

Developing a sector support program logic for TEIP transition

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Community Capacity Officer, Community Resource Centre

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Executive Summary

The Targeted Earlier Intervention Program (TEIP) reforms are foreshadowed to collapse six program streams currently funded by the New South Wales Department of Family and Community Services (FACS) into one. A core requirement of services wishing to be encompassed by the TEIP evaluation regime is the development of a 'program logic' which can demonstrate how the activities of a given service will lead to outcomes directly relevant to outcomes identified in the *Human Service Outcome Framework: Application to Early Intervention* (Adams et al. 2018). This paper responds to that requirement, using the rationale provided in Adams et al. to describe and validate the logic used by Community Resource Network to achieve its target outcomes.

A strong imperative of the TEIP reforms is the encouragement of evidence-based practice and outcome-focused performance measures which can support service claims of cost-benefit. To this end, the bulk of guidance provided in TEIP documentation has greatest application for services with a case-managed client base. These types of service can track client outcomes over the long term to support claims for client outcomes with some precision. The close relationship of case-managed services to their clients has also allowed a large volume of high level evidence (ie. against The National Health and Medical Research Council rating scale, see Adams et al. p.8) to be accumulated to support claims of efficacy for interventions of that type.

TEIP advice recommends the use of interventions with a high-level evidence base in the development of program design. It provides no explicit references to an evidence base for the types of activities currently funded under the Community Builders funding stream. A major source serving as an acknowledged basis for Adams et al. , *Better Systems, Better Chances* (Fox et al. 2015), recognises the value of work such as sector support (CRN's area of provision) to child and family wellbeing outcomes. However, even in relation to the example given the greatest prominence in that publication, the authors note that there is "*very little hard data to demonstrate impact at this stage*". (p.121)

Even so, the well-established low-level of the evidence base for many types of provision currently funded under Community Builders (CRN's provision to be retitled Community Strengthening Stream, Service Option 1) is a condition shared by like services. The task of this paper was to align the best available evidence to CRN's existing service practice in a way that was faithful to the intent of TEIP. This required some adaptation of the recommended method.

The result is described through an application of the recommended 8 step method of Adams et al. to 'an evidence-based approach to implementing the Outcomes Framework' (p.57). This method aims to develop a program logic that:

1. *clearly identifies the problem or situation that program seeks to address;*
 2. *identifies the activities/interventions that the program will provide;*
 3. *references evidence related to activities/intervention;*
 4. *articulates the short, medium, and long term outcomes that are anticipated by that program.*
- Adams et al.

Application of the above process, reported in full below, has affirmed that CRN works from an existing, well-articulated program logic that has its basis in *the best available evidence* relevant to its field of operation.

In summary, CRN's identified Program Logic acts on the target population (of 'vulnerable children, young people, families and communities') indirectly, by building capacity of the community services supporting the community as a whole. The success to which CRN builds capacity is considered in relation to the *Social and Community Human Service Outcome Framework*. However, as Professor Jim Iffe notes, capacity is not a virtue in itself and can be used destructively. This reality requires a conceptualisation of CRN's historical orientation to social justice and empowerment as a complementary component. Outcomes in *Social & Community* and *Empowerment* Human Service Outcome domains, rendered in field of sector support work, create the penultimate outcome across the TEIP target group, in the form of an *Empowerment* outcome.

The preparation undertaken to prepare a program logic for CRN's integration within the TEIP has not produced an elegant outcomes measurement device for sector support work, such as may provide FACS Commissioning agents a less arduous and exacting process for assessing contracted services. However, the research exercise has allowed the organisation's logic, previously encoded in its strategic planning documents, to be re-expressed in a new format and language. This has reactivated its theoretical basis. It has also revealed some new fields of capacity-building method with potential for further exploration and experimentation and foreshadows closer examination of the contest over the constitution of 'empowerment' as an object. These outcomes in themselves realise a core value of the TEIP reforms of reflexive practice.

Developing a sector support program logic for TEIP transition

This paper reports on the process undertaken to develop a program logic underpinning the work of the Community Resource Network (CRN) which is consistent with the organisation's mission and goals, and which fulfils the requirements of the transition to the Targeted Earlier Intervention Program (TEIP). While intended in the first instance to address the particular challenges presented to CRN's integration into the Targeted Earlier Intervention Program Outcomes Framework (NSW Department of Family and Community Services, 2018), its conclusions are left sufficiently open to

resource other small 'sub-regional sector support' initiatives particularising methods for other regional and institutional circumstances.

A preceding CRN internal discussion paper has demonstrated how the process described below has been informed by and satisfies the requirements of the Department of Family and Community Services as set out in the key documents coordinating the TEIP reforms. This discussion paper is explicitly based on the recommended eight step process set out on page 57 of the *Human Service Outcomes Framework*, published by FACS: Insights, Analysis and Research (Adam et al. 2018), in order to provide a meaningful response to the core intentions of the TEIP reform process. (Note that, to simplify explanation of 'Indicators', the order of discussion of 'Impact Pathways' and 'Indicators' has been reversed from the order proposed by Adams et al.)

Step One: Identifying Outcome Domains

The desired outcome domain/s aiding the measurement of CRN's performance can be derived from the declared intention of the organisation as stated in its two most recent annual report (CRN 2016-17; 2017-18), reproduced below. This statement effectively codifies CRN's existing program logic.

Our Vision

A community sector that empowers local communities.

Our Purpose

The principal purpose of CRN is to work with organisations that operate in the Western Sydney area to directly alleviate poverty and distress suffered by economically and socially disadvantaged communities.

CRN aims to achieve this purpose by:

- Building the capacity of service providers to work together on issues affecting disadvantaged communities.
- Enhancing the level of engagement of vulnerable and disadvantaged communities.
- Strengthening the voices of disadvantaged communities by representing their views.
- Providing information and resources on community projects, programs and networks assisting disadvantaged communities and vulnerable groups.

Deriving a domain/domains for a multi-sectoral field

The goal of CRN to 'work with organisations' and 'build the capacity of service providers to work together' presents an apparent barrier to the expression of CRN's working method in terms of one or a number of Human Service Outcomes. Each service that CRN assists that is funded directly under the TEIP will have its own discreet priority outcome domain/s selected from those prioritised in the FACS *Outcomes Framework* methodology. Many other services supported by CRN will be striving to have a direct bearing on Human Service Outcomes in early childhood intervention field while being funded under a FACS funding stream other than those now grouped under the TEI stream. The work of these services will be accountable via domains only partially reflecting the target outcomes of the TEI Program. Additionally, there will be many relevant interventions funded under other local, State and Federal jurisdictions (such as in the health and education sectors) which play a crucial role in earlier childhood intervention target outcomes as an aspect of their total delivery. None of these will be defined solely in terms of FACS funding objects as they will be funded under a range of other

state or federal government programs. Many of these later interventions will be of a far more extensive nature, enjoying a larger funding base and program reach. The regional capacity of all these various services may benefit, to some degree, from the services supplied by CRN.

In addition, many community service organisations supported by sector support organisations such as CRN will have very different target human service outcomes with tenuous or, indeed, non-existent links to TEIP target outcomes (eg. NDIS, Employment services).

Settling on a single, or even a suite of meaningful outcome domains arising from the Human Services Outcomes Framework regime, is problematic in CRN's case.

Factors confounding the validity of TEI data collection

Before yielding to the temptation to rule that sector support work is therefore, on account of the above, largely irrelevant to a more accurate targeting of early childhood intervention dollars, it's worth taking a moment to consider the TEI expenditure over the last year as a proportion of the expenditure on initiatives (other than those provided by households) which contribute directly or indirectly to target TEIP outcomes.

TEI Program budget \$134m

NSW Programs to reduce children entering out of home care \$1.2b

Total Family and Community Services budget \$6.1bn

NSW expenditure in Early Childhood Education and Care \$362m plus Australian Govt programs \$7.7b

NSW School Education recurrent costs \$13.7b

Total Australian federal health \$56.5b

In this context the role of general welfare transfers to households of disadvantaged children should also be considered, through such vehicles as rent assistance, and direct child support payments via direct or indirect means. There is considerable evidence to show that such transfers may be as, or more, cost effective than many highly targeted programs (Cooper and Stewart, 2013, cited in Berentson-Shaw and Morgan, 2017).

All the above funding elements can demonstrate a direct intention to operate on one or more domains prioritised by the TEI Outcomes Framework. Some interventions (such as NSW expenditure on Early Childhood Education and Care) play a very significant determining role in TEI outcomes at a high level of intensity per capita. Others, while extensive (such as federal health programs) are of hugely greater volume and, therefore, overall net effect. The quality and intensity of provisions other than TEI funded initiatives will vary independently of TEI funded programs, causing variations in TEI outcomes not attributable to the TEI program under scrutiny. TEI outcomes will also be affected by new risk factors attributable to non-funded developments (such as a rise in unemployment, outbreak of disease or a local factor, known or unrecognised).

This being so, the TEI methodology cannot and does not claim that its proposed monitoring methods will allow services, even those operating at a high level of intervention intensity such as case management services, to be able to demonstrate efficacy through recourse to numerical data. The

empirical findings of monitoring are not expected to be self-explanatory: it will be up to the reporting service to impose its narrative on the data and thereby 'make sense' of it (FACS: 2018:25).

Where intervention is extensive, and moreover mediated through the interventions of services with which CRN interacts, an empirical demonstration of effect on target TEI outcomes attributable to CRN interventions will remain highly contestable.

Put simply, there are very good reasons why sector support work does not, and will never, enjoy a high level evidence base.

Recognising the above limitations, and with the goal of *moving towards* a greater use of evidence for TEI funded services of all service types, the development of an approach faithful to both the intent of the Outcomes Framework (and the TEI reforms more generally) and the particular interests of sector support organisation is possible. The rationale for CRN's Program Logic and the Program itself is set out in sections 3-5.

The 'Social and Community' & 'Empowerment' domains and CRN's Program Logic

CRN's vision and purpose are directed to the consolidation of infrastructure and capacity within the 'community of professionals and agencies servicing and supporting the disadvantaged communities and vulnerable groups' *as a community*. CRN's Program Logic is based on the claim that the health of this particular community (of professionals and services) has extensive and, in fact, crucial implications for the health and wellbeing of the community as a whole, not least the target groups identified by the TEI Program. In respect to CRN's work consolidating the local community sector, the target 'Social and Community' domain of the Human Service Outcome Framework is therefore the most fitting single TEI Outcome domain for the description of CRN's sector support work¹. Crucially however, CRN's consolidation of community is purposeful (rather than an end in itself); its final objective is the empowerment of disadvantaged communities via proxies. This fact requires the outcomes of CRN's program logic to include those reflecting an 'Empowerment' domain.

CRN's intensive and extensive provision

CRN's product has an intensive and an extensive aspect. CRN's *intensive* work is in the area of 'sector support': the bulk of CRN communications are with local government, service organisations and their representatives.

This intensive work is however undertaken in recognition of its potentially *extensive* capacity to enhance the wellbeing of the population as a whole, and the disadvantaged elements of the community in particular.

The mediating role of CRN's values for extensive, community-wide impacts

Input of CRN's values (*to empower, advocate and address disadvantage 2016-17; Embrace diversity,*

¹ Use of the 'Social and Community' and 'Empowerment' domains satisfies a mandatory requirement of the TEIP Reforms as Adams et al. says: *For programs that are part of the FACS TEI system, the outcomes that are identified in each program's logic should be drawn from and align with the outcomes provided in this Outcomes Framework.* [p.57]. It is adopted here as a convenience somewhat at odds with the argument put elsewhere in this paper, and in TEIP-related literature itself, regarding methods appropriate to sector support.

Give a voice to inequality, Influence innovation, Empower communities, Collaborate responsibly, 2017-18) mediates its approach to its work in the Social and Community domain, driving the content of the organisation’s population-wide extensive effects. The object of CRN’s capacity building is not neutral. It is to realise capacity building that enables community empowerment as the most dynamic and sustainable force driving health and wellbeing outcomes that encompass the set of human service outcomes prioritised in the TEIP. (“*We believe people and local communities have the solution to their own problems.*” (CRN, 2018: 3) This focus reflects the priority of empowerment in relation to health outcomes heralded by the Alma-Ata Declaration on Primary Health (WHO, 1978): “The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.”

This ‘right and duty’ cannot be realised in the case of disadvantaged communities without dedicated resources to build their capacity to participate. Gap analyses, the dissemination of associated analysis and critique and the development of advocacy to address resource gaps are therefore integral elements of CRN’s extensive intervention in the Social and Community domain, in order to build the capacity of the community as a whole.

The interaction between the fields of CRN’s interventions, and their mediation by the organisation’s values, can be considered to produce three interdependent outcomes. The two of the *Social and Community* domain (capacity of the community sector and of the community at large) serve as the conditions for the realisation of an *Empowerment* Domain outcome.

The relationships of these three interdependent outcomes can be represented as a casual ‘pathway’:

S&C capacity-building - intensive, sector focussed

→→→→ **Empowerment – extensive /community focussed**

S&C (empowerment oriented) content - intensive, sector focussed

Step Three below discusses the relationships of these three outcomes in terms of impact pathways producing them. The impact pathways are then integrated within CRN’s program logic in the Step Five.

Step Two: Evidence Review

To support the application of CRN’s existing program logic evidence is required to show that:

- CRN’s existing program logic is potentially efficacious;
- measurement of the Social and Community and Empowerment outcome domains can be meaningfully applied to the CRN case
- measurement of the intensive and extensive effects of CRN’s work (beyond the immediate domain of the service community to the target populations of the TEI reforms) is possible.

Rationale for the conduct of a literature review

A key goal of the TEIP reforms is to encourage a more widespread use of evidence-based practice. For organisations such as CRN which aim to strengthen the community service sector as their primary objective, the TEI documents provide only general advice and broad principles as to how

best develop an evidence-based practice for sector support work. In recognition of this fact, Minister Goward wrote to the sector on 23rd October 2018 to agree that “*more local planning is needed, as well as clearer guidance around evidence and evaluation of what works*”.

While some institutional assurances have been obtained that existing services will not be required to make radical changes in provision, draft documents have implied that those organisations unable to demonstrate performance outcomes will be at risk in the medium term. Indeed, it is possible to conclude from the finalised TEIP guiding documents released to date that sector support work was of little interest to the documents authors as work of that type is barely mentioned². Where it is, it is coupled with proposed evaluation measures which are only vaguely applicable to sector building, if at all.

CRN believes that its working methods, shared to a degree by comparable organisations such as the Central Coast Community Council and the Mountains Community Resource Network, have developed through decades of reflexive practice. This practice has used the best available science given the scope and type of CRN’s interventions. Its existing methods have proved efficient and effective, as the vast majority of community services supported by it have testified. None of the references given in this paper give cause to change this view.

However, in the context of the TEIP reform process, and in light of the noted gaps in the TEI Performance Outcomes Framework touched on above, it is imperative that CRN’s program logic be formulated and supported in a manner consistent with the intention and requirements of the *Framework*. This process needs to include a test of CRN’s existing program logic through reference to the relevant literature.

Summary critique of FACSIR approach

The stated methodology of the FACSIR team (Adams et al., pp.7-10) is “based on two extensive and recently completed literature reviews”. To what extent are the findings of these reviews relevant in approaching CRN’s scope of operations?

Best practices to breakthrough impacts (Centre on the Developing Child, 2016) takes the physiological conditions determining the child’s developing brain as its primary object, reporting and reflecting on new knowledge on the rapidly expanding field of brain development. Systemic conditions deriving circumstances in which ‘best practices’ can be implemented to effect healthy child development are buried deep in the document and given only passing consideration, as for example:

² Adams et al. note that the best practice examples cited were “selected from the literature as specific examples that show strong evidence for their effectiveness” (p.7) so that they do not encompass all impact pathways. For examples of the impact of Community Empowerment on various TEI outcomes relevant to neighbour centres and community organisations working directly with the community see Adams et al. pp.45-46. The less nuanced TEIP Outcomes Framework (NSWFACS, 2018) militates use of a ‘minimum outcome data’ which has no relevance for sector support services. That document’s most useful advice in relation to sector support is that “Flexibility is built into the Framework to allow service providers to select additional measures to demonstrate effectiveness . . . ” (p.46).

Trusting collaboration among scientists, clinicians, community leaders, and parents will be needed to protect families and children from inappropriate labelling, unwarranted intrusions, and the medicalization of poverty, violence, racism, and other threats to healthy development. (p.20)

The review does nevertheless acknowledge its limitations in this respect. Commenting on five decades of evaluation research of interventions targeting child development, its focus is on relatively small scale (as opposed to systemic) interventions:

The body of evidence built around these programs during the past five decades is extensive and is the source of the “best practice” recommendations in this chapter.

However:

*...it should be noted that other policies and programs that affect families facing adversity—including housing vouchers, subsidized employment, and other financial supports, as well as systems and services that address the precipitants and consequences of child maltreatment, including family courts, child welfare, and foster care— **are also critically important elements of the landscape, but are not the focus of this document** (emphasis added).(p.21)*

Best practices to breakthrough impacts confesses an interest in intervention efficacy and cost-benefit- values most easily satisfied in small scale and controlled interventions. The reliance of this form of science has supported the widespread commodification of health and social services in the United States. Individual social and health products may be validated and demonstrate cost effectiveness through this science at the individual program level. However, the yawning inefficiency of the United States health system overall and the significant effect of wealth polarisation of US society on health and wellbeing outcomes goes unobserved by virtue of the omissions of such science.

CRN’s unit of analysis is at the level of systems and the institutional relationships that underpin them. It therefore approaches the institutional and related ideological structures replicating intergenerational disadvantage as the primary cause of unevenness in the population of developing (children’s) brains, in contrast to *Best Practices*, which seeks to redress social unevenness through a selective application of the science of brain development.

That FACS AIR’s use of the *Best Practices* document failed to produce search terms relevant to CRN’s focus on institutional collaboration and system capacity is therefore unsurprising.

Better systems, better chances (Fox et al. 2015)

In contrast, and as reflected in its title, *Better Systems: Better Chances* presents a view balancing the opportunities revealed by recent science with the challenges presented to the realisation of those opportunities by social, organisational and systemic factors. Of these, the report unequivocally identifies the struggle for redistribution as central to the quest for better child and youth wellbeing:

“Socio-economic disadvantage is recognised as a major risk factor for poorer health and wellbeing outcomes. Studies that document the impact of socio-economic status show that children from the most ‘deprived’ backgrounds are more likely to encounter adverse health outcomes in adulthood:”
Fox et al., 2013:23)

The report notes, with particular concern, rising levels of income inequality and joblessness evident at the time of its publication.

Beginning explicitly with a brief to address the ‘unsustainable’ expenditure of ‘late intervention and crises responses’ (p.2), *Better Systems* builds its case for a holistic approach of *proportionate universalism*, in which attention is given foremost to systems as a whole. Under this schema, the intensive ‘targeted earlier intervention’ is positioned as the most per-capita intensive form of intervention within a spectrum of intervention intensities, the least intensive being that of universal services.

The principle of proportionate universalism (Marmot, 2010) underpins this paper’s discussion of system design. The fundamental proposition of this approach is that: ‘focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, action must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.’ (pp. 13-14)

One premise of this approach is to recommend (citing Moore, 2006³) “the need to shift from treatment and targeted services to a universal prevention approach” (p.14), in apparent contradiction to the overall logic of the TEIP logic of more intensive targeting.

The logic of this recommendation, one pertinent to universalist interventions such as sector support, is based on ‘the prevention paradox’ (p.14) which notes that: “while poorest children are at greatest risk of vulnerability, a greater number across the population are vulnerable”.

Better Systems admits that the “literature largely demonstrates the limitations of trying to detect and measure direct causal pathways” between risks and outcomes. (p.58). At risk children inhabit a field of multiple risk factors. These are summarised as an ecology of four risk factors, elements of which are constantly interacting. Two of these factors sit within the wider realm of ‘neighbourhood and community (available health services, school community, community safety, local social norms, and ‘macro social factors (including political economy, cumulative effects of historical factors, social institutions and culture (citing Loxley et al. 2004, p.59). CRN acts upon these latter fields of factors in a number of ways.

Better Systems does therefore describe a significant potential space for sector support agencies to act extensively within a regime of proportionate universalism. However, despite the document’s length, the discussion of a comparable endeavour is limited to that of Collective Impact. Beyond describing in general terms the features of Collective Impact, no indication of efficacy is given: *There are a number of studies of good practice in collective impact, although very little hard data to demonstrate impact at this stage.* (p.121)

While the search method of the FACSIR team included the term ‘universal’, the knowledge arising from the method, presented in Adams et al., offers very little with potential application to CRN’s needs. A search for material directly relevant to CRN’s field was therefore undertaken.

Scan of relevant literature

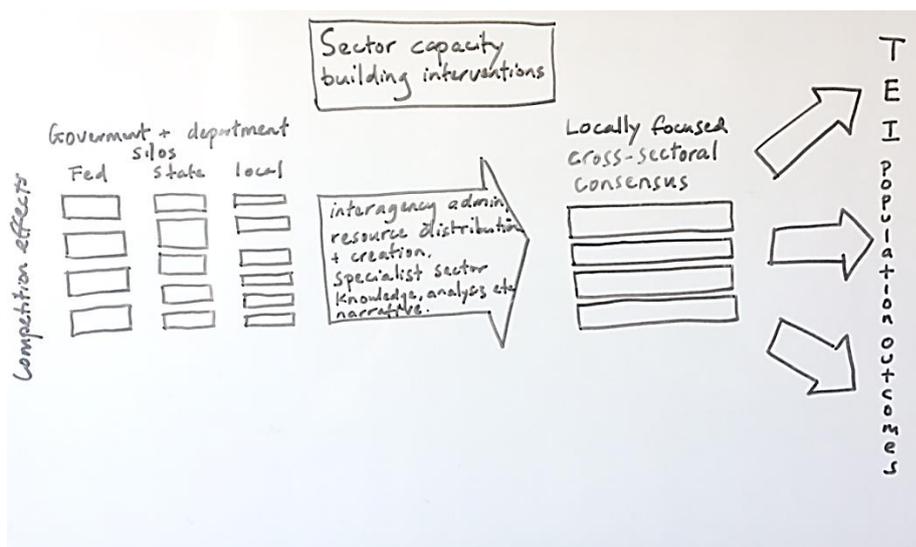
The development of a literature review relevant to the needs of sector support validation and CRN’s

³ The relevant document is Moore, 2008.

program logic specifically faces a number of challenges. A recent review of evaluations (Izmir, G et al, 2009) applied to community neighbourhood centres, another component of TEI interventions within the Service Option 1 stream (Develop Community Connections) , found that “direct evidence for the impact of neighbourhood centres on individuals and communities is rather sparse” (p.36).

As objects of study, neighbourhood centres are found in almost all communities in Australia in one form or another, and have done so for many years. Sector support organisations are far more infrequent, have idiosyncratic histories and operational roles. Academic work explicitly on such entities was nowhere to be found through preliminary searches on Google, Google School or PubMed databases.

For these reasons, literature search terms were deduced from a preliminary model of CRN’s existing program logic (note this diagram doesn’t capture the mediating role of CRN’s values on the process) set out diagrammatically as an interaction flow below:



A limited search for relevant literature, proportionate to available resources, was undertaken on the ‘PubMed’ database using the term ‘Community capacity-building review AND measuring’, producing 8 hits. Of these, the only article with application to the evaluation of sector support work was ‘Measuring capacity building in communities: a review of the literature’, Liberato et al. (2011). Subsequent searches under ‘Community capacity-building review AND evaluation’ identified 26 articles, none of which had relevant application.

The article ‘Measuring capacity’ was, however, a report of a literature review of Australian origin and of significant scale, having initially identified 1114 articles, reduced to 17 through application of an exclusion criteria. Its authors claim no previous exhaustive review of domains pertaining to capacity building had been undertaken at the time it was commissioned.

The review focused on community capacity building through the application of a ‘realist synthesis’ review method. This method is consonant with the preceding critique of FACSAR’s approach above, in particular its reliance on *From Best Practices*. In the words of the authors of realist synthesis method:

. . . *social interventions are complex systems thrust amidst complex systems. Attempts to measure 'whether they work' using the conventional armoury of the systematic reviewer will always end up with the homogenised answer 'to some extent' and 'sometimes', but this is of little use to policy makers or practitioners because it provides no clue as to why the interventions sometimes work and sometimes don't, or in what circumstances or conditions they are more or less likely to work, or what can be done to maximise their chances of success and minimise the risk of failure.* (Pawson et al. 2004, iv)

In light of the method's fit with CRN's particular requirements, the decision was made to draw on the findings of this article, at least in the first iteration of CRN program logic development.

Measuring capacity building In communities

While the focus of Liberato et al. was on interventions intended to affect communities at large rather than a limited 'professional community', such as that addressed in the work of sector support organisations, the conclusions of the review are not so restricted:

"Community capacity for the purpose of this review is taken to mean those local initiatives that may or may not be embedded in community organisations and that concentrate on specific health or social concerns." (Liberato et al. p.3)

The review's findings, in being consistent with the realist method, are somewhat speculative and open-ended. The conclusions present a 'conceptual scaffold' for approaching the measurement of community capacity in a variety of settings, rather than a prescribed formula.

Liberato et al. find that there are nine key domains of intervention shared by the majority of capacity building examples they reviewed. These are:

- learning opportunities and skills development
- resource mobilization
- partnership/linkages/networking
- leadership
- participatory decision-making
- assets-based approach
- sense of community
- communication
- development pathway.

Six of these domains were commonly used to assess community capacity in various contexts. There was less consensus concerning the domains "sense of community", "assets-based approach", and "communication".

Six sub-domains were also identified:

- shared vision and clear goals
- community needs assessment
- process and outcome monitoring
- sustainability

- commitment to action
- dissemination.

The authors advise that the principal domains may be modified in relation to the subdomains. They propose that the domains may form the basis of evaluation regimes, to be developed with reference to particular contexts, community and social priorities.

A finding of the review of particular relevance for the methodology of organisations working in the capacity building field was that the outcome domains of the review were found to be very consonant with those identified in the 1960s by Cottrell. The authors write:

“Domains used in the contemporary context appear to be very similar to that defined by Cottrell [6] in the 1960s to represent a “competent community”: i) community participation in defining and reaching goals; ii) commitment; iii) community understanding of its own and other’s issues; iv) articulateness of the community in expressing its needs; v) effectiveness in communicating information and achieving consensus within a community; vi) conflict management; vii) management of relations within the community including the use of outside resources; and viii) representative decision-making. These domains have also been described by Israel as the nine factors that influence community empowerment [20]. The similarity of the domains identified by this review to those defined by Cottrell [6] 40 years ago suggests that concepts of capacity development have little changed over time.” [emphasis added]

Of the papers encompassed by the review, Maclellan-Wright, Rifkin and Laverack have made important contributions to the development of processes to actively engage the community in measuring its capacity. These authors have suggested that capacity measures be developed in the context of specific programs, be culturally specific, not burdensome, and be applied in a group setting, used at various stages of projects - project planning, implementation and evaluation, and used as a guide to identify project strengths and weaknesses.

Conclusions of the review of evidence

Consultation of two systematic and one realist synthetic major literature review has not led to the identification of high level means to prove efficacy of sector support pathways in relation to the target population. Even so, the quality and scope of the documents consulted is of a high level within the field available, allowing the claim that the following conclusions are based on the best available current evidence and as such, based on ‘gold standard’ evidence.

Of the two reviews informing the practice of Fox et al., *Best Practice to Break Through Impacts* was found not to contain information applicable to sector support organisations in the Australian context.

The second of these reviews, *Better Systems: Better Chances*, provides evidence which validates the role of sector support organisations within the principle of ‘proportionate universalism’, and reinforces the efficacy of universalist delivery alongside targeted services to address the needs of children and youth. However, it deals with sector support work only obliquely by reference to Collective Impact and notes there is no hard evidence of efficacy for such interventions.

The search for a high quality study relevant to CRN's field of endeavour was satisfied in the identification of the realist synthesis systematic review *Measuring capacity building in communities* (Liberto et al., 2011)

Liberto et al. does not, however, provide access to a tested outcomes measurement in respect to capacity building work of sector support organisations. Rather, a field of literature pertaining to various fields of capacity-building is presented for further reference in relation to particular needs and contexts.

Sector support organisations working with forms of capacity-building can nevertheless draw on the finding of Liberato et al. to develop measure suiting their particular capacity-building methods and context. Where possible they can take up recommendations to work with project partners to develop means to derive numerical indicators, supplemented by qualitative measures, to triangulate these observations within a narrative encouraging continuous improvement and other values complementary to the TEIP reforms.

The review of the literature examined allows the conclusion that CRN's pre-existing program logic is efficacious, to the extent that it can be determined through the means available at the current time. This claim is founded on the recognition that its program logic has been developed through reference to the best available practice and industry knowledge applying to its domain over the decades it has been in operation. The endurance of the key values of community capacity building for half a century, noted in Liberato et al., is one validation of this form evidence-based practice. Their value has survived the test of time.

The development of outcomes associated with domains common within the capacity building field and relevant to sector support program logic will nevertheless extend the scientific basis of sector support work and encourage reflection on its possible improvement.

Step Three: Impact Pathways

Having conceived, in Step One, CRN's product in terms of two Social and Community and one Empowerment Outcome Domains, the role of change mechanisms engaged to realise these outcomes can be considered.

The target outcomes are:

1. a cohesive and collaborative community of specialist organisations (**S&C, Outcome 1**);
2. direction of the resulting community, and the broader community, to the values of empowerment, advocacy and the removal of disadvantage (**S&C, Outcome 2**);
3. a cohesive, collaborative and self-determining set of communities in which all members are actively engaged (**Empowerment, Outcome 3**)

Change mechanisms impacting to produce **Outcome 1** seek to offset factors fragmenting the local community sector and undermining its capacity, such as:

- Institutional barriers within community service sector, worsened by market competition, government and non-government siloing.

- Churn of workers and services leaving services under-resourced, lacking in corporate knowledge and business continuity, with high need for training, collegiality and sector orientation.
- Changes in government and sector leave sector uninformed and at risk.
- constraints on critical discourse and culture of quietism.

CRN's established working method has built a community of services and agencies through the provision of forms of mutuality – the distribution of information and advice of relevance to the community sector, the creation and maintenance of service directed forums considering matters of shared interest (training, consultation and, where possible, collaborations). Such efforts help to integrate the sector professionally, enabling more efficient flows of information, identification of new issues and potential service collaborations.

Change mechanisms producing **Outcome 2** express the values CRN uses to direct the capacity of the community sector to the goal of community empowerment. Such mechanisms include (but are not limited to) efforts to reveal and address direct barriers to participation and empowerment such as:

- *shortage and uneven distribution of resources
- *gender, cultural and language issues
- *trauma, isolation, depression and other mental health issues
- *lack of community infrastructure to actively respond to drivers of disempowerment
- *transport.

Mechanism may include efforts to reveal and critique entrenched belief systems sustaining disadvantage such as:

naturalisation of disadvantage, acceptance of intergenerational disadvantage, racism, sexism, ageism etc. and physical expression of above (eg. domestic violence, institutional and explicit racism, unemployment).

Outcome 3 of the Empowerment Domain is a product of the impacts of Outcomes 1 and 2, working in their most effective combination to engender an empowered and self-determining body of communities.

Step Four: Indicators

Indicators of outputs and outcomes for the targeted outcomes of CRN's program logic over the short, medium and long-term are set out below.

Outcome 1: a cohesive and collaborative community of specialist organisations (sector-focussed, intensive, administrative/technical)

Short-term outcomes

1.1.1 Maintenance and development of established CRN sector communication methods and resources.

Monitoring outputs: As listed under Community Builders contract (numbers of key tasks 1-7);

Intermediate outputs: organisational evaluation via NGO Capability Building Tool and CRN praxis cycle

Outcome indicator - Satisfaction survey of organisational, interagency and EDN members lists (annual)

1.1.2 Maintenance and development of established CRN interagency methods.

Monitoring outputs: interagencies convened/attended, attendances [number]; related resources (planning convened, minutes, interagency listings and working groups [number/quality];

Intermediate outputs: presentations and resources, evaluation methods developed for interagencies (number/quality)

Outcome indicator - Satisfaction survey of organisational, interagency and EDN members lists (annual)

1.1.3 Sector-targeted, regionally specific information and resource easily accessible

Monitoring outputs: EDN distribution statistics; non interagency-related resources such as submissions, fact sheets (numbers/quality) and takeup (web hits).

Outcome indicator - Satisfaction survey of organisational, interagency and EDN members lists (annual)

Medium-term outcomes

1.2.1. Development and application of sector capacity-building evaluation methods across domains of CRN delivery.

Outputs: Completion of a fit for purpose capacity-building evaluation tool and initial application (number/quality)

Outcome indicator: integration in, and improvement of tool, by domain (number/quality)

1.2.2 Development of CRN service praxis cycle drawing on evaluation of sector support work.

Outputs: Evaluation report and recommendations (number/quality)

Outcome indicator: implementation of report recommendations

Long-term outcomes

1.3.1 Heightened level of community capacity within community sector

Outcome indicator: Report of community capacity building evaluation tool

1.3.2 Greater collaboration between services

Outputs: joint projects and collaborations (quality/number)

Outcome indicator: Report of community capacity building evaluation tool

1.3.3 More frequent exchanges between community service `sub` sectors

Output indicator: interagency cooperation (numbers/quality)

Outcome indicator: Report of community capacity building evaluation tool

1.3.4 Heightened consensus on the value of community empowerment, methods to support its development and to measure it. (The social dimension of this outcome within the sector.)

Output indicator: satisfaction survey; report of community capacity building evaluation tool.

Summary Outcome – informed by above indicators and synthesised via CRN evaluation tool

Outcome 2: direction of the resulting community sector, and the broader community, to the values of empowerment, advocacy and the removal of disadvantage (community-oriented, values-driven, extensive, accessible)

Short-term

2.1.1 Maintenance and development of established CRN sector communication methods and content relevant

to domain 2

Output indicator – numerical Community Builder KPIs for the supply of *information and resources, representation and capacity building* consistent with the CRN vision. (quantity)

Output indicator – development of content/value measures for CRN distributions (quality)

Output indicator – reporting of targeting of above outputs to discreet, value-based priorities (eg. domestic violence, group formation strategies)

Medium-term outcome – transparent orientation of CRN to its stated core values (satisfaction survey, above indicators)

Medium-term outcome – capacity of community to access best available evidence collated for their purposes (satisfaction survey, KPI indicators)

Medium term

2.2.1 Maintain and develop the scope and depth of CRN materials to engage in critical regional issues and responses.

Medium-term outputs – identification of emerging needs and issues through ongoing liaison with interagencies, (compiled by bi-monthly summary report).

Medium-term output – Prioritisation of resource production within CRN annual plan, where possible in partnerships with relevant interagencies and organisations. (report, survey, website hits and KPI measures)

Medium-term

2.2.2 Implementation and modelling of sustainable advocacy strategies (eg. partnerships, issue-related research).

Immediate output – orientation to the formation of short-term issues-based working groups

Immediate output – maintenance of representations to NCOSS, FONGA and other peaks (meeting reports)

Medium-term output – development of ToR for short and medium term issues-based working groups (numbers of applications, alignment of issues to CRN values)

Medium-term output – prioritisation of issues in interagency annual plans (numbers and quality).

Medium-term outcome – increase in partnerships oriented to advocacy work; broadened advocacy base (numbers/quality of related partnerships)

Long-term outcome – increased uptake of advocacy work by small organisations and community groups (survey, community empowerment survey)

Summary Outcome – informed by above indicators and synthesised via CRN evaluation tool

Outcome 3: Empowered regional communities supported by a cohesive community sector – (community focussed, extensive)

3.1.1 Realisation of Outcomes 1 & 2

See above outcome indicators, considered as inputs to Outcome 3.

3.1.2 Plans, reports, meetings, organisational performance evaluation etc facilitating the coordination of the organisation to maximise effect.

Short-term output indicator: NGO Capability Building Tool (evaluating organisational capacity)

Medium-term output indicator: sector support-specific tool developed with reference to Maclellan-Wright et al. and other inputs to be determined.

3.2.1 Summary (primary) outcome indicator: CRN's contribution to the achievement of this outcome will be deduced through an assessment of program evaluation in relation to Outcomes 1, 2 & 3, triangulated via reference to a community empowerment survey (following Alsop and Heinsohn, 2005), regional population

health and well-being indicators (the opportunity structure) and effect attribution analysis taking into account mitigating factors such as changes in local, state and federal government delivery, demographic and economic changes, changes in local infrastructure.

Step Five: Program Logics

Program logic – Community Resource Network

To conform with the TEIP requirements for program logics, the particularity of CRN’s existing working method in the Social and Community domain outlined above must now be overlaid with the TEIP-recommended structure for the reporting of program logic/s, showing the categories of ‘goal’, ‘evidence’, ‘program’, change mechanisms’, outputs and client outcomes’ and ‘goal’. In order to make the process of manageable scale, program logic has been developed for the outcomes identified above. Existing forms of provision are described in terms of two ‘social and community’ and one ‘empowerment’ output domains.

Social and Community Outcome Domain 1 – intensive – sector focussed- technical-administrative	Social and Community Outcome Domain 2 (Empowerment focussed)– extensive/public domain – community focussed – value-driven
Measures consolidating the local community sector as a collaborative community of interests	Measures building capacity of the community (in its diversity) as a whole to identify and address its own problems
<p>Examples: <i>Connection</i> (CRN, 2018:2): Interagencies, Electronic Distribution Network; Partnerships, Collaborations, Networking, Online Communication (targeted to sector)</p> <p><i>Capacity building:</i> As it applies to sector development, eg. Interagency convenor’s forum, sector specific training, conferences etc</p>	<p>Examples: <i>Information and Resources:</i> Fact sheets, agency contact lists, Interagency information, Information referral, sector news and information, templates and guides.</p> <p><i>Representation:</i> Submissions and inquiries, advocacy, representations to local and state government, consultations, policy forums</p> <p><i>Capacity building:</i> Training, workshops, research and reports, learning circles, mentoring and support, planning, presentations, referrals and advice</p>
Empowerment Domain Outcome 3 – extensive/empowered regional communities supported by a cohesive community sector	
The product of the dialectic relation between Outcome Domain 1 and Outcome Domain 2, enabling CRN’s vision of ‘a community sector that empowers local communities’.	

Program logic: Social and Community Outcome Domain 1 – Intensive/sector focused – technical-administrative

Problem/s	Evidence	Program	Change mechanisms	Outputs and client outcomes		Goal
<p>Institutional barriers within community service sector, worsened by market competition, government and non-government siloing.</p> <p>Churn of workers and services leaves services under-resourced, with high need for training, collegiality and sector orientation.</p> <p>Changes in government and sector leave sector uninformed and at risk.</p> <p>Servant-master positioning of govt. commissioned services constrains critical discourse and feeds quietism.</p>	<p>Poor knowledge of available related services and staff</p> <p>poor knowledge of function and scope of related services</p> <p>poor and inappropriate referrals</p> <p>client hoarding</p> <p>false reporting</p> <p>service duplication</p> <p>institutional volatility</p> <p>lack of cooperation between services</p> <p>lack of analysis and systemic advocacy</p> <p>Client creaming</p> <p>Incompatible technical discourse between sub-sectors</p>	<p>A program to encourage communication, service interaction and promote cooperation and trust between community services, agencies and government entities – to the extent possible within current constraints - and with a focus on addressing disadvantage.</p>	<p>1. Maintain and improve existing distribution hub to broadcast, in the public domain, service notices, resources and information to enable the subscribed service community and at large.</p> <p>2. Administer and support interagency capacity to program ends.</p> <p>3. Develop and broadcast evidence relevant to the community capacity to address disadvantage</p> <p>The above mechanisms will enact extensively on the TEI target outcomes <i>across all outcome domains and via all services supported by CRN.</i></p>	<p>Immediate output and implementation outcomes</p>	<p>Medium-term outcomes</p>	<p>A collaborative, cooperative and informed local community sector enabling a community empowered to address the target TEI outcomes within the region serviced by CRN and other targets relating to community well-being (consistent with proportionate universalism approach to human service outcomes in totality).</p>
	<p>1. Maintenance and development of established CRN sector communication methods and resources.</p> <p>2. Maintenance and development of established CRN interagency methods.</p> <p>3. Sector-targeted, regionally specific information and resources</p>			<p>Understanding of CRN goals, terminologies and outcome measures within sector.</p>		
	<p>Medium-term outcomes</p>			<p>Long-term outcomes</p>		
	<p>Development and application of sector capacity-building evaluation methods across domains of CRN delivery.</p> <p>Development of CRN service praxis cycle.</p>			<p>Heightened level of community capacity within sector.</p> <p>Heightened consensus on the value of community empowerment, methods to support its development and to measure it.</p>		

Program logic: Social and Community Outcome Domain 2 (Empowerment focussed) – Extensive/public domain-community focussed

Problem/s	Evidence	Program	Change mechanisms	Outputs and client outcomes		Goal
<p>Barriers to participation and empowerment: *shortage and uneven distribution of resources *gender, cultural and language issues *trauma, isolation, depression and other mental health issues *lack of community infrastructure to actively respond to drivers of disempowerment *transport Etc.</p> <p>Naturalisation of disadvantage, acceptance of intergenerational disadvantage, racism, sexism, ageism etc. and physical expression of above (eg. domestic violence, institutional and explicit racism, unemployment)</p>	<p>Blacktown and Hills Council Social Plans; community profiles (Census data), BOSCAR statistics, Domain Healthy Suburbs study, National Framework for Protecting Australia’s Children (re Blacktown/Hills indicators), Australian Early Development Index, Scanlon Social Cohesion Index, Gini coefficient for Blacktown/Hills household income.</p> <p>Focus of analysis on ‘risk factors’ determining pathologies rather than the sociologies determining ‘risk factors’.</p>	<p>A program to empower the capacity of local communities to prioritise and address barriers to participation through the preparation and distribution of relevant information, resources and support.</p>	<p>1. The development and dissemination (<i>representation</i>) of accessible <i>information and resources</i> identifying the primary barriers to participation and factors replicating them.</p> <p>2. Resourcing of campaigns, in partnership with other services, to support community-prioritised issues assisting participation (<i>community capacity building</i>).</p>	<p>Immediate output and implementation outcomes</p>	<p>Medium-term outcomes (contd)</p>	<p>Maintenance of the focus of community services and agencies on community empowerment to address the target TEI outcomes within the region serviced by CRN and other targets relating to community well-being (consistent with proportionate universalism approach to human service outcomes in totality) with the assistance from a collaborating, cooperative and informed local community sector.</p>
				<p>1. Maintenance and development of established CRN sector communication methods and content relevant to domain 2</p> <p>2. Development of the scope and depth of CRN materials to engage in critical regional issues and responses.</p> <p>3. Implementation of sustainable advocacy strategies (eg. partnerships, issue related research).</p>	<p>Understanding of CRN goals, terminologies and outcome measures within sector.</p> <p>Increased capacity of community to use best available evidence to advocate.</p> <p>Modelling of sustainable advocacy; broadened uptake of advocacy work by small organisations and groups.</p>	
				<p>Medium-term outcomes</p> <p>Transparent orientation of CRN to its stated core values.</p> <p>Increase in partnerships oriented to advocacy work.</p>	<p>Long-term outcomes</p> <p>See Goal.</p>	

Program logic: Empowerment Domain Outcome 3: Empowered regional communities supported by a cohesive community sector - extensive

Problem/s	Evidence	Program	Change mechanisms	Outputs and client outcomes	Goal
<p>Failure of coordinated delivery of Outcome 1 and 2: eg. (a) development of a collaborating sector which fails to act effectively on the realisation of community empowerment;</p> <p>(b) the unsustainable projection of CRN governing values (alienating collaborating parties and eroding resource base).</p>	<p>(a) Failure of sector to address entrenched social problems and issues; Failure to identify new and emerging issues A-critical and quietist culture; Legitimation of oppressive and repressive mechanisms;</p> <p>(b) Collapsing partnerships and collaboration Eroding resource base Emergence of compliance issues</p>	<p>Coordinated facilitation of Outcomes 1 and 2 to maximise Outcome 3</p>	<p>An effectively governed, administered and legally compliant organisation using evidence-based planning to realise organisational strategies and vision.</p>	<p>See Outputs and Outcomes for 1 and 2</p> <p>Plans, reports, meetings, organisational performance evaluation etc facilitating the coordination of the organisation to maximise effect.</p>	<p>Empowered regional communities supported by a cohesive community sector</p>

Step Six: Identify and Link Relevant Databases

In the case of case management services and other intensive 'coal face' services to be funded under TEIP, data for individual subjects of the service ('clients') can be reported to and accessed from government maintained databases through Data Exchange protocols. This level of individualised monitoring is not generally relevant for sector support services. Internal data sources informing CRN's program logic are listed below, their integration within a reporting process being discussed in the concluding comments below.

Social and Community Outcome Domain 1 – sector focussed

Established Community Builders KPIs
Interagency and other meeting minutes resourcing summary report
Resource production/distribution record
NGO Capability Building Tool (interim)
CRN Satisfaction survey of organisation, EDN and Interagency members (annual)

Social and Community Outcome Domain 2 (Empowerment focussed) – community focussed

Established Community Builders KPIs
Content/value measurement tool and distribution/website hits data
Strategic plan priorities
Interagency priorities
Satisfaction surveys
Bi-monthly interagency reports
Meeting reporting (other than interagencies)
Frequency/quality of issues based working groups
Frequency/quality of interagency annual plans or other administrative devices
Frequency/quantity of advocacy partnerships

Empowerment Outcome Domain 3 – integrated organisational outcomes

Program indicators

NGO Capability building tool (interim)
CRN-specific integrated performance report and indicator (after Maclellan-Wright et al.)

Population indicators

SEIFA index, Gini coefficients, FACS supplied regional data, local government social plans, Census, community empowerment survey (after Alsop and Heinsohn)

Step Seven: Monitoring and evaluation

The above program logic regime presents an apparently complex array of interrelated tasks. However, the above tasks can be collapsed into a limited and manageable set of practical monitoring and reporting tasks, the majority of which have been in place at CRN for some time.

Annual reporting of monitor data

All process indicators (outputs) can be compiled annually, in advance of the preparation of the annual report, by the professional responsible for delivering the relevant outcome.

CRN sector feedback survey

The sector supported by CRN is well-placed to assess the quality and relevance of the organisation's output of both outputs and outcomes. Annual surveys of Electronic Distribution Network, Blacktown Combined Interagency and CRN members lists will provide well-informed, independent and objective assessments of the organisation capacity and performance (CRN administered a survey in 2017 to assess its performance and value to the sector it serves, the product of which was reported in the 2017-18 annual report).

Operational Environment Report

An assessment of the regional policy, economic and institutional environment acting upon the target population of CRN's program – capturing relevant population data, empowerment outcome indicators from members' surveys and a community empowerment survey – will be required as background informing a Summary Evaluation Report. This has potential to be compiled as a collaborative interagency project, supplemented by regional FACS data such as Personal Wellbeing Index indicators.

CRN Capacity Building Evaluation Tool

The above information will be aligned to and address a series of questions within an evaluation tool providing the summary assessment of CRN's performance capacity. The tool, involving a collaborative assessment process of stakeholders and interested parties, will draw on the information provided to identify the quality of critical outcomes. While modelled on the tested capacity building evaluation tool of Maclellan-Wright et al., the scope and form of the tool will be designed in collaboration with relevant stakeholders.

A summary interpretive outcomes report, for publication in the annual report, may be created for purposes of reporting to FACS.

Step Eight: Public Reporting to increase accountability

CRN follows an existing practice of publishing its annual reports and much of its work is easily accessible by web, email distribution and public meeting. The publication of the additional reporting tools foreshadowed above may easily be adapted for public distribution.

Concluding tasks

The above has set out an effective response to the call of the TEIP reforms for a more consciously evidence-based approach to sector support work, based on the best available evidence. To implement the above program logic will require the development or adaptation of the following assessment tools and supporting resources:

Content/value assessment tool

A means to assess the alignment of information distributed by CRN by content/CRN values.

Sector feedback tool

Populations intensely supported by CRN (Electronic Distribution Network – currently approx. 750; Blacktown Combined Interagency – currently approx. 220; CRN membership – approx. 50) can provide highly informed assessments of CRN’s performance/relevance. They are also well-placed to assess progress against a number of CRN’s target outcomes. CRN’s existing annual surveys can be revised to support the evaluation of the formalised program logic introduced above.

Operational environment report

A report assessing factors affecting CRN’s target intervention domains will be required to triangulate CRN’s estimated effect size.

CRN Capacity Building Evaluation Tool

Based on the best available evidenced-based model of an evaluation tool specific to the field of community capacity building, this tool must be adapted to CRN’s vision and its expression in the program logic adapted in response to the TEIP reforms.

Resources to develop and implement the above tools will be the subject of an application to the ‘Early Intervention Evidence Fund’ foreshadowed by Minister Goward on 23 October 2018.

References

- Adams, S., Mathew-Simmons, F., MacDonald, D., Dybka, G., Crighton, J., Gow, J., James, K., *Human Services Outcomes Framework: Application to Early Intervention* (2018), NSW Department of Family and Community Services
<https://www.facs.nsw.gov.au/download?file=589055>
- Alsop, R. and Heinsohn, N. (2005), *Measuring empowerment in practice: structuring analysis and framing indicators*, World Bank Research Paper no.3510
- Berenston-Shaw, J. & Morgan, G. (2017), *Pennies from Heaven: Why Cash Works Best to Ensure All Children Thrive*, Wellington: Public Interest Publishing.
- Centre on the Developing Child at Harvard University (2016), *Best practices to breakthrough impacts: a science-based approach to building a more promising future for young children and families*
- Cottrell LS Jr. (1964) ‘Social planning, the competent community, and mental health’, *Rep Group Adv Psychiatry*. 10:391–402.
- Fox, S., Southwell, J., Stafford, N., Goodhue, R., Jackson, D., & Smith, D. (2015), *Better Systems Better Chances: a Review of Research and Practice for Prevention and Early Intervention*, Canberra: Australian Research Alliance for Children and Youth (ARACY).
- Izmir, G., Katz, I., & Bruce, J. (2009), *Neighbourhood and Community Centres: Results for Children, Families and Communities*, Social Policy Research Centre: University of New South Wales.
- Liberato, S., Brimblecombe, R., Ritchie, R., Ferguson, M., & Coveney, J., (2011) ‘Measuring capacity building in communities: a review of the literature’, *BMC Public Health*, 11:850

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3229539/>

Maclellan-Wright, M., Anderson, D., Barber, S., Smith, N., Cantin, B., Felix, R., & Raine, K. (2007) Measures of Community Capacity for Community-Based Funding Programs in Canada, <https://www.ncbi.nlm.nih.gov/pubmed/17942594>

Moore, T.G. (2008), Rethinking universal and targeted services, Victoria: Centre for Community Child Health.

NSW Department of Family and Community Services (2018), Targeted Earlier Intervention Program Outcome Framework, <https://www.facs.nsw.gov.au/download?file=591790>

Pawson et al. (2004) *Realist synthesis: an introduction*, University of Leeds, United Kingdom, <https://www.semanticscholar.org/paper/Realist-synthesis-an-introduction-Pawson-Greenhalgh/435146e6e6617491ff1c4b32b76e0a534c86d6c7>, retrieved 25 Oct 2018