Evaluation of the Stronger Families and Communities Strategy 2000 - 2004
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Executive Summary

Between 2000 and 2004 the Australian Government Department of Family and Community Services (FaCS – now the Department of Families, Community Services and Indigenous Affairs) funded 635 projects through the Stronger Families and Communities Strategy. While all of these projects were underpinned by the principle of encouraging a preventative and early intervention approach, 184 projects were funded under a specific ‘Early Intervention’ initiative. About half of these projects focused on early childhood; the rest focused more broadly on family relationships. This report reviews the characteristics and achievements of these projects, and a further 11 projects funded under an “Early Childhood” initiative, and discusses what has been learned about effective planning and implementation of early intervention projects and about the Strategy’s model of working with communities.

Almost all projects funded under these initiatives made visible contributions to building human, social, economic and institutional capital during the funding period and thereby increased the capacity of families and communities to overcome difficulties and make the most of opportunities. 75% of those projects for which sufficient evidence of outcomes was available to draw conclusions were rated by the evaluation team as either ‘Outstanding’ or ‘Generally Successful’.

Projects contributed to strengthening families and communities in the short term (during the life of the project) by developing awareness of and access to other services, by enhancing confidence, understanding and skills, and by reducing isolation and encouraging the development of social support networks. In some projects, participants have been inspired to undertake further education and to seek and obtain employment and some (e.g. volunteers) have obtained paid employment arising from the skills and confidence that they gained through assisting with the project. In the medium term, many projects produced resources with lasting utility. Most projects were continuing in some form after Strategy funding ended, although the security of further funding was not certain. The legacy of the Strategy includes the potential for longer-term impacts for participants and the broader community, as further activities build on the foundation established by the Strategy.

Results from projects largely support the eight principles previously identified in the research literature on early intervention projects for families with young children - responsiveness to local needs and consumer participation; holistic approaches that build community connections; a focus on family strengths and building skills; accessible and inclusive approaches; early intervention in the child’s life and at key transition points, with a long term preventative orientation; effective coordination and inter-sectoral collaboration; a skilled workforce; and an outcome, evidence-driven approach. The examples from the projects for each of the eight characteristics can be useful for future projects that may seek to put the principles into practice in their own context.

The report is based on an extensive analysis of data available about these projects, including progress and final reports from projects, progress and final reporting by FaCS project officers with responsibility for contract management, questionnaires completed at the beginning and end of Strategy projects by funded organisations, a number of case studies of Strategy projects completed by the evaluation team, together with research and policy literature on early intervention. Analysis included classifying outcomes achieved by projects into a common framework, assessing the quality of evidence of these outcomes, and rating the overall success of each project, as well identifying factors associated with project success and testing these patterns.
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1 Overview of the report

This chapter provides a summary of the report and provides links to the sections of the report that provide more detail.

Throughout the report we use the term ‘Early Intervention projects’ to refer to the 184 projects funded through the Early Intervention initiative and the 11 projects funded under the Early Childhood funding initiative of the Stronger Families and Communities Strategy 2000-2004.

1.1 Sections of the report of particular interest to different readers

Readers whose interest is primarily in planning and implementing an early intervention project might focus on Chapter 1 (Overview of the report), Chapter 6 (Contribution of other interventions) Chapter 7 (Characteristics of effective early intervention projects), Chapter 8 (What else helped or hindered) and Chapter 9 (Lessons learned).

Readers whose interest is primarily in selecting and/or supporting early intervention projects might also focus on Chapter 5 (Particular features of the Strategy that made a difference).

Readers whose interest is in the achievements of Strategy projects might focus on Chapter 2 (Overview of the initiatives and project activities), Chapter 3 (Types of outcomes) and Chapter 4 (Unintended outcomes from projects).

Those with particular interest in the methodology developed for this study will find a summary in Chapter 2 and more details in the appendix.

1.2 Overview of the Strategy’s Early Intervention and Early Childhood Initiatives

The Stronger Families and Communities Strategy 2000-2004 was an Australian Government initiative to help build family and community capacity to deal with challenges and take advantages of opportunities. It had a special focus on those at risk of social, economic and geographic isolation. The Strategy consisted of seven community-based funding initiatives, which provided funding and support for projects in the community, and five broader initiatives. The Strategy was implemented by the then Department of Family and Community Services (FaCS), now the Department of Families, Community Services and Indigenous Affairs.

Under the Early Intervention, Parenting, and Family Relationship Support funding initiative (referred to as ‘the Early Intervention’ initiative in this paper) 184 projects were funded, The Early Intervention initiative had three sub-initiatives – Parenting (104 projects), Family Relationship Support (69 projects) and Playgroups (11 projects). The Early Childhood - SFCS initiative was announced in May 2003 as a component of the National Agenda for Early Childhood. The Early Childhood – SFCS initiative provided the Strategy with $1.2 million additional funding that funded 11 new projects to support families and children.
The Early Intervention projects discussed in this report did not focus only on early intervention in early childhood. More than half of them focused more broadly on early intervention in couple and family relationships and parenting, including parenting of older children and adolescents.

Some projects had a universal orientation – such as parent education seminars for parents with children about to start school –, but most projects focused on families who were ‘at risk’ or currently under stress for one or more of a variety of reasons.

Among the risk factors were those relating to poverty and unemployment, sole parents and young parents, new mothers suffering from postnatal depression, fathers separated from their families, disability, adolescents at risk and experiencing tension in their families, family violence, substance abuse, recent migration including as refugees, Indigenous communities, geographical and social isolation.

Chapter 2 of this study sets out some key ideas in early intervention, and provides details of the types of projects funded under the Early Intervention and Early Childhood initiatives, including activities and participants.

### 1.3 Evidence for this study

Evidence for this study has been drawn from multiple sources including the final reports from 77 projects funded under the Early Intervention Initiative, final questionnaires from 136 projects and performance indicator data for most projects including comments from the FaCS project officers with responsibility for contract management of the projects. Although a wide variety of types of data were used, much of the data came from secondary sources and/or was self-report data by projects. This limits the quality of the data and the strength of the conclusions that can be drawn. However, we have used a variety of techniques to strengthen our confidence in the conclusions.

The analysis was guided by the conceptual framework developed in the issues paper *Early Intervention – particularly in Early Childhood* (Rogers, Edgecombe and Kimberley, 2004), prepared earlier as part of the evaluation of the Stronger Families and Communities Strategy (2000 – 2004), and other research and policy literature concerning early intervention. Analysis included classifying outcomes achieved by each project into a common framework, assessing the quality of evidence of these outcomes that was available, and rating the overall success of each project for which sufficient information was available (137 projects, 70% of projects funded under these two initiatives) as either Outstanding, Generally Successful, Moderate or Mixed Success, and Low Success.

Chapter 2 provides a summary of the methodology for this study. A more detailed description of the methodology is set out in Appendix 1.

### 1.4 How did the Early Intervention and Early Childhood Initiatives contribute to stronger families and communities?

Early Intervention projects have made significant contributions during the life of the project to strengthening families and communities, and laid the foundation for future developments.
Types of outcomes that Early Intervention projects achieved

Projects were particularly successful in

- developing awareness of and access to other services
- enhancing confidence, understanding and skills
- reducing isolation and encouraging the development of social support networks.

In some projects, participants who have developed confidence, skills and peer support groups have been able to take the initiative to identify and address issues that confront them as a community e.g. housing issues, advocate for the establishment of new services. Others have been inspired to undertake further education and to seek and obtain employment and some, (e.g. volunteers), have obtained paid employment arising from the skills and confidence that they gained through assisting with the project.

While the projects funded under the Strategy were very diverse, they all aimed to contribute to stronger families and/or stronger communities. The way in which Strategy projects contributed to creating stronger families and communities can be understood in terms of a causal pathway from immediate outcomes through a series of intermediate outcomes to long-term outcomes.

This common causal pathway is referred to as an ‘outcomes hierarchy’ – because there is a causal sequence from lower levels to higher levels. An outcomes hierarchy was developed in the early stages of the Strategy, and subsequently used to develop performance indicators for all projects, and to provide a common framework for the evaluation.

This outcomes hierarchy provided a conceptual framework for the evaluation and consisted of seven levels of outcomes, from initial participation (level 1) to stronger families and communities (level 7).

Initial participation and development of trust (level 1) contributes to increased awareness (level 2), and then to development of skills (level 3), and to the application of these skills (level 4), which in turn contributes to increased family and community trust, resilience and adaptability (level 5), and an environment of sustained self-determination (level 6). This chain of outcomes, repeated several times as families and communities work together to make the most of opportunities and to address challenges, contributes to maintaining and improving individual and collective well-being and stronger families and communities (level 7).

These outcomes are described in a linear fashion but there is likely to be considerable iteration, where positive outcomes feedback to reinforce and encourage further participation, or where and also emergent outcomes, where the development of capacity leads to activities that develop skills and trust. In addition, different families, communities and projects may enter the chain of outcomes at different points – some may start above the lower levels of hierarchy and some may focus their development on just a few levels of the hierarchy rather than aspiring to address the full hierarchy of outcomes.
As expected, projects more frequently reported information that related to achieving outcomes at the lower end of the outcomes hierarchy - participation and engagement in the project, awareness and links to services and increased capacity of individuals and families in terms of knowledge, skills and self confidence and choice of services. However about half of the projects also reported recognisable developments in the upper levels of the hierarchy such as social capital (improved relationships, trust, mutual support and networks), that extended beyond the project.

*Chapter 3.2 describes these outcomes in more detail and provides examples from Strategy projects.*

**Sustainability and legacy of Early Intervention projects**

The legacy of the Strategy includes:

- the continuation of project activities after funding ended
- increased organisational capacity;
- resources produced that could be used by other projects
- the sustainability of outcomes for participant;
- contributions to evidence-based policy and practice.

Given the timeframe of the projects and the evaluation, it will be some time before the legacy of the Strategy is clearly evident. There are indications, however, of some enduring impacts in terms of each of these.

The evaluation followed up a sample of 57 completed early Intervention projects, focusing on the sustainability of project activities and the sustainability of enhanced capacity, particularly organisational capacity. Most of the 57 Early Intervention projects that were followed up, after Strategy funding ended, reported continuing project activities, half on a smaller scale. While a third of these projects had received funding under the new Strategy 2004-2008, the others were continuing on the basis of funding from other sources (including State or Local Government, support from the auspice organisation, community support, business sponsorship and self-funding through sales of products or participant contributions). The longer term continuation of project activities is, however, not necessarily assured. In some cases, the funding that had been obtained was only short term, and not sufficient to fully support the project activities, which were sometimes continuing with additional support from the auspice organisation that might not be continued indefinitely.

While the majority of the outcomes have been positive, concerns have been raised by funded projects and by Strategy stakeholders that the relatively short term nature of the projects and the cessation of projects at the end of the funding period, or after an initial period of extension, will result in disenchantment among participants and the communities of which they are a part, including auspice organisations. Discontinuation reinforces an existing distrust of short term services that has contributed to difficulties that some projects have experienced in engaging participants. This has possible implications for the types of projects that are funded in future and the conditions under which they are funded.
Sustainable outcomes for participants can be achieved through:

- Enduring impact on individuals and families through early intervention to prevent more entrenched problems, and building increased capacity through the development of their human and social capital.

- The potential for individuals and families to further build on their achievements in the longer term through mobilising the capacity developed through the project.

- Establishing links from short term projects to ongoing services for participants with ongoing needs.

There are many examples throughout this report of the types of impacts projects have had on the lives of individuals and families that are likely to leave an enduring legacy for those individuals and families. In addition to capacity of individuals developed through the projects, participation in projects has often been a catalyst to individuals furthering their education, seeking and obtaining employment, taking steps to improve their health, reducing the incidence of or exposure to domestic violence. Any of these types of outcomes have the potential to produce long term benefits to individuals and cost savings to the community.

Chapter 3.3 discusses the legacy of Strategy projects in more detail, including examples of each type of enduring outcome.

**Overall success of Early Intervention projects**

Overall, 75% of projects were rated by the evaluators as having been Outstanding (20%) or Generally Successful (55%), 22% were rated as having had Moderate or Mixed Success and only 3% as having had Little or No Success (or terminated).

Even those projects that were rated as Moderate/Mixed Success achieved some results and often quite commendable results. In some cases there had been Mixed Success with different clients; in some cases there had been difficulties that had not been entirely overcome; in some cases there had been a foundation laid for future activity.

A small minority of projects were found to be of Low Success. Given that many of the projects were working with high-risk individuals and families in difficult circumstances the small number of such projects is in some ways remarkable.

Chapter 3.4 of this report describes in more detail the overall success of projects, including examples of projects in each category.

**1.5 What were unintended outcomes of Early Intervention projects – positive and negative?**

Many projects reported unintended positive outcomes, in terms of greater than expected levels of participation, and positive impacts on organisations as well as for families and communities. Many of these outcomes, while unexpected by projects, were part of the broader capacity building that was intended by the Strategy.

Positive unintended outcomes for participants, the community and other organisations included:

- Greater than expected interest and commitment from the wider community, from service agencies and from partners.
Greater than expected participation in the project.
Greater than expected diversity amongst participants sometimes with flow on effects to reaching the wider community.
Additional outcomes for clients (e.g. taking up further education or employment) and/or greater than expected achievement of outcomes such as higher levels of satisfaction.
New networks, support groups, friendships and taking action that continued outside the project.
Scaling up of outcomes from those expected at the level of individuals to unexpected outcomes at the level of a community.
Emergence of new community leaders.

Positive unintended outcomes of the project on policies and practices of other agencies included:
- Raising the profile of particular groups within the community in positive ways.
- Impacts on auspice organisation, its staff and its volunteers
- Unexpected leadership roles taken on by projects and their auspice agencies.
- Improvements in motivation and job satisfaction of staff.
- Development amongst volunteers and staff of skills, confidence, and sometimes movement to further education and employment.
- Enhanced organisational learning and capacity.
- Establishment of new services or activities by the auspice agency, by participants or by others as needs became apparent through the project.
- Development of productive and satisfying partnerships that took on new challenges.

Some projects did report negative outcomes, particularly related to concern about termination of projects when funding ended. Negative unintended outcomes for participants and the community included:
- Detrimental effects on participants of redirection or discontinuation of projects.
- Creating tensions within the community because the project was unable to service all segments of the community.
- Tension with partner agencies.

Negative unintended outcomes for auspice organisations, their staff and their volunteers included:
- Higher than expected levels of demand that caused difficulties for many projects in managing the demand and managing expectations. This also had impacts on participants.
- Increased workload and worker burnout.
- Increased concern about community needs and gaps in services – potential to de-motivate.

Chapter 4 of this study describes in more detail the positive and negative unintended outcomes of projects.
1.6 What were the features of the Strategy that made a difference to the Early Intervention Initiative?

To what extent and how did the Strategy contribute to the outcomes that projects achieved?

Projects attributed much of their success to the contribution from Strategy funds and other support. They described various roles that Strategy funds had played to enable them to achieve outcomes.

Strategy-funded projects, especially Outstanding projects and Generally Successful projects, considered that those funds had helped them a great deal to achieve their outcomes. Strategy funds had assisted projects to:

- increase the accessibility of a service: new modes of service delivery, new target groups, expanded services and enhanced quality of services;
- undertake capital works that allowed services to be established, improved or expanded;
- undertake ground breaking work and development of tools and resources that can be used by others;
- legitimise their efforts and boost morale;
- develop new ways of thinking and working and to build partnerships and networks from which services can grow and flourish; and
- address an issue of general community concern that was not being addressed by others.

In addition to the funding provided to projects, the Strategy was described as incorporating a new way of working with projects, agencies and communities. In general projects were supportive of this new way of working. They appreciated:

- The flexibility and adaptability of the Strategy and of FaCS in administering the Strategy. This was helpful to projects in achieving their outcomes
- The processes for finding out about the Strategy and the application process
- The assistance from FaCS staff before and during the projects and in particular
  - advice and practical support in preparing applications and designing project plans
  - assistance during implementation
  - linking projects to other initiatives, projects, networks, information and to others who could assist with project planning and evaluation
  - moral support and encouragement.

1 Under the new Strategy 2005-2009, support to funded projects will be provided by Communities for Children (CIC) Facilitating Partners. In addition through CIC and Invest to Grow (ItG) the Department has funded Local Evaluators to assist with project design, action research, and evaluation. Three streams of the new Strategy (all streams except for small equipment grants) are provided with support through the Communities and Families Clearinghouse House (CAFCA) and the Australian Research Alliance for Children and Youth (ARACY).
• The value of the action research approach advocated by the Strategy.

The Strategy was underpinned by 8 principles:

• working together in partnerships
• encouraging a preventative and early intervention approach
• supporting people through life’s transitions
• developing better integrated and co-ordinated services
• developing local solutions to local problems
• building capacity
• using the evidence and looking to the future. and
• making the investment count.

The evaluation found that successful projects were more likely than unsuccessful projects to have enacted these principles in their implementation processes. While this conclusion is limited to the data that were available about projects, the evidence is sufficient to add confidence to conclusions drawn in the literature and in the design of the Strategy concerning the importance of these principles.

There were, however, some principles for which it was more difficult to draw conclusions even that there was a relationship to success. In particular, insufficient evidence was available about the principle of service integration and co-ordination.

Chapter 5 discusses these features of the Strategy in more detail.

1.7 How did the Early Intervention project funding contribute in conjunction with other interventions and programs?

No Strategy project operated in a vacuum – its success was affected by other projects that took place beforehand, during the period the project was operating, and after the Strategy funding ended. In many cases, funding and other support from other programs was critical to the project’s success. This was true for Early Intervention projects as well.

Support from the auspice agency both before and during the project was one of the factors that projects most frequently identified as having been very helpful in influencing their achievements. Practical and professional support and lending credibility to projects had been key contributions of the auspices to the success of the projects. Most of the projects rated as Outstanding had included some self-funding, such as sales of products or participation fees.

Although less important than the activities of their auspice, a high percentage of projects considered that activities of other organisations and other activities and services within their community had been important to their success. The more successful Early Intervention projects were more likely to be providing a service of some kind, and those projects were also more likely to have drawn on professional services to some degree.
Chapter 6 of this study presents detailed analysis of the importance of other interventions and programs.

1.8 Did the eight characteristics of effective early intervention projects identified through the research literature work for Strategy Early Intervention projects?

Eight characteristics of effective Early Intervention projects

In addition to the eight principles underpinning the Strategy as a whole, there is now a considerable degree of agreement across the research literature concerning features of effective intervention projects for families with young children, summarised in a review of Early Intervention Parenting Programs and Good Beginnings Prototypes (RPR Consulting, 2004) as follows:

1. Responsiveness to local needs and consumer participation;
2. Holistic approaches that build community connections;
3. A focus on family strengths and building skills;
4. Accessible and inclusive approaches;
5. Early intervention in the child’s life and at key transition points, with a long term preventative orientation;
6. Effective coordination and inter-sectoral collaboration;
7. A skilled workforce;

Several of these characteristics have common ground with the eight principles that underpin the Strategy.

In general, this report supports the relevance of these factors for early intervention projects more generally (not only for early intervention in early childhood). However, for three characteristics (focus on family strengths, accessibility, and workforce skills) there was insufficient direct evidence available to the study to enable analysis of their relationship between the extent of implementation of the characteristics and the relative success of projects.

For the remaining five characteristics, projects that recognised the importance of and incorporated these characteristics tended on the whole to be more successful, and incorporation of these characteristics and principles appeared to have contributed to their success. This study provides supporting evidence and examples of how projects exhibited these characteristics.

The examples from the Early Intervention projects for each of the eight characteristics can be useful for future projects that may seek to put the principles into practice in their own contexts. More generally, further education of prospective projects concerning the importance of the eight principles and how to apply them could be useful.
‘Holistic approaches that build community connections’ among the Early Intervention projects

Early Intervention projects that were rated as more successful were also more likely to have adopted multifaceted approaches that assisted them to take a holistic approach to working with participants. Projects that used various combinations of individual, group and community activities were more likely to be successful than those that worked at one level only (i.e. with individuals only, with groups only, with community only). Other aspects of holistic approaches included:

- addressing the needs of the ‘whole person’ (health, education, welfare, spiritual etc);
- working with whole families (e.g. relationships between parents and children);
- working with whole communities around particular issues (e.g. cultural issues, social issues such as bullying).

‘Effective coordination and inter-sectoral collaboration’ among the Early Intervention projects - What made partnerships effective?

There were many examples of how partnerships worked for successful projects and of what they achieved. Factors that seem to be relevant to the effectiveness of partnerships include:

- active, two-way and balanced relationships rather than relatively passive work with partners;
- appropriate frequency of contact – not too much and not too little!
- convenient proximity (location);
- choosing suitable partners (if available);
- clarity in roles;
- reconciling the different levels of formality at which different partners operate;
- adequate levels of trust, mutual knowledge and understanding of partners;
- avoidance of over-reliance on personal relationships as the basis for the partnership;
- stability of partner organisations during projects.

Chapter 7 discusses these characteristics in more detail, provides examples of how they have been enacted in projects, and provides evidence of their appropriateness.

1.9 What else helped or hindered the Strategy to achieve its objectives and outcomes? What works best for whom, why and when?

What facilitates or inhibits participation in projects?

Many projects experienced some difficulties in engaging participants. Some had to reduce what they offered because they were unable to attract enough participants and others changed the way they delivered their projects with varying degrees of success. Not surprisingly projects that had had more difficulties in attracting participants were more reflective about factors that affected participation than those that had no such difficulties.
Participant factors included:

- Target group distrust of short term projects and reluctance to work on establishing relationships that could not be maintained long term;
- Competing priorities and crises in the lives of intended participants;
- Difficulties in getting parents and others to commit to longer term programs, especially those that required regular attendance;
- Cultural differences and how the project addressed these;
- Pride and a sense of self-reliance; parental reluctance to acknowledge that they had a need or could benefit from early intervention activities.

Project factors included:

- Need for active recruitment, perseverance and extra lead time for socially isolated people who were the target group of several projects;
- Strategies used to avoid stigmatisation and to adopt strength based approaches;
- The provision of a safe environment;
- Choice of suitable venue and suitable times for participants, volunteers and staff;
- Provision of or access to transport and childcare;
- Extent of interpersonal difficulties and how these were managed (these could be either project or participant factors).

Factors associated with relationships with other agencies included:

- Strength of relationships with agencies on which projects depended as a source of referrals;
- Competition from other services or projects for the same target group.

Differences among projects that worked with different target groups

Overall there were some differences in the likelihood of projects being successful depending on with which target groups they were working. However there were many differences in levels of success among projects working with the same target groups. In some cases the differences in apparent success may have arisen from a combination of differences in the level of complexity of the issues they were addressing and what could reasonably be achieved within the timeframe and resources available.

In summary, the evaluation found that:

- Projects that worked with CALD (Culturally and Linguistically Diverse) target groups were more likely to be rated as Outstanding by the evaluation than other Early Intervention projects. Within the CALD projects the more identifiably successful ones tended to be those that focused on transitions (e.g. transition to school) rather than longer term services.
- Projects with Indigenous target groups were least likely to be rated as Outstanding projects. However there were some Outstanding and Generally Successful projects working with indigenous communities.
• Projects working with families under stress were more likely to have been rated as just moderately successful than other Early Intervention projects. Projects working with families under stress that were rated as Outstanding tended to be multi-faceted projects that worked intensively with families identified as ‘at risk’ during periods of transition. These projects tended to involve a combination of professional services, peer support groups and links to other services that could assist as issues arose.

• All of the remote and very remote Early Intervention projects for which sufficient information was available (just over half of the 17 remote or very remote projects) were rated as Outstanding or Generally Successful.

Factors that affected the success of projects using different types of activities

During the qualitative analysis it appeared that, as a general pattern, projects that were using some types of activities were more likely to be successful than others. However there was great variation of approach and levels of success amongst projects that used a general class of activity (e.g. home visiting). We do not therefore wish to draw conclusions that some activities are inherently more effective or successful than others. A different set of projects might have produced quite different ‘average’ results.

For example, the analysis of the success of projects that incorporated home visiting activities drew attention to the importance of differentiating amongst types and contexts of home visiting activities before drawing conclusions about the efficacy of home visiting as a class of activities.

We took these observed differences as a starting point for exploring in more detail what characterised the more successful and least successful projects within a group of projects that used a particular approach (say home visiting). This enabled us to raise and explore questions about when it may be more (or less) appropriate to use particular approaches and how those approaches can be made to work best in different contexts and to address different needs. The following is a summary of lessons learnt or reinforced about particular types of activities and issues arising from the analysis that may benefit from further exploration.

Case management

Case management is most useful when used as one strategy amongst others and when the principles and processes of effective case management are observed.

Particular considerations relevant to successful case management highlighted by Early Intervention projects included:

• The value of linking case management to other group and/or community activities.
• The availability of services to which to refer clients.
• Management of the case load.
• Staff training and skills in case management.
• Monitoring, evaluating and reporting of case management outcomes.

Group approaches

Early Intervention projects rated as Outstanding tended to have used group processes more often than those given a lesser rating of success. They typically used group processes in conjunction with other approaches.
Group processes need to be carefully and competently managed, especially as participants may be under considerable stress and there is the potential for tensions to erupt. There may be occasions on which group processes are simply not appropriate.

**Mentoring**

Some considerations related to mentoring activities identified among the Early Intervention projects were:

- The challenge of obtaining involvement from sufficient genuinely committed potential mentors given the level of demand in the target group.
- A time lag to match mentors to mentees can lead to drop out of either.
- Referral sources need to be carefully monitored with respect to their understanding of the project and the appropriateness of referrals.
- When working with children and young people, background checks are very important.
- Mentor-mentee matches for particular sub-groups in the population can be difficult (eg. Indigenous). Different strategies may be required for support and guidance.
- Mentors need to be adequately trained and supported; there needs to be good guidelines for operation and good communication between mentors and coordinators.

**Mass education activities**

There was insufficient evidence available about the mass education activities of the Early Intervention projects to comment on the factors affecting their success.

**Home visits**

Home visiting included a wide range of activities, from brief, unfocused volunteer social support in the home to holistic professional family support; from working specifically on early childhood issues to working with adults where no early childhood issues were involved.

Overall, (without differentiating amongst types of home visiting activities), the Early Intervention projects that used home visits did not perform as well as projects that did not use home visits. However, more in-depth analysis showed that it was not home visiting as such that ‘caused’ these projects to be less effective. Amongst the projects that used home visits were some that were very successful. The analysis identified some of the features of successful projects that used home visits, as follows.

- Like many other Early Intervention projects, projects including home visiting often lacked an explicit theory of change to guide decisions, such as whether to use volunteers or professionals and how home visiting would be linked to other services for families outside the home.
- Understanding family needs is critical to making decisions about the most appropriate type of home visiting.
- Early Intervention projects that used professionals tended to be more successful than those that used volunteers, but there were exceptions in both groups.

*Chapter 8 discusses these issues in more detail.*
1.10 How can the Strategy achieve better outcomes? What lessons have been learnt by and from projects?

Lessons for the Strategy include those that relate to the model, the types of considerations that might be applied when deciding what types of short term early intervention projects to fund in future and what can be done to maximise the impacts of the Strategy.

Learnings about the Strategy’s “new way of doing business”

The evaluation has shown that the new way of working with local communities is a productive one that is appreciated by communities. The quality and continuity of relationships between FaCS officers and projects assumes a greater importance than for other grants projects. In most cases this has worked well. It is a feature that needs to be actively incorporated and supported in any future applications of this model of working with communities.

Effective strategies for projects

When working with ‘at risk’ populations with entrenched difficulties it is a challenge to set short to medium term achievable and useful objectives with some potential to contribute to longer term outcomes. Nevertheless it can be done especially if the projects focus on providing intensive assistance with transitions and then connecting participants to longer-term sources of support. There may be advantage in the Strategy placing greater emphasis on the usefulness of focusing on transitions both because of the heightened responsiveness of participants at such times, and because this is an appropriate role for a project that is not intended to receive ongoing funding.

Engaging with ‘at risk’ communities, engendering trust and encouraging participation is a significant task that needs adequate time, resourcing and local connections. Determination of funding periods, setting milestones, and allocating budgets all need to give due recognition to the complexities of the work involved in getting at risk families to participate. This report also includes practical examples of what can be done to improve participation that can be shared with projects.

Similarly the fragility of this trust, especially in the event of termination of services, needs to be recognised and projects encouraged to incorporate clear strategies for preserving that trust including effective exit strategies that ensure that clients are adequately supported beyond the life of the project should it cease to exist.

Use of multifaceted approaches using various combinations of individual, group and community-based activities are effective in supporting participants and strengthening the likely effectiveness of interventions. There would be value in advocating the wider use of multiple strategies when possible.

On the basis of the findings of this evaluation, FaCS can now even more confidently advocate the application of its eight principles alongside the eight characteristics of effective early intervention projects derived from the literature. Through reports such as this it also now has many examples that it can share with prospective projects.
Need for longer term research and follow-up

The conclusions in this report about the effectiveness of the Early Intervention projects, and what makes them effective, are largely limited to project outcomes in the short and medium term because long term follow-up has not been possible to determine whether those outcomes will translate into longer term benefits. Nor can we be sure about what more is needed beyond the projects to ensure that the achievements are not squandered through lack of follow through.

Hence there is a need, even when funding is for short term projects, to conduct longer term research on the impacts and what works for whom beyond the funding period. In the interim, more widespread use of project logic approaches (setting out the expected links between short, medium and longer term outcomes, what projects do to bring about those outcomes and other factors that affect the outcomes) would be helpful for guiding the design, monitoring and evaluation of projects and for raising questions about likely effectiveness.

In addition there is a lack of evidence concerning the effectiveness of mass education programs (e.g. universal parent education programs such as seminars and publications). The funding received for such projects tends to be small and insufficient to justify research on the effects of any one project. However there would be value in looking at such projects collectively to see what lessons can be learnt.

Supporting evidence-based policy and practice

More generally this evaluation supports the efficacy of the evidence-based approaches adopted by the Strategy and by projects but considerably more work needs to be done to improve both the quality of evidence and the use of it. At the project level, action research is proving to be a popular and useful approach but could be more useful if projects had a better understanding of how to apply action research methods systematically.

Learnings identified by projects

Project perspectives on lessons learnt included those that related to:

- Better planning and preparation prior to the project both before receiving funding and in the early establishment stages of the project; and
- Ways of functioning during the operation of the project.

Better planning and preparation

Projects pointed to the importance of conducting background research, having realistic plans and budgets, allowing enough time for the establishment of the project following approval. Where community groups do not have the internal resources for this, they may need external assistance the first time they are involved in such projects.

Ways of functioning during the operation of the project.

Projects pointed to the importance of action research and evaluation, working with participants and the community, project management and staff, networks and partnerships.
FaCS can play an active role in disseminating these lessons learnt by projects. These lessons need to be accompanied by reminders that they are not recipes for success. They need to be appraised in terms of their relevance and feasibility for the local community and the issues they are attempting to address.

*Chapter 9 brings together these learnings and discusses them in more detail.*
2 Overview of the initiatives, projects and methodology for this study

This chapter presents a summary of key ideas and research findings in early intervention, details of the types of projects funded under the Early Intervention and Early Childhood initiatives, and a summary of the methodology for this study. A description of each of these initiatives is presented in Boxes 1 and 2.

In this report, projects under either of these initiatives are referred to as Early Intervention projects and analysed together.

2.1 What is meant by ‘early intervention’ and how does it work?

An issues paper developed as part of the evaluation, *Early Intervention: particularly in early childhood Issues Paper*, (Rogers, Edgecombe and Kimberley, 2004), set out key concepts and research evidence in early intervention.

Early intervention refers to catching problems early or preventing them from occurring. There are four different ways in which the term is used:

- **Prevention** – intervening before problems develop;
- **Early remediation** – identifying and addressing problems before they become entrenched or lead to other problems;
- **Intervening at critical transition** points – along a causal pathway;
- **Early childhood** – ensuring positive early childhood development physically, mentally, socially and emotionally.

Early intervention works through *resolving problems before they lead to secondary problems or become entrenched* by becoming embedded in habitual ways of thinking, feeling and behaving or brain development.

Despite the importance of early intervention, it is also necessary not to overstate its importance. A focus on early intervention and prevention should not mean giving up on those who have existing problems, who will probably need considerable help to address them. Nor should it mean becoming complacent about individuals and families that have received early intervention support.

Positive outcomes can be understood as resulting from the mix of risk factors and protective factors. While early intervention projects seek to *reduce risk factors* and *increase protective factors*, positive long term outcomes for individuals and families often require further support along the way, particularly at times of subsequent *transitions* such as the birth of a first child, when they are most likely to be both in need of assistance to meet new challenges, and more receptive to new ways of doing things. Transitions can present challenges and stress for all people not just those who are generally more at risk.
All families and individuals experience some types of transitions e.g. transition to becoming a family, transition to starting school. The importance of intervening at transition points has implications for whether interventions should be universal or targeted to those most at risk. Targeting has some benefits in terms of efficiency and custom tailoring to needs and opportunities of families and individuals. There are, however, two reasons why targeting might not always be the best policy, particularly for services that focus on early childhood. Firstly, there is more risk of a delay in intervention if families are not already engaged in a service from pregnancy and birth, and therefore less chance that potential problems can be averted before they arise or become entrenched. Secondly, there is the risk that the process of targeting particular families or individuals can lead to labelling effects, where their identification leads to self-fulfilling prophecies of failure. Instead it is often better to provide universal programs to support all families and individuals, with additional support to those who need more.

Strengths-based approaches, that focus on identifying and building on the existing strengths of individuals, families and communities, are seen to be more effective than deficit-based approaches that focus on people’s gaps and inadequacies, and can reinforce perceptions of incompetence. The Stronger Families and Communities Strategy (the Strategy) supported projects that adopt approaches that identify and build on existing strengths of families. This approach also avoided damaging labelling effects of deficit based approaches.

Early intervention was an important and explicit focus of the Strategy. The Strategy was underpinned by a set of eight principles, two of which related to notions about early intervention:

- **Encouraging a preventative and early intervention approach.** Prevention and early intervention is about helping and supporting families and communities early on, before problems become entrenched. Over recent years the Federal Government has spent significant amounts on prevention and early intervention initiatives including relationship education, preventing domestic violence and child abuse, youth suicide and homelessness.

- **Supporting people through life transitions.** Transitions are times of major change in people’s lives and include events such as finding a job, entering a committed adult relationship, having a baby, approaching retirement and coping with grief. It is recognised that people often need extra support or access to information and advice during these times and are often very receptive to new ideas.

Many Strategy projects worked directly with families around various key transition times to achieve better outcomes for families and children. These projects include parenting education and skills projects, playgroups and relationship education projects. They may focus on child development, parenting or families (single-parent families, couples and/or extended family).

A number of features that are characteristic of effective early intervention services for families with young children have emerged from the research literature (DHS, 2001; Johansen et al, 1994). A review of Early Intervention Parenting Programs and Good Beginnings Prototypes (RPR Consulting, 2004) has summarised them as follows:

1. Responsiveness to local needs and consumer participation;
2. Holistic approaches that build community connections;
3. A focus on family strengths and building skills;
4. Accessible and inclusive approaches;
5. Early intervention in the child’s life and at key transition points, with a long term preventative orientation;
6. Effective coordination and inter-sectoral collaboration;
7. A skilled workforce;

Since the preparation of that Issues paper the NSW Department of Community Services (DoCS) has published another useful paper, entitled ‘Prevention and Early Intervention Literature Review’ (2005). The paper synthetises findings from research concerning different service types and the features of those service types that affect their effectiveness with various types of clients. Service types discussed in that paper include home visiting, early childhood education programs, parenting programs, school readiness programs, Indigenous programs and multiple interventions.

In discussing multiple interventions, the DoCS paper concluded that “Meta-analyses show that programs using multiple interventions work better than those using a single intervention strategy”. This observation reinforces the importance of holistic approaches that build community connections (characteristic 2 in the list above). Our analyses of the Strategy’s Early Intervention projects, reported in Chapter 7, explore the extent to which they used multiple interventions and the types of interventions (individual/family, group, community wide).

The paper also discussed the importance of recurrent support, noting that one-off interventions are unlikely to be sufficiently robust to protect high-risk individuals for all time. This reinforces the importance of support at transition points. The DoCS Review refers to these as ‘boosters’. In the Strategy Evaluation issues paper several approaches to sustainability and ongoing support were identified such as linking in to ongoing mainstream services and community support networks beyond the funded projects.

The paper also highlights Issues around take-up of opportunities and attrition rates and reinforces the observation made about the damaging effects of labelling and the potential stigmatising effects of targeted programs including making it more difficult to attract people who would benefit.

### 2.2 An overview of the funding initiatives and projects

The Stronger Families and Communities Strategy 2000-2004 consisted of seven community-based linked initiatives that provided funding and support for projects in the community and six broader initiatives.

$79,926,810 was allocated to 635 projects funded under the seven community-based initiatives. Four of these initiatives focused on strengthening communities: Potential Leaders in Local Communities; Local Solutions to Local Problems; National Skills Development for Volunteers; Can Do Community. Three initiatives focused on strengthening families: Stronger Families Fund, Early Intervention - Parenting, and Family Relationship Support Initiative and the National Agenda for Early Childhood-Early Childhood Strategy.

This paper reports on the 195 projects funded under the last two initiatives. The Early Intervention, Parenting, and Family Relationship Support Initiative, focused specifically on early intervention. Projects funded under the Playgroups and Early Childhood initiatives focused on young children and their parents. The Strategy funded 195 projects under these two initiatives, totalling $28,058,598.
Box 1: Description of the Early Intervention initiative

The Early Intervention Parenting and Family Relationship Support initiative is aimed at providing parenting and family relationship support services and activities to strengthen families and communities. This initiative will provide practical skills and support for families facing difficulties before they become unmanageable. It will help to meet those needs not met by existing approaches and services and help prevent the negative consequences of family breakdown.

The Early Intervention Parenting and Family Relationship Support will work in conjunction with the Stronger Families Fund to build community networks. Rural and regional communities in particular, will benefit from the provision of more playgroups, family counselling services, and more accessible family relationship education.

Approved early intervention parenting and family relationship support projects can be funded under the following elements of this initiative.

**Enhancing Parenting Skills**

The aim of the Enhancing Parenting Skills element is to improve the provision of support, education, information and advice for parents and carers throughout Australia to help them develop and support their parenting skills.

**Playgroups**

The aim of the Playgroups element is to help build stronger, more self-reliant families and communities by providing more playgroups for families with children below school age. This will particularly help families in rural and remote communities and families with additional needs that are not being met by existing playgroups.

**Relationship Education**

The aim of the Relationship Education element is to strengthen families and help prevent the negative consequences of family breakdown through relationship education focused on prevention and early intervention.

As well as meeting the Strategy’s core funding criteria, projects funded under this initiative had to meet the following criteria.

**Additional selection criteria for Early Intervention initiative projects**

**Enhancing Parenting Skills**

Projects aimed at enhancing parenting skills must show:
- an early intervention or prevention focus to help develop good parenting skills;
- a willingness to participate in action research;
- coordination and creation of linkages between local services.

**Playgroups**

Playgroup-related projects must show:
- that a contribution is being made to the development of better links between families and local parenting and family support services;
- evidence of appropriate skills and abilities to establish and support a playgroup.

**Relationship Education**

Projects aimed at enhancing relationship education must show the potential to contribute to national development across the field. This includes knowledge about effectiveness of programs – what works for whom and why.

*Source: Stronger Families and Communities Strategy Information Kit.*
Box 2: Description of Early Childhood initiative

The $10 million commitment announced today includes $1.2 million for a range of new projects to support children and families under the SFCS. These include:

- Support for young Vietnamese parents, sponsored by the Wesley Uniting Mission in South Australia.
- Parent groups and individual support for families at the Cooloon Children’s Centre in NSW.
- Playgroups for infants and children aged 0-3 with developmental disabilities, providing early intervention, parent education support and networking for families in Queensland.
- Working with grandparents and young children right around Australia.
- Funds for Professor Fiona Stanley’s Australian Research Alliance for Children and Youth (ARACY), to improve collaboration in child-related research, policy and practice.

Source: Media announcement

Some projects received funding under more than one Strategy initiative. The Early Intervention or Early Childhood-SFCS initiatives were the primary initiatives for the projects included in this study. A small number of the projects included in the study were one phase of a multi-phased project where phases were funded through separate Strategy initiatives. Some of these cases were Early Intervention projects that were funded under the Stronger Families Fund initiative in a former or later phase of the project.

Projects funded under these initiatives were highly variable in size, budget, and nature of activities and with respect to the target groups they served. With respect to funding (from the Strategy) they ranged from $3,180 to $624,548.

The number and funding of projects by each initiative are shown in Table 1.

Table 1: Number and funding of projects by each initiative

<table>
<thead>
<tr>
<th>Primary Initiative</th>
<th>Projects</th>
<th>Total funding</th>
<th>Average funding</th>
<th>Median funding</th>
<th>Minimum funding</th>
<th>Maximum funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention-</td>
<td>69</td>
<td>$11,308,430</td>
<td>$163,890</td>
<td>$141,540</td>
<td>$4,557</td>
<td>$535,034</td>
</tr>
<tr>
<td>Family Relationship Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Intervention-</td>
<td>104</td>
<td>$14,613,741</td>
<td>$140,517</td>
<td>$111,641</td>
<td>$3,180</td>
<td>$624,548</td>
</tr>
<tr>
<td>Parenting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Intervention-</td>
<td>11</td>
<td>$909,638</td>
<td>$82,694</td>
<td>$60,000</td>
<td>$11,000</td>
<td>$322,910</td>
</tr>
<tr>
<td>Play Groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Childhood - SFCS</td>
<td>11</td>
<td>$1,226,789</td>
<td>$111,526</td>
<td>$91,926</td>
<td>$13,700</td>
<td>$319,000</td>
</tr>
<tr>
<td>All Early Intervention</td>
<td>195</td>
<td>$28,058,598</td>
<td>$143,890</td>
<td>$119,160</td>
<td>$3,180</td>
<td>$624,548</td>
</tr>
<tr>
<td>projects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Less than half of these projects were directed specifically to early childhood and parents of young children; the remainder addressed other groups or wider groups which may also have included families with young children.

They catered to a wide range of target groups but the types of target groups that featured most prominently were:

- families (parents, children) at risk and/or under stress (e.g. pregnant at risk, young parents, sole parents, socially isolated mothers, homeless mothers/mothers in refuges, attachment issues, child separation, other parenting issues putting specific families at risk)
- families addressing disability and health related issues
- Indigenous individuals, families and communities
- migrant and refugee individuals, families and communities.

They used a wide range of activities but the predominant activities were:

- developing and enhancing networks and linkages - for example, partnerships between services or organisations, referring or linking clients to other services. In this regard they were similar to all other Strategy projects
- directly supporting families to develop healthy relationships - for example, supported playgroups (much more than other Strategy projects)
- providing group parenting programs (much more than other Strategy projects).

### 2.3 Target groups addressed by projects

The Strategy had a broad focus on families and communities, not only in terms of early childhood, and the projects were not all focused on early intervention in early childhood. A review of the descriptions of the Early Intervention projects showed that of the 191 projects for which relevant information was available to the evaluation team:

- 78 projects addressed issues related specifically to early childhood (0-5 years of age and their parents and prenatal);
- 113 projects were not specifically directed to early childhood. However some of these would also have included young children and their parents in the total population that they served (e.g. community support workers would have a community wide brief). Others delivered a range of activities some but not most of which may have been specifically addressed to early childhood (e.g. an activity dealing with post natal depression amongst partners as one of a broad range of life and relationship activities for men).

For the most part, the Early Intervention projects, whether directed to early childhood or not, had as their focus a particular target group or at risk population. Exceptions were projects which while they might have been particularly useful for at risk populations, were open to the whole community, such as:

- transition to school mass education programs available to the whole community (including a whole municipality or geographical area);
- helpline concerning young children;
- the development of a school readiness index;
- the development of a resource base concerning children’s services;
- general programs for primary and secondary school students in a given school or for a group of schools;
- development of accredited courses and/or modification of professional and other curricula with relevance to particular target groups or caring for children.

Some projects had immediate target groups that would not themselves be described as at risk e.g. projects that supported professional development of those working with children, projects that trained volunteers to work with people at risk, projects that offered support to grandparents who had adopted a caring role for young children, projects that were directed to all parents with children about to start school (i.e. projects with a universal approach rather than targeted). However the ultimate beneficiaries were from at risk populations.

Some of the targeted programs were targeted to a whole ‘at risk community’ (e.g. a whole rural community, or a particular Indigenous community) while others targeted sub-groups within a community (e.g. young mothers in an isolated Indigenous community). This latter example illustrates an observation that could be made in relation to many of the projects, namely that many participants in the projects would have been at risk on multiple accounts, regardless of the particular features highlighted in the project description.

In the introduction to this paper we discussed the possible stigmatising effects of targeting. A review of the target groups of Strategy projects suggests that while many are targeted, the potential for stigmatisation will vary depending on whether the project is targeted towards an entire community (e.g. a remote socio-economically disadvantaged community) or to a sub-group within a community (e.g. young mothers with substance abuse).

Projects addressed a wide range of ‘at risk’ target groups as shown in the following table. Projects which addressed several target groups simultaneously have been coded for each of these – for example a project focusing on single mothers at risk with children in the 0-5 age range would appear in two categories: the category relating to parents and families experiencing stress and at risk and the category relating to 0-5 year olds from a specific target group. A project working with Indigenous men experiencing difficulties would be categorised both as Indigenous and as men and fathers from an ‘at risk’ population.
### Table 2: Target groups of the Early Intervention projects (some projects addressed several target groups) N = 195

<table>
<thead>
<tr>
<th>Target groups</th>
<th>No. of projects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Families, children parents from particular types of communities</strong></td>
<td></td>
</tr>
<tr>
<td>1. Indigenous (youth, men, elders, young mothers, Indigenous communities at particular risk)</td>
<td>29</td>
</tr>
<tr>
<td>2. Migrants and refugees, culture, language and other marginalising features; resettlement issues</td>
<td>22</td>
</tr>
<tr>
<td>3. Communities at risk for a variety of factors but with no particular risk factor being the focus of the project, including economically impoverished and socially isolated communities (some projects were specifically targeted to families in housing estates)</td>
<td>16</td>
</tr>
<tr>
<td>4. Rural communities; farm families; geographically isolated, remote; including mothers and children in geographically isolated communities</td>
<td>14</td>
</tr>
<tr>
<td><strong>Families, children and parents with particular types of issues</strong></td>
<td></td>
</tr>
<tr>
<td>1. Parents and families experiencing difficulties/under stress, at risk– pregnant at risk, young parents, sole parents, socially isolated mothers, homeless mothers/mothers in refuges, attachment issues, child separation, other parenting issues putting specific families at risk</td>
<td>40</td>
</tr>
<tr>
<td>2. Disability and health issues (physical, mental, psychosocial) e.g. autism, depression including post natal, acquired brain injury, intellectual disability, developmental delay, substance abuse of children and/or their families</td>
<td>23</td>
</tr>
<tr>
<td>3. Men and fathers from at risk population (e.g., separated from family – some in correctional services, lacking parenting and relationship and life skills) requiring individualised assistance and support e.g. counselling, group work</td>
<td>15</td>
</tr>
<tr>
<td>4. Family and domestic violence – victims and perpetrators; including child abuse past and present – children and families; parents who had been abused as children</td>
<td>11</td>
</tr>
<tr>
<td>5. Young people at risk e.g. unemployment, lack of education, social isolation, teenagers at risk of becoming prematurely pregnant, and/or without the skills, maturity, circumstances to cope etc</td>
<td>9</td>
</tr>
<tr>
<td>6. Families in which children have behavioural problems or at risk of developing behavioural and emotional problems; parents having difficulties with managing behaviour of children, adolescents etc</td>
<td>7</td>
</tr>
<tr>
<td>7. Grandparents and other non-parent carers of young children</td>
<td>6</td>
</tr>
<tr>
<td>8. Children and families for whom grief or loss is an issue (excluding that associated with migration and resettlement)</td>
<td>2</td>
</tr>
<tr>
<td><strong>Age groups (children of this age and their parents/carers) specifically within the above target groups</strong></td>
<td></td>
</tr>
<tr>
<td>1. 0-5 year olds and their parents as part of one of the above target groups</td>
<td>32</td>
</tr>
<tr>
<td>2. 6 year olds – primary school, secondary school, adolescence and their parents as part of one of the above or other specific target groups</td>
<td>16</td>
</tr>
<tr>
<td><strong>Universal age/stage groups not linked to special needs target groups</strong></td>
<td></td>
</tr>
<tr>
<td>1. Universal 0-5 year olds and their parents including ante-natal, postnatal, playgroups etc</td>
<td>15</td>
</tr>
<tr>
<td>2. Universal 6 year olds – adolescence, to end of secondary school and their parents e.g. primary school programs, Triple T for teens</td>
<td>3</td>
</tr>
<tr>
<td>3. Universal early adulthood, youth, future parents</td>
<td>2</td>
</tr>
<tr>
<td>4. Universal new parents – general ante natal and post natal parenting education and support</td>
<td>1</td>
</tr>
<tr>
<td>5. Universal community, general parenting (including general fathering) not linked to a particular age group of children</td>
<td>10</td>
</tr>
<tr>
<td>6. Not able to be identified from the data available</td>
<td>4</td>
</tr>
</tbody>
</table>
2.4 Activities of projects

The Final Questionnaire asked projects about the extent to which they provided a given range of activities. Table 4 shows the extent to which the Early Intervention projects undertook these activities. As the Final Questionnaire was a standard information gathering tool used across all projects, it did not cover all the activities relevant to Early Intervention projects, for example, projects were not asked specifically about the extent to which they ran playgroups or parent support groups.

In broad terms the types of activities that projects undertook related to three different targeting types. They can also be thought of as three different modes of service delivery:

1. **individuals and families on a one-to-one basis** (e.g. counselling, case management, home visits, referrals, provision of transport and other services provided to individuals such as child care);

2. **(small) groups** (e.g. parent education and support groups, playgroups, group therapy and development for special groups such as those who have been abused as children);

3. **community** (e.g. developing the capacity of service agencies and volunteers, developing partnerships and integrated service delivery, mass education programs, community service directories, community needs assessment).

When one looks at those activities that were undertaken as major activities by 50% or more of early intervention projects, (as shown in the following table) it would appear that there is a slight tendency for Early Intervention projects to have focused more on group and community activities than on individual activities. This is in line with what might be expected given that the Strategy was not intended to be an ongoing service delivery program.

The lack of emphasis on individual/family activities directed to individuals or particular families differentiates the Strategy from some other early intervention (especially in early childhood) programs that place considerable emphasis on more individual activities such as case management and home visiting. From the following table it can be seen that only 21% of Early Intervention projects claimed case management as a major activity and even fewer projects across all Strategy projects used case management. The Final Questionnaire did not ask specifically about home visiting as a project activity. However, based on project descriptions, an estimated 13% of the 191 projects included in this study involved a home visiting component.

Chapter 8, which focuses on what else helped or hindered the Strategy to achieve its objectives, discusses the merits of using a combination of community, group and individual activities.
### Table 3: Major and minor activities reported by Early Intervention and other Strategy projects (%)

<table>
<thead>
<tr>
<th>Project activities</th>
<th>No. of Projects</th>
<th>% of EI projects answering this question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing and enhancing networks and linkages - for example, partnerships between services or organisations, referring or linking clients to other services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major activity</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td>Minor activity</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Not provided</td>
<td>2</td>
</tr>
<tr>
<td>Directly supporting families to develop healthy relationships - for example, supported playgroups.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major activity</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>Minor activity</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Not provided</td>
<td>10</td>
</tr>
<tr>
<td>Providing group parenting programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major activity</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>Minor activity</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Not provided</td>
<td>29</td>
</tr>
<tr>
<td>Bringing community members together - for example, women's centres.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major activity</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td>Minor activity</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Not provided</td>
<td>19</td>
</tr>
<tr>
<td>Developing and distributing facilities or resources - for example, playground equipment, refurbishing a community centre, fliers, posters, newsletters, a Web site, toolkits and manuals.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major activity</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>Minor activity</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Not provided</td>
<td>28</td>
</tr>
<tr>
<td>Community consultation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major activity</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>Minor activity</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Not provided</td>
<td>12</td>
</tr>
<tr>
<td>Mentoring or role modelling.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major activity</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>Minor activity</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Not provided</td>
<td>23</td>
</tr>
<tr>
<td>Counselling and other practical assistance, e.g. youth bush camps, life skills courses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major activity</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>Minor activity</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>Not provided</td>
<td>24</td>
</tr>
<tr>
<td>Undertaking systematic action research.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major activity</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>Minor activity</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Not provided</td>
<td>39</td>
</tr>
<tr>
<td>Providing assistance to allow people to participate in other activities - for example, providing transport or childcare.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major activity</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Minor activity</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>Not provided</td>
<td>39</td>
</tr>
<tr>
<td>Initiating or running a significant community or cultural event.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Major activity</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Minor activity</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>Not provided</td>
<td>56</td>
</tr>
</tbody>
</table>
Table 4: Training activities undertaken by Early Intervention and other Strategy projects (general question)

<table>
<thead>
<tr>
<th>Training - for example, leadership training, training volunteers, training in parenting and other living skills, training service providers, work-related or vocational training.</th>
<th>Projects</th>
<th>% of EI projects answering this question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major activity</td>
<td>10</td>
<td>63%</td>
</tr>
<tr>
<td>Minor activity</td>
<td>2</td>
<td>13%</td>
</tr>
<tr>
<td>Not provided</td>
<td>4</td>
<td>25%</td>
</tr>
</tbody>
</table>

Given the importance of training in terms of capacity development, the Final Questionnaire was revised to ask more detailed questions about the focus of the training. The following table shows the types of training activities that Early Intervention projects undertook and compares these to other projects funded under the Strategy. For two-thirds of Early Intervention projects the provision of training/skills development for members of the community was a major activity of the project (a similar proportion to other projects).
Table 5: Training activities undertaken by Early Intervention and other Strategy projects

<table>
<thead>
<tr>
<th>Specific types of training</th>
<th>Projects</th>
<th>% of EI projects answering this question</th>
<th>% of all other Strategy projects answering this question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills development training for members of the community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major activity</td>
<td>70</td>
<td>63%</td>
<td>58%</td>
</tr>
<tr>
<td>Minor activity</td>
<td>19</td>
<td>17%</td>
<td>20%</td>
</tr>
<tr>
<td>Not provided</td>
<td>23</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>Training project staff or volunteers to do the project’s work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major activity</td>
<td>49</td>
<td>44%</td>
<td>59%</td>
</tr>
<tr>
<td>Minor activity</td>
<td>38</td>
<td>34%</td>
<td>22%</td>
</tr>
<tr>
<td>Not provided</td>
<td>25</td>
<td>22%</td>
<td>19%</td>
</tr>
<tr>
<td>Education/training of service providers outside the project</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major activity</td>
<td>26</td>
<td>23%</td>
<td>23%</td>
</tr>
<tr>
<td>Minor activity</td>
<td>44</td>
<td>39%</td>
<td>38%</td>
</tr>
<tr>
<td>Not provided</td>
<td>42</td>
<td>38%</td>
<td>39%</td>
</tr>
<tr>
<td>Any other training?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>46</td>
<td>44%</td>
<td>61%</td>
</tr>
<tr>
<td>No</td>
<td>58</td>
<td>56%</td>
<td>39%</td>
</tr>
</tbody>
</table>

2.5 Methodology for this study

This report includes all 184 projects funded under the Early Intervention initiative and all 11 projects funded under the Early Childhood – SFCS initiative.

The report is based on an extensive analysis of data available about these projects, including progress and final reports from projects, progress and final reporting by FaCS project officers with responsibility for contract management, questionnaires designed by the evaluation team and completed at the beginning and end of Strategy projects by funded organisations, a number of case studies of Strategy projects completed by the evaluation team, together with research and policy literature on early intervention.

Although a wide variety of types of data were used, much of the data came from secondary sources and/or was self report data by projects. This limits the quality of the data and the strength of the conclusions that can be drawn. However we have used a variety of techniques to strengthen our confidence in the conclusions. These are discussed in this section and in more detail in Appendix 1.

Analysis included classifying outcomes achieved by projects into a common framework, assessing the quality of evidence of these outcomes, and rating the overall success of each project, as well identifying factors associated with project success and testing these patterns. The first report begins by providing an overview of each chapter.

Classification of outcomes into a common framework

Project outcomes were classified into the Strategy Outcomes Hierarchy developed earlier in the Strategy and used throughout the evaluation. Classification was done for:

- 77 projects for which final reports (and / or a final evaluation report) were available;
- 69 projects for which final questionnaires only were available and in which projects answered the questions concerning outcomes achieved.
**Assessment of the quality of evidence of outcomes**

The evidence of outcomes that was available was assessed as either: Verifiable, Plausible or Negligible.

**Rating the overall success of projects**

This was done for all projects with sufficient information about outcomes (70% of projects), drawing on final reports, final questionnaires and FaCS performance indicator data. Projects were classified as Outstanding, Generally Successful, Moderate/Mixed Success, or Low Success.

**Analysis of project descriptions and feedback.**

This analysis incorporated the following:

- Review of projects in terms of the eight characteristics of effective early intervention projects. This was done for a sample of 44 projects for which final reports were available in 2004 and generated questions for further exploration during the final analyses across a larger number of projects in 2005;
- Information from relevant items in the final questionnaires for which responses were received for 146 of the 195 projects;
- Use of a combination of final report data, final questionnaire data and performance indicator data as available for each of the projects to identify whether it used multi-faceted interventions.

The diversity of the projects and information gaps meant that it was not possible to test the effectiveness of particular service models (e.g. home visiting, or parent education programs). However the grassroots experiences of so many projects can shed some useful light on the types of initial-level, mid-level and ultimate outcomes that can and are being achieved, what works and factors that affect success.

Some of the Early Intervention projects had been funded under the Stronger Families Fund initiative during an earlier or later stage and will therefore have received some of the additional support provided under that initiative through the Stronger Families Learning Exchange (SFLEX) (such as, researchers assisting in building the capacity of projects to apply action research and utilise the evidence base).

*The methodology for the study is discussed in more detail in Appendix 1.*

### 2.6 Implications

As with other Strategy projects the diversity of the projects with respect to size of budget, types of target groups and the issues they needed to address, and types of activities means that greatly varying outcomes are to be expected across the range of projects. Reporting expectations must be different for different types of projects operating on different scales and the quality and quantity of evidence from projects would be expected to vary in ways that are largely commensurate with the types of projects and scale of operation.
Both in absolute terms and relative to all other Strategy projects, the high proportion of Early Intervention projects that undertook group activities (group parenting programs) and direct support to families as major activities has implications for the sorts of outcomes that can be realistically expected. In particular such activities are more likely to lead to outcomes for individuals, families and small groups than whole-of-community outcomes. The service orientation of many of the Early Intervention projects also reinforces the expectation that many of the outcomes will be at the individual and small group level rather than whole-of-community level. When impacts on wellbeing occur they are also likely to occur at the level of individuals and small groups than at whole-of-community level. This in turn has implications for the types of performance measures that can sensibly be used (individual and small group data rather than community wide social indicator data).

The strong focus on service delivery and working with individuals and groups raises questions about the sustainability of impacts achieved during the funding period. Outcomes may well be achieved with those that participated but if the service does not continue following cessation of Strategy funding what will happen with the next ‘wave’ of the target group experiencing similar needs? Given that Strategy funding is relatively short term, it will be particularly important to look at what projects are doing to sustain the impacts on those they have worked with and to sustain services to the next wave of families from the target group.
3 How did projects contribute to strengthening families and communities?

3.1 Summary

This chapter discusses in what ways and to what extent Early Intervention projects contributed to family and community strength.

The rest of this chapter examines:

- Overall, how successful were the projects (Section 3.2)?
- What did projects given varying ratings of success look like (Section 3.3)?
- Project perceptions of overall success (Section 3.4)
- What were the types of outcomes that were being achieved by projects funded by the Strategy (Section 3.5)?
- What did these achieved outcomes look like (Section 3.6)?
- Sustainability and legacy of Early Intervention projects focusing specifically on the expected, actual and potential longer term continuation of project activities, potential longer term outcomes for individuals, families and communities, and other legacies, such as, resources produced by projects that are being used or with the potential for use by others. (Section 3.7)
- What are the implications of these findings? (Section 3.8)

The chapter focuses on the outcomes that were achieved by projects funded by the Early Intervention and Early Childhood initiatives rather than the collective outcomes of the initiatives or the Strategy as a whole. We can say what types of outcomes were being achieved but, because of the diversity of the projects and of the types of outcomes that they tried to achieve and did achieve, we cannot measure the outcomes of the Strategy in terms of impacts on population measures such as economic and social indicators.

Chapter 5 analyses how the Strategy contributed to the success of projects and the outcomes they achieved, through the funding received, through its processes and principles, and through additional support. Chapter 6 discusses the contribution of other interventions and programs to these outcomes.

3.2 What were the types of outcomes that were being achieved?

Common framework for analysing project outcomes

While the projects funded under the Strategy were diverse, they all were intended to contribute to strengthening families and communities. A common framework was developed for describing, classifying and analysing these projects, which shows a sequence of outcomes leading to this ultimate outcome. The framework was a conceptual one rather than one that incorporated specific measurable objectives common to all projects. The Strategy’s Outcomes Hierarchy was based on the Strategy’s Performance Indicator Framework, drawn up in the early stages of the Strategy, and further developed in the light of the literature review and consultations.
Figure 1: The Strategy’s Outcomes Hierarchy

7. Stronger Families and Communities
This is about both improved and maintained well-being, and how families and communities apply the strengths from levels 1 to 6 to improve their wellbeing.

6. An environment where communities participate in and drive their own solutions to strengthen their families and communities
Participation at level 6 transcends the participation that occurs in relation to a particular project – level 1. It is about being opportune hungry, identifying issues that need a solution and taking initiative. It goes to the issue of sustainability of community participation and self-determination.

5. Family and community trust/resilience/adaptability
This is about trust that would transcend the particular project whereas level 1 might be about trust developed on a smaller scale through a particular Strategy project. It goes to the issue of sustainable levels of trust, improved family relationships, willingness to co-operate in future, optimism and adaptability as a way of addressing issues as they arise.

4. Demonstration/application of greater understanding, skills and capacity
Application includes not just the application of skills during the life of the project but also the transfer of skills to other family and community issues and problems during and after participation in the Strategy project. It implies some sustainability of understanding, skills and capacity.

3. Greater choice, understanding, skills and capacity for initiative
This includes not just the particular skills, confidence etc that might have been the direct target of a project but also the understanding, skills, confidence and capacity acquired by the participants in the course of planning and managing the projects. Greater choice could include access to a wider range of services or more appropriate services through greater availability of services arising from the project including any resources that are produced by the project e.g. manuals.

2. Greater awareness
Awareness includes awareness of Strategy, its principles and values as well as subject specific awareness to be developed by projects. It also includes awareness of and improved access to services through awareness of services, links to services and service directories.

1. Participation and enhanced trust
This includes direct participation in the Strategy and/or the processes of the Strategy, including the application process, even if the application itself is unsuccessful. It refers to the extent, range, nature and quality of participation and consultation at the level of communities and individuals in communities. It also includes participation engendered by the Strategy (e.g. of volunteers).

It represents how initial participation and development of trust (level 1) contributes to increased awareness (level 2), and then to development of skills (level 3), and to the application of these skills (level 4), which in turn contributes to increased family and community trust, resilience and adaptability (level 5), and an environment of sustained self-determination (level 6). This chain of outcomes, repeated several times as families and communities work together to make the most of opportunities and to address challenges, contributes to maintaining and improving individual and collective well-being and stronger families and communities (level 7). This is the end result of strengthening families and communities.
These are presented in a linear fashion, as shown in Figure 1 above, but there is likely to be considerable iteration, where positive feedback to reinforce and encourage further participation, and also emergent outcomes, where the development of capacity leads to activities that develop skills and trust. In addition, different families, communities and projects may enter the chain of outcomes at different points – some may start above the bottom levels of hierarchy and some may focus their development on just a few levels of the hierarchy rather than aspiring to address the full hierarchy of outcomes. The hierarchy is a good starting point for asking project specific questions about its particular pathway, stage of development, whether it is in the midst of a feedback loop and so on.

**The seven levels of Strategy outcomes grouped by types of achievements and classification as initial level, mid-level or ultimate outcomes**

The achievement of initial level, mid-level and ultimate outcomes do not necessarily equate with achievement in the short term, medium term and longer term. The following grouping of the intended outcomes levels of the Strategy is therefore according to whether they have been classified as at initial level, mid-level or ultimate outcome. This also provides a guide as to the timeframe in which they are often likely to have been achieved or potentially will be achieved.

Differing time horizons for different target groups or communities might be affected by a range of factors including:

- the starting points of various communities. There may be a need for some ‘unlearning’ and healing to occur before development can proceed;
- the complexity of the issues that confront them and the environments (physical, social, cultural etc) in which they live.

Projects that achieved only outcomes at a lower level in the outcomes hierarchy did not necessarily achieve less than those that achieved outcomes at the higher levels of the hierarchy. For example, studies of Indigenous projects conducted as part of this evaluation (See *Lessons Learnt about Strengthening Indigenous Families and Communities: What’s Working and What’s Not?* (Scougall, 2005) showed that in some Indigenous communities there was much that needed to be done to lay the foundation for establishing trust and engagement (outcome level 1), so that simply achieving level 1 alone could be a very significant achievement for those communities. Depending on the starting point of a project and the community with which it is working, it would be possible to have a series of outcomes within each level of the overall outcomes hierarchy to show the real progress made. For example, for a particular community it might be useful to construct a hierarchy of outcomes in which enhanced participation (reflecting new levels of trust) was a high level outcome rather than an entry point outcome as portrayed in Figure 1. Hence the significance of particular outcomes such as enhanced participation needs to be judged in context.

Outcomes 1, 2, 3 in the outcomes hierarchy can be thought of as **initial level outcomes** often achieved in the short term during the project but not necessarily so. They are about getting people to participate in the project, developing some initial trust, raising awareness of issues, needs and strengths, facilitating access to services (often through partnerships and networks) developing some capacity amongst participants in terms of understandings and skills, confidence, enhanced services and choice of services.
Outcomes 4 and 5 in the outcomes hierarchy can be thought of as **mid-level outcomes** often achieved in the medium term by the end of the project or shortly after, but not necessarily so. They relate to the application outside the project (or that would be reasonably expected to continue outside the project) of capacity that has been developed through the project (e.g. change in parenting behaviour following the acquisition of new learning about parenting). They also relate to the development of social and family relationships, greater trust amongst individuals and groups and a sense of belonging that continues outside the project (e.g. by mothers deciding to continue as a support groups, individuals assisting one another when the need arises). Sometimes this capacity and social capital will have developed during the life of the project but there is reason to believe that it will continue independent of the project.

Outcomes 6 and 7 can be thought of as **ultimate outcomes** often only becoming apparent sometime after the project ends, in the longer term, but there is sometimes evidence of these types of outcomes in the short to medium term. These outcomes are about individuals, families and communities taking the initiative, identifying issues that affect them, looking for and recognising opportunities through which they might address issues and needs and apply their strengths in order to improve family and community wellbeing and then taking action to do so. Level 7 is about the improvements in the wellbeing of families and communities that occur through their taking this initiative. Wellbeing relates to such aspects as improved health (mental and physical), education, employment and financial stability, improved citizenship and quality of life (e.g. recreational and cultural activities) on an ongoing basis (not just those provided by the project).

Other ultimate outcomes concern the legacy of the Strategy and the extent to which the results that it has achieved are sustainable or can make a sustainable contribution. We discuss other aspects of the legacy of the Strategy later in this chapter.

The analysis of projects in terms of whether they were making some progress in relation to achieving each of the seven outcomes in the Strategy outcomes hierarchy provides some evidence of achievements of the Strategy as a whole through the projects it funded in relation to its short, medium and longer term outcomes. Except where there is evidence that projects are having a ripple effect we cannot say whether the Strategy is contributing to wider community outcomes. Some of these wider outcomes may come through identifying outcomes at levels 6 and 7 but many of these will still be restricted to the groups they were working with and their immediate community circles.

**Achievements of projects in relation to initial level, mid-level and ultimate intended outcomes of the Strategy**

Most projects had evidence of some achievements in terms of several of the outcomes identified in the Outcomes Hierarchy. 61% of the 146 projects that were reviewed (and 72% of the 77 projects with final reports) achieved outcomes at four levels of the outcomes hierarchy (any four levels). Some 69% of all reviewed projects (and 77% of projects with final reports) achieved one or more outcomes at level 4 or above (i.e. middle level to ultimate term outcomes for the Strategy).

However, achievement at only one or two levels of the hierarchy (or only at the lower levels of the hierarchy) is not necessarily indicative of a low level of success for a particular project. As previously discussed, the point of entry of a particular project and the level of risk and disadvantage of a community can be relevant to how many levels in the outcomes hierarchy might be realistically achievable within the time span of and the funding provided by the Strategy.
Appendix 1 provides more detail about the number of reports with evidence of outcomes at each level of the Outcomes Hierarchy.

**Achievement of specific outcomes by projects**

This section provides examples of the types of outcomes that were reported by projects for each level in the outcomes hierarchy. It also includes some examples of project results that are indicative of outcomes being achieved at several levels e.g. improved health prospects arising from changed behaviour that in turn arose from improved knowledge acquired through having participated in the project.

**Outcome 1: Participation and trust**

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation could be through group and community activities or as part of a project that provided one-to-one services such as counselling and case management.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators of participation included numbers of participants (in courses, numbers of clients assisted, etc.), increases or decreases in numbers, and numbers of referrals received.</td>
</tr>
<tr>
<td>Most projects provided data about participation levels since they were required to do so as part of the performance indicator requirements. Accordingly most projects were reported as having achieved some outcomes with respect to participation. Within those for which an outcome of participation was recorded there were enormous variations in their success. The global rating of the overall success of each project took account of the levels of participation, and how those levels compared with intended levels of participation.</td>
</tr>
<tr>
<td>Some projects reported on numbers of participants relative to targets. Some provided information on the composition of target groups using demographic information, and/or information concerning presenting issues of participants. Some projects discussed issues around what they had done to develop trust so that prospective participants would become involved. In some cases this was on a one-to-one basis. In our later discussion of factors that affected participation, we discuss ‘trust’ as a significant factor affecting participation, or lack thereof.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many if not most projects had used some form of community consultation to establish need for and interest in the project as part of their project planning. However, projects found that having established a need and apparent interest using community consultation and market research techniques was not a guarantee that their target audiences would participate in the project.</td>
</tr>
<tr>
<td>Many projects found that demand for participation and for services exceeded both what they had intended and expected. This was positive in that it suggested the project was addressing a real need and the members of the community recognised that need. However it sometimes caused difficulties and these are discussed further in relation to unintended outcomes in the next chapter.</td>
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Some managed these difficulties better than others. For example, one project decided to deliver the intensive services for which it had been funded only to those most at risk (typically in a crisis situation), and partially address the needs of the remainder through secondary consultation processes and referrals to partner agencies. Nevertheless the decision to prioritise clients placed extra pressures on the organisation because of the extra time spent on the referral process. This meant that the wait list became longer and had to be closed well ahead of the completion of the project.

Some projects coped with demand by changing the balance of effort amongst their activities. For example a project reduced its emphasis on home visits and placed more emphasis on group activities and telephone counselling.

In some cases the intended number of participants was substantially less than expected – not because of difficulty in engaging participants but because the project found that in order to be effective it needed to provide more intensive and/or more extended services to each client (e.g. what was intended initially as an 8 week series of sessions became a 32 week series of sessions working with fewer clients).

However it was also the case that some of the less successful projects were less successful because they had difficulty in attracting and retaining participants. Some projects tried (with varying degrees of success) to address the initial lack of interest by changing service delivery (e.g. reduction in number of sites at which the service was delivered, changes to venue and timing of project activities). Responsiveness to emerging needs was an important factor in affecting the success of the projects. However, this had to be carefully managed given the expectations that had already been established with clients and partners.

**Outcome 2: Awareness and access**

**Description**

Awareness can operate at a number of levels:

- awareness of the strategy and its principles (e.g. that early intervention is important, that it’s better to adopt a strengths based approach);
- awareness that services are available in the community that a person can access. This can occur through referrals, links that projects make with other services and of which participants are in some way made aware;
- community, group, or individual awareness that an issue exists (e.g. bullying in the community, the effect of history on Indigenous populations).

**Examples**

Some examples of level 2 outcomes from projects were:

- increased awareness of services available through provision of a family resource sheet which lists relevant services. Home facilitators provided families with information relevant to their specific needs;
- schools have become more aware of community services and contact staff in the area to get a better understanding of how to assist families;
- development of shared understandings by various services of the issue of family violence and ways of responding. This contributed to greater collaboration between the services that would enhance access;
- families became aware of technology available for deaf community;
an increased awareness among parents that a lack of parental discipline and being bullied a lot can lead to delinquency in children and problems in later life;
parents became aware of the importance of early intervention. They became aware of the importance of developing capacity, particularly skills and resources and knowledge;
developed awareness in an Indigenous community of links between history and links to feelings of anger – awareness of colonial legacy important for addressing reconciliation and problems such as substance abuse, domestic violence and suicide in the community.

Outcome 3: Skills, understanding, confidence, capacity for initiative, greater choice of services

This outcome combines two sets of outcomes:

- development of skills, understanding, confidence, capacity for initiative; and
- greater choice of services.

Description
This outcome can be achieved when individuals, families or communities do any one or more of the following as a result (at least in part) of participating in the project:

- access information that gives them hope and ideas about options (e.g. best practice examples, ideas bank, contact on a person to person basis, through websites, networks);
- develop project specific understanding, skills, resources (e.g. through parenting support projects, relationship education, family counselling and training for professionals and volunteers);
- develop self confidence and/or self awareness; sense of personal empowerment and direction;
- have a better understanding of and skills in analysing their strengths and weaknesses and using evidence, identifying the assets on which they can build, understanding the wider context within which they function. Also, its impacts on community and family wellbeing and appreciating the implications for choice of action plans. They begin to understand what is required to take a longer term more strategic perspective compared with exclusive emphasis on immediate crises.
- have greater choice of options for solving problems, service delivery (e.g. parents have increased access to development opportunities for their children);
- greater choice through access to a wider range of services through the emergence of new services in the community, in association with the project etc as a result of the project.

Examples
Projects also used many other strategies such as role modelling in playgroups, and experiential learning. Many projects reported improved self-confidence of participants. Some other examples of level 3 outcomes from projects were:

- an increased percentage of parents with knowledge and understanding and communication skills; increased percentage of parents rating knowledge and satisfaction in each of 5 goal areas – communication, social, self-care, play, behaviour;
• an increase in men’s ability to support their families through periods of postnatal depression and to access a range of helping services;
• respondents reported a significant improvement in their parenting abilities;
• some participants reported that participation in the project led to increased confidence in their own abilities or in their capacity to contribute to their child’s learning or the wider community. The project also gave examples of how they then applied this capacity – level 4 outcome.
• the project identified community needs for services and as a result set up various new services such as a free community migration advice service, racism hotline, clearinghouse for information, Multicultural Arts referral service;
• in the course of conducting a project that delivered playgroups, the project/community/participants became aware that it would be useful to have a preschool operate from the same centre. As a result arrangements were made to license the centre as a preschool centre, thereby expanding the service choices available to the community.

Issues
For the purposes of this analysis, although not for the evaluation of the Strategy as a whole, the use of this outcomes category was reserved for when outcomes were shown or claimed that related to acquisition of capacity by individuals and groups and not for learnings by project managers and staff except where an important activity of the project was to develop staff skills etc (e.g. a staff and volunteer training project). All projects were required to report on learnings from implementing the project and how they were responding to learnings, and most did so. Their comments about what they learnt are reported throughout this report and in particular in relation to the final chapter on learnings from projects.

As shown earlier (Table 4 and Table 5), training was an activity that was widely used by projects to develop skills, confidence and so on. When training was used, projects often reported participant feedback on specific learnings from the training; however we do not include that level of detail amongst our examples.

Outcome 4: Demonstration/application of capacity

Description
This occurs when as a result (at least in part) of participating in the Strategy, communities and families apply knowledge, skills, attitudes acquired through Early Intervention Projects, transfer skills etc beyond their immediate involvement in the projects for which or through which they were originally developed.

This category was reserved for application of greater understanding, skills and capacity amongst participants (e.g. reported changes in parenting behaviour). It was not used to apply to capacity developed by the project or auspice except where development of that capacity was an important activity of the project (e.g. training of volunteers to help with the project).

Examples
Project examples included:
• case examples were provided of parents taking action following better knowledge and understanding e.g. voluntarily seeking counselling for domestic violence.
• changes were reported in ways parents disciplined their children.
• parents had not used childcare before the project. As a result of the project the majority of families involved in the project have continued in childcare even after involvement in the project has finished. This ensures ongoing support for parent and child.

• parents demonstrated use of skills and knowledge acquired through the project e.g. use of praise with children; more consistent parenting from both parents; increased communication amongst parents and with children; improved family functioning - more fun time together; increase in strength of family unit.

• a reduction in substance abuse amongst participants was claimed following increased awareness of dangers (this could also be classified as a level 7 because the change in behaviour can affect health).

• respondents reported a significant decrease in use of prescription medications (this could also be classified as a level 7 because the change in behaviour can affect health).

• the project has led to changes in hospital practices, new protocols that are considered to be sustainable. This example is about change in institutional ‘behaviour’. Other examples of institutional changes included changes in school policies and practices, changes in the practices of local government.

Outcome 5: Family and community trust, resilience/ adaptability

Description
This outcome occurs when individuals, families or communities do any one or more of the following as a result (at least in part) of participating in the project:

- develop increasing trust that leads to activities, coming together outside the project, better family relationships;
- demonstrate increased optimism;
- develop a willingness to help/support each other outside the project, social networking, initiating social groups and activities;
- experience reduced isolation on an ongoing basis beyond just the reduction in isolation experienced through participating in the project.

Examples
Some examples of level 5 outcomes from projects were:

• Family trust and relationships enduring beyond the project. Most young people still connected with and enjoy a positive relationship with their families - family cohesion had been maintained.

• Parents have formed friendships and keep in contact via phone and email while others have been involved in organising social occasions for all families to attend. There were many examples of continuing informal networks and continuing relationships amongst families.

• All volunteer participants in a training and development program identified the need to commit to an ongoing network which has been established to support unpaid workers working with children affected by domestic violence.
• Two support groups were set up as a result of the project and they were successful in obtaining Families First funding to continue work with CALD families in LGA. (The actions of the support groups and their success could be seen as a level 6 outcome.)

Outcome 6: Families and communities participate in and drive their own solutions; take initiative

Description

This outcome can be achieved when individuals, families or communities do any one or more of the following as a result (at least in part) of participating in the project:

• Have a greater sense of ownership and control of problems and solutions; they take charge of their situation. Over time, problems will be increasingly identified and solutions will be implemented by local community driven organisations or groups rather than, for example, by large non-government and community agencies proposing and delivering solutions for them. In the early stages they may need some assistance from such agencies.

• Are more ‘opportune hungry’; they grasp opportunities that come their way. They scan their environment for changes on the horizon at many levels – local, state, national, trends in the economy, social trends, technology trends etc.

• Adopt a ‘can do’ approach and have more of a mindset of self-reliance; sometimes this may still involve seeking assistance from government and others to implement community driven solutions. However in general it is hoped that communities would become less dependent on Government and on welfare, including income support, for resolution of problems. Communities, families, households and individuals develop a practical sense of mutual obligation.

• Adopt an assets/strengths based approach to addressing issues.

• Adopt preventive approaches rather than only taking action when crises happen.

• Have enhanced social participation, civic participation, involvement in not for profit organisations and volunteering, linkages with organisations, expert systems, partners (see Community Strength Indicators - Black and Hughes, 2001).

• Other individuals/groups/organisations/communities become enthused to try the approaches used by Strategy participants.

• New groups emerge that want to look at their communities, initiate processes and seek partnerships.

Issues

In coding outcomes, it was sometimes difficult to distinguish between levels 5 and 6 but level 6 was used more in cases where a community or group within a community identified some aspect of the wellbeing of the community that could be improved and took the initiative to do something about it. Level 5 on the other hand was more about coming together for general mutual support and friendship rather than looking outwards to the wider community and how they could contribute to strengthening the wider community or families more generally.
Examples

Some examples of level 6 outcomes from projects were:

- A group took initiative to address housing issues for the community. It established and commenced the implementation of a strategy - many barriers were identified and priorities set. This was a good example of how a community confronted and addressed frustrations that may be experienced by groups when they take initiative; increased confidence and sense of being able to overcome challenges.

- Parents are asking for guest speakers to meet their needs. They are comfortable enough with each other to share the highs and lows of parenting. Group problem solving of issues now takes place. These actions by parents indicate that they are starting to take initiative.

- As a result of increased confidence and capacity, parents reported becoming advocates for their child, accessing resources and activities, influencing other family members to become more actively involved in literacy activities.

- Communities have established more formalised associations to increase their influence and advocate for themselves. These organisations have also played a strong social support role. They also network with other refugee communities, build social networks and explore business opportunities.

- An example of a project that generated enthusiasm amongst others to take action was a project that developed and launched a family networks facilitator guide - over 40 national organisations have bought the manual and enquired about the delivery of the Family Networks program.

- Another project set up in one region reached hundreds of men in Australia, New Zealand and even the United States of America. The organisation set up four more groups than originally anticipated.

Outcome 7: Families and communities apply their strengths to improve their wellbeing

There is a considerable and growing body of literature on conceptualising and measuring family and community strength (for example, Gauntlett et al, 2001; Black and Hughes, 2001; Zubrick et al, 2000). A review of this literature conducted as part of the development of the evaluation framework for the Strategy (SuccessWorks et al, 2002:32) proposed the domains shown in Table 6 as relevant to the evaluation of the Stronger Families and Communities Strategy. These various domains have been incorporated across the levels of the outcomes hierarchy to show the causal interrelationships amongst them more clearly. There will of course be feedback loops at all levels of the hierarchy and the hierarchy shows just the general direction of movement.
Table 6: Domains of stronger families and communities

| Common to both stronger families and communities: | • Resilience  
| • Wellbeing  
| • Solution focus |
| Specific to stronger families | • Parental competence  
| • Social functioning  
| • Risk behaviour  
| • Income management and time |
| Specific to stronger communities | • Skill development  
| • Knowledge building  
| • Partnerships  
| • Participation  
| • Leadership  
| • Commitment. |

The Final Report of the evaluation of the Strategy provides further discussion of these domains and the characteristics of stronger families and stronger communities. While this body of literature (drawn on in the development of the Strategy Outcomes Hierarchy presented in Figure 1) has contributed immensely to our understanding of the characteristics of stronger families and stronger communities, the relationship between stronger families and stronger communities remains unclear and there are continuing debates about whether stronger families and stronger communities should be defined in terms of ends (healthier, safer, earning incomes etc.) or means (behaviours, functioning etc.).

**Description**

At least in part as a result of participating in the Strategy, communities and families use the social and institutional capital acquired through the Strategy to mobilise their resources and processes and as needed act strategically to access other resources and power in order to maintain and enhance individual and collective well-being (see Identification and Analysis of Indicators of Community Strength and Outcomes, Black and Hughes, 2001). Wellbeing includes material, physical and health, productivity, safety, place in community, emotional wellbeing and mental health, intimate relationships, culture and recreation.

**Part (A) Applying capacity to improve wellbeing**

Outcomes at level 7 are primarily about improving the wellbeing of families and communities through applying capacity, optimism etc developed at the initial levels of the hierarchy on a wider scale or over a longer time frame to address other and or ongoing issues relating to community and family wellbeing. The domains shown in Table 6 include some of these 'initial level' though no less important features of stronger families and communities.
Part (B) Direct benefits to wellbeing

The Strategy is essentially about developing the capacity of communities to strengthen their own wellbeing rather than using a direct service delivery model (e.g. provision of health services, provision of housing). However in some cases projects did deliver services or arrange access to services that directly improved family and/or community wellbeing e.g. in the course of providing playgroups for isolated communities they also arranged for inoculation of the children. The provision of this service could be taken as proxy evidence for improved health status. Or in the course of running a parent group they found that a parent was homeless and arranged crisis accommodation. There are also instances in which individuals have obtained employment with a project, sometimes starting as volunteers. These types of improvements in wellbeing are different in kind from the level 7 outcomes that arise from a community, groups of families, families or individuals applying the capacity they have developed through participating in the Strategy. We refer to them as additional benefits of the projects.

The above distinction applies in particular to outcomes such as those relating to housing, health, physical safety, further education and employment as benefits of participating in the project. These benefits occur for individuals but are not primarily about the individuals or community taking charge to improve family and community strengths.

Examples

The following examples of outcomes and benefits include some that applied at the level of individuals and some that were relevant to communities. In some cases we coded a project as achieving a level 7 outcome if we made a judgement that improved wellbeing would be likely to occur rather than that there was evidence of actual improvement. The example below of a woman who arranged to have a mammogram is one such example.

Examples of level 7 family and community related outcomes from projects were:

- Participant self reports of prevention of suicide as a result of having participated in a group, developing confidence and hope, having a weekly lifeline. Reports of prevention of suicide also came from project staff.
- Respondents reported an improvement in physical health. 21% reported that their employment situation had changed (improved) after attending the healing week (the implication was that the healing week had contributed).
- Some volunteers left the service after being successful in gaining paid employment. Some have commented they would not have had the confidence to apply if they had not volunteered first as they had been a stay at home mum for many years and had lost confidence (this may have been a loss to the project but a gain for participants).
- Reduction in exposure to family violence as a result of positive decision making by parents.
- In some cases, as a result of increased confidence and capacity parents went on to other study and employment and increased their use of local resources, such as the public library.
Some participants have later articulated that skills learnt in programs have stood by them in major crises eg. losing a son, having family members diagnosed with terminal illness, being able to meet as a support group to cope with effects of drought in rural communities. The implication seemed to be that individual and community wellbeing had improved in the sense that they were coping better with issues that arose.

Network members have taken the initiative in lobbying with government and others to improve their wellbeing (level 6) with some early successes through obtaining grants for particular projects to improve some aspects of wellbeing (especially sense of place). This achievement has been classified as level 7. They were also working on health related issues (dental hygiene) and were making some progress in that respect. The creation of the network by this project made this consolidated approach possible.

Examples of level 7 benefits to individuals and families from projects were:

- Participants obtained access to and take-up of educational and employment opportunities through involvement in the project.
- Through involvement in the project, Aboriginal women are now employed to manage and coordinate after school kids club.
- A project prevented 5 families from becoming homeless and requiring relocation.
- Priority housing was acquired for one of the 12 families who was homeless. [The mother] now has stable housing for first time in many years.
- Families became less stressed as a result of participation (improvement in mental health).
- The project contributed to the health of an individual participant. Through applying what she had learnt through attending a session given on women’s health a woman went home and did a breast check that revealed a lump. She went to the doctor and then for a mammogram. This is a very simple example at the level of an individual of learning (level 3) followed by application of learning (level 4) to take initiative (level 6) to improve wellbeing (level 7).
3.3 Sustainability and legacy of Early Intervention projects

The legacy of the Early Intervention projects includes:

- 1. The continuation of project activities after funding ended
- 2. Capacity development of organisations and services
- 3. Development of resources that could be used by other projects
- 4. Potential longer-term outcomes for participants
- 5. Contributions to evidence-based policy and practice.

1. Continuation of project activities after funding ended

The expected, actual and potential longer-term continuation of project activities

Sustainability can relate to the likelihood that a project will continue or develop further once the period covered by the Strategy funding ends concern – although there are other types of sustainability and legacy. The Final Questionnaire asked projects how likely it was that the project would continue or further develop after the Strategy funding ended.

About two thirds of the Early Intervention projects thought it very likely or likely that they would continue or develop further after the Strategy funding ended. As Table 7 shows, Early Intervention projects were slightly less optimistic in this regard than all other Strategy projects.

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<thead>
<tr>
<th></th>
<th>EI projects</th>
<th>Other Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very likely</td>
<td>49</td>
<td>42%</td>
</tr>
<tr>
<td>Likely</td>
<td>28</td>
<td>24%</td>
</tr>
<tr>
<td>Unlikely</td>
<td>23</td>
<td>20%</td>
</tr>
<tr>
<td>Very unlikely</td>
<td>18</td>
<td>15%</td>
</tr>
</tbody>
</table>

Follow-up interviews with a sample of completed Strategy projects (reported in more detail in the report on Sustainability and Legacy of Strategy projects) showed that, initially at least, most Early Intervention projects (84% of the 57 Early Intervention projects interviewed) were continuing activities after Strategy funding had ended, although half of them were on a smaller scale.

While a third of these projects had received funding under the new Strategy 2004-2008, the others were continuing on the basis of funding and support from other sources (including State or Local Government, support from the auspice organisation, community support, business sponsorship and self-funding through sales of products or participant contributions). For example, one project secured funding from Families First (a State program) to continue the work.
Generating ongoing income to support continued activities

Some projects were receiving some revenue from sales of products or services (e.g. training) that they had developed through the project. In general there was no indication as to whether the revenue would be sufficient or near sufficient to cover ongoing costs or would continue to need to be subsidised. A few projects considered that they had garnered sufficient interest from key organisations as to warrant it likely that they would support continuation. One project had obtained funding from a state government program (Families First) to enable it to continue.

Examples

- A project reported that various organisations have expressed an interest in purchasing a video/resource pack using music therapy for mothers who had been abused as children.
- A project developed and launched a family networks facilitator guide - over 40 national organisations have bought the manual and enquired about the delivery of the Family Networks program.
- A project reported that sales of professional resources will assist with financial viability.
- A project produced a comic for which it charges a small fee.

Difficulties in securing ongoing funding and support to continue project activities

Some Early Intervention projects had actively sought continuing sources of funds but their success in doing so had been highly variable and was not always related to how successful the projects appeared to have been. There may have been some cases in which there was recognition that a project had some potential that was worth pursuing even though it may not have achieved a great deal during the course of Strategy funding.

With respect to finding the funds needed to continue, one project commented that the organisation lacked the skills to market and gain sponsorship for the continuing program. Others considered that the time that they spent hunting for funds detracted from their service delivery.

Several of the projects were providing services which required recurrent funding and this may have contributed to their difficulties in finding sources of funds since the funds would need to be long term. Further examples are provided in the following comments from projects.

I will need to find further funding to continue at this level of service provision after the funding ceases.

We are currently applying for future funding to meet the community needs …Without funding (the service) will no longer exist. (The service) will never be self reliant and funding is a necessity. The child care service is one of the most essential and expensive components. We are also looking for increased funding as the allocated funding is not sufficient for the management and organisation currently provided by the Coordinators

The completion of this project will be a huge loss to this rural community which will place families at risk. This project has the potential for growth.
Limited funding, with no process for evaluating and continuing a program is unrealistic. Many inroads are made with the community and then lost. Other agencies with similar intentions have to start from the ground up again, which is both an inefficient and ineffective use of public monies.

The group are very enthusiastic for the project to continue but we cannot continue without funding and will apply with advice from FaCS to continue in 2005.

The sustainability of successful projects needs also to be considered - where do successful projects go when the short term funding ends? Other levels of government, grants etc are not always viable options. Vast amounts of knowledge and resources are wasted when successful short term projects are not able to secure longer term funding.

2. Capacity development of organisations and services

Some Early Intervention projects were involved in capacity development of existing services such as extending their capacity to meet the needs of groups that had not been served in the past, widening the range of services or developing organisational capacity.

Examples

- A project developed the capacity of an organisation that has operated for 20+ years and expects to continue with project activities. Membership of the voluntary organisation has increased as a result of participating in the project. This will contribute to sustainability and expansion of the organisation.

- A project extended existing services to culturally isolated families; it also identified volunteer leaders in Chinese community who were then trained. This increased capacity of the services and of the community.

- The auspice organisation of a project is in the business of producing comics for youth - this project addressing depression amongst Indigenous rural youth extends the range of products available from the organisation.

- A project led to an expansion of the activities of an association for children with a disability. This is likely to be an ongoing group.

- A new preschool emerged from a project in response to an identified need and it will be ongoing regardless of whether other aspects of the project continue.

- A project expanded capacity partly through improving physical infrastructure. The funds allowed establishment of an early learning and family support centre through modifications to existing premises, the purchase of equipment and wage supplementation for the centre’s co-ordinator. The services are being provided and it would appear that they will continue to be provided.

3. Development of resources that could be used by others

About half of the Early Intervention projects (73 of the 146 reviewed) appeared to be producing resources that may be used by others.

Several of the projects commented that they would welcome the opportunity to share the resources they had developed with others, and some had already done so. In some case the resources produced would need to be adapted for specific uses rather than being ‘off the shelf’ products that anyone could pick up and use immediately.
4. Potential longer term outcomes for individuals and families

Achieving enduring outcomes through early intervention

With marginalised communities and individuals with whom it can be difficult to engage and achieve outcomes, there is potential for considerable long term benefits and community cost savings to occur as a result of what might appear to be very modest outcomes. Some of the longer term outcomes for individuals and families have been discussed in the previous sections in relation to the Strategy’s Outcomes Hierarchy. Further examples of potential longer term impacts for individuals, families and communities are provided below.

Examples

One evaluation report of a project providing playgroups primarily to Indigenous families made an observation that might well have applied equally to many other Strategy projects:

If … Supported Playgroups can influence the ability of one family to develop and maintain sound family relationships who otherwise might have ended up with a child in care, or prevent children developing inappropriate behaviours which might lead them into crime, then the program has paid for itself. Given the disadvantaged nature of the participants and the observed and reported changes and improvements delivered by the program, it is likely that the program is delivering great long term cost efficiency.

Throughout this report there are many examples of the impacts of projects on the lives of individuals. In addition to capacity of individuals developed through the projects, participation in projects has often been a catalyst to individuals furthering their education, seeking and obtaining employment, taking steps to improve their health, reducing the incidence of or exposure to domestic violence. Any of these types of outcomes has the potential to produce long term benefits to individuals and cost savings to the community.

Another project, provided evidence about its contribution in conjunction with other community efforts to a reduction in suicides through its treatment, prevention and community awareness strategies in a community with high rates of suicide. It reported:

Decline in the number of suicides within the community. Discussion with key service providers such as hospitals, GPs, church leaders, mental health services etc. has helped to reduce suicide. Promotion throughout the community via radio, newspaper articles and public speaking engagements. In addition the Schools have utilised the Friends program which strengthens mental health and reduces suicide risk. Individuals, families and communities have been given alternatives and knowledge about suicide in the form of suicide triggers and common behavioural patterns that sometimes lead to suicide.

While it is difficult to attribute reduction in community suicide rates directly to this project, it would appear that it was playing a role and through awareness raising was a catalyst to many others in the community taking action i.e. mobilising community effort and to people at risk of suicide self-referring to the counselling service. Unfortunately sustainability of the service component is doubtful and has become a serious issue for the community.
Establishing links from short term projects to ongoing services

Providing or ensuring access to sustained support is important for projects providing assistance with transitions and more generally for short term projects that work with clients who have ongoing needs. Most early intervention projects fell into one or both categories. There were few projects in which a single and isolated intervention would suffice, so enduring outcomes for participants were dependent on future involvement with ongoing services.

Examples

- A project reported that it should be able to sustain some impacts through having contributed to the development of services, resourcing them in ways that assist them to become more responsive to men's needs.
- A project has created links to service providers through development of an action group including service providers. The action group produced a directory of family services.
- A project is likely to have sustainable impacts through incorporation of its material in curricula of the schools with which it worked.
- A project has developed two major resources for future application in school based work. Taking action – Human Rights and Refugee Issues Teaching Resource and Guide to a Whole of School Approach to Refugee Readiness will be disseminated widely amongst schools.
- A project contributed to sustainable links with mainstream services through training other service providers on request and on a fee for service basis. Also, having other agencies and service providers involved in training parents and receiving feedback from parents about needs and solutions would assist them to make their services more responsive to needs of parents.
- The success of a project led to the development of a curriculum for a continuing program of professional education.
- A project in its discussion of sustainability commented that “the majority of families who have been involved with the project have continued in childcare even after their involvement with the project has finished. This is seen to be beneficial for a number of reasons; most notably it ensures the ongoing support for parent and child. This makes the gains from the work with the families much more sustainable.
- A project developed links between the playgroup project and the preschool that encouraged continuing involvement of families in preschool; Chinese parents with some English were successfully integrated into multi-cultural and English speaking playgroups.
- A project developed a comic book one of whose main purposes was to improve awareness of and access to mainstream services and was developed in a way that makes it useable by health and educational professionals. They have expressed interest in using it.
- A project reported that Strategy funded activities will not continue but issues identified through the project will be addressed by the ongoing counselling service of Centacare.
A project reported that it was both unlikely and unrealistic to expect that the service provided by the project would be maintained. However it also reported that the establishment of various other services (A Community Migration Assistance Service, A Multicultural Arts Referral Service) had been partly stimulated by needs identified by or as a result of the project. In addition local women formed a sub-committee and had run a public event for International Women’s Day.

A project reported that two volunteers trained by the program have continued to provide regular ongoing support.

Some projects recognised the importance of links to mainstream services as another means of improving sustainability but doubted whether the links had been sufficiently consolidated during the life of the project to ensure this type of sustainability.

**Examples**

A project commented that

*Although co-facilitation, collaboration and training has occurred it is not at a stage where it can be maintained within mainstream services. Funding needs to be sourced to build on the developments in the community.*

Like several others, this project reported that it takes:

*…considerable time to work successfully in partnerships and the true potential of this work has not been realised in the short life of the current project.*

A project that provided a 24 week program of home support for parents with an intellectual disability reported its concerns that the resources of mainstream services are very stretched and questioned whether the ongoing links to services would occur as adequately as they had hoped when establishing the program.

**Developing enduring community capacity**

In some cases, enduring outcomes can be achieved through community capacity which is developed through a short-term project. Social support groups were one type of community capacity that emerged from many projects. These groups could to some extent pick-up where the project left off. Many examples of the development of social support both through groups and on a one-to-one basis are found throughout this report.

**Examples**

- A project from which parents have initiated a continuing support group which at the time of the report had met several times.
- A project, from which a support network has emerged and participants have set up a playgroup.

**5. Contributions to evidence-based policy and practice**

Conducting research and/or developing and evaluating policy or service models, major activities of some projects, will potentially contribute to the body of knowledge about what works.

**Examples**
• A project undertook research and literature review over a 12 month period for the development of the handbook.

• A project developed and trialled for wider use various models for working with schools on refugee issues.

• A project developed policies, protocols, procedures, models for identifying and working with pregnant women at risk through psychosocial problems. Not only were they adopted by the hospital in which the project was trialled but other hospitals have also expressed an interest in the model.

• A project developed a service model for the Chinese community which was recommended for expansion to other cultural groups.

• A project conducted research on what it means to be a sibling of a child with disability.

Pilot projects also build knowledge about what works, and have the potential for adaptation and take-up by other communities, other auspices or with other target groups (e.g. an approach piloted with one cultural group might have the potential to be adapted to other groups).

Examples

• A project planned to evaluate effectiveness to see whether Council would continue to fund it. Council's decision was not included in the final report but there was a 2004 proposal to extend Strategy funding.

• A pilot project was used to determine the relevance of an existing program model to the needs of the local community and if so to use as an innovative foundation block for the community's social health program. It proved very relevant and will be used in the manner intended. Specific recommendations are included concerning how it should be further developed as a component of the community's social health program.

• A project developed and piloted an accredited course and resource package for developing knowledge and skills of qualified volunteers and service staff to counsel and facilitate groups for children living in domestic violence situations. This has the potential to become a national resource and program.

• A project was a demonstration project for identifying and working with pregnant women at risk through psycho social problems. Other hospitals have expressed interest in this approach.

3.4 How successful were the projects overall?

Summary of global assessments

Global assessments of success of projects and an aggregation of the findings were used to answer this question and set the scene for further analysis of what contributed to the success of some projects and detracted from the success of others.

Appendix 1 explains in more detail how these global assessments were made.

Overall, 75% of the Early Intervention projects were rated by the evaluation team as either Outstanding or Generally Successful. Even those projects that were rated as Moderate/Mixed Success achieved some results and often quite commendable results. A small minority of projects were of very Low Success or terminated.
Given the highly disadvantaged nature of the families and communities that were the focus of Strategy projects and the relatively short period of projects, this is a considerable achievement.

Table 8 shows the numbers and percentages of Early Intervention projects that were rated at various levels of success, including those for which insufficient information was available about outcomes to rate the project’s overall success.

| Table 8: Distribution of success ratings across the Early Intervention projects |
|-----------------------------------|-----------------|-------------------|-----------------|-------------------|-----------------|
| Outstanding                      | Generally Successful | Moderate or Mixed Success | Little or no success | Un-coded |
| Number of projects               | 28               | 75                | 30               | 4                 | 58              |
| % of all EI projects             | 14%              | 38%               | 15%              | 2%                | 30%             |
| % of 137 projects with sufficient information | 20% | 55% | 22% | 3% | - |

There was insufficient information to code nearly a third of the projects. However, even if none of the un-coded projects (for which we had insufficient information) had been in any way successful (a very pessimistic scenario), this would mean that over half the funded projects could be considered Outstanding or Generally Successful.

There is some evidence to suggest that most of the un-coded projects would have been rated as Generally Successful or Moderate/Mixed Success if information had been available. As far as we can ascertain, none of the ‘unknown’ projects was terminated and most have been judged as having achieved their objectives to a sufficient degree to receive their final payments. There was also a strong relationship between project self-ratings in the questionnaire and our independent ratings of success conducted without knowledge of project self ratings. It seems likely that a similar relationship would hold for projects for which we had insufficient information to judge their success. When we look at those ‘unknown’ projects in relation to their own perceptions of success, their profiles fall somewhere between those we found for projects that we had independently rated as Generally Successful or Moderate/Mixed Success.

It is also important to recognize that projects that were coded as having insufficient information on which to base a judgement often had some information (e.g. a brief final report perhaps focusing on what the project had done rather than what outcomes had been achieved, a final questionnaire that included insufficient details) but it was not enough information for us to make a discriminating judgement amongst the various levels of success i.e. it appeared that the project had been successful to some degree but we were unable to say to what degree.

Examples of global assessments

Brief descriptions of some examples of these categories of projects and why they were assigned to those categories follow. The main purpose of these descriptions is to give some concrete examples of how we have applied the categories. Projects have been selected in order to demonstrate the variety of projects. The projects that have been chosen are from amongst those for which final reports were available and for which it was therefore possible to more carefully scrutinise the quality of the evidence. Funding levels shown for projects have been categorised as low (under $50,000), medium ($50,000 - 250,000) or high (over $250,000) budget. (This refers only to the funding received from the Strategy). Other identifying details have also been removed from the descriptions.
Because of the range of projects in terms of type of activities, target groups, budgets and so on, this selection should be seen as illustrative rather than representative. Nor is the number of projects selected to illustrate each category (Outstanding, Generally Successful, Moderate/Mixed and Little/Low Success) in any way proportional to the number of projects that were classified as belonging to each category. As shown above, the largest category of projects were the Generally Successful ones.

**Example 1: Outstanding project – low budget (under $50,000)**

<table>
<thead>
<tr>
<th>Project description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The aim of the project was to maintain and resource a Chinese Parents Friendship and Support group and facilitate a weekly playgroup for Chinese families.</td>
</tr>
</tbody>
</table>

**Explanation of rating as “Outstanding”**

The project was Outstanding because of the range of outcomes achieved, including the ongoing links of Chinese families into mainstream services and community activities that would continue to serve the area even once project funding had ended. The project was active in providing practical assistance for families to participate and in successfully adapting its timing and venue to encourage participation. Participation levels continued to increase during the project.

There was evidence that parents were changing their parenting behaviours through participating in the group, and were willing to access other supported playgroups as their confidence increased. There was also an uptake in pre-school participation and, with support, families are accessing library services. Two of the participants have now been trained as playgroup leaders, and have been able to take on a collaborative leadership role in the delivery of the playgroups.

The project linked well with mainstream services (such as Health) to enable families to easily find out about and access such services as inoculation through participating in the playgroup. The preschool to which the playgroups are linked became more engaged with another partner (health services), so that collectively they can provide more playgroups that will enable the project to expand its services to fathers and grandparents. At the time of the report, the Local Government authority had continued to provide the services.

**Example 2: Outstanding project – medium budget ($50,000 - 250,000)**

<table>
<thead>
<tr>
<th>Project description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The aim of this project was to deliver the recently developed Indigenous-specific Family Well Being training program in an Indigenous community over a period of 40 weeks – to adapt this for that community’s context; to develop skills of facilitators to improve spiritual health outcomes for individuals with improvements in participation rates; and to identify community projects that were to be developed and sustained.</td>
</tr>
</tbody>
</table>

**Explanation of rating as “Outstanding”**

This project has been selected as a highly successful Indigenous project. Although it experienced some problems, the overall level of success and the level of empowerment within the community that it appears to have engendered was very impressive given the well-known difficulties of achieving such outcomes in Indigenous communities (as discussed in the separate report on Lessons Learned about Strengthening Indigenous Families and Communities: What’s Working and What’s Not?, (Scougall 2006) produced as part of this evaluation). The rating of this project as Outstanding should not be interpreted as implying that the community is now a strong community, but there is a group of people in the community that has been strengthened in various ways that can contribute to the health and wellbeing of the wider community. As with other communities served by the Strategy, much work is still to be done.

The participants from the community successfully developed and applied new generic problem solving skills (e.g. developing the capacity to negotiate areas of conflict in personal relationships and learning to control destructive emotions like anger), and enhanced self-confidence to initiate community development processes to address issues that they have identified as fundamental to its wellbeing (e.g. truancy, child care, employment and housing). The confidence that participants developed assisted them to persevere in the face of adversity and setbacks. Empowerment and lifestyle change in individuals was also evident (e.g. reduced use of alcohol and associated benefits for families. There were many other examples of developments in skills, confidence, changes in behaviour, anger management. The project has been credited with a reduction in the levels of hazardous drinking and violence. The project was externally evaluated and its establishment was evidence based in the sense that it adapted and delivered a previously developed project.
Example 3: **Outstanding** project – high budget (over $250,000)

<table>
<thead>
<tr>
<th>Project description</th>
</tr>
</thead>
<tbody>
<tr>
<td>This was an early childhood intervention project for families living in the inner city suburbs targeting parents struggling with issues such as long term unemployment, domestic violence, social isolation and substance abuse. The project provided childcare and support for families who might not otherwise access childcare, through a scholarship program. Under the program, families were able to access childcare for $5 per day per child. The remainder of the childcare fee was met through funding provided within the program. Once the child has enrolled in one of the Child and Family Learning Centres, other support services then become readily available to the family.</td>
</tr>
</tbody>
</table>

**Explanation of rating as “Outstanding”**

This was a large budget evidence-based project that made achievements on many fronts and appears to have a good future. Its evaluation evidence appears to be sound. The project used an action-research approach with assistance from an external evaluator. The final evaluation report on the 5 key outcomes of the program found:

- An increase in knowledge and use of existing formal resource agencies and mainstream services by participating families
- An increase in referrals from community agencies. Centre managers and teachers had made referrals as the need arose, most commonly to speech pathologists and family support services. Self-referrals were also occurring as are referrals amongst participants. Centre managers and teachers had also assisted several parents in enrolling in TAFE courses.
- Improvement in financial security through increased opportunities for parent involvement in education, training, and employment
- Just over half of the program parents who had become involved in work, training, TAFE, or actively looking for work. Several other parents were accessing counselling and developing living skills, which are important precursors to beginning work or training. Parents also built work-ready skills by learning to be punctual and reliable when attending the centre, and by participating in group activities such as parent committee meetings.
- Development amongst parents of a greater understanding of the importance of early years for learning, development and social competence
- Parents reflected their increasing knowledge of the importance of early childhood education during interviews as well as made observations of their children's development since enrolling in the centre. Parents realised the importance of developing social skills through interactions with other children and adults. Parents also gained confidence and knowledge in their parenting skills by discussing children's development with centre staff.
- Increased resilience to risk factors through problem solving strategies, information, and access to local resource agencies.
- Several parents expressed a feeling of empowerment from accessing the Parent Resource Program, and acknowledged a positive change for their families by doing so. For some families, the Parent Resource Program was a first step toward changes such as leaving a violent partner, relying less on parents for financial support, enrolling in a TAFE course, or making plans for future employment. Parents reflected that "we are coping better now" and "we don't feel like we're struggling anymore". Relieving parents from full time care gave them time to access resources and information to make improvements. Several parents reflected that their relationships with their children and other family members have benefited. Parents also reported feeling more relaxed and confident in their parenting.
- Development of a sense of community where other families provide support and greater use is made of local networks.
- Parents reflected on the benefit of meeting other parents managing similar circumstances, such as single parenthood or children's difficult behaviour. Parents initiated networking activities, including pick-up lists and exchanging phone numbers. The sense of community was emphasised by the family-oriented celebrations held at the centres, allowing for parent networking opportunities. Many parents viewed the centre as a cohesive family, as children, staff and families interacted in positive ways.

The project officer commented that as the project evolved:

*We have identified many ways of improving the service delivery to achieve better outcomes for all involved. The experience and knowledge gained is guiding the ever evolving nature of the program. The sustainability strategies put in place have enabled us to re-allocate resources in the program to improve outcomes for all stake holders. Policies and procedures that have been developed through the experience gained will streamline future work. The relationships gained in the community through the life of the project have laid foundations for the growth of trust and future development of the project. Opportunities have been identified to provide ongoing high level support for the project. We are currently in negotiation with a community agency to provide such support.*
Generally Successful projects

Example 4: Generally Successful project – low budget (under $50,000)

<table>
<thead>
<tr>
<th>Project description/aim</th>
</tr>
</thead>
<tbody>
<tr>
<td>The project provided a one-day parent and child expo displaying services and products for families and young children in a rural area.</td>
</tr>
</tbody>
</table>

Explanation of rating as “Generally Successful”

This project was chosen as an example of a community-based project whose primary purpose was to improve awareness of services and knowledge about parenting. Although focused on a rural community it was available to the whole community – it was a universal, rather than a targeted, program.

The project appears to have benefited the whole community through bringing together isolated families from across the region to improve their knowledge of services and activities available in the community and to increase parenting information. Some 500 people attended, many services participated, and the feedback from all concerned was mostly positive. Some parts of the day were better received than others, but on the whole the project was a success.

Like several other low budget community education projects, it was not in a position to do more by way of evaluation than collect information about participation rates and some feedback from participants (both families and services) concerning their satisfaction with the day, and the favourable press and other coverage that it received. The lack of that information (although not feasible to collect) does make it more difficult to rate projects such as this as Outstanding. By contrast another large budget public education project concerning bullying was also successful and did use rigorous methods to assess its impact.

Example 5: Generally Successful project – low budget (under $50,000)

<table>
<thead>
<tr>
<th>Project description/aim:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The project was to work with families and their deaf children in regional and metropolitan areas whose families are at risk of breaking down due to the communication crisis they experience.</td>
</tr>
</tbody>
</table>

Explanation of rating as “Generally Successful”

This project was chosen as one that worked intensively with a small number of selected families with specialised high needs. The project worked with hearing parents of deaf children, and it had quite specific short, medium term achievable objectives – which it appears to have achieved competently. The Strategy investment was about $3,000 per family. The processes and progress of families were well recorded including use of journal and videos. The evaluation report produced evidence relating to the following:

- Strong bonds developed between participating parents; parents initiated networking and social opportunities.
- There were shifts in parental attitudes, understanding and acceptance of their children’s deafness. Families became aware of technology available for deaf community.
- Families had a better understanding of deaf culture, including differences compared to hearing culture and were better able to make cultural adjustments.
- The project enhanced parents’ knowledge, skills and confidence; including skills in Auslan communication. Families became less stressed as a result of participation.
- Various examples of practical impacts for individuals and families were given. For example, a young boy who has gained independence, self esteem and social interaction through using a mobile phone – the project staff had to work with parents to help them to accept that he could use it.
- Teachers of the deaf received training.

Parents wished the project to continue – they were concerned that their new found skills will diminish without ongoing support and involvement from the teachers of the deaf. These limitations on the ongoing impacts of the project contributed to its rating as Generally Successful rather than Outstanding.
### Example 6: Generally Successful project – medium budget ($50,000 - 250,000)

**Project description/aim:**
The project aimed to give rural and remote pre school aged children access and exposure to playgroup activities - familiarising isolated children with the Preschool/Kindergarten environment. The television programs were broadcast across a vast and very remote area.

**Explanation of rating as “Generally Successful”**
This project was one that largely met its objectives, achieving various valuable outcomes. However it did experience some difficulties with the quality of production arising from the tight budget. These do not appear to have been sufficiently serious to deter other remote TV stations from taking up the program.

The project enjoyed widespread support by participant remote isolated families. Many isolated families participated in structured activities with workbook and preparatory material enabling home-based interaction to occur. Many station families made the TV program a focus of their gatherings. Parents would plan to use the TV program so that their children could have a playgroup experience. One organisation wished to use the TV program as a starting point for their childcare centre program.

The program was also being picked up by other community TV stations covering other remote areas. The project underestimated the number of hours required to guarantee a quality product and with its limited funding relied heavily on voluntary support including volunteered hours and expertise and the goodwill of the TV station involved. The quality of the videos of the programs was also impacted upon due to the tight filming budget.

### Example 7: Generally Successful project – high budget (over $250,000)

**Project description/aim**
The project aimed to provide responsive and regionalised support to parents in the remote areas by providing information and training to parents on topics such as child development, managing behaviour, meeting children's special needs, accessing services.

**Explanation of rating as “Generally Successful”**

This project serviced remote communities by providing a mobile service. It was one of several projects providing outreach services that went to families and communities rather than requiring families etc to travel to them. Much of the budget for such projects goes to travel and staffing costs. The project adopted a systematic action-research approach adapting its processes, especially those required to foster participation and repeated participation. It experienced some difficulties in engaging the local communities on a regular basis but persevered. On the other hand it also found that it was not fully able to meet all requests for support.

Some of its successes were the collaborative partnerships that have been formed in the region, the capacity building work that has been undertaken with other service providers (e.g. community health nurses), the standard of the service, and the reflective action research and improvement practices they undertake as part of their work. Outcomes have also been achieved with individuals and families. Parents in the groups and communities that have been serviced by the project had stepped up to facilitate a playgroup that had been running for 3 years at the time of the final report. This is a good reminder of the length of time required for participants to gain sufficient confidence to take responsibility for activities provided by a service.

The service provided to each community was unique, based on their identified needs and issues. For example, one community accessed parent workshops, another accessed play sessions through visits with the mobile service and family fun days, while others participated in photo voice projects and others accessed social skills programmes. Throughout all project activities, the importance of the early years for children's future wellbeing was promoted through parent workshops and informal play sessions. Parents and caregivers had opportunities to identify their weaknesses and strengths through networking, modelling and opportunities for sharing information.

The project also developed several resources that will continue to be available to the communities: family support packages for agencies to use, video; training package; culturally appropriate info sheets, newsletters and toys; story books, videos, parenting leaflets and kits.

The project commented that:

*The service did not have the ability to meet all the needs of the communities we work with, due to time and funding constraints. Requests for support far outweighed the ability of the team to meet these needs. We discovered that the notion of sustainability is unrealistic in regard to continuation of programmes once funding ceases. As long as families have children such services will be required. Parents and communities do not currently have the knowledge, skills and resources to ‘go it alone’. Although this project supported individuals and communities directly involved - and their individual knowledge and skills were enhanced, to make a significant long term difference requires long term approaches (ie 20-30 years).*
**Moderate or Mixed Success projects**

**Example 8: Moderate or Mixed Success project – low budget (under $50,000)**

<table>
<thead>
<tr>
<th>Project description/aim</th>
</tr>
</thead>
<tbody>
<tr>
<td>This project trained volunteers to act as mentors/visitors, to work with a trained educator from Child and Youth Health Service to support families with a parent who has an acquired brain injury, and more particularly, the person with the brain injury.</td>
</tr>
</tbody>
</table>

**Explanation of rating as "Moderate or Mixed Success"**

In some respects this project achieved quite a lot for its low budget. It made considerable progress with the families and volunteers with whom they successfully engaged. However the project fell considerably short of its initial objectives in terms of the numbers of volunteers trained and the numbers of families serviced. It would appear that its initial setting of objectives was unrealistic and some of the practical aspects had not been fully planned.

The project had difficulty in getting people interested and getting them to stay involved – “this was hard work”. When asked whether they would do it differently next time, the project manager said they would lower their expectations and expect fewer people, given that those who did become involved were happy with the sessions and really benefited from them. Parents who have a brain injury were able to share experiences and strategies as well as learning new approaches to their parenting. Also, they continued to get together for social events and other mutual support, demonstrating a sustainable impact. The only other thing they would change was making childcare a priority and making it more accessible for families.

**Example 9: Moderate or Mixed Success project – medium budget (under $50,000 - 250,000)**

<table>
<thead>
<tr>
<th>Project description/aim</th>
</tr>
</thead>
<tbody>
<tr>
<td>The project aimed to assist families and individuals to improve their social and family functioning and lower the incidence of family breakdown. In particular, the program offered counselling to families living in the area. The program promoted early intervention and prevention strategies for families – counselling, education, training and mediation services were offered to the community. The program provided services to the Indigenous community, a multicultural client group and other groups that fell outside of the Employer Assistance Program eligibility guidelines within the area.</td>
</tr>
</tbody>
</table>

**Explanation of rating as "Moderate or Mixed Success"**

The project focused on serving people in transition. As a service, there was a need to think ahead to what would happen when the funding was discontinued, especially given the history of experience in this community as discussed below.

The final report provided a considerable amount of information about services provided, referrals to and from the service and types of problems that clients presented with, but it was difficult to gauge the impacts of the services except for a few case examples that were given. The service did appear to be valued by clients and referring agencies however, and the fact that it was valued may be an indicator that it had a desirable impact.

There were some concerns about the project not being totally inclusive for the whole community as had been intended. It appeared that the needs of a particular group within the community that had experienced a series of deaths may have reduced the opportunities for others in the community to use the service. It also appeared that identifying and maintaining contact with community stakeholders was seen as a barrier, due to the past experience of the community with respect to the high number of agencies starting programs and then moving on. The fact that there appeared to have been no coordinated ongoing and consistent approach to community presence was an issue. Worker isolation also was an issue, as was providing appropriate responses to family violence. Concerns had been raised at short term funding (one year) and that if ongoing funding not sourced the much-needed service would close, thereby reinforcing the community’s scepticism around short term projects.
Example 10: Moderate or Mixed Success project – high budget (over $250,000)

**Project description/aim**
An early intervention pilot working with children aged 6-12 years and their parents/carers. The aim of the model is to strengthen family relationships and ultimately reduce the likelihood of family breakdown and early home leaving.

**Explanation of rating as "Moderate or Mixed Success"**
This was a large budget project that worked with a relatively small number of children/families (less than 20 and of a similar order of magnitude to the number of families serviced by the 'moderate/mixed' project in example 8). The project had not met the initial criterion of working with 30 families over the life of the program, finding that it had to work with a smaller number of families on a longer term basis. Its objectives (e.g. those relating to preventing homelessness, recidivism) would appear to have been too ambitious and too long term to provide a useful guide to action over the lifetime of the project. There did not appear to be a clear logic linking what the project was doing in the short term to some short term and intermediate results that could in turn be linked to those longer term outcomes.

Some difficulties arose from inappropriate referrals and different approaches to referrals across schools. The project was to have produced a kit that would be transferable to other similar projects but that appears to have happened only in a small way through the enunciation of a set of general principles and some small tools.

Despite these observations, the evaluator commented that “it has been difficult to get alternative viewpoints – everyone consulted agrees that the program is extremely valuable, has been very successful and should be extended and expanded”. However we note that most of the findings are about 'feel good' short term impacts. The external evaluation of that project noted the importance of follow-up of clients, but for a variety of reasons (practical and ethical) this had not occurred. The lack of information and the lack of clear short and medium term objectives meant that it was difficult to be confident about the longer term impacts for families that might be expected from a high budget program working with a small number of families. Nevertheless, other valuable outcomes for school communities were reported.

Low Success/terminated projects

On the basis of information available to the evaluation team, there were only four projects that were classified as Low Success/terminated and of these only two provided sufficient information to enable us to comment on what appeared to have happened. They were both Early Intervention Parenting projects with medium-sized budgets.

Example 11: Low Success project – medium budget ($50,000 - 250,000)

**Project description/aim**
The project aimed to support young families with problematic substance abuse through playgroups. It was to employ a coordinator to recruit and train volunteers to establish and oversee supported playgroups and to develop group parenting programs for young families with substance abuse problems.

**Explanation of rating as “Low Success”**
Unfortunately no final report is available for this project. Evidence was available from the final questionnaire from the project, contract management documentation and comments from the FaCS project officer. From both perspectives, the project was identified as not having met its objectives. It had difficulty attracting sufficient numbers of families. There was tension at the project site. Relationships with service providers were not as good as had been hoped and the project was not able to attract parents to playgroup. The project found that the low participation rates made the playgroups unworkable in their current form. The future plans related mainly to winding back the project, reducing the number of playgroups and pursuing an alternative community venue. The venue proved not to be appropriate for most clients but the project did not comment on why this was the case.

In the light of their experience, towards the end of its funding period the project had plans to refer volunteers to an existing home visiting program. The project reported that there was anecdotal evidence that clients preferred home visits to playgroups. Despite all these difficulties the project reported in its final questionnaire that there had been developmental changes in children participating in all areas of preparedness for school or mainstream services. The evidence on which these conclusions are based is not clear and it is difficult to know to what extent these could be attributed to the project rather than to, for example, normal maturation. The project also reported that there had been improved communication by parents (lower volume and less swearing) and improved participation in all aspects of the playgroup including cleaning up and packing away, and hoped that these behaviour changes would be sustained.
Example 12 Low Success project – medium budget ($50,000 - 250,000)

<table>
<thead>
<tr>
<th>Project description/aim</th>
</tr>
</thead>
<tbody>
<tr>
<td>The project aimed to strengthen and build leadership capacity in the local community by running an intervention program with Indigenous men.</td>
</tr>
</tbody>
</table>

Explanation of rating as “Low Success”

The project was terminated due to organisational issues half way through the funding period when the auspice organisation became insolvent. The community was divided after the auspice organisation became insolvent. Although gains were made by the project there had been bitterness. The community still has high needs, particularly connected to family violence and community capacity building.

The final report for the project reported an increase in membership of the group and the establishment of connections with other groups. It also reported on topics addressed in training and that other activities such as camps had occurred, but it did not document impacts on individuals. However the FaCS project officer reported that Indigenous men were gaining group facilitation skills and an understanding of emotional and other issues in themselves and their community, and assisting younger men through the schools, camps, sport activities and other initiatives.

Project perceptions of overall success

Early Intervention projects also judged themselves as having been largely successful. The following table shows how projects judged their own overall success in terms of achievement of their objectives, according to anonymous questionnaires completed at the end of the project.

Table 9: Achievement of expectations among Early Intervention and other Strategy projects

<table>
<thead>
<tr>
<th>How much has the project achieved of what you wanted it to?</th>
<th>EI projects responding to this question</th>
<th>All other Strategy projects responding to this question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeded what we wanted</td>
<td>56</td>
<td>28%</td>
</tr>
<tr>
<td>Achieved all of what we wanted</td>
<td>22</td>
<td>22%</td>
</tr>
<tr>
<td>Achieved most of what we wanted</td>
<td>36</td>
<td>37%</td>
</tr>
<tr>
<td>Achieved some of what we wanted</td>
<td>6</td>
<td>8%</td>
</tr>
<tr>
<td>Made some progress toward what we wanted</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Number that responded to this question</td>
<td>123</td>
<td>100%</td>
</tr>
</tbody>
</table>

The numbers against each of the categories refer only to those projects that both were rated by the evaluation team and answered this question in the final questionnaire.

Early Intervention projects were generally more positive about their achievements than other Strategy projects. In particular, they were more likely to judge themselves as having exceeded what they wanted. We can only speculate as to why this difference occurred. One possibility is that the Early Intervention projects tackled more clearly defined and bounded issues. They may have been more focused on the provision of discrete services and activities (e.g. parenting groups), with more immediately tangible outcomes than some other types of Strategy projects that tackled complex issues such as community capacity building and strengthening whole communities.

There was a correlation between the Early Intervention projects’ self-assessment and the overall rating by the evaluation team (arrived at by the evaluation team independently of knowing what the self ratings by projects were), as shown in the following table. Outstanding projects were much more likely to judge themselves as having exceeded what they wanted, than were Generally Successful projects. These in turn were more likely to indicate they had exceeded what they wanted, than were Moderate/Mixed Success projects.
As the profile of responses for the un-coded projects (for which there was insufficient information to rate overall success) falls somewhere between the profiles for the Generally Successful projects and the Moderate/Mixed Success projects, this suggests that these projects were likely to have outcomes that would have been rated as generally or moderately successful.

Table 10: Early Intervention projects’ self-ratings of success compared with evaluation ratings of overall success

<table>
<thead>
<tr>
<th>Self ratings</th>
<th>Evaluation Ratings</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outstanding</td>
<td>Generally Successful</td>
<td>Mixed/ moderate success</td>
<td>Low Success</td>
<td>Un-coded</td>
<td>All EI projects responding to this question</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Exceeded what we wanted</td>
<td>17</td>
<td>81%</td>
<td>30</td>
<td>49%</td>
<td>5</td>
<td>19%</td>
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3.5 Implications

A key feature of the Strategy that differentiated it from previous funding programs was that it placed trust in local communities working with at risk populations. These results show that this approach can reap benefits. Very few of the projects could be seen as failures and the majority achieved important outcomes with the people with whom they worked.

Our analysis shows that, with respect to the Strategy’s hierarchy of outcomes, outcomes reported during the lifetime of the project were more likely to be initial to mid level outcomes. This is not surprising given that the Strategy is a time limited one and that by the time projects received funding the maximum time span available was curtailed. This would have been even more the case for projects that were funded in the later years of the Strategy.

The outcomes that were achieved were valuable in their own right. In addition, some ultimate outcomes may be achieved with some of the participants engaged in the projects and their families.

It is something of a concern, however, that many of the examples that projects gave as to how the Strategy had made a difference were examples that related to expanded and improved services. It is not clear that those services will be sustained and in many cases it appears that they will not. This will further limit the outcomes to the immediate participants in those projects and their families.
The impacts on the next wave or generation of potential participants may come more through sustainable institutionalised outcomes such as impacts on auspices, development of models, resources and so on. We have provided some examples in this chapter. Other examples are given later in our discussion of unintended outcomes. In Chapter 4 we report on some unexpected scaling up of outcomes from projects as projects took on a wider role than direct service provision to clients and the unexpected leadership roles that emerged for organisations through conducting their projects.

In some cases the organisational and community capacities that have arisen from Early Intervention projects will need to be nurtured and supported to reduce the likelihood that they will erode. A small part of this support can come through assisting with dissemination of information about the developments.

As well as the impact on individuals, families and communities, the importance of other legacies of the Early Intervention projects needs to be both recognised and promoted. Questions can be raised about whether programs that provide short term funding for services where there is a recognised ongoing need are the most appropriate vehicle for funding compared with other sources of recurrent funding. However this case study shows that different Early Intervention service models have been piloted and many lessons have been learnt about what makes different Early Intervention service models effective and what are some of the issues that are yet to be resolved.

The significant benefits that have been achieved through the short term funding for Early Intervention services, demonstrate that programs like the Strategy can potentially contribute significantly to strengthening families and communities by funding projects that have clear demonstration potential. The Australian Government might enter into agreements with other partners (at different levels of government and non-government) that they will jointly take some ongoing responsibility for projects that are found to be successful or have demonstrable continuing potential. At minimum, if projects addressing an ongoing need are successful in the communities in which they have been piloted then they should continue in those communities. Doing so would help to avoid the breakdown in trust that has occurred in the past in the wake of the demise of other short term projects.

Funding agencies need to make sure that what projects set out to do with the resources available is realistically achievable within their particular communities and does not create unrealistic expectations. There may need to be a joint recognition by both communities and funding agencies alike that there is value in taking small steps to get runs on the board especially when compared with trying to do too much in too short a time with too many unknowns.
4 To what extent did projects produce unintended outcomes (positive and negative)?

4.1 Summary

This chapter focuses on unintended and unexpected outcomes identified by projects funded by the Strategy. Some of these unintended outcomes were positive (additional benefits) and some were negative (problems as a result of the project).

Many of the positive unintended outcomes identified by Strategy projects were in fact the broader intended outcomes of the Strategy, even if they had not been explicitly included in the original project aims. These often related to the legacy of the project in the community, beyond the immediate effect for families during the project.

Positive outcomes that projects had not expected were:

*Impacts on participants, the community and other organisations*

1. Greater than expected interest and commitment from the wider community, from service agencies and from partners.
2. Greater than expected participation in the project.
3. Greater than expected diversity amongst participants sometimes with flow on effects to reaching the wider community.
4. Additional outcomes for clients (e.g. taking up further education or employment) and/or greater than expected achievement of outcomes such as higher levels of satisfaction.
5. New networks, support groups, friendships and taking action that continued outside the project.
6. Scaling up of outcomes from those expected at the level of individual to unexpected outcomes at the level of a community.
7. Emergence of new community leaders.
8. Impacts of the project on policies and practices of other agencies.
9. Raising the profile of particular groups within the community in positive ways.

*Impacts on auspice organisation, its staff and its volunteers*

10. Unexpected leadership roles taken on by projects and their auspice agencies.
11. Improvements in motivation and job satisfaction of staff.
12. Development amongst volunteers and staff of skills, confidence, and sometimes movement to further education and employment.
14. Establishment of new services or activities by the auspice agency, by participants or by others as needs became apparent through the project.
15. Development of productive and satisfying partnerships that took on new challenges.

Further description of these unexpected positive outcomes is provided with examples in Section 4.3 below.
Negative unintended outcomes that projects identified included:

*Impacts on participants and the community*

1. Detrimental effects on participants of redirection or discontinuation of projects.
2. Creating tensions within the community because the project was unable to service all segments of the community.
3. Tension with partner agencies.

*Impacts on auspice organisations, their staff and their volunteers*

4. Higher than expected levels of demand that caused difficulties for many projects in managing the demand and managing expectations. This also had impacts on participants.
5. Increased workload and worker burnout.
6. Increased concern about community needs and gaps in services – potential to de-motivate.

Further description of these unexpected negative outcomes is provided with examples in section 4.4 below.

**4.2 Unintended outcomes – from whose perspective?**

In reviewing the examples that projects gave of unexpected positive outcomes in their final questionnaires we found that some of these outcomes, while they may not have been 'intended' by projects initially, were very definitely intended by the Strategy as a whole. Projects may not have fully shared the vision of the Strategy at the outset and they may not have initially recognised the potential for impact that their projects could have. The Strategy may therefore have played a key role in educating communities about what could be achieved through their efforts.

Indeed in early discussions with the evaluation team, a State Project Officer reflected that whereas a given project might see itself as providing a playgroup, Strategy staff would be seeing the potential for development of social capital. These reflections have been borne out in examples of unexpected positive outcomes that projects provided. One implication for future work with communities is that as they become more aware of the wider potential of their projects they may in some cases be able to more actively foster the realisation of that potential.

Examples of positive unintended outcomes were identified by most Early Intervention projects (85% of those completing final questionnaires) and nearly half (48%) identified negative outcomes. Projects that were rated as Outstanding were more likely to report positive unintended outcomes (95% of these projects) than were projects of Moderate/Mixed Success (74%). The reverse holds for negative outcomes - Moderate/Mixed Success projects were more likely (67%) than Outstanding projects (43%) to identify negative outcomes.
4.3 Unexpected positive outcomes

Impacts on participants, the wider community and other organisations

1. Greater than expected interest and commitment from the wider community, from service agencies and from partners.

Many projects reported this and saw it also as a factor that affected the success of projects.

[A project for men commented that] The support from community and established organisations and agencies working in the field; the support from women and the interest from overseas.

The quality and involvement of organisations has exceeded what we expected, programs, projects and workshops could not have happened with the number of participants involved if we had not been able to engage both workers from organisations and residents who have registered as volunteers.

Additional interest in the pamphlets is being shown from many regional and rural areas, as well as private services.

Other agencies have taken ownership over many of the collaborative project programs developed and are continuing to fund and run them beyond the course of the project as ongoing programs.

2. Greater than expected participation in the project.

This took a number of forms: more people participating, people participating more enthusiastically and productively than had been expected, and beneficial participation by people who had originally been outside the target group. To many projects, the greater than expected participation indicated to them that they were addressing real needs and doing so in ways that were of interest to prospective participants. Examples of the different types of greater than expected participation were:

The attendance figures exceeded expectations in a very short period of time.

The level of participation and ownership of the project by parents and volunteers has exceeded expectations.

The project has also gained support from some young parents outside the strict parameters of the 'target population', who have self-identified as being in critical need of support in order to continue to progress in their lives, in terms of returning to education or the workforce, improving their mental health status, continuing to refrain from abusing substances, and so forth.

3. Greater than expected diversity amongst participants sometimes with flow on effects to reaching the wider community.

Whilst the project was targeted at young Indigenous people, when we held focus groups in small communities, families and elders attended as well, enabling us to gain another perspective on the issue of depression. Simultaneously the rest of the community heard the experiences of young people and it initiated discussion about community needs.
4. Additional outcomes for clients and/or greater than expected achievement of outcomes.

Examples included:

- A project that was delivering playgroups for purposes of providing social support to a migrant community found that the behaviour of parents towards their children changed through the modelling and feedback that they received about parent child interactions during the playgroups.

- Another project that was committed to early intervention had expected that early intervention would occur primarily through partner agencies referring clients to them prior to their clients coming to the attention of the Department of Families. They were delighted to receive a higher than expected level of self-referral and saw this as even earlier intervention than they had hoped for.

5. New networks, support groups, friendships and taking action that continued outside the project.

While the development of social capital and communities taking charge of improving their situation may have been an explicit objective of the Strategy (see levels 5 and 6 in the outcomes hierarchy) projects that had the potential to do so did not always see it as a direct objective. For example several projects (often playgroups) saw themselves as simply providing playgroups and cited as unexpected positive outcomes the networking, friendships, support and actions that arose from those playgroups.

*We had not anticipated the degree to which group participants, who after coming reluctantly or tentatively at first, would then go on and actively try to form their own ongoing support networks.*

*Several families networking together outside playgroup times. Some individuals building trust and sharing concerns with mature age volunteer or aide. Several males as main care givers at play group - support and understanding to each other. Some grandparents as main care givers at play group - this is a positive thing, as lots of experience and support or mentor position to younger parents.*

*The (play) group participants feel valued and respected and safe to express their differences. There is a culture within the group of trust among the parents with each others’ children. Everyone comes with a generous spirit and a willingness to get on. We have a sustained level of support and involvement in an isolated socially disadvantaged community. The parent network that grew from our program became involved with the local sports club and local council and were successful in gaining funding from ANZ Bank Seeds for Renewal program to put a playground at the sports ground. Previously there was no play equipment in our community, you needed to travel 30 kilometres to find this sort of facility.*

*As a result of the training in… the workers and volunteers from the sector have planned a network meeting to explore ways to develop and maintain ongoing support.*

*Group members forming their own social groups and lobbying for fairer conditions. Whilst we hoped for improved parenting practices, increased psychological wellbeing, positive sense of self etc., it was incredible to see women transform from often exceptionally angry, powerless individuals to women who could control their daily life and positively speak out for their children. One woman who was pregnant had (prior to the group) decided to adopt her baby out at birth but by the cessation of the group not only decided to keep her baby but is parenting safely and enjoying her role as a mother.*
6. Scaling up of outcomes from those expected at the level of individual to unexpected outcomes at the level of community.

Projects whose main focus was on family relationships and assisting individuals found themselves contributing to development of community capacity on a much wider scale. Examples of such projects included:

A project that has been providing a service to a special needs group found that it took on a wider community development and awareness raising role through its links, networks and relationships with other service agencies.

The project has been a key player in facilitating community development, a positive outcome has been the capacity of the community to engage in problem solving for local issues.

The outcomes for school communities in terms of capacity building were unexpected (because the main aim of the project was to develop a family relationship support service). For example, a group program was trialled successfully at one primary school with children and parents, which led to a range of positive outcomes for children’s peer relationships, child-parent relationships, and family-school relationships. The school has since repeated a similar process themselves, demonstrating the potential for sustainability of the model developed. Also, the improved understanding of people in our area (including families, service and schools) of early intervention and the necessity of family relationship support in the 6-12 age group.

7. Emergence of new community leaders

This was an unexpected outcome for a few projects.

The identification of some strong community leaders, mostly women, who at the completion of the project felt confident to take on tasks they had never thought they would be able to do, such as working as bilingual facilitators or as peer educators.

8. Impacts of the project on policies and practices of other agencies.

These included:

- local government (e.g. setting up new programs, community directories),
- hospitals (new policies and screening procedures for pregnant women at risk)
- educational institutions (new welfare policies and committees, new curricula)
- other agencies working with the same or similar client groups (development of new understanding of particular groups with special needs e.g. disability, Indigenous, CALD).

9. Raising the profile of particular groups within the community in positive ways.

This project also showcases positive profiles of young people and young people are the driving force in the planning, implementation and evaluation of this initiative.
Impacts on auspice organisations, their staff and their volunteers

10. Unexpected leadership roles taken on by projects and their auspice agencies.

Leadership roles varied from active leadership and co-ordination of agencies in areas not foreshadowed initially by the project, becoming a model for practice, becoming leaders in technology and information, becoming sources of advice and professional development for other services, organisations and the community, becoming part of statewide or nationwide activities, becoming the lead auspice agency for community groups in a shire running early intervention projects. Amongst the unexpected positive outcomes that projects cited were the following:

- The evolution of the project as a major network hub for regional non-centre based early childhood services.
- Used as a model to implement similar projects in other communities.
- The incredible level of interest from the field. There was a huge demand from service providers for advice and consultation from members of the project team. The project team found that, in general, there was a lack of understanding of disability and its impact on parenting among professionals in the field. As a result many service providers inadequately adapt their usual practices and services to meet the needs of parents with an intellectual disability. Frequent requests were made for training, seminars, workshops and conference presentations.

- We never expected to then be part of a state-wide project as described above. This meant the demonstration work truly had something to feed into. Also, the Commonwealth Dept of Health and Ageing has had a National … project going so we were able to link into its activities and (our) demonstration project assisted with the trial of some of their resources and then when resources where completed were able to assist in distribution of them here in (our state).

11. Improvements in motivation and job satisfaction of staff.

Some projects were also surprised by the level of continuing commitment by volunteers. Conversely as the discussion of negative outcomes shows, high turnover of volunteers created difficulties for some projects.

12. Development amongst volunteers and staff of skills, confidence, and sometimes movement to further education and employment.

An example from a project was:

- Other positive outcomes not anticipated at commencement of the program include a former participant became a local …(the project) facilitator; several participants who have gone on to tertiary study indicated that (the project) played a big part.


Several projects reflected on the organisational learning advantages that the action research approach advocated by the Strategy. These are discussed in chapter 5 which focuses on features of the Strategy that made a difference.
Some of the organisational learnings that occurred (e.g. understanding of community and social issues) could also be useful to others. Some related to what they had learnt about the effectiveness of their activities. Some examples of unexpected organisational learning included:

We have been connected to other FaCS funded projects and learned from them. We have been referred to online research resources which we were not aware of.

During the project there were 4 different workers who co-ordinated the programs at different locations at different times - this has offered an opportunity to see how different workers approached and operated the same program and the different outcomes, activities achieved.

The work with the Indigenous community led to the organisation looking at how we did our work with Indigenous clients across the board. This led to policy development within the organisation and a stronger understanding of how to work in partnership. Greater understanding of the complexities that face many Indigenous communities also led to a greater thickness in our workload.

A greater understanding of health and addiction issues for sole parents living in country regions. A clearer understanding of how different agencies cooperate (or don’t work) in small country towns and the impact of isolation of Indigenous Australians (compared to urban Aboriginal families).

One project reported extensively and very reflectively about what it had learnt about the importance of appropriate selection, management, supervision, support, and location of family support workers applying a case management model. It also reported on what it had learnt, through the difficulties it had encountered, about how to make a reference group effective and how to make partnerships work. These issues are addressed in more detail in Chapter 7.8 concerning Co-ordination, Collaboration and Networking and in Chapter 9 which includes a summary of lessons learnt about partnerships through the Early Intervention projects.

14. Establishment of new services or activities by the auspice agency, by participants or by others as needs became apparent through the project.

Sometimes these were able to be funded from within project funding in some cases other sources of funds became available or were being sought. In other cases the initiative lay outside the project. Examples of expanded services or intentions to do so included:

A general fatherhood support project that found itself undertaking a wider range of activities than it had expected. These included working in the criminal justice system, developing a training manual for service providers, establishing fatherhood groups in the community and working with industry.

The formulation of a separate project which will target Pacific fathers/men which will also address the issue of violence in families and communities.

Demand for single mums support group, which is currently being provided by (the auspice agency) in response to the demand.
The successful acquisition of a new playgroup building and money to equip and renovate it with the support of young parents in the area. Through community involvement the link between our Child Care Centre and the school has become very strong. A new partner in the venture - the Toy Library - has joined the building to harness resources and build memberships. Although we identified the strengths of supporting playgroups for families we did not expect the total acceptance and involvement to the level achieved.

Young mothers identified a need for a young dads support group. A second playgroup was formed in the local area where the project was being run. A senior high school sought information and support in setting up a crèche for students.

15. Development of productive and satisfying partnerships.

This included, in one case, the mending of a previously damaged interagency relationship. While the Strategy encouraged projects to develop partnerships, several projects were surprised by the strength, range and achievements of the partnerships that emerged and cited them as unexpected positive outcomes. Examples were:

The partnerships we were able to form with other key agencies regarding meeting the needs of groups such as young parents have also been fantastic.

The level of partnership developed with mental health service providers and the co working relationships were beyond expectations. In one example, the mental health worker took an active co-facilitation role in the group. In another example, two students on placement took shared responsibility for the group, operating from the agency in which they were placed.

4.4 Unintended negative outcomes

Impacts on participants and the community

1. Detrimental effects on participants of redirection or discontinuation of projects.

Loss of trust of participants sometimes occurred when the focus and activities of projects was redirected for any reason. Also, several projects referred to the possible detrimental effects of discontinuation of projects once needs had been identified, expectations created and relationships established.

This population have expressed disappointment in the fact that there are no services available for them to continue the level of support they need once they are identified as being ‘out of crisis’. Many of the current group members have voiced the opinion that they would need to return to substance abuse or make more suicide attempts in order to regain the support they require. These participants have expressed extreme commitment and gratitude to the group as providing the support they need to continue to make positive life choices.

Creating demand for services and expectations in the community that a service will continue to be provided even though funds are unlikely to be available was mentioned frequently. One project commented on:

The potential (as articulated in the external project evaluation) that cessation of this project may in some instances do more harm to some families (in need of more intensive support) than had it not been started.
In recommending recurrent funding for playgroups addressing the needs of Indigenous parents in a rural context, the project evaluator explained this position as follows:

*Consistency on delivery of these sorts of services is vital and if there were to be any sort of a gap then all the ground covered would have been lost and it would be even harder to attract clients the second time around.*

2. **Creating tensions within the community because the project was unable to service all segments of the community.**

Sometimes where there were already established tensions between groups in a community, projects chose to work with just one of those groups. This helped to preserve harmony within a project and ensure that resources were not spread too thinly but in some cases it may have perpetuated existing tensions in the wider community:

*Working with a split community is hard and you face a lot of negative feedback. This has made it hard to offer it to the whole community and it has raised tension in the early part of the project. Over the two years there is still a split community in (regional city) and only one side of the community uses the service.*

*…other communities in ….felt they should have been given the same opportunities as ….families, which contributed to bad feelings between certain families.*

3. **Tension with partner agencies.**

These occurred for a variety of reasons including that projects sometimes felt that they had to compete for the same Strategy funds within a small community:

*While (organisation) were a partner with us and a major contributing factor to our clients’ ongoing success, they also were eventually funded by FaCS, thus we were forced into competition for badly needed funds. For a small community where funds are not readily available this did create unnecessary tension. We looked at forming a partnership as we both had the same target group, however we came to the conclusion that the different nature of the projects meant they needed to stay apart.*

**Impacts on auspice organisations, their staff and their volunteers**

4. **Higher than expected levels of demand that caused difficulties for many projects in managing the demand and managing expectations.**

*Demand for the service exceeded the funding provision, often leaving people frustrated when they could not access the service at critical times.*

Sometimes high levels of interest arose from the referral practices of other agencies. While many projects sought and welcomed referrals, some referrals were inappropriate and may have reflected decisions by agencies to shift demand to ease the pressure on their own capacity

Others that welcomed the level of interest did find that it placed pressure on their resources. Two *Successful* projects included as unexpected negative outcomes that:
Our awareness campaign was so successful in putting … the organisation out there that it is inundated with requests for help that under the original funding forecast cannot be served. The perception of the public is that (our organisation) is a large government funded organisation with plenty of resources while in reality it is still based in the lounge room of the founder with a handful of volunteers.

Not so much negative but certainly once word gets out there is an increasing demand for service. This somewhat unplanned growth can impact on workers’ capacity to provide quality service provision. We have had to consistently work to manage this risk.

For another project the negative outcome of:

…a large group meant that we had to provide extra food, juice etc, but also more transport. Some days our staff make two (14 seater bus) trips and one 7 seater trip to enable all parents to get here. Getting funding for the additional vehicle has been difficult and a year long project.

5. Increased workload and worker burnout.

This sometimes resulted in high turnover of staff and volunteers and put additional pressures on them in terms of recruitment, training and managing staff and volunteers. More generally, loss of trained volunteers was seen as an unexpected negative outcome of some projects. Volunteer recruitment, management and retention are issues that are far wider than the Strategy but nevertheless impact on its success and are affected by the Strategy. The Strategy encourages the use of volunteers. The following example shows that for some projects the management of volunteers used for Strategy-funded projects may have been to detriment of other activities undertaken by the auspice agency.

The workload increased dramatically because of the use of volunteers which we didn't use prior to the funding through the Strategy. This presented a difficulty for other areas of our service delivery which were impacted by (our project) workers spending more than their allocated hours (on the project). Volunteers, whilst a benefit to the program, require a huge amount of backup because of the intensive nature of the (project) role.

Other factors that affected workload arose from scarcity of resources and practical encumbrances. For example one project reported the following unexpected negative outcome:

The consequences of no storage of materials being available at all but one location. Time and labour involved in transporting, loading and unloading of supplies and equipment were negative for the leaders.
6. Increased concern about community needs and gaps in services – potentially de-motivating.

Amongst the negative outcomes that projects described were several that related to ‘negative’ information about what was happening in the community that came to light through the project rather than actual negative outcomes of the project. There was a sense amongst some projects that ignorance could be bliss and having been made aware of needs they felt obliged to do something about them. This put pressure on their time and resources. Some of the improved understanding of needs and service gaps came through interactions with participants and some arose from better co-ordination amongst agencies and better understanding of what each was delivering. This information if used appropriately could in fact become a basis for positive action to redress inadequacies in future. Examples included:

Participants are identifying gaps (e.g. child safety) and professionals are looking for intra-agency meetings or further networking and current resources i.e. time and money are insufficient to meet these needs. Staff are currently initiating community consultation in their own time and are volunteering time to start the process. Unfortunately this is currently unsustainable as funding is coming to an end.

[A project] identified gaps in service delivery and support for families. This was very surprising. It demonstrated duplication of service delivery and people being pushed from “pillar to post” with only superficial assistance offered. This impacted on our referrals however we worked hard to start the positive change in the area.

Although many positive changes have been made and are expected to continue, we believe there will be a significant gap when this project ceases. Community awareness has been raised re the benefits of the project, expectations of service delivery and outcomes are high, and the realisation that the service cannot be filled by other existing services. Increased interest in accessing the project, while satisfactory, highlighted difficulties in transportation within the local area. Not all people who desired access or who were eligible could make optimal use of available services due to transport difficulties.

Another project commented that:

One slightly negative outcome was that through the resource development process we raised awareness of the issue of depression and many community members wanted more intervention than we were able to offer. However, a positive outcome has been that we have now looked at how we can build a further component into future projects which enables us to facilitate other specialist organisations to pick up on some of the issues raised for a more sustainable outcome.

4.5 Implications of unintended outcomes

Many projects have the potential to influence sustainable impacts beyond the intended short to medium term outcomes with clients e.g. new and unexpected leadership roles, enhanced auspice capacity, identification and development of new services in response to emerging needs.
The experience of Early Intervention projects and the surprises that they had about how much extra could be achieved can be used to encourage other funded projects to broaden their horizons/expectations in what they can achieve. They can be encouraged to include some of the unexpected positive outcomes above amongst their intended outcomes (but be realistic) and then actively seek to promote these outcomes, be prepared to look for opportunities to promote those outcomes and capitalise on opportunities when they arise. This is all part of looking beyond the daily delivery of services to clients to see the bigger picture: thinking beyond the immediate instrumentality of delivering an activity such as a playgroup to what else it can deliver.

However projects should also undertake active risk management around potential negative outcomes: knowing about some of the more common ones and finding out from others how to manage them can help. Making allowance in the budget for managing unexpected impacts can also help but funding agencies need also to make allowance for contingency factors.

At both project and Strategy level the unintended outcome of greatest concern has been the breakdown in trust in some communities when services have been discontinued following cessation of funding. The fact that so many of the Early Intervention projects had a service orientation may have meant that this effect was more visible and more widespread for the Early Intervention initiative than for some other initiatives.

Organisations should expect that through their projects they will identify additional needs and service gaps through projects and partnerships. Their projects are a window onto their community. This process should be seen as a positive opportunity and provision can be made to use that opportunity and to set in place structures, and processes for addressing needs as they arise.
5 What were the particular features of the Strategy that made a difference?

5.1 Summary

In addition to providing funding, the Strategy incorporated a new way of working with projects, agencies and communities - working with them to identify needs, and develop project proposals and then to provide ongoing advice as needed\(^2\). This role has elements of a partnership that goes far beyond the usual role of programs that see themselves primarily as grants programs.

The Strategy supported the notion that solutions that come from local communities can serve them well. One implication of this approach is that to some degree FaCS needed to trust communities to make their own decisions not just at the outset of a project but throughout. This meant that FaCS needed to adopt a more flexible approach than is often typical of grants programs.

The new way of working requires more resourcing than the traditional grants program and so it is especially important to determine whether it is serving a valuable purpose. Accordingly, the evaluation sought feedback from projects concerning the usefulness of this approach, including whether what was planned was actually occurring in practice.

The feedback from State and Territory Officers early in the evaluation was that they welcomed this new way of working and that it contributed to their job satisfaction. On the whole, feedback from projects suggests that FaCS staff have adopted this new supportive and flexible way of working and that in general it has been appreciated by projects. They have seen it as having contributed both to the design of their projects, the ease of management and the success of their projects.

The following features have been identified as generally positive aspects of the philosophy and modus operandi of the Strategy. There were some examples where the desired approach appeared to have broken down from the perspective of particular projects, but on the whole these features of the Strategy seemed work well. In summary they include:

1. Processes for finding out about the Strategy and the application process.
2. Assistance from FaCS staff before and during the projects including:
   - advice and practical support in preparing applications and designing project plans
   - assistance during implementation

\(^2\) Under the new Strategy 2005-2009, support to funded projects will be provided by Communities for Children (CfC) Facilitating Partners. In addition through CfC and Invest to Grow (ItG) the Department has funded Local Evaluators to assist with project design, action research, and evaluation. Three streams of the new Strategy (all streams except for small equipment grants) are provided with support through the Communities and Families Clearinghouse House (CAFCA) and the Australian Research Alliance for Children and Youth (ARACY).
o linking projects to other initiatives, projects, networks, information and to others who could assist with project planning and evaluation
o moral support and encouragement.

3. Flexibility and adaptability of the Strategy and of FaCS in administering the Strategy
4. Strategy Principles, conveying to projects a way of working
5. The action research approach advocated by the Strategy.

Other features of the implementation of the Strategy that projects commented on were a mixture of positive and negative features, reflecting variations in implementation over time, amongst personnel and with respect to different projects. They included issues that related to:

- Difficulties for some projects arising from lack of continuity of FaCS staff as contact points for projects.
- Reporting requirements – views were mixed about these.
- Time taken to process applications and release funding to projects. This caused difficulties that affected the success of some projects and had unintended consequences.
- Length of funding period for projects funded by the Strategy. This was considered by many projects to be too short to achieve sustainable outcomes.

5.2 The contribution of Strategy funding

This section of the report discusses how helpful the funding was and what was it that the funds enabled projects to do.

How helpful was the funding received?

Projects often received assistance from many sources, not just the Strategy. Table 11 shows how projects rated the Strategy in terms of the helpfulness of its funds in achieving their outcomes. Clearly Early Intervention and other Strategy-funded projects considered that those funds had helped them a great deal to achieve their outcomes. Outstanding and Generally Successful Early Intervention projects were more likely (95% and 88% respectively) than projects of Moderate/Mixed Success (70%) to say that the funding from the Strategy had helped a lot in achieving outcomes.

Table 11: How helpful Early Intervention and other Strategy projects found the Strategy in achieving outcomes

<table>
<thead>
<tr>
<th>How much help was the funding from the Strategy in achieving those outcomes?</th>
<th>EI projects responding to this question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helped a lot</td>
<td>98</td>
</tr>
<tr>
<td>Helped a fair bit</td>
<td>12</td>
</tr>
<tr>
<td>Helped a little</td>
<td>5</td>
</tr>
<tr>
<td>Did not help</td>
<td>2</td>
</tr>
</tbody>
</table>

The flexibility of the funding guidelines and the open funding dates made Strategy funding particularly useful for some projects for which alternative sources of funding would not have been appropriate.
How did the funds make a difference? What did they enable projects to do?

In their final questionnaires, some Early Intervention projects described how the Strategy funding has made a difference. In some cases their comments came as part of the process of reflecting on what would happen in future without the funding. Several commented that the continuation of the benefits of the Strategy would depend upon access to future funding. In addition to contributing to the funding of particular types of activities, Strategy funds had assisted projects to:

1. Increase the accessibility of a service: new modes of service delivery, new target groups, expanded services and enhanced quality of services.
2. Undertake capital works that allowed services to be established, improved or expanded.
3. Undertake ground breaking work and development of tools and resources that can be used by others.
4. Legitimise their efforts and boost morale.
5. Develop new ways of thinking and working and to build partnerships and networks from which services can grow and flourish.
6. Address an issue of general community concern that was not being addressed by others.

Examples of these various types of contribution follow.

1. Increase the accessibility of a service: new modes of service delivery, new target groups, expanded services and enhanced quality of services.

This came through funding salaries, funds to pay qualified speakers, and funds to address other practical needs e.g. development of resources. Where funding was used to employ staff to deliver a service, questions arose about the sustainability of the project activities once Strategy funding ended.

Some examples were:

**Funding for staff**

Funding was needed to pay early childhood staff to run the project, meet overheads etc.

**Improved quality**

The program would have been undertaken without the funding however the funding enabled us to employ a good trainer who also put a training package together for ongoing courses. The funding also paid for equipment the program would not have been able to access e.g. filing cabinet, computer.

The project needed the funds to enable us to hire a qualified facilitator who did an excellent job. As well the funds were used for stationery and other resources necessary for the successful completion of the project.
The funding enabled us to employ the two group facilitators - we did not have the resources, particularly people with experience in working with men's violence and parenting, in the organisation. The outcomes led us to consider that future groups would be most useful - both the men and their partners stated there was a need for additional groups and follow up for those who attended the groups. The partners also expressed a view that some 'joint sessions' would be useful. So our thinking about the issue of men's parenting has been challenged and we are considering how we might be able to run similar programs.

Without funding, any guest speakers would not have been able to come to the program thus bringing with them their expertise and knowledge. Funding also enabled us to purchase excellent resources and stationary material to again improve the quality of service offered. The funding removed many limitations which would previously have happened.

**Improved accessibility through expanding services and reaching other target groups**

Our service has developed to a stage where our referrals come in every day. We used to have a waiting list which meant that many families could wait more than a year to get a spot. By commencing this additional group, deleting our use of a waiting list - we place everyone in a group within 2 weeks of receipt of a referral, we find that the community members are more satisfied with our service. The addition of this group meant that we have been able to employ a staff member who had early childhood training and was able to lead us toward a more professional and measurable set of outcomes. We are very pleased where this grant has allowed us to move to.

The Strategy enabled the TV program to be available at minimal or no cost to rural and remote families of young children. Without this funding, the families may not have been able to access the TV program, as to fund the 24 playgroups privately would have been a huge cost that would need to have been covered.

The funding enabled increased access for Chinese families to parenting support services such as playgroups and culturally specific new parent groups. The parenting groups were used as a vehicle to provide child health information, increase social opportunities for parents, connect newly arrived Chinese families to their community and family and children services in the municipality. The funding enabled us to target a potentially disadvantaged group.

Funding for this project enabled needy communities to access services they would not normally be able to reach…. It has been a very good opportunity for this service to be able to make a difference. It would be good if it could last!

We would not be able to provide such a comprehensive program for parents/carers/professionals/paraprofessionals led by such a high profile presenter and which also included catering for morning tea and lunch unless we were to receive this special funding.
We were able to obtain funding for a JET Creche which enabled participants with young children to participate in the group who were otherwise unable to be involved. Most parents wouldn't have been able to afford child care and there were no child care places available within a 5km radius (few parents had their own transport). The parents took some time to trust the child care workers, however, once this trust was established parents felt comfortable leaving their children and several reported that this experience was critical in enabling them to access child care for employment and study.

2. Undertake improvements to physical infrastructure that allowed services to be established, improved or expanded.

Examples included:

The Stronger Families and Communities Strategy is contributing to the renovation of a disused building on site which will house the childcare centre and is funding a supportive outreach - counselling and case management service to enhance the parenting skills and coping strategies of this highly vulnerable - disadvantaged group of young teenage mothers.

Another project received funding for modifications of existing premises, purchase of equipment and wage supplementation for the co-ordinator to enable establishment of early learning and family support centre and to enable them to run playgroups and parenting groups.

3. Undertake ground breaking work and development of tools and resources that can be used by others.

Examples included:

Project funding has assisted us to take ‘initial steps’ in two very long term projects. Deliverables are several years away.

This project has been ground breaking in its approach and even though it is under funded it still works. We do things differently to every one else but it works and that’s the point.

While the program is unlikely to continue without further funding, the education kit will be distributed throughout Queensland, creating awareness and being used as a therapeutic tool or resource for many organisations.

The education kit was vital to all the outcomes - without this funding, it would not have been possible.

4. Legitimise their efforts and boost morale.

Examples included:

The group members saw the funding as the Government believing in them and giving them a voice.

The funding strategy helped to broaden the definition of need in families with a newborn, plus provided legitimacy and gave confidence to focus on the needs of parents adjusting to parenthood.
5. Develop new ways of thinking and working and to build partnerships and networks from which services can grow and flourish.

Examples included:

The funding has enabled our organisation to develop stronger networks in the area. These networks can be sustained and developed further now that they are established. We anticipate that the use of baby simulators in pre-parenting programs will be normalised in our community and that the wider community will accept them as an excellent way of learning about parenting.

I would like to add that the enormously increased network produced through running these programs, and the positive partnership relationships established, will have ongoing benefit to our organisation and to clients in ways beyond the scope of the project. We are most grateful for all the opportunities produced.

Without the FaCS funding and assistance minimal outcomes would have been achieved in community development. The funding and activities allowed other services to link and assist with various projects and helped either with resources, time or additional funding.

6. Address an issue of general community concern that was not being addressed by others.

An example was:

Currently there are no national or adequate state funding responses to addressing issues of family violence through group work models - without this, the group components are at risk of folding.

5.3 Processes for finding out about the Strategy and the application process

One feature of the Strategy that was said to be part of the new way of doing business was the style of the application form and the accompanying guidelines both of which appeared to be more user friendly in terms of layout, language and requirements than those that had been used for other grants and submission based programs. They were designed to encourage communities that might not have been experienced in preparing submissions to put forward their ideas concerning valuable projects and to apply for funds.

In addition, FaCS staff were more actively involved with projects and communities in helping them to design their projects and submit applications for funding than has been their traditional mode of operation. This included providing assistance with the development of partnerships. About one third of the Early Intervention projects reported that FaCS had provided assistance in this regard.

At the beginning of the evaluation, projects were asked about the application process, the types of assistance they had received from FaCS and how useful it had been.

Support from FaCS was the aspect of setting up their project that seems to have worked best for projects, with 82% of Early Intervention respondents indicating that such support had worked very well (47%) or well (35%). This is an endorsement of the more active role undertaken by FaCS staff prior to projects being funded.
The least positive aspect of the process from the perspective of projects was the process for obtaining final approval for Strategy funding which nearly a third of projects rated as having worked poorly or very poorly.

The following table shows how projects rated the various Strategy processes. The aspects of the application process are in order from most positively perceived to least positively perceived.

Table 12: Early Intervention project perceptions concerning Strategy processes

<table>
<thead>
<tr>
<th>How well did the support from FaCS work when setting up the project?</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worked very well</td>
<td>67</td>
<td>47%</td>
</tr>
<tr>
<td>Worked well</td>
<td>50</td>
<td>35%</td>
</tr>
<tr>
<td>Worked poorly</td>
<td>8</td>
<td>6%</td>
</tr>
<tr>
<td>Worked very poorly</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>14</td>
<td>10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How well did the process work for finding information about the Strategy that you needed when setting up the project?</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worked very well</td>
<td>51</td>
<td>36%</td>
</tr>
<tr>
<td>Worked well</td>
<td>71</td>
<td>50%</td>
</tr>
<tr>
<td>Worked poorly</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>Worked very poorly</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>8</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How well did the process of preparing and lodging an application for Strategy funding work when setting up the project?</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worked very well</td>
<td>45</td>
<td>32%</td>
</tr>
<tr>
<td>Worked well</td>
<td>73</td>
<td>52%</td>
</tr>
<tr>
<td>Worked poorly</td>
<td>8</td>
<td>6%</td>
</tr>
<tr>
<td>Worked very poorly</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>9</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How well did the guidelines for the Strategy work when setting up the project?</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worked very well</td>
<td>38</td>
<td>27%</td>
</tr>
<tr>
<td>Worked well</td>
<td>77</td>
<td>55%</td>
</tr>
<tr>
<td>Worked poorly</td>
<td>9</td>
<td>6%</td>
</tr>
<tr>
<td>Worked very poorly</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>15</td>
<td>11%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How well did the process of obtaining final approval for Strategy funding work?</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worked very well</td>
<td>30</td>
<td>21%</td>
</tr>
<tr>
<td>Worked well</td>
<td>65</td>
<td>46%</td>
</tr>
<tr>
<td>Worked poorly</td>
<td>21</td>
<td>15%</td>
</tr>
<tr>
<td>Worked very poorly</td>
<td>21</td>
<td>15%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>5</td>
<td>3%</td>
</tr>
</tbody>
</table>

There were no noticeable differences in the rating of processes in terms of the overall success of projects – Outstanding projects were not more likely to have rated the processes as having worked well.
5.4 Assistance from FaCS staff before and during the projects

Nearly half (43%) of Early Intervention project respondents to the final questionnaire reported having sought or received support from FaCS, additional to funding. Of those who sought or received support, 78% reported that the support they received either helped a lot (41%) or a fair bit (37%) and a further 20% reported that the support had helped a little. There were no clear-cut differences amongst projects at different success levels.

Comments from projects indicated an appreciation of the knowledgeable and professional approach of FaCS project officers and included more general statements of appreciation such as:

> The people we have been involved with at FaCS have been wonderful, the MP's involved also.

In their final questionnaires and sometimes in their final reports projects expressed their appreciation for the support that they received from FaCS staff and described the type of support given. In broad terms they included:

- Advice and practical support in designing projects and preparing applications.
- Assistance with developing project plans for approved projects.
- Assisting projects to address issues that arose during implementation.
- Linking projects to other initiatives, projects, networks, information and to others who could assist with project planning and evaluation, including support from Early Intervention Panels of consultants that were established to provide support for early intervention projects.
- Moral support and encouragement.

Examples of each of these types of support follow.

**Example 13: Examples of advice and practical support received by projects in preparing applications and designing project plans**

| Initial help with adapting our original application to the work plan format desired by the Department at the time. |
| The support from FaCS was tremendous, both in the development stages and when the project was underway. The contact officer was accessible, very sensible. |
| The support sought and offered in the early stages of the project from FaCS Aboriginal Project Officer was invaluable in shaping and embedding practice in the principles of participation (i.e. design, implementation, practice and evolution of the project informed/driven by those in the service user target group). |
| Consultations with FaCS workers about strategies for achieving specified project objectives helped the project a lot in terms of improving the project. |
| Assistance was given to devise the work plan whereby specific objectives were stated, data, both quantitative and qualitative, collected, and performance indicators set - these became useful during the implementation of the project. |
| [The FaCS project officer] assisted with the development of our Evaluation Framework and Performance Indicators. (She) also assisted with the development of our presentation for the Conference in 2003. This has been used for presentation at another conference. |
Example 14: Examples of assistance received by projects during implementation

It was great to know I could ring FaCS about any problem, variation of funds, audit or whatever and staff were always very helpful.

FaCS project management staff were always available and responsive and offered practical guidance and support throughout the entire project, they clearly understood the issues and provided useful, strategic and effective advice, support and strategies to assist.

The Administrator/Case Manager from FaCS Department helped with planning and report writing.

Project officers helped us understand requirements in terms of reporting; were available when needed; were ready to understand our concerns and answer any queries we had.

The opportunity to have close communication with the FaCS project officer at a state level enabled clarification of issues as they arose. Working closely with the FaCS staff was of great benefit. Having FaCS representation and involvement in the reference group has been helpful.

Good communication and interest in the project. Helpful in renegotiating work plans when some project needed to be altered. Interest in the issue of family violence and helping our organisations consider the issue of sustainability.

It was good to be able to talk through issues and problem solve together where issues arose. When we may not have been able to meet all our performance indicators. Having someone who knew the program well and was consistent and interested in its outcomes was important.

We have received a significant support through our FaCS Project Officers, especially in reporting requirements, information support, emails/information, clarification of launch information.

FaCS representatives gave excellent feedback from reports and asked questions which assisted with continuing to improve service delivery of the project.

We have an extremely helpful project manager at FaCS. Always kept informed and were given constructive feedback.

FaCS were very professional with their assistance and were prepared to discuss every aspect at any time.

At the latter stage in the project FaCS provided professional support for all the projects funded in this program. This proved most helpful in terms of the workshops and the one-to-one visits and support. It was unfortunate this didn’t occur earlier in the program.

Example 15: Examples of linking projects to other initiatives, projects, networks, information and to others who could assist with project planning and evaluation

Support from regional staff has been good. They are accessible and available and are often a good source of information regarding other key initiatives targeting disadvantaged young people. Such as the information we received regarding the Transition to Independent Living allowance for young people who have been under care and protection orders.

FaCS representatives also suggested connections with various other agencies and provided information on other initiatives which may be useful for the project.

Updates and reports on other projects helpful.

In the later stages of the Strategy, an Early Intervention Panel was established as a source of expertise and information exchange for projects. They conducted forums in some states. The panels were not evaluated separately but projects made some references to the usefulness of what would appear to have been these panels.
We were able to attend an information sharing conference which enabled us to meet and learn more about the Stronger Families and Communities Strategy... this was very helpful in terms of developing our strategies for program implementation and for problem solving some of the issues which needed to be resolved. The networks we have developed have continued to give us ideas and inspiration for further work with families in our community.

FaCS project workers were helpful providing advice and information. FaCS Forum and Meetings; Consultants and with Other FaCS funded projects was helpful to network, collate experiences, build relationships and access tools/quality resources. Family and Community Services Parent Aide Coordinators Group was established from these meetings.

FaCS provided action research forums and consultants. These were useful but would have been far more helpful if they had occurred at the beginning of funding rather than halfway through.

Having a joint workshop for providers in early 2003 was VERY helpful as it increased our concepts and ideas. It felt supportive to learn how other projects were doing and also to present our project to the group.

FaCS allowed us to work intensively with a research consultant to develop a "program logic" and this was also very helpful in identifying different strategies for working with different groups with our community.

The support provided by (consultant organisation appointed by FaCS), helped us to identify strengths and to think about qualitative issues.

It was very helpful as two (name) University evaluation students introduced by the Department assisted the project officers in evaluating the program. A number of meetings with the students were organised to discuss the methodology of the evaluation. This included the joint meeting with the Family Support Worker ... to identify the Family Strength Indicators, which were included in the evaluation outcomes hierarchy.

However not all projects were satisfied with the referrals they received to other sources of assistance. In response to the question about help received through the Strategy, a project replied that:

A consultant was engaged from ... She visited us for one evening with the offer of ongoing advice for the length of the project. This has not been forthcoming.

Moral support and encouragement was also appreciated

The Manager of the FaCS office attending the launch and expressing his support and pride in the project was fantastic for the organisation, the parents and the children. A comment from a parent was that 'the government does notice our kids.'

Support in word and actions from the FaCS contact officer meant a lot to the project workers and the projects

Support provided, mostly by phone from the contract manager at FaCS in the last 12 months was encouraging. Prior to this (i.e. the first 2 and a half years) the support from FaCS was non-existent.
Initially the contract manager was very involved in assisting us with project planning. Subsequent changes in staffing resulted in less help being available.

5.5 **Flexibility and adaptability of the Strategy and of FaCS in administering the Strategy**

Most projects (81%) considered that the flexibility and adaptability of the Strategy and FaCS staff has been either very helpful (57%) or helpful (24%) in influencing their achievements. There were no clear-cut differences in views about the helpfulness of these features of the Strategy amongst projects in terms of their rated success.

In their final questionnaires, projects provided examples of the flexible response to specific changes that they had identified as necessary for their projects. Many of these changes were those required to achieve better participation (e.g. change of format, length of course, target groups, venue etc).

Examples of comments from projects that appreciated the flexibility were:

- *FaCS was supportive in their flexibility with regard to (an Indigenous project's) style and method of reporting. Their adaptation to recognizing and acknowledging the cultural differences in service delivery.*

- *Allowed changes in the project direction and extremely supportive when re-direction was needed.*

- *FaCS support workers through telephone calls and visits have supported and enhanced the program, and have been understanding of the flexibility needed for community development to meet the changing community needs.*

A project that had had three FaCS project officers commented that all... have been extremely supportive in anything I asked and allowed me to make the decisions for the best of the program.

There was only a small number of projects that reported that FaCS had made decisions that limited adaptation that they had sought and that these decisions had adverse effects on their projects:

- *The Strategy was inflexible in its arrangements for locating the worker; i.e. changes could not be made once it was realised that the initial choice was not the ideal location and was detrimental to the project... There needs to be the flexibility to make reasonable changes if needed to improve a project, with consultation with the funding body.*

5.6 **Strategy Principles, conveying to projects a way of working.**

An important feature of the Strategy is the set of 8 key principles that it espouses. Several of these principles align with or are related to several of the eight characteristics of effective early intervention projects identified in the research literature. The following table shows which of the 8 key principles relate to which of the eight characteristics.
Table 13: The 8 key principles of the Strategy related to the eight characteristics of effective early intervention approaches

<table>
<thead>
<tr>
<th>Strategy Principles</th>
<th>Related characteristics of effective early intervention projects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Working together in partnerships</strong></td>
<td>Holistic approaches that build community connections</td>
</tr>
<tr>
<td><strong>Encouraging a preventative and early intervention approach; and</strong> Supporting people through life transitions</td>
<td>Early intervention in the child’s life and at key transition points, with a long term preventative orientation</td>
</tr>
<tr>
<td><strong>Developing better integrated and co-ordinated services (and Working together in partnerships – see above)</strong></td>
<td>Effective coordination and inter-sectoral collaboration</td>
</tr>
<tr>
<td><strong>Developing local solutions</strong></td>
<td>Responsiveness to local needs and consumer participation</td>
</tr>
<tr>
<td><strong>Building capacity</strong></td>
<td>A focus on family strengths and building skills (the ‘building skills’ component relates to ‘capacity building’).</td>
</tr>
<tr>
<td><strong>Using evidence and looking to future</strong></td>
<td>An outcome, evidence-driven approach.</td>
</tr>
<tr>
<td><strong>Making the investment count</strong></td>
<td>Accessible and inclusive approaches.</td>
</tr>
<tr>
<td></td>
<td>A skilled workforce.</td>
</tr>
</tbody>
</table>

Characteristics of effective early intervention programs that are not directly related to any of the 8 Strategy principles but that are emphasised elsewhere in the Strategy literature are:

- The ‘focus on family strengths’ component of ‘A focus on family strengths and building skills’.
- Accessible and inclusive approaches.
- A skilled workforce. Of all of the eight characteristics of effective early intervention programs, this is probably the one that received least direct attention in the Strategy guidelines.

The eight characteristics and by implication the corresponding principles are discussed in Chapter 7 in detail and are therefore not discussed here.

Some Strategy principles that are not specifically or comprehensively represented amongst the eight characteristics but have been addressed through other issues papers are:
Building capacity.

‘Building capacity’ can relate to building types of capacity other than ‘skills’, such as building organisational capacity, building economic capacity, and so on. The 8 characteristics of effective early intervention approaches do not cover these other types of capacity building. The issues paper Community Capacity Building Issues Paper, (Funnell and Rogers, 2004), developed as part of the national evaluation, discusses the various types of capacity building relevant to the Strategy. Moreover many of the outcomes in the Strategy outcomes hierarchy are about building capacity of individuals, families and communities.

Making the investment count.

This principle can be understood in terms of the sustainability and legacy of the projects and the overall Strategy, and the costs and benefits of projects and the overall Strategy. Costs and benefits are not a focus of this report, but sustainability and legacy are discussed in relation to Early Intervention projects in Section 3.7 of this report.

Three related reports were developed as part of the national evaluation: Sustainability and Legacy Issues Paper, (Rogers and Kimberley, 2005), Sustainability and Legacy of Strategy Projects (Rogers and Kimberley, 2005), and Qualitative Cost Benefit Analysis of the Strategy (Stevens, Rogers and Boymal, 2005).

5.7 The action research approach advocated by the Strategy.

While the application of an Action Research approach was a funding requirement for projects funded under the Strategy’s Stronger Families Fund initiative, project comments suggest that it was also used by a number of Early Intervention projects including some which received funding under the Stronger Families Fund for some of the project.

The action research component, whilst time consuming, did assist in our ongoing evaluation and improvement of the … program as it gave specific focus to elements of the program.

Similarly as part of their advice to others another project said:

Embrace action research, be willing to learn as you proceed and improve constantly.

Operating on an Action Learning Model has enabled us to progress many aspects of the program. We have quickly implemented strategies to overcome the issues identified throughout the program through ongoing evaluation and feedback.

The Contract Manager in conjunction with (the project’s) Executive Manager supported and gave permission to employ action research and allow the evolving insights from the project to direct allocation of resources - this allowed (the project) to truly engage with the realities of work.

FaCS action research paradigm and the associated flexibility they allowed in allocation of funds made the world of difference - this approach truly suited the nature of the project and allowed us to operate in a mature manner rather than everything being prescribed before as most service contracts do. Very experienced management, project staff and direct service delivery staff ensured (the project) was able to meet the challenges.
The evaluation needs to be able to demonstrate the successes and challenges and inform learnings as the project develops. Action research is very useful for developing and changing projects but needs to be supported by the funding body.

5.8 Other features of the implementation of the Strategy

Other features of the implementation of the Strategy that projects commented on were a mixture of positive and negative features, reflecting variations in implementation over time, amongst personnel and with respect to different projects. They included issues that related to:

1. Difficulties for some projects arising from lack of continuity of FaCS staff as contact points for projects.
2. Reporting requirements – views were mixed about these.
3. Time taken to process applications and release funding to projects. This caused difficulties that affected the success of some projects and had unintended consequences.
4. Length of funding period for projects funded by the Strategy. This was considered by many projects to be too short to achieve sustainable outcomes.

Examples of each of these features and its impact on projects follow.

1. Difficulties for some projects arising from lack of continuity of FaCS staff as contact points for projects.

While the support has been useful it has not always been given consistently. Some of this has been a result of staff turnover and lack of continuity of relationship between FaCS project officers and projects. There have also been differences between the earlier and later stages of the program but these have not been consistent. In some cases a particular state or territory appears to have improved its support in the later years of the Strategy while in others the reverse may have happened.

Examples of comments made about lack of continuity included:

- It would be good to improve continuity with FaCS staff throughout project and improve communication with FaCS staff.
- The only difficulty was that project officers appear to change frequently - consistency would be preferable.

A project that had described the benefits of involvement of FaCS staff also commented that

- The more recent turn over of staff has reduced the benefit of this as new FaCS staff take time to orient to the project.

One project described how lack of continuity of the contact person in FaCS had been compounded by lack of continuity of its own staff and a change in FaCS from a proactive approach to a reactive approach in making contact with the project.

However, staff turnover in FaCS did not always cause problems for projects:
The [project] has had 3 different [FaCS] Project Officers. All have been extremely supportive of the (project). Particular thanks go to […] FaCS Project officer. She was with the program at its beginnings and was a huge support to the [project] Coordinator.

[The project’s] coordinators managed to adapt to the numerous changes to the FaCS project worker position.

2. Reporting requirements.

Views were mixed about these. Reporting requirements, including those associated with progress reports, final reports, performance indicators and the questionnaires associated with the Strategy evaluation, were onerous for some projects:

The reporting requirements of the project were very high in regards to proving the qualitative outcomes. The project had over 20 performance indicators. This was difficult to report on given the worker time available to achieve the outcomes and document them. The worker was both a direct service worker and a manager of the service. It would be beneficial to fund future projects with 2 workers for this type of project.

The evaluation process needs to be simple and effective. A time-consuming and cumbersome evaluation process may be a disincentive for workers and community members.

Other projects appreciated the requirements relative to those they had experienced on other occasions or with different programs:

Also, reporting guidelines, were not onerous so valuable time could be spent hands-on, rather than pushing paper.

The guidelines were flexible enough and the reporting requirements were much less onerous than those of other funding bodies which freed up the worker to do the hands on work.

The reporting process assisted in defining goals and keeping on target.

3. Time taken to process applications and release funding to projects.

Delays in processing applications for funding and then releasing funding caused various problems for projects including loss of momentum in the community, loss of staff and volunteers, loss of partnerships and the assistance that they had offered to provide. This placed considerable strain on some projects (loss of finance, loss of referrals, closing off some activities). In some cases this loss of assistance was combined with a reduction in the funds granted to a project relative to what had been applied for. The following example from a project illustrates several of these impacts of delay in funding and reduced funding relative to application:

The grant was initially applied for to present a program of one year duration. The grant was awarded two years after we applied for it and was amended by FaCS to three years. Consequently the funding was not sufficient for the extra costs.
Originally we had a partnership with [an organisation] to provide the behavioural support itinerant as co-worker in the program during work times hours at the cost of the Department to enable the itinerant to apply the play therapy skills gained across the preschool sector. By the time the grant was implemented the structure of the Department had changed and the partnership offer was withdrawn. Subsequently, we had to find various professionals from other sources and in some cases, this required financial payment or reciprocal arrangement, e.g. train the trainer.

4. Length of funding period for projects funded by the Strategy.

This was considered by many projects to be too short to achieve sustainable outcomes. The duration of the funding periods for projects impacted on their success through affecting the extent to which trust could be developed, quality staff could be recruited and maintained and the likelihood of sustainable outcomes.

One Successful project commented that a key factor that had affected its success was “the length of the funding period - having 3 years had been the primary factor in enabling the project to develop.”

Development of trust with target groups and communities emerged as an important ingredient of Successful projects. Projects commented that sufficient time needs to be available to develop such trust and that accordingly the funding period for projects such as those funded by Strategy needs to be realistic to develop trust and engage the community:

The period of funding for innovative projects is usually determined solely by the amount of funding available and is usually short term, ie 1-2 years. In communities of entrenched disadvantage, short term funding can have a damaging effect on the trust and expectations of the community. Projects in these regions can also take longer to be established, as people may take longer to trust new workers and new services. Therefore the 'start-up' time can take longer and outcomes are not seen immediately. Local agencies often have a degree of cynicism about new and short term projects in disadvantaged communities, as they see many come and go, and may not support the project or the worker, or may not refer families. These issues need to be considered when funding new projects in disadvantaged regions.

Looking to the future, a project commented that:

…it seems appropriate to question the effectiveness of such a project when the organisation itself has not been adequately resourced to keep up the commitment it made to the target group when taking on such a project.

Although short term projects can have much merit, often they’re unwittingly set up expectations within the target group that cannot be easily realised. This creates a strong reluctance for the target group to then access future projects to avoid the occurrence of similar circumstances.

Length of funding period also had implications for the quality of service delivery.

The insecurity of short term funding for such programs has implications for maintaining high quality staff which form the backbone of the program. The continued need to write extensive submissions takes time from possible service delivery. Funding agreements need to allow for a lead-in period to establish the groundwork for project implementation. Budgets need to include an allocation for evaluation.
It is crucially important that the worker not only has the necessary skills, but also has the trust and respect of the communities they work with. Such trust and respect take time to develop. Therefore short term one off projects often do not achieve the outcomes that the funding body and the funded organisation hope for.

5.9 Implications

Overall the response from projects has provided a strong endorsement for the new way of working as a process that supports projects to achieve results. This new way of working in partnership with communities carries with it some expectations around continuity of relationships.

The supportive approach adopted by the Strategy meant that projects’ expectations concerning ongoing support and contact may have been raised above the level that would normally apply in the case of grants programs. Having come to expect support and having established relationships with particular FaCS officers, lack of continuity of contact sometimes became a source of disappointment for them. One could say that this was an unintended outcome of the approach adopted by the Strategy.

An implication is that, when expectations are raised concerning ongoing support based on relationships, additional internal arrangements may need to be made in the funding agency to ensure that the handover between staff is as seamless as possible from the perspective of the agencies that are being funded. There needs to be continuity of relationships. This can occur by having pairs of staff as contact points (with one as a back up) so that if one goes there is still some continuity.

Timeframes have been regarded by many Early Intervention projects as too short to achieve sustainable and longer term outcomes. While it is common for projects from many funding programs (not just the Strategy) to express concern about short time frames for their projects, in the case of the Strategy, the already short time frames were sometimes compounded by the delays in obtaining funding approvals. This further truncated the time available. Projects in the later funding rounds had even less time.

The short time frames resulted in a number of difficulties for some Early Intervention projects. The short time frame did not allow for the time required to develop trust and engagement of communities and the need for projects to be in their communities long enough to be considered to be more than a comet blazing across the sky. Cessation of projects when they were perceived by the community as only having just begun could lead to further erosion of trust – just another fly by night project. In Chapter 9, we report that one of the lessons learnt by projects was that it is important to allow sufficient time for establishing the project. The longer than expected start up time that many projects experienced further reduced the already short time frame for projects.
6 How did the Strategy contribute to the achievement of outcomes in conjunction with other interventions, programs or services in the area?

6.1 Summary

This section discusses the contribution of other programs and services to the outcomes of Strategy projects. It includes the role of the auspice and other activities of the auspice before and during the project, other services and activities taking place in the community in which the project functioned; and sources of funds and support for the project (other than from the Strategy).

Support from the auspice agency both before and during the project was one of the factors that projects most frequently identified as having been very helpful in influencing their achievements. Practical and professional support and lending credibility to projects had been key contributions of the auspices to the success of the projects. Support from the auspice had been particularly helpful for projects that were Outstanding. In addition, projects than might otherwise have failed altogether can achieve some outcomes with the support of their auspice. However, some projects were rated as having achieved Outstanding results in spite of lack of auspice support because they had other factors in their favour.

Although less important than the activities of their auspice, a high percentage of projects considered that activities of other organisations and other activities and services within their community were either very important or important to their success.

Most projects received various types of non-financial support with the most common sources of funds and support being:

- support of existing networks, linkages and referrals;
- in kind support (goods, materials, office space etc);
- support of the community;
- volunteer time; and
- professional services.

Outstanding projects were more likely to have used professional services and to have relied to some extent on self-funding.

6.2 The role of the auspice

It is clear that auspice agencies played a key role in the success of projects. Auspices provided a context within which projects operated and were a source of support to them.
Projects had also been asked in their initial questionnaires about the usefulness of the support from their auspice agency in setting up their project. About two thirds of them had said that support from their auspice had worked very well and only a small number said the support had worked poorly. There were no clear-cut differences amongst projects whose performance was subsequently rated as Outstanding, Generally Successful and Moderate or Mixed Success.

Outstanding and Generally Successful projects were more likely to have had the idea for their project come from inside the auspice organisation than projects of Moderate or Mixed Success. This may have been associated with a greater auspice commitment to and ownership of the project. However, all projects regardless of their level of success were most likely to have had the idea for the project develop from both inside and outside the auspice.

In fact general support from the auspice agency was one of the factors that projects most frequently identified as having been very helpful in influencing their achievements. Table 14: Perceived helpfulness of support from auspice organisation

<table>
<thead>
<tr>
<th></th>
<th>EI Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very helpful</td>
<td>85</td>
</tr>
<tr>
<td>Help</td>
<td>19</td>
</tr>
<tr>
<td>Not significant</td>
<td>13</td>
</tr>
<tr>
<td>Unhelpful</td>
<td>1</td>
</tr>
<tr>
<td>Very unhelpful</td>
<td>3</td>
</tr>
</tbody>
</table>

Support from the auspice had been particularly helpful for projects rated as Outstanding.

Table 15: Perceived helpfulness of support from auspice organisation – by success rating

<table>
<thead>
<tr>
<th></th>
<th>Outstanding</th>
<th>Generally Successful</th>
<th>Moderate or mixed success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very helpful</td>
<td>18</td>
<td>43</td>
<td>16</td>
</tr>
<tr>
<td>Helpful</td>
<td>1</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Not significant</td>
<td>0</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Unhelpful</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Very unhelpful</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

When we looked at the two projects rated as having Moderate or Mixed Success that rated their auspice as having been unhelpful or very unhelpful, we found that in both cases it was difficulties with their auspice that had substantially contributed to their level of success. Lack of support, lack of linkages and lack of referrals were factors in both cases. Conversely, factors other than the auspice had contributed to the difficulties that remaining projects of Moderate or Mixed Success had experienced.
The one project that was rated as Outstanding despite having rated its auspice as very unhelpful was examined to see how it was that it appeared to have been successful in spite of the unhelpful auspice. We found that it was a relatively small project located within a very large auspice and this may have contributed to its sense of isolation and the difficulties of getting things done that can occur in large organisations. It was deemed to be successful not only because of what it achieved in absolute terms but also because it had persevered in the face of considerable resistance and/or apathy on behalf of the auspice and perhaps some other potential partners as well. What seemed to make it work was a combination of the determination and optimism of the project leader, the mutual support amongst the staff in the context of working with a highly traumatised group of people and ultimately the desire of those people to make a difference to their own lives and the lives of others.

Another observation that we make is that two of the four projects that were rated as having achieved little success or had been terminated appear to have experienced significant difficulties with their auspice and in one case the project was terminated because the auspice had become insolvent.

In addition to looking at general support from the auspice projects were asked specifically about other activities of the auspice organisation both before and during the project. These prior activities could have referred to activities and services that laid the groundwork for the project (e.g. establishing a client base, reputation in the community) or they could have been much more instrumental activities such as identifying that a project was needed and putting together an application for funding.

Comparison of the following tables shows that projects more frequently indicated as very important to their success the activities carried out by the auspice agency before the project began than those activities undertaken by the auspice agency during the project itself. For Outstanding projects, the activities of the auspice both before and during the project were equally important and more important than those for projects that were rated as Generally Successful or of Moderate or Mixed Success.

**Table 16: Importance of activities carried out by the auspice organisation before the Early Intervention and other Strategy projects began**

<table>
<thead>
<tr>
<th></th>
<th>EI projects responding to this question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important</td>
<td>72</td>
</tr>
<tr>
<td>Important</td>
<td>24</td>
</tr>
<tr>
<td>Not important</td>
<td>7</td>
</tr>
<tr>
<td>Not applicable</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Very important</th>
<th>60%</th>
<th>56%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outstanding</td>
<td>70%</td>
<td>34</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Generally</td>
<td>10%</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Successful</td>
<td>5%</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Moderate or</td>
<td>5%</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Mixed Success</td>
<td>15%</td>
<td>15%</td>
<td>19%</td>
</tr>
</tbody>
</table>

**Table 17: Importance of activities carried out by the auspice organisation before the Early Intervention projects began by rating of success**
Table 18: Perceived importance of activities carried out by auspice organisations during the Early Intervention projects — other than the projects themselves

<table>
<thead>
<tr>
<th>EI projects responding to this question</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important</td>
<td>57</td>
<td>48%</td>
</tr>
<tr>
<td>Important</td>
<td>36</td>
<td>30%</td>
</tr>
<tr>
<td>Not important</td>
<td>10</td>
<td>8%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>17</td>
<td>14%</td>
</tr>
</tbody>
</table>

Table 19: Perceived importance of activities carried out by auspice organisations during the Early Intervention projects – other than the projects themselves - by rating of success

<table>
<thead>
<tr>
<th></th>
<th>Outstanding</th>
<th>Generally Successful</th>
<th>Moderate or Mixed Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Important</td>
<td>14</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td>Important</td>
<td>2</td>
<td>22</td>
<td>8</td>
</tr>
<tr>
<td>Not important</td>
<td>1</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Not applicable</td>
<td>3</td>
<td>10</td>
<td>4</td>
</tr>
</tbody>
</table>

Analysis of the comments from projects about factors that were particularly important in influencing their success also found that it was the most Successful projects that were most likely to refer to the auspice agency as playing a key role.

Two of the projects stood out as a little different from the others:

- One was a project whose success was rated as Moderate/Mixed and which commented that the auspice agency was the factor that saved it from failure (that it stopped it from becoming the sort of project that would be rated as Low in success).

- The other project was a Generally Successful project which had initial difficulties with the auspice agency that made for a slow start but as the auspice agency became more supportive, the project picked up sufficiently to regain lost ground and to achieve success over its entire life span.

The following examples, indicating the success rating of the Early Intervention projects concerned, show some of the ways in which projects found their auspice helpful.

Example 16: Examples from projects on the helpfulness of their auspice and showing the success ratings of projects

(Outstanding) The auspice staff provided a very supportive, flexible and friendly environment thus enhanced the project workers’ high level of performance. The professional guidance and the wealth of experience within this and the local community support provided the opportunity for a successful pilot project. Volunteers provided an invaluable contribution to the outcomes.

(Outstanding) Since 1998, this project has operated in association with a State government’s interagency Initiative. This initiative has contributed in-kind support through the provision of space to implement the project, storage facilities for the lending libraries, space for child care, and assistance with the ongoing recruitment of program participants and personnel. The University … has managed research funds on behalf of the project.

(Generally Successful) The commitment of SAAP funded staff from auspice organisation (was) invaluable.

(Generally Successful) While the auspice organisation was very helpful in the end, at the beginning of the project, the management of the auspice organisation were very unhelpful and in fact caused some difficulties in the project being able to make its initial milestones.
6.3 **Other services or activities in the community**

Although less important than the activities of their auspice, a high percentage of projects considered that activities of other organisations and other activities and services within their community were either very important or important to their success. They were particularly important during the life of the projects. An example of the ways in which other activities could assist came from a project that commented that:

> Another FaCS funded project – Child care Links, had established a wonderful communication network with families accessing child care and playgroups, which enabled us to widely promote our programs through this network, and attracted a lot of families

There were no noticeable differences amongst projects rated as Outstanding, Generally Successful or Moderate/Mixed Success with respect to the influence of activities carried out by other organisations.

**Table 20: Perceived importance of activities carried out by other organisations before the project began**

<table>
<thead>
<tr>
<th></th>
<th>EI projects responding to this question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important</td>
<td>30 (25%)</td>
</tr>
<tr>
<td>Important</td>
<td>45 (38%)</td>
</tr>
<tr>
<td>Not important</td>
<td>21 (18%)</td>
</tr>
<tr>
<td>Not applicable</td>
<td>24 (20%)</td>
</tr>
</tbody>
</table>

**Table 21: Perceived importance of activities carried out by other organisations during the project**

<table>
<thead>
<tr>
<th></th>
<th>EI projects responding to this question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important</td>
<td>32 (27%)</td>
</tr>
<tr>
<td>Important</td>
<td>60 (50%)</td>
</tr>
<tr>
<td>Not important</td>
<td>14 (12%)</td>
</tr>
<tr>
<td>Not applicable</td>
<td>14 (12%)</td>
</tr>
</tbody>
</table>
Table 22: Perceived importance of other services or activities within the community

<table>
<thead>
<tr>
<th>Rating</th>
<th>EI projects responding to this question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very helpful</td>
<td>43</td>
</tr>
<tr>
<td>Helpful</td>
<td>51</td>
</tr>
<tr>
<td>Not significant</td>
<td>21</td>
</tr>
<tr>
<td>Unhelpful</td>
<td>5</td>
</tr>
<tr>
<td>Very unhelpful</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

Table 23: Perceived importance of other activities

<table>
<thead>
<tr>
<th>Rating</th>
<th>EI projects responding to this question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important</td>
<td>17</td>
</tr>
<tr>
<td>Important</td>
<td>21</td>
</tr>
<tr>
<td>Not important</td>
<td>19</td>
</tr>
<tr>
<td>Not applicable</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

6.4 **Other sources of funds and other types of support**

In addition to receiving Strategy funds, many Early Intervention projects identified other sources of funding they had received: other Australian Government funding (17% of Early Intervention projects), State or Territory Government (25%), Local Government (21%), other non-government or community organisation (25%), private sector (19%), self-funding (31%) and other (26%).

Most projects received various types of non-financial support including the following:

- Support of existing networks, linkages and referrals 94% of projects  
- In kind (goods, materials, office space etc) 87% of projects  
- Support of community 86% of projects  
- Volunteer time 70% of projects  
- Professional service 62% of projects  
- Self funding 32% of projects  
- Support from Indigenous Community organisation or corporation 20% of projects  
- Employment and training programs 20% of projects.

With respect to the relationship between the success of the projects and other sources of support that they had obtained, only two sources of support differentiated amongst projects of varying levels of success. Outstanding projects were more likely to have received support from professional services and self funding. It is possible that the organisations in which Outstanding projects were located were better established ones with sufficient size and financial security to be able to self fund and sufficient connections and reputation to be able to attract professional services and support.
6.5 **Implications**

Our analysis of the relationship between our ratings of the success of projects and projects’ ratings of the importance of the Auspice agency as an agent for success together lead us to the conclusion that in most cases support of the auspice seems to be important. In fact we have come to the conclusion that there would have to be very good reasons to fund future projects that could not demonstrate a close relationship to a supportive auspice. Nevertheless, in some cases projects may be able to demonstrate mitigating factors (alternative paths to success).

Moreover, our analysis of the example of the project that through mitigating factors had been *Outstanding* despite lack of support from its auspice (even though the auspice was a well established large public agency) suggests that it is important to ensure that the relationship between a project and its auspice is more than just contractual. It must be supportive in practical ways. The examples from other projects in which the auspice had played a key role point to the importance of both practical and less tangible support. Credibility within the community and other service providers in partnership with the project was also a key factor.

Many of the projects that were funded under the Early Intervention Initiative had a service delivery component (e.g. providing a playgroup, providing a parent education program, providing counselling). This service orientation may have increased the importance of access to professional services during the project. In addition, self funding would be required for sustaining a service once it had ended. Given that it was the *Outstanding* projects that drew more on professional services and self-funding, the question arises as to whether some of the *Outstanding* projects might have already had access to sufficient funds and other support to provide satisfactory services without Strategy funds.

However, it may well have been the Strategy funds that enabled those projects to become not just satisfactory but *Outstanding* with some breaking new ground and leaving legacies. In our view, it would therefore be unfortunate if, in future, the access of such projects to self-funding was considered to be a reason not to fund them. Programs such as the Strategy need to develop star performers that can take on new leadership roles as well as assisting those with the least capacity.
7 Characteristics of effective early intervention projects

7.1 Eight characteristics of effective early intervention projects

A number of features that are characteristic of effective early intervention services for families with young children have emerged from the research literature (DHS, 2001; Johansen et al, 1994). A review of Early Intervention Parenting Programs and Good Beginnings Prototypes (RPR Consulting, 2004) has summarised them as follows:

1. Responsiveness to local needs and consumer participation;
2. Holistic approaches that build community connections;
3. A focus on family strengths and building skills;
4. Accessible and inclusive approaches;
5. Early intervention in the child’s life and at key transition points, with a long term preventative orientation;
6. Effective coordination and inter-sectoral collaboration;
7. A skilled workforce;

Given that there is now a considerable degree of agreement across the research literature concerning features of effective early intervention projects; it is possible to make some judgements about the likely effectiveness of projects that do and do not display those characteristics and to identify projects that can provide working examples of those characteristics in practice. Although developed in the context of early intervention in early childhood the characteristics would appear to also be relevant to other types of early intervention projects. As previously discussed, there is considerable overlap between these eight characteristics and the eight principles that underpin the Strategy.

Looking at the ways in which projects addressed these characteristics served two purposes:

- The information sheds light on how projects may have achieved outcomes with families and communities i.e. not just whether projects contributed to outcomes but how they did so.
- The information provides additional proxy indicators of the likely success of the projects, given that these characteristics have been shown through research to be related to effectiveness.

In general, the findings from the Early Intervention projects reinforced conclusions drawn in the research literature concerning the relationship between these eight characteristics and effectiveness: projects that manifested these characteristics tended to be more successful. However we caution that the data allow stronger conclusions for some of the characteristics than for others. In particular, we cannot comment as confidently about the presence and impacts of strengths based approaches, inclusiveness of approaches adopted by projects, or the skills of their workforce.
For the remaining five characteristics, our analysis led us to the conclusion that projects that recognised the importance of and incorporated these characteristics and principles tended on the whole to be more successful and that incorporation of these characteristics and principles in some way contributed to their success. This study provides supporting evidence and examples of how projects exhibited these characteristics.

### 7.2 Summary of analysis of projects in terms of eight characteristics of effective early intervention projects

#### Responsiveness to local needs and consumer participation

The more successful Early Intervention projects were more likely to consider that their **responsiveness to their local community** and, in turn, support from the local community, had been helpful in achieving their outcomes. In addition to involving the community in the design of the project, and developing a good understanding of community needs so they could be more responsive, projects exhibited the following forms of responsiveness once they were underway:

- continuing adaptation of the project as it progressed and involvement of participants in determining details of the project that had not been established at the outset;
- targeting to the specific needs of particular populations;
- working with individuals and families in ways which by their very nature were custom tailored to individuals; and
- specifically including significant activities that were directed towards community development including needs identification, planning and undertaking capacity building.

Involving members of the community in determination of needs and appropriate activities does not, however, guarantee that they will subsequently participate.

#### Holistic approaches that build community connections

The more successful Early Intervention projects were more likely to have adopted **multi-faceted approaches** that assisted them to take a **holistic approach** to working with participants. Projects that used various combinations of individual, group and community activities were more likely to be successful than those that worked at one level only (i.e. with individuals only, with groups only, with community only). Other aspects of holistic approaches included:

- addressing the needs of the ‘whole person’ (health, education, welfare, spiritual etc);
- working with whole families (e.g. relationships between parents and children); and
- working with whole communities around particular issues (e.g. cultural issues, social issues such as bullying).
A focus on family strengths and building skills

Many projects claimed to be adopting a strengths-based approach and maintained that doing so had been important to their success. Some gave examples of how they were applying a strengths-based approach. However the nature of the data available to us prevented us from drawing strong conclusions about the extent to which projects had adopted a strengths-based approach, in what ways they had done so and the extent to which doing so affected their success.

Accessible and inclusive approaches

The more successful Early Intervention projects were more likely to have successfully addressed practical issues affecting accessibility and in particular the provisions of transportation and childcare. Many projects had not recognised the importance of these aspects of accessibility or made sufficient provision for them at the outset. Of these, the more successful projects were the ones that, having subsequently recognised the need, made special efforts to address the needs.

Inclusiveness through quality of project processes and interactions was more difficult to detect from documentary evidence alone. Although several projects described other actions that they had taken that might foster inclusiveness (e.g. to address cultural differences, differences in literacy levels of participants) the data were not sufficient to draw strong conclusions about the extent to which projects had been inclusive in their approaches and whether doing so had affected their success.

Early intervention in the child’s life and at key transition points with a long term preventative orientation

The more successful Early Intervention projects were more likely to have focused on supporting transitions as a form of early intervention. However, because of the relatively short term nature of the projects it is difficult to say whether participants will receive follow-up and further assistance at subsequent transition points (the ‘booster shots’) that appear to be needed for at risk populations. We can hypothesise that projects that had forged links between their participants and ongoing services may have increased the likelihood that that assistance would be available through other sources at key transition points in future.

Other than whether projects were focused on transitions, it was difficult to determine whether the early intervention focus of each project might be more aptly classified as being about strengthening, prevention or remediation. At a practical level it may not be useful to make the distinction amongst the types of intervention required given that Early Intervention projects were trying to be responsive to needs as they arose. Early Intervention projects often found themselves working on several different types of early intervention at once.

Effective coordination and inter-sectoral collaboration

The more successful Early Intervention projects more likely to have considered partnerships important and to have considered local partnerships and networks as helpful in contributing to their achievements. One possible implication is that lack of partnerships contributed to the lower levels of success of projects coded as Moderate/Mixed.
There were many examples of how partnerships worked for successful projects and what they achieved. Factors that seem to be relevant to the effectiveness of partnerships include:

- active, two way and balanced rather than relatively passive work with partners
- frequency of contact – not too much and not too little!
- proximity (location);
- choosing suitable partners (if available);
- clarity in roles;
- levels of formality at which different partners operate;
- levels of trust and/or mutual knowledge and understanding of partners;
- extent of reliance on personal relationships; and
- stability of partner organisations during projects.

**A skilled workforce**

The more successful Early Intervention projects were slightly more likely to have obtained support from professional services. This should not be construed to mean that use of professional services caused the Outstanding projects to be successful. The fact that they more frequently obtained support from professional services may say more about the types of project they were (whether they were addressing special needs that required professional services) than about whether projects have access to appropriate levels of skills.

Almost all projects considered previous experience with similar projects as having been helpful but Outstanding projects were no more likely than other projects to report having found that experience helpful. Both successful and less successful projects drew attention to the importance of having well-trained staff and volunteers. Some of the factors that they considered to be important were:

*It is important to provide ongoing support to volunteers, facilitators and other staff.*

*Development of participants to provide ongoing activities is desirable but difficult.*

*Recruitment of staff and volunteers is a problem for many projects with no easy solution.*

*Getting the right skills at the right level can be difficult for short term low resourced projects.*

*The workers and volunteers need to have appropriate local knowledge.*

*Staff, including professional staff, need to be carefully supervised and managed; location of workers relative to supervisors can be a factor.*

*Working with other services to up-skill them as partners can extend the capacity of projects.*
An outcome, evidence-driven approach

The overall conclusion is that **use of evidence** of various types (literature, research and expert advice, other successful examples and market research) to develop and guide the project was strongly associated with the success of the project. In this study, we have considered the following aspects of an evidence-based approach to practice:

- being outcomes-focused in planning;
- conducting project monitoring;
- gathering evidence of client satisfaction; and
- using specific processes for evaluation, including external evaluations and internal action research.

Many projects were **outcomes focused** in that they included outcome statements amongst their objectives and reported on outcomes. They also included targets but these tended to relate to participation levels and types of activities to be undertaken. Many of the outcomes to which they aspired were either lofty ideals, long term outcomes or outcomes to which they could only ever make a small contribution relative to all other factors. Their objectives often lacked clear identification of the more immediate and intermediate outcomes in relation to which they could make a recognisable contribution and they lacked a project logic that would demonstrate the possible links between their activities, targets, immediate and intermediate outcomes that they could achieve and their ultimate contribution to addressing individual, family and community needs.

Amongst the common basic **project monitoring** measures that many projects used were progress in relation to milestones, measures of quantity and quality such as numbers and types of activities, resources produced, consultations, levels of participation, types of clients, numbers of satisfied clients, numbers of referrals, linkages, partnerships. Many of these were stipulated in their funding agreements with FaCS. Except in relation to milestones, volume of activities and sometimes levels of participation, few of the projects made any attempt to judge the adequacy of the results or whether they were better or worse than expected.

Most projects reported some evidence of **client satisfaction**, much of it plausible but not always easily verifiable. Funding agreements with FaCS typically included a requirement to report on client and or other stakeholder satisfaction. Despite the difficulties that projects had in measuring client satisfaction it was clear that client satisfaction was very important to them and that they solicited or looked out for information about client satisfaction as far as possible.

A wide **range of quantitative and qualitative methodologies** was used by different projects to report outcomes other than client satisfaction.

A small number of projects used what appeared to be pre and post project administration of standardised measures for assessing client outcomes.
A minority of projects systematically conducted follow up on participant outcomes after they had ‘left’ the project. There were a few examples of longitudinal studies that involved both pre-tests and then repeated follow-up (albeit at short intervals after participating in the program: the length of the funding period put a ceiling on the length of follow-up). Many projects used questionnaires to identify self-reported outcomes occasionally using before and after questionnaires and less often using questionnaires to report on changes in others’ behaviour. A few projects used in-depth interviews with project participants and/or target groups. Many reports of outcomes were based on anecdotal evidence, observations and informal feedback. However, in some cases projects were able to give specific examples of observations they had made thereby in some way substantiating their more general claims.

Only some projects were required under their funding agreement with FaCS to have external evaluations. A few others appeared to have obtained these even though doing so may not have been part of the agreement. As might be expected the external evaluations varied considerably in methodology, quality and scope. As appropriate, this analysis has used information from those evaluations in conjunction with the performance monitoring and other evaluation data that projects have reported themselves in their progress and final reports.

Projects that applied the action research approach advocated by the Strategy generally found it useful. In the final questionnaire, 36% of Early Intervention projects reported using it as a major activity and a further 33% reported it as a minor activity. When we looked at project reports we found that the term and the concept of action research was used rather liberally by projects. Some may benefit from a better understanding of action research purposes and processes.

The remainder of this chapter provides more detailed evidence concerning the importance of each of the 8 characteristics

7.3 Responsiveness to local needs

Responsiveness to local needs is not only associated with effective early intervention projects (according to the literature concerning early intervention) but it is also a key principle that underpins the Strategy. Findings from Early Intervention projects showed that two way connectedness with the local community more evident for the more successful projects than for the less successful projects. We also describe ways in which projects were responsive to their communities and target groups and how in turn communities supported projects.

Early Intervention projects appear to have recognised the importance of this principle. As shown in Table 30 (page 151) Table 35 (page 160), and discussed later in this report, 94% of Early Intervention projects considered that identifying and responding to community issues was helpful or very helpful in influencing their achievements. Community support was also considered to be one of the most important factors affecting success. These factors were seen as even more helpful by Outstanding projects:

- Community Support (80% of Outstanding projects considered this very helpful compared with 64% of Generally Successful and 39% of Moderate/Mixed Success).
- Identifying and responding to community issues (65% very helpful for Outstanding, 62% for Generally Successful and 23% for Moderate/Mixed).
Our analysis of final reports of projects showed that they endeavoured to be responsive to their target groups in many ways. As noted, they appreciated the flexibility that the Strategy afforded them to adapt to needs as they arose. In addition to the responsiveness that was associated with consulting with communities to design the project and apply for funds, the following types of responsiveness were apparent once the projects had commenced:

- Continuing adaptation of the project as it progressed and involvement of participants in determining details of the project that had not been established at the outset.
- Targeting to the specific needs of particular populations.
- Projects that worked with individuals and families by their very nature were custom tailored to individuals.
- Some projects specifically included significant activities that were directed towards community development including needs identification, planning and undertaking capacity building.

**Continuing adaptation of the project as it progressed and involvement of participants in determining details of the project that had not been established at the outset.**

This involvement ranged from involvement in choice of strategies and approaches to involvement at a more micro level such as choice of topics for a parenting course. For example, a men’s course was adapted to address issues that various participants identified as being of particular concern to them e.g. substance abuse, violence and anger management, mental and physical health problems, adjustment following imprisonment.

Other examples related to adaptation of approach in the light of feedback from clients (e.g. change of time and venue of a playgroup). Other examples related to recognition of barriers to success and different ways of overcoming those barriers. In at least one case, a new service (a preschool) emerged in response to needs identified in the course of project delivery.

Such adaptation requires flexible contract management by both funding agency and auspice organisation to negotiate alternative agreed activities and deliverables.

**Targeting to the specific needs of particular populations.**

Many projects displayed their awareness of the needs of particular target groups with which they were working and how they addressed those needs (e.g. the extra perseverance that they needed to develop trust in a community with a history of being let down by short term services).

**Projects that worked with individuals and families by their very nature were perhaps more likely to have the flexibility to respond to individuals.**

e.g. through case management programs, home visiting programs and other projects that incorporated one on one assistance. Some other projects that did not have a specific focus on individuals pointed to the importance of offering incidental assistance to individuals as needs arose in the course of undertaking group work. Sometimes this was practical assistance and on other occasions it was referrals. Projects commented on the importance of ‘one stop shop’ approaches in which the needs of individuals could be addressed to some degree immediately rather than being ‘pushed from pillar to post’. 
Some projects specifically included significant activities that were directed towards community development including needs identification, planning and undertaking capacity building.

Many of these activities involved further consultation with client groups and the involvement of clients in identification of needs.

Counter examples of the possible impact of lack of responsiveness come from two mentoring projects that provided little evidence of having involved prospective mentors and mentees in the design of the program. This lack of involvement to ascertain level of interest and practical issues may have contributed to difficulties that both projects had in obtaining and/or sustaining a sufficient pool of mentors and/or expanding the scope of the program.

Another project that trained volunteers to work with remote families appears to have had little involvement in the design of the project of those upon whom the project relied for referrals of clients. Again this factor amongst others may have contributed to the low take-up of the volunteer services that were offered after volunteers had been trained.

Some challenges in making responsiveness work

Involvement of target groups in project design can be very helpful in developing ownership, ensuring that activities and products meet the needs of the target group and engaging the target group. However it is no guarantee of success.

Various projects presented evidence of having considerable involvement of the target group in the development of the project only to find that it was difficult to get members of the target group to participate once the project was up and running.

For example, a project located in a secondary school made many and diverse attempts to involve parents in a parent education program including many personal contacts. Parents appeared to be interested; some attended a focus group to assist the project to determine how to organise and promote workshops (one component of the project). As a result of the focus group and apparent expression of interest, three workshops were organised and widely advertised but out of 800 families there was not one enquiry about the workshops. This was an instance in which a project seemed to be taking all the right steps to involve the members of the target audience in project design but to no avail. A history of lack of community trust in services and community pride were cited as likely to have contributed to a series of problems that this project had in engaging the target group. The work that this project undertook with individual families appears to have been more successful and may have been more suited to the needs of the families at that time.

7.4 Holistic approaches

Holistic approaches are considered to be a feature of effective early intervention projects. Holistic approaches can take many forms including:

1. Addressing the needs of the ‘whole person’ (health, education, welfare, spiritual etc);
2. Working with the whole family
3. Working with the whole community, and
4. Using a combination of types of activities e.g. working with individuals and families, with groups, and at a whole-of-community level.
1. Addressing the needs of the ‘whole person’ (health, education, welfare, spiritual etc.)

In our discussion of responsiveness, we have already commented that many projects endeavoured to take a one-stop shop approach, addressing a range of needs of individuals as they arose, quite often incidentally to the main purposes and processes of the project. For example, projects that were running group parenting programs often found that the needs of individuals (e.g. relating to welfare issues, child care issues, accommodation, further education) came to the fore and they needed to be able to provide some assistance or referrals. In some cases other clients would help out (e.g. by one sole parent providing temporary accommodation for another at a time of crisis). Several of the Outstanding projects, especially those delivering group programs were characterised by such an approach.

2. Working with the whole family

Some early intervention projects did this through such processes as family case management and home visiting programs that can increase opportunities to work with the whole family. Several projects that ran playgroups used the playgroups as a context in which they could observe and provide constructive assistance and role modelling concerning parent child relationships and parent and child behaviour.

Other examples included projects that involved fathers, grandparents, or siblings in social activities, development of resources that addressed the perspectives of different family members, work with immigrant families in primary schools and whole of family approaches to the provision of recreational activities. Whole of family approaches involving the active participation of all family members appeared to work better when the children were younger.

3. Working with the whole community

While many projects included some aspect of working with the wider community there were some projects funded by the Strategy that worked solely at the community level. They varied in type:

Community development and support including services

- Projects that worked with targeted communities e.g. through community workers initiating and co-ordinating a wide range of activities. It was often more difficult to ascertain how successful these projects were because they tended to document their activities rather than their impacts. Or when whole-of-community impacts were claimed (e.g. a reduction in suicide rates) it was difficult to make the cause–effect connection between the project and the results claimed.
- Provision of specific services across a community e.g. a breakfast and nutrition program for a whole community.
- Community needs assessment and planning projects, including multi-sector approaches.
- Training volunteers and community capacity building (e.g. training community members to deliver parenting courses).

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3 The Auspice may have been working at other levels concurrently etc but the funding was only for a community project.
Development of educational products, resources and research

- Development of accredited training courses and modification of curricula.
- Development of a school readiness instrument.
- Undertaking research on an issue about which there was little information (children of prisoners and their carers).
- Development of culturally appropriate bilingual resources.
- Development of a handbook for farm families and associated service providers (the community in this case was the whole farming community).
- Production of various community resources such as videos, television programs, posters, brochures, web-based resources, a magazine for a particular ethnic community.

Other community education processes

- Public communication and education campaign e.g. concerning bullying.
- A walk to school day.
- General information days, expo, public lectures concerning transition to school.

4. Using a combination of types of activities: e.g working with individuals and families, with groups and at whole-of-community level.

Projects that include a mix of strategies directed towards whole communities, to groups within the community and to individuals/families may have greater potential to achieve results than those that focus on just one of these three levels. Multi-level projects are more likely to take account of context and be compatible with socio-ecological approaches. They may also be able to be more immediately responsive to needs that arise at multiple levels.

Figure 2 shows the numbers of Early Intervention Projects that we classified as using varying combinations of Individual/family, Group and Community activities based on the information available about each project. Some of the projects that had less information may have been using other activities of which we were not aware.
From the graph it is apparent that the predominant combinations were:

1. Group and Community (22% of those projects that could be classified);
2. Community Only (21% of those projects that could be classified);
3. Individual/family and Group and Community (18% of those projects that could be classified);
4. Group only (16% of those projects that could be classified).

About 60% of projects were using activities at two or more levels: individual/family and/or group and/or community.

In general our findings bear out the observation that multi-faceted projects operating on a range of different levels (individual, group, community) work better than single level strategies and more particularly that the incorporation of the various approaches within the one project can be advantageous. Later in this section and then again in our discussion of co-ordination and collaboration, we discuss other options such as single level projects linking in with activities provided at other levels through other projects, the auspice, other organisations etc.

Figure 3 shows that the types of combinations that were most likely to have higher proportions of Outstanding projects, starting with the most likely:

1. Group and community;
2. Individual/family, group and community;
3. Individual/family and community.

None of the single level (Individual/family or group or community) focused projects featured prominently amongst the Outstanding projects. However ‘Community only’ projects did feature quite prominently amongst the Generally Successful projects and were under-represented amongst the Moderate/Mixed projects.
Unfortunately, ‘Community Only’ was also the category for which we had the highest number of projects with an unknown level of success because of lack of information. As we discuss later, these projects tended to be mass education projects varying from very low budget one day programs to high budget mass media projects and research and resource development projects. For the smaller budget projects it would be unrealistic to expect much more than participation rates and some levels of user satisfaction and this sort of data did not seem sufficiently compelling to give a rating of Outstanding. Many of the larger budget projects on the other hand were likely to have been seeking longer term and more pervasive impacts which could not be detected during the lifetime of the Strategy. So once again there were few projects for which sufficient information was available to be able to confidently give a rating of Outstanding. It is possible that more of the ‘Community only’ projects were Outstanding than were given credit for being so.

These findings are in the direction of reinforcing the importance of multi-faceted approaches. However it is possible that some artefacts of measurement are affecting the results. Projects that have activities going on many fronts have a greater sense of energy to them and a wider range of contexts within which to achieve and report success. The availability of a greater range of types of information about success may have inclined the coder to giving them a higher rating of success.

Figure 3: Levels of success for different combinations of types of activities

There were many examples of projects that successfully combined activities across individual, group and community levels.
Example 17: Project that combined activities across individual, group and community levels

A project whose objective was strengthening parents who have an autistic child by giving them information and increasing knowledge, links with groups, services and other parents, and developing support networks.

The project developed a training package consisting of a video and a manual that enabled the provision of both centre-based and home-based programs. It also provided an interactive website and chat-line for assisting families with autistic children.

It encouraged the development of an informal support network amongst program participants and increased awareness of availability of services etc; parents organised social activities for all to attend.

Specific families were supported to identify their needs and priorities and set goals for the child and the family using a priority setting tool. Families participated in a combination of 2 day workshops at the centre and home visits.

Other Comments about holistic and multi-faceted approaches

Some of the projects had a wide suite of activities across all three levels while others may have concentrated their activities at one or two levels but had some supplementary activities at a third level. Budgets and other factors constrained what was realistically possible for a given project.

In addition to the types of activities that were included in the project, as we have already discussed, most projects reported that other activities being carried out by their auspice before and during their project were important to their success as were activities being carried out by other organisations. This means that the figure of 60% of projects using strategies at two or more levels is likely to under-estimate the extent to which multi-faceted approaches were occurring under the watch of their auspice or in their local community.

Projects with small amounts of funding may focus on one level or just one activity within a level but link in with other initiatives directed at other levels. However, one Outstanding project pointed to other elements of a holistic approach that might be more difficult to address when services and activities are delivered by different agencies. This project commented that one of the factors that contributed to the success of the project was:

…the integration of the childcare component and the group and individual interventions with the social worker: all work from the same relationship focus. This ensures a holistic approach where all issues that the parent might wish to discuss are understood from a similar perspective and support given accordingly…The involvement of child care staff in the group work has a number of benefits, demonstrating to the family that staff are all working together as a team. The child care staff and the social worker are working towards the same goals and have the same theoretical understanding.

This example shows that there may be some synergies that can be achieved when the various types of activities occur under the umbrella of a single project.
Other projects attribute their success to the fact that they were able to move quickly between working with groups and then attending to the needs of individuals within groups. Some then picked up on broader community needs and tried to address those in some way e.g. by training other service providers, by setting up new partnerships, by running community events. Others talked about the importance of getting the right sequence of activities (individual first followed by group or vice versa depending on the target group or even individuals within the target group). So for these reasons we looked at whether projects that themselves incorporated various combinations of levels of activity were more likely to be successful.

Endeavouring to provide a range of community group and individual/family activities is not always a recipe for success and some of the activities may need to be aborted. Some projects shifted their emphasis midstream (e.g. from predominantly individual focus to predominantly group or vice versa). Members of a target group may need intensive assistance at an individual and family level before they will be prepared to become involved in wider programs. Conversely, group and community programs may be needed to establish the groundwork and an acceptable climate for an entrée to working with individuals and families.

These issues may be more about sequencing of activities than about which activities should ultimately be included in the full suite. Many projects recognised that work with individuals and families takes place within a social, economic, cultural and psychological context and that both the individual and the context needed to be targeted for change.

Another way of thinking about holistic approaches is captured in a comment made by a participant in comparing the benefits of the particular project for an Indigenous community (an Outstanding project) with the approach used in conventional health education programs that focus on particular issues such as safe sex, good nutrition):

- talks about all the issues …. Not just one.

The evaluation report for this project commented that one of the challenges that arises for this and other Indigenous health projects is how to give adequate attention to issues of spirituality and religion:

- The program teaches respect and tolerance for diversity but also teaches clear universal values in terms of basic human needs. This is in line with Indigenous definitions of health – not just physical but social and spiritual wellbeing…..Although there is a lot of emphasis on a holistic approach to Indigenous health which encompasses the physical and well as the spiritual dimension, the complexity of the issues has not been given much consideration in the Indigenous health literature.

The report also explored some of the dilemmas that arose in this project around issues of spirituality, religion and tolerance of diversity.

7.5 A focus on strengths

A focus on strengths has been shown in the past to be an attribute of successful early intervention programs. A focus on strengths was also a feature of the Strategy.
Many Early Intervention projects focused on strengths in the sense that they were about strengthening at risk individuals, families and communities and prevention of problems before they arise, especially for at risk groups, rather than remediation on a case by case basis after problems had already arisen. Several projects referred to their emphasis on strengths based approaches but gave little detail about what this meant in practice.

A focus on strengths may become most relevant in the way in which a project is executed (e.g. staff-client interactions; group techniques used, encouragement given). We were not in a position to observe the mechanics of projects and so are dependent on comments and assertions made in final reports. We are reluctant therefore to draw definitive conclusions about the prevalence of strengths based approaches.

However, some projects did give examples of how they applied a strengths based approach. For example, one very successful project identified the importance of assisting parents to discover what they like about their community and feel a sense of pride in it. In parenting groups, they also shared positive parenting experiences, and the project set homework tasks involving such activities as family trees, bringing in something that is important to them, bringing photos with special meaning as a means of encouraging a sense of belonging and pride within families. Other approaches that projects used were as follows:

- Some projects made specific reference to having trained in and used ‘the St Luke’s’ strengths based approach.
- Some projects specifically reported using techniques to identify positive family relationships and others reported using techniques to identify parenting and or individual strengths.
- A few projects specifically reported using techniques to build on identified strengths.
- Several projects reported encouraging parents to help each other to problem solve often through support groups and other group activities.
- Some projects brought parents together around their interests. Occasionally the interests were around the particular issue that gave rise to the program (e.g. geographical or cultural isolation). Other interests included recreational interests, creative interests and so on.
- Some projects reported that they were identifying resources and strengths in the wider community (services available, identifying and tapping into volunteers and other resources) or subsets of the community (e.g. a cultural group or a school). Most of the projects that were engaged in developing directories of services and links to services or in community development activities were in some sense identifying resources and strengths in the wider community.

Some successful examples included:

- A very successful project worked with clients to identify the personal strengths of both parent and child (parents who had been abused as children and at risk of abusing their own).
- A successful project for pregnant and parenting young people brought the young people together around common interests such as social activities, personal development activities, artistic expression etc in addition to activities that were specifically about childbirth and parenting.
• Some successful projects working with Indigenous young people identified and reinforced positive aspects of traditional customs, practices and community links for Indigenous young people and focused on developing sense of self worth and empowerment, identifying personal strengths.

• Another project that was rated as only moderately successful because of difficulties in getting sufficient people to participate, nevertheless successfully applied strengths based approaches with those that did participate.

Comments

‘Strengths based approaches’ have become part of the language of early intervention programs and capacity building programs more generally. Advocacy of strengths based approaches may in fact have become something of a mantra. However it is not clear to what extent projects really understand the approach and what it means in practical terms. Some have received formal training in strengths based approaches and would appear to have benefited from such training. There may be benefit in making more detailed information about strengths based approaches and practical applications thereof available to project managers. Lists of references and of practical handbooks about strengths based approaches and examples from relevant conference papers might be useful to project staff.

7.6 Being accessible and inclusive

Accessibility and inclusiveness is important not only as a key characteristic of early intervention projects but also because it is a factor that is likely to have a significant influence on whether and to what extent the target groups of the Strategy as a whole participate in it. Participation is the very first outcome to be achieved in the outcomes framework for the Strategy. Participation is a precondition of achieving the other higher level outcomes such as enhanced knowledge and skills, application of capacity, development of social capital and so on. On a whole of intervention within Strategy level we have looked at the extent to which various target groups were represented in the project (see Table 2). It is apparent that the Strategy is reaching a wide range of different target groups. In particular there is a high level of targeting towards Indigenous communities, culturally and linguistically diverse communities, parents and families under stress for a variety of reasons.

Other aspects of accessibility and inclusiveness are affected by the ways in which projects are delivered. Here we look at two of those features:

1. Practical features of service delivery to improve access such as transportation and childcare; and

2. Accessibility across people within projects.

1. Practical features of service delivery to improve access such as transportation and childcare

Accessibility can also relate to practical aspects of access that can apply to any or all members of the target group (e.g. providing assistance with transport, childcare, financial assistance to participate in a project or the services with which it is linked). This is about making it as easy as possible for people to participate in the project. We have already discussed several aspects of accessibility as they relate to improving participation levels, including transport, child care and venue.
Early Intervention projects that focused on addressing the needs of particular sub-groups often commented on particular actions that they took to respond to the special needs of those sub-groups:

- A self-directed learning handbook was provided to farmers (the target population) to address difficulties that they had in attending courses.
- Naturally, projects that were directed towards target groups who had difficulties with the English language, provided translations.
- For a culturally isolated community whose members may have been diffident about coming to a centre, the project enlisted support from neighbours and other support people.
- Another project introduced additional strategies to address needs of clients on the waitlist who were unable to access the program because of its limited capacity.

The most common practical access needs addressed by projects included transportation, childcare, outreach services and home visits, and occasionally financial assistance where fees were required or expenses involved.

Transport appeared to be a key requirement for most projects whereas the other requirements varied according to the focus of the project and its target group. Various projects commented in their final questionnaires that they had made insufficient allowance for the transport that would be required and the costs associated with providing it. The more successful projects were the ones that having recognised the need made special efforts to address the needs.

Sometimes transport can be important even when participants live relatively close to a project and public transport is available. For example, a project working with socially isolated new Chinese parents found that for the first 12 months after the child was born the parents were reluctant to either use public transport or walk a short distance to a centre for group parenting and playgroup sessions. A lesson from this project would seem to be ‘assume nothing’ about the needs of target groups. What may not seem to be a transport issue to project management may present as a significant barrier for participants.

Transport for participants appeared to be a key requirement for many of the projects whereas the other requirements varied according to the focus of the project and its target group. It would appear that all projects should give serious consideration to investigating transport needs of target groups and incorporating them in project design and budgeting.

2. Accessibility across people within projects

This is about equity and social justice for all participants in a project. Inclusiveness through quality of project processes and interactions was difficult to detect from documentary evidence alone. Although several projects described other actions that they had taken that might foster inclusiveness (e.g. addressing cultural differences, differences in literacy levels of participants) the data were not sufficient to draw strong conclusions about the extent to which projects had been inclusive in their approaches and whether doing so had affected their success.

We can, however, report that projects used various strategies to ensure that within a target group (or the community as whole) various actions are taken to ensure inclusiveness of sub-groups and accessibility for them.
Examples of activities that projects undertook to address specific needs of sub-populations within an overall target group included:

- A successful project worked to improve inclusiveness on several fronts. It provided educational, networking and other activities and services for families with children who had recently been diagnosed with a disability and included some adapted materials for Indigenous families. This same project made special efforts to reach rural and remote families using telephone support groups and internet, included a strategy for siblings, and worked with community workers from several ethnic communities to identify services and resources, to prepare translations and to increase support to communities.

- A project that had developed a poster noted that its evaluation had raised concerns about the inclusiveness of the photos used for the poster with respect to various sub-populations (disadvantaged, culturally diverse, Indigenous, young parents, single parents and fathers). The project foreshadowed changes that it would make in future productions.

Other projects made special efforts in relation to particular sub-groups within their target population. Project examples follow.

**Indigenous and other cultural issues**

- The target group for a project was Indigenous families - several different groups were formed to allow the different voices to be heard e.g. women’s group, men's group, parents and grandparents.

- Course design and delivery of a program for men at risk included some adaptations for Indigenous men.

- A program with an Indigenous target group made some efforts to encourage the involvement of non-Indigenous people but found there were some issues in gaining acceptance of this by the main target population.

- A youth mentoring program had some success in identifying Indigenous mentors to be matched with Indigenous mentees. Early success in doing so was not sustained but does not appear to have greatly affected the success of the project.

- A program for young pregnant women at risk was able to engage grandparents and other family members of Indigenous young women as an additional and culturally relevant support for them.

- A parent aide program provided referrals to sub-groups for specific services for those people that fall outside the main target group e.g. culturally specific services.

Full inclusiveness is not always advantageous. A project initially intended to work with women from a cultural group in which men play a strong overseeing role in relation to women. The project found that fathers chose to attend the sessions as well. The project manager suspected that this was in order to continue oversight of the women and expressed concern about the inhibiting effects of their presence on the women.

**Literacy and learning difficulty issues**

- A parenting education program for young parents identified that some of the participants had low levels of literacy and provided assistance in relation to aspects that required reading.
• Another program when it identified that a member of the group had difficulties with literacy changed the activities so that literacy was not required. This helped to avoid embarrassment for the person concerned.

• One program found that to be effective members of the group needed to be at a similar intellectual level. Therefore the project elected not to involve an intellectually disabled referred person in the group but instead made other support available.

7.7 The focus of the early intervention: strengthening, early remediation, transitions?

This initiative is all about early intervention and early intervention is a principle of the Strategy. As noted early intervention can take many forms – including strengthening and prevention, through to early remediation. Early intervention in the Strategy embraced a number of concepts that included intervention at early childhood but was not limited to early childhood. It would appear from the types of activities that were undertaken most frequently by projects, that projects were more about strengthening and prevention than about remediation of individual problems once they had arisen. However projects often found themselves working on several different types of early intervention.

Because projects were, in general, working with people from at risk populations who were undoubtedly already suffering in some respects they often found themselves also adopting a remedial role. Some projects found that the balance shifted more in the direction of remediation and addressing crises than they had initially intended. They found that the level of demand was such that they felt obliged to focus on those with greater immediate needs, who were typically experiencing considerable difficulty or a crisis.

Some projects focused primarily on strengthening and intervention but also took steps to assist with remediation. Remediation for parents was for parents as individuals, early remediation in relation to parent-child relationships and early remediation in relation to problems that had arisen for children and adolescents. Even when projects focused on remediation in relation to adult patterns of behaviour and perspectives, they were often playing an early intervention role through preventing parents’ difficulties from impacting adversely on the relationship with and care for the child.

Examples of remediation included:

• Courses for men that had many problems that might impact on their fathering including assistance with anger management and substance abuse. Although these courses were early intervention with respect to potential impact on the children of these men they were also about taking remedial action in relation to the men themselves with implications that would extend beyond their role as fathers.

• Assistance with mental health problems of parents who had themselves been abused as children. Like the above project, some remediation of parents is necessary as an early intervention measure that would affect their parenting.

• Remediation for parent-child attachment problems.

• Helping immigrant parents to repair damage to relationships with their children arising from resettlement.
The Early Intervention Issues paper also identified that early interventions can be particularly effective at transition points (e.g. between physical stages, between developmental stages or following a significant life event). Accordingly we looked at whether projects appeared to be focusing on transitions. Not many projects referred explicitly to a focus on transitions and they may not be thinking of themselves in those terms. Nevertheless many projects were actually intervening at transition points in people’s lives.

The types of transitions that emerged can be largely deduced from the descriptions of the target groups in table 3. Amongst others they included:

- transition to parenting both in general and including parenting for children with difficulties such as autism, disability;
- transition to playgroup and preschool – socialising with others;
- transition to school and to a lesser extent transition between levels of schooling;
- transition to a new country and culture; and
- transition from trauma whether through being a refugee, a victim of domestic violence etc, acquired brain injury, grief.

The Early Intervention Issues paper identified the importance of continuing to provide some form of support beyond a transition. Others have referred to the need for ‘boosters’. There were few examples of such support being directly built into the projects. This may have resulted from the fact that projects did not necessarily see themselves as playing a role in transitions. Because of the relatively short term nature of the projects it is difficult to say whether participants will receive follow-up and further assistance at subsequent transition points (the ‘booster shots’) that appear to be needed for at risk populations.

Those projects that had established a sound working relationship between the members of their target group and mainstream services might hope that continuity of support would occur through those services. Some examples include:

- A successful project working with Chinese immigrants reported that some of the participants had now linked into the wider community and/or the wider Chinese community and were sending their children to a mainstream preschool.
- A project that ran an 8 weeks course for men at risk reported that some of the participants continued with another men’s responsibility group.
- A successful project providing a parent education program for particular migrant groups attracted funding from a state government program that would allow it to continue its work with the families in the area. In addition an action group forum for families was set up in the area with participation from government, local council, community organisations. The action group facilitated, published and distributed a family services directory for the area to address issues concerning family relationships and youth (amongst other issues).

Support beyond transitions and more generally beyond involvement in Strategy projects is discussed more in the discussion of sustainability. However, a possible implication of the above finding that not many projects appear to be seeing themselves as transition projects with accompanying needs for follow-up is that there may be value in more explicitly building into future projects the concepts of transitions and the implications for follow-up.
7.8 Inter-sectoral Co-ordination, Collaboration and Networking

‘Co-ordination, collaboration and networking’ has been shown to be an attribute of effective early intervention projects. It is also one of the principles that underpins the Strategy and projects were expected to operate with partnership arrangements. The evaluation collected information about a variety of approaches to co-ordination, collaboration and networking including but not limited to inter-sectoral relationships.

Co-ordination and collaboration occur through various relationships that projects establish with others whether they be within or between sectors. It can be relatively formal or informal. It can include recognised partnerships, formal networks or loosely defined networks that may wax and wane over time. Partnerships can engage in a wide range of tasks. No matter what type of partnership or network is in place it involves looking outwards and co-operating with others, taking a wider perspective.

Partnerships emerged as having been a key factor influencing the success of projects. When projects were asked as part of a series of questions specifically about partnerships, how important those partnerships had been to the project, 98% considered them to have been very important or important. The figures for Early Intervention projects and all other Strategy projects are very similar, bearing out the importance of partnerships, a key principle of the Strategy.

Table 24: Importance of partnerships to the Early Intervention and other Strategy projects

<table>
<thead>
<tr>
<th></th>
<th>EI projects</th>
<th>Other Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important</td>
<td>87</td>
<td>77%</td>
</tr>
<tr>
<td>Important</td>
<td>24</td>
<td>21%</td>
</tr>
<tr>
<td>Not important</td>
<td>2</td>
<td>2%</td>
</tr>
</tbody>
</table>

Partnerships were more important for Outstanding Early Intervention projects (94%) than for those that were Generally Successful (78%) or those with Moderate/Mixed success (60%). One possible implication is that lack of partnerships contributed to the lower levels of success of Early Intervention projects coded as Moderate/Mixed.

Of all of the factors that projects were asked to consider in terms of how helpful they had been in influencing their achievements, ‘partnerships and networks’ was the factor that projects most frequently identified as having influenced their achievements (based on the combined percentages of projects finding them very helpful and helpful). Table 25 shows that almost all (96%) of responding projects maintained that such partnerships and networks had been very helpful or helpful.

Table 25: Helpfulness of local partnerships and networks for Early Intervention and other Strategy projects

<table>
<thead>
<tr>
<th></th>
<th>EI Projects</th>
<th>Other Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very helpful</td>
<td>77</td>
<td>64%</td>
</tr>
<tr>
<td>Helpful</td>
<td>39</td>
<td>32%</td>
</tr>
<tr>
<td>Not significant</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Unhelpful</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>

Once again, local partnerships and networks were most likely to have been considered to be very helpful by Outstanding Early Intervention projects (85%) followed by those that were Generally Successful (62%) and those with Moderate/Mixed Success (50%).
There were many examples of how partnerships worked for successful projects and what they achieved:

- A successful project worked closely with the State Department of Health but also with other local service agencies; it arranged for the playgroup association to run 2 x 10 week programs for young parents support group; various organisations donated funds and help in kind such as midwife time.

- A project for recent immigrants and refugees developed a resource kit, ran children's groups and cultural workshops, advisory services and hotlines, and provided a clearinghouse service concerning other services and contacts. It ran some joint projects such as refugee week celebrations with other organisations, and worked with other organisations for purposes of community consultations and membership of each others’ committees (e.g. women's centres, shelters, Centrelink). It collaborated with others in the community sector and in government to establish a free migration agent advice service.

- A cross sectoral action group emerged from a successful project for migrants. The group met 6 times to identify gaps in service delivery and developed an information booklet.

- A successful project for young and prospective Koori parents had a wide range of very practical collaborative relationships. Part of its work depended on mainstream services being responsive to its client group. Accordingly amongst other things it trained and mentored staff in those mainstream services in strengths based approaches (using St Luke’s model) with a focus on celebrating positives. Other collaborative relationships included such activities as arranging for inoculation services to be available at playgroup sessions. The project played a liaison role with their clients, informed their clients about services available, arranged for the other services to attend playgroup sessions to give workshops. A considerable amount of networking appeared to be occurring with a wide range of service deliverers; family support, health, accommodation, emergency relief, child protection, policing and justice.

- A successful project providing support for children with a disability collaborated with many local governments to produce local government guides; collaborated with universities so that issues are now included in their curricula; worked with community groups to prepare translations, databases etc. It also developed networks and undertook professional development of many different groups.

- A project brokered many partnerships and linked with many local agencies in the course of delivering a project that had a strong case management component. These agencies remain linked to the local Secondary College from which participants in the project had come. The project listed 12 services with which it had made linkages including various health services, legal services, victims of crime and sexual assault services, and religious organisations. These linkages were particularly important because even with these linkages the project had identified an ongoing lack of services in the local area and therefore lack of opportunity to refer clients to specialist support. In addition the auspice agency for the project responded by providing a personal counsellor.

- A project working with youth at risk to get them involved in sport found that it could offer assistance to the sporting organisations involved in the project through providing support and training to clubs to manage behavioural problems with the young people and their parents during sporting activities.
• A project tailored to remote Indigenous youth ran 23 services and programs including group work, courses, case management, counselling, social, cultural and life skills experiences, training for youth workers, and used role models. In the course of doing so it reported collaborating with 21 other organisations across government and community sectors.

• A very successful parent education and case management project (assisting parents who are having trouble with attachment to young children) had close working relationships with other state health services involving primary care, acute psychiatric care for women with children 0-5; cross referrals were an important part of this case management project.

Projects that developed resource directories, provided clearinghouse services, ran community events such as parent expos collaborated with a range of services to develop, promote and deliver their product.

Factors that affect the effectiveness of partnerships

Factors that seem to be relevant include:

1. Active, two way and balanced rather than relatively passive work with partners.
2. Frequency of contact – not too much and not too little!
3. Proximity (location).
4. Choosing suitable partners (if available).
5. Clarity in roles.
6. Levels of formality at which different partners operate.
7. Levels of trust and/or mutual knowledge and understanding of partners.
8. Extent of reliance on personal relationships.

These lessons complement those identified in the Networks and Partnerships Issues Paper (Williams, Sankar and Rogers, 2004) prepared earlier as part of this evaluation.

1. Active, two way and balanced rather than relatively passive work with partners

Joint involvement in activities (planning, promoting, conducting etc) seemed to produce better results than relatively passive collaboration such as cross referrals or even reference group memberships unless the reference groups are themselves quite active. Two way partnerships in which projects have something to offer their partners (e.g. training or mentoring mainstream service providers with respect to groups with special needs or culturally different groups) seemed to engender more active co-operation.

Although most projects identified themselves in their questionnaires as undertaking project activities together with their partners, when we looked at their reports and the detail in their final questionnaires it was quite apparent that there was enormous variation amongst projects in terms of just how active they were. Some lamented the lack of activity on behalf of their partners. It is possible therefore that their questionnaire responses as shown in the following table might be somewhat overstating the levels of activity. The following table shows that most projects undertook several types of activities with their partners.
Table 26: What activities were undertaken with partners?

<table>
<thead>
<tr>
<th></th>
<th>EI Projects</th>
<th>Other Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undertaking project activities together either as part of the project or in conjunction with the project</td>
<td>110</td>
<td>89%</td>
</tr>
<tr>
<td>Identifying needs and opportunities within the local community</td>
<td>108</td>
<td>90%</td>
</tr>
<tr>
<td>Networking, exchanging or providing staff, knowledge, experience or expertise to each other</td>
<td>105</td>
<td>91%</td>
</tr>
<tr>
<td>Referring participants between the partners for services or activities</td>
<td>105</td>
<td>77%</td>
</tr>
<tr>
<td>Identifying local community strengths or advantages that could be used</td>
<td>99</td>
<td>86%</td>
</tr>
<tr>
<td>Participatory decision making</td>
<td>90</td>
<td>82%</td>
</tr>
<tr>
<td>Preparing funding submissions</td>
<td>61</td>
<td>63%</td>
</tr>
</tbody>
</table>

2. Frequency of contact – not too much and not too little!

Frequency of contact with partners is part of the relationship that needs to be delicately balanced. While very frequent contact may be beneficial for purposes of service delivery and collaboration, when it came to involving partners in reference groups several projects found that they needed to reduce the frequency and/or length of reference group meetings. Turnover of membership of reference committees and the ensuing lack of continuity were also issues that impacted on effectiveness of the reference committees but which were largely beyond the control of project management.

3. Proximity

Local collaboration and partnerships are important because they provide more opportunity for active and regular collaboration and responsiveness to emerging needs and opportunities. One example of difficulties encountered came from a project which reported difficulties in engaging far flung members of a reference group.

The issue of “how local is local?” is one that differed across projects and will have implications for the workability of the communities selected for SFCS 2004-2008. The issue to be addressed concerns whether the communities have been appropriately constructed in terms of size, boundaries, composition, focus and so on to enable workable partnerships and achievement of outcomes.

4. Choosing suitable partners

Collaboration is important and useful but not always easy to secure e.g. if suitable partners are not locally available. Several organisations commented on the lack of local services to which they could refer clients and/or to concerns about the capacity of service providers to cope with referrals due to volume of work. These were particularly vexed issues for case management programs whose effectiveness depends upon being able to refer clients to relevant service providers. One project commented that:

…an ongoing issue… was the lack of services in the area and thus the lack of opportunity to refer clients on to specialist support e.g. Family Therapy services were available in… but not in… This caused much frustration for staff as they were able to identify needs and potential service options but unable to access an appropriate service.
In this instance the auspice agency was in a position to establish a new in-house counselling position to avert further escalation of the issue. However such an option was not available to all other projects that experienced similar problems.

Similarly another project commented that:

…while there is strong support for the project and the processes it had produced, there is frustration for some midwives (anticipated when the project was first designed) about the limited capacity of other services (within and external to the hospital) to provide follow-up care. However this is not regarded as a reason for not identifying and referring women with significant psychosocial needs.

Perhaps in years to come the identification of need will drive the development of new services even though in the short term the lack of services is a source of frustration.

Partnering with more distant organisations from which services would be available was not generally a useful solution although in some remote areas it was the only solution.

The final questionnaire to projects asked them to identify with whom they had formed partnerships. The following table implies that the majority of projects were engaged in multi-sectoral partnerships.

Table 27: With whom were partnerships formed

<table>
<thead>
<tr>
<th></th>
<th>EI Projects</th>
<th>Other Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Government</td>
<td>91</td>
<td>88%</td>
</tr>
<tr>
<td>Community group</td>
<td>88</td>
<td>87%</td>
</tr>
<tr>
<td>State Government</td>
<td>77</td>
<td>73%</td>
</tr>
<tr>
<td>Local Government or shire</td>
<td>63</td>
<td>64%</td>
</tr>
<tr>
<td>Commonwealth Government</td>
<td>53</td>
<td>55%</td>
</tr>
<tr>
<td>Private sector</td>
<td>47</td>
<td>50%</td>
</tr>
<tr>
<td>Indigenous organisation</td>
<td>45</td>
<td>46%</td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
<td>33%</td>
</tr>
</tbody>
</table>

There were not many differences amongst the Outstanding, Generally Successful and Moderate/Mixed projects with respect to with which types of organisations they formed partnerships. Where differences occurred there was no real reason to believe that type of partner affected success (e.g. projects did not refer to type of partner as a factor that affected success). More research would be needed to discover whether the differences that were found are in any way relevant to success of projects. Accordingly, in this report, they are simply noted:

- **Generally Successful** projects were more likely (60%) to have formed partnerships with the private sector than were either Outstanding projects (33%) or Moderate/Mixed projects (33%).
- **Generally Successful and Outstanding** projects were more likely (71% and 69% respectively) to have formed partnerships with local government or local shire councils than were projects of Moderate/Mixed Success (50%).
- **Moderate/Mixed projects and Generally Successful** projects were more likely (54% and 47% respectively) to have formed partnerships with Indigenous organisations than were Outstanding projects (27%). The examples that follow discuss some exceptions to this pattern.
Examples

We looked at the four Outstanding projects that included Indigenous organisations amongst their partners to see whether we could detect any patterns amongst them. In all cases, Indigenous partners would have been one amongst several partners. None of the projects had Indigenous people as their specific target group but Indigenous people would have been amongst the wider target group for three out of the four projects. Indigenous organisations seem to have been a source of referrals for at least two and possibly three of the projects and were probably a source of advice about approaches to use with Indigenous clients. For example, one project reported on what it had done to make Indigenous members of the target group feel welcome.

One of the projects provided mentoring support to women suffering from postnatal depression. Indigenous women were amongst the target group. The project was successful in attracting Indigenous women but had difficulty finding Indigenous mentors. It reported that with careful matching, there had been Indigenous clients who had been happy to have a non-Indigenous volunteer and had been satisfied with outcomes.

5. Clarity of roles

Lack of clarity in roles can lead to difficulties and either significant or minor setbacks for a project. Also roles need to be realistic given the interests and capacities of the various partners.

Example

One project made some particularly insightful comments about partnerships based on its clearly described and evaluated experience with its own project. A reference group appeared to be the main mechanism through which the partnership operated. The final report for this project said:

The notion of partnerships for ‘the sake of partnerships’ needs to be considered. The model of working in integrated and collaborative ways is new for many agencies and there are some challenges in defining responsibilities and all parties being clear about their roles. Agencies in the community are clear that partnerships require us to work together but there can be confusion over the levels of involvement and who takes the lead role on tasks. There are also many layers of partnerships and working together: partnerships can be at a managerial and advisory level or at a worker level, networking, supporting and sharing. Reference Groups do not necessarily provide all of these levels of partnership required for a successful project.

A concern was expressed by some members of the Reference Group that consideration needs to be given to the purpose and role of each member agency – i.e. that agencies are not just involved for ‘the sake of it’. The partnership model on paper seemed ideal, involving the three levels of government – City of … (local), Department of Education (state) and FaCS (Commonwealth) – and key local agencies and FDC staff. Clarity around roles, realistic time commitments for members to ensure they remain involved and not overburdened, and realistic expectations of what a Reference Group can do to support a project, are crucial considerations. The Project Reference Group remained a well-functioning, cohesive group, but the expectations of the group to support the worker and project were not achievable.
6. Levels of formality at which different partners operate

Challenges can arise when different partners operate at different levels of formality. In particular government departments tend to have more formal approaches than community organisations. It can take considerable time and dedication to reach common understandings about the modus operandi for the partnership. Table 28 shows that most Early Intervention projects chose to function with informal partnerships.

Table 28: Types of partnerships formed

<table>
<thead>
<tr>
<th></th>
<th>EI Projects</th>
<th>Other Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal (written legally binding agreements among partners)</td>
<td>17 (16%)</td>
<td>25%</td>
</tr>
<tr>
<td>Semi-formal (written agreement amongst partners)</td>
<td>57 (50%)</td>
<td>36%</td>
</tr>
<tr>
<td>Informal working relationship</td>
<td>106 (90%)</td>
<td>89%</td>
</tr>
</tbody>
</table>

7. Levels of trust and/or mutual knowledge and understanding of partners

Information from the various project sources contains a lot of discussion about obtaining the trust of target groups for programs. Another important challenge for projects is to gain the trust of their partners. Lack of trust can spring from similar factors as apply to target groups (e.g. concern about whether the project is there for the long haul). However other aspects of trust relate to partner organisations having a sufficient understanding of the services and capabilities of projects and their organisations to work with them.

Projects that rely on referrals from other organisations need to establish their credibility before those organisations will be prepared to entrust their clients to them. The development of such trust can take considerable time.

Example

One ultimately successful mentoring project commented that such trust developed gradually with a range of organisations over a three year period. In the early stage of the project it was heavily dependent on staff in one organisation (a school) for referrals.
8. Extent of reliance on personal relationships

Partnerships can be fragile if they are based on single relationships between individuals in the various organisations.

Example

One project trained volunteers who were to provide outreach mentoring assistance to geographically isolated parents of young people. It was based on a partnership between 2 organisations - a health and welfare association and a community care association in order to facilitate links through referral processes. However it found that once the volunteers had been trained, they received very few referrals. In part this may have been due to the relevant person in the health organisation taking leave for 3 months at a critical time in the project’s evolution. However it is possible that closer collaboration between the two agencies and a greater depth of relationship might have recognised and averted the consequences of this change. Issues of credibility and trust (see point above) may also have been an issue for other members of the partner organisation who had not been as closely associated with the project.

9. Stability of partner organisations during projects

De-funding and restructuring of partner organisations can also reduce the effectiveness and value of the partnerships and erode progress in developing partnerships.

Example

One project reported that:

the lack of infrastructure in Indigenous communities has provided significant difficulties for the …program delivery. Throughout the last 2 years of the project, several Indigenous organisations that we have worked with have either been completely de-funded or faced significant restructures affecting both finances and staff… It takes a significant amount of time to build a sense of community in which effective working relationships are established and maintained across Indigenous and non-Indigenous agencies.

This project also recommended working in smaller communities i.e. reducing the size of the community with which project work.

7.9 Skilled workforce

Amongst other things, attributes of a skilled workforce relate to criteria for selection of staff and volunteers, qualifications and experience of those who are actually selected, organisational support, team management, performance management and professional development for staff and volunteers. It can also include access to professional services.

Factors explored explicitly through questionnaires

We looked at some of these factors through the final questionnaire:

1. Past experience with similar projects.
2. Use of professional services.
3. Training provided to staff and /or volunteers to undertake the project.
1. Past experience with similar projects

When rating the helpfulness of various factors in influencing their achievements, nearly four fifths of the projects considered such experience to have been very helpful or helpful. However, there were no differences amongst projects of varying levels of success.

Table 29: Previous experience with similar projects?

<table>
<thead>
<tr>
<th></th>
<th>EI projects</th>
<th>Other Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Very helpful</td>
<td>54</td>
<td>45%</td>
</tr>
<tr>
<td>Helpful</td>
<td>41</td>
<td>34%</td>
</tr>
<tr>
<td>Not significant</td>
<td>20</td>
<td>17%</td>
</tr>
<tr>
<td>Unhelpful</td>
<td>6</td>
<td>5%</td>
</tr>
</tbody>
</table>

2. Use of professional services

62% of Early Intervention projects reported using professional services. As discussed earlier, Outstanding projects were slightly more likely to have obtained support from professional services (75% of Outstanding projects compared with 64% of Generally Successful and 52% of Moderate/Mixed Success).

This does not necessarily mean that use of professional services caused the Outstanding projects to be successful. The fact that they more frequently obtained support from professional services may say more about the types of project and the types of needs they addressed than about whether projects have access to appropriate levels of skills. Projects that provide specialised one on one services are perhaps more likely to need to access professional services than community based projects.

3. Training provided to staff and/or volunteers to undertake the project

Another factor that can affect the skills of staff is the training they receive on the job or in preparation for the job. Training staff or volunteers to do the work of the project was a major activity for 44% of Early Intervention projects and a minor activity for a further 34% of projects. There was insufficient information to differentiate amongst projects with differing success ratings. However both successful and less successful projects drew attention to the importance of having well trained staff and volunteers.

Projects that worked well often commented that well trained and supported staff had contributed to success whereas projects that had not worked well sometimes reflected on the need for better preparation of their staff or volunteers. For the most part their comments were quite general and it was not possible to infer what might be an appropriate level and type of preparation of staff and volunteers. Moreover the projects and their requirements were so diverse that it would not be appropriate to specify particular types of competencies or other attributes. About all we can conclude is that it is important that projects give sufficient consideration to ensuring that staff are well prepared for whatever roles they are expected to perform.
Project experience relating to skilled workforce

Insufficient information was available in final and progress reports to analyse projects according to the extent to which they had an appropriately skilled workforce. Instead we have identified some projects that specifically include activities relating to recruitment and support/development of staff and volunteers including staff and volunteers in other organisations.

Many projects’ activities were in some way directed to building organisational and community capacity either to implement the project and/or conduct activities that would be complementary to the project. The majority of the activities were about building human capital (improving the skills of the workforce both paid and unpaid).

We have also identified some projects that identified particular strengths and weaknesses in their workforce and management of workforce that have contributed to their success or presented challenges. Some of the factors that they considered to be important were:

1. It is important to provide ongoing support to volunteers, facilitators and other staff.
2. Development of the capacity of participants so that they can provide ongoing activities is desirable but difficult.
3. Recruitment of staff and volunteers is a problem for many projects with no easy solution. Getting the right skills at the right level can be difficult for short term low resourced projects.
4. The workers and volunteers need to have appropriate local knowledge.
5. Staff, including professional staff, need to be carefully supervised and managed; location of workers relative to supervisors can be a factor.
6. Working with other services to up-skill them as partners can extend the capacity of projects.

1. It is important to provide ongoing support to volunteers, facilitators and other staff

This is especially important when they lack confidence, education and experience, etc.

Several projects trained members of the local community to become facilitators, mentors and so on. As well as developing and drawing on local capacity they saw local credibility as an important feature of their projects. They did find, however, that the development process needed a considerable amount of support. Some examples follow.

Examples

A project that was very pleased with the results of developing the capacity of people who can assist with project delivery and continue beyond the project commented that of the presenters they had trained.

Several have travelled outside their community to deliver the Parenting program in areas where there had not been a trained facilitator available...these presenters have confidently and skillfully entered into another community and have worked exceptionally well with the existing community agencies and supports.
This project commented that support and guidance from the Reference Committee members had increased presenter confidence and capacity. Other projects also mentioned the importance of continuing support for trained facilitators (whether paid or unpaid).

Another successful project that developed the skills of facilitators found that continuing mentoring for facilitators was an important part of support. Experienced staff provided this by:

- Assisting and advising on the marketing of programs.
- Assisting and advising on the planning of programs.
- Facilitating groups in partnership with newly trained staff and parents.
- Providing on-going de-briefing and support.
- Participation in a once a term facilitators’ network to share ideas, resources and experiences.

A successful Indigenous project drew attention to the importance of involving local people who are accepted by their community, the difficulties that arise when the skill-base and confidence of those local people is not sufficient and the types of support needed. This project provided a detailed description of these processes in their final report which is reproduced in Example 18. This example also shows just how much several of the participants grew through participating in the project.

Example 18: Project example of issues in developing local skills to support the community

The need to build local capacity to enable the sustainable delivery of community health programs has been widely acknowledged. A key objective of the project was to provide training and support to local people to become facilitators of the program, as a basis for their developing the capacity to support their families and members of the wider community achieve better health and wellbeing. In Indigenous settings, available local workers have often had limited access to education and professional training and therefore have greater needs in relation to training and support. Despite this, there is very little information in the literature exploring the challenges and opportunities involved.

The role of the staff of the University … was to train the project coordinators and group leaders in the facilitation, documentation and evaluation process. There have been a number of complexities involved in meeting this objective, and this chapter outlines some of the challenges as well as the rewards associated with this approach.

Lack of educational opportunities

Given the immediacy of problems in Indigenous settings, the difficulties associated with providing programs to rural and remote areas and the acknowledged value of involving local workers, there can be a tendency to expect local workers to assume tasks which mainstream professionals undertake only after some years of professional training. The University staff also recognised that the quality of the program depends to a large extent on the quality of the facilitation, so had to ensure that training and ongoing support were an integral aspect of the project. In between blocks of more intensive training, two staff members travelled to [the project site] at least weekly to support planning processes and, as much as possible, co-facilitate sessions.

The local facilitators were very aware of their limited education and professional training and spoke of their initial fear of the role expected of them: “It was scary at first…. I didn’t think I could do it...We can be frightened to take that first step.” Another remarked: “I was a bit nervous … this is a new role for me … I didn’t know anything about it.”
Some local facilitators feared that they may not be accepted by the participants of the groups they were running: “When I first started facilitating, because I am young and that, and because of my past and all that, many of the people had a tendency to look down at me.” There was also concern, particularly in relation to the Men’s Group that if the University staff member was unable to be at a session the numbers dropped or the group did not function as effectively: “When [name]’s not around, numbers drop. When [name]’s here, people come and pick people up…tell them that the program’s going on and pick them up from their houses.”

In order to enhance their skills and confidence the local facilitators took up other training opportunities such as training in counselling skills which they found very useful. Participating in these other training programs however also impacted on the number of programs the local workers had time to organise and deliver in the community.

With time, support and careful planning the local facilitators played a crucial role in the planning, organisation and facilitation of groups. In part this was due to the determination of the workers themselves in overcoming their apprehension: “I just keep facilitating and the men started to take notice.”

Gradually their initial anxiety and fear was replaced: “I found it challenging, and rewarding...Now I enjoy running the sessions, it’s good. I don’t get as scared any more.” The majority of facilitators identified increased confidence, learning new skills and working in groups as outcomes they had achieved in doing the course: “It feels good when you know people are listening and they are taking in something..... I found out that I was comfortable and at peace in standing up and teaching and facilitating.”

The local facilitators spoke at length about the personal growth they experienced: “Well, it’s sort of changed me inside and made changes in my life because before the program I was just all over the place on a personal level but since doing this it has kept me stable [in terms of ] what I can see and what I can identify and also what could be the possible solution in other people’s lives as well.” Another local worker said: “I believe it has changed my life a lot it has made me more aware of other people’s needs, people’s problems, it has taken the focus off myself and putting others first. Helping others, helping them better their lives you know? It’s just changed my life overall.” This new role gave the local facilitators a new and preferred story of themselves; “Long time ago you wouldn’t catch me out in the community because I was a shy person. And it was a big challenge for me to be out there but I forced myself and I liked it...Now, I know I can do it... which makes me feel good about myself.” They gained the confidence to take on other challenges: “If you put your mind to it you can achieve whatever you want to in life. Failure is not a word I use any more. You can do whatever you want to do.”

However the local facilitators also acknowledged that to date the impact at community level is minimal “I think this is too soon. …we really didn’t get down to business yet…because we were training ourselves.” As stated previously this stage of the project focussed on training a core group of potential facilitators and supporting them to take the program to the wider community. Program organisation, group facilitation and the enabling of community development processes is complex and challenging work and local workers will require ongoing supportive supervision and training.

The skills and expertise required to effectively facilitate personal and community empowerment processes are complex and the ways to develop them amongst members of the community need to be systematically researched. The role of external agencies such as universities in facilitating and supporting the development of such skills and expertise also needs to be better understood and adequately supported.
2. Development of the capacity of participants so they can provide ongoing activities is desirable but difficult

Several projects had aimed to develop skills in participants so that they could take over such activities as running future parenting groups. While development of participants to take over the running of project activities was desirable in principle and supports the philosophy of the Strategy to make families and communities self-sufficient, in practice it often proved to be difficult. Members of at risk populations were not always ready to take on such roles even when introduced gradually.

Examples

A project that had planned to establish self-managing parenting groups amongst young parents reported that:

The program research indicated that establishing separate parenting groups after each 12-week session would not be feasible in the short term. This was due to two factors:

Firstly the parents’ capacity to run groups was not high at this stage. The initial transition into parenting made it difficult for young parents to have the capacity or inclination to run groups and the program resources were not able to stretch to supporting the young parents’ skill development in this area in the establishment phase of the project. The evidence for this conclusion came from a month’s trial group run by the young parents. …This group was unsuccessful as the parents had not yet learnt the abilities needed to maintain a successful group. The program implemented a volunteer system to enable young parents to get experience with support.

Secondly, the project’s human resources would not enable worker support for separate groups for each antenatal cycle without the young parents’ facilitation. It was established that until the young parents had greater capacity to run groups, one parents support group was feasible in which all new parents could participate.

It may be that participants need longer periods of support and to work as co-facilitators for a period before they can develop the competence and capacity to take on the roles that some of the projects had planned for them.

3. Recruitment of staff and volunteers is a problem for many projects with no easy solution. Getting the right skills at the right level can be difficult for short term low resourced projects.

Various projects also mentioned successes and difficulties that they had had in recruiting appropriate workers and volunteers. However there were no general lessons to be learnt from their observations other than reinforcing the importance of sound recruitment practices.

One project that was training volunteers to provide home-based services found that the most effective recruitment process was to involve child care certificate students from a local tertiary institution.

Several projects mentioned that lack of sufficiently attractive wages combined with the short term nature of the assignment had made it difficult to recruit appropriately qualified personnel.
Clearly it is important to get the right match of skills for the tasks required. A project reported that consideration needs to be given to the degree of autonomy that the worker will have in daily operation, the skills base (both professional and project management) and the amount of practical and collegial support available to them. These are key factors in recruiting staff and setting up appropriate supervision and support arrangements. Specific formal qualifications and rates of pay that might have been more suited to the responsibilities and expectations of this position were mentioned.

4. The workers and volunteers need to have appropriate local knowledge

A project in which the worker was a family support worker engaged in case management activities stressed that for such a role it is:

...important for the worker to have a good understanding of the demographics, needs and issues of the local community as well as the available services that they can network with and refer to.

To some extent this can be acquired if it is not available amongst applicants for positions and there may be a need to take more active steps to develop that local knowledge if staff do not already have it when they come to the job. This would need to be built into project planning.

5. Staff, including professional staff, need to be carefully supervised and managed; location of workers relative to supervisors can be a factor

A project that was very analytic and reflective about its strengths and weaknesses drew a range of conclusions whose usefulness extends far beyond early intervention projects. Hence they are explored in considerable detail here in the example that follows. The reflections emphasise the importance of appropriate management structures, support and supervision of staff, location of staff and linkages to referral agencies and other services.

Example 19: Project example concerning management structures and support for staff

The final report of the project provides thoughtful recommendations that are well substantiated by project experience. In summary the recommendations (in italics) were that:

*Management structure needs to be suitable for the project.* A more appropriate supervisory structure, professional and team support would have assisted the project. A reference group which met only monthly or less frequently had the main management role in relation to the worker. Amongst other things they included providing strategic direction and development of work plans, protocols and community information, project management, and risk management, managing an external evaluation, staff supervision and performance management, implementation advice and daily support to the worker. These expectations proved to be unrealistic in terms of what reference group members could offer through a monthly meeting, their particular expertise, the time that they had available given their other commitments. Nor was what they could offer appropriate to what the family support worker needed on a daily basis.

*It is clear now that it is not possible to adequately support a solo worker and a project with a Reference Group.* The role of the Reference Group should be to act as guide in the establishment, development and maintenance of the project not to support a solo worker with professional and project management issues. This support is required from a committed employer and partner in the project. This is a key learning from this project for future projects.
The person with whom the family support worker was to co-operate on a daily basis was placed in a peer support role not a managerial/supervisory role but nor was that person appropriate for giving professional support. As a result the worker felt isolated and unsupported, professional supervision was lacking with visible consequences in terms of essential record keeping associated with case management. This put both the project and the worker in a vulnerable position.

The report of the above project also discusses difficulties that arose from an inappropriate location of the worker relative to other key colleagues with whom she needed to link for optimal project delivery. This project was a case management project and like many case management projects is highly dependent on good linkages with a range of referring agencies and service providers.

6. Working with other services to up-skill them as partners can extend the capacity of projects

In our discussion of characteristic 6 (co-ordination and collaboration with other partners) we have already referred to several projects that in the course of project development and delivery recognised and responded to the needs of their partners to develop project relevant skills and understandings. Examples included:

- Training mainstream staff in cultural awareness.
- Training mainstream service staff in strengths based approaches for use with Indigenous communities.
- Locating a staff member in another service one day a week to forge closer links and better understanding.
- Support and training to sporting clubs to manage behavioural problems with the young people (project participants) and their parents during sporting activities.
- A family support worker (employed by the project) gave some support to family day-care workers alongside whom she worked as part of providing support to families.

7.10 Evidence based/outcomes focused approaches

The use of evidence based approaches is another feature of effective early intervention programs as well as being a principle of the Strategy.

In reviewing the quality of evidence on which we based judgements about the overall level of success of each project we found considerable variation in the quantity and quality of evidence provided (see Methodology in Appendix 1).

Our qualitative analysis of 44 projects investigated the following questions related to evidence-based project development and practice:

1. How did projects give attention to evidence (research, theory, needs, identification) during the development phase?
2. How clearly did projects identify outcomes that could be realistically achieved? (outcomes focused objectives)
3. What types of basic program monitoring data did projects use?
4. How did projects systematically assess and report client satisfaction with the project processes and outcomes?
5. In what ways did projects systematically assess other outcomes?
6. Were projects externally evaluated?
7. Did projects undertake some systematic action research? (plan, do, observe, reflect, re-plan, etc.)

We would not expect all projects regardless of size, type etc to have all features of an outcome/evidence driven approach as characterised above. Indeed one project cautioned that:

*The evaluation process needs to be simple and effective. A time-consuming and cumbersome evaluation process may be a disincentive for workers and community members. The evaluation needs to be able to demonstrate the successes and challenges and inform learnings as the project develops.*

*Action research is very useful for developing and changing projects but needs to be supported by the funding body. There needs to be the flexibility to make reasonable changes if needed to improve a project, with consultation with the funding body.*

We now consider each of these features in turn.

1. **How did projects give attention to evidence (research, theory, needs identification) during the development phase?**

Examples of evidence based approaches included:
- Reference to literature, research and expert advice
- Reference to other successful examples of the project
- Market research

The report provides project examples of each.

*Reference to literature, research and expert advice*

In our early review of 44 projects we identified several that had drawn considerably on literature, research and expert advice. When we subsequently looked at the overall success levels of those projects we found that the majority of those projects proved to be *Outstanding*. This is strong support for the importance of drawing on literature, research and expert advice when designing projects. Clearly it is more difficult to do that when projects are working in uncharted territory and it would be unfortunate if all such work were to be discouraged by an insistence on evidence base approaches.

*Examples*
- Difficulties with one project that had drawn on research concerning the model of service delivery arose not from the model itself (i.e. the research base was not at fault) but from issues around management and supervision, amongst other things.
- For an *Outstanding* project the first 12 months of the project was a research phase. It included a literature review, focus group research and case series study to identify the types, impacts and management of pressure on farms.
• The evaluation report for an Outstanding project draws extensively on research literature relating to Indigenous communities around concepts of empowerment at both individual and community levels, the value of the use of narrative approaches as part of group processes, research on spirituality and religion.

• An Outstanding project using music therapy with parents who had been abused drew on literature research and past successes of similar projects.

• An Outstanding project prepared a research paper on literature for early intervention prevention.

• An Outstanding project drew on expertise from a range of disciplines to produce a resource that was a guide to Refugee readiness in schools.

• An Outstanding project sought expert advice from a range of professionals (paediatricians, psychologists, early childhood educators, child health nurses) that was used to complement information about a proven program to ensure that the adaptation to a new target group was consistent with current research and practice.

• An Outstanding project working with parents having difficulty with attachment makes good references to the theoretical and research base.

• A successful project included several references to evidence about effectiveness of early intervention and keeping abreast of literature and research.

• Two successful projects involved mass education strategies using child development experts who were recognised as good public speakers. So we can assume that the subject matter was evidenced based. It is less clear whether there is evidence that shows the effectiveness of mass presentations on parenting as a tool for change.

• A moderately successful project involving the use of a family support worker for families with children in family day care includes a good discussion, rationale and references. Also the strengths based approach adopted by the project arises from training received in St Luke’s strengths based model which is in turn founded in recent literature on strengths based approaches. Soundness of the evidence base for the project rationale was endorsed by an external evaluator. The difficulties that arose for the project related to management structures and supervision rather than to the model of service delivery per se.

**Reference to other successful examples of the project**

Clear reference to other successful examples of similar projects was also associated with success amongst the projects we reviewed.

**Examples**

• An Outstanding project was an adaptation of a program that was said to have been successful in the USA.

• An Outstanding Indigenous project was based on a successful program in another state.

• An Outstanding parent education program by satellite to remote areas was based on a proven parenting education program.

• A successful project had conducted some investigation of other similar programs and what had appealed/not appealed to parents.
- A successful project used evidence from past experience of what worked and continuing action research.

**Market research**

On the whole, projects that used market research methods also seemed to have been successful. However as shown in our discussion of factors that affected participation and engagement, community consultation as a form of ‘market research’ was no guarantee of success.

**Examples**

- A successful project used consultations with parents with disability and service providers to identify issues, barriers, possible solutions.
- An Outstanding project used surveys of parents and anecdotal feedback during the development of a training program for parents.
- An Outstanding project was part of an established state wide maternal and child health service. This project extended that service to the Chinese community. It collected evidence about demographics and needs for purposes of extending and adapting the program to that community.

2. How clearly did projects identify outcomes that could be realistically achieved? (outcome-focused objectives)

In considering clarity, we also considered whether the outcomes were likely to be achievable given the nature and time-scale of the project and whether the outcomes were sufficiently specific to be recognised when achieved.

Many projects were outcomes focused in that they included outcome statements amongst their objectives and reported on outcomes. They also included targets but these tended to relate to participation levels and types of activities to be undertaken. Many of the outcomes to which they aspired were either lofty ideals, long term outcomes or outcomes to which they could only ever make a small contribution relative to all other factors. Their objectives often lacked clear identification of the more immediate and intermediate outcomes in relation to which they could make a recognisable contribution and they lacked a project logic that would demonstrate the possible links between their activities, targets, immediate and intermediate outcomes that they could achieve and their ultimate contribution to addressing individual, family and community needs.

As noted some intended outcomes were particularly broad and resembled the types of objectives that might more often be set for the Strategy as a whole. For example, one project had as its objectives:

- To improve the wellbeing of families by delivering a program to meet their identified needs
- To provide support for marginalised and disempowered groups by assisting them to build community and individual strengths.
- To use action research to generate data on effective practices and prevention and early intervention strategies.
It is important that projects have those high order objectives in mind but they need to be accompanied by more clearly defined and achievable immediate and intermediate outcomes for purposes of project planning, implementation, monitoring and evaluation and for scrutinising the logic of their projects.

Some intended outcomes while high level, were reasonably specific, potentially measurable, and laudable but perhaps overly ambitious without clear project logics setting out intended immediate and intermediate outcomes.

Only a few of the projects appeared to have thought out the program logic that might link their immediate/short term, intermediate/medium term and long term/ultimate intended outcomes. One very successful project included amongst its expected outcomes the following statements that incorporated the ‘if-then’ concepts of project logic (these have been shown with “by” shown in bold to highlight the causal chain embedded in the description):

- enhanced family functioning by strengthening the parent-child relationship and by empowering parents to become primary prevention agents for their children;
- prevention of school failure, improving the child's behaviour and performance in school, by empowering parents in their role as partners in the educational process and by strengthening the child's and family's affiliation with the school;
- prevention of alcohol and other drug abuse in the family by increasing the family's awareness and knowledge of substance abuse and its impact on child development and by linking the family with appropriate assessment and treatment as needed;
- reduction of stress that families experience from daily life by developing an ongoing support group for parents of ‘at-risk children’, by linking the family with appropriate community resources and by building the self-esteem of each family member.

The logic may or may not have been able to be substantiated by available evidence at the outset of the project but at least it made the project’s assumptions clear so that they could be tested and evaluated.

Some projects included a mix of immediate and more ambitious outcomes which might in principle provide the basis for the development of a project logic. For example, one project aimed to develop skills for mentoring, facilitation etc; and to advance social, emotional and economic needs of Indigenous men; strengthen Indigenous families.

Another example of a project with an implicit logic was a project to teach men how to parent in a more caring respectful and responsible way regardless of the different access arrangements they might have and (thereby) improve the safety of women and children.

Yet others expressed their ‘outcomes’ primarily as processes: some at the very broad level and some at a more detailed level. Examples of ‘outcomes’ expressed in process terms were:

- support families in the region through playgroups and parent support;
- support for parents/carers, community groups, teachers through public information events with expert speakers.
Others expressed their outcomes in terms of products and outputs to be delivered e.g. provide events, newsletters, website.

Some FaCS State and Territory Offices appear to have provided project planning and performance indicator templates to encourage projects to adopt a more cohesive or logical approach to their projects. However the ways in which projects used those templates suggests that not all projects understood the ways in which the templates could be used to guide project development and evaluation.

3. What types of basic program monitoring data did projects use?

Amongst the common measures that many projects used were measures of quantity and quality such as numbers and types of activities, resources produced, consultations, levels of participation, types of clients, numbers of satisfied clients, numbers of referrals, linkages, partnerships. Many of these were stipulated in their Agreements with FaCS. They also reported against milestones in their progress reports.

Some projects provided many pages of tables of data while others provided summaries and others provided minimal data. The amount of data provided did not always correspond to the size and significance of the project or the FaCS funding given to it. That is, some relatively small projects provided a considerable amount of program monitoring data while some very large projects appear to have provided little or none.

Except in relation to milestones, volume of activities and sometimes levels of participation, few of the projects made any attempt to judge the adequacy of the results or whether they were better or worse than expected. Even with respect to levels of participation some projects reported figures that were difficult to interpret without some type of benchmark. For example information about the number of families receiving services from a family support worker would have been more meaningful had some information been provided about expected caseloads over a given period.

4. How did projects systematically assess and report client satisfaction with the project processes and outcomes?

Most projects reported some evidence of client satisfaction, much of it plausible but not always easily verifiable. Project agreements with FaCS typically included a requirement to report on client and or other stakeholder satisfaction.

Methods that were commonly used included questionnaires at the end of a project or feedback sheets at the end of sessions. They were typically simple questionnaires but projects still experienced considerable difficulty in obtaining a substantial number of responses. Results were often reported (and sometimes over-analysed) for as few as 4 respondents. Some external evaluations experienced similar difficulties. Clear guidelines and feedback from FaCS, and referral to guides to evaluation and data analysis, could have improved the quality of these reports.

Other projects reported anecdotal evidence, informal feedback and observations and feedback obtained through focus groups, and action research methods.

Some used case studies that incorporated feedback and some obtained indirect informal feedback from service providers who had links to their clients. Some also obtained feedback from service providers and others about their own satisfaction with the project and perceptions of its strengths and weaknesses.
Despite the difficulties that projects had in measuring client satisfaction it was clear that client satisfaction was very important to them and that they solicited or looked out for information about client satisfaction as far as possible. Whether they were sufficiently attuned to feedback about dissatisfaction is unclear.

5. In what ways did projects systematically assess other outcomes?

Many projects reported outcomes (other than satisfaction) that they had in some way measured, observed or received feedback about. A wide range of quantitative and qualitative methodologies was used by different projects.

A small number of projects used pre and post project administration of what appeared to be standardised measures for assessing client outcomes. Examples included:

- A project working with parents with an intellectual disability measured progress in terms of impacts on parents, children's behaviour and home environment before during and four months after parent training programs including the use of a standardised measure of the quality of the home environment. This project considered that it would be important in future to have a more systematic longitudinal study and more robust research design using randomised control methods.

- Another project adapted a Parenting Stress Index by shortening it and making it more culturally sensitive and used it before and after participation to measure changes in coping and in parent-child relationships.

- Another project used pre and post project application of a ‘Hospital Anxiety and Depression Scale’ and a ‘Parenting Stress Index’. In using these measures the project report referred to some of the methodological difficulties including small numbers, limited number of before and after measures and lack of a comparison group.

A minority of projects systematically followed up on participant outcomes after they had ‘left’ the project. There is no particular reason to believe that systematic follow-up would be associated with better results. However, availability of better evidence made it more likely that projects could be assessed as Outstanding. Some projects highlighted both the importance and the difficulties of undertaking longitudinal studies and found that they were unable to do so for a range of practical and ethical considerations.

For those that did undertake some type of follow-up beyond immediate follow-up just after completion, the follow up periods ranged from a few weeks to more than a year and some experienced some methodological difficulties with follow-up. These difficulties limited their conclusions. Examples and their limitations were as follows:

- One project held follow-up sessions with families once a month for 5 months after ‘completion of the program’. The sessions provided further skills and at the same time found out from participants how they were progressing following the initial course. The evaluator notes that in this case the fact that the program was still delivering assistance through the sessions means that it is difficult to disentangle the effects of the original course and the continuing provision. So while these follow-up sessions may well have been a valuable part of the program they were only partly useful as a follow up measure of outcomes.
One project collected the data through an external evaluation. In this case all follow-up was conducted at the same time (March 2004) but participant completion ranged from September 2002 to December 2003. The evaluator therefore notes that some follow up was short term and some was long term.

Another project followed up 10 of 20 families who met the criteria for follow-up. These were 10 that agreed to be part of the longitudinal study. Some 92 families had been assisted by the project so the 10 projects were a subset of the total of 92 families. The evaluator notes that the criteria were such that it appeared that the project was really only following up families that were highly likely to have had a successful outcome. It was a measure of whether those successes that had been achieved in the short term had been sustained but not a good measure of overall success 'rates'. These would need to be considered relative to the total number of families assisted rather than the numbers followed up.

There were a few examples of longitudinal studies that involved both pre-tests and then repeated follow-up (the length of the funding period put a ceiling on the length of follow-up):

- An example was a successful project that obtained longitudinal results from 100 families who were administered a standardised assessment scale. Parents completed the standardised assessment scale prior to attending sleep sessions, at 1 month and at 3 months post sleep education session. Tests of statistical significance identified the particular parent and child behaviours in relation to which there had been a change and for which behaviours there was no statistically significant change. The evaluator notes that on the basis of information contained in the final report from the project, there appears to have been no control group. If so, then there may be some difficulties in attributing to the program measured differences in parent and child behaviours over a 3 month period.

Many projects used questionnaires to identify self reported outcomes occasionally using before and after questionnaires and less often using questionnaires to report on changes in others’ behaviour. Examples of use of questionnaires included:

- Self reported improvements using a questionnaire - self esteem, assertiveness, communication, positive parenting, confidence in accessing agencies; also case studies reporting outcomes.

- A project working with families in which children had Autistic Spectrum Disorder reported parents’ ratings of pre and post program knowledge in relation to 11 topics and pre and post ratings of achievement of goals in relation to communication, social, self care, play and behaviour and satisfaction with how much was achieved.

- A project that worked with men who had a history of violence with their families collected end of course evaluations from both the men and their partners since it was important that the partners observe improvements in the relationship and behaviours in the home. These were reported as detailed cases but the evaluator notes that the numbers of cases and the discrepancies between the perspectives of the men and their partners made some of the data difficult to interpret.
A few projects used in-depth interviews with project participants and/or target groups. One project working with an Indigenous community engaged an external evaluator to adopt the role of observer at various key points. She combined debriefing and discussion sessions with the project staff. She also collected evaluation forms after parenting sessions and held an evaluation morning of the participants in the various groups. She told her evaluation as a story.

Another project used systematic and structured reflective processes with participants using a card system, writing personal stories and presenting results based on a quadrant approach which included both quantitative and qualitative data supported by and cross referenced to individual stories. The quadrants related to four themes: intuitive, cognitive/analytical, structural/physical and interpersonal /emotional. More detail about the methodology is included in the report. The methodology is mentioned here because it may have the potential when used appropriately in group settings to overcome a difficulty that was mentioned by many projects, namely getting participants to complete questionnaires or more generally to participate in evaluation processes. It appears that this method was both enjoyable and affirming for participants with the added benefit of leaving each person with her/his own story through which to reflect on and celebrate progress and consider options.

Example 20 describes the monitoring and evaluation processes and results of a project that was able to obtain good response rates. These were probably achieved because the project had a relatively ‘captive’ audience – students enrolled in accredited courses.

A few projects lamented not having more consistently and systematically collected evaluation data along the way and several commented that they had learnt how important it is to think about evaluation early in the project and incorporate evaluation processes.

Many reports of outcomes were based on anecdotal evidence, observations and informal feedback. However, in some cases projects were able to give specific examples of observations they had made thereby in some way substantiating their more general claims. Examples included:

- A project with a Chinese community of new migrants observed changes in parental behaviour with respect to discipline, nutrition, play; inoculation and dental screening. Another outcome was the identification of volunteer leaders from within the Chinese community who then received leadership training. This identification of leaders was an intended outcome of the project rather than simply a process.
- Some projects used reports on individual ‘cases’, typically incorporating self reported outcomes attributed to the project and sometimes feedback from other service providers about changes in behaviour that they attributed to the program e.g. reduced truancy of students, better communication with partners.
- Some immediate impacts in terms of knowledge, confidence and skills gained; increase in accessing services; desire to do other courses; also increased community awareness of program.
- Changes to hospital practices, procedures, protocols etc resulting from the project (an intended outcome of the project).

Some projects made claims about outcomes but did not provide any substantiating evidence or examples. For example, a project reported that antisocial behaviour has reduced as a result of the program but gave no examples nor identified the source of evidence.
Example 20: Project with systematic processes to gather evidence of outcomes

This project was a pre-parenting program for young Indigenous people using accredited courses, mentoring and assessment. It used systematic processes to report many outcomes and obtained high response rates using surveys along with high retention rates of participants. It used a combination of different types of evidence: questionnaires concerning satisfaction, strengths and weaknesses of the courses and impacts on participants and their future intentions, feedback on participant behaviour and progress through reference group members, other anecdotal feedback, monitoring statistics such as retention and participation rates. It included informal feedback on post program outcomes as client follow-up.

**Improvement in parenting / family relationship skills:**

Percentage of participants who achieve a positive outcome as assessed by improvements in confidence, self esteem, parenting skills, and increased use of and satisfaction with services and their ability to meet needs.

- 98% of course participants advised that they believed that completing the Program had assisted them to develop better skills in caring for children.
- 64% of course participants specifically identified an increase in their level of confidence in caring for children.
- 72% of participants advised they were more aware of how to keep children safe and healthy, 59% were more aware of child abuse and neglect issues, and 72% advised they had more general knowledge about children and their needs.
- Only 23% of participants had previously accessed the host venue. The participant’s satisfaction with the host venue was rated at 4.4 on a 5-point scale. This indicates that young people felt the venue met their needs, that they felt safe and respected there, and that they felt a sense of connection to the venue. These variables are important for young people to feel secure to re-engage with the service at a later point.
- Young people who completed the course advised that the opportunity to learn about child development, child health and safety, child abuse, and stress management were key reasons for their decision to participate in the program.

From their involvement with a parenting Program,

- 93% of young people identified that they were interested in participating in additional courses.
- 71% of participants indicated they wanted to learn more about self-confidence and self-esteem.
- 60% were interested in learning more about relationships and communication.

Percentage of participants who retain a positive outcome (as above).

We have not formally retested participants at intervals post the completion of the course as this was not agreed or built into the program.

Anecdotal information from course co-facilitators, Elders, and community members suggests that many of the young people who participate in the parenting program continue to engage in positive childcare practices after the course completes.

Many of the young people who participated in the program are well known to the course facilitation staff and their informal connections to these people continue after the course is finished. Several of the Reference Committee members and Elders involved in the project have been impressed by the young people’s ongoing commitment to caring for children.

As outlined above, many of the young people who participate in the program indicate an interest in engaging in additional courses.

Their involvement in the Program has provided them with a positive learning opportunity, which many of the young people may not have experienced elsewhere. A proportion of these young people may continue on with further study or training.

The retention rate for the duration of the project was 92%, and the rate of Indigenous young people’s participation in the courses was 88%.
6. **Were projects externally evaluated?**

Only some projects were required to do this under their Agreement with FaCS. A few others had external evaluations even though these appeared not to have been part of the Agreement.

As might be expected the external evaluations varied considerably in methodology, quality and scope. As appropriate, this analysis has used information from those evaluations in conjunction with the performance monitoring and other evaluation data that projects have reported themselves in their progress and final reports.

In general, the external evaluations focused on obtaining information about client satisfaction and outcomes in addition to or instead of the performance monitoring data that projects routinely reported to FaCS (numbers of participants, numbers of partnerships, courses run etc). However one project appears to have used its external evaluator (a highly qualified person) primarily to collect the relatively mundane performance indicator data that the project should have been collecting and reporting itself. The use of the external evaluator for this purpose may have been necessary because internal records were so inadequate as to require considerable effort to piece together information from files.

7. **Did projects undertake some systematic action research? (plan, do, observe, reflect, re-plan etc).**

As noted in discussion of features of the Strategy (Key evaluation question 3), Projects that applied the Action research approach advocated by the Strategy generally found it useful. In the final questionnaire, 36% of projects reported using it as a major activity and a further 33% reported it as a minor activity.

When we looked at project reports we found that the term and the concept of action research was used rather liberally by projects. Some adopted and transparently reported the results obtained using the classic steps in action research. Others appeared to use the term ‘action research’ to mean any feedback that they received and used during the course of implementing the project. This makes it difficult to code the projects. In essence if projects said they adopted an action research approach and there is some evidence of them having sought feedback, learnt, reflected and applied their learning during the course of their project then we have coded them as taking an action research approach.

**Examples of action research approaches reported by projects**

As discussed in relation to Key Evaluation Question 3 concerning features of the Strategy, ‘Action Research’ is an approach that has been advocated by the Strategy. Some projects have received specific funding and expert assistance to undertake action research. Several early intervention projects referred to their use of action research approaches. As for projects that had drawn on research evidence, literature and so on in their formulation, projects that used action research approaches tended to be the Outstanding and Successful ones:

- An Outstanding project followed the plan, act, observe, reflect model for each program and documented findings.
- An Outstanding project was teaching action research methodology (reflective and problem solving approaches) to community members as part of a course.
A Successful project used diary records, ongoing feedback, review days etc as its approach to action research.

A Successful project undertook some action research through being active participants in an external evaluation which had a monitoring and evaluation capacity building focus.

For one Successful project, action research was equated with its reference committee reflecting on what works and doesn't work and trying new approaches.

A Successful project reported insights and adaptations made through action research.

A Moderately successful project claimed to have adopted an action research approach but equated action research with obtaining data from stakeholders and involving them in review of the recommendations. This use of the concept of action research is a particularly liberal one.

Projects showed a great willingness to reflect on and learn from their experience and the generosity to share that learning with others. This applied both to projects that specifically mentioned adopting an action research orientation and those that did not.

Action research offers many benefits but it offers more benefits if it is done systematically. As the above examples show, some of the projects applied fairly loose definitions of action research. If there is an intention to advocate or require projects to engage in action research approaches then it might be useful for it to articulate more clearly what is involved and how it can be most useful.

7.11 Implications of the eight principles of effective early intervention

This analysis is one of the ways in which the evaluation of the Strategy can be said to have contributed to the Australian evidence-base for early intervention programs and policies.

The eight characteristics that have previously emerged from the research literature can be advocated reasonably confidently as principles for future Early Intervention work, applying the same cautions as were given in relation to the links between implementation of the eight Strategy principles and project outcomes. The examples from the Early Intervention projects for each of the eight characteristics can be useful for future projects that may seek to put the principles into practice in their own contexts. More generally, further education of prospective projects concerning the importance of the 8 principles and how to apply them could be useful.

We draw particular attention to the possibility of supporting further development of understanding of:

- Strengths based approaches – what they are, when to use them and how to make them work. This could include dissemination of information about particular models of strengths based approaches and training in these.

- Transition based approaches – what they are, when to use them and how to make them work; identification of how they can be used more effectively with target groups that in the past have not been as exposed to transition based approaches.
• **Multi-faceted and holistic approaches** – what they are and the practical implications for effective design, budgeting and delivery. The importance of partnerships and networks to support multi-faceted approaches can also be emphasised. Some information about what is needed to make those partnerships work is included in this case study and other information is available through other Strategy evaluation issues papers and case studies (in particular the paper on Partnerships).

• **Skilled staff and volunteers** – projects do seem to be aware of the importance of having skilled staff and volunteers but the short time frames and budgets make it difficult for some of them to attract and retain sufficient and appropriately qualified staff. The likelihood that they will be able to do so needs to be carefully assessed when making decisions about funding of projects as distinct from ongoing services in which there may be greater capacity to offer continuity and attractive wages and conditions. Given the importance of developing trust with members of at risk communities, the need to increase the likelihood of continuity of service is crucial. In many cases it may be that the only satisfactory way to do this is through recurrent funded services rather than short term projects. This has implications for the types of projects that programs like the Strategy choose to fund.

• **Evidence based and outcomes focused approaches** – including in particular the development of project logic and action research approaches and attention to processes by which projects could contribute to the evidence base as well as draw from it.

> The use of evidence of varying types to develop and guide the project was strongly associated with the success of the project. This is strong support for the importance of drawing on literature, research and expert advice when designing projects. However, a requirement that all projects demonstrate that they are based on research would be a risk-averse strategy that may not be the best way to break new ground in areas where it has been difficult to demonstrate success. It may discourage innovation.

We would also see great value in further dissemination of information about what works drawing on research literature and project experiences. This may make it easier for projects and their communities to adopt an evidence-based approach. Some formal process to document and disseminate details of the implementation of successful projects would be useful. Undertaking research and preparing papers around particular approaches and activities (e.g. what makes group processes work well with at risk populations?) would be another approach.

> Amongst the final reports and evaluation reports for projects are various reviews of relevant literature (e.g. the reviews of early childhood interventions that we have cited in this section and in the previous Early Intervention Issues paper) that could be a valuable resource to add to the evidence base for wider dissemination.

Lack of opportunity to conduct longitudinal studies owing to the duration of the projects and lack of funds and expertise to do so, limits the conclusions that can drawn about achievement of longer term and typically higher level outcomes and about the sustainability of short and medium term outcomes that have been achieved during the funding period. Projects themselves and their auspices are unlikely to undertake such studies once the funding agreement is over. Like the need for evaluation of mass education strategies, the conduct of longitudinal studies of the effectiveness of projects is something that FaCS might well build into a selection of future funded projects.
8  What else hindered or helped the Strategy to achieve its objectives and outcomes? What works best for whom, why and when?

8.1  Summary

This section focuses on what else helps or hinders projects funded by the Strategy and what works best for whom under what circumstances. The section looks at:

- Other factors that projects identified in their final questionnaires as having been important;
- Factors that affected participation of target groups in projects;
- Differences amongst projects that worked with different target groups;
- Factors that affected the success of projects that used different types of activities.

Other factors that projects identified in their final questionnaires as having been important

The factors considered here are those that are additional to factors discussed elsewhere in the paper such as the importance of the auspice, Strategy funds and FaCS support.

The other factors that projects considered to be particularly important to their success were:

- The people involved in the project;
- Community support;
- The project's attention to identifying and responding to community issues, local partnerships and networks.

Outstanding projects were more likely to rate these factors to have been helpful than less successful projects.

Factors that affected participation of target groups in projects

Projects that had had difficulties in attracting participants were more reflective about factors that affected participation than were projects that had no such difficulties. The types of factors they identified included:

Participant factors

- Trust of the target group in short term services and reluctance to work on establishing relationships that could not be maintained long term;
- Competing priorities in the often crisis-ridden lives of the target groups;
- Difficulties in getting parents and others to commit to longer-term programs;
- Cultural differences and how the project addressed these;
- Pride and a sense of self-reliance; parental reluctance to acknowledge that they had a need or could benefit from early intervention activities.
Project factors

- Need for active recruitment, perseverance and extra lead time for socially isolated people who were the target group of several projects;
- Potential for stigmatisation;
- The provision of a safe environment;
- Choice of suitable venue and suitable times for participants, volunteers and staff;
- Provision of or access to transport and childcare;
- Interpersonal difficulties and how these were managed (these could be either project or participant factors).

Relationships with other agencies

- Strength of relationships with agencies on which projects depended as a source of referrals;
- Competition from other services or projects for the same target group.

Differences amongst projects that worked with different target groups

Projects working with migrants, refugees and CALD (Culturally and Linguistically Diverse) families had higher rates of overall success (as rated by the evaluation team) during the life of the project than other projects, particularly projects that focused on working with Indigenous families. Projects that were working with families under stress also had a lower comparative rate of success during the life of the project. We explore some of the distinguishing features of projects within these various target groups that were most successful and least effective.

It is not clear what it was about the CALD projects as a group that made them more successful. It may have been because they were transition projects assisting with bridging between Australian mainstream culture and the cultural backgrounds of the groups in question. They could therefore expect to achieve significant outcomes for participants during the lifetime of the project, compared to projects working with entrenched disadvantage where many other issues needed to be addressed. The less successful CALD projects were those that were working with a particular community around a range of family and community issues.

Outstanding projects working with parents and families under stress tended to be multifaceted projects that worked intensively with families identified as ‘at risk’ (some through referral agencies) during periods of transition and they tended to involve a combination of professional services, peer support groups and links to other services that could assist as issues arose.

Factors that affected the success of different types of activities

Activities frequently incorporated into early intervention programs include:

- Case management;
- Group work;
- Mentoring;
- Mass education strategies; and
- Home visiting.
As shown in Table 4, 58% of the Early Intervention projects reported undertaking group parenting programs as a major activity, 48% reported mentoring or role modelling to be a major activity, and 21% reported case management to be a major activity. Other sources of data indicated home visiting as a component in 13% of the Early Intervention projects. While the actual proportion of Early Intervention projects incorporating mass education strategies was not established, several of the projects were identified as undertaking such activities.

Some of the patterns and learnings emerging from the analysis of data on the Early Intervention projects incorporating these activities (alone or in combination) are summarised below and discussed in more detail in section 8.5.

While project experience confirmed that case management can be a useful early intervention strategy, it was most useful when used as one strategy amongst others than when used on its own and when principles and processes of effective case management were observed.

Projects rated as Outstanding used group processes (parenting groups, supported playgroups, groups of people with special needs such as those arising from trauma, migration, childhood abuse, disability) as major activities more often than other projects. This does not mean that all projects should adopt group processes in order to be effective. The experience of projects also shows that if group processes are to be used they need to be carefully and competently managed, especially given that many of the individuals may be under considerable stress in their lives and tensions may erupt during groups, requiring skilled intervention. There may also be occasions on which group processes are simply not appropriate.

Some lessons about mentoring that came from Early Intervention projects included:

- the challenge of obtaining involvement from sufficient genuinely committed potential mentors given the level of demand in the target group;
- time lag to match mentors to mentees can lead to drop out of either;
- referral sources need to be carefully monitored with respect to their understanding of the project and the appropriateness of referrals;
- when working with children and young people, background checks are very important;
- mentor-mentee matches for particular sub-groups in the population can be difficult (e.g. Indigenous). Different strategies may be required for support and guidance;
- mentors need to be adequately trained and supported; there needs to be good guidelines for operation and good communication between mentors and coordinators.

Some projects used what might be referred to as mass education strategies for example expos, service directories, resources, websites, lectures by experts and other large-group presentations. Very often the budget associated with these projects is relatively low and as a result the projects rarely do more than report on reach and potential reach. We therefore found it difficult to draw conclusions about the effectiveness of these strategies.
There are limitations to what this report can say about **home visiting activities** among the Early Intervention projects due to insufficient information. While not necessarily generalisable, we are able to report on the patterns and learnings emerging from the available data about the Early Intervention projects.

While home visiting has been found in previous research and evaluation to be an important component of early intervention in early childhood (for example, DoCS, 2005), overall, as a group, Early Intervention projects that used **home visits** were less likely to be rated as *Generally Successful* or *Outstanding* than projects that did not use home visits. However, within that group there were examples of several different models, some of which appeared to be more positively associated with success of the projects than others.

For example, about half of the projects that used home visits employed professionals for the purpose and the other half used volunteers, (usually trained volunteers).

- In support of the findings of previous research on home visiting programs (Barnett, 2002), the Early Intervention projects that used trained staff and professionals for purposes of home visits were more likely to have been successful than those that used volunteers.
- There were nevertheless some successful projects that used volunteers and some less successful projects that used professionals.

Some of the circumstances under which the Early Intervention projects using volunteers for home visits did and did not work are explored in section 8.5.

### 8.2 Other factors that projects identified in their final questionnaires as having been important

**Overview of project and community factors**

In other sections of this paper we have discussed various factors that projects indicated in their final questionnaires were helpful in influencing what they achieved. In addition to the help they received from Strategy funds and other support, projects endorsed the importance of the use of partnerships and networks, the support of the auspice for the project, other activities that were occurring in the community and the previous experience of the project (management, staff etc) with similar projects.

Other factors that were identified as particularly important were those relating to the community in which the project was taking place and to the features of the project itself. In summary these factors were as shown in the following table.
Table 30: Helpfulness of various community factors and project factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>EI Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>The people involved (project factor)</td>
<td></td>
</tr>
<tr>
<td>Very helpful</td>
<td>88</td>
</tr>
<tr>
<td>Helpful</td>
<td>26</td>
</tr>
<tr>
<td>Not significant</td>
<td>3</td>
</tr>
<tr>
<td>Unhelpful</td>
<td>3</td>
</tr>
<tr>
<td>Very unhelpful</td>
<td>1</td>
</tr>
<tr>
<td>Community support (community factor)</td>
<td></td>
</tr>
<tr>
<td>Very helpful</td>
<td>74</td>
</tr>
<tr>
<td>Helpful</td>
<td>35</td>
</tr>
<tr>
<td>Not significant</td>
<td>7</td>
</tr>
<tr>
<td>Unhelpful</td>
<td>5</td>
</tr>
<tr>
<td>Identifying and responding to community issues (project factor)</td>
<td></td>
</tr>
<tr>
<td>Very helpful</td>
<td>65</td>
</tr>
<tr>
<td>Helpful</td>
<td>48</td>
</tr>
<tr>
<td>Not significant</td>
<td>7</td>
</tr>
<tr>
<td>Very unhelpful</td>
<td>1</td>
</tr>
<tr>
<td>Local conditions (community factor)</td>
<td></td>
</tr>
<tr>
<td>Very helpful</td>
<td>38</td>
</tr>
<tr>
<td>Helpful</td>
<td>38</td>
</tr>
<tr>
<td>Not significant</td>
<td>18</td>
</tr>
<tr>
<td>Unhelpful</td>
<td>21</td>
</tr>
<tr>
<td>Very unhelpful</td>
<td>6</td>
</tr>
</tbody>
</table>

‘The people involved’ in the project was the most frequently identified very helpful or helpful factor. The prominence of the people factor carried over to the qualitative comments that projects made about the key factors that had affected their success.

Community support was one of the most helpful factors for projects (a community factor) and they attributed some of their success to the fact that they identified and responded to community issues (a project factor).

On the other hand, local conditions were identified more often than any other factor as having been unhelpful or very unhelpful to the project. Even so less than a quarter identified local conditions as being unhelpful or very unhelpful.

Project and community factors and overall project success

There were some differences amongst projects of varying levels of success with respect to how important these factors were considered to be. The following factors were more important for Outstanding projects especially when compared with Moderate/Mixed projects

- The people involved.
  
  85% of Outstanding projects considered this very helpful compared with 77% of Generally Successful projects and 54% of Moderate/Mixed projects

- Local partnerships and networks
  
  85% for Outstanding, 62% for Generally Successful and 50% for Moderate/Mixed. One Outstanding project that indicated that local partnerships were not significant was a relatively self contained project working within a defined community delivering training within that community.
• Community Support

80% of Outstanding projects considered this very helpful compared with 64% of Generally Successful and 39% of Moderate/Mixed Success.

None of the Outstanding projects considered community support to be either insignificant or unhelpful.

There were only 7 projects across all of those Early Intervention projects that responded to the questionnaire that considered that community support was not significant. Of these 7 projects, one was Low Success, and 3 were Moderate/Mixed Success revealing a high representation of less successful projects. It is quite possible that they did not realise just how important this community support could have been. A further 4 Moderate/Mixed projects considered community support to have been unhelpful.

• Identifying and responding to community issues

65% for Outstanding, 62% for Generally Successful and 23% for Moderate/Mixed

• Local conditions

Outstanding projects were more likely than Moderate/Mixed projects to identify local conditions as having been very helpful (40% and 19% respectively). There are several possible interpretations including that: the local conditions were actually less helpful to Moderate/Mixed projects and contributed to their lower success levels; or that the Moderate/Mixed projects were more likely to see local conditions as a factor beyond their control and less likely to adopt a ‘can do’ approach.

Other factors affecting projects

About half of the Early Intervention projects that submitted a final questionnaire provided additional comments on factors that contributed to or inhibited their success. Some of these have already been discussed in this paper in relation to the impact of the auspice and others are discussed in giving consideration to the role of partnerships and networks.

Comments concerning additional factors fell broadly into the following categories in order from most frequently mentioned to least frequently mentioned. Many of the points reinforce responses to the closed response questions concerning factors that affected success in the questionnaires. However as comments volunteered by projects they are worth repeating. Several projects mentioned more than one factor.

• People directly involved in the project (Co-ordinator, staff and volunteers, participants, others – mentions were mostly positive).

• Funds and other resources (mentions were all negative).

• Community support or lack thereof (mentions were mostly positive).

• Features of project design and delivery (mentions were mostly positive).

• Other external factors (mentions were mixed).
Examples of each follow.

**People directly involved in the project** (Co-ordinator, staff and volunteers, participants, others)

Most of the people related factors facilitated rather than inhibited achievements. Projects spoke of particular skills, teamwork, mutual respect, commitment, cultural sensitivity and enthusiasm that the people brought to the project.

Some projects mentioned the importance of having facilitators, project workers volunteers from a similar cultural background especially in the case of Indigenous communities. For example, in commenting on difficulties in obtaining high participation rates, an evaluation report concluded that:

*Attendance records indicate that playgroups with Aboriginal leadership and support from the local Aboriginal community have consistently high attendance rates.*

However there were exceptions to this general pattern. For example, a project providing mentoring found that Indigenous mentees were satisfied with their non-Indigenous mentors when no Indigenous mentors could be recruited.

Where people factors were negative they tended to relate to difficulties in recruiting the right staff, retaining staff and volunteers. Other examples were tensions amongst staff (e.g. staff from different disciplines) and tensions amongst participants. The itinerant nature of participants from some target groups that led to difficulties in building trust within a group and some difficulties arising from cultural differences were also mentioned.

There were also examples of projects who brought in external speakers (e.g. to address a parenting group) and found that the speakers created antagonism because of their messages or the way in which they were delivered. Attrition amongst participants and damage within an already fragile group that needed to be mended were amongst the effects cited. These experiences would seem to point to the importance of careful selection and briefing of speakers and other personnel, volunteers etc especially when working with vulnerable individuals and communities for whom a great deal of groundwork may need to be done to establish trust and confidence.

**Funds and other resources** (such factors as failure to anticipate and budget for some costs, difficulties coping with demand, impacts of having to rely on volunteers instead of paid staff). All comments concerning resources referred to the negative impacts of lack of funds and resources including the effects in terms of being unable to continue the activities of the project.

**Community support or lack thereof** (support from local community including local service providers, willingness to recognise and address issues). Most references to community support were positive but there were also examples of community resistance and in one case ‘attack’ by one segment of the community.

**Features of project design and delivery** (such factors as how needs were assessed, community consultations, features built into the design, choice of appropriate venue etc). More positive features than negative features were identified.
Other external factors (including support from the wider community sector, Government agencies, government policies, priorities and relationships including issues of lack of integration and boundaries between agencies, geography, drought, other developments such as the impact of the opening of a new Correctional Centre in the vicinity). External factors were divided about equally between facilitating and inhibiting factors.

8.3 Factors that affected participation and engagement in projects

Participation is a fundamental first step to being able to benefit from Strategy projects. It is one of the aspects of project design and implementation that features most prominently in projects’ final reports and in the performance indicator data, especially the comments from the FaCS project officers. It is the first outcome in the Strategy outcomes hierarchy.

Although most projects were rated as having achieved something in relation to Outcome 1 (participation and engagement) there was enormous variation amongst projects in the degree to which they achieved participation.

For some of the projects that received an overall lower success rating, difficulty in gaining and maintaining participation was a key factor contributing to that lower success rating; if they could not get people to participate then it was not possible to achieve outcomes with them. Accordingly we have identified and content analysed the types of factors that projects suggested were contributing to difficulties with participation. On the whole, projects were more reflective about factors that affected participation when they had had difficulties in attracting participants than when they had been successful in doing so. However some more successful projects were aware of and managed these factors well and saw them as contributing to their success.

We have classified the types of factors as relating to participants, to projects and to relationships with other agencies but clearly the factors are interactive rather than standalone.

The types of factors included:

Participant factors

1. Trust of the target group in short term services and reluctance to work on establishing relationships that could not be maintained long term.
2. Competing priorities in the often crisis ridden lives of the target groups.
3. Difficulties in getting parents and others to commit to longer term programs.
4. Cultural differences and how the project addressed these.
5. Pride and a sense of self reliance; parental reluctance to acknowledge that they had a need or could benefit from early intervention activities.

Project factors

1. Need for active recruitment, perseverance and extra lead time for socially isolated people who were the target group of several projects.
2. Potential for stigmatisation.
3. The provision of a safe environment.
4. Choice of suitable venue and suitable times for participants, volunteers and staff.
5. Provision of or access to transport and childcare.
6. Interpersonal difficulties and how these were managed (these could be either project or participant factors).

**Relationships with other agencies**

1. Strength of relationships with agencies on which projects depended as a source of referral.
2. Competition from other services or projects for the same target group.

These factors are discussed in more detail in the following section.

**Participant factors**

1. **Trust of the target group in short term services and reluctance to work on establishing relationships that could not be maintained long term.**

The short term nature of some of the projects gave them insufficient time to develop trust especially against a backdrop of past experience with short term funded projects. One project in reflecting on the difficulty of engaging the community commented that:

...school staff were more interested in whether the funding was infinite and what would occur if funding ceased.

We’ve heard agencies promise services only to pull out when we’ve really needed them.

Teachers were quite open about the fact that they had had many promises made by agencies offering services in their community that did not sustain their commitment.

On the worker’s first visit to the schoolhouse there was abundant evidence on the number of agencies and services who over time had used the schoolhouse as a base to deliver services and then withdrawn. This was evident by the equipment, resources, pamphlets and agencies materials discarded around the house.

2. **Competing priorities in the often crisis ridden lives of the target groups.**

Competing personal priorities, community events and issues could also draw people away from committed and continuous involvement in a project.

With respect to competing personal priorities:

Marginalised - disadvantaged and socially isolated families are very difficult to engage in projects in general because of the complexity of their situations and the problems with which they are grappling.

A couple of participants in one of the other Strategy evaluation studies also argued that a preventative approach could only be effectively adopted after clients had first been assisted with their immediate needs. They rejected what they saw as an overly simplistic positioning of ‘welfare’ and ‘prevention’ as mutually exclusive and opposite ways of working.
How can you counsel people that are in crisis until you've dealt with their crisis? They can't sit there and be counselled because they are too busy worrying about where they are going to live. Are they going to become homeless? How are they going to feed their children? All of those issues, you have to first deal with those things first. Then you can put pro-active things into place. But if governments don't address the crisis situation … then I don't see how the other things can work.

With respect to competing community priorities:

One of the main challenges that has impacted upon the delivery of the Program over the funding period includes a lack of community capacity to take on projects if the community are involved in 'local' events or if there are 'local' issues. Even though the course presenters are well known and respected within their community, we have found that if there is conflict or crisis in the community, or if the community is preparing for a major event, the community’s focus is taken away from the Program and instead placed upon these other issues. In several courses, this has resulted in the program either being postponed or cancelled and moved to a different venue. This, again, relates to the ongoing issue that we have faced, in that within the Indigenous community there are only a few people who are taking on the majority share of the community’s work.

Attendance records show that some playgroups have low attendance … however this does not necessarily equate with a lack of support or demand. It may be a reflection of what else is happening in the local community especially as families who are worried about accommodation and issues of basic needs may not see playgroups as a very high priority in their lives. It may be due to location or the day the playgroup is held.

3. Difficulties in getting parents and others to commit to longer term programs

This was especially difficult where target populations were transient. Sometimes communities are quite literally migratory. For example a project that was conducting a series of playgroups found that it had to terminate one of the playgroups because the whole community to which that project was directed (a CALD community) moved away from the area.

Projects that used group activities to establish peer support groups depended upon there being continuity of participation to develop trust amongst participants. Some projects tried to address this issue by conducting more self contained activities. For example a project converted what had been planned as a sequence of parenting sessions to a series of standalone events. However this did make it more difficult for the project to contribute to continuity of relationships.

In some projects where there was lack of continuity, regular participants became quite annoyed by the disruptive effects of irregular attendance by others.

4. Cultural differences and how the project addressed these

These could also affect willingness to participate in some types of activities but not others. For example one project that served several CALD communities found that members of one ethnic group preferred to participate in groups while members of another preferred to work as individuals. Historical frictions appeared to have contributed to lack of trust amongst ‘members’ of this second CALD group. They were a demographic group but did not function as a visible group.
5. Pride and a sense of self reliance; parental reluctance to acknowledge that they had a need or could benefit from early intervention activities.

One project commented that:

…to engage parents with services was the most significant challenge of the project. The community is a private community and a proud community and sceptical of accepting assistance from service providers both locally and from ‘those down the line’.

Reluctance to participate in groups can be particularly salient in a small community where most people would know each other and would become aware of each other’s problems in a group setting. Some saw participation in parenting programs as an indicator of failure as a parent and would not want others to know about their participation.

Project factors

1. Need for active recruitment, perseverance and extra lead time for socially isolated people who were the target group of several projects.

On the issue of perseverance, an outreach project traversing large distances commented that it might have found it easy not to return to communities that had expressed no initial interest. However:

We continue to go back to places even when we might have gone there once and it was a fizzer. People in small communities say to us that services come once and don’t get a great turnout so they don’t come back again. We have persevered until we find that we are not needed any more, or our funding runs out!

This project made the observation that being flexible and adaptive is very important to engender trust, engagement and to ensure delivery of useful assistance. However the project also commented that such an approach does involve more work.

2. Potential for stigmatisation.

We have noted that some people are reluctant to participate because they see participation as signifying inadequacy (both to themselves and to others). Several projects tried to address the issue by changing the way in which they packaged and promoted their activities. For example one project changed the focus from ‘positive parenting’ to ‘personal growth and lifestyle’.

Another project changed its approach to encouraging participation as follows:

We believed that recruiting welfare dependant clients was not going to be difficult. After canvassing and developing networks with local services we believed that recruitment of clients was as simple as getting them referred by other services. Clients were referred by other services and meetings/interviews were arranged, however clients failed to attend such meetings…
We discovered that our clients did not identify to the brochure we had put out because they were constantly living in crisis mode and would not come forward because they felt they would be stigmatised because of the welfare dependence. The reference group decided to have the brochure changed to highlight the benefits to the client and the processes we would use to recruit clients and the challenges they would meet and work to achieve. The role of the Coordinator would change from one of facilitation to access other services to a role of advocacy and facilitation. We discovered that many clients do not have the skills to negotiate without getting angry or are unable to read and write and are not articulate in arguing their case. The support for this project across the whole community is astounding.

At the time of this evaluation the above project had recruited a small number of client families but it was too early to tell whether the change in the approach had been successful in terms maintaining their involvement and achieving results.

3. The provision of a safe environment

The provision of a safe environment, through the approaches that projects adopted in working with participants was fundamental to their success:

This project was spontaneous and open to those who were involved. It dropped barriers and allowed participants to be vulnerable where they could feel safe to share things that arose in their lives. The honour and courage that came with that was way beyond what anyone could expect. To be in an environment where there was a real sense of belonging and trust was truly overwhelming and made us all feel very humble to be involved in such a wonderful project that had evolved from those who had come to the project.

4. Choice of suitable venue and suitable times for participants, volunteers and staff

Choice of venue can be either a facilitating or inhibiting factor. When it provides a ‘safe’, neutral and comforting environment it can encourage participation.

Comments from one project illustrate the potentially negative effect of some venues: “The conflict between agencies and poor choice of workshop locations meant poor attendance eg. Centrelink offices were not useful and put clients off.” Communication breakdown between agencies concerning promotion of the workshops and expected levels of participation appear to have also played a part in the difficulties that this project experienced.

Another project working with men at risk held its sessions in a shed, a venue that they considered to be a comfortable one for men. They also used a confidential counselling room for those who required it.

Another project working with young pregnant women provided a venue that would appeal to youth and allowed them to decorate it. In the past, an alienating venue (the hospital) had discouraged these young women from attending ante natal classes. Running the ante-natal classes elsewhere, contributed to increased participation.

Another project reflected that:

Families’ busy lives and diverse schedules made planning more difficult. There were also ideological concerns about asking parents with young children to come out in the evenings or on weekends. Staff time was also a consideration, and although they were supportive, the manager and the project coordinator agreed this was not something they would want to design.
5. Provision of or access to transport and childcare

These factors were critical to many projects but especially to those that involved working with parents who had young children. Some projects had not foreshadowed how important these factors would be. Several projects, once they had realised how critical transport and childcare were, found themselves out of pocket through deciding to subsidise them in some way. Several commented on the need to make greater provision for childcare and transport assistance in future project design.

However other projects successfully included transport and childcare as critical parts of their service delivery and used them to add value over and above improved accessibility. For example, time spent during transportation could be used to build mutual understanding and relationships.

Similarly, for some projects, the provision of childcare during parent group activities served multiple purposes. Not only did it enable parents to participate but it provided an environment in which, for some activities, parent and child could participate side by side, supportive observations could be made about parenting behaviours and guidance given, and children could be assisted through guided playgroups.

6. Interpersonal difficulties and how these were managed.

These occurred from time to time amongst members within groups or with a facilitator and sometimes led to some participants dropping out. More positively, the success of many projects seems to have hinged on the personal qualities and drive of individual project managers, staff and volunteers.

Relationships with other agencies

1. Strength of relationships with agencies on which projects depended as a source of referral

Some projects had insufficiently strong relationships with agencies on which they depended as referral sources. Developing credibility with those partners on whom they depended for referrals is a process that takes time. A project that trained volunteers to conduct home visits with at risk families was a project that encountered some difficulties in this respect. Another project that depended on services for referrals for a home visiting service by a family support worker also experienced difficulties in this regard.

By contrast agencies that had good referral networks and established relationships found that they had an abundance of referrals. Sometimes excessive referrals led to inappropriate referrals and/or case overload which in turn created a cycle in which a reduced number of people could be serviced. Hence the quality of the relationship and the mutual understanding of what each could deliver was important, not just the number of referrals.

2. Competition from other services or projects for the same target group.

Our analysis identified only a few such examples from project documentation and there was no indication that there was widespread duplication of existing services by Strategy funded projects.
8.4 **Differences amongst projects that worked with different target groups**

Our comparisons considered whether there were:

- any differences amongst projects that worked with the various target groups identified earlier in this case study;
- any differences amongst projects whose locations varied with respect to accessibility and remoteness.

**Other specific and general target groups**

Earlier in this report we showed how many projects were directed to various target groups, noting that many projects addressed several target groups and were therefore counted against several target groups. Using these target group categorisations, we conducted an analysis to see whether projects that were working with some target groups tended to be more successful than those working with other target groups. The following table compares overall ratings for each target group (for target groups linked to 15 or more projects).

<table>
<thead>
<tr>
<th>Target group</th>
<th>Project</th>
<th>Outstanding</th>
<th>Generally Successful</th>
<th>Moderate/ Mixed success</th>
<th>Low Success</th>
<th>Un-coded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents and families under stress</td>
<td>40</td>
<td>7</td>
<td>18%</td>
<td>8 20%</td>
<td>12 30%</td>
<td>1 3%</td>
</tr>
<tr>
<td>0-5 year olds and parents</td>
<td>32</td>
<td>7</td>
<td>22%</td>
<td>14 44%</td>
<td>6 19%</td>
<td>0% 5</td>
</tr>
<tr>
<td>Indigenous</td>
<td>29</td>
<td>1</td>
<td>3%</td>
<td>9 31%</td>
<td>4 14%</td>
<td>3 10%</td>
</tr>
<tr>
<td>Migrant, refugee and CALD</td>
<td>22</td>
<td>6</td>
<td>27%</td>
<td>7 32%</td>
<td>3 14%</td>
<td>0% 0%</td>
</tr>
<tr>
<td>Disability and health issues</td>
<td>23</td>
<td>3</td>
<td>13%</td>
<td>11 48%</td>
<td>5 22%</td>
<td>1 4%</td>
</tr>
<tr>
<td>6 year olds and above and parents</td>
<td>16</td>
<td>2</td>
<td>13%</td>
<td>9 56%</td>
<td>3 19%</td>
<td>0% 2</td>
</tr>
<tr>
<td>General 0-5 year olds and parents</td>
<td>15</td>
<td>2</td>
<td>13%</td>
<td>9 60%</td>
<td>1 7%</td>
<td>0% 3</td>
</tr>
</tbody>
</table>

As shown in Table 31, projects targeting CALD families were more likely to be rated as *Outstanding* than those targeting other groups. Projects targeting Indigenous families were least likely to be rated *Outstanding*. In addition, three of the total of 4 projects that were rated as *Low* (had encountered very significant problems, had achieved little, or were terminated) were Indigenous projects.

However, almost a third of the projects that were working with parents and families under stress received a *Moderate/Mixed* rating. Only one of these was also working with an Indigenous community.
It is also clear that we have less information (in terms of proportion of projects with final reports, questionnaires and so on) on which to base judgements about success for projects that worked with some target groups compared with others. In particular, we have less information for projects that worked with Indigenous communities, projects that worked with parents and families under stress, and projects that worked with migrant, refugee and CALD communities.

Therefore, we considered it useful to also conduct an analysis across target groups incorporating only those projects for which there was sufficient information to make a judgement about success (that is, removing un-coded projects from the previous analysis) and comparing each target group with all other Early Intervention projects about which we could make a judgement about success. The following table shows that with this analysis, the pattern remains similar but the differences become more pronounced.

Table 32: Distribution of global ratings for different target groups for which sufficient information was available to make a judgement about success

<table>
<thead>
<tr>
<th>Target group</th>
<th>Projects</th>
<th>Outstanding</th>
<th>Generally Successful</th>
<th>Moderate/ mixed success</th>
<th>Low Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents and families under stress</td>
<td>28</td>
<td>7</td>
<td>25%</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>All other EI projects</td>
<td>109</td>
<td>21</td>
<td>19%</td>
<td>67</td>
<td>18</td>
</tr>
<tr>
<td>0-5 year olds and parents</td>
<td>27</td>
<td>7</td>
<td>26%</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>All other EI projects</td>
<td>110</td>
<td>21</td>
<td>19%</td>
<td>61</td>
<td>24</td>
</tr>
<tr>
<td>Disability and health issues</td>
<td>20</td>
<td>3</td>
<td>15%</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>All other EI projects</td>
<td>117</td>
<td>25</td>
<td>21%</td>
<td>64</td>
<td>25</td>
</tr>
<tr>
<td>Indigenous</td>
<td>17</td>
<td>1</td>
<td>6%</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>All other EI projects</td>
<td>120</td>
<td>27</td>
<td>23%</td>
<td>66</td>
<td>26</td>
</tr>
<tr>
<td>Migrant, refugee and CALD</td>
<td>16</td>
<td>6</td>
<td>38%</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>All other EI projects</td>
<td>121</td>
<td>22</td>
<td>18%</td>
<td>68</td>
<td>27</td>
</tr>
<tr>
<td>6 year olds and above and parents</td>
<td>14</td>
<td>2</td>
<td>14%</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>All other EI projects</td>
<td>123</td>
<td>26</td>
<td>21%</td>
<td>66</td>
<td>27</td>
</tr>
<tr>
<td>General 0-5 year olds and parents</td>
<td>12</td>
<td>2</td>
<td>17%</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>All other EI projects</td>
<td>125</td>
<td>26</td>
<td>21%</td>
<td>66</td>
<td>29</td>
</tr>
</tbody>
</table>
Why did projects that worked with Culturally and Linguistically Diverse (CALD) populations tend to be more successful than other Early Intervention projects? What differentiated the most successful CALD projects from the less successful ones?

Projects that worked with Culturally and Linguistically Diverse populations seemed to have a higher success rate overall than other Early Intervention projects. Amongst the CALD projects, the more successful ones were those that were largely transition projects assisting with bridging between Australian mainstream culture and the cultural backgrounds of the groups in question e.g. assisting migrant families to understand parenting in Australia and the tensions that differences could create in their families when children are exposed at school to Australian ways. Their objectives were clearly defined rather than diffuse and were focused in the first instance on short to medium term early intervention objectives.

These successful projects were generally conducted as group projects that also fostered social networks. Some of the participants might have experienced trauma (e.g. refugees) and needed other services in addition to those provided by these bridging projects. However, the bridging projects were achieving their bridging objectives.

The less successful CALD projects (i.e. Moderate/Mixed) were those that were working with a particular community around a broad range of family and community issues. Some had difficulty raising awareness and securing engagement of the community.

Why were so many of the projects with parents and families under stress only moderately successful? Which were the ones that were highly successful and why?

Projects directed to parents/families under stress were slightly over-represented amongst the Moderate/Mixed projects. When we looked at those projects we found that there was no particular pattern of difficulties and that the sorts of difficulties that they had encountered collectively were similar to those that we have identified throughout this case study, namely:

- Difficulties in obtaining and maintaining participation. Transient populations and diverse cultural groups exacerbated the problems for some projects. Some projects found that young parents were particularly difficult to engage.
- Slow start to project leading to difficulties in meeting targets for participation.
- Smaller numbers of clients than might be expected given the size of the budget.
- Conversely, overload of a service and difficulties in addressing and managing that overload. For one project the difficulties included managing and supporting volunteers to deal with the overload.
- Difficulties in establishing links and good communication with other services and partners.
Young mothers (primarily teenage mothers) were one of the types of parents classified as being under stress. Some projects working with this target group experienced difficulties in getting very young mothers (below 19 yrs) to participate. However there were also some examples of successful projects working with young mothers. The successful projects provided multifaceted programs addressing many interests and needs of the young people rather than just parent education groups. They worked hard to make the experience fun and they chose venues and ways of operating that would appeal to young people. They created “an environment where there was a real sense of belonging and trust”.

**Outstanding** examples tended to be multi-faceted projects that worked intensively with families identified at risk (some through referral agencies) during periods of transition and they tended to involve a combination of professional services, peer support groups and links to other services that could assist as issues arose. The projects were:

- A multi-faceted service working intensively and holistically with a selection of vulnerable families who had been identified through other agencies and who were provided with scholarships to participate. The project adopted a strengths based approach. It was located with a strong auspice providing focal point with established links and reputation.

- A project worked intensively with residents in a facility for homeless women to ease their transition from the facility to the community. An additional outreach program also prevented some young women from becoming homeless. The project alleviated social isolation through groups and established links to community services to help them maintain independent living and maintain their parenting. The project was clearly a transitional one.

- A multifaceted project was designed to support young mothers who were identified early as having postnatal depression. It trained volunteers who were themselves undertaking relevant tertiary studies to provide practical and emotional home visiting support to the new mothers and their families, assisted them to link with other services and to participate in support groups. The project was also clearly a transitional one.

- The project worked intensively with families identified through local agencies and service providers as needing support. Mental health of some participants was fragile. The project took a holistic family based approach and gave support for issues as they arise (e.g. potential homelessness), observed parenting and involvement, provided respite childcare in a safe secure environment where parents and children were able to learn together. Use of trained staff and good support structures were important.

- An action research project identified and trialled a process that could identify vulnerable women and their families who would benefit from additional parenting support during the antenatal and post natal period and to link these women to appropriate services. To be successful the project needed to influence the culture, knowledge, practices and policies of the hospital and it did have such impacts: it “produced a paradigm shift within a busy public hospital system”. Although it had some difficulties in working effectively with outside agencies in that particular locality (because they were already stretched in trying to meet demand) it drew attention to what was needed and the findings of the action research are said to have continued to influence the Health Sector in that state.
• A family networks project encouraged a shift from specialist services focused on children to supporting families to develop their own resources and access mainstream community child and family services. Parent volunteers co-facilitated the delivery of training to staff. The project was piloted with parents who were on a waiting list for early intervention services (they had therefore been identified) and who would not otherwise have received services or would have had minimal access to them. The focus of the family networks was on transition to school but it was also piloted with families of playgroup age children. Parents involved in this program spent half an hour with therapists and staff interacting with children in the playgroup program and then moved to participate in the family networks program. Sensitivity to the needs of the group at an early stage of the child’s development was said to have influenced the success of the project.

• A project for at risk young parents (15-19 year olds) provided a positive, safe and fun environment for the young parents that addressed parenting skills and at risk behaviours and provided practical and emotional support as issues arose. A focus on the issues that were important to them (health, finance, education etc) and links to services that could assist them with those issues were critical. Development of social capital amongst participants, links to a wide range of services, auspice and community support were strong features of the project. Choice and training of staff, peer educators and guest speakers proved to be important. Provision of transportation also proved to be critical and it provided opportunities for further interaction between staff and participants.

Projects in accessible and remote locations

We also considered the location of projects using the Australian Bureau of Statistics ARIA codes. ARIA is “a purely geographic measure of remoteness, which excludes any consideration of socio-economic status, rurality and population size factors”. The accessibility or remoteness of Strategy projects is discussed in another paper on the Implementation of Strategy (Rogers and Kimberley, 2005) prepared for the evaluation. Numbers in parentheses show the number of Early Intervention projects that were in each ARIA category based on postcodes.

Highly accessible (139)  Relatively unrestricted accessibility to a wide range of goods and services and opportunities for social interaction
Accessible (26)  Some restrictions to accessibility of some goods, services and opportunities for social interaction
Moderately accessible (13)  Significantly restricted accessibility of goods, services and opportunities for social interaction
Remote (10)  Very restricted accessibility of goods, services and opportunities for social interaction
Very remote (7)  Locationally disadvantaged - very little accessibility of goods, services and opportunities for social interaction

Remote and very remote communities were most likely to have been classified as unknown with respect to global rating. Sufficient information was available for just over half of those projects. It is sometimes said that more remote communities feel less pressure to be accountable. However, there was also insufficient information to rate about one third of the projects in highly accessible locations. Information was available for more of the moderately accessible projects than for any other classification of projects. Therefore degree of remoteness was not directly related to likelihood that information would be available from the projects.
All of the remote and very remote projects for which information was available were rated as either Outstanding or Generally Successful, with the Outstanding projects being in two very remote communities. It follows that all of the projects rated low and moderate/mixed were in highly accessible, accessible or moderately accessible. This would seem to suggest that projects working in remote areas appear to have adapted well to their remoteness in designing and delivering their projects.

Example 21: Two Outstanding very remote projects.

One Outstanding project in a very remote area was a weekly group offering parent information sessions and childcare for preschool age children. It found that the childcare element was critical not only to enable parents to participate but also to give them an opportunity to relax and unwind before they could think about parenting issues. The project also clearly provided opportunities for social contact and the reduction of isolation. It worked closely with other service agencies in the area and raised participant awareness of them. The project became the ‘hub for new services’.

The other Outstanding project working in a very remote location was with an Indigenous community. This project is amongst our examples of projects of differing levels of success in Section 3.3. The local community health service and partners from a University ran the Family Wellbeing training program over a 40 week period. The project (adapted from an existing program), had two main steps that actively incorporated both learning and then application of learning to address community issues:

Step 1 is based on structured personal development workshops that enhance personal empowerment by encouraging participants to identify their needs, their strengths and skills and build on these in order to better deal with problems in everyday life. One of the key principles is to train local facilitators to deliver the program on a sustainable basis. Step 2 involves follow-up community development processes aimed at supporting groups of participants to collectively address identified priority community issues arising out of the personal development training.

The project was bounded in both time and location and worked with a total of 55 people. The community was a Deed of Grant Community. It is a community with a long history of alcohol problems said to be due to proximity to town and a high incidence of youth suicide that they have now greatly reduced said to be as a result of their determination and innovative work. This history of recognising problems and taking action may have made the community more receptive to a project like this. This project could therefore be seen as assisting the community to further develop its capacity to successfully function as a self determining community. An evaluation conducted 6 to 12 months after the end of the program identified some enduring changes and impacts on the socio-emotional health of participants and impacts on their lives.

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5 A Deed of Grant is a government self-proclamation for self-management.
8.5 **Particular project activities**

Early intervention programs frequently include varying combinations of the following activities (amongst others):

- Case management;
- Group work;
- Mentoring;
- Mass education strategies; and
- Home visiting.

The following discussion focuses on the patterns and learnings emerging from the data about the Early Intervention projects that incorporated one or more of these activities.

During the qualitative analysis it appeared that, as a general pattern, projects that were using some types of activities were more likely to be successful than others. However, there was great variation of approach and levels of success amongst projects that used a general class of activity (e.g. home visiting). We do not therefore wish to draw conclusions that some activities are inherently more effective or successful than others. A different set of projects might have produced quite different ‘average’ results.

We took these observed differences as a starting point for exploring in more detail what characterised the more successful and least successful projects within a group of projects that used a particular approach (say home visiting). This enabled us to raise and explore questions about when it may be more (or less) appropriate to use particular approaches and how those approaches can be made to work best. The following is a summary of lessons learnt or reinforced about particular types of activities and issues arising from the analysis that may benefit from further exploration.

**Case management approaches**

Case management approaches were reported to have been used by 21% of Early Intervention projects as a major activity and 29% as a minor activity. Projects that were of *Moderate/Mixed Success* were slightly more likely (30%) to have used case management approaches as a major activity than *Generally Successful* or *Outstanding* projects. Nevertheless, a third of the *Outstanding* projects used case management as a minor activity. This implied they were using case management in conjunction with other activities.

Later in this paper, we cite an example of a successful project that stressed the importance of taking a holistic approach to the use of case management and group work with the same clients.

The fact that *Moderate/Mixed* projects used case management as a major strategy slightly more often than other projects does not mean that case management is a poor strategy. It may simply mean that case management as a major strategy is adopted more frequently with those individuals and families that are confronting particularly difficult issues and with whom it may be more difficult to achieve recognisable success especially in the short term. It may also mean that it is quite difficult to successfully implement case management.

Several considerations that are relevant to successful case management were highlighted by the Early Intervention projects (either they were observed or their absence was). Some of the key considerations included:

- the value of linking case management to other group and/or community activities (as discussed above);
• availability of services to which to refer clients;
• management of case load;
• staff training and skills in case management;
• evaluation and reporting of case management outcomes.

With respect to the issues of skills in case management, experience of projects reinforces the fact that when case management approaches are used it is important to ensure that they have staff who are skilled in all aspects of case management including case assessment, planning, monitoring, reviewing, recording and such issues as managing caseloads and dealing with waitlists.

There were examples of case management projects that were lacking in some of these skills: the deficiencies may well have contributed to less than optimal results for the clients. They certainly detracted from the capacity of the project to report client outcomes both meaningfully and systematically and this in turn reduced their chances of being rated as Outstanding.

On the other hand there were examples of projects whose staff were clearly skilled in case management and able to juggle the competing demands for achieving individualised objectives and reporting aggregated data concerning outcomes across clients.

This report is not the place to go into the detail of effective case management processes. We refer to the point simply for the purpose of emphasising the importance of having project relevant competencies.

In conclusion, case management can be a useful early intervention strategy but in the case of the Early Intervention projects that we studied it was most useful when used as one strategy amongst others than when on its own and when principles and processes of effective case management were observed.

Group work approaches

Outstanding projects used Group processes (parenting groups, supported playgroups, groups of people with special needs such as those arising from trauma, migration, childhood abuse, disability) as major activities more often than Moderate/Mixed projects and slightly more often than Generally Successful projects.

The following table shows the three types of activities that most clearly differentiated between the projects that were most successful and other projects. It is apparent that all three of those activities are in some sense group based activities. This does not mean that all projects should adopt group processes in order to be effective. The experience of projects also shows that if group processes are to be used they need to be carefully and competently managed, especially given that many of the individuals may be under considerable stress in their lives and tensions may erupt. There may also be occasions on which group processes are simply not appropriate.
Table 33: Activities undertaken by project overall success ratings

<table>
<thead>
<tr>
<th>Project activities/</th>
<th>Outstanding</th>
<th>Generally successful</th>
<th>Moderate or mixed success</th>
<th>Limited success</th>
<th>Un-coded</th>
<th>All EI projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent undertaken</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Bringing community members together - for example, women's centres.</td>
<td>Major activity</td>
<td>14</td>
<td>67%</td>
<td>35</td>
<td>57%</td>
<td>7</td>
</tr>
<tr>
<td>Minor activity</td>
<td>7</td>
<td>33%</td>
<td>16</td>
<td>26%</td>
<td>10</td>
<td>44%</td>
</tr>
<tr>
<td>Not provided</td>
<td>0</td>
<td>0%</td>
<td>10</td>
<td>16%</td>
<td>6</td>
<td>26%</td>
</tr>
<tr>
<td>Counselling and other practical assistance, e.g. youth bush camps, life skills courses</td>
<td>Major activity</td>
<td>13</td>
<td>62%</td>
<td>27</td>
<td>44%</td>
<td>9</td>
</tr>
<tr>
<td>Minor activity</td>
<td>6</td>
<td>29%</td>
<td>22</td>
<td>36%</td>
<td>9</td>
<td>39%</td>
</tr>
<tr>
<td>Not provided</td>
<td>2</td>
<td>10%</td>
<td>12</td>
<td>20%</td>
<td>5</td>
<td>22%</td>
</tr>
<tr>
<td>Providing group parenting programs</td>
<td>Major activity</td>
<td>15</td>
<td>71%</td>
<td>35</td>
<td>58%</td>
<td>11</td>
</tr>
<tr>
<td>Minor activity</td>
<td>3</td>
<td>14%</td>
<td>12</td>
<td>20%</td>
<td>7</td>
<td>30%</td>
</tr>
<tr>
<td>Not provided</td>
<td>3</td>
<td>14%</td>
<td>13</td>
<td>22%</td>
<td>5</td>
<td>22%</td>
</tr>
</tbody>
</table>

Group approaches had many benefits in terms of such considerations as learning from each other, developing social capital, and efficiency in terms of numbers of people reached. However, they were not appropriate for all types of clients within or across projects. One project working with new migrants found that group approaches were very effective with Chinese clients but ineffective with clients from the previous Yugoslavia who preferred home visits. The project speculates on the cultural and historical reasons for these differences and emphasises the importance of adapting the project sensitively to the needs of different cultural groups as it expands to those groups.

Moreover some projects that ran several groups found that the participation levels and the effectiveness of the group processes varied considerably from one group to another often depending upon the group dynamics and relationships amongst group members outside of the group. Several projects mentioned the frustration that some members of the group felt when other members turned up late for group sessions.

Many of the individuals for whom groups are run are from ‘at risk’ populations and some may have psychological and behavioural issues (such as anger management, resentment). These can make group cohesion and group management difficult. Projects wrestled with how they could adopt inclusive approaches while at the same time making groups productive for all concerned. Depending on the project they encountered various issues such as disruptive behaviour, dealing with people who had emotional problems or intellectual disability, dealing with cultural and language differences. Some of the approaches they adopted are included in our earlier discussion concerning accessibility and inclusiveness.

Skills in group facilitation are clearly important for dealing with such personal and interpersonal issues as well as for coping with differences amongst group members in experience in and approach to working in a group e.g. the variations of approach to punctuality that may be associated with different cultures and differences in circumstances amongst members. Once again, while these challenges are not unique to Strategy projects they do need to be considered as factors that influenced the effectiveness of those projects.
**Mentoring**

About half of the Early Intervention projects (regardless of success level) reported having used mentoring and/or role modelling as a major activity. Some that we looked at in more detail used mentoring as a discrete activity, matching mentors to mentees.

Some issues that arose with some Early Intervention projects that used mentoring included:

- The challenge of obtaining involvement from sufficient genuinely committed potential mentors given the level of demand in the target group. Inability to service demand can lead to great disappointment after raising expectations. That disappointment needs to be carefully managed and alternatives explored.
- Time lag to match mentors to mentees can lead to drop out of either.
- Referral sources need to be carefully monitored with respect to their understanding of the project and the appropriateness of referrals.
- When working with children and young people, background checks are very important – make sure that police checks are done and that references are checked.
- Mentor-mentee matches for particular sub-groups in the population can be difficult (e.g. Indigenous). Different strategies may be required.
- Mentors need to be adequately trained and supported; there need to be good guidelines for operation and good communication between mentors and co-ordinators. One *Generally Successful* project commented on the particular qualifications that a co-ordinator needs.

One project stated that the role of the coordinator is the most important aspect of the program. Observations made by the project included the following.

- It is a multi-skilled role that requires amongst other things excellent communication, organisation and record keeping skills.
- It is important to have the role clearly and realistically defined.
- Given the clientele, it may be useful for the coordinator to have had social work experience and/or experience working with young people.
- It may also be useful for the coordinator to have fortnightly professional supervision from an experienced social worker.

This same project concluded that the matching process has to be sufficiently flexible to allow matches to occur and that very detailed matching of interests, circumstances and other features is no guarantee of an effective match. From the co-ordinator's experience,

> Most mentors who had successful relationships did nothing special other than to be there for their mentees, to turn up every fortnight and to be non-judgemental.

The research evidence on mentoring programs is discussed as an illustrative example in the issues paper, *Evidence-Based Policy and Practice* (Rogers and Williams, 2005), produced as part of this evaluation.
Mass education strategies

Some projects used what might be referred to as mass education strategies for example expos, service directories, resources, websites, lectures by experts and other large group presentations. Very often the budget associated with these projects is relatively low and on a project by project basis it would not be efficient to mount a substantial evaluation of impact. As a result the projects rarely do more than report on reach and potential reach. They do this by reporting numbers of people attending a lecture, numbers of brochures distributed etc. There would be value in doing some cross project evaluations of mass education as a tool for change with respect to the types of issues and target groups that are addressed by the Strategy.

An evaluation of these different tools for different populations and circumstances would also be appropriate in the context of the new Strategy since different communities will no doubt be delivering some such strategies.

Undoubtedly any such evaluation would need to look at questions relating to what types of education techniques work under what types of circumstances and when and when not and with whom to use mass education strategies. Reflecting on this issue one project working with remote communities concluded that:

…with parent education, the most valuable thing is talking with people.

The team has found that most of their work on parent education, and their evaluation of the work, takes place informally.

In some of the small remote communities they prefer to sit and chat to you while they are doing things with you or playing with the kids. They don’t like taking written information away with them because people will see that they need extra help. We have learnt that talking to people is a valid way of working, but we still feel that we have to put it in this other more official language of workshops, rather than saying that we are talking to people about being parents.

Home visiting

Home visiting is an approach that has been adopted by various state government departments in Australia (e.g. as a component of Strengthening Families Victoria and of the NSW Early Intervention Program).

Home visiting is a process for delivering interventions, not a single type of intervention. Therefore, different home visiting programs may have quite different rationales, procedures and resources. This must be kept in mind when reviewing projects which use home visiting. It is also important to remember that, as for all EI projects, some EI projects that used home visiting were focused on infants and early childhood/early parenting but many were not about early childhood (e.g. home visiting to families affected by disability, with or without infants and young children).
There can be many different rationales or theories of change for home visiting, which can be used singly or in combination in a particular project. As Vimpani (2005) has argued, it would be appropriate for projects that were directed to early childhood and early parenting to focus on a theory of change and implementation strategy aimed at supporting parent-child attachment, because of its centrality in research literature relating to home visiting as an early childhood intervention. However, for those Strategy projects that were not directed to early childhood, parent-child attachment is not the critical issue and the project’s theory of change, and implementation strategy, would be expected to be appropriately different.

The appropriateness of different theories of change and different modus operandi for home visiting will vary considerably depending upon the target audience, needs, context and so on. Some common reasons (or rudimentary theories of change) for using home visiting include:

- Developing trusting, attached relationships;
- Engaging families who are isolated;
- Providing practical assistance in the home;
- Modelling parenting (in a respectful partnership-based responsive relationship with the mother especially for those who might have had poor attachment experiences in their own early life);
- Assessment in situ;
- Addressing low parental self efficacy (or self efficacy for other target groups such as people with disability, people with drug and alcohol problems) using strengths based approaches, motivational interviewing and so on;
- Linking families to local services and the community, including physically taking them there;
- Bringing services to the home when people in the home cannot get to the services.

There is a considerable body of literature about home visiting as a component of early childhood intervention programs. A review of the literature on early intervention and prevention strategies to promote effective parenting and healthy families (Linke, 2001/2004), discussed several studies of home visiting both internationally and Australia, and concluded that effective home visiting programs for early childhood had these features:

- intensive in the early months;
- linked to other resources where appropriate;
- delivered by professionals who are well trained and mentored (home visiting by volunteers has not been found to have the same sustained positive outcomes but can be helpful as one part of a group of interventions);
- sustained over the first two years;
- strategies linked directly to risk factors.
The review also identified the effectiveness of incorporating targeted home visiting (for identified at risk families) within universal home visiting, and beyond this, the importance of home visiting as part of a raft of strategies including those needed to address the issue of distrust of welfare services by vulnerable families. Vimpani (2005) in the context of examining the effectiveness of strategies to work with young people affected by substance abuse, discusses the importance of getting the right mix of strategies at a range of different levels (individual, family, other relationships, community, society) recognising that different strategies will be appropriate for different people with different needs and under different circumstances. Home visiting is part of this mix and its effectiveness is conditional on many factors which should be considered when choosing to use it and deciding how to implement it.

**Home visiting in the Strategy**

There are limitations to what this report can say about home visiting activities among Strategy projects, due to insufficient information. The Final Questionnaire did not specifically ask about home visiting (in a list of possible project activities). While the final reports reviewed for the study provided some information about home visiting activities for some Early Intervention projects, the information provided was not consistent across the projects in terms of the quality and comprehensiveness of details on what was done, by whom or how. In this report, we can therefore only report on the patterns that emerged in the information available and raise issues for discussion, rather than make conclusive claims.

We identified from project descriptions that only 24 of the 191 (13%) Early Intervention projects (for which information was available about activities) made explicit reference to using home visits as an activity.

As a proportion of all funded projects for each state and territory, projects in Queensland (8 out of 37 projects) and South Australia (5 out of 21 projects) made the most frequent use of home visits. The need for outreach services to geographically remote communities may partially explain this but the incidence of projects with a home visiting component was low in WA (2 out of 16 projects). In Victoria 4 out of 21 projects used home visiting and in NSW only 5 of the 55 NSW projects involved home visits. No Early Intervention projects in ACT or Northern Territory or National projects appear to have used home visits.

Home visits were involved in several projects that incorporated intensive work with families. Some commented directly on the usefulness of home visits as a strategy. The following excerpt from a report captures a range of comments made by various reports.

*There were a number of successes with the project, more about the way of working than the structure of project. The project demonstrated that home visiting works well and is effective in meeting the needs of families, particularly where there are problems with transport, isolation, difficulty getting children to appointments etc. Home visiting was the most common method for meeting with families. As much evidence suggests, meeting in the families’ homes is effective in building trust and a degree of ease for clients and is supportive for families with transport and motivation issues. Families need generalist family support. Many agencies and workers are focussed on one issue with children or parents, i.e. disability, domestic violence, housing etc. Family support work provides support for families on a broad range of and supports both children and parents. This is particularly relevant for families dealing with both children’s behavioural and emotional issues and parenting issues.*
However, there was considerable variation in the nature of home visiting activities identified among the Strategy projects with a home visiting component. Home visiting activities ranged from brief, unfocused volunteer social support in the home to use of trained volunteers to give in-home support – practical, respite, emotional and educational, to holistic professional case managed family support. Home visiting ranged from working specifically on early childhood issues to working with adults where no early childhood issues were involved. Also projects varied from extended and intensive programs of home visiting in relation to specific issues such as disability to occasional visits for general parent support purposes.

One of the benefits of conducting an analysis of the success of projects that incorporated home visiting activities was that the analysis drew attention to the importance of differentiating amongst types, foci and contexts of home visiting activities before drawing conclusions about the efficacy of home visiting as a class of activities. It is likely that similar cautions would apply to generalising about other types of activities such as those discussed above (mentoring, case management etc).

The analysis identified a number of patterns which are presented below, together with some of the observations made by home visiting projects about factors that had affected their success, either positively or negatively. These do not necessarily translate into generalisable findings, but may reflect differences in project implementation and resourcing and they raise questions for further research:

Overall, projects that used home visits were less likely to be rated as Generally Successful or Outstanding than projects that did not use home visits. That is they were more likely to be rated as being of Moderate or Mixed Success. However as noted there was considerable variation across home visiting projects with respect to such features as modes of delivery, issues and target groups they were addressing. Accordingly, rather than draw conclusions about the effectiveness of home visiting per se relative to other approaches we have looked within the group of projects that used home visiting to see which were the more successful and the less successful projects and to see what features might differentiate them from each other and that might have had a bearing on their effectiveness. Our observations were as follows:

- Projects undertaking home visits were more likely to be successful when they also incorporated other activities such as support groups and links to other services.
- About half of the Strategy projects that used home visits employed professionals for the purpose and the other half used volunteers, (usually trained volunteers). Projects that used trained staff and professionals for purposes of home visits were more likely to have been successful than those that used volunteers.
- There were nevertheless some successful projects that used volunteers and some less successful projects that used professionals. ‘Professional’ does not guarantee success. For example: one of the few projects that used professional paid staff as home visitors was rated as being of only Moderate/Mixed Success. It was rated thus not because of inadequacies in the service as such (those that received it appeared to have benefited from it in the sense of expressing appreciation for the services) but because of issues relating to insufficient caseload, poor connections with potential referring agencies and inadequate management and supervision of the home visiting staff.
Understanding family needs is critical to making decisions about the most appropriate type of home visiting. For example, professional home visiting services appear to be more important for deep seated or difficult family, mental health and other issues that require counselling and other expertise.

Some projects drew attention to the fact that a considerable amount of time may be needed to work with the client in a neutral environment (say a coffee shop) to gain sufficient trust to be invited into the home, including an understanding that home visits will be non-judgemental.

Home visits that involve provision of practical assistance (e.g. assisting with the needs of parents or children with disability) can create expectations of ongoing service in the home that are unable to be met. Those issues need to be thought through as part of case management plans. This observation lends support to the notion that time limited projects might be best directed to periods of transition and arranging for continuing support through links to services and support groups beyond the transition.

‘A skilled workforce’ is one of the 8 characteristics of effective early intervention projects which have been discussed in Chapter 7.9 of this report. Vimpani (personal communication) has drawn attention to the fact that over the last three years there has been extensive training of child health nurses throughout Australia in the skills needed for home visiting (e.g. having the skills to apply strengths based /family based approaches). However, the role and effectiveness of home visiting services by trained volunteers may warrant further research. Such research should also incorporate the other 7 characteristics of effective Early Intervention projects that have been identified.

As noted, we found that within the group of projects that used home visits (whether for early childhood or not) those that used professionals tended to be more successful than those that used volunteers. However there were some successful projects in which home visits were conducted by volunteers. Accordingly we considered it useful to look at the exceptions to see what lessons might be learnt.

Four issues were identified in reviewing the home visiting projects that used volunteers:

1. Use of volunteers raises questions about the type of support and assistance they are able to provide. Successful projects appeared to have a clear and feasible vision of the type of support volunteers could provide and referral procedures for needs outside these.
2. Home visitors whose role is to link families to community services.
3. Credibility of volunteers with clients and referral agencies.

**Examples from projects using volunteers**

- The home visitor can be the ‘one stop shop’ for families to connect to the wider community. A successful home visiting project used volunteers in several capacities including providing a bridge to a range of other activities such as parent training courses, support groups and other activities.
• **Home visiting projects that use volunteers need to work hard to ensure that the volunteers have credibility with potential clients and referral agencies.** Some projects that used volunteer home visitors were deemed to be only moderately successful because they had been unable to recruit enough clients after having recruited and trained volunteers. One project found that about 12 months was needed to gain momentum. Having gained that momentum it then seemed to be forging ahead.

• **Appropriateness of referrals of clients to a home visiting project and not just the numbers is also important.** A project using volunteers for home visits was inundated with requests for assistance through a referring agency but it would appear that not only were there too many referrals but many were of the type that volunteers might have difficulty in addressing. Professional home visiting services may have been more appropriate. Many of the requests were in relation to crises (homeless, escaping domestic violence etc). Inability to meet demand led to tensions with the referring service. The agency found that its paid staff had to do much work to support and manage the volunteers. This work in turn detracted from the ongoing work of the auspice.

### 8.6 Implications

**Endorsement of Strategy principles relating to community support for project, project responsiveness to community needs and use of partnerships and networks.**

The Strategy placed considerable emphasis on ensuring that projects had taken care to identify and respond to local community issues, acquired local support and could make use of local partnerships and networks. The fact that the most successful projects were more likely to partially attribute their success to these factors than were the less successful projects vindicates the emphasis placed by the Strategy on community support, responsiveness to community needs and use of partnerships and networks.

The ‘people’ factor (especially their enthusiasm, commitment, local reputation and connections) was also overwhelmingly identified by projects as a key factor in project success. This is one that is more difficult to identify (especially from a distance) and ‘bottle’ but it is undoubtedly one to which funding programs need to give some attention when judging the likely success of projects that they may consider funding.

**Implications of the challenges in securing participation in projects**

The experience of projects concerning factors that facilitated and inhibited participation by target audiences may be of use to other community based projects. The amount of work required, the need to develop trust with both potential participants and partners, and the implications for time frames, immediate and intermediate objectives are key considerations for all projects and more particularly for time limited projects that need to meet milestones.

Consideration of these factors has implications for setting achievable objectives and time frames for achievement. Implications include those that relate to quality of services and how services and projects are delivered e.g. how to avoid stigmatisation. Other aspects such as the provision of childcare and transportation have implications for budgets. There are also lessons to be learnt that do not have specific implications for the amount of time or budget required to establish a project.
Implications of findings concerning relative effectiveness with different target groups

Projects were most successful with CALD communities and least successful with Indigenous communities. Many of the projects that worked with families and individuals under stress experienced significant difficulties. Clearly these target group differences do not mean that programs should work with those target groups with which they are likely to be successful and ignore those with which they may be less successful.

Instead by looking at the types of projects that worked with different target groups, we may be able to develop some ideas about how to work with other target groups. At the same time we need to be careful not to assume that what will work with one group will necessarily work with another and we need to be analytical about the differences in context, needs, aspirations and so on of the different target groups. What works in Indigenous families and communities is the subject of a previous paper prepared for this evaluation of the Strategy 2000-2004 (Scougall et al, 2005). Some of our observations concerning what worked for some target groups of the Early Intervention projects reviewed that might be useful to explore with other types of projects include:

- The focus of the successful CALD projects on clearly defined objectives relating to transitions may be helpful especially where funding is for short term periods. But this does not necessarily mean that such programs would be suitable for other target groups, e.g. Indigenous families under stress, and the more diffuse community capacity building projects may need a longer time frame (amongst other things).

- In looking at exceptions to the general pattern for Indigenous projects we found an Outstanding Indigenous project whose success may well have been affected by a combination of factors including injection of research evidence and external expertise, holistic approaches – dealing with the whole person not just single issues, having clear projects with some achievable community outcomes around which to develop community capacity and achieve some visible successes for the community.

- In looking at exceptions to the general pattern for families under stress, the importance of holistic and multi-faceted approaches emerged again as important.

Implications of findings concerning the success of different types of activities

This report has looked particularly at case management activities, group work, mentoring, mass education strategies and home visiting.

With respect to case management, the experience of projects provides some support for the importance of ensuring that projects that wish to use case management approaches adhere to recognised case management practices including clear setting of short and longer term objectives with clients, monitoring progress, playing a one stop shop role, actively forging links with services and being an advocate for clients as needed. Supervision and support for case managers also emerged as an important issue.
We found that Outstanding projects were more likely to have used group processes as a major activity but they used group activities in conjunction with other activities such as individualised assistance for personal issues, many of which became apparent during participation in group activities. Projects needed to be able to respond to those issues when they became evident and through this response (whether by direct assistance or linking to other assistance) they had the potential to contribute to outcomes far beyond the specific focus of the group activity. The group activity was an entry point. Group activities also have the potential to foster social capital and overcome the isolation that so often characterises the at risk individuals whose needs are addressed by projects. An implication is that projects should give serious consideration to the inclusion of group activities. However, the experience of Strategy projects shows that those groups need to be carefully managed, that extra work may be required to engender engagement and that the group processes need to be used and sequenced with other activities in ways that are sensitive to the needs of individuals and communities.

Some of the observations that projects made about mentoring projects could be added to the growing literature on mentoring. In addition, when working with at risk populations some of the principles that apply to mentoring in general may be even more important for those participants. When participants take the courage to participate it is important that they not be let down by failure to provide mentors or by the provision of inappropriate mentoring arrangements.

There is a need for evaluation of the effectiveness of low budget mass education strategies such as one day parent education sessions for large numbers of people. The budgets for any one project are typically too small to warrant a comprehensive evaluation of that project alone but it would be useful to evaluate a collection of such projects.

An implication from the analyses of Strategy projects that included home visiting is that there is a place for home visiting services but careful choices need to be made based on a well articulated and supported theory of change. In this respect home visiting projects were like many other Early Intervention projects in that they often lacked an explicit theory of change. A theory of change might have guided decisions such as whether volunteers or professionals will be used and about how home visiting will be linked to other services for individuals outside the home. Once again opportunities to build social capital outside the home are an important adjunct. Avoidance of overdependence on the home visitor is also an issue. Many of the decisions that need to be made when using home visiting concern the types of issues that are to be addressed (practical, emotional, behavioural, relationship, transitional, long term. etc) through home visiting and getting the right match to the most appropriate delivery mechanism. As for case management, support and supervision of home visiting is vital regardless of whether it is conducted by professionals or volunteers.
9 How can the Strategy achieve better outcomes? What lessons have been learnt by and from projects?

9.1 Summary

This chapter provides an overview of the lessons learnt and also includes the responses from projects when they were asked what they had learnt from their projects. Lessons reported by projects contribute to the overall learnings reported in this evaluation, together with other evidence and analysis.

Lessons learnt from the previous chapters are numerous. Some stem from the fact that so many of the projects had a service orientation working with particular individuals and groups of people at risk rather than a wider community capacity building role. The lessons relate to:

- The efficacy of the approach that the Strategy adopted to working with communities.
- The importance of identifying theories of change, setting achievable objectives, choosing appropriate strategies for short term projects and the usefulness of projects with a focus on transitions.
- The importance of engagement, trust, participation, multifaceted approaches and follow-through with clients and other organisations.
- Recognising what else was needed to make the projects work.
- The potential, even for service-oriented and time-limited projects that focus on impacts for participants, to have wider impacts going beyond the particular participants and their families – these need to be sought and fostered.

Project perspectives on lessons learnt included those that related to:

- Better planning and preparation prior to the project - both before receiving funding and in the early establishment stages of the project.
- Projects pointed to the importance of conducting background research, having realistic plans and budgets, and allowing enough time for the establishment of the project following approval.
- Ways of functioning during the operation of the project.
- Projects pointed to the importance of action research and evaluation, working with participants and the community, project management and staff recruitment, leadership and support, networks and partnerships.

9.2 Learnings from the Early Intervention case study overall

There have been numerous lessons learnt. Many stem from the service orientation of so many projects that were working with particular individuals and groups of people at risk rather than having a wider community capacity building role. However, other lessons relate to the efficacy of the approach that the Strategy adopted to working with communities.
The efficacy of the Strategy’s approach to working with communities

The Strategy and FaCS placed trust in communities and took risks in doing so. FaCS took action to reduce the risks by playing a supportive role. On the whole, taking risks and supporting communities have reaped rewards. Very few projects have failed altogether and most have achieved some valuable outcomes. So we have learnt that this is a model of working with communities that can be effective.

Support from FaCS to the projects has played a role in contributing to that success. The supportive approach depends more heavily on the quality and continuity of relationship between FaCS officers and projects than does the more administratively focused traditional approach. Processes to ensure both quality and continuity need to be factored into Strategy design, budgets, selection of suitable staff and so on. Support also included leadership through the promulgation of the 8 key principles for strengthening families and communities. The value of these principles has been demonstrated through this evaluation.

We have also learnt that the emphasis that the Strategy placed on the importance of local responsiveness, community involvement, partnerships and networks was well placed. The ways in which projects used these various approaches (e.g. how they were responsive to their communities, how partnerships operated and not just whether they used them), impacted upon their success in addressing the needs of at risk individuals, families, groups and communities with which they worked.

Most projects recognised partnerships as important but not all have been in a position to forge effective partnerships. ‘Partnerships for partnerships sake’ can be counterproductive – they can consume effort, create tensions and achieve little. Partnerships need to operate on a practical level with appropriate and realistic roles, responsibilities and expectations. Proximity of partners seemed to be an important factor in making them work.

The Strategy emphasis on evidence-based approaches was also well placed. Projects that adopted those approaches tended to be more successful than those that did not. Several projects in the planning stage undertook literature reviews in the relevant area – others had literature reviews prepared as part of an external evaluation. These could be a valuable asset for other projects in future if they were to be collected and made accessible, and then updated as required.

However we also learnt that much work has still to be done in fostering an evidence based approach to designing and evaluating projects and in ensuring that Australian-based evidence that can be useful to projects is available. Moreover there are many different ways of adopting an evidence-based approach and projects clearly varied enormously in the extent to which they did so and almost certainly in their capacity to do so.

Projects welcomed the encouragement from the Strategy to use action research approaches but some had only a very basic idea of what was involved in action research and did not therefore use it to full potential. Formal assistance from external organisations was seen to have been useful. Projects also appeared to need assistance with project logic and articulating their theories of change. They needed to adopt outcomes-based thinking that considered the links between short, medium and longer term outcomes, what they could do to bring about those outcomes and what other factors they needed to take into consideration when planning, monitoring and evaluating their projects.
What was learnt about setting achievable objectives, choosing appropriate strategies for short term projects and the usefulness of projects with a focus on transitions?

**Sufficient time** to establish a project, engage participants and then to achieve project-specific outcomes is critical and in general had been underestimated by all concerned. Time frames even for the achievement of short and medium term outcomes were too short for many projects and were compounded by delays in receiving approval for funding which further truncated the time available and in some cases caused projects to undergo substantial redesign. Loss of partnership arrangements and support resulted from some delays.

Given the short term nature of funding and of the evaluation, more success was evident in projects that had relatively **short term, specific and achievable outcomes** that could be accomplished to a considerable degree through intensive processes with individuals and families identified as ‘at risk’ during the life of the project than in projects that provided more diffuse community services with no clear endpoint. For short-term funded projects it was important that unrealistic expectations not be created about the availability of and need for dependence on ongoing services.

In this regard, projects with **a focus on a particular transition** (such as initial socialising of children through playgroups, transition to school, transition of migrants and refugees into the wider community) have much to commend them as long as they do have those links to other services. Some more active follow-up at various future transition points may also be useful.

Conversely, **where risk factors are deep seated and chronic**, rather than transitional and acute, effectiveness in achieving short term outcomes (such as immediate increases in skills, confidence and reduction in isolation) will not necessarily lead directly to stronger families in the long term without ongoing support and services. Where these services are not available, there is a risk of these positive short term outcomes being reversed. Linking families to ongoing support (where it is available) can be critical but it has been difficult to test the effectiveness of those links given the time-bounded nature of the Strategy-funded projects and the lack of follow up of clients and participants either for purposes of continuing support or for evaluation of longer term impacts.

**The importance of engagement, trust, participation, multifaceted approaches and follow-through**

**Overcoming distrust, creating interest and engaging participants** was a key task of projects that for many proved to be more difficult than expected. It can take considerable time and effort to develop trust of people from at-risk populations especially where they see themselves as having been let down in the past. Different approaches to service delivery such as choice of venue, provision of a place and environment where participants felt safe (psychologically and physically), adoption of strengths-based and non-judgmental approaches, personal approaches to potential participants, can affect trust and can impact upon whether people participate. Establishing links and credibility with referral agencies can also take considerable time and can have a significant effect on participation.
Conversely, managing excess demand, or inappropriate demand given the nature of the project, can pose other challenges for projects. Contingency plans, processes for prioritisation, provision of services at different levels of intensity and partnerships with others that can help can contribute to better management. Avoidance of staff and volunteer burnout is a must but can be difficult to ensure when other options in the community (e.g. for referrals) are lacking. Inability to service demand can also lead to disappointment and breakdown of trust.

The trust that has been developed over the life of a project can also be very quickly eroded in the face of loss of services at the end of a funding period. Sustainability of support, by one means or another, needs to be well planned. Once again, links to ongoing support beyond the funding period, or embedding the service in the activities of ongoing organisations, are critical.

Many Early Intervention projects have a service orientation and some of these will not or have not been able to continue once Strategy funding ceased. It can be difficult to engage individuals and families at risk initially and having engaged them an expectation is often created that the relationship will be an ongoing one. This sets up a vicious cycle for the future. Disappointment with previous cessations of service is one of the factors that had contributed to their reluctance to become involved with the project in the first place.

Projects that provide services have the potential to create dependence on those services. Given the time-limited funding periods it is important to adopt approaches that avoid excessive dependence on time limited services and that foster capacity to access other sources of assistance including mutual support amongst participants. All projects, whether they were mainly about providing a service or not, were generally more successful when they took a multi-faceted approach combining activities that have individual, group and community elements.

Projects that used group processes in combination with individual and/or community processes were particularly effective provided they were able to engage participants, manage the groups well and address individual needs as they arose in the course of the groups. There were however some at risk populations for which groups did not work so well including some CALD groups and some groups where disruptive behaviours were particularly problematic (e.g. substance abuse).

Processes used with individuals such as counselling, home visiting also worked better when they were linked to other services, social activities and support groups. Some lessons were learnt about specific activities focused more on individuals (home visiting, case management, mentoring).

Combinations of reinforcing activities not only help to ensure the success of the projects with participants during the life of the project but may reduce the dependence of the participants on any one aspect in the longer term. Social groups that evolved through projects and continued outside the project providing mutual support amongst participants are a case in point. Similarly links with other services once forged can develop a life of their own.
Recognising what else is needed to make the projects work

**Effective support from auspices** is a key determinant of success. The nature of the relationship must be more than contractual. It must involve practical and moral support, access to expertise and experience, credibility, community connections and partnerships. The findings from this evaluation provide strong support for continuing to emphasise the importance of the auspice when providing advice to potential projects and making funding decisions.

As always, the *people* factor is critical to success of projects but this can be difficult to detect at a distance for purposes of making funding decisions. Key attributes included enthusiasm, initiative and opportunism, belief in what they are doing and in the capacity of project participants as well as project specific skills of project leaders, staff and volunteers. Local credibility and networks were also important.

**Access to expertise** (e.g. professional services including specialist client services, project and personnel management, evaluation and reporting) when it is not available in-house for a project is very important when dealing with at risk populations. Crises and needs can arise at very short notice and need immediate attention. The project may be the main point of contact with the community for the individual. Projects need to be able to recognise when they can address an issue themselves, when they should refer it to others and how to support the referral process. Simply giving a referral may not be enough. Some advocacy and handholding may be required. It is important to ensure that projects understand and are well prepared to take on this role. Lack of preparedness can not only result in lost opportunities for the participants but it can also lead to a sense of powerlessness amongst project staff and volunteers and further distress for clients.

Related to the need for access to professional and other services is the fact that in many cases, projects will find that they need to be able to assist participants to deal with the *everyday priorities* such as housing, employment, welfare and so on before they have enough ‘mental space’, energy, time and interest to focus on less tangible issues such as better parenting.

The success of many of the projects funded under Early Intervention depended on their capacity to make the services *accessible* to at risk populations and in particular to provide *transportation and childcare*. The capacity to ensure that appropriate arrangements to ensure accessibility especially are in place is something that future assessment of funding proposals should consider.

**The potential, even for service-oriented and time-limited projects that focus on impacts for participants, to have wider impacts**

Even service-oriented and time-limited projects focusing on impacts for participants can have wider impacts going beyond the particular participants and their families – these need to be sought and fostered.

More sustainable impacts with **horizontal diffusion** and **scaling up** across the wider community may come from the models of service delivery that are evolving, the resources that are being developed, the partnerships that are being formed and the leadership roles that successful projects are taking on.
Projects were not necessarily aware of the potential to contribute to **wider community impacts** at the time of project design. Nor were they fully aware of the benefits that could occur through their projects in relation to the development of social capital. With greater awareness of these potential benefits projects may be able to more actively incorporate them in project design. Agencies such as FaCS may be able to play a stronger facilitating role. It would appear that the Early Intervention Panels provided a facilitated avenue for learning from each others’ experience but they came relatively late in the process for purposes of assisting the funded projects. However, there is now a wealth of expertise and experience amongst the projects that can be fostered as a source of leadership for future efforts. The ‘leaders’ would need to be funded and supported to provide that wider role.

In the course of running projects, **other community needs** often become apparent. Sometimes these needs cannot be met by the project alone or even by the project working in consort with partners. There needs to be processes for dealing with these emerging needs. Moreover there is great potential for projects such as these to be used deliberately as a window onto the nature of the needs that arise. There may be opportunities to encourage them to be the eyes and ears of community needs and ideas about solutions with formal channels for feeding back information to Government and others.

### 9.3 Project perspectives on lessons learnt

In the final questionnaire we asked projects:

- If they were doing the projects again, knowing what they know now, what would they do differently?
- What advice would they give to another group or community that was thinking of undertaking a project something like theirs?
- Any other comments they would like to make?

The majority of projects chose to comment primarily on advice they would give to others rather than what they would do differently. They were very generous in their suggestions and we cannot do them all justice in terms of the detail that they provided. For the purposes of presentation we have not distinguished amongst their answers to the various questions. In general the answers that they gave reinforced the findings in previous chapters.

#### Better planning and preparation

The majority of the comments related to better planning and preparation. They included:

*Conduct background research*

> Make sure that you carefully research and understand the needs of your community – be prepared to spend time and effort to do it and do it in person.

> Think about how to recruit participants and making sure that if you don’t have your own entrée to participants then you are strongly linked to agencies that already have the trust of the clients you are targeting.

> Thoroughly research any regulations or licensing requirements that might apply to your project.

> Choose your location carefully.
Give consideration to cultural sensitivities that can affect all aspects of the project.

Talk to other successful projects and exchange information.

**Develop realistic plans and budgets**

Make sure that your goals are realistic and achievable – don’t overstretch.

- Develop detailed plans at the time of applying for funding but also have plan B in the event that the funding is different from what was planned, the timing of funding is different or that new needs emerge.
- Be prepared for delays and persevere in the face of initial rejection. Timing may be better next time! Another project recommended preparing submissions early leaving plenty of time so that planning can be terminated if funding is not forthcoming.
- Budget carefully taking into account the need to make provision for administration, promotion, action research and evaluation and for provision of client related services such as child care and transport to encourage and enable clients to participate.
- Give more consideration to how you will evaluate your project to see how effective it has been.
- Get help from others with your funding application.

**Allow sufficient time during the establishment phase**

Many projects had underestimated the amount of time and preparation needed for setting up the project once funding had been approved.

- Considerable time is needed for the practical aspects of the project including establishment of policies and procedures, recruitment and training of staff and volunteers, development of teamwork.
- It is important to allow time to establish the very important relationships on which the success of the project depended – if relationships are not already established then expect a long lead time to develop trust and gain momentum.

**Ways of functioning during the project**

Projects focused primarily on issues relating to management, partnerships, action research and other ways of functioning rather than on how to run particular types of activities. They placed less emphasis on ways of functioning once the project was underway than they did on planning and establishment of the project. The collective view seemed to be that if the appropriate groundwork had been undertaken then much of the rest of the success of the project would flow from that.

**Action research and evaluation**

Use action research – action research was mentioned by many projects as having been critical to their success. For many the action research approach seems to have been a new and enlightening one. Several wished they had allocated more time (and budget) to reflect and adapt.

- Be open to change – flexible and adaptive when new needs are identified or circumstances change.
Working with the community and participants

- Continue with genuine community/participant involvement and ownership throughout the project.
- Use strengths-based approaches.
- Recognise that families have skills that are a real asset to the project – draw on these and see if you can rely less on professionals but make sure that you have access to professionals and services when needed (e.g. in emergencies).
- Avoid stigmatisation and labelling – e.g. don’t make parents feel inadequate by suggesting they need parenting skills. Instead, focus on skills for families and relationships.
- Continue to be culturally sensitive throughout the project – recognise differences amongst individuals and groups.
- Don’t over stretch – don’t target too many communities or clients at once and make sure they are well targeted.

Project Management and staff

- Make sure that staff and volunteers are well supported – that they have access to peer support (e.g. for debriefing) and to professional support and supervision as needed.
- Create a positive and fun environment for staff and volunteers as well as for clients.
- Make sure that staff and any presenters have appropriate approaches to participants e.g. non judgmental, strengths based. Staff need to have the respect and trust of the communities they work in as well as the necessary skills.
- Get the staff working as a team – all bringing their particular strengths.
- Good project management is essential.

Partnerships and networks

- Have well managed partnerships (and reference groups as appropriate) with clearly defined, realistic and accepted roles, responsibilities and structures.
- Use and nurture your networks. Be prepared to invest time and effort in networks and partnerships.

Many projects stressed the importance of effective networks.

- Joint activities can strengthen the links. Co-location or close location can help.

A few considered a collaborative, inter-governmental, inter-sectoral approach as important to their particular project but for many the more informal networks were seen as critical.

What they would do in relation to the end of the project funding period

Although many projects expressed concern about what would happen to clients after the funding period had ended very few gave advice about how to address the issue (other than seeking more funds). One project did suggest that it would be a good idea to start thinking early about how to support participants after the project ended. Ideally, given the short term nature of funding, this should have been part of the project design.
9.4 Implications

This case study has shown that the overall model adopted for the Strategy can work. It can work to produce short to medium term outcomes for individuals and families that participate in projects – provided the projects are able to effectively implement the principles of the strategy, incorporate a range of other features (as discussed in this case study) and are well supported by their auspice and others. The Strategy has the potential to contribute to wider community impacts through the models that emerge from projects and the fact that communities are looking to projects to play leadership roles.

With respect to the impacts on participants, this case study has shown that projects can work successfully with individuals and families at risk over relatively short funding periods (two to three years) especially if they have achievable short to medium term objectives focused on assisting families and individuals through transitions and linking them to ongoing support beyond that transition period. That ongoing support can be from peer support groups but is likely to need to come from other services as well. It seems that establishing those social support networks and links during the project not only helps with achieving outcomes during the project but will also have the capacity to form bridges to the period beyond the project, as a mechanism for achieving longer term outcomes.

However, there is a lack of follow-up information that would allow us to assess the long term impacts of these early interventions and a clear need for some follow-up to occur. Do those who have successfully participated in transition projects subsequently make better use of mainstream services? Are they better equipped to handle transitions in future? What other injections of further support do they need and under what circumstances at what time? If we are to fully understand the potential impacts of early intervention then such follow-up will be critical in future. This type of evaluation extending far beyond the end point of program funding needs to be built into the design of future programs. For the 16 early intervention projects that have received funding under the new Strategy 2004-2008, this type of follow-up may be possible.

The lessons that have been learnt about features that characterise more successful and less successful projects and the wealth of project based experience have potential to guide the types of advice that are given to prospective projects and the types of criteria used to assess suitability of projects for funding. Dissemination of lessons learnt can occur through such processes as conferences and publications and by providing scholarships or some other form of support to interested project managers who have emerged as leaders in order to support and develop their interest and expertise. They can be supported to further develop their projects, to document and share their learning, to combine their learning with other evidence from the field.
Appendix 1: Detailed methodology of the case study

Details of the data retrieval and analysis methods used are presented in this description. In addition to providing details of the basis for the conclusions presented in the body of the report, these methods may be a useful reference for future evaluation work that involves drawing together disparate evaluation reports from numerous projects – in this case nearly 200 projects.

The various coding systems were applied by two experienced coders with discussions and case by case comparisons occurring during the process of developing and trialling the coding systems in order to improve consistency. Time and budget issues ruled out a more extensive study of inter-rater reliability once all coding had been completed.

1.1 Review and analysis of Outcomes of Early Intervention Projects relative to the Strategy Outcomes Hierarchy

This analysis reported on 146 projects for which a final questionnaire and/or a final report was available by May 2005. The analysis was based on a coding of outcomes that projects were achieving based on the documentary information available to the evaluation team. Each outcome that could be identified was classified according to which one of seven types of outcomes in the Strategy outcomes hierarchy it most closely matched. No distinction was made between intended and unintended outcomes.

The coding was conducted in various ways depending upon the information available for each project. There were:

- 77 projects for which final reports were available. In some cases we treated an external evaluation report at the completion of a project as if it were the final report for FaCS accountability purposes since it provided the information needed for the evaluation.
- 69 projects for which final questionnaires only were available and in which projects answered the questions concerning outcomes achieved.

FaCS Performance indicator data were available for most but not all projects but the comprehensiveness and usefulness of the data varied considerably across projects.

Judgments were also made about the quality of the complete suite of evidence available from all sources for each project, including the quality of evidence that projects produced themselves to support their claims. The process for making judgements about quality of evidence differed depending on whether a final report or only a final questionnaire was available for the project.

Information from that analysis of outcomes was used to address Key Evaluation Question 1 concerning the contributions that the projects funded by the Strategy made to strengthening families and communities.
Projects for which final reports were available

Information was drawn from the final reports and as available also from the final questionnaire and performance indicator data to make a judgement about whether some achievement had occurred in relation to each of the seven levels of the outcomes hierarchy. The information from final questionnaires was open-ended information provided by projects that we content analysed using the Strategy Outcomes Hierarchy. In making judgements about whether a project had made any achievements in relation to a particular level in the outcomes hierarchy we drew on whatever information was available to the evaluation team concerning that project. For some projects there were several sources of information and for others there was little information. If no information was available about an outcome then it was coded as not having been achieved. It is possible, however, that achievements were made but not reported and that the analysis may understate the outcomes achieved. Absence of reporting does not necessarily mean absence of outcomes.

In the course of undertaking this analysis for Early Intervention projects we focused on the outcomes for the participants and target groups of projects rather than the outcomes in terms of enhanced organisational capacity of auspice agencies and their staff or the partnerships developed. We did this not because we consider those organisational outcomes to be less significant but because we considered that it would be useful to distinguish between the different types of outcomes and because other information is more readily available concerning organisational capacity building from the final questionnaire data and from various Issues papers. Moreover we address impacts on organisations in other parts of this case study.

It is important to note that the fact that a project was recorded as having made some progress in relation to a particular type of outcome (e.g. skills development amongst participants) did not necessarily mean that the project had had widespread and substantial success in that regard. We did however make some global assessments about the overall success of each project that incorporated a range of types of information including apparent level of success in achieving each outcome and not just whether there had been any progress made at all in relation to each outcome. A discussion of our global assessment processes appears later in this Appendix.

Final reports and/or final questionnaires were available for 146 projects (75% of all Early Intervention projects). The final report and/or final questionnaire data from these 146 projects was qualitatively analysed to identify the types of outcomes that projects appeared to be achieving.

The following table shows the achievement of outcomes at each level of outcome among Early Intervention projects as described in their final report and/or Final Questionnaire (FQ). The figures presented in the table need to be considered with reference to the ‘Notes on interpretation of Table 34’ accompanying the table.
Table 34: Some evidence of the achievement of Strategy intended outcome levels reported among reviewed Early Intervention projects

<table>
<thead>
<tr>
<th>Outcome level</th>
<th>All projects reviewed</th>
<th>Projects with a Final Report</th>
<th>FQ only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial level intended outcomes of the Strategy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome 1: participation, engagement, development of sufficient trust to participate</td>
<td>139</td>
<td>95%</td>
<td>74</td>
</tr>
<tr>
<td>Outcome 2: Awareness of issues, services, access, referrals, links made to services</td>
<td>131</td>
<td>90%</td>
<td>71</td>
</tr>
<tr>
<td>Outcome 3: Increased capacity of individuals and/or families in terms of choice of services, knowledge, skills, self-confidence</td>
<td>116</td>
<td>79%</td>
<td>66</td>
</tr>
<tr>
<td><strong>Mid-level intended outcomes of the Strategy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome 4: Immediate application of enhanced individual or group capacity eg. through changing parenting behaviour, seeking further assistance, accessing services</td>
<td>79</td>
<td>54%</td>
<td>47</td>
</tr>
<tr>
<td>Outcome 5: Enhanced trust, improved relationships, mutual support, social capital beyond the project (outside and/or after)</td>
<td>74</td>
<td>51%</td>
<td>44</td>
</tr>
<tr>
<td><strong>Ultimate intended outcomes of the Strategy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome 6: Identifying issues and opportunities for the community and taking action</td>
<td>26</td>
<td>18%</td>
<td>10</td>
</tr>
<tr>
<td>Outcome 7(A): achieving improvements in individual, family and/or community wellbeing as a result of applying capacity to seize opportunities and take action</td>
<td>34</td>
<td>23%</td>
<td>20</td>
</tr>
<tr>
<td>Outcome 7(B): improvements in individual, family and/or community wellbeing that occurred as benefits/spin-offs of having participated in projects</td>
<td>13</td>
<td>9%</td>
<td>11</td>
</tr>
<tr>
<td><strong>Number of projects reviewed</strong></td>
<td>146</td>
<td>100%</td>
<td>77</td>
</tr>
</tbody>
</table>
Notes on interpretation of Table 34

- The figures in these tables are a very broad measure of achievement by projects overall in relation to any given level of outcome.

These tables do not differentiate amongst projects with respect to the size and significance of their achievements, but the global ratings of success of the projects as a whole (Outstanding, Generally Successful etc) did take account of such variations.

There was considerable variation amongst projects that reported results that were classified as a particular level of outcome. Amongst all projects that reported outcomes at a particular level (e.g. level 4) were some that reported several relevant results with convincing evidence. Other projects might have reported just one or two examples of achievement that related to that outcome. For level 7 in particular, most of the achievements of projects were on a small scale (e.g. improvements in the wellbeing of particular individuals or small numbers of individuals) rather than on a wider community scale. In part this reflected the fact that many of the Early Intervention projects were about working with individuals and small groups, often providing services to those groups rather than trying to bring about widespread community change and community impacts, at least in the short to medium term. Hence, achievements at level 7 should not be interpreted as the whole community becoming strong or even stronger.

- Projects for which final reports were available were more likely to be coded as achieving outcomes at each level of the outcomes hierarchy (except level 6).

They were also more likely to have produced resources that might be useable beyond the project than those projects for which only final questionnaire data was available. This observation may reflect actual differences in success or differences in the amount and quality of information that could be used in coding.

- As expected, projects more frequently reported information that related to achieving outcomes at the lower end of the outcomes hierarchy: participation and engagement in the project, awareness and links to services and increased capacity of individuals and families in terms of knowledge, skills and self confidence and choice of services.

These were generally shorter term outcomes. Projects commented on many occasions that it takes considerable time to develop basic levels of trust and engagement before achieving higher levels of capacity and application of capacity. It is therefore pleasing to see that about half of the projects reported recognisable developments in social capital (improved relationships, trust, mutual support and networks) beyond the project (level 5). This should provide a foundation for further development in relation to identifying and seizing opportunities to improve individual, family and community wellbeing.

- Also, the fact that there was less reported in formation relating to higher levels of outcomes does not necessarily mean that projects lacked achievement at those higher levels.

The lower levels are easier to report and to demonstrate, and the standard performance indicator data as required by FaCS of all projects related to the lower levels of outcomes (participation rates, numbers of people trained, satisfaction etc).

- Most projects achieved outcomes at several levels including those that are medium to longer term or ultimate outcomes of the Strategy.
1.2 Assessing the quality and availability of evidence

We also categorised the quality of the evidence that related to each type of outcome (i.e. each level in the outcomes hierarchy) claimed by each project according to whether it was:

- Verifiable;
- Plausible;
- Non-existent or negligible.

The sources of information on which we drew and the rules that we used to apply those categories appear below.

Sources of information on which assessments were based

For projects with final reports, an assessment of the quality and availability of evidence was made in relation to each of the types of outcomes (levels 1 to 7) about which the project made a claim in either its final report or its final questionnaire.

Quality and availability of evidence concerning each type of outcome claimed by projects with final reports was judged on the basis of the types of data that were available from the following sources:

- **Final questionnaire** – responses to the question concerning outcomes (levels 1 to 7) and the accompanying question concerning the evidence on which the project made claims about outcomes
- **Performance Indicator data in the FaCS data base** especially as it related to types of client feedback mechanisms that the project used, whether information was provided about numbers of participants and any comments on participation levels and other outcomes
- **Final reports** – by reading these and, as available, sighting any instruments that were used to collect data so that the validity of the conclusions could be drawn. In some cases we also had access to external evaluation reports.

For projects with final questionnaires but no final reports, it was often not possible to make a direct link between the types of evidence cited and the particular outcomes claimed. Accordingly a global assessment of the quality of evidence was made rather than an assessment against each outcome. The assessment drew on:

- **Final questionnaire** – as above
- **Performance indicator data in the FaCS data base** – as above

Categories and criteria for assessing the quality and availability of evidence

The categories and their criteria were:
Verifiable

The data were both plausible and relatively easily verifiable e.g. feedback had been documented and in principle could be requested; surveys, measures and/or other records had been used e.g. a recorded response from a participant in an interview or questionnaire, direct quotation. In principle, an ‘auditor’ could access the data to confirm the links between claims that the project had made and data that were available.

The fact that evidence about an outcome was verifiable did not necessarily mean that the outcome was achieved either on a large scale or that it was a very important example of the outcome. In addition, what was being verified in many cases was not whether an outcome was being achieved but whether participants felt the outcome was being achieved (e.g. improved skills, improved self-confidence). For some of the outcomes perception is as important as reality (e.g. participant perceptions concerning enhanced self-confidence) and it was not possible to objectively assess the reality of the claims i.e. whether a person really had improved her/his skills or self-confidence.

The strongest evidence of actual impact came from strong research designs such as those involving measurement over several occasions (before and after an intervention) and with comparison groups using standardised instruments but these types of study were rare and in most other cases were neither appropriate nor feasible given the nature of the projects and the populations they were serving. In addition, even when these designs had been used, there was generally insufficient information available to determine whether they had been applied appropriately.

Plausible

The reports included plausible claims concerning specific outcomes for specific individuals, groups or the community as a whole e.g. that participants had gone on to do particular things as a result of what they had learnt and there was a clear logic to the connection; that they had articulated what they had learnt to the project officer; that others had observed changes in behaviour. (e.g. a program that had marginalised youths working with older mentors to build a ramp for people with disability reported that the young people had gained skills and improved self-esteem through making a contribution. This claim is plausible even if it might not have applied to all participants). This type of evidence would require contact with third parties to establish the validity. The information could not be easily obtained directly from the project itself.

No or negligible evidence

The outcome is simply claimed, typically in general terms (e.g. the community is now more cohesive) without examples or other supporting evidence. Many projects for which only a final questionnaire and not a final report was available, when asked about the evidence on which their claims about outcomes was based, simply repeated their statements about the outcomes rather than describe the sources of data and the ways in which the data had been collected. In such cases their claims were categorised as not supported by evidence. In principle this category could also apply if evidence was provided but it was contrary to the claim.

We found that final reports of projects generally provided sufficient information for the coder to identify and make a judgement about the quality of evidence that was being used in relation to particular outcomes that were described.
Summary of quality of evidence of outcomes

Projects for which final reports were available

A summary of our findings concerning the quality of evidence is shown in the following table, which shows the percentage of projects that provided verifiable, plausible or no evidence concerning each type of outcome claimed.

Table 35: Of those projects with final reports that claimed each level of outcome, % whose evidence was verifiable, plausible or not provided

<table>
<thead>
<tr>
<th>Outcome level</th>
<th>Verifiable</th>
<th>Plausible</th>
<th>No evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1: Participation, engagement, trust</td>
<td>95%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Outcome 2: Awareness and access</td>
<td>80%</td>
<td>17%</td>
<td>1%</td>
</tr>
<tr>
<td>Outcome 3: Greater choice, understanding, skills, capacity for initiative</td>
<td>85%</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>Outcome 4: Application of capacity</td>
<td>74%</td>
<td>23%</td>
<td>2%</td>
</tr>
<tr>
<td>Outcome 5: Family and community trust/resilience/adaptability; social capital</td>
<td>66%</td>
<td>32%</td>
<td>2%</td>
</tr>
<tr>
<td>Outcome 6: Families and communities participate in and drive their own solutions; take initiative</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Outcome 7(A): Stronger families and communities (through applying capacity, social capital, grasping opportunities)</td>
<td>55%</td>
<td>25%</td>
<td>15%</td>
</tr>
<tr>
<td>Outcome 7(B): Individuals, families, communities receive direct benefits through participating in Strategy projects</td>
<td>55%</td>
<td>18%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Notes: Number of EI projects whose evidence was reviewed: 77
See 3.2 for more complete description of outcomes

The findings demonstrate that it is generally easier to provide verifiable evidence for lower level outcomes than for the higher level ones. Nevertheless, even at the higher levels of the outcomes hierarchy the majority of projects provided evidence that was in principle verifiable\(^6\) and a substantial majority of projects provided evidence that was plausible or verifiable. Level 7 (improved wellbeing as a result of becoming empowered by the project or as a benefit of having participated in the project) was the least likely to be supported by verifiable or plausible evidence but even then about four-fifths of projects produced either verifiable or plausible information.

The difficulty of establishing a causal relationship between the project and the highest level outcome was one of the reasons that fewer projects reported outcomes at that level and/or accompanied their claims with supporting evidence. For example, a claim that reduction in community wide suicide rates was a result of the project was not accompanied by any evidence linking the two causally. On the other hand, a project working with depressed men contemplating suicide who reported that their participation in the project had dissuaded them from doing so could make a stronger case for the link between the project and the wellbeing of these particular men.

\(^6\) Claims made by participants that participation in the project had impacted upon them in certain ways were counted as verifiable provided that it would be possible to verify that participants had made those claims. There are inadequacies in self-report data as a valid indicator of actual changes but this evaluation was not in a position to judge the validity of the measures used or to collect or ask projects to collect observational or other data that might confirm these self-reports.
Projects for which final questionnaires were available (but no final reports)

For these projects, information was drawn from final questionnaire data (descriptions of outcomes achieved and evidence of having achieved outcomes) and from performance indicator data to make judgements about achievements of outcomes in the hierarchy of outcomes.

For projects for which the evaluation team had final questionnaires only it was generally not possible to link the types of evidence that they reported (e.g. survey feedback) to specific outcomes that they claimed (e.g. development of skills or application of skills). So instead of judging the quality of evidence relating to each outcome, the coder made a global assessment of quality of evidence for the project outcomes as a whole. Of the projects with final questionnaires only:

- 52% provided verifiable information (e.g. percentage of participants reporting improved self confidence or skills in a participant survey which could in principle be checked /audited);
- 41% provided plausible information (e.g. anecdotal reports from individuals concerning particular ways in which the project had helped them to address a situation. These would be difficult to follow-up);
- 7% provided insufficient information on which to make a judgement about whether there was supporting evidence for the outcome claimed.

Note that the generally lower levels of quality of evidence identified from final questionnaires does **not** necessarily mean that the projects lacked evidence but simply that they did not include reference to it in their final questionnaires. For this reason, and because the final reports provided more detail, we have greater confidence in our coding of the quality of potentially available evidence coming from projects with final reports than from final questionnaires only.

1.3 Global assessment of level of success of projects

The information produced by the global assessment is most relevant to Key Evaluation Question 1 – how the projects contributed to strengthening families and communities. However a categorisation of projects according to global level of success also provided a framework within which to consider issues that arise in relation to the other key evaluation questions. In particular the global assessment of success assisted us to independently identify those factors associated with more successful projects, in addition to reporting the factors that projects saw as important.

Whilst the global judgement about the level of success of projects was informed by the various analytical frameworks that we used (i.e. the frameworks that concerned whether the projects exhibited each of the eight characteristics, whether the project exhibited each of the levels of outcome in the outcomes hierarchy) it was not wholly dependent on those frameworks, and in fact served as a check of the relevance of these frameworks for the Strategy projects. Other considerations in addition to the coding of outcomes from final questionnaire data and final reports included:

- The perspectives of the FaCS State and Territory Officers who had been responsible for contract management, based on their comments on the performance indicator data base;
- Whether there appeared to be evidence that projects were successfully addressing challenges that arose;
• Whether they seemed to be able to engage their communities and/or target groups;
• Whether they appeared to have achieved what they set out to achieve no matter how modest (or, if they had set unrealistic objectives, whether they had nevertheless achieved something of considerable value);
• Whether they seemed to be achieving a lot or a little for the budget allocation they had received. This was an ancillary criterion that was particularly useful for identifying small budget projects that seemed to have achieved a lot or conversely large budget projects that appeared not to have achieved much at all.

Our global assessment had five categories:

1. Outstanding;
2. Generally Successful without having any particularly remarkable features;
3. Moderate or Mixed Success – successful in some regards but not others;
4. Low success including those that were terminated for because of intractable difficulties;
5. Unknown where there was insufficient information to make a judgement.

The following section shows the descriptors used to identify projects whose level of success was judged to be Outstanding, Generally Successful, Moderate/mixed, Low and unknown (referred to in the tables throughout the report as un-coded).

Criteria for classifying levels of success of projects:

**Outstanding and Generally Successful:**

• successfully engaging the community;
• achieving a range of outcomes to a substantial degree (not just isolated instances unless those isolated instances are particularly meaningful e.g. a breakthrough as in some indigenous projects or projects that are working with very small groups of marginalised people);
• judged as having achieved what the project set out to achieve or better; having made significant contribution to the intended outcomes (FaCS comments in its Performance Indicator data bases, self report in Final Questionnaire and/or Final report with some plausible evidence to back up);
• project may have demonstrated that it has learnt from early difficulties and has successfully changed its approach and moved forward;
• evidence of success that is plausible or better.

Supplementary evidence – used to distinguish the Outstanding projects from the Generally Successful projects might include:

• as appropriate, appearing to go from strength to strength (sustainability) including being a model for others, continuing interest in the project or the outcomes, activities etc to which it has given rise;
• the project has a lot going on – has a feeling of energy to it;
• project appears to be achieving a lot (or at least as expected) in relation to the level of funding;
• most evidence is verifiable.

**Moderately successful / mixed success (examples of criteria – may be one or more of these rather than all)**

• some intended outcomes achieved well and others less so;
• outcomes achieved but with significantly fewer people than hoped for or to a less sophisticated level of development than hoped for;
• may have been some early setbacks that meant low levels of engagement but eventually made some progress with respect to generating interest and involvement;
• project may have demonstrated that it has learnt from early difficulties and is addressing difficulties as they arise with some success;
• may have worked well with some groups but not others;
• evidence of outcomes (whether good or poor) is plausible or better for most outcomes;
• PI data especially that relating to progress reports and comments a useful indicator of both levels of interest in the project and whether the project was generally working well;
• Supplementary evidence might include the level of achievement relative to the budget (e.g. high budget but very modest achievement).

**Low Success**

• difficulty getting started, maintaining momentum, false starts with little evidence that project / community is learning and moving on from them.
• difficulty engaging the community, achieving desired participation levels throughout the project. Participation may be occurring but at a low level or much lower than expected.
• insufficient interest in the community to continue the project or build on it (FaCS comments in its Performance Indicator data base a useful indicator);
• project is terminated or there is no end in sight – dragging on rather than forging ahead; there may have been a need to transfer participants to other services;
• project is not successfully addressing issues that have arisen;
• outcomes appear to be low compared with SFCS budget and size of project.

**Unknown:**

• no performance indicator data and no other data (just project title, auspice agency, $ etc);
• performance indicator data only. Except in a very few cases the information in the FaCS Performance Indicator data base alone was not enough to judge the success of the project.
• data from final questionnaires only but for which there was insufficient evidence (verifiable or plausible) presented in the questionnaire and there is also insufficient information from the FaCS Performance Indicator data base to fill in any gaps;
• data from final reports only but for which there was insufficient evidence (verifiable or plausible) presented in the final report and there is also insufficient information from the FaCS Performance Indicator data base to fill in any gaps;
• data from both final questionnaires and final reports but for which there is insufficient evidence (verifiable or plausible) presented in the final report and/or questionnaire and there is also insufficient information from the FaCS Performance Indicator data base to fill in any gaps.

1.4 Analysis of factors associated with more successful projects

The evaluation sought to identify factors that differentiated highly successful projects from less successful ones. Projects rated as Outstanding, Generally Successful, Moderate or Mixed Success, or Low Success were compared with respect to their answers to various questions in the questionnaires. That is, we cross tabulated our independent ratings of the success levels of projects with their answers to questions in the final questionnaire concerning such issues as factors that had affected their success.

In relation to some particular features that appeared to have a strong relationship with level of success of projects (e.g. extent of support from the auspice organisation) we also looked for the exceptions to the general patterns. Exceptions included:

• projects that were successful even though they lacked a feature normally associated with success of the EI projects that we analysed in order to understand how they had managed to succeed despite this lack.

• projects that had a feature normally associated with success but had not been very successful in order to see what other factors contributed to their difficulties and whether their level of success might have been even lower had they not had this feature that is normally associated with higher success levels.

Together these types of analyses help us to get a better understanding of the causal relationships between various factors and levels of success, the conditions under which those factors might be more (or less) important and alternative causal pathways that might have applied for different projects.

Questionnaires were received from:

• 21 of the 28 projects that were rated as Outstanding;
• 50 of the 75 projects that were rated as Generally Successful;
• 23 of the 30 projects that were rated as having Moderate or Mixed Success;
• 1 of the 4 projects rated as having had Little or No Success;
• 22 of the 58 projects whose success was coded as unknown i.e. for which there was insufficient information to rate their success.

When we compared how projects rated their own success in the final questionnaires with how the evaluators had independently rated their levels of success (i.e. ignorant of how projects had rated themselves) we found a high degree of correspondence. This degree of correspondence helps to validate both the global ratings and the self-ratings. That is, projects coded as Outstanding were more likely to claim that they had exceeded what they had wanted (81% had done so) than projects rated as Generally Successful (49%) which in turn were more positive than those rated as Moderate or Mixed Success (19%). The number of projects rated as low was insufficient to make a comparison.
1.5 Review of projects in relation to other key evaluation questions

Other Key Evaluation Questions concerned unintended outcomes, features of the strategy that made a difference, impacts of other programs, anything else that helped or hindered, qualitative assessment of cost effectiveness and lessons learnt.

The information used for this purpose came primarily from final questionnaire data, comparing the results for early intervention projects with those for all other Strategy projects. Other insights and examples emerged from the final reports that were available for 77 of the Early Intervention projects and performance indicator data. Comments from State and Territory Officers concerning what worked well and not so well in each project were particularly useful.

For Key Evaluation Question 6: What else is helping or hindering the Strategy to achieve its objectives and outcomes? What works best for whom, why and when? We conducted a more in-depth analysis of projects in terms of the extent to which they exhibited the eight characteristics of effective early intervention projects identified in the literature review.

Given that there is now a considerable degree of agreement across the research literature concerning features of effective intervention projects, it is possible to make some judgements about the likely effectiveness of projects that do and do not display those characteristics and to identify projects that can provide working examples of those characteristics in practice. Although developed in the context of early intervention in early childhood they would appear to also be relevant to other types of early intervention projects.

Looking at the ways in which projects addressed these characteristics served two purposes.

1. The information sheds light on how projects may have achieved outcomes with families and communities i.e. not just whether projects contributed to outcomes but how they did so.

2. The information provides additional proxy indicators of the likely success of the projects, given that these characteristics have been shown through research to be related to effectiveness.

Three main methods were used to review the projects with respect to the eight characteristics:

a) individuals/families (e.g. home visits, counselling) and/or;

b) groups of individuals/families (e.g. parent support groups, life skills development groups, playgroups) and/or;

c) communities (e.g. developing community capacity through training volunteers, educating other service providers, running mass media campaigns.

This information relates to the extent to which projects provided multi-faceted and holistic approaches with a psycho-social-ecological focus. Projects with interventions operating at multiple levels are generally thought to be more effective than those that focus on one level only (RPR Consulting, 2004).
Review of a sample of 44 projects with final reports in 2004

In 2004, final reports were available for 44 of the 195 projects that fall into the various categories of early intervention (see Table 2). All 44 projects were funded under two of the four components: Parenting (28 projects) and Family Relationship Support (16 projects). In practice there was considerable overlap between the types of projects funded under the two components. Accordingly we have not distinguished between projects funded from the two sources for the purpose of this analysis.

Our analysis is a qualitative one and involved:

- Content analysis using a number of different categories or prompts for each characteristic.
- Describing the practices that led us to conclude that a project exhibited a particular characteristic or category within a characteristic.
- Looking for patterns on a project-by-project basis. The data are not sufficiently sensitive to be subjected to correlational techniques.

Given our dependence on reports on file for this analysis it is important to note that, regardless of the size of projects (in absolute terms and in terms of FaCS funding), there were enormous variations in the quality and comprehensiveness of the final reports. This observation, in addition to the fact that the in-depth analysis of characteristics of projects was based on just the 44 projects for which final reports were available at the time, led us to focus more on illustrative examples of good and poor practices, successes and challenges than on reporting prevalence of the characteristics amongst projects.

Use of final questionnaire data

By May 2005, 146 early intervention projects had provided final questionnaires. Some items in the final questionnaires were relevant to some of the defining characteristics of effective early intervention projects e.g. types and range of activities used, responsiveness to local needs, partnerships with others. These data were used to supplement the analysis of the 44 projects.

Use of performance indicator data

The FaCS database on projects included a range of types of information about projects. The information that was most useful was that which came from the description of the aims of the project and FaCS project officer comments on what was working well and not so well as the project progressed.
References


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