

Children's Centre Impact Evaluation



Overall Three-Year Evaluation Plan

Report prepared for DECD
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CENTRE** ■

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**Government
of South Australia**
Department for Education
and Child Development



Telethon Institute for
**Child Health
Research**

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1.1 History of Children's Centres in South Australia

In 2006/7 Dr Fraser Mustard visited South Australia as part of a Thinkers in Residence program. During his visit Dr Mustard highlighted the importance of the early childhood years for the later health, wellbeing, and development of children (Mustard, 2008). This spurred the development of South Australian Children's Centres for Early Childhood Development and Parenting (Children's Centres). Children's Centres were developed to bring together a broad range of early childhood services to provide better support to families with complex needs. This bringing together of services in a model of integrated practice is not new, and has been a government policy response to inequalities in children's outcomes around the world. Following is a brief outline of why governments have been turning to integration of services, how integration impacts service provision, and what we know about the impact of integrated services on the health, wellbeing, and development of children.

1.2 Integrated services in early childhood settings: Rationale and evidence-base

Integrated services seek to bring together otherwise independent services in order to: improve client access to services; reduce strain on limited resources by increasing efficiency of service provision; and improve outcomes for clients by increasing the capacity of service providers through the sharing of professional knowledge across disciplines (Moore, 2008; U.S. Public Health Service, 2000).

Reviewers of integrated service provision research have, however, surmised that the policy approach of integrated children's services is ahead of our understanding of how best to achieve integrated practice (Siraj-Blatchford & Siraj-Blatchford, 2010).

Presently, research literature that has reported on integrated early childhood services suggests a number of factors are likely to be important for successful functioning of these services (for a review see Moore, 2008). These factors can be broadly grouped into six categories:

1. Shared philosophy of and commitment to integration
2. Strong leadership
3. Preparedness: clear vision, well developed policies, strategic planning
4. Appropriate resources
5. Communication
6. Monitoring and evaluation of outcomes

To date, most evaluations have focused on understanding what makes integration work, and there has been little investigation of the impact of integrated services on children, families, and communities. Whilst most integrated programs for early childhood services have not been evaluated for impact, an evaluation of the Sure Start program in the UK did seek to measure impact; and this evaluation reported limited population impacts (Melhuish, Belsky, Leyland, & Barnes, 2008). It is difficult, however, to know whether limited population impact of Sure Start was due to limited reach of services into the population or limited efficacy of services. This uncertainty resulted because the evaluation randomly sampled from the whole population rather than from service users specifically. In summary, more research of the impact of integration on children, families, and communities is needed to better understand how this service model contributes to the health, wellbeing, and development of children.

1.3 Context of Children's Centres in South Australia

In 2007 the first Children's Centres were opened in South Australia and by mid 2014, the Department for Education and Child Development will have established 34 Children's Centres across South Australia. There will also be four Aboriginal Children's and Family Centres developed as a partnership between the State and Australian Governments.

SA Children's Centres have been located in areas of community need to enable the provision of high quality services, especially to children and families who may not otherwise have access to these supports. Children's Centres bring together education, health, care, community development activities, and family support services in order to best meet the needs of vulnerable children and families. Specifically, Children's Centres are tasked to provide universal services with targeted support in order to effect population outcomes in four areas: 1) Children have optimal health, development and learning; 2) Parents provide strong foundations for their children's healthy development and wellbeing; 3) Communities are child and family friendly; 4) Aboriginal children are safe, healthy, culturally strong and confident (Department for Education and Child Development, 2011).

In Centres with particular needs, the team includes staff with expertise to provide targeted support. Family Services Coordinators are employed to improve outcomes for children and families experiencing disadvantages, parenting difficulties and child development issues. Staff work within the education and care setting and provide targeted responses including counselling, service coordination, group work intervention, and referrals, as well as taking an early intervention and prevention approach to improve the take up of services by vulnerable children and families. Allied Health staff in the fields of occupational therapy and speech pathology, utilise primary prevention and early intervention approaches to strengthen parenting skills and improve children's developmental outcomes. Health Promotion Officers have a particular focus on Aboriginal children and promote strategies to increase staff, parents and children's knowledge and skills in healthy eating (including breast feeding), active play and oral health. Child & Family Health Clinic staff may be based fulltime or part time at the Centre and include maternal health nurses who provide child health checks. Inclusive Preschool Programs provide a localised and inclusive model of preschool education for children with disabilities and high support needs. Children may have severe multiple disabilities, autism, global developmental delay, or a combination of physical, social and cognitive needs.

1.4 Evaluation of Children's Centres in South Australia

The Telethon Institute for Child Health Research through the Fraser Mustard Centre has been engaged by the Department of Education and Child Development to undertake a three year evaluation of Children's Centres in South Australia. The evaluation commenced in July 2012 and will be completed in June 2015.

The evaluation seeks to understand the facilitators and barriers to working in integrated practice in South Australian Children's Centres, as well as the experience of families accessing services in integrated settings. In addition, the evaluation seeks to draw on linked population data sets to measure impact of services on children accessing services in Children's Centres in comparison to those children in the community accessing equivalent services in non-integrated sites.

The evaluation is supported and guided by an Evaluation Advisory Committee comprised of service providers, government officials, and academics, as identified below.

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2. Proposed Three Year Evaluation Plan

This Overall Three-Year Evaluation Plan is the first in a suite of three evaluation plan documents which are designed to be read together. As supplement to this Overall Three-Year Evaluation Plan there are associated Qualitative and Quantitative Evaluation Plans, which contain greater detail about the research methods. The qualitative plan will be finalised in January 2013, and the quantitative plan will be finalised in January/February 2014 as the availability of quantitative data, on which the plan is contingent, becomes clearer. The present document gives a broad overview of the mixed-methods approach to the evaluation.

2.1 Evaluation method

In order to provide a holistic evaluation in this complex environment, the Evaluation Plan will include and examination of process (i.e. 'How well did we do it?') and population outcomes (i.e. 'Is anyone

better off?'). In addition, we plan to synthesise findings in relation to process and population outcomes to better understand the interaction between the two ('Given what we did and how well we did it, what difference can we expect to have made?').

Appropriately and comprehensively evaluating both process and outcomes of the Children's Centre (CC) program in line with its Outcomes Framework (OF) will require a mixed-methods approach. Specifically, we propose to use both qualitative and quantitative measures to appropriately address the complexity and differing contexts within which CC operate.

Figure 1 illustrates this mixed-methods evaluation plan and outlines how process and outcomes will each be measured with qualitative and quantitative methods. Table 1 supplements the information in the figure with additional information on the OF, indicators and mode of measurement.



Figure 1. Children's Centre Evaluation plan outline

Table 1.
Children’s Centre Outcomes Framework domains, indicators, and proposed measurement.

Population Outcomes	Indicators	Measurement
Children have optimal health and development	<ul style="list-style-type: none"> • Children’s physical health and wellbeing, social and emotional development, language and communication skills, and dispositions for learning are enhanced • Children’s health, development and learning concerns are identified early • Children access high quality early learning and care programs • Children are confident and involved learners • Children commence school equipped for success 	<ul style="list-style-type: none"> • AEDI • Service usage data • Health data
Parents provide strong foundations for their children’s health, development, and wellbeing	<ul style="list-style-type: none"> • Parents are confident to support their children’s health, education, and wellbeing • Children and families have stable relationships and are safe from harm • Parents have opportunities for learning • Family wellbeing is enhanced 	<ul style="list-style-type: none"> • Child protection data • Health data • Focus groups • Survey • Education
Communities are child and family friendly	<ul style="list-style-type: none"> • Children’s Centres encourage, respect and respond to the voice of children • Children and families have a strong sense of belonging to their community and community wellbeing is enhanced • Communities provide physical and social environments that support children’s development and family wellbeing • Children’s Centres are a friendly, trusted source of advice, information and support for families • Parents are active partners in the design and implementation of Children’s Centre programs and services 	<ul style="list-style-type: none"> • Focus groups • Survey
Aboriginal Children are safe, healthy, culturally strong, and confident	<ul style="list-style-type: none"> • Aboriginal children and families have a strong sense of cultural pride and identity and are valued contributors to their community • Aboriginal families and communities’ wellness and healing are enhanced • Aboriginal children start school healthy and having regularly participated in a quality early learning program 	<ul style="list-style-type: none"> • Child protection data • Health data • Focus Groups • Survey • AEDI

2.2 Considerations in planning the evaluation timeline

We propose a staged approach to evaluation over the next three years. This staged approach will be cognisant of the new Early Years Systems (EYS) within the CC and the establishment of the data-linkage system. The EYS is rolling out across the CC and at the same time is still being developed as a comprehensive database. The data-linkage system, required for the development of an Education and Child Development (ECD) evidence bank, is presently being established and ethics approval being sought. It is expected that these sources of data, required for quantitative analyses of the population outcomes, will be available in a year or more. As such, in year one and two the evaluation plan will primarily utilise qualitative (focus groups) and quantitative (surveys and interviews) research methods to measure performance outcomes ('How well did we do?').

By the third year of the evaluation we aim to be in a situation where we can undertake an impact evaluation ('What difference did we make?') via data linkage using propensity score matching statistical methodology. However this will be dependent on individual enrolment/administrative data being collected/available from the CC. If this is not possible within the three-year timeframe, we propose to collect individual data about the children entering the different aspects of CC and programs delivered by CC, to allow quantitative analysis of children's outcomes. This approach will not enable us to say what developmental impact the CC had on children, but will give an indication of the type of children (in terms of development) that are using the CC in comparison to the broader population of children in South Australia.

The evaluation plan also includes provision for data gap analysis, which seeks to identify additional opportunities for data collection to enhance the evaluation of children's outcomes for the present evaluation, but also for future evaluations.

2.3 Translational Science approach to the evaluation

With a good feedback loop and strong communication and collaboration between those who undertake the evaluation and those who operate CCs (at both a central office DECD and at the local level) there are significant opportunities to actively support CCs as they develop and establish themselves as an important aspect within the wider mix of services and supports for young families. Support of Children's Centres, within the scope of this evaluation, is constrained by time and resources and will primarily consist of audience appropriate communications of evaluation findings to inform policy and practice.

Along with the benefits of a translational science approach come risks. The working relationship between the evaluators and those operating the program bring with it potential threats to researcher impartiality and confidentiality of evaluation data. The evaluation team is working to reduce these potential threats. The potential threat to impartiality in the research is being managed through being transparent with all research processes, referring potentially problematic questions to the Evaluation Advisory Group for their feedback and insight, and as far as practical using research staff unfamiliar to participants in recruitment and the conduct of focus groups and interviews. Additionally, to ensure the transparency of the research process, evaluation findings will be disseminated in a number of ways, including in peer reviewed journal publications. Potential threats to the confidentiality of the evaluation data are being actively monitored and access to evaluation data is strictly controlled and limited to the evaluators.

The remaining sections will outline the key evaluation questions pertaining to the process and outcome components of the evaluation.

3. Process Evaluation

“How well are we doing it?”

This aspect of the 3 year plan will be a holistic evaluation of the CCs efficacy. It is prudent to investigate operational aspects of the CCs in order to inform the establishment process of future CCs but also to help improve the operation of presently active CCs. In order for CCs to have every opportunity to benefit children within the community, CCs and the central office need to understand facilitators and barriers to successful CC operations. A detailed Qualitative Evaluation Plan will be prepared separately, but the following outlines the key questions we will seek to answer.

1. Do Children’s Centres provide families with effective pathways that assist families to access the range of services and support that they need? How does this happen? Measurement will seek to reflect the Outcome Framework items:
 - Increase early detection, intervention and appropriate support for children with health and developmental concerns
 - Increase support for vulnerable children and families with a focus on prevention and early intervention
 - Increase access to high quality play, early learning experiences and environments that promote health and wellbeing
 - Increase children’s regular access and engagement in early childhood services
 - Children access to high quality early learning and care programs
2. What are the facilitators and barriers for CC staff working together collectively for the benefit of children? Where do staff see their work along the integration continuum? Measurement will seek to reflect the Outcome Framework items:
 - Enhance workforce competence and service effectiveness in inclusive practice
 - Increase service coordination, integration and responsiveness in active partnership with parents
 - Support parents and siblings of children living with disability
 - Family wellbeing is enhanced
3. What are the processes that enable partnerships and governance groups (parent advisory, leadership group and partnership groups) to respond to community needs effectively? Measurement will seek to reflect the Outcome Framework items:
 - Increase workforce competence in culturally inclusive practice
 - Increase opportunities for parents to engage with and contribute to their community
 - Parents are active partners in the design and implementation of CC programs and services
 - Parents have opportunities for learning
 - CCs encourage, respect and respond to the voice of children
 - Increase children’s involvement in decision making
 - Enable parents to actively contribute in CCs operations and directions
 - Increase families’ access to adult learning and community supports, activities and programs
 - Children and families have a strong sense of belonging to their community and community wellbeing is enhanced

- Communities are strengthened to provide physical and social environments that support children’s development and family wellbeing
- Family and community wellbeing is enhanced
- Increase connections with and between families, the CC, service providers and the broader community
- CCs are a friendly, trusted source of advice, information and support for families
- Aboriginal children and families have a strong sense of cultural pride and identity, and are valued contributors to their community

4. Outcomes evaluation

‘What difference are we making?’

To undertake a proper impact or outcome evaluation we need to determine if indeed children who have been participants of Children’s Centres have had their development and disposition for learning enhanced over and above similar children who have not been participants of Children’s Centres. To answer this question will require strong quantitative methods, developmental assessment over time and a comparison group of children.

Presently, the data that is currently collected across Children Centres does not comprehensively reflect the use of programs provided by CCs (especially programs targeted at children under 4-years of age or programs targeted at parents). Given the importance of the very early years (before preschool) for later outcomes it is vital to measure whether CCs are reaching children and parents early, who are accessing these services, and what effect these early programs might be having.

We have undertaken a Data Gap Analysis in conjunction with the Department of Education and Child Development. This analysis will support DECD to implement, facilitate and enhance the current administrative data collection systems to better collect standardized information across the Children’s Centres for all children and families attending the Children’s Centres (rather than just preschool and child care enrolment information).

Depending on the timing, comprehensiveness and quality of this enhanced data collection, we will aim to undertake a data linkage exercise to identify a “control” group through a methodology called propensity score matching. Essentially it is intended that the CCs administration data is added to the expanding SANT Data Linkage system. We will link to population birth records and data from eCHIMS to identify “like matches” through propensity score matching. Then we aim to track the control children (who have not attended any Children’s Centres) along with the children who have been touched by Children’s Centres and aim to look for differences on outcomes such as the AEDI and NAPLAN (being administrative data sets that are also within the data linkage systems).

However, given the timeframe of this evaluation, it may not be possible to undertake this data linkage exercise, as it will be dependent on the data collection systems within the Children’s Centres, the ease of linkage, ethics and then high end statistical analyses. Given this, a possible alternative would be to directly seek to compare the developmental outcomes of children accessing CCs compared with those utilising similar programs in stand-alone Childcare Centres, Preschools, or Community Centres (i.e., not delivered by an integrated service provider such as the Children’s Centres). We propose that this type of quantitative analysis would measure whether integrated services provide a benefit to communities over and above the benefit of similar services delivered by non-integrated service providers.

We will be seeking advice and debate from the Evaluation Advisory Committee and the Department of Education and Child Development as to the Outcome Evaluation. Such debate will need to be cognisant of the data collection systems and timing of rollout. We would expect that by the end of year 1 of the evaluation, a decision as to the best approach to the Outcome Evaluation component of the Overall Evaluation will need to be made.

5. Linking process to outcomes

‘Given what we did and how well we did it, what difference can we expect to have made?’

In order to appropriately comment on whether CCs have made a difference to children and communities, it is important to link the outcomes evaluation to the process evaluation. CC are not identical and operational differences are likely to have an impact on outcomes of children in CC communities. It is, therefore, ideal to be able to establish links between the Outcome and Process evaluations. This component of the three-year evaluation plan will seek to highlight the operational factors that facilitate improved outcomes for children and those operational factors that are barriers to improving outcomes for children. We propose that this analysis of the link between processes to outcomes will be well placed to inform policy and practice moving forward.

6. Conclusion

This Children’s Centre Evaluation has been commissioned by the Department for Education and Child Development to answer a number of questions about both the process and impact of Children’s Centres. This Overall Three-Year Evaluation Plan has broadly outlined these questions along with proposed methods of measurement. Both process and impact evaluations utilise a mixed-methods research paradigm, employing both qualitative and quantitative approaches. These are described in greater detail in the Qualitative and Quantitative Evaluation Plans, which are designed to be read in conjunction with this Overall Three-Year Evaluation Plan.

8. References

- Department for Education and Child Development. (2011). *South Australia's Children's Centres for Early Childhood Development and Parenting: Outcomes Framework*. Adelaide.
- Melhuish, E., Belsky, J., Leyland, A. H., & Barnes, J. (2008). Effects of fully-established Sure Start Local Programmes on 3-year-old children and their families living in England: a quasi-experimental observational study. *The Lancet*, 372(9650), 1641-1647. doi: 10.1016/s0140-6736(08)61687-6
- Moore, T. (2008). Evaluation of Victorian children's centres: Literature review: Centre for Community Child Health.
- Mustard, J. F. (2008). *Investing in the Early Years: Closing the gap between what we know and what we do*. Adelaide.
- Siraj-Blatchford, I., & Siraj-Blatchford, J. (2010). Improving development through effective practice in integrating early years services *Early Years Knowledge Review*. London: Centre for Excellence and Outcomes in Children and Young People's Services.
- U.S. Public Health Service. (2000). *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. Washington, DC: Department of Health and Human Services.



About the Fraser Mustard Centre

Working together to improve the development, education, health and wellbeing of young Australians, the Telethon Institute for Child Health Research and the South Australian Department for Education and Child Development have joined forces in a unique approach to research translation. The Fraser Mustard Centre collaboration aims to:

- Improve and promote the health and wellbeing of all children and young people in South Australia through the unique application of multidisciplinary research
- Help shift focus from the historical delineation between health and education services to an integrated approach with a focus on child development
- Build capacity amongst public sector staff and academic researchers to design, undertake and use research to improve the environments in which children live and the service systems which support families
- Attract funding for shared priorities for research that leads to improved developmental, education, health and wellbeing outcomes for children

The Fraser Mustard Centre brings forward-thinking policy makers and world class child health researchers. It reflects a shared view of policies and outcomes for children and young people. The Centre is a unique collaboration between two organisations passionate about making a difference.

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