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| **Program Logic Template**For use in applying the NSW Human Services Outcomes Framework to DCJ programs |
| **Program logics** articulate the theory of change by which a program is predicted to have an impact on pre-determined client outcomes. Developing this theory of change before a program or activity is implemented allows programs to empirically test whether the program had an impact on these outcomes, and whether this impact can be attributed to the program. This will help DCJ to prioritise the commissioning of activities that are most likely to impact positively on client outcomes and modify (or cease to provide) activities that do not achieve the intended outcomes.This template is designed to help you use the best-available research evidence and data to develop program activities and ensure outcomes align to the **NSW Human Services Outcomes Framework**. Please refer to the step-by-step guide to [Developing a Program Logic](https://www.facs.nsw.gov.au/download?file=805260) when completing this template. If you need further assistance you can contact FACSIAR at facsiar@facs.nsw.gov.au.Please note the following: * This template is designed to be used flexibly and should be responsive to your program’s needs. It can be modified as your program evolves and should be a ‘living’ document.
* This template is designed to be used at a program level, not a strategy level.
* In a program design context, a program is defined as: *A set of activities managed together over a sustained period of time that aim to achieve an outcome for a client or client group*
* Identifying intermediate and long-term outcomes does not mean the program is solely responsible for achieving these outcomes. Rather the program aims to contribute towards achieving these outcomes. It also provides a justification for selected output measures by showing how they are linked to outcomes.
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| **NEED / PROBLEM** | **EVIDENCE** | **PROGRAM****Program components and activities** | **MECHANISMS OF CHANGE** | **OUTPUTS** | **SHORT-TERM OUTCOMES** | **MEDIUM-TERM OUTCOMES** | **LONG-TERM OUTCOMES** |
| *Identify the problem areas this program seeks to change, by completing a needs assessment. This should include evidence based on:** *Population level data*
* *Client level data*
* *Community perspectives*
* *Client perspectives*
* *Staff perspectives (FACS and NGO)*

*Be as specific as possible* *I.e. Describe the population group or cohort, delivery setting, client needs or risk factors experienced by this population group* | *Summarise the research evidence on the most effective programs, and/or program components, available to change the identified problems. Please start with evidence from published systematic reviews and high quality randomised controlled trials that demonstrate effectiveness. Please also include relevant evaluation reports.**For further guidance on evidence and the quality of evidence, please consult the NHMRC Evidence Hierarchy:* *https://www.mja.com.au/sites/default/files/**NHMRC.**levels.of.evidence.2008-09.pdf**Note: FACS Library can assist in providing relevant research evidence including literature searches Library@facs.nsw.gov.*  | *Based on the* *identified problems, and what the evidence suggests is the most effective way to intervene to change these problems, describe what your program will look like. There is no limit to how many core components or activities you can include.* | *Describe how the program will specifically achieve the desired outcomes via the program activities* | *The products and/or services delivered to achieve the short-term outcomes? (e.g. fact sheets distributed, number of staff attending training, number of support sessions completed)* | *The Immediate (short-term) outcomes that can be attributed to the intervention* | *The Intermediate (medium-term) outcomes that can be attributed to the intervention* | *The Long-term outcomes that can be attributed to the intervention* |

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| BackTrack - A program for at-risk youthYoung people aged 12 to 25 years who experience co-occurring risk factors such as:* Dis-engagement with the education system and/or un-, under-employment
* Emerging or established involvement in criminal incidents and the criminal justice system
* Risky drug and alcohol use
* Inability to regulate emotions
* Low self-esteemand/or emerging mental health issues.
 | Findings from a systematic review of programs that can effectively intervene to improve outcomes for young people who experience co-occurring risk factors found that the critical program components are: 1) engagement;2) case management;3) skills and education;4) personal development;5) diversionary activities.  | **Core component 1: Engagement**Activities:* Horse riding
* Buddying up with a working dog
* Team sport
* ‘Jam’ sessions and informal music activities
 | * Successfully engaging with participants so they are exposed to sufficient number of intervention components
 | * Number of participants attending each session
* Number of activities delivered for each core component e.g. number of counselling sessions delivered
 | An improvement in school attendance (self-reported measure of school attendance cross-checked with school attendance data)A reduction in participant engagement with the Justice System(self-reported measure of engagement with the Justice System, cross-checked with records from Department of Justice)An improvement in participants’ ability to regulate their emotions in stressful situations(Adolescent self-regulatory Inventory [ASRI]) | An increase in the number of participants enrolling in a Tafe course(Department of Industry Tafe data)A reduction in crime/severity of crime (Routinely collected police incident data [BOCSAR])A reduction in substance misuse (The Alcohol Use Disorder Identification Test [AUDIT], the Alcohol, Smoking and Substance Involvement Screening Test [ASSIST], the Heaviness of Smoking Index [HSI])A reduction in suicide ideation and/or psychological distress(self-reported measure of suicide ideation and the Kessler-6) | An improvement in employment(self-reported measure of employment status or admin data)An increase in the number of participants completing year 10 or above at school(Department of Education school attendance data)AND/OR An increase in the number of participants completing a Tafe course(Department of Industry Tafe data)A reduction in drug and alcohol and/or mental health related Emergency Department presentations (Routinely collected health data) |
| **Core component 2: Case management** Activities:* Legal aid tutorials
* Contingency planning
* Inter-agency liaison
 | * Prioritising participants’ most immediate problems (e.g. legal issues), and developing pragmatic solutions to these problems, allows participants to focus on pro-social activities
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| **Core Component 3: Diversionary activities** Activities: * Attending sporting events as a group on the weekend
* Camping trips over the weekend
* Day-to-day attendance of program during the week
 | * Reducing participants’ exposure to high-risk situations (at home and in public), at high-risk times (e.g. the weekend)
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| **Core Component 4: Personal development**Activities: * One-on-one counselling with program staff if needed
* Daily meditation group
* Buddying up with a ‘graduated’ program member for mentoring support
 | * Improving participants’ capacity to manage when they are in high-risk situations
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| **Core component 5: Learning and skills development**Activities:* Work ready preparation
* Vocational education or training
* Work experience
* Mentoring support
 | * Improving participants’ education and life skills to increase their opportunities for active participation in employment
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