

# National Children's Commissioner Report on Children's Rights 2017 NSW Government Submission

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May 2017

# 1. Introduction

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The NSW Government welcomes the opportunity to contribute to the National Children's Commissioner's annual statutory report focusing on young parents and their children.

The NSW Government is focussed on developing and delivering policies that strengthen families through prevention and early intervention, helping them to remain together, and reducing the risk of harm to children and young people. Whole-of-government strategies are outlined in documents such as NSW 2021<sup>1</sup>; the NSW Strategic Plan for Children and Young People (2016-2019)<sup>2</sup> and Healthy Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014-24<sup>3</sup>.

The risk factors associated with young parenting demand appropriate responses across government to support and improve outcomes for this vulnerable group. This submission provides an overview of the current NSW government policies, programs and services that directly support young parents and their children and includes input from the Department of Family and Community Services (FACS), the Ministry of Health, the Department of Education and the Department of Justice.

Under the *Their Futures Matter* reforms, the NSW Government is adopting an investment approach for all services for vulnerable children and families to ensure funding and evidence are aligned most effectively towards wellbeing outcomes. This investment approach will bring together cross-government data, rigorous program and system evaluation, analysis of client needs and liability modeling on the lifetime costs of clients to provide tailored and targeted responses for specific cohorts of vulnerable children and families.

More broadly, the NSW Government is firmly committed to improving outcomes for young people and families and recognises that this requires a transformation in how we deliver, fund and regulate services. This is why NSW Government agencies are currently moving towards a commissioning model of service delivery where the needs of clients are placed at the centre of service design and a range of service responses are developed to achieve desired outcomes within defined resources. A rigorous commissioning approach promotes innovation and encourages the emergence of new models and approaches in order to better respond to changing and diverse client needs.

This submission:

- provides a profile of young parents with children in NSW (Chapter 2)
- provides a summary of some of the initiatives in place in NSW to assist young parents and their children (Chapter 3)

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<sup>1</sup> <https://www.nsw.gov.au/improving-nsw/premiers-priorities/>

<sup>2</sup> <http://www.acyp.nsw.gov.au/plan>

<sup>3</sup> <http://www.health.nsw.gov.au/kidsfamilies/Pages/healthy-safe-well.aspx>

- gives an overview of *Their Futures Matter* – significant reforms to the out of home care service system which apply an investment approach to service design and delivery to ensure the best outcomes for vulnerable children and families (Chapter 4)
- provides information on successful initiatives in the Family and Community Services portfolio (Chapter 5), Education portfolio (Chapter 6), Health portfolio (Chapter 7) and Justice portfolio (Chapter 8) that address the needs of young parents and their children
- provides details of the Australian Red Cross Young Parents Program (funded under Brighter Futures) as an example of a dedicated strengths based, early intervention program that works with young parents with complex needs to improve outcomes for children and families (Appendix 1).
- provides further information on NSW Health initiatives, including evaluation findings (Appendix 2).
- outlines how the commissioning model will operate across government and showcases the NSW Human Services Outcomes Framework (Appendix 3).

## 2. Profile of young parents with children in NSW

Teenage pregnancy has reached a historic low in Australia – comprising 2.8 per cent of total births in 2015, as opposed to 3.1 per cent in 2014<sup>4</sup>. NSW has consistently fallen below this national average, scoring 0.42% below the national average of teenage births each year of the last five years<sup>5</sup>. Despite this decline, demographic indicators such as socio-economic status, location and cultural background still typify Australian young parents. For example, Aboriginal women proportionally have their babies at a younger age than non-Aboriginal women, some statistics showing Aboriginal women are five times more likely than their non-Aboriginal counterparts to become mothers in their teen years<sup>6</sup>. Statistically, teenage parenthood is more likely to occur in lower socio-economic areas, overlapping with pre-existing disadvantage. In 2015, the majority of NSW mothers aged 19 years and younger were in the highest and second highest quintiles of socioeconomic disadvantage<sup>7</sup>. Teenage pregnancy is also more likely to occur in groups with low educational attainment, higher use and misuse of drugs and alcohol, and amongst those who engage in anti-social behaviours<sup>8</sup>.

Nationally, teenage females who lived in remote and very remote areas are more than five times as likely to give birth as compared to their peers in major cities (60 births per 1,000 compared with 11 births per 1,000)<sup>9</sup>. This pattern is present for both Indigenous and non-Indigenous teenage fertility rates, with the rates for both being around two times as high in remote and very remote areas as compared to major cities<sup>10</sup>. This is also seen within NSW where the Greater Western Sydney Health Services – an area coinciding with low socio-economic status – recorded the highest rates of teenage mothers<sup>11</sup>.

The overlap of these social, economic and psychological factors can pose risks and challenges for young parents, and can hamper educational, employment and health outcomes for both the parent

<sup>4</sup> “Teenage fertility rate lowest on record”, *Australian Bureau of Statistics* media release, November 8 2016, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/3301.0Media%20Release12015?opendocument&tabname=Summary&prodn=3301.0&issue=2015&num=&view>

<sup>5</sup> Despite its population size, NSW consistently scored the third lowest percentage of teenage mothers Australia-wide over the last five years: the average proportion of teenage mothers from the period of 2010 to 2014 being 3.07% of all mothers in NSW, with the smallest average proportion of teenage mothers in ACT being 2.02% of all births, and the highest average proportion in the NT being 9.08% of all births.

<sup>6</sup> “Improving outcomes for teenage pregnancy and early parenthood for young people in out of home care”, *Youth Studies Australia*, Vol 28, No 4, 2009, p. 15

<sup>7</sup> “Maternal age”, *Health Stats NSW*, URL: [http://www.healthstats.nsw.gov.au/Indicator/mab\\_mbth\\_age/mab\\_mbth\\_age\\_ses\\_snap?&topic=Mothers%20and%20babies&topic1=topic\\_mab&code=mum%20mab%20](http://www.healthstats.nsw.gov.au/Indicator/mab_mbth_age/mab_mbth_age_ses_snap?&topic=Mothers%20and%20babies&topic1=topic_mab&code=mum%20mab%20)

<sup>8</sup> “Community and Families Clearinghouse Australia Practice Sheet”, *Australian Institute of Family Studies*, December 2010, p. 1.

<sup>9</sup> Cities are defined as Metropolitan centres with an urban centre population greater than 100,000. Rural refers to large, small and other rural centres with an urban population between 10,000 and 99,999. Remote and very remote areas refer to remote centres of around 5,000 or remote centres of less than 5,000 according to “Rural, regional and remote health: a guide to remoteness classifications”, Australian Institute of Health and Welfare, Canberra, March 2004, p. 5.

<sup>10</sup> “Young people (15-24)”, Chapter 4 in Australia’s Welfare 2015, *Australian Institute of Health and Welfare (AIHW)*, p.138.

<sup>11</sup> “One for the Country: recent trends in fertility”, *Australian Bureau of Statistics*, December 2010. <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features10Dec+2010>

and their child, contributing to longer term and trans-generational effects<sup>12</sup>. Many teenage mothers in NSW have experienced past family, sexual and partner violence and family disruption<sup>13</sup>. Many young mothers also have a connection with the child protection system before and after giving birth, with one NSW study recording nearly one in three young women becoming pregnant or giving birth soon after leaving out of home care (OOHC)<sup>14</sup>. Mothers within this cohort are also more likely than other teenage parents to come to the attention of child protection authorities with their own children<sup>15</sup>.

Teenage parenting often coincides with temporary, unsafe and unhygienic housing, due to lack of affordability<sup>16</sup>. Family violence, sexually transmitted diseases, smoking during pregnancy and long term impacts on the mothers' mental health are also aspects typified in this cohort, all of which then influence the health status of their child<sup>17</sup>. Additionally, the NSW Child Deaths Review 2011 noted higher rates of death for the children of young parents with Aboriginal and Torres Strait Islander children and infants under the age of one being over-represented in this group<sup>18</sup>.

The Australian Royal College of General Practitioners has observed that "socio-economic disadvantage is both an antecedent and consequence of teenage motherhood", and has a cyclical effect, predisposing children of young parents, to become young parents themselves<sup>19</sup>. While not every teen parent's experience is categorised by challenges - indeed parenthood signalled a *decrease* in harmful and risky behaviours in some teenage parents. However, it is important to recognise the necessity of support services for this group for both the parent and child's overall wellbeing in lessening this cyclical effect of disadvantage<sup>20</sup>.

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<sup>12</sup> "Teenage mothers", the *Australian Royal College of General Practitioners 2016*, Vol. 45, No. 10, October 2016, p. 714.

<sup>13</sup> "Teenage mothers", the *Australian Royal College of General Practitioners 2016*, Vol. 45, No. 10, October 2016, P. 712.

<sup>14</sup> "Improving outcomes for teenage pregnancy and early parenthood for young people in out of home care", *Youth Studies Australia*, Vol 28, No 4, 2009, p. 12.

<sup>15</sup> "Improving outcomes for teenage pregnancy and early parenthood for young people in out of home care", *Youth Studies Australia*, Vol 28, No 4, 2009, p. 14.

<sup>16</sup> "Improving outcomes for teenage pregnancy and early parenthood for young people in out of home care", *Youth Studies Australia*, Vol 28, No 4, 2009, p. 14.

<sup>17</sup> "Teenage mothers", the *Australian Royal College of General Practitioners 2016*, Vol. 45, No. 10, October 2016, p. 714.

<sup>18</sup> "NSW Child Deaths 2011 – Annual Report", Family and Community Services, p. 7.

<sup>19</sup> "Teenage mothers", the *Australian Royal College of General Practitioners 2016*, Vol. 45, No. 10, October 2016, p. 715.

<sup>20</sup> "Improving outcomes for teenage pregnancy and early parenthood for young people in out of home care", *Youth Studies Australia*, Vol 28, No 4, 2009, p. 15.

### 3. Summary of NSW initiatives to support young parents and their children

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The NSW Government has a significant number of policies, programs and services in place that directly support young parents and their children. These include:

- Brighter Futures program, which delivers targeted early intervention services to families with children who are at high risk of entering or escalating within the statutory child protection system. The Australian Red Cross Young Parents Program funded under Brighter Futures is an example of a successful program which improves the capacity of young parents with complex needs to live and parent independently.
- Intensive family preservation and restoration models that target high need families, including Aboriginal children and their families.
- Reforms to targeted earlier intervention programs to ensure that the needs of families, children and young people are met earlier to prevent the escalation of need and risk factors are addressed. Priority groups include young parents and Aboriginal families.
- Initiatives under *Future Directions for Social Housing* including early intervention and support initiatives for young parents and their children in social housing as well as assistance to support young people suitable to sustain a tenancy in the private rental market.
- Premier's Youth Initiative – piloting an approach to divert at-risk young people leaving OOHC to move to independence with the aim of preventing homelessness.
- Support for pregnant and parenting students through a range of flexible education options.
- Start Strong reform package for the early childhood education sector aimed at improving affordability of early childhood education and increasing the number of children that participate for 600 hours in a quality early childhood education model in the year before they start school.
- A significant number of dedicated parenting support projects, including those that work specifically with Aboriginal young parents, providing advice, client-focussed case management, home visiting and skills development.
- A range of high quality, culturally appropriate health services that support children, young people and their families, including those from vulnerable groups such as those in OOHC and Aboriginal children and families.

Further details of relevant initiatives are provided below.

Despite the complexity of teen parenting situations, there are many personal stories where families have overcome challenges and created safe and loving homes for their children.

Publications such as *Shining a Light on Good Practice*<sup>21</sup> provide a realistic insight into the high quality of casework that is happening all across the sector and the importance of interagency relationships that are focused on shared goals. This report features stories of innovative and quality practice across the child protection sector with successful outcomes for children, young people and families. The report provides examples of how practitioners work to understand each child's experience, build relationships with parents, families and communities and use collective knowledge and skills to achieve positive outcomes.

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<sup>21</sup> FACS Publication - *Shining a Light on Good Practice*: <https://www.facs.nsw.gov.au/reforms/children,-young-people-and-families/shining-a-light-on-good-practice>

## 4. *Their Futures Matter*: a new approach – reforms to address the complex needs of vulnerable children and families

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*Their Futures Matter* provides a case study of recent NSW reforms to OOHHC services, which demonstrate the practical application of a commissioning and investment approach to service design and delivery. In November 2016, the NSW Government announced its landmark reform *Their Futures Matter: A new Approach*. The reform responds to the findings of the Independent Review of Out of Home Care in NSW, led by David Tune AO PSM. A summary of the report is available at <http://www.theirfuturesmatter.nsw.gov.au>.

The NSW Government is significantly reforming its approach to the delivery of services for vulnerable children and families, adopting a mechanism that combines a commissioning approach to service design, an investment approach to optimising where funds are allocated, prioritisation of needs-based supports, and coordinated service delivery.

Highlights of the reform include:

- Applying an investment approach to service design and delivery, built on strong client data and evaluation to guide investment and target services.
- Cohort support packages to ensure vulnerable children and families have access to the support they need.
- Alignment of cross-government funding for vulnerable children and families to ensure comprehensive and cohesive responses from the whole service system.
- A single commissioning entity with control of cross-government funding to ensure commissioned services are coordinated, evidence based and driven by the needs of children and families.
- Immediate investment of over \$190 million over four years to help a range of organisations to deliver intensive, evidence-based therapeutic programs to prevent OOHHC entries, increase safe exits and improve placement stability for children in care.

*Their Futures Matter* includes a commitment to roll out needs-based supports to vulnerable children and families across the state over a period of five years. This will be achieved by government agencies and their non-government partners working together to design and implement evidence-based wrap around support packages that meet the needs of cohorts of vulnerable children and families, using whole of government identified and programmed investment.

Wrap-around supports will be rolled out to three target populations – children and young people in OOHHC; families with children at imminent risk of entering OOHHC' and young people transitioning to adulthood from the OOHHC system – before expanding to additional vulnerable populations.

The NSW Government is currently designing a process for determining cohorts and creating support packages that meet each cohort's specific needs. As has been noted by the Children's Commissioner, young parents are at a high risk of having their children removed into the child protection system and consequently will be impacted by the *Their Futures Matter* investment approach.

Under the investment approach, these vulnerable families will receive a package of support focused on providing better opportunities for early intervention and prevention. The packages will be designed based on analysis of service usage, client history and cross-government data on lifetime trajectories, and will involve improvements to existing supports and investment in new supports as guided by the best available evidence.



The use of an investment approach to service delivery and resource allocation will better target interventions to improve the outcomes of services and ensure the sustainability of the child protection and OOHC system. This will involve undertaking actuarial analyses of the lifetime costs of children and young people in OOHC and families in the system. The investment approach ensures that effort and funding is focused on providing services which have the greatest social return as well as promoting a cost-effective system.

The application of an investment approach in NSW will include the implementation of an innovative, longitudinal approach to evaluation, whereby data collection activities are embedded into routine service delivery and performance monitoring systems across government agencies from program roll-out. This will combine process, outcome and economic evaluations to assess whether the reforms are implemented as intended and have achieved the anticipated outcomes.

### **Immediate investment in Family Preservation and Restoration services**

The total reform investment includes \$90 million to support the roll-out of two preservation and restoration based models: Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) and Functional Family Therapy - Child Welfare (FFT-CW). These are intensive home based family models aimed at keeping families together, targeting the causes of harm and responding to trauma and other underlying cases of child abuse and neglect. Fifty per cent of places will be allocated to Aboriginal children and their families.

Both MST-CAN and FFT-CW have been successfully applied in a number of jurisdictions worldwide. In the City of New York, similar interventions saw a 50% reduction in the number of children in foster care over a ten year period.<sup>22</sup>

MST-CAN is a 24/7 home-based intensive treatment model that works with families where there has been physical abuse and/or neglect of a child aged 6–17 years. The model is targeted to families who have not engaged in or benefited from community supports in the past. The program is provided to the family for a period of around 6 to 9 months. The model offers a range of specific clinical treatments that target areas such as trauma, mental health and drug and alcohol misuse.

In randomised trials, MST-CAN has been shown to be effective in reducing out of home care placements, reducing placement changes, reducing psychological distress and improved parenting behaviour.<sup>23</sup>

FFT-CW, an adaptation of the standard model, is a home-based treatment model that works with families where there has been physical abuse and/or neglect of a child aged 0–17 years. There are two types of services within the model — one for families at very high risk who need intensive supports, another for families at lower risk who are more likely to successfully engage in community supports. FFT-CW has been subject to extensive evaluation and achieved significant positive results. For example, one recent study found that families receiving FFT-CW completed treatment more quickly than those receiving usual care and were “significantly more likely to meet all of the planned service goals”. In addition, fewer families were transferred to another program at closing, there were fewer recurring allegations and fewer out of home care placements.<sup>24</sup>

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<sup>22</sup> 'A Changed Emphasis in City's Child Welfare System: How Has Shift Away From Foster Care Affected Funding, Spending, Caseloads?', New York City Independent Budget Office — Fiscal Brief (October 2011)

<sup>23</sup> Swenson, C. C., Schaeffer, C. M., Henggeler, S. W., Faldowski, R., & Mayhew, A. 'Multisystemic therapy for child abuse and neglect: A randomized effectiveness trial', *Journal of Family Psychology*, vol. 24 (2010), pp.497-507

<sup>24</sup> Charles W. Turner, Michael S. Robbins, Sylvia Rowlands and Lisa R. Weaver, 'Summary of comparison between FFT-CW® and Usual Care sample from Administration for Children's Services', *Child Abuse & Neglect*, vol. 69 (2017), pp. 85–95.



## 5. Further Examples of NSW Government Initiatives that support young parents and their children: Family and Community Services portfolio

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### Brighter Futures Program

The Brighter Futures program delivers targeted early intervention services to families with children who are at high risk of entering or escalating within the statutory child protection system. The program services families with children aged under 9 years, or families expecting a child, by providing intervention and support that will achieve long-term benefits for children.

Brighter Futures is delivered by non-government lead agencies across NSW to provide a range of tailored services including case management, casework focused on parent vulnerabilities, structured home visiting, quality children's services, parenting programs and brokerage funds.

The Brighter Futures Program was evaluated in 2010<sup>25</sup>. The evaluation identified a significant reduction in risk of harm reports for participant families and found that children from families who successfully completed the program were less likely to go into OOHC than children from a comparison group of families. The evaluation also showed a clear relationship between families' duration on the program and whether they achieved their case plan goals. Whilst the majority of participant families stayed considerably shorter than the expected two years duration, those that remained on the program for relatively longer periods of time had better outcomes. Families who were less likely to achieve their case plan goals, and therefore less likely to benefit from the program, included those who were relatively more disadvantaged socially and economically, and were more likely to be Indigenous families, families with parental drug and alcohol problems or intellectual disability, families with children reported for neglect, and families with a long reporting history.

The program has undergone significant reform since the evaluation and in 2014 the program began working with a larger number of families known to FACS. From 2015/16 onwards ninety per cent of the families referred to Brighter Futures service providers have had a substantiated risk of significant harm (ROSH) report. Referrals are made by FACS and Brighter Futures service providers who work with the family to improve parenting skills and ensure better outcomes for the children.

In 2017/18 NSW will begin a trial of SafeCare© Parenting Program in eight Brighter Futures sites across NSW. SafeCare© is a highly structured, evidence based program which has been shown to reduce neglect and abuse of children 0-5 in the USA. As such, it has the potential to support parents to provide their children with appropriate care and to keep families together. SafeCare addresses three aspects of child care: preventing and treating illnesses and maximising parental health-care skills; positive and effective parent child interactions; and maintaining hazard-free and safe homes for children. The implementation and outcomes of SafeCare© will be evaluated and if the program is found to be successful in the NSW context then it will be rolled out to all Brighter Futures service providers.

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<sup>25</sup> [https://www.sprc.unsw.edu.au/media/SPRCFile/2010\\_3\\_Report3\\_10\\_BrighterFutures\\_InterimReport3.pdf](https://www.sprc.unsw.edu.au/media/SPRCFile/2010_3_Report3_10_BrighterFutures_InterimReport3.pdf)

## Australian Red Cross Young Parents Program (YPP)

YPP is a dedicated program funded under Brighter Futures that works with young parents with complex needs aged 13 to 25 to live and parent independently. The program, which is delivered in three tiers (Residential, Outreach and Aftercare), has demonstrated positive outcomes for families and children, including facilitating family preservation, restoration and reunification and improved educational and vocational outcomes. Further information about the program is in Appendix 1.

### Family Preservation and Restoration

NSW is investing \$90 million over four years to help families stay together using new intensive home-based family preservation and restoration models. These models target the causes of harm and treat trauma. A commitment has been made to ensure that half of the 900 places available will be for Aboriginal children and their families.

The models target families who have the highest need (families for whom multiple referrals and service engagements have not achieved change).

Interventions are provided in the home and in community settings, enabling qualified practitioners to assess and address underlying causes of harm in the family. This increases the likelihood of achieving sustained improvements in safety and family functioning.

### Targeted Earlier Intervention program reform

NSW is reforming targeted early intervention (TEI) programs to create a more cohesive, effective, flexible, localised and child-focused service system. TEI reform is an opportunity to review the current system to maximise the reach and impact of services.

The target group for the new TEI program will be vulnerable families, young people and children. Within this target group there are three TEI priority groups: children aged 0-3 years, young parents and Aboriginal families and children.

The focus of the TEI reform is delivering a targeted earlier intervention service system that is:

- Flexible – focusing on client needs rather than program guidelines.
- Locally responsive – working to the strengths, assets and needs of local communities.
- Evidence based – grounded in what we know works and building on that knowledge.
- Adaptive – continuously improving and responding to change.
- Client centred – working with the person and family to address their needs.

The vision for TEI reform is that:

- Families, children and young people needs are met earlier to prevent the escalation of need.
- Families are able to access support earlier in the lives of their children and young people, and are empowered to live independent meaningful lives.
- Risk factors that lead to abuse and neglect of children and young people, including domestic and family violence, is addressed earlier.
- Aboriginal children, young people and families have access to effective and culturally safe support and services.

### Initiatives under Future Directions for Social Housing in NSW

*Future Directions for Social Housing in NSW* (Future Directions) is a long term plan based on three priorities – more homes, more opportunities and support to break cycles of disadvantage, and better experiences in social housing.

Two early intervention programs under Future Directions are targeted specifically at young parents and their children:

- More than \$2 million has been allocated to two districts to trial the *Early Childhood Education and Care* program. This program will enhance the participation of children eligible for social housing in early childhood education and care so that they are ready for school and their parents can go to work.
- Direct support will be provided to mothers in social housing with babies through the *Sustaining NSW Families* program – NSW Health's long-running nurse home visiting program which will be extended to social housing clients in four trial sites. The development of the Sustaining NSW Families program was based on evidence from the Nurse Family Partnership (NFP) which focuses on disadvantaged first time mothers and Maternal and Early Childhood Sustained Home Visiting (MECSH) Vulnerable parents program which aims to enhance maternal and child outcomes through a universal system for maternal, child, and family health services.

The NFP program has been shown to improve the outcomes of pregnancy, improve infant health and development and improve the mother's own life course development. In addition to this, the program evaluation, including long-term follow up studies, show program impacts on alcohol use, child abuse, criminal behaviour, early cognitive development, healthy gestation/birth, illicit drug use, tobacco use, mental health, physical health, post-secondary education and employment.

Similar benefits were also found from the MECSH program.

In addition, we are improving and expanding private rental assistance to support vulnerable households to set up or maintain a tenancy in the private rental market. This includes a targeted youth subsidy to support young people who are suitable to sustain a tenancy in the private rental market.

### The Premier's Youth Initiative

The Premier's Youth Initiative (PYI) aims to pilot an approach to diverting at-risk young people leaving OOHC to move to independence with the aim of diverting this group from entering the homelessness service system.

PYI will provide young people with a combination of a personal advisor, education and employment mentoring, transitional accommodation support and subsidised head-leased accommodation. The aim of these services is to help young people leaving care develop the capacity to:

- grow and maintain their own personal support networks
- grow their educational and employment opportunities and
- manage their own accommodation needs.

The pilot will be delivered to up to 406 young people in selected locations across NSW from 2017 until June 2020.

### Other relevant Young Parenting/Youth Programs

FACS funds a number of dedicated support programs for young parents and their children, including for Aboriginal and Torres Strait Islanders. Examples include:

- **Aboriginal Young Parenting Support project** - works specifically with Aboriginal young parents aged 16-25 years and their children providing advice and referral, assessment and case planning, client focussed casework, home visiting and practical/skills development groups.
- **Young Parent Support Worker program (Hunter New England Local Health District)** – works specifically with young parents aged 16-25 years and their children providing advice and referral, assessment and case planning, client focussed casework, home visiting and practical/skills development.

- **Regional Youth Support Services** - works specifically with young parents aged 16-25 years and their children providing advice and referral, assessment and case planning, client focussed casework, home visiting and practical/skills development groups.
- **Young Parents Family Worker Project** - works specifically with young parents and their children providing case management (e.g. home visits, centre based visits, outreach and telephone support) and parenting programs (e.g. Triple P).
- **Central Coast Homelessness Accommodation Service for Young Parent Families** - works specifically with young parents and their children providing transitional accommodation and case management support, linking young parent families to a range of support services. Program supports young parent families to access and sustain stable housing.

The first four of the programs listed above have a particular focus on assisting young parents improve their skills, ability and confidence to parent their children. These services use Triple P parenting program as one evidence based parenting program. In 2011, FACS' evaluation of the Triple P program conducted by the Nexus Group concluded that there were statistically significant reported improvements in parenting behaviours over the pre-post intervention period and there were statistically significant perceived improvements in child behaviours.

### **Pathways of Care Longitudinal Study (POCLS)**

The Pathways of Care Longitudinal Study (POCLS) is the first large-scale prospective longitudinal study of children and young people in OOHC in Australia. The child developmental domains of interest are physical health, socio-emotional wellbeing, cognitive/learning ability and safety.

POCLS is the first study to link data held by multiple government agencies on children's child protection backgrounds, OOHC experiences, health, education and offending; and match it to first-hand accounts from children, caregivers, caseworkers and teachers. The population cohort is a census of all children and young people, totalling 4,126, who entered OOHC for the first time in NSW in the 18 months between May 2010 and October 2011.

The primary aim of the study is to provide a strong evidence base to inform policy and practice in the OOHC service system, improve decision making about how best to support children who have experienced abuse and neglect and thus improve their outcomes.

The NSW Health Perinatal Data collection informs the POCLS by providing information on the mother's age at the time of children being born. With this information, data analysis will be undertaken to examine how young parent age is associated with child developmental outcomes. This analysis will be available by December 2017.

More information is available at <http://www.community.nsw.gov.au/research-centre/pathways-of-care-longitudinal-study>.

## Social Impact Investment

Social impact investment is an emerging approach to tackling social challenges. It brings together social capital and expertise from the public, private and non-profit sectors to deliver better outcomes for communities. It has distinct features that incentivise different, more effective ways of working:

- Measuring and paying for outcomes
- Setting incentives and removing input controls to encourage innovation in service delivery
- Sharing the risks and benefits of service delivery through partnerships
- Investment in better targeted services.

### The Newpin bond and The Benevolent Society bond

In 2013, NSW implemented Australia's first social benefit bonds, the Newpin bond and the Benevolent Society bond. Both bonds fund support services in the child protection space.

The Newpin social benefit bond funds an intensive parenting support program to safely restore children in OOHC to their families. The initiative involved \$7 million capital raised through private investment when the bond was issued. It runs over a seven year term with initial investment plus return paid following independent certification based on outcomes being achieved. The bond's key performance indicator is the restoration rate of children who enter the program and who are returned from OOHC to their families and continue to remain there 12 months after. Returns to investors are determined by this rate.

A total of 67 children were restored to their families during the third year of the bond (and were still with their parents at 30 June 2016). In the three years to 30 June 2016, a total of 148 restorations have been achieved, 18 of which were reversed within the 12 months of the restoration, resulting in 130 net restorations of children to their families. Newpin also supported another 47 families to prevent their children from entering OOHC. This equates to a cumulative restoration rate of 65.17 per cent, compared to a baseline of 25 per cent. Investors received a 12.15 per cent return.

The Benevolent Society bond funds the Resilient Families Service to work intensively in the home with at-risk families for up to nine months to prevent children from entering OOHC. This bond has a \$10 million principal and a five year term. Returns will be calculated at the end of the term, based on the performance of the program.

Both social benefit bond trials are subject to ongoing independent evaluation to examine both the structure and the services of each bond from development to implementation with evaluation reports published on the NSW Government's Office of Social Impact Investment website<sup>26</sup>.

Evaluation of the bond trials show both programs assist young parents through to older parents with the primary parent for the Newpin program from a 'a broad mix of ages, from teenagers to those over 35 years: about half the parents are over 30 years of age.'<sup>27</sup> Similarly evaluation of The Benevolent Society Resilient Families program suggest primary carers, mostly women, have an average age of 31.3 years and range between 18 years to 57 years<sup>28</sup>.

<sup>26</sup> <http://www.osii.nsw.gov.au/tools-and-resources/evaluation-of-the-social-benefit-bonds/>

<sup>27</sup> URBIS (2016) Evaluation of the Newpin SBB Program Interim Evaluation Report (p 11), available at <http://www.osii.nsw.gov.au/assets/Uploads/Interim-Report-Evaluation-of-the-Newpin-SBB-Program-October-2016.pdf>

<sup>28</sup> ARTD Consultants (2015) Evaluation of the Resilient Families Service: Mid term Report (p 6) available at <http://www.osii.nsw.gov.au/assets/office-of-social-impact-investment/files/TBS-Evaluation-Midterm-Report.pdf>

## 6. Further Examples of NSW Government Initiatives that support young parents and their children: Education portfolio

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### NSW Public Schools

All NSW high schools have a commitment to provide the adjustments required for students who are pregnant or parenting to support them to continue their education.

Teachers, year advisors, head teachers and the school's executive staff all work as a team to support pregnant and parenting students and to develop local solutions to the circumstance of an individual (as required). For example, schools can support young people through a range of flexible education options, which can include:

- leave from attendance at school before and/or after the birth of the baby
- flexible lesson timetables such as starting or finishing classes at a different time to others to allow attendance at medical appointments or fulfilment of parenting responsibilities
- flexible modes of attendance which may include a combination of school-based and distance education subjects
- completion of the Higher School Certificate (Year 11 and Year 12) over a period of up to five years.

School counsellors and teaching staff are also available to provide personal, social and emotional support if required, including assistance to access community support services for the young person and their baby, during and after pregnancy.

Where there are concerns about the safety, welfare or wellbeing of a pregnant or parenting young person and/or their unborn child, the Child Wellbeing Unit can assist in several ways, the focus being to assist mandatory reporters (from the department) to determine how best to support the young person and provide earlier assistance by sourcing appropriate referrals and facilitating information exchange across both the government and non-government sector. This approach facilitates building of stronger partnerships across government and non-government organisations and focuses on prevention and early intervention to address potential issues that may face pregnant or parenting young person.

### Early Childhood Education

The NSW Government announced the Start Strong reform package in September 2016. The package includes \$115 million of funding for the early childhood education sector aimed at improving affordability of early childhood education and increasing the number of children in the year before school participating for 600 hours in a quality early childhood education program. The reform is based on the principle of a needs based funding model, acknowledging that children from disadvantaged families (Aboriginal and low income) stand to gain the most from a quality early childhood education including 'downstream' outcomes such as increased economic participation, less probability of incarceration and better health and social outcomes, generally.

Start Strong significantly increased funding for three year old children from Aboriginal and low income backgrounds to encourage participation in early childhood education. The research evidence confirms that duration matters, specifically that for children from disadvantaged backgrounds, two years of quality early childhood education is required to ensure that these children get the best start to life.

Start Strong is based on research that shows children who participate in a quality early childhood education program for at least 600 hours in the year before school are more likely to arrive at school equipped with the social, cognitive and emotional skills they need to engage in learning.



They gain higher test scores, achieve higher levels of educational attainment and income and secure higher levels of health and wellbeing. This is even more so for children from a disadvantaged background, with research telling us these children benefit the most.

### **NSW Education Standards Authority**

The NSW Education Standards Authority (NESA) is responsible for developing the curriculum to be taught in NSW schools.

Students in Years 11 and 12 may elect to study Exploring Early Childhood. The curriculum provides a comprehensive and age-appropriate approach to education that relates to young parents and their children. This is taught within the broader context of pregnancy and childbirth, child growth and development and promoting positive behaviour.

Students in Years 9 and 10 may elect to study Child Studies. Students are provided with opportunities to explore preparing for parenthood, conception to birth, newborn care, the diverse needs of children, food, nutrition, health and safety in childhood.

Schools have the flexibility to deliver the curriculum in an age appropriate manner, reflective to the needs of students and in the context of their school.



## 7. Further Examples of NSW Government Initiatives that support young parents and their children: Health portfolio

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### Aboriginal Maternal and Infant Health Services (AMIHS)

NSW Health funds the AMIHS program, which delivers high-quality culturally appropriate maternity services in over 40 sites across NSW. Antenatal and postnatal care is provided in the community by midwives and Aboriginal health workers, from as early as possible after conception up to eight weeks postpartum. The AMIHS program is currently being evaluated. The website contains further information: <http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/priority/Pages/default.aspx>.

An example of an AMIHS program is the Armidale Mothers and Babies program that was highlighted in the Closing the Gap - Prime Minister's Report 2017 available at <http://closingthegap.pmc.gov.au/sites/default/files/ctg-report-2017.pdf>.

AMIHS data<sup>29</sup> indicates that in 2015 just over 60 per cent of AMIHS mothers were 26 years or under. The model of care provided by AMIHS is appropriate for young mothers and families because it provides continuity of care in a trusting relationship that is important to young people and has the potential to improve outcomes for young Aboriginal families. The maternity care provided is predominately in the community and has a strong focus on community development and health promotion activities.

### Building Strong Foundations (BSF) for Aboriginal Children, Families and Communities

BSF services provide a free, culturally safe and appropriate early childhood health service for Aboriginal children from birth to school entry age and their families. The service is provided by teams of Aboriginal health workers and child and family health nurses. In some locations, the core team is supported by other allied health therapists including social workers. The BSF service works with families, parents, carers, and the local community, to support the health, growth and development of Aboriginal children, so they are able to fully engage in life and learning.

More information is available at:

<http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/priority/Pages/bsf.aspx>

Local health districts also have specific programs/initiatives for young parents.

### Sustaining NSW Families (SNF)

SNF is a nurse-led evidence-based sustained health home visiting program that commences in pregnancy and continues until the child's second birthday. The program supports eligible families to establish positive, healthy relationships with their infants and promotes optimal social and emotional development that will benefit children and their families across the whole of their lives.

The evidence points to the program being of most value to families with moderate levels of vulnerability to poorer health and developmental outcomes, and young mothers/parents under 20 years of age are among those families targeted by the eligibility criteria.

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<sup>29</sup> AMIHS data collection accessed 11 May 2017

NSW SNF services are located at:

1. Lismore – Northern NSW Local Health District (LHD)
2. Canterbury – Sydney LHD
3. Auburn – Western Sydney LHD
4. Fairfield – South Western Sydney LHD
5. Arncliffe – South Eastern Sydney LHD
6. Kurri Kurri – Hunter New England LHD
7. Campbelltown – South Western Sydney LHD
8. Wyong - Central Coast LHD

An evaluation of the program in 2015<sup>30</sup> showed that 10% of the mothers in the program were under the age of 20. The program was found to be successful in improving outcomes for children and families.

Evidence from similar types of programs overseas has demonstrated ongoing benefits for parents and for children, extending for decades, across the domains of educational achievement, lower welfare dependence, lower involvement with criminal justice systems, and higher social inclusion.

### **The Out of Home Care Health Pathway Program (OOHC HPP)**

Children and young people in OOHC often have high and unmet health needs and are more disadvantaged and vulnerable than other children. NSW Health provides coordinated health assessments and intervention for children and young people entering statutory OOHC who are expected to remain in care for longer than 90 days. The program also targets young people aged 15-17 years expected to leave care within the next year. The program which coordinates this process is called The OOHC Health Pathway Program, and is an outcome of the Justice Wood, Special Commission of Inquiry into Child Protection in NSW.

Under the program, children and young people entering statutory OOHC commence a primary health assessment within 30 days of a child or young person entering OOHC. The OOHC HP Guidelines for young people aged 12-18 years include a HEEADSSS (Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety including spirituality) psychosocial assessment as part of the Primary Health Screen, which specifically addresses issues of sexual activity and sexuality, including identification of any concerns.

The program also targets young people aged 15-17 years who are anticipated to leave care within the next year. Research shows that this transition is a period where there is significant risk that young people will disengage from health services. The program therefore focuses on fostering increased health literacy, establishing links with General Practice/primary health care, and supporting young people's access to their personal medical records in the lead up to leaving care.

NSW Health, with FACS, has developed an interagency framework to support the health assessment process, called The Model Pathway for the Comprehensive Health and Developmental Assessments for All Children and Young People Entering OOHC. The child is at the core of the model.

The model also promotes collaboration between NSW Health, FACS, and OOHC service providers, including health professionals, other government agencies, non-government agencies

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<sup>30</sup> <http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/priority/Pages/bsf.aspx>

and carers. A Memorandum of Understanding between NSW Health and FACS on Health Screening, Assessment, Intervention and Review for Children and young people in OOHC supports this collaboration.

The program was evaluated in 2014, with positive results and an evaluation report is available at: <http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Documents/evaluation-of-oohc-final-report.pdf>.

### **Specialist Perinatal and Infant Mental Health Services (PIMHS)**

Specialist Perinatal and Infant Mental Health Services (PIMHS) deliver assertive hospital-in reach and intensive in-home support services to pregnant women and mothers of infants (up to two years of age) with severe and complex mental illness. Services are aimed to treat women's psychiatric illness and promote early parenting and family functioning. These clinicians work in an integrated way with other related services namely adult mental health, child and adolescent mental health, child and family health, maternity and obstetrics, drug and alcohol services, NGOs including Karitane and Tresillian and Wesley Mission ("Mums and Kids Matter" program) and private providers (such as St John of God Hospital). Priority is given to women with increased risk factors including those women admitted to inpatient psychiatric facilities, and those with high risk birth and child protection alerts. A specialist statewide perinatal and infant mental health outreach service (SWOPS-mh) provides additional support and prioritises mothers in regional and rural areas. An evaluation of PIMHS across five local health districts demonstrated that the service was effective in reaching younger women and those from Aboriginal and Torres Strait Islander background.

The NSW Health funded Mums and Kids Matter (MKM) statewide program provides services and brokerage to support pregnant women and mothers with mental illness and their young children. MKM reduces separation of mothers with mental illness from their babies and children aged zero to five years, while mothers receive specialist mental health care in the home, supported community based short term non-acute residential setting and inpatient mother-baby settings.

### **School based mental health initiatives**

NSW School-Link has been operating successfully for over 15 years and provides a framework and structure to support child and adolescent mental health services (CAMHS), schools and TAFE colleges to work collaboratively to identify the sub-group of young people with mental health problems and provide access to appropriate mental health care and support earlier. School- Link is a core function of specialist NSW CAMHS and School-Link Coordinators deliver the initiative with 15 School-Link Coordinator positions across the state. The work of NSW School-Link is informed by an Evidence Check review brokered by the Sax Institute for the NSW Ministry of Health entitled 'School based intervention programs and shared care collaborative models targeting the prevention of or early intervention in child and adolescent mental health problems: a rapid review'.

Getting on Track in Time – *Got It!* is a successful specialist school-based clinical early intervention service delivered by CAMHS teams in partnership with NSW Department of Education. *Got It!* aims to reduce the frequency and severity of conduct problems in young children from the ages five to eight years, a time when intervention is likely to be most effective in preventing the development of severe behaviour problems such as conduct disorder. It also aims to improve the schools' capacity to engage with children and families within the school setting. Conduct disorder is the most common childhood mental disorder with the greatest long terms costs to individuals and the community. An independent evaluation found significant improvements in children's behaviour and parenting skills, with the majority of improvements continuing at 6-8 month follow-up. Additional benefits to schools and parents include increased connection with the school and local community and improved appropriate help-seeking by parents for assistance with other health and social needs.

## Local initiatives

In most districts, NSW Health and FACS partner to deliver Prenatal Family Conferencing in cases where there are safety and wellbeing concerns for an unborn child.

The aim is for birth parents to address risks to their newborn child prior to their birth, and reduce the number of newborns assumed into care. The services address a range of vulnerabilities, including being a teenage/young parent.

There are a range of locally-led NSW Health initiatives to support young parents, including:

- Programs to address gaps in service provision for young women, who are pregnant, and young parents and their children.
- Designated child birth and parenting classes for young parents.
- Young mothers support groups.

Further details (including evaluations) on Health initiatives that support young parents and their children are provided at Appendix 2.

## 8. Further Examples of NSW Government Initiatives that support young parents and their children: Justice portfolio

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### Act Now Stay Strong

Act Now Together Strong (ANTS) is an evidence based Family Functioning Intervention model, based on the work of Professor Chris Trotter's 'Collaborative Family Work'. Staff within the Western Region of NSW are working with families through a basic problem solving approach, identifying their problems and what they as a family want to do to resolve these. The model teaches families a new way of communicating and interacting with each other as they work their way through the six to eight family sessions.

Juvenile Justice (Western Region) received funds from the Australian Research Council to further develop the model through a research project whereby systematically selected families were engaged in the Project. Although the research was around a small sample size, and evaluations are not completed to date, the data already collated is showing some positive results in terms of families who have completed the model and young people re-offending. The model has been quite successful with Aboriginal families who have completed the model.

Juvenile Justice is in the process of licensing this Program as there have been requests by other agencies to use the model. Western Juvenile Justice works collaboratively with Mission Australia to deliver the model to joint clients and this approach works well, particularly in rural and remote areas where resources are scarce.

### Youth on Track

Youth on Track is an early intervention scheme aimed at providing case management and offence-focused interventions for 10 to 17 year olds who are at high risk of reoffending but have not yet received a court order. The Youth on Track service providers (funded by Department of Justice) offer the ANTS family intervention to families of participants and participants who are parents themselves. The scheme is currently being evaluated.

### Parenting Programs in Custody

Reiby Juvenile Justice Centre continues to partner with Karitane to provide advice to young female detainees on parenting. Karitane also assists the girls to create messages for their children at home via DVD to ensure contact between mothers and their children continue during a custodial sentence.

Juvenile Justice Centres also run parenting programs such as Becoming a Father and antenatal workshops.

### Housing and Support Program

The Housing and Support Program supports young women in the Juvenile Justice system who are at risk of re-offending upon release due to homelessness or risk of homelessness. The Program is a partnership between Juvenile Justice, Family and Community Services and Justice Health & Forensic Mental Health Network and aims to improve cross agency partnering to plan, coordinate, and develop housing and support strategies for young women who are between 16 and 21.5 years old. When identifying suitable housing, consideration is given to appropriate bedroom allocation for young women who have children/or access to their children. The Support Provider also assists with access to parenting programs in the community.

## 9. Commissioning for better outcomes

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The NSW Government is increasingly using commissioning to design services and evaluate outcomes to ensure the needs of clients are met and the resources to deliver those services are effectively allocated. Details of the NSW commissioning approach and the Human Services Outcomes Framework as the practical application of the commissioning approach to human services are at Appendix 3.

The NSW government is increasingly measuring clients outcomes as well as outputs as a way to understand and measure the extent to which services are making a lasting, positive difference to people's lives. The example provided below describes how FACS has applied the NSW Human Services Outcomes Framework to targeted early intervention for young children, young parents and Aboriginal families.

The application of the NSW Human Services Outcomes Framework to targeted early intervention has involved commissioning independent evidence reviews of effective interventions for improving children and families outcomes. This evidence is then being mapped to impact pathways between outcome domains to help guide programs and services. To complement this, an evidence map of literature regarding children in OOHC has recently been completed to assist policy makers and practitioners in understanding the current evidence base. A set of wellbeing indicators across the life course is also being developed. An independent evidence review identified 19 indicators for children and 23 indicators for young people across all the seven domains of the NSW Human Services Outcomes Framework. Indicators within the health domain are expected to be particularly useful for work involving children and young people.

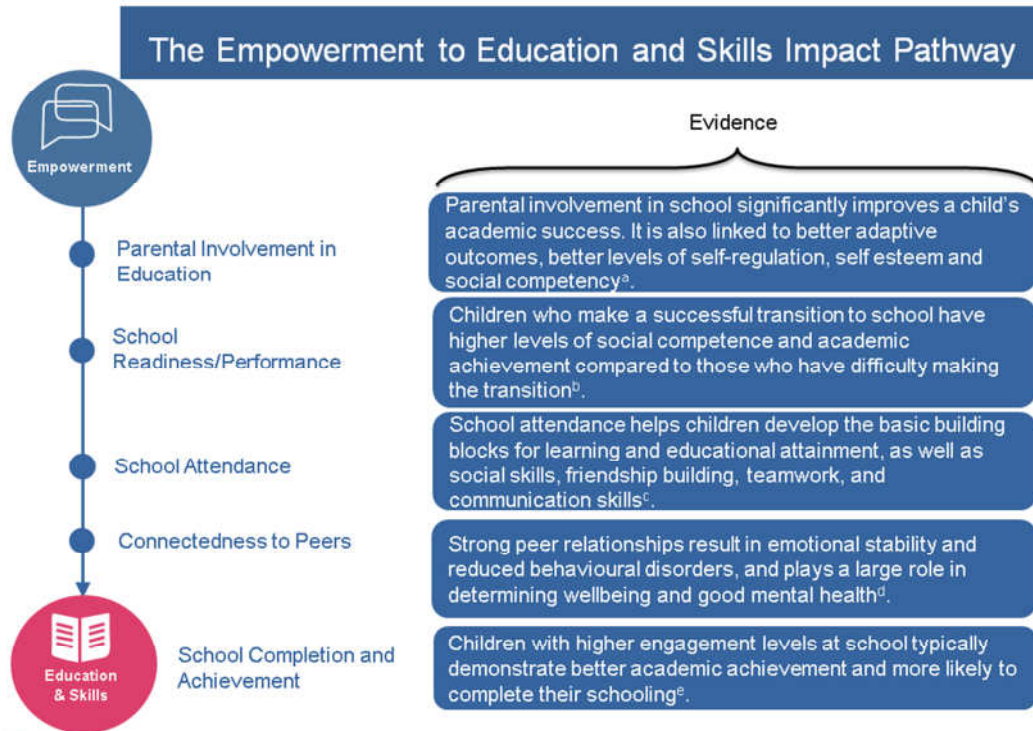
### **Example: how evidence is being used to develop pathways to outcomes**

Peer reviewed research evidence is being used to map causal pathways and identify gold-standard indicators to measure child, parent and family outcomes. The example impact pathway below considers improving the educational outcomes for children and young people by focusing on parental engagement with education from an early age. When children and young people attend and complete high school, they are more likely to do better in all aspects of their lives in the long term. Research indicates that improved school-level education leads to improved economic performance<sup>31</sup>. Evidence such as this informs early intervention policies that lessen the cyclical effects of socio-economic disadvantage disproportionately affecting young parents.

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<sup>31</sup> Earle, D. 2010. How can tertiary education deliver better value to the economy? Tertiary education occasional paper 2010/08. New Zealand Government





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## 10. Conclusion

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Substantive changes to the traditional methods of service delivery to consider a more holistic, whole-of-government approach and commissioning for outcomes will see improvements to the life trajectories of young parents and their children.

NSW has provided several examples of programs and initiatives that support young parents and their children.

The NSW Human Services Outcomes Framework is being adopted across the human services portfolio and is based on the principle of working with clients according to a range of inter-connected needs. The role of the commissioner is to provide tailored support to clients and this should be supported by flexible funding arrangements. Approaches where a single commissioning entity has the purchasing power to implement solutions irrespective of individual service system boundaries will deliver the most effective outcomes for clients. Other initiatives that demonstrate innovation in funding for outcomes, such as social benefit bonds, have also shown promising results.

NSW is moving towards a state-wide approach to service design and delivery for vulnerable children and families that involves cross-government decision making and delivery by relevant agencies including FACS, Education, Justice and the Ministry of Health supporting shared client cohorts. Landmark reforms announced last year under *Their Futures Matter* offer a vision and long term strategy for vulnerable children and families in NSW.

This submission provides an overview of key initiatives and reform directions relevant to the Children's Commissioner inquiry. Further information can be provided to the Children's Commissioner as required.

## Appendix 1

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### Australian Red Cross Young Parents Program (YPP)

Under Brighter Futures, the Australian Red Cross Young Parents Program (YPP) works to ensure best outcomes for children and families by improving the capacity of young parents with complex needs aged 13 to 25, to live and parent independently.

YPP is designed to meet the needs of a highly vulnerable group in the community, namely pregnant and parenting young women and men who are unable to access elsewhere the safety, security and support required to parent effectively. YPP takes a strengths-based early intervention approach, building the capacity of young parents to live independently in appropriate housing, develop parenting skills to ensure the best outcomes for their children, and break the cycle of intergenerational trauma, abuse and neglect.

Program outcomes include improved physical, social and emotional health, child development, housing stability and education outcomes for families. The ultimate goal of YPP is to address the multi-dimensional challenges impacting families, to enable young parents and their children to reach their full potential within safe, strong, resilient families.

YPP operates in four regions across NSW: Eastern Sydney, Western Sydney, Shoalhaven and the Central Coast. In 2015/16 YPP worked with 96 families (125 children and 115 young parents). Within this cohort, 44% identified as Aboriginal and/or Torres Strait Islander, 40% were identified as Culturally and Linguistically Diverse (CALD), and 84% of the cohort were affected by physical, intellectual disability or mental health (including a history of drug addiction).

The YPP program is delivered in three tiers: Residential, Outreach and Aftercare. Residential, an accredited OOHHC provider, is offered to young parents aged 13-19 years old, typically presenting with highly complex needs requiring intensive support. Young women receive 24 hour support, living in the residence with their children. Their partners can participate in the program and access further support as appropriate. Residential is typically offered for around 12 months. Outreach is offered to young parents transitioning from the Residential stage, or to those referred externally. The Outreach stage engages families with services up to four times per week, including academic/vocational education groups, supported playgroups, domestic violence workshops, and parenting skills workshops. Families are typically in the Outreach stage of YPP for two years.

Young parents can then elect to access Aftercare following their transition from Residential or Outreach stages, usually until the age of 25. Families are contacted at least three monthly – with contact increased when required for a time limited period – with a focus on maintaining independence by enhancing young parents' awareness of and confidence in accessing key services in their community. Young parents may seek support across a range of areas including housing, child care, child development screening, and school readiness. A total of 35 new families commenced these YPP stages in the 2015/16 period.

In 2015/16, the following Case Management outcomes were measured as being achieved against target KPIs:



### KEY PERFORMANCE INDICATORS

In 2015/16, the following Case Management outcomes were measured as being achieved against target KPIs:

YPP Key Performance Indicators (KPIs) 2015/16			
Indicator	Target	Resultant Indicator 2015/16	Comparative Indicator 2014/15
Number and percentage of Residential families with case plan in place within 10 working days of commencing	100% of Residential families commencing in the period	83% (5 of 6 <sup>9</sup> ) applicable <sup>10</sup> Residential families	100% (6 of 6 <sup>11</sup> ) applicable Residential families
Number and percentage of Outreach families with case plans in place within 10 working days of commencing	100% of applicable Outreach families commencing in the period	72% (18 of 25 <sup>12</sup> ) applicable <sup>13</sup> Outreach families	92% (23 of 25 <sup>14</sup> ) applicable Outreach families
Number and percentage of Residential families with case plans formally reviewed in two monthly periods	100% of applicable Residential families	100% (10 of 10) applicable <sup>15</sup> Residential families	100% (12 of 12) applicable Residential families
Number and percentage of Outreach families with case plans formally reviewed in three monthly periods	100% of applicable Outreach families	96% (45 of 47 <sup>16</sup> ) applicable Outreach families	67.9% (38 of 56 <sup>17</sup> ) applicable Outreach families
Number and percentage of Aboriginal Residential families offered culturally appropriate support <sup>18</sup>	100% of Residential families who identify as Aboriginal	100% (5 of 5) applicable Residential families	100% (5 of 5) applicable Residential families
Number and percentage of Aboriginal Outreach families offered culturally appropriate support	100% of Outreach families who identify as Aboriginal	86% (24 of 28) applicable Outreach families	New KPI for 2015/16 therefore data not collected for 2014/15
Number and percentage of CALD Residential families offered culturally appropriate support	100% of Residential families who identify as CALD	100% (4 of 4) applicable Residential families	New KPI for 2015/16 therefore data not collected for 2014/15
Number and percentage of CALD Outreach families offered culturally appropriate support	100% of Outreach families who identify as CALD	87% (20 of 23) applicable Outreach families	New KPI for 2015/16 therefore data not collected for 2014/15
Number and percentage of families requiring accommodation supported by YPP to access safe stable accommodation	100% of families requiring accommodation	100% (11 of 11) applicable Residential families 98% (46 of 47 <sup>19</sup> ) applicable <sup>20</sup> Outreach families	100% (12 of 12) applicable Residential families 100% (56 of 56 <sup>21</sup> ) applicable Outreach families

<sup>9</sup> 1 family case plan drafted at 11 working days.

<sup>10</sup> 1 family left YPP after 8 days, before the case plan was drafted. They are deemed not applicable as the placement was less than 10 days, and are not included in the total number of applicable families.

<sup>11</sup> 7 of 7 families reported in the 2014/15 YPP Brighter Future Self Assessment Report. Following a case file audit conducted in July 2016 (see page 23), this figure has been revised.

<sup>12</sup> 2 case plans were undated, so reporter unable to determine. 5 case plan draft dates ranged from 12 to 32 days. See page 23 for recommendations to address these reporting and practice issues.

<sup>13</sup> 1 family commenced their YPP placement in late June, less than 10 days prior to the end of the period, so is not included in the total number of applicable families.

<sup>14</sup> 26 of 26 families reported in the 2014/15 YPP Brighter Future Self Assessment Report. Following a case file audit conducted in July 2016 (see page 23), this figure has been revised.

<sup>15</sup> 1 family left YPP after 8 days. They are deemed not applicable, and are not included in the total number of applicable families.

<sup>16</sup> 8 families were not yet due for a review, and therefore are deemed not applicable. Following a case file audit conducted in July 2016 (see page 23), practice issues were identified regarding timeframes for conducting case reviews. These practice issues have subsequently been addressed and remedial action taken.

<sup>17</sup> 58 of 58 families reported in the 2014/15 YPP Brighter Future Self Assessment Report. Following a case file audit conducted in July 2016 (see page 23), this figure has been revised.

<sup>18</sup> Includes families who are regularly offered support to access culturally specific services but decline access based on personal preference.

<sup>19</sup> 1 family was in Outreach for a 6 week period only. The family was initially housed through another service and required ongoing accommodation support from YPP, however the family was not successfully housed through YPP due to the family disengaging.

<sup>20</sup> 8 families in Outreach were stability housed prior to YPP placement, including transitional housing (1), permanent housing (2), private rental (1) and family/partner based housing(4).

<sup>21</sup> 58 of 58 families reported in the 2014/15 YPP Brighter Future Self Assessment Report. Following a case file audit conducted in July 2016 (see page 23), this figure has been revised.

In addition to the documented outcomes against the KPIs outlined above, YPP actively sought to facilitate family preservation, restoration and reunification where possible, with a constant focus on ensuring best possible outcomes for children. In 2015/16 several significant family preservation outcomes were documented.

Of 66 families in Residential and Outreach during the period, YPP facilitated family preservation, restoration and reunification for 18 children who were either in care prior to placement or at imminent risk of being assumed into care should the family not have secured a YPP placement. A further eight children were born into the program, mitigating the need for the child to be assumed into care. Therefore YPP was able to support family preservation for up to 26 children in the period.

YPP provided regular, structured home visiting to 55 families engaged with the Outreach stage of YPP. Outreach families were supported in home through weekly home visits from their allocated Case Manager. During these home visits, Case Managers met with families to discuss their progress against their case plan goals. Home visits are an important opportunity for Case Managers to observe the home environment to ensure it is safe for children. Case Managers use home visits to observe young parents' independent parenting and living skills, and to ensure young parents are complying with their tenancy agreement.

Home visits are an invaluable opportunity for Case Managers to engage in practical side by side case management support to build essential parenting skills and independent living skills. Families are typically in the Outreach stage of YPP for up to two years, and home visiting will usually be weekly for the most of the duration of a family's participation in Outreach. Home visiting may be more frequent than weekly initially, and may reduce to fortnightly from around three months prior to transition from Outreach, as families demonstrate increased capacity for independent living. Families may then transition to the Aftercare stage on completion of the Outreach stage providing they meet the Aftercare criteria.

### Case Study - Home Visiting Case Study - Serena and Liberty\*

Serena (21 years old)\* and baby Liberty became involved with YPP Outreach in June 2016, one day after Serena gave birth. FACS had recently become involved with the family as they had concerns about Dale\*, Serena's partner. Dale had a long history of domestic violence, including an assault on Serena late in her pregnancy. Serena had limited family support and no secure housing. YPP was able to offer Serena a place in the Outreach stage, which prevented the possible removal of Liberty from Serena's care at the hospital. YPP organised transitional housing for Serena and Liberty within a week. This meant mother and baby could safely leave hospital together with no interruption to their attachment.

Serena was recovering from a stressful birth, and the prospect of setting up a new home in an unfamiliar area with on her own was daunting. Serena indicated she felt very isolated as she was to have no contact with Dale and was away from the few friends and family she had. Serena's Case Manager Jennifer\* assisted her with the practicalities of moving into her new home; signing a lease, supporting her to understand her tenancy obligations, setting up electricity, obtaining a fridge and washing machine and furniture including a cot and change table for Liberty.

Jennifer visited Serena in her home every second day for the first month. Serena had some (though limited) independent living skills, so the focus for the first month was on Mothercraft support and education. Jennifer was able to demonstrate one on one with Serena how to bathe and safely settle Liberty to sleep. She was also able to provide information and advice on breast feeding and worked with Serena to establish a regular routine for Liberty. Jennifer spent time working with Serena on the importance of healthy relationships and keeping Liberty safe.

Liberty had some health issues and was not putting on weight for a period. Jennifer supported Serena on four occasions when she had to visit the hospital with Liberty and also helped her find a suitable local GP and early childhood nurse for her to have ongoing local health support for Liberty. Jennifer transported the family to and from their home to YPP for the first month to help Serena feel comfortable with the other families at YPP as she started parenting classes, playgroup and education sessions.

During her second month with YPP, as Serena's confidence grew and Liberty started to put on weight again, Jennifer reduced the frequency of home visits to twice weekly. The focus was on Serena's parenting skills and Liberty's development. Jennifer and Serena continued to discuss what healthy and respectful relationships look like. From the third month and onwards, Jennifer has reduced home visits to once a week. During these visits Serena is able to raise any concerns she has regarding Liberty's development or behaviour as well as any practical hurdles she is experiencing as a new young parent living in a new community. Jennifer is able to provide guidance and support to continue building Serena's confidence and skills.

With the support of YPP, Serena and Liberty have adjusted to their new home extremely well. Liberty is thriving and is now meeting all of her developmental milestones. Serena continues to grow in confidence and is no longer involved with Dale. Serena has now enrolled in a Diploma of Human Resources, found new friends and feels well connected with her local community.

\*pseudonyms



Parent education is a critical element of YPP. Improved education outcomes are directly linked to improved social, economic and wellbeing outcomes for families, helping to break the cycle of intergenerational disadvantage. Key support includes assisting young parents to identify educational and vocational goals, organising course enrolments and supporting young parents to work towards achieving their goals through support plans tailored to individual learning needs. Weekly two hour education sessions are facilitated at each site by the Education Coordinator and Group Facilitator, supported by volunteer tutors and child minders. In the 2015/16 period 63 young parents attended vocational education study sessions. Outcomes are detailed in the table below, rating very positively considering the unique challenges YPP families face that negatively impact upon their ability to participate in structured groups.

<b>YPP Education Groups 2015/16</b>					
<b>Site/Location</b>	<b>Total number of 2 hour study sessions</b>	<b>Target number</b>	<b>Number of young parents who attended at least one session</b>	<b>Average attendance per workshop per week</b>	<b>% actual attendees vs expected attendance</b>
Residential	57	58	11	3.3	91%
Outreach – Eastern Sydney	38	39	20	3.0	46%
Outreach – Western Sydney	40	40	13	4.9	66%
Outreach – Central Coast	38	38	10	3.5	75%
Outreach - Shoalhaven	38	40	10	3.2	84%
<b>Total</b>	<b>173</b>	<b>177</b>	<b>63</b>	<b>3.6</b>	<b>70%</b>

There is a significant association between teenage pregnancy and limited employment opportunities. Pregnancy and parenting can disrupt education, and research suggests young women from socially disadvantaged backgrounds are more likely to become parents at a young age. The vast majority of young parents in YPP come from socially disadvantaged backgrounds, and have disengaged from education in late primary or early high school, in turn impacting on their ability to gain employment. YPP aims to provide parents with the support to confidently pursue employment opportunities as they progress through the program. Vocational Education and Parent Education sessions include a focus on developing the skills to secure and sustain employment, reinforced by the ongoing work undertaken with Case Managers to support the development of young parents.

In 2015/16, 24% of young parents in Aftercare were partaking in either part-time or full-time employment. Examples of work undertaken includes: child care, community/welfare work, administration, cabinet making and welding. There have also been very positive employment outcomes for young parents from other stages. An Outreach parent with aspirations to be a chef gained part time employment in the patisserie section of a Sydney restaurant, and a Residential parent undertaking a certificate II in Information Technology secured work experience with the Red Cross IT department in the main Sydney office.

## Appendix 2

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### Additional Information on Health Initiatives

#### Aboriginal Maternal and Infant Health Service (AMIHS)

NSW Health has utilised technology to support AMIHS and Building Strong Foundations (BSF) families as well as the broader community. For example, the *Stay Strong and Healthy* Facebook page is very successful in engaging families around health promotion messages and the Deadly Tots app that was developed in collaboration with Sydney Local Health Districts assists parents in keeping track of their child's growth and development.

*NSW Health Aboriginal Maternal and Infant Health Strategy, Evaluation, Final report 2005*<sup>32</sup> showed that AMIHS was improving maternity services and outcomes for Aboriginal women and had achieved the following outcomes for Aboriginal mothers and babies:

- increased proportion of women who attended their first antenatal visit before 20 weeks gestation (65 per cent before the Service began versus 78 per cent in 2004) (OR 1.2; 95 per cent CI 1.01–1.4; p=0.03).
- decreased rate of low birth weight babies (13 per cent versus 12 per cent after the Service). The difference is not statistically significant.
- decreased proportion of preterm births (20 per cent versus 11 per cent; OR 0.5; 95 per cent CI 0.4–0.8–1.4; p,0.001).
- decrease in perinatal mortality from 1996–2000 (20.4 per 1000 births) compared to 2001–2003 (14.4 per 1000 births) in Local Government Areas where AMIHS was located. The difference is not statistically significant owing to small numbers.
- improved breastfeeding rates from 67 per cent initiating breastfeeding and 59 per cent still breastfeeding at 6 weeks in 2003, to 70 per cent initiating breastfeeding and 62 per cent still breastfeeding at 6 weeks in 2004.

(Murphy E, Best E, *The Aboriginal Maternal and Infant Health Service: a decade of achievement in the health of women and babies in NSW*, NSW Public Health Bulletin. 2012 Jun;23(3-4):68-72.)

The current evaluation of AMIHS is investigating:

- how AMIHS is being implemented at State and local levels
- client, staff and stakeholder experiences/perspectives of AMIHS
- the extent to which AMIHS is reaching its target population
- impact of AMIHS on health outcomes of Aboriginal babies and their mothers, including:
  - referral to and attendance at early childhood health services
  - first antenatal visit before 14 weeks gestation
  - number of antenatal visits during pregnancy
  - smoking cessation during pregnancy
  - breastfeeding on discharge from hospital
  - low birth weight
  - small for gestational age
  - preterm birth

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<sup>32</sup> <http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Documents/nsw-aboriginal-maternal-infant-strategy-evaluation.pdf>



- perinatal death
- Costs of implementing AMIHS / economic evaluation.

## **Sustaining NSW Families**

The evidence points to the program being of most value to families with moderate levels of vulnerability to poorer health and developmental outcomes, and young mothers/parents under 20 years of age are among those families targeted by the eligibility criteria. An evaluation of the program in 2015<sup>33</sup> showed that 10 per cent of the mothers in the program were under the age of 20. The program was found to be successful in improving outcomes for children and families.

The evaluation showed positive outcomes for the children who continue to participate in the program across a range of dimensions. These results around health outcomes included:

- high immunisation rates - 97 per cent of children were immunised compared with the general population rate of 90 per cent
- 87 per cent had some form of breastfeeding either exclusively or in conjunction with formula and/or solids.
- The majority of children scored well on physical, social and emotional development test results. On the independent assessment, 71 per cent of infants were found to be developing within normal limits and 4 per cent were exceeding expectations.
- Children in the program were found to be enjoying the benefits of a safer more nurturing environment with over 90 per cent of children scoring normal or above normal on measures regarding their ability to regulate their emotions and respond to stimuli and emotional cues at six weeks and 12 months of age.
- The vast majority of families were found to be practising safe sleeping habits
- An increasing majority of children had improved scores on the HOME Inventory which measures the quality and quantity of stimulation and support available to children in the home environment.
- Parents and families were also found to be experiencing positive outcomes with significant improvements in the mental health of mothers participating in the program (with 83 per cent of mothers showing a decrease in their EPDS score after six to eight months in the program with 50 per cent showing more than a 6 point improvement).
- One hundred per cent of families were also showing positive health seeking behaviours after 12 months and 96 per cent were still showing positive signs after 24 months.
- The majority of parents kept personal health records.
- After 12 months in the program, 32 per cent had participated in a smoking cessation program.
- One of the most significant results related to the improvements in parenting confidence with 93 per cent of parents demonstrating an improved experience of parenting which increased to 96 per cent after two years in the program.

In terms of possible areas for improvement, the evaluation also identified that areas for further investigation included looking at ways to increase access to the program for mothers under 20, and considering what factors were contributing to higher proportions of younger mothers exiting the program early.

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<sup>33</sup> <http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Documents/sustaining-nsw-families-kpmg.pdf>

The calculation of costs versus benefits delivered by the program is limited in several respects, noted in the evaluation report. However, within those limitations the cost benefit analysis estimated that by 2014 the *Sustaining NSW Families* program had delivered a net benefit to the economy since inception of \$3.1 million (in 2013-14 prices). The net benefit per child completing at least one year of the SNF program was estimated to be \$9,769.

### **The Out of Home Care Health Pathway Program (OOHC HPP)**

The program was evaluated in 2014<sup>34</sup> with positive results. Overall, the evaluation found that the OOHC Health Pathway Program has made a difference in improving health outcomes for children and young people entering statutory OOHC by significantly improving the provision of timely access to health services for this population in NSW. This included the following findings:

- Almost all children and young people entering statutory OOHC were being referred to the OOHC Health Pathway Program
- Most health assessments were performed equitably across the population of children and young people in OOHC
- A majority of health assessments lead to the development of a Health Management Plan (HMP)
- A cost-benefit analysis of the OOHC Health Pathway Program indicated the Program will deliver a net financial benefit to the NSW Government of \$12.6 million in terms of avoided health and non-health service costs for children and young people who entered statutory OOHC between 2010-11 and 2012-13 over the duration of their time in OOHC, assuming they stayed to the age of 18.

The evaluation also found numerous examples of best practice service delivery. Overall, the service models across Local Health Districts that were effective in supporting the implementation, coordination and provision of health assessments for children and young people in OOHC showed:

- use of child and family health nurses to conduct primary assessments is very effective.
- establishment of local OOHC clinical governance groups supports decision making.
- provision of more and better information to carers helps them perform their role.
- culturally-appropriate assessment processes and staff are essential.
- other effective 'local' initiatives have been implemented.

There are 24 recommendations contained in the evaluation report, covering the following areas:

- sustainable and continually improving service models.
- improved enrolment in the OOHC Health Pathway Program.
- better and more equitable access to services.
- improved engagement of carers.
- improved engagement of service providers.
- development of a better evidence base.
- strengthened governance and coordination.
- further investigation to be completed.

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<sup>34</sup> [www.health.nsw.gov.au/kidsfamilies/MCFhealth/Documents/evaluation-of-oohc-final-report.pdf](http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Documents/evaluation-of-oohc-final-report.pdf)

## Child and Family Health Services

NSW Health provides a range of universal, secondary and tertiary maternity and child and family health services to:

- Support the health and wellbeing of women during pregnancy and the early postnatal period.
- Support families to enhance their child's health, wellbeing and development across pregnancy and birth, infancy and early childhood.
- Provide early support to families with identified needs.
- Ensure the safety of children across the key early stages of life – pregnancy, birth, infancy and early childhood.
- Ensure women and families receive support and care that is proportionate with their level of need.
- Ensure the continuity of care across all key life stages and across health services.
- Work collaboratively with other services to support children, parents, carers and communities.

The concept of proportionate universalism underpins the tiered approach to service delivery, through which women and families are provided services and support required depending on their individual needs. All pregnant woman and families have access to universal maternity and child and family health services which form the foundation level of the health service continuum. Through their contact with universal services, women and families who may require additional support at the second or third level of the health service continuum can be identified and referred as appropriate.

Prevention and early intervention is a fundamental component of NSW Child and Family Health Services. The early years of a child's life provide an opportunity for early identification of risk factors or vulnerabilities which may have an impact on longer term health, development and wellbeing. By identifying these factors early, they can be addressed and managed to mitigate their potential impact whilst also preventing issues from escalating.

### Specialist Perinatal and Infant Mental Health Services (PIMHS)

An evaluation of Perinatal and Infant Mental Health services across five local health districts was completed in 2013. Findings from this evaluation showed positive outcomes from the specialist service including minimising parent-child separations, averting hospital admissions and reducing the length of hospital stays. Findings also demonstrated that the service was effective in reaching younger women and those from Aboriginal and Torres Strait Islander background.

Service utilisation data indicated that 13 per cent of all women who used the service were aged under 20 years, and that a significantly higher proportion of young parents (27 per cent of that region's total) were seen in South West Sydney local health district. Of the 750 total clients seen across the services, six per cent identified as Aboriginal and Torres Strait Islander compared to the population estimate of 2.9 per cent. This finding suggests the service was able to engage this group of women who are at higher risk of becoming young parents and leaving school earlier.

In regards to the Mums and Kids Matter (MaKM) Statewide program, an independent evaluation<sup>35</sup> of MaKM conducted in 2016 found that the program delivers family-focused, individually tailored

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<sup>35</sup> <http://www.health.nsw.gov.au/mentalhealth/reform/Pages/mums-and-kids-evaluation-report.aspx>

care that improves the health and wellbeing of participating mothers, improves parenting and family functioning and reduces homelessness.

### **School based mental health initiatives**

Extensive Australian and international research shows programs like Got It! deliver significant economic benefits over and above the health benefits to the individual and these are largely to society in the form of savings to social welfare and criminal justice systems.

Under the NSW Government's response to Living Well: A Strategic Plan for Mental Health in NSW 2014-2024<sup>36</sup>, the Statewide roll-out of the Got It! program has commenced with new teams being implemented across NSW. Each of the Got It! programs helps around 48 children and their parents across six primary schools per year. Training is also provided to teachers and school staff to help them better respond to the mental health needs of children with disruptive disorders and their families.

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<sup>36</sup> <http://nswmentalhealthcommission.com.au/publications/living-well-strategic-plan-for-mental-health-in-nsw-2014-2024>

## Appendix 3

### NSW Commissioning Process

The NSW commissioning framework provides the rigour required to improve markets through clarifying the outcomes that government wishes to achieve for clients rather than programmatic responses with a predetermined set of services.

There are a number of critical steps across the stages of the commissioning cycle, specifically:

1. Needs assessment and objectives
2. System value chain analysis
3. System design
4. Strategy and planning
5. Implementation and management
6. Monitoring, learning and evaluation.

Figure 1 below represents the commissioning process for NSW:



The overall approach is one of considering the outcomes the commissioner of a service is aiming to achieve against available resources, and the pathways to achieving them. Commissioning assists government to understand how tools such as user choice and contestability can best be used to improve market performance and client outcomes.

<sup>37</sup> NSW Treasury (November 2016) 'NSW Government Commissioning and Contestability Policy' tpp 16-05: 11.

Client outcomes should be defined early, through consultation with clients, providers and other stakeholders. Outcomes are measurable benefits sought by clients of services.

Other considerations include:

- *Demand analysis* – a detailed analysis of client characteristics, volumes and current service experience to ensure the system is designed around clients' needs. An accurate and transparent forecasting of volumes and case mix is critical to enable market confidence, provider planning and provider viability.
- *Supply analysis* – an analysis of service characteristics, including provider and market maturity, risks associated with service continuity, barriers to service providers adapting to different service models, how much is possible within the budget and volumes required, whether there is an opportunity to introduce competition/contestability to deliver better outcomes (particularly where there is limited scope to introduce user choice).
- *Co-design* - collaborating with service providers to design reforms, including service and funding models, outcomes measures and incentives to ensure they are clear, deliverable, informed by best practice and that service providers are well supported. Co-design is critical to understanding and addressing the challenges commissioning can present for service providers, their ability to adapt to and implement reforms (especially where multiple reform processes happen concurrently or in succession) and ways that government can support flexibility, innovation and capacity building.
- *Outcomes measurement* – adopting a robust and analytically sophisticated approach to assessing whether the intended outcomes are being achieved, balanced with manageable reporting requirements. Measures need to be designed carefully to ensure the right targets and thresholds are set.

Aspects of the commissioning approach have been employed in a number of recent reforms, including the Human Services Outcomes Framework (discussed below) and FACS reforms to targeted early intervention programs (discussed in Chapter 5); and *Their Futures Matter* (Chapter 4).

## NSW Human Services Outcomes Framework

Commissioning can be applied in a way that facilitates a more holistic approach to assessing need and joint planning within and across governments. The NSW Government has started working toward this with the development of the Human Services Outcomes Framework.

The NSW Human Services Outcomes Framework provides a common set of population-level wellbeing outcomes and indicators for NSW government and non-government agencies (see Figure 2), within a set of seven wellbeing 'domains'. These domains were co-designed by agencies and non-government organisations (NGOs), and informed by a review of national and international research on what determines a person's wellbeing.

The NSW Human Services Outcomes Framework is led by the Social Innovation Council. The Council is a strategic partnership between the NSW Government and the Forum of Non-Government Agencies established to improve human services outcomes by accelerating innovation in the way human services are developed. It aims to:

- provide a set of tools and resources for government agencies and NGOs to work together to achieve better results using the best-available evidence
- facilitate collaboration and opportunities for working together using a common language and approach
- help pinpoint programs and services that achieve the greatest impact.

FACS is focusing on the following activities to embed the NSW Human Services Outcomes Framework in its core business and commissioning model:

- development of 'gold standard' indicators to measure client outcomes and service performance
- embedding evidence on what works to improve client outcomes into policy and service design
- applying wellbeing outcomes to policy, program design and evaluation through program logics
- data linkage and analysis to understand people's pathways to wellbeing and the impact of FACS services
- routinely collecting people's assessments of their own wellbeing as they use FACS services
- resources, coaching and support to use the NSW Human Services Outcomes Framework in our work.



**Figure 2:** The NSW Human Services Outcomes Framework

