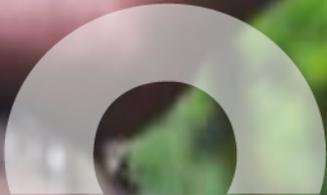


GREATER SHEPPARTON COMMUNITIES FOR CHILDREN

**Prepared for CatholicCare
Sandhurst**

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Clear Horizon

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Acronyms

CfC
MSC
DSS
SEIFA
LGA

Communities for Children
Most Significant Change
Department of Social Services
Social-Economic Indexes for Areas
Local Government Area

1 Executive Summary

Communities for Children is a national program managed by the Department of Social Services (DSS), a federal Government department. The program has an early intervention focus, focusing on families and supporting them to ensure the health and wellbeing of their children from birth up to 12 years.

Operationally, the program is operated by locally selected Facilitating Partners, who form Steering Committees to govern the program; these committees subcontract local services, known as Community Partners, to deliver early intervention services for children and their families.

The Communities for Children program in Greater Shepparton is the focus on this evaluation. Shepparton is a regional centre located approximately 180 kilometers northeast of Melbourne, the capital of Victoria. The current population of Shepparton is estimated to be 65,000. Shepparton is known for inequitably distributed economic engagement across the region (with pockets of disadvantaged located within central Shepparton), and in recent times has received large numbers of newly arrived migrants and refugees. The region also has the largest Aboriginal and Torres Strait Islander population in Victoria, who represent 2.7% of the population.¹

The Facilitating Partner of Communities for Children is CatholicCare Sandhurst, and they currently work with a local network of seven Community Partners. Over 2,600 children have received services that were funded through the Communities for Children program.

This evaluation began in 2018, with following purposes: to investigate program effectiveness, to improve practices, to be accountable, and to generate knowledge. The evaluation involved participatory planning and data analysis (with the contribution of Facilitating Partner, Steering Committee, and Community Partner stakeholders), review of Most Significant Change stories which have been collected by Community Partners, and semi-structured interviews with 21 stakeholders.

1.1 Findings

The evaluation generated the following findings:

Findings about changes in the community

These findings focus on the collective impact of all services funded by the Communities for Children program.

1. Communities for Children programs have contributed to improved knowledge and skills for parents and staff. Parents have improved parenting skills and staff have greater knowledge to implement early intervention programs.
2. Communities for Children programs have contributed to increased confidence for parents and parents report increased connections to community.
3. Communities for Children programs have contributed to the creation of new networks in the community. Parents reported feeling more connected to other parents. Services that work with Aboriginal and Torres Strait Islander communities reported increased community connection.
4. Communities for Children programs have contributed to increased access to resources. Staff reported had increased access to community resources. Consequently, service users also had greater access to community resources.
5. Communities for Children programs have contributed to positive behaviour change for parents:

¹ https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/216

Findings about program effectiveness

These findings focus on understanding how Communities for Children contributed to change.

1. Relationships between organisations have been strengthened as a result of Communities for Children, and this has increased program effectiveness. Stakeholders reported that services now work more collaboratively, this has led to less duplication of services and increased focus on filling service gaps.
2. Communities for Children has contributed to innovative development in the way that Aboriginal and Torres Strait Islander services in the region are implemented. The development of the One Village model was a significant output that represented an innovation in the way that Aboriginal and Torres Strait Islander programming is delivered in the region.
3. The relational and collaborative approach of the Facilitating Partner has been critical to the success of the Communities for Children program.
4. The way funding decisions are made is collaborative and has resulted in more effective allocation of funding as well as contributed to strengthening relationships in community.
5. Communities for Children has invested in knowledge sharing between organisations and this has contributed to program effectiveness.
6. Many stakeholders reported that the current percentage of funding required to be allocated to evidence-based programming is too high. The Department of Social Services currently mandates that 50% of funding for Communities for Children programs be allocated to evidence-based programs. Evidence-based programming is important, but the programs tend not to favour programs that have a strong community development focus.

1.2 Recommendations

Recommendation one: investigate opportunities to advocate for a review of the percentage of funding allocated to evidence-based guidelines. This is linked to finding 4.2.8: that the current percentage of funding allocated to evidence-based programming is too high.

Recommendation two: continue to strengthen professional development. It is also recommended that a practitioner/facilitator network be developed. This is related to finding 4.2.5, which outlines the ongoing benefits of capacity building and knowledge sharing and how this contributes to program effectiveness, and to finding 4.2.1, which outlines how building relationships between services strengthens program effectiveness.

Recommendation three: create more opportunities for community development approaches so that community is involved in identifying priorities and successes. This recommendation is indirectly related to finding 4.2.2; the One Village program is an example of local innovation and demonstrates the positive benefits of embedding co-design elements into program design and identification of local issues.

2 Background

2.1 About Communities for Children Shepparton

The Communities for Children program in Greater Shepparton began in 2011, and is the focus of this evaluation. Shepparton is a regional centre located approximately 180 kilometres northeast of Melbourne, Victoria. The current population of the Greater Shepparton area is estimated to be approximately 65,000. The region is historically known as an agricultural and manufacturing hub. In recent times, Shepparton has undergone economic upheaval combined with changes in the demographic structure – both of which reflect wider population-level changes. The impacts of these upheavals have been inequitably distributed across the community. According to the SEIFA index, Shepparton LGA is ranked in Victoria's top 20 disadvantaged municipalities,² with the most disadvantaged communities in the region concentrated geographically in pockets in the centre of town. Since the 1990s, Shepparton has received large numbers of newly arrived migrants and refugees, and the region has been widely cited as a 'success story' and a positive example of a multicultural community.

The Facilitating Partner of Communities for Children in Shepparton is CatholicCare Sandhurst, and they currently work with a local network of seven Community Partners. The 2017 evaluation found that over 2,600 children and their families received services through the program. The evaluation found that services had been successfully building trusting relationships with communities and that the relational elements of service delivery were important for promoting community engagement. The evaluation also found that increased and improved collaborative practice between stakeholders had been a noteworthy outcome for the program, but was not without challenges, and so partners were looking to continue to strengthen collaboration between stakeholders. The evaluation also found that the locally focused nature of the program design allowed for more tailored program delivery that was relevant to local context.

The evaluation noted that the introduction of the requirement that 30% of funding be apportioned towards evidence-based programming has had consequences for the program, where programs are required to adhere to national standards at the expense of local adaptability and potential for innovative practice. Since the time of the most recent evaluation, the Department of Social Services (DSS) raised the funding requirement for evidence-based programming to 50% of all funding.

2.2 About Communities for Children

The Communities for Children is a national program managed by the DSS. Communities for Children has an early intervention focus, focusing on families and supporting them to ensure the health and wellbeing of their children from birth up to 12 years. The program has the following operational focus:

- a) promoting healthy young families;
- b) supporting families and parents;
- c) early learning;
- d) school transition and engagement, and;

² *Inquiry into the extent and nature of disadvantage and inequity in rural and regional Victoria*. Submission from Greater Shepparton City Council to the Parliament of Victoria Rural and Regional Committee, 2010. https://www.parliament.vic.gov.au/images/stories/committees/rrc/disadvantage_and_inequality/submissions/036_20100331_GreaterShepparton.pdf

e) creation of child-friendly communities.

It intends to achieve this through engagement with parents and families, facilitating improvements to support services for families and children, and building capacity of communities to support these outcomes.

The national program began in 2005, and currently works with 52 facilitating partners in 52 communities experiencing disadvantage across Australia. Facilitating Partners form Steering Committees to govern the program, and subcontract local services, known as Community Partners, to deliver early intervention services for children and their families. An important component of the Communities for Children program is that it promotes evidence-based practice. To support this, the national program provides an Evidence Based guidebook for selection for programming practice and provides guidelines for supporting promising initiatives to become evidence based.

3 About this evaluation

3.1 The purpose of this evaluation

The evaluation has four overarching purposes:

1. *To investigate program effectiveness.* The evaluation will investigate what the program is doing well and what has been achieved as a result of the program.
2. *To improve practices.* The partnership wants to take the learnings from this evaluation and use them to improve the way it delivers the Communities for Children program.
3. *To be accountable.* To demonstrate to funders and stakeholders that we are doing what we said we would do, and that it worked.
4. *To generate knowledge.* To share learnings with the wider sector on what works and what doesn't work.

3.2 Audience for this evaluation

The primary audience is the Communities for Children partnership and its governance, who are interested in exploring effectiveness (so they can get better), accountability (so they prove what they do works) and generating knowledge (so they can build a better children and families sector).

Audience	Information needs
CatholicCare Sandhurst, Evaluation Subcommittee, Steering Committee, program staff, Community Partners	<p>Effectiveness: Has collaboration been achieved and has it led to outcomes?</p> <p>Implementation: How well were funded projects chosen? How does the collaboration/partnership help CfC reach those experiencing vulnerability?</p> <p>Appropriateness: What involvement has community had in the program and has their participation been meaningful?</p> <p>Sustainability: How will CfC continue to contribute to child and family wellbeing in Shepparton, robust partnerships and community resilience?</p> <p>Learnings: What have we learned about joined service delivery and collaborative practices to inform future decision making and strategy, and improve program activities? How do we work as a service system so there's continuity of care?</p>
Funded projects	<p>Effectiveness: What elements of the selection process work, to what extent, and in what circumstances?</p>
Funder (Department of Social Services)	<p>Effectiveness: Have CfC influencing activities achieved their desired outcomes in the early years sector and among target cohorts?</p> <p>Appropriateness: How effective was the selection process in terms of meeting strategic priorities and community needs? Does the selection process align with national CfC guidelines?</p> <p>Sustainability: What is the value of CfC partner activities for service users? Is the program worth sustaining and/or scaling up?</p>
Potential future funders	<p>To what extent has the program contributed to outcomes, and was it worth the resources (time, effort, funding, staffing etc.)?</p>

Potential community partners	Has collaboration been achieved and has it led to positive outcomes?
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3.3 Evaluation activities

Key evaluation activities have included participatory planning and data analysis, review of program documentation, review of stories of significant change collected by programs, and interviews with service staff and program implementers.

Planning workshop

A planning workshop was held on 3 October 2018 with stakeholders of the Communities for Children program in Shepparton. At this workshop, Clear Horizon and stakeholders reviewed the theory of change, developed key evaluation questions, and determined data collection methods. The output of this workshop was the development of an evaluation plan. This plan was submitted to the Communities for Children Evaluation Subcommittee for recommendation and then endorsed by the Steering Committee in December 2018. The theory of change and the key evaluation questions for this evaluation are included as Appendix One and Appendix Two of this document.

Document review

CatholicCare provided a range of documents to the Clear Horizon consultants for review. The findings of this review informed the evaluation plan.

Data collection

The Clear Horizon team travelled to Shepparton between 18-22 February 2019 and conducted semi-structured interviews with 21 stakeholders. These stakeholders included facilitating partner staff, members of the Communities for Children steering committee, evaluation sub-committee, as well as people who implement programs funded by Communities for Children. The interview questions are included at Appendix Three. The data from the interviews was analysed against the key evaluation questions, and then based on this analysis, key findings were developed and brought to the summit workshop for review.

Review of Most Significant Change data

The Communities for Children program has been collecting Most Significant Change (MSC) stories since 2017. The facilitating and implementing partners received training in how to conduct MSC. The program has focused on the thematic collection of stories, collecting rounds of stories against a particular theme. Themes to date have included stories about the experiences of Aboriginal and Torres Strait Islander people, people from Culturally and Linguistically Diverse (CALD) communities, people experiencing vulnerability and disadvantage, young parents, and staff from various projects. A total of 65 MSC stories were reviewed by the evaluation team. The team analysed the stories to examine changes in knowledge, attitudes, networks, resources, and behaviour changes. The findings from this analysis are included in the findings section.

Summit workshop

The evaluation team facilitated a summit workshop with Communities for Children stakeholders on 17 June 2019. At this workshop, participants reviewed the findings, discussed the most significant changes from selected MSC stories that had been collected, and then discussed the ways in which the Communities for Children program contributed to the identified changes. The discussions had on this

day were recorded. The findings included in this evaluation report reflect the discussions had at the summit workshop. The workshop concluded with the development of recommendations, which are included in this report.

4 Findings

The structure of the evaluation findings was developed in consultation with the participants at the summit workshop. The findings are presented as follows:

1. **Findings about changes for community.** The data from the MSC stories that were collected by Communities for Children stakeholders were analysed for changes in knowledge, attitudes, networks, resources, and behaviour change. A summary of the findings are included in this report.
2. **Findings about program effectiveness.** The data from the semi-structured interviews was coded against the key evaluation questions, and the evaluation team then synthesised this analysis into a set of findings about what is working best in the program. These findings were then tested with the stakeholders at the summit workshop.
3. **Findings about evidence-based programming.** This section outlines the impact of the 50% of direct service delivery funding allocation to evidence-based programming (as mandated in the DSS funding guidelines).

4.1 Findings about changes for community

The Communities for Children program has been collecting stories of significant change since 2017. The collection of stories has taken place in rounds which address particular themes. These themes included: Aboriginal and Torres Strait Islander peoples, people from CALD communities, staff experiences, children and families experiencing vulnerability and disadvantage, and young parents.

The evaluation team reviewed the stories and coded the stories according to the following types of changes: knowledge, attitudes, access to networks, access to resources, and behaviour change.

This analysis provides an overview of the collective impact of all programs funded by Communities for Children program in Greater Shepparton.

Finding 4.1.1: Communities for Children programs have contributed to improved knowledge and skills for parents and staff

Parents who participated in Communities for Children programs reported improved parenting skills and strategies for parenting. Examples of this included learning about rules and boundaries, and how to settle children who are distressed.

Staff who managed CALD-focused programs reported that the communities have a better understanding of refugee and migrant experiences. Participants of CALD-focussed programs reported improved cross-cultural skills.

Staff who implement Communities for Children programs reported a greater understanding of the value of prevention and the impacts of trauma on parenting and families.

Finding 4.1.2 Communities for Children programs have contributed to increased confidence for parents

Parents who participated in Communities for Children programs reported stronger relationships with their children and reported increased confidence in their parenting. They felt a greater positive outlook and also more positive about their children's futures.

Parents who were experiencing vulnerability also reported feeling accepted by their communities and felt a stronger sense of connection to their community.

Finding 4.1.3 Communities for Children programs have contributed to the creation of new networks in the community

Parents who participated in Communities for Children programs reported that they felt more connected to other parents, and some parents reported that they had made new friends and social networks as a result of their interaction with the programs. This was true for parents across a range of different cohorts (CALD, Aboriginal and Torres Strait Islander families, and people from communities experiencing vulnerability and marginalisation).

Communities for Children programs that work with Aboriginal and Torres Strait Islander communities reported that their connection into community increased significantly. They had greater numbers of community members participating in program events, and the family worker had greater reach into community. The inclusion and participation of Elders in events also contributed to increased community connections.

Parents also had greater access to a broader range of services. This was a result of the service sector reporting an increased access and collaboration with other services.

Finding 4.1.4 Communities for Children programs have contributed to changes in access to resources

Staff reported that they felt that they had greater access to community resources. This was because services are no longer seen as being in competition with each other and there was a sense that all services are a shared resource for the community. Consequently, clients of these services also have greater access to resources because services were more likely to refer clients across multiple services as needed.

Staff also noted that they were more likely to invest time in connecting with families who might be experiencing isolation. This was in part because of a renewed commitment to preventative and holistic programming, which has been fostered under the Communities for Children program. This means that these families were more likely to be linked into resources by services.

Finding 4.1.5 Communities for Children programs have contributed to positive behaviour changes for parents and staff

The following types of behaviour change were identified in the Most Significant Change stories:

- Families experiencing vulnerability and marginalisation reported greater positive engagement with services
- Families experiencing vulnerability and marginalisation reported being more likely to change their behaviour based on what they learned at services (i.e. implement parenting strategies, reach out to community)
- Workers changed their behaviour through demonstrating an increased focus on the relational and preventative aspects of the program
- Anecdotally, it was observed that the number of children participating in programs is increasing

4.2 Findings about program effectiveness

This section describes what elements of the program are working well.

Finding 4.2.1: Relationships between organisations have been strengthened as a result of Communities for Children and this has increased program effectiveness

A key theme from stakeholder interviews is that relationships between organisations have been strengthened as a result of the Communities for Children program. It was reported that there are now greater opportunities and avenues for collaborative work. Stakeholders reported that through Communities for Children, services now sit down together and collaborate around programs and assist with each other's programming. The Facilitating Partner has been instrumental in creating opportunities for services to connect. Communities for Children has improved networks between services and has created a platform for networking between services, and this has strengthened collaboration.

Communities for Children has created a lot of conversation, agencies know about each other, connector, filled in gaps and good engagement tool for vulnerable families who have limited platform to leverage those government services.

Interviewee

Because of these improved networks, partners who are part of Communities for Children are identifying gaps in local services and have also provided funding for services that have had greater reach into communities that may not have been reached by services before. As a consequence, it is reported that services are perceived to be less siloed, and that there is an increased flow of communication between services. Duplication of services in the region has reduced as services have an increased understanding of the service environment in the region and are working to fill gaps in service systems rather than work in competition.

Stakeholders reported that positive relationships have led to systems change; improved relationships have been the key contributor to achieving a range of outcomes for services and their clients. An increased understanding of what is happening in the sector across the region and a better identification of gaps in service delivery in the region and reduction of duplication of services. There is now a shared sense of responsibility within and across agencies. Practitioners reported that they feel more included in decisions. Agencies have recognised strength of others and acknowledge each other. This is perceived as a fundamental shift in the broader system.

Communities for Children have facilitated the implementation of services that focus on holistic engagement. Stakeholders noted that Communities for Children has been strategic in terms of funding services that provide opportunities for families to engage with services in a friendly and non-threatening environment, and then leveraged this engagement so that families could be referred into other programs in a supportive and trusted way. As a result, transition for clients (both into the service system and within the service system) is enhanced.

Finding 4.2.2 Communities for Children has developed an innovative approach to the way services are delivered for Aboriginal and Torres Strait Islander families

The One Village project takes a collective impact approach to delivering results for Aboriginal and Torres Strait Islander children and their families in the Greater Shepparton region, and was developed through the Communities for Children program.

The development of the One Village model is a significant output that interview respondents attributed to the Communities for Children program and represents a significant shift and innovation in the way that Aboriginal and Torres Strait Islander child programming is delivered in the region.

One Village which is a real innovation for this area. It's ground-breaking, needs to continue, and can continue to grow outwards. We have a real commitment to implementing this and put our money where our mouth is, such as by employing family engagement worker. We were able to get consensus around who to engage for this worker from the community.

Interviewee

The development of the One Village demonstrated use of co-design principles and innovative thinking. It was a local recognition of need, strategic thinking, and systems change. It was the result of a collaborative approach of the Communities for Children steering committee. The steering committee identified the challenges that mainstream organisations have had in engaging with Aboriginal and Torres Strait Islander young people and parents. Consequently, a range of trainings and forums were held so that organisations could better understand the impact of cultural issues on Aboriginal families and children. Stakeholders reported that the co-design of the One Village program led to organisations having increased understanding of cultural safety.

The development of the One Village program also brought together Aboriginal and Torres Strait Islander services who work with Aboriginal and Torres Strait Islander families and children, and strengthened their relationship. Stakeholders reported that the Facilitating Partner was instrumental in the success of the process for growing the One Village model. They created a safe space for organisations to come together and share information about themselves and their services. The Facilitating Partner created an environment where people wanted to step up and create new spaces for Aboriginal and Torres Strait Islander child services.

Finding 4.2.3 The relational and collaborative approach of the facilitating partner has been critical to the success of the Communities for Children program.

CatholicCare invested in community, have great connections, have made collaborative work function. They do what they say they'd do.

Interviewee

People spoke very positively of the Facilitating Partner, and indicated that their relational and collaborative approach is critical for the success of Communities for Children in Shepparton. The Facilitating Partner has enacted a holistic and forward-thinking approach to the management of the funding for partners. Support is focussed toward connections, relationship building, and capacity development. Examples of capacity building include:

- Provision of training, such as the MSC training and the Parenting Under Pressure (PUP) training
- Sending staff or committee members to events and conferences; such as the Collective Impact Conference

Stakeholders also noted that the steering committee have been committed to trialing new ways of working to get better outcomes and will review when things are not working week and will work to improve.

Finding 4.2.4 The way funding decisions are made is collaborative which has resulted in more effective allocation of funding as well as strengthening relationships in community

The selection of programs for funding has been implemented in line with the values of the Communities for Children partners. There is a focus on collective consensus, and people believe that the process has been democratic. Procedures that seek and address matters arising from conflict of interest have been addressed. Mostly, people are very satisfied with the process for selecting projects for funding. Stakeholders reported that the funding decisions have been transparent and this commitment to transparent communication has contributed to a decreased sense of competition between agencies.

We've noticed a huge shifting in the way organisations relate to each other and that competition has you know diminished.

Interviewee

This is a more responsive funding structure because trends that you see (e.g. population increase somewhere) normally we have to wait for government to notice this change; area based planning allows us to be on top of data because we're closer, and if we see change we can respond locally, and when there's gaps, can identify that, and if there's duplication we can try to work together more.

Interviewee

Some respondents articulated a desire to continue to develop and strengthen a consensus building model for making decisions about funding. Some stakeholders felt that it might be worthwhile for the steering committee to investigate and then document innovative models for building collective and consensual decision making processes for funding allocation and determine if these are suitable for Communities for Children.

Finding 4.2.5 Communities for Children has invested in knowledge and skill development across organisations, and this is contributing to program effectiveness

Services reported that they are investing time in knowledge sharing and resource sharing. Because programs have strengthened collaboration, they are increasingly sharing knowledge. Programs are also accessing knowledge provided through the Communities for Children program.

Access to capacity building opportunities has led to staff who are more willing to invest in preventative, relational, and holistic work. Staff now feel empowered and skilled to be able to support families more effectively. Staff are more equipped to support complex family units and deal with multiple issues.

Parents who have come from disadvantage, having a soft approach suits them better because they have Centrelink, and people giving them grief. I have parents say to me 'I can come here and be with my kid'.

Interviewee

The implementation of the MSC and the Communities of Practice (where the MSC stories are read and selected) has emerged as an effective method for sharing information about impact and learnings for program, in a way that is safe and welcoming for services to participate in. It appears to have been instrumental in providing opportunities to learn about the impact of Communities for Children activities for services. Service workers also reported that the act of collecting the MSC stories was a fantastic opportunity for learning about their programs.

Some stakeholders noted that the MSC stories represent a rich data source about the impact of the program, but that the stories appear to have limited use after the communities of practice has made its selection (some stories get published on the Communities for Children website).

It was also reported that the quality of the interviewer and the quality of story documentation varies significantly, which does not necessarily have an impact on the function of the communities of practice but does have an impact on their utility in evaluation. Some participants who attended the summit recommended that the steering committee consider how to better use the MSC stories to inform practice and generate evidence and learning, beyond the communities of practice.

4.3 The impact of evidence-based programming

The Department of Social Services (DSS), the funder of Communities for Children, currently mandates that 50% of funding for CfC programs is delivered to evidence-based programs. To facilitate this, DSS has a list of evidence-based programs that CfC sites can select from. CfC sites can also apply for 'promising program' status, and thus be included on the list of evidence-based programs.

The evidence-based guidelines impact on the capacity of the program to implement innovative, locally relevant programs. Stakeholders reported that they felt that the guidelines were too rigid. The guidelines do not favour programs that have a strong community engagement focus or favour programs that work with communities over time. It is also not a good model for place-based initiatives, which tend to focus on long-term intervention and are highly relational and variable in their approach.

These evidence-based programs, once selected, also usually need to be adapted for local context, and this means that the program is then not being implemented according to the original design (i.e. fidelity is lost). The cost of collecting the evidence needed to achieve evidence-based status is prohibitive for many organisations, although some noted that in some instances the investment involved builds the capacity of staff and is valuable.

Additionally, the rules for the percentage of funding that must be allocated for evidence-based programming changes from year to year, leaving local communities unsure of what changes may happen to funding guidelines in the future.

Some stakeholders noted that there are some benefits to implementing programs that meet the DSS evidence criteria. Using programs that have been tested has shown in some instances to lead to higher quality programming. Participants also noted that local workers usually have to be trained to deliver evidence-based programs, which improves local capacity.

Overall, participants saw the value of having evidence-based programming, but felt that the current ratio of 50% of all funded programs is too high. Interviewees who have participated in the implementation of evidence-based programming reported that evidence-based programs use a lot of resources (to purchase the program and conduct capacity building) and it was communicated that this is at the expense of locally relevant programs which meet local need.

5 Recommendations

These recommendations were developed by participants at the Summit Workshop held in July 2019.

5.1 Recommendation one – investigate the impact of the 50% funding allocation for evidence-based programming with other communities

Stakeholders reported that they desired that a review of the percentage of funded programs that fit within the evidence-based programming guidelines be undertaken. Stakeholders at the summit workshop proposed to consult with other Communities for Children sites to investigate the impact of the rules around funding for evidence-based programming. Based on this, it was proposed that the FP should contact other Communities for Children services and investigate the impact of having 50% of program funding allocated to evidence-based programs and then determine if there is an expressed desire and need to engage in collective advocacy around this issue with Australian Institute of Family Studies and DSS.

This recommendation is related to finding 4.3: Communities for Children stakeholders feel that the current percentage of funding required to be allocated to evidence-based programming is too high.

5.2 Recommendation two – continue to support and provide professional development

It is recommended that Communities for Children continue the current budget allocation for professional development. This is based on the finding that the community organisations find the professional development useful, and that the professional development is providing valuable opportunities for networking and collaboration.

It is recommended that a practitioner/facilitator network be developed. This is based on the finding that there is much to be gained by the strong network created between organisations and that we would like to see these connections strengthened. In particular, we believe it would be valuable to create stronger networks at the practitioner level. This recommendation would require each organisation to agree to participate and then to create a rotating roster for hosting, development of agenda, and allocation of themes.

This is related to finding 4.2.5, which outlines the ongoing benefits of capacity building and knowledge sharing and how this contributes to program effectiveness, and to finding 4.2.1, which outlines how building relationships between services strengthens program effectiveness.

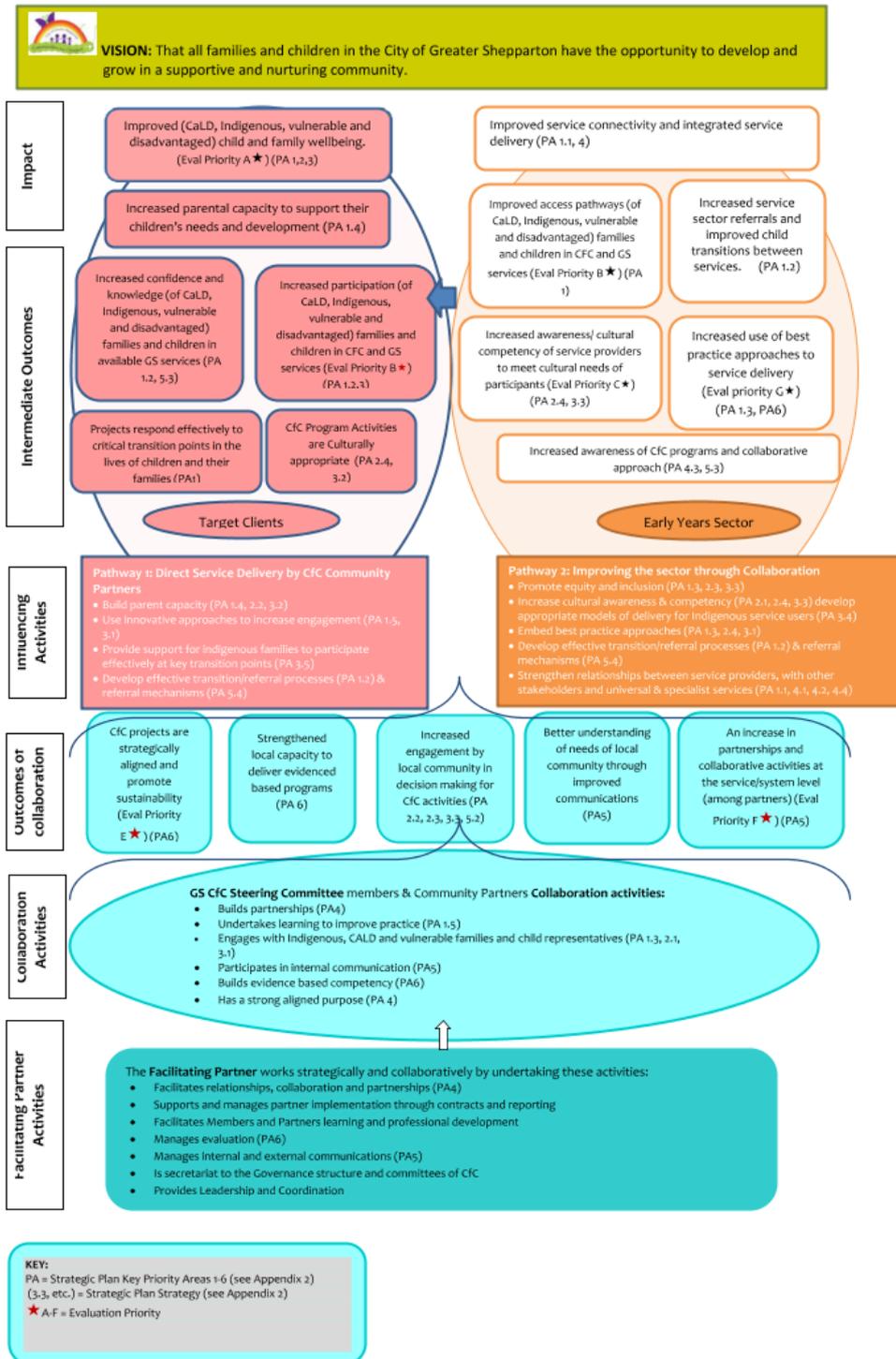
5.3 Recommendation three: create more opportunities for community involvement in identifying priorities and successes

It is recommended that the program creates more avenues and opportunities to build the capacity of communities. This could involve greater involvement in co-design and in conduct of evaluation. This would strengthen the community's capacity to implement innovative programs that meet local need.

This recommendation is indirectly related to finding 4.2.2; the One Village program is an example of local innovation and demonstrates the positive benefits of embedding co-design elements into program design and identification of local issues.

6 Appendices

6.1 Appendix one: theory of change



6.2 Appendix two: key evaluation questions

15 key evaluation questions (KEQ) were identified to guide the evaluation of Greater Shepparton Communities for Children. The KEQs were grouped according to the following criteria: outcomes, effectiveness, contribution, implementation, appropriateness and sustainability.

Questions about change

The three domains focus on investigating change and the program's contribution to change.

Outcomes – what is the observed change?

1. What have the changes been for families?
2. What have the changes been for children and young parents?
3. What have the changes been for the Facilitating Partner?
4. What have the changes been for the Community Partners?

Effectiveness – how did the program create change?

5. How has collaboration between partners contributed to outcomes?
 - a. To what extent has there been an increase in collaboration (between Community Partners and between Community Partners and other services)?
 - a. What lessons have been learned about collaboration that can be shared with the wider sector?
 - b. Are clients more able to navigate services as a result of collaboration, and what is the benefit for the client?
 - c. Are services improving due to collaboration between partners?
 - d. Does having a shared purpose lead to more effective services for clients?
6. How has engagement with the community led to outcomes?
 - e. What lessons have been learned about engagement that can be shared with the wider sector?
7. What are the ways in which the individual programs have contributed to change?
 - f. Has the wider Communities for Children partnership strengthened these contributions to outcomes?

Contribution – would the changes have happened anyway?

8. Would the observed change have happened anyway or for some other reason?
 - a. What other factors (policy, funding, programming) have been identified as having positive effects for children and families living in the local community?

Process

Questions on implementation focus on the quality of program implementation.

Implementation – how well have the program activities been implemented?

9. To what extent does the Communities for Children partnership use evidence-based and best practice in its programming?
10. How well have the partners collaborated?
 - a. In what ways have partnerships improved transitions between services?
 - b. How are partners sharing knowledge?

- c. Do partners feel that the partnership has a shared purpose, and how has this been embedded?
11. What are the processes used to select programs for funding?
 - d. Has the selection process utilised collaborative processes?
 - e. Has the selection been conducted in line with national CfC guidelines for evidence-based programming?
 - f. How satisfied are community partners with the way that programs are selected?
 12. What has been the effect of implementing evidence-based programs in line with the Commonwealth guidelines? What has been the effectiveness of this in achieving Greater Shepparton CfC's goals? Has it made CfC better?

Need

Questions on appropriateness focus on the extent to which the program is meeting the needs of the community.

Appropriateness – is the way the program is implemented best placed to meet need?

13. To what extent has the program been effective in reaching the following cohorts:
 - a. families in CALD communities
 - b. families in Indigenous communities
 - c. families who are newly arrived or who have arrived for humanitarian reasons?
14. To what extent has community been involved in planning, adapting and evaluating the program?
 - d. Has the involvement led to the program being more responsive?

Legacy

Sustainability

15. Is the program creating structural change that would last beyond the project?

6.3 Appendix three: semi-structured interview questions

Facilitating partner questions

Background questions

1. Can you tell me a little about yourself and your working background
2. How long have you worked for this organisation?

Questions about your program

3. Can you tell me about your Communities for Children? What does it do and who is it for?
4. When did it start and how was it developed?
5. In your opinion, how well is the program running at the moment – what have been the achievements and challenges?
 - a. What the reasons why the program has been able to make its achievements – what helps?
 - b. What are the reasons why the program has experienced these challenges?
 - c. What has the program been doing to overcome these challenges?
6. What difference has the program made for services?
 - a. Has it made a difference to the partners work with each other? (prompt for examples)
 - b. Has it made a different to how client's access programs? (prompt for examples)
 - c. Would any of the changes happened eventually without Communities for Children? Why or why not?
7. What difference has the program made for families?
 - a. What is it about the program that has made this difference?
 - b. Is there any other reason why your clients have experienced changes? What else is happening that is working for them?
 - c. What would happen for your clients if your program did not exist?
8. What difference has the program made for children and young people?
 - a. What is it about the program that has made this difference?
 - b. Is there any other reason why your clients have experienced changes? What else is happening that is working for them?
 - c. What would happen for your clients if your program did not exist?
9. What difference has this program made for CALD communities?
 - a. In what ways have you seen partners adapt the delivery of the program to be better suited to the needs of this cohort?
 - b. What are the structural and cultural barriers for this cohort when it comes to receiving the services they need?
 - c. To what extent does this cohort get involved in directing how the program is implemented?
 - d. Are the needs of this cohort different from the needs of other groups and in what ways?
 - e. What have been the achievements in regards to working with this group, and why?
 - f. What have been the challenges in regards to working with this group, and why?
10. Does your program work with Indigenous communities?
 - a. In what ways have you seen partners adapt the delivery of the program to be better suited to the needs of this cohort?

- b. What are the structural and cultural barriers for this cohort when it comes to receiving the services they need?
- c. To what extent does this cohort get involved in directing how the program is implemented?
- d. Are the needs of this cohort different from the needs of other groups and in what ways?
- e. What have been the achievements in regards to working with this group, and why?
- f. What have been the challenges in regards to working with this group, and why?

11. If Communities for Children were to stop tomorrow what would the impact be:

- a. On the way your partners run projects
- b. On the way partners interact
- c. On the lives of young people and families

12. Can you tell me about the process for selecting Communities for Children partners and programs?

- a. What are the strengths of this process?
- b. Is there anything you think could be improved?

Finishing up

13. Tell me about some services you work closely with

- a. Why do you work closely with these services
- b. Are they also Communities for Children partners?
- c. What are the key mechanisms you use for communication?
- d. Are there any formal structures in place for collaboration?
- e. What are the benefits for clients of this collaboration?

14. What are the lessons you have learned about collaborating with other services (because of your involvement with Communities for Children)

- a. What information would you want to share with the wider sector?

15. What are the lessons you have learned about implementing your program (because of your involvement with Communities for Children)

- a. What information would you want to share with the wider sector?

Community partner interview questions

Background questions

16. Can you tell me a little about yourself and your working background
17. How long have you worked for this organisation?

Questions about your program

18. Can you tell me about your program? What does it do and who is it for?
19. When did it start and how was it developed?
20. In your opinion, how well is the program running at the moment – what have been the achievements and challenges?
 - a. What the reasons why the program has been able to make its achievements – what helps?
 - b. What are the reasons why the program has experienced these challenges?
 - c. What has the program been doing to overcome these challenges?
21. What difference has your program made for families?
 - a. What is it about the program that has made this difference?
 - b. Is there any other reason why your clients have experienced changes? What else is happening that is working for them?
 - c. What would happen for your clients if your program did not exist?
22. What difference has your program made for children and young people?
 - a. What is it about the program that has made this difference?
 - b. Is there any other reason why your clients have experienced changes? What else is happening that is working for them?
 - c. What would happen for your clients if your program did not exist?
23. Does your program work with CALD communities?
 - a. In what ways do you adapt the delivery of the program to be better suited to the needs of this cohort?
 - b. What are the structural and cultural barriers for this cohort when it comes to receiving the services they need?
 - c. To what extent does this cohort get involved in directing how the program is implemented?
 - d. Are the needs of this cohort different from the needs of other groups and in what ways?
 - e. What have been the achievements in regards to working with this group, and why?
 - f. What have been the challenges in regards to working with this group, and why?
24. Does your program work with Indigenous communities?
 - a. In what ways do you adapt the delivery of the program to be better suited to the needs of this cohort?
 - b. What are the structural and cultural barriers for this cohort when it comes to receiving the services they need?
 - c. To what extent does this cohort get involved in directed how the program is implemented?
 - d. Are the needs of this cohort different from the needs of other groups and in what ways?
 - e. What have been the achievements in regards to working with this group, and why?
 - f. What have been the challenges in regards to working with this group, and why?

About Communities for Children

25. When did you start to get involved with Communities for Children?
26. What were your first impressions of the program?
27. Did your program exist before becoming part of the Communities for Children program?
 - a. What were the reasons why your program decided to become part of the Communities for Children program?
28. In your opinion, what have the key benefits been of being part of the Communities for Children program?
 - a. Has it made a difference to the way you work? (prompt for examples)
 - b. Has it made a difference to your organisation? (prompt for examples)
 - c. Has it made a difference to the way you or your organisation works with other organisations?
 - d. Has it made a difference to your client's experience of the organisation? (prompt for examples)
 - e. Would any of the changes happened eventually without Communities for Children? Why or why not?
29. Have there been any drawback to being part of Communities for Children, and what are they?
30. Earlier in the interview, you mentioned some changes for clients as a result of your program. In your opinion, has Communities for Children enabled these changes to occur? If yes – why? If no or unsure – why not?
31. If Communities for Children were to stop tomorrow what would the impact be:
 - a. On the way your project is run
 - b. On the way you interact with other services
 - c. On the lives of young people and families
32. Can you tell me about the process for selecting Communities for Children partners and programs?
 - a. What are the strengths of this process?
 - b. Is there anything you think could be improved?

Finishing up

33. Tell me about some services you work closely with
 - a. Why do you work closely with these services
 - b. Are they also Communities for Children partners?
 - c. What are the key mechanisms you use for communication?
 - d. Are there any formal structures in place for collaboration?
 - e. What are the benefits for clients of this collaboration?
34. What are the lessons you have learned about collaborating with other services (because of your involvement with Communities for Children)
 - a. What information would you want to share with the wider sector?
35. What are the lessons you have learned about implementing your program (because of your involvement with Communities for Children)
 - a. What information would you want to share with the wider sector?