. Increases in service use were hindered, however, when large proportions of a community's population perceived the service as inaccessible or unwelcoming. This occurred when mainstream programs did not develop strategies for including people from diverse backgrounds. Service providers in a number of CfC communities, for example, explained that Indigenous families were aware of new programs in their community, but did not access them because they were not seen as culturally appropriate and, consequently, Indigenous families perceived them as unsafe or uncomfortable.

The importance of multiple entry points—that is, both targeted and universal programs—should not be underestimated. Access to both service types will increase the likelihood of service use (where one is favoured over the other), help ensure that families have equal access to a variety of services (especially where a mainstream provider has increased resources or expertise), and assist in building social capital (by creating opportunities for people from different backgrounds to meet and engage in formal and informal settings).

### *CfC intervention design and practice*

The design of services was essential for recruiting and engaging participants. In many locations, CfC stakeholders believed the initiative was successful in engaging families who were historically unlikely to access services, and attributed that success to the widespread use of soft entry points.

Soft entry points refer to ways of introducing families to services in informal environments within their own communities. Rather than expecting families to come to services, soft entry approaches take traditionally formal services into familiar, non-threatening locations where families are used to gathering. Examples of such approaches used by CfC service providers included introducing playgroups in local parks, having health professionals attend playgroups, setting up community centres on public school grounds, collocating CfC services with established services such as public libraries, and advertising services and collecting family contact details in places where people from all backgrounds gathered, such as shopping centres, sporting fields and maternity wards.

CfC stakeholders reported soft entry approaches to be very successful, although data problems with the CfC progress reports makes it difficult to assess the proportions of people from specific backgrounds who accessed CfC services and activities. Over time, it appears that the formal service delivery within informal settings increased in popularity as word-of-mouth spread and demand from community members increased.

The soft entry approach was closely tied to networking between service providers and to referrals. Parents became engaged via soft entry approaches and were then linked to other service providers within CfC and other organisations. A health worker employed as part of a soft entry CfC activity for example, discovered a life-threatening health problem in a child whose parents had had no previous connection to health services.

Staffing is critical in either facilitating or hindering engagement. Employing people with links to local communities increased the credibility of CfC services and activities. Having at least one project or outreach worker of a similar background to the target group and ensuring staff were appropriately skilled were also important. In contrast, many services were hindered by ongoing difficulties recruiting and retaining staff, as already mentioned.



Effective outreach and promotion in the appropriate locations, spending time to build relationships with people from vulnerable groups, providing incentives and supports such as food, transport and child care, and having flexible hours of operation, also worked well to engage families.

Designing services and engagement strategies for families from a range of backgrounds had positive results. Not only did Facilitating Partners and service providers report that people from diverse backgrounds received services, the Stronger Families in Australia (SFIA) findings (see Section 6) also demonstrate that CfC was beneficial for families and children from a range of backgrounds, including those traditionally regarded as hard-to-reach.

## 4.5 Challenges in service provision<sup>33</sup>

Some CfC sites faced challenges in providing services, especially finding suitable service providers and staff, and tailoring services to better meet the needs of target families. A small number of planned activities were not implemented because of the lack of suitable service providers, the lack of capacity within a community organisation, or poor budgeting (by both Facilitating Partner and Community Partner organisations).<sup>34</sup> Poor budgeting was sometimes addressed by reconsidering the aims, objectives, scope and resources required for an activity. Difficulties with staffing had a marked impact on CfC service delivery and capacity.

Other activities were discontinued because they did not meet contractual requirements. Again, there were only a small number of these. In most cases where services and activities could not meet their obligations to FaHCSIA, Facilitating Partners worked with Community Partners to refocus activities rather than discontinue them.

The themed studies also uncovered a range of challenges service providers faced in providing services to Indigenous families and children, fathers, and families from hard-to-reach groups (Berlyn, Wise & Soriano 2008; Cortis, Katz & Patulny forthcoming; Flaxman, Muir & Oprea 2009; Soriano, Berlyn & Wise 2008). The complexity of client needs and circumstances remains a challenge, despite the range of strategies employed by early intervention and prevention programs like CfC. Family breakdown, homelessness, housing instability or poor living conditions, domestic violence, substance use, severe socioeconomic disadvantage and mental illness, for example, are immediate and serious issues that understandably hinder some families in their ability to make use of early childhood intervention and prevention services. If early intervention and prevention initiatives are to have positive outcomes for people or communities in considerable distress, other social issues must also be addressed. Long-term government involvement and funding is also necessary to realise potential benefits and sustain positive outcomes of the program. Short-term initiatives are not only inadequate, they also build distrust in people when services they have come to rely on are withdrawn.



## 5 Communities for Children sector outcomes: service coordination and collaboration

The logic model of CfC indicated that outcomes for children and families depended not only on the number and type of services delivered in the community, but also on how services and activities were coordinated. A major aim of CfC therefore was to improve local service coordination and collaboration.

The CfC model transformed the way early years services are delivered. Prior to CfC, early childhood services were often narrowly focused and rarely coordinated. CfC provided a new approach to government-funded service provision for services focusing on 0 to 5 year olds. Qualitative and quantitative evaluation methods found significant increases in service coordination and collaboration throughout the initiative. This was commonly described by Facilitating Partners and service providers as a ‘culture change’ within CfC sites.

The findings on service coordination that follow in this section are based on the Service Coordination Study, a survey administered in two waves (2006 and 2008) which elicited 744 responses from service providers, and from the 222 interviews with stakeholders across the 10 CfC sites in 2006 and 2007.<sup>35</sup>

### 5.1 Service coordination and collaboration successes

There were significant increases in coordination and collaboration between staff from different agencies in CfC communities between 2006 (Wave 1 of the Service Coordination Study) and 2008 (Wave 2). A select purposive sample was used for this study and therefore findings can be generalised. However, response rates differed by CfC sites and so the broad findings may not be indicative of the outcomes for all individual locations. The response rates are representative for eight of the 10 SFIA CfC sites.<sup>36</sup> These findings are also corroborated by the qualitative interviews in the SFIA areas.

Of the total 744 responses to the survey from stakeholders (442 in Wave 1 and 302 in Wave 2), only 86 responses were repeated and identifiable across both waves of the survey. Since this number is fairly small, information is provided in the following tables about this ‘repeated’ sample to observe changes in paired organisations over time, and about the sample of ‘all agencies’ to make use of the full sample across both waves and provide the broadest picture of service coordination across communities in each of the two waves of the survey. Appropriate statistical tests are used in each instance to test for significant changes or differences, and are reported in the following tables.

In 2006, only 34 per cent of agencies (who responded to the survey in both waves) agreed that staff from different services worked closely together most of the time. This had increased significantly to 66 per cent by 2008 ( $p < 0.001$ ; Table 5). By the same token, in 2006, 21 per cent of agencies knew little about each others’ work, but by early 2008 this had decreased significantly to only 4 per cent ( $p < 0.001$ ). Similar improvements occurred across all agencies that completed the survey, suggesting that the improvement trend was more widespread (Table 5).

**Table 5: Collaboration between staff from different services**

Staff from different services...	All agencies <sup>(a)</sup>		Repeated agencies <sup>(b)</sup>	
	Wave 1 (%)	Wave 2 (%)	Wave 1 (%)	Wave 2 (%)
Work closely together most of the time	35	60	34	66
Work closely together occasionally	50	35	45	30
Know little about each other's work	16	5	21	4
n	376	302	71	71

(a)  $p < 0.001$ —results highly significant (Chi Square test).

(b) Each response was paired across the two waves, and McNemar test for repeated observations returned highly significant values (ranging from  $p < 0.001$  to  $p < 0.002$ ).

Note: All columns add to 100 per cent except in cases of rounding error.

In 2008 (Wave 2), survey respondents were also significantly more likely to report that services worked in a coordinated manner than in 2006 (Wave 1;  $p < 0.001$ ; Table 6). In Wave 1, only a small percentage of agencies reported that services in their area worked as a well-coordinated team (15 per cent of all agencies and 10 per cent of those who completed the survey in both waves, that is, repeated agencies), compared with almost half the agencies in Wave 2 (over 40 per cent in both samples). Similarly, while one-quarter of the repeated respondents (25 per cent) described the service network in their area as separate and uncoordinated in Wave 1, by Wave 2, only 6 per cent believed that.

**Table 6: Level of coordination between services**

	All agencies <sup>(a)</sup>		Repeated agencies <sup>(b)</sup>	
	Wave 1 (%)	Wave 2 (%)	Wave 1 (%)	Wave 2 (%)
A well coordinated team of services	15	44	10	46
A partially coordinated team of services	68	47	65	49
A group of separate, uncoordinated services	17	9	25	6
n	387	299	72	72

(a)  $p$ -value:  $< 0.001$ —results highly significant (Chi Square test).

(b) Each response was paired across the two waves, and McNemar test for repeated observations returned highly significant values (ranging from  $p < 0.001$  to  $p < 0.002$ ).

Note: All columns add to 100 per cent except in cases of rounding error.

It is not possible to attribute these positive changes only to CfC, as other factors may have also contributed. However, the qualitative interviews conducted in 2006 and late 2007 corroborate the survey findings indicating that CfC made a substantial contribution to improving service coordination and collaboration.

In the interviews CfC stakeholders reported that the number and strength of networks had increased in their communities between 2006 and late 2007, and that the nature of the relationships between service providers had changed for the better, largely as a result of CfC. Trust and respect increased and service providers became more willing and open to working together as time progressed. They said CfC helped break some of the silos that previously existed in the early years service sector. Collaborations also helped service providers to solve problems, upgrade skills, increase capacity, identify the best providers for different service delivery areas, and minimise the duplication of services. The improvements in service coordination and collaboration in CfC sites were so marked that a number of stakeholders interviewed described the occurrence as a cultural

change. Given the implementation challenges discussed above, this is a significant finding which indicates the strength of the CfC model.

### **Coordination activities**

Service collaboration can involve joint activities (for example, multi-agency working groups), sharing infrastructure (for example, collocation of offices), or common financial arrangements (for example, cost-sharing for services) (Sullivan, Gilmore & Foley 2002). The Service Coordination Study revealed that there was some collocation within CfC sites, and that the funding allocations of CfC had also resulted in some cost sharing. But most of the collaboration within CfC occurred around activities, although to varying degrees depending on the activity, for example, planning, service delivery, sharing information, professional development. All of these coordination activities were found to be quite useful (Table 7).

Agencies had been coordinating a range of activities from the early days of CfC. For example, in 2006 (Wave 1), 86 per cent of all agencies were involved in referring clients, 85 per cent in exchanging information, 83 per cent in interagency meetings, and 73 per cent in joint service delivery or case management.

There were smaller proportions of respondents conducting joint planning (71 per cent), interagency staff training (57 per cent) and collocation (45 per cent). This is understandable because these activities take relatively more time to establish because they require the investment of resources and need activities such as joint meetings and relationship development to take place before they can be implemented.

By 2008 (Wave 2), there had been increases in all these activities (except for joint service delivery/case management and exchanging information which remained stable). Some of these changes were statistically significant, namely changes in the proportions of all agencies (that is, the repeated agencies plus those who completed only Wave 1) that were referring clients (from 86 per cent to 92 per cent,  $p < 0.05$ ), and of those conducting interagency staff training (from 57 per cent to 73 per cent,  $p < 0.001$ ). Both of these factors also increased in the case of those agencies who completed the survey in Waves 1 and 2, that is, the repeated agencies alone (85 per cent to 91 per cent and 59 per cent to 71 per cent respectively), although these increases were not statistically significant.

Referring clients is a fairly simple activity to coordinate, but the increase in referrals is still a very positive outcome for CfC. Referrals are critical for increasing people's access to services based on needs and directing them to the most appropriate providers. Referrals between services were found to especially benefit families who were disengaged from service networks. In many cases, a family's engagement with a child care service may be the only connection they have to service networks. For this reason, referrals between early childhood service providers and other support services are crucial. Referrals from informal services were also found to be important for introducing families to more formalised, specialist services.

The increase in interagency staff training was beneficial for maximising resources and building the capacity of service providers and organisations. Service providers recognised the value of training by rating the helpfulness of this activity highly (Table 7). However, training was helpful only if it was of high quality and relevant to service providers. That some training may have been of poor quality or of little use to service providers is indicated by a slight decrease between Waves 1 and 2 in the ratings of its helpfulness, both by all agencies and by the repeated sample.<sup>37</sup> For programs like CfC in the future, this reinforces the importance of not only working towards conducting activities cooperatively and collaboratively, but also ensuring that the quality of these activities remains high and is beneficial to agencies.

Although not statistically significant, there were increases in other activities as well. Taking all the agencies that completed the surveys, they were slightly more likely to be conducting joint planning at Wave 2 than at Wave 1 (71 per cent to 76 per cent), to be having interagency meetings (83 per cent to 86 per cent), and to be collocated (45 per cent to 49 per cent). Looking only at the repeated group, there was an increase in interagency meetings (87 per cent to 89 per cent), and in collocation (48 per cent to 55 per cent), while joint planning remained at the same consistently high level at 83 per cent.

The proportion of agencies exchanging information remained equally high between the waves (85 per cent) for the all agencies sample, but it increased for the repeated group (82 per cent to 92 per cent). Information exchanges involved agencies learning about each other, sharing service delivery and client engagement strategies, swapping resources and joint problem solving.

Approximately seven in 10 agencies reported being engaged in joint service delivery and case management throughout the evaluation. Joint service delivery was also reflected in the CfC progress report data. For the period from July 2006 to December 2007, 89 per cent of activities were being conducted in partnerships between organisations or groups and 76 per cent of services reported being involved with at least one other partner. The report data indicate that these partnerships were successful, with a strong positive relationship between partnerships and outcomes ( $p < 0.01$ ).

The most helpful coordination activities for agencies were joint planning, exchanging information and referrals. Joint planning and exchanging information showed the largest increases in reported helpfulness between Waves 1 and 2, both for all agencies and for the repeated group. Agencies' scores on the five-point scale for joint planning increased significantly from 4.0 to 4.2 for all agencies ( $p < 0.05$ ), and from 3.9 to 4.3 for the repeated group ( $p < 0.001$ ). Exchanging information increased from 4.0 to 4.2 for all agencies ( $p < 0.05$ ), and from 4.0 to 4.3 for the repeated group. Finally, joint service delivery and case management increased from 2.9 to 4.0 for the repeat group ( $p < 0.001$ ). Thus, agencies perceived that they were benefiting substantially from planning and delivering services together and from exchanging information. In the case of referrals, respondents consistently rated them across both waves as one of the most helpful activities (4.2 for the repeated group in Waves 1 and 2; from 4.1 to 4.2 for all agencies).

In the case of the reported helpfulness of the various activities, there were some decreases despite the fact that helpfulness tended to increase overall. Interagency meetings were perceived as less helpful in Wave 2 than in Wave 1 for the repeated group (from 4.1 to 4.0). The helpfulness of staff training and the collocation of services also decreased for the repeated group (from 4.1 to 3.7 and from 4.2 to 3.9 respectively) and remained similar for the all agencies group from 4.1 to 4.0 and 4.0 to 4.1 respectively). The decreases were not statistically significant and the ratings of helpfulness for each of these activities remained very high. Future programs, however, should monitor the relevance and effectiveness of coordination activities to ensure they are mutually beneficial and worthwhile for agencies.

In most cases, there was an increase both in the proportion of agencies undertaking coordination activities and in the helpfulness of those activities, indicating positive effects of the CfC program. The findings also indicate that some of the more complex service coordination activities may take longer to develop, and the time between the two waves of the Service Coordination Study may have been too short to capture significant changes in such activities.

Table 7: Interagency involvement in various activities (%) and average helpfulness score

	All organisations <sup>(a)</sup>										Repeated agencies <sup>(b)</sup>									
	Agencies involved					Average helpfulness					Agency involved (%)					Average helpfulness (1-5)				
	Wave 1 (%)	n	Wave 2 (%)	n	P-value (Chi-Sq)	Wave 1 (1-5)	n	Wave 2 (1-5)	n	P-value (T-test Indep.)	Wave 1 (%)	Wave 2 (%)	n (both waves)	P-value (McNemar)	Wave 1	Wave 2	n (paired samples)	P-value (Paired obs. T-test)		
Joint planning	71	417	76	293	0.148	4.0	285	4.2	222	0.000***	83	83	80	1	3.9	4.3	46	0.023**		
Referring clients between agencies	86	427	92	293	0.017*	4.1	345	4.2	266	0.531	85	91	81	0.359	4.2	4.2	59	0.907		
Joint service delivery or case management	73	425	72	293	0.607	3.9	298	4.0	210	0.312	72	71	79	1.000	2.9	4.0	37	0.000***		
Exchanging information (about clients, projects, funding sources)	85	423	85	293	0.894	4.0	346	4.2	249	0.010**	82	92	78	0.268	4.0	4.3	53	0.116		
Interagency staff training	57	416	73	293	0.000***	4.1	227	4.0	211	0.116	59	71	78	0.233	4.1	3.7	25	0.161		
Interagency meetings	83	432	86	293	0.207	4.0	342	4.0	253	0.415	87	89	82	0.824	4.1	4	59	0.903		
Collocation	45	415	49	293	0.352	4.0	179	4.1	143	0.150	48	55	79	0.522	4.2	3.9	21	0.666		

(a) \*\*\* Results significant at 0.000 significance level (Chi Square test); \*\*Results significant at <0.05 significance level (Chi Square test); \* Results significant at <0.1 significance level (Chi Square test).  
 (b) \*\*\* Results are significant at 0.000 significance level (each response was paired across the two waves, and McNemar test for repeated observation used); \*\* Results are significant at <0.05 significance level (McNemar test for repeated observations); \* Results are significant at <0.1 significance level (McNemar test for repeated observations).

## 5.2 Facilitators and barriers to effective service coordination

The CfC model was designed to support service coordination. Based on the 222 interviews with CfC stakeholders, networking, collaboration and coordination were effective within CfC sites because of the:

- funding available for it
- shared focus around the early years
- role played by the Facilitating Partner in establishing, facilitating and maintaining connections between service providers
- role of the CfC Committee (which grouped stakeholders together)
- commitment from the community-based service providers.

Although some services were already willing to work together, or had in fact been doing so prior to CfC, the support provided by CfC translated willingness into practice and provided a structure and support to strengthen pre-existing networks. Some of these issues are dealt with in more detail in Section 7 of this report in relation to the CfC model, but they are worth mentioning briefly here to highlight the facilitators and barriers to service coordination.

### *Funding*

CfC funding specifically assigned for coordination activities was critical, as was the key role played by Facilitating Partners in making this funding effective. For example, between 2004 and 2008, the 10 SFIA sites spent almost \$1.5 million on activities related to ‘families and children’s services working effectively as a system’. This accounted for 9 per cent of the funding for the period. Funding spent on activities within other priority areas also often had a collaborative focus or component. In fact, according to available data within the CfC progress reports, the majority of CfC sites undertook activities with at least one other partner (76 per cent), and only 11 per cent of activities had no partner involvement.

In most cases, CfC was the only coordinating program in the community. Where other coordinating programs existed, CfC was often the only initiative with substantial, or indeed any, funding for coordination. Coupled with the place-based nature of the initiative, this meant that most Community Partners were willing to collaborate and to allow the Facilitating Partner to take the lead. It is unlikely that CfC would have succeeded without funding for collaboration activities (especially if there were other legitimate candidates for leading early years collaboration in the community).

### *Common goal and the CfC Committee*

Service coordination also worked within CfC sites because the model brought people together in a collaborative way around an important community issue—early childhood. Having a shared focus and aim helped NGOs to work beyond past atmospheres of silos and competitive tendering.

Organisations worked well together as a result of the Facilitating Partner consultation process and CfC Committee. Open discussions in the committee about the community’s resources, current assets, skills and capacity of existing services, and the needs within communities, were important in getting agencies to work in a complementary manner, rather than competing with each other. Unsurprisingly, some ‘turf wars’ reportedly continued, with a minority of service providers remaining reluctant to share information and resources.

### *Facilitating Partners*

The Facilitating Partners were instrumental in improving service coordination and collaboration. They not only established transparent and effective consultation and communication processes, but also helped services to work through disagreements over the course of the program. They also provided links for service networking



by printing out and distributing shared resources, and assisting services to set-up and maintain formal and informal communication. In many cases, they also initiated interagency training and facilitated learning networks and joint problem-solving.

Having formal structures in place for coordination and collaboration was important, and Facilitating Partners assisted service providers to implement formal processes. But despite the fact that some services worked actively together, there were some cases where no formal structures were in place even towards the end of the evaluation. Failure to establish formal structures poses a risk to the sustainability of collaboration because, without formalised policies and processes, the success of coordination efforts depends solely on individuals.

### *Pre-existing networks and coordination*

Service coordination was significantly facilitated by pre-existing networks (in addition to other factors). Where networks existed prior to CfC, substantial time was saved in starting and developing relationships, and joint activities were able to begin sooner. This meant that sites could focus on consolidating and enhancing service networks, and this was especially beneficial because of the tight three to four year timeframe.

Communities that did not have pre-established networks were at a distinct disadvantage. They could not be expected to develop high levels of collaboration in such a short time period.

While pre-existing early years networks were sometimes strengthened by the arrival of CfC, there was also some concern expressed about duplication of effort when both were running concurrently. There was also concern about the additional time required for collaboration. This reinforces the importance of assessing coordination and collaboration activities for their focus, their relevance and the benefit they have for all parties.

### *Geography*

Coordination and collaboration worked most effectively in urban and regional areas because of the relatively large number of services available. However, coordination was very difficult in some rural areas and in all remote areas because of the limited capacity and resources for service delivery.

Because of its focus on service coordination, CfC may therefore be better suited for urban and large regional areas that have numerous service providers, rather than for rural and remote communities. The model is expensive, cumbersome and burdensome in communities with very few services. In such communities it would probably be more beneficial to spend time building the capacity of the local service provision and encouraging lower level coordination like referrals and information-sharing, before developing mechanisms such as the Facilitating Partner and CfC Committee which require high levels of commitment, sophisticated planning and greater resources.

### *Professional backgrounds*

A wide range of services in the CfC areas was engaged in networking and interagency collaboration. However, some professions in the early years sector seemed difficult to integrate into a service network. This applied particularly to child care workers and some maternal and early-childhood nurses, and was probably a reflection of the time constraints of their jobs.

### *Government*

The SFCS 2004–2009 was an Australian Government-driven initiative with minimal formal engagement with state and territory governments. However, Facilitating Partners were given flexibility to work with a range of stakeholders at regional levels, including state and territory governments as well as local government. Collaboration with other levels of government increased in each of the fieldwork sites, but it happened on an agency-by-agency basis, and was most likely to occur with local councils rather than state or other Australian Government departments.

Facilitating Partners had little impact on the large state government agencies, except where individual state government officials were interested in participating in CfC. This limited CfC from truly transforming early years provision. There was no marked change in engaging state government departments for the majority of sites between the first and second rounds of fieldwork, although the few relationships that did exist between government departments and CfC were perceived favourably both by Facilitating Partners and by government officials. For example, one CfC site had successfully engaged a state government health department, and this not only resulted in increased early years programs being implemented by the department, but also in a change in the way the department was working with the site's local community. Collaboration with state governments worked particularly well where services were provided at the neighbourhood level, for example, the CfC-initiated community centres on public school grounds. This depended on the willingness of school principals to participate.

The overall limited coordination with state and Australian Government departments was one of the weaknesses of CfC. Standard government processes, such as budget allocation and spending based on financial years, and the formal and contractual nature of working relationships, presented barriers to service coordination.

Traditional tensions relating to federalism also presented barriers. These included:

- concerns about which government should be responsible for early childhood
- the extent of consultation, or the lack thereof
- CfC activities covering state and territory responsibilities with the implicit expectation that states and territories would provide funding once Australian Government resources ended.<sup>38</sup>

Local councils were much more likely to be actively involved in CfC than their state government counterparts. Councils were valuable in providing and sharing resources and services and co-funding CfC activities. The local councils were easier to engage because the communities were within their major remit. However, there were still barriers in some places where local councils were traditionally responsible for early childhood service provision.

Future programs should incorporate plans on how to effectively engage and collaborate with state, territory and local governments on community-level programs. State, territory and local governments, where appropriate, need to be much more integrated into the process of developing, designing and implementing major community-based funding models.

## 5.3 Conclusion

CfC positively changed the service sector in CfC communities by increasing the focus on the early years and significantly improving service coordination and collaboration. Service networks and coordination continued to strengthen throughout the evaluation. Overall, service coordination improved in tandem with the rising profile of the CfC program. Service providers were more aware of other agencies' activities, generally perceived collaboration and cooperation to be helpful, and were engaging in these activities to a higher degree. The improved service coordination and collaboration generally strengthened service provision and capacity.

It is important to point out that, irrespective of the successes in service coordination and collaboration, relationships took considerable time to establish and partnerships were not always conflict-free. They required a significant investment of time and resources and a commitment to both formal and informal processes and policies.

## 6 Communities for Children outcomes for families, children and communities

According to the logic model of the SFCS 2004–2009, changes in the nature and number of services for families and children, together with seamless coordination, should have produced effective outcomes for families, children and communities. The SFIA study confirmed that this was generally the case. CfC has had a positive effect (albeit small) on a number of outcomes for families, children and communities.

The SFIA findings come from surveys in 2006, 2007 and 2008 of 2,202 families living in 10 CfC sites and five contrast sites (locations that do not have a CfC program, but are comparable with the CfC sites). The findings apply to all the children living in the communities containing the CfC sites, and not just to those who may have been involved in a CfC program or activity. Including contrast sites enabled the SFIA study to investigate outcomes for people who lived in CfC sites but who did not receive the early intervention.<sup>39</sup>

Two different analyses were conducted on the SFIA data to understand the impact of CfC on families, children and communities. Firstly, the Wave 3 survey findings for CfC and for non-CfC were compared using a regression analysis to control any observable differences between the sites. This showed the differences between the CfC and the non-CfC sites **at a single point in time**, in 2008, at least 12 months after the CfC intervention was implemented. Secondly, a difference-in-difference model was used to understand the differences between the CfC and the non-CfC sites **over time** (that is, between Wave 1 and Wave 3).<sup>40</sup>

Positive and negative outcomes are indicated by statistically significant differences between CfC and non-CfC sites (Table 8). In addition, trends in outcomes are indicated where the Wave 3 data or data over time show consistent positive or negative findings across the different cohorts (the full SFIA sample, the hard-to-reach families and children,<sup>41</sup> the not-hard-to-reach families and children, the households with mothers with low education (Year 10 or less), the households with mothers with higher education (Year 11 or more), the low-income households, and the higher-income households) within CfC sites compared with non-CfC sites (Table 9).

The trend data is reported only where there is at least a small effect (that is, an effect size of 0.1 or above—Cohen in Edwards et al. 2009). The trends are evident where the majority of the different cohorts consistently show change in the same direction, whether positive or negative. Like the significance outcomes, trends are available both at Wave 3 and over time. As the trend findings are not yet statistically significant, they should be used cautiously. Future waves of the SFIA study would determine whether these trends become statistically significant changes over time.

### 6.1 SFIA findings

Overall, there are some small statistically significant findings indicating that CfC is having a positive effect on some outcomes for children, families and communities in CfC sites. These changes are encouraging because of the short time period since the initiative was implemented. Trend data for the majority of outcomes is also consistently positive, suggesting that CfC families, children and communities may be generally faring better than those in non-CfC sites, even though the CfC and contrast sites were comparable prior to the CfC intervention. The findings also suggest that CfC is beneficial both for families overall and for families and children from groups considered hard-to-reach. Further waves of the SFIA study are required to assess whether

the short-term effects continue into medium and long-term outcomes and to confirm whether the trend findings become significant.

### **Positive outcomes and trends**

The strongest positive findings regarding the impact of CfC are in relation to the priority areas: supporting families and parents, and child-friendly communities. Table 8 shows outcomes where families, children and communities in CfC sites fared significantly better or worse than the contrast sites. Of the 29 statistically significant findings, 19 are positive.

Table 9 shows six consistent positive effects (of at least 0.1) of CfC across the different cohorts. For the full SFIA sample, 14 of the 29 outcome measures (75 per cent) are better for CfC sites compared with non-CfC sites at Wave 3, and nine out of 15 possible outcome measures (60 per cent) are more positive over time.

#### *Supporting families and parents*

Parents in CfC sites were faring better than their counterparts in non-CfC sites in regard to parenting practices and parenting self-efficacy. They had significantly **less hostile and harsh parenting practices** than those in contrast sites at Wave 3. This was the case for:

- the full sample
- hard-to-reach parents
- not-hard-to-reach parents
- households with mothers with higher education (Year 11 or more)
- parents with a high income.

The trend data also strongly indicate that there is less hostile and harsh parenting practices among all groups in the SFIA study.

Some CfC parents had significantly **higher levels of parenting self-efficacy** than comparable parents in non-CfC sites at Wave 3 (the full sample and parents not considered hard-to-reach). There were also positive (although not significant) trends for parenting self-efficacy across the majority of cohorts (full sample, not-hard-to-reach parents, households with mothers with low education (Year 10 or less) and higher education (Year 11 or more), and those with low incomes).<sup>42</sup>

#### *Child-friendly communities*

Community-based outcomes signify whether or not CfC was beneficial in helping to improve communities for young children and their families. In three areas, CfC sites were found to be performing better than non-CfC sites: employment, participation in community service activities, and social cohesion.

Children living in CfC sites were significantly **more likely to be living in a household where at least one parent was employed** than children in non-CfC sites. This was the case across the full sample (at Wave 3) and for children from hard-to-reach groups (at Wave 3 and over time), for those from households with mothers with low education (Year 10 or less) and higher education (Year 11 or more)—over time, and for those from both low and higher-income households (over time and at Wave 3 respectively).

The trend data suggest that most groups that did not experience significant positive outcomes over time or at Wave 3 for employment may be approaching significance. This is the case for the full sample, for those from households with mothers with low education (Year 10 or less) and higher education (Year 11 or more, and low-income households, all of which experienced at least small effects.

Trend data also strongly indicates that most of the CfC cohorts in the SFIA study were **more likely to be participating in community service activities** than their counterparts in non-CfC sites, both over time and at Wave 3 (this was the case for all groups except those from households with higher educated mothers (Year 11 or more) and high-income households, which were better than the contrast sites only at Wave 3).

The differences in levels of participation in community service activities between CfC families and non-CfC families reached significance in the case of households with mothers with low education (Year 10 or less; Wave 3) and from low-income households (over time).

Finally, there were some indications of better social cohesion. Low-income families living in CfC sites were significantly more likely to report **higher levels of community social cohesion** than low-income families living in non-CfC sites (over time). Positive (although not significant) effects were also evident in regard to this outcome (compared with the contrast site) in the trends experienced by households with mothers with low education (Year 10 or less).

### *Early learning and care*

Positive early learning and care was only evident in the case of one outcome, child receptive vocabulary and verbal ability. The trend data suggest that CfC children from all groups are faring better in **receptive vocabulary achievement and verbal ability** than their counterparts in non-CfC sites at Wave 3.<sup>43</sup> The difference is significant at Wave 3 for children from not-hard-to-reach groups and for those from families with mothers with low education (Year 10 or less).

### *Healthy young families*

There were only two positive changes in regard to the health of young families. Both those changes were small, although the difference did reach significance in the case of CfC children from not-hard-to-reach groups, who had fewer **emotional and behavioural problems** than their counterparts in non-CfC sites at Wave 3. In addition, the trend data show that CfC children living in households with mothers with low education (Year 10 or less), and those from low-income households, had fewer reported **injuries requiring medical attention** (at Wave 3 and over time).

## **Negative outcomes and trends**

Significant negative outcomes appeared in only two priority areas (Table 8): supporting families and parents (one outcome—service needs met), and the health of young families (overall).

### *Supporting families and parents*

**Service needs** were significantly less likely to have been met at Wave 3 for CfC parents from not-hard-to-reach groups, than for similar parents in non-CfC sites. Interestingly, while trend data suggest that service needs were less likely to have been met in the case of the full CfC sample and of CfC mothers with higher education (compared with their equivalents in non-CfC sites), there were positive trends for having service needs met for the hard-to-reach, households with mothers with low education (Year 10 or less), and for low-income groups. This trend is important because it suggests that CfC may be engaging families who were previously not accessing services.

### *Healthy young families*

Overall, CfC families reported more health problems than their counterparts in non-CfC sites. In the case of **child physical health**, the difference between CfC sites and non-CfC sites reached significance for children:

- in the full sample (at Wave 3)
- from hard-to-reach groups (at Wave 3 and over time)

- in both lower and higher income households (at Wave 3)
- in households with both low and higher educated mothers (Year 10 or less and Year 11 or more; at Wave 3).

The poorer physical health outcomes for children in CfC sites, compared with those in the contrast sites, were also evident in the trend data. Children from all groups except one had poorer health at Wave 3 and over time (households with mothers with higher education, Year 11 or more, had poorer effects only at Wave 3). The possible reasons for these findings are discussed in Section 6.2.

Parental health was also poorer for particular groups. **Parental general health and mental health** were significantly worse for households with mothers with low education (Year 10 or less) living in CfC sites than their counterparts in non-CfC sites (over time). Hard-to-reach parents were also significantly more likely to report poor general health, and for parents from low-income households the trend was negative (at Wave 3 and over time).

Table 8: Significant effects of Cfc on families, children and communities: families living in Cfc sites compared to contrast sites<sup>(a)</sup>

Outcome variable	Full sample	Hard-to-reach	Not-hard-to-reach	Mothers with Year 10 or less	Mothers with Year 11 or more	Low income	Higher income
Supporting families and parents	✓(W3 <sup>**</sup> ) ✓(W3 <sup>*</sup> )	✓(W3 <sup>*</sup> )	✓(W3 <sup>**</sup> ) ✓(W3 <sup>**</sup> ) x (W3 <sup>**</sup> )		✓(W3 <sup>*</sup> )		✓(W3 <sup>*</sup> )
Child friendly communities				✓(W3 <sup>**</sup> )		✓(DD <sup>**</sup> )	
						✓(DD <sup>*</sup> )	
						✓(DD <sup>**</sup> )	✓(W3 <sup>**</sup> )
Early learning and care			✓(W3 <sup>*</sup> )	✓(W3 <sup>**</sup> )			
Healthy young families			✓(W3 <sup>**</sup> )				
	x (W3 <sup>**</sup> )	x (W3 <sup>**</sup> & DD <sup>*</sup> )		x (W3 <sup>**</sup> )	x (W3 <sup>**</sup> )	x (W3 <sup>**</sup> )	x (W3 <sup>**</sup> )
		x (DD <sup>*</sup> )				x (DD <sup>**</sup> )	
				x (DD <sup>**</sup> )			

(a) Effect sizes are listed in Edwards et al. 2009.

(b) Outcomes only tested at Wave 3 and therefore are not available using difference-in-difference.

Note: W3=result based on regression at Wave 3; DD=result based on difference in difference; \*p<0.1; \*\*p<0.05; ✓=Cfc result is 'better' than the control site; x=Cfc result is 'worse' than the control site.

Table 9: CfC outcome trends for families, children and communities in CfC sites compared to contrast sites, by cohort and ‘small’ to ‘medium’ effect size

Outcome variable	Full sample	Hard-to-reach	Not-hard-to-reach	Mothers with Year 10 or less	Mothers with Year 11 or more	Low income	High income
Supporting families and parents							
Less hostile parenting	↑	↑	↑↑	↑	↑	↑↑	↑
Parenting self-efficacy	↑	-	↑	↑	↑	↑↑	-
No/few parent relationship conflict	-	-	-	↓↓	-	↑↑	-
Service needs are met	↓	↑	↓↓	↑	↓	↑	-
Child-friendly communities							
Support in raising children	-	-	-	↑	-	-	-
Involvement in community service activity	↑↑	↑↑	↑↑	↑↑	↑	↑↑	↑
Neighbourhood as a place to bring up children	-	-	↑	-	-	↑	-
Community social cohesion	-	-	-	↑	-	↑	-
Community facilities	-	-	↑	-	↑	↓	-
Living in a household with a job	↑↑	↑↑	-	↑↑	↑↑	↑↑	↑
Early learning and care							
Child receptive vocabulary achievement and verbal ability <sup>(a)</sup>	↑	↑	↑	↑	↑	↑	↑
Quality of the home learning environment	-	-	-	↓	-	↓	-
Healthy young families							
Fewer number of child injuries requiring medical attention	-	-	-	↑↑	-	↑↑	-
Child physical health (PedsQL)	↓	↓	↓	↓	↓	↓	↓
Child has lower levels of emotional and behavioural problems (SDQ) <sup>(a)</sup>	-	↓	↑	↓	-	-	-
Child pro-social behaviour (SDQ) <sup>(a)</sup>	-	-	↑	↓	-	-	-
Child is not overweight <sup>(a)</sup>	-	↓	↑	↑	-	↓	-
Parent general health	-	↓	-	↓	-	↓	-
Parent mental health	-	↑	-	↓	-	↑↓ <sup>(b)</sup>	-



- (a) Outcomes only tested at Wave 3 and therefore are not available using difference in difference.
- (b) At Wave 3, low-income parents in CfC sites had better mental health than low-income parents in contrast sites. The difference in difference result decreased because parents in the contrast site experienced a higher rate of improvement between Waves 1 and 3, than parents in the CfC sites.
- Note: ↑=Wave 3 result is 'better' than control site; ↓=Wave 3 result is 'worse' than control site; –=Effect size is too small to determine direction of change for Wave 3 and difference in difference; ↑↓=Difference-in-difference result is 'better' than control site; ↓↓=Difference-in-difference result is 'worse' than control site.  
Findings are only presented where the effect size is 0.1 or larger (that is, effect size is 'small' or greater, Cohen in Edwards et al. 2009). Effect sizes are available in Edwards et al. 2009.

## 6.2 Child, family and community outcomes: discussion

### *Positive outcomes*

The improvements in parenting practices may have been directly or indirectly related to the high proportion of CfC activities which aimed to support parenting (one in five, or 22 per cent, Table 4). Overwhelmingly, the CfC stakeholders who were interviewed believed that CfC had substantially increased families' awareness of services, both new and existing, and of the importance of parenting skills and the early years.

Reports from CfC stakeholders also reinforced the positive findings in relation to child-friendly communities. This is not surprising since CfC activities were more likely to be focused on child-friendly communities than any other priority area (Table 4).

One curious finding from the SFIA analysis was the decrease in jobless households in CfC sites compared with non-CfC sites. It is difficult to assign causal explanations for this, although the increase was significant across the full sample and almost all of the subgroups (except the not-hard-to-reach). Anecdotal evidence from interviewed CfC stakeholders suggests that CfC assisted some parents to increase their broader participation in the economy by supporting them to access education and employment. Improvements in social capital may have also contributed to a decrease in jobless households.

Although community outcomes were less tangible and more difficult for CfC stakeholders to observe than outcomes for children and families, interviewees maintained that communities had become more child-friendly. This was attributed to CfC because of increases in the general awareness of the needs of young children and their families, in the number of events for families with young children, and in publicity for these events, and because of the fact that the early years was increasingly on the agenda for local government and NGO service providers. Interviewees also believed that CfC had improved social networks and community connectedness by bringing together families that had not previously interacted.

Tangible outcomes such as infrastructure were further community gains reported by CfC stakeholders. Community centres, or hubs, were established in public locations (such as school grounds) in a number of CfC communities. These hubs were reported to help integrate schools into the broader community, and some stakeholders believed they would assist in sustaining improvements for children and families.

### *Negative outcomes*

Respondents suggested a number of possible reasons for the SFIA finding that CfC might not have been successful in addressing health outcomes for children and parents. The consistently poorer health outcomes for children and parents in CfC sites compared with the contrast sites may be because CfC was not the most appropriate way of addressing health needs. Alternatively, these outcomes could be the result of increased parental exposure to services that helped identify health problems in themselves and their children, and as a consequence parents were more likely to report health problems. If this is the case, insufficient time would have passed for these problems to be addressed. The negative health outcomes may also have been the result of difficulties CfC sites experienced working with statutory authorities like state and territory health services, or of the limited early intervention services publicly available to families requiring therapies.

**For which children, families or communities is CfC effective?**

The SFIA study found that, for most outcomes, the hard-to-reach and the socioeconomically disadvantaged families and children were just as likely to benefit from CfC as other families and children in CfC communities. There were consistent trends suggesting that all groups were faring better than their counterparts in non-CfC sites in relation to effective parenting, involvement in community service activities, and child receptive vocabulary achievement and verbal ability. Almost all groups were also faring better in regard to parenting self-efficacy (except hard-to-reach) and living in a household with a job (except not-hard-to-reach).

It is not possible to use the CfC progress reports or the interviews to investigate the extent to which particular groups (sex, cultural diversity, disadvantaged status) participated in CfC activities. However, the consistent findings from the SFIA study suggest that CfC is successfully assisting some families and children from a range of groups within CfC communities. Furthermore, the three themed studies suggest that, under certain circumstances, SFCS has been successful with fathers, families and children from traditionally hard-to-reach groups, and some Indigenous families and children. (Berlyn, Wise & Soriano 2008; Cortis, Katz & Patulny forthcoming; Flaxman, Muir & Oprea 2009; Soriano, Berlyn & Wise 2008).

From the findings of the SFIA study, it is not possible to determine whether or not, or to what extent, CfC is effective for Indigenous families and children. The number of Indigenous families in the contrast sites was too small for a comparison between Indigenous families living in CfC sites and those in non-CfC areas. However, Indigenous families are highly mobile (almost one in three families had moved at least three times by the time their child was 4 years of age), and that should be considered in the provision of place-based initiatives (Flaxman, Muir & Oprea 2009). Furthermore, the difficulties of implementing CfC in remote communities has implications for supporting Indigenous families and children. CfC may not be suitable for Indigenous families and children in these geographic locations because of the challenges experienced in implementing CfC. Children and families living in very complex circumstances of disadvantage may also be less likely to benefit from a program like CfC. As discussed in Section 4.5, unless families receive long-term support for serious social issues such as homelessness, housing instability or poor living conditions, domestic violence, substance use and mental illness, they will be unlikely to access early childhood intervention and prevention services.

## 7 Communities for Children model: strengths and weaknesses<sup>44</sup>

The outcomes achieved by CFC were the result of three key components of the model—the Facilitating Partners, the funding, and the community focus. Issues of governance—both the relationship to FaHCSIA through the state and territory offices, and the organisational role of the CFC committees—were also critical.

A key objective of the national evaluation was to understand the effective aspects of the CFC model. What did and did not work? What circumstances contributed to its effectiveness or otherwise? This section of the report addresses these questions.

### 7.1 Facilitating Partners

The Facilitating Partners were essential to the development and implementation of the CFC model. The facilitation, coordination and support role played by Facilitating Partners was the major strength of the initiative. That role involved:

- conducting the community-based asset mapping
- identifying appropriate service providers and other key stakeholders
- establishing the CFC committees
- coordinating community consultations and service networking and collaboration
- allocating and managing funding
- overseeing program implementation.

Facilitating Partners also acted as intermediaries between the government (FaHCSIA) and service providers, and helped numerous service providers to address reporting requirements, clarify funding arrangements and negotiate service delivery.

The Facilitating Partner model was perceived positively by a range of CFC stakeholders, including Facilitating Partners and Community Partners as well as local organisations. It was popular with Community Partners and community groups for a number of reasons. It gave communities a sense of ownership of CFC in those cases where the NGO was already well-established in the community and the selected CFC Committee was representative of the community; it operated as a buffer between community organisations and government; and, very importantly, it provided small agencies with funding, networks and opportunities to develop skills and track records.

In some sites, the Facilitating Partner was a consortium of two NGOs, and this was beneficial in that the Facilitating Partner had both local knowledge and respect, and strong administrative backing. However, these partnerships were effective only when both organisations made a strong commitment to the initiative, when roles and responsibilities were clearly understood and accepted, and when each of the organisations was working towards the same aim.

#### **Facilitating Partner model**

The Facilitating Partner model involved funding local NGOs to be the Facilitating Partners and act as brokers to engage the community in establishing and implementing CFC. This lead agency approach differed from traditional funding models where governments directly contracted service providers. It put Facilitating

Partners, who subcontracted to other NGOs, into an intermediary position between government and the community sector.

The model was preferred to direct funding models by most interviewees from all stakeholder groups because it was community-based, allowed for flexibility based on the community's needs, and built on previously established local connections (rather than starting from a new base). It was felt that local Facilitating Partners had a better understanding of the community's needs than government. The model also helped to break down silos between local agencies and, in the long-term, may have been influential in improving the ways in which agencies work together.

Despite some limitations with funding (discussed below), the stakeholders reported that, in comparison with direct funding, the CfC model made it easier to negotiate changes in service delivery and funding allocations. The model also enabled the distribution of very small, effective grants for basic community-based activities or programs, such as \$500 for resources for a playgroup.

In only a few cases was the Facilitating Partner model perceived to add an unnecessary additional layer of bureaucracy. This perception emerged in two related situations. In the first of these, stakeholders were opposed to the chosen Facilitating Partner (and would have preferred another NGO). In the second, an NGO that was not selected had a long history of service delivery and believed that, once programs and activities were running, there would be no need for the Facilitating Partner's role to continue.

Stakeholders who believed the Facilitating Partner role was too bureaucratic suggested either that a direct funding model be used, or that the role of the Facilitating Partner be discontinued during the implementation phase. It is likely that both of these options would affect the outcomes of the initiative. If a direct funding model was used to implement CfC, the benefits of the Facilitating Partner's role could diminish, as it would be difficult for a Facilitating Partner to be a lead agency without any real responsibility or community accountability. Discontinuing the work of the Facilitating Partner once services were running might be an option in sites which become sustainable within a short period of time. But administrative and contract management would then have to be handed back to government, and that would add complexity, confusion and expense. Furthermore, the qualitative research suggested that, in most of the cases where Community Partners advocated for the Facilitating Partner to discontinue their role, either relationships were less than effective between the Facilitating Partner and the Community Partners, or the Community Partners did not understand that the CfC model went beyond establishing new programs and assisting services to work together better. Both of these scenarios reinforce the importance of selecting Facilitating Partners that are well-known and accepted within the broader community, that invest time in developing and strengthening relationships with other community organisations, and that acknowledge and respect other organisations' skills and experience.

Relationships between the Facilitating Partners and other local CfC stakeholders were mainly positive, although there were some tensions. For example, organisations that had previously worked side-by-side were now placed in a hierarchical structure, with Community Partners made accountable to the Facilitating Partner in their area. In those cases where existing community-based NGOs were competing for the role as Facilitating Partner, this could cause tensions in the early stages of the program. In some communities there was resentment of the funding received by the Facilitating Partner, a fear that smaller NGOs would be made obsolete, and scepticism about introducing yet another layer of bureaucracy.

Minor tensions were overcome during the establishment and implementation phases as a result of open discussions and communication. They also tended to be diffused as other NGOs came to realise that the money received by the Facilitating Partner NGO was reasonable for their administrative processes, that funding for services was transparently distributed based on community needs, and that the Facilitating Partner role was complex, challenging and not necessarily enviable. Trusting relationships developed, were maintained or strengthened as Facilitating Partners demonstrated their worth and their open, collaborative processes, and as stakeholders came to understand the complexity of the model (in terms of its funding, administration, development, implementation and aims). This was the case in most of the 10 sites visited by the evaluators.

Overall the Facilitating Partner model was successful. This initiative was a transformative program. It was not merely another funding stream—it changed the way services were being delivered. This was inevitably going to create some tensions and challenges early in the program. Most Facilitating Partners managed the majority of these tensions and challenges and worked effectively in implementing the CfC model.

### **Requirements for a successful Facilitating Partner**

Although the Facilitating Partner model was a strength, the success of individual Facilitating Partners depended on a number of factors. It was important for Facilitating Partner agencies to be well-known within their communities, and to have organisations with strong administrative supports and staff with distinct sets of skills and experience as well as broad support networks.

#### *Local NGOs*

The choice of well-established, respected, locally known NGOs as lead agencies for CfC sites was important for the effectiveness and efficiency of the program. This helped to give CfC credibility and instil a sense of community ownership. It also assisted Facilitating Partners to identify and engage key stakeholders within the community, build networks and facilitate service coordination.

As a consequence, the criteria FaHCSIA used to select Facilitating Partners were a crucial factor in the success of the model. These criteria included the agency's knowledge of the site, their experience in working collaboratively with local organisations, and their organisational capacity to manage the large, complex program. In most sites, a locally known organisation was chosen, although in a minority of cases, the NGO was not locally known. The selection was based primarily on the capacity of the local organisation. This caused tensions in some locations and hindered the success of CfC in these sites. Three to four years was an insufficient timeframe to conduct the initiative if these relationships and trust are not already well established before the program's implementation. From a government perspective, the full range of criteria is important and without sufficient skills and administrative supports in place, a Facilitating Partner may struggle in the role of lead agency. Possible solutions for future programs could be to form more consortiums or to fund larger NGOs to play a mentoring role to smaller local organisations. This would be particularly beneficial in communities with high proportions of Indigenous families, where the organisations that are well-known and accepted in those communities have limited experience or capacity, or are too small, to take on the full Facilitating Partner role.

#### *Administrative arrangements*

Those Facilitating Partners from NGOs with substantial administrative supports found their role greatly assisted. National organisations, for example, were able to supply their Facilitating Partners with contract management, administration, finance, legal advice, communication and marketing supports. This helped sites establish and implement CfC, and had the potential to increase the sustainability of individual activities and services. For example, a large NGO with corporate links could provide services with the opportunities to build local networks and negotiate with locally-based corporations for future funding.<sup>45</sup> Large agencies are also better equipped to negotiate between FaHCSIA and local CfC sites over issues such as data collection and financial requirements. Facilitating Partners also benefited from other support networks, such as the supportive relationships with other Facilitating Partners.

#### *Staffing*

The successful implementation of the CfC model was highly dependent on the qualifications, skills, experience and personalities of the project manager, staff and volunteers. Across CfC sites, volunteers outnumbered staff for each activity by almost three to one. This heavy reliance on volunteers means that having trained volunteers and skilled and experienced staff to support them are vitally important aspects of CfC. An analysis of the CfC progress reports across the 45 sites revealed that it was not high staff and volunteer numbers alone

that contributed to the perceived success of the program. Rather, the most important factor contributing to successful implementation was the level of skills and experience of the staff.

The Facilitating Partner project managers required an understanding and willingness to use community development approaches. They benefited from skills and experience in facilitating constructive discussions, openly communicating, setting-up and clarifying roles and responsibilities of stakeholders, planning, meeting timeframes and reporting deliverables, managing contracts and relationships, supporting other organisations, delivering services, managing finances, resolving conflicts, and liaising and negotiating with government.

Most project managers balanced their dual role of Facilitating Partner and contract manager because they came to the position with these skills or were supported by a large NGO with this type of experience. There were others who learnt these skills on the job and trained their staff in the area. Where project managers were less successful in acquiring necessary skills and establishing effective contract management procedures, implementation of CfC was delayed. Some training early in the program may have assisted these Facilitating Partners. A mentoring situation, with larger NGOs working with smaller ones, may have helped smaller Facilitating Partners develop the skills required and supported them in the processes of contract management and conflict resolution.

As already mentioned, it was also very beneficial if the project manager had connections to the community (local knowledge and established networks and relationships), and if they were able to adapt to a changing role over the different phases of the initiative.

Most Facilitating Partner project managers were well connected in the community and highly skilled in supporting existing networks, developing new relationships and engaging with different levels of government and community representatives. Most interviewees said that Facilitating Partner project managers operated in a collaborative and inclusive manner. They also commonly noted that Facilitating Partners were dedicated to achieving positive outcomes and encouraged others with their enthusiasm. The commitment of other Facilitating Partner staff was also important in the success of CfC.

In some locations, particularly rural and remote areas, the high skill levels required for project managers resulted in difficulties filling this position with appropriate staff. Staff at project officer level could also be difficult to find because of the short-term, part-time, limited-pay nature of the work, the competition from other industries, and a general lack of community service staff (especially in regional, remote and disadvantaged metropolitan areas). Difficulties employing staff slowed the establishment and implementation of CfC.

Retention of staff was also a problem. The demands on the role of the Facilitating Partner meant project managers were working long hours and investing substantially in their role (for example, part-time employees sometimes worked full-time to meet their workload). This resulted in some staff becoming burnt out and leaving their positions. Only a few project managers remained in their positions for the duration of the initiative. Each time a project manager left, valuable knowledge and skills were lost.

This finding is very important for any further development of place-based initiatives such as CfC. It indicates that without a coherent workforce strategy it will be extremely challenging to implement effective early years programs.

## 7.2 Funding

Funding allocated to CfC sites was critical to the work of the Facilitating Partner, the coordination of services and the provision of community-based services and activities. Specifically, funding was used for Facilitating Partners to coordinate CfC in the 45 sites, consult with local agencies and community representatives, build or strengthen networks that focused on supporting families and children (0 to 5 years), and to deliver programs and activities in communities based on local needs. The funding helped communities establish and implement the initiative, assess assets, consult with the community, strengthen existing service networks, fill service gaps, develop innovative programs, and provide access for people who are difficult to engage in services.

The roles of the Facilitating Partner and the CfC Committee were crucial in ensuring that funding was used effectively.

Funding was critical to the success of CfC, but there were some funding limitations that hindered the model. Facilitating Partners were required to provide strategic plans and budgets stipulating funding allocations early in the establishment of the program. This committed Facilitating Partners to funding subcontractors (such as Community Partners) for approximately three years. A number of Facilitating Partners and Community Partners believed that they were locked into these initial contracts and plans. This meant that, despite increasing knowledge and experience gained during the establishment, implementation and evaluation of CfC, some Facilitating Partners and Community Partners felt trapped by contractual obligations and this affected the quality of services. By the second phase of the fieldwork (late 2007), Facilitating Partners had come to understand that the funding guidelines did allow changes to funding distribution after negotiation with FaHCSIA. Some Facilitating Partners were successful in negotiating extensive changes to funding distribution, but others found that the negotiation processes were cumbersome and difficult and that the changes sought were not always permitted. This highlights the need for programs such as CfC to keep funding allocation flexible, to ensure that lead agencies and service providers understand funding guidelines and the negotiation processes, and that governments have a system in place to assist agencies through this process.

The inability to use funding for capital purchases also limited service delivery for some sites. This was problematic especially in regard to funding for transportation, such as cars or minibuses. And yet these can be instrumental in increasing the participation of people from hard-to-reach groups or those who are unable to access public transport easily and affordably.

Finally, the timing and the proportions of funding allocations were also challenging. In a four-year program with three distinct phases—establishment, implementation and sustainability (or dismantling), CfC sites needed to vary the amount of funding each year. Some Facilitating Partners believed that FaHCSIA required the same amount of funding to be distributed each year (although this was not the case). This presented challenges for these sites. Flexibility was required to ensure funding was correctly allocated at the right times so resources were used effectively. More sites would have benefited from releasing small amounts of funding early in the establishment phase to build community momentum and enthusiasm. In most cases, it will be implementation that requires the most resources, while programs that are winding down may be better off having funding slowly diminishing, rather than a large amount of money being suddenly withdrawn from a community.

Where available, additional funding streams and resources provided via the NGO or other sources, such as local businesses, were of benefit to the community. This was useful not only to strengthen CfC and create broad community-based change, but also to help the Facilitating Partner gain respect from community stakeholders.

## 7.3 Community focus

The community focus of CfC involved asset mapping within communities, community consultation, and the use of locally-based agencies, the Community Partners, to deliver services.

### **Asset mapping**

The CfC initiative is based on a community development approach, which aims to increase community capacity through community-based consultation, planning and implementation around a community's needs. Using asset mapping to consider and plan around local issues—such as community boundaries, networks, existing services and resources, demography and geography—is an important component of community development. This approach helped communities to tailor CfC programs, activities and services around the local community's capacity and needs.

Asset mapping within CfC sites involved conducting a needs assessment of young children and their families, and examining current service availability and provision. This assisted communities to understand the local

demographics, people's needs, and the resources available, in order to inform planning. A range of CfC stakeholders believed that this grassroots approach contributed to the overall success of CfC in improving services and service coordination in the sites. However, it was a challenge for local CfCs (and the national evaluation) to build a comprehensive picture of local needs and services, and of the service gaps. Information about these issues is patchy and fragmented and not held in any one place. Thus despite their best efforts during the early phase of the initiative, many sites did not uncover needs that became apparent later in the process.

### **Community consultations**

As a place-based program with a community development approach, CfC aimed to involve community members in the design and implementation of the local CfC program. The structures embedded in CfC ensured consultations were conducted, and these consultations were a key strength of the initiative. They were conducted by the Facilitating Partner project manager and were a core component of the program via the CfC Committee.

Consultations helped CfC stakeholders to understand the needs and aspirations of community members, fund and design programs and services that supported these needs, increase awareness of programs, and help engage families. Community consultations were especially critical in communities with a high proportion of Indigenous Australians.

The consultation process worked well when project managers or other CfC staff spent substantial time consulting with the community, when a wide range of members from the community were attracted to meetings and other consultation forums, and when the needs and values of specific groups in the community were taken into account. Community members were most likely to be engaged in the consultation process when a community development officer was employed by the Facilitating Partner.

Substantial time was required for effective consultation to ensure that services were effective and appropriate for community members. However, as the CfC program progressed, a shift in focus from community consultation to project management of CfC services resulted in some community members becoming frustrated, disillusioned and disengaged. To ensure that the community remains engaged for the duration of the service or activity, future programs could incorporate 'quick wins'—well-profiled services that meet immediate needs and demonstrate the commitment of the program to the community.

The period of time for community consultations was limited by the three to four year timeframe, which meant some communities with extensive, complex needs or high proportions of Indigenous Australians, were unable to complete the consultation process adequately in the time available. For example, CfC sites that were successful in building trust and rapport with Indigenous Australians spent considerable time consulting with the community, but this slowed the implementation of activities and services. In contrast, if consultation periods were short, service providers had difficulty engaging Indigenous families. In remote communities, the problem was compounded and, consequently, some remote communities were not consulted at all in the establishment and implementation phases of the CfC model.

The three to four year funding period was inadequate for CfC sites to achieve widespread, time-intensive community consultation with Indigenous Australians that would have resulted in input from a diversity of community members, and established trust and community sanction for CfC programs and services.

### **Community Partners**

Community Partners were agencies funded through CfC to deliver particular services or activities. The agencies included NGOs of various sizes, state and local government departments, and volunteer-run community groups. Analysis of CfC progress reports showed that the majority of these agencies were reportedly successful in delivering the activities for which they were funded. Between July 2006 and December 2007, over 2,000 CfC funded activities were conducted by Community Partners.



A major advantage of the Cfc model was that Community Partners were appointed by Facilitating Partners—with input from the community via the Cfc Committee (discussed in more detail below)—to undertake activities based on their expertise and skill sets. This method enabled smaller NGOs to deliver services in areas which fitted their experience. Some of these smaller organisations, however, did not have the capacity and skills required for managing and delivering the Cfc services they had been contracted to undertake. Some struggled with the contractual requirements, and that meant that they needed to recruit staff, provide progress updates to FaHCSIA and deliver services within tight timeframes.

Staff were difficult to find and retain because of the short-term, part-time nature of the work and the intense workloads required. In a few situations, a Community Partner had to employ unqualified personnel to fill positions. A shortage of volunteers in some areas compounded the staffing problem. During the last year of the Cfc program, the staffing problems were exacerbated with talented, qualified staff leaving for stable, longer-term employment conditions the program could not provide.

Although small, community-based service agencies experienced challenges in Cfc, the initiative provided them with the opportunity to build organisational capacity and develop proposal writing, project management and report writing skills. These benefits stemmed from shared training between organisations, and from training, mentoring and support from the Facilitating Partner. In some cases, Cfc funding was used to help develop community agencies. Facilitating Partners provided extensive support to help some Community Partners deliver their contractual obligations.

## 7.4 Governance

### Government administrative arrangements

FaHCSIA's state and territory offices were the main government contact for Facilitating Partners. The state and territory offices acted as contract managers and provided advice and support about Cfc. This role was particularly important at the outset of the initiative, when expectations, structures and processes were still unclear. Most Facilitating Partners reported having a positive relationship with their state and territory officer throughout the initiative, which reflects the effectiveness of this governance structure. However, the roles of state and territory offices and their relationships with Facilitating Partners were hindered in sites with a high turnover of state and territory officer staff. In the first phases of implementation of Cfc there were also some tensions between FaHCSIA and Facilitating Partners because there was ambiguity about the program requirements and accountability mechanisms.

In a program that is based on a new model, it is expected that some processes and policies will require development and change during the establishment and implementation phases. Furthermore, as the Cfc model was driven by community needs, certain levels of flexibility are required and are a distinct, important advantage of the model. However, flexibility and the ability to further evolve and develop needs to be balanced with a sufficiently completed and clear framework of governance to avoid unnecessary tensions, and to help develop an effective working relationship between government and lead agencies.

### The Cfc Committee

The Cfc Committee was a central body within each site, which played an important role in planning and implementing the local Cfc program. Cfc committees were involved in consultation, coordination, management and supporting the Facilitating Partner. The committees consisted of stakeholders from the Facilitating Partner, other NGO and government service agencies and community groups, and parents.

Most Cfc Committee members benefited from their involvement because the committee provided an opportunity to interact with other services, share knowledge and gain insight into how others work in the sector, and develop new networks and strengthen existing relationships. The effectiveness of Cfc Committee meetings was facilitated when there was a diversity of members, when meetings were regular,<sup>46</sup> when meeting

venues were accessible and appropriate, and when there was joint decision-making. The attendance of guest speakers involved in the initiative also contributed to the effectiveness. The role of the Facilitating Partner was essential in running professional and democratic meetings.

There were also a number of factors that potentially weakened the effectiveness of the CfC Committee. Its momentum could be stalled when key stakeholders became disengaged from the committee, and when it did not represent the full range of community members.

CfC Committee processes were not always effective when they did not match the needs of the community, or when they were not given the opportunity to make decisions. Most CfC committees operated like management committees with decision-making responsibilities. These committees worked well and helped to empower community members. In some sites, however, committees only operated as advisory groups with little influence on decisions. This limited and obstructed their effectiveness.

Some key stakeholders became disengaged after the establishment stage or early in the implementation stage. While this may have been largely because it was easier to attract key stakeholders to CfC Committee meetings prior to the allocation of funding, some committee members became unsure of their role and believed that their time was no longer best invested by attending meetings. It was important for Facilitating Partner project managers to reassess the role of the CfC Committee, refocus and reinvigorate it and help committee members understand their changing roles after funding decisions had been made. This also meant that the CfC Committee needed to be flexible enough to adapt to the changing needs of the program as it matured.

Finally, CfC committees may have been affected by the lack of widespread representation of community members. Some smaller service providers did not have the resources to attend meetings regularly and, in most sites, local businesses and most private child care providers did not join the committee. Many sites had difficulties recruiting parents of young children or other community members who were not service providers. It was even more difficult to engage representatives from disadvantaged populations, such as new migrants, Indigenous Australians or people with disability. Where parents and other community members did become involved, the formality and structure of meetings sometimes presented barriers for active participation and future attendance. This was reinforced by a CfC Committee member:

I know that [the Facilitating Partner] tried incredibly hard to get people from the local community to participate on the committee. And people just don't come ... They just don't want to do it ... These are the people that we are trying to assist. If they had the confidence, the self-esteem, the social skills, they'd be able to do it. And then we wouldn't be setting-up [CfC] in this area. That's the whole point.

The formal meeting structures were required to meet timelines and contracts and to effectively govern and implement the program, so changing the structure of meetings is not a feasible solution. Where possible, community members should be included in CfC committees, but other options of informal consultation should also be available and ongoing. This could be as simple as asking people for their input and opinions when meeting them in the street, at community events, or during or after service delivery. Some sites successfully established neighbourhood groups in suburbs of the site and considered their input in CfC Committee meetings. It is important to tailor these informal consultations to the cultural and social situation of community members.

## 7.5 Challenges for the CfC model

### Timescales

CfC struggled with the three to four year timeframe. The timing matched other community development processes, which are generally funded for three to four years with the expectation that the community will take responsibility at the end of the funding period. For very disadvantaged communities however, this timeframe

was inadequate. Three to four years was not a realistic timeframe for disadvantaged communities, nor for CfC sites with limited pre-existing infrastructure or networks.

The community consultation phase was particularly time-consuming, especially in areas with high proportions of Indigenous Australians, and new services could take six months or more to be established (especially if staff recruitment was difficult). Limited time was then available to develop trust and relationships with target groups, deliver services and work towards sustainability.

In many disadvantaged sites, implementing an innovative model such as CfC without longer-term commitment risked raising false expectations and damaging the trust of community members. This would make it more difficult for governments and NGOs to engage these communities in future projects.

Future place-based programs should make more realistic assessments of the time taken to establish, implement and sustain complex programs in disadvantaged communities. Timelines would need to take into account the size of the site, the extent of pre-existing agency relationships, the resources within the community, the skills of the project manager and the effectiveness of the service delivery network. In establishing timelines, it is also important to allow for the possibility of changing circumstances and evolving community needs, which are difficult to identify at the start of a program.

## **Reporting**

FaHCSIA's reporting requirements for the Facilitating Partners were a major source of tension. Facilitating Partners found the reporting burden excessive in comparison with other government programs, including other programs funded by FaHCSIA. They spent considerable time completing these reports and supporting Community Partners to do so. FaHCSIA state and territory offices oversaw and supported this process. The reporting templates that Facilitating Partners and Community Partners were required to complete were complex and detailed. FaHCSIA changed the content and format of these templates during the course of the Stronger Families and Communities Strategy (SFCS) 2004–2009 in an effort to ease the reporting burden and complexity. While service providers appreciated FaHCSIA's responsiveness to their concerns, overall the reporting requirements were generally described by Facilitating Partners and Community Partners as challenging.

Comprehensive accountability arrangements, including reporting, are required in any government-funded program. But the difficulties experienced with the reporting template meant that the quality of data varied between organisations and sites. Where data was of limited quality (such as large numbers of missing data or inconsistencies between questions and responses), it was not used in the evaluation. It is recommended that in future, the reporting requirements of similar programs be kept to the minimum necessary for accountability and evaluation purposes.

## **Geography**

The place-based approach of CfC allowed a community-development approach and strong service coordination (the strengths of these are discussed earlier in the report). Where there were well defined and agreed communities, this approach was very successful and added much value to the model. The importance of matching a community to the specific type of place-based funding should not be underestimated.

Some geographic issues within the 45 communities selected for CfC were not accounted for in the development of the model. These included:

- the need for numerous services in each CfC community (for service coordination to be effective, as discussed above)
- selection of CfC sites
- difficulty of working within arbitrary community boundaries

- the extra resources and costs required for service delivery in remote areas
- availability of resources in a community for the sustainability of services.

CfC sites were selected by the Australian Government based on consultations with state and territory governments, analysis of indicators of disadvantage (Socio-Economic Indexes for Areas), the number of children in the community, and the number of families receiving the Family Tax Benefit. Other factors considered included the existing level of physical infrastructure to enable the implementation of CfC, the level of similar existing services in the community, and a national spread of urban, regional and remote sites. Despite the thoroughness of these considerations, problems emerged with some of the areas selected.

### *Selection of CfC sites*

The outcome indicator framework demonstrates that all CfC sites were disadvantaged on most relevant indicators, compared with the Australian population. Children (aged 0 to 5 years) in CfC sites were more likely to be living with a sole parent, in a low-income household, to have a mother who did not speak English well, to have parents who did not finish high school, and to be of Aboriginal or Torres Strait Island descent, compared with the general population of Australian children aged 0 to 5 years. So CfC sites were indeed socioeconomically disadvantaged. However, there were many other communities which experienced comparable or even greater disadvantage than the 45 communities which were selected. Some interviewees believed that other areas could have benefited more from the additional funding brought into communities by CfC.

### *Arbitrary community boundaries*

Most sites experienced difficulties in coordinating agencies and delivering services in their CfC communities because they were determined by arbitrary administrative boundaries defined by government, which consisted of several distinct suburbs or regions. Irrespective of their geographic location, there were some stakeholders in each of the 10 fieldwork sites who reported that these artificial boundaries impeded service delivery.

The problem tended to be less acute in metropolitan areas and in regional towns when the suburbs were adjacent. In rural, remote and some geographically diverse CfC sites, however, it was a significant problem. One site, for example, included outer metropolitan suburbs, a separate mostly Indigenous community, and a rural area. Another, a metropolitan site, consisted of three suburbs, which were very different in character and socioeconomic composition. There were also problems when site boundaries spanned multiple local government areas and area health services. These artificially defined CfC communities increased the level of difficulty, time and expense for establishing, promoting and implementing CfC, and made the task of engaging community members more challenging.

There was some scope for communities to expand boundaries, but no additional funding was available for sites if they opted to do so. One CfC site requested changes to the boundaries at the outset of the program, which FaHCSIA agreed to. Aligning boundaries with other local government and health services may assist in the delivery of services within communities. Having a consultation process between communities and different levels of government to determine boundaries for place-based models therefore could help overcome the challenges experienced within a number of CfC sites by the artificial boundaries.

### *Working in remote communities*

CfC was very difficult to establish and implement in remote areas. Limited infrastructure, high costs, short timeframes, difficulties in recruitment and retention of staff, and extreme seasonal weather (in northern Australia), all proved challenging in remote areas.

Remote CfC sites had to cover large geographic areas if they were to include the minimum number of families and level of services. Many small, remote townships had very limited resources and very few potential Community Partner organisations. Even where a number of agencies were available, they were often spread

across large distances, making planning, meetings and other coordination activities time consuming and expensive.

The high costs of establishing and implementing services in remote locations (living costs, and the costs of transportation and delivering services to a small number of people) were not factored into CfC funding. Internal and external travel within remote locations was not only expensive, but also time consuming. This was particularly frustrating for service providers when families did not engage with the service.

It was difficult to attract, recruit and retain staff with appropriate skills and qualifications in remote areas. This was further compounded in areas where mining companies and government interventions other than CfC competed with CfC for staff. Delays in employing staff and staff turnover slowed the establishment and implementation of the program.

In northern Australia, the wet and cyclone seasons also significantly interrupted service provision. Yet, like the other CfC sites, these communities were expected to complete the program in a three to four year timeframe.

As most remote sites contained high proportions of Indigenous Australians, challenges in completing the program in three to four years were further compounded by the need to invest extensive time in consultation and relationship-building. Finally, communication could also be difficult in remote areas where many Indigenous families spoke little or no English.

Facilitating Partners in remote areas responded to these challenges by reducing the number of CfC Committee meetings, communicating by telephone, varying the location of meetings, setting up parallel services and CfC structures in different parts of their sites, and providing outreach services to isolated communities. These efforts were limited however by the money available for travel and service provision. A number of respondents providing fly-in/fly-out services in remote sites occasionally shared flights with other service providers. This saved on transport costs and caused less disruption to communities. This practice was not widespread and there is scope to expand it.

Consulting with communities, delivering services and collecting evaluation data was logistically complex and expensive in remote sites. If there is to be any future development and implementation of the model in rural and remote areas, longer-term resources would be required to allow more time and opportunity to engage community members and coordinate services. Communities also need to be closely assessed for their existing resources and capacity to take on complex programs.

### **Local evaluation**

The intention of SFCS 2004–2009 was to increase the evidence base for early childhood initiatives. An important part of collecting this evidence was the involvement of local evaluators, who reported directly to Facilitating Partners and worked with them to establish evaluation plans. They had no direct link with FaHCSIA or the national evaluators (Social Policy Research Centre). This process was established to facilitate openness between Facilitating Partners and Community Partners.

The role of local evaluators was diverse and differed according to the evaluator, the Facilitating Partner and the community. Local evaluators developed program logics for CfC sites, collected, managed and analysed data, wrote reports, and supported and educated Facilitating Partners and Community Partners in regard to debriefing, supervision and evaluation. The approaches used by local evaluators depended on their skill sets, what they were contracted to complete, the community, and Facilitating Partner and Community Partner resources (budgets, timeframes, capacity and skills). Relationships between Facilitating Partners and local evaluators worked well when there was a clear understanding of what was required, when what could be achieved was feasible, and when the resources available balanced with the needs of the Facilitating Partner.

The success of the local evaluators cannot be measured because of the limited availability of reporting outputs.<sup>47</sup> Moreover, the role was undermined by a lack of clarity, limited budgets (approximately \$15,000 a year per site) and high expectations. Local evaluators were contracted by Facilitating Partners, and this made sense at a community level, but it also created a number of challenges for some Facilitating Partners. Most

Facilitating Partners or Community Partners did not have the skills or capacity to effectively manage or support the local evaluation. In some cases local evaluators committed their own additional resources to complete the evaluations.

It was originally intended that the local evaluators collaborate with the national evaluation in collecting and analysing data for the overall evaluation effort. Ultimately this was not possible for a number of reasons, including the relatively low levels of resources devoted to local evaluators, the heterogeneity of their skill base, the length of time many sites took to commission their evaluations, and the fact that there was no line of accountability to the national evaluation or to FaHCSIA. Local evaluators were engaged in a small number of CfC forums and through the Communities and Families Clearinghouse Australia website, but even these only engaged with the local evaluators in a limited way.

Future models of programs like CfC should take into account the management processes for local evaluators. In addition, clear expectations need to be established from the outset, funding should match expectations, evaluators should have the capacity to conduct applied research, and Facilitating Partners and Community Partners should be supported in the evaluation processes.

### **Sustainability**

Sustainability is a key outcome of community-development models, including CfC. To make CfC sustainable, Facilitating Partners and CfC committees need to develop strategies to maintain outcomes and processes, and to secure ongoing funding where appropriate (Department of Family and Community Services 2005). Most participants reported that expecting all aspects of CfC to be sustainable within the short timeframe was an unrealistic goal, especially considering that the program was new, innovative and funded over a relatively short timeframe.

### *Services*

Services appeared more likely to be sustained if provided by Community Partners that were large, stable and had capacity to spare. Local public libraries and playgroups, for example, could continue to host services. However, it was believed that most CfC-funded activities and services would cease at the end of the CfC funding period. Very few sites had identified any future funding possibilities by the end of 2007, despite having looked for them. Local businesses very rarely joined CfC committees, and corporate financial support of CfC activities was scant, at best, in all the fieldwork sites. At the end of the evaluation period, only one NGO was positive about the possibility of securing future funding from corporations for some (although not all) of the CfC services and activities. The ability to attract funding from corporations requires not only local businesses in the area with the capacity and willingness to support social programs, but also NGOs with the resources, knowledge and staffing expertise to attract this type of funding. Remote sites had few, if any, possibilities of finding alternative funding sources.

### *Networks*

Some interviewees believed that the collaborative culture fostered by CfC was well established in the sites and would continue to grow. However, others were less confident. They felt that, after only a few years, collaborative practice was not yet entrenched. The overwhelming sentiment was that a facilitator was needed to ensure the continued functioning of CfC service networks, and many doubted that the strong collaborations established during the program would endure without a funded coordinator such as a Facilitating Partner.

### *Skills and professional development*

A number of interviewees were quite optimistic that skills attained by service providers through funded training and professional development would be sustainable. However, if staff left the sector, these skills would go with them. Lessons from CfC would need to be implemented in organisational policies and practices for them to continue to be beneficial.

### *Infrastructure*

The CfC program did not include direct investment in infrastructure. However, it gave sites an impetus to find ways of establishing a focal point, usually a building, where CfC services and activities could be delivered. The biggest infrastructure gains through CfC were community centres on public school grounds, often called hubs, which were established in several of the fieldwork sites. Ongoing use of these schools would require continued support from school principals and some ongoing funding support from governments and NGOs.

### *Families, children and communities*

Parents and children could experience sustained benefits from CfC, but too little is known about the outcomes from CfC at this stage to comment on sustainable outcomes. It is also unknown whether positive outcomes will be sustained if the CfC program is withdrawn from the 45 communities. There is concern that short-term early interventions, which do not include sustained follow-ups, may have a more detrimental effect on disadvantaged and Indigenous communities than no intervention at all. This is because short-term programs have the potential to fuel resentment and mistrust. Community-level outcomes were generally judged to be less sustainable than person/family-level outcomes because of the relatively short-term intervention.

## 7.6 CfC costs and effects

This section compared the effectiveness of CfC with the costs of achieving them, using the most appropriate methods available. The community level outcomes are measured using SFIA and the Service Coordination Study. Costs for the program have been provided by FaHCSIA. Understanding the benefits and costs of CfC can assist in drawing conclusions about the value of early intervention programs such as CfC.<sup>48</sup>

### **Cost of CfC**

#### *Total cost*

FaHCSIA provided financial expenditure to CfC sites over four financial years (2004–05 to 2007–08) for each of the 45 CfC sites, and more detailed data on the 10 SFIA sites. Over \$100 million was spent on CfC during this time. Expenditure in the SFIA areas was broadly equivalent to expenditure in all 45 CfC sites over time (Table 10).

**Table 10: Financial expenditure by financial year, CfC sites**

Financial year	All 45 sites		10 SFIA sites	
	Total 2004–08	Proportion of total (%) <sup>(a)</sup>	Total 2004–08	Proportion of total (%) <sup>(a)</sup>
2004–05	\$4,016,026	4	\$1,598,974	7
2005–06	\$24,116,615	24	\$5,639,161	23
2006–07	\$35,088,155	35	\$8,306,853	34
2007–08	\$37,015,013	37	\$8,540,911	35
<b>Total</b>	<b>\$100,235,809</b>	<b>100</b>	<b>\$24,085,899</b>	<b>100</b>

(a) Percentages may not sum to 100 due to rounding.

Funding was provided to CfC sites for four broad purposes. For:

1. Community Partners, to fund their services and activities
2. community resources, for direct outlays and costs associated with developing and implementing projects, including staffing, infrastructure, governance and promotion
3. Facilitating Partners, to deliver services and activities for children and their families
4. local evaluation of the CfC initiative.

As expected, almost all the funding (60 per cent) across CfC sites was allocated to Community Partners to deliver services and activities, and to the community resources to support these projects (30 per cent). Facilitating Partners received 7 per cent of the funding, and 3 per cent was allocated for local evaluation.

### *Cost per child*

Based on 2006 ABS demographic profile of each SFIA CfC site, it is possible to calculate the approximate funding invested per child. In total, \$24,085,899 million was spent on the 28,810 children aged 0 to 5 years living in the 10 SFIA sites over the four financial years 2004–05 to 2007–08. When the costs are converted into 2006 Australian dollars, this equates to \$840 per child.

**Table 11: Cost of CfC for four years by child population 0 to 5 years, SFIA sites**

	Total	2006 AUD equivalent
Total expenditure in SFIA sites	\$24,085,899	\$24,191,537
Total persons aged 0 to 5 years, 2006 Census	28,810	28,810
Expenditure per child aged 0 to 5 years	\$836	\$840

### **Costs and outcomes**

The positive outcomes demonstrated in the SFIA study and total cost of the CfC program between 2004–05 and 2007–08 indicate that CfC has achieved a number of positive outcomes for a relatively low cost. For \$840 per child over the four-year period, there have been significant positive outcomes for families, children and communities in the areas of parenting practices and self-efficacy, joblessness, community social cohesion and children’s vocabulary and verbal ability. The overall trend of findings within SFIA communities compared to contrast sites is positive, which indicates that CfC is an effective intervention. It is unknown whether these positive outcomes would continue if CfC programs are discontinued in the current locations.



## 8 Local Answers

### Background

#### *Project description and aims*

Local Answers (LA) funded local, small to medium-scale, time-limited projects as part of the Stronger Families and Communities Strategy (SFCS) 2004–2009. Its overarching goal was to help strengthen disadvantaged communities by funding projects that supported children and families, developed the skills of community members, and fostered proactive communities. It aimed to use local knowledge and experience to develop effective, practical solutions that met particular community needs, to build community capacity, and to develop connections between community organisations, local government and business.

The initiative funded a diverse range of projects, some of which focused on early childhood, parenting and family relationships, while others concentrated on mentoring, leadership, volunteering and community-building. In total, over \$90 million of funding was distributed to local organisations to implement over 600 projects.

LA aimed to:

- build effective parenting and relationship skills
- build opportunities and skills for economic self-reliance in families and communities
- strengthen support to families and communities by delivering better services and addressing unmet needs by building partnerships between local services
- 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
- assist members of the community to get involved in community life through local volunteering or mentoring young people, or through training to build community leadership and initiative.

FaHCSIA conducted five funding rounds on an open competitive application basis to select projects that best met the above aims. The rounds were conducted throughout the duration of SFCS 2004–2009. Both new and already existing projects were funded in each round (for varying durations). The length of time a project had been running, and the number of reports submitted in time for this evaluation, differed for each project. Projects funded through rounds 4 and 5 had generally not been running long enough to submit any reports, and very few of these projects are represented in the data in this report.

#### *Evaluation*

LA was a difficult component of the SFCS 2004–2009 to evaluate, as the projects were individual, discrete and occurred within a direct-funding model. Generally, projects received the level of funding requested in their applications, and for the duration requested. This resulted in projects ranging from less than \$10,000 spread over one or two years, to over \$1 million over a similar period. Unlike CfC, LA projects were not required to have a local evaluator (most project budgets were too small).

LA has been incorporated into this national evaluation through an analysis of the LA progress reports, and through the cross-strategy evaluations, that is, the three themed studies and the promising practice profiles (PPP).<sup>49</sup> Because these latter data sources have a number of limitations, the progress reports were the main source of information for evaluating LA. The themed studies could use only a few of the LA projects, due to ethical restrictions which precluded the evaluators from contacting LA projects directly. The few that were used were identified by FaHCSIA. As a result of a validation process, the PPP identified 18 LA projects with

promising practices (out of 26 proposals submitted by the projects). But this is not an accurate representation of the prevalence of promising practices within the projects, because the lack of local evaluators limited the ability of LA organisations to submit proposals.

The progress reports contain administrative data and performance indicators determined by FaHCSIA in consultation with organisations funded in the first round. They were submitted to FaHCSIA by LA projects, at first quarterly, and later half-yearly, throughout the duration of the funding.<sup>50</sup> Data was collected in hard copy and transferred by FaHCSIA into a database, and it was this information that was used in this evaluation. Of the 616 LA projects, 214 were part of rounds 4 or 5 and hence were not scheduled to submit their first reports until after this evaluation.

Of the remaining 402 projects, the reports from 360 projects had been entered into the database. Reports from the 42 remaining projects had not been entered because they were funded only for small amounts and were not required to submit extensive reports. The figures below indicate the scope of reports that are included as part of this evaluation:

- Round 1—reports were provided for 85 per cent of the projects, with 79 per cent submitting more than one report.
- Round 2—reports were provided for 94 per cent of the projects, with 81 per cent submitting more than one report.
- Round 3—reports were provided for 83 per cent of the projects, with more than 54 per cent submitting more than one report.<sup>51</sup>

Data contained in the progress reports were supplied by the funded organisations themselves. FaHCSIA project officers had oversight of the reporting process and monitored the quality of the data and the satisfactory completion of the reports. Nonetheless, sometimes data is missing and there are obvious discrepancies.<sup>52</sup> As a consequence, the findings reported here may not be representative of all LA projects.

## 8.1 Local Answers participants

The LA projects funded in rounds 1, 2 or 3 provided 121,506 occasions of service and support between 2004 and 2007.<sup>53</sup> Projects engaged an average of 53 participants each.<sup>54</sup> These participants represented a diverse group of people, of both sexes and varying ages, cultural backgrounds and other characteristics.

Many LA projects had a strong child and youth focus. The majority of occasions of service/support (70.3 per cent, n=85,530) were delivered to people who were 19 years or younger (Table 12). The 20 to 34 years age group of (presumably) parents was also strongly represented, with over 17,000 occasions of service/support for people within this group, representing 14.2 per cent of the total. This indicates that LA was successful in involving young parents in various strategies.

LA projects attracted slightly fewer males than females (43.3 per cent, or 52,647 instances of service provision, across the 214 projects that reported sex of the participants).

Table 12: Occasions of service/support from Local Answers projects by age

Age (years)	Number of projects with recorded occasions of service/support	Total occasions of service/support	% of total	Project mean	Project standard deviation
0 to 2	149	10,935	9.0	73.39	181.80
3 to 5	156	11,416	9.4	73.18	233.60
6 to 11	154	35,882	29.5	233.00	1,084.75
12 to 14	146	15,217	12.5	104.23	411.28
15 to 19	189	12,080	9.9	63.92	113.87
20 to 24	172	6,771	5.6	39.37	57.36
25 to 34	178	10,413	8.6	58.50	107.58
35 to 44	171	9,625	7.9	56.29	109.64
45 to 54	154	4,981	4.1	32.34	65.52
55 to 64	117	2,942	2.4	25.15	47.82
65+	80	1,244	1.0	15.55	24.10
<b>Total</b>	<b>286<sup>(a)</sup></b>	<b>121,506</b>	<b>100</b>	<b>424.85</b>	<b>1,175.00</b>

(a) 71 per cent of projects and 79 per cent of total projects with available reports in the database reported occasions of service/support data by age.

LA projects were targeted to and attracted high proportions of people from marginalised or disadvantaged groups (Table 13). Over one in four participants were from a culturally and linguistically diverse background (31,762 occasions of support, 26 per cent). There were also high numbers of Aboriginal and Torres Strait Islander people engaged across LA projects. Of the 132 projects with reported data in this area, 14,528 or 12 per cent of occasions of service/support were for people from an Indigenous background.

Other prominent groups were:

- those lacking social support (12,532 occasions, 10 per cent)
- expectant, new or young parents (10,812 occasions, 9 per cent)
- those at risk of or having experienced abuse, neglect or trauma (10,221 occasions, 8 per cent)
- people who were unemployed or underemployed (10,041 occasions, 8 per cent).

There was also strong participation from people living in remote and very remote locations, despite the small number of projects based in these areas. This shows that projects in these areas were very successful in attracting participants.

**Table 13: Occasions of service/support from Local Answers projects by demographic categories**

Demographic category	Number of projects with recorded occasions of service/support	Total recorded occasions of service/support	% of total
Men	214	52,647	43.3
Women	220	68,859	56.7
Unemployed or underemployed adults	157	10,041	8.3
Remote/very remote location	53	6,835	5.6
At risk or having experienced significant abuse, neglect or trauma	122	10,221	8.4
Adults/parents/carers with disability	130	1,433	1.2
Unable to work due to disability	82	1,850	1.5
From an Indigenous background	132	14,528	12.0
From a diverse cultural and linguistic background, new arrival	201	31,762	26.1
Children demonstrating challenging behaviours, or with challenging temperaments or behavioural problems	150	7,787	6.4
Children with physical, intellectual or psychiatric impairment, or with health related issues	23	187	0.2
Lack access to formal or informal child care in an emergency	81	5,700	4.7
Lack close or appropriate family or social supports	136	12,532	10.3
Mental health	19	409	0.3
Expectant, new or young parent/carer	188	10,812	8.9

## 8.2 Local Answers objectives, outcomes and success factors

### *Objectives*

As expected, the project objectives reflected the original aims of LA but they did not all receive equal representation. The aim of ‘building effective parenting and relationship skills’ was the most common one, listed by 59 per cent of projects (n=109 of 186 with sufficient data available). ‘Building partnerships between local services’, ‘assisting involvement in community life through training and leadership initiatives’ and ‘building economic self-reliance’ were objectives listed by approximately one in 10 projects (13 per cent, 11 per cent, 9 per cent respectively). Only 4 per cent of LA projects were devoted to volunteering, and 3 per cent to mentoring.

### *Outcomes*

It is not possible for the evaluators to test the success of LA projects in meeting these objectives. Quantitative data explicitly relating to outcomes, whether objective or self-assessed, was not requested by FaHCSIA and cannot be obtained from the LA progress report dataset.

Projects with stated objectives of concentrating on building parent skills and relationship skills correlate with those with higher numbers of participants aged 6 to 14 years, which suggests that many of the projects aimed

at building parenting and relationship skills are attracting parents with primary school and early high school aged children rather than 0 to 5 year-old children.

Some outcomes can be postulated from the PPPs and the themed studies. Of the 26 LA projects submitted to PPP, 18 were validated as having promising practices. These projects were assessed as being ‘locally responsive, involved the participation of local stakeholders and/or demonstrated impacts (either significant or micro-level change)’.<sup>55</sup>

### *Success factors*

As part of their progress reports, LA project staff reported factors they believed made their projects successful. The most common success factors listed were:

- positive attitudes among staff
- positive relationships with clients
- positive role models and mentors.

Other success factors widely mentioned were:

- good local connections
- approaches oriented to clients’ needs
- partnerships
- education, learning and training.

Also mentioned were:

- encouraging volunteering
- leadership
- securing a safe environment
- consulting appropriately with clients.

Those 18 LA projects whose promising practices had been validated either had a social inclusion focus or were designed to enhance service provision. They used a range of practices that they reported resulted in positive outcomes for parents and families, young parents and at-risk youth. These practices, which were similar to those described in the progress reports, involved organisational matters, service provision and partnership initiatives.

At an organisational level, high-quality staffing was deemed to be essential to delivering effective LA projects. Aspects involved multidisciplinary teams, qualified staff, trained volunteers, peer support, networking, and opportunities for professional development and training, as well as staff who can form positive relationships with clients.

Most of the promising practices identified involved techniques for delivering services. ‘Soft entry’ approaches were the most popular method, followed by using accessible locations for the provision of services, and providing transport. A number of projects used strengths-based, inclusive, needs and participant-driven approaches. Projects were both universal and targeted, worked at both an individual and a group level, and in both formal and informal settings. Activities that were reported to work well with clients included:

- education
- connecting people to other services and other people

- play-based activities for families with young children
- child care
- social and recreational activities
- mentoring
- ongoing, flexible support.

These promising practices demonstrate that LA structures, processes and funding were successful assisting some organisations at least to deliver innovative and effective services, both targeted and universal (Soriano, Berlyn & Wise 2008).

### *Partnerships*

Partnerships were among the promising practices validated in the PPP process. These LA projects had collocated services, worked with partners, and integrated services with other agencies. The LA progress reports demonstrated that partnerships had played a large role in the development and implementation of most LA projects.

Most LA projects were conducted in partnership with other organisations or between individuals. Round 1 to round 3 projects (n=225) reported working with a total of 3,211 partners. These partners were generally perceived to be making an important contribution to the project (45 per cent of the projects that recorded partner contribution). An additional third found partners had made at least a small contribution (31 per cent). The remaining projects were still waiting on the contributions from partners to flow through to the project. No projects reported that partners had made no contributions at all.

Partnerships were perceived to be beneficial because they resulted in new approaches for 43 per cent of projects (n=114), and in the provision of new services or the meeting of unmet needs for 33 per cent of projects. Almost one in four projects (24 per cent) that responded to the question also believed that sustainable positive changes had been achieved as a result of partnerships.

The partnership results suggest that the management styles and structures were sufficiently open, flexible and communicative enough to facilitate new links, services and positive changes between partners in the LA areas.

## **8.3 Engaging marginalised and very disadvantaged groups**

Findings from the LA progress reports and the *Engaging hard-to-reach families and children* study, suggest that LA funding did assist projects to develop strategies and programs applicable for people from marginalised or disadvantaged groups.

As shown in Table 13, LA projects recruited a high proportion of people from marginalised and very disadvantaged groups. Furthermore, interviews with 14 LA project managers (as part of the *Engaging hard-to-reach families and children* study), indicated that most LA projects (12 of the 14) were successful at recruiting and engaging their target audience.

Like some CfC services, it was the subgroups of specific populations that LA projects had difficulty engaging. For example, two universal parenting programs had difficulty recruiting Indigenous families, a program for young Indigenous parents found young fathers challenging to engage, and a pregnancy education and support program for young mothers had difficulty recruiting women who do not access mainstream services. Even with targeted services, providers have to develop a range of strategies to recruit and engage diverse community members.

It is not possible to draw overall conclusions from the interviews with project managers about the success of LA projects in supporting Indigenous stakeholders, as only two managers volunteered to be interviewed as

part of the *Indigenous families and children: coordination and provision of services* study. Both managers reported that LA had assisted either in increasing or in strengthening services for Indigenous families in their area. They said they had used a number of the strategies and practices listed in the literature to facilitate cultural appropriateness, and emphasised the importance of delivering flexible, needs-based services.

Strategies used to engage people who were difficult to recruit and engage were very similar to those used by CfC services (discussed in Section 4.4). The LA individual-funding model was important in supporting organisations to tailor specific programs to target groups. However, the short-term, one-off nature of the funding may cause resentment and mistrust among people from very disadvantaged or marginalised groups, with negative repercussions for future programs and service providers.

## 8.4 Conclusion

Overall, the LA initiative shows some promising features, although limitations in reporting and evaluation mean it is not possible to accurately assess LA outcomes, strengths or weaknesses. Nonetheless, LA engaged 475 local organisations to implement 616 projects over five funding rounds, and the 360 projects represented in the LA database provided over 121,500 occasions of service/support.

LA projects were strongly youth-focused, with 70 per cent of participants being 19 years or younger. The funding enabled agencies to deliver services to people from very disadvantaged or marginalised groups, with high numbers of people from Indigenous or culturally and linguistically diverse backgrounds. It also engaged people lacking social support, expectant or new young parents, people at risk of abuse, neglect or trauma, and the unemployed. Partnerships were reported as a key factor in this success. Other success factors involved organisational matters, staffing, and client recruitment and service provision techniques.





## 9 Invest to Grow

### Background

Invest to Grow (ItG) funded 26 established and developing early intervention programs and resources to help families, professionals and communities improve outcomes for young children aged 0 to 5 years. It also aimed to build the Australian evidence base about what works in early intervention and prevention, and to support the expansion of successful program models for early childhood.

Projects delivered included:

- practical activities for families and children
- national tools and resource materials
- the establishment of community hubs in selected child care centres in disadvantaged areas to link families with young children to local support services and to strengthen community networks.

Of the 26 ItG projects, 22 produced evaluation and progress reports. This data has been used to examine the nature and scope of the ItG projects, the number and types of participants, the outcomes for families, parents, children and services, and factors that facilitate and hinder outcomes. A detailed discussion of these issues is provided in Web Appendix B<sup>56</sup> and a summary is below.

This report relies on the final evaluation reports provided by 22 ItG projects (10 were draft final reports), progress report data from the same organisations (which gives more detail), and some provided progress report data on the other four projects.

The evaluation methodologies used by ItG local evaluators varied. Although some programs found their evaluation plans overly ambitious, local evaluations generally progressed according to plan, with some feeding emerging findings into project design and implementation. Most used mixed methodologies, with many documenting difficulties with pre and post tests, including inadequate sample sizes and a lack of control group data.

### 9.1 Nature and scope of projects

ItG projects were tailored to local needs or those of particular groups. As a consequence, they differed in nature, size and scope. While this made difficulties for classification, ItG projects can be broadly clustered into six groups (Table 14):<sup>57</sup>

- projects supporting children's transitions to school (three projects, including two targeting Indigenous children)
- projects supporting children and families with disability, learning or behavioural difficulties (seven projects, including three targeting regional and rural populations)
- projects enhancing child care services as settings for early intervention (four projects)
- projects in playgroup settings (two projects)
- projects promoting nutrition (two projects, aimed at culturally and linguistically diverse and Indigenous families)
- projects developing and providing information and resources (four projects).

Table 14: ItG projects, nature, scope and target groups

Project name	Type and scope of project	Target groups
<b>Projects aimed at supporting children's transitions to school</b>		
Bumblebees Therapeutic Preschool (TPS), Phoenix House	Interventions for children at risk of sexual abuse in Bundaberg, Queensland. Parents offered home visits, counselling, parenting course; training for care and education providers; works with Department of Child Safety.	Children under school age, traumatised by sexual or other abuse, or who demonstrate sexualised behaviours.
Let's start: exploring together for Indigenous preschools	A 10-week, two-hour-a-week program of parenting management sessions, parent-child interaction sessions and children's social skills learning in a children's group.	Indigenous children aged 4 to 6 years in the Tiwi Islands, Darwin and rural areas around Darwin. Non-Indigenous children in Darwin.
Goonellabah Transition Program: 'Walking together, learning together'	Intensive, individualised early learning program for children moving from home or preschool to kindergarten. Based on the Box Ridge Transition to School Program, which began in 1999. Run two days a week and includes regular home visits for families in northern New South Wales.	Children aged 3 and a half to 5 years moving from home or preschool to kindergarten and their families.
<b>Projects aimed at children and families with disabilities, learning or behavioural difficulties</b>		
Starting Blocks™ early intervention service (Autism Spectrum Australia)	Individualised interventions for children with autism to help them integrate into preschool and the community; support and information for parents; promotion of service provider awareness and collaboration.	Children aged 2 to 4 years with autism and their families.
Remote early learning program, Royal Institute for Deaf & Blind Children	Support for rural and regional families of young children with sensory disabilities. Provides parent training and resources and local services.	Rural and regional families with a young child with hearing or vision impairment.
Healthy start, Australian Supported Parenting Consortium	Enhance the capacity of practitioners to support parents with learning difficulties through practitioner 'learning hubs', developing and disseminating practice resources and training to deliver parent education programs.	Practitioners and parents with learning difficulties who have young children.
Rural beginnings, Kurrajong Early Intervention Service	Fortnightly outreach early intervention program for children with developmental delay and their families in communities in the Riverina/Murray area of New South Wales; in own homes or local communities; multidisciplinary practitioner teams.	Children aged 0 to 5 years with developmental delay and their families in rural communities around Wagga Wagga, New South Wales.
ProAQive early intervention program, Autism Queensland	Early intervention program for preschool-age children with autism and their families; develop children's skills and competence; 12-months, two days a week to bridge the gap between diagnosis and start of formal schooling.	Children with autism between 3 and 4 years.

Project name	Type and scope of project	Target groups
Vital early years therapy and family support program, St Giles Society	Speech pathology outreach and psychologist-led family behaviour therapy.	Children 0 to 5 years with speech development difficulties or disabilities, autism and Attention Deficit Hyperactivity Disorder.
Parent child interaction therapy (PCIT), Lifeline	Short-term, voluntary family therapy to improve children's behaviours by teaching parents positive communication, effective discipline and problem solving skills.	Universal therapy, available to families at moderately functional levels; high-need, high-risk families excluded.
<b>Early intervention projects in child care settings</b>		
Partnerships in early childhood, Benevolent Society	Early intervention worker in child care settings to train staff in understanding children's needs; services for parents; supported playgroups. Aim: strengthen relationships between children and centre staff and between children and their parents; connect families to services and the community.	The program was implemented in 14 child care centres in three communities in New South Wales.
KU early language & literacy initiative	Promotion of language and literacy development of socioeconomically disadvantaged preschool children seen to be educationally at-risk when starting school by (a) working with families and (b) working with early childhood staff.	Preschool children 2 to 5 years, their primary care givers, staff at two preschools in south-western Sydney.
Through the looking glass, Lady Gowrie	Collaborative health, education and welfare early intervention strategy for high-risk families in five child care settings across Australia: free or reduced-cost child care for two days a week, individual and group work, video-taping for parents' self-reflection, partnerships with other agencies, staff training and a clinician at each centre.	Mothers of children aged 0 to 5 years with multiple risk factors including anxiety, depression, social isolation and early trauma in their own lives.
Special teaching and research (STaR) inclusive early childhood project	Interventions for children with disabilities in mainstream child care settings to prepare them for regular education; education, respite and social support for their families; education of regular child care centre staff.	Children with disabilities and delays 0 to 5 years, their families and child care centre staff.
<b>Projects in playgroup settings</b>		
Sing and grow, Playgroup Association Queensland	National implementation of a group music therapy program delivered with Playgroup Associations to promote child development, parenting skills and parent networks.	Marginalised parents and their children aged 0 to 5 years.

Project name	Type and scope of project	Target groups
<p>Good Beginnings Australia:                      (a) Play and learn                      (b) Working with dads                      (c) Parents and play                      (d) Contact play and learn</p>	<p>Four programs implementing strategies to boost parents' confidence and self-esteem: (a) playgroup and education sessions for parents                      (b) parenting sessions for dads                      (c) free playgroup program in schools                      (d) parenting education and playgroup for parents whose visits with their children must be supervised.</p>	<p>(a) families with preschool children                      (b) first-time expectant and new fathers                      (c) parents of young children (d) parents, largely fathers, whose visits with children must be supervised.</p>
<b>Projects aimed at promoting nutrition</b>		
<p>Child nutrition program, Ngaanya-tjarra Pitjantjatjara Yankunytjatjara Women's Council (NPYWC)</p>	<p>Case management, education, community development and outreach programs to ensure adequate nutrition of young children and break the cycle of statutory intervention related to nutritional deficit and child protection.</p>	<p>Young Indigenous mothers and children aged 0 to 5 years in 26 NPYWC member communities in the remotest areas of the Northern Territory, South Australia and Western Australia.</p>
<p>Good food for new arrivals, Association for Services to Torture and Trauma Survivors (ASeTTS)</p>	<p>Nutrition awareness; establishing good nutrition practices among parents and carers.</p>	<p>New immigrants to Western Australia from Sudan, Ethiopia, Iraq, Iran, Afghanistan, Rwanda, Burundi and Democratic Republic of Congo.</p>
<b>Projects developing and providing information and resources</b>		
<p>Mothers, fathers and newborns psycho-educational program for parents (PEPP)</p>	<p>Promote parenting confidence and reduce parental distress by educating about partner relationships and infant sleep.</p>	<p>First-time parents, four to eight weeks after birth, English-speaking and in a committed relationship.</p>
<p>Core of life</p>	<p>Promote awareness of short and long-term consequences of parenthood among adolescents. This project trains health and education practitioners throughout Australia as facilitators.</p>	<p>High school-aged students in areas of high need: high teenage pregnancy rates or social disadvantage, cultural and ethnic diversity, Indigenous.</p>
<p>Parent support project (PSP)</p>	<p>Expand local support services for parents of infants: website, newsletters, service directory, parenting classes.</p>	<p>GPs, to engage in distributing information and train to provide parenting classes, and parents in need but not identified by other agencies.</p>
<p>Every child is important, Australian Childhood Foundation (ACF)</p>	<p>Multimedia publicity campaign affirming the value and significance of children. Four components: awareness raising; education; communicating with culturally and linguistically diverse communities; and publication of ACF research.</p>	<p>All parents of young children.</p>

## 9.2 ItG funding

A total of \$26,096,204 was provided to 25 of the 26 ItG projects during the period 2004–2008.<sup>58</sup> Amounts for each project ranged from \$95,516 to \$3,005,699.

## 9.3 Participants and occasions of service

Because ItG supported the development of resources and tools (as well as activities for families), and these differed so greatly in scope, intensity and nature, the question of how many participants were involved in ItG is not very important. However, it is important to know that 21 ItG projects provided a total of 36,097 occasions of service, that each project provided an average of 1,719 occasions of service to children during the period 2004–2008, and that 11 of the organisations reported the participation of 12,522 families.

In total, 11,415 different children were engaged in 18 ItG projects and these children participated in 28,421 occasions of service (an average of 40 contacts each). Of these children, 57 per cent were male and 43 per cent female. ItG projects engaged children from Indigenous as well as culturally and linguistically diverse (CALD) backgrounds (approximately 5 per cent were Indigenous and 13 per cent were CALD). Children from CALD backgrounds were more likely than Indigenous children to have repeated contact (that is, more occasions of service) with ItG projects. While CALD children represent 12.9 per cent of Australian children, they accounted for 14.3 per cent of the children involved in ItG occasions of service. In contrast, Indigenous children, who constitute 4.9 per cent of all Australian children, made up 3.6 per cent of the children receiving ItG services.

## 9.4 ItG outcomes

The 22 ItG evaluations varied widely in quantity, quality and comprehensiveness in their reporting of program outcomes. While some evaluators conducted thorough outcome evaluations by using a number of standardised and purpose-designed surveys, administering these to a large sample of program participants and conducting several waves of data collection, others used small samples and focused on gathering process data rather than program outcomes. However, while small sample sizes, poor survey response rates, and the lack of control groups presented challenges for the collection of outcome data for some projects,<sup>59</sup> the evaluations do report positive outcomes for children, parents or services. These outcomes are summarised in Table 15.

**Table 15: Outcomes reported by ItG evaluations**

Project name	Outcomes reported by evaluations <sup>(a)</sup>
Bumblebees Therapeutic Preschool (Phoenix House)	<ul style="list-style-type: none"> <li>▸ Improved child behaviour.</li> </ul>
Let's start: exploring together for Indigenous preschools	<ul style="list-style-type: none"> <li>▸ Improved child behaviour.</li> <li>▸ High parent satisfaction with the program.</li> </ul>
Goonellabah Transition Program: 'Walking together, learning together'	<ul style="list-style-type: none"> <li>▸ Improved child behaviour, social, motor, language and academic skills; successful transition to school.</li> <li>▸ Improved parent attitudes towards children's health and education.</li> <li>▸ Improved access to allied health and support services.</li> <li>▸ Improved school staff attitudes towards families.</li> </ul>

Project name	Outcomes reported by evaluations <sup>(a)</sup>
Starting Blocks early intervention service (Autism Spectrum Australia)	<ul style="list-style-type: none"> <li>▸ Improved child functional communication and social interaction, motor skills, behaviour, self care and pre-academic skills; helped transition to mainstream programs.</li> <li>▸ Increased parent knowledge of autism, better understanding of their child, increased confidence and coping, larger supportive networks; but: reduced family communication.</li> <li>▸ Increased staff knowledge and understanding of autism, increased collaboration with other agencies.</li> </ul>
Remote early learning program (Royal Institute for Deaf & Blind Children)	<ul style="list-style-type: none"> <li>▸ Improved child cognitive, communication and social interaction skills.</li> <li>▸ Improved parenting skills and confidence, improved family functioning.</li> <li>▸ Increased staff skills and knowledge, increased collaboration with other agencies; new service delivery opportunities through video-conferencing.</li> </ul>
Healthy start (Australian Supported Parenting Consortium)	<ul style="list-style-type: none"> <li>▸ Improved parenting involvement with the child, increased knowledge about child health risks; greater improvement to parents' social networks and mental health than similar programs.</li> <li>▸ Increased staff commitment, skills and knowledge, increased collaboration with other agencies; but: trained staff not confident about delivering the program themselves.</li> </ul>
Rural beginnings (Kurrajong Early Intervention Service)	<ul style="list-style-type: none"> <li>▸ Gains in child social and emotional development, motor skills and self care, especially in children receiving outreach services.</li> <li>▸ Improved family relationships and community engagement.</li> <li>▸ Improved service access, frequency and consistency.</li> </ul>
ProAQtive early intervention program (Autism Qld)	<ul style="list-style-type: none"> <li>▸ Improved child social and behavioural development and self care, increased readiness to attend mainstream educational services.</li> <li>▸ Reduced social isolation, improved ability to relate to their child's needs and development.</li> <li>▸ Improved awareness of and access to services.</li> </ul>
Vital early years therapy & family support program (St Giles Society)	<ul style="list-style-type: none"> <li>▸ Improved behaviour, social and skill development and language abilities.</li> <li>▸ Improved parenting skills, less stress and frustration; high parent satisfaction with the speech pathology component of the program, less with the psychology component.</li> <li>▸ Improved access to speech pathology and family psychology in a rural area.</li> <li>▸ Improved service networks.</li> </ul>
Parent child interaction therapy (Lifeline)	<ul style="list-style-type: none"> <li>▸ Improved child behaviour.</li> <li>▸ Improved family function.</li> </ul>

Project name	Outcomes reported by evaluations <sup>(a)</sup>
Partnerships in early childhood (Benevolent Society)	<ul style="list-style-type: none"> <li>▸ Improved children’s comfort in child care centres, positive social–emotional development.</li> <li>▸ Increased parenting efficacy, but changes inconsistent over time.</li> <li>▸ Access to support from project staff.</li> <li>▸ Child care staff felt supported by the specialist project worker.</li> </ul>
KU early language & literacy initiative	<ul style="list-style-type: none"> <li>▸ Increased child involvement with books and stories, improved literacy.</li> <li>▸ Increased parental involvement in children’s development.</li> <li>▸ Preschool staff gained better understanding of early language and literacy development; staff learnt to sustain the program autonomously.</li> </ul>
Through the looking glass (Lady Gowrie)	<ul style="list-style-type: none"> <li>▸ Improved child wellbeing, involvement and emotional availability.</li> <li>▸ Improved parent competence, confidence and family relationships; decreased anxiety, depression and stress; increased social support; high parent satisfaction with program content and delivery.</li> <li>▸ Co-facilitators valued the training received through the program.</li> </ul>
Special teaching & research (STaR) inclusive early childhood project	<ul style="list-style-type: none"> <li>▸ Improved child adaptive, cognitive, fine motor and social skills.</li> <li>▸ Increased family coping; parent satisfaction with program content, staff and the child’s progress increased as the program progressed.</li> <li>▸ Improved child care staff knowledge, skills and attitude.</li> </ul>
Sing & grow (Playgroup Association Queensland)	<ul style="list-style-type: none"> <li>▸ Improved behaviour, communication and social interaction.</li> <li>▸ Improved parent mental health and parent–child relationships (especially in vulnerable families); use of course materials and techniques at home; high parent satisfaction with the program and staff.</li> </ul>
Good beginnings Australia: (a) Play and learn (b) Working with dads (c) Parents and play (d) Contact play and learn	<ul style="list-style-type: none"> <li>▸ Improved child play opportunities and social, emotional, physical and cognitive skills.</li> <li>▸ Increased parent confidence and knowledge of parenting techniques; fathers involved; reduced parental isolation.</li> <li>▸ Increased knowledge of services and access to parenting information.</li> </ul>
Child nutrition program (Ngaanya-tjarra Pitjantjatjara Yankunytjatjara Women’s Council NPYWC)	<ul style="list-style-type: none"> <li>▸ Crisis support, intensive case management.</li> <li>▸ Increased agency collaboration and capacity to work in remote areas.</li> </ul>
Good food for new arrivals (Association for Services to Torture and Trauma Survivors ASeTTS)	<ul style="list-style-type: none"> <li>▸ Increased parent awareness of nutrition issues and health services.</li> <li>▸ Improved service networking and partnerships.</li> </ul>

Project name	Outcomes reported by evaluations <sup>(a)</sup>
Mothers, fathers & newborns psycho-educational program for parents (PEPP)	<ul style="list-style-type: none"> <li>▸ Increased parent health; high parent satisfaction with the program; parents applied program materials and techniques at home.</li> </ul>
Core of life	<ul style="list-style-type: none"> <li>▸ Increased awareness and understanding of parenting responsibilities among adolescents.</li> <li>▸ Health and education practitioners trained to deliver the program.</li> </ul>
Parent support project (PSP)	<ul style="list-style-type: none"> <li>▸ High parent satisfaction with program content and facilitators.</li> <li>▸ Project could not establish GPs as a widely-used first source of non-medical parenting advice.</li> </ul>
Every child is important (Australian Childhood Foundation ACF)	<ul style="list-style-type: none"> <li>▸ Increased community awareness.</li> <li>▸ Reduced parental hostility.</li> </ul>

(a) ItG local evaluations varied in terms of design, sample size and focus. As a result, it is difficult to compare results across projects. This table presents outcomes as reported by independent local evaluators; they have not been validated by the national evaluators.

## 9.5 Facilitators and barriers to ItG project outcomes

According to the ItG evaluation reports, a range of factors contributed to successful implementation and outcomes for ItG projects. These included staffing and leadership, collaboration, cultural appropriateness, and project design and targeting.

### Staffing and leadership

Quality staffing and leadership emerged repeatedly in the reports as a critical success factor. Evaluators reported that quality leadership and committed, experienced staff were crucial to successful projects. Particularly important were staff understanding of both the theoretical basis of the program and its practical components, and their acceptance and adoption of practices conducive to its smooth introduction. Cultural competence and bicultural workers were also important for projects that supported families from different cultures.

Staffing problems constrained implementation of many of the projects. Recruitment and retention of staff were a challenge for some projects, especially in rural and regional areas. Staff recruitment could delay project implementation, limit support provided to families, and increase costs for organisations because of the necessary extra recruitment and training. Some projects had poor staff retention because workers burnt out from higher numbers of referrals and family engagements than was anticipated in project development. Lower skill levels and reluctance to undertake training presented further problems for some organisations.

### Collaboration

The evaluation reports also highlighted effective interagency collaboration as a factor integral to successful implementation. Some projects were collaborative in essence and worked across jurisdictions such as health, education, child care and community services. Effective relationships were developed through formal and informal meetings, learning hubs, networks and reference groups. Having projects integrated into the existing service network and making sure they met community need was also important.

Collaborative relationships took substantial time to develop, but not all projects invested, or were able to invest, the time and resources required to build effective relationships. There were challenges in actively involving staff of other organisations in some projects that required collaboration. Challenges also emerged when staff from different organisations or different disciplines failed to understand each other's roles



and responsibilities. Some projects had particular difficulty working with state and territory government departments.

### **Cultural appropriateness**

The evaluation reports also pointed out that cultural appropriateness was a factor contributing to successful implementation of ItG projects. It was important not only to have culturally competent staff, but also to have appropriate resources, services and strategies. Working collaboratively with specific cultural groups or advisors could assist projects to improve in relation to cultural appropriateness.

### **Project design and targeting**

A further factor conducive to the effectiveness of ItG projects was sensitivity of project design to individual settings. This could mean being community-based, and as far as possible, allowing community members to be involved in contributing to the design, implementation and management of the project. It could also mean tailoring strategies for specific groups or individuals, for example, using soft entry points to build relationships and trust between workers and families, or providing outreach services to families in rural locations.

Projects also benefited from implementing changes as a result of early feedback, evaluation and experience. One project, for example, changed its target group after receiving feedback that Indigenous families in a particular location preferred to attend mainstream, rather than Indigenous-specific programs. Another project continued to evolve program content as a result of feedback and experience.

Project design and basic assumptions about project needs and targeting could also present challenges for some projects. One project, for example, had difficulty recruiting a key stakeholder to contribute to service provision and then found that families were reluctant to utilise the service offered. This suggested either that there was insufficient need in the community for this kind of project, or that people were not aware of the existence of the service. Other projects found that target groups required either more or less support than was anticipated when the project was developed. Project design also did not always match the resource levels required (staffing, time, funding) to achieve the aims of the project.

The social circumstances of children and families also presented challenges for some projects. Life circumstances and events, including deaths, but also fear of child protection agencies, affected the participation of parents and, in turn, their children. Lack of transportation could also hinder family engagement.

## **9.6 ItG conclusion**

Over \$26 million was invested into 26 ItG early intervention programs and resources to help families, professionals and communities improve outcomes for young children (0 to 5 years). These projects:

- supported children and families with disabilities, and learning and behavioural difficulties
- implemented early intervention strategies and programs in child care and playgroup settings
- promoted nutrition
- assisted children's transitions to school
- developed and provided information and resources to families and early childhood services.

ItG projects provided 36,097 occasions of service to 12,522 families and 11,415 children. These projects engaged children from Indigenous and CALD backgrounds and most engaged the groups they aimed to target.

The reliability of reported outcomes differed between evaluations. However, some positive outcomes were reported by all ItG evaluations, both for children (primarily around skill development), for parents

(largely focused on awareness of, and access to, services and improved parenting skills), and for services (increased staff knowledge, skills and collaboration). Positive outcomes were dependent on staffing, service collaboration, cultural appropriateness and appropriate project design and targeting. Small sample sizes and lack of control groups limits the reliability of some of the reporting of outcomes, but a number of ItG projects appear to be promising early intervention programs.

Some of the ItG projects could be more easily adapted to new circumstances or were easier to implement than others. On the whole, the main barriers to broader implementation seem to relate to staffing issues—in particular, recruitment and retention of trained staff and management issues—as well as relationships with other services locally. Where these issues had been addressed the projects tended to be successful, irrespective of the particular nature of the early intervention itself.

# 10 What works in early intervention?

## Cross-strategy findings from Communities for Children, Invest to Grow and Local Answers

### 10.1 Broad conclusions

- The SFCS 2004–2009 successfully raised the profile of early intervention and the need for a coordinated approach to the early years across Australia.
- Overall, CfC was successfully implemented and achieved its objectives. Data limitations have prevented the evaluation from making strong conclusions regarding the outcomes of LA or ItG.
- SFCS 2004–2009 successfully engaged families traditionally thought of as hard-to-reach.
- CfC has shown that the community-based, coordinated, capacity building approach has substantial potential.
- The three strands, however, were not well integrated.

### 10.2 Program/project implementation

#### **Strategic issues**

- Most projects were effectively designed to meet individual needs, with tailored engagement strategies and activities for specific groups or individuals.

#### *Key elements*

- Programs/projects/activities were community-focused: they were community-based and allowed community members to contribute to the design, implementation and management of the project.
- Non-government organisations (NGOs) which delivered programs and activities that were well established, respected and locally known were effective in implementing projects and recruiting families.
- Programs/projects/activities were outcome-focused, which was positive for families and communities, as NGOs and others regularly rethought objectives.
- Agencies benefited from implementing changes as projects progressed and lessons were learnt through early feedback, evaluation and experience.

#### *Challenges*

- Remote areas with limited infrastructure, high costs, workforce issues and sometimes seasonal weather were very challenging for SFCS 2004–2009. Implementation took much longer and was less successful in remote areas than in regional or metropolitan areas.

- Overall, it appears that CfC did not meaningfully engage with the private sector. A more strategic approach was needed for this to occur.
- The technical and operational support available was in many ways inadequate for such a major, complex program. In particular, many projects required support in areas such as financial planning, community asset mapping, commissioning evaluations, data collection, and implementing evidence-based interventions.

## **Workforce**

### *Key elements*

- Staff development opportunities and training were beneficial.
- Quality staff were essential for all aspects of the initiative. Project managers in particular needed to be:
  - knowledgeable about the local community
  - effective leaders
  - competent managers of people and finances
  - able to network with other organisations/initiatives
  - effective facilitators for service integration.
- Cultural competence among staff was important and community liaison officers were beneficial for organisations in targeting, engaging and effectively supporting families and children from specific cultural backgrounds.

### *Challenges*

- Recruitment and retention of adequately qualified staff was challenging for many projects, especially in regional and remote areas. Recruitment problems led to implementation delays and other problems in many cases. Staff turnover was generally very disruptive for projects and initiatives.
- Recruitment of Indigenous staff was particularly challenging.

## **Collaboration and community engagement**

- Interagency and inter-sectoral working was an important component of all three strands. All were relatively successful in engaging with a range of other stakeholders.

### *Key elements*

- Partnership arrangements needed to be flexible and to adapt to events as they unfolded.
- Understanding of the different roles and responsibilities of agencies and practitioners was important in effective working relationships.
- Coordination at strategic and operational levels was important.
- Funding for service coordination activities helped greatly in getting agencies to work actively together.
- Having a key leader with the ability to facilitate the coordination of services and networks was important for successful collaboration (especially where they were able to facilitate transparent and effective consultation and communication processes, and resolve conflicts).
- Previous history of collaboration was helpful in developing partnerships.

- Collaboration between NGOs and local councils was effective in implementing place-based early intervention activities and strategies. These relationships worked well.
- Mentoring and support from large NGOs was helpful for smaller organisations.
- The use of soft entry points—taking services to families, rather than expecting families to come to services—was very effective across all three strategies. This helped to build relationships and trust between workers and families, and engaged families who would otherwise have been unlikely to attend particular services.

### *Challenges*

- Collaborations between state and territory government departments (such as health and education) and NGOs are important for early intervention programs. Many NGOs struggled to get these relationships to work effectively.
- There were some challenges for the collaborators, especially those who did not have a financial stake in SFCS 2004–2009 and who tended to lose interest after a while.
- Engagement of community members in strategic roles when they were not employees of community organisations was extremely challenging for projects and initiatives.
- All strands of the SFCS 2004–2009 found engagement with Indigenous communities challenging; it required in-depth consultation, longer periods of time, skilled, well-trained staff, and workers or volunteers with close links to the community.

## 10.3 Data collection and evaluation

### **Data collection**

#### *Key elements*

- SFCS 2004–2009 had a very ambitious plan for data collection. The focus on outcomes as well as outputs was innovative.
- Combining data collection for management and accountability purposes with evaluation was also innovative.

#### *Challenges*

- However, data collection was hampered by a number of technical and other factors:
  - The electronic data collection tool was developed quickly and needed to be regularly upgraded for its 18 months of operation.
  - Data definitions were complex and difficult to standardise across the initiative.
  - Projects found it difficult to report on outcomes. This was done mainly in qualitative format, which was difficult and expensive to analyse.
  - The quantity of data collection was very challenging for many service providers, especially small NGOs who were not used to this level of reporting.

### **Evaluation**

- Local evaluations had some benefit for CfC and were integral to ItG.

### *Challenges*

- ▶ There were a number of issues for local evaluations:
  - difficulties in commissioning evaluations by projects and initiatives due to lack of understanding by project managers of the practicalities of program evaluation
  - too little funding for evaluations to address outcomes
  - lack of expertise in this sort of evaluation within academia and consultancy
  - lack of control groups in most local evaluations
  - future evaluations of area-based interventions that differ by community needs would benefit from greater funding of local evaluations and better integration of evaluation results.
- ▶ The national evaluation also had to address some significant challenges with implications for future evaluations of this sort. These include:
  - lack of secondary data at the local level suitable for the outcome indicator framework, which highlighted the need for a national social indicators project designed to set up a national indicators framework
  - limitations of the progress reporting template in providing reliable data that could be analysed quantitatively
  - low response rates to questionnaires from service providers requiring multiple reminders and eventually a change of method to computer assisted telephone interviewing (CATI)
  - a lack of capacity within many projects to respond adequately to requests for promising practice profiles (PPP) submissions, and a consequent need to support them
  - evaluation timescales that limited the time for analysing many of the ItG evaluation final reports, resulting in only preliminary findings for some ItG projects
  - confusion about the relationship between the national and local evaluations, and the consequent lack of pre and post-outcome data on outcomes for children and families who participated in SFCS programs and activities.
- ▶ Further waves of the SFIA study are required to assess whether the short-term effects continue into medium and long-term outcomes and to confirm whether the trend findings become significant. This is important to further inform future policy.

## **10.4 Funding and timelines**

- ▶ SFCS funding increased service provision and capacity in disadvantaged areas.

### *Key elements*

- ▶ SFCS funding provided opportunities to:
  - assess assets
  - address service gaps
  - establish preventative services
  - trial innovative programs.

### *Challenges*

- ▶ The short-term nature of the funding created difficulties for all three strands of SFCS 2004–2009. It affected the recruitment and retention of staff, the capacity to provide flexible and effective services, and the commitment of other agencies to the initiative.
- ▶ In some cases the funding rules created difficulties:
  - Projects were required to be implemented quickly. For some sites, the timeframes were not reasonable, especially in remote areas.
  - The perception that funding had to be wholly committed in the initial stages limited the flexibility of some projects and sites to respond to changing circumstances and opportunities.
  - The relationship between Australian, state and territory government responsibilities constrained development in some cases. For example, the requirement that SFCS funding should not be provided for services which are a state responsibility.

## **10.5 Sustainability**

### *Key elements*

- ▶ Positive changes in outcomes for children, families and communities were evident, however it is too early to assess their sustainability.
- ▶ Some networks and service coordination may continue.

### *Challenges*

- ▶ Sustainability of CfC within the short timeframe is unrealistic.
- ▶ Some services may be sustainable if provided by an agency with ongoing capacity and access to other funding sources.
- ▶ A paid facilitator may be important in ensuring the sustainability of some service networks and service coordination.





## Appendix A: Methodological limitations

The methodology of this evaluation was designed to address the particular circumstances of the Stronger Families and Communities Strategy (SFCS) 2004–2009 relevant at its inception. Inevitably there are a number of limitations for such a complex enterprise. This appendix contextualises the evaluation methodology, and explains some of its challenges and limitations.

### *Cross-strategy evaluation*

The evaluation request for tender stipulated a meta evaluation of the whole SFCS 2004–2009, and to this end the national evaluation has included a cross-strategy evaluation which was intended to address the SFCS 2004–2009 as a whole. However, although it is possible to comment to some extent on all the strands, it was not possible to conduct a meta-level analysis because the SFCS 2004–2009 did not operate as a coherent whole. Structurally, the three components—CfC, ItG and LA—were managed in different parts of FaHCSIA, and there was no overarching level of management. On the ground, there were some sites where CfC interfaced with LA or ItG, but there was no systematic coordination. In essence, these three strands should be seen as three separate funding streams, which addressed similar issues but which did not constitute three components of a holistic strategy.

### *Service user perspective*

Normally an evaluation of this type would collect information about the services from the perspective of the service users as well as the service providers. It would have considerably strengthened the methodology if it had been possible to report on families' perspectives of the quality of CfC services, on how well they felt their needs were being met, and on whether the community was becoming more child-friendly. To some extent these issues are addressed in Stronger Families in Australia (SFIA), but this survey did not identify the individuals who used CfC-funded services or activities. There are no CfC-specific service user perspectives in the evaluation, except for the *Engaging fathers in child and family services* study. This is partly because of budget constraints, but it was also felt to be inappropriate for the national evaluation to conduct fieldwork in areas where local evaluations were already operating. The potential for confusion and overburdening people was very great and so we decided against this approach. As we report below, the extent to which local evaluations collected data from service users is not yet clear.

### *Minimal data on Local Answers*

LA receives less attention in this evaluation in comparison with the other programs because its evaluation was allocated fewer resources within the SFCS 2004–2009 budget. This was a deliberate decision by FaHCSIA at an early stage of the evaluation. CfC was seen as a new way of delivering services, and it was decided to focus evaluation resources on this program, while ItG was given considerable resources for the local evaluations. Moreover, LA was an evolution of the SFCS 2000–2004 which was already being evaluated. In addition, the range and scale of LA projects meant that it was too diverse to be evaluated meaningfully in terms of outcomes. Finally, unlike the other two programs from SFCS 2004–2009, LA projects were not exclusively focused on the early years. They covered projects dealing with the whole range of children and young people.

### *Outcome indicator framework data*

The outcome indicators framework was a challenging area for data reliability and relevance. This component of the evaluation was new and innovative, drawing on secondary data to measure outcomes within the communities and compare them to other similar areas. Before SFIA became the main outcome measurement of the evaluation, the outcome indicators framework was intended to be the principal vehicle for measuring community-level outcomes. It represents a very promising way of measuring outcomes in local areas—far cheaper than conducting primary research, and offering the potential to measure changes over much longer periods. An effective indicator framework could also help relieve the burden on service providers in some areas.

However, at the time of writing, the quality of local area data in Australia could only be described as appalling. Although there have been continuous improvements, it will be a long time before relevant data will be collected and reported systematically at a local area level. Even where there are local data available, these are reported using different units of analysis (postcodes, statistical local areas), which do not map easily onto CfC sites, and therefore provide limited information about changes in CfC sites compared to other areas.

In addition to the quality issue, another problem was the timescales for these data. Most administrative data are reported two years in arrears, so data published in 2008 generally refers to services provided in 2006. This means that we do not have any administrative data which can report reliably on outcomes in CfC communities, and will have to wait to 2010 for such data to be available. Furthermore, the latest census was conducted in 2006, in the middle of the SFCS 2004–2009 initiative, and therefore only in 2011 will census data be able to be used to measure outcomes.

### *Progress reports*

The progress reports analysis was based on output data collected by SFCS services in their reports to FaHCSIA. Data were analysed quantitatively by Social Policy Research Centre researchers. All 45 CfC sites and all organisations funded under LA and ItG were required to complete progress reports.

Service providers and Facilitating Partners spent considerable time and effort completing progress reports, and FaHCSIA state and territory offices oversaw and supported this process. The reporting templates that Facilitating Partners and Community Partners were required to complete were complex and detailed. FaHCSIA changed the content and format of these templates in an effort to ease the reporting burden and complexity. While service providers appreciated FaHCSIA's responsiveness to their concerns, overall the reporting requirements were generally described by Facilitating Partners and Community Partners as challenging.

The reporting template used collected large amounts of qualitative and quantitative data. The reports covered information such as the type of activity, the number of participants, the allocation and expenditure of finances, partnerships, success factors and outcomes. The quality of the data varied between organisations and sites. Where data was of limited quality (such as large numbers of missing data or inconsistencies between questions and responses), it was not used in the evaluation.

The difficulties experienced in regard to the administrative dataset were not unusual. Many similar evaluations of complex initiatives such as SFCS 2004–2009 report similar findings, and some have failed altogether to use information provided by practitioners and service providers.

Government-funded programs require some level of reporting for contract management and evaluation purposes. Collecting that data in a consistent format, such as a database, from different organisations is important for the data to be useful. Lessons can be learnt from the SFCS 2004–2009 reporting template for collecting useful administrative data in future funded government programs.

The progress reporting from SFCS 2004–2009 reinforced the importance of keeping administrative reporting data indicators to a minimum, ensuring that questions are simple and all people completing them have a sound understanding of terminology used, limiting the collection of qualitative data to case studies and explanations for quantitative responses, and providing ongoing technological support and quality assurance mechanisms during the compilation of the reports.

Despite some challenges, analysis of the 641 CfC-funded activities and 360 LA projects included in the progress reporting databases was conducted. Some practical examples and case studies from the CfC progress reports have also been included throughout this report to provide insight into some of the practices occurring in communities.

*Department of Finance and Administration review*

The original design of the SFCS evaluation (2004–2008) was predicated on the fact that the program was due to be reviewed by the then Department of Finance and Administration (now Department of Finance and Deregulation) in September 2007. As such, it was originally planned that both rounds of the process evaluation, as well as the first two waves of SFIA, would be completed by early 2007 so that evaluation data could feed into this review. This, and the delays in accessing the data for the sample, considerably shortened the timescales for the intervals between SFIA waves (these issues will be reported on in more detail in the *Stronger Families in Australia: the impact of Communities for Children* report). When it was learned that the Department of Finance and Administration review would not take place, the second wave of fieldwork for the process evaluation was put back to late 2007 to allow for longer timescales between waves and for the program to mature further. Nevertheless, in a number of locations, the initiative still had 18 months to run when the second wave of fieldwork was undertaken, so these findings should not be seen as representing the fully mature CfC.



# List of shortened forms

CALD	Culturally and linguistically diverse
CATI	Computer assisted telephone interviewing
CfC	Communities for Children
FaCS	Australian Government Department of Family and Community Services (now FaHCSIA)
FaCSIA	Australian Government Department of Families, Community Services and Indigenous Affairs (now FaHCSIA)
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
ItG	Invest to Grow
NGO	Non-government organisation
PPP	Promising practice profiles
SEIFA	Socio-Economic Indexes for Areas
SFCS	Stronger Families and Communities Strategy
SFIA	Stronger Families in Australia



# Endnotes

1. Community partners were local service providers subcontracted by Facilitating Partners to deliver the activities identified in local community strategic and service delivery plans.
2. A select purposive sample was used for this study and therefore findings can be generalised. However, response rates differed by CfC sites so the broad findings may not be indicative of the outcomes for all individual locations.
3. Trend data is based on consistent change (whether positive or negative) in measured outcomes. They are included as trends when the effect size is at least 'small' (equal to or greater than 0.1 or above, Cohen in Edwards et al. 2009). As the trend findings are not statistically significant, they should be used cautiously. Future waves of the SFIA study would determine whether these trends become statistically significant changes over time. Nonetheless, the consistent positive pattern provides support for the conclusion that CfC has had some positive impacts in the short term.
4. This was the case for the full sample and for the hard-to-reach group, the not-hard-to-reach group, households with mothers with a higher education (Year 11 or more), and parents with high incomes.
5. This was the case for the full sample and for parents who were not-hard-to-reach. The trend for parenting self-efficacy across the majority of cohorts was also positive (full sample, not-hard-to-reach, households with mothers with low education (Year 10 or less) and higher education (Year 11 or more), and those from low-income families).
6. This was the case for the full sample (at Wave 3), and for children from hard-to-reach groups (at Wave 3 and over time), households with either mothers with low education (Year 10 or less) or higher education (Year 11 or more; over time), and those from both low and higher income households (over time and at Wave 3 respectively). The trend data suggest that the findings for groups that did not experience significant positive outcomes for employment (over time and at Wave 3) approached significance.
7. This was the case for all subgroups of the sample, except households with mothers with a higher education (Year 11 or more) and high-income households, and both of these were better than those in the contrast sites only at Wave 3. In the CfC sites, the households with mothers with low education (Year 10 or less; Wave 3), and the children from low-income households (over time), were significantly more likely to be participating in community service activities than their counterparts in non-CfC sites.
8. Positive effects in this outcome in the CfC sites were also evident in the trends for the group of households with mothers with low education (Year 10 or less). Changes seen over time are measured using the difference-in-difference method.
9. This was the case for children in the full sample (at Wave 3), those from hard-to-reach groups (at Wave 3 and over time), those from both lower and higher income households (at Wave 3), and households with mothers with low education (Year 10 or less) and higher education (Year 11 or more; at Wave 3).
10. The initial funding was to run for four years: 2004–2008, with an additional year (2008–09) added in early 2008. The first seven CfC sites were funded in July 2004 and hence had the full four (later five) years of funding. The remaining sites were funded in January 2005 (28 sites) and July 2005 (10 sites), and hence had three (four) and three and a half (four and a half) years respectively before their contracts ended. The National Evaluation covers the first four years.
11. The Choice and Flexibility in Child Care initiative was not part of the national evaluation.
12. Web appendixes are available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>. This report builds on the baseline evaluation report (Stronger Families and Communities Strategy National Evaluation Consortium 2008).

13. This was originally funded for the financial years 2004–2008. An additional year of funding was added in early 2008 to include the financial year 2008–09. The evaluation was designed to be conducted for the years 2004–2008.
14. Further details of SFCS and CfC activities are available from <[www.fahcsia.gov.au/internet/facsinternet.nsf/aboutfacs/programs/sfsc-sfcs.htm](http://www.fahcsia.gov.au/internet/facsinternet.nsf/aboutfacs/programs/sfsc-sfcs.htm)>.
15. See Section 7.1 for further discussion.
16. See Web Appendix B, available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>.
17. Some methodologies were adjusted from those envisaged in the original framework in response to the complexities and practicalities of conducting such a large, long-term evaluation involving numerous stakeholders in communities all across Australia.
18. Sources are as follows: Australian Bureau of Statistics; Australian Early Development Index; Vinson; Healthwiz; Public Health Information Development Unit; National Centre for Social and Economic Modelling; Bureau of Infrastructure, Transport and Regional Economics; Victorian Department of Planning and Community Development; and eight state/territory crime institutes and departments.
19. See Web Appendix E, available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>.
20. See Web Appendix C, available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>.
21. See Web Appendixes B and D, available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>.
22. Consultations with the Facilitating Partners and local evaluators in four sites containing remote Indigenous communities (Tiwi Islands, Katherine, East Kimberley and East Arnhem) indicated that the survey was not culturally appropriate for the service providers in those areas.
23. The methodology was changed between Waves 1 and 2 because of poor response rates. Postal/email questionnaires were used in Wave 1, whereas computer-assisted telephone interviewing was conducted in Wave 2 to collect a similar sample within a short period of time.
24. Fieldwork interviews were conducted in the same sites as the SFIA study.
25. Outcome data came from the Outcome Indicators Framework and the Community Profiles.
26. Evaluation reports were not provided for the other four ItG projects.
27. Available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>.
28. Information for this section of the report was drawn from: the CfC progress reports (July 2006 and December 2007) encompassing 641 CfC-funded activities; service mapping by Facilitating Partners in all 45 CfC sites in 2006 and 2007; service coordination survey results (744 total responses in 2006 and 2008; see Web Appendix C, available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>); interviews with 222 stakeholders across 10 CfC sites in 2006 and 2007; and the three themed studies (Indigenous: 25 interviews, two focus groups; hard-to-reach: 20 interviews; father engagement: 59 survey respondents, 17 interviews and seven focus groups). Further information on these methodologies can be found in Section 3. Methodological information on the three themed studies can be found in Berlyn, Wise and Soriano 2008; Cortis, Katz and Patulny forthcoming; and Flaxman, Muir and Oprea 2008.
29. This takes both the growth and discontinuation of services into account. These data rely on Facilitating Partners reporting the number of services in their community. The reporting differed greatly between CfC sites and should therefore be treated with caution.
30. See Web Appendix C (available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>) for further information.
31. See Table 3, Web Appendix C, available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>.



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32. Based on the 222 interviews with CfC stakeholders. The intention of CfC was also to deliver services based on solid research evidence. But while local evaluations may have helped service providers to focus on and demonstrate outcomes, the reports were not made available to the national evaluation.
  33. These findings are drawn from the 222 interviews with CfC stakeholders and the themed studies (Berlyn, Wise & Soriano 2008; Cortis, Katz & Patulny forthcoming; Flaxman, Muir & Oprea 2009).
  34. The exact number of these activities that were not implemented is unknown, as this problem was reported only by a small minority of the people interviewed in the 10 CfC sites.
  35. Further information on these methodologies can be found in Web Appendix C, available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>.
  36. See Web Appendix C (available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>) for further details and discussion.
  37. On a scale from 1 to 5, with 1 being the lowest level of helpfulness and 5 being the highest, the ratings fell from 4.1 to 4.0 (for all agencies) and 4.1 to 3.7 (for repeated agencies). These changes were not statistically significant.
  38. The poor engagement of state and territory government departments may have affected the health-related outcomes for families and children in CfC sites (discussed in Section 6).
  39. The quantitative findings within this section are from the SFIA report (Edwards et al 2009). The analysis and discussion is drawn largely from the 222 qualitative interviews with CfC stakeholders conducted in 2006 and 2007.
  40. For detail on the methodologies see Edwards et al. 2009.
  41. The full sample includes all families. The hard-to-reach populations were defined according to the following family characteristics, designed to capture the most disadvantaged groups within CfC sites: no father present in the household; jobless household (mother is unemployed or not in the labour force AND father not working or not present); poor parents (parental income is \$500 a week or less); low education (householders with mothers with low education, Year 10 or less); Indigenous families; and parent born overseas (see Cortis, Katz & Patulny forthcoming).
  42. The trend for CfC parents from low-income households is the most promising, with both the Wave 3 data and the data over time indicating more positive outcomes than for low-income parents in non-CfC sites.
  43. This measure was only tested at Wave 3.
  44. The information in this section comes from the CfC progress reports and the 222 qualitative interviews with CfC stakeholders conducted in 2006 and 2007.
  45. The evaluators are not aware that this occurred during the period of the evaluation, but at least one NGO was exploring the possibilities of future funding for CfC projects/programs from corporations.
  46. Approximately once a month.
  47. As local evaluators were contracted by and reported directly to Facilitating Partners, the sharing of reports was not part of the Facilitating Partners' contract with FaHCSIA.
  48. See Web Appendix D (available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>) for more detail regarding the costs and effects component of the evaluation.
  49. See Web Appendix A, available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>.
  50. See Table 1.1, Web Appendix A (available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>) for dates and reporting periods.
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51. There was a low percentage of projects submitting more than one report for this funding round because projects had been running only long enough to submit one report.
52. This is discussed in further detail in Web Appendix A (available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>). During the development of the evaluation framework, FaHCSIA decided that most of SFCS national evaluation resources were to be directed into CfC.
53. This is based on the 286 projects with completed data. This was calculated using the number of occasions of service/support in the age range section of the reports.
54. This is based on 56,353 people participating in 196 projects. There were 90 projects that did not list participant numbers.
55. Eighty PPPs were submitted across all three of the SFCS components assessed in the national evaluation. Submission of a PPP was open to all SFCS projects. Organisations self-selected to participate if they had a promising practice to profile and had the resources, skills and time to submit an application.
56. Available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>.
57. This includes only the classification of the 22 ItG projects with evaluation reports.
58. Funding details were available for analysis only for 25 of the 26 ItG projects. Funding was extended to June 2009 when the Stronger Families and Communities Strategy was extended.
59. Further detail on the individual ItG evaluations is available in Web Appendix B, available at <[www.sprc.unsw.edu.au](http://www.sprc.unsw.edu.au)>.

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# Occasional Papers

1. *Income support and related statistics: a ten-year compendium, 1989–99*  
Kim Bond and Jie Wang (January 2001)
2. *Low fertility: a discussion paper*  
Alison Barnes (February 2001)
3. *The identification and analysis of indicators of community strength and outcomes*  
Alan Black and Phillip Hughes (June 2001)
4. *Hardship in Australia: an analysis of financial stress indicators in the 1998–99 Australian Bureau of Statistics Household Expenditure Survey*  
J Rob Bray (December 2001)
5. *Welfare Reform Pilots: characteristics and participation patterns of three disadvantaged groups*  
Chris Carlile, Michael Fuery, Carole Heyworth, Mary Ivec, Kerry Marshall and Marie Newey (June 2002)
6. *The Australian system of social protection—an overview (second edition)*  
Peter Whiteford and Gregory Angenent (June 2002)
7. *Income support customers: a statistical overview 2001*  
Corporate Information and Mapping Services, Strategic Policy and Knowledge Branch, Family and Community Services (March 2003)
8. *Inquiry into long-term strategies to address the ageing of the Australian population over the next 40 years*  
Commonwealth Department of Family and Community Services submission to the 2003 House of Representatives Standing Committee on Ageing (October 2003)
9. *Inquiry into poverty and financial hardship*  
Commonwealth Department of Family and Community Services submission to the Senate Community Affairs References Committee (October 2003)
10. *Families of prisoners: literature review on issues and difficulties*  
Rosemary Woodward (September 2003)
11. *Inquiries into retirement and superannuation*  
Australian Government Department of Family and Community Services submissions to the Senate Select Committee on Superannuation (December 2003)
12. *A compendium of legislative changes in social security 1908–1982*  
(June 2006)
13. *A compendium of legislative changes in social security 1983–2000*  
Part 1 1983–1993, Part 2 1994–2000  
Bob Daprè (June 2006)
14. *Evaluation of Fixing Houses for Better Health Projects 2, 3 and 4*  
SGS Economics & Planning in conjunction with Tallegalla Consultants Pty Ltd (August 2006)
15. *The ‘growing up’ of Aboriginal and Torres Strait Islander children: a literature review*  
Professor Robyn Penman (November 2006)

16. *Aboriginal and Torres Strait Islander views on research in their communities*  
Professor Robyn Penman (November 2006)
17. *Growing up in the Torres Strait Islands: a report from the Footprints in Time trials*  
Cooperative Research Centre for Aboriginal Health in collaboration with the Telethon Institute for Child Health Research and the Department of Families, Community Services and Indigenous Affairs (November 2006)
18. *Costs of children: research commissioned by the Ministerial Taskforce on Child Support*  
Paul Henman; Richard Percival and Ann Harding; Matthew Gray (July 2007)
19. *Lessons learnt about strengthening Indigenous families and communities: what's working and what's not?*  
John Scougall (March 2008)
20. *Stories on 'growing up' from Indigenous people in the ACT metro/Queanbeyan region*  
Cooperative Research Centre for Aboriginal Health in collaboration with the Telethon Institute for Child Health Research and the Department of Families, Housing, Community Services and Indigenous Affairs (April 2008)
21. *Inquiry into the cost of living pressures on older Australians*  
Australian Government Department of Families, Housing, Community Services and Indigenous Affairs submissions to the Senate Standing Committee on Community Affairs (August 2008)
22. *Engaging fathers in child and family services: participation, perception and good practice*  
Claire Berlyn, Sarah Wise and Grace Soriano (December 2008)
23. *Indigenous families and children: coordination and provision of services*  
Saul Flaxman, Kristy Muir and Ioana Oprea (May 2009)