Discussion Paper for the Development of an Outcomes Evaluation Framework for the National Community Hubs Program

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June 2015

Introduction

The National Community Hubs Program (NCHP) is an evidence-based, place-based, citizen-centric program designed to enhance social inclusion and social cohesion, especially for migrant families. The program has clearly articulated, intended outcomes (see Appendix 1), and a strong commitment to evaluating the achievement of these outcomes. The NCHP also has mandatory reporting responsibilities to the Department of Social Security (DSS), which contributes funding to the program.

In 2014, the NCHP underwent a process evaluation, led by Press and Wong, to determine whether the program was being delivered as intended. Findings from this evaluation have been reported in the document, *Independent Evaluation of the National Community Hubs Program* (Press, Wong, Woods, Miller, Rivalland & Sumsion, 2015), and have contributed to the ongoing development of the NCHP.

This Discussion Paper has been prepared for the NCHP Governance Committee to inform the selection and development of an Outcomes Evaluation Framework for the NCHP. It has been developed in close consultation with the NCHP National Support Centre, Hume Hubs Team and NSW Hubs Team. An earlier draft was presented to the NCHP Governance Committee at its meeting on 30 April 2015, where the recommendations were accepted. A revised draft document was shared with the Hume Hubs Team, Renate Gebhart-Jones from Connect Child and Family Services, and later with Hubs Leaders and Support Agency staff at the National Hub Leader Meeting on 18 May 2015. Feedback from all parties is incorporated into this final version of the document.

The Research team especially thank the following people for generously sharing their knowledge and expertise: Tony Fry, Cemile Yuksel, Anna Boland, Margarita Caddick, Renate Gebhart-Jones, and all the Hub leaders and Support Agency staff who took the time to provide written comment.

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Summary of Recommendations

A number of recommendations are made throughout the paper in regard to the selection and development of an Outcomes Evaluation Framework for the NCHP. In summary, it is recommended that:

1. The Refuge of Hope and Scanlon Foundation undertake an outcomes evaluation in order to make sound judgments about and communicate the value, significance and worth of the NCHP to stakeholders, including Hub Leaders and Support Agencies, families, schools, community organisations, Departments of Education, and the major funding body, the DSS.

2. The NCHP Outcomes Evaluation Framework is used formatively throughout the life of the NCHP. That is, it is used to reflect upon and refine the work of the Hubs so that they can better attain their outcomes. Outcomes Evaluation protocols can be repeated multiple times during the life of the NCHP to monitor progress, and again at the conclusion of the program for a summative evaluation.

3. An overarching Evaluation Framework is developed so that data may be aggregated to tell the 'story' of the NCHP—but at the same time enable some flexibility across sites so that the stories of individual Hubs can be told.

4. The Evaluation Framework be based upon a Results Based Approach (see p. 11), but that elements of other approaches (including Appreciative Inquiry (see p. 8) and Most Significant Change (see p. 9) also be utilised.

5. Data collection protocols are developed to ensure that data mandated by the Department of Social Services is collected in sustainable and manageable ways.

6. A coherent and consistent approach to Outcomes Based Planning is implemented at the Hub level.

7. The proposed *External Enhanced Outcome Evaluation Model* (see p. 30) is adopted as the preferred option for undertaking the evaluation.

8. A pilot of the preferred NCHP Outcomes Evaluation Model is conducted in three (3) Hume Hubs and three (3) New South Wales Hubs commencing July 2015 and concluding December 2015.

Discussion Paper

This Discussion Paper was developed to inform the NCHP Governance Committee's selection and development of an Outcomes Evaluation Framework for the NCHP. The paper is informed by the following projects and sources:

- *Independent Evaluation of the Community Hubs Program* (Press et al., 2015), including Recommendation 10—the need for evaluation of NCHP to be "manageable, meaningful and … fully capture the work of the Hubs" (p. 38);
- *Supporting Parents—Developing Children Project* in the City of Hume and their subsequent experience as Support Agency for the 12 Hubs in Hume;
- *National Community Hubs Program Interim Program Delivery and Evaluation Report*—especially the articulated Community Hubs Outcomes and Objectives;
- Department of Social Security's (DSS) Grant Agreement reporting requirements and documents pertaining to the DSS Data Exchange Framework;
- *Outcomes Based Plans* developed by Hubs;
- Close consultation with, and considerable expertise of, Hume Hubs Team, especially Anna Boland and Margarita Caddick, and Renate Gebhart-Jones and the NSW Hubs Leaders; and
- Input from Hubs Leaders and Support Agency staff following presentation of the draft report at the National Hub Leader Meeting on 18 May 2015.

The Outcomes Evaluation Discussion Paper:

- articulates the purpose of an Outcomes Evaluation for the NCHP and highlights the limits of any program evaluation;
- describes a range of program planning and evaluation models in current use in Australia, critiques these approaches in relation to the NCHP Outcomes Evaluation and makes a recommendation for an approach to the NCHP Outcomes Evaluation;
- discusses the non-negotiable requirements of reporting as specified by the major funding body DSS;
- describes the strengths and challenges of existing reporting requirements within the NCHP;

- presents Outcome Evaluation Logics for each target group—migrant children and families, schools, and community services; and

- describes several Outcome Evaluation Models that the NCHP could adopt, making recommendations for the approach that most appropriately meets the following criteria:

   1. Evaluates the intended outcomes of the program for the identified target groups—migrant children and families, schools, and community services;
   2. Scopes and aligns with the mandatory reporting requirements of the Funding Body, the Department of Social Services;
   3. Is meaningful to, manageable and doable by, Hub Leaders and Support Agencies; and
   4. Is achievable within a reasonable budget.

We conclude the Discussion Paper by making a suggestion for a trial of the *External Enhanced Outcome Evaluation Model* with three Hume and three NSW Hubs.

The Purpose of Evaluation for NCHP

Evaluation is a process used for collecting and synthesising evidence that enables an evaluator to make sound judgments on the status or "... value, merit, worth, significance, or quality of a program" (Fournier, 2005, pp. 139-140). It is *recommended that The Refuge of Hope and Scanlon Foundation undertake an outcomes evaluation in order to make sound judgments about and communicate the value, significance and worth of the NCHP to stakeholders, including Hub Leaders and Support Agencies, families, schools, Community Organisations, Departments of Education and the major funding body the DSS.*

There are two main types of program evaluation: formative and summative. Formative evaluation occurs during the development or delivery of a program, with the intention of providing feedback that may be used to improve the program as it proceeds. Summative evaluations are completed at the conclusion of a program, with the intention of reporting on how the program was delivered (Mertens & Wilson, 2012). It is recommended that the NCHP Outcomes Evaluation Framework is used formatively throughout the life of the NCHP. That is, it is used to reflect upon and

refine the work of the Hubs so that they can better attain their outcomes. Outcomes Evaluation protocols can be repeated multiple times during the life of the NCHP to monitor progress, and again at the conclusion of the program for a Summative Evaluation.

Limitations of Evaluation

Evaluations are conducted within particular contexts, and are often concerned with multiple, interconnected elements such as policy, guidelines, organisational responsibilities, people and resources. Therefore, whilst evaluations can generate credible assessments of the "value, merit, worth, significance, or quality" (Fournier, 2005, pp. 139-140) of a particular program (or other entity), these assessments cannot necessarily be generalised to other contexts, or populations. The NCHP has a place-based, citizen-centric approach and is therefore intended to be responsive to local conditions. As Hubs are located in settings with diverse policy contexts and variances in resources, this means that there will be inevitable differences across sites in the activities employed to achieve the outcomes. However, all Community Hubs are working towards the same outcomes and are based on the same philosophy and strategies. It is therefore *recommended that an overarching Evaluation Framework be developed so that data may be aggregated to tell the 'story' of the NCHP—but at the same time enable some flexibility across sites so that the stories of individual Hubs' can be told.*

Evaluations can measure performance (by, for example, monitoring inputs, activities, and outputs); measure outcomes within a given period; and evaluate impact (i.e., long-term changes that are attributable to the grantee's activities) (Kramer, Parkhurst & Vaidyanathan, 2009). However, these data are unlikely to provide the basis for claims of causal relationships between individual elements, in the way that a randomised controlled trial would be more likely to generate (Kramer et al., 2009). Yet, as Jensen (2013, p.7) notes, there are "… important limitations to their [RCTS] use in social contexts." In the case of the NCHP, whilst every effort can be made to demonstrate connections between NCHP activities and outcomes for migrant children and families, schools and community services, it is impossible to isolate and identify with certainty the NCHP strategies responsible for any changes that may occur. All

that can ever be argued is that various approaches of the NCHP are likely contributors to the Outcomes identified.

Program Planning and Evaluation Models

There are a number of program planning and evaluation models, based on different epistemological and philosophical paradigms. Below we briefly describe five approaches in current use in the Australian context, providing some critique of these approaches in relation to an NCHP Outcomes Evaluation Framework.

Collective Impact

Collective Impact (CI) initiatives were created in response to the problem of individual organisations endeavouring to "invent independent solutions to major social problems" (Kania & Kramer, 2011, p. 38). Rather than working in isolation, and sometimes at cross purposes, in CI initiatives, groups of key stakeholders work together with shared agendas and measurement systems, undertake "mutually reinforcing activities" (p. 39) and ongoing communication, and have a specifically-created "backbone support organization" (p. 39) that coordinates their activities. The impact of these initiatives is evaluated by measuring performance or outcomes across multiple organisations. These measures are organisation-specific, but are part of a common reporting platform, so that each organisation's performance and outcomes can be benchmarked and compared across participating bodies. Common indicators and data collection methods are used by all participating bodies, and extensive training and support is given to enable the collection of high quality data (Kramer, Parkhurst & Vaidyanathan, 2009). Given that the NCHP is one national program, CI is an inappropriate evaluation model. However, an NCHP Outcomes Evaluation Framework should take Support Agency specific outcomes into consideration.

Appreciative Inquiry

Appreciative Inquiry (AI) involves a group of participants focusing on what works well in their organisation or work unit, then, envisioning a "desired future" (Coghlan, Preskill & Tzavaras Catsambas, 2003, p. 6) where more of 'what works' is occurring. Participants plan the tasks and resources needed to bring about this desired future, and

work together to implement these plans. Elliott (1999, pp. 202-203) describes AI as a process "by which the best practice of an organization can become embedded as the norm against which general practice is tested". Through this focus on "strengths and successes" (Coghlan et al., 2003, p. 6), AI is often contrasted with approaches that focus upon seeking and solving problems. Some of the perceived benefits of AI are its pluralistic and participatory approach. Involving stakeholders in the processes of evaluation, and the facilitation of change is, for example, thought to increase the validity of data, raise capacity for evaluation, and potentially change habitual ways of thinking about organisational processes and activities (Coghlan et al. 2003).

The collaborative approach advanced by AI is aligned with the NCHP philosophy and can be incorporated into the development of an NCHP Outcomes Evaluation Framework. In particular, as well as being citizen-centric, the NCHP uses collaborative mechanisms that draw on the expertise of NCHP stakeholders (including Hub Leaders and Support Agency staff), to develop the program in its diverse sites. During the earlier Process Evaluation, Community Hub Leaders and Support Agency staff made strong arguments for an Outcomes Evaluation of the NCHP. A recommendation of the Process Evaluation Report was also made, that Hub leaders be consulted regarding the design of an evaluation process, so that reporting mechanisms become central to Hub Leader planning and evaluation of their work. Subsequently, Support Agency and Community Hub staff had significant input into the development of this Discussion Paper and its recommendations. This has especially occurred through synthesis of their Community Hub Outcomes Plans, but also through individual and group consultation and feedback on draft documents. It is anticipated that this collaborative approach will have benefits for Hub Leader participation in the Outcomes Evaluation and thus contribute to its validity and reliability.

Most Significant Change

Most Significant Change (MSC) is a process of "participatory monitoring and evaluation" (Davies & Dart, 2005, p. 8), involving staff and stakeholders in the collection and analysis of stories of significant change. Stories of significant change are collected from those most directly involved in service delivery, then analysed for

project impact by additional stakeholders or staff at increasing levels of authority in that organisation. MSC is considered especially useful for "bottom-up initiatives" which do not have predefined outcomes (p. 12), and for generating a "rich picture" of program delivery that can be used by organisations to inform ongoing and future efforts. MSC evaluation can also be conducted as a summative evaluation tool, with "data on impact and outcomes...used to help assess the performance of the program as a whole" (Davies & Dart, 2005, p. 8).

Although the MSC approach would be insufficient on its own for securing the data required for the NCHP Outcomes Evaluation, stories of success are powerful ways to communicate the differences that programs like the NCHP make in the lives of participating families.

Program Logic

Program logics are adaptable tools used to evaluate programs (Funnell, 1997, 2000). The development of program logics requires working through the program's 'theory of change'. This means identifying the links between the resources available within the program, the activities undertaken, its outputs, and the short-term impacts and long-term outcomes—hierarchically arranged. Program logics are particularly relevant tools for evaluating human services. Whereas traditional evaluative tools conceptualise the impacts of programs in a linear model, program logics recognise the interconnectedness of different levels of a program and so accommodate the complexity that characterises human services' delivery (Funnell, 1997, 2000). The development of program logics is usually a collaborative process involving stakeholders. This approach enables stakeholders to gain ownership of the program; work together to gain a sound understanding of the activities undertaken and the resources available within a program; and to consider the factors that influence outcomes (Funnell, 1997, 2000). In developing program logics, it is stakeholders who decide the goals of the program and who also determine the performance goals.

The development of program logics with Hub stakeholders could be a valuable way to work with them to clarify the intended outcomes of the NCHP. It would also enable identification of foci for the evaluation, generate research questions, and could be

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used to determine methods for collecting substantive evidence. The disadvantage of this approach is that it is time-consuming and would be likely to result in multiple foci, methods and data collection tools across the program—resulting in inconsistency and inability to aggregate data. Further, as the Outcomes and Strategies of the NCHP have already been clearly identified the process of working through the theory of change is somewhat redundant. Therefore, a program logic approach is not recommended for the NCHP Outcomes Evaluation Framework.

Results Based Accountability

Results Based Accountability (RBA) is a way of evaluating performance measures against expected outcomes. Rather than beginning with inputs, and working through the measurement of outputs and outcomes, organisations using RBA begin by establishing what ends they are attempting to achieve, then mapping back through the means required to achieve these ends. Evaluation using RBA involves strategic planning of processes, goals and indicators, benchmarks or targets, and ways that results will be periodically reported (Harvard Family Research Project, 2015). Three key questions guide RBA: "What did we do?" (e.g., how much of a service was provided to clients?); "How well did we do it?"; and "Is anyone better off?"(Fiscal Policy Studies Institute). There are two components to this last question: How much change for the better was produced? And: What was the quality of the changes for the better? (Eisenbruch, Blignault & Harris, 2005).

The NCHP has been developed with a strong theory of change, with clearly defined intended Outcomes, Strategies and Activities. These are made highly visible and accountable to at a Community Hub level through the development of each Hub's Outcomes Based Plan. RBA has been used for the evaluation of similar programs such as Schools as Community Centres in NSW. Moreover, RBA is the evaluation approach currently employed by the funding body DSS. This approach is clearly outlined in the DSS reporting requirements, which we outline briefly below.

It is recommended that The Evaluation Framework be based upon a Results Based Approach but that elements of Appreciative Inquiry and Most Significant Change are also utilised.

Non-Negotiable Data Requirements of Reporting as Specified by the Major Funding Body

The NCHP has accountability requirements to the DSS that requires the reporting of specified data. The DSS is in the process of moving to a new results based reporting regime that will enable it to determine the degree to which DSS Outcomes have been achieved. As outlined in the *Discussion Paper: DSS Program Reporting*, the DSS has introduced a system of streamlined reporting through the DSS Data Exchange Framework.

DSS documents (DSS, 2014) outline two types of data requirements: Priority Requirements and a Partnership Model.

1. Priority Requirements

DSS documents specify a small set of mandatory priority requirements relating to:

1. Clients: client name; date of birth; gender; residential location; Indigenous, CALD and disability status; and consent for their data to be collected.
2. Service:
    a. Case details (case is explained as one or more instances of service delivery e.g., playgroup (DSS, 2014, p. 11)) including case ID and ID of clients who attend; and
    b. Session details (session is explained as individual instances within a case (DSS, 2014, p. 11)) including service type and ID of clients who attend.

Providers are expected to directly input data into the DSS Data Exchange.

At the point of writing this Discussion Paper, the NCHP has received confirmation that the NCHP is exempt from providing priority requirements. Instead, the NCHP has permission to collect only the data outlined in the *Discussion Paper: DSS Program Reporting*, and proformas have been developed to collect this data. To prevent duplication, it is proposed that the data gathered through this system is also utilised for the NCHP Outcomes Evaluation. ***It is recommended that data collection***

protocols be developed to ensure that data mandated by Department of Social Services is collected in sustainable and manageable ways.

2. Partnership Model

The Partnership Model is a voluntary model of data collection that would enable the DSS to evaluate outcomes of DSS programs and benchmark compatible participating services. In addition to priority requirements, services participating in the Partnership Model will be required to collect extensive data on individual client needs and circumstances, and client outcomes using the DSS developed, Standard Client Outcomes Reporting (SCORE) (DSS, 2014, p. 16).

In the case of the NCHP, this data would need to be collected by the Community Hub Leaders (CHL) and input into the DSS Exchange. These data would then be analysed by the DSS who would subsequently provide reports for the NCHP. The partnership model could provide NCHP with a cost-effective evaluation strategy and benchmarking regime. However, it is onerous to the CHLs who work limited hours. Further, much of the data collected is not specifically relevant to evaluating the broader outcomes of the NCHP.

Strengths and Challenges of Existing Reporting Regimes

There are great strengths in the existing NCHP reporting regimes and some challenges.

Clearly Defined Theory of Change

A great strength of the NCHP is its clearly articulated theory of change that has been developed and refined over time. This theory of change demonstrates links between the NCHP's:

- Intended Outcomes: *What the program wants to achieve*
- Objectives: *What the program is targeting*
- Strategies: *How the program operates broadly*
- Activities: *What and how much is being done within the program*
- Processes: *How the activities are being delivered*

Focus on Evaluating Activities rather than Outcomes

Many of the data collection strategies within the NCHP to date have focused on assessing *activities* or *outputs* that is, *what* and *how mu*ch is being done within the Hubs. The ongoing collection of these data is essential for ensuring that the NCHP is reaching its target group, meets DSS funding requirements and is operating as intended, and would be a critical component of any outcomes evaluation. However, there appear to be some inconsistencies in the data currently collected, and technical challenges in regards to the mechanisms used to input this data. In responding to the new DSS reporting requirements, the NCHP has made moves towards developing greater clarity about the data required from individual Hubs, and data collection tools are in the process of being amended. Further, training for Hub Leaders and Support Agency staff on data collection has been planned.

Activity/output data, however, does little to determine whether the program is making a difference to migrant children and families, schools and community services. For this, an *Outcomes* evaluation is required to determine: *Whether the program is making a difference.*

In addition to output data, in 2014 the NCHP undertook a Process Evaluation to determine whether the program was being delivered as intended. During the Process Evaluation, Community Hub Leaders and Support Agency staff made strong arguments for an Outcomes Evaluation of the NCHP. Further discussion with NSW Hub Leaders has highlighted that they value and appreciate the opportunity to communicate the difference they are making in the lives of children and families. Currently, their only means of doing so is through case stories reported in their quarterly Progress Reports. It is recommended therefore that any outcomes evaluation continue to utilise Progress Reports to gather case stories—which could potentially be analysed using the 'Most Significant Change Approach' outlined earlier (see p. 9).

Moving Towards Outcomes Planning

The introduction of Outcomes Based Planning at the Hub Level has been a major step towards ensuring individual Hubs are working towards the NCHP's intended outcomes. Outcomes Based Plans have been developed for every Hub. These plans

articulate the Hub's activities, mapped against the NCHP Outcomes, and identify potential Process and Outcomes Indicators to determine whether the Hub activities are making a difference to the target group. The plans clearly demonstrate the rationale for activities and how they link with the outcomes. However, as each Hub has developed these Outcomes Based Plans somewhat independently, the language used and Process and Outcomes Indicators chosen are inconsistent across the NCHP. *A more coherent and consistent approach to Outcomes Based Plans across the NCHP, with some variation to accommodate diversity, would enable a more systematic and streamlined evaluation of the whole program and facilitate comparison across Hubs.*

Outcome Evaluation Logics

To assist a more systematic and streamlined approach to the NCHP Outcome evaluation, we have developed Outcomes Evaluation Logics for each of the target groups—migrant children and families, schools and community services (see Tables 1, 2, 3 and 4). These logics draw on and synthesise the Outcomes Based Plans of 39 Hubs. They use evaluation language grounded in RBA and the Rosetta Stone Evaluation language developed by the Centre for Community Child Health.

Table 1: NCHP Outcomes Evaluation Logic: Child Outcomes

Outcome – What do we want to achieve?		
Migrant children enjoy and succeed in school and achieve optimal health, development and wellbeing		
Objective – What we are targeting?		
To increase the participation of migrant children in a range of early childhood development activities including kindergarten To increase the language and literacy skills of migrant children upon entering school To increase the prompt identification and response to migrant children's needs and issues		
Strategy - How are we doing it?		
Using citizen-centric, place-based approaches		
Activity - What & how much are we doing?	**Process Indicators - How well are we doing it?**	**Impact Indicators - Are we making a difference?**
Facilitating / providing: • Playgroups (e.g. toddler reading group / play and learn / play and sing bilingual storytime) • External, child development focused programs (e.g. Let's Read / the iPad in Early Years Program / visiting storytellers / Sing and Grow) • Excursions (e.g. library visits). • Transition to school / school readiness programs / social skills development programs • Visits from allied health professionals (e.g. maternal and child health nurse, social worker, nutritionist, speech and language therapist, play therapist) including facilitating assessments of children's sight and hearing	Do activities / programs attract the target group? Are activities / programs of high quality (e.g. are resources and spaces adequate; are there a number of learning (including literacy) opportunities)? To what degree are families / community services satisfied with the quality of activities / programs / Hub leader? Do families / community services find activities / programs relevant and useful for children's learning and/or improving personal circumstances? Do other services refer to the program? Do assessments lead to children's needs being identified and referred?	% of families / CHL/ teachers who report (as a result of families participating in the NCHP): • improvements in children's spoken English • improvements in children's literacy (e.g. familiarity with books) • an increase in children's participation in ECD activities • children enjoy attending education settings • a concern with a child's development was identified and/or they were referred to an appropriate agency • enhancement in child's wellbeing % of school staff who report (as a result of families participating in the NCHP): • improvements in children's behaviour (e.g. attendance, arrival time at school / attitudes to school and learning) % of schools that report (as a result of families participating in the NCHP): • a decrease in student trouble / detention or suspension % of improvement in community AEDC scores

Data / Tool	Data / Tool	Data / Tool

CHL Maintained records
• # sessions
• # attendances
• # of referrals out
	CHL Maintained records
	• # & % of participants within the target group
	• # of participants who attend regularly (e.g. 75% of time)
	• # of referrals in
	
	Observational Case study
	• Independent assessment of quality of activities / programs
	
	Family Survey / Focus groups / Interview
	• Family ratings of satisfaction with programs / activities
	
	Community Services Survey / Focus groups / Interview
	• Community service ratings of satisfaction with programs / activities
		CHL / Family / Teacher / Volunteer Survey / Focus groups / Interview
		• CHL ratings / stories of children's:
		  o spoken English and literacy
		  o enjoyment in attending educational settings
		  o wellbeing
		• CHL reports of child's increased participation in ECD activities
		• CHL reports that a concern with a child's development was identified and/or they were referred to an appropriate agency
		
		Family Survey / Focus groups / Interview
		• Family ratings / stories of their children's:
		  o spoken English and literacy
		  o enjoyment in attending educational settings
		  o wellbeing
		• Family reports of child's increased participation in ECD activities
		• Family reports that a concern with a child's development was identified and/or they were referred to an appropriate agency
		
		Teacher Survey / Focus groups / Interview
		• Teacher ratings / stories of children's:
		  o spoken English and literacy
		  o enjoyment in attending educational settings
		  o wellbeing
		  o behaviour, concentration, social skills and attendance
		• Teacher reports that a concern with a child's development was identified and/or they were referred to an appropriate agency
		
		School Survey / Focus groups / Interview
		• School reports / stories of student trouble / detention and suspension
		
		AEDC
		• AEDC scores at community level

Table 2: NCHP Outcomes Evaluation Logic: Family Outcomes

Outcome – What do we want to achieve?
Migrant families function well, have the capacity, confidence and skills to nurture child learning and are connected, active participants in the community and workforce

Objective – What are we targeting?
• To increase the participation of migrant parents in English language, literacy learning, parenting and community activities • To increase the English language and vocational skills of migrant families for workforce participation • To increase migrant family knowledge of and access to available services and assistance • To increase social networks for migrant families leading to strong social cohesion and involvement in decision making processes • To increase migrant family engagement and skills in nurturing child learning and development

Strategy - How are we doing it?
Using citizen-centric, place-based approaches

Activity - What & how much are we doing?	Process Indicators - How well are we doing it?	Impact Indicators - Are we making a difference?
Facilitating / providing: • Promotion of the Hub in the community • English language and conversation programs. • Wellbeing / Healthy Lifestyle opportunities (e.g. workshops / classes / groups on: first aid; women's health; dental care; healthy eating habits, school lunches; shopping and cooking; meditation and yoga; Pilates; Zumba; dance) • Skills / training courses (e.g. financial management; sewing and/or knitting class) • Formal education or prevocational programs (e.g. barista; beauty; business course; employment skills; computer) • Social opportunities (e.g. social outings; community gardens; walking groups) • Parenting programs aimed at developing parenting capacity for supporting children's development (e.g. Positive Parenting; sleep education) • Family support groups (e.g. for parents with children with autism) • Informal family engagement (e.g. drop-ins; informal chats in playground; participating in enrolment	Do activities / programs attract the target group? To what degree are families / stakeholders satisfied with quality of activities / programs / Hub leader? Do families/stakeholders find the activities/programs relevant and useful for: learning English / supporting parenting / increasing knowledge about available services and assistance / increasing social participation / supporting family functioning and/or improving family circumstances and/or wellbeing? Do other services refer to the program? Are activities / programs of high quality (e.g. is information about services shared, displayed, and current; are activities informed by evidence and community consultation; are they relevant and appropriate for the target group)? To what degree are families involved in Hub planning?	% of families who report (as a result of families participating in the NCHP) increased / enhanced: • English language and literacy skills. • feelings of wellbeing • confidence in targeted skills (e.g. financial management) • knowledge about available services and assistance • knowledge about schooling system • sense of connection to the school, wider community and other social services. • knowledge of child development, play and learning • parenting skills • engagement with their child • relationship with child • social networks • feelings of support, participation and empowerment % of participants who as a result of participating

sessions, coffee and chat sessions) • Recruitment, training, overseeing of community volunteers (e.g. to support playgroup / ambassadors who support school events, cultural events and programs and communicate school business to other families)		in the NCHP • complete and gain a certificate or diploma (e.g. in written and spoken English) • gain employment after attending courses

Data / Tool
CHL Maintained records
• # & type of promotion strategies employed (e.g. flyers; newsletters; SMS alerts)
• # sessions
• # attendances
• # of referrals out
	Data / Tool
	CHL Maintained records
	• # & % of participants within the target group
	• # of participants who attend regularly (e.g. 75%)
	• # of referrals in
	Observational Case study
	• Independent assessment of quality of activities / programs (including degree of social interaction amongst families)
	Family Survey / Focus groups / Interview
	• Family ratings of satisfaction with programs / activities including relevance and usefulness or programs / activities for:
	  o learning English
	  o supporting parenting
	  o increasing knowledge of /access to community services
	  o increasing social participation
	  o supporting family functioning
	  o improving family circumstances functioning and/or improving family circumstances and/or wellbeing?
	• Family ratings of involvement in Hub planning
	Community Services Survey / Focus groups / Interview
	• Community service ratings of satisfaction with programs / activities
		Data / Tool
		CHL Survey / Focus groups / Interview
		• CHL ratings / stories of families' English language & literacy skills
		
		Family Survey / Focus groups / Interview
		• Family ratings / stories of their:
		  o English language & literacy skills
		  o wellbeing
		  o confidence in targeted skills
		  o connection to the school, wider community and social services
		  o knowledge of child development, play and learning
		  o parenting
		  o engagement with their child
		  o relationship with their child
		  o knowledge of importance of EC services
		  o knowledge of /access to services
		  o knowledge about schooling system
		  o feelings of being supported
		  o social networks
		  o feelings of empowerment
		• Family reports of qualifications gained
		• Family reports of employment
		• Parent Empowerment & Efficacy Measure

Table 3: NCHP Outcomes Evaluation Logic: School Outcomes

Outcome – What we want to achieve:
Schools respond to the needs of migrant children and families

Objective – What we are targeting
• To increase the awareness of and connections of schools to early years and community services
• To increase schools engagement and connections with migrant families to support child learning outcomes
• To increase school capacity to have collaborative partnerships with families

Strategy - How are we doing it?
Using citizen-centric, place-based approaches

Activity - What & how much are we doing?	Process Indicators - How well are we doing it?	Impact Indicators - Are we making a difference?
Facilitating / providing: • Collaborative relationship building / connections between school staff and relevant local services (e.g. ESL/EAL; school nursing service; inclusion support agencies) through (e.g. forums, networks, training and accessing bilingual support workers) • In-school activities (e.g. clubs [e.g. social / fruit / breakfast / homework / learning]; learning walks; multicultural events; language/cultural-specific parent groups [e.g. Vietnamese-speaking parents, Tangata Pasifika]) • Family volunteering (e.g. in school lunchtime sport or activity clubs, breakfast clubs; peer mentoring). • Information and resources to school (e.g. on Kids Matter, raising children, why play is important) • Translations of key school documents into community languages • Training for mentors to work in schools with parents, children and school staff (e.g. program targeted to at-risk children in Year 6).	Do activities / programs attract the target group? To what degree are families / stakeholders (including volunteers) satisfied with the quality of activities / programs / Hub Leader? Are activities / programs of high quality (e.g. to what degree are cultural programs informed by research and community knowledge)? Do school staff seek and utilise information? Are school families aware of the Hub? Is volunteering sustained and consistent (i.e. do volunteers attend regularly)?	% of school staff who report (as a result of the NCHP): • increased awareness of and connections to early years and other community services • increased capacity to have collaborative partnerships with families • their school better reflects cultural diversity • improved cultural competence within the school • improved collaborative partnerships between the school and families % of families who report (as a result of the NCHP): • they feel more connected to the school • the school responds more appropriately to their needs

Data / Tool	**Data / Tool**	**Data / Tool**

CHL Maintained records
• # sessions
• # attendances
	CHL Maintained records
	• # & % of participants within the target group
	• # of participants who attend regularly (e.g. 75%)
	• % of volunteers who participate regularly (e.g. 75%)
	
	School Family Survey
	• Awareness of Hubs amongst school families
	
	Observational Case study
	• Assessment of quality of activities / programs
	• Utilisation of Hub by school
	
	Family Survey / Focus groups / Interview
	• Family ratings of satisfaction with programs / activities
	
	Community Services Survey / Focus groups / Interview
	• Community service ratings of satisfaction with programs / activities
		Teacher Survey / Principal Interview
		• Teacher ratings / Principal reports of:
		  o school staff awareness of and connections to early years' services
		  o school reflection of cultural diversity
		  o cultural competence within the school
		  o child behaviours
		  o collaborative partnerships within school
		
		Family Survey
		• Family ratings of:
		  o school reflection of cultural diversity
		  o cultural competence within the school
		  o collaborative partnerships within school
		  o connection to the school
		  o how well the school responds to their needs

Table 4: NCHP Outcomes Evaluation Logic: Community Service Outcomes

Outcome – What do we want to achieve?
Community services respond early and effectively to migrant child and family needs

Objective – What are we targeting?
- To increase the community service connection, availability and accessibility to migrant families
- To increase community service connections with schools and other agencies
- To increase service coordination and collaboration to meet the needs of families and their children across the community

Strategy - How are we doing it?
Using citizen-centric, place-based approaches

Activity - What & how much are we doing?	Process Indicators - How well are we doing it?	Impact Indicators - Are we making a difference?
Facilitating / providing: • Promotion of the Hub in the community • Networks amongst local agencies (e.g. collaborations; interagencies) • Information sharing amongst agencies (e.g. legal services, employment support, DV information, specialist services such as speech therapy) • Guest speaker information sessions • Space and opportunity for community services (e.g. maternal and child health nurse, speech and language, or play therapist) to attend school or playgroup to provide services such as health checks and referrals	To what degree are stakeholders satisfied with the quality of activities / programs / Hub leader? Do stakeholders find activities / programs relevant and useful for supporting collaboration and connections across agencies? Referrals in and/or attendance within	% of local services who report (as a result of the NCHP): • increased understanding and knowledge of other local services • increased connection with other local services • they work together with other services to develop shared visions and/or plans • increased connection, availability and accessibility to migrant families • increased capacity to work effectively with migrant families % of families who report (as a result of the NCHP): • increased knowledge about local services • increased ease of access to local services # of referrals in/out

Data / Tool	Data / Tool	Data / Tool

CHL Maintained records
• # & type of promotion strategies employed (e.g. flyers; newsletters; SMS alerts)
• # sessions (network meetings / information events)
• # attending
	Observational Case study
	• Assessment of quality of activities / programs
	
	Family Survey / Focus groups / Interview
	• Family ratings of satisfaction with programs / activities
	
	Community Services Survey / Focus group / Interview
	• Community service ratings of satisfaction with programs / activities
		Community Service Survey / Focus group / Interviews
		• Community Service ratings /stories of
		  o understanding of other services in the local area
		  o connection, availability and accessibility to migrant families
		  o capacity to work effectively with migrant families
		  o developing shared visions and/or plans
		
		Family Survey / Focus groups / Interview
		• Family ratings of
		  o knowledge of local services
		  o ease of access to local services
		
		CHL Maintained records
		• # referrals in/out

Models for Collecting Outcomes Data

In this section, we describe several models for collecting outcomes data that the NCHP could adopt, making recommendations for the approach that most appropriately meets the following criteria:

1. Evaluates the intended outcomes of the program for the identified target groups—children, families, schools, and community services;
2. Scopes and aligns with the mandatory reporting requirements of the Funding Body, the Department of Social Services;
3. Is meaningful to, manageable and doable by, Hub Leaders and Support Agencies; and
4. Is achievable within a reasonable budget.

We begin by summarising the data requirements and tools identified in the Outcomes Evaluation Logics.

Data Requirements and Tools

Based on the Outcomes Evaluation Logics, Table 5 summarises the data required for an outcomes evaluation of the NCHP and methods that could be employed to collect this data. In total, six evaluation methods are suggested:

- CHL maintained records
- Surveys of:
  - CHL
  - Families (including items from PEEM)
  - Teachers
  - Principals
  - School Families
  - Volunteers
  - Community services
- Document (Progress Reports) analysis
- Observational Case Studies including:
  - Focus Groups and/or interviews with:
    - Families
    - Teachers
    - School staff
    - School families
    - Community services
  - Interviews with:
    - CHL
    - School Principals
- Examination of AEDC data at community level

Table 5: Summary of Data Required for NCHP Evaluation

Data required	Suggested Tool
What & how much are we doing?	
• # & type of promotion strategies employed (e.g. flyers; newsletters; SMS alerts) • # & type of activities / sessions (e.g. playgroups / drop-ins / network meetings / information events etc) • # attendances • # of referrals out	CHL maintained records
Process Indicators - How well are we doing it?	

• # & % of participants within the target group
• # of participants who attend regularly (e.g. 75% [3/4] times)
• # of referrals in from Community Services
• Independent assessment of quality of activities / programs (external valuator)
• Family / Teachers / Community Services ratings of satisfaction with programs / activities including relevance and usefulness for:
   o learning English
   o supporting parenting
   o increasing knowledge of / access to community services
   o increasing social participation
   o supporting family functioning
   o and/or improving family circumstances and/or wellbeing?
• Awareness of Hubs amongst school families
• Volunteer participation
	CHL maintained records
	
	Observational Case study
	
	Family Survey / Focus groups / Interviews
	
	Community Services' Survey / Focus groups / Interviews
	
	Teacher survey /Focus Group / Interviews
	
	School Family Survey
	Volunteer survey

Impact Indicators - Are we making a difference?	
Child	

• Family / CHL / teacher ratings / stories of children's:
   o spoken English and literacy.
   o enjoyment in attending educational settings
   o wellbeing
   o increased participation in ECD activities
• Family / CHL / teacher reports that a concern with a child's development was identified and/or they were referred to an appropriate agency
• Teacher ratings / stories of children's:
   o behaviour, concentration, social skills and attendance
• Principal reports / stories of student trouble / detention and suspension
• AEDC scores at community level
	Family / CHL / Teacher Survey / Focus groups / Interviews
	
	Principal Interview
	
	AEDI scores at community level

Family	

• Family / CHL / Teacher ratings / stories of family:
   o English language & literacy skills;
   o wellbeing
   o confidence in targeted skills.
   o connection to the school, wider community and social services
   o knowledge of child development, play & learning
   o parenting
   o engagement with their child
	CHL Survey / Focus groups / Interviews
	
	Family Survey / Focus groups / Interviews
	
	Teacher Survey / Focus groups / Interviews

o relationship with their child
  o social networks
  o knowledge of importance of EC services
  o knowledge of /access to community services
  o knowledge about schooling system
  o feelings of being supported
  o feelings of empowerment
  o qualifications gained
  o employment
• Parent Empowerment and Efficacy Measure
	Parent Empowerment and Efficacy Measure

School	

• Teacher ratings of:
  o awareness of and connections to early years'
   services
  o school reflection of cultural diversity
  o cultural competence within the school
  o child behaviours
  o collaborative partnerships within school
• Family ratings of:
  o school reflection of cultural diversity
  o cultural competence within the school
  o collaborative partnerships within school
  o connection to the school
	School Survey / Focus Groups / Interviews
	
	Family Survey / Focus groups / Interviews

Community Service	

• Community Service ratings / stories of
  o understanding of other services in the local area
  o connection, availability and accessibility to
   migrant families
  o capacity to work effectively with migrant families
  o developing shared visions and/or plans
• Family ratings of
  o knowledge of local services available
  o access to local services
• # referrals in/out
	Family Survey / Focus groups / Interviews
	
	Community Service Survey / Focus Groups / Interviews
	
	CHL maintained records

Potential Outcomes Evaluation Data Collection Models

Based on the suggested data requirements and tools, Table 6 outlines four potential outcomes evaluation data collection models including details of the data required, who would be responsible for data collection, the benefits and disadvantages of each model, and whether the approach is recommended.

The Enhanced Outcome Evaluation Model is recommended as it provides the most comprehensive outcomes evaluation. It also aligns well with outcomes evaluations of other similar programs, including the *It Takes a Village* program evaluation (which used focus groups/interviews/case studies of individual mothers) and the Supporting Parents—Developing Children Project (which used surveys/focus groups/interviews/document analysis).

Investment in the External Enhanced Outcomes Evaluation Model would be significant. It is therefore recommended that prior to any 'roll out' across the NCHP, the Outcomes Evaluation Model be piloted to ensure it meets the criteria (listed on p. 23).

Piloting the Outcome Evaluation Framework

At its April 2015 meeting, the NCHP Governance Committee agreed to a pilot of the *Enhanced Outcome Evaluation Model* with a small number of Hubs. It was originally recommended that six (6) hubs in Hume be chosen as the pilot site. On the suggestion of the Governance Committee the possibility of conducting the pilot in three (3) Hume and three (3) NSW Hubs was investigated and agreed upon for the following reasons:

1. The recently secured Settlement Services funding will be first focused on the 12 Hubs in Hume, commencing on 1 July 2015. Therefore, the Hume Hubs Leaders will have responsibility for collecting specified data for the DSS Data Exchange. The Piloting of the External Enhanced Outcomes Evaluation Model will provide an opportunity to work with Hub Leaders to streamline its collection and processing.
2. The Hume Hubs have highly experienced Hub Leaders, with

Table 6: Potential Evaluation Models

Model	Who would be involved?	What is required?	Benefits	Disadvantages	
1. Output Model Statutory data only	All hubs	Collection of statutory data by CHL ('priority requirements' or as negotiated with DSS). In-put of statutory data ('priority requirements' or as negotiated with DSS) into systems (DSS Data Exchange and/or NCHP system) by CHL or Support Agency.	Meets DSS requirements.	Measures outputs only. It is not possible to evaluate NCHP outcomes.	*Not recommended as an evaluation method.*
2. DSS Partnership Model Statutory data + outcomes data related to DSS outcomes	All (or some) hubs	Collection of priority requirements data **&** SCORE data (see p.13) data by CHL (or Support Agency). In-put of priority requirements **&** SCORE data into DSS Data Exchange by CHL (or Support Agency).	Meets DSS requirements. Demonstrates willingness to participate with DSS. Data is analysed by DSS at no cost to NCHP. Reports are given to NCHP. Benchmarking across participating DSS funded programs is possible. Cost effective.	Data collection and input burdensome on CHL / Support Agency. Not possible to evaluate NCHP specific outcomes. Findings are not confidential to NCHP.	*Recommended if neither Model 3 nor 4 below are chosen.*

| 3. Internal / External Limited Outcome Evaluation Model Statutory data + outcomes data related to NCHP outcomes including document analysis | All hubs for statutory data collection + all or selected hubs for surveys | Collection of statutory data by CHL ('priority requirements' or as negotiated with DSS).

In-put of statutory data ('priority requirements' or as negotiated with DSS) into systems (DSS Data Exchange and/or NCHP system) by CHL or Support Agency.

Distribution / collection of CHL, Family, Teacher, School, School Family & Local Service Surveys (once [possibly term 3] or twice per year TBD). This could be undertaken by CHL or independent evaluators.

Collation, in-put and analysis of CHL, Family, Teacher, School, School Family and Local Service Surveys. This could be undertaken by NCHP personnel or by independent evaluators.

Collection and analysis of Progress Reports for 'Most Significant Change' stories. This could be undertaken by NCHP personnel or by independent evaluators. | Enables evaluation of outcomes across Hubs.

Survey items can replicate those used in other similar evaluations to enable comparisons.

Surveys could be customised for individual hubs with items coming from a 'bank' of questions from which CHL choose.

The only additional work required by CHL is to complete CHL survey and distribute / collect (if done 'in-house') surveys once/twice a year.

If survey distribution, and survey / Progress Report collection and analysis is done 'in-house'—this could be a cost effective model for NCHP.

If survey and Progress Report collation, in-put and analysis is done by an external evaluator:
• reduces the burden on the CHL and NCHP staff
• findings potentially seen as more trustworthy than if conducted in-house | Distribution and collection of surveys is additional work for CHL.

Relies primarily on written responses from participants, which could be problematic for participants (i.e. families) with limited English. This could be resolved by translating the Family Survey into major languages—but this has cost implications.

If surveys are collected and analysed 'in-house':
• requires NCHP personnel with skills to collate, in-put and analyse and report data
• requires data analysis software
• there could be some concerns from external audiences regarding integrity, validity and reliability of data

If surveys are collected and analysed by an independent evaluator there is limited explanatory potential (i.e. capacity to interrogate and explain the data).

Limited capacity to communicate 'stories' of success (or otherwise). | *Recommended as a minimum for an outcomes evaluation of the NCHP.* |

| 4. External Enhanced Outcome Evaluation Model
Statutory data + outcomes data related to NCHP outcomes, including document analysis & case study at representative site | All hubs for statutory data collection + all or selected hubs for surveys + selected hubs for case studies | Collection of statutory data by CHL ('priority requirements' or as negotiated with DSS).

In-put of statutory data ('priority requirements' or as negotiated with DSS) into systems (DSS Data Exchange and/or NCHP system) by CHL or Support Agency.

Distribution / collection of CHL, Family, Teacher, School, School Family & Local Service Surveys (once [possibly term 3] or twice per year TBD). This could be undertaken by CHL with independent evaluators.

Collation, in-put and analysis of CHL, Family, Teacher, School, School Family & Local Service Surveys by independent evaluators.

Collection and analysis of Progress Reports for 'Most Significant Change' stories. This could be undertaken by NCHP personnel with independent evaluators.

Two-day case studies undertaken by independent evaluators at selected representative sites (potentially one per LGA TBD), including:
• observations of Hub activities
• interviews with CHL, Principal, and a sample of families and/or service providers
• focus groups with a sample of families and/or service providers
• document analysis
• examination of AEDC data | Enables evaluation of outcomes across Hubs.

Surveys could be customised for individual hubs with items coming from a 'bank' of questions.

Enables in-depth analysis at selected representative Hubs (the story behind the numbers).

Enables detailed interrogation and explanation of the quantitative (survey) data.

Enables greater and more nuanced interrogation of participant experience through interviews and focus groups (potentially more appropriate than surveys for participants with limited written English).

Enables 'stories' of success (or otherwise) to be told.

Minimal burden on the CHL and NCHP staff.

Results in an externally prepared, Evaluation Report with high integrity. | There is still a reliance on written responses from participants, which could be problematic for participants (i.e. families) with limited English. This could be resolved by translating the Family Survey into major languages—but this has cost implications. But in this model family feedback is also garnered through focus groups and interviews at representative Hub Case Study sites.

Most costly (time and money) and intrusive model.

Requires significant participation of the CHL at representative Hub Case Study site (e.g. organising space for focus groups). | *Strongly recommended as an Outcomes Evaluation Model for the NCHP.* |

> great capacity to provide critical feedback on, and input into the ongoing
> development of, the proposed Outcome Evaluation Framework.

3. Piloting the Outcomes Evaluation Framework in two sites, Hume and NSW,
   provides an opportunity to determine the framework's applicability in diverse
   contexts.

4. Data collected during the pilot will provide evidence (albeit limited) of
   outcomes of the Hubs. This evidence can be used as point of reflection for the
   participating Hubs Sites as well as the NCHP more generally, and may be
   valuable in discussions with funding bodies.

Next Steps

Subsequent to the approval NCHP Governance Committee, the External Enhanced
Outcome Evaluation Model, including the methods and tools, will be piloted with
three (3) Hume Hubs and three (3) NSW Hubs, commencing July 2015, to be
completed December 2015. This Pilot Project is outlined in the document, *Proposal
for Undertaking a Pilot Evaluation of the National Community Hubs Program.*

Evaluation Model Consultation

The proposed evaluation model and draft data collection tools were shared with Hub
Leaders and Support Agency staff at the National Hub Leader Meeting on 18 May
2015. Hub Leader and Support Agency staff recommendations for further
development of these tools have been received. No recommendations were offered for
changes to the Evaluation Framework. A considerable number of recommendations
were made in regards to the data collection tools. These tools will be amended and
further refined in consultation with the Pilot Sites prior to distribution.

Data and feedback from the Pilot Evaluation will be used to refine the evaluation
tools further, if required, to ensure that the data gathered is both meaningful and
manageable.

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Appendix 1: NCHP Outcomes and Objectives

Community hubs
Connect. Share. Learn.

Community Hubs Outcomes and Objectives

Child outcomes	Family outcomes	School outcomes	Community Outcomes
1.Migrant children enjoy and succeed in school and achieve optimal health, development and wellbeing	2. Migrant families function well, have the capacity, confidence and skills to nurture child learning and are connected, active participants in the community and workforce	3. Schools respond to the needs and aspirations of migrant children and families	4. Community services respond early and effectively to migrant child and family needs
Objectives	**Objectives**	**Objectives**	**Objectives**
1.1 To increase the participation of migrant children in a range of early childhood development activities including kindergarten	2.1 To increase the participation of migrant parents in English language, literacy learning, parenting and community activities	3.1 To increase the awareness of and connections of schools to early years and community services	4.1 To increase community service connection, availability and accessibility to migrant families
1.2 To increase the language and literacy skills of migrant children upon entering school	2.2 To increase the English language and literacy and vocational skills of migrant families for workforce participation	3.2 To increase school engagement and connections with migrant families to support child learning outcomes	4.2 To increase community service connections with schools and other agencies
1.3 To increase the prompt identification and response to migrant children's needs and issues	2.3 To increase migrant family knowledge of and access to available services and assistance including settlement services	3.3 To increase school capacity to have collaborative partnerships with families	4.3 To increase service coordination and collaboration to meet the needs of families and their children across the community
	2.4 To increase social networks for migrant families leading to strong social cohesion and involvement in decision making processes		
	2.5 To increase migrant family engagement and skills in nurturing child learning and development		

The Community Hubs Program is especially focused on improving for migrant families and their children:

    1. Access to Settlement Services   **2. Language, Literacy and Learning Skills**
    3. Participation in Early Years Services   **4. Parent and Family Capacity Building**

Community Hubs is funded by the Australian Government in partnership with the Scanlon Foundation, the Migration Council Australia and Refuge of Hope.

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