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Acknowledgements

Synergistiq would like to acknowledge the contribution made by representatives from the following organisations for their input into the City of Greater Shepparton Communities for Children Program Evaluation:

- Save the Children
- Department of Human Services (Federal)
- FamilyCare
- The Bridge
- UnitingCare CuttingEdge
- Greater Shepparton City Council
- Best Start
- Relationships Australia Victoria
- Berry Street
- Department of Education and Early Childhood Development
- Primary Care Connect
- Goulburn Murray LLEN
- Mooroopna Primary School
- Gowrie Street Primary School
- Shepparton and District Ethnic Council
- CatholicCare Melbourne
- Rumbalara Family Services
- Bourchier Street Primary School
- St Georges Road Primary School
- Wilmot Road Primary School

In addition to responses received from the CfC Steering Committee, Community Partners and members of the CfC Evaluation Committee, the information contained in this report is comprised of feedback from a number of people who have directly received services provided through the Communities for Children program in Greater Shepparton.

Synergistiq would like to thank each person who has shared their insights and experiences of the CfC program, which has not only helped shape the Program Evaluation Report but has also led to a better understanding of the Communities for Children program in Greater Shepparton.
Chapter 1 – Executive Summary

Synergistiq was engaged by CentaCare (now CatholicCare Sandhurst) to evaluate the City of Greater Shepparton Communities for Children (CfC) initiative. The purpose of the evaluation was to determine the extent to which the CfC program was able to meet its desired outputs and outcomes on both organisational and service delivery levels.

Socio economic indicators suggest Greater Shepparton is a high needs area compared with other parts of Victoria. The most recent Social Economic Index for Areas (SEIFA 2011) ranks Greater Shepparton 13th most disadvantaged local government area in Victoria; births per thousand to females aged 15 – 19 are almost twice that of the rest of Victoria; almost 22% of families are one parent families and many have children aged 15 years and under (ABS 2011).

A total of 16 discrete Activities were funded by CfC over the period between July 2012 and June 2014 in Greater Shepparton. Services funded were family focused and child centred, targeting children 0-12 years, and as an ‘enhanced’ site due to its socio-economic profile, also provided support to young parents and jobless families under the Building Australia’s Future Workforce (BAFW) initiative.

These activities were:

- Real Men Make Great Dads
- Greater Shepparton Mother Goose Model and Program
- Intensive Supported Playscheme Greater Shepparton
- Tatura Early Years Project 2012
- I-Pads, i-kids, i-Community i-school project
- Community Hub: A Community Learning Together
- Stronger Connections – A Family Resource and Mentoring Program
- Mooroopna School Community Hub
- Young Dads Make Great Dads/Early Learning Hubs
- Bringing Your Baby Home
- Future Parenting Program
- The Kinship Program for Aboriginal Fathers & Foundations to Employment Program for Long Term Unemployed
- Shepparton Neighbourhood School Hubs Stage 2
- Wraparound Health and Wellbeing – Extended School Hub
The intended outcomes of CfC funded services from its Strategic Plan 2012-14 were to:

- Improve engagement and support of parents, in particular fathers, male carers and their children
- Increase engagement and support of young parents and jobless families
- Improve the support service system and practice to facilitate sustainable outcomes for vulnerable families and their children
- Build capacity within community to support and develop sustainable outcomes for Indigenous families and their children
- Build capacity within the community to support and develop sustainable outcomes to CALD families and their children
- Support the accessibility of services through schools as hubs.

The stakeholder survey questions for this evaluation were developed with Centacare and the CfC Evaluation Subcommittee. The questions were:

1. How has CfC been implemented?
2. To what extent has CfC achieved the intended outputs and outcomes at the organisational level?
3. To what extent are the CfC organisational outcomes sustainable?
4. To what extent has CfC achieved the intended outputs and outcomes at the individual and community levels?
5. How can CfC be further improved?

The evaluation method for CfC was based on triangulation of data and analysis. It involved the equal use of qualitative and quantitative data gathering techniques. This included seeking the views of staff and managers on the evaluation questions above through stakeholder interviews, focus groups and surveys of service providers. A separate service user interview tool was developed to gather feedback from CfC clients (see Attachment 1). The evaluation had a Primary focus on ‘process’ evaluation (or formative evaluation) and a secondary strong focus on ‘impact’ evaluation (or summative evaluation).

The findings of the evaluation are that:

- CfC experienced significant challenges during the implementation phase which impacted negatively on service cooperation and coordination. The challenges included insufficient expert staff at commencement, limited planning prior to first round of funding, lack of transparency in both funding criteria and funding decisions.

- Strategic changes were made by Centacare to respond to implementation challenges and these changes were successful in changing sentiment from service providers. The changes included
the appointment of ‘Collective Impact’ in December 2013 to chair CfC Steering Committee meetings and the appointment of a new CfC Team Leader.

- The outputs achieved by CfC are substantial. A total of 16 projects were funded and 610 clients were reported as receiving support over the life of the program to June 2014.

- Organisational outcomes were very low at the commencement of CfC but gained significantly during the funding period. By 2014 most organisational indicators – ‘shared vision’, ‘shared purpose’, ‘openness and transparency’ and ‘respect and trust’ - were at very high levels, with performance matching the expected “importance” attached to these indicators by the services participating in CfC.

- Service system growth was also impressive during the first two years of CfC. Significant improvements were made between 2013 and 2014 and high levels of performance were reached in respect of:
  - The level of leadership
  - The effectiveness of the facilitating partner and steering committee
  - The management of challenges and change
  - The level of participation in joint actions

- Client satisfaction was highly positive with over 80% reporting satisfaction. Client outcomes were highly impressive with:
  - 95% of clients reporting they were treated with respect
  - 86% of clients reporting they had new skills and knowledge to use in their family relationships
  - 84% of clients reporting they were better able to cope with their issues
  - 83% of clients reporting they now had information about other services to meet their families’ needs

There are still major challenges facing CfC. These include:

- **The planning processes** undertaken by CfC to guide future funding decisions require further attention: the Planning Day held in February 2014 represents an improvement on the hasty planning process conducted at the commencement of CfC. However, a more thorough planning approach is being scheduled for later in 2014, including a follow up Planning Day in December 2014 to review the strategies identified in February, map needs against services and identify gaps in service provision in preparation for the forthcoming funding round in 2015.
• **The transparency of CfC processes** are still lacking although it is noted they are being addressed. At the time of writing this report the CfC documentation, guidelines and communications that govern (a) applications for funding including format and timing, (b) funding criteria, and (c) the way in which funding decisions are made, are not readily available and yet are key to improving the acceptance of CfC funding decisions by agencies across Greater Shepparton. The planned introduction of system improvements in 2015 based on the Grantmaking Toolkit by the Australian Institute of Grants Management should serve to increase confidence in the funding processes going forward.

• **The independence of funding decision makers** is not self-evident and there is a continuing perception about who makes final funding decisions: the key participants are Centacare, the Steering Committee and DSS, yet the precise location of responsibility and therefore accountability remains confusing to a number of key stakeholders. It also appears that decision makers are sometimes beneficiaries of funding decisions. As stated above, planned improvements to the grantmaking system should alleviate some of these concerns in future.

• **The impact of CfC funded programs on clients** is not fully understood: while the Program Logic undertaken in August 2013 helped services articulate the expected outcomes for clients, there was little follow up in measuring, analysing and using client outcome information to inform service delivery. This lack of outcome information frustrated agencies and also hampered CfC in making further funding decisions.

• **The leadership role and general functioning of the Steering Committee and Community Partners** meetings improved substantially during the operation of CfC but there remains scope for further improvement such as: improvement in the transparency of funding decisions and the exchange of information at project level about promising approaches.

• **The CfC contribution to other leadership processes across Greater Shepparton** could be strengthened: the CfC, together with Local Government, The Lighthouse Committee, Committee for Shepparton, Best Start, DEECD and DHS all contribute to the planning for Greater Shepparton but there is little coordination across these groups. The City of Greater Shepparton could take a stronger role in linking and planning across the municipality. For example, it was suggested by stakeholders that a regular meeting of CEOs of the groups listed above could take place under the Council’s auspice.
Chapter 2 – Introduction

Context
Synergistiq was engaged by the Facilitating Partner, CentaCare (now CatholicCare Sandhurst) to evaluate the City of Greater Shepparton Communities for Children (CfC) program. The purpose of the evaluation was to determine the extent to which the CfC program was able to meet its desired outputs and outcomes. In particular, the evaluation tested the degree to which:

- Cooperation and collaboration has occurred between partner agencies, transparent and equitable decision-making processes have been established and structures put in place to continue in the future
- Programs that meet the aims of Communities for Children have been developed and executed, and processes to facilitate a continuation of programs have been established
- Coordinated and integrated services have been established for families (including referral pathways), particularly vulnerable and disadvantaged families, to improve child wellbeing and development, safety and family functioning
- Disadvantaged or marginalised groups including CALD and Indigenous communities have been involved in and/or contributed to programs.

The CfC for the City of Greater Shepparton commenced in October 2011 and was funded by the then Department of Families, Housing, Community Services and Indigenous Affairs (now Department of Social Services) and was part of the broader Communities for Children initiative funded by the Commonwealth Government situated within the Family Support Program.

The key aims and objectives of the Communities for Children program are to:

- Improve the health and wellbeing of families and the development of young children, from before birth to school age
- Create strong, child friendly communities
- Build strong links with state government child protection services
- Link universal services with specialist support services and adult secondary services
- Build the evidence base for best practice targeted early intervention and prevention
- Reduce the incidence of families and individuals falling into crisis
- Ensure parents and children have increased connections and social networks
- Link early childhood services with other Commonwealth services
CfC was based on a whole of community approach that builds on community strengths and the existing infrastructure of organisations, networks and resources. It funds services to ensure children have the best start in life by focusing on prevention and early intervention. The services funded were designed to bring about positive family functioning, safety and child development outcomes for children and their families in disadvantaged communities throughout Australia.\(^1\)

The CfC had two key components:

- A Facilitating Partner which was responsible for drawing together a whole of community approach to implement CfC
- A number of funded services that provide early intervention and prevention tailored to the needs of the local community. Services funded were family focused and child centred, targeting children 0-12 years and as Shepparton was selected as a trial site for the Building Australia’s Future Workforce (BAFW) initiative, young parents and jobless families

Additionally, the City of Greater Shepparton Communities for Children program identified Professional Development and Evaluation as two local priorities requiring allocated funding from the CfC budget, resulting in the delivery of a series of Integrated Practice Seminar Series and other training aimed at up-skilling the service sector, and implementing the CfC Program Evaluation project.

The key strategies of the City of Greater Shepparton Community Strategic Plan 2012 -14 were to:

- Improve engagement and support of parents, in particular fathers, male carers and their children
- Increase engagement and support of young parents and jobless families
- Improve the support service system and practice to facilitate sustainable outcomes for vulnerable families and their children
- Build capacity within community to support and develop sustainable outcomes for Indigenous families and their children
- Build capacity within the community to support and develop sustainable outcomes to CALD families and their children
- Support the accessibility of services through schools as hubs.

The CfC established a Steering Committee comprising key local service providers and local, state and federal government representatives. The role of the Steering Committee included the development of the Community Strategic Plan, the Activity Work Plan, providing guidance and support to the Facilitating Partner and ensuring that the scope of each CfC activity aligned with the strategic direction of the CGSCfC. It was also responsible for establishing Assessment Panels in relation to brokerage funds to ensure the effective, efficient and fair distribution of resources to support the objectives of the CfC program.

A Community Partners Group was also convened, comprising funded service providers and representation from the Department of Human Services. The role of the Community Partners Group was to share information across funded services and develop a stronger partnership approach to service planning and service provision.

**About Greater Shepparton**

Greater Shepparton is located in north central Victoria, approximately 180 kilometres from Melbourne. It is the fourth largest provincial centre in Victoria, and at the last census had a population of 61,737 (ABS 2011). The largest industries in the area are manufacturing and agriculture. The median individual and family incomes are $426 and $1,063 per week respectively. (ABS 2011)

An estimated 75% of residents in Greater Shepparton live in the main urban centres of Shepparton and Mooroopna. Shepparton has a strong and diverse multi-cultural community with almost 11% of residents born in a Non-English Speaking country and 13% speak a language other than English at home. Of the total arrivals from overseas, 36.1% are humanitarian arrivals, ranking Greater Shepparton 4th in the State.

Greater Shepparton’s population data shows a high percentage of residents identifying as Indigenous compared with the State average (3.63% compared with 0.74% - ABS 2011).

Socio-economic indicators suggest Greater Shepparton is a high needs area compared with other parts of Victoria. The Social Economic Index for Areas (SEIFA) 2011 ranks Greater Shepparton 13th most disadvantaged local government area in Victoria. Births per thousand to females aged 15 – 19 are over twice that of the rest of Victoria (25.5 compared with 10.4) according to the Department of Health 2012; single parents comprise 25.6% of the total number of families with children aged under 15 (PHIDU 2013). The number of children under 15 in jobless families in Greater Shepparton is 20.6% of the total number of children living in the municipality (PHIDU 2013).

**The Evaluation Questions**

The evaluation questions for the City of Greater Shepparton CfC program were developed with Centacare and the CfC Steering Committee. They were included in the Evaluation Framework (Attachment 2). The questions were:

1. How has CfC been implemented?
2. To what extent has CfC achieved the intended outputs and outcomes at the organisational level?
3. To what extent are the CfC organisational outcomes sustainable?
4. To what extent has CfC achieved the intended outputs and outcomes at the individual and community levels?
5. How can CfC be further improved?

An additional survey was developed for the service users, which posed questions designed to draw out further information from question 4 above about the extent to which the intended outcomes at the individual level were met *(see Attachment 1).*
The Evaluation Method

The evaluation method for CfC has involved triangulation of data and analysis. This included seeking the views of clients, staff and managers about the evaluation questions as above. It involved the equal use of both qualitative and quantitative data gathering techniques.

This evaluation had a strong focus on ‘process evaluation’. Process evaluation documents the establishment of programs and monitors how a program has been implemented. It provides advice during the evaluation on how the program could be improved. This approach is also known as formative evaluation. Equally, this evaluation has also had a secondary focus on ‘impact’. Impact evaluation determines the extent to which outcomes have been achieved. This is also known as summative evaluation.

Data Sources

Two main phases of data collection were undertaken by Synergistiq. Phase one took place from June 2013 to December 2013. It provided baseline data and information related to implementation. Phase two of the data collection was designed to monitor progress. It took place from March 2014 to July 2014.

The data collection methods included stakeholder interviews, focus groups, surveys of service providers and service users. This was a very comprehensive methodology. Data was collected from:

- 6 focus groups with CfC Community Partners and key stakeholders
- 10 interviews with CfC Community Partners and key stakeholders
- 183 (Survey 1) plus 84 (Survey 2) surveys of service users
- 23 (Survey 1) plus 13 (Survey 2) surveys of service providers - Community Partners and Steering Committee members

Evaluation Reports

Synergistiq prepared an Interim Evaluation Report in February 2014 which summarised the evaluation activity to date and identified emerging themes to assist the CfC Steering Committee to plan for the remainder of the program.

The final report (this report) will be presented to the CfC Steering Committee on 9th December 2014.
Chapter 3 – Communities for Children funded activities

Projects Funded

Central to the Communities for Children model is the delivery of place-based activities that align with the objectives of the program. A total of 16 projects were funded by CfC over the period 1 July 2012 to 30 June 2014. A summary of activities funded by the City of Greater Shepparton Communities for Children Program is listed below, based on the Final Reports produced by each of the Community Partners at the conclusion of their respective Activity. The exceptions are the ‘Real Men Make Great Dads’ project undertaken by FamilyCare and Relationships Australia Victoria’s ‘Early Learning Hubs’ project which were both evaluated externally. Please see Attachment 3 – Project Logics for each of the Activities funded under the Communities for Children Program.

A summary of activities funded is provided here as prepared by CfC to provide context for the evaluation.

ROUND 1 Activities – July 2012 - 30 June 2013.

1. ‘Real Men Make Great Dads’ Program (see project logic p75)

GV Family Care provided education and emotional support to help fathers manage their parenting role effectively through a group environment of eight two hour sessions delivered by a male facilitator. Participating fathers gained skills, knowledge and understanding about stages of child development, increased parenting capacities and appropriate discipline strategies throughout their child’s development. The program also offered sessions at some Primary Schools to support fathers living in Greater Shepparton with children aged 0-12 years.

What Worked well

In their Evaluation Report of the Real Men Make Great Dads project, Family Care note that positive feedback was received from the men who attended the parenting programs. The evidence base for the program lay in past surveys which had identified long term benefit from participation.

Challenges

The evidence suggested that a program specifically designed for school needs would have been of more benefit to facilitate engagement between school communities and community service organisations.

Project Learnings

RMMGD’s results were congruent with other research suggesting that ‘Fathers are more difficult to engage and typically have lower attendance rates than mothers. Therefore dropout and attendance rates continue to be the major issue’.

2. IPADS-IKIDS-ICOMMUNITY-ISCHOOL PROGRAM
Implemented at Gowrie Street Primary School, the activity supported the purchase of 50 iPads (including protection cases and screen protectors) as an engagement tool for learning. The program gave students and their families the opportunity to use current technology for the provision of educational support and learning opportunities ‘anywhere at any time’. There was a combination of learning activities in the classroom as well as parent and child learning sessions, including 10 “Me, my Dad and an i-Pad” sessions with a total of 50 participants.

**What Worked well**

The project:

- Provided an opportunity for families to be involved with technology
- Enabled parents to be part of their child’s learning
- Provided a means for bonding and sharing within families
- Supported and nurtured the school community
- Provided a means for cross-cultural recognition

**Challenges**

- Family circumstances changing affected commitment to participation in the project.
- State Government changes within DEECD impacted on funding allocations and roles within the department.
- Budget issues as a result of Apple changing their bulk purchase policy

**Project Learnings**

- The high expectations that the devices were cared for and returned were met. The project provided the school with a new level of communication with parents. Learning outcomes for many students have been accelerated with the use of iPads.
3. Intensive Supported Playscheme Greater Shepparton

Save the Children provided an intensive supported Playscheme in Tatura and employed a Family Support Worker to support families attending Save the Children’s Mobile Playschemes across the Shepparton region. A new playscheme was set up in Tatura.

What Worked well

The appointment of a Family Support Worker to attend all playgroups run by the Save the Children mobile playscheme was very successful in engaging vulnerable and disadvantaged families who required intervention and ongoing support.

Challenges

Initially a playgroup was set up at the Tatura Community Centre, with low participation. When it was relocated to the Tatura Caravan Park, participation levels increased, with disadvantaged families who were unable to travel to the Community Centre now accessing the service.

The Save the Children activity was new to the area at the time, but the mobility of the playgroup gave it a flexibility to move to where the families were, avoiding duplication with existing services.

The biggest barrier to delivering the project was getting families to attend the groups. Once families understood the intent of the group and being free and mobile assisted in overcoming this particular barrier.

Project Learnings

- Good preparation prior to the launch of the project
- Networking with other agencies in similar fields of operation prior to the establishment of the first Intensive Supported Playgroup.
- Transparency between all parties – partners and other stakeholders

4. Neighbourhood Schools Network - Playgroups in Schools

Led by Gowrie Street Primary School, the project connected with families and children in the early years before their formal schooling years. It gave the children experiences in formal learning settings, use of learning materials and opportunities for learning through play. The project was delivered at Gowrie Street Primary School, Wilmot Road Primary School and St Georges Road Primary School.

What Worked well

The project achieved its targets of providing early learning opportunities for children through the enhanced playgroup program. It also provided opportunities for parents to learn skills to enhance their children’s development and oral language skills.

Challenges

Ensuring playgroups are ongoing and sustainable

Finding times to suit families

Cultural events and celebrations mean programs can stop and start

Weather and transport
Group dynamics – considerations that can affect the delivery of programs

Project Learnings

Feedback from participants indicated that the program was very beneficial.

Child and parent English oral language skills developed.

Social interactions increased and improved

Playgroups resulted in breaking down barrier between schools and communities. Having access to additional services, eg. Maternal and Child Health very beneficial

Partnerships with other organisations is critical, eg. Greater Shepparton City Council, Pre-schools, Uniting Care Cutting Edge

Consultation with families is vital

Benefits of three (3) schools working together and assisting each other with ideas, resources and expertise has been very important.

5. Greater Shepparton Mother Goose Model and Program (see project logic page 76)

The Mother Goose model provides a group experience for parents, their babies and young children that focuses on the pleasure and power of using rhymes, songs and stories together. Through this project 22 new Mother Goose facilitators from a range of local agencies were to be trained to run weekly sessions across Greater Shepparton, supported by a Mother Goose co-ordinator. The project was run by Greater Shepparton City Council.

What Worked well

28 staff from agencies that work with vulnerable and disadvantaged families were trained as Mother Goose facilitators. Unused funds for transport were redirected to training additional facilitators, exceeding the set target of 22. There was good attendance at the various sessions run from Term 4 in 2012 from a range of different services and organisations.
Challenges

The Mother Goose training schedule was subject to Knox City Council’s availability, which delayed it by a couple of months. That impacted on the number of programs that could be run following the training. Coordinating the Mother Goose sessions with some organisations was challenging, as some could not provide a timeframe. Two primary schools were unable to attract enough participants to commence in Term 1, 2013.

Project Learnings

The importance of the Mother Goose model was reinforced by the project, and the need to expand it across Greater Shepparton. Relationships were strengthened between the Council and other agencies and primary schools, leading to other opportunities for collaborative activities. This project also reinforced the critical role of the Mother Goose Coordinator and that without this position the success and sustainability of the program would be compromised.

6. Tatura Early Years Project 2012 - Best Start (see project logic page 78)

Led by Greater Shepparton City Council, this initiative consists of 2 outreach activities. The first has been designed to improve Maternal & Child Health (MCH) and kindergarten engagement with vulnerable families and children in Tatura. A second component was the provision of breastfeeding support. In addition, a “Preparing for Parenthood” program was provided for young vulnerable women. Strengthening linkages between local service providers was also encouraged through the establishment of a Tatura Early Years Network.

What Worked well

The engagement with pregnant women provided tangible benefits to the 5 participants through the ‘active engagement’ revised approach.

The provision of an additional 6 hours per week for MCH outreach was highly successful in engaging vulnerable families, 159 outreach contacts were undertaken to 61 families.

The breastfeeding support model was also revised to be incorporated into the MCH role, 19 antenatal and 50 postnatal contacts were made.

The establishment of the Tatura Early Years Network was successfully achieved.

Challenges

- Lead time in establishing a new project – lack of time for planning led to impact on ‘Preparing for Parenting’ activity
- Workforce issues – staff recruitment
- Relatively small numbers of vulnerable families, which impacts on generating momentum for new groups.
- Lack of capacity to evaluate project outcomes within the scope of the activity.

Project Learnings

- The concept of Maternal and Child Health works well, but needs the right person in the role.
• Supporting highly vulnerable families is resource-intensive and needs to be sustained.

• It is also ‘advanced practice’ work and can easily be derailed.

• Small things make a difference.

• Uptake of breastfeeding rates was predominantly by more affluent women. Younger women were more likely to wean earlier. Other issues for vulnerable women impacted on their ability to continue breastfeeding.

• Integrated practice/interdisciplinary approach is essential to support vulnerable families

• Local research is essential to understand factors/issues of importance to families

• Track record of good practice helps to accelerate new projects

ROUND 2 Activities – October 2012 - June 2014

7. The Kinship Program for Aboriginal Fathers & Foundations to Employment Program for Long Term Unemployed

Run by Moloka Pty Ltd to provide Indigenous fathers with information, skills and understanding about their own well-being to positively influence their relationships with their children, partner and/or ex-partner. The Foundations to Employment Program was designed to provide long term jobless Indigenous families opportunities to participate in discussions, group workshops and information sharing regarding the impact of being ‘jobless’ on themselves and their family. The project was also to explore positive and negative influences they have been experienced when employed or seeking employment and included individual actions and activities that could lead to long term and meaningful employment.

What Worked well

• Project planning and preparation was undertaken thoroughly and a calendar of events was developed. Promotional material was designed and distributed; and 12 participants were recruited to participate in the activities by the third week of its implementation.

• Data for January/February 2013 showed 21 parent participants and 20 children engaged in the Kinship Program

Challenges

• Participation rates below target numbers and inconsistent engagement by participants

• Communication difficulties between Community Partner and the Facilitating Partner

Project Learnings

• The Grant Agreement for this project was terminated by the Facilitating Partner on 20 May 2013. The project was due to continue to 30 June 2013

• Unspent funds from the project were redistributed within the Communities for Children program to support the enhancement of other activities that met the CfC objectives.

• Measures have been put in place, including a review of the standard Grant Agreement terms and conditions to mitigate the possibility of a similar situation in future, but it is acknowledged by the
Facilitating Partner that strong and positive communication is key to project success, and that under different circumstances a better outcome could have been achieved for the Kinship and Foundations for Employment program.

8. Future Parenting Program (see project logic p 80)

Provided by The Bridge Youth Service, this program supports the development of parenting skills of young parents, ensuring the health and wellbeing of the child. The Future Parenting Program also supports young parents in meeting the requirements of their Centrelink Participation Plan through engaging in parenting skills development programs and with school or education options.

What Worked well

- Targeted number of participants was achieved and over sixty (60) education, information and support group sessions were provided successfully to young parents.
- Changing the venue of the Shepparton group produced positive results due to its increased accessibility for families.
- Volunteer support from members of the community and professionals, including Maternal and Child Health, financial counsellors, sexual health nurse, volunteer drivers, etc. gave young people the confidence to ask questions and seek information
- Visits to the local library and healthy cooking activities both incorporate exposure to learning which has the potential for long term benefits for the parents and their children’s development.

Challenges

- It became evident that there was not the anticipated demand for services in Tatura and Murchison, so the activity was revised to transport young parents from Tatura to participate in the Shepparton group.
- Transport is a big challenge for participants
- Mental health issues of participants
- Maturity levels of mothers
- Family violence and resistance by some male partners to the mothers participating in the group
- Generational issues relating to parenting
- Legal issues around parenting, extremely stressful for parents

Project Learnings

- Young people are able to make a clear decision about engaging with a program, especially at a trusted organisation
- Programs need to be relevant to the core business of the organisation to succeed in engaging the right participants
- Facilitators need to be specialised in the relevant field and have strong links with other organisations
- Programs that sit within a suite of services (such as the Future Parenting Program) are more likely to receive referrals than stand alone activities
- We need to listen to what young people want and work accordingly to ensure engagement.

9. Stronger Connections – A Family Resource and Mentoring Program
(see project logic p 81)

Run by UnitingCare Cutting Edge this program focuses on refugee fathers and their families. Fathers are assisted to find their identity, embrace and develop their fathering role, and promote familial reconnection to overcome issues and conflicts that are typically evident through ‘refugee journeys’. The program offers family activities, parent support, education and information sessions and mentoring programs.

What Worked well

- Mapping existing local programs and services with the program was identified as a beneficial exercise, which identified gaps in service delivery and helped focus the program’s activity on specific outputs
- Overall numbers of participants exceeded targets and delivery of the program helped UCCE to understand the needs of the community better
- Fathers were given the opportunity to bond with their young children in the fun activity of the Learn to Swim program at Aquamoves and learn about the protocols of attending a public space such as the local swimming pool. This was an activity that continued beyond CfC support.
- Fathers were given the opportunity to find their identity through the Family Portrait activity, which helped them consider their key role in their families and promoted familial reconnection and pride
- Members of the CALD community have formal skills in food preparation, and mothers have had opportunities to engage in activities with their daughters to help repair, cement and build on their relationships in a safe environment
- The broader community was educated in the ‘Refugee Experience’ which has helped build understanding and tolerance in the employment sector
Challenges

- Establishing partnerships with other CfC services in some instances
- Internal staff changes and lack of systems
- Engaging male community participants for sequential activities. The program was adapted to single sessions to respond to repeated unsuccessful attempts to engage over a period of time.

Project Learnings

- Women and children are easier to engage for activities
- There are many generalist services and businesses that need orientation and cultural awareness about the CALD community
- Engagement with the sector can be personality dependent
- The program was a good tool for reducing isolation, promoting information and contributing to a safer, more inclusive community
- Levels of English language skills can be challenging for mentoring and courses

10. Early Learning Hubs (Formerly Young Dads are Great Dads)

(see project logic p 83)

Relationships Australia Victoria commenced the ‘Young Dads are Great Dads’ program in October 2012, aimed at attracting and supporting young fathers to build understanding, knowledge and skills relating to their fathering role. The program provided parenting education sessions, facilitated playgroups and family fun activities. Due to poor take up of the program, the activity was reviewed in August 2013 and redeveloped into the ‘Early Learning Hubs’ activity which commenced in October 2013.

The ‘Early Learning Hubs’ activity supports vulnerable children in two Early Childhood settings in the form of a wraparound model of service, developed through a collaborative, community-based multi-disciplinary team, with the family at the centre. Enhancement of a Grandparents and kinship carers’ peer support network is also included in this project.

What Worked Well

Early Learning Hubs

- The Health Days at the Early Learning settings were highly successful - very well attended by families as well as bringing a range of health-related services together
- The Family Support Workers in the Early Learning settings have been very successful at engaging with families in transition activities such as completion of Transition Statements and orientation sessions with local primary schools
- The connection made with Foodshare has contributed towards the success of the meals program and healthy food demonstrations, and has also provided some families with essential food items
- The grandparents/kinship carers’ support group celebrated 10 years on 6 May, attended by Dr Sharman Stone
• Professional development for staff at both Early Learning centres was well attended, with a total of 23 staff and Board members attending the Bridges out of Poverty training in June 2014

Challenges

Young Dads are Great Dads

• Attendance - identification of services/supports where young dads attend was difficult, and they were not identifiable through services such as Centrelink

• Motivation of young Dads – those that accessed services/supports were often mandated through court orders and so were often either unmotivated or overwhelmed by other legal and social issues

• Fathers presenting with complex needs (Drug and Alcohol, mental health, etc) which were barriers to their engagement with the program

• Workers viewing the cohort as difficult to achieve results with

• Dads not valuing the importance of their role in their children’s lives

Early Learning Hubs

• Access to interpreters for families with pre-school children

• Refurbishment at one of the Early Learning centres made delivery of some elements of the Activity challenging

• Confusion for parents around Centrelink entitlements relating to childcare

• Internal issues at one of the Early Learning centres impacting on ability of the Family Support Worker to engage effectively initially

Project Learnings

Young Dads are Great Dads

• Significant resources are needed to engage with this target group in terms of time and the focus needs to be on developing a relationship before numbers are likely to improve

• A collaborative approach is required which draws on the knowledge and experience of the sector to help guide engagement

• A useful question might be what is needed in the long term to benefit fathers rather than focusing on the short term

• If an activity is not attracting clients to it, it needs to be re-evaluated

Early Learning Hubs

• Critical conversations need to happen with centre staff whenever possible to maintain open communication and build trust
• Working together achieves the best outcomes for families and the community. When the needs of children are prioritised, differences and barriers can be overcome
• Follow up of children who have transitioned to school is important to identify any post-kinder support needs

11. Community Hub: A Community Learning Together Program (see project logic p 85)

Implemented at Bourchier Street Primary School, the program involves playgroups, reading and oral language development programs. A key theme of the activity is the “Paddock to Plate” program which involves growing harvesting, preparing and sharing food from the school garden. The program also supports adult learning and development opportunities for parents to assist them to broaden their employment options.

What Worked well

• The Paddock to Plate project was a huge success in engaging students and parents in planting, harvesting and cooking healthy food.
• The parent-child Mother Goose program has become integral to the school’s work with families, and the model has been extended to further develop the Read To program and make links with the school and local libraries
• Parents enjoyed participating in the Yoga and Cooking to a Budget courses and became more involved in the school community

Challenges

• The English as a Second Language class was not successful: staffing issues resulted in the course being abandoned. It was decided to revisit this training in the 2014-15 period, utilising a local trainer with a good reputation for engagement with the CALD community

Project Learnings

• Sustainability is imperative as one off events do not create long term change. Therefore projects need to be embedded into the ongoing work
• If the project is not meeting its target, it is important to reflect why and work to change what is happening. It is pointless continuing on a path that is either not sustainable or is not attracting clients
Parent participation is directly linked to their children’s involvement. Attendance is linked to engaging programs for students and ones that enable parental involvement

Parent skills are enhanced indirectly by being a part of projects

12. Shepparton Neighbourhood School Hubs Stage 2 (see project logic p 87)
Involves collaborative and committed engagement across each of the school communities of St Georges Road Primary School, Wilmot Road Primary School and Gowrie Street Primary School, whereby each school delivers specialised early years (0-5 year olds) and parent education programs to support vulnerable, CALD and Indigenous children and families. This is facilitated by skilled Neighbourhood School Coordinators and specialised Family Engagement Officers.

St Georges Road Primary School successfully applied for additional funds from the CfC program to run the ‘Growing Great Communities’ project from January to June 2014. This involved the development of an Indigenous Playgroup, a Play Therapy program, Koorie Games and a Bush Tucker program.

What Worked well

- The establishment of a coordinated and collaborative Neighbourhood School Hub has been highly successful, with regular meetings between the Principals to inform planning for services and shared goals.
- Equally, each school has developed their school hub to address the specific needs of their community, while supporting each other, and working together on shared programs or activities.
- Runner up award from VEEA for ‘Outstanding Partnerships with Families and Communities’ 2014 for the Neighbourhood program
- St Georges Road Primary School – finalist in the 2013 DEECD Early Years Awards
- Partnership with a local ACE provider to deliver English Language and Computer classes for parents, and arrangements with a range of service providers
- Implementation of the ‘Growing Great Communities’ project has resulted in increased connections with Lulla’s Children and Family Centre and GOTAFE, and successful achievement for some elements of the activity. Demand for play therapy exceeds staff capacity

Challenges

- Awareness of religious festivals which can impact on attendance
- Participation in the Indigenous Playgroup did not produce the desired outcomes, with limited attendance throughout the project. Identified barriers included accessibility (transport) and the scheduling conflicting with other programs being run concurrently
- Poor weather during certain months of the year impacting on attendance
- Overwhelming demand for play therapy
- Coordination and triage of services at the school is extremely time consuming and difficult to resource
Project Learnings

- With support, families can access services to increase their own and their children’s lives. Often they need empowerment to be involved at a greater level.
- Developing strong relationships of trust with families takes time and is a commitment across the whole school.
- Communication and information sharing between families and school is very important in terms of determining needs.
- Flexible, non-judgemental options for families work best.
- Celebrate the achievements with parents (certificates, food). They value this.
- Community stakeholders are very willing to be involved to increase outcomes for families and students.
- The coordinator is the pivotal role in the success of working with families and community partnerships to ensure successful delivery.
- Dedicated meetings within the hub (school and coordinators) are essential to the success of delivery.
13. Bringing your Baby Home (see project logic p 91)

Auspiced by CatholicCare Melbourne and delivered by The Bridge Youth Service, this project aims to advance the knowledge, skills and interaction of staff in engaging with young parents from birth to bringing the baby home. The objectives are to expand interaction and engagement with young parents from CALD communities which includes: Sudanese, South Sudanese, Afghani, Iraqi and Congolese.

What Worked well

- Feedback from participants indicates that desired outcomes were achieved. The decision to attach the BYBH program to the ante-natal group was very successful.
- Project coordinators and facilitators were all trained successfully, building local capacity that was used in other programs at The Bridge
- Fathers engaged incredibly well in the Memory Book activity

Challenges

- Many referrals had to be screened out due to serious issues, eg. mental health, child protection, etc. which resulted in target numbers not being achieved. These clients were referred to other services more suited to their needs.
- The original plan did not work, as participants were at different stages of pregnancy and the program was too structured. The program was adjusted to meet this need.
- Low uptake from CALD community members
- Clients were very young with highly complex needs, which also led to unreliability in keeping appointments
- Budget was not adequate

Project Learnings

- The administrative demands for the project were challenging and time consuming, and future tenders would be based on this knowledge
- The partnership between CatholicCare Melbourne and The Bridge has been very positive with good outcomes for both organisations
ROUND 3 Activities – July 2013 to June 2014

14. Wraparound Health and Wellbeing - Extended School Hubs (Stage 2)

Located at Gowrie Street Primary School, the project aims to build the capacity of parents and carers to support their children in health and wellbeing issues, and specifically in addressing speech and language issues. Activities will be developed which specifically support parents to build their knowledge and capacity around speech and language and partners will provide some of this service directly. A worker dedicated to engaging with and supporting parents will be employed and will work as part of a multi-disciplinary team within the school hub setting.

What Worked well

- Students that normally would not be able to access services they need have now done so, and are making progress.
- Children have an opportunity to link with a professional who is available every day and is skilled and knowledgeable in the areas of most need and of the most common issues in Shepparton, ie. Drugs, alcohol, family violence, financial hardship, poverty and intergenerational unemployment.
- Follow up is possible with this model, checking that the service referred to was appropriate and being able to continue to provide support.

Challenges

- Lack of knowledge by teachers and support staff initially about Child Trauma and Attachment
- When other agencies lose their staff, eg. Mental Health Matters
- Some parents don’t volunteer to engage when they need to, therefore children’s welfare is compromised. Children then often become ‘at risk’ of significant harm so it becomes a Child Protection issue. There could be a more preventative rather than reactive approach to reach better outcomes.

Project Learnings

- The need is enormous
- Underlying issues that are presented once families are engaged and trust enough to share their story. Issues are multi-layered and involve many family members. Children can be faced with coping with complex family dynamics where there are multiple partners of parents and multiple siblings
- Level of parenting skills poor in these complex family situations, so children are presenting with challenging behaviours as basic needs are not being met. The needs of the parents are prioritised over their children’s.
15. Mooroopna School Community Hub (see project logic p 92)

With Mooroopna Primary School as the lead, the Project aims to build family/individual capacity to overcome social exclusion and unemployment. A Community Development Worker has been employed to drive and co-ordinate this project as well as leading community consultations, identifying needs within the target group and area and co-ordinating partner activities, including leading some of those activities. The CD Worker engages with parents/carers in school communities and assists them to participate in both non-accredited and accredited training to increase life skills, confidence, employability skills and appreciation of education and training, using existing school and community resources.

What Worked well

- The Mooroopna School Hub took a while to build traction, being a new activity in the Mooroopna area. It is now well known in the local community and has run some successful activities as well as engaging a paediatrician to work from the school for a period of time.

Challenges

- The project started late in the school year, by the time the Coordinator commenced in their role
- Developing a school hub for several separate school communities and locations
- Lack of flexibility in the contract regarding the project name, budget allocation and hub location
- Interaction with different sectors and departments – government and NGOs, education and health
- Local politics and duplication
- Poor communication at times between stakeholders, partners, coordinator
- Continually engaging parents and families

Project Learnings

- A School as Hub program is really needed by the Mooroopna community
- The project was human resource heavy and dependent – it needs a dedicated coordinator
- The project needs to provide more opportunities for engagement – during holidays, or extended hours during school terms
- Contracts need to be examined closely before signing
- It will take many years as with other successful school hubs in the area, for the Mooroopna School Hub to be self-sustaining
- Constant promotion of activities and services is required in order to attract numbers
- If there are benefits to the child, the parents will engage
- Food and other incentives are essential
16. Tatura Early Years Project (see project logic p 95)

This project, led by Save the Children, is a consolidation and enhancement of two earlier Communities for Children projects, namely the Tatura Early Years Project 2012 – Best Start and the SCF Mobile Playgroup and Intensive Family Support Initiative. The Project aims to improve the engagement and participation of vulnerable families and children in early childhood health and education services. This is achieved through a weekly mobile playscheme supported by a Family Support Worker in Mooroopna and Tatura, Outreach Maternal and Child Health services, and advocacy and capacity building.

What Worked well

- The Mooroopna Playgroup consistently exceeded participation targets
- The Family Support Worker role was effective in engaging families in accessing a wide range of services
- The additional MCH outreach hours resulted in the most vulnerable families being able to receive regular support
- The Tatura Early Years Network has undertaken surveys to identify emerging issues and priorities for the Tatura community and has been critical in ensuring the project reflects the needs of the community

Challenges

- Vulnerable families being transient and therefore difficult to link into services
- Difficulties in engaging vulnerable and disadvantaged families. When numbers dropped at the Tatura Caravan Park, the playgroup was relocated to Mactier Park, which has much higher visibility and is close to the CBD for accessibility. The numbers increased substantially as a result.

Project Learnings

- It is critical to involve key stakeholders from the beginning and provide opportunities throughout the project for them to meet, network, discuss progress and next steps. Place based projects need to have a community voice and be ‘owned’ by the community
- Some activities are not sustainable without being resourced. While it might be ideal to incorporate or embed some activities into core business, sometimes this is not possible, and funding is required if there is to be sustained change. When working with vulnerable families, more than often, additional resources are needed to effectively engage with them and usually these resources are staff and time
CHAPTER 4 – IMPLEMENTATION OF CFC AT AN ORGANISATIONAL LEVEL

Challenges at the Outset

This chapter focuses on the implementation of Cfc at an organisational level. It identifies the challenges faced during the early stages of implementation of the program and the way they were responded to by Centacare and the Cfc Steering Committee. In assessing these responses, issues will be identified which will be further considered in Chapter 6 ‘How can Cfc be further improved’.

The plan for implementing Cfc in Greater Shepparton is outlined in ‘Family Support Program Community Strategic Plan 2012-14’. It was prepared for FACHSIA by CentaCare in 2012. The Strategic Plan includes the Vision, Mission, Values and six strategies identified for Cfc. It also includes evidence and assessment of community needs which underpinned the funding of Cfc projects.

The implementation of the Strategic Plan took place within very tight timelines as required by FACHSIA. At the outset, CentaCare had limited staffing resources to undertake the complex and challenging work required. Together, these two issues created significant tensions with service providers in Greater Shepparton. Comments were made in stakeholder interviews and focus groups about a range of issues associated with implementation. The issues included:

- The absence of a clear mandate for CentaCare to manage Cfc
- The limited evidence base on which key funding decisions were made
- The lack of transparency for these funding decisions
- The lack of clarity and consistency in the accountabilities for funded services

With regard to mandate, a number of comments were made by stakeholders and focus group participants that the decision by FAHCSIA for CentaCare to become the Facilitating Partner for Cfc in Greater Shepparton was likely to have an impact on its relationship with other service organisations. The decision for CentaCare to be involved in making funding decisions relating to applications made by its peers placed CentaCare in a difficult position and generated understandable tensions with those agencies. While these tensions were somewhat ameliorated by the role of the Steering Committee whose role it was to assist CentaCare in its deliberations, the rushed process during the early stages of Cfc prevented the Steering Committee from fully discharging its role as a more collaborative group.

As time progressed, and the Cfc and Steering Committee became more established, the comments from stakeholders and focus group participants were modified, reflecting constructive responses from CentaCare (see below) and a greater acceptance of the mandate that had been given to the agency.
With regard to the evidence base used to determine which services should be funded by CfC, there was widespread concern expressed by stakeholders and focus group participants that insufficient time was spent on documenting and assessing the needs of children and families in Greater Shepparton prior to funding decisions being made. A sound planning process, which ideally might take several months, was truncated into a single planning day with insufficient data, service mapping or needs analysis to support its deliberations. Comments included:

“There was not enough planning.”
“A number of funded projects were poorly conceived and not ready to go.”

As a consequence, it was considered by many that funding decisions were not always targeted at people with greatest need.

With regard to transparency, stakeholders and focus group participants overwhelmingly suggest that there was insufficient documentation and communication that explained the funding decisions that were made by CfC. This contributed to some levels of distrust and a sense that favouritism may have operated to influence decisions.

Taken together, the early phase for CfC was highly challenging for all participants, including CentaCare, and this may have influenced a high turnover of staff at CentaCare. It is likely that this turnover compounded some of the difficulties experienced by funded services and there were a number of concerns expressed about the impact of staff turnover on the efficient management of CfC.

A survey of service providers provides a further perspective on the effectiveness of CfC in the Implementation and Initial phases. It sought comments on the effectiveness of CfC in:

- Community consultation
- Community needs analysis
- Overall planning process

A total of 24 service providers responded to the survey. Respondents rated all three dimensions of the implementation as between 3 and 4, out of 10 during the Initial phase, where 5 was equivalent to ‘moderately effective’. This increased to between 5 and 6 out of 10 during the period covered by Survey 1 (2013). Figure 1 shows the average responses to the survey questions.
The surveys of service providers highlighted a major difficulty facing CfC during the implementation phase that was also reported in the Interim Evaluation report. There was at the outset a relatively low ‘shared purpose’ and a low ‘shared vision’ by service providers participating in CfC. Related to this, the ‘openness and transparency’ between services and ‘respect and trust’ was also low. Stakeholders acknowledged that they “had not always worked well together in the past.” These were characteristics of the service system that operated across Greater Shepparton and it is the context within which CfC was placed. It is likely to have seriously exacerbated the implementation of activities – consultation, needs analysis and planning - as referred to above. Figures 2, 3, 4 and 5 show the results for these survey questions.

**Figure 2** shows that whereas service providers rated the importance of having a shared purpose as 9 out of 10, the reality at the commencement of CfC was 5 out of 10. Significant progress was made between Commencement and Survey 1 and again between Survey 1 and Survey 2. Significantly, by 2014 Shared Purpose is operating at 9 out of 10 and is equivalent to the Importance attached to this characteristic by the members of the service system.
A similar pattern is evident for ‘Shared Vision’ as illustrated in Figure 3. It shows that whereas service providers rated the Importance of having a Shared Vision as 9 out of 10, the reality at the commencement of CfC was 5 out of 10. Again, significant progress was made between Commencement and Survey 1 and again between Survey 1 and Survey 2. By 2014 Shared Vision is 9 out of 10 and is equivalent to the Importance attached to this characteristic by the members of the service system.
**Figure 4** shows a different progression over time for ‘Openness and Transparency’ compared with the earlier graphs. This graph differentiates between the views of Steering Group Members and Community Partners. It also focuses separately on the views of people who attended both meetings. While the overall progression is generally similar, the point reached in 2014 is still somewhat below the level of Importance attached to this issue. This means there is still some level of dissatisfaction with the level of Openness and Transparency achieved and this is supported by stakeholder comments that there could be more openness and more transparency about the application and decision making processes.

**Figure 4: Openness and transparency at CFC**

![Bar chart showing Openness and transparency at CFC](chart)

The level of ‘Respect and Trust’ in **Figure 5** shows similar progression to earlier graphs with low levels at commencement followed by strong rises through Survey 1 and again through Survey 2. By 2014 it reaches levels at or above the Importance attached to this characteristic. Taken together these five figures highlight that CiC has reached a high level of maturity where participants rate their behaviours and those of their partners as similar to their ideals. Furthermore the ratings are all very high.
Another dimension of the service system is the existence of mechanisms to manage challenges and change. Service providers were asked to comment on the mechanisms for managing challenges and change in Greater Shepparton as an illustration of leadership across the service system at the commencement of CfC. Figure 6 shows a variety of views, with most respondents from Survey 1 seeing either no mechanisms or informal mechanisms in place. The majority of respondents to Survey 2 considered there were formal and even robust formal mechanisms in place at commencement. Even though both questions in both surveys related to the period prior to CfC it may be that Survey 2 respondents took into account some of the progression since the start of CfC in answering this question, hence the higher ratings provided.
CfC Responses

The major improvements observed during 2013 and 2014 by survey respondents, stakeholders and focus group participants as above are due to key changes which were introduced during that period by CentaCare. They may also be due in part to the benefit derived from agencies working together during this period.

A number of significant changes were introduced by CentaCare to address the issues that had impacted negatively on the implementation of CfC. The most visible change was the appointment of consultants ‘Collective Impact’ in July 2013 to take responsibility for chairing the Steering Committee. Funding for this was provided from CentaCare’s internal resources. The appointment of ‘Collective Impact’ served as an acknowledgement of the concerns raised by stakeholders as well as enabling a more independent approach to be taken to the business being addressed by the Steering Committee. While initially intended as a short term appointment the arrangement continued till June 2014.

A further major change was the appointment by CentaCare of new staff to the running of CfC, including the position of Team Leader. Many respondents to stakeholder interviews and many focus group participants saw that appointment as a key to the improvements CfC experienced during the latter part of 2013 and 2014.

It was seen to have led to:

“More professional and inclusive approach,”

“Open and respectful communication,”

“Well organised meetings,” and

“Consistency in the accountability requirements.”

Finally, the very process of agencies working together at meetings of CfC, which required sharing information, contributing to the identification of needs and contributing to funding decisions, also appears to have helped to address the issues experienced during implementation.

Stakeholders acknowledged:

“CfC has been an education ...it is not how we have worked in the past.”

Some also saw the progression from having issues and concerns at the outset to a higher level of satisfaction during 2013 and 2014 “as a natural phase of development.”
CHAPTER 5 - OUTPUTS AND OUTCOMES
AT THE ORGANISATIONAL LEVEL

The extent to which outputs and outcomes were achieved at the organisational level by CfC can be considered through the number of activities funded, the number of clients provided with support, the cost per client, and impact of services received. Organisational output and outcomes are also reflected by effective governance mechanisms, growth of services and agencies through the development of partnerships, service coordination and service cooperation.

Activities Funded

The new services funded through CfC were described above in Chapter 2. A total of 16 programs were funded over the period 1 July 2012 to 30 June 2014. Services were family focused and child centred, targeting children 0-12 years, and Young Parents and Jobless Families.

Clients Supported

Six monthly Performance Reports submitted to the funding body indicate that the number of clients provided with service and support totalled 7,610 over the period 1 January 2012 to 30 June 2014. However, as client data collection methods were not consistent throughout the program, this figure is provided as a guide only.

Additionally, client numbers varied considerably between funded projects, reflecting differences in service models, intensity of support to clients, duration of individual projects, differences in funding levels as well as varying levels of success in attracting clients. The volume of client engagement is not in itself an indicator of success, nevertheless it is a useful measure when taken in conjunction with program design and program outcomes.

The total number of clients reported to have been supported by CfC is impressive. However, comments from focus groups and administrative returns from funded services show not all services were equally successful.

It was observed:

“There have been failures of programs that have been launched under the (CfC) auspice.”

“There are not a lot of outcomes when you look at the attendance figures for some.”

Lessons learned about program failures are vital to the continued successful operation of CfC and the ‘attendance’ numbers provide one perspective about the overall success of CfC and the relative level of success of individual Programs.

There are other important criteria of Program success and they especially relate to the extent to which outcomes were achieved for clients. The reflections by Community Partners in Chapter 3 provide information about what worked and what didn’t which it is hoped will be useful as a guide for future program design and resourcing.

This is further discussed below.
Cost of Services

The Department of Families, Housing, Community Services and Indigenous Affairs (FACHSIA), now Department of Social Services (DSS), has provided $2.6m to Communities for Children in Greater Shepparton over the life of the program to date. The funding for this first phase concluded on 30 June 2014. A second phase of funding was announced on 30 May 2014. It has confirmed Communities for Children funding at the current rate for a further five years. The first year of this new funding period is being treated as a ‘transition’ phase, during which time activities currently funded are being ‘rolled over’ for 12 months to allow time to adjust to the Government’s ‘New Way of Working’.

The evaluation conducted by Synergistiq covers phase 1 only.

Collaboration and Service System improvement

A major intention of CfC, as articulated in the Strategic Plan 2012-14, was the collaboration of agencies operating in Greater Shepparton:

“A key feature of CfC program implementation is collaboration – working well across sectors and all levels of government.... this will be a determinant of program success.”

(P10).

It was expected that collaboration of agencies would be achieved through the partnerships, service coordination and service cooperation that would be part of the implementation of CfC. It was also expected that the leadership of CentaCare and the Steering Committee would help deliver these agency related outcomes.

“The establishment of a Community Partner Reference Group will further enable the exploration of collaboration and potential partnership approaches.” (P11).

Stakeholder interviews and focus groups discussed the extent of growth and development at the organisational level during the initial years of CfC. It was widely acknowledged that knowledge and communication across services and programs was limited prior to CfC: “CfC programs did not know what others did”. This lack of knowledge was evident across related services but significantly also featured across the wider service system such as the role and value of mental health and early years’ services.

During the period of CfC implementation there was a significant change in the level of shared knowledge. Focus group participants commented how, as a result of CfC provision:

“There is a greater knowledge of what each other’s programs are and how we are able to complement each other”

“There is now a lot of cross pollination at partner meetings”

“Staff were (now) valuing Early Years programs”

“More teachers are making referrals to see me ... we are treating causes rather than symptoms”

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“CfC has opened my eyes and I am much more aware of services provided”.

The increase in shared knowledge had further effects. For example some agencies were able to say:

“\textit{We are on the road to less duplication due to effective collaboration}”.

The survey of service providers (see \textbf{Figure 7}) confirmed that there had been a significant shift in communication skills and knowledge of service providers between Survey 1 (2013) and Survey 2 (2014). Further, the levels reached in 2014 exceeded the expectation of service providers as measured by the Importance they attached to these qualities.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{chart.png}
\caption{Communication skills and knowledge of service providers}
\end{figure}

A further dimension of organisational change associated with CfC is leadership for Greater Shepparton. CfC has had the potential to contribute to leadership through the funding and related service planning activities delegated to it by DSS. The three levels of government set the broader context for leadership in Greater Shepparton. Each has funding and service obligations and in allocating funding, each level of government exercises leadership. Community organisations such as The Lighthouse and the Committee for Shepparton also exercise leadership by influencing public discussion and the funding decisions of government. Hence the leadership opportunities of CfC were undertaken in parallel with the exercise of leadership by other levels of Government and by community organisations.
Service providers were asked to comment on the importance of leadership and on the extent of leadership exercised by CfC. **Figure 8** shows that service providers attached very high value to this quality and that while the level of leadership was moderate at the Commencement of CfC it had reached high levels by 2014.

**Figure 8: Leadership by CfC**

![Graph showing leadership levels](image)

**Figure 9** shows service providers’ attitudes towards the effectiveness of the Facilitating Partner and the Steering Committee. It shows they were held in similar regard over time, with both operating at quite low levels at the commencement of CfC. Both made significant gains during 2013 and 2014 and have now reached high levels of performance.

**Figure 9: Effectiveness of Facilitating Partner and Steering Committee.**

![Graph showing effectiveness levels](image)
The improvements in leadership were associated with and most likely directly contributed to the success of the service network in managing challenges and change. Figure 10 shows a low level of success at the commencement of CfC and significant progression through 2013 and 2014 with current levels close to highly successful.

Figure 10: Success of the service network in managing challenges and change

Service providers were also asked to comment on the extent to which they participated in a variety of joint actions including staff training, service planning, budget submissions, provision of service and community education. The respondents were asked the extent to which they participated in these joint actions prior to CfC and at the time of the two surveys. The graph shows modest progress on these joint actions from Commencement to Survey 1 and a strong jump in participation in joint actions during the period to Survey 2.

Figure 11: Participation of agencies in joint actions with other agencies
The impact of CfC on the staff of Community Partners participating in CfC is shown in Figure 12. It shows that service providers feel better able to meet the needs of all three priority groups between Survey 1 (2013) and Survey 2 (2014). It is recognised however, that posing these questions to the respective service recipients would not necessarily elicit the same responses.

**Figure 12: Impact of CfC on agency staff in meeting needs of priority groups**

![Figure 12: Impact of CfC on agency staff in meeting needs of priority groups](image)

Figure 13 below shows the extent to which service providers believed they were:

- More skilled as a result of Professional Development provided through CfC
- More aware of what other agencies have to offer
- More able to appropriately refer clients
- More capable to deliver joined up services

The results demonstrate solid gains with the exception of ‘joined up’ services.
In summary, the surveys of service providers as demonstrated though the figures in this chapter confirmed there were serious challenges and problems at the outset of CfC. They equally confirm the impressive gains during the period 2013 and 2014. While these positive sentiments are considered valid it is noted that the number of survey respondents was low in 2014 (13 respondents compared with 23 in 2013). It is also noted that stakeholder comments about the progression were not as positive, with a number still seeing major scope for improvement:

“**There is still some hesitancy between services**”

“**There could be further alignment of understanding of clients’ needs and agency values**”

**Sustained Change**

The evaluation was also asked to comment on the extent to which organisational outcomes experienced as a result of CfC can be sustained.

Stakeholders had mixed views about sustainability. There was a widely held view that:

“**Two years is not enough**”

“**Research confirms up to 5 years is required to sustain change**”

This view related to sustainability of service development but may also apply to complex clients.

The general belief was that enhanced service provision funded by CfC could not be sustained without continued funding:

“**Without funding we cannot deliver these programs**”

“**Once the funding dries up the program can’t be sustained**”
Similar comments were made about improved relationships across services achieved during the time of CfC:

"Without something to keep people together in this way, it’s hard to say it can be sustainable”.

There were some stakeholders who had a different view about sustainability. These were typically involved with projects where staff had been trained as part of CfC:

“People (staff) have been given new skills so hopefully they will be sustainable”.

Sustainability was also more likely to apply where the funded project was closely connected to existing resources which could allow for some level of continuity. The School Hubs could be an example of projects in this category where the design of services could be anticipated to allow for some level of continuity if the outcomes were encouraging and the host agency was thereby motivated to use its wider resources to continue the Program. It may be worth considering giving explicit funding priority to CfC projects that have sustainability built in to their design if this is a key issue for CfC.

Changes reported above in leadership, and mechanisms for managing change across the service system have taken significant effort and funding to achieve. They are not likely to be sustained without funding the work required to achieve these outcomes.
CHAPTER 6 - OUTPUTS AND OUTCOMES AT INDIVIDUAL AND COMMUNITY LEVELS

Service Survey respondents
A total of 183 clients responded to the first service user survey and 84 clients responded to the second service user’s survey.

Country of Birth/Cultural Origin of Clients
Demographic data from the Service Users’ Surveys on ‘country of birth’ showed a broad range of countries represented amongst service users in Survey 1, with 38% Australian, 23% Turkey, 17% Iraq, 22% other nationalities (Figure 14). The spread of nationalities was much more restricted in Survey 2 with 76% reporting country of birth as Australia. There were very few respondents reporting as Indigenous. 15 (8.2%) clients identified as Indigenous in the first service users’ survey in December 2013. In the second survey, 13 (15.4%) clients identified as Indigenous. A separate evaluation was conducted by Synergistiq for the Early Learning Hubs project run by Relationships Australia Victoria at Lulla’s Children and Family Centre in Shepparton, a Multi-functional Aboriginal Childcare Service (MACS), which identified the culturally-tailored programs developed by Centre staff for the users of this service. This is not believed to accurately reflect the participation of Indigenous people in CfC. A number of reasons may apply: the sample of survey respondents is very low, a number of Indigenous are reluctant to identify as Indigenous and not all projects participated in the client survey.

Figure 14: Service Users by countries of birth – Survey 1

- Survey 1:
  - Afghanistan: 12%
  - Australia: 38%
  - Iraq: 17%
  - Turkey: 23%
  - Other: 10%

- Survey 2:
  - Afghanistan: 8.12%
  - Australia: 76%
  - Iraq: 5%
  - Turkey: 11%
  - Other: 20%
  - Australia: 60%
  - Other: 100%

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Gender

A total of 79% of service users who responded to the first survey were female (Figure 15) and a total of 84% of respondents to the second survey were female:

Figure 15: Gender of clients

Client Satisfaction

Service users were overwhelmingly satisfied with the services they received as shown in Figure 16. A total of 83% from the first survey reported were very satisfied and a further 12% were somewhat satisfied. This increased to 93% and 7% respectively for the second survey. While satisfaction is not the same as outcomes it is a strong indicator that clients felt respected and are more likely to have had successful outcomes.
Client Outcomes

Focus group discussions and stakeholder interviews revealed many examples of positive change for clients who received CfC services. These included changes in children’s behaviour, enhanced attachment, improved interactions between parents and children, and generally strengthened relationships:

“*Our clients are so isolated and feel judged by the community but when they are supported ...”*

“They are living in a bus... (now) you see the kids turning up to school more confident. They have higher self-esteem”

“He cried every time... (now) we couldn’t get him off our knees. He loved singing songs and nursery rhymes and telling stories. It will be a much easier transition for him into prep”

“A four year old girl... sat by herself, didn’t participate... they found she was on the autism spectrum... Had it been left or not noticed she would be 2 years behind by the time it was caught at school. It was a great outcome”

There were also successes in connecting fathers to their children:

“*Dads feel they gain knowledge... enhanced relationship... enhanced attachment*”

There were successes in achieving effective transitions to school:
“Transitions are vastly improved: children are ready for learning and feel safe and secure”

And in the value of play:

“I have seen children develop before my eyes. They learn many skills from play including language and are much more school ready”

“Parents are more confident ... they learn how to talk with their children ... they have more skills in how to play”

The survey of service users shows significant improvement in clients’ awareness of other services available as a direct result of CfC. Figure 17 shows 46% of service users believed they had increased their awareness of other services “to a large extent” with a further 40% believing this had increased “to some extent” in the first survey. The results were equally good in the second survey as below.

**Figure 17: Clients’ improved awareness of other services as a result of CfC**

The client survey questions also included:

- What were you hoping to achieve by accessing this service?
- What have you achieved by accessing this service?

The responses to these questions were not meaningful reflecting the circumstances in which the survey was presented to the participants.
Service users also gave overwhelmingly positive responses about the impact of the services they received and the way they were delivered:

- 95% felt they were treated with respect
- 86% reported they had new skills and knowledge to use in their family relationships
- 84% reported they were better able to cope with their issues
- 83% reported they now had information about other services to meet their families’ needs

These excellent results are shown in Figure 18.

Figure 18: Outcomes of help received

Outcomes for the community are more difficult to measure. It is evident, however, that supporting vulnerable clients is not limited to just providing a service for clients. Many services are strongly supported by the wider community as they help address some of the inequalities of life and the suffering some people experience. As such, the services are truly for the benefit of the whole community. The scope of the evaluation did not allow for a detailed exploration of the extent to which the community felt it benefited from CfC. It could be deduced that to the extent individual clients were satisfied and outcomes were achieved, the community would also have benefited by extension.

The above information provides strong evidence that there were many successful client (and community) outcomes associated with CfC. The data on client outcomes is, however, incomplete as it is mostly based on service users’ views and only a small proportion of the service users responded. It therefore does not provide sufficient detail to confirm the extent to which individual CfC Programs achieved successful outcomes.
CHAPTER 7 – FURTHER IMPROVEMENTS

The Enablers

There were many facilitators that supported the successes achieved by CfC. These were discussed at length by stakeholders and focus groups and included:

- Agencies’ commitment over many years to the needs of Greater Shepparton
- Agencies and their senior managers’ preparedness to change and work together as part of CfC, especially through the Steering Committee and the Community Partners meetings
- Agencies and schools prepared to work across previously defined boundaries to improve service and support for clients
- Exceptional commitment and efforts by managers and staff
- Flexibility and openness to change by managers and staff
- Highly skilled staff
- Training provided to staff and agencies
- Support and leadership delivered through CentaCare especially from the middle phases of CfC

The Barriers

There were a number of barriers experienced by CfC at the implementation phase. Many of those associated with implementation were identified through service provider surveys and focus groups, and are discussed in Chapter 4. The key ones are summarised below:

- Absence of a clear community based mandate for CentaCare
- Low numbers of expert staff at CentaCare to manage CfC
- Inadequate planning processes undertaken by CfC to inform funding decisions
- Low levels of transparency in CfC funding decisions
- Low levels of service cooperation across Greater Shepparton
- Low levels of leadership for Greater Shepparton

Other barriers, such as the sheer complexity and unmet needs of clients, who often lacked the resources, including transport, to enable them to participate in services were outside the control of CfC. Equally, the economic environment in Greater Shepparton is also outside of CfC control, although it is one of the reasons it received additional funding as a trial BAFW pilot site. These barriers impacted on the outcomes that CfC was able to achieve during the funding period.

The analysis of Program Outcomes in Chapter 4 showed that a number of the barriers at implementation of CfC as listed above showed real improvement over the CfC funding period. Despite this a number of barriers remain. They include:
• **The planning processes** undertaken by CfC to guide future funding decisions require further attention: the recently conducted 2014 Planning Day represents a small improvement on the hasty planning process conducted at the commencement of CfC. A more thorough planning approach is desirable. It would take place over a longer time frame, it would include greater evidence-gathering of what works and conclude with a stronger consensus on the needs of Greater Shepparton and what programs should be funded.

• **The transparency of CfC processes** are still lacking: the CfC documentation, guidelines and communications that govern (a) applications for funding including format and timing, (b) funding criteria, and (c) the way in which funding decisions are made, are not readily available and yet are key to improving the acceptance of CfC funding decisions by agencies across Greater Shepparton.

• **The independence of funding decision makers** is not self-evident and there remains uncertainty about who makes final funding decisions: the key participants are CentaCare, the Steering Committee and DSS, yet the precise location of responsibility and therefore accountability remains confusing to a number of key stakeholders. It also appears that decision makers are also sometimes beneficiaries of funding decisions.

• **The leadership role and general functioning of the Steering Committee and Community Partners** meetings improved substantially during the operation of CfC but there remains scope for further improvement according to some stakeholder comments such as improvement in the transparency of funding decisions and the exchange of information at project level about promising practice.

• **The CfC contribution to other leadership processes across Greater Shepparton** could be strengthened: the CfC, together with Local Government, The Lighthouse Committee, Committee for Shepparton, Best Start, DEECD and DHS all contribute to the planning for Greater Shepparton but there is little coordination across these groups. This issue is not unique to CfC or Greater Shepparton. It has been suggested by some stakeholders that an independent agency such as the council of The City of Greater Shepparton could take a stronger role in linking and planning across the municipality. For example, a regular meeting of CEOs of these groups listed above could take place under its auspice.
Other Improvements

All of the CfC funded Community Partners undertook a Program Logic analysis, which was led by Synergistiq in August 2013. This was designed to help agencies understand the outcomes they were seeking to achieve for clients. These outcomes were specified as short term, medium term and long term. Synergistiq has seen little evidence that individual services were able to assess and analyse their client outcomes based on these outcome domains. This meant they were not well informed about the extent of their success or failure, what aspects of their service might require modification, or what category of clients they were relatively more successful with.

The absence of client-based outcome information also impacted on CfC funding decisions. When the second round of funding was confirmed by DSS, decision makers did not have Program level client outcome information available to inform these decisions. The first and second round of funding overlapped, so outcomes were not available at the time. It may have meant that some programs which were not achieving outcomes for their clients were still funded.

CfC funded projects are not alone in lacking client outcome information. It is a serious limitation of most human services.
CHAPTER 8 – FINDINGS

The findings of the evaluation are that:

1. CfC experienced significant challenges during the implementation phase which impacted negatively on service cooperation and coordination. The challenges included insufficient expert staff at commencement, limited planning prior to first round of funding, lack of transparency in both funding criteria and funding decisions.

2. Strategic changes were made by CentaCare to respond to implementation challenges and these changes were successful in changing sentiment from service providers. The changes included the appointment of ‘Collective Impact’ in December 2013 to chair CfC Steering Committee meetings and the appointment of a new CfC Team Leader.

3. The outputs achieved by CfC are substantial. A total of 16 projects were funded and 7,610 clients were reported to have received support over the life of the program to June 2014.

4. Organisational outcomes were very low at the commencement of CfC but gained significantly during the funding period. By 2014 most organisational indicators – ‘shared vision’, ‘shared purpose’, ‘openness and transparency’ and ‘respect and trust’ - were at very high levels, with performance matching the expected “importance” attached to these indicators by the services participating in CfC.

5. Client satisfaction was highly positive with over 80% reporting satisfaction.

6. Client outcomes were highly impressive with:
   - 95% of clients reporting they were treated with respect
   - 86% of clients reporting they had new skills and knowledge to use in their family relationships
   - 84% of clients reporting they were better able to cope with their issues
   - 83% of clients reporting they now had information about other services to meet their families’ needs
ATTACHMENTS

ATTACHMENT 1 DATA COLLECTION TOOLS

Focus group discussion guide

Background

This discussion guide has been designed to support a semi-structured focus group. This means that while the questions will be used to guide discussion, should participants raise other areas of interest the facilitator is free to follow those areas so that all useful information is gathered. Note that all text in blue below are prompts for the facilitator and will be used only where necessary.

Script for facilitators

Acknowledgement of country and introduction of facilitator and Synergistiq.

Synergistiq has been engaged by Centacare on behalf of the Communities for Children program to undertake an evaluation of the program and individual projects. The aim of the evaluation is to determine the extent to which CfC is meeting its desired outputs and outcomes. We will be gathering information about the project at two points – now and again in early 2014. This will provide a picture of progress over time and also opportunities to learn from the evaluation and build on any early findings.

This focus group is to gather your views on how your individual project has been going and how CfC has been doing as a whole, exploring what’s been achieved, what some of the enablers and barriers have been, and what changes you might make to improve the program. The focus group will run for 2 ½ hours.

We will be conducting four focus groups now and a further four in early 2014. In addition, we will be conducting:

- individual interviews with key stakeholders in the CfC project
- a survey of key stakeholders from service delivery organisations
- a survey of a sample of service users.

We believe confidentiality is important and we want to make it safe for you to talk about all of the learnings you have gained. To make that possible we want to assure you the information gathered through this focus group will be de-identified and will simply be reported as an overall picture of the project. Should you feel uncomfortable answering any of the questions just say pass and we’ll move on. Are there any questions before we begin?
Introduction

1. Please introduce yourselves, how you came to be involved in Communities for Children and what you’re most proud of with respect to your CfC project? (prompt: it could be a specific outcome or a process used as part of the project)

Implementation

2. How did the different partner organisations come to be involved in your project? (prompt: were there any other organisations you would have liked to engage but weren’t able to)

3. Communities for Children aims to engage some specific target groups including Aboriginal people, people from a CALD background and jobless families. How has your project engaged with these groups? (prompt: involvement in the design of the program, in its delivery, as service recipients)

4. Has the delivery of your project changed over time? If so, how has it changed?

Achievements

5. What do you consider to be the most significant achievement for your project?

6. What impacts have you noticed from the project on:
   • your organisation (prompt: the partnerships and networks you work with; your ability to respond to the CfC target groups)
   • staff (prompt: staff’s awareness of the services available through other agencies; their ability to support clients; their ability to make appropriate referrals)
   • your clients (prompt: better service access, better outcomes, better meeting the needs of target groups - fathers, jobless families, young parents, Aboriginal people, people from CALD backgrounds)

Enablers and barriers

7. From your perspective, what has been working well in your project?

8. What has contributed to or enabled you to achieve the successful outcomes you’ve described? (prompt: what have been the success factors; look for service providers involved and skills, knowledge and attitudes that contributed)

9. How do feel you will be able to further build on these factors into the future? (prompt: how could your project be further improved; how could CfC be further improved)
10. What have been the most significant barriers or challenges for your project?
11. How could these barriers be addressed?

Sustainability

12. In what ways can Communities for Children be sustained if there is no further funding? 
   (prompt: how can the outcomes be sustained if not CfC itself)
Interview discussion guide

Background

This discussion guide has been designed to support a semi-structured interview. This means that while the questions will be used to guide discussion, should participants raise other areas of interest the interviewer is free to follow those areas so that all useful information is gathered. Note that all text in blue below are prompts for the interviewer and will be used only where necessary.

Script for facilitators

Introduction of interviewer and Synergistiq.

Synergistiq has been engaged by Centacare on behalf of the Communities for Children program to undertake an evaluation of the program and individual projects. The aim of the evaluation is to determine the extent to which CfC is meeting its desired outputs and outcomes. We will be gathering information about the project at two points – now and again in early 2014. This will provide a picture of progress over time and also opportunities to learn from the evaluation and build on any early findings.

This interview is to gather your views on how CfC has been doing, exploring what’s been achieved, what some of the enablers and barriers have been, and what changes you might make to improve the program. The interview should last around 45 mins.

In addition to interviews, we will be conducting:

- focus groups with key project stakeholders
- a survey of key stakeholders from service delivery organisations
- a survey of a sample of service users.

We believe confidentiality is important. The information gathered through this interview will be de-identified and will simply be reported as an overall picture of the project. Should you feel uncomfortable answering any of the questions just say pass and we’ll move on. Are there any questions before we begin?

INTERVIEW QUESTIONS

Introduction

1. Can you tell me about your role in Communities for Children and how you came to be involved?

2. What do you believe is the most significant benefit of having CfC in Greater Shepparton?

Implementation
3. From your understanding, how were organisations approached to participate in CfC?

4. Were there organisations that you would have liked to have been involved but were unable to engage with? If so, why were they unable to be engaged?

5. Communities for Children aims to engage some specific target groups including Aboriginal people, people from a CALD background and jobless families. From your perspective, how have they been engaged in CfC? (prompt: membership on the Steering Committee, involvement in the design of the program, in its delivery, as service recipients)

6. Are there any improvements that could be made to engage with the target groups?

7. How were the individual projects in CfC decided on and how well do you feel they are meeting the overall objectives of the program?

Achievements

8. What do you consider to be the most significant achievement for CfC to date?

9. What impacts have you noticed participating in Communities for Children has had on:
   - Participating organisations (prompt: partnerships and networks; ability to respond to the CfC target groups)
   - Staff from participating organisations (prompt: staff’s awareness of the services available through other agencies; their ability to support clients; their ability to make appropriate referrals)
   - Clients of the various projects
   - The Greater Shepparton Community (prompt: better service access, better outcomes, better meeting the needs of target groups - fathers, jobless families, young parents, Aboriginal people, people from CALD backgrounds)

Enablers and barriers

10. From your perspective, what has been working well in CfC?

11. What has contributed to or enabled you to achieve the successful outcomes you’ve described? (prompt: what have been the success factors; look for service providers involved and skills, knowledge and attitudes that contributed)

12. How do you feel the program will be able to further build on these factors into the future? (prompt: how could your project be further improved; how could CfC be further improved)

13. What have been the most significant barriers or challenges for the program?

14. How could these barriers be addressed?
Sustainability

15. To what extent do you feel the structures established during Communities for Children will extend beyond the life of the program?

16. To what extent will the skills built within the participating organisations continue to have impact on target groups beyond the life of CFC?

Next steps

Thank you for participating. Your interview will be drawn together with the information from the focus groups. From there we will analyse the information gathered to inform the interim report due in December.
**Participant organisation survey tool**

---

**Greater Shepparton Communities for Children Partnership Survey**

### 1. About your involvement

1. How long have you been participating in Greater Shepparton Communities for Children?
   - [ ] months

   **[ ] 2. What has been the nature of your involvement with Greater Shepparton Communities for Children?**
   - [ ] Steering Group member
   - [ ] Community partner
   - [ ] Both Steering Group and Community Partner member
   - [ ] Other (please specify)

### 3. Which of the Steering Group sub-committees have you been involved in?

- [ ] None
- [ ] Evaluation
- [ ] Funding application review
- [ ] Professional development
- [ ] Other (please specify)

---

### 2. About your involvement

**[ ] 4. Since becoming involved with the project, how many Steering Group or Community Partner meetings have you attended?**

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### 3. Shared Vision

**[ ] 5. In your view, how important do you think the following are to the success of Greater Shepparton Communities for Children?**

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**6. Thinking about things at the commencement of Communities for Children (or at the commencement of your involvement), in your view to what extent were the following present among the partners?**

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**7. Thinking about how things are today, in your view to what extent are the following present among the Communities for Children partners?**

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*Please provide any additional comments to explain your responses.*

**4. Leadership**

**8. In your view, how important is leadership to encouraging service cooperation and coordination?**

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**9. At the commencement of Communities for Children, in your view where did the leadership drive for service cooperation and coordination across Greater Shepparton primarily come from?**

**10. Thinking about how things are now, where is the leadership drive for service cooperation and coordination for Communities for Children primarily coming from?**

**5. Openness and Transparency**
**Greater Shepparton Communities for Children Partnership Survey**

**11. In your view, how important is it to the success of Communities for Children that there is openness and transparency between all partners?**

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Openness and transparency

**12. Within Communities for Children, to what extent was there openness and transparency between services:**

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At the commencement of the project

At the current point in the project

Please provide any additional comments to explain your response

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**6. Respect and Trust**

**13. In your view, how important is it to the success of Communities for Children that there is respect and trust between all partners?**

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<tr>
<th>Rating</th>
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Respect and trust

**14. Within Communities for Children, to what extent was there respect and trust between services:**

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At the commencement of the project

At the current point in the project

Please provide any additional comments to explain your response

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**7. Capacity to deal with challenges and change**
*15. Thinking about how things were prior to the commencement of Communities for Children, which of the following best describes the mechanisms for managing challenges or change for the service network in Greater Shepparton?

- There were no mechanisms
- There were some informal mechanisms
- There were some formal mechanisms
- There were robust, formal mechanisms
- Other

Other (please specify)

*16. Within Communities for Children, how successful was the service network in managing challenges and change:

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<thead>
<tr>
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<th>4</th>
<th>5 = Neither successful nor unsuccessful</th>
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Please provide any additional comments to explain your response

8. Planning and governance

17. How effective was CfC in conducting the following to inform the initial strategic direction for the program?

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<tr>
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18. How effective has CfC been in conducting the following to subsequent changes to the strategic direction and plan for the program?

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Greater Shepparton Communities for Children Partnership Survey

19. How effective has the brokerage model process been for distributing CIC funds to specific projects?

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20. How effective has the Facilitating Partner been in driving the CIC agenda?

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21. How effective has the Steering Committee been in driving the CIC agenda?

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22. Please provide any additional comments to explain your answers

9. Capability
Greater Shepparton Communities for Children Partnership Survey

**23. Thinking about how things are now, how important is it to the success of Communities for Children that those involved had the following capabilities?**

<table>
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<th>5 = Neither important nor unimportant</th>
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**24. Thinking about how things are now, please rate the overall capability of those involved in Communities for Children in each of the following:**

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**25. Please rate your own capability regarding your involvement in Communities for Children in each of the following:**

| Capability                                      | 0 = Very unskilled | 1 | 2 | 3 | 4 | 5 = Neither skilled nor unskilled | 6 | 7 | 8 | 9 | 10 = Very skilled | Unable to answer |
|-------------------------------------------------|--------------------|---|---|---|---|-----------------------------------|---|---|---|---|----------------||------------------|
| Communication skills                             |                    |   |   |   |   |                                   |   |   |   |   |                ||                  |
| Ability and willingness to negotiate             |                    |   |   |   |   |                                   |   |   |   |   |                ||                  |
| Knowledge of the topic                           |                    |   |   |   |   |                                   |   |   |   |   |                ||                  |
| Knowledge of the task                            |                    |   |   |   |   |                                   |   |   |   |   |                ||                  |
| Ability to manage relationships well             |                    |   |   |   |   |                                   |   |   |   |   |                ||                  |
| Planning skills                                  |                    |   |   |   |   |                                   |   |   |   |   |                ||                  |
| Conflict resolution skills                       |                    |   |   |   |   |                                   |   |   |   |   |                ||                  |
| Problem solving skills                           |                    |   |   |   |   |                                   |   |   |   |   |                ||                  |
| Ability to think strategically                   |                    |   |   |   |   |                                   |   |   |   |   |                ||                  |
| Ability to manage change effectively             |                    |   |   |   |   |                                   |   |   |   |   |                ||                  |

**10. Commitment**

**26. How important is it to the success of Communities for Children that...**

| Importance                                      | 0 = Very unimportant | 1 | 2 | 3 | 4 | 5 = Neither important nor unimportant | 6 | 7 | 8 | 9 | 10 = Very important | Unable to answer |
|-------------------------------------------------|----------------------|---|---|---|---|--------------------------------------|---|---|---|---|----------------||------------------|
| All partners regularly attended meetings        |                      |   |   |   |   |                                     |   |   |   |   |                ||                  |
| All partners shared resources                   |                      |   |   |   |   |                                     |   |   |   |   |                ||                  |
| There were clear and simple lines of communication |                    |   |   |   |   |                                     |   |   |   |   |                ||                  |
| Governance structures of organisations supported working with other partners | | | | | | | | | | | || || |
| There was a formal agreement between partners   |                      |   |   |   |   |                                     |   |   |   |   |                ||                  |
| There were memoranda of understanding between partners |                  |   |   |   |   |                                     |   |   |   |   |                ||                  |
| There were inbuilt mechanisms to review the partnership |                   |   |   |   |   |                                     |   |   |   |   |                ||                  |
| There were systems and structures to support the partnership |                |   |   |   |   |                                     |   |   |   |   |                ||                  |
### Greater Shepparton Communities for Children Partnership Survey

**27. To what extent are the following occurring?**

<table>
<thead>
<tr>
<th>0 = Not at all</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 = To a moderate extent</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10 = To a great extent</th>
<th>Unable to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>All partners regularly attend meetings</td>
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<td>All partners share resources</td>
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<td>Governance structures of organisations support working with other partners</td>
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<tr>
<td>There is a formal agreement between partners</td>
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<td>There are inbuilt mechanisms to review the partnership</td>
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<tr>
<td>There are clear systems and structures to support the partnership</td>
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</tbody>
</table>

### 11. Shared actions

**28. Thinking about how things were prior to the commencement of Communities for Children (or your involvement in CIC if you joined more recently), to what extent did your agency participate in joint action with other agencies in:**

<table>
<thead>
<tr>
<th>0 = Not at all</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 = To a moderate extent</th>
<th>6</th>
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<th>8</th>
<th>9</th>
<th>10 = To a great extent</th>
<th>Unable to answer</th>
</tr>
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<tbody>
<tr>
<td>Staff training</td>
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<td>Service planning</td>
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<td>Budget submissions</td>
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<tr>
<td>Provision of service information to clients</td>
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<td>Community education</td>
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</tbody>
</table>
**29.** Thinking about how things are now, to what extent does your agency participate in joint action with other agencies in:

<table>
<thead>
<tr>
<th></th>
<th>0 = Not at all</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 = To a moderate extent</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10 = To a great extent</th>
<th>Unable to answer</th>
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</thead>
<tbody>
<tr>
<td>Staff training</td>
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<td>Service planning</td>
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</tbody>
</table>

Please provide any additional comments to explain your responses

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**12. Outcomes**

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Synergistiq Pty Ltd. ABN 20 059 274 430 ph +61 3 9946 6800 97 Drummond Street, Carlton, Victoria 3053 Australia
### Greater Shepparton Communities for Children Partnership Survey

#### 30. To what extent are the following true as a result of your agency’s involvement in Communities for Children?

<table>
<thead>
<tr>
<th>0 = Not at all</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 = To a moderate extent</th>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10 = To a great extent</th>
<th>Unable to answer</th>
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</thead>
<tbody>
<tr>
<td>Staff feel more skilled through the professional development provided</td>
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<td>Staff are more aware of what other agencies have to offer</td>
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<td>Staff feel more able to appropriately refer clients</td>
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<td>Staff feel more aware of the needs of Aboriginal clients</td>
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<td>Staff are better able to meet the needs of Aboriginal clients</td>
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<td>Staff feel more aware of the needs of culturally and linguistically diverse clients</td>
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<tr>
<td>Staff feel more aware of the needs of clients from jobless families</td>
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<td>Our agency has enhanced capacity to deliver joined up services</td>
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</tbody>
</table>

Please provide any additional comments to explain your responses:

```markdown

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Service user interview tool

Background

The questions below are designed to complement the snapshot survey to be conducted by Centacare in November. The survey will be administered by service provider staff. Further refinements to the questions and script for staff as well as consent forms will be developed once further details of the snapshot survey are available.

It is also intended that a brief group training session will be provided for staff in order to enable them to be confident in administering the survey and conscious of the need for confidentiality for clients. Any staff administering the survey should be from the service provider but separate from the specific project the client is accessing.

Script for survey administrators

This service is part of a wider program called Communities for Children. Part of the program is to find out what you liked about this service and how it helped you so that we can continue to improve it. We have 6 questions which will only take 5 minutes to complete. Your answers will be completely confidential and will in no way affect the services you receive here or anywhere else. We won’t write down your name so your answers won’t ever be able to be matched back to you. Would you be willing to participate?

[The following questions are designed to be asked by the staff member; however they can be completed in writing by the respondent themselves].

Survey questions

Project name:________________________________________________

1. How did you find out about this service?
   - [ ] Already accessing other services from this organisation
   - [ ] Referral from another service
   - [ ] Suggested by a family member / friend
   - [ ] Other [please specific] ____________________________________

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2. What were you hoping to achieve by accessing this service?

______________________________________________________________________________

3. What have you achieved by accessing this service?

______________________________________________________________________________

4. To what extent do you feel more aware of the other services available in your area through being involved in this service?

☐ To a large extent
☐ To some extent
☐ To a small extent
☐ No change – I don’t feel I got any information
☐ No change – I already knew about all the services I need
☐ Not sure

5. Overall, how satisfied are you with the quality of the service you’ve received here?

☐ Very satisfied
☐ Somewhat satisfied
☐ Neither satisfied or unsatisfied
☐ Unsatisfied
☐ Very unsatisfied
☐ Not sure

6. Is there anything else you’d like to share about your experience with this service?
**ATTACHMENT 2 - PROGRAM LOGIC FOR THE CFC PROGRAM**

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Strategies</th>
<th>Short Term Outcomes</th>
<th>Medium Term Outcomes</th>
<th>Long Term Outcomes</th>
</tr>
</thead>
</table>
| $1.1 million in funding Communities for Children per year for three years | 1. Establishment
Consult with the community about what GSOC could deliver
Employ CFC Coordinator
Establish CFC Steering Committee
Organise planning workshops
Develop CFC strategic plan
Develop framework for funding projects
Develop data collection framework and templates | 1. Establishment
Strategic plans and action plans developed
Website established and maintained
Report on community consultation | - Draw together the skills of different organisations to better meet the needs of clients through partnerships and collaboration.
- Create innovative services that meet identified needs, including changing existing service models and/or trialling new models
- Work with schools as hubs to create efficiencies and integrated services
- Target place based activities to areas of disadvantage | Individual
Clients have increased awareness of the range of services available and where to go when they need support
Clients are increasingly referred to other complementary services
Target groups (jobless families, young parents, transient families, Indigenous families and CALD families) are receiving increased services
Parents’ engagement with and participation in parenting support has increased
Target groups report increased awareness of community activities | Individual
Clients experience greater consistency across services
Clients are increasingly taking up referrals to other services
Target groups report satisfaction with services
Target groups report more positive outcomes including their understanding of children’s needs and capacity to support children
Target groups report increased participation in education and training
Target groups report increased participation in community activities | Individual
Clients see strong connections across services and are aware of a well connected and well coordinated service system
Clients are self referring to appropriate services
Target groups report reduced vulnerability and increased well being for their children
Target groups report increased participation in employment
Target groups report they are positively contributing to the community
Strong and positive relationships exist between fathers and their children
Fathers understand the developmental needs of their children
Parents are aware of the need to support their children to achieve developmental milestones
Parents have an understanding of speech and language delays for their children |

**KPIs set in the Communities for Children contract**

In kind support amounting to $35,696 identified for new projects, plus annual in kind contributions from Centacare

Existing policies and partnerships:
- CFC Program Guidelines
- GSOC Strategic Plan 2012-14
- Building Australia’s Future Workforce (BAFW)
- Centrelink - Shepparton
- Goulburn Valley Hume Interagency Team
- City of Shepparton Integrated Practice Training

**PROGRAM LOGIC FOR THE CFC PROGRAM**

- **Establishment**
  - Consult with the community about what GSOC could deliver
  - Employ CFC Coordinator
  - Establish CFC Steering Committee
  - Organise planning workshops
  - Develop CFC strategic plan
  - Develop framework for funding projects
  - Develop data collection framework and templates
- **Governance**
  - Ongoing Steering Committee meetings (bi-monthly)
  - Sub-committee meetings (Professional Development, Evaluation)
- **Communication**
  - Website development
  - Centacare completes six monthly reports to FaHCSIA
  - Agencies complete monthly, three monthly and financial and milestone reports
  - Agency monthly data reporting
- **Service delivery**
  - 13 projects funded over three years
  - No. of people employed through the projects
  - No. of children supported
  - No. of families supported

**Outcomes**

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Strategies</th>
<th>Short Term Outcomes</th>
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</thead>
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Develop data collection framework and templates | 1. Establishment
Strategic plans and action plans developed
Website established and maintained
Report on community consultation | - Draw together the skills of different organisations to better meet the needs of clients through partnerships and collaboration.
- Create innovative services that meet identified needs, including changing existing service models and/or trialling new models
- Work with schools as hubs to create efficiencies and integrated services
- Target place based activities to areas of disadvantage | Individual
Clients have increased awareness of the range of services available and where to go when they need support
Clients are increasingly referred to other complementary services
Target groups (jobless families, young parents, transient families, Indigenous families and CALD families) are receiving increased services
Parents’ engagement with and participation in parenting support has increased
Target groups report increased awareness of community activities | Individual
Clients experience greater consistency across services
Clients are increasingly taking up referrals to other services
Target groups report satisfaction with services
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Clients see strong connections across services and are aware of a well connected and well coordinated service system
Clients are self referring to appropriate services
Target groups report reduced vulnerability and increased well being for their children
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Strong and positive relationships exist between fathers and their children
Fathers understand the developmental needs of their children
Parents are aware of the need to support their children to achieve developmental milestones
Parents have an understanding of speech and language delays for their children |
<table>
<thead>
<tr>
<th>Community Partner and Steering Committee meetings (bi-monthly)</th>
<th>No. of parents supported</th>
<th>in the community through sharing data and information</th>
<th>Service providers train and plan together to address client and community needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment of Community Partners Group</td>
<td>No. of fathers and male carers supported</td>
<td>Service providers have enhanced capacity to support fathers and their children facing disadvantage and vulnerability</td>
<td></td>
</tr>
<tr>
<td>Ongoing Community Partners meetings (bi-monthly)</td>
<td>No. of jobless families supported</td>
<td>Service provider awareness of the needs of Aboriginal and Torres Strait Islander people and best practice approaches to meeting those needs has increased</td>
<td></td>
</tr>
<tr>
<td>Service map for Greater Shepparton</td>
<td>No. of young parents supported</td>
<td>Service provider awareness of the needs of people from CALD backgrounds and best practice approaches to meeting those needs has increased</td>
<td></td>
</tr>
<tr>
<td>Develop and deliver professional development training</td>
<td>No. of Aboriginal and Torres Strait Islander people supported</td>
<td>Services provided will be more culturally appropriate and will engage participants</td>
<td></td>
</tr>
<tr>
<td>Conduct research into successful and culturally appropriate practice for both Aboriginal and CALD communities and develop a cultural communication strategy</td>
<td>No. of people from Culturally and Linguistically Diverse Backgrounds supported</td>
<td>Community</td>
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<tr>
<td>Develop proposals for individual projects</td>
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<tr>
<td>Fund individual projects to target communities</td>
<td>Community is aware of the CFC project and its objectives</td>
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<tr>
<td>Deliver individual projects to target communities</td>
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</tbody>
</table>

**ASSUMPTIONS**

- Appropriately qualified and experienced staff are able to be employed and retained to meet the needs of the project
- Resources available for services to participate, particularly in Steering Group meetings
- Decisions on projects made and funding provided in a timely manner
- That funded projects are able to respond to changes in their operating environment without the need for additional funds
- Organisational systems are in place to take on new or to grow existing programs
- Agencies have the capacity to support the professional development of their staff

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*Data on community strengths and challenges*

*Existing services and service networks within Greater Shepparton*

*Service integration*

- Establishment of Community Partners Group
- Service map for Greater Shepparton
- Develop and deliver professional development training
- Conduct research into successful and culturally appropriate practice for both Aboriginal and CALD communities and develop a cultural communication strategy
- Establish Community Partners Group

*Service delivery*

- Develop proposals for individual projects
- Fund individual projects to target communities
- Deliver individual projects to target communities

*In the community through sharing data and information*

- Service providers have enhanced capacity to support fathers and their children facing disadvantage and vulnerability
- Service provider awareness of the needs of Aboriginal and Torres Strait Islander people and best practice approaches to meeting those needs has increased
- Service provider awareness of the needs of people from CALD backgrounds and best practice approaches to meeting those needs has increased
- Services provided will be more culturally appropriate and will engage participants

*Community*

- Community is aware of the CFC project and its objectives
- Service providers train and plan together to address client and community needs
- Service providers have enhanced confidence in their capacity to support the CFC target groups
- Community is aware of where they or their friends need to go for services

*Language development and what can be done to assist with this*

*Service providers*

- Service providers have formalised cooperative arrangements through MOUs and partnerships
- Infrastructure established through CGSCFC (e.g. Steering Committee; partnerships) is respected, functional and is continuing

*Community*

- Community has confidence in the cooperation and coordination of agencies participating in CFC
**ATTACHMENT 3**

**PROJECT LOGIC – Real Men Make Great Dads Program**

Context: The City of Greater Shepparton Communities for Children program was established in October 2011 to deliver positive and sustainable outcomes for children 0-12 and families in the community, with an additional scope to enable work with young parents and jobless families under the BAFW package. A project based on enhancing the existing Real Men make Great Dads program run by FamilyCare over a number of years was developed to work more closely with young fathers.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Short Term Outcomes</th>
<th>Medium Term Outcomes</th>
<th>Long Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>$70,020 CfC funding</td>
<td>Continuation of RMMGD FC program with enhancements</td>
<td>No. of parenting program sessions</td>
<td>Increased collaboration with local CfC community partners and steering committee members</td>
<td>Continued increase in the levels of collaboration and service integration</td>
<td>Young fathers receive the knowledge required to improve their long term parenting and relationship skills</td>
</tr>
<tr>
<td>$21,200 FamilyCare contribution</td>
<td>Parenting program sessions</td>
<td>No. of Adolescent Fathers program sessions</td>
<td>Participation by young fathers in program sessions</td>
<td>Learnings from this program are shared with other service providers and new programs are developed to fine tune delivery</td>
<td>Levels of child mental illness, behavioural and other issues decrease</td>
</tr>
<tr>
<td>FamilyCare organizational structural and skills capacity</td>
<td>Adolescent Fathers Program</td>
<td>No. of Hey Dad! School based program sessions</td>
<td>Increased referrals from schools and other agencies</td>
<td>Increased levels of capacity and resilience in young fathers</td>
<td>Parent education is accepted as a normal function of being a parent</td>
</tr>
<tr>
<td>Existing FC networks and partner relationships</td>
<td>Hey Dad! School-based program sessions</td>
<td>No. of collaborative activities with other CfC partners and other organizations</td>
<td>Increased participation by young fathers in the service system generally</td>
<td>Fathers learn to acknowledge the importance and value of their role in their children’s lives</td>
<td></td>
</tr>
<tr>
<td>Local knowledge</td>
<td>Evaluation of each program’s effectiveness</td>
<td>No. of meetings with key stakeholders</td>
<td>Increased knowledge about what the needs of the young fathers are</td>
<td>Young fathers are able to engage effectively and be a positive role model for their children</td>
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</tr>
<tr>
<td>Previous experience working with cohort</td>
<td>Participation in Steering Committee and Community Partner meetings</td>
<td>No. of young fathers supported through the enhanced RMMGD program</td>
<td>Skill and knowledge development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness of need and how to address it effectively</td>
<td>Monthly data reporting</td>
<td>Project evaluation</td>
<td>Stigma associated with learning how to be a good father will be reduced</td>
<td></td>
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</tr>
</tbody>
</table>

**Assumptions:**

By providing the RMMGD project in an expanded form by offering it in a variety of locations, there would be uptake from these sources. Program structure was based on previous experience by FC in working with this cohort, which later required revision, to account for the changed referral and delivery methods.
Context: Feedback from the 2011 Best Start community consultations identified the oral language skills of children as a significant concern, raised by kinder and primary school teachers, as well as family support workers. Our 2009 AEDI ‘Language and Cognitive Skills’ data for the % of vulnerable children was double that of the Victorian and Australian data. Research also told us that for our most disadvantaged and vulnerable families, programs or services needed to be offered on site at a place and / or with staff they are already have a relationship with / engaged with.

Inputs
- Best Start Community Literacy workgroup.
- CfC funding - $24981.
- Staff member already appointed to Mother Goose Co-ordinator position.
- Existing positive relationships with various agencies and primary schools.
- Previously developed model for implementation (by the Best Start Community Literacy workgroup).
- AEDI 2009 data – to identify priority communities and agencies to implement the program.

Activities
- Mother Goose Facilitator training.
- Continuation of employment of the Mother Goose Co-ordinator (July 2012 to June 2013).
- Provision of transport to programs for vulnerable families.
- Staff trained from various primary schools, early childhood, family support services as Mother Goose facilitators.
- Mother Goose Co-ordinator promotes, takes referrals for and organizes the various CfC funded programs running across Greater Shepparton.
- Mother Goose Co-ordinator continues to facilitate the Greater Shepparton Mother Goose network meetings.

Outputs
- 22 staff trained from various primary schools, early childhood and family support services.
- 12 schools / agencies supported to train staff in Mother Goose and run programs.
- Facilitation of Mother Goose programs each term across Greater Shepparton.
- 10 vulnerable families supported to travel to and from Mother Goose programs.

Short Term Outcomes
- Parents learn new songs, rhymes and stories to share with their child.
- Vulnerable families participate in Mother Goose programs.
- Mother Goose Facilitators feel supported and connected through the Mother Goose network meetings and the Mother Goose Co-ordinator.

Medium Term Outcomes
- Parents using the material learned during the Mother Goose program outside of the group setting with their child.
- Vulnerable families are delivered, ‘owned’ and sustained by individual agencies and schools across Greater Shepparton.
- The literacy and language skills of children improve by the time they reach Prep.

Long Term Outcomes
- Improved long term schooling outcomes and employment opportunities.

Assumptions:
By providing Mother Goose programs onsite at primary schools and family support agencies we will have better uptake and participation by vulnerable and disadvantaged families.
By including funding for transport we will have better uptake and participation by vulnerable and disadvantaged families. That those agencies and schools invited to participate in the project by training staff will see through their requirements to release that trained staff member to co-facilitate a program over the next 12 months. The Mother Goose program, or facilitation of Mother Goose programs will become core business of the agencies and primary schools with staff trained as Mother Goose Facilitators.
Context: Feedback from the 2011 Best Start community consultations identified the oral language skills of children as a significant concern, raised by kinder and primary school teachers, as well as family support workers. Our 2009 AEDI ‘Language and Cognitive Skills’ data for the % of vulnerable children was double that of the Victorian and Australian data. Research also told us that for our most disadvantaged and vulnerable families, programs or services needed to be offered on site at a place and / or with staff they are already have a relationship with / engaged with.

![Diagram showing the logic model for the Tatura Early Years Project 2012 – Best Start project.]

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**Long Term Outcomes**
- Improved long term schooling outcomes and employment opportunities.
the program organizes the various CFIC funded programs running across Greater Shepparton.
Mother Goose Coordinator continues to facilitate the Greater Shepparton Mother Goose network meetings.

Assumptions:

By providing Mother Goose programs onsite at primary schools and family support agencies we will have better uptake and participation by vulnerable and disadvantaged families.

By including funding for transport we will have better uptake and participation by vulnerable and disadvantaged families. That those agencies and schools invited to participate in the project by training staff will see through their requirements to release that trained staff member to co-facilitate a program over the next 12 months. The Mother Goose program, or facilitation of Mother Goose programs will become core business of the agencies and primary schools with staff trained as Mother Goose Facilitators.
## PROJECT LOGIC – Future Parenting Program

**Context:** Identified need for young (women) and their children who are at risk of isolation, with a view to build up community connectedness, provide information and support around parenting, health and wellbeing. Helping young Parents initiative – Centrelink requirement.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Short Term Outcomes</th>
<th>Medium Term Outcomes</th>
<th>Long Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>* $154,932 CfC funding</td>
<td>* Weekly group (x8) wk session for 15y/o+ during School terms</td>
<td>* x10 sessions per term for 15 participants – Shepparton</td>
<td>* Increased engagement with local community</td>
<td>* Participants share knowledge re MCH, etc.</td>
<td>* Better outcomes for young mothers and their children</td>
</tr>
<tr>
<td>* Staff, guest speakers</td>
<td>* Guest speakers – housing support, Centrelink, MCH, Women’s health, Mental health, Financial counsellors, etc</td>
<td>* x8 family day events – sessions at the Tatura Community Centre</td>
<td>* Increased library membership</td>
<td>* Increased networking and sharing of resources between services</td>
<td>* Reduced reliance on service system with increased personal capacity</td>
</tr>
<tr>
<td>* Facilities</td>
<td>* Development of term plan</td>
<td>* 2 volunteers trained and engaged</td>
<td>* Increased MCH participation</td>
<td>* Increased resilience</td>
<td>* Increased community engagement</td>
</tr>
<tr>
<td>* Transport</td>
<td>* Healthy lunch activities</td>
<td></td>
<td>* Reduced isolation</td>
<td></td>
<td></td>
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<tr>
<td>* Program Delivery</td>
<td>* Trips to Melbourne</td>
<td></td>
<td>* Improved parenting skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Networks – Maternal and Child Health etc</td>
<td>* Events/Celebrations</td>
<td></td>
<td>* Increased friendship/peer support</td>
<td></td>
<td></td>
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<tr>
<td>* Materials</td>
<td>* Family days</td>
<td></td>
<td>* Implementation of the project</td>
<td></td>
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<tr>
<td>* (Inkind) contribution</td>
<td>* Mentor program – training volunteers</td>
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</tbody>
</table>

### Assumptions:

That there were a higher number of Tatura young mums. Generally, the assumption is that young mothers (15+) require non-mainstream, specialized support during the first years of parenthood in order to achieve better parenting outcomes.
**PROJECT LOGIC – Stronger Connections – A family Resource and Mentoring Program**

**Context:** Identified need to bridge the cultural gap experienced by the CALD community, in particular new arrivals from a refugee background.

<table>
<thead>
<tr>
<th>Inputs</th>
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<th>Short Term Outcomes</th>
<th>Medium Term Outcomes</th>
<th>Long Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 EFT UCCE staff program coordinator</td>
<td>Meet &amp; email steering committee members</td>
<td>Improved understanding of new arrival community with partners and other organizations</td>
<td>All participants and organizations developing greater awareness of program and program possibilities</td>
<td>Potential employment of participants</td>
<td>More cohesive service delivery</td>
</tr>
<tr>
<td>UCCE NASS manager 4 hours/week</td>
<td>Meet community partners</td>
<td></td>
<td></td>
<td>Unwritten mapping of service structure, delivery and funding of other organizations</td>
<td>More reasonable understanding of new arrival community</td>
</tr>
<tr>
<td>1 PCC counselor, 1X8 parenting sessions of 1.5 duration</td>
<td>Planning sessions</td>
<td>More frequent meetings to more effectively coordinate projects</td>
<td>Identification of area of needs and where we can best work with other organizations who are not usually at the forefront of new arrival activities</td>
<td>Families utilizing different services to what they would have before</td>
<td>Ongoing involvement of some participants, eg volunteering which may lead to employment</td>
</tr>
<tr>
<td>1 FC counselor, 1X8 parenting sessions of 1.5 duration</td>
<td>Projects</td>
<td></td>
<td></td>
<td>Easier access to services of participating organizations (still a long way to go!)</td>
<td>Credibility to this style of program within community</td>
</tr>
<tr>
<td>1 Multicultural Support Worker X family activities</td>
<td>Data collection, designing and collating (extremely time consuming given new arrival participants)</td>
<td>Increased and expanded opportunities for organizations not normally working with new arrival community to more fully understand how best to work with participants</td>
<td>New arrival community developing greater understanding of what is available and how best to access these activities</td>
<td>Greater understanding of what else exists service-wise</td>
<td>A greater awareness of how best to deliver services to new arrival community and to incorporate this group as part of mainstream activities</td>
</tr>
<tr>
<td>1 Multicultural Support Worker X translations</td>
<td>Develop reports</td>
<td>Delivery being constantly challenged and developed</td>
<td>New arrival participants receiving short term employment</td>
<td>Participants greater understanding of what exists, how to access this and how best to inform other community</td>
<td></td>
</tr>
<tr>
<td>1 trainer accredited training YTB determined</td>
<td>Complete financial reports (also time consuming as different UCCE financial reporting as per SC requirements)</td>
<td>Greater collaboration and sharing of what works across all</td>
<td>New liaisons both intra organizations and between new arrival community</td>
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<tr>
<td>2 trainers X 3 day</td>
<td>Prepare statistics</td>
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<td></td>
<td>Take photos</td>
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</tbody>
</table>

Potential employment of participants
Unwritten mapping of service structure, delivery and funding of other organizations
Families utilizing different services to what they would have before
Easier access to services of participating organizations (still a long way to go!)
Greater understanding of what else exists service-wise
Participants greater understanding of what exists, how to access this and how best to inform other community
More cohesive service delivery
More reasonable understanding of new arrival community
Ongoing involvement of some participants, eg volunteering which may lead to employment
Credibility to this style of program within community
A greater awareness of how best to deliver services to new arrival community and to incorporate this group as part of mainstream activities
A lack of fear about offering services to new
sessions
Bilingual Health Educator X 3 sessions
Participant consultations
Consulting with RTO’s
Consulting with trainers
Consulting with training manager
Preparing activities
Liaising with community partners to combine projects
Sourcing goods and preparing show bags
Sourcing translated material
organizations
Cherry picking from each organization to improve program
participants
Understanding of local employment opportunities
members how to be aware of this
identify gaps and how best to overcome deficiencies
arrival communities
Introduction of Bilingual Health educators into mainstream organization information sessions
Organisations are scared they will do the wrong thing and therefore are loathe to do anything! Whereas now they are more comfortable and less fearful.

Assumptions:
That the project will meet the needs of the CALD participants by providing resources and activities to assist in the assimilation process of families to life in multicultural Shepparton
**PROJECT LOGIC – Early Learning Hubs (Formerly Young Dads are Great Dads)**

**Context:** Qualitative input from Relationships Australia Victoria (RAV) and Save the Children (StC) identified a gap in service delivery, of programs that enhance the connection/attachment between parent/carer and child. Research demonstrates the link between the quality of attachment between child and parents and child development, mental health and behavioural outcomes and learning capacity. CfC Needs Analysis determined that Men – particularly young men were a priority area. Investigation of programs available in the Greater Shepparton area identified the availability of parenting programs and playgroups but that these were generally accessed by mums.

<table>
<thead>
<tr>
<th>Inputs</th>
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<th>Short Term Outcomes</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Experience through RAV, Familycare (FC) and StC in working with men and families</td>
<td>Provision of group programs to target group: -attachment education programs (Connect Sessions) -Facilitated Playgroups (PlayShops) -Family fun activities -Build It programs</td>
<td>Participation in Community Partner meetings Regular meetings between partners to discuss, develop and reflect on program Regular delivery of groups programs in locations of need: -through services -in primary schools</td>
<td>Vulnerable fathers and families participate in group programs and activities Increased knowledge of importance of attachment in child’s life, role of father in improving outcomes for children by participants Experience gained in activities that can improve the quality of attachment by participants</td>
<td>Increased collaboration between services to improve the accessibility of services that meet fathers needs Fathers recognize the importance of their role and engage in activities to improve quality of attachment with their children Fathers and children recognize their ability to manage their own emotions and have an improved capacity to work together to defuse emotional situations Improved relationships between fathers and their</td>
<td></td>
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<tr>
<td>CFC Funding and Facilitating Partner support</td>
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<tr>
<td>Organizational capacity and commitment</td>
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<tr>
<td>In kind contribution of partners</td>
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<td>Fathers engage positively in their children’s lives from birth</td>
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<tr>
<td>Local knowledge and relationships through a variety of sector networks</td>
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<td></td>
<td>Rates of child mental health, behavioural problems and learning disabilities decreases.</td>
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<tr>
<td>Existing and developing relationships with sector organisations and schools</td>
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<td></td>
<td>Service sector engages fathers in programs that are designed to meet their needs and are facilitated to access services</td>
<td></td>
</tr>
</tbody>
</table>

82
Research conducted by RAV -
Integrated response to clients through engagement with other services and schools
Research conducted by RAV for Communities for Children 2012 – Dads in Play
Access to experienced practitioners both in research and delivery of programs for Dads through RAV

<table>
<thead>
<tr>
<th>activities</th>
<th>through schools as hubs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection as required</td>
<td>Increased referrals between schools and organisations</td>
</tr>
<tr>
<td>Engagement of BaFWa clients</td>
<td>Increased engagement of fathers in service system</td>
</tr>
<tr>
<td>Continuous Quality Improvement processes – client and sector feedback incorporated into program development and delivery</td>
<td>Increased knowledge within service sector of needs of fathers and services available</td>
</tr>
</tbody>
</table>

Assumptions:
That programs delivered through services and schools that already have links with fathers will be accessed by those families that are considered vulnerable and disadvantaged.
PROJECT LOGIC: Community Hub: A Community Learning Together Program

Context: with the focus on improving the transition into school for all children supporting the development in the areas of AEID data who are developmentally vulnerable on one or more developmental domains and to work collaboratively specifically oral language and social competency. A range of adult education opportunities will to address social isolation and support the general school community to ensure the best possible outcomes for children and their families. Nutrition has a huge impact on concentration and therefore educational outcomes and long term health issues therefore a focus on healthy eating has been viewed as significant.

<table>
<thead>
<tr>
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<th>Long Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment of staff and supported by teaching staff</td>
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<tr>
<td>Involved in the programs are parents, students and some families with no association with Bourchier Street.</td>
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<tr>
<td>The spaces and some on costs some consumables</td>
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<tr>
<td>The knowledge to conduct the programs offered are based on pre-existing research</td>
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<tr>
<td>Some people have been trained i.e. Mother Goose, some employed with pre-existing skills.</td>
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<tr>
<td><strong>Paddock to Plate</strong></td>
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<tr>
<td>Families gardening harvesting, cooking and eating together. This concept will build on the Families and Schools Together Project undertaken at the school in the past three years.</td>
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<tr>
<td>Create links with community health personnel.</td>
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<td>Adult cooking classes will commence next term.</td>
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<td><strong>Oral Language Development</strong></td>
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<tr>
<td>The program has paid for the training of 4 Mother Goose presenters and some resources.</td>
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<tr>
<td>The Parent-Child Mother Goose Program is a group experience for parents and their babies and young children.</td>
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<td>The program introduces adults and children to the pleasure and power of learning together.</td>
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<tr>
<td><strong>Outputs</strong></td>
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<tr>
<td>Paddock to Plate involves 160 students and about 36 parents.</td>
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<tr>
<td>4 trained Mother Goose workers</td>
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<td>To date 20 mothers and children have been involved</td>
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<tr>
<td>Plus 25 children in a Mother Goose in-school program</td>
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<td>Up to 12 families involved in playgroup</td>
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<td>Yoga classes</td>
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<td>Up to 12 parents</td>
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<tr>
<td><strong>Short Term Outcomes</strong></td>
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<tr>
<td>Relationships with parents developed.</td>
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<td>Fostered enjoyment in food preparation.</td>
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<td>Parents observing positive child management.</td>
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<tr>
<td>Parents seeing professional people managing students in a positive and supportive manner</td>
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<tr>
<td>Parents exposed to the concept of healthy heating and meal preparation</td>
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<tr>
<td>Children sitting together to enjoy a meal using table manners etc. and parents seeing this.</td>
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<tr>
<td>Links to health providers made</td>
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<tr>
<td>Children learn and develop through play</td>
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<tr>
<td>Everyone takes responsibility</td>
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<tr>
<td><strong>Medium Term Outcomes</strong></td>
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<tr>
<td>Families viewing schooling in a positive light.</td>
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<tr>
<td>Participants obtaining new knowledge about the planting of food, healthy eating and cooking of healthy food.</td>
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<tr>
<td>Improved health outcomes.</td>
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<tr>
<td>Improved educational opportunities for families.</td>
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<tr>
<td>Improved literacy levels of students resulting in improved attendance.</td>
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<tr>
<td>Participation in groups as a sense of belong promotes positive mental health.</td>
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</tbody>
</table>
of using rhymes, songs, and stories together. Parents gain skills and confidence which can enable them to create positive family patterns during their children’s crucial early years. Children benefit from enjoyable, healthy early experiences with language and communication.

Three programs are being conducted in classes and one for community members

**Play Group**
Operating 1 morning a week

**Opening of the school library to community**
School Funded

**Spring into Reading on Wednesdays**

**Yoga**
Funded a provider

and worked together

The playgroup provides a safe and supportive environment

Participants build friendships and social supports

Parents increased awareness of the value of oral language

Participant developing skills in developing their child’s oral language and supporting ESL families with their own language developed

Adults exchange ideas and shared parenting experiences.

Healthy and supporting the health of fostering and connectedness with the school. Parents who could be social isolated

A focus on relaxation, personal wellbeing and personal awareness

Assumptions:

Increase parent involvement in school settings improves student outcomes.

Positive parent/ school relationships promote improved participation in education by both students and parents.

The development of Oral language in your children will improve their education opportunities.
Context: The project was developed to engage, support and develop the capacity of the relatively high proportion of vulnerable families from low socio-economic, indigenous and multicultural backgrounds in each local community. School Hubs will provide a range of programs to promote social cohesion and connectedness and support families to ensure positive school and life outcomes for all children.

<table>
<thead>
<tr>
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<tr>
<td>Human Resources: Employment of Hub Coordinators across three school sites. Employment of program staff to facilitate hub programs/events. Employment of ICT teacher as a consultant.</td>
<td>Activity 1: <em>Engaging families in the early years.</em> Provide programs/activities to engage families with children aged 0-5 years, to promote healthy development and relationships and assist children in the transition to formal education. These activities include: Mothergoose program Paint and Play Little Book Worms Run, Hop, Jump, Play</td>
<td>Activity 1: Number of parents/carers who attend each month. Number of new families who access a program each month. Number of external organisations who attend a program each month. Increasing awareness/connection to local supports in the community. Promotional material and other relevant information is disseminated to families regularly.</td>
<td>Activity 1: Parents gain knowledge. Parents and children are connecting to other members of the community. Parents and children extend their social connections. Parents and children are introduced to a range of different play experiences to support development. Positive adult/child interactions are modeled by program facilitator. Parents/children gain knowledge about local services. Children enjoy literacy and oral language experiences. Children can safely</td>
<td>Activity 1: Children are confident to try and practice new skills. Children develop their social skills by increased social interaction. Parents/carers have increased social connection and support. Parents have increased knowledge about community supports, parenting and child development. Parents know how to access services and have changed attitudes to them. Parents have an increased knowledge</td>
<td>Activity 1: Children are more prepared for formal education and the skills for a successful school transition. Children have well developed social skills and extensive peer relationships. Parents and children have an established connection with their school and feel part of that community. All children entering school have attended kindergarten. Parents are actively engaged in their child’s school life and community. Improved school</td>
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services.
Provision of meeting spaces for families/children to access services.
Use of school resources including books, sporting equipment, toys, play equipment, board games, catering facilities.
Kitchen and kitchen garden.
School hall and library.
Technology:
Computers, netbooks, ipads, ipods, phone/mobile, software, interactive whiteboard, Internet.
Materials:
Office supplies, consumables, photocopying and printing, laminating.
Knowledge:
Preexisting partnership between the three schools with similarities in

Activity 2:
Linking children/families into appropriate supports to increase skills, enrich learning, promote wellbeing and healthy development.
Each school provides a range of these activities which include:

Activity 3:
Provide parents/carers/community members with opportunities for personal development and adult education programs.
Each school provides programs based on local need and include Dari classes, English and computer classes.

Number of families/children attending paediatric clinics.
Number of children accessing early intervention services.
Number of maternal and child health visits.
Number of external services provided in each school per month.

Activity 3:
Number of adult focused programs provided by external organisations.
Number of adults accessing education/support programs.
Number of children attending child centered programs.
Materials are developed or provided to support learning.

experiment learning new skills in a positive environment.
Children experience positive social interactions by observing conversation, turn taking and sharing.

Activity 2:
Parents feel supported by the school community.
Parents are actively engaged in their child’s health and development needs.
Parents are aware of universal health services and understand their importance to child development.
Children feel supported, safe and encouraged to be their best.
School staff are responsive to individual and family needs.
School staff and family have open and supportive communication and responses to the needs of children and families.

of their role as educators to their children. Parents have the skills to promote development.

Activity 2:
Parents develop a sense of trust and connectedness with the school.
Parent and school have shared understanding of student needs, skills and strengths.
Communication between family and school occurs both formally and informally.
Parental attitudes toward MCHN and community supports are more positive.
Teachers and family identify improvements in academic achievement or behaviour.
Parents and children feel valued.

Activity 2:
Education is valued.
Increased attendance at MCHN. Children have attended 10 key ages and stages checks.
Increased immunization rates.
Early intervention programs support children to develop their full potential.
Families require less support from external agencies.
Increased NAPLAN results.
Improvements in local AEDI data.
Cycles of intergenerational poverty and abuse are broken.

Activity 3:
Education and employment are
demographic and social need. Shared values, goals and vision for building social cohesion, capacity and inclusion. Shared understanding of the impact of trauma, abuse and neglect on child development and social, health and educational outcomes. Built on previous work by COGS Best Start and local AEDI data.

**Relationships:**
Collaboration and working partnership between three neighbourhood schools. Working partnerships with COGS Kindergarten services (two schools in partnership have kindergartens co-located).

The Smith Family
Dr Eastaugh – local pediatrician.

**Activity 3:**
Participants have positive learning experiences. Participants gain knowledge. Participants feel valued and supported by the school community. Participants believe the school is responsive to their needs. Children enjoy a range of age appropriate, play based activities to support learning and development. Children are familiar with the school environment and some staff. Participants are connected to others with similar interests or needs.

**Reduced absenteeism.**

**Activity 3:**
Participants are confident to participate in personal development and education. Participants learn or increase skills. Participants have increased feelings of self-worth and achievement. Participants have increased personal capacity and feel better connected to the community. Parents are modeling positive behavior and attitudes to children. Children feel safe and comfortable in others' care. Children develop social relationships. Parents are active participants in their child's learning.

**Increased employment.**

The number of families living in poverty decrease. Participants are more emotionally equipped to manage life challenges.
Skills and Training:
Employment of staff trained to provide required services.
Mothergoose facilitator training.
Financial and project management provided by school Principal and Business Manager.

Assumptions:
Schools are appropriate community hubs.
Parents want support from their community.
Parents want to support their child’s development.
People can change their attitudes and behaviour.
Change can be long lasting and have intergenerational impact
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<td>Funded by Catholic Care Melbourne Facilities Transport Three staff attended training in facilitating this program. Materials</td>
<td>Program delivered over 6 sessions for expectant parents. This program to be delivered twice per contract agreement.</td>
<td>6 sessions per program, two programs to be facilitated.</td>
<td>Address the identified gap of antenatal/parenting services to young expectant couples in Shepparton. The participants embrace the concept of the program and bring the concepts into their relationships</td>
<td>Participants engage in the program and attend all sessions. Participants interact easily with each other and the group facilitators. Increase the participant’s knowledge base regarding the importance of a secure relationship between couples. The participants are aware of the impact that a positive relationship has on their unborn baby.</td>
<td>The family unit is strengthened for couples attending these sessions. The participants have an awareness and confidence to engage with support services when needed. An increased community engagement occurs.</td>
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PROJECT LOGIC: Mooroopna School Community Hub

Context: Recent AEDI data shows high levels of vulnerable and at risk students in all domains, within the Mooroopna area. 19% of student enrolments at Mooroopna Primary School are Aboriginal and are significantly over represented in those students deemed vulnerable and disadvantaged.

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| Financial resources:  
  - CFC funding - $100,000  
  - Fairley Foundation - $24,000 | Scope and develop the model:  
  - Conduct research into existing schools as hubs projects  
  Community engagement:  
  - Meet with staff and parents from both primary schools to determine the needs of students and parents in terms of service provision  
  - Consult with both school councils about the outcome the school community consultation  
  - Survey community views through outreach visits and consultations | Number of families involved  
  Number of programs operated  
  Percentage of families/individuals successfully completing programs and accessing services  
  Number of clients satisfied with the programs and services meeting the communities' needs.  
  Number of agencies and organisations involved | Community consultations and outreach strategies developed  
  Productive partnerships built that support the work of the hub and also build parent and community capacity  
  Partnerships developed with the aboriginal community  
  Hub facility is set up  
  Needs analysis completed  
  Key issues and gaps identified  
  Partnerships targeted according to the identified needs and programs established  
  Development of services timetable | Increased engagement of families in school and the education of their children  
  Increased participation of families in the services provided by the partners  
  Increased training provided to parents and carers via the school community hub  
  Increased social inclusion in the For Mooroopna to be a better community |
<table>
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<th>School Council</th>
<th>Resources:</th>
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<tbody>
<tr>
<td></td>
<td>- Development of programs</td>
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<td>- Resourcing community based programs</td>
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<td></td>
<td>- Work with local early years providers</td>
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<tr>
<th>Knowledge:</th>
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<tr>
<td>- Other successful school based community hubs in Victoria, particularly successful programs funded by CFC</td>
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<tr>
<th>Training:</th>
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<tr>
<td>- PL opportunities for community development coordinator</td>
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<tr>
<th>Administration:</th>
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<tbody>
<tr>
<td>- Travel &amp; equipment</td>
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<th>Materials and Technology:</th>
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<tbody>
<tr>
<td>- Office supplies</td>
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<tr>
<th>Lighthouse Project</th>
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<tr>
<td>BFLS</td>
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<tr>
<td>Shep Network</td>
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<tr>
<td>Link to the VCC</td>
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<tr>
<td>Community links</td>
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<tr>
<td>MEAC meals</td>
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<tr>
<td>Salvation Army Pathways</td>
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Provide coordination of the project pilot

Coordinator to complete training opportunities:

- Cross cultural training
- Bridges out of Poverty

Initiate, support and deliver services on the ground, based on identified priorities

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<tr>
<th>Implement programs, provisions and services</th>
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<tbody>
<tr>
<td>Pre-existing programs continue such as:</td>
</tr>
<tr>
<td>- Playgroup</td>
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<tr>
<td>- Mother Goose</td>
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<tr>
<td>- Dad’s Program (Berry Street)</td>
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<table>
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<tr>
<th>community</th>
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</table>
- Consumables & food for programs and services
- Laptop computer
- Internet access
- Printer with ink and paper
- Digital camera

Assumptions:

That participating in the program will lead to the obtainment of the short/medium/long term outcomes

That medium and long term goals can only be achieved if the program continues for greater than twelve months
**PROJECT LOGIC: Tatura Early Years Project**

**Context:** This project combines key elements of two earlier CFC projects – the initial Best Start Tatura Early Years Project and the Save the Children Mobile Playgroup/Family Support initiative. Both of these sought to engage and support parents and children experiencing vulnerability in a small rural town environment; and provide maternal and child health services, promotion of play/early learning and family support utilizing a family centred/strength based approach. Phase 2 seeks to consolidate the achievements of phase one and respond to some of the issues and barriers faced by families in their endeavours to access early years and health services.

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<tr>
<td>CFC Funding and Facilitating Partner support</td>
<td>Continuation of Tatura Early Years Network</td>
<td>Bi monthly network meetings</td>
<td>Local early years services and family support services work collaboratively to develop and deliver TEYP</td>
<td>Increased local collaboration and effective advocacy to improve support systems for vulnerable families in Tatura</td>
<td>Young parents/jobless families/vulnerable families receive the level of support and resources they require to effectively nurture and support the healthy development of their children</td>
</tr>
<tr>
<td>Save the Children Fund (SCF) and Best Start organizational capacity and commitment</td>
<td>Support of vulnerable families through:</td>
<td>MCH Outreach visiting</td>
<td>• Continuation of the increased level of MCH engagement with vulnerable families</td>
<td>Vulnerable families feel better connected to MCH and playgroup</td>
<td></td>
</tr>
<tr>
<td>In kind contribution</td>
<td>• MCH Outreach – Tatura only</td>
<td>Weekly playgroup activities at Tatura Caravan Park and Mooroopna Park Primary School</td>
<td>• Continuation of increased number of KAS visits completed for vulnerable children</td>
<td>MCH Nurses/SCF Playgroup Coordinator and Family Support Worker assist vulnerable families to successfully access and effectively utilize early years, health, education and family support services</td>
<td></td>
</tr>
<tr>
<td>In kind contribution</td>
<td>• Mobile Playgroup and Family Support – Tatura and Mooroopna</td>
<td>Individual family engagement and provision of support in accordance with individual child and family needs (playgroup participants)</td>
<td>• Increased participation of vulnerable children in supported playgroups</td>
<td>Vulnerable families can access antenatal and medical services</td>
<td></td>
</tr>
<tr>
<td>Tatura Early Years Network members local knowledge and commitment</td>
<td>Advocacy and capacity building initiatives i.e. access to bulk billing medical services in Tatura</td>
<td>Meetings with key stakeholders</td>
<td>Better understanding of access to local medical and antenatal services</td>
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<tr>
<td>Phase 1 evaluation and research reports including Parent Consultation and Preparing for Parenthood Report</td>
<td>Relationships Australia Fathers Program (Tatura Primary School)</td>
<td>Brief scoping paper developed</td>
<td>• Fathers feel they have a greater understanding of the needs of their child(ren) and the important role Dad’s play</td>
<td></td>
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<tr>
<td>Resources of other CFC projects</td>
<td>Project Action and Evaluation Plan developed and implemented</td>
<td>Advocacy actions</td>
<td>Dad’s Program delivered</td>
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Assumptions:

The selected activities will overcome some of the personal and practical barriers which get in the way of vulnerable families accessing and gaining benefit from early childhood services.

That appropriately skilled staff are able to be recruited/employed/retained as required for the duration of the project.
ATTACHMENT 4 SELECTED READING/REFERENCE LIST

The National Evaluation of the Communities for Children initiative, 2010

Evaluation of the Communities for Children in Broadmeadows, 2010

The Stronger Families and Communities Strategy (SFCS) National Evaluation Baseline Report on Communities for Children Process Evaluation