

EVIDENCE FOR ACTION IN THE EARLY YEARS SYSTEM

Assessing System Leverage Points

Part 5 of 6:
CLUSTER 3
Shared
accountability
for children's
outcomes



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COMMONLY USED TERMS

The reader will find these terms used throughout the Evidence for Action documents.

ACTORS and KEY ACTORS	<p>A ‘system’ actor is a person/ entity /organisation that interacts with the system and through their interaction is part of the system.</p> <p>This can be a child, a parent, a community member, a politician, an organisation or an entity like a service agency, federal/ state or local government, a peak body.</p> <p>Key actors in this report refers to those who are acting to create or drive systemic change – which are found in each case study.</p>
EARLY YEARS SYSTEM	<p>We are referring to a ‘system’ in its broadest sense - one that involves the interaction of many parts and different actors. In a structural sense, there is no clearly defined early years system in Australia, but rather many systems that influence early childhood development outcomes.</p> <p>See the Early Years Catalyst’s ECD Systems Landscape Atlas for more details about the systems that influence ECD outcomes.</p>
SYSTEMS MAPPING	<p>In late 2021, the Early Years Catalyst undertook a systems mapping process to identify the forces influencing early childhood development outcomes in Australia today and possible leverage points for change.</p>
LEVERAGE POINTS	<p>A leverage point is a place in the system where, by intervening or applying pressure, we can influence change across the whole system.</p>
SYSTEMS CHANGE	<p>Refers to shifting components or parts of a system and the way these components interact. Systems change may occur at varying levels of the system:</p> <ul style="list-style-type: none"> • Micro: small scale change at the level of a single organisation or interactions between individuals • Meso: medium scale change - often community level or local level change • Macro: large scale / whole of system scale social and policy change.

INTRODUCTION

This is **Part 5** of the six-part series that make up the Early Years Catalyst's *Evidence for Action* report.

In early 2023, the Early Years Catalyst commissioned the development of an evidence-informed inventory for action, to further explore and build knowledge about the range of leverage points identified through the Early Years Catalyst's [systems mapping process](#) with a particular focus on insights for implementation.

In commissioning this project, the Early Years Catalyst sought to understand two key things:

- the relative potential of each leverage point to transform the early years system and improve early childhood development (ECD) outcomes
- the evidence for action – what does the evidence say about **what it will take to create transformative change in Australia's early years system?**

The results of the assessment and evidence gathering process have been compiled into the full *Evidence for Action* report, a substantive resource for the field that provides rich insights into the top 18 leverage points including:

- the available evidence
- potential impacts on **ECD outcomes**
- approaches to implementation, including **pre-conditions**
- case study examples of **implementation**, including lessons learnt and information regarding **costs and timelines**.

For ease of navigation the *Evidence for Action* report has been divided into six parts:

Part 1: **Key Findings:** Summary of Findings and Insights

Part 2: Leverage Point Assessment: **The Approach**

Part 3: **Cluster 1** - Communities and families in the driver's seat (Leverage Points 1-6)

Part 4: **Cluster 2** - Re-imagining the service system (Leverage Points 7-10)

Part 5: **Cluster 3** - Shared accountability for children's outcomes (Leverage Points 11-14)

Part 6: **Cluster 4** - Shifting society's perspectives (Leverage Points 15-18)

- **We recommended** that you read **Part 1: Key Findings** before reading Parts 3-6 (the cluster documents).
- To learn more about the assessment methodology and the approach to gathering evidence go to **Part 2: The Approach**.

What you will find in this document

This document is focused on sharing the evidence gathered about the leverage points in the **Shared accountability for children's outcomes** cluster, one of the four clusters of leverage points that have been grouped together by their linkage to key elements of the [desired future state early years system](#), identified during the Early Years Catalyst's systems mapping process.

Each cluster document includes:

- A cluster summary that considers the group of leverage points 'as a whole', including the convergent evidence, the interconnections and linkages between them and their potential for transformational impact.

- Individual leverage point summaries that explore the convergent evidence for action for each leverage point and considerations for implementation
- Case studies related to each leverage point that illustrate one way that the leverage point has been implemented.

Gathering convergent evidence for action

In keeping with the Early Years Catalyst's commitment to participatory processes and belief that a diversity of perspectives and wisdom delivers the best outcomes, *Evidence for Action* has drawn on diverse sources to for 'convergent evidence'.

Perspectives and insights have been drawn from frontline practice knowledge and expertise; family perspectives; First Nations culture, wisdom and ways of knowing and formal, published literature, from at home and around the world. These diverse perspectives are included in the evidence for each leverage point (see **Part 2: The Approach** for more detail).

Our approach to the formal literature scan and selection of case studies also reflects a diversity of perspectives. As each leverage point could be interpreted in many different ways and there are many potential examples, we emphasise that what is included here is but one interpretation and example, as a starting point for further exploration and consideration. The case studies are drawn from a broad range of contexts and scales, from within Australia and internationally, across early years and non-early years sectors, developed using various evidence sources.

We would also emphasise that the case studies selected for inclusion in the *Evidence for Action* report, have published evaluations of their impact. This decision was made to ensure a degree of consistency in evidence across all the leverage points. However, we acknowledge that this choice excluded many case studies that may also have made great illustrations of how to implement a particular leverage point (see our reflections about the evidence in **Part 1: Key Findings**).

As many of the leverage points are interconnected, the reader may notice repetition in literature and citations between the case studies. This was intentional and unavoidable, so that each leverage point and accompanying case study can be read as a stand-alone document.

Some of the case studies, while used to demonstrate one particular leverage point, also illustrate implementation of other leverage points. We encourage you to explore the linked leverage points and case studies for the fullest picture of the potential impact of the leverage point.

What do these leverage points mean for you?

If you are reading this document, you likely have a strong interest in improving early childhood development outcomes for children and their families. All of these leverage points speak to changes in the early years system that would ultimately improve long term outcomes for children and families.

Wherever you sit in the system, whether you are front line worker, practitioner, service manager, policy maker or politician, you can influence systems change.

These case studies are one example where specific actors have or are driving change, at a specific level in the system. This is not the only way to do it. For many of these leverage points, change can be driven in different ways, by different actors (including you) through taking different approaches to implementation, at different levels of the system.

SUMMARY: CLUSTER 3 - SHARED ACCOUNTABILITY FOR CHILDREN'S OUTCOMES

This cluster of leverage points is focused on the potential for transformational change in the early years system through all actors within the system taking responsibility and being held accountable for delivering positive outcomes for children and families.

This cluster speaks to key themes from the future desired state system mapping, including:

- As a society we prioritise the wellbeing of all children
- Government holds responsibility for the whole (system)
- Accountable, high quality, proactive service systems
- Strong families, parents and carers.

THE LEVERAGE POINTS & CASE STUDIES

11. Reform the culture of measurement and evaluation

Measuring what matters, with a focus on outcomes not outputs, with Government and services focused on how well they support children and families and whether they make a difference.

Case Study 11: [Hands Up Mallee – Stronger Places, Stronger People](#)

12. Enforce accountability for outcomes for children & families

Services that are funded to work with children and families are publicly accountable for the outcomes they achieve (making a difference) and are measured against what is important to children and families (not just what is important to funders).

Case Study 12: [The Benevolent Society Social Benefit Bond - Resilient Families service](#)

13. Government to guarantee equitable access to services for all children

Where necessary, government steps in to make sure that there are affordable services available for all children and families everywhere across Australia – whether it is financially profitable or not.

Case Study 13: [Sure Start Local Programmes UK \(Sure Start\)](#)

14. Ensure all children have their basic material needs met

Having a welfare system that is more accessible and provides a real safety net, to keep families and children out of poverty and treats those suffering hardship more fairly.

Case Study 14: [Sweden's Parental Leave Policy](#)

THE TRANSFORMATIONAL POTENTIAL OF THIS CLUSTER

Taking action on the leverage points in this cluster has real potential to transform the early years system and improve outcomes for children and their families, through shifting deep system forces and system patterns and addressing the negative impacts of poverty, inequity, power dynamics and service system failures, enabling more children to thrive.

The scale and level of systemic change of these leverage points, while potentially transformative, also make them complex, expensive and difficult to implement. This is not to say they are impossible, but these are macro level changes that are a long-term proposition, that would require a collective and concerted effort across multiple system actors. However, with great effort comes great reward.

THE CONVERGENT EVIDENCE

The rankings

In the assessment process, all leverage points were ranked for their potential to transform the early years system from 1-18 (highest to lowest transformative potential).

The leverage points in this cluster were ranked as follows:

Leverage Point	Ranking
LP11: Reform the culture of measurement and evaluation	14
LP12: Enforce accountability for outcomes for children and families	2
LP13: Government to guarantee equitable access to services for all children	9
LP14: Ensure all children and their families have their basic material needs met	1

The top two leverage points are in this cluster, and just those two alone would deliver significant improvements in early childhood development outcomes by addressing two of the key systemic barriers - the impacts of disadvantage and a service system that is not held accountable for delivering positive outcomes.

The expert advisory panel

The Expert Advisory Panel ratings for some of this cluster were quite different to the Family and Field rating, while some were very similar. Across all ratings the top two leverage points (highest potential impact) were:

- LP14 - Ensure all children have their basic material needs met (1st)
- LP 13 - Government to guarantee equitable access to services for all children (2nd).

For the Expert Advisory Panel, these two leverage points addressed many fundamental challenges, including the impacts of poverty, the lack of access to services and supports (even within the 'universal' system), and accountability from government to children and families.

The Panel's ratings of the other leverage points in this cluster were:

- LP11 - Reform the culture of measurement and evaluation = rated 17th
- LP12 - Enforce accountability for outcomes for children and families = rated 8th

The Expert Advisory Panel was focused on the potential of each leverage point to have a high impact and potential to transform the ECD system. Their assessments reflect their careful consideration of how transformational that leverage point could be alone, or whether its impact was dependent on other leverage points. As with the leverage points in 'Cluster 4 - Shifting society's perspectives', the Panel's ratings reflect their pragmatism around the strength and directness of impact of the leverage points on children and families.

Field and family perspectives

The feedback from field and families reflected their belief in the transformational potential of reducing the impacts of poverty and disadvantage, including geographic disadvantage. In particular, there was

strong support for a guaranteed access to services and government intervening where the market is failing.

Unsurprisingly, reforming the culture of measurement and evaluation was not rated as highly by field and families, as this was seen as a less transformative and more technical approach.

First Nations perspectives

There were some consistent themes from our First Nations contributors around this cluster of leverage points. We heard about the negative impacts of a western framing of outcomes, especially in measurement and evaluation of services and programs, that has negative consequences for sustained funding for programs that are highly valued by local communities. We also heard about First Nations ways of thinking about and measuring outcomes that meet the needs of local communities.

"Like, it's all promising and it looks okay for a few years. And then when it doesn't meet the Western framing of outputs and outcomes and all of that, then we cut all the funding and turn it back to a mainstream service and look for the new shiny idea".

"We have our cultural KPIs here too and we have funders' KPIs. You might need to have your cultural KPIs too".

We were also given insights into First Nations ways of knowing, doing and being that could be a lesson to us all, as they already encompass collective responsibility for children's outcomes and prioritising the wellbeing of children.

"This is a different structure, it comes from the heart, is based on kinship – family, elders language forms a big part of the underpinning nature of keeping kids' identity strong."

"It's almost like that saying, it takes a village to raise a child. I find that even in my family, if I have a child who's sick, it'll be my auntie or my grandmother or my cousin saying take them to the clinic. It's like you're a sort of accountable to everybody.

It's not focusing on an individual, it's always focusing on the collective, and it's always that shared responsibility and everyone looking out for each other."

The formal evidence

The reader would know that there is an abundance of formal evidence about the negative impacts on early childhood development outcomes, of poverty, disadvantage, lack of access to services and services that do not respond to individual needs.

There is plenty of formal evidence about WHAT is required to address these macro level systemic issues, often from other social service sectors, as these issues are not only relevant to the early years. What is not so plentiful, is formal evidence about HOW to create this type of systemic change, at a macro level, across whole systems, which was our focus in gathering this evidence for action.

As a result, the formal evidence (and case studies) used in this cluster draws strongly from international sources, sectors outside of the early years, and meso level examples of implementation that have potential to be scaled up.

The case studies

The case studies illustrating these leverage points are taken from both local and international contexts, and include local level, regional level and national level initiatives. It is noted that the macro level

initiatives are international examples, as we did not find Australian examples of this type of macro level change. The case studies highlight both the transformational potential and the complexity in implementation, particularly at a macro level:

- LP11 - Hands Up Mallee (Stronger Places, Stronger People)
- LP12 - The Benevolent Society Social Benefit Bond – Resilient Families service
- LP13 - Sure Start Local Programmes UK (Sure Start)
- LP14 - Sweden's Parental Leave Policy.

LINKAGES WITH OTHER LEVERAGE POINTS

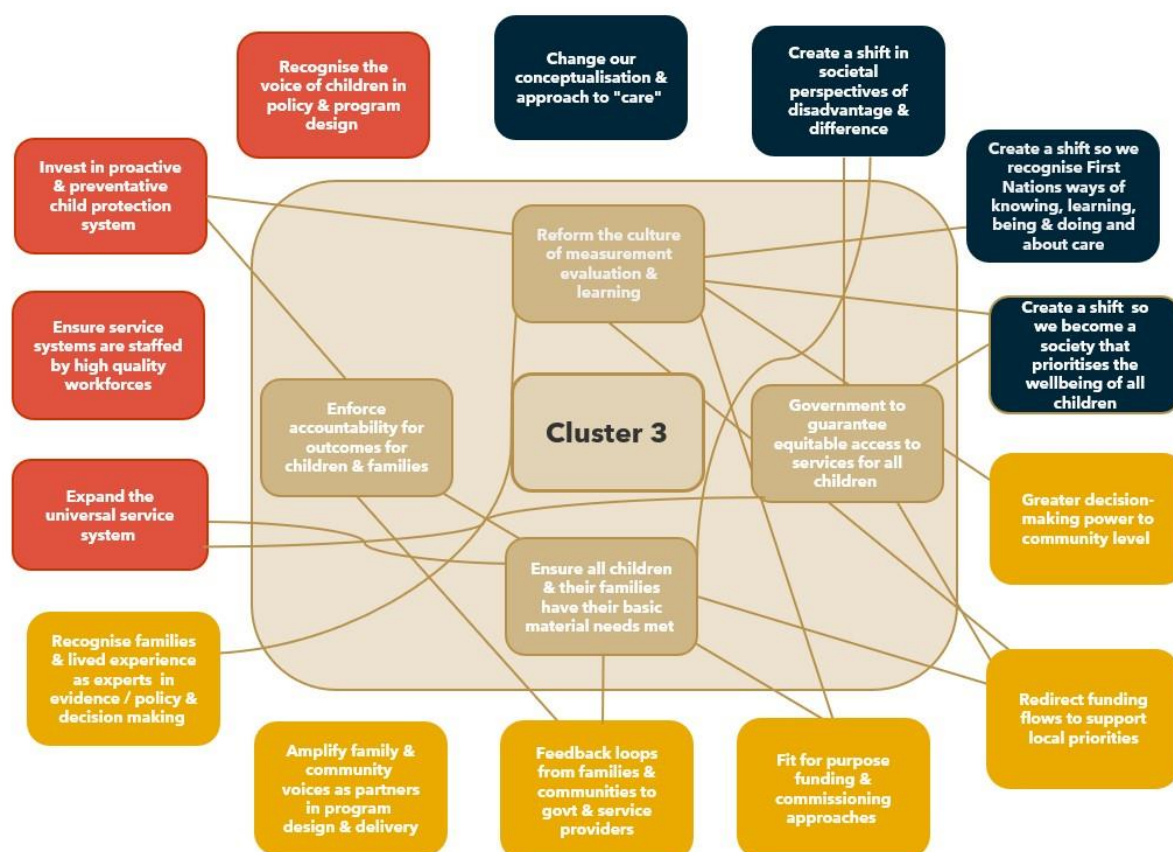


Image 1 – Cluster 3 linkages to other leverage points

The leverage points in this cluster are strongly interlinked and connected to many leverage points in the other clusters. We encourage you to explore all the leverage points and case studies in this cluster for a broader understanding of the linkages

For example many leverage points have additional potential for impact, as enablers for the implementation of other leverage points, including:

LP11 - Reform the culture of measurement and evaluation would be an important enabler for *LP4 - Feedback loops from families and communities to government and service providers* and *LP6 - Recognise families and those with lived experience as ‘experts’ for the purposes of evidence, policy and decision making*. If the culture of measurement and evaluation was reformed to ‘measure what matters’, it would create tangible ways to incorporate community priorities as key outcomes and measures of impact.

LEVERAGE POINT 11 – Reform the culture of measurement and evaluation

SNAPSHOT OF FINDINGS

Leverage point description

Reform the culture of measurement and evaluation - This leverage point is about changing the way we measure the performance of the service system, so that we are measuring what matters. To build a culture of measurement and evaluation that is focused on how well government and services support children and families, particularly whether they make a difference. This includes measuring the important relational work of building trust and connection, in responding to the needs of children and families.

Why could this leverage point be transformational for the early years?

The way we measure and evaluate the service system has a direct impact on what gets funded. So, if we want to improve the responsiveness of the early years system, we must change what and how we measure the system.

There are numerous large-scale studies in Australia and internationally that monitor children's early development outcomes at national, regional, and global levels (UNESCO, UNICEF, Brookings Institution and the World Bank, 2017; Sincovich, A et al 2019; OECD 2020; Pushparatnam A et al 2021; World Bank, 2022). While this data is valuable and important, it is only a small part of the picture. It doesn't tell us what works, what is most important for children and their families, nor does it give us local level insights.

Many of the families involved with the service system live complex lives. Until we build a better understanding of the diverse influences and challenges and build an evidence base of what works, that is informed by the voices of families and communities, we are unlikely to improve outcomes so that all children can thrive.

Where we focused our evidence gathering

The evidence and insights about implementation for this leverage point are focused on different ways to evaluate and measure performance, that focus on outcomes rather than outputs, including ways to involve families and communities in the development of measures.

The case study is a place-based example of the development of a community-led measurement and evaluation framework, that reflects family and community priorities, so that it measures what matters, in that specific context.

We note that since the writing of this report, the Federal government has released the first national wellbeing framework - named 'Measuring What Matters', which is focused on better understanding what matters to Australians - to build a healthy, secure, sustainable, cohesive and prosperous Australia for everyone. (Department of Treasury 2023).

Key findings

There was strong consensus across convergent evidence sources that the potential impact of this leverage point was high. This leverage point was ranked at 14 out of 18. Despite the potential for high impact, the likelihood and feasibility of implementation in the Australian context was rated as low, resulting in an overall ranking of 14.

There is high potential for transformational change in the early years system, as a result of more useful and meaningful measurement, evaluation and learning. Such a shift would facilitate the design, testing and funding of more relevant and improved programs, policies and practices across the early years system, better able to meet the needs of children and families (Puinean et al., 2022).

Linkages to the other leverage points

This leverage point is linked with many other leverage points including:

- LP1 - Grant greater decision-making power to the local community level
- LP2 - Fit-for-purpose funding and commissioning approaches
- LP4 - Feedback loops from families and communities to government and service providers
- LP5 - Amplify family and community voices as partners in program design and delivery
- LP6 - Recognise families and those with lived experience as 'experts' for the purposes of evidence, policy and decision making
- LP10 - Recognise the voice of children in policy and program design
- LP12 - Enforce accountability for outcomes for children and families.

This leverage point would be an important enabler of *LP4 - Feedback loops from families and communities to government and service providers* and *LP6 - Recognise families and those with lived experience as experts* as it would create tangible ways to incorporate community priorities as key outcomes and measures of impact.

This leverage point would be a valuable partner to *LP12 - Enforce accountability for outcomes for children and families* and could also strengthen *LP16 - Change our framing/conceptualisation of care* if evaluation included ways of measuring the impact of building care, trust and relationships.

FINDINGS FROM THE CONVERGENT EVIDENCE

The rankings

This leverage point was ranked as high for potential impact by all groups involved.

CRITERIA	RATING/RANKING
Overall Ranking (1-18)	14
Level of potential impact if leverage point implemented	High
Likelihood of successful implementation in the Australian context	Low
Level of system intervention/change	Macro level (Society, culture or regime level change)
Likely timeframe for change	10-20 years

Expert advisory panel perspectives

This leverage point was ranked at number **12** by the Expert Advisory Panel. Reflecting the mixed views about the potential for impact, with almost half rating it as having high potential impact and almost half rating it as having medium potential for impact.

The Panel's view of the high-medium potential for impact was balanced by their view that this leverage point would not attract very much support within the service system. The Panel considered that stakeholders would not find this a desirable change and that the level of disruption for the system would be high, reducing the overall feasibility and likelihood of successful implementation.

In addition, the Panel identified the strength of the structures, assumptions and processes within the current culture of measurement and evaluation, when combined with the existing gaps in capability as major barriers to success.

Field and family survey rankings

This leverage point ranked at number **12** in the Field and Family survey, with 63% of respondents viewing it as having high potential for impact, 35% as medium potential impact.

First Nations perspectives

It was clear in the conversations with our First Nations contributors, that the current culture of measurement and evaluation is based on a western view of the world, that does not include, nor reflect the priorities or needs of First Nations communities, families and children.

"Like, it's all promising and it looks okay for a few years. And then when it doesn't meet the Western framing of outputs and outcomes and all of that, then we cut all the funding and turn it back to a mainstream service and look for the new shiny idea."

"It is outcomes based on western frameworks and measures. How has this helped to support family and community with identity and connection to country and connection to community and feeling proud and being part of something that's really important to the whole of community?"

"This is First Nations led. We always work with the governance and senior people and make sure that any evaluation reports have a Western interpretation of the data and findings, but also a First Nations perspective and interpretation of the data as well. And we're really trying to reverse the history of First Nations people as being the subjects of research for generations and rarely seeing any benefit."

Findings from the formal evidence scan

The influences of the current culture of measurement and evaluation in the early years system, are seen in the widespread espousal of 'data driven decision-making' and the preference for funding 'evidence-based' interventions. There is a bias towards funding initiatives that have plentiful data and can 'demonstrate' their effectiveness, which at a surface level, is as it should be. However, what the data actually demonstrates is rarely questioned and most performance measurement and evaluation is focused on outputs and activity, rather than on the achievement of outcomes for children and families.

Within the evaluation field, there is growing momentum for promoting more meaningful measurement and evaluation approaches, particularly within the social sector. Below we share some of that thinking, including practical approaches to improve the quality of measurement, evaluation and learning.

Evidence from within the early years

A systematic review of evaluation in the early years sector, examined four evaluation constructs (community-driven evaluation, culturally responsive evaluation, evaluation capacity building, and evaluation use and influence) (Puinean et al., 2022) and found that:

- There needs to be a shift from 'evaluation-as-judgement' to 'evaluation-as-learning' in order for evaluation to effectively improve programs for children and families.
- This needs to involve **community-driven** and **culturally responsive evaluation**.
- Community-driven evaluation approaches are not frequently used in the early years sector.
- Stakeholder engagement is common in the early stages of evaluation but is unlikely to be sustained.
- Children and parents are often excluded as a stakeholder groups; **involving children and youth in evaluations can strengthen the relevance and legitimacy** of the findings (Purdue et al., 2018).

Place-based examples of innovative gathering, use and distribution of data by communities are beginning to emerge, including data sovereignty and community control and ownership of their data (Australian Government, 2022).

Globally, early childhood education and care (ECEC) systems collect and use data to strengthen their policies, gather public support, and enhance the quality of their programs (Kagan and Landsberg 2019). There has been a strong movement to measure these outcomes rigorously and methodologically and practitioners and policy makers utilises this data in decision making.

Broadly, ECEC systems collect two types of data on children, programs, or staff to improve practice through monitoring, evaluation and learning:

- individual child data-largely related to performance and development
- aggregate child data: collective impact and service use (Kagan and Landsberg,2019).

Evidence from other sectors

There has long been a push in the evaluation sector more broadly to move towards measuring outcomes and placing beneficiaries at the heart of the evaluation, particularly the use of participatory evaluation - involving stakeholders in the design and implementation of the evaluation; which has been used as a means to produce more meaningful and reliable findings, and to ensure increased learning from these findings particularly in the international development sector (Guijit, 2014; INTRAC 2017).

There is an increasing body of work looking at evaluating systems change and the different approaches that this requires. This considers outcomes such as strategic learning - the extent to which efforts uncover insights key to future progress, systems change - the extent to which efforts change the systems underlying complex issues and mission outcomes - the extent to which our efforts help to make lives better (Cabaj, 2019).

Funder requirements for measurement and evaluation often drive the culture of the evaluation. It will be important that funders are willing to do things differently, to create change (Puinean et al., 2022).

Theory-based evaluation: Using Theories of Change can be a valuable approach to evaluating systems change and considering outcomes (Cordis-Bright,2020).

Developmental evaluation is an evaluation approach that can assist social innovators develop social change initiatives in complex or uncertain environments. Latham (2014) describes this as providing findings, learnings and recommendations in real-time so that the evaluation can inform the decision-making and strategy of the initiative. Importantly, this involves embedding learning processes into the initiative itself (Cordis Bright 2020).

INSIGHTS FOR IMPLEMENTATION

Key enabling conditions

Adopting the principles for evaluation in the box below create enabling conditions for high quality of measurement and evaluation.

Principles of Evaluation

Always include the community and population at all stages of the evaluation. Consider meaningful outcomes that matter to them, rather than traditional outputs

Collectively make sense of evaluation findings with stakeholders: can strengthen and improve buy-in for the evaluation findings (Cordis Bright 2020).

Focus on contribution rather than attribution: states this includes rethinking how 'results' are framed and evaluated across phases to include process, enabling conditions, systemic results, and the mission and/or population level (Barkley 2023).

Include strategic learning: Notions of accountability need to be broadened to include being accountable to learning and to wider cohorts of stakeholders (Barkley 2023).

Build evaluation capacity: building evaluation capacity is critical for improving evaluations in the early years sector (Puinean et al. 2022).

Build evaluation around principles rather than a prescriptive framework: when considering systems change. This enables creativity and adaptability as the context inevitably changes. "Purpose, framing and principles drive evaluation. If you just want to focus on methods and indicators you are going to get lost" (McKenzie and Cabaj 2020).

The Collective Impact Forum suggests that meaningful evaluation (of systems change) will take a **mindset shift towards a learning orientation**. This includes:

- ensuring time for on-going sensemaking with multiple stakeholders and ensuring feedback loops between multiple stakeholders
- accepting that the evaluation will not result in a definitive 'answer' to any of your questions - but that you will gain deeper insights about what it takes to bring about change.
- being okay with findings that show contribution, not attribution.
- being okay with the messiness of systems change - the lack of control, predictability, and in many cases, lack of causality (The Collective Impact Forum, 2020).

Barriers to implementation

- **Capability gaps** and capability building required across all parts of the system.
- **Increased work** and resourcing required for small organisations to manage and evaluate data meaningfully.
- Together with ownership of data comes **responsibility for data**.

Risks and unintended consequences

- Small, decentralised data repositories are at greater **risk of cyber security issues** and may be more difficult to protect.
- **Significant data gaps** may occur and make evaluation and attribution a greater challenge.

Case Study 11 – Hands Up Mallee

Why did we choose this case study?

This case study was chosen as an example of a place-based initiative that is focused on children and families, who have supported the development of a community-level measurement and evaluation framework, that is now measuring what matters. The evaluation framework was co-designed with the community and including nested measurement, evaluation and learning (MEL) plans to focus on outcomes and impacts that truly matter to children and families in Mildura.

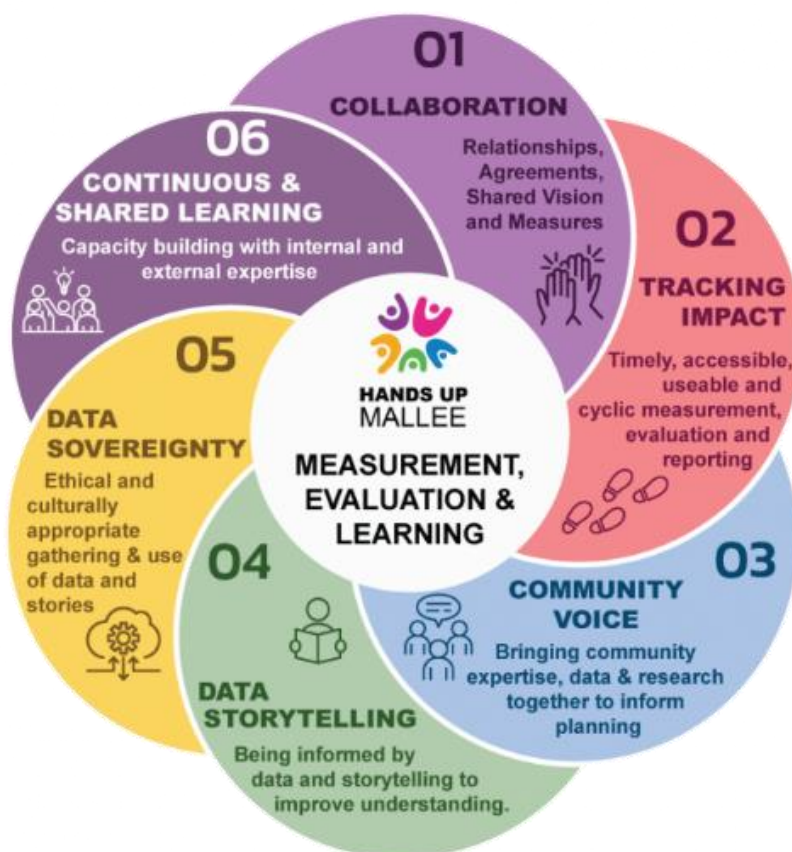
The initiative won the Social Impact Measurement Network Association (SIMNA) Award for Outstanding Collaboration in Social Impact Measurement in 2022.

The initiative

Hand Up Mallee (HUM) is an ongoing place-based, collective impact initiative established in 2015. HUM brings together local leaders, community, and organisations to address complex social issues and achieve positive health and wellbeing outcomes for children, young people, and their families in Mildura, Victoria.

HUM is one of the 10 Stronger Places, Stronger People (SPSP) sites funded by the Federal government. SPSP is a federal government initiative, seeking to demonstrate the efficacy of a place-based collective impact approach, for improving outcomes for children and their families. SPSP has a strong focus on using measurement, evaluation and learning to be able to work effectively in each local context, learn what works to drive systems change, and to ultimately ensure that children and their families have strong futures (DSS, 2019).

The development of the HUM - Measurement Evaluation and Learning Framework



Between August 2021 and February 2022, 24 collaborators worked together with the support of Clear Horizon to co-design an overarching MEL Framework (2022-2037). A further 29 people including organisational representatives, parents/carers, and young people participated in workshops to co-create evaluation frameworks focused on 0-8-year-olds, and 9-18-year-olds and their families.

Scale

HUM is a place-based initiative in regional Victoria.

This project involved 53 diverse stakeholders from local and state government, non-government organisations, community members, parents/carers, children and young people (Victorian Government, 2023).

Costs – investment and resourcing

N/A

Key actors

1. Hands Up Mallee Backbone team
What was their level of Agency to act on this leverage point? Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>
What was their level of Authority to drive adoption of this leverage point? Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>
What was their level of Capability to implement this leverage point? Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>
2. DSS - Federal government
What was their level of Agency to act on this leverage point? Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input checked="" type="checkbox"/>
What was their level of Authority to drive adoption of this leverage point? Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input checked="" type="checkbox"/>
What was their level of Capability to implement this leverage point? Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>
3. Evaluation consultancy
What was their level of Agency to act on this leverage point? Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>
What was their level of Authority to drive adoption of this leverage point? Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>
What was their level of Capability to implement this leverage point? Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input checked="" type="checkbox"/>

Evidence of outcomes/impact

The Measurement Evaluation and Learning Framework development process

Between August 2021 and February 2022, 24 collaborators worked together with the support of Clear Horizon to co-design an MEL Framework (2022-2037).

Additionally a further 29 people including organisational representatives, parents/carers, and young people participated in workshops to co-create evaluation frameworks focused on 0-8-year-olds, and 9-18-year-olds and their families.

Insights from implementation

Key implementation features of the approach:

- No one-size framework will be able to fit all needs, but a holistic framework can help to keep sight of the overarching systems and population-level changes that the initiative is hoping to shift (Clear Horizon, 2023).
- The co-design process sought specific feedback from Aboriginal Elders in Mildura and further work is underway to co-design an Ethics, Privacy and Safety Framework to support the measurement, evaluation and learning work, in line with HUM's data sovereignty principle (ensuring ethical and culturally appropriate gathering and use of data and stories).

The co-design process included:

- Focusing on what outcomes and impacts are important and meaningful to children and families through a participatory co-design process.
- Building capacity for evaluation through the co-design process.
- Taking a systems-change approach to evaluation.
- Designing a MEL approach with families and young people, not just for.

Key learnings from implementation

While still in the early stages of implementation, an evaluation of the HUM approach to developing a community measurement and evaluation framework includes some valuable learnings:

- Developing a shared vision through the evaluation framework has strengthened partnerships and initiatives the communities are undertaking (Clear Horizon, 2023).
- HUM is starting to identify what might need fixing and adapt accordingly - ultimately improving outcomes for children and families (Clear Horizon, 2023).
- The participatory process has strengthened partnerships and influence the evaluation measures and shared evaluation approach (Victorian Government, 2023).
- HUM's reporting has shifted to systemic changes and instances of impact and demonstrating how their process contributed to these results (Clear Horizon, 2022).
- HUM is actively using the findings of the evaluation to make evidence-based decisions about how to improve their work as well as to identify future priorities, such as during the COVID-19 pandemic (Clear Horizon, 2022).
- HUM partners increased their understanding of different types of changes (early, intermediate, systems, population), how to measure these changes and what their individual and/or organisational roles are in this process (Clear Horizon, 2022).

Enablers for success

- Ensuring hands-on design by partners and community members (Victorian Government, 2023). Constant feedback loops took place between workshops to ensure transparency, test ideas, and gather input for improvement including from Aboriginal Elders (Clear Horizon, 2022).
- Investing in building local measurement, evaluation and learning capacity and leadership through MEL coaching (Victorian Government, 2023).
- Moving from programmatic and organisational thinking to a 'systems' approach through developing MEL principles (Victorian Government, 2023).

- Developing a set of six shared principles and ‘lenses’ to identify what is important when implementing MEL (collaboration, tracking impact, community voice, data storytelling, data sovereignty, and continuous and shared learning) (Victorian Government, 2023).
- **Building capacity with partner organisations** to embed a strong learning culture (Clear Horizon, 2022). MEL coaching was woven into the Framework co-design workshops as a complementary and interlinked part of HUM’s MEL planning. This helped build collaborators’ capacity along the way and establish the strong learning culture needed to implement MEL well (Clear Horizon, 2022).
- **Ensuring a focus on outcomes** by asking participants three outcome statements; children, carers, and the organisations that support them 1) know and can, 2) think and feel, and 3) act and do to inform (Clear Horizon, 2022).
- Seeking face-to-face input and feedback from Aboriginal Elders and parents/carers to ensure community voice was centred in the outcome measures (Clear Horizon, 2022).

Barriers to success

- Many HUM partners were new to and/or found MEL challenging (Clear Horizon, 2022).
- The complexity of the initiative, with the long-term nature of the social impact goals created measurement challenges. The Framework needed to cover a 15-year timeframe and address the challenges of evaluating a complex non-linear, community-led systems change initiative involving many moving parts and stakeholders looking to achieve outcomes across six population goals: safety, material basics, health, education, participation, and identity/culture (Clear Horizon, 2022).
- Navigating different perspectives of different stakeholders (with different backgrounds, priorities, and skills) (Clear Horizon, 2023).
- The HUM MEL Framework was co-designed during the pandemic, initially the sessions would happen face-to-face but had to be undertaken online.

Risks and unintended consequences

- Most partner organisations were new to evaluation – it was important to build capability through the process (e.g., by building in evaluation coaching into the co-design workshops) (Clear Horizon, 2023).
- Many of these people hadn’t worked together before and/or had no or limited experience with MEL. Co-creating the Framework helped HUM collaborators to tackle HUM’s MEL related challenges effectively and strengthen their capacity and relationships with other changemakers (Clear Horizon, 2022).

Sources of formal evidence

Level of evidence

The available evidence	
<p>Has the program been formally evaluated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><i>HUM as a whole initiative has not been formally evaluated. However, individual initiatives have been evaluated.</i></p>	
<p>Overall Level of Evidence Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/></p>	
<p>What evidence was available to compile this case study?</p>	
<p><u>Informal Data</u></p> <p><input type="checkbox"/> Interview for the purpose of this project</p> <p><input type="checkbox"/> Pre-existing interviews</p> <p><input type="checkbox"/> Anecdotes</p> <p><input checked="" type="checkbox"/> Case studies and quotes from existing literature</p> <p><input type="checkbox"/> Workshop Participant Insights</p> <p><input checked="" type="checkbox"/> Websites</p>	<p><u>Formal Data</u></p> <p><input checked="" type="checkbox"/> Grey Literature</p> <p><input checked="" type="checkbox"/> Academic papers</p> <p><input checked="" type="checkbox"/> Evaluation Reports</p> <p><input type="checkbox"/> Other: both Formal and Informal</p>

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LEVERAGE POINT 12 – Enforce accountability for outcomes for children and families

SNAPSHOT OF FINDINGS

Leverage point description

Enforce accountability for outcomes for children and families - This leverage point is about ensuring that all levels of the service systems are held accountable for the quality and impact of policies, programs and service delivery and whether it really works for children and families, including being measured against what is important to children and families (not just what is important to funders).

Why could this leverage point be transformational for the early years?

This leverage point has high transformational potential because it addresses a key failing of the current early years system (as identified through the Early Years Catalyst's systems mapping), where services are not incentivised, rewarded or held accountable for whether they make a difference (outcomes) to children and families. Instead, they are generally funded and measured against KPIs, that focus on activity rather than outcomes. If services were held accountable for outcomes, we would see a shift in approach, to working more responsively with children and families, to achieve positive and lasting outcomes.

Where we focused our evidence gathering

Given the breadth of this leverage point and our focus on finding evidence for action, we explored ways that different investment mechanisms which reward the achievement of meaningful outcomes, can be used to build, encourage and enforce accountability for the delivery of outcomes for children and families. We have focused on the opportunities presented by social impact investing; in particular Social Impact Bonds or Social Benefit Bonds they are known in Australia. This is a relatively new approach in the Australian context but offers considerable possibilities for improving early years outcomes.

Key findings

This leverage point was ranked number 2 out of the 18 leverage points, reflecting its potential for truly transformational impact, particularly if implemented as part of a broader reform effort. By involving communities and families in defining outcomes and developing measures that reflect their priorities; and including these measures in funding and commissioning agreements, we could re-shape the service system through incentivising, rewarding and accountability for delivering meaningful and effective outcomes.

Shifting accountability mechanisms to focus on outcomes (the results) rather than outputs (the activities) would create significant change throughout the service system, particularly at the front line. We would see the relational work that is necessary to support children and families with complex needs, recognised and adequately resourced because of its vital role in achieving outcomes.

Social impact/ benefit bonds are a form of social impact investing, where the private sector invests in social programs, with the level of returns dependent on the achievement of projected outcomes. A key defining feature of social impact bonds is the emphasis on measurement by means of outcome metrics (Berndt & Wirth 2018). The use of social benefit bonds is an emerging practice in Australia but is used more prevalently, internationally.

Linkages to the other leverage points

As noted above, the potential impact of this leverage point would be even greater if activated as a broader reform effort that involves other leverage points, like *LP11 - Reforming the culture of measurement and evaluation*, and the leverage points in Cluster 1 like *LP4 - Feedback loops from families and communities to government and service providers*, *LP2 - Fit-for-purpose funding and commissioning approaches* and *LP 1 - Granting greater decision-making power to the local community level*.

The involvement of communities and families in holding the service system accountable, through defining meaningful outcome measures, regular feedback loops and decision making, adds to the potential power of this leverage point to transform the early years system. *See Case study 11 for more about ways to involve families and communities in measurement and evaluation.*

FINDINGS FROM THE CONVERGENT EVIDENCE

The rankings

This leverage point was ranked as high for potential impact. The overall ranking of number 2 was higher than individual rankings of the Expert Advisory Panel or Field and Family survey respondents, reflecting the strength of the formal evidence about the potential for transformational impact. However, it is noted that despite its potential to transform the early years system, it was rated as having low likelihood of implementation.

CRITERIA	RATING/RANKING
Overall Ranking (1-18)	2
Level of potential impact if leverage point implemented	High
Likelihood of successful implementation in the Australian context	Low
Level of system intervention/change	Macro level (Society, culture or regime level change)
Likely timeframe for change	10-20 years

Expert advisory panel perspectives

The Expert Advisory Panel shared insights about how the current accountability mechanisms influence the design and resourcing of front-line services, often to the detriment of children and families. Particularly, the lack of recognition and resourcing for front-line staff to take the time to build trust and connections, that is needed to work effectively with children and families. The Panel rated this as having high potential for impact.

The Panel rated this leverage point at number 8, as their enthusiasm for its transformational potential was tempered by their view that it was not likely to attract support from stakeholders across the system, with low desirability, high levels of disruption and potentially high costs.

Field and family survey rankings

This leverage point was ranked number 6 in the field and family survey - a strong endorsement. 59% of respondents rated it as having high potential for impact and 37% rated it as having medium potential for impact.

First Nations perspectives

Our First Nations contributors shared their views about the failures of the service system in general, to deliver culturally responsive and effective services and supports for First Nations children, families and communities.

We heard a degree of resignation about the inability of the mainstream system to deliver what First Nations communities need and a weariness about doing more to influence the existing system to adapt. However, we heard much more energy for navigating pathways so that First Nations

communities can decide what services they need, deliver these services for themselves and involve the mainstream system where it is beneficial, with the power to manage how those services engage in their communities.

Findings from the formal evidence scan

Interest in social impact investing has been growing overseas and nationally, inspired by a recognition that with growing vulnerability, government alone cannot fully finance the social services sector. The first social impact bond was launched in the UK in 2010.

In 2011, the Australian Senate Economics Reference Committee published *Investing for good: the development of a capital market for the not-for-profit sector in Australia*. Subsequently, the New South Wales Government commissioned the Centre for Social Impact (CSI) to examine the feasibility of social benefit bonds in NSW. CSI found that there were policy areas well suited to social impact investing (ARTD 2020).

Since 2017, the Australian Department of Social Services has committed \$52.7 million to grow the Social Impact Investing market in Australia and create innovative solutions to entrenched social issues (DSS 2023), reflecting the emerging interest in Australia as a financial model to help address socio-economic disadvantage.

Despite the growing interest, social benefit bonds are still not common in Australia and there was limited evidence from the Australian context, particularly in the early years.

Evidence from within the early years

- As we know, the early years are increasingly being recognised as a ‘window of opportunity’ for improving not only the developmental outcomes of individual children, but also the social and economic wellbeing of society as a whole (Black et al., 2017). The return on investment in the early years is well documented, with Australian data on cost-benefit modelling showing that investing one dollar in the early years delivers two dollars return on investment (ROI) as that child grows up.
- Gustafsson-Wright (2016) believes that social impact bond models could be suitable for early childhood education. Early years programs often demonstrate return on investment; however, they go underfunded by governments. Suggesting that:

By producing evidence of outcome achievement and fostering innovation, experimentation and adaptive learning in service delivery, impact bonds could help identify effective early childhood programmes, thereby encouraging government investment in high-impact interventions, by enabling government to pay only if and when outcomes are achieved.

- There is a growing literature documenting the positive outcomes arising from the direct involvement of citizens in the assessment of needs and in deliberation about practical solutions (Adams and Hess 2001; Harwood Institute 2005).
- Collaboration within agencies can lead to greater levels of complexity within accountability. Collaboration is important for accountability but is also associated with challenges involving the tracking of data and differing agendas (Page, 2004).
- The case study accompanying this leverage point, The Benevolent Society's - Resilient Families Service, is a local example of the potential of social benefit bonds to focus on the achievement of outcomes for children and families in the early years.

Evidence from other sectors

- Social impact bonds involve an outcomes-based payment model, where payment is contingent upon achieving predetermined outcomes. In this way, they promote a focus on achieving outcomes, and in a way that shares the risks and benefits between government and the private sector.
- A key defining feature of social impact bonds is the emphasis on **measurement by means of outcome metrics**, experimental trials and statistical calculations. The use of social benefit bonds can encourage greater up-front investment, allows for greater service innovation and incentivises delivery of outcomes over outputs (Berndt & Wirth 2018).
- By improving the quality of information that is available to the public about its performance, an agency or collaborative can render itself more accountable to its overseers, as well as to the consumers of its services and products (Gormley, William, and David Weimer, 1999).
- ‘Community’ is re-emerging as a fundamental underpinning of policy and offers an opportunity to rebalance values and relations between government, markets and communities. It is hard to define what this means in practice policy terms; however the shift is important as the ideas shaping public policy from states, markets, and communities can often be in real contrast.
 - For example: ideas arising from state democracy around representation include authority and accountability; those reflecting market focus on competition and profit; and for community, it gives rise to a dynamic of reciprocity, trust, equity and cohesion. (Adams and Hess 2001)
- Specific areas in which policy making and implementation would be under challenge from more community accountability include policy making timeframes (often dominated by budget), shifting from programmatic to focus on people and places, and moving away from short term service delivery towards innovation. Community has at least some of the formal preconditions/ indicators of the likely ‘power’ of a public idea (Adams and Hess 2001).
- A common framework and defining shared objectives can facilitate development of a shared plan. A strategic plan that sets out common goals can also assist in identifying common ground and developing common agendas. Leaders can set an example through sharing responsibilities and agreeing to work towards a common goal. (Flavel, van Eyk and Baum, 2022).
- It is not enough to figure out ways to make the public feel like their voice is important. Your agency needs to have a method for seriously considering public knowledge in all major decisions that affect the public – not just the ones where it might be convenient or has been mandated by higher-ups (Harwood Institute for Public Innovation. 2005. Standards of Excellence in Civic Engagement. Bethesda, MD: Harwood Institute).

INSIGHTS FOR IMPLEMENTATION

What is the high level 'implementation approach' or type of 'model'?

Social impact bonds are generally a multi-party partnership / joint venture, where a non-government investor supplies capital for a new social program and, if this program is deemed successful according to agreed measures, the government repays the initial investment plus an agreed amount of interest. The return on investment is dependent on the degree of improvement in social outcomes, and the structure of the social benefit bond (ARTD 2020).

A social benefit bond agreement usually involves four between parties:

1. Commissioners – normally central or local government bodies responsible for ensuring relevant services are made available to target populations
2. Service providers who will deliver the services commissioned
3. External investors who cover (all or some of) the upfront costs of service provision, in exchange for a commitment by commissioners to re-pay their initial investment plus a return if pre-defined target outcomes are achieved
4. Specialist intermediaries who are often involved in developing the project, securing the contract with commissioners, facilitating investment and managing the project's delivery' (Fraser et al. 2018).

Key enabling conditions

- Social benefit bonds need to focus on problems that can be **clearly defined and measured**. This is essential so that clear outcomes can be developed which can be tracked over time and financed if successfully achieved (Gustafsson-Wright et al. 2015).
- To attract investment through a social benefit bond, an intervention, service model or program needs to have been proven effective, with **clear evidence** of what has worked in similar contexts.
- Service providers must have the **capacity and willingness** to deliver the intervention and to take on the risks associated with the social benefit bond. They must also be willing to be held accountable for outcomes.
- There must be **willing investors** - who will take on the risks associated with the social benefit bonds and who are committed to achieving measurable outcomes.
- **Supportive regulatory** or legal frameworks (Gustafsson-Wright et al. 2015).
- **Joint agreement on measurable results** that can foster common ground among collaborators and enhance the credibility of their initiatives and enable them to refine their aims and strategies and data becomes available (Yessian, 1995).

Key barriers to implementation

Monitoring and evaluation of social benefit bonds is crucial, given the role of outcome measurement (OECD 2016). Challenges include:

- Measuring the impact of a social program being funded, which can make it difficult to determine its success and therefore return on investment.
- Establishing attribution is a significant challenge for social benefit bonds, similar to other social interventions.
- Careful selection of a target and control group will likely be necessary to establish attribution, this needs to be done ethically, preferably independently to avoid selection bias.

- SIBs are best suited for financing specific social programs with clear outcomes. As a result, their scope may be limited in comparison to other financing mechanisms such as grants or traditional loans. (OECD 2016).

Other barriers to implementation include:

- High transaction costs are associated with developing and implementing a social impact bond. They require complex legal and technical knowledge of contracts, legislative and financial frameworks. This often can be time-consuming and require technical expertise and experience (OECD 2016).

KPMG (2014) identified four barriers to social impact investment in the NSW context:

- early-stage ecosystem – investors perceive the market as early stage and immature
- deal sizes are relatively small
- impact investments are difficult to fit into traditional portfolios
- measurement of ‘social returns’ is not easy.

These are drawn from the World Economic Forum work on social impact Investing.

Key risks and unintended consequences

Outcomes focus may result in higher costs:

When it comes to cost, it is possible that service delivery costs more when there is an outcome focus because greater resources may be necessary to achieve outcomes, and it may be necessary to collect more and better data about service provision and results to make decisions about resource allocation (Gustafsson-Wright & Osborne 2020).

Defined outcomes and short time frames:

To attract investment through social benefit bonds, the intervention or program must have outcomes must be able to be clearly defined. This may limit the interventions eligible. In addition, it is likely that these outcomes would have to be achieved in as a relatedly short time period, to deliver the required returns on investment.

Quantifying social ‘return on investment’:

Social return on investment is very difficult to quantify and measure and sometimes simply can’t be measured at all (Fraser et al. 2018). There are multiple challenges in establishing attribution, or contribution particularly given the delay between the delivery of early years interventions and seeing the outcomes seen in later life. This could be overcome by identifying outcomes that are measurable within a reasonable timeframe and serve as proxies for long-term benefits to individuals, society, or the economy (Gustafsson-Wright 2016).

Challenges of public and private financing of social services:

Social benefit bonds challenge traditional notions of the role of ‘public’ and ‘private’ financing of service delivery, raising questions about the extent to which public sphere should be influenced by the values of the private sector such as profitability, competition and market incentives (Fraser et al. 2018).

Social benefit bonds are also criticised for diminishing transparency in the use of public funds, where Governments have closed contracts and do not share information about use of funds openly with the public. This would reduce accountability (Fraser et al. 2018).

Some argue that there is a risk of 'financialisation' of the public sector, subordinating both macro-economic and public policy making to financial sector interests. If the investment returns end up being higher for private actors than for the general public, this could cause an imbalance in outcomes (Fraser et al. 2018).

Case Study 12 – The Benevolent Society Social Benefit Bond – The Resilient Families service

Why did we choose this case study?

This case study was chosen as it spotlights an Australian example of social impact investing, where funding is released upon the achievement of specific outcomes. The Resilient Families service was funded through The Benevolent Society Social Benefit Bond in 2013, as one of the first social impact investments in NSW (ARTD 2020).

The initiative

The Resilient Families service is an intensive family preservation service designed to address concerns about the safety and wellbeing of children that, if unaddressed, were likely to result in children being placed into Out of Home Care (OoHC). The Benevolent Society was funded to deliver the Resilient Families service for five years, from 2013.

Funding was provided through the NSW Government's Social Benefit Bond, a financial instrument that pays a return based on the achievement of agreed social outcomes. The outcomes of the program were measured through a comparison of children receiving the service with a matched control group (ARTD 2020).

Key aims of the service for at-risk parents/families were:

- 1. Increasing Safety
- 2. Secure and Stable Relationships
- 3. Increasing Self-efficacy
- 4. Improving Empathy
- 5. Increasing Coping/ Self-regulation.

This was a \$10 million joint venture between The Benevolent Society, Westpac Institutional Bank and the Commonwealth Bank, and was the first Australian Social Benefit Bond to mature (in July 2018). It delivered capital-protected investors a 6% return on investment and capital exposed investors a 10.5% return.

As a result of its success, the Resilient Families service was subsequently funded for an additional two-years, with a performance-based contract with the NSW Department of Communities and Justice (DCJ).

Scale

This was a state-based program, with 354 families, referred to the Resilient Families service from the commencement of the program over the 5-year bond term, from two regions of Sydney.

Costs – investment and resourcing

\$10 million over 5-years

Key actors

NSW Government	
What was their level of Agency to act on this leverage point?	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input checked="" type="checkbox"/>
What was their level of Authority to drive adoption of this leverage point?	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input checked="" type="checkbox"/>
What was their level of Capability to act on this leverage point?	Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>

Evidence of outcomes/impact

Investors received a healthy return on investment, reflecting success in achieving agreed outcomes in the key outcome area (reducing OoHC entries). The subsequent funding of the program also indicates the positive outcomes of the program.

The service was found to have had the greatest impact in the first agreed outcome area: reducing OoHC entries for high-risk families:

- Reductions in primary carers' psychological distress and improvements in personal wellbeing
- Increased safety
- Improving coping/ self-regulation
- Reducing the likelihood of OOHC placements.

The results in the other agreed outcome areas were not as strong, with the service found to have had:

- a limited impact on the number of Helpline reports from police and health professionals
- a limited impact on the number of Safety and Risk Assessments commenced by the Department of Communities and Justice (formerly the Department of Family and Community Services) (ARTD 2020).

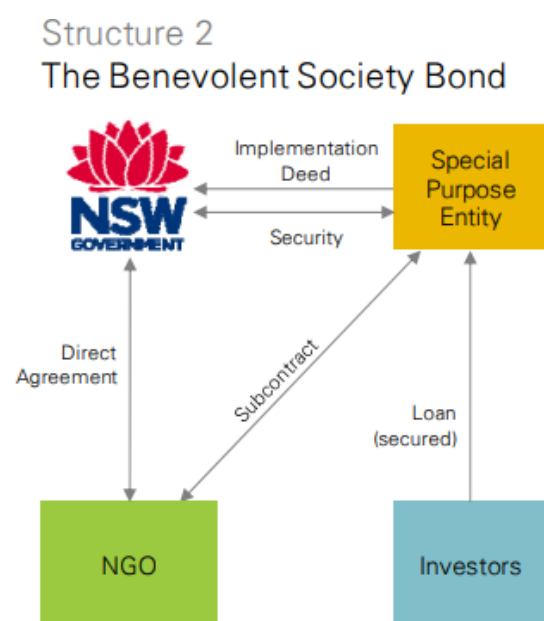
Insights from implementation

Key implementation features of the approach:

Social Benefit Bond - joint venture funding

The Resilient Families service was funded through a Social Benefit Bond, a form of 'payment by results' scheme.

In 2012, The Benevolent Society worked closely with NSW Treasury and the Department of Family and Community Services to develop the bond and an implementation agreement before commencing service delivery in mid-2013. The bond raised funds for The Benevolent Society's - Resilient Families service. (KPMG 2014). \$10 Million was provided over a term of 5 years and involved a special purpose entity arrangement where the entity made different agreements with government, investors and the service provider (see image opposite).



Source: Trevor Danos²⁰

Agreed outcome measures

The Benevolent Society Bond uses graded outcome measures to assess performance. An 'improvement percentage' was used to measure outcomes, derived from three measures:

- Entries into OoHC
- Child protection helpline reports (from police and healthcare professionals)
- Commenced Safety Assessment and Risk Assessments (by Government) (KPMG 2014).

Independent evaluation

- ARTD Consultants were engaged by the NSW Office of Social Impact Investment to evaluate the implementation and outcomes of the Resilient Families service and to assess the appropriateness of the social benefit bond measures.
- The first phase of the evaluation focussed on implementation, costs and laying the groundwork for measuring outcomes.
- The independent evaluation helped identify key areas for improvement and measure performance which was critical for bond calculation.

Key learnings from implementation

Capacity - Development of skills within NGOs and government in measurement, contracting and financial modelling are vital for future bonds (KPMG 2014).

Contracting - existing contracting templates were not fit-for purpose. Development of an operations manual in 'plain English' was seen to be helpful. (KPMG 2014).

Measurement of outcomes - there were different views on how savings should be measured and calculated, and there were difficulties in determining outcome measures (as data are designed for casework and administration not outcomes measurement) (KPMG 2014).

Social Benefit Bonds can expand the level of **upfront investment available** for prevention and early intervention activities, freeing up government funds to be used in other areas (ARTD 2020).

By encouraging a **greater focus on outcomes** (as distinct from service outputs), this can allow for greater **service innovation** (KPMG 2014).

Enablers for success

Agency engagement was a critical success factor which enabled effective collaboration in the Trial which resulted in the successful negotiation of two bonds (KPMG 2014).

Partnering **service provider capabilities**, including:

- capacity and resources to focus on bond development
- capability within the agency (and prior work on defining the cohort and outcomes)
- could partner with a financial intermediary with financial modelling skills and
- experience in other Australian impact investments (KPMG 2014).

There was **shared support** for the program working with the target cohorts, which are expensive policy areas for government - out-of-home care (OoHC) and recidivism (KPMG 2014).

The **flexible structure** of the agreements allows flexibility for changes/innovations in service delivery during the term of the contract, in contrast to existing service specification approaches (KPMG 2014).

Barriers to success

In their 2014 Evaluation, KPMG identified a number of barriers to implementation success, including:

Capability gaps:

An evaluation of the NSW Social Benefit Bonds Trial found a capability gaps in data capture and analysis, as well as contracting for outcomes, for government, in NGOs and within financial intermediaries (KPMG 2014).

Supporting resources needed:

Tailored, supporting resources were not available but would have benefited all parties to better manage the arrangement including: Toolkits, templates for legal contracting, templates for payment by results agreements, decision trees for assessing the suitability of Social Benefit Bonds, risk assessments for service providers, payment by results for government (KPMG 2014).

Data gaps:

KPMG also identified gaps in data (including inadequate coverage, poor quality and unclear child welfare outcomes; limited monitoring of outcomes in social services (both in government and non-government sectors) and a lack of technical expertise and knowledge in measurement (KPMG 2014).

Risks and unintended consequences

Risks associated with the Australian context include:

- Early-stage ecosystem – investors perceive the market as early stage and immature
- Deal sizes are relatively small
- Impact investments are difficult to fit into traditional portfolios
- Measurement of ‘social returns’ is not easy (KPMG 2014).

Other risks include:

- The key risk was **failure** of the intervention to achieve the predetermined **outcomes**, thus failing to deliver a return on investment for investors.
- **High transaction costs** due to a lack of existing capacity/capability and resources for social impact investment models in Australia (KPMG 2014).
- It was challenging to match **investor expectations** with the product (KPMG 2014).

Sources of formal evidence

Level of evidence

The available evidence	
Has the program been formally evaluated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Overall Level of Evidence Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input checked="" type="checkbox"/>	
What evidence was available to compile this case study?	
<u>Informal Data</u> <input type="checkbox"/> Interview for the purpose of this project <input type="checkbox"/> Pre-existing interviews <input type="checkbox"/> Anecdotes <input type="checkbox"/> Case studies and quotes from existing literature <input type="checkbox"/> Workshop Participant Insights <input checked="" type="checkbox"/> Websites	<u>Formal Data</u> <input checked="" type="checkbox"/> Grey Literature <input checked="" type="checkbox"/> Academic papers <input checked="" type="checkbox"/> Evaluation Reports <input type="checkbox"/> Other: both Formal and Informal

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LEVERAGE POINT 13 - Government to guarantee equitable access to services for all children – regardless of where they live in Australia.

SNAPSHOT OF FINDINGS

Leverage point description

Government to guarantee equitable access to services for all children, regardless of where they live in Australia: Where necessary, government steps in to make sure that there are affordable services available for all children and families everywhere across Australia – whether it is financially profitable or not.

Why could this leverage point be transformational for the early years?

It is well documented that the first 2,000 days are critical to a child's development. Well known inequity in service access depending upon geographic area and socio-economic status; this is for multiple, complex reasons including cost, workforce issues, approachability and equity of services.

This leverage point was included as truly equitable access to all services for all children has the potential to create a more equal playing field and provide children and families with the supports and intervention required, hence going some way towards decreasing disadvantage and increasing equity. Should this leverage point be implemented, it therefore has high transformative potential.

Where we focused our evidence gathering

The evidence and insights about implementation for this leverage point is focused on place-based initiatives, as a possible way to implement a guarantee of equitable access to services. Place-based initiatives are designed to respond to local needs rather than impose a 'one size fits all' model.

Key findings

There was strong consensus across convergent evidence sources that the potential impact of this leverage point was **high**. However, the likelihood of successful implementation in the Australian context and the feasibility of implementation across all service systems is low, hence an overall ranking of 9.

Equitable access to services implies addressing change at all levels and whilst this goal is admirable, there is limited evidence that it is feasible for implementation in the Australian context. While there are individual place-based initiatives showing promising evidence, particularly some of the First Nations led, community initiatives, we did not find examples of systemic change to the level of government guaranteeing equitable access across multiple systems. Ongoing development, implementation and evaluation of place-based initiatives may have a 'snowball effect' of change.

Linkages to the other leverage points

A place-based approach to guaranteeing equitable access to services for all children, is also linked with the following leverage points:

- LP1 - Grant greater decision-making power to the local community level
- LP2 - Fit-for-purpose funding and commissioning approaches
- LP3 - Redirect funding flows to support local priorities and responses
- LP7 - Strengthen the universal service system
- LP9 - Ensure service systems are staffed by high quality workforces
- LP14 - Ensure all children and their families have their basic material needs met.

FINDINGS FROM THE CONVERGENT EVIDENCE

The rankings

This leverage point was ranked as high for potential impact by all groups involved.

CRITERIA	RATING/RANKING
Overall Ranking (1-18)	9
Level of potential impact if leverage point implemented	High
Likelihood of successful implementation in the Australian context	Low
Level of system intervention/change	Macro level (Society, culture or regime level change)
Likely timeframe for change	10-20 years

Expert advisory panel perspectives

This was one of the top three leverage points identified by the Expert Advisory Panel, with 92% having the view that children being guaranteed equitable access to services regardless of their location, has high potential to creating lasting change in the early years system.

However, the Panel indicated that while there is currently a high level of momentum around this idea and there are enabling conditions in place, the challenges of workforce and sustained funding are significant barriers to implementation.

Insights from the Expert Advisory Panel around this leverage point include:

- The need for a place-based approach focusing on equity rather than universality and equality
- Staffing: The need for high quality staff and the challenges of staffing, particularly in regional areas
- Challenges around correct service mix and model
- The potential to further increase the gap if poorly implemented
- Challenges of state and federal governments working together.

Field and family survey rankings

This leverage point was ranked **second** in the field and family survey, with over 85% of our 220 respondents viewing it as having high potential for impact.

First Nations perspectives

Our cultural advisors were really clear that thinking about improving equitable access to services must also include consideration of geographic and cultural needs. Reinforcing how important it is to develop initiatives that are Aboriginal-led and tailored to place. If services are not tailored for and by community, this is not equity of access.

"I'm not a fan of the strength of a universal system, because universal is indicative of equal access, right? But equal access, or universal programs are only applicable if you've got equity and you can't have equality if you don't have equity. I think that universal systems have demonstrated to be not fit for purpose in our communities, not just in our sector, but in a number of sectors and Closing the Gap, you know, report cards are demonstrating that."

"Like, it's all promising and it looks okay for a few years. And then when it doesn't meet the Western framing of outputs and outcomes and all of that, then we cut all the funding and turn it back to a mainstream service and look for the new shiny idea."

Findings from the formal evidence scan

While this leverage point refers to equitable access to all services that support early childhood development, including education, health and other social and community services, the formal evidence has primarily been focused on access to early childhood education and care services.

Evidence from within the early years

A place-based approach has been defined as *integrated services planned and delivered in defined socio-geographic areas*, and this can be at the level of a single neighbourhood or across multiple neighbourhoods (Glover et al, 2021). The literature identified several place-based initiatives that increased equity of access to early childhood development services. There have been numerous trials of place-based approaches in Australian and internationally.

Place based interventions focused on children 0-5 years have been implemented and evaluated in high income countries (USA, UK, Australia). Key examples of place-based interventions that have been formally evaluated in high income countries include the Sure Start Initiative - UK, the Head Start Initiative - USA and Communities for Children - Australia. *See the Case Study 13 for more details about the Sure Start Initiative.*

Despite individual studies showing promise, there is insufficient evidence for the effectiveness of place-based interventions. The lack of evidence is due to the difficulty in using a standardised approach to evaluating place-based initiatives, as each place-based initiative adapts to service the specific needs and context off their place. And, while some studies show effectiveness in specific areas, this is not always replicated in subsequent studies or follow up (Glover et al, 2021).

In Australia, place-based approaches have also been used effectively to target issues that are affecting priority cohorts like the *Australian Nurse Family Partnership Program* that targets health concerns of First Nations children.

Evidence from other sectors

Below are two examples of ways that this leverage point has been implemented in other social sectors - Aged Care and Food Security (food deserts), one local example and one international. Both examples provide models of using place-based and joined-up approaches to address issues of access to core human services. Both approaches have potential to work effectively to address issues of access in the early years.

Aged Care: The Multi-Purpose Services Program (Australia) combines funding for aged care services from the Commonwealth government with state and territory health services. This joint initiative means small regional and remote communities can offer flexible aged care services that meet the

needs of their communities, improving access to health and aged care services, a more innovative and flexible service delivery model, improved quality of care, improved cost-effectiveness and viability of services (Woods et al, 2019).

Food deserts: Creating policy responses that recognise the link between public health and built environment and addressing food deserts (Morrison et al, 2021). Food deserts research in the United Kingdom has culminated in several area-based policy initiatives that have sought to improve physical retail access in low-income communities (Cummins, 2003). There is also evidence of strategies targeting food deserts in the USA – for example the Pennsylvania Fresh Food Financing Initiative, a US state-wide financing program to increase supermarket development in underserved areas (Giang et al, 2008).

INSIGHTS FOR IMPLEMENTATION

Key enabling conditions

- Local decision making and locally tailored initiatives (Glover et al, 2021 and Woods et al, 2019).
- Flexible services in response to community needs (Glover et al, 2021 and Woods et al, 2019).
- Stricter regulations and clearer policy settings (Morrison, 2021).
- Service planning based on population health planning principles and local health needs (Woods et al, 2019).
- Strong governance, management and leadership (Woods et al., 2019).
- Commitment to continued funding (Woods et al, 2019).
- Accountability mechanisms (Woods et al, 2019).
- Public-private partnerships (Lang et al, 2013).
- Informed and knowledgeable consumers (Shannon, 2016).
- A multi-skilled workforce, with the ability to work across areas helped to increase efficiency and quality of care (Woods et al, 2019).
- Cross divisional collaboration in government departments (Timba, 2022).
- Strong local relationships and engagement with local communities (Woods et al, 2019).

Key barriers to implementation

- Siloed government department structures and a lack of integrated planning processes (Morrison et. al., 2021).
- Lack of government funding/budget constraints (Morrison et. al., 2021).
- Competing interests between state and local governments; a lack of motivation/commitment to implement (Morrison et. al., 2021, Woods et al, 2019).
- Different standards of accepted evidence needed to justify action (Morrison et. al., 2021).
- Lack of political support (Morrison et. al., 2021).
- No regulatory requirements mandating implementation (Morrison et. al., 2021).
- Lack of supporting infrastructure (Woods et. al, 2019).
- Services not adequately meeting the cultural needs of some community members (Woods et. al, 2019).
- Lack of sufficient capital (Lang et. al, 2013).
- High development costs (Lang et. al, 2013).
- Lack of human resources (Reeders et al., 2019).
- Workforce development needs (Lang et. al, 2013).

Key risks and unintended consequences

Targeted vs universal access:

- Targeted programs can create stigma for participating families.
- Targeted approaches can also result in a 'postcode lottery', where boundary definitions exclude families with equal need from access to programs because of arbitrary boundaries (Bate & Foster, 2017).
- However, changing the approach from targeted to universal access creates different risks – including concerns around capacity and ability to deliver across a broader scope of services (Bate & Foster, 2017).

Evidence-based approaches vs rapid change:

- There are inherent conflicts in pursuing transformative and rapid change while at the same time maintaining a commitment to evidence-based policy (Bate & Foster, 2017).
- In the Sure Start Initiative, there were significant changes to the service delivery approach, at the same time as evidence about the effectiveness of the original approach were only just emerging.

Workforce recruitment and retention:

- Workforce plays a critical role in supporting the holistic development of children and economic stability for families. However, the remuneration and conditions are not attractive, making it difficult to attract and retain highly skilled staff.
- In the Head Start initiative, they struggled to recruit and retain qualified staff with the ongoing early care and education workforce shortage, because compensation and benefits have not followed the steady increase in staff qualifications (US Department of Health and Human Services, 2023).

Case Study 13 - Sure Start Local Programmes UK (Sure Start)

Why did we choose this case study?

This case study was selected as a macro level program that attempts to provide equity of access to a broad range of services to support early childhood development, across local government areas in the UK. It is the largest scale, evaluated example of this type of change presented in the review of the literature.

The initiative

Sure Start Local Programmes UK (SSLPs) is an example of a place-based initiative implemented in the UK, introducing targeted services to children under five and their families living in disadvantaged areas. Long-term, funded by central government and managed locally, the initiative commenced in 1999 and is still operating today.

By 2004, all service delivery was through children's centres, operating as a one stop shop. Core services included:

- outreach/home visiting
- family support
- support for good quality play
- learning
- childcare
- primary/community health
- advice about development
- support for special needs (Belsky et al, 2006).

From 2004, each local area was granted autonomy over how it fulfilled its mission to enhance the health and wellbeing of children and increase the chances that children would enter school ready to learn (Department of Education UK, 2010).

Scale

Year	Scale of Impact
1999	60 disadvantaged areas (Bate & Foster, 2017)
2004	524 - Sure Start Childcare Centres (Bate & Foster, 2017)
2010	3633 - Sure Start Childcare Centres - servicing 2.9 million children (Belsky et. al., 2010)
2017	2443 - Sure Start Childcare Centres (Bate & Foster, 2017)

Costs - investment and resourcing

Sure Start is a major investment by the UK government, increasing over time to be almost one third of the total money spent on programs for children under 5 (Cattan et al, 2019):

- £452 million from 1999-2002
- £948 million 2002-2004
- £1.8 billion 2017 (Bate & Foster, 2017).

Key actors

1. UK Government - provided funding and policy and regulatory authorising environment.
What was their level of Agency to act on this leverage point? Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>
What was their level of Authority to drive adoption of this leverage point? Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>
What was their level of Capability to act on this leverage point? Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input checked="" type="checkbox"/>

2. Local Authorities - each Local Authority had extensive local autonomy over implementation. (Department of Education UK, 2010).
What was their level of Agency to act on this leverage point? Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input checked="" type="checkbox"/>
What was their level of Authority to drive adoption of this leverage point? Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input checked="" type="checkbox"/>
What was their level of capability to act on this leverage point? Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Variable <input checked="" type="checkbox"/> <i>Different authorities had varying levels of capability.</i>

Evidence of outcomes/impact

The Sure Start initiative has been ***independently evaluated*** over its years of operation, with a particular focus on evaluation studies in the first 10 years. Findings included:

- Children from relatively less socially deprived families (non-teenage mothers) benefited from living in SSLP communities.
- In contrast, children from relatively more socially deprived families (teenage mothers, lone parents, workless households) were adversely affected by living in SSLP areas (Belsky et al, 2006).

Out of 21 outcomes areas, 13 showed no change. Only eight outcomes saw significant effects, including:

- Children growing up in SSLP areas experienced **better physical health** than children in non-SSLP areas.
- Mothers residing in SSLP areas reported providing a **more cognitively stimulating home learning environment** for their children.
- Mothers residing in SSLP areas reported providing a **less chaotic home environment** for their children.
- Mothers residing in SSLP areas reported **greater life satisfaction**.
- Mothers residing in SSLP areas reported **engaging in less harsh discipline**.

- Children growing up in SSLP areas had **lower BMIs** than children in non-SSLP areas. This was due to them being less likely to be overweight (no difference to levels of obesity) (The Department of Education UK 2010).

Insights from implementation

Key implementation features of the approach:

- The program was area based (Department of Education, 2010)
- The model was universal delivery, rather than targeting disadvantage (Bate & Foster, 2017)
- The program came under control of local authorities and were operated as modified ELCs with specific guidelines. (Bate & Foster, 2017)
- There was statutory backing specifying that local authorities must 'so far as reasonably practicable include arrangements for sufficient provision of children's centres to meet local need'. (Bate & Foster, 2017)

Key learnings from implementation

The importance of lead organisations and actors:

Programs led by health services had better outcomes than programmes led by other agencies (Belsky et al, 2006).

Shared service delivery and collaboration, increased oversight:

A shift in the Sure Start delivery approach to be through Childcare Centres (2005) came in response to the 'Every Child Matters' (Bate & Foster, 2017) report. After that time, local authorities had much greater involvement and oversight of the Sure Start program, with increased focus on:

- Improving information sharing between agencies
- Establishing a common assessment framework across all services – so the core information would follow the child from service to service, removing duplication
- Identifying lead professionals to take the lead on each case where children are seeing more than one specialist agency
- Multi-disciplinary team approach to identify children at risk
- Co-locating services in and around schools (Bate & Foster, 2017).

Service use:

- Most commonly used services by families were play groups and midwife and health visitor sessions (Department for Education, 2015),
- Service use was greater amongst parents of very young children:
 - 85% of families attended the local centre when their child was up to one year old
 - reducing to 54% of families attending by the time their child was three years old
- The only services not seeing a drop as children got older were childcare and speech therapy. (Department for Education, 2015).

Enablers for success

Universality of approach reducing likelihood of stigma - In each area where Sure Start was implemented, childcare/family support services were universally available, thereby limiting any stigma that may accrue from individuals being targeted. (Department of Education UK, 2010).

Community participation – via local partnerships bringing all service providers concerned with children in the local community including health, social and education services, parents, voluntary sector. (Belsky et al, 2006).

Barriers to success

Evaluating impact of Sure Start Local Programmes, given the autonomy given to each Local Authority to implement based on area needs – each programme is quite unique (Department of Education UK, 2010).

Funding cuts leading to closure of some centres over time and others only offering a skeleton service. (Bate & Foster, 2017).

Risks and unintended consequences

Stigma, equity and impact:

- Targeted focus of initial programme risks carrying stigma for families (Bate & Foster, 2017).
- Initial targeted approach to implementation raised concerns that it was ‘a postcode lottery’ and morally it was hard to define the boundary of the Sure Start area when 400 families just beyond the boundary were equally in need (Bate & Foster, 2017).
- Concerns raised that program effectively targeting or reaching out to the most disadvantaged families. The National Evaluation of Sure Start in 2005 showed that the most disadvantaged families may actually have been adversely affected by living in SSLP areas, whilst somewhat less disadvantaged children benefitted.
- Risk that the contribution of the voluntary and community centre is overlooked/diminished. Concern raised within the sector about local mainstreaming of the Children’s Fund and Sure Start local programmes, both areas in which voluntary and community bodies have played a large part. (Bate & Foster, 2017).

Evidence and rapid change:

- Concern that the significant changes to the service delivery approach of Sure Start in 2006 was happening when evidence about the effectiveness of the original system was only just beginning to emerge. This links to the inherent difficulties of pursuing transformative and rapid change while at the same time maintaining a commitment to evidence-based policy (Bate & Foster, 2017).

Sources of formal evidence

Level of evidence

The available evidence	
Has the program been formally evaluated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Overall Level of Evidence Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input checked="" type="checkbox"/>	
What evidence was available to compile this case study?	
<u>Informal Data</u> <input type="checkbox"/> Interview for the purpose of this project <input type="checkbox"/> Pre-existing interviews <input type="checkbox"/> Anecdotes <input type="checkbox"/> Case studies and quotes from existing literature <input type="checkbox"/> Workshop Participant Insights <input type="checkbox"/> Websites	<u>Formal Data</u> <input checked="" type="checkbox"/> Grey Literature <input checked="" type="checkbox"/> Academic papers <input checked="" type="checkbox"/> Evaluation Reports <input type="checkbox"/> Other: both Formal and Informal

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LEVERAGE POINT 14 – Ensure all children and their families have their basic material needs met

SNAPSHOT OF FINDINGS

Leverage point description

Ensure all children and their families have their basic material needs met - This leverage point is about finding ways to ensure there is a real safety net that keeps families and children out of poverty, so that all children and families have the core conditions to thrive. This might include finding ways to ensure the welfare system is more accessible and treats those suffering hardship more fairly.

Why could this leverage point be transformational for the early years?

This was the number **1** rated leverage point reflecting the fundamental impact of poverty and disadvantage on children's early development and the lasting impacts on their life outcomes. An early years system that protects against child poverty and reduces the impacts of disadvantage, would indeed be truly transformational. It is likely that we would see broader impacts across Australia, in the early years system and beyond.

Where we focused our evidence gathering

We have focused on exploring examples of welfare interventions that address basic material needs particularly initiatives aimed at supporting early childhood development. We explore paid parental leave; housing assistance; food subsidies; conditional and unconditional cash transfers.

Key findings

As noted above, there was strong consensus that the potential for this leverage point to transform the early years system is very high, **rated at number 1** by all groups.

Ensuring all children and their families have their basic material needs met, would require systemic change at all levels, across many different policy areas and portfolios. There are undoubtedly big challenges and barriers to successful implementation, however, the potential benefits are extremely high with broad of impact. There would be immediate benefits for children and families, and long-term benefits for their futures and future generations, with flow on effects across society well beyond the early years system.

Australia has two key examples of successfully designing and implementing universal systems that ensure basic needs are met, regardless of capacity to pay - Medicare and the NDIS. There are many lessons to be learnt from the history of both.

The formal evidence and case study demonstrate a range of ways that this leverage point could be activated, some more complex than others, but all have been shown to result in positive outcomes.

Linkages to the other leverage points

This is arguably the most powerful individual leverage point, that does not depend on other leverage points for maximum impact. It certainly has linkages with other leverage points and could be a powerful element of a broader effort to shift society's perspectives, through *LP15 - Create a shift in Australia's socio-cultural identity to become a society that prioritises the wellbeing of all children* and *LP17 - Create a shift in societal perspectives of disadvantage and difference, free of racism and judgement against disadvantaged children and communities*.

Implementation of this leverage point would be enhanced by the contribution of children and families, through *LP4 - Feedback loops from families and communities to government and service providers*, *LP6 - Recognise families and those with lived experience as 'experts'*, *LP10 - Recognise the voice of children in policy and program design*. This would be a powerful enabler of *LP9 - Invest in a proactive and preventative child protection (child thriving system)*.

FINDINGS FROM THE CONVERGENT EVIDENCE

The rankings

This leverage point was ranked as very high for potential impact by all groups involved.

CRITERIA	RATING/RANKING
Overall Ranking (1-18)	1
Level of potential impact if leverage point implemented	High
Likelihood of successful implementation in the Australian context	Low-Medium
Level of system intervention/change	Macro level (Society, culture or regime level change)
Likely timeframe for change	10-20 years

Expert advisory panel perspectives

The Expert Advisory Panel brought deep lived experience and first hand understanding of the pervasiveness and lasting effects (often intergenerational) of poverty and disadvantage on children and families. Therefore, it is not surprising that they rated Leverage Point number **1**, with 92% rating it as having high potential to transform the early years system and improve early childhood development outcomes.

While the Panel had a high belief in the potential of this level of deep, transformative systemic change, they did not think the likelihood of implementation in the Australian context would be high. They were of the view that that there would not be a strong appetite within the system for this scale of change, particularly as it would bring high levels of disruption to the existing system and would be regarded as a high cost.

The question of costs was debated by the Panel, as the long-term savings from a sustained reduction of the negative impacts of poverty and disadvantage for children and their families could be huge. However, costs are not currently calculated with consideration of the long-term benefits.

Field and family survey rankings

This leverage point was also ranked number **1** in the field and family survey, with 88% rating it as having high transformational potential and 11% rating it as having medium potential.

First Nations perspectives

Our discussions with our First Nations contributors prompted us to reflect on the depth of cultural bias within the early years system, and the ways we all perpetuate that bias, including potentially, the framing of this leverage point.

The framing of 'basic material needs' and what it takes for children and families to thrive, reflects the western cultural bias. This framing may or may not be relevant for First Nations families, but we don't

know, because we don't have inclusive processes for diverse cultural perspectives to help us frame these questions.

What we do know from our First Nations contributors, is that community based, culturally safe and responsive approaches, ideally delivered through First Nations led organisations, help First Nations children and families to thrive.

Findings from the formal evidence scan

The formal evidence offered a range of examples of interventions directed at ensuring children and families have specific basic material needs met. These include housing assistance; food subsidies; conditional and unconditional cash transfers; and in the case study - paid parental leave.

Evidence from within the early years

Food vouchers - nutrition benefits to children:

The Healthy Start Programme (UK) was a statutory means-tested food subsidy programme introduced in 2006, offering vouchers for fruit, vegetables, milk and vitamins to low-income families that supported around 600,000 women and children was evaluated, with women reporting that receipt of the vouchers increased the quantity and range of fresh food used, improving the quality of family diets (McFadden et al, 2014; Ford et al, 2009).

A systematic review completed in 2012 focused on the impact of food subsidy programs on health/nutrition in disadvantaged families in high income countries. It found that for participants, mostly pregnant or postnatal women, there was a 10-20% increased intake of targeted foods/nutrients (Black et al 2012).

Conditional cash transfers and health:

A 2021 Random Controlled Trial in the USA demonstrated that giving monthly unconditional cash transfers to mothers experiencing poverty in first year of children's lives, can impact infant brain activity. Infant brain activity assessed at 12 months old (using resting electroencephalography -EEG) showed that the infants in high cash gift group had greater EEG power in high frequency bands, the effects were similar in magnitude to scalable education interventions (Troller-Renfree, S et al, 2021).

Mexico's Prospera-Oportunidades-Progresá Conditional Cash Transfer Program included the distribution of fortified food supplements (FFS) for pregnant and lactating women and young children, initially piloted in 1997. It was one of the first global CCTs and has undergone rigorous impact evaluations for 20 years) (Garcia-Guerra et al, 2019).

Several reviews of the impact of Conditional Cash Transfer programs on nutrition, health and child development outcomes have been published, with conclusions that CCT have a consistent positive impact on child height indicators but mixed impact on other nutrition outcomes. There have also been consistently positive results around addressing underlying causes of malnutrition e.g. poverty reduction and health service use (Segura-Perez et al 2016; de Walque et al, 2017; Mason et al, 2012; Owusu-Addo et al, 2014; Leroy et al, 2009).

Evidence from other sectors

Housing:

There are several attributes of housing that can impact child health (Dunn, 2020):

- biological, chemical, physical hazards

- physical design
- psychological attributes
- social attributes
- financial attributes
- locational attributes.

There is some literature showing evidence of a relationship between housing affordability and child cognitive development and child wellbeing (Newman & Holupka, 2014).

A systematic review of studies examining housing assistance and child health (Slopen et al, 2018) identified 14 studies, including 4 quasi-experimental studies that investigated the impact of housing assistance interventions (primarily around public housing and housing vouchers) on child health. Most of the studies are of poor quality, and the four studies of moderate quality focus on mixed outcomes (self-reported violent behaviours, birth weight, caregiver's perception of child's health, BMI, caregiver's report of internalizing and externalizing behaviours, caregiver's report of behaviour problems, and perceived child health), with mixed results.

Surprisingly few studies have been conducted on the impact of financial assistance with housing - this is effectively an income transfer - and can be seen as an improvement in post shelter disposable income (Dunn, 2020). Though it seems intuitive that high housing costs might undermine health, few researchers have directly explored this connection (Ellen et al, 2015).

Health & Disability:

The big Australian examples, Medicare and NDIS, share some similarities, other than being a 'once in a generation' reform. They both achieved bipartisan support early, had overwhelming public support for the scheme, and involved national coordination, funding and target setting. However, both also come at very high cost to government, with long implementation timelines. These two factors are likely to be the key barriers of implementing additional policy/interventions targeting basic material needs in Australia.

Medicare - a longstanding pillar of Australia's 'social deal' - providing all Australians with guaranteed access to affordable basic healthcare. A 'social wage' model informed the initial policy design, with Medicare achieving bipartisan support in mid 1990s (Centre for Policy Development, 2021). Medicare example - 17-year gap between initial development of the idea (1967), to Medicare legislation (1974), to the implementation of the full scheme (1984). The timeframe for ECD reform could be similar (Centre for Policy Development, 2021).

NDIS - example of a social insurance model, in which all Australians contribute via a tax to a guaranteed entitlement of support for people living with disability. The entitlement model has reframed disability as an issue affecting all Australians, moving it from the margins of policy to a universal concern (Centre for Policy Development, 2021).

INSIGHTS FOR IMPLEMENTATION

Key enabling conditions

Medicare & NDIS examples:

- Bipartisan support achieved early.
- A common cause translating into overwhelming community enthusiasm for the scheme.
- Collaboration across government, private sector business and the NFP sector, driving collective ownership and accountability.
- National coordination, funding and target setting (Centre for Policy Development, 2021).

Mexico's Conditional Cash Transfer program:

- Health workers' knowledge and communication skills (Garcia-Guerra et al, 2019).

Parental leave:

- Government funding.
- Shared accountability between business and government to make payments as close to earnings before baby.

Key barriers to implementation

Food vouchers (McFadden et al, 2014):

- Complex eligibility criteria, inappropriate targeting of information by health practitioners and low levels of awareness amongst families.
- Access was difficult for non-English speaking women and those with low literacy levels.
- Access to registered retailers was problematic in rural areas, with low registration amongst smaller shops and grocers particularly serving CALD communities.
- Accurate information on children's nutritional intake is lacking in evaluations of food subsidy programs (Ford et al 2009).

Mexico's Conditional Cash Transfer program:

- Initiative had limited potential for impact because of patterns of use in home.
- Ineffective communications strategy, ill-suited to objectives of motivating engagement with the initiative use.
- Standardised design did not tailor/adapt well to special needs of sub groups, particularly indigenous populations.
- Challenge differentiating the outcomes attributable to the cash transfer separate to other factors (Garcia-Guerra et al, 2019).

Key risks and unintended consequences

Food vouchers:

- **Impact of external factors** - changing economic conditions can undermine the potential impact by rising price of food relative to voucher value (McFadden et al, 2014).

Mexico's Conditional Cash Transfer program:

- **Unintended benefits of increased interaction** - the program motivated more and timely health service use, creating opportunities for regular contact between the providers and program beneficiaries (Garcia-Guerra et al, 2019).

Stigma created by targeted programs:

- Conditional cash transfer programs are contentious – mainly around the stigma they can create. They mark poor people out as irresponsible, unwilling to behave in socially acceptable ways – with the cash conditional on recipients adopting behaviours defined as appropriate by people with little understanding of how to survive in poverty (Popay, J, 2008). *(see Leverage Points 17, 8 and 13 for more about targeted programs).*

Parental leave:

- Embedded social norms undermine the impact of changing/expanding parental leave *(see Cluster 4 for more on shifting society's perspectives, particularly LP16 - concept of care).*

Case Study 14 – Sweden’s Parental Leave Policy

Why did we choose this case study?

This case study was chosen as a current example of a national, universal and flexible welfare payment that supports all children and families to thrive. The payment is available to every new parent for 480 days (16 months), whether they were employed or not prior to the child's birth and can be shared between both parents and taken over the first 8 years of a child's life.

The initiative

Sweden’s Parental Leave Policy is one of the most generous and flexible in the world. When it was introduced in 1974, parents were initially entitled to 6 months of leave to be used within 270 days of birth and shared by the parents as they desired. An additional 9 months of leave were introduced incrementally between 1975 and 1989, with an extension to use a portion of the leave until the child turned 8 years old in 1978 (Duvander et al, 2018).

Since 2014, couples have been entitled to use 480 parental leave days up until the child turns 12. The benefit is split into a sickness-benefit or earnings-based rate for the first 390 days, followed by a general flat rate for the remaining 90 days (Försäkringskassan 2014).

A key differentiating factor to the policy when compared to Australia’s government paid parental leave scheme is that you are still eligible for 480 paid days in Sweden if you were unemployed in the period before the birth, at a basic daily rate for the first 390 days. The last 90 days is paid at a minimum guaranteed level of 180SEK/day regardless of the claimant’s employment history and earnings. (Juárez SP et al, 2021).

In 2021, the majority of women (88 per cent) and men (97 per cent) who took parental leave were entitled to benefits at the earnings-related compensation level, as opposed to the low, flat-rate level. Approximately 11 per cent of all days used were on the lower, flat rate. Foreign-born parents and young parents, especially mothers, are more likely than native-born parents to have access to only the low, flat-rate payment.

Scale

Nation -wide scheme across Sweden - which had a population of 10.38 million in 2021. Almost all families use paid parental leave in Sweden.

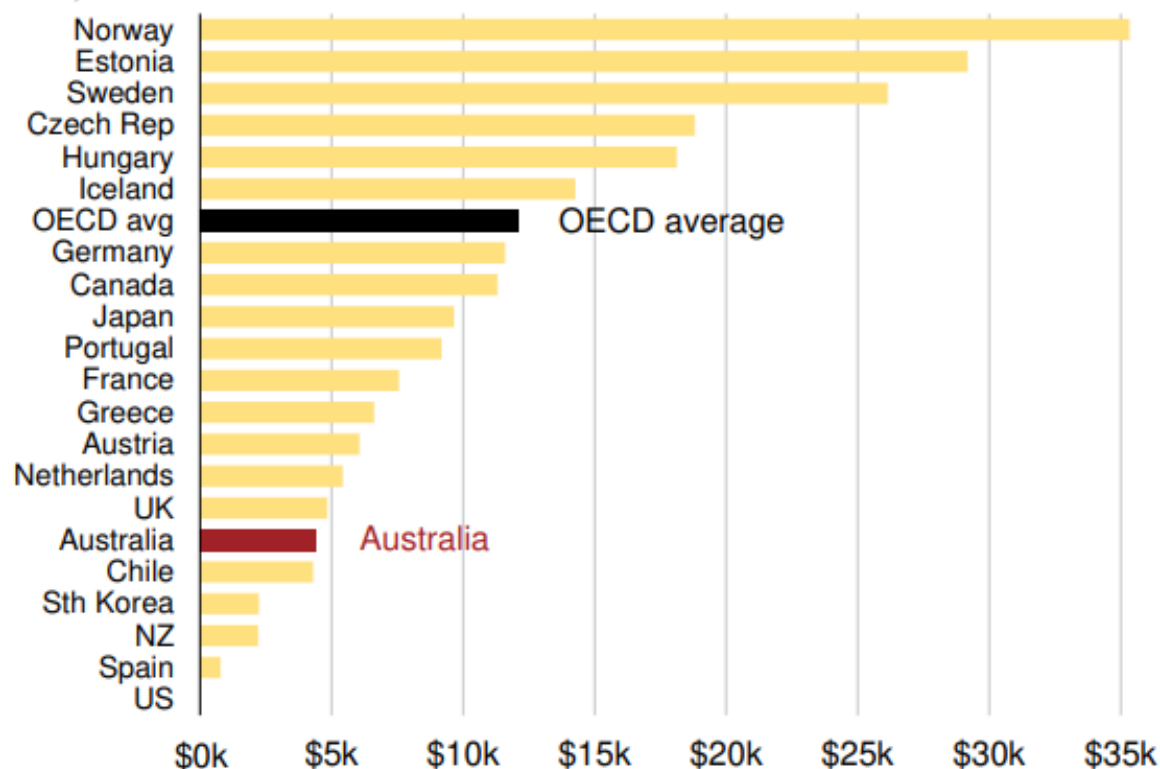
Costs – investment and resourcing

What was the level of investment?

Sweden: \$26,000 USD per birth in 2010. By comparison with the less than \$5000 USD per birth in Australia. See comparison chart below, taken from Wood et al, 2021.

Figure 1.3: Australia invests very little in parental leave

Public expenditure on maternity and parental leaves per birth, in USD 2010 PPP, 2015



Source: OECD (2016a, PF2.1).

Source: OECD family database. Organisation for Economic Cooperation and Development.
<http://www.oecd.org/els/family/database.htm>. Australia.

Key actors

1. Swedish Government			
What was their level of Agency to act on this leverage point?	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input checked="" type="checkbox"/>
What was their level of Authority to drive adoption of this leverage point?	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input checked="" type="checkbox"/>
What was their level of Capability to act on this leverage point?	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input checked="" type="checkbox"/>

Evidence of outcomes/impact

Shared paid parental leave schemes have well documented benefits across a range of domains (Wood et al, 2021; Broadway et al 2015; Nandi et al 2018; Ruhm, 2000; Carneiro et al, 2015; Jou et al, 2018).

Parent and child health and wellbeing benefits:

- Increased breastfeeding rates in first 6 months of life
- Reduction in infant mortality
- Increased attachment between parents and child
- Improvements in child development (cognitive ability; emotional development; social aptitude)
- Improvements in life satisfaction for parents

- Better family relationships and reduced parenting stress
- Increased sense of life purpose.

Social benefits:

- Increased gender equality
- Greater economic security for women
- Shift in societal perceptions of caring responsibilities/social gender norms
- Reduction in poverty among single parents.

Economic benefits:

- Increase in GDP from higher female participation in the workforce
- Increase in women's lifetime earnings
- More women back in workforce 12 months after birth
- Higher earnings for children in adulthood.

Insights from implementation

Key implementation features of the approach:

- A universal welfare payment, available to all new parents
- Base, flat rate level available for all, with additional earnings-related compensation level for the first 390 days, for those employed in the 9 months before due date
- Funded and administered by the Swedish government
- Generous - 480 days available
- Flexible and able to be used throughout the first 8 years of a child's life
- Able to be shared between parents (Duvander et al, 2022).

Key learnings from implementation

- Almost all families use paid parental leave in Sweden (Duvander et al, 2022).
- Uptake data shows most parental leave days taken by women in first year of life, while men tend to take leave when child is between ages 1-3 (Duvander et al, 2022).
- Most leave days are taken before children reach the age of two (Duvander et al, 2022).
- The proportion of total days used by men has slowly increased - from 12% in 2002 to 30% in 2021 (Duvander et al, 2022). For children born in 2019, 19.4 per cent of couples equally shared leave months. (Duvander et al, 2022)
- In 2021, the majority of women (88 per cent) and men (97 per cent) who took parental leave were entitled to benefits at the earnings-related compensation level, as opposed to the low, flat-rate level. Foreign-born parents and young parents, especially mothers, are more likely than native-born parents to have access to only the low, flat-rate payment (Duvander et al, 2022).

Enablers for success

Sweden specific:

- There is no gap between the end of well-paid leave and an entitlement to universal ECEC (Duvander et al, 2022).
- It is possible to use parental leave benefit until a child reaches age 8 (Duvander et al, 2022).

Paid parental leave schemes generally:

- Government agency transferring the pay rather than the employer acting as the paymaster for government entitlements (Wood et al, 2021).
- A scheme that is straightforward to administer, with reduced administrative complexity /risks (Wood et al, 2021).
- Fathers more likely to take parental leave if it is incentivised - e.g. use it or lose it non transferrable component. They are also more likely to use it if it's close to wage replacement level (Centre for Policy Development, 2021).
- Partnerships between government and private sector business, so co-contributions from employers can ensure more parental leave is paid at a similar rate to pre-birth wages (Centre for Policy Development, 2021).

Barriers to success

Sweden specific:

- To be entitled to a higher daily rate payment in the first 390 days, the parent must have been employed for at least 240 consecutive days prior to the estimated delivery date, with a minimum annual income of 82,100 Swedish kronor (SEK) around \$12,000 AUD (Juárez SP et al, 2021).

Paid parental leave schemes generally:

- Entrenched gender roles / employer attitudes may limit take up even with a generous policy for fathers (Wood et al, 2021).
- Difficult/convoluted application process (Wood et al, 2021).
- Costly – a reform that costs the budget more than \$1B/year is more likely to be rejected (Wood et al, 2021).

Risks and unintended consequences

Unintended consequences:

- Introduction of a 'speed premium' in 1986, (when parents were paid a higher rate for use of entitlements for multiple children) was shown to increase the proportion of Swedish parents having children in short succession, increasing the risks of negative health implications associated with short birth spacing (Andersson, G et al, 2006).

Risks:

- Concerns around creating or increasing **socioeconomic inequities** with different rates of payment, as there is a big difference between daily rate for unemployed/students and those employed in the 240 days before the birth of child.
- 'Father-quota' (*use it or lose it* policy) may encourage mothers to return to work sooner, potentially interrupting their physical and psychological recovery from pregnancy and childbirth. However given parental leave in Sweden is longer than in other countries, it can be argued that any negative health effect of shortened parental leave among mothers with the introduction of the father's quota would be negligible (Juárez SP et al, 2021).
- Uncertainty about the 'the optimal level of parental leave', giving rise to concern about potentially diminishing returns on investment after a certain amount of funded leave, and when it ceases to be a good investment of public funds.

- The high costs of funding of paid parental leave - especially in Australia (over \$1B/year) are more likely to be rejected as incompatible with government fiscal strategy (Wood et al, 2021).

Sources of formal evidence

Level of evidence

The available evidence	
Has the program been formally evaluated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Overall Level of Evidence Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input checked="" type="checkbox"/>	
What evidence was available to compile this case study?	
<u>Informal Data</u> <input type="checkbox"/> Interview for the purpose of this project <input type="checkbox"/> Pre-existing interviews <input type="checkbox"/> Anecdotes <input type="checkbox"/> Case studies and quotes from existing literature <input type="checkbox"/> Workshop Participant Insights <input type="checkbox"/> Websites	<u>Formal Data</u> <input checked="" type="checkbox"/> Grey Literature <input checked="" type="checkbox"/> Academic papers <input checked="" type="checkbox"/> Evaluation Reports <input type="checkbox"/> Other: both Formal and Informal

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