

Gladstone Region Wellbeing UMEL Strategy (Measurement Framework)

Draft developed: September 2024

www.gladstoneregiontogether.org.au

Gladstone Region engaging in action Together



Acknowledgement of Country

We acknowledge the Bailai, Gooreng Gooreng, Gurang, and Taribelang Bunda people, the traditional custodians of this land. We pay respect to Elders, past, present and emerging. We extend this respect to other Aboriginal and Torres Strait Islander people.



This UMEL Strategy was designed using guidance from: Clear Horizon Complete MEL resources, SPSP UMEL Strategy, ARACY Nest Framework, and Hands Up Mallee (HUM) MEL framework. Community and stakeholders were involved in the co-design of the measurement framework. Feedback from community was compiled from 2019 onward, and community members were provided the opportunity to co-design indicators at workshops during 2023.



Contents

Background and Scope	
Background	4
Purpose	
Scope	
Audience	
Understanding, Measurement, Evaluation and Learning (UMEL)	5
Measuring Wellbeing	5
Theory of Change	7
Methodology	
Data Sources	
Data Sovereignty	
Data Storage and Security	
Confidentiality	
Data Collection	
Community Engagement	
Local Data Partnerships	
Public Data Retrieval	
Government Department Data Requests	
Understanding	
Data to Understand	
Data to Understand Systems (Systems Mapping)	
Measurement	
Long-Term Population Impact Outcomes	17
Early Indicators of Change	
Actual/Precursor	
Predictive/Enabler	
System Support	
Enabling Conditions of Change	
Variables in Measurement	
Longitudinal Data	
The Measurement System	
Gladstone Region Wellbeing Measurement Framework	
Evaluation	
Key Evaluation Questions (to be co-designed)	



Learning	25
Short Cycles	
Long Cycles	26
Reporting	26
UMEL Engagement Plans	
UMEL Timelines	
Appendix	29
References	



Background and Scope

Background

Gladstone Region engaging in action Together (GRT) is a community-led, place-based social change initiative with the vision of *opportunity, equity and quality of life for everyone in the Gladstone Region*. Gladstone is a *Stronger Places, Stronger People* (SPSP) demonstration community, receiving funding from the Australian and Queensland governments to disrupt disadvantage and create better futures for children and families.

Gladstone was identified as an SPSP demonstration community in 2019 due to growing disadvantage with a significant increase in families with children on welfare or low incomes, developmental vulnerability of children starting school, and child protection substantiations. GRT works in partnership with the community, including local service providers and three levels of government for collective action, continuous improvement and learning, to improve outcomes for families and children.

The work of GRT is based on the foundational assumption that giving children the best start to life includes growing up feeling loved and safe, and this requires the health and wellbeing of parents and families.

GRT utilises a Collective Impact approach to creating change. The Collective Impact model includes five key ingredients:

- 1. Continuous communication (to enable a community-led, relationships approach based on trust)
- 2. A Backbone Team (to resource the work)
- 3. A shared agenda (Vision and Theory of Change)
- 4. A shared action plan (Gladstone Region Wellbeing Action Plan endorsed by community in 2022)
- 5. Shared measurement (Gladstone Region Wellbeing UMEL Strategy).

Purpose

The purpose of the Gladstone Region Wellbeing UMEL Strategy is to demonstrate improved wellbeing for children and their families through the implementation of the community-led, place-based, GRT initiative. This includes:

- Building knowledge through qualitative and quantitative data and evidence
- Driving improvement by supporting evidence-based decision-making
- Establishing accountability of partners toward progress and outcomes
- Creating momentum in the shared vision for Gladstone to build a movement for change.

The success of the community-led initiative will be demonstrated in the measured outcomes it achieves for individual and community wellbeing. GRT measure several indicators to evaluate strategic outcomes and support annual reporting within the SPSP framework.

Scope

The Gladstone Region Wellbeing UMEL Strategy covers the implementation of the GRT initiative across the Gladstone Local Government Area (LGA). The Gladstone LGA encompasses 10 Statistical Area Level 2 (SA2) regions and spans 10,484km² within Central Queensland. This UMEL Strategy is reviewed in line with changes to baseline data and priority needs.

Audience

The primary audience for the findings is the Gladstone Region Community, including: the GRT Backbone Team; Leadership Group; First Nations Working Group; topic specific working groups; partnering stakeholders; and three levels of government. These audiences continue to grow and change over time.

Secondary audiences include those who may be interested in findings including other community-led, place-based initiatives, service providers and researchers.



Note, the term 'community' is used broadly and includes everyone who lives in, participates in, is impacted by, or impacts on life in the Gladstone Region.

Understanding, Measurement, Evaluation and Learning (UMEL)

The Gladstone Region Wellbeing UMEL Strategy encompasses four key components of: *Understanding, Measurement, Evaluation and Learning* (Figure 1), to measure population-level change.



Figure 1: Stronger Places, Stronger People UMEL Strategy

Measuring Wellbeing

Wellbeing indicators are points of data that track progress towards a state of wellbeing.

Wellbeing is determined by a range of factors that influence outcomes, termed the Social Determinants of Health (SDH). Social determinants of health are non-medical factors and conditions in which 'people are born, grow, work, live and age' which shape daily life and outcomes. This can include income, education, food, housing, social inclusion, access to health services, and the environment. There are also a wider set of forces and systems which influence outcomes such as economic policies, development agendas, social policies and norms, and political systems. Social determinants of health influence health inequities. Often, the lower the socioeconomic status, the poorer the health outcomes for individuals across the world (World Health Organisation 2024).

The Gladstone Region Wellbeing UMEL Strategy acknowledges the social determinants of health and the complex nature of wellbeing outcomes. The Gladstone Region Wellbeing UMEL Strategy aligns with the Australian Research Alliance for Children and Youth (ARACY) 'The Nest' framework and Common Approach®. Indicators are mapped against the six domains in 'The Nest' and the Common Approach® frameworks.

'The Nest' is an evidence-based framework that considers the whole child in the context of their daily lives. It conceptualises wellbeing as six interconnecting domains, viewing wellbeing as a nest that supports children and young people to thrive and reach their potential (ARACY 2021).

For a child to be happy, healthy and fly from the nest, their needs must be met in all six domains of 'The Nest':

- Valued, Loved and Safe
- Material Basics
- Healthy
- Learning
- Participating
- Positive Sense of Identity and Culture



ARACY's Common Approach[®] encompasses all six wellbeing areas that align with The Nest, and enables those working with children, young people and families to place the child at the centre of the work, focus on strengths and consider all aspects of a family's circumstances. The Common Approach[®] is a practical way to improve the wellbeing of children, young people and families (ARACY 2022; Figure 2).

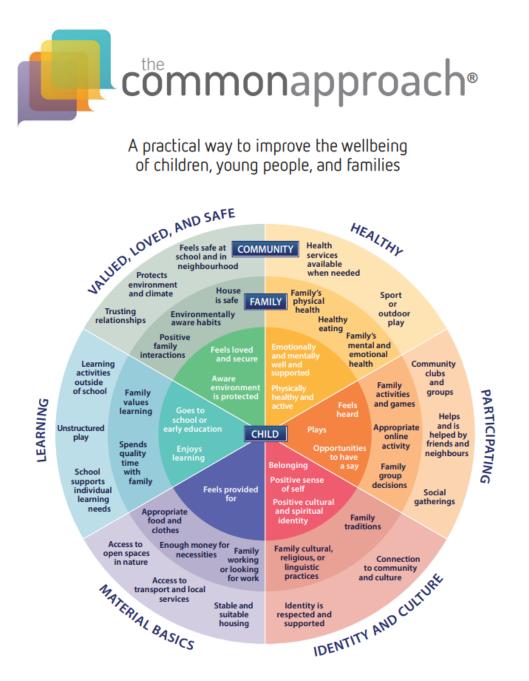


Figure 2: The Common Approach®. Source: ARACY 2022.



Theory of Change

GRT's Theory of Change captures community-identified priority areas of focus to improve outcomes for families and children aged 0-5 years old (prep age) to achieve the collective vision of *opportunity, equity and quality of life for everyone*.

Evidence-based research shows that the trajectory of a child's lifelong access to opportunity, can be influenced by childhood disadvantage. Based on current data and community stories, it is evident that some children in the Gladstone Region are predestined to live challenging lives. Children thrive when they feel valued, loved and safe, have access to life's basics, are starting school ready to learn and on track, participate within the community, and have a positive sense of culture and identity. Changing the future for our children can change the future for the Gladstone Region.

GRT is focused on prevention and early-intervention to reduce disadvantage at the root cause. It is recognised that no single program, organisation or government department can solve complex social issues in isolation. GRT brings together community, services and government to understand local issues, share decision-making and encourage collective action. This work requires transparency, storytelling, adaptability, trust, courage and creativity to change entrenched norms, respond to changing environments and act together for a better future. These are the *conditions required* (*Enabling Conditions*) of change. The social service system plays an integral role in the outcomes of families and children. Often local services can struggle to meet the demands of the community and *System Support* is required to improve the health of the system to enable the right support at the right time for families and children.

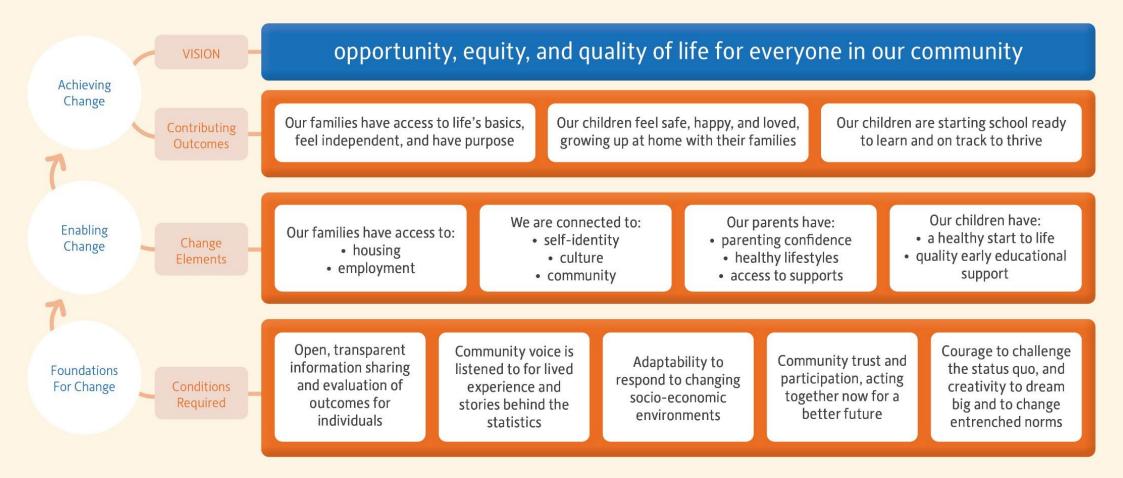
Collective action can provide wrap-around supports for families to have greater access to housing, employment, education and social supports; to build connection to identity, culture and community; to grow and enable parenting confidence and healthy lifestyles; and to support children to have a healthy start to life and thrive. These are the *change elements* (*Early Indicators*) that lead to long-term outcomes. If families and children are thriving, it is anticipated that *contributing outcomes* (*Long-Term Population Impact Outcomes*) will be achieved.

The Gladstone Region Wellbeing Measurement Framework aligns to the GRT Theory of Change and includes measurement to assess change across four key elements:

- 1. Long-Term Population Impact Outcomes
- 2. Early Indicators of Change
- 3. System Support
- 4. Enabling Conditions of Change

Theory of Change





Evaluation Measures

More families 'doing well', more babies born healthy, more children at home and safe with their families, in secure housing and with at least one parent in employment, increase in children attending high quality education care and ready to start school.

Foundation Assumptions

Giving our children the best start in life includes growing up feeling loved and safe and this requires the health and wellbeing of our parents and families.



Methodology

The Gladstone Region Wellbeing UMEL Strategy uses the following approach (Figure 3) to assess the actions needed to achieve change.

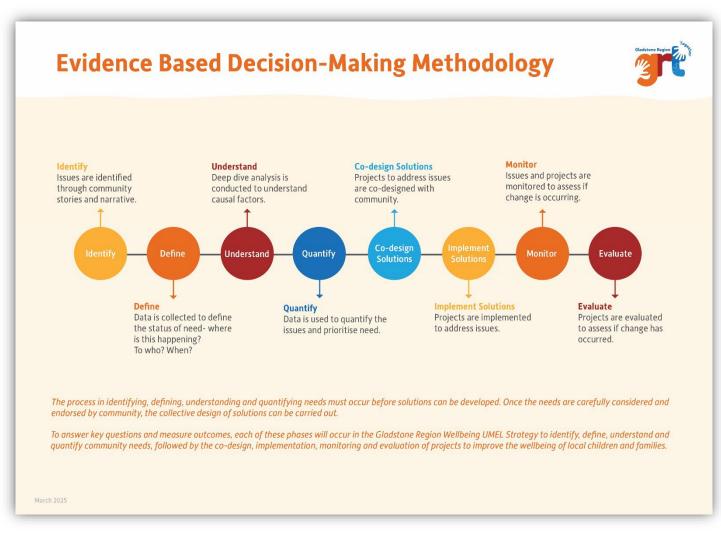


Figure 3: GRT Evidence Based Decision-Making Methodology



Data Sources

Data to support the Gladstone Region Wellbeing UMEL strategy includes:

- **Community voice** feedback and lived-experience captured through stories shared by community for local insights
- Local service data through partnership with local service providers
- Population level data public and private access provided through government partnerships
- **Research** to support and evidence findings.

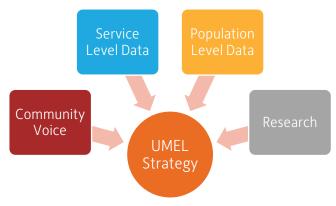


Figure 4: GRT UMEL Methodology

Data Sovereignty

In working with community data, GRT acknowledges the importance of data sovereignty. Data sovereignty is the right to maintain, control and protect local knowledge and data.

Indigenous data sovereignty is "the right of Indigenous people to exercise ownership over Indigenous data. Ownership over data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination and reuse of Indigenous data."

(Maiam nayri Wingara 2018)

Data Storage and Security

GRT protects data from unauthorised access, modification or destruction by security methods and protocols, including data encryption, authentication of platform managers, fully de-identified data, and security audits. All data is owned by the community, its contributors, and stored in data centres that are physically located in Australia. Data used for the purposes of the Gladstone Region Wellbeing UMEL Strategy is bound by CQUniversity's Research Data Management Policy.

Confidentiality

In most cases, data is aggregated, and proportion and percentage is used for measurement to avoid reidentification and protect the identity of individual community members.



Data Collection

GRT collects statistics and stories that help understand and demonstrate change across all levels of GRT's Theory of Change. A mixed-methods approach to data collection and use, places community at the centre of the work by weaving rich community stories with quantitative statistics and research.

(ommunity Engagement

Community engagement occurs regularly at local events, stakeholder meetings and targeted common areas (ie local events, shopping centres, libraries, caravan parks, monthly interagency and network meetings) to capture community voice. The Backbone Team obtains verbal consent and collects stories of insight through conversation and activity. Community roadshow events are held on an annual cycle across the region, including in smaller, remote communities to understand community needs and prioritise local issues. Survey methods are also utilised on occasion to capture stories and feedback.

Stories are entered into the Stakeholder and Community Conversation registers and collated and thematically analysed in the Issues Register (see Figure 5). Thematic analysis of issues raised by community are fed into the Gladstone Region Wellbeing Data Hub and case studies using collection methodologies including Most Significant Change (MSC). Activities and meetings are held for targeted community and stakeholder feedback to define and quantify particular issues, with data presented in an Issues Brief document where required. The Data and Evaluation Working Group collectively weave community stories with data to interpret findings on a quarterly basis.

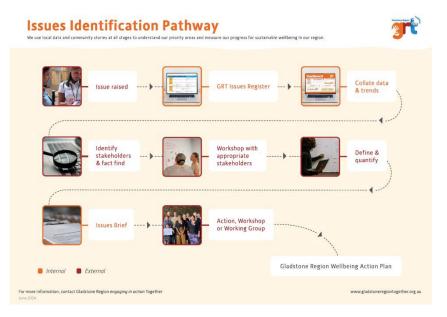


Figure 5: GRT Issues Identification Pathway

Local Data Partnerships

GRT partners with local service providers to capture service-level data. A data sharing agreement is invited with each service provider to ensure integrity and correct storing and sharing of data. Data sharing intervals and collection processes are agreed with each provider, dependent on their internal data capacity and identified phase of the work (see Figure 6).

Once data has been captured, the Backbone Team cleanses, collates, and graphs data. Analysis and interpretation occur in collaboration between GRT and the service provider.



The aim is to categorise and combine service level data into themes to draw insights into local trends and issues to inform the Gladstone Region Wellbeing UMEL strategy.



Figure 6: GRT Data Partnership Phases of Work

Public Data Retrieval

A range of community wellbeing data is publicly available at the population-level. Public data is stored and monitored on the Gladstone Region Wellbeing Data Hub. Other public datasets required for measurement are accessed, downloaded, cleansed, graphed, and stored in GRT's Data System. The Backbone Team conducts initial analysis, and the Data and Evaluation Working Group collectively interpret findings on a quarterly basis. Findings are used in the Measurement Framework.

Government Department Data Requests

Data that is not publicly available is requested through a formal request process with a range of Government departments, with support from Stronger Places, Stronger People government partners. Once received, data is cleansed, graphed and stored in GRT's Data System. The Backbone Team conducts initial analysis and the Data and Evaluation Working Group collectively interpret findings on a quarterly basis. Findings are used in the Measurement Framework. Due to the sensitivity of some datasets retrieved, the Backbone Team determine how this data is to be presented and shared.



Understanding

This element of the Gladstone Region Wellbeing UMEL Strategy is the analysis of qualitative and quantitative evidence to understand historical trends, current issues, and the desired future state. The understanding phase can help to identify issues – ie understand what is working and not working in current approaches to shift conditions or outcomes – and can deepen knowledge of specific issues to understand why they are occurring (causal factors).

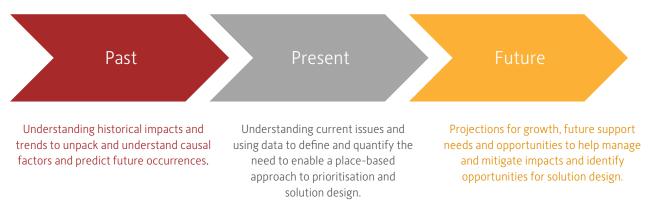


Figure 7: Understanding phase of the UMEL strategy

The Backbone Team supports the community-led work to draw insights and develop shared sense-making of local issues and identify causal factors.

Processes to deepen understanding can include:

- community engagement
- development of community profiles and plans
- service system mapping
- exploration of service system enablers and barriers
- analysis of emerging trends and issues.

Data to Understand

The following data is collected to understand the Gladstone Region population and how the community lives.

What do we want to know?	Indicator	Why is this important?	Source
How has our population changed?	Population # % Population by age, gender, Indigenous status, cultural	To understand our population demographics and migration patterns.	ABS QGSO REMPLAN
How might it change?	diversity, language used at home, family composition, SA2. Migration patterns Population projections Death and birth rates % persons with long-term health conditions		
Can our families access life's basics independently?	# Income support (welfare) recipients \$ Median household incomes % families where no parent is employed	To understand trend changes in employment, occupation types and household incomes. Note: Families where no parent is employed is monitored to correlate to long-term outcomes.	ABS DSS REMPLAN SPER



What are our historical housing supply, demand and constraint trends? What current housing stock levels and housing pressures are we	% long-term welfare recipients (more than 6 months) % Industry of employment % Occupation types Workforce projections and employment types # SPER debts \$ Median weekly Rent # bonds lodged % vacancy rate \$ Mortgage monthly repayments # House sales/transfers \$ Median house prices	To understand how the housing market fluctuates locally. Note: data relating to home ownership is monitored in the <i>Understanding</i> phase of UMEL to understand housing market changes, recognising that vulnerable	ABS RTA UDIA GRC SQM Research
experiencing?	% mortgage stress % Tenure types # rate arrears # home repossessions/debtors entering personal insolvencies	families are represented higher in the rental market.	
Are our children starting school developmentally ready?	% pre-school hours of attendance	To understand pre-school participation.	Childcare providers ACECQA
Is our community connected to culture, community and self- identify?	 # children participating in sports # community event attendance # library and facility memberships % Indigenous language spoken at home 	To understand if our families and children are connected to culture and participating in local sports and events.	GRC ABS Local Families
Who are our local pregnant mothers?	% birthing mothers aged under 20 years old % Indigenous birthing mothers # previous pregnancies	To understand local demographics of parents	QLD Health
Are our mothers participating in healthy behaviours and preventative health checks?	% women attending 8+ antenatal visits % birthing mothers consuming alcohol during pregnancy % birthing mothers with 10+ EPDS # child health checks and developmental assessments	To understand maternal and child health outcomes that influence a healthy start to life.	QLD Health GPs
Are our children experiencing a healthy start to life?	% birthing mothers experiencing pregnancy complications, by type % birthing mothers requiring induction % babies born pre-term (before 37 weeks gestation) % babies breastfed # child emergency department presentations, by type	To understand maternal and child health outcomes that influence a healthy start to life.	QLD Health GPs



Data to Understand Systems (Systems Mapping)

The following data is collected to understand and monitor service provisions (supply: demand ratios) within the Gladstone Region.

What do we want to know?	Indicator	Why is this important?	Source
What types of training and employment opportunities are available locally?	# training and employment opportunities # workforce vacancies Types of training opportunities Barriers to employment	To understand and map employment and training opportunities and barriers.	ABS Local job and training providers Families
What is the current housing market and how does it fluctuate?	# social housing tenancies # social housing waitlist/stock # vacant housing stock Barriers to housing	To understand and map housing availability and the dependency on social housing.	ABS RTA REMPLAN QCOSS/Social Housing Register Families
How many services and programs are available for our families and children?	 # services and programs for families and children # antenatal supports # service directories Types of services and programs Eligibility requirements of services and programs # child development assessment waitlist # parenting program waitlist 	To understand and map the local service system.	Local Service Providers RSTO
How many early education centres are available for our children?	# early childhood education centres and places # early child education centre waitlists	To understand and map the local childcare system	Childcare providers ACECQA
Are our schools supporting our children to thrive?	 # child development programs in schools % school attendance Parent and child satisfaction with schools 	To understand and map the local school support system	RSTO Department of Education Local Schools
Are there local opportunities to connect with culture, community and self-identify?	# community and cultural activities	To understand and map local activities	GRC ABS Families
What enables or limits our families and children in accessing local services and supports?	Enablers and barriers to early intervention programs and supports	To understand enablers and barriers in accessing support services for our families and children (including antenatal supports, parenting programs and child development assessments), and what resources, tools and referral processes might better enable access	Vulnerable Families Local Service Providers
How do our services operate and integrate for the best outcomes for families and children?	Enablers and barriers of service integration	To understand how our service system operates and integrates and what resources, tools and referral processes might be required for continuous improvement to meet the needs of our community	Local Service Providers



Who is accessing our local services?	Enablers and barriers to equitable participation	To understand who is accessing our local services and how our services can engage and tailor services for vulnerable groups who are not participating/engaging	Vulnerable Groups Local Service Providers
What funding is being invested into the Gladstone Region?	\$ investment funding (state and commonwealth)	To understand what programs and services are funded for the Gladstone Region, and where gaps in funded services may exist.	Open Government Data Portal DSS



Measurement

Measurement can involve the use of qualitative and quantitative data to either:

- monitor change or progress towards outcomes to enable interventions or course corrections, or
- measure outcomes for evaluation purposes to evidence the effectiveness of a methodology.

Long-Term Population Impact Outcomes

Long-Term Population Impact Outcomes measure overall community wellbeing, assessing progress and effectiveness in ensuring families have access to life's basics, feel independent and have purpose, and children feel safe, happy and loved growing up at home with their families, and are starting school ready to learn and on track to thrive.

Long-Term Population Impact Outcomes are the overarching outcomes for achieving change in the Gladstone Region across the next 5-10 years (2024-2034). The success measures were selected by the Gladstone Region community from the *Stronger Places, Stronger People* indicators.

Outcome indicators are measured annually (where possible). Data is sourced from government departments through public data retrieval and formal data requests.

Long-Term Population Impact Outcomes

Theory of Change (Contributing Outcomes)	Outcome Indicator	Success Measure (SPSP Indicators)
Our families have access to life's basics, feel independent and have purpose	#, % Homeless persons aged 0-14 years#, % of families where one parent is	Increase in number and proportion of children 0-14 years in stable accommodation (Children 0-14 years population minus children 0-14 years experiencing homelessness, short- term or emergency accommodation) Increase in number and proportion of
	employed full-time % families earning less than \$650 per week % children in low-income welfare dependent families	children/youth 0-17 years with at least one parent in full-time employment.
Our children feel safe, happy and loved, growing up at home with their families	#, % child protection substantiations	Decrease in the number and proportion of children subject to a child protection substantiation
Our children are starting school ready to learn and on track to thrive	% children attending pre-school % children developmentally on track on all 5 domains (prep year) % babies born with low birthweight % babies born with APGAR score <7 at 5 minutes % admissions to Intensive Care Unit/Special Care Nursery Rate of perinatal death	Increase in number and proportion of children 0-5 years attending high quality early education and care

Early Indicators of Change

Early Indicators of Change utilise local and population-level data to measure participation of families and children in preventative activities and protective behaviours that enable wellbeing.

Early Indicators of Change are the stepping stones toward long-term measurement to predict if population outcomes are on track to be achieved.



Actual/Precursor

Actual early indicators of change might be considered those outcomes that lead to outcome goals, where one outcome statistically correlates with another and where research provides a physiological link between the correlating outcomes i.e. baby weight and child health outcomes.

Predictive/Enabler

Participation rates might be considered predictive early indicators, where participation in specific activities might be known to be attributed to positive outcomes in other measures due to a behavioural link. An example of this might be where participation in early antenatal visits (before 14 weeks of pregnancy) has a statistical correlating outcome of improved pregnancy and baby health outcomes. Participation rates in antenatal appointments might then be used to predict mother and baby health outcomes at time of birth as an early indicator.

Changes in participation need to be interpreted with caution – ie increased participation could demonstrate worsening conditions/service dependence versus promotion of help seeking/improved access to support/independence.

Early indicators of change are monitored quarterly (where possible) and fed into shorter cycles of evaluation. Data is sourced from a combination of public data retrieval, government data requests and local data partnerships.

Theory of Change	Early Indicator of Change	Success Measure
(Change Elements)		
Our families have access to housing	% rental stress # Specialist Homelessness Service clients # rent assistance payments	 ✓ rental stress ✓ specialist homelessness service clients ✓ rent assistance payments
Our families have access to employment	% participation (work, study or training) % unemployment # Jobseeker welfare recipients # food provisions required # financial assistance required	 ↑ participation (work, study or training) ↓ unemployment ↓ welfare recipients, Jobseeker ↓ food provisions ↓ financial assistance
Our parents have parenting confidence, healthy lifestyles and access to supports	# participation in parenting programs# participation in early interventionprograms and supports	↑ participation in parenting programs ↑ participation in early intervention
(We are connected to culture, community and self-identity)	 # parents reporting change in parenting confidence # domestic violence orders, where a child is named # mental health referrals and presentations for children and parents 	 programs and support services ↑ parenting confidence ↓ domestic violence orders, where a child is named ↓ mental health referrals and presentations for children and parents
Our children have a healthy start to life	 % women who are overweight or obese during pregnancy % women attending antenatal visit during first trimester (before 14 weeks) % women smoking before and after 20 weeks gestation % children fully immunised 	 ↓ women who are overweight or obese during pregnancy ↑ women attending antenatal visit during first trimester (before 14 weeks) ↓ women smoking before and after 20 weeks gestation ↑ children fully immunised
Our children have quality early educational support	% parents reading to children at home % children requiring further assessment	 ↑ parents reading to children at home ↓ children requiring further assessment

Early Indicators of Change

% children developmentally	\checkmark children developmentally	
vulnerable across 5 domains	vulnerable across 5 domains	

System Support

The Social Service System consists of social and community services that support vulnerable groups (child protection, domestic violence prevention, disability and support services), and human services that support education and training, employment, sport and recreation, culture and the arts. Multiple service providers deliver services in Gladstone to meet community needs. At times, the local service system works effectively to support families and children; at other times, the system requires assistance to achieve the outcomes it is designed to support (ie demand outweighs supply and services become inundated; or services work in silos and do not integrate sufficiently to meet the holistic needs of community that enable children and families to thrive).

System Support includes KPI style measures to ensure that projects designed to improve the health of the system, are achieving the identified goals and objectives they set out to achieve. With the overall aim being for the system to include the right balance of supply and demand, to enable the right support at the right time for children and families, and the right mix of supports, to ensure access to effective prevention supports and the earliest possible intervention strategies.

Supporting the system can positively support families to thrive. *System Support* can include a range of resources, tools and collaborative activities to enable integration and local leadership. These supports are measured at the project-activity (KPI) level and are directly aligned with the Gladstone Region Wellbeing Action Plan. Measurement indicators are linked to each Project Plan. An example of system support is the *Referral Pathways guide, co-designed with services to support quality, efficient referrals in a timely manner.*

System support flows into long-term systems change. Systems change includes structural, relational, and transformative change at the systems level, including collaborative, integrative and continuous improvement practices and policies, resource sharing, strong relationships and connections with mutual respect and trust, and a change in mental models across the service system, see Figure 8.

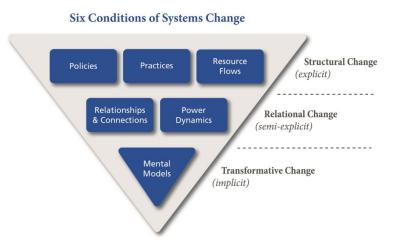


Figure 8: Six Conditions of Systems Change. Source: Kania, Kramer and Senge 2018.

Early signs of systems change are measured annually during the Progress Mapping activity, using the SPSP Progress Mapping tool as required. An example of early systems change is the *Skills Attraction Employers Toolkit, where several organisations worked collaboratively and shared resources to co-design a toolkit to attract skilled workforce to the region.*



Enabling Conditions of Change

The Gladstone Region Wellbeing UMEL Strategy acknowledges that there is a fourth, precursor element of change that must occur prior to macro-and-meso-levels of change.

Enabling Conditions of Change help assess dynamics and interactions between stakeholders in the system, using factors such as transparency, adaptability, trust, courage and participation, that enable a collective impact approach to be effective and the system to function.

Enabling Conditions of Change are the foundational activities that enable change at the grassroots level. This element of change is directly aligned to the Gladstone Region Wellbeing Theory of Change and Action Plan.

These conditions are measured annually through the Progress Mapping activity using the SPSP Progress Mapping tool with the following phase measures:

- 1. *Systems Leadership* An understanding that a systems approach combined with local leadership is needed to improve outcomes across the community to shift disadvantage.
- 2. *Inclusive Community Engagement* Community voices and leadership are valued and influential. There is an understanding that enduring social change can only be achieved with the diversity of the community being included and leading in the drive to improve outcomes.
- 3. Understanding, measurement, evaluation and learning (UMEL)- Government collected data is being brought to the community transparently and utilised alongside community collected data and stories to understand what is happening in the community and inform what needs to be the focus of the work together. There is a shared commitment to understanding, measurement, monitoring, evaluation and learning together in line with the needs of the local collective impact initiative and the learning across all *Stronger Places Stronger People* communities and partners.
- 4. Use of collective power for purpose- A shared recognition that the way power and authority has traditionally been used across the system has not delivered outcomes in communities and for people who disproportionately experience disadvantage. There is genuine interest and practice to use power and authority differently so that everyone can play their role in the community led change agenda.
- 5. *Investment and policy for purpose* To achieve the desired community outcomes there is shared recognition and action being taken across the system that investment, policies and accountabilities need to align with the community led change agenda.
- 6. Leading and supporting effort for purpose- Governance structures and processes and the resourcing of the work such as a backbone team and high leverage activities, reflects the phase of collective impact. Partners support the local leaders and the backbone team to make change aligned to the community's plan.

Variables in Measurement

It is recognised that there are several variables that can influence outcomes in the Gladstone Region Wellbeing UMEL Strategy. Gladstone is an industrial growth region that experiences periods of migration aligned to economic periods known as 'Boom and Bust' cycles. Previously, Gladstone has undergone significant periods of migration attracting:

- 1. large workforces during industrial growth
- 2. welfare recipients during industry downturn when housing was readily available and affordable
- 3. lifestyle-seeking residents migrating from metropolitan areas during the COVID-19 pandemic.

These population changes can significantly influence measurement indicators and lead to unintended outcomes for the Gladstone Region Wellbeing UMEL Strategy. These variables also impact the system and may trigger system support to increase sustainability.



These variables are monitored through the *Understanding* element of the UMEL Strategy on a regular basis to support early identification of population change trends.

Longitudinal Data

The Gladstone Region Wellbeing UMEL Strategy focuses on measuring wellbeing outcomes for families and children, with the aim of breaking the cycle of disadvantage.

Monitoring of longitudinal data supports consideration of the sustainability of outcomes. The following are possible indicators for future inclusion in the UMEL Strategy.

What do we want to know?	Indicator	Why is this important?	Source
Are improvements in educational outcomes demonstrating effective interventions?	# enrolments in primary and secondary schools Highest year of school completed % tertiary qualifications	To monitor and measure if our children are receiving quality educational support beyond early childhood, and if levels of education are increasing for our community long- term.	Department of Education ABS
Are improvements in youth outcomes demonstrating effective interventions in childhood?	% youth participation # youth justice orders # youth appeared in court # youth held in custody % youth employment	To monitor and measure if the cycle of disadvantage is changing long-term as our children grow into youth.	ABS Department of Youth Justice, Employment, Small Business and Training
Are improvements in health and wellbeing outcomes demonstrating effective interventions?	% adults BMI 25+ % daily smokers % risky alcohol use Rate of avoidable death	To monitor and measure if there are improved health outcomes for our community long-term.	PHIDU Queensland Health QLD Survey System



The Measurement System

To explain the Measurement System the analogy of an environmental ecosystem is useful as a familiar scenario of the interplay between the balance of a healthy system and change elements that can impact the balance of the system.

The outcome of a successful ecosystem might be a healthy tree, measured by growth rate, yield of fruit and producing rate of viable seeds to grow new plants.

To grow a healthy tree, requires *Enabling Conditions*. These include the right mix of conditions to enable the environment needed, such as soil PH levels, and weather conditions such as water and sunlight to enable growth.

The Enabling Conditions are used collectively and interchangeably to support the *System*. The system provides wrap-around support for the cultivation of the seeds. If the system is struggling to support growth, *System Support* may be required. This might include additional water to support the seeds to grow. These supplementary elements can be measured to assess the role of each element in achieving change.

Supported by an integrative and effective system, the environment shows Early Indicators of Change as the seeds begin to sprout into healthy plants.

Overtime, as the Enabling Conditions support the System, the System enables *Long-Term Impact Outcomes* supporting the plant to continue to grow and thrive. If each of the elements are working together effectively to support the plant, the plant will eventually grow into a healthy, well-supported tree which produces rich fruit for harvest (Figure 9).

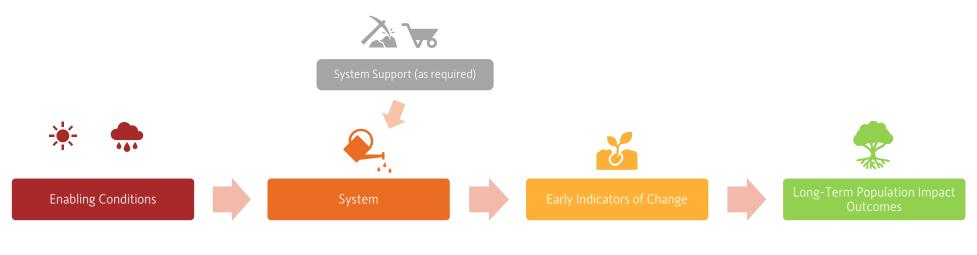


Figure 9: GRT Measurement Framework



Gladstone Region Wellbeing Measurement Framework

The 'healthy tree' analogy can be applied to the system in the context of this measurement framework. *Enabling Conditions* such as transparency, adaptability, trust, courage and participation enable the system to function. These are measured through annual Progress Mapping. Elements of the integrated system work together to provide the right support at the right time for our children and families across a spectrum of prevention strategies and early interventions. If the system is not performing at its optimal level, *system support* may be required to enable balance in supply and demand. The effectiveness of System Support is measured through Project Measures. As the system starts to return to responding to need, *early indicators of change can* emerge. This might look like increased participation of families and children in preventative activities and protective behaviours. Early indicators of change are measured through local and population-level data collection. As families are supported overtime to grow and flourish, *long-term impact outcomes* emerge. Families have access to life's basics, feel independent and have purpose, our children feel safe, happy and loved growing up at home with their families, and our children start school ready to learn and are on track to thrive. The trajectory of life for children is positive and well-supported with *opportunity, equity and quality of life*. Long-term population outcomes are measured through population-level data collection.

Change Element	Enabling Conditions	System Support	Early Indicators of Change	Long-Term Population Impact Outcomes
	* 🔶 😶	😼 🔀		and the second
How are we measuring?	Progress Mapping cycle	Action Plan Project Measures (mini UMEL/KPIs)	Local and population-level data	Population level data
How often are we measuring?	Annually	Quarterly	Quarterly where available	Annually where available
What are we measuring?	Open, transparent information sharing and evaluation of outcomes for individuals Community voice is listened to for lived experience and stories behind statistics Adaptability to respond to changing socio-economic environments Community trust and participation, acting together now for a better future Courage to challenge the status quo, and creativity to dream big and to change entrenched norms	Progress and outcomes of projects in achieving the system support goals they set out to achieve for improved health integration and effectiveness of the system ie. If the system is struggling to meet demands, <i>System Support</i> (in the form of resources, tools, collaborations) may be required. Resources, tools and collective action activities are measured for effectiveness in contributing to change	Our families have access to housing ↓ % rental stress ↓ # Specialist Homelessness Service clients ↓ # rent assistance payments Our families have access to employment ↑ % participation (work, study or training) ↓ % unemployment ↓ # Jobseeker welfare recipients ↓ # financial assistance required Our parents have parenting confidence, healthy lifestyles and access to supports (We are connected to culture, community and self-identity) ↑ # participation in parenting programs ↑ # participation in early intervention programs and supports ↑ # participation in early interventions for children and parents Our children have quality early educational support ↑ % parents reading to children at home ↓ % children developmentally vulnerable across 5 domains Our children have a healthy start to life ↓ % women who are overweight or obese during pregnancy ↓ % women attending antenatal visit during first trimester (before 14 weeks) ↑ % children fully immunised	Our families have access to life's basics, feel independent and have purpose ↓ #, % homeless persons aged 0-14 years ↑ #, % of families where one parent is employed full-time ↓ % families earning less than \$650 per week ↓ % families earning less than \$650 per week ↓ % children in low-income welfare dependent families Our children feel safe, happy and loved, growing up at home with their families ↓ #, % child protection substantiations Our children are starting school ready to learn and on track to thrive ↑ % pre-school enrolments ↑ % children developmentally on track (prep year) ↓ % babies born with low birthweight ↓ % admissions to Intensive Care Unit/Special Care Nursery (on birth) ↓ rate of perinatal death



Evaluation

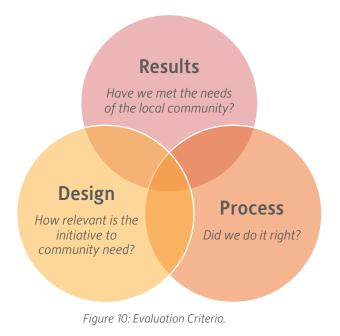
Evaluation involves developing and answering key evaluation questions using evidence. It involves the systematic collection of information about activities and outcomes to make judgement about the approach and effectiveness, and to inform decision-making. Evaluation helps to answer:

What does success look like for the GRT initiative?

What changes have we seen in community wellbeing outcomes?

A strong evaluation process involves listening, learning and influencing change.

Measuring results is an important element of the Gladstone Region Wellbeing UMEL Strategy, as is evaluating processes and the design of the initiative. GRT adopts a participatory evaluation approach with the following criteria:



Key Evaluation Questions

Key evaluation questions were co-designed at the Gladstone Region Wellbeing Data and Evaluation Workshop in September 2024 with stakeholders from the local Service Sector, CQUniversity and Gladstone Regional Council.

Key Evaluation Question I:

Has the initiative improved wellbeing in the region across the focus areas of the Theory of Change that we intended to shift? Where have the results made a difference? i.e. Are we seeing early indicators of change? How?

Key Evaluation Question 2:

Is the impact effective, sufficient, sustainable and enduring? What improvements have been enabled in the systems?

i.e. Are we seeing signs of systems change? How?



Key Evaluation Question 3:

To what degree have the outcomes justified the investment? i.e. Is the financial and non-financial investments contributing to change? How?

Learning

Learning captures both measurement and evaluation data to answer questions to inform strategy, practice and delivery adaption. Learning is about enabling impact, continuous improvement, and equity. Strategic learning occurs when organisations integrate data and evaluate thinking into their work, to adapt strategies in response to what is learnt.

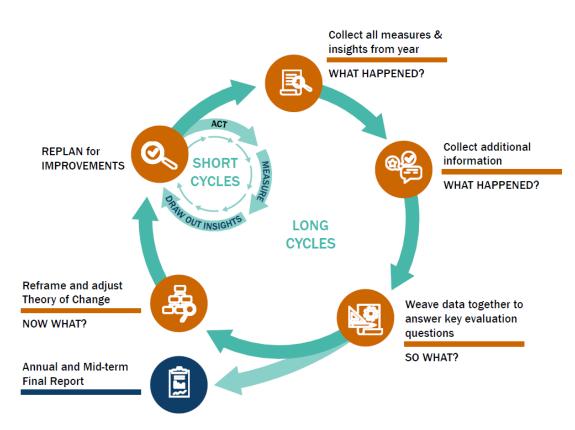
The Gladstone Region Wellbeing UMEL Strategy includes short and long learning cycles to answer:

What have we learnt?

What happened? What does this mean? Why did this happen?

What should we do next?

This approach encourages GRT stakeholders to review and reflect on evidence, and to interpret and evaluate what the results mean to inform action.



The following learning questions were co-designed in September 2024 at the Gladstone Region Wellbeing Data and Evaluation Workshop in September 2024 with stakeholders. These questions will be drawn upon during the short and long learning cycles:



Interpretation Questions:

- 1) What is the data telling us?
 - a. What happened? What does this mean?
 - b. What else do we need to know, to understand why this happened?
 - c. What have we missed?
- 2) Did this meet our expectations?
 - a. Why / Why not?
 - b. What surprised us?
- 3) What risks does the data indicate we are facing?
 - a. Are there new, emerging risks?

Process Questions:

- 4) Did we measure the right things?
- 5) What evaluation activities need to be adapted or improved?
 - a. What evaluation activities aren't we doing that we should be doing?
- 6) What should we do next?

Short Cycles

Short learning cycles involve analysis of real-time data collected from local service providers, newly released government department data and community voice to draw out insights, refine and adapt the approach. Short learning cycles occur through Data Evaluation and Learning Meetings on a quarterly basis with the Data and Evaluation Working Group. A report is developed each quarter to improve the implementation of activities.

Long Cycles

Once all data is collected and analysed, the Data and Evaluation Working Group undertake a formal 'sensemaking' process to weave insights together to address the bigger evaluation questions on an annual basis. To support participatory data synthesis, a reflection workshop is facilitated to co-interpret data and analysis. This is in addition to the annual SPSP Progress Mapping and Learning Circles. An annual report summarises all evaluation processes for the year. The long learning cycle challenges assumptions and beliefs behind the theory of change and prompts improvements.

Reporting

GRT's Journey Story, Action Plan Activity Updates, Progress Mapping reports and static Data Report are reported on the GRT website. Evaluation and Learning reports are reported online on a quarterly basis.

Data relating to the UMEL Strategy is presented on the Gladstone Region Wellbeing Data Hub, where approval has been granted for public use.

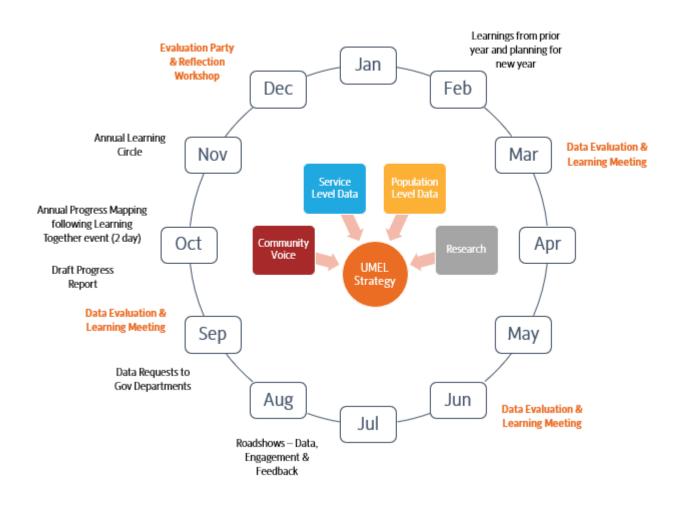


UMEL Engagement Plans

With support from community, the GRT Backbone Team leads the development of the Gladstone Region Wellbeing UMEL Strategy, collection of data, analysis of data, reflection of results, and adaption of the work as well as reporting processes.

Evaluation and learning engagements consider:

- Who needs what information and in what form?
- What leaders and stakeholders need to be engaged to ensure there is buy-in?
- Do we need to provide a summary of the UMEL Strategy to key stakeholders?
- How do we involve stakeholders at different stages of the roll out?
- Who should participate in the Data and Evaluation Working Group?
- How are stakeholders engaged in shared decision-making?



UMEL Timelines

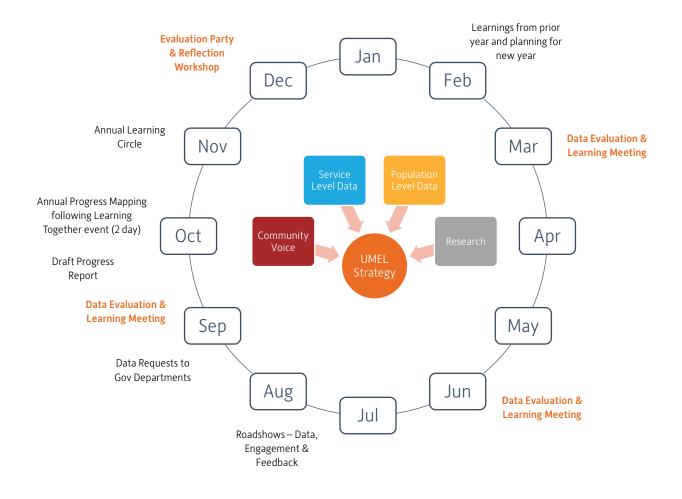
Task	Purpose	Stakeholders	Resources	Duration
Learnings from prior event/planning for new year	To review previous year evaluation outcomes and plan new actions	Data and Evaluation WG Backbone team	Previous reports	4 weeks



Data Evaluation & Learning Meeting	Analysis of data to draw out insights, refine and adapt the approach	Data and Evaluation WG Backbone team	Previous meeting reports Project Updates New data summaries- collation of local data, government data and community feedback Venue Catering Invites Placeholders	3 hours on quarterly basis
Roadshows	To engage with communities across region, gain insights and feedback and share and interpret data	Local community leaders Community members Backbone team	Data Overview/ Project Summaries printed copies PPT presentation Venue Catering Invites Placeholders	1 full day (including travel) x 5 communities (allow 5 weeks to complete)
Data Requests to Gov Departments	To access data from government departments to inform UMEL	Government departments	Collate dataset list	4 weeks to collate request Allow 2-3 months for retrieval
Draft Progress Report	To draft progress report in preparation for Progress Mapping - report on previous year evaluation	Backbone team Leadership group Data and Evaluation WG DSS		Allow 4 weeks for preparation
Learning Together event	To share project updates and progress of work with key stakeholders	All relevant stakeholders Backbone team Leadership group Data and Evaluation WG DSS	Project Updates/Project Summaries Invites Placeholders PPT presentation Venue Catering Invites Placeholders	1 full day
Annual Progress Mapping	The Progress Mapping Tool is used to build a shared understanding of the progress of community-led collective impact initiatives who have partnered with the national <i>Stronger Places, Stronger</i> <i>People</i> program.	All relevant stakeholders Backbone team Leadership group Data and Evaluation WG DSS	External facilitator Previous Progress Mapping report Invites Placeholders Progress mapping tool enlarged and printed for display Venue Catering	1 full day
Annual Learning Circle	To provide an inclusive space where people from across the partnership participate in reflection, strategic learning and future planning.	All relevant stakeholders Backbone team Leadership group Data and Evaluation WG DSS	Progress Mapping report Butchers Paper Venue Catering Invites Placeholders	1 full day
Evaluation Party and Reflection Workshop	To undertake a formal 'sense- making' process to weave insights together to address the key evaluation questions.	Backbone team Leadership group Data and Evaluation WG	Invites Placeholders Progress Mapping and Learning Circle reports Project Summaries New data summaries- collation of local data, government data and community feedback Evaluation Qs MSC Stories Butchers Paper	1 full day



Appendix





References

Australian Research Alliance for Children and Youth (ARACY) 2021, *The Nest: exploring Australia's wellbeing framework for children and young people*, viewed 9 July 2024, https://www.aracy.org.au/documents/item/700

Australian Research Alliance for Children and Youth (ARACY) 2022, *The Common Approach*, viewed 9 July 2024, <u>https://www.aracy.org.au/documents/item/712</u>

Kukutai, T and Taylor, J 2016, *Indigenous Data Sovereignty: toward an agenda*, ANU Press, ACT Australia.

Maiam nayri Wingara 2018, *Taking control of our data: a discussion paper on Indigenous data governance for Aboriginal and Torres Strait Islander people and communities*, report January 2024, viewed 10 July 2024, <u>https://www.lowitja.org.au/wp-content/uploads/2024/01/Taking-Control-of-Our-Data-Discussion-Paper.pdf</u>

World Health Organisation (WHO) 2024, *Social determinants of health*, viewed 9 July 2024, <u>https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1</u>