

Evidence for impact:
International and local perspectives
on improving outcomes for children
and young people.

A ONE DAY SYMPOSIUM

Stream 3:

Addressing disadvantage using evidence and data



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on improving outcomes for children and young people.

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Dr Stacey Fox

Acting Director, Mitchell Institute at Victoria University

Flying Blind? What is the role of national early childhood data infrastructure in delivering better outcomes?

#evidence4impact



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Flying Blind?

What is the role of national early childhood data infrastructure in delivering better outcomes?

Dr Stacey Fox – Acting Director, Mitchell Institute

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Mitchell Institute's approach

THE PROBLEM

22% not prepared for school



28% don't have foundational literacy & numeracy skills



26% don't attain Year 12 or equivalent by 19



26% 24 year olds not full time learning or earning



WHAT WE'RE DOING

Delivering policy solutions for quality early education



Developing great teachers and transforming schools



Designing a better and fairer vocational and higher education model



IMPACT

All kids ready for learning

Curious, creative & resilient learners

Entrepreneurial and skilled workers

ECEC policy priorities for Australia

Universal access to education for 3 & 4 year olds

High quality/high dose for the most vulnerable

Data infrastructure

Lifting quality across the board

Shifting the narrative about early education

Beyond 'impact' – who/what/when/how

“Unanswered questions about the cumulative impacts of evidence-based programs, optimal service dose and intensity, and more nuanced and complex questions about **‘what works’ for whom and in what circumstances**, means that there is an urgent need for more sophisticated approach to data collection and use across the system”

Infrastructure for an intelligent system

Epidemiology

Priorities for intervention, estimating likely impact on child well-being, monitoring trends

Systematic reviews and databases of proven models

Identifying potential proven models for intervention

Economic analysis

Predicting costs and cashable benefits of evidence-based programs

Service design methods

Selecting programs appropriately, adapting for local needs, implementation with fidelity

Experimental evaluation

Estimating impact of locally implemented evidence-based programs on child outcomes, and the actual costs and cashable benefits

High quality dissemination

Sharing the results of local experiments with system staff and consumers, and to inform other systems

Quality assurance

Procedures to ensure that programs that have been proven locally, and that are taken to scale, are consistently implemented as intended

Priority policy questions for early education

1. Links between **attendance, quality and outcomes**

... for different cohorts of children, in different contexts

- The dose/intensity needed to make a difference (for children & for Return on Investment)
- Optimal settings for public investment / subsidies – targeting for greatest impact
- Whether quality settings (structural & process) are adequate for meeting objectives

2. Identifying additional needs and **matching with appropriate, effective responses**

- The optimum packaging and sequencing of interventions for the most vulnerable kids

3. Measuring and **monitoring impact**

- On learning & wellbeing
- In the short, medium & long term
- At national, state, regional & local levels

4. Understanding young people's **pathways through education**

To answer these questions ...

Administrative data

- Consistent
- High quality
- Unit records
- Broad scope

Data linkage

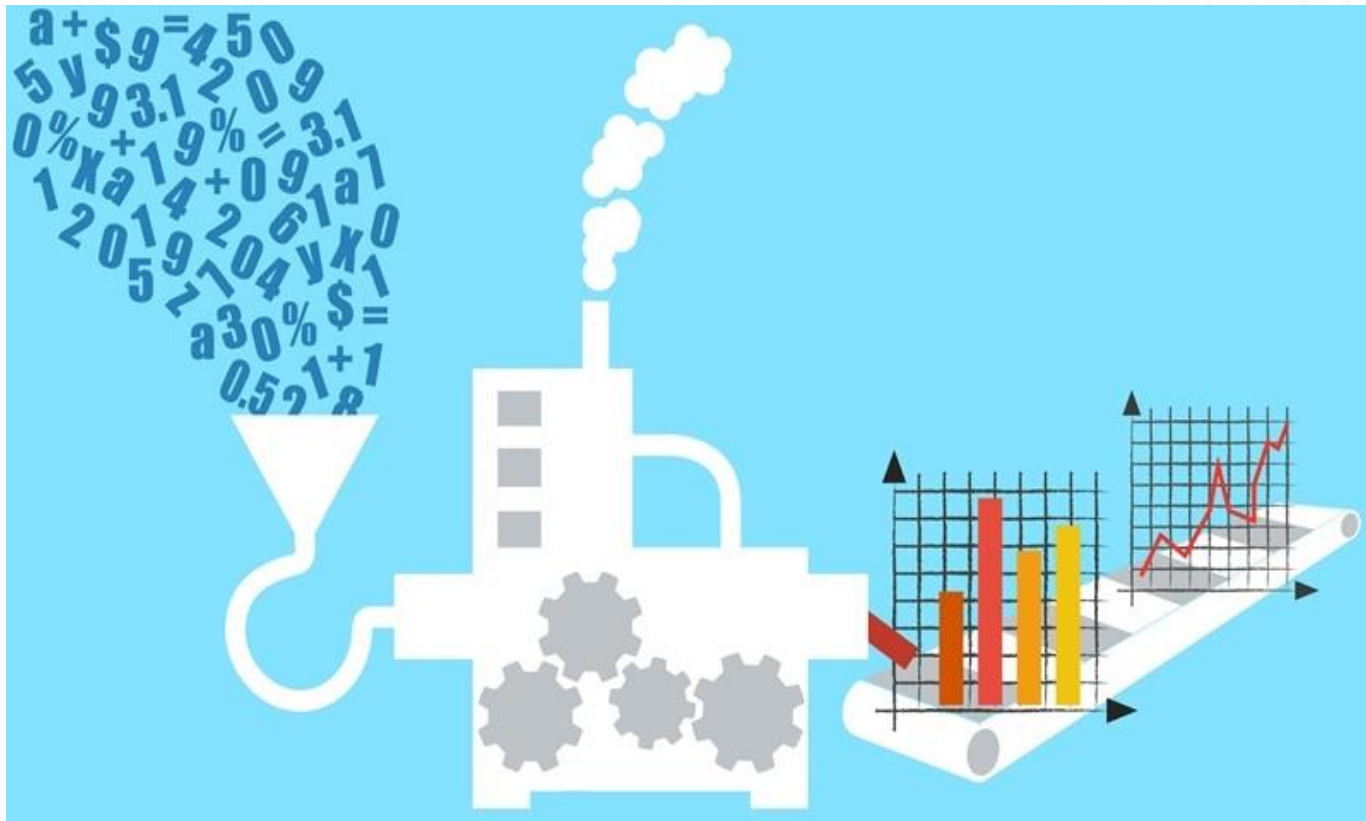
- Comprehensive – health/education/wellbeing/family context
- Systematic & sustained
- Informed by an outcomes framework

Research plan

- Policy-relevant research
- Addressing agreed knowledge gaps
- Longitudinal + experimental studies

Commitment to – and capacity building for – data analysis/dissemination/use in **policy & practice**

From data to policy and impact?



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Michael Coppola

Acting Director, System Intelligence and Analytics Branch,
Department of Health and Human Services

Making the case for investment in improving outcomes

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Making the case for investment in improving outcomes

Quantifying how public housing reduces the need for other services

Michael Coppola

Acting Director, System Intelligence & Analytics

We used social Investment analysis to better understand how public housing impacts the need for other services

Scope

Public housing (excluding community housing) tenancies starting between July 2010 and June 2012 for individuals who had not been in public housing during the four years prior to the start of the tenancy (12,275 individuals in 6,272 tenancies)

Measures

Costs of services provided before and after entering public housing

Cost to the department for providing such services can also be used as a proxy for level of service need.

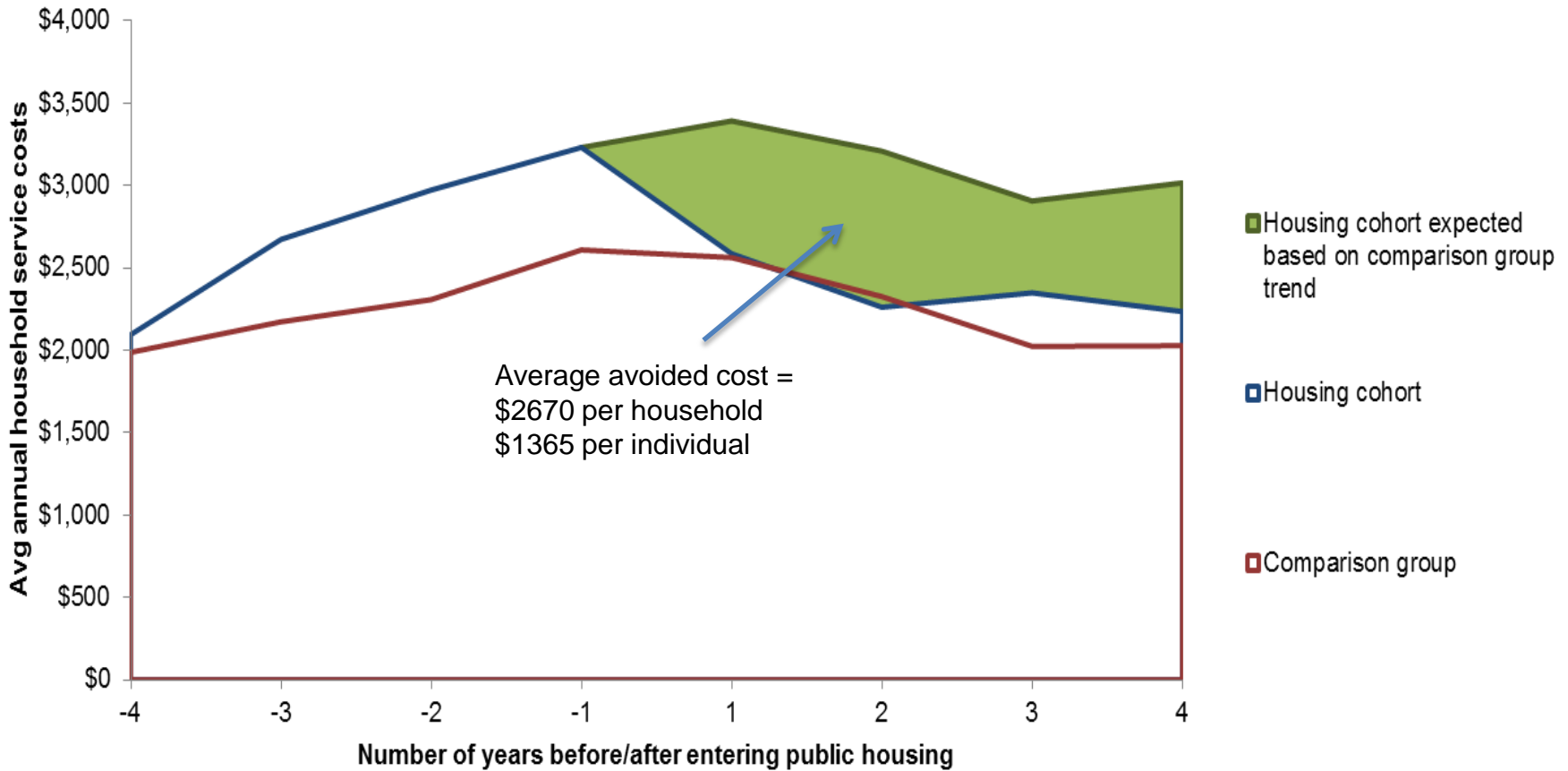
Services included

- ✓ Mental health
- ✓ Hospital (Admitted and Emergency)
- ✓ Drug and alcohol
- ✓ Family services, Child first, Family violence, Sexual assault
- ✓ Child protection, excluding out-of-home care

Services excluded

- ✗ Youth justice
 - ✗ Out-of-home care
 - ✗ Disability services
 - ✗ Homelessness services
 - ✗ Services provided by other state departments and the Commonwealth
- Include an accommodation aspect
- Data not available

Our analysis confirmed that entering public housing reduces other service costs

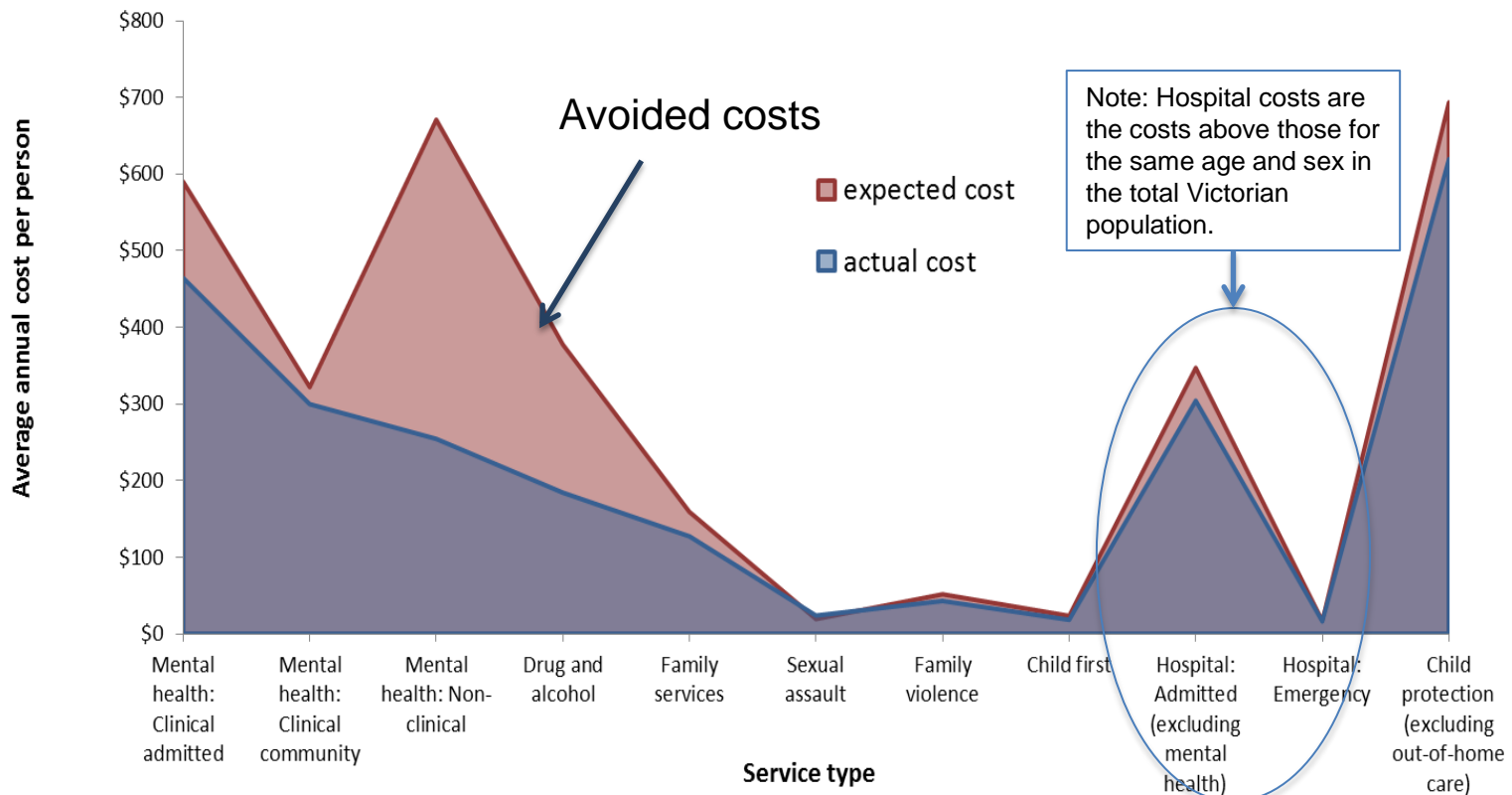


Most avoided costs were in mental health services and drug and alcohol services

Percent of housing cohort clients using a given service

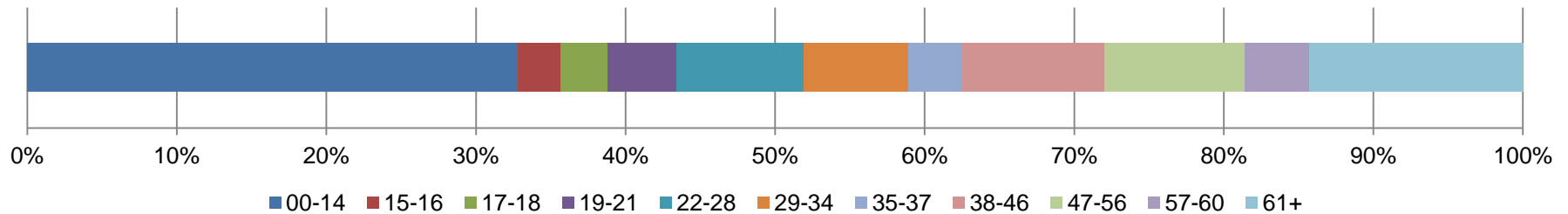


- Mental health: Clinical admitted
- Mental health: Clinical community
- Mental health: Non-clinical
- Drug and alcohol
- Family services
- Sexual assault
- Family violence
- Child first
- Child protection (excluding out-of-home care)

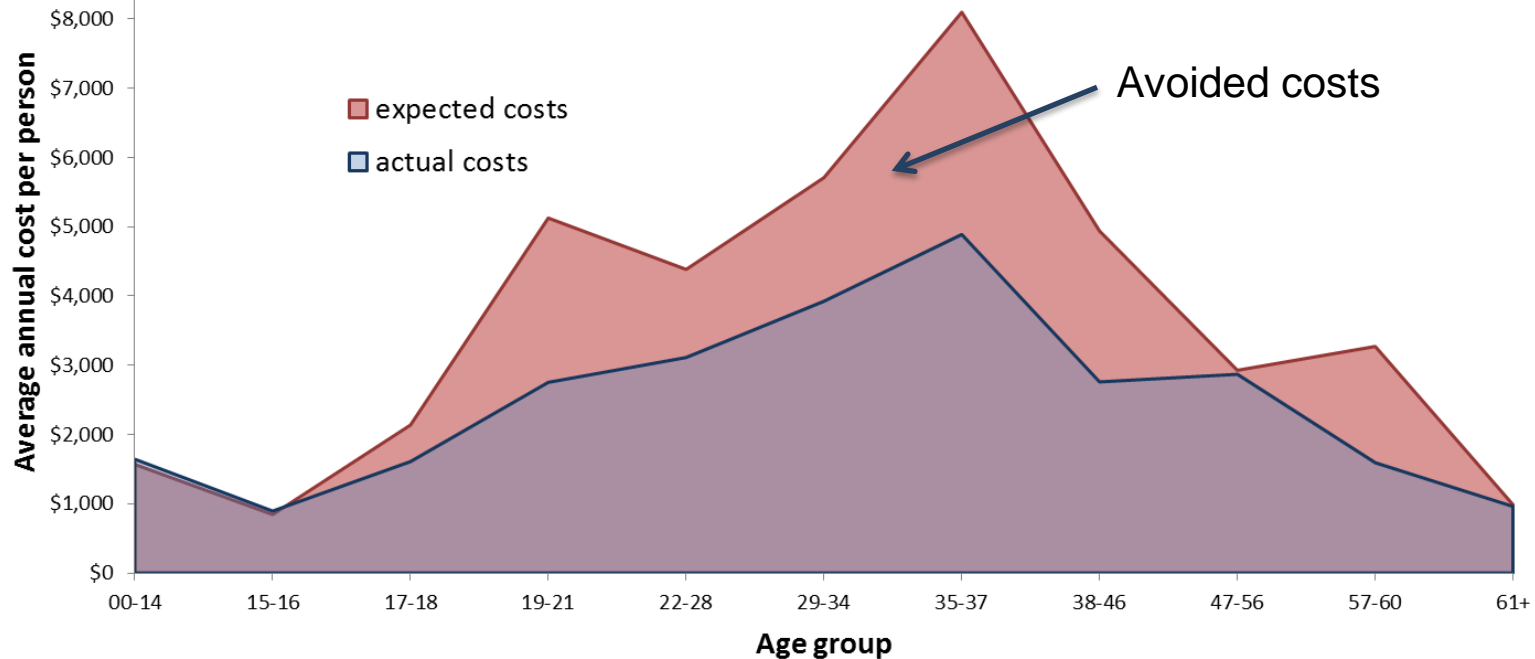


Both overall service costs and avoided costs are heavily dependent on age and are highest for those in their 30s

Proportional distribution of households by age group

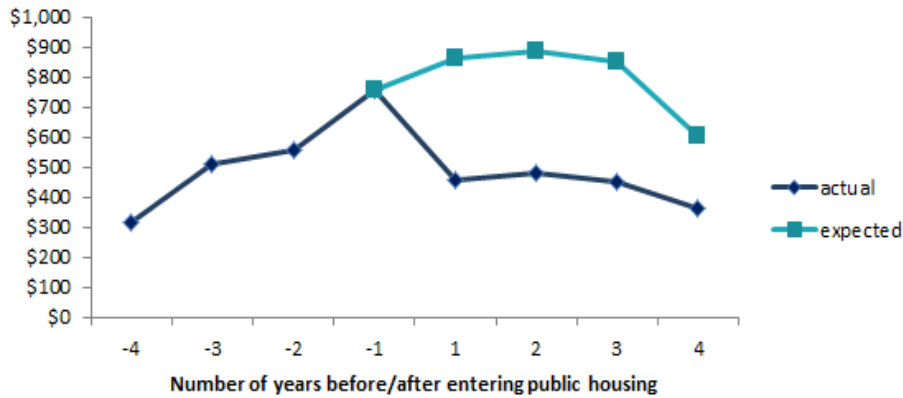


Average annual costs post housing entry per person by age group

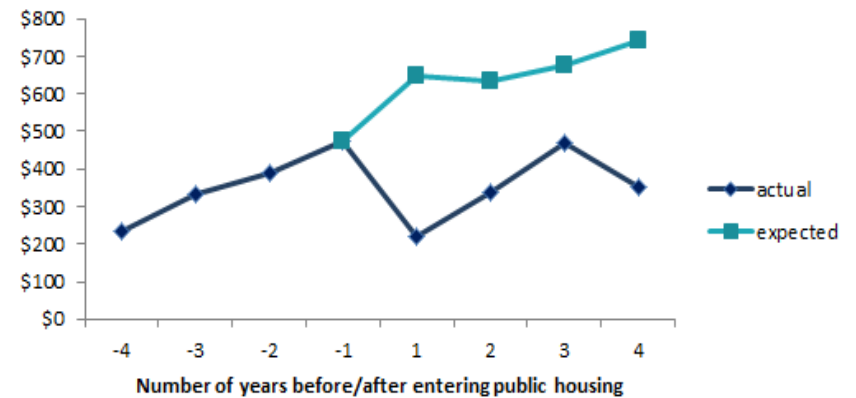


We looked specifically at households with children and also found significant reductions in the need for services

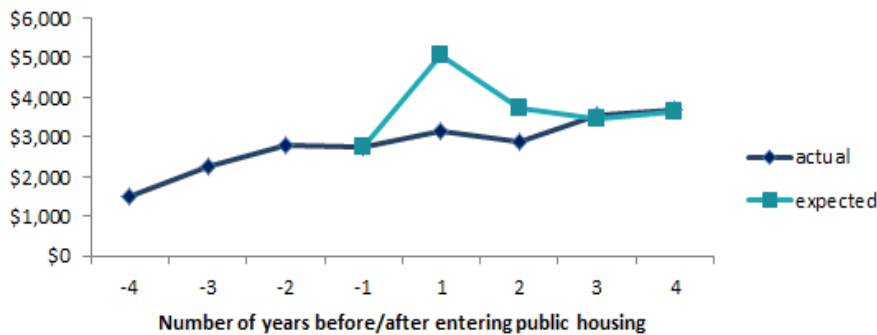
Drug and alcohol



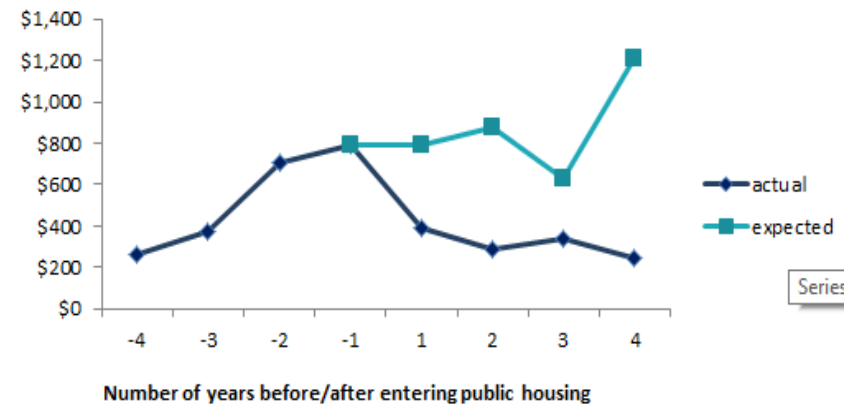
Mental health clinical admitted



Child protection (excluding out-of-home care)



Mental health non-clinical



Conclusions

Conclusions:

- Confirms people entering public housing in Victoria have reductions in their need for other services
- This means better client outcomes and some cost offsets to providing housing
- Stable housing is an important factor allowing people to manage problems, particularly mental health and addiction
- While single-person households account for more than half of all avoided costs, households with children also show strong reductions in the need for services.

Where to from here?

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Bronwen Heathfield

Area Executive Director, Brimbank Melton Area
South Western Victoria Region,
Department of Education and Training

Sean Box, Acting Director,
Improvement and Accountability Branch,
Department of Education and Training

*Breaking the link between disadvantage and education outcomes
– what works*

#evidence4impact

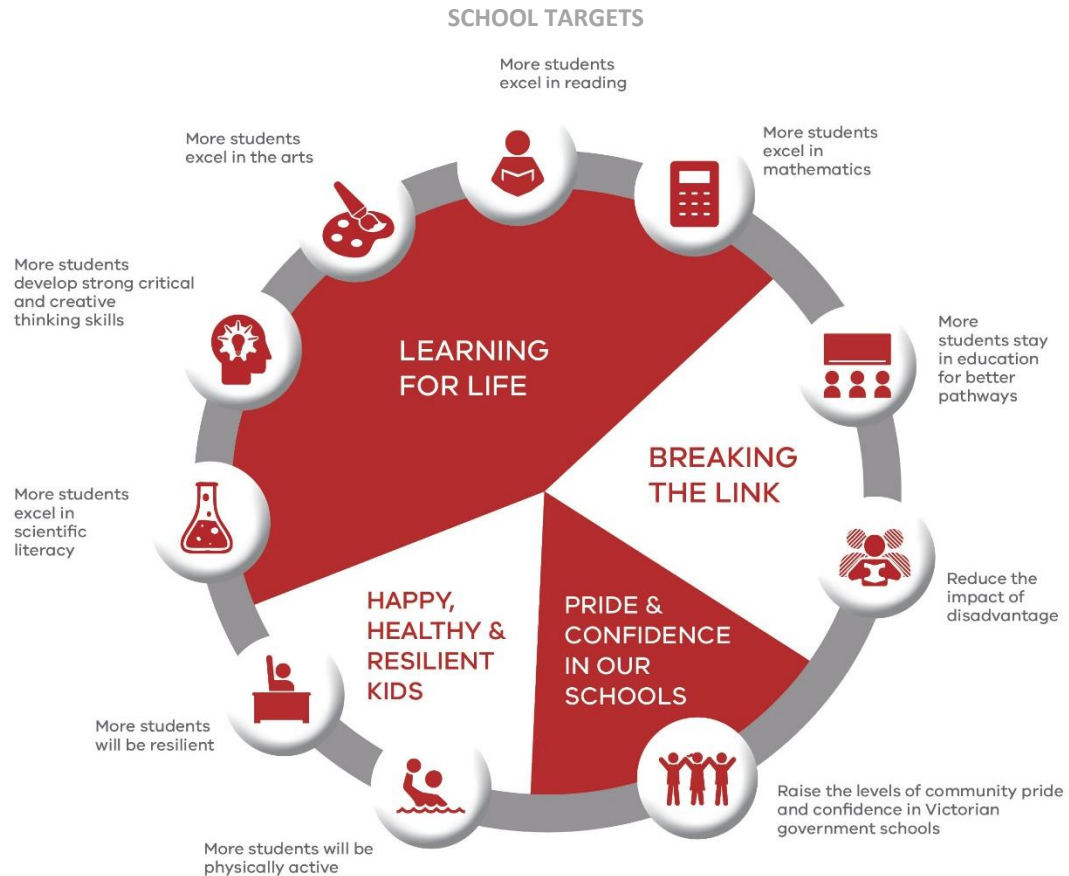
29 June 2017

Breaking the Link between disadvantage and education outcomes – what works

Sean Box
Acting Director
Improvement and Accountability Branch
Regional Services Group

Bronwen Heathfield
Area Executive Director
Brimbank Melton
South Western Victoria Region

The Education State provides a strong moral purpose to make a positive impact on the outcomes for all children and young people



We're making Victoria the Education State by building an education system that produces excellence and reduces the impact of disadvantage.

Ambitious Education State school targets focus our efforts on the things that promote excellence across the curriculum, the health and wellbeing of students and break the link between disadvantage and student outcomes.

We have made an investment in harnessing the evidence about what works across the system

There has been significant investment in the Framework for Improving Student Outcomes (FISO). Growing maturity in the school improvement practices described in FISO, supported locally, will deliver better student outcomes.

FISO IMPROVEMENT MODEL



Learning Places (local responses to local challenges) including multidisciplinary teams

Networks operating across schools through a communities of practice model to solve shared problems of practice (collective efficacy underpinned by shared responsibility and accountability)

Professional learning communities operating within schools to solve shared problems of practice (collective efficacy underpinned by shared responsibility and accountability)

FISO IMPROVEMENT CYCLE

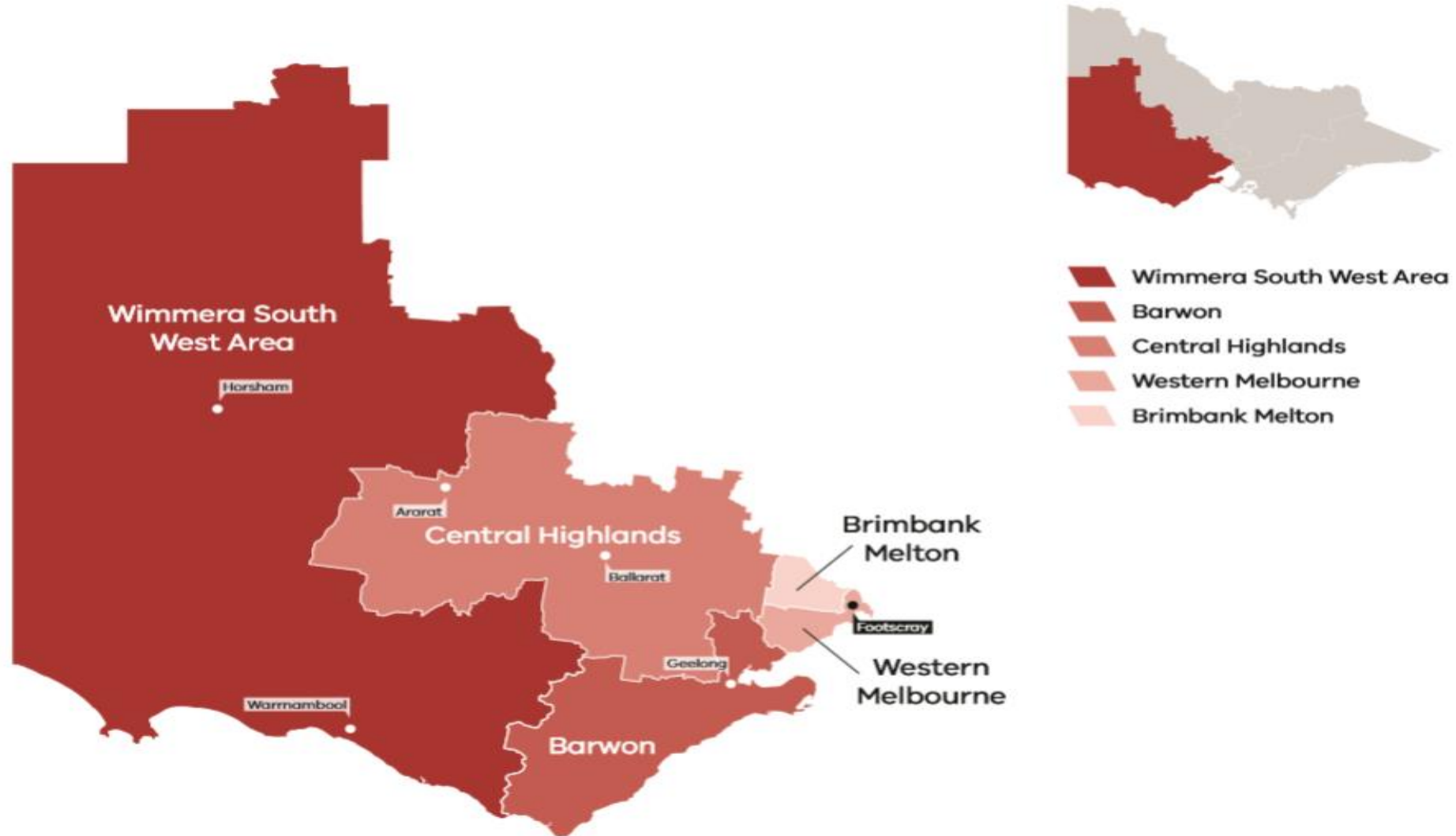


Enabled by equity funding and targeted programs

<http://www.education.vic.gov.au/about/educationstate/Pages/outcomes.aspx>

Addressing disadvantage at the local level – Brimbank Melton

South Western Victoria Region



Brimbank Melton

- Diverse and disadvantaged
 - 59 government schools, 185 Early Childhood Education and Care Settings
 - Most disadvantaged area in Victoria (DET)
- Strengths
 - Year 12 or equivalent attainment
 - Kindergarten enrolment
- Opportunities for improvement
 - High proportion of children vulnerable on two or more domains (AEDC) – particularly Brimbank
 - Performance in reading
 - Absenteeism rates

Kings Park Primary School



Impact?

- Feedback from the school:
 - Strong participation of teachers in ongoing professional learning programs
 - Significant improvement in teacher knowledge and confidence in delivering the curriculum
 - Students more confident and better prepared to participate in Maths classes
 - Improved performance of students – based on school based assessments
 - **NAPLAN 2017 – not released until August!**
 - **Eagerly awaited**

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Kim Sykes

CEO, Bendigo Community Health Services

Getting in early and knowing what works

#evidence4impact



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bendigo
Community Health
services

Getting in early and knowing what works

Addressing disadvantage using evidence and data

Presented by:

Kim Sykes

Chief Executive Officer

Bendigo Community Health Services

www.bchs.com.au

**Working hand in hand with our community to achieve
healthier lives.**



Statistically-Funny.blogspot.com

SIX HOURS AFTER LEAVING FOR A SHORT DRIVE, GREGORY HAD TO ADMIT HE HAD PROBABLY TAKEN A WRONG TURN.

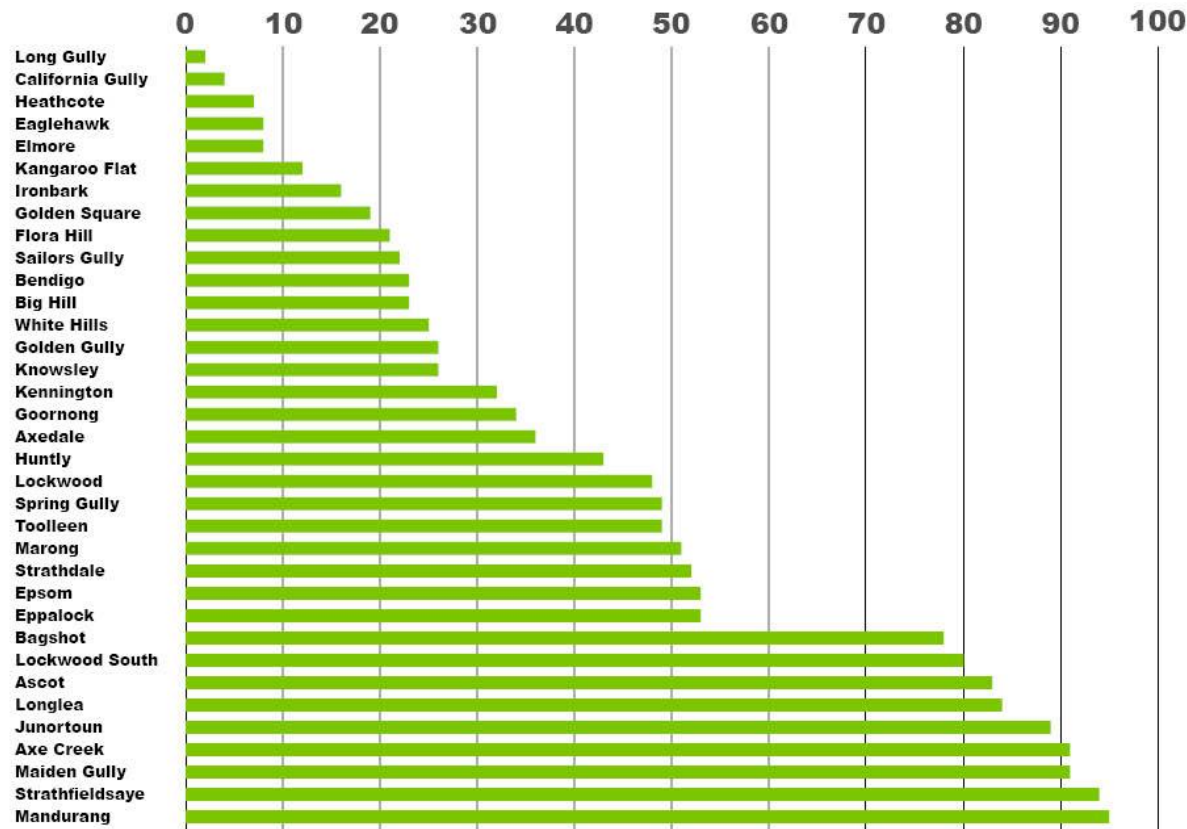
BCHS is.....

- Community health service with a broad range of health, well being and support programs
- Not for profit company with about 50 funding streams
- Services include a significant range of services for children and families, AOD, settlement services, general practices, allied health (children and adults), mental health and counselling, health promotion and prevention, headspace, chronic disease management, soup kitchen..... for example.
- Informed by a social model of health
- Have over 40 years of proud history

What the data told us

LOCAL RELATIVE SOCIAL DISADVANTAGE

ABS - SOCIO ECONOMIC INDEX FOR AREAS
PERCENTILE RANKINGS FOR BENDIGO AREA



What the data told us



Higher than Victorian average:

Disadvantage

- Proportion of low income/welfare dependent families with children (+2.4%)
- Proportion of the population with food insecurity (+5.4%)

Crime and safety

- Incidents of substantiated child abuse (+4.9%)
- Crime where the offender was 15-17 years (+57.6%)

Education

- People aged 17 years NOT attending any education institution (+5.7%)

Emotional and behavioural concerns

- Above state average and increasing

Income

- Proportion of household with an income less than \$635 P/Week (+4.6%)

But....business as usual wasn't an option



*We were doing good work, evidence questioned outcomes;
we had not disrupted the cycle of disadvantage*

- Researched the local need and explored the evidence
- Investigated the issues, opportunities and determined what success would look like
- Identified where BCHS could contribute something different

Evidence building blocks

0-5
Healthy & Secure

FIRST 1000 DAYS

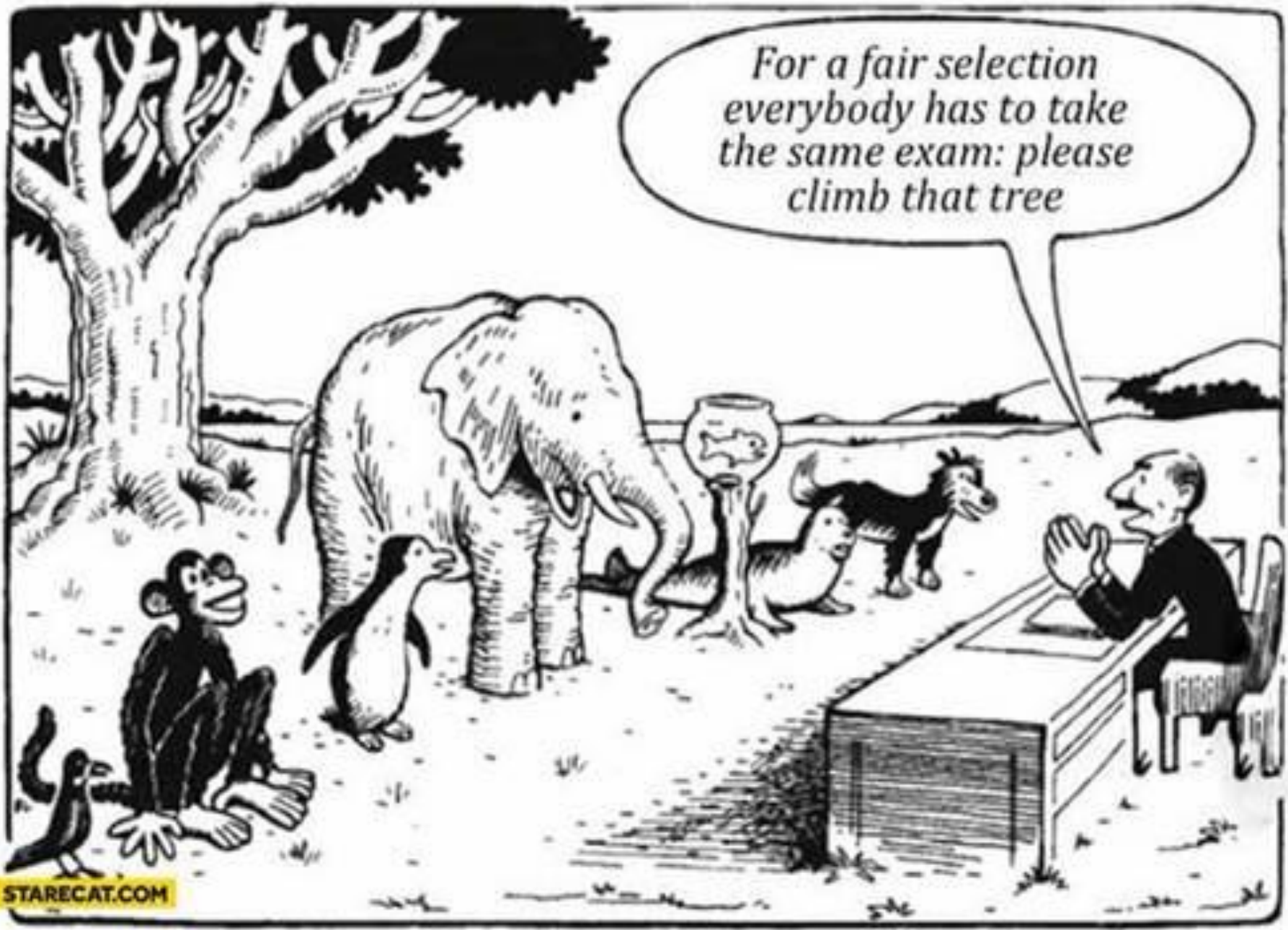
- ✓ empowered & responsive caregivers
- ✓ safe & caring environments
- ✓ high quality nutrition and health care
- ✓ high quality developmental stimulation

6-14
**Educated &
Confident**

- ✓ positive relationships in supportive homes & communities
- ✓ literacy, numeracy and life skills to make healthy decisions
- ✓ healthy and actively participating in community life

15-24
**Skilled &
Involved**

- ✓ employed at a living wage in non-exploitative work
- ✓ make choices for a healthy reproductive life
- ✓ change agents in family and community



For a fair selection
everybody has to take
the same exam: please
climb that tree

“Everybody is a genius.

*But if you judge a fish by its ability
to climb a tree, it will live its whole
life believing that it is stupid.”*

Albert Einstein

Evidence continued



- Clear correlation between disadvantage and life outcomes
- Change is possible - and doesn't always take lots of time and money
- Support at every age is important but the first 1000 days are critical
- Co-design what you realistically can
- Effectively engage and listen
- Evidence-based programs exist

Strategic Learning

- Using evaluation to help organizations or groups to learn quickly from their work so they can learn from and adapt their strategies
- Integrating evaluation and evaluative thinking into strategic decision making, bringing timely data for reflection and use.
- Making evaluation a part of the intervention – embedding it so that it influences the process.



So.....

- Re-defined our purpose
- Re-aligned our efforts and thinking
- New strategic directions, vision and values
- Major restructure (life course approach)
- Plans with clear outcome measures and reportable KPIs
- Programs and position descriptions reviewed to align with goals
- Community connections approach and co-design

Some early learning

- Outcomes – how to define what’s relevant.
- Outcome measures – *what can we measure?*
 - *what should we measure?*
 - *how?*
- Victorian policy reform can be an enabler
- Greater reach into disadvantaged populations and more effective and accessible services needed new approaches, different places, wrap around services, different understanding and language
- Trauma informed practice, Understanding Poverty Framework and Bridges Out of Poverty
- New collaborations

Kidzspace



Kidzspace services



- Family Support
- Early intervention, 0 -6 years with developmental delay or disability
- Child Health Invest, including complex behaviours, developmental delays, Autism Spectrum Disorders
- Cradle to Kinder
- Paediatric allied health, Podiatry, Physiotherapy, Occupational Therapist, Speech Therapy, dietetics
- General Practice and Community Paediatrics
- Young pregnant and parenting
- Supported Play group
- Family Alliance
- Mental Health and counselling, including children's counselling
- Alcohol and Drug services

Kidzspace

- Co-located with:

Raphael Centre, Maternal and Child Health and local kindergarten.

- Collaborations growing:

Access to health and well being services for children in out of home care and their carers (St Lukes Anglicare and DHHS)

Vegetable garden (Haven, home safe and Middletons prison)

Fresh Fruit Friday (McKern Steel);

Children's library (COGB).

- Demand growing

- Model continues to evolve.



Challenges

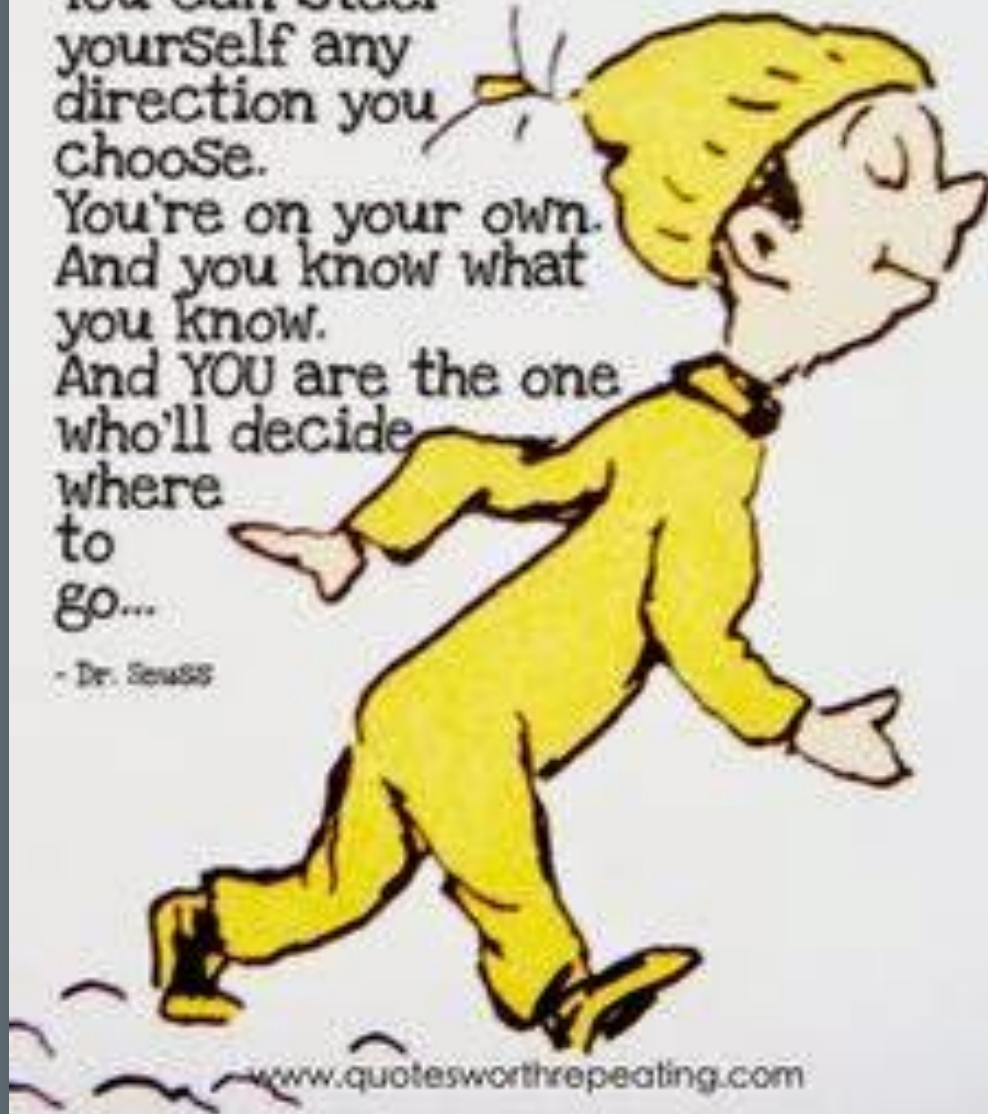
Changing practice is difficult.

- Engage with more than the rhetoric
- Territorial behaviour
- Difficulty with using or seeing the value of evidence and outcomes
- Maintaining fidelity and measuring what matters
- 'Keeping the faith' in the midst of multiple reforms
- Patience

You have brains in
your head. You have
feet in your shoes.
You can steer
yourself any
direction you
choose.

You're on your own.
And you know what
you know.
And YOU are the one
who'll decide
where
to
go...

- Dr. Seuss





bendigo
Community Health
services

THANK YOU

Connect with us at
www.bchs.com.au



Working hand in hand with our community to achieve
healthier lives.