# PROJECT REPORT

# EVALUATION FRAMEWORK FOR 'A FAMILY-CENTRED FLEXIBLE INTENSIVE RESPONSE MODEL': AFFIRM

June 2007

# ACKNOWLEDGEMENTS

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# 1. THE EVALUATION FRAMEWORK

## 1.1. Purposes of the evaluation framework

The purposes of the evaluation framework are to:

- articulate the purposes of the evaluation of AFFIRM;
- identify the key indicators and activities associated with achieving these purposes;
- identify data collection requirements;
- promote the collaborative approach underpinning AFFIRM, through developing a shared understanding across all stakeholders involved (ACT Government, FaBRiC Board and Staff, families and young people and other community services) about the processes and purposes of evaluation of the AFFIRM Project;
- integrate this evaluation and the performance requirements of the contract between FaBRiC and the ACT Government and the National Disability Standards into one useable evaluation framework;
- draw up timeframes for completion of elements of the evaluation; and
- allocate responsibilities for data collection and other evaluation activities.

## 1.2. The development of the framework

The framework is a working document and subject to review and improvement. The initial development of the framework was undertaken by a working group from Disability ACT (DHCS), FaBRiC and ACU in consultation with the AFFIRM Steering Committee/Panel. Stage 1 of the evaluation framework involved the development of a project logic, the purposes of the evaluation and agreed indicators of outcomes and other performance measures. The second stage involved the testing of the framework during the operation of AFFIRM in November December January and February 2007.

The third stage finalised the draft based on its trial. The list of questions in section 1.3 assisted in this review process.

Finally, the evaluation framework will undergo review during its life.

### 1.3. Assessing the evaluation framework

- Is the framework acceptable to all parties involved?
- Does everyone know their part in operationalising the evaluation framework?
- Are we collecting the information we want?
- Is there any other information we need or questions we need answers to?
- When should the framework be reviewed again?
- Is the framework easy to read and use?

## 2. THE AFFIRM PROGRAM AND PROGRAM LOGIC

### 2.1. Key features of the AFFIRM program

The program aims to support families of children and young people with a disability who have high and complex needs. The service is intended to address situations where ongoing family-based care is unlikely to be maintained unless specialised, intensive intervention occurs.

### 2.2. Program logic

A program logic acts as a reference point for all parts of the evaluation. It describes in succinct fashion the assumptions, theories and principles the which underpin the program, the inputs and activities anticipated and the expected short term, medium term and long term outcomes.

This logic model was adapted from the University of Wisconsin (University of Wisconsin, 2005) and the Kellog Foundation (W.K. Kellog Foundation, 2004).

The AFFIRM program logic is outlined here in both textual and graphic form. It describes the key elements of the AFFIRM model. These elements include the understanding of the situation which AFFIRM seeks to address, the relevant theories, knowledge and principles, the assumptions which flow from these, the activities which build on these assumptions and the expected results or outcomes of the program.

### 2.2.1. Situation/ problem statement

In the ACT there are approximately 70 families with children who have a disability and high and complex needs and who experience great difficulty caring for their child, sometimes to the point of refusing to have the child return home following respite. There is an identified service gap in meeting the needs of these families.

### 2.2.2. Document needs

The research paper on Children with High and Complex Needs (Disability ACT, 2005) indicates that Therapy ACT, the Office of Child Youth and Family Support and children's respite services of Disability ACT have contact with this small number of families and have identified this need.

Following a mapping exercise of ACT Family Support Services and consultation with key stakeholders, this research report (Disability ACT, 2005) identified a service gap to this group, in the areas of intensive support options and case coordination services for families where children have disability and high and complex needs. The results of a survey of community organisations indicated that 70 families could require intensive and coordinated support. Of these 70, Disability ACT considers that a small number will be appropriate for AFFIRM, with the

majority being appropriate for the Integrated Family Support Project currently under development within the Department of Disability Housing and Community Services.

### 2.2.3. Stated outcomes (Disability ACT, 2006)

- Service planning and coordination that ensures the safety of children and young people with disabilities.
- A responsive individually tailored alternative to existing support services for families at risk of breakdown.
- Increased capacity of families to maintain care of child or young person.
- Increased opportunities for children and young people with disabilities to reach their potential within the family environment.
- Sustainable family–based support arrangements following exit from AFFIRM.
- Effective governance partnership between DACT and a community service provider.
- High quality effective service tools, including individual program and service information resources.
- Appropriately supported alternative referrals where a decision against intake is made.

### 2.2.4. Relevant external factors

In ACT, there is a Memorandum of Understanding for a multi agency response for clients with complex needs between the Department of Disability, Housing and Community Services, ACT Health, Department of Education and Training, Chief Minister's Department and Department of Justice and Community Safety.

There is a lack of planned permanent out of home care options for the target group of the AFFIRM service in ACT in absence of a care and protection issue.

The small jurisdiction means that there is easier 'mobilisation of resources and greater responsiveness in government programs, but it also means that there are fewer economies of scale' (Morgan Disney & Associates Pty Ltd, 2004, p.28).

### 2.2.5. Program strategy

The strategy is based on positive evaluations of other holistic programs which provide intensive support and a combination of services (Disability ACT, 2005). For example, an internal audit of the Family Support Program in Qld (Disability Specific) found that families reported a high level of satisfaction and that families felt that the program provided increased flexibility in planning (cited in Morgan Disney & Associates Pty Ltd, 2004).

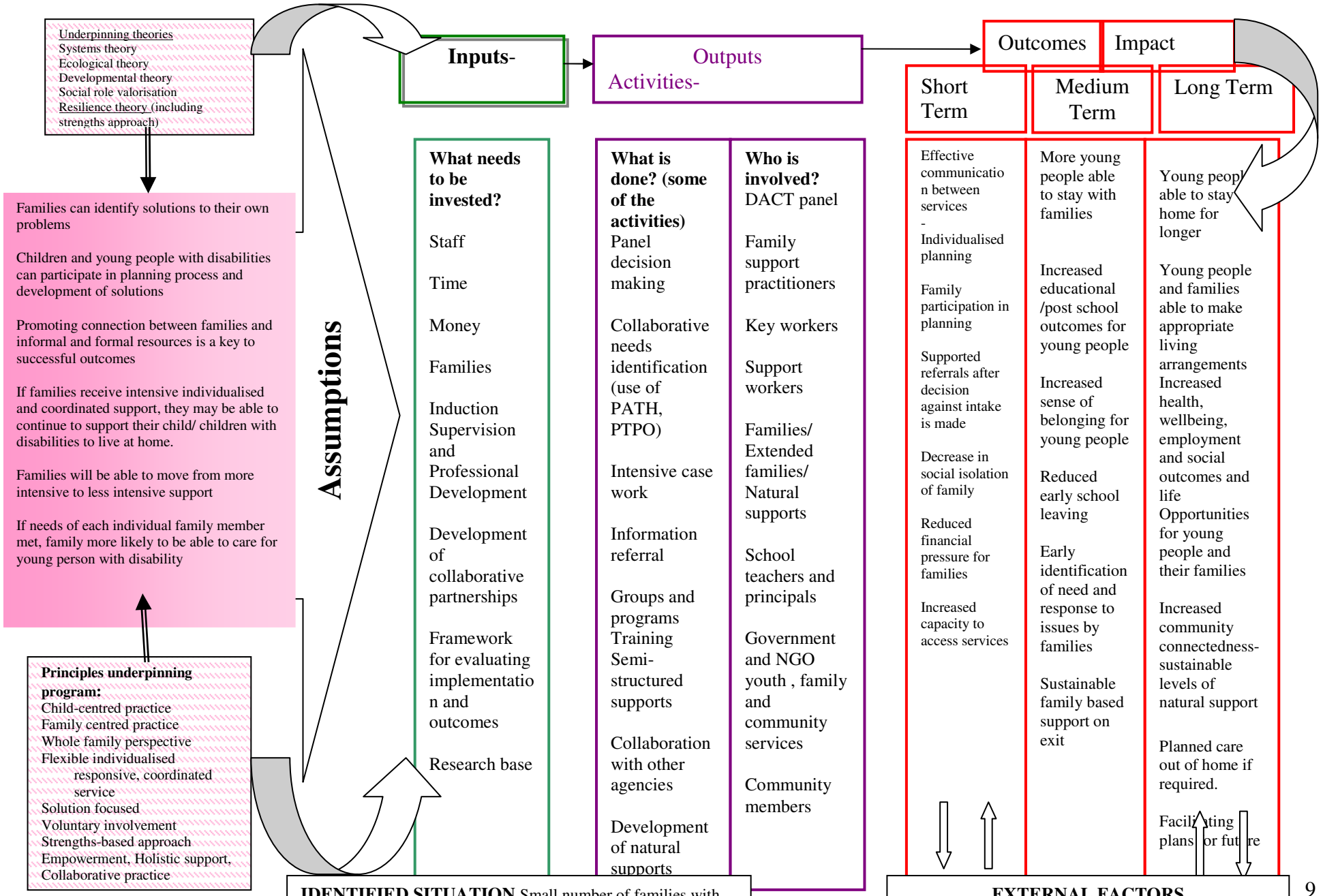
### 2.2.6. Assumptions

The AFFIRM project is based on the following assumptions, which flow from relevant theories and principles:

- If families receive intensive individualised support, they may be able to continue to support their child/ children with disabilities to live at home.
- Families have strengths which will enable them to problem solve.
- Better results are achieved by working in partnership with families.
- Children can participate in planning their lives and activities.
- Families benefit from both natural and service sector supports.
- Family members need connection with the wider community.
- Workers need support and training to work individually and responsively with families.

The related theories and principles are shown in the following program logic diagram. One of the key principles is 'child centred practice' which sits with a constellation of other principles including 'family centred practice', 'strengths based' and 'collaborative practice'.

**Logic Model AFFIRM** (adapted from University of Wisconsin, 2005)



## 3. PURPOSES OF THE EVALUATION

The evaluation aims to:

3.1. Assess the extent to which AFFIRM has achieved its objectives and outcomes

3.2. Identify for which families AFFIRM is most effective

3.3. Identify what activities families find most helpful

3.4. Consider the costs and benefits of the AFFIRM model to the provider, the ACT Government, the families and children involved and to other community organisations

3.5. Describe what AFFIRM has taught about meeting the needs of families with children with disabilities and high and complex needs

3.6. Contribute to national research and development with regard to family support for this group of families

## 4. USERS OF THE EVALUATION

**The Assessment Panel, the AFFIRM team (both DACT and FaBRiC) and community organisations.** The participants in the Assessment Panel and the workers on the AFFIRM team will be interested in how the program is being implemented, governance matters, coordination and management of time frames, the response of the target group of families and how challenges can be overcome. Much of this information will become available through the ongoing data collection involved in the action research process, quarterly reporting requirements and the process evaluation.

**Families and young people** will be interested in whether or not the service they receive is benefiting them and improving their lives.

**Government (Department of Disability, Housing and Community Services**). Government will want to know whether the service has been effective, has assisted families and has achieved the outcomes intended in a cost effective way. On this basis Government will decide whether or not to continue the service.

## 5. EVALUATION PRINCIPLES

The evaluation:

- is informed by the National Standards for Disability Services, and the Quality Framework referred to in Disability ACT's *Future Directions: A Framework for the ACT 2004-2008*(Disability ACT, 2004).

- will include those people most affected by the program. In the case of AFFIRM, this means the families, children and young people who are its clients and the workers who work with the families.

- will be guided by ethical research practices. These include gaining informed consent for participation in the evaluation. This informed consent will address issues of confidentiality, and specify the use which will be made of the data collected.

- will involve processes that facilitate the development of a shared understanding of the evaluation findings amongst the key people involved, including the families, children and young people, DACT, FaBRiC and other community stakeholders, so that the findings reflect views of the range of stakeholders.

## 6. ELEMENTS OF THE EVALUATION FRAMEWORK

There are four components of the evaluation framework: action research; ongoing monitoring; the process evaluation and the outcome evaluation. Action research is the overarching element, which, along with the monitoring associated with contract and program performance, occurs throughout the life of the program. The process

evaluation and outcome evaluation will occur at designated points during the program.

## 6.1. Action research

Action research is an approach to evaluation which aims to improve practice and service delivery through a reflective process where action and reflection inform each other. Action research involves the people who are being researched in the research process (for example, workers undertaking a new program). In this context the main aims of the action research approach are to:

- better understand what influences the practices of the AFFIRM program; and
- apply this understanding in a continuous process of change and improvement.

This action research approach relates to all the overall aims of the evaluation (Section 2).

The action research process will occur through the regular meetings of an evaluation reference group which will also function as the action research group, drawn from the key stakeholders in the program, FaBRiC workers, family representatives (or representative organisation), AFFIRM Panel representatives and DACT AFFIRM project personnel. The Reconnect Action Research Kit is a useful resource for the action research/evaluation reference group (Crane & Richardson, 2000).

### 6.1.1. Activities involved in incorporating action research

- Formation of action research/evaluation group.
- Training of participants.

- Generation of key questions. Some of these key questions have already been generated in the process of considering the process evaluation (see next section on process evaluation). Appendix A lists some relevant questions. These will be supplemented and followed up during the course of the action research process.
- Regular meetings and documentation of questions/ problems, research undertaken, actions implemented and results.

## 6.2. Process evaluation

A process evaluation, also known as a formative evaluation, assesses the activities of a program, the extent to which it has been implemented as intended and assesses who the program is reaching (Hawe, Degeling, & Hall, 1990). If there are aspects of the program which are not implemented as planned, the process evaluation will involve identifying reasons for this and the implications for the logic model or changes which need to be made in implementation.

In this case the aim of the process evaluation is:

- to enhance practice, by considering the extent to which AFFIRM is being delivered in the way intended and by identifying which parts of the program are working well. This relates to evaluation purposes 3.2 and 3.3 above.

It will seek to answer the key implementation questions:

- To what extent has the AFFIRM program been implemented as intended?
- Is it reaching the target group intended?
- How is the AFFIRM program demonstrating its fidelity to the Disability Standards?
- How is the program meeting its statutory requirements as captured in Schedule 2 to the contract between Disability ACT and FaBRiC?
- What elements of the program are working well?

The table below sets out a series of sub-questions, the data that will answer the questions and the timing and methods for collecting the data. It is anticipated that the process evaluation will be conducted approximately twelve months into the life of the project. The responsibility for allocating this task will lie with DACT.

### 6.2.1. Key questions for the process evaluation, sources of data and methods

| Key question | Sub-questions | Source of data | Method of collection | Who | When |
|---|---|---|---|---|---|
| To what extent has the program been implemented as intended? (relates to Outcomes 1,2, and 6) | How effectively are the initial assessment processes working? | Intake records/ FaBRiC records re time frame between intake and commencement<br><br>Client views | FaBRiC record system<br><br>Client satisfaction survey | Action research group<br><br>FaBRiC | Ongoing |
| | Do families and referring agencies have accurate and clear information about the service? | Client views<br><br>Referring agency views | | Action research group | Ongoing |
| | Are children and families moving from intensive to less intensive support as intended? | Dates of panel referrals for entry, completion of less intensive phase and transition | | | |
| | To what extent is there consistency of support workers? | FaBRiC stats on worker turnover<br><br>Perceptions of clients | Client satisfaction survey/ interviews | FaBRiC report<br><br>FaBRiC/ specific evaluator | |
| | To what extent are families/young people involved in the development of the action plan? | Clients<br><br>Workers views | Client satisfaction survey/ interview<br>Worker interviews | FaBRiC client satisfaction<br>Specific evaluator or action research | Ongoing |

| | | | | | |
|---|---|---|---|---|---|
| | Are services well coordinated for families? | Clients<br><br>Workers views<br><br>Referring organisations/ other community organisations | Client satisfaction survey/ interview<br>Worker interviews<br><br>Interviews/agency survey | FaBRiC client satisfaction<br>Specific evaluator or action research | Ongoing<br><br>Specific process evaluation at 12 months |
| | Do the hours suit the needs of the clients? | Clients<br><br>Workers views<br><br>Referring organisations/ other community organisations | Client satisfaction survey/ interview<br>Worker interviews<br><br>Interviews/agency survey | FaBRiC client satisfaction<br>Specific evaluator or action research | Ongoing<br><br>Specific process evaluation at 12 months |
| | Are practices child-centred?<br><br>For child centre practice principles see Appendix D | Children's view<br>Worker's views<br>Families' views | Client satisfaction survey<br><br>Action research<br><br>Interviews | FaBRiC client satisfaction survey<br><br>Action research<br><br>External evaluator | Ongoing<br><br>Process evaluation at 12 months |
| | How well is the joint governance working? | Clients<br><br>Workers views<br><br>Referring organisations/ other community organisations | Client satisfaction survey/ interview<br>Worker interviews<br><br>Interviews/agency survey | FaBRiC client satisfaction<br>Specific evaluator and/ or action research | Ongoing<br><br>Specific process evaluation at 12 months |
| Is AFFIRM reaching the target group intended? | Are the program participants the group which the program intended to reach? | Intake<br><br>assessments | | Action research | Ongoing |

| | | | | | |
|---|---|---|---|---|---|
| | Are the numbers of participants moving through the program as intended? | FaBRiC quarterly statistics/ panel review dates | Analysis quarterly reports | | |
| | What percentage of families who meet the target group are missing out on receiving the AFFIRM service?<br><br>How are these families different from those who receive the service? | Intake data on family and client characteristics | | | |
| | How well are the referrals working for the group who miss out? | Clients<br><br>Referring agencies | Interviews<br><br>Action research | Specific evaluator<br><br>Action research group | 12 months<br><br>Ongoing |
| | How well is the service meeting the needs/accessing CALD/ Indigenous families | Clients<br><br>Workers<br>Referring agencies | Interviews<br><br>Action research | Specific evaluator<br><br>Action research group | 12 months<br><br>Ongoing |
| | Is the training to staff meeting the needs of the staff and the program? | Workers | Interviews/action research | Specific evaluator/Action research group | 12 months/ongoing |

| | | | | | |
|---|---|---|---|---|---|
| How is the AFFIRM program demonstrating its fidelity to the disability standards? | How well is the program meeting each of the 8 disability standards? | FaBRiC client satisfaction survey | | | |
| How is the program meeting the requirements set out in Schedule 2 of the contract between Disability ACT and FaBRiC? | Has FaBRiC developed a business plan?<br><br>Other issues posed by the Schedule | FaBRiC data | Analysis of quarterly and annual reports to DACT | | |

### 6.2.2. Possible methods for the process evaluation

- Findings of action research process
- Analysis of quarterly reports provided by FaBRiC
- Interviews/survey with workers, community stakeholders ( other agencies)
- Interviews with client families/children
- Analysis of client satisfaction survey
- Analysis of intake data: family characteristics, numbers
- Analysis of AFFIRM/FaBRiC policies and procedures, information provided to clients and other agencies

## 6.3. Outcome evaluation

The outcome evaluation is also called a summative evaluation. The purposes of the outcome evaluation are to assess the extent to which the intended outcomes of the program have been achieved. In this case the aims are to:

- evaluate the extent to which AFFIRM has achieved its objectives and outcomes identified in the Service Model (Disability ACT, 2006);
- assess the costs and benefits of the AFFIRM program; and
- make recommendations on the future development of the AFFIRM model or project

This relates to overall aims 3.1, 3.4 and 3.5. above.

The program logic indicates that there are short term (after three months of intensive support), medium term (6 months after transitioning from the program) and long term outcomes of the program (after 18 months from transitioning from the program), and all levels are reflected in the defined program outcomes (see section 2.2.3). This framework takes into account these three levels of outcome.

The outcome evaluation will be completed at the conclusion of three years of the program and will be organised by DACT.

### 6.3.1. Key questions for the outcome evaluation, sources of data and methods

| Key question | Outcome | Indicator | Source of data | Method | Who collects | Who analyses | Short/medium/long term | When |
|---|---|---|---|---|---|---|---|---|
| To what extent has the program achieved its objectives and outcomes? | 1. Safety of children and young people ensured | Family perception of level of safety | Families Referring agencies | Intake, transition assessments | AFFIRM project worker/FaBRiC Family Practitioner | Specific evaluator | Short term | Before start of program and at transition |
| | | Another indicator of safety-perhaps number critical incidents ( need definition) | | | | | | |

| Key question | Outcome | Indicator | Source of data | Method | Who collects | Who analyses | Short/medium/long term | When |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | 2. Responsive individually tailored alternative | See process evaluation table | | | | | | |
| | 3. Increased capacity of families to maintain care of child or young person | %/ number families who report financial pressure at transition | Intake and transition assessments | Analysis of intake and transition assessments | Either Family Support Practitioner or AFFIRM Program Support Officer | | Short | Ongoing data collection, analysis for 3 year evaluation |
| | | Families reporting increased capacity as parents/ improved family relationships | Family<br><br>Children | Family interviews/ interviews with children | Specific evaluator/ interviewer? | Specific evaluator | Short | 3 year evaluation |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Families reporting increased capacity to access services | Family<br><br>Children | Family interviews/ interviews with children | Specific evaluator/ interviewer? | Specific evaluator | Short | 3 year evaluation |
| | 4. Increased opportunities for children and young people with disabilities to develop their interests and capacities | Number/% children attending school/education/ training/work regularly<br><br>Number extra curricular activities offered | Intake and transition assessments | Analysis of intake and transition assessments | Specific evaluator/ interviewer? | Specific evaluator | Short | 3 year evaluation |
| | | Increase in social and natural supports for child and family members | Intake and transition assessments<br><br>Family<br><br>Young person | Analysis of intake and transition assessment information<br>Interviews with family/ young person | Specific evaluator/ interviewer | Specific evaluator | Short term/ medium term | 3 year point |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Increased sense of belonging for young person | Family, young person | Interviews with family/ young person | Specific evaluator/ interviewer | Specific evaluator | | |
| | | Family is happy with accommodation arrangements | Intake and transition assessments<br><br>Family<br><br>Young person | Analysis of intake and transition assessment information<br>Interviews with family/ young person | Specific evaluator/ interviewer | | Short term/ medium term | 3 year point |
| | | Number% who report risk factors family drug and alcohol/ mental health /DV | Intake and transition assessments | Analysis of intake and transition assessments | Affirm project worker/FaBRiC Family Practitioner | Specific evaluator | Short term/ medium term | 3 year point |

| | Outcome | Indicator | Source of data | Method | Who collects | Who analyses | Short/medium/ long term | When |
|---|---|---|---|---|---|---|---|---|
| | 5. Sustainable family- based arrangements following transitioning from AFFIRM | % families reentering AFFIRM after 6 months and 12 months | Intake data | Analysis of intake data | Affirm project worker | Specific evaluator | Ongoing | |
| | | % families accessing crisis services | Families | Survey/interviews agencies | Specific evaluator | Specific evaluator | | 3 years |
| | | Families consider arrangements sustainable | Experiences of families regarding sustainability of arrangements /planning for future | Transition assessment<br><br>Family interviews | Specific evaluator | Specific evaluator | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **6.Effective Governance-see process evaluation** | | | | | | | |
| | **7. High quality service tools-see process evaluation** | | | | | | | |
| | **8. Alternative referral processes-see process evaluation** | | | | | | | |

### 6.3.2. Possible methods for outcome evaluation

- Analysis of intake and transition assessments for short term outcomes (at end of intensive phase and less intensive phases).
- Analysis of FaBRiC's client satisfaction survey.
- Family survey and/ or interviews/focus groups for medium and long term outcomes (6 months and eighteen months after transition).
- Interviews/focus groups with children/young people for medium and long term outcomes.
- Community agencies/staff survey/interviews for medium and long term outcomes.
- Analysis of FaBRiC performance reports.

## 6.4. Performance reports

The regular reports provided to DACT by FaBRiC as the service provider also form part of the evaluation framework.

Quarterly reports utilise the Commonwealth State and Territory Disability Agreement National Minimum Data Set Collection (CSTDA). These data items relate to characteristics of individuals assisted, rather than families.

The quarterly reports will also detail performance against the target numbers for the two types of service indicated in the performance requirements, labelled in a way consistent with the CSTDA. These are 'case management' and 'childhood intervention' on a recurrent and non recurrent basis.

These numbers will inform the action research process and the process evaluation.

Performance reports involve annual reporting, including evidence of review against the National Disability Services Standards. The annual reporting will inform the process evaluation.

# 7. ROLES AND RESPONSIBILITIES FOR IMPLEMENTATION OF EVALUATION FRAMEWORK

## 7.1. DACT

DACT will exercise overall responsibility for the implementation of the evaluation framework and will decide on how the process and outcome evaluations are to be carried out.

Decision making regarding the process and outcome evaluations will occur approximately nine months and two and half years into the life of the project respectively, to allow time for allocation of responsibility to an internal or external evaluator.

## 7.2. AFFIRM program

### 7.2.1. AFFIRM Panel

The AFFIRM Panel will participate in the evaluation implementation through participation in the action research/ evaluation reference group.

### 7.2.2. Action research/evaluation reference group

The role of the action research/evaluation reference group is to:

- meet regularly to identify service implementation and delivery issues which need further information (see Appendix A for some issues already identified);
- gather the information ;
- reflect upon and make changes to the program based on this information gathering; and
- document this process.

This activity is ongoing throughout the life of the program.

### 7.2.3. AFFIRM Program Support Officer

The AFFIRM program support officer will:

- oversee the development of a database for gathering baseline and progress data
- maintain a database of baseline data gathered from the Intake and Referral Form (administered by program support officer), Confirmation Report (administered by FaBRiC Family Support Practitioner) and the Family Assessment Scale (completed by FaBRiC Family Support Practitioner-See Appendix B for dimensions of baseline data needed);
- include process information such as dates of referral/assessment/panel referral/commencement. review and transition in the data base in a way that time intervals can be analysed; and
- add the results of the Family Assessment Scale to the database at review and transition points.

These activities begin immediately and are continuous throughout the life of the project.

### 7.2.4. FaBRiC

FaBRiC will ( in addition to activities specified in 7.2.3):

- participate in action research meetings;
- develop anonymous client satisfaction survey which has an explicit dual purpose (ongoing feedback mechanism for feedback and service improvement in addition to data collection for process and outcome evaluations). Relevant areas for questioning are in Appendix C;
- develop database to aggregate and report on results;
- provide aggregated data for the process and outcome evaluations; and
- keep and report on required information for the National Minimum data set and performance requirements for agreement with DACT.

These activities begin immediately and continue through the life of the project.

### 7.3. External/ internal evaluator for process evaluation

The evaluator will make decisions about methodology for process evaluation when responsibility is allocated by DACT.

### 7.4. External/internal evaluator for outcome evaluation

The evaluator will make decisions about methodology for outcome evaluation when responsibility is allocated by DACT.

# APPENDIX A

## Action research questions

These are initial questions for the action research process (identified during development of Evaluation Framework):

- What are the most appropriate turnaround targets for referral to commencement? What works best for the families and the program?
- How effectively are the initial assessment processes working?
- How well are the developed tools working? Are they based on good evidence (for example, the Family Assessment Scale based on the North Caroline Family Assessment Scale)? Do we need changes/ alternative?
- What group/s of families can be most assisted by AFFIRM? Is it the highest range of need as anticipated? Are the children in the age range anticipated?
- Do families/ referral agencies seem to find the information clear?
- What is the level of family/ child participation in the process?
- Are the services coordinating effectively
- Do the hours of service meet the needs of clients?
- How well is the coordination between DACT and FaBRiC working?
- How well are the referrals working for those clients who miss out on AFFIRM?
- How well are we meeting the needs of CALD/ Indigenous clients? What else do we need to do?
- Is the staff training adequate?
- How practicable is the evaluation framework?
- Are our practices child centred? (see Winkworth & McArthur, 2005 and Appendix D)

# APPENDIX B

## Information required at intake and transition for evaluation

### Baseline and follow up information

- Family characteristics: ages, gender; family structure; occupation of parent/s, CALD, NESB, ATSI; suburb
- Child characteristics: health, disability; income source; primary carer;
- Current accommodation of child/ young person
- Current accommodation of family
- How satisfied are they with the current accommodation arrangements?
- Are families experiencing financial pressure?
- Are parents feeling able to care for the young person at home? How long do they think this will last?
- What extra curricular activities are children involved in?
- At transition- what extracurricular activities have been offered?
- What is their attendance like at school and work? Every day programmed / 50% of programmed attendance/ less than 50% of programmed attendance
- What social and natural supports do the family members have?
- What formal/service supports do the family members have?
- Other factors involved in family situation: family conflict; family separation; mental health; violence; substance misuse?
- Involvement with Care and Protection system, or other court orders

### Process information

Dates of referral, panel consideration, commencement, review, and transition

FaBRiC statistics on worker consistency

## APPENDIX C

**Possible areas for client satisfaction survey (note dual purpose- this focuses on the evaluation part. These are not the actual questions, just areas)**

- Clarity of written materials about the service
- Consistency of support workers
- Smoothness/timeliness of referral through assessment, through panel assessment and commencement
- Extent to which young person/ family involved in development of action plan?
- Services respectful, privacy, safety issues considered
- Extent to which services were coordinated.
- Did the hours suit?
- What parts of the AFFIRM program were helpful. What were unhelpful?
- Overall satisfaction
- Questions in relation to the areas covered by the National Disability Standards ( some are already covered above)

# APPENDIX D

## Summary of Principles of Child Centred Practice (Winkworth & McArthur, 2005)

### Critical time frames

***Principle 1***

Special attention should be given at every opportunity to link very young children and their families with services and supports to strengthen children's physical, cognitive and social functioning

***Principle 2***

Every effort should be made to assist and support children and young people as early as possible in the *emergence* of problems by linking them with services to strengthen child, youth and family functioning

### Developmental needs of children and young people

***Principle 3***

Assessment processes, actions, decisions and planning involving children and young people should take account of their developmental level across a spectrum of 'life worlds' including health, education, identity, family and social relationships, social presentation, emotional and behavioural development and self care (UK LAC project).

### Appropriate opportunities to participate

***Principle 4***

Children and young people, in contact with the care and protection system, should be provided with direct and indirect opportunities to express their feelings and wishes; in this they can be greatly assisted by an adult (other than their carer)

whom they trust, who provides regular emotional and practical support and who is likely to have continuous involvement with them.

***Principle 5***

Policies and procedures should specifically discourage a 'one size fits all' approach to participation by children and young people. The settings, language, and timing of participation should take into account the age, cognitive and social development, gender, socio-economic background and ethnicity of children and young people.

***Principle 6***

Models of Family Decision Making such as Family Group Conferencing should be used wherever possible to maximise the participation of children and young people.

***Principle 7***

Children and young people should be provided with information about child protection processes, including how to make complaints. They should be well prepared for forums in which they are expected to participate through the provision of developmentally appropriate information, including multimedia packages, to supplement information conveyed verbally.

***Principle 8***

Children and young people should be informed as soon as possible, preferably same day, of legal and administrative decisions which affect them.

**Collaboration to protect children and strengthen networks**

***Principle 9***

Knowledge and expertise should be actively shared between professionals who are involved with children and young people at each stage in assessment, case planning and service implementation; an ongoing dialogue with other professionals, including feedback about critical decisions, is an essential part of protection and support.

***Principle 10***

All interventions should as far as possible seek to create and strengthen the positive everyday networks which surround children and young people, including the provision of appropriate information which will enable these networks to increase protection and support.'

**(Winkworth & McArthur, 2005, pp.2-3)**

## REFERENCES

Crane, P., & Richardson, L. (2000). Reconnect action research kit. Retrieved 2 November, 2006, from http://www.facsia.gov.au/internet/facsinternet.nsf/via/reconnect

Disability ACT. (2004). *Future directions: A framework for the ACT 2004-2008*. Canberra: Department of Disability, Housing and Community Services.

Disability ACT. (2005). Children with high and complex needs (CHCN) research paper. Retrieved 2 July 2006, from www.dhcs.act.gov.au

Disability ACT. (2006). *A Family-centred Flexible Intensive Response Model 'AFFIRM' Service Model*. Retrieved. from.

Hawe, P., Degeling, D., & Hall, J. (1990). *Evaluating health promotion*. Sydney: Maclennan and Petty.

Morgan Disney & Associates Pty Ltd. (2004). *Review of the family support services in the ACT*. Canberra: Morgan Disney & Associates Pty Ltd.

University of Wisconsin. (2005). Logic Model. Retrieved 26 April, 2005, from http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html

W.K. Kellog Foundation. (2004). Logic Model Development Guide. Retrieved 26 April, 2005, from http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf

Winkworth, G., & McArthur, M. (2005). *Principles for child centred practice*. Canberra: Institute of Child Protection Studies, Australian Catholic University.