

# Targeted Earlier Intervention Program Outcomes Framework

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# Executive Summary

- The literature on prevention and early intervention is clear: ‘getting it right’ both early in life and at critical points improves outcomes for vulnerable children, young people and families.
- Effective targeted earlier invention (TEI) can greatly reduce the likelihood of a child or young person facing challenges such as low participation and attainment in education, poor physical and mental health, welfare dependency, substance misuse and involvement with the criminal justice system.
- The overriding objectives of the TEI program are to improve child health and wellbeing, reduce levels of vulnerability, prevent the escalation of risk, reduce the number of children and families at risk of Risk of Significant Harm (ROSH) reports, and prevent entry into out-of-home-care. This can be achieved for individual children and families, and also for whole communities.
- The TEI program aims to improve outcomes for clients through: creating a service system continuum grounded in evidence-informed practice; targeting resources to those with the greatest needs; facilitating district decision-making on the design and delivery of local services; and increasing flexibility so that clients are the centre of the system.
- Placing clients at the centre of the system is a core goal of the TEI program. A powerful way to understand and improve the ultimate impact of services on clients is to capture both subjective client feedback about their experience of a service, as well as objective measures of what has changed in their lives as a result. This provides a truly holistic assessment of program success and impact from a client point-of-view.
- Adopting a client outcomes focus means clearly articulating 1) the needs of clients, 2) the client outcomes and long-term impacts that service delivery can achieve and 3) the indicators required to measure these.
- To facilitate appropriate measurement and interpretation of client outcomes in the TEI program, two Frameworks have been developed:
  - a **Performance Monitoring Framework** which will enable service providers to monitor the short-term outcomes of their service provision in order to continuously learn, innovate and improve their delivery of services to clients. This framework assesses the short-term contribution to client outcomes and client experiences.
  - an **Evaluation Framework** which will help to evaluate the overall success and value of both the overarching TEI program and service delivery at District level in the medium - longer term, and contribute to the evidence base for program design and implementation. Results of this process will enable FACS to perform analyses of program impact for purposes of attribution and to inform future commissioning decisions.
- The TEI Program encompasses a wide variety of service provisions across the spectrum of vulnerability, requiring a level of flexibility and innovation to ensure services meet clients’ needs at the local level. The measurement and analysis of client outcomes as outlined in this Framework allows for this variation in practice, with a consistent measure of impact – and enables continuous learning and quality improvement for service providers.

- A set of core client outcomes for the TEI program has been defined, aligned with the Human Service Outcomes Framework. All clients, regardless of their risk of vulnerability or the services they may access, will have the same long term outcomes.
- The Framework will measure the impact of the TEI program for the target group (vulnerable children, young people, families and communities), with a focus on the three TEI priority groups: Aboriginal children, families and communities; 0-3 year olds; younger parents; and local priority groups identified through ongoing District planning and consultation.
- Short term client outcomes may differ between service options but will demonstrate alignment with longer term outcomes across the Frameworks. This will show how program activities are contributing to achieving long term improvements in health and wellbeing, and reduction in the need for child protection services.
- Measurement of client outcomes will be introduced by a phased approach, starting with a recommended minimum data set, then added to as appropriate over time and allow for local tailoring to respond to local client needs.
- Outcomes will be measured using both District level and state-wide population indicators and data sources. Where data sources for local population indicators are yet to be identified, TEI performance data will be used to support innovative practice and build the evidence base for TEI.
- A new data collection infrastructure for the TEI program will replace the range of legacy platforms.
- The Framework will be supported by local and central governance arrangements, which will provide the opportunity for regular input from external stakeholders.

# Glossary of key terms

**Activities** The actions taken to respond to an identified social issue or need i.e. the programs, interventions or services provided within the TEI program

**Attribution** Identification of the source or cause of something

**Cost Benefit Analysis** Cost Benefit Analysis compares the costs and benefits of a program in monetary terms

**Early intervention services** Prevention services (universal, secondary and tertiary) that support vulnerable children, young people, families and their communities, within NSW

**Evaluation** A rigorous, systematic and objective process to assess the effectiveness, efficiency, appropriateness and sustainability of programs

**Evidence-informed practice** A decision-making process involving three major sources of 'evidence', evidence-based programs, evidence-based processes, and client and professional values and beliefs

**Implementation science framework** Framework to guide the process of implementing evidence-based programs and practices

**Indicators** Measurable markers that show whether progress is being made on a certain condition or circumstance.

**Inputs** The resources required to deliver an activity e.g. money, staff, time, facilities and equipment

**Monitoring** A process to periodically report against planned targets (key performance indicators). Tracks adherence to accountability requirements or uses quantitative indicators to routinely measure progress.

**Need** A quality or factor that is wanted by a client that can be met by a service. Markers of need are risk factors and protective factors for vulnerability.

**Outcomes** The changes that occur for individuals, groups, families, or communities during or after an activity. Changes can include attitudes, values, or behaviours

**Outputs** The direct and measurable products of an intervention's activities and services, often expressed in terms of volume or units delivered e.g. what happens due to a program or activity (e.g. number of groups run and attended, number of years of caseworker follow-up).

**Program logic** A management tool that presents the logic of a program in a diagram or chart (with related descriptions). The program logic illustrates the logical linkage between the identified need or issue that a program is seeking to address, its intended activities and processes, their outputs, and the intended program outcomes.

**Protective factors** Attributes or conditions that can occur at individual, family, community or wider societal level and which moderate risk or adversity and promote healthy development and child and family wellbeing.

**Qualitative methods** Qualitative methods include focus groups, in-depth interviews or questionnaires administered to program staff, participants or other stakeholders. Qualitative data is essential for contextualising outcomes and is useful in providing a narrative around the quantitative data

**Quality adjusted life years** A generic measure of disease burden, including both the quality and the quantity of life lived. It is used in economic evaluation to assess the value for money of medical interventions

**Quantitative methods** Quantitative methods emphasise objective measurements and the statistical, mathematical, or numerical analysis of data collected through polls, questionnaires, and surveys, or by manipulating pre-existing statistical data using computational techniques

**Quasi-Experimental Design** These methodologies seek to compare outcomes for program participants and a (non-random) control group, or through phased rollout of a program (e.g. multiple baseline design). They are typically used when it is not feasible or ethical to use an experimental design (e.g. randomised control trial).

**Randomised control trial** Experimental design considered the gold standard for evaluating the effectiveness of an intervention. Individuals are randomly assigned to receive an intervention or a control condition. Any differences in outcomes observed between groups can be attributed to the intervention rather than to another cause or external factors.

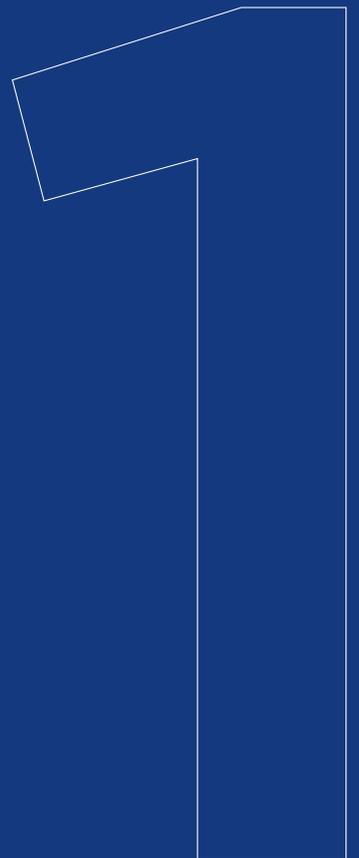
**Risk factors** The measurable circumstances, conditions or events that increase the probability that a family will have poor outcomes in the future

**Vulnerability** Describes members of a community who lack access to fundamental material and social resources (e.g. adequate housing, health care and employment) and/or are socially excluded (i.e. those who cannot participate in certain activities of the community due to reasons beyond their control).

# List of abbreviations

<b>AEDC</b>	Australian Early Development Census
<b>CALD</b>	Culturally and linguistically diverse
<b>CBA</b>	Cost-benefit analysis
<b>ED</b>	Emergency Department
<b>FACS</b>	NSW Department of Family and Community Services
<b>FACSIAR</b>	Department of Family and Community Services Insight Analysis and Research
<b>GEM</b>	Growth and Empowerment Measure
<b>HSOF</b>	Human Services Outcomes Framework
<b>NAPLAN</b>	National Assessment Program - Literacy and Numeracy
<b>NSW</b>	New South Wales
<b>OOHC</b>	Out of home care
<b>PWI</b>	Personal wellbeing index
<b>ROSH</b>	Risk of significant harm
<b>SIC</b>	Social Innovation Council
<b>SDQ</b>	Strengths and Difficulties Questionnaire
<b>TEI</b>	Targeted early intervention

# Background to the TEI Reform



Each year the NSW Department of Family and Community Services (FACS) invests over \$134m across six early intervention programs. While these six programs have been shown to achieve some positive outcomes, research and consultation indicates there are still significant challenges in delivering a more targeted, integrated and client centred system that improves long-term outcomes for families, young people and children.

Furthermore, despite all our endeavours, the number of children reported to be at risk of significant harm continues to grow. In response, FACS has commenced the TEI program reform to better enable children, young people, families, communities to access services early and achieve positive outcomes. TEI is one of the key initiatives working towards the preservation of families and a reduction in the number of children entering out-of-home care (OOHC).

The TEI program reform aims to:

- Improve outcomes for clients of TEI services
- Create a service system continuum grounded in evidence-informed best practice
- Target resources to those with the greatest needs
- Facilitate local FACS district decision making on the design and delivery of local services
- Increase flexibility so that clients are at the centre of the system.

With a focus on earlier intervention, the TEI program provides targeted services at the point where they can have the most impact - early in life and early in need. By encouraging community-based solutions, alongside tailored formal supports, TEI services can ultimately prevent children and young people from entering the statutory child protection system.

The vision for the TEI program is that:

- Families, children and young people's needs are met early to prevent the escalation of need
- Families are able to access support earlier in the lives of their children and young people, and are empowered to live independent, meaningful lives
- Risk factors that lead to child abuse, neglect, and domestic and family violence are addressed early
- Aboriginal children, young people, families and communities have access to timely, effective, accessible and culturally safe support and services.

# The Current Opportunity



Evidence-informed practice will shape the TEI system and this is built on a two-fold approach whereby practice informs evidence and evidence informs practice.

The TEI Program Outcomes Framework has been developed to bring together the practical experience and wisdom of clients and service providers into a structure that informs quality improvement and builds the evidence base for what works in the TEI program.

The Framework also aims to clearly define and articulate for stakeholders how to adapt to changed expectations from NSW Government in its approach to TEI services. There is a move towards investing in services that are evidence based and shown to contribute to improving life outcomes.

The development and implementation of the TEI Program Outcomes Framework, with clearly defined client outcomes and indicators, and a single minimum data set and database, will assist in demonstrating what interventions are most effective, what works and what may need to change.

By measuring outcomes that matter to clients, service providers are empowered to better understand the impact their service delivery is having, and to innovate and adapt their service delivery to achieve their goals. Measuring client outcomes is key to informing continuous quality improvement and to providing test and learn opportunities for providers. The focus on outcomes gives providers greater local autonomy around what they do to help their specific client groups - and moves away from a top-down, one-size fits all approach to program design.

The Performance Monitoring Framework clearly articulates the links between three aspects of evidence-based services: interventions; outcomes; and the indicators used to measure them. The Framework will identify indicators for outputs and short-term client outcome measures and establish a minimum data set to be collected by all service providers.

The Performance Monitoring Framework will:

- enable service providers to monitor short-term client outcomes and facilitate a culture of continuous learning, innovation and quality improvement
- provide guidance for stakeholders in ensuring that service delivery is clearly connected to client outcomes, not only to measures of program activities and outputs. This will help to build an evidence base, change practices and cultures so that they contribute to better client and system outcomes
- assist in the ability to monitor and report client outcomes over time, for all TEI service provision and initiatives, across the seven domains of the Human Services Outcomes Framework (HSOF) ([see section 3](#))

The Evaluation Framework will include analysis of client outcomes, processes of implementation and economic factors.

The Evaluation Framework will:

- evaluate the overall impact and value of service delivery in the longer term
- contribute to the evidence base for program design and implementation
- enable data analyses for purposes of attribution, informing policy and commissioning
- align with the NSW Government's investment approach to guide the effective delivery of services to vulnerable children, young people and families

# How the TEI Program Outcomes Framework was developed



The TEI Program Outcomes Framework has been developed to align with the NSW Human Services Outcomes Framework.

The Human Services Outcome Framework, developed by FACS and adopted and progressed by the Social Innovation Council in early 2016, allows agencies to better focus activities towards achieving client outcomes. Focusing on outcomes across seven domains (safety, home, economic, health, education and skills, social and community, and empowerment), it provides a mechanism for monitoring and reporting progress on the outcomes of clients participating in government, and non-government, programs across NSW. The Human Services Outcome Framework also provides a way to understand and measure the extent to which FACS makes a long-term positive difference to people's lives.

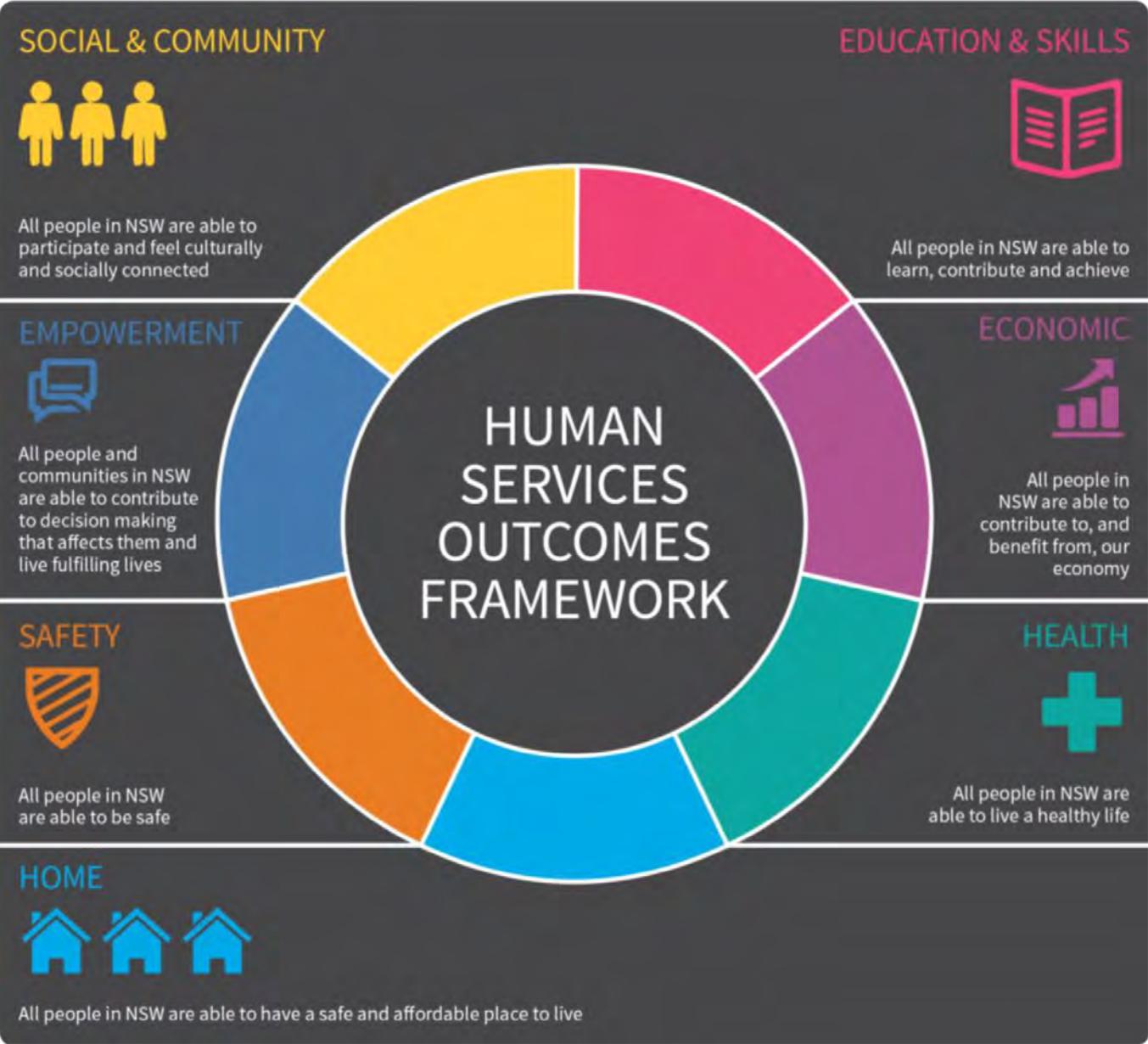
The TEI Program Outcomes Framework is designed to monitor and report outcomes over time, for all TEI service options, across the seven domains of the Human Services Outcome Framework. The Framework will also ensure a better understanding of how the TEI program seeks to improve outcomes for Aboriginal families and communities.

The Framework has been developed through extensive consultation with a broad range of stakeholders across New South Wales including Aboriginal stakeholders, Peak Bodies, government and other related service delivery organisations, service providers, and FACS staff.

A number of existing guidelines and policies were reviewed. Links to these documents are provided in [Section 9 \(Useful links\)](#)

- NSW Government Program Evaluation Guidelines
- NSW Government Commissioning and Contestability Policy and Practice Guide
- NSW Human Services Outcomes Framework
- FACS Application of the Human Services Outcomes Framework to Early Intervention
- FACS Contract Management Framework
- Social Innovation Council

A targeted search of the collected literature was undertaken to identify suitable tools and indicators that could be used to measure outcomes. Existing indicator banks were also examined for relevant indicators.



# The TEI program



## 4.1 Aims and Objectives

The TEI Program is focused on supporting vulnerable children, young people, families and communities to access support when required, to prevent issues from escalating and empower them to lead independent and meaningful lives.

The overriding objectives of the TEI program are to improve child health and wellbeing, reduce levels of vulnerability, prevent the escalation of risk, reduce the number of children and families at risk of Risk of Significant Harm (ROSH) reports and prevent entry into out-of-home-care. This can be achieved for individual children and families, and also for whole communities.

The vision for the TEI program is that:

- Families, children and young people's needs are met early to prevent the escalation of need
- Families are able to access support earlier in the lives of their children and young people, and are empowered to live independent, meaningful lives
- Risk factors that lead to child abuse, neglect, and domestic and family violence are addressed early
- Aboriginal children, young people, families and communities have access to timely, effective, accessible and culturally safe support and services.

In order to achieve this, the program goals (as described in the TEI Program Guidelines) are to:

- Actively engage with vulnerable children, families and communities, and work with them to provide the services they need, which may involve coordinating service provision across the sector
- Help communities to support and protect their members, through building stronger social connections and support networks
- Recognise the importance of culture in nurturing a sense of safety for Aboriginal children and young people in their family and broader communities
- Support parents to meet the emotional, physical and material needs of their children, through warm and nurturing interactions and encouragement
- Assist children to have the strongest possible start to life, to reach age appropriate milestones and reach their potential
- Assist young people to stay connected with their family and make sound life choices as they move into adulthood

The TEI Outcomes Framework provides an opportunity for service providers to demonstrate that they are working towards these TEI program goals.

## 4.2 Target population and priority groups

The TEI program targets all children, young people, families and communities across the spectrum of vulnerability. It is therefore different from many of FACS's other initiatives, in that it by definition serves a much broader range of clients, and potentially at a variety of time points. The program defines groups with three tiers of vulnerability, and requires that specific service options will target these different levels:

1. Children, young people and families who are potentially vulnerable
2. Children, young people and families with one or more known vulnerabilities
3. Children, young people and families who are experiencing crisis

Within this broad target population, the TEI program focuses on three priority groups: Aboriginal children, young people, families and communities; children 0-3 years old; and younger parents, where at least one parent is younger than 20 years old. These priority groups are not mutually exclusive and some children, young people and their families may fall into more than one of these categories. Ongoing local governance will also identify District priority groups within specific geographic areas.

While priority groups have been identified, TEI services should be competent, respectful, skilled and confident in working with other marginalised people and groups who are potentially vulnerable.

It is important to be able to identify the characteristics, and the needs, of clients accessing TEI services to better target support.

The TEI program provides an opportunity to better capture information that will help understand existing markers of vulnerability that certain client groups have and therefore allow for:

1. Ongoing tailoring of services over time to meet these needs
2. Better understanding of program outcomes - as these will vary depending on the level of vulnerability of clients at entry to the program

A minimum set of client needs, or risk factors for vulnerability can be captured at the entry point to services and form part of the minimum data set recommended in this Framework. Service providers can capture these baseline aspects, as well as other optional markers as suitable for their local cohorts. ([See Section 5.1 Measuring program delivery elements](#))

### 4.3 TEI Program and Aboriginal children, young people, families and communities

It is critical for FACS' ongoing investment that the TEI program, and service provisions delivered within the TEI program, meet the needs of Aboriginal children, young people, families and communities and deliver meaningful outcomes for this group.

The Aboriginal Targeted Earlier Intervention Strategy has been considered in developing the TEI Program Outcomes Framework. Acknowledging that Aboriginal people are overrepresented in all human services across NSW and recognising that Aboriginal self-determination is required to fully overcome the legacy of generational trauma, the Strategy has four key priorities which will all be facilitated by the recommended data collection and analysis processes recommended in this Framework. The Strategy priorities and corresponding goals are described here:

1. Target resources to Aboriginal people and communities with greatest need:
  - Aboriginal people access culturally safe and effective support earlier in life and earlier in need
  - Aboriginal people access culturally safe and relevant supports earlier to enhance lifelong wellbeing outcome
2. Provide a holistic Aboriginal early intervention approach grounded in evidence informed practice:
  - culturally safe and effective service models reflect an Aboriginal evidence-informed practice framework
  - culturally competent mainstream organisations deliver culturally safe and effective service models that reflect an Aboriginal evidence-informed practice framework
3. Facilitate Aboriginal self-determination through Aboriginal Community Control of service design and delivery:
  - Aboriginal self-determination occurs through empowerment of Aboriginal communities in service design and delivery
  - the Aboriginal service system grows to meet the increased demand for culturally safe and effective services
4. Increase flexibility so that Aboriginal clients are at the centre of TEI outcomes:
  - flexible programming accommodates Aboriginal family and kinship structures
  - Aboriginal people have access to employment opportunities that make a positive contribution to local communities
  - flexible Aboriginal programming ensures Aboriginal families, young people and children are supported by Aboriginal workers who understand their cultural needs and build trust and rapport

Mainstream organisations providing TEI services to Aboriginal clients should refer to this document ([see reference in Section 9 Useful links](#)).

## 4.4 Program Structure

The TEI program is divided into two program streams with five service options over three levels of vulnerability. Refer to the TEI Program Guidelines 2017 for more detail. ([See reference in Section 9 Useful links](#)).

### Two program streams

1. The Community Strengthening stream aims to connect vulnerable members of a community with their broader community, and strengthen the whole community, by creating more inclusive, supportive, safe and empowering communities for children, young people and families.
2. The Wellbeing and Safety stream aims to understand and address risk and protective factors at the critical points of intervention, so that every child, young person and family can experience the positive outcomes needed to live a healthy, happy and productive life.

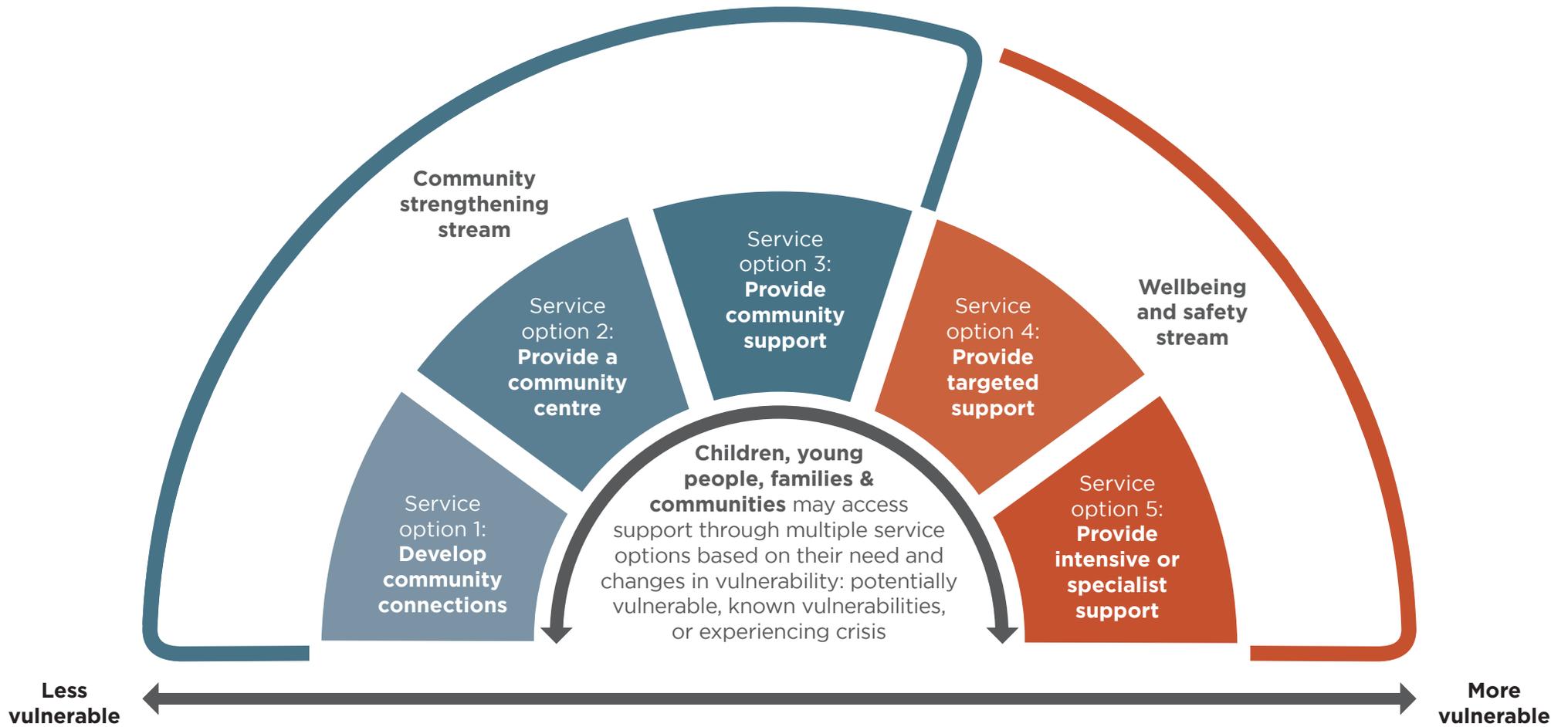
### Five service options

#### Community Strengthening Stream

1. Develop community connections
2. Provide community centres
3. Provide community support

#### Wellbeing and Safety Stream

4. Provide targeted support
5. Provide intensive or specialist support



## 4.5 Program Activities

All services funded under the TEI program should be in alignment with the priority client outcomes as defined in this Framework. TEI services will be designed to identify vulnerabilities where they exist and respond appropriately.

Activities provided within each service option are to remain flexible. Flexible activities enable the service system to quickly adapt to changes in local needs and strategic learning, with a clear focus on contributing to the Human Services Outcome Framework outcomes for each child, young person and family.

It should be acknowledged that practice models developed for non-Aboriginal communities may not necessarily be effective for Aboriginal communities. The TEI Program has been developed to allow room for innovation, and enough flexibility to encourage the design of Aboriginal service models, using evidence informed practice principles, or to trial promising models. Flexibility to innovate is also open to mainstream services, where the need for an innovative solution is identified.

Services contracted to provide community strengthening activities will be required to nominate which communities they will focus on, by specifying a community of location and a community of identity (for example a culturally and linguistically diverse (CALD) community). They will also be required to demonstrate that a proportion of participants are from the priority population groups or other targeted groups as defined by local District needs.

Services will also demonstrate how they will connect the vulnerable members of its nominated community to the broader community and be able to link all TEI activities back to the TEI Program Outcomes Framework.

# The TEI Performance Monitoring Framework



This section describes the Performance Monitoring Framework. It is intended to enable service providers and stakeholders to monitor the activities (and their associated inputs and outputs) that are delivered as part of the TEI program, and whether they are having a positive effect on clients' lives in the months following participation (short-term client outcomes). Understanding these elements of a program is essential for quality improvement as it assists all stakeholders in demonstrating what interventions are most effective, where innovation is required and what support is required to change practices.

Outcomes reflect a change in the situation of clients, however not how this change occurred.  
Other categories of data need to be collected in order to correctly interpret outcomes

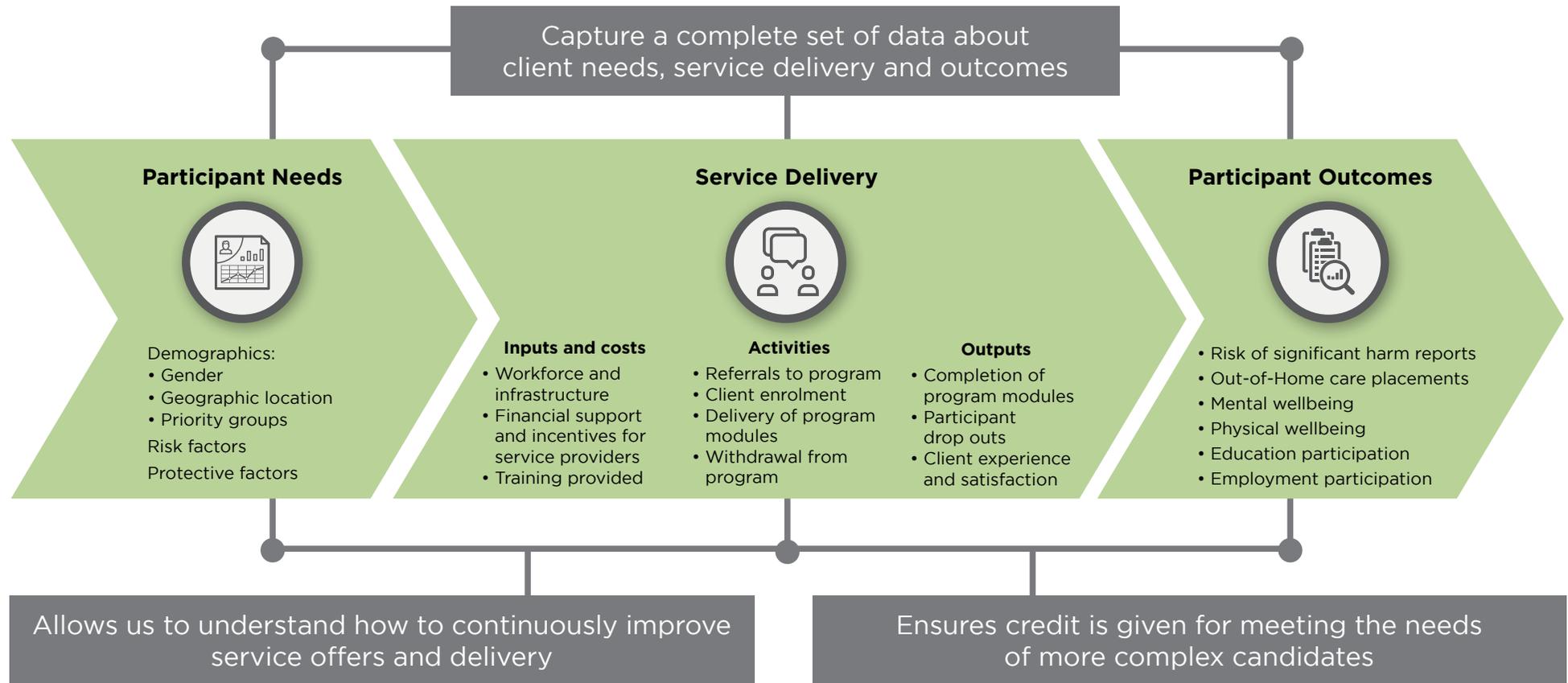


Figure 1: All elements measured for a program can be categorised to help providers better understand what difference they are making and why

### Definitions

**Inputs** - the resources required to deliver the activity e.g. money, staff, time, facilities and equipment.

**Activities** - the actions taken to respond to an identified social issue or need i.e. the programs, interventions or services provided within the TEI program.

**Outputs** - the direct and measurable products of an activity e.g. what happens due to a program or activity). Not all outputs are linked to positive outcomes. Only the outputs of effective interventions generate better outcomes.

**Outcomes** - the changes that occur for individuals, groups, families, or communities during or after an activity. Changes can include attitudes, values, or behaviours.

## 5.1 Measuring program delivery elements

It is important to have a clear picture of the participants accessing the activities that are offered within the TEI program, what is involved in delivering them (e.g. inputs and costs), the activities themselves and the outputs generated. Essentially an understanding of what and how much is delivered to whom, and how well it is delivered.

These measures will be recorded and monitored at the program level by service providers and also form part of the minimum data set collected across all program initiatives. Some program activity data and program output data will be determined according to the specific program type offered.

### 5.1.a Measuring markers of need

#### *Who are we helping?*

Measuring the markers of need and the presence of risk and protective factors for the clients we are seeking to support allows for better targeting of services to meet these needs. Understanding that we are meeting client needs ensures equity of service delivery as activities can be targeted to those who need them most. It also ensures efficiency of services, as services are not being delivered to those who do not need them. Knowing who is being helped also allows participant needs to be better defined at the district level.

Indicators of need might include the proportion of enrolled participants with a specific vulnerability marker, or the proportion of participants from the priority groups, in addition to routinely collected demographic information.

A minimum set of markers of vulnerability of TEI program clients can be captured at the entry point to services and form part of the minimum data set recommended in this framework. Program providers can capture these baseline aspects, as well as other optional markers as suitable for their local cohorts.

Recommended baseline indicators:

- Routine demographics (age, gender, postcode, family structure, cultural/ethnic background, Aboriginality, language spoken at home, presence of disability,)

- Priority groups (Aboriginal children and families; 0-3 year-old children; younger parents)
- Markers of need/risk as relevant to specific service goals

Additional optional indicators for local districts/programs:

- History of mental illness/use of MH services
- History of domestic violence/use of services
- History of drug and alcohol abuse/use of services
- Protective factors for vulnerability
- Risk factors for vulnerability
- Protective factors for child maltreatment
- Risk factors for child maltreatment

#### **Potential to measure other markers of vulnerability:**

the measurable circumstances, conditions or events that increase the probability that a family will have poor outcomes in the future

Child factors – low birth weight, pregnancy or birth complications, child temperament or behaviour, child disability

Family/parental factors – substance abuse, criminality, family violence, mental health, history of child abuse and neglect, child perceived as problem by parents, large family size, stress, parental temperament, teenage/young parents, single/unmarried, low education, use of corporal punishment, unplanned pregnancy, physical health problems, low self-esteem, social isolation

Social/environment factors – socio-economic disadvantage, unemployment, housing stress, lack of access to social support, lack of pre-natal care, neighbourhood disadvantage, neighbourhood violence

**Potential to measure other protective**

**factors:** the attributes or conditions that can occur at individual, family, community or wider societal level and which moderate risk or adversity and promote healthy development and child and family wellbeing. They serve as safeguards

Child factors – social and emotional competence, attachment to parent

Family/parental factors – strong parent/child relationship, parental self-esteem, family cohesion, two-parent household, high level parental education, self-efficacy, family functioning, knowledge of parenting and child development, parental resilience, concrete support for parents

Social/environmental factors – positive social connection and support, employment, neighbourhood social capital, adequate housing, socio-economic advantaged neighbourhood, access to health and social services

### 5.1.c Measuring Program Outputs

*What happens as a result of what we do?*

Program output data records what is generated as a result of attending a particular activity, e.g. the number of participants completing a program or the number of referrals made to other services.

Information needs to be collected on all these in order to understand how to continuously improve service offers and delivery and to ensure that credit is given for meeting the needs of more complex or challenging clients.

### 5.1.b Measuring Program Activities

*What are we doing to help?*

Understanding what is required to deliver program activities assists in assessing whether programs are feasible, sustainable and economically viable e.g. recording and monitoring program costs including number of program employees, training costs, facilities and equipment required.

What and how much is delivered defines the program activity data and focuses on the number of activities and sessions delivered, the number of referrals received for programs, the number of enrolments and participants and the number of locations activities are delivered from. It also captures the number of withdrawals from programs.

## 5.2 Measuring program feedback and client satisfaction

### *How did clients experience our service?*

These measures can be classified as a program 'output' however have been specifically highlighted here due to their importance in assessment of quality, continuous improvement and process evaluation.

Client experience of how well an activity is delivered and whether anyone is better off is captured by client and service provider feedback using appropriately worded and delivered surveys, focus groups, one-to-one discussions or other client-centred approaches.

This records the client experience e.g. were their needs understood, was the service easy to access, culturally appropriate and helpful, did attending the program increase skills or knowledge?

For Aboriginal children and families, capturing experiences of program accessibility, acceptability and cultural sensitivity is particularly important.

## 5.3 Measuring and interpreting client outcomes

### 5.3.a What impacts occur in the lives of our clients as a result of what we do?

Placing clients at the centre of the system is a core goal of FACS, the Human Services Outcome Framework and the TEI program. A powerful way to understand and improve the ultimate impact of services on clients is to capture both subjective client feedback about their experience of a service, as well as objective measures of what has changed in their lives as a result. This provides a truly holistic assessment of program success and impact from a client point-of-view.

In addition to measuring program feedback and client satisfaction, we also need to measure the impact that a program has and to be clear about what those impacts/outcomes are. As defined above, outcomes are the positive changes that happen to a client as a consequence of the program and they need to be objectively measured.

Measuring client outcomes for participants of TEI programs objectively captures the effect or impact that the program has on the life of participants of that program. It helps ensure that service delivery is clearly connected to client outcomes and helps to demonstrate that the program has been effective in contributing to the changes we want to see for clients of TEI.

The Social Innovation Council (SIC) library of Indicators defines core client outcomes for each of the seven Outcome Domains of the Human Services Outcome Framework. These outcomes are generic and are applicable to all of NSW and all departments and agencies.

The outcomes we want to achieve for clients of the TEI program need to be specific for the children, families and communities that access TEI services. They also need to visibly align with the more general SIC outcomes so that there is consistency between Government Departments.

For example, to know whether 'All children are safe from harm' (SIC Indicator) as a result of TEI, we need an objective measure to show us that children are in fact safer (e.g. reduced risk of entry into the child protection system which can be measured by monitoring the rates of ROSH reports) then they were before they had contact with TEI.

Table 1 and Figure 2 ([pages 29 and 30](#)) illustrate how the core client outcomes as defined in the TEI Program Outcomes Framework align with the SIC and are also clearly specific to the TEI program's objectives and goals.

# Human Services Outcome Framework

Outcome Domain	<b>Safety</b> <i>All people in NSW are able to be safe</i>	<b>Empowerment</b> <i>All people and communities inn NSW are able to contribute to decision making that affects them and live fulfilling lives</i>	<b>Education and Skills</b> <i>All people in NSW are able to learn, contribute and achieve</i>	<b>Social and Community</b> <i>All people in NSW are able to participate and feel culturally and socially connected</i>	<b>Health</b> <i>All people in NSW are able to live a healthy life</i>	<b>Home</b> <i>All people in NSW are able to have a safe and affordable place to live</i>	<b>Economic</b> <i>All people in NSW are able to contribute to and benefit from our economy</i>
Social Innovation Council Outcomes	<ul style="list-style-type: none"> <li>• All children are safe from harm</li> <li>• All people are safe from domestic and family violence</li> <li>• Reduce crime</li> </ul>	<ul style="list-style-type: none"> <li>• The customer is at the heart of decision making that affects them</li> <li>• Service design is determined by customer experience</li> <li>• Service provision is non-discriminatory and culturally appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Children receive high quality early childhood education and care to give them a great start in life and at school</li> <li>• All children are engaged in and benefiting from schooling</li> <li>• Young people make a successful transition from school to further education, training and work</li> <li>• All adult workers have the skills and qualifications they need to enjoy active and productive lives</li> </ul>	<ul style="list-style-type: none"> <li>• Aboriginal people and communities have strengthened knowledge and expertise in language, culture and identity</li> <li>• Increase rates of feeling connected (a sense of belonging to the community)</li> <li>• Increase community participation and volunteering</li> </ul>	<ul style="list-style-type: none"> <li>• Keeping people healthy through proactive management and education</li> <li>• Improve individuals' access to health care services they require</li> <li>• Improve mental health and wellbeing</li> <li>• Improve Aboriginal health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Housing is affordable</li> <li>• Social housing is physically accessible, culturally appropriate and well maintained</li> <li>• Reduce homelessness</li> </ul>	<ul style="list-style-type: none"> <li>• Greater access to employment for disadvantaged groups</li> <li>• Reduce income inequality</li> </ul>
Core TEI Client Outcomes	<ul style="list-style-type: none"> <li>• Reduced risk of entry into the child protection system</li> </ul>	<ul style="list-style-type: none"> <li>• Increased client reported self-determination</li> </ul>	<ul style="list-style-type: none"> <li>• Increased school attendance and achievement</li> </ul>	<ul style="list-style-type: none"> <li>• Increased participation in community events</li> <li>• Increased sense of belonging to their community</li> </ul>	<ul style="list-style-type: none"> <li>• Improved health of children and young people</li> <li>• Improved parental health</li> </ul>	<ul style="list-style-type: none"> <li>• Sustained safe and stable housing</li> </ul>	<ul style="list-style-type: none"> <li>• Sustained participation in employment</li> </ul>

Table 1: Human Services Outcome Framework, Social Innovation Council and core TEI outcomes

Outcomes must reflect what the TEI Program seeks to change for clients and address the core goals of targeted early intervention

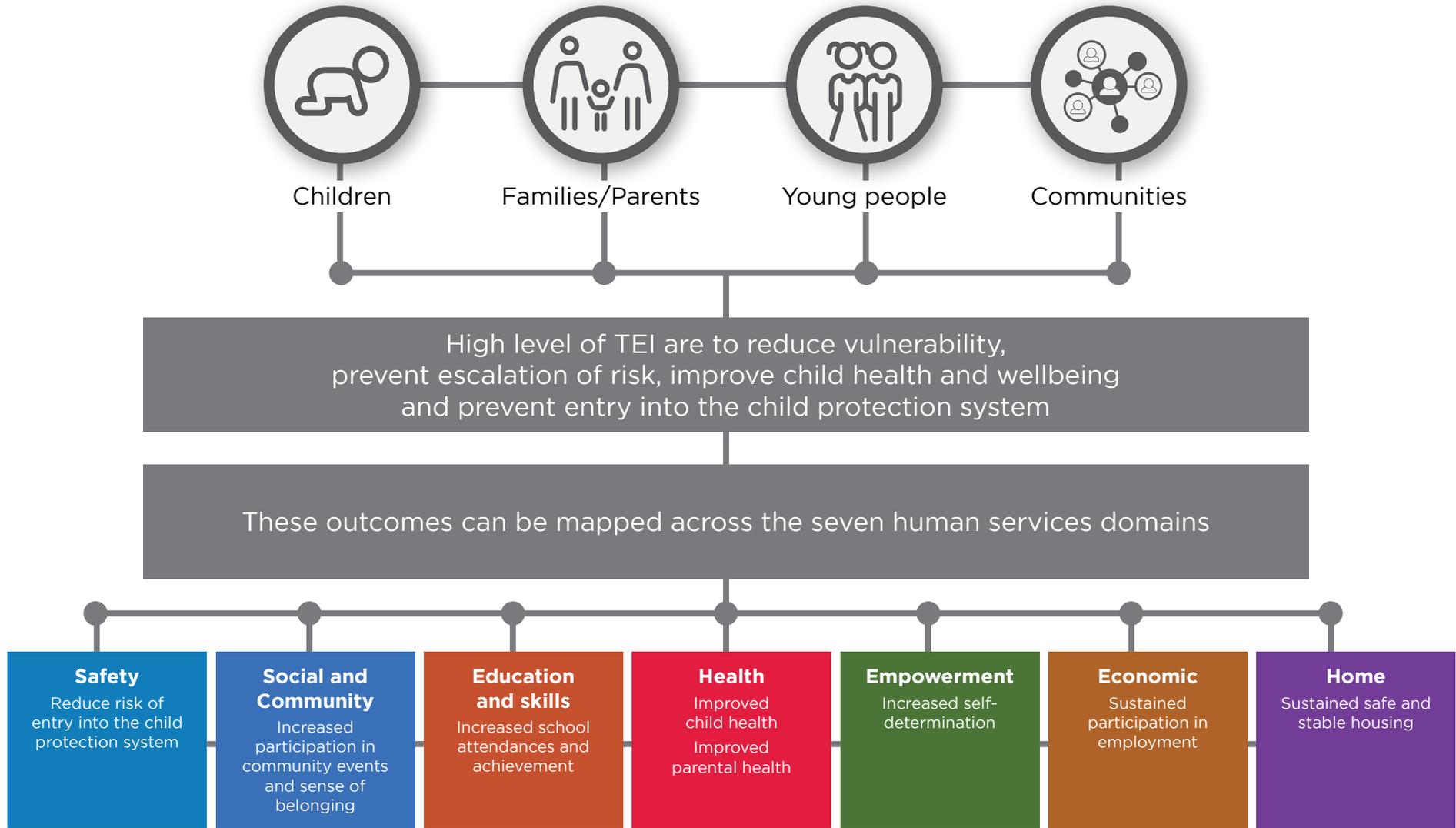


Fig 2: The TEI specific outcomes across the HUMAN SERVICES OUTCOME FRAMEWORK domains

The Performance Monitoring Framework looks at short-term outcomes up to 12 months after completion of a program activity. These reflect the most direct and immediate changes for service users participating in TEI activities. Measuring short-term outcomes will provide information for service providers and other stakeholders to indicate how they are tracking and whether their program is achieving its short-term goals. ([See Section 7 for guidance on defining short-term goals](#)).

The Evaluation Framework takes a longer-term view assessing the medium to long-term outcomes and impact that the TEI program has on children, families and communities' health and wellbeing, risk of vulnerability and risk of contact with statutory child protection services, specifically risk of ROSH reports. Measuring longer term outcomes provides the data that will be analysed to measure the impact that the TEI program has on clients. They give service providers a set of outcomes that they can structure their programs to work towards.

This Framework recommends a core set of short-term outcomes aligned to the Human Services Outcome Framework that are applicable to all service provisions within the TEI program. These are in addition to activity specific client outcomes that program providers aim to achieve.

It is recommended that all program providers collect the following data on all clients participating in TEI activities in the short-term; the Personal Wellbeing Index (PWI) and a measure of educational engagement. The PWI is an overall measure of wellbeing across six of the Human Services Outcome Framework Outcome Domains with the exception of education ([see Box 1](#)). Used together with a measure of educational engagement, these 8 core questions provide a standardised approach to capturing impact on clients over the course of the service and should ideally be captured at program baseline, exit and six monthly (as appropriate). The PWI is a useful measure of change in subjective wellbeing for individual clients over time.

It is not expected that specific programs and activities will be solely responsible for meeting the long-term outcome objectives. However, it is expected that service providers will provide activities that align with the Human Services Outcome Framework outcome domains and contribute towards these longer-term outcomes, so that if we compare groups of service recipients against similar groups who have not received the service, we see better outcomes for the former.

PWI is an overall measure of wellbeing across all HSOF Outcome Domains except education.

Validated versions exist for adults, children and people with an intellectual disability

On a scale of 1 to 10, how satisfied are you with?

1. Your standard of living?
2. Your health?
3. What you are achieving in life?
4. Your personal relationships?
5. How safe you feel?
6. Feeling part of your community?
7. Your future security?

Reference: International Wellbeing Group (2013). Personal Wellbeing Index: 5th Edition. Melbourne: Australian Centre on Quality of Life, Deakin University

(<http://www.deakin.edu.au/research/acqol/instruments/wellbeing-index/index.php>)

Box 1: Personal Wellbeing Index

### 5.3.b What impacts occur in communities as a result of what we do?

Although more difficult to articulate and define, it is important to be able to demonstrate the impact that the TEI program has on communities. Core outcomes for communities are broadly the same as for individual clients in that they reflect the TEI program goals and objectives and are aligned to the Human Services Outcome Framework outcomes; to improve health and wellbeing (within communities), reduce risk of vulnerability (within communities) and reduce the numbers of children and families (within a community) at risk of entry into the child protection system.

Short term community outcomes will vary depending on local priorities and service provision, but will align with the Human Services Outcome Framework outcome domains. It is recommended that a common 'snapshot' of community wellbeing is captured and reported. This information can be obtained from de-identified aggregated responses to the Personal Wellbeing Index from randomly selected community members on an annual (or other) basis. For a complete spectrum of outcome domains, a randomly collected sample of educational engagement within the community could also be captured. These indicators of community outcomes could be monitored over time at both provider and district levels, and used to inform understanding of client need, innovation in service delivery and district priority setting.

When inviting participants of TEI programs in the community strengthening streams to complete the Personal Wellbeing Index, it is recommended to clearly explain the nature and purpose of the survey. Providers may like to include the following in their communications:

- This survey asks some general questions which will help us better understand the needs of the whole community
- The purpose of the survey is to help us offer the right services and keep improving them over time
- The answers given are anonymous and will not be reported on an individual level. They will be combined with those from other participants to give a picture of wellbeing across the whole community group

Longer term community outcomes will be measured and analysed using population level data to demonstrate improvements across the Human Services Outcome Framework Outcome Domains.

## 5.4 Feeding back insights for innovation and quality improvement

The TEI Performance Monitoring Framework has been designed to support implementation of evidence-informed practice and a continuous improvement cycle. Adopting a single database with clear outcomes and indicators across the TEI program will help demonstrate what interventions are most effective, where innovation is required to build or refine the evidence base, and what support is required to change practices and culture. Consistent with the continuous improvement cycle, these systems and infrastructure will need to be tested and refined over time.

The key elements of continuous improvement are described as planning, doing, checking and acting, with the acting stage feeding continuously into improved planning to achieve client needs and produce positive outcomes. Application of this continuous cycle will result in a system that is constantly being improved, so that client needs are continuously addressed and met.

Analysing program activity data and client outcome data and actively feeding it back to providers allows them to continuously learn, innovate and improve their delivery of services to clients. This should be done via a proactive and collaborative approach that enables providers to understand and interrogate the findings and make sense of them in the context of their practical wisdom.

This continuous learning, innovating and improving sits side by side with the information captured in surveys as described above ([Section 5.2](#)) on client experience and measures of satisfaction with specific programs and services.

## 5.5 Considerations for Aboriginal children, young people, families and communities

As described in Section 4.3, it is critical that each service provision delivered within the TEI program meet the needs of Aboriginal children, young people, families and communities and that programs deliver appropriate and meaningful outcomes for this group. The core measures of quality and outcome applied to programs for Aboriginal clients are the same as those for all clients of TEI.

Performance monitoring of programs that target Aboriginal clients should include a systematic analysis of the acceptability and effectiveness of TEI for Aboriginal children and families, including an assessment of:

- Whether the needs of Aboriginal communities, children and families are central to program design and whether adaptation is required to better meet the needs of Aboriginal children and families
- The acceptability of the programs for Aboriginal children and families including what factors influenced change in outcomes
- Whether improvements in outcomes were identified for Aboriginal children and families and how improvements in outcomes compared with non-Aboriginal children and families

# The TEI Evaluation Framework



## 6.1 Purpose of evaluation

This section describes the Evaluation Framework which defines elements of an ideal approach for the evaluation of the TEI program. It recommends what the sector should be working towards in order to ensure that evaluation is a rigorous, systematic and objective process.

It also describes the most immediate practical steps that can be taken towards achieving this goal.

The Evaluation Framework is not intended to be prescriptive. Rather, its purpose is to guide expectations for consistency and rigor of any TEI Program evaluation.

As defined in the *NSW Government Guide to Program Evaluation*, good evaluation is a systematic and objective process to assess a program's effectiveness, efficiency, appropriateness and sustainability. This information can be used to improve existing programs and inform policy and investment in new programs

Evaluation will play a key role in supporting TEI program decision making by helping to understand whether a program is working well or not, in what context, and why. Well planned and executed evaluation will provide evidence for improved TEI program design, delivery, and outcomes.

Evaluation ensures we know whether our services are effective, whether they are delivering value for money and whether they are meeting people's needs. Knowing what works and what doesn't, means we can offer more effective services to clients, deliver services in the most useful way and over time also enables policy makers to make better decisions.

Evaluation of TEI can occur at three distinct levels

1. for each TEI service provision delivered by a program provider  
For service providers, evaluation provides evidence about whether their specific activities are effective, meeting the needs of clients and providing value for money. The information collected can be used by providers to assist program improvement, innovation and learning (as described in the Performance and Monitoring Framework), as well as providing information about whether their program is making an immediate difference to the life outcomes of their clients.
2. for the overarching TEI program as described in the TEI program guidelines  
On a larger scale, evaluation will provide evidence for the purposes of policy decision making, service design and funding. Information gathered through evaluation of each specific service delivered as part of the TEI program will be aggregated across NSW to allow evaluation of the overarching TEI program. This level of evaluation will produce reliable evidence that will help answer the following questions:
  - a. Has the TEI Program achieved its objectives as intended; and
  - b. Which of the programs and initiatives worked, for whom and why?
3. for the overall TEI reform

Evaluation of the overarching TEI program will be one component of a future evaluation of the TEI Reform in total, in order to determine whether it has met its core aims.

## 6.2 Types of evaluation

This section provides a summary of the three components of an ideal approach to program evaluation that TEI and all FACS programs are working towards.

This approach has three elements:

1. Assessing whether distinct outcomes have been achieved for clients (outcome evaluation)
2. Assessing how the outcomes are achieved (process evaluation)
3. Comparing the costs and benefits of the service provision (economic evaluation)

### 6.2.a Outcome evaluation

Outcome evaluation seeks to verify a causal link between program activities and client outcomes. In essence, it assesses what has changed for clients as a result of participation in the program.

Outcome evaluation for all TEI activities and initiatives should answer the **following questions**:

1. Has there been a change in the short to medium term client outcomes as defined in a service provision's program logic? i.e. did attending the activity/initiative achieve the short-term outcomes? This will be specific to the activity/initiative but aligned to the longer-term core client outcomes as defined in the TEI Program Outcomes Framework. This is the process described in the Performance Monitoring Framework in Section 5.
2. Is the activity/initiative actively working towards one or more core client outcomes in the Human Services Outcome Framework domains ([see table 2](#))?
3. Is there a difference in outcomes dependent on factors such as population group, risk factors, and locations i.e. who has benefited from the program, how, and under what circumstances?

## Human Services Outcome Framework

<b>Outcome Domain</b>	<b>Safety</b> <i>All people in NSW are able to be safe</i>	<b>Empowerment</b> <i>All people and communities in NSW are able to contribute to decision making that affects them and live fulfilling lives</i>	<b>Education and Skills</b> <i>All people in NSW are able to learn, contribute and achieve</i>	<b>Social and Community</b> <i>All people in NSW are able to participate and feel culturally and socially connected</i>	<b>Health</b> <i>All people in NSW are able to live a healthy life</i>	<b>Home</b> <i>All people in NSW are able to have a safe and affordable place to live</i>	<b>Economic</b> <i>All people in NSW are able to contribute to and benefit from our economy</i>
<b>Core TEI Client Outcomes</b>	<ul style="list-style-type: none"> <li>• Reduced risk of entry into the child protection system</li> </ul>	<ul style="list-style-type: none"> <li>• Increased client reported self-determination</li> </ul>	<ul style="list-style-type: none"> <li>• Increased school attendance and achievement</li> </ul>	<ul style="list-style-type: none"> <li>• Increased participation in community events</li> <li>• Increased sense of belonging to their community</li> </ul>	<ul style="list-style-type: none"> <li>• Improved health of children and young people</li> <li>• Improved parental health</li> </ul>	<ul style="list-style-type: none"> <li>• Sustained safe and stable housing</li> </ul>	<ul style="list-style-type: none"> <li>• Sustained participation in employment</li> </ul>

Table 2: Core TEI client outcomes matched to Human Services Outcome Framework Domains

To support outcome evaluation, there needs to be consistency in data collection across all TEI programs to allow evaluation of the outcomes of the overarching TEI program. ([see Data Requirements - Section 8](#))

In practice this means that all program providers will collect the same minimum set of data on all clients in addition to data that is meaningful to their specific activity and specific client outcomes. In some cases, data will be drawn from routine data collection systems already in place that cover the entire state (e.g. routine reporting of child admissions to hospital)

An ideal approach to outcome evaluation requires using scientifically validated measurement tools across all TEI initiatives and programs. The PWI is one example that can be used across all of the flexible service options of TEI as a way of measuring and monitoring the same outcomes for all clients. It is also used across other Government department initiatives.

In the short term, it is recommended that all program providers of all TEI service provisions collect the following as their first priority:

- the Personal Wellbeing Index (PWI) – to be used at a client level for wellbeing and safety services and at an aggregated level for community strengthening services
- a measure of educational engagement e.g. early childhood education centre or school attendance

To enable longer term evaluation, corresponding linked government data sets will be used to track outcomes relevant to all domains of the NSW Human Services Outcomes Framework.

Analysis of whether certain population groups or the presence/absence of risk factors impact on outcome is made using data collected as part of the Performance and Monitoring Framework (e.g. markers of need, client experience and impact/outcomes). Program providers will not need to collect any extra data for the purposes of outcome evaluation.

Over time, this can be built on through the use of other validated tools for particular outcomes. For example, if a TEI service provision aims to improve aspects of child development, then the Strengths and Difficulties Questionnaire (SDQ) should be used to monitor this outcome. If parental mental health is a specified outcome, then a validated measure such as the Kessler Psychological Distress Scale (K10) can be administered. For service provisions within the Community Strengthening Stream, a validated measure of community cohesion or connectedness could be used, for example, the social connectedness items from the Australian Bureau of Statistics' Personal Safety Survey<sup>1</sup>. FACS should review levels of need annually and nominate common measurement tools where possible, to allow comparison between programs and over time.

For the purposes of evaluating whether a service provision is effective in achieving its outcomes, comparison to other service provisions with similar objectives can be made. Analytical techniques that seek to separate out the effects of many factors (such as regression analysis) can be used to determine the extent to which outcomes are improved for clients and families who receive several different TEI programs and initiatives, compared to those who receive only one, a different combination, or none. It also allows adjustment of outcomes for ongoing risk factors, such as membership of a priority population group, health problems or location.

Importantly, evaluation requires tracking of outcomes for all those eligible for a TEI program, not just recipients. That is, a comparable control group is required for every set of recipients of a given program or service. This will often be achieved by using linked administrative data, across government agencies, to measure the same outcomes for all citizens. By example, we might introduce a new home visiting program for under-fives deemed at risk in Campbelltown. If we track ROSH for all under-fives in Sydney, differences in ROSH between home visit recipients and non-recipients, adjusted for risk factors, should indicate the effectiveness of the home visit program.

<sup>1</sup> Australian Bureau of Statistics. Personal Safety Survey, Australia: User Guide, 2016; Catalogue no: 4906.0.55.003 <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4906.0.55.003-2016-Main%20Features-Social%20connectedness-10>

## 6.2.b Process evaluation

Process evaluation looks at how a service is delivered, describing:

- The reach and uptake,
- Whether it was implemented as intended
- Its delivery effectiveness, and
- Its acceptability to clients

Process Evaluation has two purposes:

1. It helps to explain outcomes. For example, did an initiative fail to improve outcomes because it was the wrong intervention, or did it fail because it wasn't ever properly delivered?
2. It provides a leading indicator of progress. If we have a strong belief that something works, and we get successful uptake by 80% of potential beneficiaries, then we can anticipate significant outcome improvement in the future

Process evaluation for TEI activities and initiatives could answer any of the following questions:

1. Was the activity/initiative implemented as intended?
2. Did it reach the intended target populations?
3. Did clients find it acceptable?
4. What were the barriers and facilitators to implementation?
5. How well are staff/organisations cooperating to achieve client outcomes?
6. What is the impact of the specific provider on the success of a program or initiative?

For program providers, these questions will largely be answered from data collected as part of the Performance and Monitoring Framework (measuring program activities, client experience and outputs). No additional data will need to be collected although program providers need to develop and embed data collection processes into their service delivery and think about the best way to collect this data. Both quantitative and qualitative data is often required, in the form of questionnaires, intake forms, surveys, focus groups etc. We do not generally need information on control populations for process evaluation.

To conduct an ideal process evaluation, three steps are required:

1. Analysis of documentation and administrative data produced by programs/initiatives and program providers
2. Interviews and surveys with clients, staff and program providers
3. Documentation of detailed case studies

A range of both quantitative and qualitative methods are needed to understand how the effects of programs/initiatives occurred and how these effects might be replicated by similar future programs or initiatives. Feedback from families and service providers could be collected via multiple avenues and feedback channels such as facilitated groups, anonymous feedback, and semi-structured one-on-one interviews. The qualitative data collected as part of the process evaluation will usually aid understanding of the quantitative results.

The process evaluation will also examine the successes and challenges of implementation. It is suggested that evaluators use an implementation science framework and methodology to assess the efficiency and effectiveness of implementation. The process evaluation will support the outcome and economic evaluation by documenting and analysing the mechanisms through which TEI programs and initiatives bring about change.

## 6.2.c Economic Evaluation

Economic evaluation identifies, measures, and values a program's economic costs and benefits. It can inform decision-making by demonstrating whether the benefits outweigh costs, over the short, medium and long term. This helps program providers to understand not just effectiveness, but also whether it is effective enough to justify what it will cost Government to implement it.

Economic evaluation should answer the **following questions:**

1. How much did each component of the TEI service provision cost?
2. Did the benefits (when measured in monetary terms, or as other measures of significant impact on participants' lives, e.g. quality adjusted life years (QALYs)) outweigh costs?
3. If not, how could a program's delivery be modified to reduce costs or improve benefits to balance this equation?

Data collected for the process and outcome evaluations will include items of data which will be used in the economic evaluation. However, in order to understand the cost effectiveness of its service provisions, some additional data will need to be collected and recorded.

Unit costing is a methodology used to estimate the cost of delivering a particular service for an individual who derives benefits from it. It can be calculated from operational data from program providers such as:

1. Case work costs e.g. salaries, hours worked
2. Operating expenses, e.g. rent of premises, transport
3. Corporate overhead cost, e.g. the salary costs of the FACS staff who designed the program

This is summed and divided by the number of recipients of the program to yield a unit cost (per participant) for the program.

A number of different approaches are used to estimate benefits – typically combining:

- Costs saved by downstream complications averted (e.g. the costs of policing and incarceration avoided through effective youth engagement programs)
- The value of human capital built up by the program (e.g. the average incremental income received over a lifetime resulting from an intervention that keeps girls in school by reducing unwanted pregnancies)
- Value of preventing death or disability. Governments usually attribute a standard economic value to each year of life saved by an intervention<sup>2</sup>.

Economic evaluation needs to recognise that costs are often incurred early on, but that benefits flow through throughout an individual's lifetime. Discounting the costs and benefits of future years is necessary, for policy comparison, to create a "level playing field" when comparing the cost-effectiveness of different interventions.

Cost-benefit analysis (CBA) will be the primary method for economic evaluation. CBA provides an estimate of the value of resources used by each program, and the benefits created, in dollar terms. Not every cost or benefit can be captured, but a good evaluation ensures the largest drivers of program spending, and human happiness, respectively, are represented.

The distribution of benefits is a final, important consideration, as gains for one group (e.g. child safety) may be accompanied by losses for others (e.g. parental autonomy).

Costs - Using unit costing methodology, the economic evaluation will measure:

1. Direct costs incurred by service providers
  - Case work costs e.g. salaries
  - Operating expenses
  - Corporate overhead cost (e.g. a portion of FACS costs)
2. Direct costs incurred by other NSW Government Departments (e.g. hospital admission)

<sup>2</sup> Department of Prime Minister and Cabinet, Government of Australia. Best Practice Regulation Guidance Note. Value of statistical life. December 2014

Benefits - The economic evaluation will measure:

1. Avoided costs to FACS e.g. reduction in entry into OOHC and the associated costs
2. Avoided costs to other NSW Government Departments in the other domains e.g. health, education, justice
3. Improved quantity and quality of life for participants (using standard cost-per-life-year figures)
4. Human Capital gains (improved earning potential for participants and resulting gains for the broader economy)

Economic evaluation will require working with other government agencies to agree on methods, and assumptions for quantification of avoided downstream interventions e.g. hospitalisation and benefits of education.

Like outcome evaluation, a control population is needed to undertake economic evaluation. The costs and benefits of an intervention cohort can only be meaningfully interpreted when compared to those of similar citizens who have not participated in the intervention.

### 6.3 Considerations for Aboriginal children, young people, families and communities

All elements of evaluation described above apply equally to programs that target Aboriginal clients. However, specific additional measures are recommended for programs designed to support Aboriginal clients. Program providers can choose process and outcome measures that are meaningful in the context of their specific activities and the impact they are seeking to have on the lives of clients in key outcome domains. This will include additional activity, experience and outcome measures – for example:

#### Activity/Process measures

- how much service is being delivered to Aboriginal children, young people, and families, and in which locations
- whether service provision is non-discriminatory and culturally appropriate - measured by the proportion of Aboriginal TEI service users represented by Local Decision Making Agreements and the proportion of Aboriginal TEI service users who have access to Aboriginal Community Controlled Organisations and Aboriginal Organisations

#### Experience measures

- how well service is being delivered according to feedback from Aboriginal service users and providers, based on the TEI program quality areas, including Aboriginal accessibility and capability

#### Outcome measures

- Aboriginal people and communities have strengthened knowledge and expertise in language, culture and identity - measured by the proportion of Aboriginal TEI service users who self-report having strengthened knowledge or expertise in language, culture or identity

Aligning with the Aboriginal TEI Strategy, evaluation should also include a systematic analysis of the acceptability and effectiveness of TEI for Aboriginal children and families, including an assessment of:

- whether improvements in outcomes were identified for Aboriginal children and families and how improvements in outcomes compared with non-Aboriginal children and families
- the acceptability of the programs for Aboriginal children and families including what factors influenced change in outcomes and adaptation required to better meet the needs of Aboriginal children and families
- the cost to provide culturally competent and effective services to Aboriginal families
- whether there was greater benefit for Aboriginal children and families relative to cost compared with non-Aboriginal children and families

# Steps for Implementation of the TEI Program Outcomes Framework



Sound and reliable performance monitoring and evaluation require effective planning and a systematic approach to data collection.

This section describes key steps required by program providers to embed measurement and evaluation processes into their routine service delivery.

## 7.1 Develop a specific program logic

Service providers can use the TEI program logic template as an enabling tool to help them clearly articulate the purpose/objective of their program including:

- the need it is addressing in the target client population group
- the resources required for delivering the program and the activities they will be used for
- the expected outcomes, or changes expected for clients as a result of participating in the program.

Other terms that are commonly used for models that depict a similar causal pathway for programs are “theory of change”, “program theory” and “logic models”. The program logic shows why the activities, if implemented as intended, should effectively reach the desired outcomes.

For TEI program providers, the program logic will articulate the intended short to medium term client outcomes expected as a result of participation in the program. Whilst these must align with one or more of the core TEI client outcomes described in this Framework, in both the shorter and longer term ([Table 4 and Section 8](#)), program providers can also elect to monitor activity specific outcomes that are relevant to them and their initiative. This requirement will be expected for all TEI service provisions across NSW. Although it is not expected that specific initiatives and activities will be solely responsible for meeting the long-term client outcomes, it is expected that service providers will verify that initiatives are actually making a measurable difference in client outcomes.

## 7.2 Enhance existing data collection processes

To support the evaluation, this Framework proposes enhanced data collection processes to:

- a) support embedded evaluation,
- b) maximise real-time tracking of self-reported client outcomes, and
- c) minimise reporting burden on clients and staff.

Enhancing data collection processes will be achieved through:

- Collecting self-reported client outcome data at multiple time points (typically at program intake and exit, and every six or twelve months).
- Linking administrative datasets to identify clients’ use of services (with their consent at intake).
- Linking data from other government agencies (e.g. Health, Justice) to assess the bigger picture impact of TEI services on client outcomes.
- Collecting qualitative data as required to interpret quantitative findings and to inform ongoing service improvement
- Collecting elements of cost data to generate cost-benefit analyses

## 7.3 Embed data collection for an evidence-based approach

Traditionally, program evaluations have used methods such as simple before and after comparisons, or sometime only the “after” component. Unfortunately, this does not allow us to confidently attribute improvements in outcomes to the program. Accurate attribution requires before and after comparisons for program recipients as well as for a control group of otherwise similar persons who were not recipients.

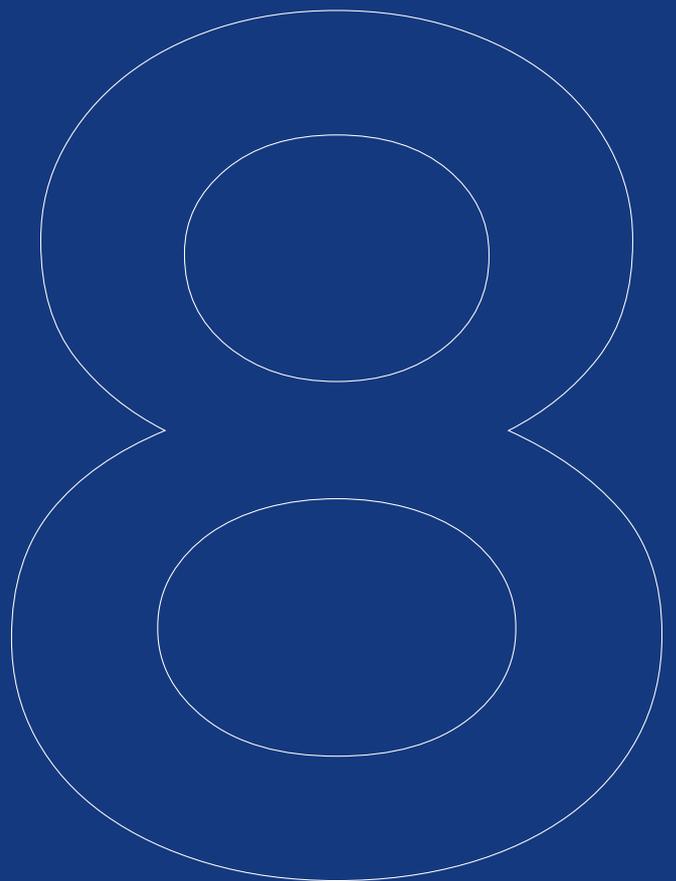
This approach requires collecting data for the entire relevant population (e.g. children under 10 in NSW) – and then tagging program recipients with everyone else becoming a control. Many individuals will be recipients for one program, but controls for another. The evaluation of TEI service provisions will rely both on data collection embedded in routine service delivery and using linked routine data collected by FACS and other government agencies. As the number of partially overlapping programs increases, the efficiency benefits of a “whole of population” tracking approach become more evident.

Over time, this means that data collected for every service recipient can be used ongoing to inform both short term performance and quality improvement activities carried out by providers, as well as informing aggregated views of outcomes in a local community or district, or state-wide. It also provides the opportunity to use different kinds of experimental designs for new program assessment (e.g. randomised controlled trials), and quasi-experimental designs to test the effectiveness of different combinations of programs and initiatives.

## 7.4 Set a timeline and budget for formal program evaluation

The TEI program could aim to conduct a rigorous process and outcome evaluation of initiatives within 2-3 years of the initiation of data collection. The ability to conduct a rigorous cost-benefit analysis would develop over a longer time period as many client benefits will not be realised for many years to come. Any formal evaluation will require dedicated funding and third-party evaluation support.

# Data requirements



The TEI Program Outcomes Framework recommends a minimum set of data for collection across all TEI programs, and additional optional data for providers to collect where feasible and valuable to inform their understanding of the quality of their services.

The **Performance Monitoring Framework** defines data to enable service providers to monitor the short-term outcomes of their service provision in order to continuously learn, innovate and improve their delivery of services to clients. This framework assesses the short-term contribution to client outcomes and client experiences.

The **Evaluation Framework** defines data to help to evaluate the overall success and value of both the overarching TEI program and service delivery at District level in the medium to longer term, and contribute to the evidence base for program design and implementation. It also provides guidance for program providers in evaluating individual service provisions.

## 8.1 Collecting data for the Performance Monitoring Framework

Service providers will be expected to collect data recording participant needs, program outputs and the indicators of the short-term client outcomes as described and listed in this framework. Client experiences will also be captured in purpose designed surveys or questionnaires as determined by the program providers.

For the Wellbeing and Safety Streams, data will be collected at the program level on all clients who access individual TEI programs and initiatives.

For the Community Strengthening Streams, data will be collected at the program level using random samples of clients attending events or accessing services. Although not statistically rigorous, this is an important step in moving towards evidence informed practice and will provide an aggregated snapshot of community wellbeing and how this trends over time. Client experiences will also be captured in purpose designed surveys or questionnaires as determined by the program providers.

Validated measures which relate to the desired program outcomes will be embedded into the routine application and exit forms for each program (e.g. any form that captures client demographic data such as name, date of birth or address), or where these processes do not exist, it will be collected via an assessment tool developed specifically to capture these data.

Flexibility is built into the Framework to allow service providers to select additional measures to demonstrate effectiveness of their individual programs and how they are contributing to the long-term core outcomes of TEI.

In practice, this means that program providers will collect the following outcomes data:

Minimum outcome data: PWI and a measure of educational engagement

Measures that show alignment of program outcomes to Human Services Outcome Framework domains (e.g. if a program has health outcomes as a goal/objective, then program providers can choose additional measures from the list of short term indicators in the health domain)

Optional (but recommended) measures directly related to the intended outcomes of the specific initiative

Two case vignettes are included here as examples of the outcomes that would be captured on an individual activity/service provider level. See [appendix 10.3](#) for examples across all TEI streams.

### **COMMUNITY CASE VIGNETTE** Service Option 1: Develop community connections

#### **Playgroups in the Park**

A free, informal event for local families providing entertainment for preschool aged children and community and family/health support information for parents/carers. Many activities will celebrate Aboriginal culture.

##### CORE HSOF outcomes:

- PWI (random sampling of clients to be de-identified and aggregated)
- Number and percentage of under 5 year olds attending early childhood education centres

##### OPTIONAL HSOF outcomes:

- Social and Community: Increased participation in community events; Increased sense of belonging to their community
- Safety: Reduced risk of entry into the child protection system (by working towards a community that is supportive and cohesive and culturally aware)
- Health: Improved child and parental health (by provision of information for parents)

##### OPTIONAL activity specific outcomes (defined by service provider):

- Increase in use of other community programs/facilities/supports
- Increase in the number of people attending other community events

### **WELLBEING AND SAFETY CASE VIGNETTE** Service Option 4: Provide targeted support

#### **Stand Together - Assisting mothers in parenting post domestic violence relationships**

A 6 week group program focusing on building skills and knowledge to assist mothers in their parenting and to aid repair of relationships with their children post domestic violence.

##### CORE HSOF outcomes:

- PWI
- Early childhood education centre/school attendance of child(ren)

##### OPTIONAL HSOF outcomes:

- Safety: Reduced risk of entry into the child protection system (by improving child-parent relationship and parenting capacity)
- Health: Improved child and parental health (by improving mental health of both mother and child(ren))
- Empowerment: Increased client reported self determination (by giving mothers' the support to improve their relationships with their child(ren))

##### OPTIONAL activity specific outcomes (defined by service provider):

- Improvement in parenting confidence (validated measure of parenting capacity)
- Improvement in parent-child relationship (validated measure of family cohesion)
- Improved self-reported feeling of safety for mother and child

The following table defines the recommended minimum data set and additional optional data to be captured for performance and monitoring, across the following categories:



Client demographics and need markers



Activity and output data



Client feedback and satisfaction



Short term client outcomes

TEI data type	Client demographics and needs	Service provider activity data	Client Satisfaction and experience* (*Survey questions for qualitative data to be developed)	Short term outcome data
<b>TEI minimum data set</b> (based on DSS Data Exchange)	<ul style="list-style-type: none"> <li>• Client ID (free text or auto-generated number)</li> <li>• Given name (or pseudonym)</li> <li>• Family name</li> <li>• Date of birth (dd/mm/yyyy)</li> <li>• Estimated date of birth (tick box)</li> <li>• Gender</li> <li>• Residential address</li> <li>• Indigenous status</li> <li>• Cultural and linguistic diversity (Country of birth drop-down)</li> <li>• Cultural and linguistic diversity (Main language spoken at home)</li> <li>• Disability, impairment or condition indicator (drop-down)</li> <li>• Consent to have personal information stored in the web-based portal</li> <li>• Consent to participate in follow up research, surveys and evaluation</li> <li>• Homelessness indicator</li> <li>• Household composition</li> <li>• Reasons for seeking assistance (markers of need/risk factors)</li> <li>• Referral source</li> <li>• Referral type (internal/external)</li> <li>• Referral purpose (drop-down)</li> </ul>	<p>(Case level):</p> <ul style="list-style-type: none"> <li>• Case ID (free text or auto-generated number, eg priority group)</li> <li>• Outlets</li> <li>• Program activities</li> <li>• Unidentified 'group' clients</li> <li>• Clients</li> </ul> <p>(Session level):</p> <ul style="list-style-type: none"> <li>• Session ID (free text or auto-generated number)</li> <li>• Session date</li> <li>• Unidentified clients attending this session (optional)</li> <li>• Client attendance</li> <li>• Service type (see DSS Service Type Matrix)</li> </ul>	<ul style="list-style-type: none"> <li>• Proportion of clients reporting they are satisfied with the service (Client Satisfaction SCORE)</li> </ul>	<ul style="list-style-type: none"> <li>• Proportion of clients achieving their goals/resolving their issues in areas relevant to their individual &amp; family goals/reasons for seeking assistance (Client Goal SCORE and Community SCORE)</li> <li>• Proportion of clients with improvements in their life circumstances in areas relevant to their individual and family needs (Client Circumstances SCORE)</li> </ul> <p><b>Personal Wellbeing Index</b> (with additional measure for education domain)</p> <ul style="list-style-type: none"> <li>• Your standard of living?</li> <li>• Your health?</li> <li>• What you are achieving in life?</li> <li>• Your personal relationships?</li> <li>• How safe you feel?</li> <li>• Feeling part of your community?</li> <li>• Your future security?</li> <li>• Your engagement with early childhood education centre/school?</li> </ul>

Table 3: Performance and Monitoring Data

## 8.2 Collecting data for the Evaluation Framework

Section 6 of this Framework describes a best practice approach for the evaluation of the TEI program and section 7 outlines the practical steps to be taken by program providers to allow them to ensure that their TEI activities are achieving client outcomes.

Most data required for evaluation purposes (outcome evaluation and process evaluation) will have been collected for the purposes of Performance and Monitoring as described in this section and are part of the recommended minimum data set.

Additional tailored data is required to accommodate the flexibility in service delivery so that evaluation is relevant and meaningful for program providers.

Economic evaluation will require recording of additional data by program providers as described in section 6.

At a higher level, data requirements to assist the long-term evaluation of the TEI program include data that measure population level indicators of the core client outcomes that TEI aims to achieve. The effectiveness of the evaluation relies on this data being available at the local government level to assist District level learning, innovation and decision making.

Population-level data is included in the Evaluation Framework for measurement against community level outcomes.

For a summary of the core client outcomes, indicators and available data sources see [Table 4 \(pages 50 and 51\)](#).

## 8.3 The importance of comprehensive approach to data collection

Successful Performance Monitoring and Evaluation is dependent on program providers fully embracing a client-outcomes focus in their service delivery and implementing the core elements described in this Framework. This will ensure they are able to meet the expectations of NSW Government, Treasury and FACS.

Without a clear understanding of client needs, the resources required to deliver programs and the expected client outcomes, service providers cannot know whether a service provision delivered under TEI is effective. Monitoring and reporting on activity levels (how many sessions and how many participants) and client satisfaction alone, does not tell us whether a particular program works for the people it is designed to help.

As Government moves towards evidence-informed practice across all departments, the data that can be captured and analysed (as described in the TEI Program Outcomes Framework) will be essential for program providers and other stakeholders to demonstrate the usefulness, efficiency and cost-effectiveness of their programs. Absence of this information will make it difficult for providers to learn from clients and improve their services, and will lead to policy-making and funding decisions that are not evidence-based.

# Data Collection Overview (part 1)

Outcome Domain	TEI Client Outcomes	Shorter term outcome indicators	Recommended data source	Recommended data collection	Longer term outcome indicators	Recommended data sources	Relevant category of registry
Safety	Reduced risk of entry into the child protection system	Personal Wellbeing Index  DEX client and community SCOREs	Service provider	Baseline and program exit	Incidence and rate of reported domestic and family violence	NSW Justice Department (BOCSAR)	Annually
					Number and rate of ROSH reports	FACS ChildStory	Quarterly
					Number of subsequent ROSH reports	FACS ChildStory	Quarterly
					Percentage of children who had ROSH who have a subsequent ROSH report		
					Feeling of safety	ABS Social survey every 4 years HILDA	Annually
Empowerment	Increased client reported self-determination	Personal Wellbeing Index  DEX client and community SCOREs  GEM for Aboriginal clients	Service provider	Baseline and program exit	Personal Wellbeing Index	Service provider	Annually if still a client of TEI
					SDQ for children	Service provider	Annually if still a client of TEI
					GEM for Aboriginal clients	Service provider	Annually if still a client of TEI
Education and Skills	Increased school attendance and achievement	Personal Wellbeing Index (with additional measure for education domain)  DEX client and community SCOREs	Service provider	Baseline and program exit	School attendance rates	ACARA	Annually
					Rate of completion of Year 12	Year 12 attainment rate, NSW Department of Education	Annually
					NAPLAN results	ACARA and NSW Department of Education	Annually
Social and Community	Increased participation in community events	Personal Wellbeing Index  DEX client and community SCOREs	Service provider	Baseline and program exit	Percent of people attending events such as fetes, shows, festivals or other community events	HILDA Waves 6, 10, 14	Annually
					Proportion of the population aged 18 years and over who volunteered in the previous 12 months	ABS, Census of Population and Housing, every 5 year 2. HILDA, waves 1-15; Combined hrs/mins per week - Volunteer/Charity work 3. ABS General Social Survey, 2002, 2006, 2010, 2014	Annually
		Increased sense of belonging to their community	Personal Wellbeing Index  DEX client and community SCOREs	Service provider	Baseline and program exit	Personal Wellbeing Index	Service provider

## Data Collection Overview (part 2)

Outcome Domain	TEI Client Outcomes	Shorter term outcome indicators	Recommended data source	Recommended data collection	Longer term outcome indicators	Recommended data sources	Relevant category of registry
Health	Improved health of children and young people	Personal Wellbeing Index DEX client and community SCOREs	Service provider	Baseline and program exit	ED presentation	NSW Health	Annually
					Preventable/hospitalisation rates	NSW Health	Annually
					Percentage children fully immunised	ACIR	Annually
					Achievement of developmental milestones	AEDI	Annually
	Improved parental health	Personal Wellbeing Index DEX client and community SCOREs	Service provider	Baseline and program exit	ED presentation	NSW Health	Annually
					Preventable/hospitalisation rates	NSW Health	Annually
					Smoking rates during pregnancy Alcohol rates in pregnancy Duration of breastfeeding	NSW Health	
					Proportion of people with high or very high levels of psychological distress, by age category	NSW Health	Annually
					Parental substance use	ABS	
Home	Sustained safe and stable housing	Personal Wellbeing Index DEX client and community SCOREs	Service provider	Baseline and program exit	Homeless rate by age	ABS Census Population and Housing, 5 yearly data 2. Alternatively can be from ABS General Social Survey, 4 yearly data and 5 yearly data for small area estimates	Annually
Economic	Sustained participation in employment	Personal Wellbeing Index DEX client and community SCOREs	Service provider	Baseline and program exit	Percent of the population of a given age group and gender who is not employed and not involved in further education or training	ABS Housing and Education, Census of Population and Housing, every 5 years. 2. HILDA, waves 1-15, annually since 2001	Annually
					Number of children in jobless families	ABS Survey of Income and Housing 2. ABS General Social Survey 3. HILDA Survey	Annually

Table 4: TEI client outcomes, indicators and available data sources

\*The Personal Wellbeing Index will be collected from all clients at baseline, program exit and annually for as long as that individual is a client of TEI services

# Useful links



## 9.1 TEI Program Reform

### **FACS website**

<https://www.facs.nsw.gov.au/reforms/children,-young-people-and-families/targeted-earlier-intervention-reform>

### **Targeted Earlier Intervention Program Reform. Reform directions - local and client centred**

[https://www.facs.nsw.gov.au/\\_\\_data/assets/file/0007/379366/TEI-Program-Reform-Directions-local-and-client-centred.pdf](https://www.facs.nsw.gov.au/__data/assets/file/0007/379366/TEI-Program-Reform-Directions-local-and-client-centred.pdf)

### **TEI program reform newsletters**

<https://www.facs.nsw.gov.au/about/reforms/children-families/TEI/chapters/newsletters>

## 9.2 TEI program

### **Program guidelines**

[https://www.facs.nsw.gov.au/\\_\\_data/assets/file/0004/408091/TEI-Program-Guidelines-March-2017.pdf](https://www.facs.nsw.gov.au/__data/assets/file/0004/408091/TEI-Program-Guidelines-March-2017.pdf)

### **TEI Program Structure Factsheet**

[https://www.facs.nsw.gov.au/\\_\\_data/assets/file/0013/408100/TEI-Program-Structure.pdf](https://www.facs.nsw.gov.au/__data/assets/file/0013/408100/TEI-Program-Structure.pdf)

### **Email contact**

TEI Program Management team: [TEIReform@facs.nsw.gov.au](mailto:TEIReform@facs.nsw.gov.au)

## 9.3 Documents that informed the development of the Performance Monitoring Framework

### **NSW Human Services Outcomes Framework and guide**

<https://www.innovation.nsw.gov.au/sites/default/files/Human-Services-Outcomes-Framework-guidance-document-21-April-FINAL.pdf>

### **Social Innovation Council library of social indicators**

<https://www.innovation.nsw.gov.au/sites/default/files/Human-Services-Outcomes-Framework-indicator-library-170616.pdf>

### **NSW Government Commissioning and Contestability Policy and practice guide**

[https://www.treasury.nsw.gov.au/sites/default/files/pdf/NSW\\_Commissioning\\_and\\_Contestability\\_Practice\\_Guide\\_-pdf.pdf](https://www.treasury.nsw.gov.au/sites/default/files/pdf/NSW_Commissioning_and_Contestability_Practice_Guide_-pdf.pdf)

### **FACS Contract Management Framework**

<http://www.community.nsw.gov.au/for-agencies-that-work-with-us/funded-contract-management-framework/tools-and-resources>

### **Government Information (Public Access) Act 2009**

<https://www.legislation.nsw.gov.au/acts/2009-52.pdf>

### **Data Sharing (Government Sector) Act 2015**

<https://www.legislation.nsw.gov.au/#/view/act/2015/60>

## 9.4 Documents that informed the development of the Evaluation Framework

### **NSW Government Program Evaluation Guidelines**

[https://www.dpc.nsw.gov.au/\\_data/assets/pdf\\_file/0009/155844/NSW\\_Government\\_Program\\_Evaluation\\_Guidelines.pdf](https://www.dpc.nsw.gov.au/_data/assets/pdf_file/0009/155844/NSW_Government_Program_Evaluation_Guidelines.pdf)

### **New South Wales Auditor-General's Report Performance Audit. Implementation of the NSW Government's program evaluation initiative**

[https://www.audit.nsw.gov.au/ArticleDocuments/834/01\\_Implementation\\_NSW\\_Government\\_program\\_evaluation\\_Full\\_Report.pdf.aspx](https://www.audit.nsw.gov.au/ArticleDocuments/834/01_Implementation_NSW_Government_program_evaluation_Full_Report.pdf.aspx)

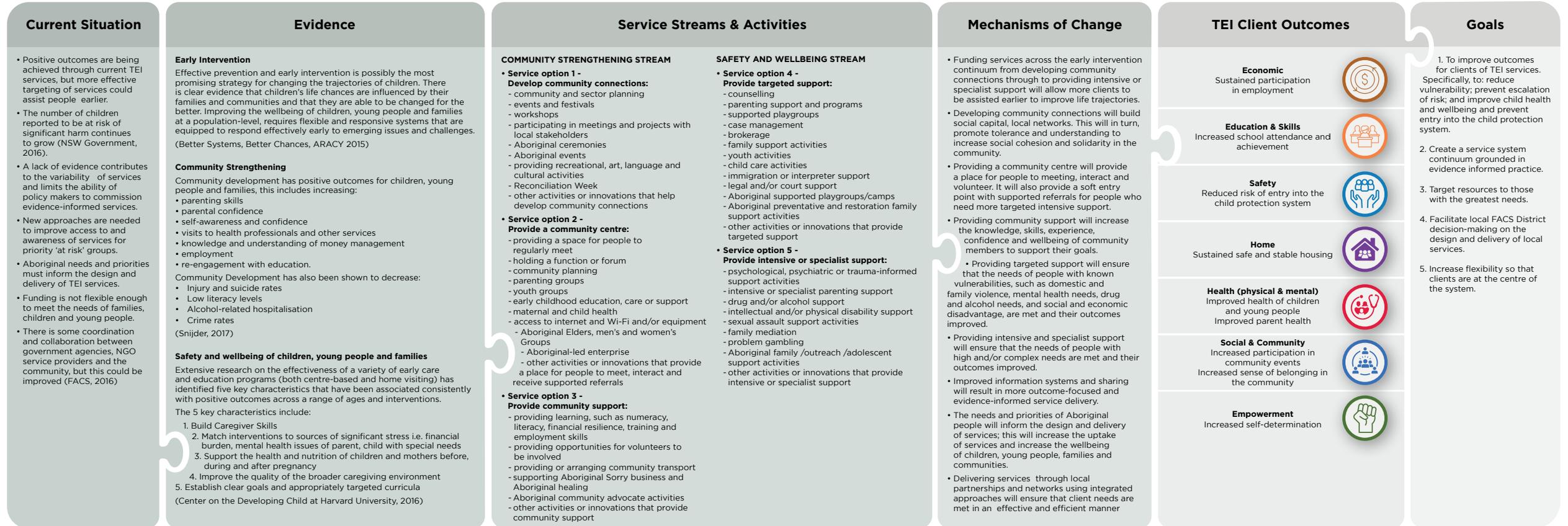
# Appendices

10

# 10.1 TEI Program Client Outcomes Framework



## 10.2 TEI Program Logic



- Center on the Developing Child at Harvard University 2016. From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families. <http://www.developingchild.harvard.edu>
- FACS, 2016. 'Targeted Earlier Intervention Program Reform: Reform directions - local and client centred, Sydney NSW.
- Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D. and Smith, C. 2015. Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention. Canberra: Australian Research Alliance for Children and Youth)
- Snijder, M. 2017. 'Maldahnalanga: Integrating rigorous research and community participation in Aboriginal community-based research', PhD thesis, NDARC. University of New South Wales, Sydney NSW.
- NSW Government. 2016 Independent Review of Out of Home Care in New South Wales, Sydney NSW

## 10.3 Case vignette summary across all service streams

	Community Strengthening Stream			Wellbeing and Safety Stream	
Service Options	Service option 1: Develop community connections	Service option 2: Provide a community centre	Service option 3: Provide a community support	Service option 4: Provide targeted support	Service option 5: Provide intensive or specialist support
Example of program	Playgroups in the park	CHAT (Supporting And Nurturing Young Parent Families In The Early Years)	Better Start: Moving Forward workshops	Stand Together- Assisting Mothers in Parenting Post Domestic Violence relationships	Muloobinba Aboriginal Corporation Intensive Family Support
Program Description	To provide an outdoor, informal event for local families with a range of activities and entertainment for preschool aged children as well as providing community and family support information for parents/carers	Young Parent Group for young and expecting parents aged 13–25years. Meeting during the school term and bringing together support networks in the community in a relaxed setting, CHAT is a place to make new friends, find support and enjoy your time as a parent. Invited speakers each week e.g. resume writing, child health checks, benefits of yoga.	For parents and guardians of children with disability aged 4-7 years who are preparing for or have recently entered primary school. To provide information about systems, therapies and supports available to enable parents and guardians to better support their child through this transition period.	A 6 week group work program for mothers who have left a domestic family violence relationship. This group will assist to build skills and knowledge to assist mothers in their parenting and repair relationships with their children post-DV.	A 12 week intensive support program provided in the home up to 15 hours per week, with an additional 40 weeks of less intense support. Aims to strengthen the family by increasing parenting capacity, family function and improving the child's wellbeing to support Aboriginal children staying at home in a safe and caring environment.
CORE HUMAN SERVICES OUTCOME FRAMEWORK OUTCOMES	PWI Education <i>Number and percentage of under 5 year olds attending an early childhood education centre</i>	PWI Education <i>Number and percentage of under 5 year olds attending an early childhood education centre</i>	PWI Education <i>Number and percentage of under 5 year olds attending an early childhood education centre</i>	PWI Education <i>Early childhood education centre/school attendance</i>	PWI Education <i>Early childhood education centre/school attendance</i>
OPTIONAL HUMAN SERVICES OUTCOME FRAMEWORK OUTCOMES	<b>Social and Community:</b> Increased participation in community events; Increased sense of belonging to their community <b>Safety:</b> Reduced risk of entry into the child protection system (by working towards a community that is supportive and cohesive and culturally aware) <b>Health:</b> Improved child and parental health (by provision of information for parents)	<b>Health:</b> Improved child health (by facilitating child health 'blue book' checks) <b>Education:</b> Increased school attendance and achievement (by encouraging young parents back into education) <b>Social and Community:</b> Increased sense of belonging to their community <b>Economic:</b> sustained participation in employment (by giving young parents skills like resume writing to obtain employment if they wish)	<b>Empowerment:</b> Increased client reported self-determination (by providing parents/carers with information to enable them to advocate for their child) <b>Health:</b> Improved child health (by ensuring adequate supports are in place for the child entering school) <b>Education:</b> Increased school attendance and achievement (by ensuring children have the supports they need to reach their educational potential) <b>Social and Community:</b> Increased sense of belonging to their community (by helping parents/carers connect with others in similar circumstances in the local area)	<b>Safety:</b> Reduced risk of entry into the child protection system (by improving child-parent relationship and parenting capacity) <b>Health:</b> Improved child and parental health (by improving mental health of both mother and child(ren)) <b>Empowerment:</b> Increased client reported self-determination (by giving mothers' the support to improve their relationships with their child(ren))	<b>Safety:</b> Reduced risk of entry into the child protection system (by improving child-parent relationship and parenting capacity) <b>Health:</b> Improved child and parental health (by facilitating referrals and access to health services) <b>Empowerment:</b> Increased client reported self-determination (by providing culturally sensitive and acceptable support) <b>Education:</b> Increased school attendance and achievement (by ensuring children have the supports they need to attend school)
OPTIONAL ACTIVITY -SPECIFIC OUTCOMES (defined by service providers)	Increase in use of other community programs/facilities/supports Increase in the number of people attending other community events	Increase in confidence in parenting ability Increase in knowledge about health and developmental needs of baby Increase in knowledge about how to play with your baby Increase in social connections and friendships between young parents	Increase in the knowledge of parents/guardians of systems, therapies and supports available for children with disability transitioning into school	Improvement in parenting confidence (validated measure of parenting capacity) Improvement in parent-child relationship (validated measure of family cohesion) Improved self-reported feeling of safety for mother and child	Improvement in parenting capacity (validated measure of parenting capacity) Improvement in family functioning (validated measure) Improved child wellbeing (validated measure of child behaviour) Improved self-reported feeling of safety

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[www.facs.nsw.gov.au/about/reforms/children-families/TEI](http://www.facs.nsw.gov.au/about/reforms/children-families/TEI)

