Opportunity Child
Collectively measuring what matters for Australian children
17 February 2017
Our bold goal is to dramatically improve the lives of 65,000 vulnerable children in Australia
Who are we?

Our learning communities:

- A group of communities across Australia applying collective impact principles, learning together and with OC

Our partner communities:

- Go Goldfields in Victoria
- Logan Together in Queensland
- The Hive, Mt Druitt in New South Wales
- NT Collective in the Northern Territory (comprising Strong Kids Strong Centre in Alice Springs and Sanderson Alliance in Darwin)
- Together in the South in South Australia
- Connecting Community for Kids, Western Australia

Our national and international partner organisations:
What we do

The Collective is our innovation to align and plan to achieve the bold goal. Our leadership genuinely reflects the diversity of this community - partner agencies, partner communities, people with lived experience - who hold knowledge and key relationships, as well as those working with the system who hold resources and power.

We are clear about our values and how our behaviours reflect the values. We are also clear on who holds responsibility for what; how accountability is managed. We create new cultures, governance structures and strategies.

OC LEARNING
Together as the OC Collective, we develop the skills, knowledge, and mindsets to improve children’s lives. We create opportunities to learn through doing and reflecting, we apply the evidence about what works, and together we lift up this learning from people with lived experience and those dedicated to our bold goal.

OC IMPACT
Together we make it easier to accurately and efficiently measure the impact of our work on the ground, allowing us to track progress in Collective Impact across Australia for the first time. We use this knowledge to adapt what we do, demonstrate what works, mobilise community and cross-sectoral partners, shape policy reform and stop doing things that waste money and effort.

OC CAPITAL
We lead and contribute to creating the conditions for investment to build capacity and system re-design in the OC Collective. We develop a sustainable pool of funding to invest in initiatives that are focused on early childhood, led by communities, and designed to create systemic change. We want to show investors that it’s worth taking calculated risks to solve big social challenges like childhood vulnerability.

OC VOICE
We speak with a loud collective voice to inform and influence others. Weaving together our combined experience and knowledge with what we create and learn as we innovate, we use our national voice to influence social policy and enable systems change.
Situating Collective Impact

Degree of active community involvement in design and implementation

**Universal**
- Few
- Does not explicitly distinguish between places

**Locational targeting**
- Many
- Delivered by government in a limited number of areas, chosen based on local need

**Place based**
- Tailored to the specific needs of a place and engages the community as active participants in policy design and/or implementation to a *limited extent*

- Tailored approach designed to address complex issues in place that includes all stakeholders as active participants including community, whole-of-government and business to a *significant extent*

Number of Commonwealth initiatives

- Few
- Many

Adapted from Practical place-based initiatives, PM&C, 2012

Source: DSS (2016)
Framing LOGAN TOGETHER

Professor David Hogan
Logan Together - what is it?

A child development project

and

An intergenerational anti-poverty project
Our Roadmap

Big Results
- harmful habits in pregnancy down 7.3%
- Babies born healthy up 11%
- 2,650 more kids school ready at prep
- 12.8% more kids doing better on the NAPLAN achievement

Influencing factors
Across ages and stages

<table>
<thead>
<tr>
<th>Pre-conception</th>
<th>Pregnancy</th>
<th>Newborn</th>
<th>Age 1</th>
<th>Age 3</th>
<th>Age 5</th>
<th>Age 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents have or have had employment</td>
<td>No drinking, smoking or drugs during pregnancy</td>
<td>Kind attention, talking and play with parents builds language skills</td>
<td>Early detection of hearing, sight and speech problems leads to right support</td>
<td>Attends kindergarten to get ready for school</td>
<td>Attendance &amp; learning prioritised at home</td>
<td>Child is fully immunised</td>
</tr>
<tr>
<td>Parents have completed education</td>
<td>Regular reading at home, develops early literacy &amp; language skills</td>
<td>Family has social connection and is involved in community via playgroups or similar</td>
<td>Authoritative but nurturing parenting helps toddler explore the world safely</td>
<td>Has positive adult role models</td>
<td>Childcare services provide high-quality care and learning environments</td>
<td>Child is physically active</td>
</tr>
</tbody>
</table>

Across the lifecourse
- Stable safe place to live
- Family has social and emotional wellbeing
- Family has material basics
- Family members are loved and safe
- Adequate nutrition
- Parents have or will have work
What are we trying to achieve?

Parity with Queensland benchmark in AEDC and NAPLAN

14,000 kids 0-8 with developmental vulnerability

Target: 9,000

% Children vulnerable on 1 or more AEDC Domains

- Logan: 32%
- Queensland: 26%
- Australia: 22%
- Victoria: 18%
Key project areas

-9 months

Continuity of care

0-3 language, brain development, literacy, emotional regulation

Kindy attendance

School support: Kids with extra needs “Standard school offer”

Early detection

Community mobilisation campaign

Service integration
How it is hitting the ground

Now
- School based and neighbourhood parent hubs
- Early literacy and brain development program
- Social and emotional wellbeing programming
- Kindy attendance
- Parent co-design and sector integration foundation work

Next
- Public education campaign
  - Peer-based parenting movement led by local parent champions
- Community ante-natal centres
- Structured support “offers” for early learning centres and schools
- Early learning “Plus “ models with extra supports, resources
- Multi-agency integrated case planning with family coaches

Later
- Birth to Year 6 “Full service” Schools
- Child development passport and rewards program
Governance

Citizen leadership structures → Cross Sector Leadership Table → Inter departmental and inter-governmental mechanisms

Chapters
- Health and Wellbeing
- Child and Family
- Housing and Homelessness
- Employment and Training
- Education

Project groups
Key questions

What are the issues that matter and are we making a difference over the long term

What should we do and are we doing it
  • How much should we do
  • To who

Who is doing what

How well are we working together
  • Trust

Population data
Theory and research
Public knowledge
Outcome measurement

Program logic, translated to population scale action

Accountability framework

Partnership framework and assessment
OC Evaluation
Place-based evaluation challenges

• Childhood developmental vulnerability is a prototypical complex, ‘wicked’ problem embedded in deep and persistent disadvantage:
  – Multi-dimensional, interdependent, multi-factorial, cumulative, geographically concentrated, institutionalized and systemic
  – Renders robust theory of change, causal modelling and attribution of intervention effects extremely difficult

• Dynamic nature of communities, contextual differences and open systems renders measurement of long term outcomes, durable change and comparative analysis difficult

• Dynamic, evolving nature of Collective Impact project objectives, designs and implementation practices renders causal accounts and intervention attributions hazardous

• Very substantial data gaps with respect to both outcomes and risk and protective factors at local community and national level.
Place-based evaluation challenges

- **Absence of opportunity** for experimental designs and securing true (repeated measures) longitudinal data that permits measurement and modelling of confounding variables makes isolating net impact of interventions/investments (and therefore making attributions) very difficult.
  - Part solution: Logan Together is attempting creation of integrated, whole of government data set that will hopefully permit post-facto causal (including SEM) modelling and help plug the data gap

- **Small scale** of most interventions makes capturing their impact at population level problematic. Compounded by extended (3-5 yrs) schedule for measurement of population outcomes.

- **Ecological data** generally highly aggregated (eg. at SA2 level), obscuring heterogeneity and variance within areas. Problem of ecological fallacy

- **Cultural diversity** within areas renders intersubjective meaning-making and construction of causal and attribution narratives difficult and time consuming

- Typically, there is limited **resourcing** and local **capability**
Purpose
Support design, ongoing strategic learning, decision making and adaptation of strategies and programs to achieve desired outcomes with greater efficacy and efficiency, and to facilitate transparency and accountability.

How we will do this

<table>
<thead>
<tr>
<th>Monitor and evaluate implementation, efficacy and effectiveness</th>
<th>Build measurement and evaluation capability</th>
<th>Support evidence-informed design, decision-making and action</th>
<th>Generate and share lessons and evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical support</td>
<td>Training and technical support</td>
<td>Technical support</td>
<td>Co-designed research</td>
</tr>
<tr>
<td>Tools, practices and resources</td>
<td>Evaluator network</td>
<td>Tools and resources</td>
<td>Expert network</td>
</tr>
</tbody>
</table>

Our standards
Utility, methodological appropriateness, participatory, capacity building, rigour and evaluative thinking.
Today:

• Focus on
  – One evaluation practice: Developmental evaluation
  – Six measurement and evaluation tools
Community-level developmental evaluation

What is it?

Developmental evaluation involves continuous observation, investigation, interpretation & meaning making, deliberation and problem solving that balances critical and creative thinking. Developmental evaluators are embedded with the projects, initiatives and/or programs they are evaluating and they facilitate a continuous process of:

- testing new ideas
- surfacing issues
- asking critical questions
- using data and logic to inform planning
- tracking progress
- making sense of what is happening and
- making adaptive changes in real time.
Community-level developmental evaluation

Data

Developmental evaluation also allows us to have an accurate record – a detailed story -- of the developmental trajectory, including decisions made, paths followed and roads not taken, responses to emerging opportunities, tensions, contradictions encountered and incremental adjustments.

This evaluation approach makes the developmental process transparent, which supports accountability and flexibility. Importantly, it also generates valuable data for dissemination, learning and replication.

Our contribution

- Technical support
- Capability building
- Tools to support application
- Case studies
- Other inputs, e.g. data, resources, etc
We are developing six tools for monitoring and evaluation at the national and community levels.

- **National level**
  - Impact
    - #1. Opportunity Child shared outcomes framework
    - #2. Opportunity Child community outcomes measurement and planning framework
  - Capital
    - #4. Opportunity Child business case model
  - Learning
    - #3. Collective Impact implementation roadmap
  - Voice
    - #5. Opportunity Child policy change monitoring framework
  - #6. Opportunity Child case studies
We are developing six tools for monitoring and evaluation at the national and community levels.

**Impact**
- #1. Opportunity Child shared outcomes framework
- #2. Opportunity Child community outcomes measurement and planning framework

**Learning**
- #3. Collective Impact implementation roadmap

**Capital**
- #4. Opportunity Child business case model

**Voice**
- #5. Opportunity Child policy change monitoring framework

**#6. Opportunity Child case studies**
**Impact: Opportunity Child shared outcomes framework**

**Tool # 1:** An outcomes framework designed to track OC community partners’ progress against shared early childhood outcomes using ARACY’s *The Nest.*

<table>
<thead>
<tr>
<th>5 x outcome areas</th>
<th>Loved and safe</th>
<th>Healthy</th>
<th>Learning</th>
<th>Participating</th>
<th>Given the material basics they need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-outcomes</td>
<td>Living in positive supportive families</td>
<td>Healthy at birth</td>
<td>Active learners</td>
<td>Connected to others</td>
<td>Living in families with adequate income</td>
</tr>
<tr>
<td>Head line indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
We are developing six tools for monitoring and evaluation at the national and community levels.

**National level**

- **Impact**
  - #1. Opportunity Child shared outcomes framework
  - #2. Opportunity Child community outcomes measurement and planning framework

**Community level**

- **Learning**
  - #3. Collective Impact implementation roadmap

- **Capital**
  - #4. Opportunity Child business case model

- **Voice**
  - #5. Opportunity Child policy change monitoring framework

- **#6. Opportunity Child case studies**
**Impact: Community outcomes measurement and planning framework**

**Tool # 2: A community-level evidence-based decision making and outcome measurement tool**

Designed to:

- enable **baseline** measurement of community outcome indicators and risk and protective factors at the ecological level, and, if possible, individual level, using available area level data census or proto-census data (AEDC, NAPLAN), administrative data and survey data.
- measure the strength of the **relationship** between outcome indicators and likely risk and protective factors.
- help local communities **review** local, national and international evidence relevant to R&PF and develop a **theory of change** to inform selection of **specific strategies and programs** to achieve specified outcomes.
- measure **program and population outcomes** (and changes in underlying R&PF conditions) over the course of program implementation.
## Baseline data by domain and early life cycle

<table>
<thead>
<tr>
<th>Domains / Subdomains</th>
<th>-9m – 0 – 1</th>
<th>Toddlers</th>
<th>3-4</th>
<th>5-8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Loved and safe: Positive, safe, supportive family environments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1. Outcome indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2. Risk and protective factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Material basics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1. Outcome Indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2. Risk and Protective Factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Healthy: Physical &amp; mental health; social &amp; emotional wellbeing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1. Outcome indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2. Risk and Protective Factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Social participation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1. Outcome indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2. Risk and Protective Factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1. Outcome Indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.2. Risk and Protective Factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Measuring outcomes and factors by domain over time

<table>
<thead>
<tr>
<th>Domains / Subdomains</th>
<th>Baseline</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year n</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Loved and safe: Positive, safe, supportive family environments</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1. Outcome indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2. Risk and protective factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Material basics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1. Outcome Indicators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2. Risk and Protective Factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Indicative indicators: Learning

<table>
<thead>
<tr>
<th>5.1. Outcome measures</th>
<th>5.2. Risk and protective factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Children’s Language Development</td>
<td><strong>5.2.1. Domain specific RKP</strong></td>
</tr>
<tr>
<td>• Readiness for School: Language and Cognitive Development (AEDC)</td>
<td>• Preschool attendance</td>
</tr>
<tr>
<td>• Readiness for School: Communication and General Knowledge (AEDC)</td>
<td>• Preschool quality</td>
</tr>
<tr>
<td>• School Readiness – LSAC</td>
<td>• Primary School Attendance</td>
</tr>
<tr>
<td>• Adapting to the classroom environment (AEDC)</td>
<td>• School social composition: Aggregate SES, Aggregate academic achievement (AEDC, NAPLAN)</td>
</tr>
<tr>
<td>• NAPLAN 3 results</td>
<td>• Within school (between class) social composition: SES, NAPLAN</td>
</tr>
<tr>
<td>• NAPLAN 5 results</td>
<td>• Parent School communication / Interaction</td>
</tr>
<tr>
<td></td>
<td>• Bullying at School</td>
</tr>
<tr>
<td></td>
<td>• Quality of teaching</td>
</tr>
</tbody>
</table>

**5.2.2. Social determinants: Economic resources**

- SEIFA
- Education
- Employment
- Family Income
- Homelessness
- Rurality

**5.2.3. Social determinants: Family organization and environment**

- Family composition: single mothers
- Family functioning: family cohesion
- Parental self-efficacy
- Parent-teacher communication / interaction
- Parent’s English Language Proficiency
- Home Learning Environment / cultural capital
LOGAN TOGETHER COMMUNITY-LEVEL
EVIDENCE-BASED DECISION-MAKING AND
OUTCOME MEASUREMENT TOOL

Professor David Hogan
Logan Together/Griffith University/Opportunity Child
September 26, 2016.
Current LT Children Outcome Measures and Family Background Measures Across the Early Life Cycle

**Perinatal (0)**
- **Risk Factors:**
  - Mother Smoking (2);
  - Teen Mother;
  - Ante-natal Visits (2);
  - Overweight/ Obese.

- **Health Status/Risk Factors:**
  - Premature;
  - Low Birthweight;
  - APGAR Score;
  - ICN/SCN.

**Age 4-5**
- **Parent Support for Learning (Risk & Protective Factors):**
  - Pre-School (Kindergarten) Attendance;
  - Parent Support for Reading & Learning;
  - Internet Connection;
  - Mental Health;
  - Morbidities;
  - DV/Child Abuse.

**Age 5**
- **Children Developmentally At-Risk or Vulnerable**
  - Physical;
  - Social;
  - Emotional;
  - Language & Cognitive Skills;
  - Communication;
  - >1 Vulnerability;
  - >2 Vulnerabilities;
  - School Readiness

**Age 8, 10**
- **Year 3, 5 NAPLAN (MNS/T2B):**
  - Reading;
  - Punctuation & Grammar;
  - Spelling;
  - Writing;
  - Numeracy.

**Yr 5 Student, Parent and Teacher Evaluation of Classroom/School Experience**

**Family Background and Community Context**
- Location (SA2/Suburb);
- Demographics;
- Family Composition;
- Family Functioning (Family Violence);
- Family Economy (Education, Employment, Income, Housing);
- SEIFA (IRSD);
- Parent and Teacher Evaluations of Classroom/School Experience;
- Crime;
- Volunteering
### Perinatal Health Status

<table>
<thead>
<tr>
<th>Suburbs</th>
<th>% Premature Babies (% Under 37 Weeks)</th>
<th>% Low Birthweight (% under 2500 grams)</th>
<th>% Low APGAR 1 Scores</th>
<th>% Low APGAR 5 Score</th>
<th>% babies admitted to ICN/SCN</th>
<th>Average %</th>
<th>Rank Order by SA2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>8.5</td>
<td>6.3</td>
<td>-</td>
<td>1.7 (&lt;7)</td>
<td>15.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Queensland</td>
<td>9.3</td>
<td>6.6</td>
<td>-</td>
<td>1.7 (&lt;7)</td>
<td>17.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logan (N)</td>
<td>10.5</td>
<td>7.4</td>
<td>11.9</td>
<td>3.92 (&lt;8)</td>
<td>16.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chambers Flat - Logan Reserve</td>
<td>20.8</td>
<td>14.6</td>
<td>10.4</td>
<td>10.4</td>
<td>27.10</td>
<td>16.66</td>
<td>1</td>
</tr>
<tr>
<td>Waterford West</td>
<td>11.8</td>
<td>10.0</td>
<td>14.2</td>
<td>7.50</td>
<td>26.70</td>
<td>14.04</td>
<td>2</td>
</tr>
<tr>
<td>Boronia Heights - Park Ridge</td>
<td>15.6</td>
<td>9.7</td>
<td>17.5</td>
<td>5.20</td>
<td>20.10</td>
<td>13.62</td>
<td>3</td>
</tr>
<tr>
<td>Slacks Creek</td>
<td>13.4</td>
<td>9.3</td>
<td>13.9</td>
<td>7.20</td>
<td>19.60</td>
<td>12.68</td>
<td>4</td>
</tr>
<tr>
<td>Munruben - Park Ridge South</td>
<td>12.8</td>
<td>7.7</td>
<td>17.9</td>
<td>5.10</td>
<td>17.90</td>
<td>12.28</td>
<td>5</td>
</tr>
<tr>
<td>Beenleigh</td>
<td>8.6</td>
<td>6.4</td>
<td>15.0</td>
<td>7.90</td>
<td>21.40</td>
<td>11.86</td>
<td>6</td>
</tr>
<tr>
<td>Kingston</td>
<td>11.8</td>
<td>10.1</td>
<td>14.0</td>
<td>4.80</td>
<td>16.20</td>
<td>11.38</td>
<td>7</td>
</tr>
<tr>
<td>Eagleby</td>
<td>12.3</td>
<td>8.4</td>
<td>12.6</td>
<td>3.40</td>
<td>19.20</td>
<td>11.18</td>
<td>8</td>
</tr>
<tr>
<td>Daisy Hill</td>
<td>11.1</td>
<td>6.7</td>
<td>15.6</td>
<td>4.40</td>
<td>17.80</td>
<td>11.12</td>
<td>9</td>
</tr>
<tr>
<td>Bahrs Scrub / Wolfdene</td>
<td>11.8</td>
<td>7.9</td>
<td>13.2</td>
<td>6.60</td>
<td>14.50</td>
<td>10.80</td>
<td>10</td>
</tr>
<tr>
<td>Edens Landing - Holmview</td>
<td>10.1</td>
<td>6.5</td>
<td>11.5</td>
<td>3.60</td>
<td>22.30</td>
<td>10.80</td>
<td>11</td>
</tr>
<tr>
<td>Greenbank</td>
<td>9.2</td>
<td>5.7</td>
<td>13.2</td>
<td>6.30</td>
<td>19.50</td>
<td>10.78</td>
<td>12</td>
</tr>
<tr>
<td>Crestmead</td>
<td>11.8</td>
<td>5.0</td>
<td>15.1</td>
<td>5.50</td>
<td>16.40</td>
<td>10.76</td>
<td>13</td>
</tr>
</tbody>
</table>
# Perinatal Risk Factors by Logan SA2s

<table>
<thead>
<tr>
<th>Suburbs</th>
<th>Smoking During First 20 Weeks</th>
<th>Smoking During 2&lt;sup&gt;nd&lt;/sup&gt; 20 Weeks</th>
<th>First Antenatal Visits In 3&lt;sup&gt;rd&lt;/sup&gt; Trimester</th>
<th>Low Number of ante-natal visits (0-4)</th>
<th>Overweight and Obese Mothers (BMI&gt;25)</th>
<th>Teen Mothers</th>
<th>Average %</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logan</td>
<td>16.3</td>
<td>13.6</td>
<td>5.1</td>
<td>9.6</td>
<td>47.7</td>
<td>5.7</td>
<td>16.3</td>
<td></td>
</tr>
<tr>
<td>Kingston</td>
<td>32.7</td>
<td>27.4</td>
<td>9.0</td>
<td>17.9</td>
<td>58.7</td>
<td>9.9</td>
<td>25.9</td>
<td>1</td>
</tr>
<tr>
<td>Eagleby</td>
<td>30.8</td>
<td>25.4</td>
<td>10.0</td>
<td>17.3</td>
<td>50.0</td>
<td>12.3</td>
<td>24.3</td>
<td>2</td>
</tr>
<tr>
<td>Beenleigh</td>
<td>30.2</td>
<td>25.9</td>
<td>10.8</td>
<td>18.7</td>
<td>44.6</td>
<td>10.1</td>
<td>23.4</td>
<td>3</td>
</tr>
<tr>
<td>Marsden</td>
<td>23.1</td>
<td>21.7</td>
<td>7.1</td>
<td>15.3</td>
<td>58.4</td>
<td>4.6</td>
<td>21.7</td>
<td>4</td>
</tr>
<tr>
<td>Slacks Creek</td>
<td>18.8</td>
<td>16.2</td>
<td>9.9</td>
<td>13.0</td>
<td>63.0</td>
<td>8.9</td>
<td>21.6</td>
<td>5</td>
</tr>
<tr>
<td>Loganlea</td>
<td>21.8</td>
<td>18.4</td>
<td>10.6</td>
<td>14.5</td>
<td>51.4</td>
<td>8.9</td>
<td>20.9</td>
<td>6</td>
</tr>
<tr>
<td>Woodridge</td>
<td>19.2</td>
<td>15.7</td>
<td>11.2</td>
<td>16.3</td>
<td>53.0</td>
<td>7.7</td>
<td>20.5</td>
<td>7</td>
</tr>
<tr>
<td>Waterford West</td>
<td>28.4</td>
<td>23.3</td>
<td>3.4</td>
<td>6.0</td>
<td>50.9</td>
<td>7.8</td>
<td>20.0</td>
<td>8</td>
</tr>
<tr>
<td>Crestmead</td>
<td>19.7</td>
<td>15.0</td>
<td>3.9</td>
<td>10.7</td>
<td>61.4</td>
<td>6.0</td>
<td>19.5</td>
<td>9</td>
</tr>
<tr>
<td>Logan Central</td>
<td>23.9</td>
<td>16.3</td>
<td>7.6</td>
<td>16.3</td>
<td>41.3</td>
<td>6.5</td>
<td>18.7</td>
<td>10</td>
</tr>
</tbody>
</table>
## How Big is the Problem? AECD’s Profile

<table>
<thead>
<tr>
<th>Developmental Vulnerability (AEDC)</th>
<th>Current Logan %</th>
<th>How many children 5 years old is this true of in the AEDC Sample (n=3,932) (approx. 87% of age cohort)</th>
<th>How many children 5 years old is this true of for the 5 year old age cohort at large (est. n=4,813)</th>
<th>How many Logan children 0-8 (n=43,319) is this likely to be true for? (est)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Developmentally Vulnerable</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical health</td>
<td>13.5</td>
<td>531</td>
<td>650</td>
<td>5,847</td>
</tr>
<tr>
<td>Social Competence</td>
<td>13.0</td>
<td>511</td>
<td>626</td>
<td>5,722</td>
</tr>
<tr>
<td>Emotional wellbeing</td>
<td>10.5</td>
<td>413</td>
<td>505</td>
<td>4,546</td>
</tr>
<tr>
<td>Language and Cognitive Development</td>
<td>11.2</td>
<td>440</td>
<td>539</td>
<td>4,852</td>
</tr>
<tr>
<td>Communication and General Knowledge</td>
<td>13.8</td>
<td>543</td>
<td>664</td>
<td>5,975</td>
</tr>
<tr>
<td>Vulnerability&gt;1</td>
<td>29.3</td>
<td>1152</td>
<td>1410</td>
<td>12,694</td>
</tr>
<tr>
<td>Vulnerability&gt;2</td>
<td>16.3</td>
<td>641</td>
<td>785</td>
<td>7,059</td>
</tr>
<tr>
<td><strong>Developmentally At-Risk (AEDC)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical health</td>
<td>16.7</td>
<td>657</td>
<td>804</td>
<td>7,236</td>
</tr>
<tr>
<td>Social Competence</td>
<td>17.3</td>
<td>680</td>
<td>833</td>
<td>7,497</td>
</tr>
<tr>
<td>Emotional wellbeing</td>
<td>17.5</td>
<td>688</td>
<td>842</td>
<td>7,583</td>
</tr>
<tr>
<td>Language and Cognitive Development</td>
<td>14.0</td>
<td>550</td>
<td>674</td>
<td>6,064</td>
</tr>
<tr>
<td>Communication and General Knowledge</td>
<td>18.3</td>
<td>720</td>
<td>881</td>
<td>7,928</td>
</tr>
</tbody>
</table>
### Logan Suburbs Most at Risk:
#### AEDC: % of Children Developmentally Vulnerable, By Domain, Rank Ordered by SA2, 2015.

<table>
<thead>
<tr>
<th>Suburb</th>
<th>N (Total AEDC Sample)</th>
<th>% Physical Health</th>
<th>% Social Competence</th>
<th>% Emotional Wellbeing</th>
<th>% Language / Cognitive Skill</th>
<th>% Com. &amp; General Knowledge</th>
<th>Average %</th>
<th>% Vulnerable on More than One Domain</th>
<th>% Vulnerable on More than Two Domains</th>
<th>Rank Order (av. % vulnerable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crestmead</td>
<td>271</td>
<td>18.5</td>
<td>20.0</td>
<td>16.7</td>
<td>26.2</td>
<td>17.3</td>
<td>19.7</td>
<td>46.3</td>
<td>23.5</td>
<td>1</td>
</tr>
<tr>
<td>Waterford West</td>
<td>99</td>
<td>23.1</td>
<td>15.4</td>
<td>11.1</td>
<td>16.5</td>
<td>21.1</td>
<td>17.4</td>
<td>34.1</td>
<td>24.2</td>
<td>2</td>
</tr>
<tr>
<td>Loganholme</td>
<td>130</td>
<td>17.6</td>
<td>22.7</td>
<td>17.6</td>
<td>7.6</td>
<td>21.0</td>
<td>17.3</td>
<td>39.5</td>
<td>24.4</td>
<td>3</td>
</tr>
<tr>
<td>Eagleby</td>
<td>233</td>
<td>18.9</td>
<td>22.6</td>
<td>13.4</td>
<td>13.4</td>
<td>17.5</td>
<td>17.2</td>
<td>36.9</td>
<td>25.8</td>
<td>4</td>
</tr>
<tr>
<td>Park Ridge</td>
<td>20</td>
<td>15.0</td>
<td>25.0</td>
<td>15.0</td>
<td>15.0</td>
<td>15.0</td>
<td>17.0</td>
<td>30.0</td>
<td>25.0</td>
<td>5</td>
</tr>
<tr>
<td>Logan Central</td>
<td>114</td>
<td>19.1</td>
<td>12.7</td>
<td>13.6</td>
<td>18.2</td>
<td>20.0</td>
<td>16.7</td>
<td>41.8</td>
<td>22.7</td>
<td>6</td>
</tr>
<tr>
<td>Kingston</td>
<td>220</td>
<td>18.0</td>
<td>17.5</td>
<td>15.2</td>
<td>15.6</td>
<td>11.8</td>
<td>15.6</td>
<td>35.5</td>
<td>22.7</td>
<td>7</td>
</tr>
<tr>
<td>Woodridge</td>
<td>232</td>
<td>14.0</td>
<td>15.8</td>
<td>9.5</td>
<td>18.5</td>
<td>20.3</td>
<td>15.6</td>
<td>39.2</td>
<td>20.3</td>
<td>8</td>
</tr>
<tr>
<td>Mount Warren Park</td>
<td>86</td>
<td>15.3</td>
<td>17.6</td>
<td>17.6</td>
<td>14.1</td>
<td>12.9</td>
<td>15.5</td>
<td>30.6</td>
<td>18.8</td>
<td>9</td>
</tr>
<tr>
<td>Loganlea</td>
<td>122</td>
<td>16.1</td>
<td>18.6</td>
<td>10.2</td>
<td>16.1</td>
<td>16.1</td>
<td>15.4</td>
<td>39.0</td>
<td>22.9</td>
<td>10</td>
</tr>
</tbody>
</table>
## Complex Problems: Correlation Developmental Vulnerability and Perinatal Health

### Developmental Vulnerability Factors

<table>
<thead>
<tr>
<th>Perinatal Risk Factors</th>
<th>Physical Health</th>
<th>Social Competence</th>
<th>Emotional Wellbeing</th>
<th>Language and Cognitive Skills</th>
<th>Communicatio and General Knowledge</th>
<th>Average Vulnerability</th>
<th>Vulnerable on 2 or more domains</th>
<th>Average at Risk</th>
<th>Average At Risk and Vulnerable</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Smoking during first 20 weeks of pregnancy</td>
<td>.366**</td>
<td>.273**</td>
<td>.125*</td>
<td>.598**</td>
<td>.323**</td>
<td>.347**</td>
<td>.384**</td>
<td>.142</td>
<td>.272**</td>
</tr>
<tr>
<td>% Smoking after 20 weeks of pregnancy</td>
<td>.380**</td>
<td>.304**</td>
<td>.159*</td>
<td>.642**</td>
<td>.351**</td>
<td>.378**</td>
<td>.418**</td>
<td>.161*</td>
<td>.300**</td>
</tr>
<tr>
<td>% Teen Mothers (Mother Under 20)</td>
<td>.285**</td>
<td>.238**</td>
<td>.120</td>
<td>.504**</td>
<td>.258**</td>
<td>.350**</td>
<td>.307**</td>
<td>.122</td>
<td>.262**</td>
</tr>
<tr>
<td>% Single Mother Under 25</td>
<td>.457**</td>
<td>.409**</td>
<td>.370**</td>
<td>.457**</td>
<td>.410**</td>
<td>.452**</td>
<td>.502**</td>
<td>.208*</td>
<td>.382**</td>
</tr>
<tr>
<td>% Mothers Attending First Antenatal Visit During 3rd Trimester</td>
<td>.260**</td>
<td>.231**</td>
<td>.163*</td>
<td>.486**</td>
<td>.289**</td>
<td>.337**</td>
<td>.325**</td>
<td>.025</td>
<td>.197**</td>
</tr>
<tr>
<td>% Mothers making low number of prenatal visits overall</td>
<td>.376**</td>
<td>.302**</td>
<td>.279**</td>
<td>.585**</td>
<td>.468**</td>
<td>.429**</td>
<td>.439**</td>
<td>.153</td>
<td>.323**</td>
</tr>
<tr>
<td>% Mothers Overweight or Obese</td>
<td>.376**</td>
<td>.322**</td>
<td>.189*</td>
<td>.635**</td>
<td>.359**</td>
<td>.427**</td>
<td>.416**</td>
<td>.132</td>
<td>.310**</td>
</tr>
</tbody>
</table>
## AEDC Outcomes: Closing the Gap

<table>
<thead>
<tr>
<th>AEDC Domains, 2015</th>
<th>Current Logan %</th>
<th>How many Logan children 0-8 (n=43,319) was, is or will this be true for? (est)</th>
<th>Benchmark Qld %</th>
<th>Estimate of Number of Children if Qld Benchmark Reached</th>
<th>Of all kids 0-8 how many do we need to help to close the gap / achieve parity (est)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children Developmentally Vulnerable (AEDC)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical health</td>
<td>13.5</td>
<td>5,847</td>
<td>11.6</td>
<td>5,025</td>
<td>822</td>
</tr>
<tr>
<td>Social Competence</td>
<td>13.0</td>
<td>5,722</td>
<td>11.5</td>
<td>4,982</td>
<td>740</td>
</tr>
<tr>
<td>Emotional wellbeing</td>
<td>10.5</td>
<td>4,546</td>
<td>9.3</td>
<td>4,029</td>
<td>517</td>
</tr>
<tr>
<td>Language and Cognitive Development</td>
<td>11.2</td>
<td>4,852</td>
<td>9.1</td>
<td>3,942</td>
<td>910</td>
</tr>
<tr>
<td>Communication and General Knowledge</td>
<td>13.8</td>
<td>5,975</td>
<td>10.7</td>
<td>4,635</td>
<td>1,340</td>
</tr>
<tr>
<td>Vulnerability&gt;1</td>
<td>29.3</td>
<td>12,694</td>
<td>26.2</td>
<td>11,350</td>
<td>1,344</td>
</tr>
<tr>
<td>Vulnerability&gt;2</td>
<td>16.3</td>
<td>7,059</td>
<td>13.8</td>
<td>5,978</td>
<td>1,081</td>
</tr>
<tr>
<td><strong>Children Developmentally At-Risk (AEDC)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical health</td>
<td>16.7</td>
<td>7,236</td>
<td>15.5</td>
<td>6,714</td>
<td>522</td>
</tr>
<tr>
<td>Social Competence</td>
<td>17.3</td>
<td>7,497</td>
<td>15.6</td>
<td>6,758</td>
<td>739</td>
</tr>
<tr>
<td>Emotional wellbeing</td>
<td>17.5</td>
<td>7,583</td>
<td>15.8</td>
<td>6,844</td>
<td>739</td>
</tr>
<tr>
<td>Language and Cognitive Development</td>
<td>14.0</td>
<td>6,064</td>
<td>12.4</td>
<td>5,372</td>
<td>692</td>
</tr>
<tr>
<td>Communication and General Knowledge</td>
<td>18.3</td>
<td>7,928</td>
<td>17.9</td>
<td>7,754</td>
<td>174</td>
</tr>
</tbody>
</table>
We are developing six tools for monitoring and evaluation at the national and community levels.

**Impact**
- #1. Opportunity Child shared outcomes framework
- #2. Opportunity Child community outcomes measurement and planning framework

**Learning**
- #3. Collective Impact implementation roadmap

**Capital**
- #4. Opportunity Child business case model

**Voice**
- #5. Opportunity Child policy change monitoring framework

**#6. Opportunity Child case studies**
Learning: Collective Impact implementation roadmap

Tool # 3: A tool to assess a collaborative initiative's progress in building the attributes, capabilities and conditions required to do high quality collective impact in Australia.

- This tool is under development in OC and will incorporate Collective Impact principles, strategies and indicators
- Logan Together has a prototype that incorporates 35 indicators and 12 Collective Impact principles
Opportunity Child Principles and Pillars
**Voice:** *We speak with a loud collective voice to inform and influence others. Weaving together our combined experience and knowledge with what we create and learn as we innovate, we use our national voice to influence, we use our national voice to influence social policy and enable systems change.*

<table>
<thead>
<tr>
<th>Exploration</th>
<th>Development</th>
<th>Maturity</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>We begin to understand community attitudes and behaviours</td>
<td>We have a calendar of policy forums and influencing moments</td>
<td>We are using data and community experience for systems reform</td>
<td>We contribute local experiences to national movement</td>
</tr>
<tr>
<td>We begin to understand policy and power in the system</td>
<td>We have our communications linked to what will reach our communities, allies and those in power</td>
<td>We have large numbers of local people active and focussed on agreed systems change</td>
<td>We join the national movement and collaborate with people outside our region</td>
</tr>
<tr>
<td>We begin to explore what it takes to build a movement</td>
<td>We have agreed messages signed off by all partners</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Logan Together’s place-based Collective Impact good practice principles

<table>
<thead>
<tr>
<th>Place Based</th>
<th>Activity firmly grounded in and understanding of place allowing adaptation to the specific population characteristics and circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within-Sector and Cross-Sector Engagement and Mobilization</td>
<td>Active commitment and participation of sector stakeholders (community organizations and individuals, service industry and government) in deliberations and activities to address social problems and achieve desired outcomes and public value.</td>
</tr>
<tr>
<td>Cross Sector Partnerships.</td>
<td>Formation and support of sustainable, inclusive and balanced cross-sector collective partnerships to engage in co-design of systems, policies, programs and investment strategies on the basis of initial mobilization within and between sectors.</td>
</tr>
<tr>
<td>Co-design</td>
<td>Collaborative decision making by collective partnerships (identifying key problems, shared aspirations, outcomes and public value of the work of the collective partnership; reviewing evidence and establishing a causal account of what interventions might feasibly realize desired outcomes; and selecting key strategies and programs according to the theory of change)</td>
</tr>
<tr>
<td>Adoption of Formal Planning Model (PL, RBA) within broader systems framework</td>
<td>Systematic use of planning models that requires clear specification of the nature of problem(s) to be addressed, the desired outcomes, a multilevel theory of change (including relevant risk and protective factors), key strategies, programs and organizational arrangements, and strategic learning.</td>
</tr>
<tr>
<td>Shared Aspirations and Outcomes Framework</td>
<td>Common goals/shared aspirations that have real value (or legitimacy) in the eyes of each of the partners - community members, governments and service providers</td>
</tr>
<tr>
<td>High leverage strategies, programs and activities</td>
<td>Identification and implementation of evidence-based, high leverage “game changer” strategies, programs and activities</td>
</tr>
<tr>
<td>Measurement, evaluation and strategic learning.</td>
<td>M&amp;E practices that allow CI communities to generate baseline data, to track progress, to use continuous developmental evaluation to learn quickly and adapt strategies and actions in real time, to build capacity, and to enhance transparency, trust and accountability.</td>
</tr>
<tr>
<td>Capability building</td>
<td>Strengthen capacity (skills, knowledge, norms, networks) within government, service providers, community groups necessary to sustain partnerships, develop leaders and engage in co-design and continuous evaluation and adaptation</td>
</tr>
<tr>
<td>System level re-design</td>
<td>CI does not merely seek to improve the efficacy of existing programs or identify new promising programs; it also seeks to re-engineer or redesign the social service delivery system</td>
</tr>
<tr>
<td>Governance</td>
<td>Organizational arrangements that respect the principle of collective partnership, devolve design making to the community level, support and drive the achievement of shared aspirations and outcomes, and ensure accountability to stakeholders</td>
</tr>
</tbody>
</table>
Assessing implementation against the principles

**Collective Partnerships:** formation and support of sustainable, inclusive and balanced cross-sector collective partnerships.

2.a. What progress has Logan Together made in creating and supporting partnerships?

<table>
<thead>
<tr>
<th>No progress</th>
<th>Limited progress</th>
<th>Good progress</th>
<th>Substantial progress</th>
<th>Well established</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

Please explain your answer and provide specific examples of co-design activities.

How can we do better?
LT Community Level (Non-Recursive) Program Logic

- Recognize & Define Problem
- Specify Desired Outcomes (Inc. Targets, Indicators and Timeline)
- Develop (Multilevel) Theory of Change (children/families/communities/systems/institutions)
- Review Evidence of Causes & What Works
- Design and Implement Strategies, Programs and Organizational Arrangements Within Limits of Available Resources, Supports & Assets
- Strategic Learning: Track Results at Program & Population Level & Make Adaptive Changes
We are developing six tools for monitoring and evaluation at the national and community levels.
The business case will provide a mechanism to clearly demonstrate to philanthropy, governments, NGOs, the private sector and communities the key benefits and costs of Opportunity Child’s Collective Impact approach.

Undertaken by PwC, the business case methodology includes:

- Problem and benefit definition, through development of an investment logic map
- Identification, validation and assessment of the strategic and solution options
- High level cost benefit analysis quantifying the estimated future benefits by linking current progress with international evidence.
We are developing **six tools** for monitoring and evaluation at the national and community levels.

**National level**

**Impact**
- #1. Opportunity Child shared outcomes framework

**Learning**
- #2. Opportunity Child community outcomes measurement and planning framework
- #3. Collective Impact implementation roadmap

**Capital**
- #4. Opportunity Child business case model

**Voice**
- #5. Opportunity Child policy change monitoring framework

**Community level**

#6. Opportunity Child case studies
Voice: Opportunity Child policy change monitoring framework

Tool # 5: A framework for monitoring the influence of OC activities on government policy, public perceptions, business practices and service delivery practices and system redesign.

- Under development
- We would like to pursue a co-designed approach, working alongside government to develop a framework and indicators of success
We are developing six tools for monitoring and evaluation at the national and community levels.

- **National level**
  - Impact
    - #1. Opportunity Child shared outcomes framework
  - Community level
    - #2. Opportunity Child community outcomes measurement and planning framework

- **Learning**
  - #3. Collective Impact implementation roadmap

- **Capital**
  - #4. Opportunity Child business case model

- **Voice**
  - #5. Opportunity Child policy change monitoring framework

---

#6. Opportunity Child case studies
Collective: Opportunity Child case studies

Tool # 6: Community partner and cross-site case studies, documenting Collective Impact implementation, effectiveness and lessons learned
LOGAN TOGETHER

Implementation Challenges and Tools

Professor David Hogan
Challenges

• Scale and size

• The speed wobble

Tools

• Revised roadmap (our True North)
Revised Roadmap: Logan Together

Our Vision: By 2025 Logan children will be as healthy and full of potential as children from other thriving communities across Logan

Ready to have children
People have strong family foundations in place prior to having children

Good start in life
Children are born healthy, develop well and form a strong attachment to parents and caregivers

On Track at 3
Children meet developmental milestones (physical, social & emotional and education)

A strong sense of community and belonging

On Track at 5
Parents and caregivers feel more confident in identifying developmental milestones across each life stage and are supported to respond to developmental delays as needed

On Track at 8
Women engage in healthy habits during pregnancy
Increase in children accessing early education
Child attending school and have a positive learning experience

Increase of completion of year 12 or equivalent prior to parenting
Increase in parents who are employed prior to parenting or have a pathway to gain employment
Reduction in parents having children under 19 years of age

How we will work (Our Principles)
Engage in genuine co-design with community
Build strong and effective partnerships
Focus on early intervention and prevention across the life course
Create and encourage an environment of continuous learning, problem solving, reflective practice and innovation (share data and insights)
Be prepared to change and do things differently
Adopt a risk and protective factor framework (across individual/family and community)
Work collaboratively using a collective impact framework

Support across the life course strategies which form the building blocks of strong family foundations (material well-being, housing, safety etc.)

Rest shape the current service system - do the right things at the right time in the right place

Understand, celebrate and cater for diversity
Embrace an emergent strategy, responsive to community - centred in place
Alignment of activity around our shared goal

Draft Logan Together February 2017
Interactive Roadmap
Logan Together is a long term whole of community effort to create the best life opportunities for every child in Logan.

Our Vision: Within ten years we will have closed the gap on rates of healthy development for Logan children at age 8

Our shared roadmap has been designed to drive and measure change as we collectively work towards achieving our 10 year goal.

Talk about how it was developed, importance of life stage, some results fall and big goals are across the life stage, our principles etc

**Our Vision:** Within 10 years Logan children will be as healthy and full of potential as children from other thriving communities across Logan.

| What we now have | What we collectively work towards | How we will work | Result of all actions
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Our Vision</strong></td>
<td><strong>About</strong></td>
<td><strong>Our Principles</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Our Big Goals</strong></td>
<td><strong>Roadmap</strong></td>
<td><strong>Our Action</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Our Action</strong></td>
<td><strong>Our Principles</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Our Principles</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### What we now have (Our Big Goals)

- People have strong family foundations in place prior to having children
- Children are born healthy, develop well and form a strong attachment to parents and caregivers
- Children meet developmental milestones (physical, social & emotional and education)
- A strong sense of community and belonging

### What we collectively work towards (Our Action)

- Increase of completion of year 12 or equivalent prior to parenting
- Increase in parents who are employed prior to parenting or have a pathway to gain employment
- Reduction in parents having children under 19 years of age

### How we will work (Our Principles)

- Engage in genuine co-design with community
- Create and encourage an environment of continuous learning, problem solving, reflective practice and innovation (share data and insights)
- Build strong and effective partnerships
- Be prepared to change and do things differently
- Work collaboratively using a collective impact framework
- Focus on early intervention and prevention across the life course
- Understand, celebrate and cater for diversity
- Embrace an emergent strategy, responsive to community - centred in place
- Alignment of activity around our shared goal

### Result of all actions

- Reshape the current service system - do the right things at the right time in the right place
- Support across the life course strategies which form the building blocks of strong family foundations (material wellbeing, housing, safety etc.)
- Children meet their developmental milestones (physical, social & emotional and education)
- Parents and caregivers feel more confident in identifying developmental milestones across each life stage and are supported to respond to developmental delays as needed
- Women engage in healthy habits during pregnancy
- Women are physically and emotionally well
- Babies are born healthy
- Increase in children accessing early education
- Increase in children
- Children attend school and have a positive learning experience
- Increase in children who are school ready

Our roadmap for collective action and impact in Logan
Logan Together have identified 4 Big Goals across the life course. We believe that our Big Goals will enable us to achieve our shared vision for Logan.

- **Ready to have children**: People have strong family foundations in place prior to having children.
- **Good start in life**: Children are born healthy, develop well and form a strong attachment to parents and caregivers.
- **On Track at 3**: Children meet developmental milestones (physical, social & emotional and education).
- **On Track at 8**: A strong sense of community and belonging.

Our shared roadmap for collective impact in Logan
Logan Together have identified 4 Big Goals across the life course. We believe that our Big Goals will enable us to achieve our shared vision for Logan.

**Big Goal 1:** People have strong family foundations in place prior to having children

**Big Goal 2:** Children are born healthy, develop well and form a strong attachment to parents and caregivers

**Big Goal 3:** Children meet developmental milestones (physical, social & emotional and education)

**Big Goal 4:** A strong sense of community and belonging

---

**Big Goal 2:**

Children are born healthy, develop well and form strong attachments to parents/caregivers.

Will include data on what we know about children in Logan e.g. perinatal health status, perinatal risk factors. Will include short analysis, our target—what we are working towards - regular data updates once available—to track our progress.

<table>
<thead>
<tr>
<th>Suburbs</th>
<th>% of premature babies (% under 37 weeks)</th>
<th>% Low birth weight (% under 2500 grams)</th>
<th>% Low APGAR 1 scores</th>
<th>% Low APGAR 5 score</th>
<th>% babies admitted to ICN/SCN</th>
<th>Average %</th>
<th>Rank order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>8.5</td>
<td>6.3</td>
<td>-</td>
<td>1.7 (&lt;7)</td>
<td>15.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Queensland</td>
<td>9.3</td>
<td>6.6</td>
<td>-</td>
<td>1.7 (&lt;7)</td>
<td>17.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Logan</td>
<td>10.5</td>
<td>7.4</td>
<td>11.9</td>
<td>3.92 (&lt;8)</td>
<td>16.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chambers Flat</td>
<td>20.80</td>
<td>14.60</td>
<td>10.40</td>
<td>10.40</td>
<td>27.10</td>
<td>15.66</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: perinatal data Collection, Health Statistics Branch, Qld Dept of Health 2013/2014

Download excel file

Our shared roadmap for collective impact in Logan
Our Action: Big Goal 2

To achieve Big Goal 2 we have identified 7 result areas which we will collectively work towards.

Click on each result area to learn more.

Big Goal 2: Children are born healthy, develop well and form a strong attachment to parents and caregivers.

1. Children meet their developmental milestones (physical, social & emotional and education)
2. Parents and caregivers feel more confident in identifying developmental milestones across each life stage and are supported to respond to developmental delays as needed
3. Women engage in healthy habits during pregnancy
4. Women are physically and emotionally well
5. Babies are born healthy
6. Reshape the current service system - do the right things at the right time in the right place
7. Support across the life course strategies which form the building blocks of strong family foundations (material wellbeing, housing, safety etc.)
Children meet their developmental milestones


By 2025 we will
(insert outcome and target)
Our Principles

What are they, how they were derived, why they are important etc .......we commit to ..... 


1. Engage in genuine co-design with community
2. Create and encourage an environment of continuous learning, problem solving, reflective practice and innovation.
3. Build strong and effective partnerships
4. Be prepared to change and do things differently
5. Work collaboratively using a collective impact framework
6. Focus on early intervention and prevention across the life course
7. Adopt a risk and protective factor framework (individual, family and community)
8. Understand, celebrate and cater for diversity
9. Embrace an emergent strategy, responsive to community. Centred in place
10. Alignment of activity around our shared goal

Our shared roadmap for collective impact in Logan
Next steps

• Complete development, testing and roll out of six tools in collaboration with our partner communities (and government)

• Work alongside community partners to build capability in developmental evaluation and strategic learning, data literacy, data analysis and other identified learning needs

• Identify priority evidence gaps with community partners, expert network and partners (including government)

• Facilitate the sharing of resources, knowledge and expertise across community partners

• Expand community partner case studies
Thank you for your time