Resilient Families
Impact Report
2013-2018
The Benevolent Society acknowledges the Traditional Owners of country throughout Australia and recognises continuing connection to land, waters and community. We pay our respects to them and their cultures, and to Elders past, present and emerging.

The individuals shown in this report are not part of the Resilient Families program.

Our vision
A just society where all Australians can live their best life.

Our values
Our values guide us to stand strong, to never give up, to speak out on the issues that matter and make a difference every day for people of all ages and backgrounds.


What we do
• Advocacy
• Specialist support to people with disability
• Support for older people and their carers
• Support for parents and children

Who we help
• Children
• Families
• Older people and carers
• People with disability and their carers
• People with mental health issues
• Communities

Acknowledgment
The Benevolent Society acknowledges the Traditional Owners of country throughout Australia and recognises continuing connection to land, waters and community. We pay our respects to them and their cultures, and to Elders past, present and emerging.
Foreword

On 3 October 2018, The Benevolent Society Social Benefit Bond became the first Social Benefit Bond in Australia to reach maturity. The Benevolent Society is thrilled to celebrate the success of the Bond and the Resilient Families Program with our partners. The results, for both families and investors, are outstanding.

The Resilient Families program achieved an 86 per cent preservation rate for families referred to the program. Thirty-two per cent fewer children from families referred to Resilient Families entered out-of-home care than children from the matched control group of families (i.e. those who received a business as usual service). This shows Resilient Families to be a highly effective model in preventing entries into out-of-home-care.

We also delivered strong results for our investors. The Benevolent Society Social Benefit Bond achieved an impressive 16 per cent weighted average performance rate, triggering returns of six per cent to Protected Class Investors and 10.5 per cent to Equity Class Investors.

Reflecting on these outcomes, it is clear that we achieved the vital balance of commercial and social outcomes. Upon embarking on this journey in 2012, The Benevolent Society knew that the Social Benefit Bond was a new and exciting innovation in funding for community services.

The expertise and collaboration required in the development and delivery of this funding mechanism was unlike anything the sector had seen before.

The Benevolent Society matched this with a cutting-edge, evidence-informed program delivered by an expert team, determined to show that the right support provided at the right time can prevent unnecessary entries into out-of-home-care.

We would not have achieved such excellent results without close collaboration with the NSW Department of Family and Community Services (FACS), NSW Office of Social Impact Investment (OSII), Westpac and Commonwealth Bank, and our investors. Together, we worked to ensure that quick savings didn’t drive service modelling, and instead focused on good long-term investment decisions and a best practice program to drive outcomes.

Resilient Families offers a proven local solution which demonstrates that more can be done to improve the system. This is a cause for both celebration and continued commitment to the program.

The Benevolent Society maintains a strategic commitment to using the Resilient Families model, alongside our wider service delivery and advocacy work, to prevent Australian children unnecessarily entering out-of-home-care.

We are eager to continue working with the NSW Government and Governments across Australia to pursue innovative funding mechanisms to deliver results through this program. This starts immediately, and The Benevolent Society is the first organisation to negotiate a pay-by-results model following a successful Social Benefit Bond.

Going forward, The Benevolent Society will grow and refine the Resilient Families program further, delivering even greater social impact results, so that this proven model can deliver more outcomes for more families.

The lesson is clear: we can and should do more to prevent children unnecessarily entering out-of-home-care. Unsustainable increases in the rate of removal over the last 30 years have had drastic human and financial costs.

Lisa Chung, Chairman

Jo Toohey, Chief Executive Officer

I have learned tools and skills to help me and my child.

Client, Resilient Families
Key results

Over five years, Resilient Families has delivered impact for clients and investors as follows:

- **816** children in total were supported by Resilient Families, when all siblings are included in measurement.

- **303 families** accessed Resilient Families and were eligible for outcomes measurement.

- **32%** Fewer children from Resilient Families entered out-of-home care compared to children from the matched control group families.

- **86%** Resilient Families has delivered a preservation rate of.

- The overall weighted average Performance Percentage (used to measure Investor Returns) achieved across the full 5 years of The Benevolent Society Social Benefit Bond is: **16%**.

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"I have become a stronger and confident woman and in turn I am a much better mother for my children.

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Client, Resilient Families"
The Resilient Families program

Resilient Families is an innovative program developed by The Benevolent Society as one of Australia’s first Social Benefit Bonds.

Resilient Families is delivered in partnership by The Benevolent Society, NSW Office of Social Impact Investment (OSII), NSW Department of Family and Community Services (FACS), Westpac and Commonwealth Bank. Drawing on the resources and expertise of each member of this innovative partnership, Resilient Families has delivered unparalleled results in preventing children from entering out-of-home-care.

Resilient Families is an evidence-informed, therapeutic service that delivers outcomes for vulnerable children through intensive, long-term, in-home support. It is a vital element of a spectrum of services for children and families, which offers scalable support based on need. Services work in an integrated manner to ensure the right support is available at the right time. It is important to note that Resilient Families was provided in addition to supports ordinarily available through the NSW Government, highlighting the strength of the partnership between The Benevolent Society and FACS.

Resilient Families takes a whole-of-family approach to building resilience and stability for families that have reached the Risk of Significant Harm (ROSH) threshold, but are considered to be ‘Safe with a Plan’ in terms of the FACS safety and risk assessment. By supporting parents to create safe home environments, the program is proven to successfully prevent children from entering out-of-home-care, and is the only program in the NSW child protection context with validated results against a control group. Resilient Families also reduces the need for costly reunification services. Ideally, the money saved at the tertiary end of the spectrum can be invested earlier in the system to prevent children reaching the Risk of Significant Harm (ROSH) threshold and entering out-of-home-care.

Resilient Families key success factors:

• Holistic, including case management and therapeutic supports
• Data-driven decision making, enabling continuous improvement
• Higher intensity, and accepts re-referrals over years for families to re-engage and sustain change
• Families that choose not to engage are measured in our results, resulting in more targeted and persistent engagement activity
• No additional licensing fees
• No additional training fees
• No intermediary
• Proven results in an Australian context

Feeling good within me makes everything else better and I’m more able to do good everywhere else.

Client, Resilient Families
The Resilient Families model

Resilient Families is underpinned by The Benevolent Society Resilience Practice Framework, which was developed in collaboration with the Parenting Research Centre.

The Framework is based on evidence about what works in building resilience for children and provides 42 Evidence-Informed Practices designed to achieve outcomes across five areas: increasing safety; secure and stable relationships; improving self-efficacy; improving empathy; and improving coping / self-regulation.

Core to Resilient Families’ success is the delivery of holistic support in a home environment. The Benevolent Society Senior Child and Family Practitioners develop support plans in partnership with families to address identified risk factors and build on family strengths. Drawing on the Evidence Informed Practices, Practitioners then deliver a combination of therapeutic and practical supports. This includes support to build parenting skills and confidence, encourage child development and positive behaviours and manage conflict. Eighty-five per cent of Resilient Families interactions occur face-to-face, building quality relationships, trust and rapport.

For the first twelve weeks of a family’s engagement with Resilient Families, they have access to 4-6 hours of in-home support per week, with 24/7 support available as required. As family resilience is built, this tapers to less intensive support (2-4 hours per week) for up to twelve months. During this support period, the full range of challenges faced by families is addressed, including substance misuse, domestic and family violence and mental health issues.

Throughout, the focus remains on child safety and family resilience, with positive engagement facilitated by intensive face-to-face contact driving sustainable results.

Once referred, families access Resilient Families on a voluntary basis, and once engaged in the program, families are able to re-refer themselves to the program for repeat or ongoing support. This means that for the first time ever in an Australian intensive family support service, The Benevolent Society has collected data on our families for 12 months after they’ve left the program, allowing re-engagement as required.

This has been a major breakthrough in the bid for sustainable change.

Figure 1 – Program outcome areas and indicators

**Increasing safety**
- Formal & informal social support
- Community connections
- Concrete support (i.e. food, housing, employment)
- Life satisfaction & personal wellbeing
- Knowledge & practice of appropriate discipline strategies

**Secure and stable relationships**
- Children’s social & emotional development
- Caregiver and child wellbeing
- Pro-social behaviour & connections to peers
- Nurturing & attachment
- Family functioning

**Improving coping / self regulation**
- Caregiver coping skills & psychological wellbeing
- Children’s emotional development
- Children’s conduct behaviours
- Children’s hyperactivity

**Increasing self efficacy**
- Caregiver general self-efficacy
- Caregiver feels good about themselves as a parent
- Caregiver knows how to help their child/ren learn
- Age appropriate expectations of child development

**Improving empathy**
- Children considerate of other people’s feelings
- Children share readily with other children
- Children are kind to younger children
- Children often volunteer to help others
- Caregiver understanding & knowledge of child development
This will give me a better future. I believe and know I will have a better future.

Client, Resilient Families

Resilience Practice Framework principles

1. We take a resilience-led approach to our work across the lifespan.

2. We respect people’s rights to belong, live, work and play in their communities.

3. Our work invites people and communities to utilise their strengths and resources to go beyond merely coping with adversity.

4. Our work supports people to make connections with others, their families and with their communities.

5. As we are all on a continuous learning journey, we take the time to think critically and reflect on our practice.

6. We hold ourselves and others accountable for maintaining high standards.

7. While professional support services are part of the solution for people experiencing adversity, they are not the whole solution.

8. The aim of our work must be to give people independence and to leave them more connected and resourceful.

9. We work with and support people to take control of their lives.
Our families

From October 2013 to October 2018, 303 families eligible for measurement were referred to Resilient Families.

These families were assessed by FACS as at Risk of Significant Harm, but Safe with a Plan. Risk factors exhibited by referred families include domestic and family violence, substance misuse, mental health issues and neglect. Figure 3 shows the prevalence of each of these concerns across families referred to The Benevolent Society across the life of the program. Families supported by Resilient Families are representative of the immense cultural diversity within metropolitan Sydney. Eighteen per cent of the children referred to Resilient Families identified as Aboriginal or Torres Strait Islander. This reflects the over-representation of Aboriginal and Torres Strait Islander children in the child protection system, with Aboriginal and Torres Strait Islander people representing 1.5% of the Greater Sydney population in the 2016 Census (ABS, 2017). Forty per cent were from a Culturally and Linguistically Diverse (CALD) background, many of whom required the ongoing support of interpreters to enable them to engage with the Program.

### Figure 2 – Demographic details

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age of cohort</td>
<td>1.9 years</td>
</tr>
<tr>
<td>Average number of children per family*</td>
<td>2.7</td>
</tr>
<tr>
<td>of index children identify as Aboriginal and/or Torres Strait Islander (ABS 2017)</td>
<td>18%</td>
</tr>
<tr>
<td>of index children come from a Culturally and Linguistically Diverse background</td>
<td>40%</td>
</tr>
</tbody>
</table>

* compared to 0.8 for all families (ABS 2017)

### Figure 3 – Key risks* leading to referral to Resilient Families

- **53%** Current substance misuse seriously impairs the carer’s ability to protect, supervise and meet the ongoing care needs of the child.
- **50%** Neglect – Carer does not meet the child’s immediate protective and care needs which places the child at risk of significant harm.
- **51%** Domestic and family violence in the home poses significant risk of harm to the child.
- **30%** Carer’s current emotional state/ mental health functioning or physical condition/disability seriously impairs their ability to supervise, protect or care for the child.

*Risks are not mutually exclusive. Families regularly present with multiple and complex risks.*
Measuring outcomes

Resilient Families’ performance is measured based on the outcomes for the youngest child in eligible families, referred to as the “index child”.

However, as Resilient Families is a whole-of-family program, its impact is far greater than the 303 Index Children measured and reported. When all children in these 303 families are counted, the number of children supported by Resilient Families is 816.

In total there were 354 families referred to Resilient Families across the life of the program; 303 were suitable for inclusion in outcomes measurement. Two families were unable to be matched to a control family and were thus excluded from measurement. Additional exclusions occurred for 46 families, as determined by criteria in the program operational agreements (for example, where the family had moved out of the program service area and was therefore unable to continue to receive a service). A number of these families received varying levels of the Resilient Families service, but were excluded from measurement as they did not receive a full program of support. Three families were referred with unborn children, and were excluded from final measurement as the child was not born within the measurement period.

The Resilient Families pilot was a voluntary program, and used an intention-to-treat design in outcome measurement. This means that those families of Index Children who declined the service were still counted as part of the Index Group. The intention to treat design aims to estimate the effects of programs as they are offered, or as assigned, and ignores any noncompliance or withdrawal that occurs following the random allocation.

Eighty-eight of the 303 families included in the final measurement are classified as non-participant families, but are still counted in outcomes measurement. By including these families in outcomes measurements,

The Benevolent Society ensured that results were scalable at a population level.

Further, the intention to treat design avoids ‘cherry-picking’, whereby delivery is focused on those families that are easier to engage.

As such, Resilient Families sought to prevent the hardest-to-help families from falling through the gaps in service delivery.

Other evaluation designs may only measure impact for those who receive an intervention, and are often termed ‘treatment on the treated’ designs. In contrast, the intention to treat design reflects a practical scenario, as non-compliance and dropouts are a reality for any program, and difficult to identify within the control.

I have felt more supported and assured that I can do what is being asked of me.

Client, Resilient Families
Program evaluation framework

A key feature of Resilient Families was intensive evaluation, embedded into the program to enable The Benevolent Society to continuously improve our practice and, therefore, results.

Two levels of evaluation

From its outset, Resilient Families has included an external evaluation, along with internal evaluation undertaken by The Benevolent Society, to inform the continuous improvement of the program.

The New South Wales Government engaged ARTD Consultants ("ARTD") to complete the independent evaluation of the Program. To date Stage 1 reports including a preliminary (December 2014), mid-term (September 2015), interim report (May 2016) and final progress report (2017) have been published by ARTD. The second stage and the final report is due to be completed and published in early 2019. These reports are made available on the OSII website (https://www.osii.nsw.gov.au/) and The Benevolent Society website as they are published (see https://www.benevolent.org.au/about-us/innovative-approaches/social-benefit-bond).

The external evaluation of Resilient Families has added valuable insights to the body of knowledge on intensive family preservation services.

Families referred to Resilient Families had the option to participate in the external evaluation and, historically, our internal evaluation.* Data limitations occur where families did not consent to releasing their data for either internal or external evaluation purposes.

The Benevolent Society’s internal evaluation capability supports the monitoring and analysis of client outcomes data primarily drawn from the Resilience Practice Framework’s Resilience Outcomes Tool. These analyses support The Benevolent Society in assessing the impact of our interventions on the lives of our clients by identifying emerging trends and practice issues, enhancing performance, and enabling evidence-informed decision-making.

Additional impact measures

The Benevolent Society is committed to undertaking high-quality evaluation to improve outcomes for families. One assessment indicator is Closure Reason, as it provides a clear picture of the circumstances in which a family ceased to receive services from The Benevolent Society. This measure reflects all children referred to Resilient Families, noting that at the point of measurement, 12 families (4%) were still active in the program and are thus not included in the measurement. 48.2 per cent of families exited Resilient Families having achieved all of their Case Plan goals. This indicates the success of Resilient Families in maintaining engagement with families to ensure their success.

Additional assessment indicators are drawn from the Resilience Outcomes Tool, a measurement tool comprising a range of standardised questionnaires that are widely used in the human services sector. Parents or caregivers complete the Resilience Outcomes Tool within the first 30 days of program entry, then again at regular intervals until they exit the program.

Closure Reasons

<table>
<thead>
<tr>
<th>Reason</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Resilient Families</td>
<td>146</td>
<td>48.2%</td>
</tr>
<tr>
<td>Met case plan goals</td>
<td></td>
<td>17.8%</td>
</tr>
<tr>
<td>Disengaged early</td>
<td>54</td>
<td>17.5%</td>
</tr>
<tr>
<td>Declined</td>
<td>53</td>
<td>17.5%</td>
</tr>
<tr>
<td>Entry into OOHC</td>
<td>20</td>
<td>6.6%</td>
</tr>
<tr>
<td>Relocated</td>
<td>18</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

* As of July 2017, internal evaluation formed part of service delivery and as such client demographic and outcomes data was available for use for internal evaluation purposes.
Impact for Resilient Families clients

Data measured across the lifespan of the program shows that Resilient Families achieved very strong outcomes for children and families across all Resilience Practice Framework outcome domains.

Personal Wellbeing

A key indicator underpinning the program was parent / caregiver satisfaction with subjective wellbeing measured through the Personal Wellbeing Index (PWI, International Wellbeing Group, 2013). Parents and caregivers referred to the Resilient Families program reported a notable increase in wellbeing as a result of the program. At program closure, Resilient Families parents and caregivers reported an average satisfaction score of 82.4, exceeding the population average (75.5; Capic et al., 2017) by 9.1%.

The PWI is an 8-item measurement tool used to measure subjective wellbeing (International Wellbeing Group). 7-items of the PWI comprise the PWI score. Scores range from 0 to 100, with higher scores indicating greater levels of total satisfaction.

Limitations. (1) Data not matched across assessment occasions, limiting the extent to which we can draw conclusions regarding the intervention. (2) Sample sizes reduce throughout service delivery.

Figure 4

Parent / Caregiver PWI scores over time, as compared to Australian population norms (Capic et al., 2017)

<table>
<thead>
<tr>
<th></th>
<th>Initial assessment (n = 127)</th>
<th>4 month review (n = 73)</th>
<th>8 month review (n = 43)</th>
<th>Closure (n = 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>68.3</td>
<td>72.3</td>
<td>74.6</td>
<td>82.4</td>
</tr>
<tr>
<td>2</td>
<td>72.3</td>
<td>74.6</td>
<td>75.5</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<td></td>
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<tr>
<td>4</td>
<td></td>
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</tbody>
</table>

Matched data

When data is matched across assessment occasions (i.e. analysis comprises of the same clients who completed an Outcomes Tool on entry and exit from the program), the same data trends were evident. Matched data showed that wellbeing increased during service delivery in our matched sample. At initial assessment the mean score was below the population average, and had increased by 10.5% on closure.

Limitations. (1) Small matched sample on entry and exit to the program. (2) Limited variability between mean scores.

Figure 5

Parent / Caregiver PWI scores, over time (matched sample), as compared to Australian population norms (Capic et al., 2017)

<table>
<thead>
<tr>
<th></th>
<th>Initial assessment (n = 21)</th>
<th>Closure (n = 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>68.3</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>72.3</td>
<td>75.5</td>
</tr>
</tbody>
</table>

When the program first started I was depressed and was nearly homeless. I was on a high dose of medication. Now I am happy and confident. I have my own place in the private rental market. I’m on very little medication. My son is a very healthy and happy boy thanks to the support of this program and my caseworker.

Client, Resilient Families
Resilient Families is a Social Benefit Bond success story. The program has proven that investors want to make a difference by investing in programs that change the lives of vulnerable people.

Over the past five years, Resilient Families has kept families together and reduced entries into the care system by up to 32 per cent.

The Hon. Pru Goward MP,
NSW Minister for Family and Community Services,
Minister for Social Housing, and Minister for the Prevention of Domestic Violence and Sexual Assault

The Government is committed to growing the social impact investment market in NSW. We are seeing positive outcomes by partnering with the private and not-for-profit sectors to provide a range of services.

The Hon. Dominic Perrottet MP,
NSW Treasurer and Minister for Industrial Relations
Personal wellbeing domains

The Personal Wellbeing Index (PWI) comprises seven domains which represent Global Life Satisfaction (‘As A Whole’).

**Personal Wellbeing domains**

These domains include: Standard of living; Health; Achieving in life; Relationships; Safety; Community connection; and Future Security. Upon completion of the program, Resilient Families clients reported satisfaction exceeding Australian population norms against all domains and for Global Life Satisfaction.

This is powerful evidence of the effectiveness of the program in improving clients’ wellbeing.

**Matched data**

As with the general outcomes, matched data shows consistent trends across PWI domains and Global Life Satisfaction scores over time. This highlights the validity of program-wide outcomes, and the ability of the program to deliver holistic outcomes for Resilient Families clients. Importantly, matched data shows statistically significant results for improvement in Global Life Satisfaction as a whole ($p = <.001$) and satisfaction with future security ($p = <.005$).

**Limitations.** (1) Small matched sample on entry and exit to the program.

$✓ =$ statistically significant results

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**Figure 6**

Parent / Caregiver PWI domain and global life satisfaction scores over time, as compared to Australian population norms (Capic et al., 2017)

<table>
<thead>
<tr>
<th>Initial Assessment</th>
<th>Closure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 As a whole (n = 23)</td>
<td>6</td>
</tr>
<tr>
<td>2 Standard of living (n = 23)</td>
<td>9</td>
</tr>
<tr>
<td>3 Health (n = 21)</td>
<td>12</td>
</tr>
<tr>
<td>4 Achieving in life (n = 23)</td>
<td>15</td>
</tr>
<tr>
<td>5 Relationships (n = 23)</td>
<td>18</td>
</tr>
<tr>
<td>6 Safety (n = 23)</td>
<td>21</td>
</tr>
<tr>
<td>7 Community connection (n = 23)</td>
<td>24</td>
</tr>
<tr>
<td>8 Future security (n = 23)</td>
<td>27</td>
</tr>
</tbody>
</table>

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**Figure 7**

Parent / Caregiver PWI domain and global life satisfaction scores over time, as compared to Australian population norms (Capic et al., 2017)

<table>
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<td>8 Future security (n = 23)</td>
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Sally’s story

Sally was referred to Resilient Families after testing positive to heroin whilst in hospital following the birth of her son, George.

Sally agreed to enter a drug treatment program at Jarrah House, and it was here that The Benevolent Society began to work with Sally.

George was Sally’s second child, and her partner Dave and older daughter Maggie visited regularly while she was at Jarrah House.

The Benevolent Society used this time to build trust and rapport with Sally and her family, ensuring that support was complementary to the treatment she was receiving.

Although she was wary at first, by the time Sally completed the program at Jarrah House, a strong relationship had been developed between her and The Benevolent Society.

Sally moved home to live with Dave, Maggie and George at Dave’s aunt and uncle’s house, with their four children. Initially, this arrangement seemed to work well. Sally enjoyed The Benevolent Society’s visits and was working well through the Resilient Families Evidence Informed Practices. She was effectively managing her drug use, and was on a Methadone program to replace her heroin use.

However, as time went on, the Senior Child and Family Practitioner working with Sally noticed a marked change in her demeanour. She appeared to be sad and nervous, and more guarded in the information she shared. Eventually, Sally shared that Dave’s family had been calling her names, and expecting her to carry the burden of maintaining the house. She also disclosed that Dave had been verbally abusing her.

The Benevolent Society used the Domestic Violence wheel to help Sally to understand that verbal and emotional abuse is a form of Domestic and Family Violence.

Sally began to realise the impact this was having on her own, and her children’s wellbeing. After some time, Sally revealed that she was also being physically abused by Dave. Sally soon decided she was ready to leave him and move from his family’s home.

The Benevolent Society helped Sally to access housing support via Centrelink and the Homeless Line and Sally moved into her own accommodation. Unfortunately, the only available accommodation was a significant distance from Maggie’s school, so Maggie moved in with Sally’s mum. Sally focused on implementing our Evidence Informed Practices with George in this time, but she missed Maggie and struggled with the separation. In time, she and George moved in with her mum and Maggie.

Sally went through a significant journey in her time with Resilient Families. Admitting that she was experiencing violence was a major change for her.

Despite this, she made significant progress in ensuring the safety of herself and her children whilst engaged with the Resilient Families program. As a result, when the program finished, Sally and her family reported that life as a whole, safety, community engagement and future security were better than when she began working with Resilient Families.

The Benevolent Society saw Sally 18 months after she left the program. Although George had some developmental issues, Sally was a confident and much happier mother.

Sally’s outcomes - Personal Wellbeing Index

1. As a whole
2. Standard of living
3. Health
4. Achieving in life
5. Relationships
6. Safety
7. Community connection
8. Future security
We’re committed to supporting innovative financing solutions that enable positive social impacts. As Australia’s first social benefit bond to reach maturity, the success of the Resilient Families program is evidence of the effectiveness of this funding approach. The strong performance of the social benefit bond delivered balanced and sustainable outcomes for investors, government and the community.

We hope the success of this program spurs further investment and collaboration with not-for-profits, government and the private sector to address these important social challenges.

Rob Kenna,
Commonwealth Bank
Executive Director Debt Capital Markets Origination

We congratulate The Benevolent Society and their amazing team that worked on the programme for their commitment to improving the lives of others and their hard work that has resulted in the excellent results presented in this report.

Westpac is proud to have helped create an innovative Bond to finance the Resilient Families Programme. It delivered a meaningful social outcome by materially reducing the number of children entering out of home care. This partnership is a great example of Westpac’s vision to help our people, customers and communities to prosper and grow together.

Social Benefit Bonds have now been introduced in several other States and we look forward to continuing to work with Governments and key community service providers to expand the use of Social Benefit Bonds in order to address pressing social needs in Australia.

Craig Parker,
Westpac Group
Executive Director Structured Finance
Reducing psychological distress

Parent or caregiver emotional wellbeing were key features of the Resilient Families evaluation, measured using the Kessler Psychological Distress Scale-10 (K10; Kessler et al., 2003).

Resilient Families was demonstrated to result in a downward trend in psychological stress for parents and caregivers throughout services delivery, meaning that parents and caregivers exited the program with increased levels of emotional wellbeing.

Families reported an average psychological distress score of 18.6 upon program entry, categorised as “Moderate” levels of psychological distress. At the point of exit from Resilient Families, this average score had reduced to 13.9, or “Low” level of psychological distress. This is below the Australian population average of 14.5 (Slade, Grove & Burgess, 2011), indicating the excellence of Resilient Families in addressing mental health concerns.

Limitations. (1) Data not matched across assessment occasions, limiting the extent to which we can draw conclusions regarding the intervention. (2) Sample sizes reduce throughout service delivery.

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Improving outcomes for children

Resilient Families demonstrated significant outcomes for children, reducing emotional and behavioural issues in children that accessed the program by building family resilience.

This was measured using the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2005), which assesses behavioural and emotional problems in children aged two years and above.

Parents and caregivers reported a downward trend in behavioural and emotional issues for the Index Child throughout the period of service delivery. At program closure, the average SDQ score reported (7.3) was well below the population average (8.2; Mellor, 2005) and a measurable reduction from the average score at entry (11.3).

**Figure 8 – Strengths and Difficulties Questionnaire (SDQ) Index Child**

The SDQ is a 25-item instrument that assesses behavioural and emotional problems in children aged two years and above. The SDQ is composed of four subscales – emotional difficulties, conduct problems, hyperactivity/inattention, peer problems. These subscales are summed for a total difficulties scale, as above. Higher scores indicate greater difficulties overall.

*Note, this tool is only valid for children and young people aged 2-17 years, and was therefore not applicable for a number of the Index Children referred to the program (65% of whom were aged 0-2).
What’s next

The Benevolent Society has an ongoing strategic commitment to preventing children unnecessarily entering out-of-home-care.

In recognition of the excellent outcomes achieved by Resilient Families, and its role in reducing the number of children entering the NSW child protection system, The Benevolent Society, FACS and OSII have successfully established Australia’s first pay-by-results model subsequent to a Bond to fund the continuation of the program. Resilient Families Services will maintain the current, highly successful Resilient Families model, focused on family preservation.

Performance metrics will be based on the outcomes achieved by Resilient Families measured against the control during the period of the Social Benefit Bond.

A key purpose of the Social Benefit Bond as a funding mechanism is to enable more investment into innovative early intervention models and assess their viability as effective services in the child protection system and future cost savings to government. Now that Resilient Families has proven this viability, The Benevolent Society is eager to expand the program in NSW and across Australia to deliver cost savings for governments, results for families and impact for investors.

The Benevolent Society has already begun this work. The Resilience Practice Framework, which underpins the Resilient Families Program, has proven to scale effectively. The Benevolent Society has rolled this Framework out across our child and family programs and it has shown it is effective in an Australian context, across rural and remote areas, for Aboriginal and Torres Strait Islander children and families, Culturally and Linguistically Diverse children and families, and families experiencing a full range of risk factors.

Alongside service delivery, The Benevolent Society is soon to launch a Child and Family Advocacy campaign focused on systemic change to enable every child in Australia to thrive.

References


I was isolated, depressed and everything looked like it was a black colour. I didn’t want to live. You taught me to hold on and to trust you because you told me that it would get better. You taught me that Australians are ready to help and you opened my eyes to the support you can give. You asked for nothing in return and I am grateful.

Client, Resilient Families
I know more about child development and how to be a parent. Being drug free and stable in my relationship has allowed me to be a better parent and allowed me to see and apply my parenting skills. I am reliable, consistent and loving towards my child. I am confident that I will have my other children returned to my care due to these big changes.

Client, Resilient Families