

MODEL'S MAIN OBJECTIVES

ANTICIPATED OUTCOMES, AND SPECIFIC MEASURES & EVALUATION INSTRUMENTS

Tier 2 - Working to make sure disadvantage does not become entrenched
This particularly considers how the model addresses child poverty at the onset of disadvantage to mitigate intergenerational disadvantage.
(Applies to families with children and young adults)

Anticipated outcome and specific measures

(1) Increased parent empowerment and efficacy (increase the percentage of parents who surpass the population average score of 154 on a parent empowerment and efficacy index)

Evaluation instruments

The Parent Empowerment and Efficacy Measure (PEEM) - caregiver's self-assessment about their sense of control or capacity to manage the challenges of being a parent and provide a safe and supportive home environment for their children

Anticipated outcome and specific measures

2) Increased children's participation in early childhood education (increase the percentage of children who start school before the age of 3 and attend on a weekly basis)

Evaluation instruments

Administrative data

Anticipated outcome and specific measures

(3) Improved child's school readiness (increase the percentage of children who are school ready at age 5)

Evaluation instruments

Anglicare School Readiness Assessment Tool (rated by carer/giver)

Anticipated outcome and specific measures

(4) Better secondary school completion (increase percentage of young people that obtain Year 12 by age 19, benchmarked at 60%)

Evaluation instruments

Administrative data

MODEL'S MAIN OBJECTIVES

ANTICIPATED OUTCOMES, SPECIFIC MEASURES & EVALUATION INSTRUMENTS

Tier 1 - Working to lessen disadvantage
This is designed to evaluate how the model is working to lessen disadvantage
(Applies to all clients except to children under the age of 12.)

Anticipated outcome and specific measures

(1) Increased client's personal wellbeing

Evaluation instruments

Personal Wellbeing Index (PWI) (Aims to support clients to move from the "High-Risk rating categories" to the "Normal categories")

Anticipated outcome and specific measures

(2) Decreased level of deprivation to live a life above the community norms of an acceptable living standard

Evaluation instruments

Deprivation scale (Aims to support clients to move from experiencing "Deprivation" and "Severe-Deprivation" to an acceptable living standard.)

HIGH LEVERAGE SERVICE COMPONENTS FOR SUPPORTING SPECIFIC POPULATION GROUPS

Supporting families with children in the early childhood development phase

- Fostering and strengthening early child-parent attachment
- Early Childhood Education and Care sponsorship program
- Parenting education and support service Includes:
 - Parenting groups for sharing experiences and ideas
 - Parenting skills education programs
 - Skilled case manager guidance to help improve parenting skills, broaden social networks, and improve family economic situation and welfare

Supporting families with children who are primary and secondary school aged

- Empower parents to mobilise young people's educational and occupational ambitions
- Targeted educational mentoring

Supporting adults living in entrenched poverty

- Address housing before employment
- Support psychological distress and general mental health
- Employment services
- Community development approaches to increase people's social contact and support

FUNDAMENTAL SERVICE COMPONENTS

Relational Case Management

a key engagement and empowerment strategy that helps client to identify root causes, but importantly identifies hidden strengths and instils clients with self-confidence and the sense of potential for change. A quality relationship between case managers and clients is central to achieving successful outcomes for clients

Emergency Relief Services

responds to immediate material need, it is a critical service entry point and central referral point into case management service to address the root cause of entrenched poverty

Supported Community Playgroups

has the ability to reach marginalised families, and is a 'soft entry' point that meet families' needs for social support before more structured case management support can be introduced and accepted by the family

HOPE.
HEAL.
THRIVE.

ANGLICARE'S THEORY OF CHANGE FOR THE SURVIVE AND THRIVE MODEL

