

EXECUTIVE SUMMARY
Exploring the role of Communities for Children (CfC)
Facilitating Partners
Impact on Service Delivery and Collaborative
Partnerships 2019



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Recommended citation: Parry Y.K., Gregoric, C., & Abbott, S., (2019) 'Exploring the role of Communities for Children (CfC) Facilitating Partners Impact on Service Delivery and Collaborative Partnerships 2019'. Flinders University, College of Nursing and Health Sciences, Communities for Children, Facilitating Partners: Uniting SA, The Salvation Army, ac.care, Uniting Country SA, and Anglicare SA.



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ACKNOWLEDGEMENTS

This evaluation represents the active and systematic engagement of the South Australian Facilitating Partners in the development of evidence-based methods, processes and strategies. Identifying their impact on and commitment to: relationship building, service support and connection, and knowledge transfer in their communities. The collaborative research process brings a new level of rigour to service and program delivery and evaluation. The focus of these programs is not only to change the developmental trajectory of the child, but also the supportive nature of the family and the community as a whole.

The evaluators would like to express their very great appreciation and acknowledgement of the assistance, advice and willingness of the organisations involved in engaging with each other and us in this evaluation research. Particular thanks go to the Facilitating Partners Senior Program Managers: Mr Craig Bradbrook, Mr Karl Brettig, Mrs Teresa O'Brien, Ms Annie Adams, Ms Sam Haskard and Ms Janine Carger for their invaluable assistance, the generosity of their time, and the invaluable insights they provided during this evaluation process. We would similarly like to thank the Community Partners and all who participated for generously providing their time and insights, their participation in surveys, focus groups, interviews, and for their commitment to this project.

All pictures provided throughout this report are provided with the permission of the organisational partners. While the work remains that of the researchers it has been a collaborative process the information, statements, statistics and commentary contained in this report prepared with the information available and provided at the time. The authors at their discretion and without any obligation to do so, may update, amend, publish or supplement this document.

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ABBREVIATIONS AND DEFINITIONS

Abbreviations

- AEDC – Australian Early Development Census
- CfC – Communities for Children
- CfC-FP – Communities for Children Facilitating Partner
- CP – Community Partner
- DSS – Department of Social Services
- KPI – Key Performance Indicator
- NGO – Non-government organisation
- SDH – Social determinants of health

Definitions

AEDC outcomes: the five measures that outline domains of vulnerability for Australian children in the Australian Early Development Census (AEDC). The five domains are: physical health and wellbeing; social competency; emotional maturity; language and cognitive skills (school based); and, communication skills and general knowledge.

Children: 0–12 years: the key objective of the CfC program is to improve the health and wellbeing of families and the development of young children, from before birth through to age 12 years.

Communities for Children Facilitating Partners (CfC-FP) – are a Sub-Activity under the Families and Children Activity that aim to deliver positive and sustainable outcomes for children and families in disadvantaged communities throughout Australia. CfC-FPs are place based and develop and facilitate a whole of community approach to support and enhance early childhood development and wellbeing for children from birth to 12 years.

Community Partner: an organisation subcontracted by the Communities for Children Facilitating Partner (CfC-FP) that works within the objectives, Operational Guidelines and Grant Agreement as specified by the Australian Government service agreement.

Developmental delay: the condition of a child being less developed mentally or physically than is normal for its age. The condition represents a significant delay in the process of development rather than a slight or momentary lagging in developmental progression.

Disadvantage: a term referring to persons or an area experiencing one or more vulnerabilities, especially with regard to financial or social opportunities. Those often lacking in the basic resources or conditions, such as access to standard housing, health and educational facilities and civil rights.

Facilitating Partners: builds on local strengths to meet the needs of individual communities, and create capability within local service systems, using strong evidence of what works in early intervention and prevention. They collaborate with other organisations to provide a holistic service system for children and families (1).

Families and Children Activity - is delivered under the Families and Communities Programme and aims to support families, strengthen relationships, improve the wellbeing of children and young people and increase participation of people in community life to enhance family and community functioning.

Families and Communities Programme – provides a range of services, focused on strengthening relationships, and building parenting and financial management skills, providing support for better community connections, as well as services to help newly arrived migrants in their transition to life in Australia.

Service Area – the location the CfC FP focuses its service delivery activities, as defined in the grant agreement.

Service Provider: are people or staff delivering services within a service area.

Underserved: a term referring to population groups ‘receiving an inadequate or disproportionately low level of services.’



EXECUTIVE SUMMARY

The Communities for Children Facilitating Partners (CfC-FPs) have a distinct role in the Community Support Programme for the Australian Government Communities for Children (CfC) program. The CFC-FP role entails creating, supporting and funding linkages to provide community-focused and evidence-informed intensive supports of children and their families at the earliest juncture. The CFC-FP program provides engagement with traditionally 'difficult to reach' families and circumstances, such as Aboriginal and Torres Strait Islander people, refugees and migrants, and families with at-risk children. The successful execution of this mandate requires exploration and research. This independent, robust, mixed methods research project provides the foundational tools, methods and strategies to complete the first state-wide, comprehensive evaluation of the CFC-FP and Community Partners (CP) collaboration with an analysis of consumer and Community Partner (CP) needs.

Communities for Children Facilitating Partner (CfC-FP) model provides a place-based service which develops and facilitates a 'whole of community' approach to early childhood development and wellbeing for children from 0-12 years (but can include children up to 18 years).

CfC-FP builds on local strengths to meet community needs and create capability within local service systems, using strong evidence of what works in early intervention and prevention. The service collaborates with other organisations, and funds other organisations (known as Community Partners) to provide services including parenting support, group peer support, case management, home visiting services and other supports to enhance child wellbeing. In South Australia there are 5 CFC-FP organisations contracted by the Australian Federal Government servicing the 6 Communities for Children sites.

The initiative commenced with a consultation process in the 2000's, under the Howard Government, to address the increasing needs of children who were underserved,

disadvantaged and vulnerable [55]. The initial funding for the CfC initiative was provided in the 2000's to 7 trial sites and over the next iteration an additional 42 sites were contracted nationally [55]. These sites were identified as service areas and often included AECD identified areas of disadvantage for children aged 0 to 5 years. In 2009 additional sites for the CfC initiative were increased to 52 and the targeted age group was expanded for children aged 0 to 12 years.

Strategic plans were developed by sites to deliver early interventions in a method that improved school readiness and decreased developmental delays. The initial intent of the then Government was to build capacity within the community to improve the outcomes for children in high-risk areas and groups, such as Aboriginal and Torres Strait Islander people and refugees. However subsequent government have supported and expanded the CfC work. There was a recognition from the then Australian Government that this form of community development should be community specific and would take time to develop in order to achieve the desired community engagement and capacity building. The Abbott Government initiated policy changes to the CfC programs in response to the Stronger Families in Australia Study (Phase 2), which included an initial 30% and then later 50% evidence-based practice requirement in the activities delivered [1].

2014 reforms

In 2014 the Australian Government initiated changes in response to the Stronger Families in Australia (SFIA) evaluation study to the CFC-FP model. These included:

- the requirement that at least 30 per cent of CfC-FP funding allocated to direct service delivery be of evidence-based programs by 1 July 2016 with this requirement to increase to 50 per cent from 1 July 2017
- the requirement that Facilitating Partners are to play a facilitation and strategic role instead of direct service delivery and to sub-contract all direct service delivery to Community Partners except if suitable Community Partners are not available
- the requirement that CfC Committees have a broad and diverse membership, including clients, parents, caregivers, local business and a wide range of local service providers
- inclusion of an additional objective of supporting school transition and engagement as part of the CfC-FP
- an increased focus on sub-contracting of Community Partners, including red tape reduction and transparency in decisions about commissioning services.

Simultaneously, as part of broader DSS grant reforms, a new approach to program data and reporting, known as the Data Exchange (DEX), was introduced for the majority of DSS grant programs, including for the CfC-FP program.

The data requirements are divided into two parts: a small set of priority requirements that all service providers must report, and a voluntary extended data set that providers can choose to share with the Department known as the Partnership Approach. Participation in the Partnership Approach is entirely voluntary and in return for their efforts, partnership approach contributors will have access to multiple self-service reports that include data sourced from other government data sets (ACIL Allen Consulting, pii 2016).

Figure 1 below provides an overview of the CfC-FP and CP relationship and key objectives.

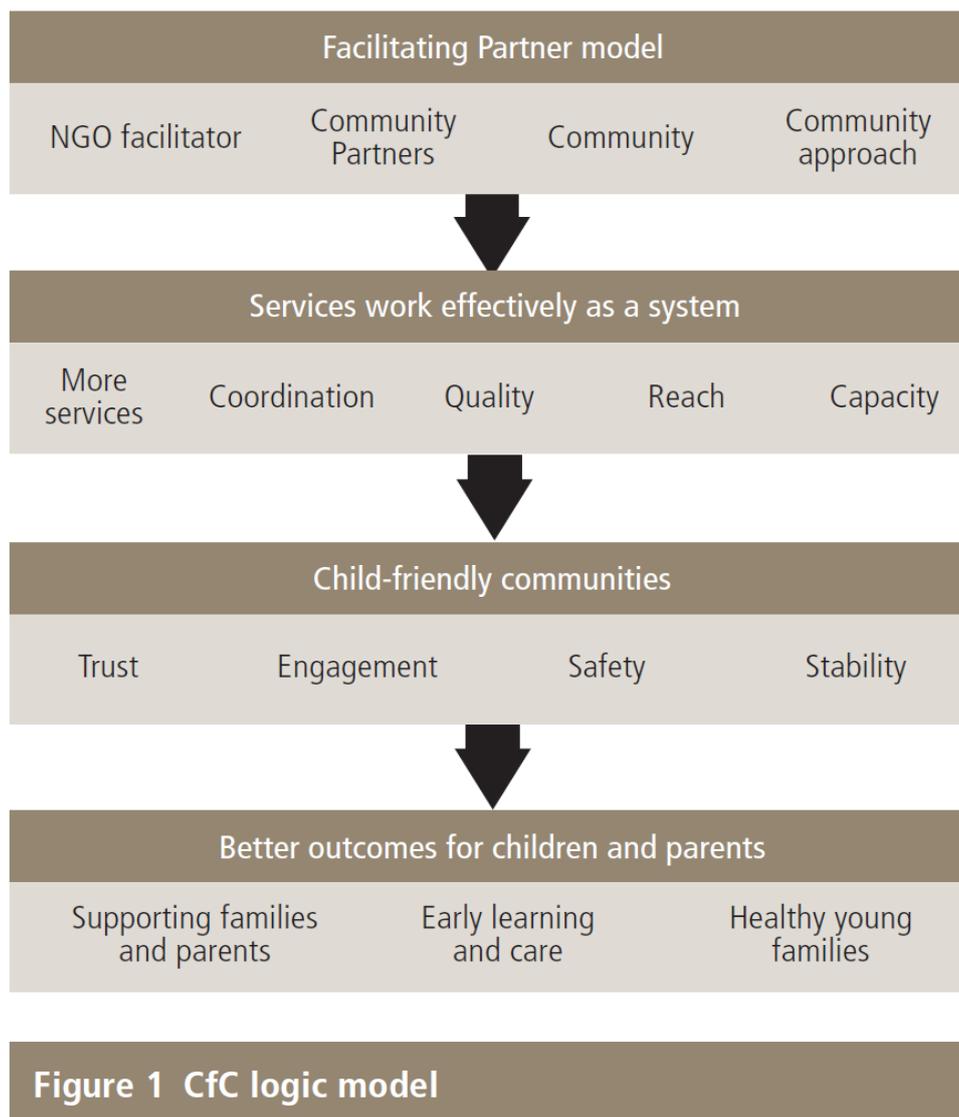


Figure 1. CfC logic model and

Figure 1 above from Muir et al (2010) outlines the CfC-FP logic model which includes the; comprehensive nature of the service provision, methods of community engagement and the expected outcomes for families and children. Muir et al (2010) research and findings predate the 2014 federal government changes (DSS 2015). In order to explore the impact of the changes to the CfC-FP funding and program service delivery and management a consortium of CfC-FP organisations with defined areas of service delivery contracted Dr Parry and her team to explore the understandings of the role of CfC-FP within their CP organisations.

The Impact of CfC-FP in South Australia: a community partner (CP) perspective

A consortium of South Australian FPs sought to evaluate the impact of the FP on systems and supports in relation to collaboration within communities. This instigated a review of the processes involved; development of methodological frameworks, questionnaires and interview procedures to actively measure and determine the current barriers and enablers of productive collaborations.

This executive summary provides the key findings from a state-wide evaluation of the CfC-FP and CP relationships and effective working collaborations

This report presents the findings from focus groups across 14 CfC-FP areas provided by all five CfC-FP organisations. A total of 223 participants completed surveys and 109 people participated in the qualitative data collection sessions.

The aims of the research

Following the 2014 Australian Government changes to the functioning of the CfC-FP and CP funding model it was imperative that CfC-FP understood and explored their role with their community partners (CP).

The aims of the research project were to:

- explore the effectiveness of the collaborations of CfC-FPs within a service area and (using a mixed methodology approach) determine the facilitators and barriers for successful (or otherwise) collaborations (Components 1 & 2).
- work with external stakeholders to consider the impact of changes, including the evidence-based requirement on children and families, organisations, the community and service system (Component 3).

This was addressed by collaboratively developing the tools required to capture the changes in the CfC-FP role as a result of changes to services provided by the CfC-FP as part of the CfC programs. The results are captured in the following summary of the findings.

This project uses an epistemological approach that acknowledges the impact of social relations on the lives of children and the community in which they live. This theoretical position recognises that an individual's social position and the community supports available to them in turn inform their social experiences and opportunities. Here it is also accepted that these experiences impact on the children, parents, workers and services within the community.

The research was conducted from September 2017 through to November 2018 using focus groups (across 14 Communities for Children Facilitating Partners), surveys (completed by 223 respondents) and qualitative data collection interviews (with 109 participants).

The collaboration informed mixed methods research evaluation tools were developed and administered in the sequence illustrated in figure 2 below.

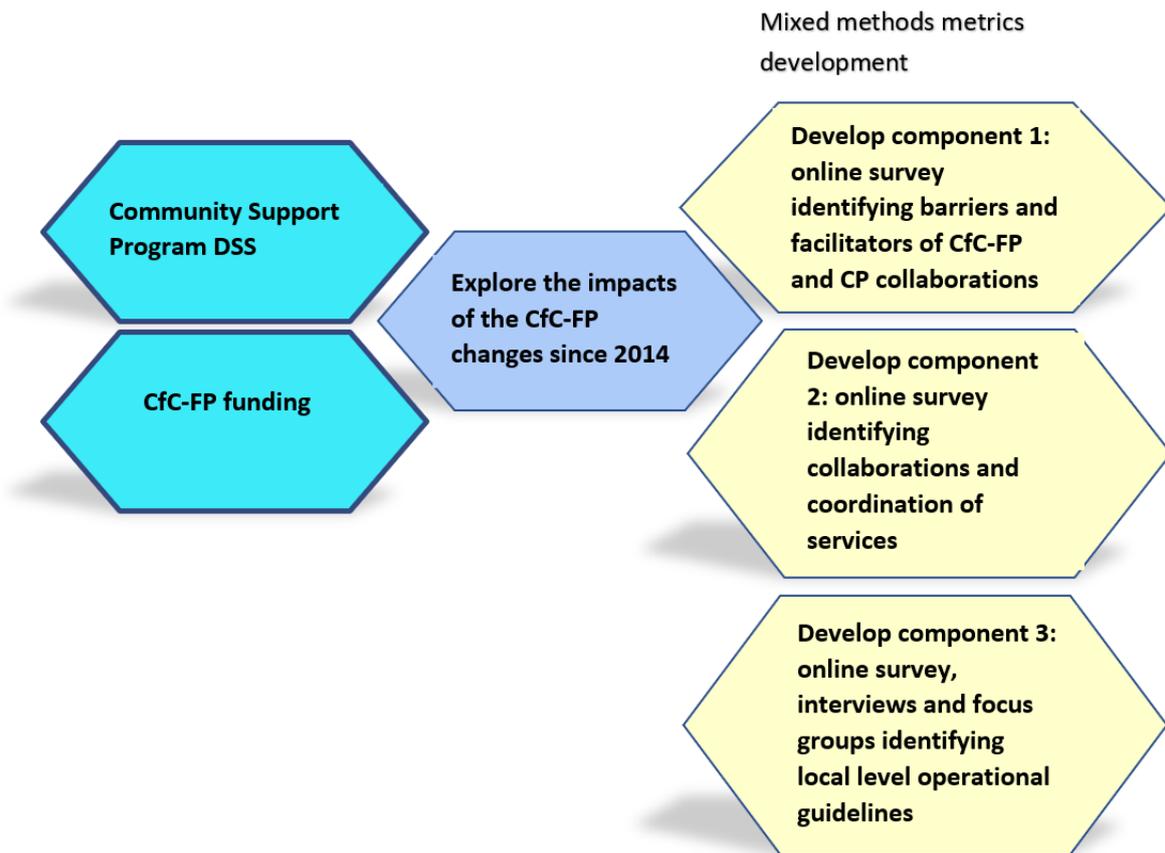


Figure 2 above outlines the steps involved in developing the tools and resources developed for this comprehensive evaluation. It also highlights the stages of implementation.

Measuring how the CfC-FP and CP collaborations work

Component 1

Component 1 set out to identify the facilitators and barriers that contribute to successful (or otherwise) collaborations between the CfC-FP role and CPs.

Method 1

Online surveys were provided to all CfC-FPs and CP stakeholders and addressed the work role, type and purpose of collaborations between the CfC-FP program.

Summary of findings 1

The findings of Component 1 provide evidence that the role of CfC-FPs improves the collaborations with other non-government organisations (NGOs) who are engaged as CPs. This is identified to be occurring through:

- **Effective place-based practice**
 - **Community connectedness** (increased involvement in community-based events and activities, high involvement in inter-agency meetings, including community ideas and voice-into-planning, which was seen as most helpful)

- **Working together towards shared outcomes** (involvement in ensuring strategic/population plans reflect common goals and joint planning – these are seen as mutually highly helpful community and service consultations, coordinating planning for mutually reinforcing activities; these include participating in development of the CfC Activity Work Plan, strategic plan, gap analysis, activity development for service provision and planning for membership of committees)
- **Working in partnership** (CfC has increased both the number of other partnerships in communities and awareness of the full range of services for children and their families in local communities; there was limited involvement in co-location, although this was seen as reasonably helpful; there are increased referral pathways due to increased relationships)
- **Reduced ‘turfism’ or territoriality** (collaborations appear strongest in relation to respect for families, common philosophy, willingness, and leadership; there was also evidence of a common goal among agencies to secure funding)
- **Increasing knowledge** (increased information exchange was seen as most helpful)
- **Shared learning and training** (inter-agency staff training was reported to be very helpful)
- **Positive evidence-based practice requirements.**

In conclusion, the findings from Component 1 addressing the research aim of exploring the effectiveness of the collaborations of CfC-FPs within a service area found that the CfC-FP and CP collaborations are relationships that overall were successful, and positively supported the need for the CfC programs to continue to effectively address the developmental early interventions required by at-risk children.

Component 2

Component 2 set out to develop better understanding of the CfC-FP role within collaborations and coordination of services.

Method 2

Evaluation of collaborations and networks with no CFC-FP or direct funding attached.

Summary of findings 2

The results suggest that collaboration participants are most involved in the processes and functions they consider to be most helpful. These are:

- **Effective place-based practice**
 - **Community connectedness** (collaborations have had an impact on increasing community connectedness; community-based events and activities frequently occurred and were seen as helpful; over half of respondents were involved in joint promotional campaigns)
 - **Working together towards shared outcomes** (collaborations have had an impact on working towards shared outcomes; as information sharing decreases then the ability of the CPs and the CFC-FP s in accomplishing any form of collective impact is impaired; thus, achieving collective impact relies on high levels of information sharing, which is enhanced by the CfC-FP and CP relationship)

- **Working in partnership** (the existence of a collaboration with CfC-FP increased or formalised the number of other partnerships members had in their communities; from those respondents with knowledge about the existence of other partnerships prior to the formation of the CfC collaboration, it appears that around a quarter (28%) of partnerships previously existed, while 44% of respondents indicate that these partnerships somewhat existed and 11% of respondents suggest that these partnerships did not exist; just over half were involved in referring clients between agencies and joint service delivery; most respondents rated the progress as collaborate (35%) or cooperate (27%); strong working relationships were reported by 34% of respondents, and 66% report developing working relationships; there is a moderate, highly significant correlation indicating that information sharing occurs in conjunction with specific projects, signifying that a productive relationship between the CfC-FPs and the CPs can be achieved under specific circumstances)
 - **Reduced territoriality or ‘turfism’** (had a minimal impact)
 - **Increasing knowledge** (collaborations have had an impact on increasing understanding and knowledge, and information exchange between the CfC-FPs, and CPs was engaged in frequently)
 - **Shared learning and training** (overall, there was a low level of involvement of collaborations reported for professional development processes and functions)
 - **Positive evidence-based practice** (enhanced the repositions between the CfC-FPs, and CPs).

In conclusion, the CFC-FP role had enhanced the relationship between the CfC-FP functioning and the CPs delivering the services to families in need. This demonstrates an overall improved delivery of services to children and families across the sector state-wide. Improvements to service delivery are still achievable with increased joint activities and information sharing. Services could be further improved by increased funding to ensure the relationships and partnerships are maintained and expanded, but this is both time consuming and human resource intensive.

Component 3

Component 3 set out to increase the CFC-FPs’ understandings of the changes to the Operational Guidelines at a local level and research the targeted relationship-based programs that are delivered to children at risk against social determinants of health (SDH) framework.

Method 3

Surveys, interviews and focus groups with Service Providers, CPs and members of collaborations in CfC-FP sites were conducted by the independent research team:

- an online survey completed by members of CfC committees, CPs (current and past), and Partners of CfC (not a CP) for North West Adelaide and Murraylands CFC-FPs
- focus groups, interview transcripts, and email responses.

Summary of findings 3

Component 3 used the information highlighted from Components 1 and 2 above as consistent themes throughout the research findings. The surveys, interviews and focus groups supported the heading and themes outlined above.

- **Effective place-based practice**

- **Community connectedness** (the CFC-FP role was considered to be important in terms of consulting the local community (M=5.93), funding for collaboration (M=5.93), responding to local needs (M=5.64), leading collective impact initiatives (M =5.33), and coordination of local services (M=5.0))
- **Working together towards shared outcomes**
- **Working in partnership** (this result supports the strong, positive correlations described above that also outline the interactions between the role of the CFC-FP in supporting the Community Partner, in this instance to engage with marginalised and disadvantaged clients, and its impact on the improvement in providing quality activities in the region)
- **Reduced territoriality or ‘turfism’** (the funding of local services is seen as CfC-FPs’ main role (M=7.29)).
- **Increasing knowledge**
- **Shared learning and training**
- **Positive evidence-based practice**
 - It appears that the requirement to allocate 50% of service delivery funding to evidence-based programs has had limited effect; the greatest impact appears to be on respondents’ activities (M=3.0), the number of activities clients can access (M=3.0), better programs for target populations (M=2.93), reduced CfC presence in local collaborations (M=2.92), and the quality of activities (M=2.85). The funding requirement had minimal negative impact on outcomes (M=2.23), selection of programs (M=2.69), CFC-FP support (2.71), flexibility of crisis response (M=2.75) or engagement with marginalised clients (M=2.77).
 - The funding model changes have had a significant negative effect on CPs in terms of their administrative burden (M=4.33).

Overall

The data collection, evaluation and reporting commitments within the CfC service delivery requirements were a key area of support and assistance from the CFC-FPs. The qualitative and quantitative results indicate that across all components the CFC-FPs assisted the CPs in numerous ways, such as, interpreting and meeting the needs of the funders regarding responsibility for data collection, evaluation of data and reporting of program effectiveness. This support provided by the CFC-FPs was highly valued by the CPs and the communities. The CFC-FP facilitated and assisted the CfC partner to increase staff skills in relation to the delivery of evidence-based programs, then the CfC CP gained an increased knowledge of the delivery of evidence-based programs. The very strong positive correlation indicates that skill levels and delivery of evidence-based programs are important roles in the CFC-FP and the community partnership.

Another key role for the CFC-FP was interpreting government policy. The CFC-FP provided a much-needed link between the government policy directives and the ‘on-ground’ service providers. This productive process increases efficiency through the effective dissemination of knowledge and information which would be time consuming, costly and inefficient for small community-based service providers.

Overall the CFC-FPs have reduced ‘turfism’, which could be attributed to the promotion of ‘common goals’ in securing funding and involvement in planning for CPs, to promote a higher

level of collaboration. This may also be assisted by CFC-FP encouragement and engagement with other aspects of collaboration and shared process/function between the CPs and communities. This adds weight to the value of the role of the CFC-FP and relationships within CfC.

The importance of 'helpfulness' had an outstandingly high correlation, mediating and improving the scores for 'levels of involvement' in collaboration processes and functioning between the CfC- and CP. The addition of 'helpfulness' confirms the importance of the role of the CFC-FP in working with the CP. This view that CFC-FPs are 'helpful' could be influenced by factors such as co-location (which may not be possible in rural and remote areas), inter-agency meetings, knowledge transfer (e.g. program and policy), and practical support (e.g. data collection). Obviously, the CFC-FP plays a pivotal role in the delivery of services in the CfC sector.

The recommendations below form a summative set of suggestions for the improvement of the CFC-FP and CP relationships:

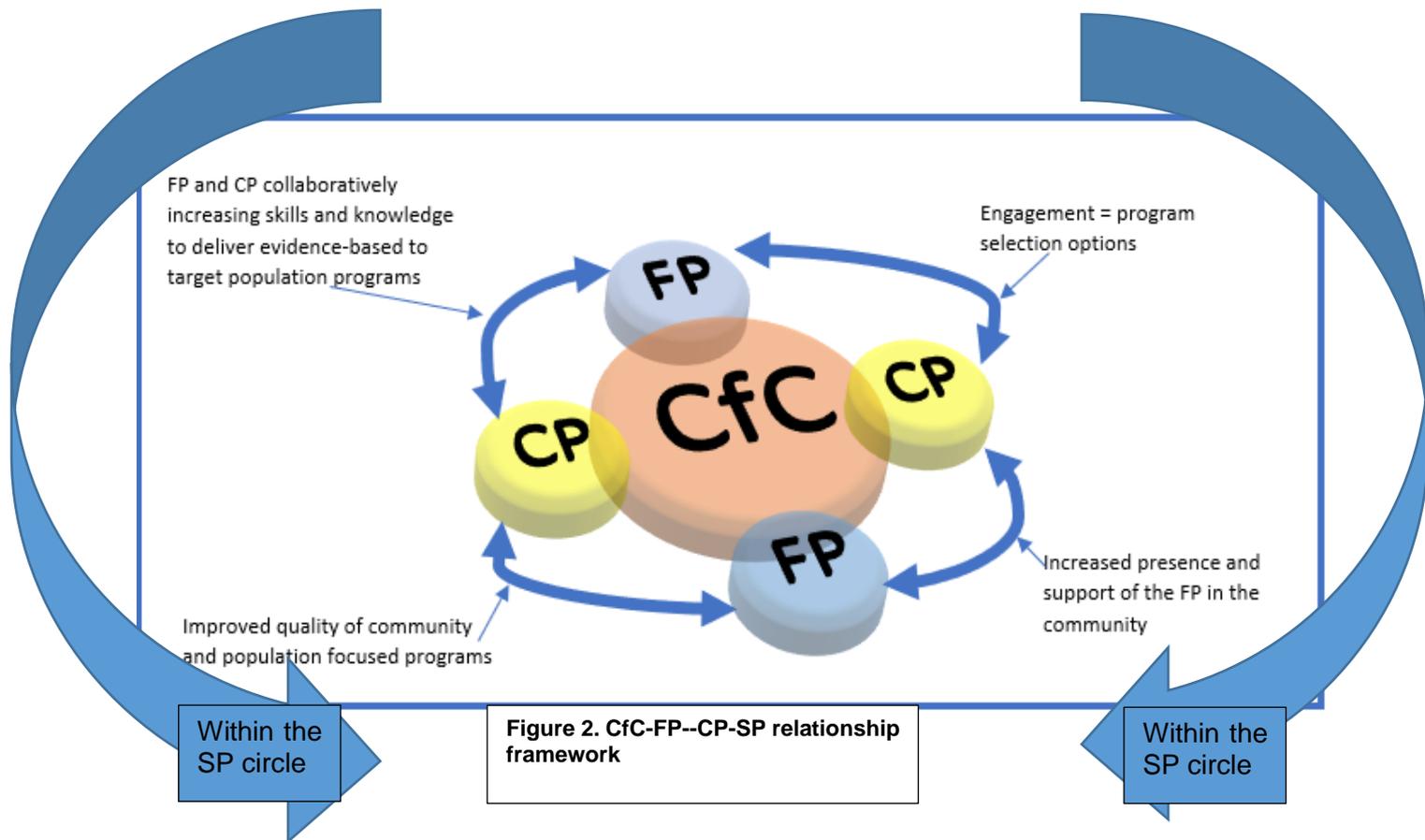
- Overall, the CFC-FP changes have provided positive enhancements to the CFC-FP and CP relationship. It was noted that collaborative training sessions would enhance the relationship and the knowledge of CP service providers.
- The CPs were clear that programs that were evidence based and met the specific needs of their communities were the most useful and effective. CFC-FPs have a role to play in assisting CPs in obtaining evidence for programs that work effectively and meet the community needs.
- The inconsistent nature of funding has been long term and has a negative impact on the CP, the community, and ultimately the most underserved, disadvantaged and vulnerable children. CFC-FPs have a role in expanding government and community knowledge regarding the importance of early intervention and consistent funding.

Evaluation Approach

The Stronger Families, Stronger Communities National Evaluation Consortium (2008) recognised the ongoing need to evaluate the role of CFC-FPs as an integral part of the CfC initiative and intervention strategy. To build on this evaluation approach, the South Australian consortium contracted Flinders University research team to evaluate their CFC-FP role in collaborations. The CFC-FPs are non-government organisations that use a bottom-up approach which ensures the programs and services provided in the interventions are culturally appropriate and embedded directly within the target community or area.

Framework for effective CfC collaborations

The most significant relationship requirement findings are illustrated in Figure 2 (below) in an CfC-FP-CP-SP relationship framework. The factors improved their collaborations and relationship and enhanced the delivery of evidence-based programs to the children, their families and the community.



Our main findings

This report presents the key findings of an evaluation following the introduction of the CFC-FP process engagement changes in 2014. Dr Yvonne Parry and her team were engaged by five CFC-FPs to review a number of reforms that they believed had changed their interactions with their CfC service providers. Dr Parry's team engaged directly with 109 stakeholders including CFC-FPs, CPs, local CfC-FP committee members and other local service providers through face-to-face interviews, telephone interviews, focus groups and site visits. Additionally, over 223 survey responses have informed the report findings.

The CfC-FPs' relationship with the CPs on the whole reflected a functional, collegial and respectful process, acutely focused on improving the lives of some of Australia's most underserved, disadvantaged and at-risk children.

The main findings include:

- the recognition that the CFC-FP and CP relationship had: increased the provision of the delivery of evidence-based programs; improved access to more high quality programs for the CP community; supported the engagement of marginalised and disadvantaged clients; increased knowledge of the delivery of evidence-based programs; provided an appropriate selection of programs for communities; provided better programs for the target population in the CfC-FP region; and increased the skills of CPs in the delivery of evidence-based programs
- that, conversely, the reduction of support from the CFC-FP reduced the presence of the CP in local collaborations. This result indicates that when the CFC-FP reduces its support for collaborative initiatives then the involvement of the CfC-FP service delivery CPs in local collaboration is also significantly reduced

- a significant major finding identifying the appropriateness of programs to the target population and region; the more appropriate the programs were to the region significantly and positively improved the quality of the activities in the region
- that additionally, the CFC-FP and CP relationship was imperative to the engagement with marginalised and disadvantaged clients and the strength and positivity of the relationship directly impacted on the improvement in providing quality activities in the regions studied. This exemplary result meets the key performance indicators for the CFC-FP and CfC community partnership and service delivery Operational Guidelines
- that the significance of the quantitative findings regarding the relationships between the CFC-FP, the CP and the community was robustly confirmed by the qualitative responses from the focus groups and individual interviews
- that the quantitative survey statements provided to the participants overwhelmingly illustrated that when the CFC-FP and CP agreed on how they would work together, the services provided and the procedures for identifying children at risk, then the outcomes for the CFC-FP and CP relationship benefited all, including the children, families and communities that are most at risk. Additionally, this research found overwhelmingly that the CFC-FPs and CPs had a shared commitment to the communities and the population they all served.

Overall, the changes that had occurred throughout the CfC initiative had been positive, especially since the CFC-FPs had provided the lead on program delivery and aspects of community capacity building. The caveat on this is that the program delivery met the needs of the community and were provided in a manner that specifically met community needs rather than dose related programs which were often poorly attended and failed to provide the longer term support required by underserved and disadvantaged children and their families.

Conclusions

The funding model changes require organisations to change and expand their administrative practices to comply with the new funding requirements. The cost has not the reciprocity required for the effort involved and this may potentially impact negatively on the future delivery of worthwhile and effective program delivery and support of CFC-FP and CP collaboration through decreased knowledge transfer in key areas, such as early education interventions, attachment parenting programs, service connection and relationship building.

As the CFC-FP facilitated and assisted the CP organisation to increase staff skills in relation to the delivery of evidence-based programs, the CfC Community Partner gained an increased knowledge in the delivery of evidence-based programs. This positive and very strong correlation indicates that skill levels and delivery of evidence-based programs is an important role in the CFC-FP and CP community partnership.

This could indicate that the CFC-FP's close understanding of the target population and the CP knowledge of the importance of evidence-based program are strongly related, consequently providing the best programs to the most vulnerable populations. There is a significant, strong relationship between the provision of high-quality programs with the CFC-FP's understanding of the needs of the target group in the CfC region the CFC-FP was supporting. The more appropriate programs had significantly improved the quality of the activities in those regions.

The more the CFC-FP aided the CP to increase skills in delivering evidence-based programs then the more likely the CFC-FP would be to assist in providing better programs for the target population. Better programs would in this instance be defined as the CfC programs that best met the target population's needs.

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