



**Building the evaluation capital of Australia's  
Family and Children services sector:  
To improve client outcomes, services and  
systems, and collective social impact.**

**AES Conference, September 2017**

**Centre for Research and Evaluation (CFRE)**

**Elizabeth Clancy: Deakin University**

**Reima Pryor: drummond street services**

# Acknowledgement of Country



## Introductions:

# Centre for Family Research & Evaluation (CFRE)

### Who we are?

- **drummond street services** – not-for-profit, research-based family services agency
- **Deakin University Psychology Department** – academic, teaching and research institution

### What are CFRE's aims?

- To promote the health and wellbeing of all Australian families by contributing to the evidence-base of family based interventions
- To build sector capacity to strengthen evidence-based programs through expertise and collaboration

# Agenda

1. Federal Department of Social Services: Capacity-building of services
2. Expert Panel work & Other Contracts:  
Communities for Children  
Family Dispute Resolution Services
3. Co-Production with stakeholders
4. Outcome Evaluation Framework & Measure development
5. Evaluation implementation, data collection, analysis & reporting
6. The collective social impact possible with whole-of-sector or system engagement in a coherent 'System' Logic

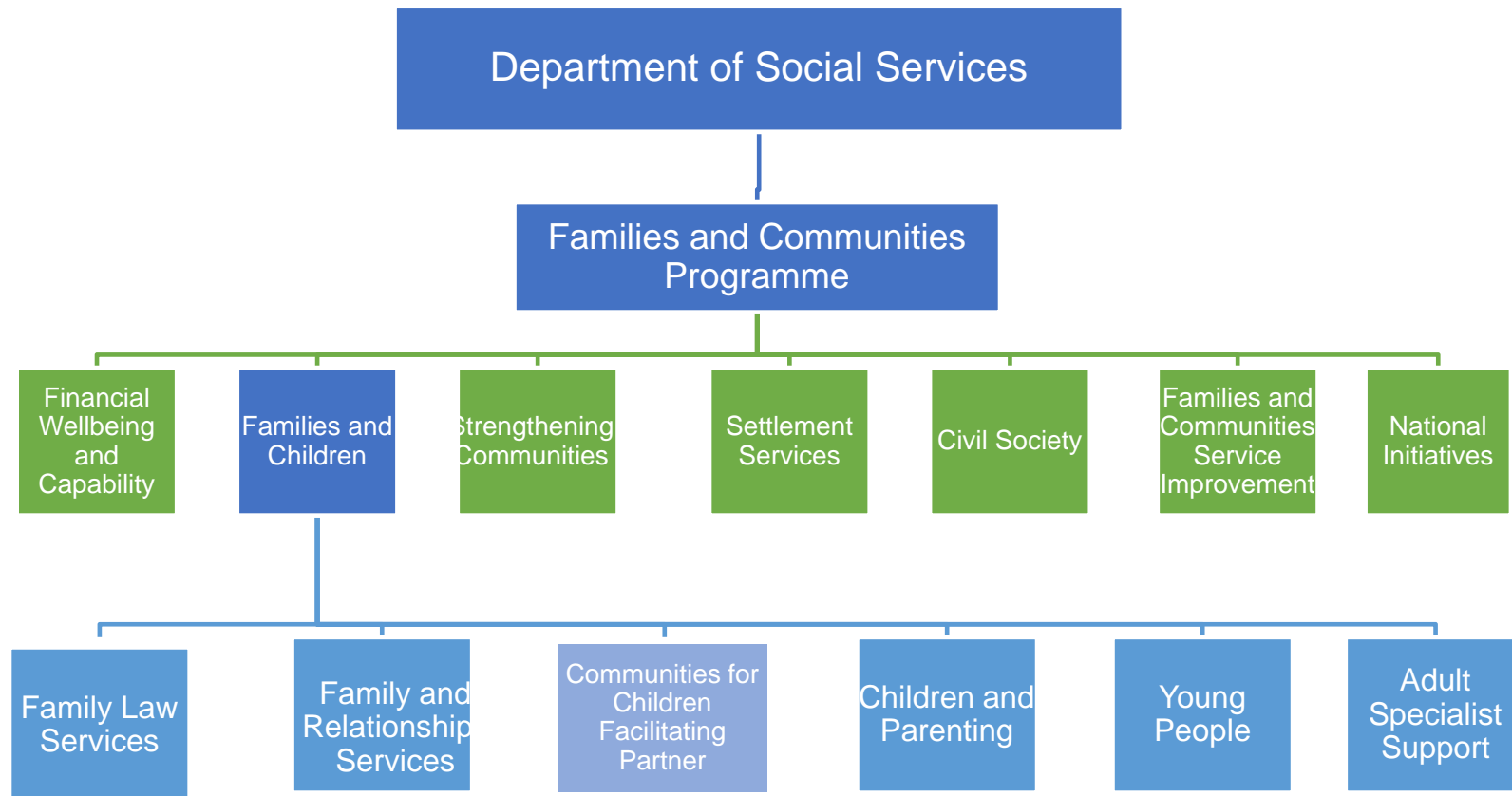


# Department of Social Services

Service capacity-building:

Program planning, outcome measurement and being evidence-based, including:

- Improved Program Logic and Theory of Change/Action
- Increased use of evidence-based, evidence-informed programs and practices
- Increased evidence-base about what works
- Increased service delivery effectiveness in terms of client outcomes
- Increased efficiency in terms of cost-benefit analysis





# DSS – Expert Panel

For 18 months CFRE has provided Families & Children sector support for over 50 organisations nationally, regarding:

- program planning
- program evaluation
- becoming evidence-informed and -based
  
- Working across metropolitan, rural and remote communities, including CALD and indigenous focus

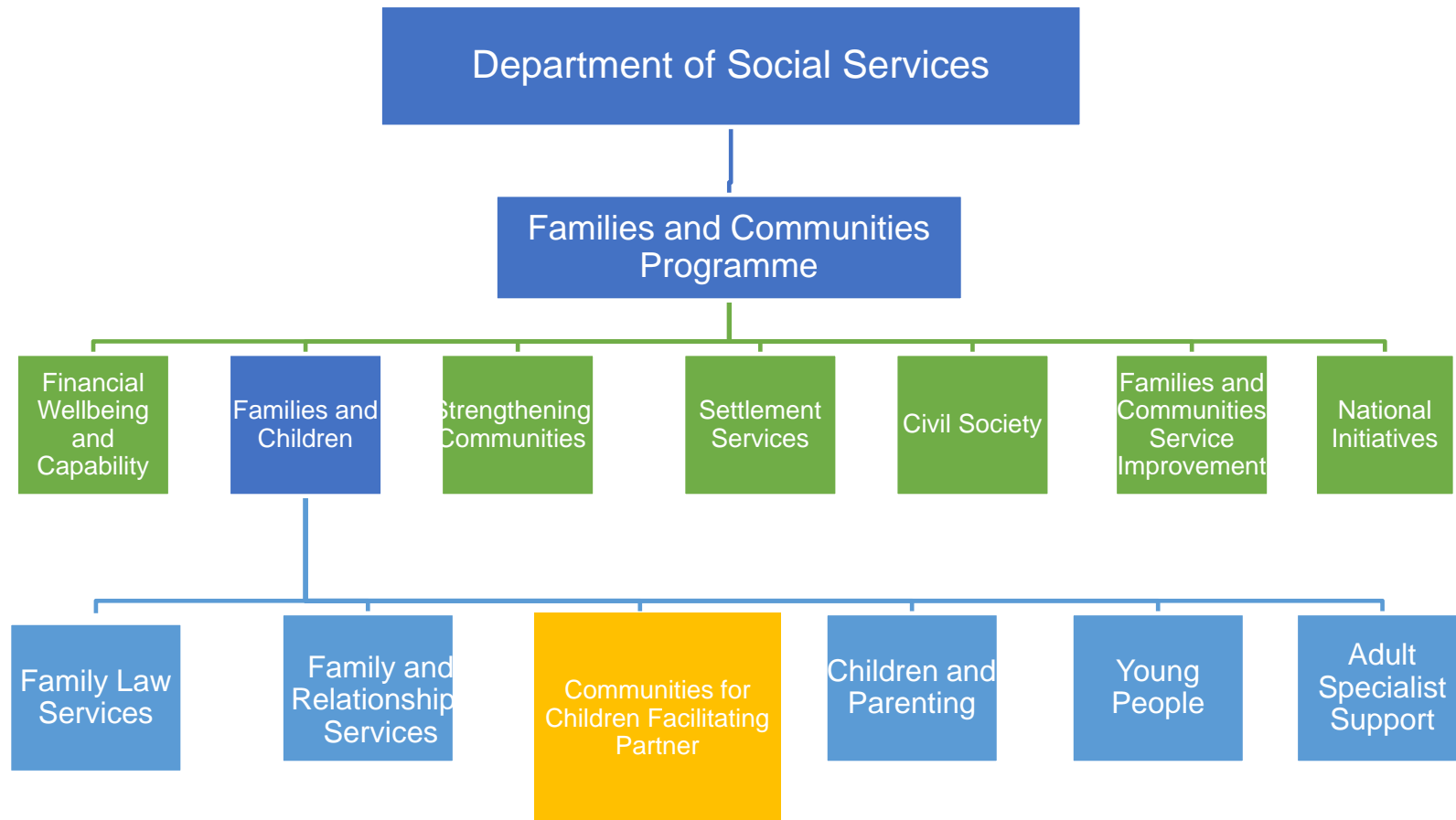


## 2 Whole-of-Sector Examples

### 1. Communities for Children

- Place-based services
- Prevention and early intervention for children 0-12 and their families
- Facilitating Partner (FP) coordinates activities
- Community Partners (CP) deliver programs/services
- As of 1 July 2017, DSS requirement that 50% of CP funding is allocated to **evidence-based programs**







# 1. CfC: Rural and Remote

- 15 identified sites in Vic, Tas, Qld, SA, NT and WA
- Working on multiple levels
- FP: build and implement whole of program frameworks, leadership and consistency in monitoring and evaluation approaches
- CP: development/refinement of supporting documentation including Program Logic, Theory of Change, Outcome Measurement tools (that are culturally appropriate/fit for usage with client groups)

# What have we learned?

- Importance of engaging service practitioners in evaluation
- Has to include a “pull factor”, rather than just external push
- Demonstrate value/interest in the programs they deliver:

*What difference are you trying to make for your clients?*

*How can clients see their progress?*





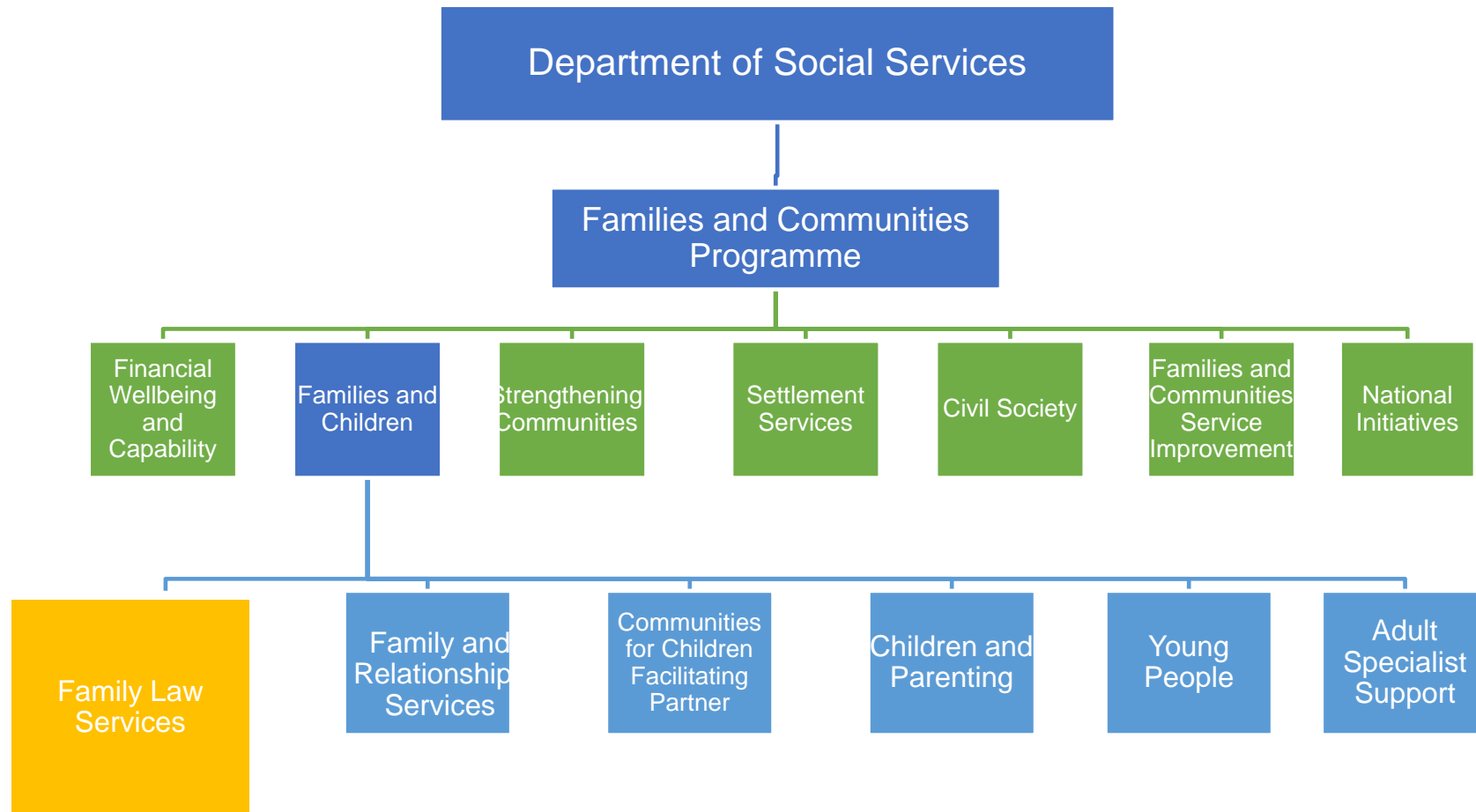
# Sector challenges re evaluation and evidence-based practice

- Concerns about outcome measurement from practitioners
- Practitioners and clients are short on time and buy-in
- Limited client/culturally appropriate measurement tools/techniques
- Policy perception of quantitative, western methods as best practice
- Accessibility of evidence-base
- Suitability of evidence-based programs for context

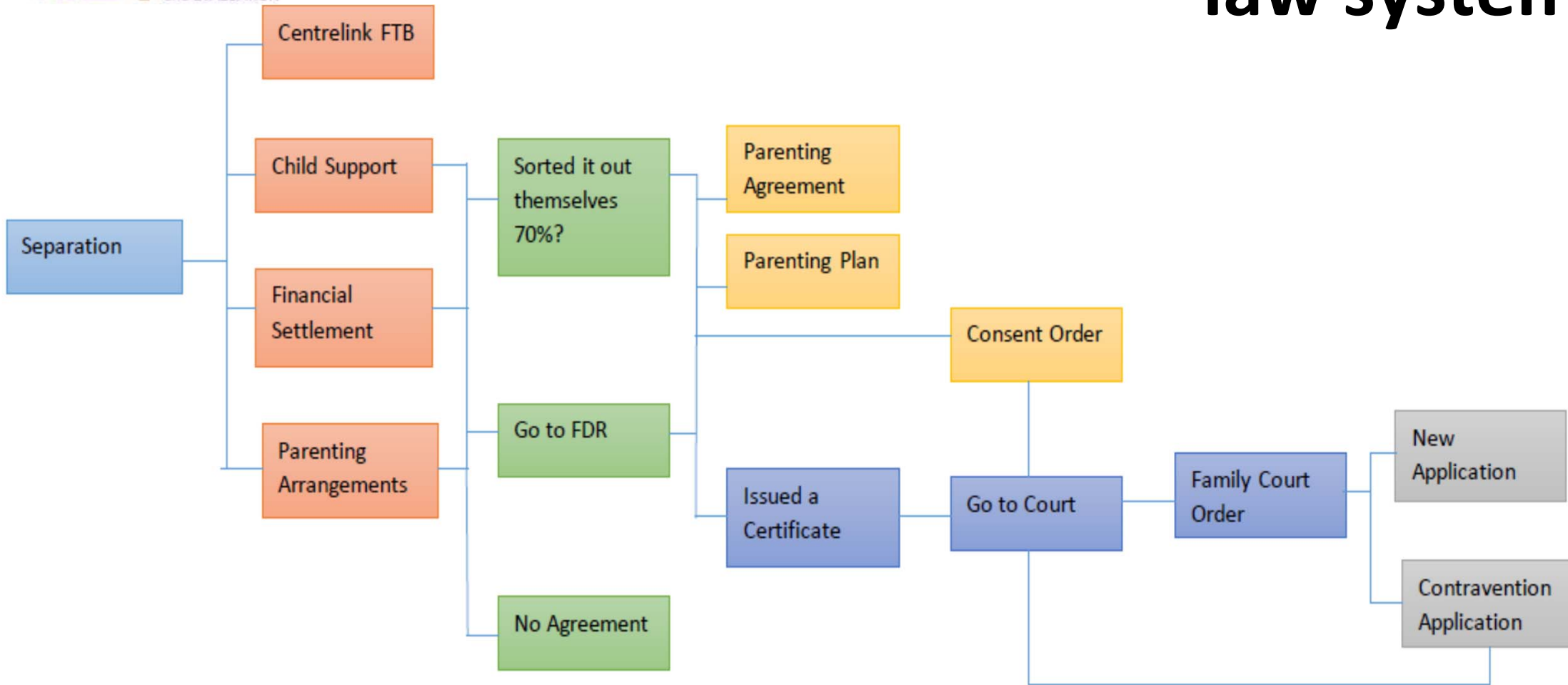


## 2. FDR Project Background

- Challenges to demonstrate outcomes with this client group
- Limited appropriate tools and reliance on process outcomes / outputs (agreement, certificate of dispute)
- Victorian Partnership of FRC's (PVFRC) requested DSS support a project to create and trial specific FDR outcomes measurement tool and framework
- CFRE appointed to work with PVFRC to develop and trial outcomes measure and framework



# Separation pathways through family law system





# FDR FRC Service intervention

Usually involves:

- Individual Assessment
- Group information sessions
- Joint FDR session/s (mediation)

Can also include

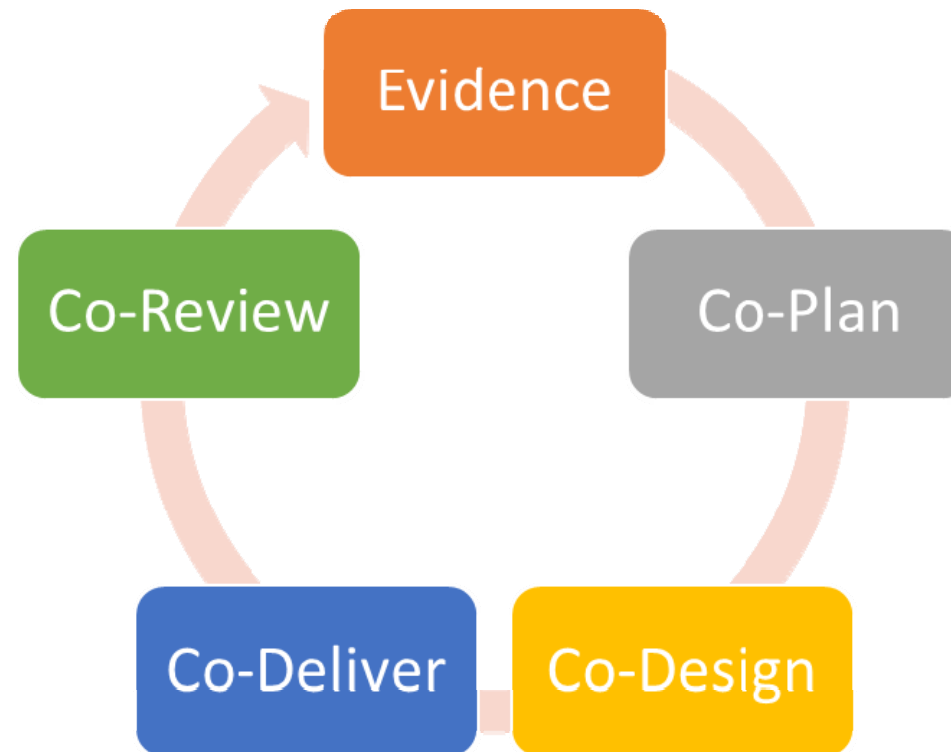
- Interviews with other family members
- Child-inclusive practice
- FDR variations (Legally assisted, shuttle etc)



# Project Objectives

- To develop an Outcome Evaluation Framework and an outcome measurement tool to assess FDR client and process outcomes
- To trial this tool with a range of FDR providers for six months
- To provide DSS with trial results, recommendations for future evaluation
- To make recommendations for national roll-out and long-term sector outcome measurement.

# Evaluation alliances





# Outcome Evaluation Framework & Outcome Measure Development

- National and International Literature Review
- Expert Interviews with key academics
- FDR Service consultation re key processes and outcome domains
- Project Advisory Committee (PVFRC, DSS/AGD) consultations: ongoing
- Engagement with FRC Management Group
- Workshop with FDR Managers: to find consensus on key outcome and process domains
- Presentation and discussion at FRC Practitioner Forum



# Co-production of tool, evaluation design

Partners collaboratively developed the following:

- Program Logic:
  - Identified Program Aims and Objectives
  - Identified Key FDR Service Processes
  - Developed Key Outcomes domains and constructs
- Outcomes measurement tools
  - Reviewed and selected existing Standardised measures
  - Constructed additional items: Quant and Qual
- Evaluation Methods – Surveys – Adult Clients and Staff
- Evaluation Plan –who, what and when

# Client outcomes:

1. Increased respect and cooperation and reduced conflict between parents/parties

2. Increased parent capacity to focus on the interests of the child/ren and to work together effectively as co-parents

3. Increased child/rens' physical and emotional health and development

4. Increased safety for all family members

5. Increased parenting agreement and reduced dispute in the child/rens' interests



# Process outcomes:

1. Client satisfaction with their FDR service experience

2. FDR service components received by client

# Evaluation implementation, data collection, analysis & reporting

- Training 60+ FRC FDR service staff- Managers, FDRPs, Intake, Admin
- Engaging staff in evaluation, processes and measures
- Tailoring evaluation processes to services
- Advisory Group and FRC Manager Group liaison
- Monitoring and problem-solving
- Data collection processes and data entry
- Staff feedback- Focus Groups and Online Survey
- Analysis- current- reporting end Oct 2017.

# Building a culture of evaluation and change management

- Face-to-face training
- Giving information/rationales
- Taking the time within training to get staff on board/enthusiastic
- Empathise with challenges
- Problem-solve with them- model a 'can do' attitude
- Tailor processes





# Getting staff on board

## Addressed key barriers:

“I don’t have the time or skills”

“Evaluation is too much of a burden on clients”

“Asking them to participate will damage the relationship”

“Our clients like what we do, so they benefit”

“Our service is using an evidence-based program therefore we don’t need to evaluate it”

“It’s too expensive/hard to evaluate”

**Adapted from 2017 FRSA Conference: Keynote Address Dr Anna Huber**

**10 Myths preventing sound evaluation of outcomes**



# Discuss Goals and Benefits

- To find out if we are making a difference and in what ways
- Build the evidence-base about our intervention
- Improve interventions/practice
- Improve outcomes for clients
- Include the client voice
- Increase satisfaction and skills for practitioners
- Build a business-case for funding
- Assist funders in their decision-making

The collective social impact possible with  
whole-of-sector or system engagement  
in a coherent 'System' Logic



# Lifting the gaze

- FDR services: embedded in complex service system
- FDR processes and outcomes have implications, not only for the families they service, but also the complex social issues and systems, and significant government policies and funding they sit within
- Need to be embedded within relevant models for collective social impact



# Public Health Approach (WHO)

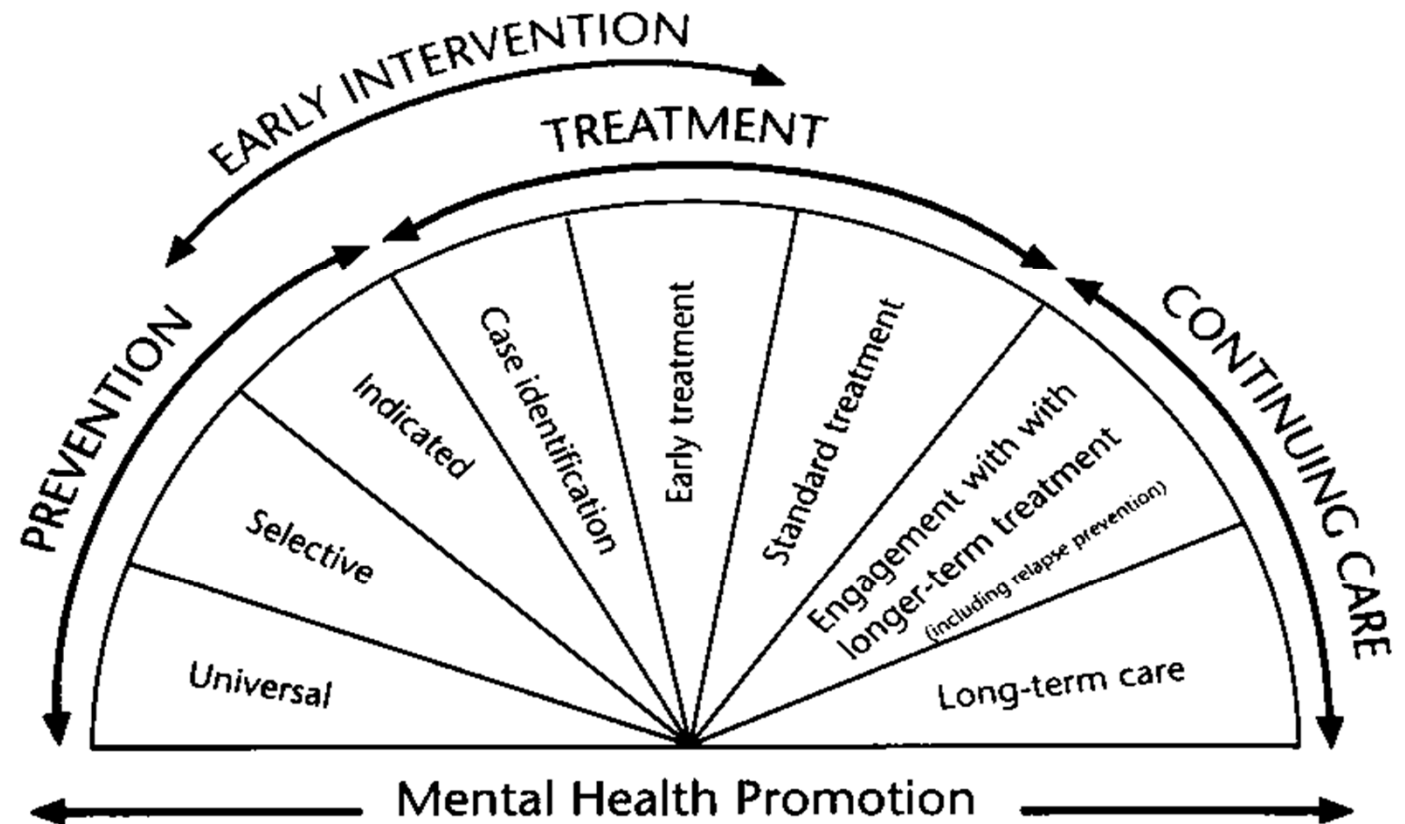
by definition...

- aims to provide maximum benefit for the largest number .....
- concern is to prevent health problems and to extend better care and safety to entire populations...
- is interdisciplinary and science-based...
- emphasises collective action, cooperative efforts from diverse sectors.....
- is above all characterised by its emphasis on prevention.

(pp 3-4).(WHO, 2012)

# Spectrum of interventions

- Risk and protective factors
- Proportionate Universalism
- Evidence-informed practice



(Adapted from Mrazek and Haggerty (1994))

## Evidence-Informed Practice (CCCH, 2016)

*Applies to  
program delivery  
and evaluation*





***Evidence-based programs:*** interventions/programs shown through rigorous formal testing to be effective in building client competences and changing behaviour and functioning

***Evidence-based processes:*** how service providers and the service system as a whole engages and works with individuals and families

***Client and professional values and beliefs:*** the crucial role played by values and beliefs in determining what goals are important, what interventions and programs are acceptable and how effective these are (for clients- their concerns and needs and the outcomes that are important to them).





# Evidence-informed decision-making

An *evidence-informed decision-making framework* to guide integration of the various sources of evidence in human service delivery (Moore, 2016; cited in CCCH, 2016)

*Step 1. Begin to build a partnership relationship with the family.*

*Step 2. Explore what outcomes are important to the family.*

*Step 3. Agree what outcome will be the focus of work with the family*

*Step 4. Explore what strategies are available for addressing the outcomes chosen.*

*Step 5. Agree on what strategy or strategies will be used*

*Step 6. Monitor the process of intervention implementation.*

*Step 7. Review the process of implementation.*

*Step 8. Monitor the intervention outcomes.*

*Step 9. Review the outcomes.*



# Creating & Evaluating evidence-informed systems

- Application and evaluation of 3 types of evidence
- A coherent 'System' (Program) Logic: all having the same intended impacts, aims, objectives, measures and consistent (but not identical) outcome evaluation
- True collaboration
- Other ideas?



# Family Relationship Service System Logic

**Prevention & Early Interventions**

Universal health, education, family and community services

Couple relationship, parenting and family strengthening  
  
Health and wellbeing of all family members

**Treatment & Recovery Services**

Centrelink  
  
Child Support  
  
Family and Relationship Services/FFL  
  
FRCs/FDR  
  
Lawyers, legal services

**Post-Separation support services**

Counselling, mediation/FDR, Family group Conferencing?  
  
Assistance from friends and family

**Friendly**

**Cooperative**

**Distant (70%?)**

**Conflictual (18%)**

**High conflict/Fear (4%)(bf/during separation)**

**Other post sep services for highly vulnerable**

Parenting Orders program  
  
Supervised contact centres  
  
Specialist family violence services  
  
Mental health and substance use treatment and recovery

70% Discussion/It just happened

**FRC /FDR**

Individual assessment  
  
Group Info session re child  
  
Interviews with others  
  
Child-inclusive practice?  
  
LA FDR?

FDR Certificate (4/10)  
  
Family Court  
  
Family reports?

Post Order Support Service pilots

**Evidence-informed practice & decision-making and evaluation of the 3 forms of evidence**

**Outputs**

Financial agreement  
  
Parenting arrangement agreement & compliance (working effectively for all)

**Process outcomes**

Client satisfaction with services

**Collective Social Outcomes:**

**Short-medium term**

*Reduced conflict*

*Increased Cooperation*

*Enhanced (co) parenting*

*Enhanced health and wellbeing of children and adults*

*Increased safety for all family members*

**Collective Social Impact:**

**Long-term wellbeing of children and families**





# Contact Info

**Elizabeth Clancy, Senior Consultant, Deakin Uni, CFRE**

E: [elizabeth.clancy@deakin.edu.au](mailto:elizabeth.clancy@deakin.edu.au)

T:(03) 9246 8383, Ext: 9508

**Reima Pryor, Senior Consultant, drummond street services, CFRE**

E: [reima.pryor@ds.org.au](mailto:reima.pryor@ds.org.au)

T: 0409523511