

Office of Kids and Families

Sustaining NSW Families
External Evaluation
Response

November 2015



Health



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A copy of the final evaluation report can be downloaded from the NSW Health website at <http://www.health.nsw.gov.au/kidsfamilies/MCFhealth/Documents/sustaining-nsw-families-kpmg.pdf>

2015

Response to the Final Evaluation Report of the *Sustaining NSW Families* Program

KPMG was commissioned by the Office of Kids and Families (formerly NSW Kids and Families) to undertake an evaluation of the *Sustaining NSW Families* program. KPMG submitted their final report in June 2015. The final report can be accessed [online](#).

The evaluation utilised the *Keep Them Safe* evaluation framework¹, assessing the program in terms of appropriateness, effectiveness and efficiency. The evaluation reviewed data from the five *Sustaining NSW Families* program sites established at the time of the evaluation:

- + Fairfield/Liverpool (South Western Sydney Local Health District (LHD))
- + Wyong (Central Coast LHD)
- + Cessnock/Kurri Kurri/Singleton/Maitland (Hunter New England LHD)
- + Lismore/Kyogle/Richmond Valley/Ballina (Northern NSW LHD)
- + Arncliffe/St George (South Eastern Sydney LHD)

The final report from the evaluation is overwhelmingly positive, finding that the *Sustaining NSW Families* program is implemented appropriately, is effective in achieving its desired outcomes, and has delivered a net human and economic benefit to the community.

The Office of Kids and Families is committed to quality improvement and further evaluation of the *Sustaining NSW Families* program, and is working to enhance data collection and reporting mechanisms to support these processes. Given the program's relative infancy at the time of the evaluation, ongoing monitoring and future evaluations will assist in determining whether the program's impact has grown as the program has matured.

This response to the report has been developed following consideration of its findings and recommendations and has been guided by input from the *Sustaining NSW Families* governance groups. The *Sustaining NSW Families* governance groups consulted in development of this response were the State Implementation Committee, the Evaluation Steering Group and the Program Advisory Group. The *Sustaining NSW Families* Program Advisory Group has broad representation including government and non-government agencies as well as clinical and academic expertise.

1. Appropriateness

Is the program being implemented as intended (program fidelity)?

KPMG's finding that the *Sustaining NSW Families* program is, on the whole, being implemented with fidelity was a welcome result. Ongoing quality improvement processes implemented in collaboration with LHDs in the period between the collection of data for the evaluation and the receipt of the final report have addressed many of the variations noted in the report.

The table below outlines the response to the report's recommendations to ensure the *Sustaining NSW Families* program continues to achieve its goals and improve outcomes for children and families. The response below also indicates where action had been initiated to address the issues raised by KPMG prior to the completion of the evaluation report.

Appropriateness	
KPMG recommendation	Response
Review intake and assessment processes to ensure consistency of approach across the sites and to maximise initial participation in the SNF program	<p>Supported</p> <p>Actions had been implemented to address issues relating to intake and assessment processes prior to the completion of the external evaluation. This includes enhancing monitoring of intake practices through the performance and fidelity reporting process and the implementation of localised Action Plans. Any variations are addressed with program staff or escalated to management. These processes will continue via ongoing six-monthly analysis of LHD reports.</p>
Consider complementary tools to the use of the Edinburgh Postnatal Depression Scale (EPDS) to ensure as many women and families who could potentially benefit are able to join the program including assessing the use of the repeat EPDS score as a screening out tool	<p>Not supported</p> <p>The recommendation that consideration be given to the use of complementary tools to the EPDS is not supported.</p> <p>The use of the EPDS in the <i>Sustaining NSW Families</i> program is based on the evidence that mothers with psychological distress could be identified by a population screening tool, the EPDS. Use of the cut-off of EPDS score of 10 or more, approximated with subgroups labelled in trials as 'psychologically vulnerable' or as having 'low psychological resources'.² Using this assessment criteria the study² found statistically different outcomes when mothers were identified as psychologically distressed (EPDS of 10 or more) when compared with mothers who were not.</p> <p>The EPDS tool is commonly used in maternal and child health services and requires little training prior to use. EPDS is mandated in the NSW Health SAFE START policy³, used at all public hospitals in NSW, with defined pathways for screening findings.</p> <p>Training imposts or perceived barriers by staff to the use of additional tools may adversely impact on the referral pathway into the <i>Sustaining NSW Families</i> program.</p>

Appropriateness	
KPMG recommendation	Response
	<p>The second screen with EPDS is to assess that the woman has ongoing psychological distress rather than the finding being a transient issue.</p> <p>Further, the KPMG evaluation found that families with factors associated with an increase in maternal psychosocial distress had an increased likelihood of remaining in the program. Families where mothers had mild-to-moderate anxiety or depression were more likely to still be in the program at 12 months.</p> <p>Ongoing evaluation will seek to follow up families who did not reach the EPDS score required for an offer to participate in the program, and consideration will be given to the findings of this evaluation.</p>
<p>Explore strategies to increase program retention including strategies to capture the families who move out of the relevant area and cease participation in the program</p>	<p>Supported</p> <p>Actions had been implemented to address issues relating to program retention prior to the completion of the external evaluation. These include:</p> <ul style="list-style-type: none"> • Increasing boundaries for service delivery. • Monitoring early exits from the program sites. Six-monthly reports are provided to LHDs highlighting concerns. Concerns regarding retention are monitored and addressed with program staff, or escalated to management if retention issues persist. • The development of Action Plans by <i>Sustaining NSW Families</i> program sites in January 2015, which include strategies to increase program retention. Progress on these Action Plans is regularly monitored and retention rates are improving. • Continuing to deliver the program to families who move within an accessible driving distance of the current catchment area. The expansion to an additional three new program sites will make the service available to families who may move into these service catchment area.
<p>Increase recruitment efforts across all sites to ensure the SNF program can reach its full capacity and meet caseload targets</p>	<p>Supported</p> <p>As described above, action plans were put in place to address issues relating to recruitment of families prior to the completion of the external evaluation. Operational capacity across the sites has improved since the evaluation was undertaken. There is regular monitoring of family recruitment, and any issues are actively followed up.</p>
<p>Consider additional support to assist regional areas reach recruitment targets including incentives and pooling of resources with other services</p>	<p>Partially supported</p> <p>Recruitment is noted to be an issue for regional areas, and further support may be required to assist sites in these areas to reach targets. However, incentives and pooling of</p>

Appropriateness	
KPMG recommendation	Response
	resources with other services may not be feasible. Amended recommendation: <i>Consider additional support to assist regional areas reach recruitment targets.</i>
Review the interactions between Tier 1 and 2 staff to ensure they are working effectively to support services to families and consider providing further guidance material in the Draft Program Manual	Supported Actions had been implemented to address issues relating to the interaction of Tier 1 and 2 staff prior to the completion of the external evaluation. These include: <ul style="list-style-type: none"> • Increasing the representation of Allied Health staff on <i>Sustaining NSW Families</i> governance groups; • Providing training opportunities to Allied Health staff through the delivery of forums; and • Increasing clarity in the communication of the requirements of the role of tier 2 staff. Further, the relationship between tier 1 and tier 2 program staff has improved as the program has matured and team members have gained a more thorough understanding of their roles.
Consider augmenting existing training for staff to offer practical support to implement the skills they learn, and in particular to better understand the role of fathers in the program and how to work with cultural differences	Supported The training program is regularly reviewed. Some of the issues raised in the evaluation regarding staff training had been identified and addressed prior to the completion of the external evaluation. For example, the training program now incorporates greater levels of support for staff. Father inclusive practice is supported by the program, and this has been reflected in updates to the language used in the Draft Program Manual. There are currently measures in place to support the delivery of the program to CALD families, however further consideration will be given to ensure staff are best supported to deliver the program when there are cultural differences. Ongoing review of the training program will continue, taking into consideration the need to support staff in implementing their new knowledge and skills.
Continue efforts to increase the number of home visits in accordance with 100 per cent target of families receiving the appropriate number of home visits	Supported in principle Given the range of points of entry into the program (from antenatal to 4 weeks post-birth) it is difficult to prescribe a specific minimum/maximum number of home visits. Further analysis and consideration of optimal numbers of visits will occur. Amended recommendation: <i>Continue efforts to achieve compliance with recommended schedule of visits and review where there are service factors that contribute to suboptimal compliance.</i>

Appropriateness	
KPMG recommendation	Response
<p>Consider additional support for sites to increase the participation of Aboriginal and Torres Strait Islander families and the adoption of strategies to build better connections with local communities and Aboriginal Community Controlled health services</p>	<p>Supported in principle</p> <p>Actions had been implemented to address issues relating to the participation of Aboriginal and Torres Strait Islander families in the program prior to the completion of the external evaluation. As a result, the number of Aboriginal families enrolled in the program has increased since the evaluation.</p> <p>Amended recommendation: <i>Continue support for sites to increase the participation of Aboriginal and Torres Strait Islander families and the adoption of strategies to build better connections with local communities and Aboriginal controlled health services.</i></p>
<p>Continue tailoring services to meet the needs of Culturally and Linguistically Diverse (CALD) families and promote greater understanding amongst staff on different cultural mores and parenting styles including providing more guidance in the Draft Program Manual</p>	<p>Supported</p> <p>The Program Advisory Group agreed there was a need to continue to tailor the program's tools and services to meet the needs of CALD families. Through the training program and Draft Program Manual, the program will also continue to support staff in their understanding of different cultural mores and parenting styles.</p>
<p>Undertake further work on investigating the reasons CALD families are choosing to leave the program to ensure it can continue to meet their specific needs</p>	<p>Supported</p> <p>Retention rates and reasons for early exit are routinely monitored. Data is disaggregated by CALD status, allowing analysis for this population. Governance processes ensure quality improvement strategies are identified and actioned.</p> <p>It was recognised that there are higher rates of premature exits among CALD families, and the Program Advisory Group will explore potential reasons for, and solutions to, this issue.</p>

2. Effectiveness

Has the program achieved the desired objectives and outcomes? Has the program contributed to improving the outcomes for vulnerable children, young people and their families? And who within the target client group receives most benefit from the service?

The evaluation's findings that the *Sustaining NSW Families* program supports families to achieve improved health, development and wellbeing outcomes were a welcome finding.

Children in the *Sustaining NSW Families* target client group are at greater risk of poorer developmental outcomes in areas such as behaviour, language and communication^{4,5} and the program outcomes demonstrated in these areas are especially positive.

The slight decline in communication skills demonstrated over the course of the program is an area of concern to the Program Advisory Group. Outcomes relating to communication had previously been recognised as an area requiring greater attention, and actions to improve outcomes in communication skills had been implemented prior to receipt of the evaluation report. Ongoing monitoring of program outcomes should further address this issue.

For social and emotional development however the slight decline in proportion between findings at 12 months and two years was unlikely to be statistically or clinically significant, and given the target population was an extremely positive and welcome finding, with 92 per cent of children at two years being within the expected range for their age.

The recommendation was not supported as it is believed the structured program addresses the needs of this target group and there may be a risk in over-emphasising one area over another, thus the alternate recommendation was suggested.

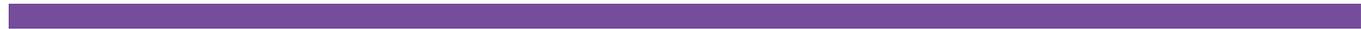
It was also pleasing to note the significant positive impact the program had on maternal mental health, with 83 per cent of mothers showing a decrease in their EPDS score after six to eight months in the program. Of these mothers, 50 per cent had a decrease in score of six or more points – a four point change is considered clinically significant.

KPMG's suggestion that program outcomes continue to be evaluated to allow the ongoing monitoring of the impact of the program will be adopted.

The table below outlines the response to KPMG's recommendations to improve the effectiveness of the *Sustaining NSW Families* program in achieving improved outcomes for children and families.

Effectiveness	
KPMG recommendation	Response
That the program continue to focus on moderate risk families and retention of at risk families given the positive outcomes for those participants who continue throughout the life of the program	Supported Continuing the focus of the program on moderate risk families is supported, and efforts to ensure the retention of these families in the program to promote optimal outcomes will be continued.

Effectiveness	
KPMG recommendation	Response
That further efforts are directed at sustaining improvements in child outcomes related to communication and social and emotional development	<p>Not supported</p> <p>The slight decline in communication and social and emotional development outcomes was acknowledged by the Program Advisory Group.</p> <p>Communication had been recognised as an area requiring additional attention, and actions had been implemented to address this prior to completion of the evaluation report. However, the decline in social and emotional development outcomes is considered not significant enough to warrant the introduction of additional activities to target these areas.</p> <p>Considering the outcomes that could be expected in children of families targeted by the program, the report's findings indicate quite positive communication and social and emotional development outcomes, even at 24 months.</p> <p>Amended recommendation: <i>Continue efforts at sustaining improvements in child development outcomes.</i></p>
That evidence about the SNF's impacts on outcomes should continue to be evaluated to build the evidence base and inform the ongoing implementation of the program	<p>Supported</p> <p>The Office of Kids and Families and the Program Advisory Group is committed to further evaluation of the <i>Sustaining NSW Families</i> program.</p>
That further investigation of the reasons for premature exit by young mothers and CALD families is undertaken to inform efforts to increase retention in the program	<p>Supported</p> <p>The finding of higher rates of premature exits among young mothers and CALD families was recognised, and potential reasons for, and solutions to, this issue will be explored.</p>
That the program target increased efforts at responding to the special needs of children living with families considered to be socially isolated	<p>Supported in principle</p> <p>Many families within the <i>Sustaining NSW Families</i> program are, to some degree, socially isolated and yet these families have achieved very positive outcomes.</p> <p>Amended recommendation: <i>That the program continue to investigate outcomes for children who are especially socially isolated, and consider mechanisms to support them if needs are identified.</i></p>
That the program continue to focus on recruiting experienced nurses given the link with improved outcomes for children in the program	<p>Supported in principle</p> <p>It was noted that the evaluation found an association between child developmental outcomes and the nurse having over five years of experience. However, the implications of requiring nurses to have at least 5 years of experience may exclude equally qualified and effective nurses with less experience. It would be more appropriate to consider skills, capacities and competencies required of nurses to achieve optimal</p>



Effectiveness	
KPMG recommendation	Response
	<p>outcomes for children.</p> <p>Amended recommendation: <i>That the program aims to describe and delineate the skills and competencies of nurses who achieve optimal outcomes for children, and in the meantime, continue to focus on recruiting experienced nurses.</i></p>
	<p>Additional recommendation:</p> <p><i>Consideration be given to expanding the delivery of the program in languages other than English.</i></p> <p>The evaluation did not specifically consider the outcomes of the bilingual program model implemented at the Arncliffe site, however anecdotal evidence suggests the program model is effective in engaging with non-English speaking clients. Further evaluation of this model will be undertaken to determine whether there is evidence to support the expansion of the bilingual model to other areas.</p>

3. Efficiency

Is the program cost effective?

KPMG’s finding that the positive outcomes for children and parents and results of the cost-benefit analysis supported the case for a state-wide rollout of the *Sustaining NSW Families* program was a welcome result.

The economic evaluation suggests that as the program matures, the return on investment is likely to increase. Of particular note was the cost-benefit ratio of 2.7 in 2013/14, which is a very positive result.

The table below outlines the response to KPMG’s recommendations following their analysis of the cost effectiveness of the program.

Efficiency	
KPMG recommendation	Response
The option of state-wide roll out of the SNF program be further explored given the benefits to children and families that have been identified	<p>Supported</p> <p>In March 2015, the NSW Government committed funding to support the rollout of the program to an additional three sites.</p> <p>The option of a state-wide rollout of the <i>Sustaining NSW Families</i> program will be explored.</p>
Consideration be given to establishing the basis for a study of the longitudinal impacts of the program to determine whether this type of early intervention has long lasting impacts on the life trajectories of the children involved	<p>Supported in principle.</p> <p>There is already credible evidence that this type of early intervention (i.e. sustained health home visiting commencing in the antenatal period and continuing for the first two years of life) has long lasting impacts on the life trajectories of children and families involved.²⁻⁷ The focus of a longitudinal study should look specifically at outcomes achieved by the <i>Sustaining NSW Families</i> program.</p> <p>Amended recommendation: <i>Consideration be given to conducting a study of the longitudinal impacts of the SNF program on the life trajectories of the children involved.</i></p>

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- ⁴ Perkins S, Finegood E, Swain J. Poverty and language development: roles of parenting and stress. *Innov Clin Neurosci*. 2013;10(4):10-19.
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- ⁶ Fox S, Southwell A, Stafford N, Goodhue R, Jackson D, Smith C. *Better systems, better chances: a review of research and practice for prevention and early intervention*. Canberra: Australian Research Alliance for Children and Youth (ARACY); 2015 August.
- ⁷ Olds D, Henderson C Jr., Kitzman H, Eckenrode J, Cole R, Tatelbaum R. Prenatal and infancy home visitation by nurses: recent findings. *Future Child*. 1999; 9(1): 44-65.