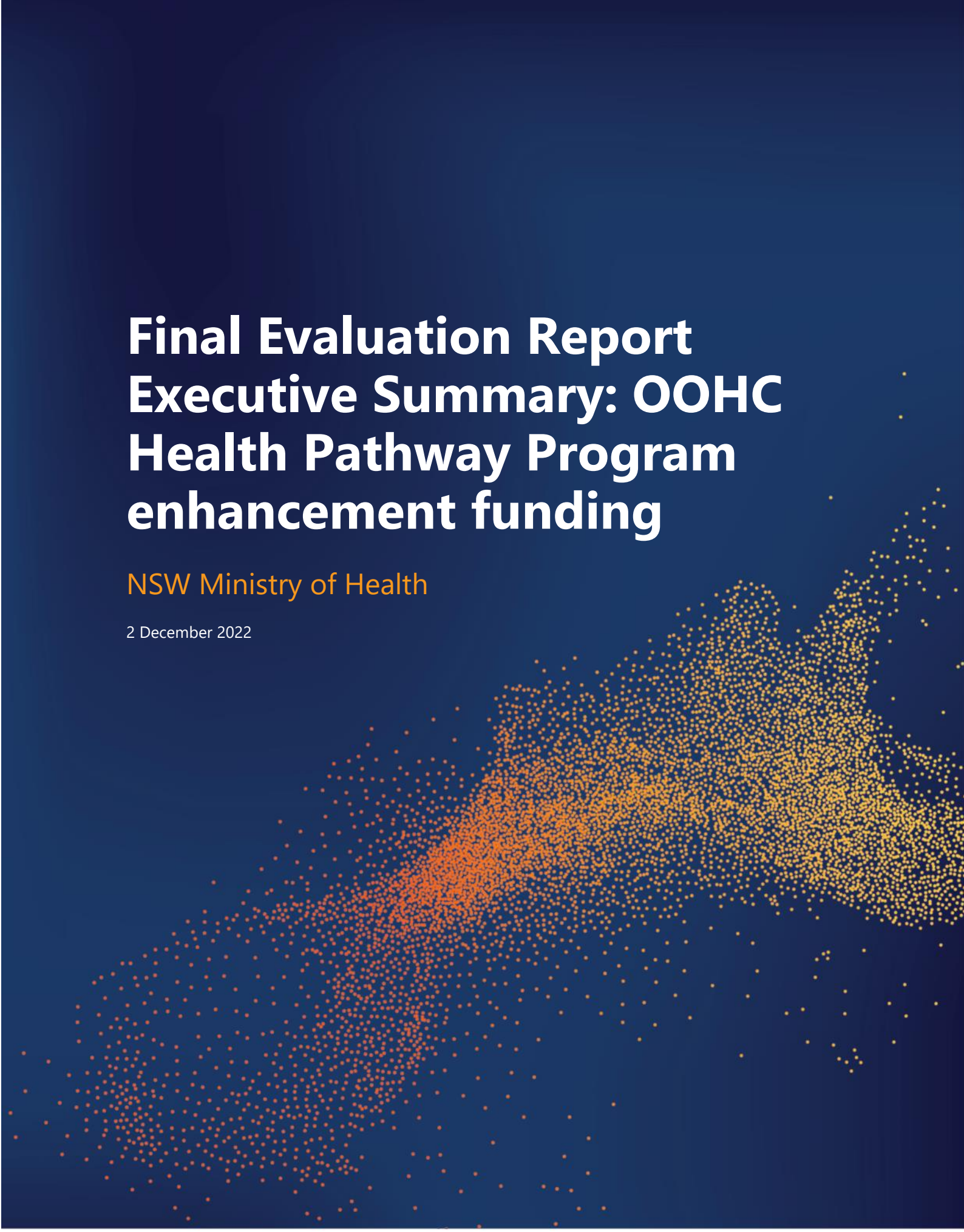
Final Evaluation Report Executive Summary: OOHC Health Pathway Program enhancement funding

NSW Ministry of Health

2 December 2022



nous

Nous Group acknowledges Aboriginal and Torres Strait Islander peoples as the First Australians and the Traditional Custodians of country throughout Australia. We pay our respect to Elders past, present and emerging, who maintain their culture, country and spiritual connection to the land, sea and community.

This artwork was developed by Marcus Lee Design to reflect Nous Group's Reconciliation Action Plan and our aspirations for respectful and productive engagement with Aboriginal and Torres Strait Islander peoples and communities.

Executive Summary

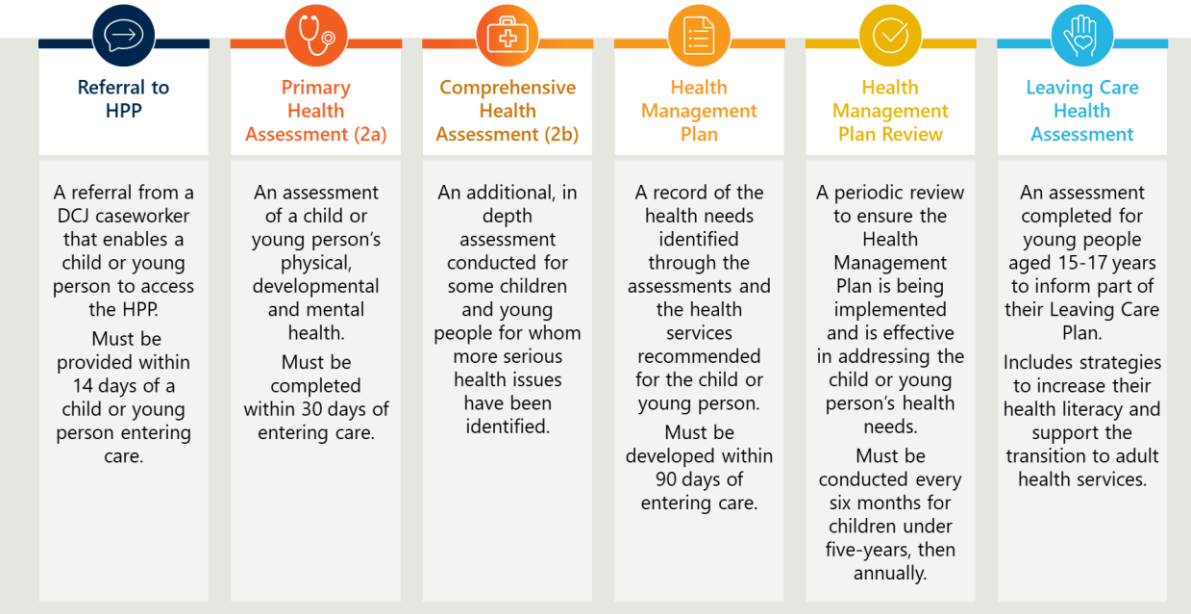
Background

The OOHC Health Pathway Program (HPP), a joint initiative of the NSW Ministry of Health and the Department of Communities and Justice (DCJ) aims to contribute to improved health outcomes for children and young people in OOHC. Operating within the broader context of OOHC, the HPP plays a key role in coordinating and facilitating a health assessment and the provision of health care for children and young people in OOHC. It does this by:

- ensuring that all children and young people in OOHC, and their carers and caseworkers understand health needs (through a Primary or Comprehensive Health Assessment)
- recommending potential services and supports that will lead to better health outcomes for children and young people (through a Health Management Plan (HMP)) and facilitating a review of progress against the HMP.

The HPP is a partnership model and relies on referrals from DCJ and ongoing engagement with caseworkers who help to manage individual HMPs, including the review process. HPP activities are structured in line with the National Clinical Assessment Framework for Children in Out-of-Home-Care and are summarised in Figure 1 below. Additionally, an overview of the Pathway within the broader OOHC experience can be found on page 8.

Figure 1 | Overview of HPP activities



A 2014 evaluation and a subsequent modelling in 2019 found that the HPP was facing significant capacity challenges to meet required activities. Data indicated that a reasonable proportion of assessments were conducted but that other fundamental elements of the HPP were not being delivered.

In mid-2019, the NSW Ministry of Health (the Ministry) invested enhancement funding of $3.034 million per year for three years (until June 2022) from the Stronger Communities Investment Unit (SCIU) to:

- increase health planning, care coordination, reviews and LCAs; and

- extend eligibility to those children and young people who entered care prior to the start of the program in 2010.

Purpose of the evaluation

In November 2021, the NSW Ministry of Health engaged Nous Group (Nous) to conduct a process and impact evaluation of the enhancement funding, as well as a costing appraisal.

The primary aim of this evaluation is to understand the value of the HPP funding enhancement to inform decisions about future program funding enhancements, including opportunities for improved service delivery and future research and evaluation.

This report details findings from the evaluation, which was completed between November 2021 and September 2022. The evaluation was guided by five key lines of enquiry:

1. What has been delivered through the program funding enhancements (and why)?
2. How effectively has the program enhancement been implemented across districts and networks?
3. What was the planned vs actual expenditure, overall and by LHD/SCHN, for the enhancement implementation?
4. What was been the effect of the HPP enhancement on the desired short-term and medium-term program outcomes?
5. What are the future opportunities and priorities for the HPP to continue to improve health outcomes for children and young people in OOHC?

Summary of key findings

The HPP provides an important opportunity for children and young people in OOHC to have their health needs assessed, understand the options to have their health needs met, and access appropriate support at the right time. Over the past 12 years, the HPP has helped to assess and review health needs, and plan for future health care for large numbers of children and young people in OOHC.

During the enhancement funding period, Districts/SCHN planned to resource additional FTE, with the goal of increasing local capacity to deliver the HPP. Despite some recruitment challenges, all Districts/SCHN successfully increased their FTE, which in turn supported greater activity across the HPP. The evaluation found that **enhancement funding led to the following improvements**:

- **More Assessments and HMPs, including Assessments for those who were previously ineligible**[1]. The total number of 2a Health Assessments increased by 48%, to meet the needs of 34% more children and young people entering OOHC. In FY 20/21, the HPP delivered more 2a Health Assessments than required for those entering care in the period, suggesting that the HPP conducted assessments for children and young people who had previously missed out on engaging with the HPP. Furthermore, in FY 20/21 just over half of children and young people entering care received a 2b Assessment (an additional 24% compared to FY 18/19).
- **Increases in the number of Reviews and Leaving Care Assessments (LCAs)**. Districts delivered an additional 11% of expected Reviews and 13% of expected LCAs[2].
- **Improved operational activities across the majority of Districts/SCHN through the recruitment of more HPP staff (a total of 30.57 FTE).** Over half of the roles recruited were nurses and allied health

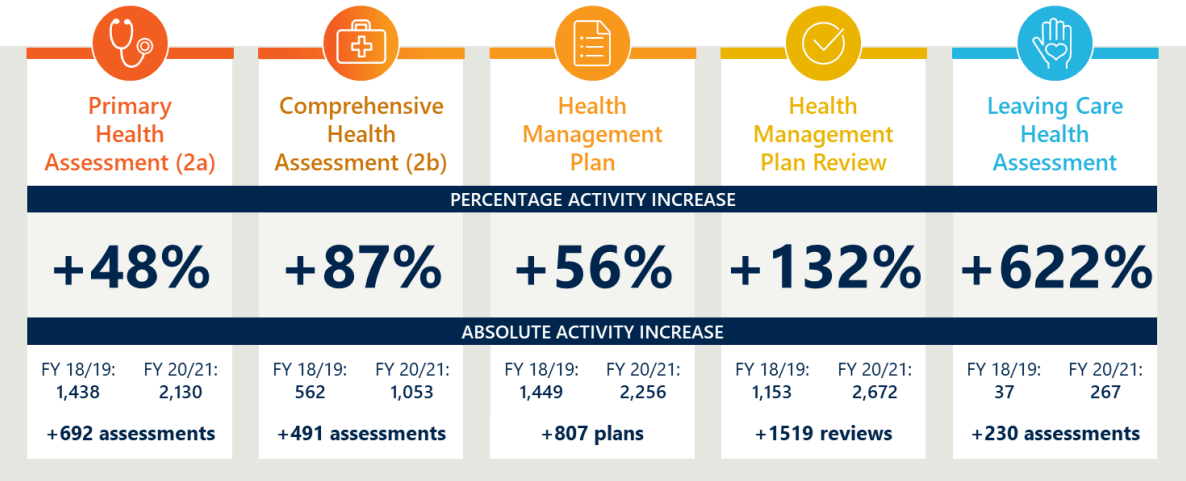
[1] Children previously ineligible entered care prior to 2010 and were not yet old enough to be referred for leaving care health planning at age 15.
[2] Expected Reviews calculated as two reviews per year for children aged 5 and under, and one review per year for all others. Expected LCAs calculated as number of young people aged 15-18 years.

professionals. The increased FTE supported other activities such as internal reviews, process improvements and additional health clinics.

- **Some stronger local partnerships** including referring to HPP in a more timely manner, established carer networks, strong local referral pathways, improved partnerships with schools and education facilities to deliver health assessments and services onsite during school hours) and greater awareness of the HPP. Increased awareness and engagement is particularly important given staff turn-over in the caseworker role.
- **Greater access to appropriate and timely health assessments in some areas**. In FY 20/21, an additional 9% of children and young people entering OOHC received a 2a Health Assessment within 30 days of entering care and an additional 6% were assessed within 30 days of their referral.

Figure 2 below provides an overview of the percentage and absolute increase in HPP activities over the enhancement period.

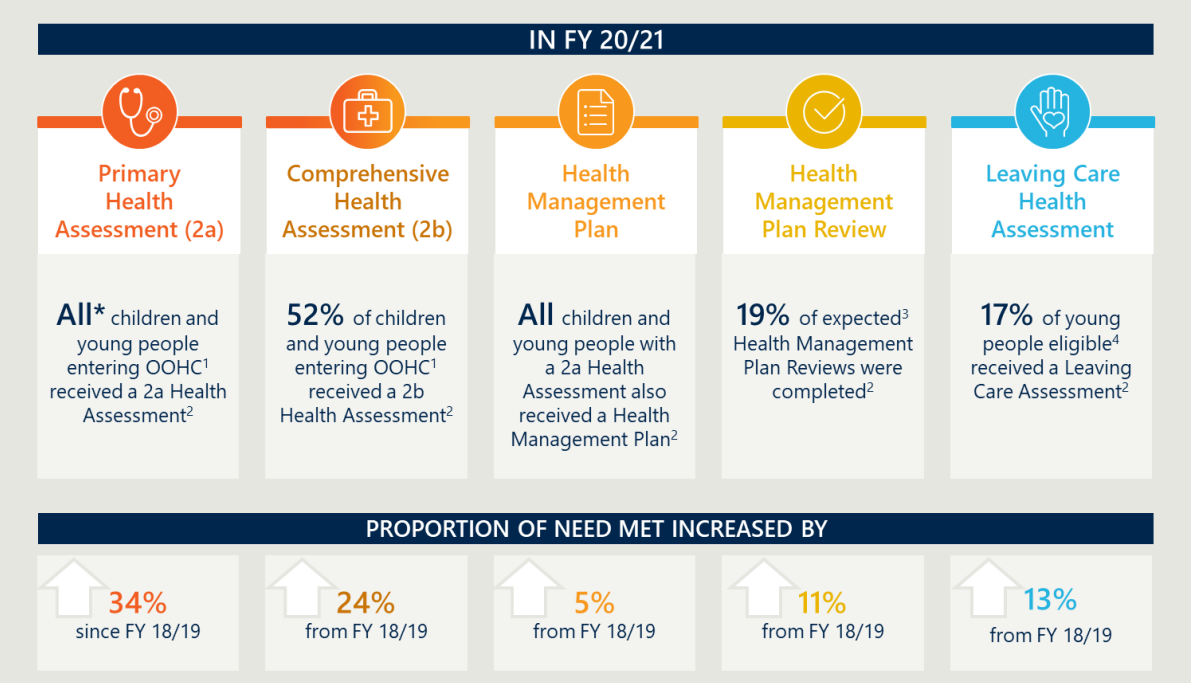
Figure 2 | Summary of increased HPP activities, FY 18/19 to FY 20/21



Excludes SWS data
Enhancement funding reporting templates (2022)

Figure 3 below provides a summary of the change in proportion of HPP activities conducted compared to those expected during the enhancement funding period, based on numbers of children entering care, in care and transitioning out of care.

Figure 3 | Change in proportion of HPP activities compared to expected during the enhancement funding period, as at FY 20/21



Excludes SWS data
*The HPP delivered enough 2a Health Assessments to meet the number of children and young people entering OOHC. However, it is likely that there are children and young people not on the HPP and that a portion of these assessments were provided to those already on the HPP who had previously missed out.
[1]Department of Communities and Justice (2022) ChildStory – CIW Annual Data, OOHC dashboard detailed data
[2]Enhancement funding reporting template (2022)
[3]Calculated as two reviews per year for children aged 5 and under, and one review per year for those over 5
[4]Calculated as the number of young people aged 15-18 years

However, despite these improvements and changes, the evaluation found a number of critical barriers and challenges that continue to shape and impact the healthcare experiences of children and young people in OOHC. These barriers were further exacerbated by COVID-19 lockdowns and movement restrictions, which impacted on the delivery of timely and thorough assessments, as well as engagement with carers and caseworkers.

At a program level, barriers included:

- Time-limited funding creates uncertainty, which makes it difficult to recruit and retain quality staff.
- Unclear roles, responsibilities, and accountability between NSW Health, DCJ and OOHC NGO caseworkers and primary care. A majority of stakeholders reported that more could be done to continue to increase the engagement across carers, caseworkers, those who provide HPP assessments and Health providers.
- Managing the increasing number and complexity of need of children and young people in OOHC.
- Limited capacity and capability to build and sustain connections with children, young people and carers.
- Complex referral pathways that place a high administrative burden on all organisations.
- Limited capacity to keep up with demand and transfers between locations.
- Recruitment and retention issues (also an NSW Health system issue) resulting in a high number of part-time staff and staff turnover.

- Availability of data (also a system-wide issue) to inform planning and decision making.

At a system-wide level across NSW Health and DCJ, barriers included:

- Limited number of culturally appropriate, trauma informed and trauma-specific services that meet the needs of children and young people in OOHC. Trauma-informed services have an approach to service delivery that is based on an understanding of the ways that trauma can affect an individual's life, their service needs and service usage.[3] Trauma-specific services or interventions are designed specifically to address the consequences of trauma and facilitate healing.
- Lack of system integration to support information sharing.

Due to these barriers, the limited frequency of Reviews and LCAs, and the reliance on actions and collaboration between many stakeholders, the HPP may not be able to make the desired difference in health outcomes for children and young people in OOHC.

Of the children and young people interviewed for this evaluation, which included those who had been in care, and could reflect on how their health needs were met, all reported that more can be done to meaningfully engage children and young people in understanding their health needs and building their health literacy. The children and young people interviewed expressed that the HPP could play a more significant role in supporting future children and young people in OOHC to feel safer and more empowered to make decisions about their own health needs during their time in care, and as they transition to adulthood. They reported that Leaving care planning is inconsistent and does not have enough emphasis on health and wellbeing.

Ultimately, this evaluation has confirmed the findings from the 2019 modelling: The HPP provides an important opportunity for children and young people in OOHC to have their health needs assessed, understand the options to have their health needs met, and access appropriate support at the right time. While there is currently no outcomes data collected, anecdotally, the HPP generally supports better health outcomes than would otherwise be achieved for children and young people in OOHC, if no 2a/2B Health Assessments, Reviews or LCAs were conducted. However, while a reasonable proportion of assessments are being conducted, other fundamental elements of the HPP are not being delivered. Reviews are only provided for 19% of children and young people on the HPP and only 17% of care leavers receive a Leaving Care Assessment.

To enable improved health outcomes in the longer-term, continued engagement with children and young people, and an understanding of their health outcome data is required. Importantly, this relies on DCJ/OOHC NGO caseworkers taking a lead role to ensure that children and young people are referred to the program and that Reviews and LCAs are conducted. It relies on caseworkers and carers implementing the HMP and it relies on increased capacity of the HPP team to conduct reviews and LCAs as required.

Of the children, young people and carers interviewed for this evaluation, many reported that they follow their own version of a health pathway while in care, without necessarily having their health needs met.

All stakeholders articulated the critical relationship between caseworkers, carers and HPP staff/health providers and reported that access to health services and supports depends on a child or young person's individual circumstances, level of support, service availability and additional service and system barriers. The 2a Health Assessments are an important first step but alone they cannot support improved health outcomes in the long-term.

[3] ACI (2019) Trauma-informed care and mental health in NSW

Summary of recommendations

The evaluation has identified several recommendations and corresponding considerations to improve the HPP. The recommendations include one overarching recommendation related to the design of the HPP and 12 recommendations related to program tweaks or changes, which have a short to medium term focus and four additional recommendations which have a longer-term focus and will require broader multi-agency reform. Table 1 below provides a list of all recommendations, including key considerations and detail on the timeframes as well as the implementation lead. The recommendations are structured against the key elements of organisational design and delivery. Detail on key considerations can be found in Section 5.1.2 of the full report.

The short- and medium-term recommendations were tested and revised in a workshop on 17 November 2022 with the HPP Leadership Committee, HPP Coordinators and DCJ representatives. The purpose of the workshop was to engage with and reflect on the evaluation findings and develop immediate and medium-term actions to improve healthcare experiences and outcomes for children and young people. The list below incorporates the most up-to-date and agreed recommendations.

Table 1 | Recommendations to improve the HPP

Overarching recommendation			
Collaboratively re-design the HPP Theory of Change and program logic to ensure that the program meets the needs of children and young people in OOHC and the outcomes connect to program activities and indicators The re-design process should be informed by the findings and recommendations set out in this report and should be co-deigned with children and young people, carers, caseworkers and HPP staff. A redesigned HPP could involve reallocating funding to increase multi-agency collaboration and coordinated care across the OOHC interagency network.			
		Timeframe	**Lead**
1	Consider including a comprehensive bio-psychosocial assessment as part of the initial health assessment	Medium-term	Ministry
2	Take a risk-managed approach to balancing privacy considerations with the needs of children and young people	Medium-term	DCJ
3	Explore opportunities to ensure that all children and young people entering care are referred to the HPP so that they can access more timely support	Longer-term, requires system-wide change	DCJ
4	Improve engagement with children and young people in OOHC	Short-term	DCJ
		Timeframe	**Lead**
5	Provide clear guidance and processes for prioritising needs for children and young people who are yet to access Reviews/LCAs	Medium-term	DCJ and Ministry
6	Increase carer engagement with the HPP process including engagement with HPP staff	Short-term	DCJ
		Timeframe	**Lead**
7	Advocate for long-term funding for the HPP	Longer-term, requires system-wide change	Ministry

8	As funding becomes available, invest in HPP staff, including increasing the number of Coordinators	Longer-term, requires system-widechange	Ministry and DCJ
9	Invest in and formalise inter-agency roles, responsibilities, accountability and coordination	Medium-term	Ministry and DCJ
10	Consider opportunities for carers and children/young people to be more formally embedded in HPP governance structures	Short-term	DCJ and Ministry
		Timeline	**Lead**
11	Build health literacy among caseworkers, carers and OOHC NGO clinical teams	Short-term	DCJ
		Timeline	**Lead**
12	Facilitate more opportunities for Ministry and HPP staff to collaborate with DCJ and other agencies, local health services and community organisations (*this recommendation will ultimately be enabled by strong governance structures and levels of accountability)*	Short-term (enabled by Recommendation 9)	Ministry
13	Work with DCJ to support Health providers across the system with up-to-date targeted and accessible clinical guidance on working effectively with children and young people in OOHC	Medium-term	Ministry
		Timeline	**Lead**
14	Improve the quality of HPP data	Medium-term	Ministry
15	Formalise reporting procedures for communicating the number of children and young people in OOHC	Short-term	DCJ
16	Improve case-specific information sharing across support networks through the introduction of an accessible online portal (*this recommendation sits across governance, partnerships and data)*	Longer-term, requires system-wide change	DCJ