



Exploring Families' connection with and movement through an Area-based Service System: Creative Clinical Data Mining within a Developmental Evaluation Process

Kirsten Harmer, Magdalena Liso and Sarah Spiker
Mission Australia
Assoc Professor Wendy Earles
James Cook University



About Mission Australia

- Mission Australia is a national non-denominational Christian community services organisation
- We are over 150 years old
- Our vision is to see a fairer Australia by enabling people in need to find pathways to a better life



Critical Reflection

- At a national level, CS were grappling with questions like:
 - “What do we need to do to achieve our vision?”
 - “What does a fairer Australia look like?”
 - “What outcomes do our services need to be focusing on?”

We were looking for a better understanding of our impact, and a more consistent approach to measuring it.



CfC Response – National Evaluation of 6 sites

Are we making an impact as a Facilitating Partner?

Are the Activities delivered by Community Partners and by Mission Australia making an impact?

- In each case the key considerations are –
- What outcomes are we achieving?
 - What is working?
 - What is not working?



ECB and Developmental Evaluation Methodologies: But, what about Program Evaluation?



Complementary and different approaches of understanding and working in organizations and programs:

- **Program Evaluation** tends to apply a recognized model of evaluation to a specific situation
- **ECB** co-creates and co-sustains an evaluation system based on practice wisdom and the ‘ways things are done around here’
- **Developmental Evaluation** aims to assist practitioners innovate and adapt their practice in changing and complex environments

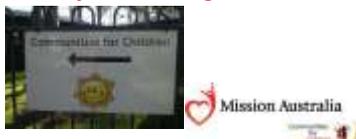


Communities for Children



Investigating Integration

- Purpose: to contribute to understanding users' experiences of an integrated system of (activity) provision.
- Question: *What can we learn about activity users' connection with and movement within the system of provision from existing records of activity use?*



Clinical Data Mining (CDM)

- CDM is a paradigm of practice-based research that engages managers and activity staff in **analysing and evaluating routinely recorded material** to explore, evaluate and reflect on their practice.
- It is about knowledge-generation to contribute to evidence-informed practice and can be used for quantitative and qualitative material (Epstein 2010).
- CDM proceeds through a series of steps:
 - identifying a data set
 - identifying variables and attributes
 - establishing a time frame.



Identifying a data set

Two possible data sources

- Inala to Ipswich: 500 families *I'm a CfC Family* database
- Mt Druitt 200 families *Community Membership Card*



Variables and Attributes

- *family member number*
- possibly the *access to program* information (title of the referring worker's position, the agency name, advertisements, family, friends and other)
- *project name* and *term dates*
- It was not the intention of this study to access or use any demographic information for activity users.



Time frame and sampling strategy (examples)

Activities*	Activity code for this study	April-June 2011	July-September 2011	November-December 2011
Kids' Gym: Baby and Me Time	-	-	-	Yes
Kids' Gym: Kids 2-5 years (all groups)	KG	Yes	Yes	Yes
HOOK'D UP project	HU	Yes	Yes	Yes
Family Links: Whalan Learning Circle	WLC	-	-	Yes
Family Links: Whalan Cooking for Adults	WCA	-	-	Yes
Family Links: Whalan Romp & Stomp	WRS	-	-	Yes
Family Links: Whalan Sing & Grow	WSG	-	Yes	-
Family Links: Whalan Walking the Talk	WWT	-	Yes	Yes
...				



Considering ethical issues and developing appropriate protocols

- Clinical data mining approaches must be **used with caution**. The ease of access to user data sets does not mean they are readily available for mining.
- The CfC *About you Form* used in Mt Druitt did **alert** those completing it that the information would be tracked using the member number.
- It was also **voluntary** for activity users to take up a family number and activity access was not restricted to members.
- For this study certain **protocols** were put in place to protect client demographic information such as ensuring that only de-identified data was viewed.



Conducting analyses

- First it was examined for any **patterns in connection** points for families.
- Second it was examined for **continuing use of the same activity**.
- Third it was examined for **use of activities offered from one family link hub**.
- Fourth, it was examined for **use of activities by a family across different** hubs or activities that were not hub-based.
- The information on 'access to program' was also aggregated across all data sets to provide some insight into **referral sources**.



What was found?

There were **three groups of families** within the extracted data set of 126 families:

- 49 families who exclusively used Kids' Gym;
- 25 families who exclusively used HOOK'D UP; and
- 52 families who accessed activities through family links hubs



Patterns in connection

- The nature of the connection activities evident in the extracted data **highlighted the importance of play opportunities for children, groups for enhancing parenting skills, and self-development programs for parents as engagement strategies**.
- For example: Of the 52 families in the data set for hubs, 20 were engaged with activities in the period April-June 2011 – indicatively 15 engaged with playgroups and 8 engaged with self-development activities for women (some families engaged with more than one activity).



Continuous use

- Kids' Gym
16/49 families demonstrated **continuous use** over the 3 terms (but this may be for different children), 21 families used the activity in two terms and 12 families used the activity for one term only.
- HOOK'D UP
25/25 families **engaged continuously** in the 9 months data period (but this may also be for different children).



Increased engagement

There was evidence of take up of a range of other activities once connection was made. Of the 52 families:

- 17 families connected with one activity;
- 9 families connected with 2 activities;
- 14 families connected with 3 activities;
- 8 families connected with 4 activities;
- 3 families connected with 5 activities; and
- 1 family connected with 6 activities within the data period.

This indicates that about **two thirds of families took up other activities once engaged**.



Movement

Of the 35 families who engaged with more than one activity:

- 26 families accessed activities within an individual hub (13 at Blackett, 9 at Hebersham and 4 at Whalan);
- 8 families accessed activities at more than one hub;
- 1 family engaged with a hub and then with a stand-alone activity (Kids' Gym); and
- No families engaged with a stand-alone activity and then accessed a hub.

This indicates that about **two thirds of families use activities at a single CfC hub while one third access activities across hubs**.

It also indicates that within this time period there was **little or no movement between hubs and stand-alone activities**.



Supported connection and movement

- The evidence suggests that the main support for connection or movement in the data period was from **family and friends** (99) and from **advertisements in the community** (61), and this occurred cross a range of activities.
- The health department made **referrals** to Kids' Gym (37) but also to some hub-based activities (10).
- Other **government agencies** made some **referrals** namely Community Services (2) and Housing (2).
- The **facilitating partner** Family Links Worker (16) and the Aboriginal Family Connect Worker (10) supported connection to hub-based activities and movement.



What does this tell us about what we are doing?

- There was some evidence **beyond intuitive knowing** that the **contractual obligation** to connect families and children with (relevant) services was achieved.
- Hubs as a 'soft entry' model is highly effective in promoting greater service access.

What was learnt about the process?

- Clinical data mining can provide a means to demonstrate **connection and movement**.



Deep listening for experiences – specific study 3B

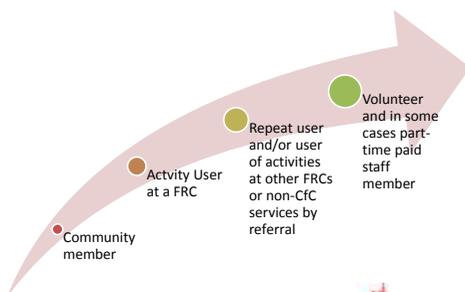
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Methodology and design

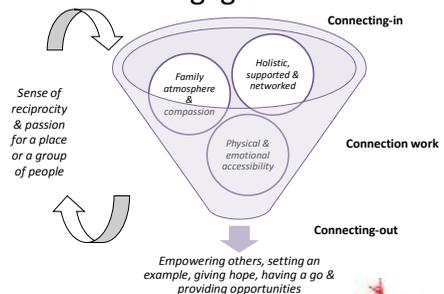
- Exploration of the data needs
- Design of a collection instrument
- Agreement on the site and sampling
- How to gain access to the participants and build rapport
- Ethical considerations
- In-depth interviews and analyses across the interviews based on common themes



Results



SS3B: The underlying story of engagement



The underlying story of engagement

- For the FRCs at Sadleir and:
 - receiving practical compassionate assistance when you were in need,
 - feeling a sense of community at the centre, a deep desire to give back compassionately to others based on your own experiences, and
 - active engagement of others such as family members and friends.
 - Interviewees valued having a centre with activities all in one accessible place and the offer of referral to other services to meet needs.



The underlying story of engagement

- Across all FRCs there was a *connecting-in* and a *connecting-out* process for members of the community, and workers and volunteers to do the *connection* work. People *connected -in* because they needed assistance and/or were motivated to contribute.
- There was a very strong *sense of reciprocity*.



Questions and Reflections



Contacts and acknowledgements

Contacts:

Sarah Spiker spikers@missionaustralia.com.au
www.missionaustralia.com.au/cfc

Assoc Prof. Wendy Earles – James Cook University
Wendy.earles@jcu.edu.au

Mission Australia Site Managers:

Jenny Chaves – Inala to Ipswich (Qld)
 Margaret Osmond – Cairns (Qld)
 Bernadette Burchell – Greater Dandenong (Vic)
 Kirsten Harmer – Mt Druitt (NSW)
 Magdalena Lisa – Miller (NSW)
 Nicole Rowe – Taree (NSW)

