

Investing in Co-Contribution of NGOs to Wellbeing Outcomes

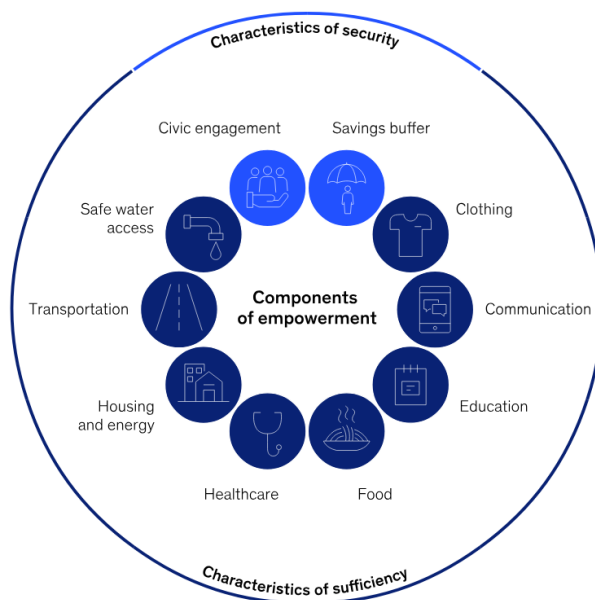
Using the ACT Wellbeing Framework to shape the type and quantum of investment needed in NGOs to deliver on wellbeing outcomes

The ACT Government rationale for a Wellbeing Framework is that it is important to define and monitor wellbeing:

"Wellbeing is about how we are doing, as individuals, as a community, and as a place to live. It's about having the opportunity and ability to lead lives of personal and community value – with qualities such as good health, time to enjoy the things in life that matter, in an environment that promotes personal growth and is sustainable. Measuring wellbeing is about having a sense of our progress around the things that matter to our quality of life, and help us to live our lives well. The [ACT Wellbeing Framework](#) is helping the ACT Government and community work in partnership to lift the quality of life of all Canberrans, particularly those with lower wellbeing than average."

The ACT Framework aligns closely with the international evidence and agenda on improving social, economic and environmental sustainability as articulated in the United Nations Sustainable Development Goals², as conceptualised in the Solidarity economy that describes NGO contributions to delivering social, economic and environmental justice outcomes³ and recent analysis by McKinsey of the quantum of market activity and government investment needed to not only lift people out of poverty but to achieve economic empowerment⁴.

The empowerment line is the point at which individuals can meet their essential needs and begin to achieve security.



Source: McKinsey Global Institute analysis

Policy and Evidence underpinning investment in NGO delivered services

¹ [Home - ACT Wellbeing Framework](#)

² Transforming our world: the 2030 Agenda for Sustainable Development | Department of Economic and Social Affairs (un.org)

³ [What is the social and solidarity economy? A review of concepts \(oecd-ilibrary.org\)](#)

⁴ [Economic empowerment through sustainability & inclusion | McKinsey](#)

The need for human services is related to:

- access to social, human, economic and environmental capital AND
- exposure to deprivation and/or exclusion AND
- capacity to cope with adversity

“Family and community services address a range of circumstances, including crisis support, transitional support, building capability, early intervention and prevention. Examples include services for family support, homelessness, family and domestic violence, alcohol and other drugs and settlement support. Governments fund family and community services to improve the wellbeing of people at risk of hardship or harm. The goal of these services is to achieve outcomes for service users — changes in knowledge, skills attitudes, values, behaviour, condition or status — that increase their wellbeing (PC 2010).”⁵

The ACT Government has demonstrated in policy announcements (via Social Compact, Community Services industry Strategy 2016-2026 and Human Services Reform 2020-2030) an ongoing commitment to NFPs having a substantial role in delivery of human services in the ACT. There is a value proposition of partnering with NGOs beyond the historical perception that services will be cheaper than if delivered by ACT Government. NGO delivered services are:

- More accessible than ACT Government run services to people and communities who experience stigma, exclusion, discrimination and/or have experienced trauma from past Government policies and programs
- Closer engagement with and higher levels of trust by the priority community identified in the wellbeing framework
- More agile in designing service models and providing services across different programs – including across jurisdiction funding flows
- Able to generate non-ACT Government funding (Commonwealth, philanthropic, own source) to complement and expand service offerings funded by ACT Government
- Able to consolidate and co-ordinate funding from diverse ACT Government sources to deliver person-centred holistic response to deprivation/exclusion/adversity
- Able to provide different perspectives from inside government to inform public policy and service delivery priorities and outcomes

The Productivity Commission reported that:

“Many participants argued that governments tend to focus on the cost of service delivery and the ‘quality’ of tender applications rather than the ability of providers to deliver outcomes for users. This creates incentives for service providers to direct their energies to a relevant but narrow issue (cost) and a more or less irrelevant issue (tender preparation), rather than focusing on achieving outcomes for service users (and demonstrating that they are able to achieve outcomes).”⁶

⁵ p 237, Family and community services: Chapter 8 - Inquiry report - Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services (pc.gov.au)

⁶ p244, Op Cit

Theories of Change

The evidence, assumptions and theories of change informing the material presented in this paper are outlined below. It will be important to test these assumptions and theories of change with ACT Government and NGO partners as a first step in agreeing how best to align human services investment decisions with the ACT Wellbeing Framework.

EVIDENCE BASE	IF	THEN	BECAUSE
Social, human, economic and environmental capital enable wellbeing	ACT Wellbeing Framework domains and indicators capture the social, human, economic and environment capital that support wellbeing	People with lower than average wellbeing need support and services to build their social, human, economic and environmental capital	Access to support and services builds social, human, economic and environmental capital
Human services have a direct impact, and influence the impact of other systems, on social, human, economic and environmental capital	Human services are funded to build and influence social, human, economic and environmental capital	Human services will contribute to improvements in wellbeing	Human services support people to build social, human, economic and environmental capital, and advocate for changes in systems to address barriers to building these capitals
There are groups in the community who have higher risk of deprivation and exclusion, and limits on their capacity to cope with adversity	ACT Wellbeing Framework Priority Groups accurately capture the people in the ACT with higher levels of risk for deprivation and exclusion, and limits on their capacity to cope with adversity	Monitoring growth/change in the number of people in the ACT who are in these groups will indicate the level of need for human services	Need for human services is driven by deprivation, exclusion and limits on capacity to cope with adversity
Exposure to deprivation and exclusion, and limits on capacity to cope with adversity is correlated with socio-economic factors	ACT Government monitors the experience of deprivation, exclusion, exposure to adversity and intersections with socio-economic factors	Then the ACT Government will be able to assess the need for growth/change in funding to provide support and services to reduce deprivation and exclusion, and increase capacity to cope with adversity	The intersection of personal circumstances and socio-economic factors drives need for human services

Assumptions		Theories of Change		
		IF	THEN	BECAUSE
LINKS BETWEEN WELLBEING DOMAINS AND HUMAN SERVICE SYSTEM	Social, human, economic and environmental capital enable wellbeing and protect people from adverse circumstances and events when they arise ⁷	ACT Wellbeing Framework domains and indicators capture the social, human, economic and environment capital that support wellbeing and protect people from adversity	People with lower than average wellbeing are at higher risk of exposure to and limits on capacity to cope with adversity	Lack of these capitals causes vulnerability and disadvantage
	Human services have a direct impact, and influence the impact of other systems, on social, human, economic and environmental capital	Human services policy and programs build a service system that meets the needs of Canberrans, particularly those experiencing vulnerability or disadvantage	Human services will contribute to improvements in wellbeing	Human services are designed to support people who experience vulnerability or disadvantage to build social, human, economic and environmental capital

⁷ Economy of Wellbeing: [pdf \(oecd.org\)](https://www.oecd.org/economy-of-wellbeing/)

Assumptions		Theory of Change		
		IF	THEN	BECAUSE
LINKS BETWEEN WELLBEING DOMAINS AND DRIVERS OF DEMAND FOR HUMAN SERVICES	Exposure to discrimination, deprivation and exclusion, and limits on capacity to cope with adverse circumstances and events, is correlated with low wellbeing capital	ACT Government monitors the data on wellbeing and the experience of deprivation, exclusion and exposure to adversity	Then the ACT Government will be able to assess the need for growth/change in human services, including those services NGOs are funded to deliver, to provide support and services to reduce deprivation and exclusion, reduce the impacts of adversity (prevention, early intervention, crisis responses, recovery support) and increase capacity to cope with adversity	Need for human services is driven by the intersection and combination of: <ul style="list-style-type: none"> - Wellbeing capitals - personal circumstances - exposure to adverse circumstances and events - the breadth of deprivation and exclusion - experiences of discrimination - limits on capacity to cope with adversity without access to publicly funded human services
LINKS TO A SUSTAINABLE HUMAN SERVICES RESOURCING AND RELATIONSHIP MODEL	NGOs work closely with and are trusted by individuals and groups in the community who have a higher risk of experiencing vulnerability, disadvantage and lower wellbeing	If ACT Government has a sustainable resourcing and relationship model with the community sector to deliver human services	The ACT will have an effective partnership with the organisations that are trusted by, and capable of delivering services to, people and communities that experience vulnerability, disadvantage and lower than average wellbeing	NGOs will have a constructive relationship with and sustainable resourcing from ACT Government through which NGOs co-contribute to improving wellbeing for individuals and communities with higher risk of vulnerability and disadvantage and lower than average wellbeing outcomes

Links between ACT Wellbeing Framework and Human Services Reform 2020-2030

The most recent data on ACT wellbeing⁸ shows that there has been a reduction in overall wellbeing:

“The proportion of Canberrans reporting low wellbeing increased from 17.6% in late 2021 to 25% in 2023.”

This data shows the following population groups have relatively low personal wellbeing outcomes:

“While 75% of Canberrans continue to report typical or high wellbeing, the decline in overall wellbeing has disproportionately affected some groups:

- *those aged 18 to 29*
- *those born overseas*
- *women.*

Some people persistently report lower rates of wellbeing, particularly those:

- *living with disability*
- *with caring responsibilities*
- *identifying as LGBTIQ+.”*

A summary of personal wellbeing data across several wellbeing domains and with reference to Priority Groups that was reported on 20 February 2024 on the ACT Wellbeing Framework website is provided at *Attachment A*.

The Wellbeing Framework adopted by the ACT Government lists the social, human, economic and environmental capitals that contribute to wellbeing at a personal and community level and lists the Priority Groups for which wellbeing can be lower than average. NGO delivered human services facilitate development of social, human, economic and environmental capitals by:

- Delivering services that meet the needs of Priority Groups and others in the community who experience vulnerability and discrimination
- Responding to gaps in the market, service system and institutions that create vulnerability to adversity and result in discrimination against individuals and communities
- Advocating for changes in policies, procedures and allocation of resources to improve the achievement of wellbeing outcomes for people and communities who experience vulnerability and discrimination.

The ACT Government partners with NGOs to deliver human services because:

“The non-government community services sector is a vital partner in the provision of services to our community and a strong relationship between the sector and Government is fundamental to the delivery of the services our community needs.”⁹ “We know that the best outcomes for people and communities are achieved when we work in partnership with sector partners and community members to plan and deliver services.”¹⁰

⁸ [Personal wellbeing - ACT Wellbeing Framework](#)

⁹ [Strengthening Partnerships - Commissioning for Social ImpACT](#)

¹⁰ [Strengthening Partnerships Commissioning for outcomes \(act.gov.au\)](#)

The ACT Government has articulated the wellbeing outcomes it aims to deliver through the Human Services Reform Agenda (2020-2030):

Improve equity in health and life outcomes for priority population groups, through commissioning decisions made about where and how to focus support¹¹

The ACT Government has also articulated human service design and delivery outcomes it will achieve as a result of the Human Services Reforms being implemented collaboratively with the community sector:

Improve integration across the service systems to support seamless and holistic care, and transitions between services.

Reduce pressure on our hospitals and other crisis services, such as homelessness or statutory services for children, young people, and families, by prioritising prevention and early support

The Wellbeing Framework Domains can be categorised as social, economic, environmental and human capital

Wellbeing Foundations			
Social Capital Indicators	Economic Capital Indicators	Environmental Capital Indicators	Human Capital Indicators
Population wide indicators of wellbeing			
<i>Governance and Institutions</i> – Having a say, being heard, and working together for better outcomes <ul style="list-style-type: none">Access to Justice and restorative practiceFeeling that voice and perspective matterHuman rightsTrust in governmentTrust in other institutions	<i>Economy</i> - We share in our city's economy <ul style="list-style-type: none">Business conditions and economic diversityEconomic performanceEmploymentIncome inequality	<i>Environment and climate</i> - The environment sustains all life now and into the future <ul style="list-style-type: none">Climate resilient environment and communityConnection to natureHealthy and Resilient natural environment	<i>Access and connectivity</i> - Getting around to places we value and accessing the services we need <ul style="list-style-type: none">Access to servicesDigital accessLiveable cityTransport use and access
<i>Safety</i> - Feeling safe and being safe <ul style="list-style-type: none">Community resilience to emergenciesDomestic and family violenceEmergency servicesFeeling safeRoad safetyVictims of crimeWorkplace safety	<i>Living standards</i> – Having the financial resources to live life well <ul style="list-style-type: none">Cost of livingFinancial positionIncome levelsNet worth		<i>Education and life-long learning</i> – gaining the skills and education needed at all stages of life <ul style="list-style-type: none">Early childhoodEquity of educational outcomesLearning for lifeLearning growth
<i>Identity and belonging</i> - Being able to express identity, feel a sense of belonging, and participate fully in society <ul style="list-style-type: none">Arts and cultureConnection to CanberraSense of belonging and inclusionSupport for multiculturalism	<i>Housing and home</i> - Having a place to call home <ul style="list-style-type: none">HomelessnessHousing affordability and availabilityHousing suitabilityRental stress		<i>Health</i> - Being healthy and finding the right care <ul style="list-style-type: none">Overall healthLife expectancyMental HealthHealthy lifestyleBest start to lifeAccess to health services
<i>Social connection</i> - Being connected with family, friends and community <ul style="list-style-type: none">Levels of lonelinessLevels of volunteeringParticipation in community events and activitiesSense of social connection			
<i>Time</i> - Having time to live life well <ul style="list-style-type: none">Quality of timeTime spent travelling within CanberraUnpaid work including caringWork-Life balance			

The [CYFSP Strategic Investment Plan Release for Feedback.pdf \(act.gov.au\)](#) outlined the wellbeing domains that were relevant to service design, delivery and evaluation, and proposed these domains would inform development of the outcome measures for this Program. The domains relevant to CYFSP included both social capital and human capital development:

- Identity and Belonging
- Safety
- Access and Connectivity
- Social Connection
- Health
- Education and Lifelong Learning

¹¹ [2024 Roadmap - Commissioning \(act.gov.au\)](#)

A summary of wellbeing domains, mapping them to social, human, economic and environmental capitals and the roles of NCOs that are funded by ACT Government to deliver human services, and the list of Priority Groups identified as having higher risk of low wellbeing, is provided below.

It will be important to test with the Wellbeing Data team this conceptualisation of the Wellbeing Framework prior to consulting with human services program line agency Officials and human services NCOs on the framework provided later in this paper that illustrates the cumulative impacts of low levels of social, economic, human and environmental capitals, discrimination and adversity on vulnerability and level of need when accessing human services.

Social capital	Human capital	Economic capital	Environmental capital
ACT Well-Being Domains		Indicators directly related to NCO human services delivery and advocacy	Indicators for which NCOs fill gaps/partner with other services/advocate for change
Access and connectivity Getting around to places we value and accessing the services we need		Transport use and access Access to services	Digital access Liveable city
Governance and Institutions Having a say, being heard, and working together for better outcomes		Access to Justice and restorative practice Feeling that voice and perspective matter	Human rights Trust in government Trust in other institutions
Identity and belonging Being able to express identity, feel a sense of belonging, and participate fully in society		Sense of belonging and inclusion Support for multiculturalism	Arts and culture Connection to Canberra
Safety Feeling safe and being safe		Community resilience to emergencies Domestic and family violence	Emergency services Feeling safe Road safety Victims of crime Workplace safety
Social connection Being connected with family, friends and community		Levels of loneliness Levels of volunteering Participation in community events and activities Sense of social connection	
Housing and home Having a place to call home		Homelessness	Housing affordability and availability Housing suitability (eg accessibility, overcrowding) Rental stress
Health Being healthy and finding the right care		Overall health Life expectancy Mental Health Healthy lifestyle Best start to life	Access to health services
Time Having time to live life well		Quality of time Unpaid work including caring	Time spent travelling within Canberra Work-Life balance
Education and life-long learning gaining the skills and education needed at all stages of life		Early childhood Learning for life Learning growth	Equity of educational outcomes
Living standards Having the financial resources to live life well		Cost of living	Financial position Income levels Net worth
Economy We share in our city's economy		Business conditions and economic diversity Employment	Economic performance Income inequality
Environment and climate The environment sustains all life now and into the future		Climate resilient environment and community Connection to nature	Healthy and Resilient natural environment

Priority Groups:

- Aboriginal and Torres Strait Islander Peoples
- Carers
- Children and Young People
- Culturally and Linguistically Diverse people
- Women (and Gender Diverse?)
- LGBTQIA+
- Older Canberrans
- People with Disability

Collecting data on the contribution of funding to NGO delivered human services to achievement of Wellbeing Outcomes

The need for human services is related to, and accumulates across:

1. Low levels of individual and collective social, human, economic and environmental capital that prevent adversity, enable early intervention to adverse events (eg health crisis) or circumstances (eg becoming a single income household), reduce complexity of need during intervention responses and support prompt recovery from adversity
2. Exposure to deprivation (socio-economic status) and/or exclusion (discrimination, stigma)
3. Vulnerability to adversity (social and economic circumstances, life stage, living conditions, exposure to trauma)
4. Capacity to cope with adversity via support from informal networks (family, friends, neighbours) and the mainstream service system

The framework below illustrates the cumulative impact of low levels of wellbeing capitals; discrimination, disadvantage and vulnerability; on the level breadth, depth and complexity of need when accessing human services:

- People in the green zone have relatively high access to social, human, economic and environmental capitals (as measured against wellbeing domains) and relatively low exposure to deprivation and exclusion.
- People in the amber zone are at risk of being discriminated against and/or excluded from the mainstream service system and market economy, and often seek assistance from NGO delivered human services to improve access to, navigation through and outcomes from the mainstream service system including human services delivered by ACT Government.
- People in the red zone often have multiple risk factors for deprivation, exclusion and discrimination. They are the people who are most likely to access NGO delivered human services, and to have barriers to accessing and/or getting positive outcomes from accessing human services delivered by ACT Government such as education and health services. The cumulative impact of risk factors leads to an increasing breadth, length and complexity of needs human services are responding to at each level.

People in the green, amber and red zones have different expectations of the service system:

- People who fall into the green zone generally have a high expectation that there are systems and services that are available to support them resolve a problem. They expect them to be there, and they will complain if they aren't or if they don't deliver. Think health care, child care, accessible infrastructure etc.
- People in the amber zone may know that the services are there but still not have as clear an understanding about their rights to access and are often reluctant to use them.
- People in the red zone have limited confidence in the relevance of the service system and no real expectation that the services system will prioritise their needs or respond in ways that will effectively resolve the problems they face.

DATE: October 2024 AUTHOR: Sector Sustainability Program Community-Based Co-Lead
This Paper has not been considered by the ACT Government and does not represent an ACT Government policy position

Data collection on low levels of social, human, economic and environmental capitals for people and groups in the ACT could indicate where policy changes, and different procedures/processes and changes in resourcing/investment in human services, are needed to address low levels of capital in each domain. It will be important to consider what data could inform assessment of the return on investment in these domains through human services programs and future levels of investment in NGO delivered human services that build these capitals.

It will be important to share with NGOs how ACT Government will use the data on wellbeing - who is experiencing low wellbeing, changes in wellbeing levels, and trends in wellbeing observed over time - especially for Priority Groups. It is also vital to know how this data is informing ACT Government investment in, design and delivery of human services and what is being learned about reducing the number of people in the red zone and improving outcomes for people in all zones.

Mapping the drivers of disadvantage and marginalisation to the wellbeing domains

In the 2024-2025 ACT Budget Wellbeing Statement, addressing disadvantage and marginalisation was one of six priorities for investment:

“There are some cohorts in our community, particularly those vulnerable to changing circumstances, who can become marginalised and more likely to experience extended periods of disadvantage. These circumstances can result in long-term and intergenerational negative impacts on individuals and their families. It is a core priority of government to respond to the needs of Canberrans at risk of marginalisation and disadvantage. Supporting those who need it most fosters greater participation in society, helps create a sense of belonging, and enables everyone in our community to lead lives of personal value and significance.”¹²

The tables below summarise the cumulative impacts of low levels of wellbeing capitals; discrimination, disadvantage and vulnerability; deprivation and exclusion on the level, breadth, depth and complexity of need when accessing human services.

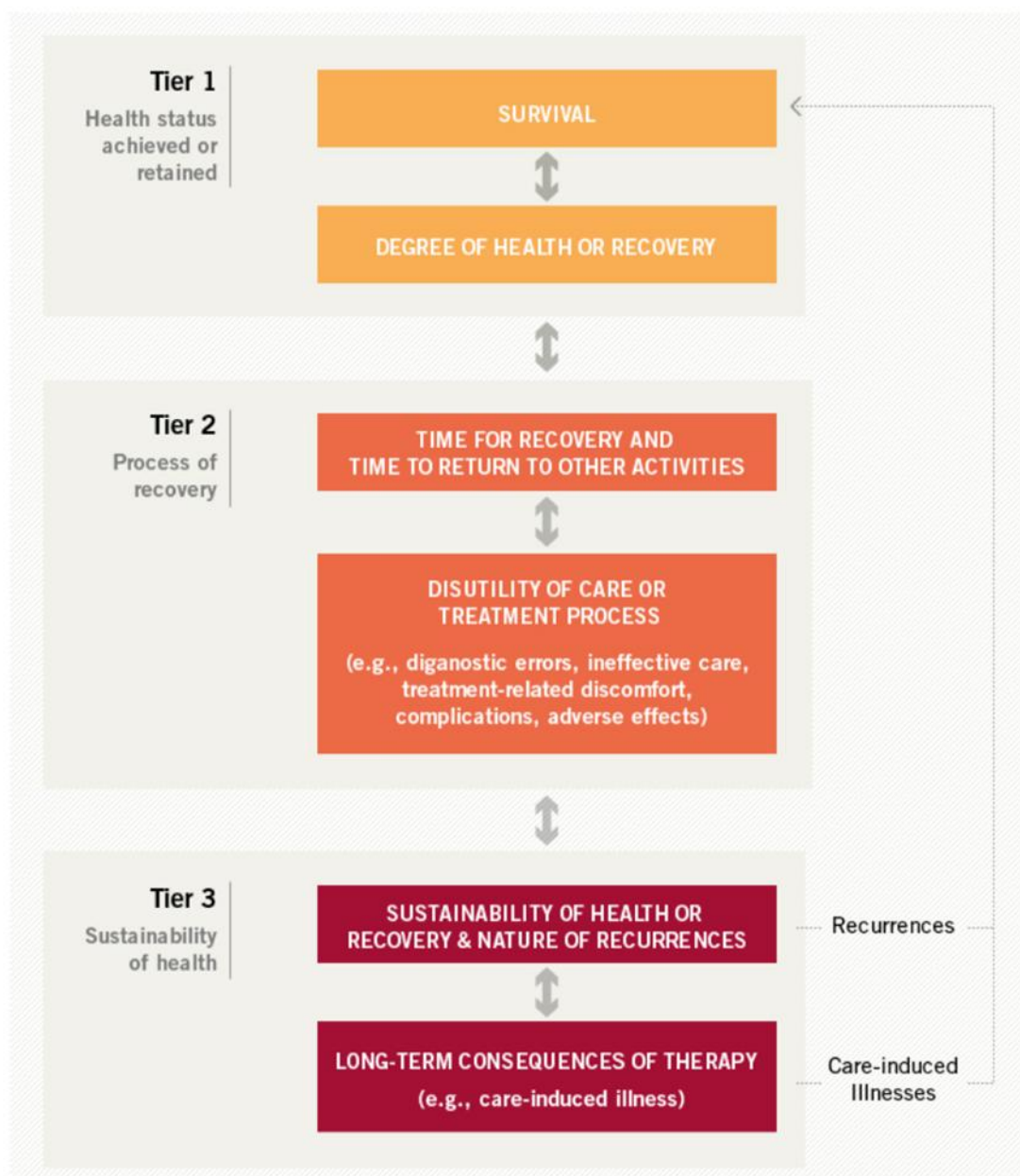
How could this conceptualisation of the links between wellbeing, disadvantage, marginalisation and deprivation support:

- Cross-Program and cross-Portfolio Commissioning of services to improve wellbeing outcomes for priority groups?
- Design of data collection, sharing, analysis and use in service system development?

¹² p19 [Budget-2024-25-Wellbeing-Statement.pdf \(act.gov.au\)](#)

	The cumulative impacts of low levels of wellbeing capitals; discrimination, disadvantage and vulnerability; deprivation and exclusion on the level, breadth, depth and complexity of need when accessing human services			
Human services are critical to addressing personal risk factors, reducing exclusion and deprivation, redesigning system to meet needs and building future capacity/capability to reduce future risk	People who experience deprivation and/or exclusion across one and/or multiple wellbeing domains – Face an increased risk of negative impact from adverse events and adverse circumstances; have limited access to personal resources to cope with adversity; and public resources can be inaccessible, inappropriate and/or ineffective			
	Harm in family and/or community Burden of Responsibilities	Inequality and/or Exclusion from market	Increased costs of living and/or risks from climate change Exclusion from green space and nature	Personal risk factors
	Victim of crime	None/Inadequate insurance	Housing not able to withstand extreme weather event	Chronic Illness
	Domestic/Family Violence	Unaffordable housing	Insecure tenure in housing	Illness/Disability not recognised in service system
	Childhood neglect/abuse	Homeless	Climate Change Mitigation measures not accessible/appropriate/effective in circumstances	Service system not resourced to meet depth, length and complexity of needs
	Sexual assault and harassment Feel unsafe in neighbourhood	Low/No savings Only source of credit is credit card or non-bank loan		Barriers to access to health care Barriers to access to education
	Advocacy for needs is unheard/misunderstood Don't feel culturally safe	Insecure/Inadequate income Insecure work		History of trauma Barriers to digital services
	Experience harm from mainstream service system	Unemployment		Unable to engage online
Human services increase access to support, advocate for needs to be met by system and build future personal capacity/capability to reduce future risk	Priority Population Groups – Includes people and communities who experience discrimination and stigma, face barriers to building the capitals that are the foundation for wellbeing and private and public resources to address adversity can be inaccessible, inappropriate and/or ineffective			
	Social and Economic Deprivation and Exclusion		Social and Environmental Infrastructure is inaccessible/inappropriate/ineffective	
	Time Poor	Unable to access \$2000 in an emergency from family/friend	Disability unsuitable/inaccessible infrastructure and environments	Public transport inaccessible
	Unable to access informal support networks	Could not pay registration or insurance on time Went without meal		No drivers licence No private transport
	Social Isolation	Sought assistance from welfare/community organisations		Skills/Education not recognised
	Caring responsibilities	Pawned or sold something Sought financial help from friends or family		Low digital literacy
	Advocacy required to have needs known and met	Could not pay gas, electricity or telephone bill on time, Unable to heat home		Low literacy in English
	Needs are not met in mainstream service system	Spend more money than received		Low numeracy
Human services supplement informal support in response to adverse circumstances and events	Indicators of wellbeing that reduce the risk of adversity and enable effective response/recovery after adversity - People and communities with access to these capitals have better capacity/capability to achieve wellbeing and bounce back more easily from adverse circumstances and events.			
	Social Capacity/Capability	Economic Capacity/Capability	Environmental Capacity/Capability	Human Capacity/Capability
	Experience Belonging	Secure and Adequate Income	Adequate/Affordable insurance	Good health
	Informal support networks (friends, family, neighbours) strong and reliable	Asset Base to draw on as circumstances change	Reliable access to infrastructure and environments	Healthy Lifestyle
	Feel safe at home		Secure tenure in housing	Education is accessible and suitable to needs
	Feel safe in community – physically and culturally	Drivers licence		Have met education attainment milestones
	Feel safe to express your identity	Secure tenure		Positive early childhood experiences
	Volunteer	Digital access (devices and data)		Digital Literacy
	Work:Life Balance Needs are known and met in mainstream service system			Access to services Private transport

THE OUTCOME MEASURES HIERARCHY



This framework could assist with framing and tracking the different levels of outcome expected and achieved by each Human Services Program

Aligning Wellbeing data collection to the Commissioning Cycle

Incorporating Wellbeing into human service program expectations	Monitoring impact of human services on Wellbeing for people who experience vulnerability and discrimination
<p>Step 1: Discover</p> <p>What Wellbeing Domains are relevant to/in scope for the program being delivered?</p> <p>What are the factors that create, erode and/or prevent the development of wellbeing capitals?</p> <p>How could the program contribute more/differently to achieving wellbeing at individual and community level?</p> <p>What data currently exists and could be collected to assess the performance of the program against wellbeing domains?</p>	<p>Step 6: Integrate</p> <p>What is the data telling us about the development of wellbeing capitals and the factors that influence wellbeing and create risk to wellbeing?</p> <p>How is data from the program contributing to ACT Government understanding of individual and community wellbeing and risks to wellbeing?</p> <p>How is data from the program strengthening ACT Government understanding of the changes needed in service design, delivery and evaluation across green, amber and red levels of need?</p>
<p>Step 2: Strategise</p> <p>What policies, funding and other programs co-contribute to the wellbeing domains in scope for this program? – this is the “ecosystem” within which the program is being delivered</p> <p>What intersections and co-ordination is required across this ecosystem for this program to be delivered effectively for the intended beneficiaries?</p> <p>What is the current state of the service delivery system? Consider:</p> <ul style="list-style-type: none"> - maturity (new/established/evolving) - effectiveness (low/medium/high, reliable/patchy) - breadth/depth of “suppliers” 	<p>Step 5: Deliver</p> <p>How is the program contributing to achieving wellbeing and addressing risk factors for wellbeing?</p> <p>What evidence is being provided of effective intersections and co-ordination with other components of the ecosystem – policy and programs?</p> <p>Is the program accessible, appropriate and reflective of the evidence of what works to meet the needs of intended beneficiaries?</p> <p>What data is being collected about addressing the presenting problems, supporting recovery and sustaining positive outcomes?</p>
<p>Step 3: Design</p> <p>Who are the intended beneficiaries of the Program? Are they a growing/reducing population?</p> <p>What is this Program responsible for contributing to the Human Services Outcomes articulated in the 2022-2024 Commissioning Roadmap?</p> <p>What wellbeing domains will this program contribute to achieving?</p> <p>What data is needed to hold the service to account for delivering accessible, appropriate and effective services to the intended beneficiaries?</p> <p>What data needs to be collected at each tier in Outcomes Hierarchy (address problem, support recovery, sustain positive outcome)?</p>	<p>Step 4: Invest</p> <p>How does the proposal demonstrate the service will ensure the program is accessible, appropriate and reflective of the evidence of what works to meet the needs of intended beneficiaries?</p> <p>Does the proposal demonstrate whether and how it will attend to addressing the presenting problems, supporting recovery and sustaining positive outcomes?</p> <p>How will the Program contribute to achieving the Human Services Outcomes articulated in the 2022-2024 Commissioning Roadmap?</p> <p>Does the proposal demonstrate an understanding of it’s role as a referrer, connector, facilitator, escalation/de-escalation point for other services?</p>

Collecting data to inform decisions about the performance of human services

Research has identified the multiple dimensions against which data needs to be collected to understand the performance of human services at individual organisation level and across an ecosystem of policy settings, program funding arrangements/levels and service provision. This research describes inputs, outputs, outcomes and impacts across the “Value Chain of Human Services”:

- Inputs: The resources, capital, and factors of production allocated to structures, systems, and processes that develop and deliver a program or service.
- Outputs: The service or program – such as housing assistance, supplemental nutrition assistance, health services, etc. – provided to an individual, family, or community.
- Outcomes: The result – such as a job found, housing secured, education achieved – of the program or service for an individual stakeholder, constituent or client.
- Impact: The public and social value that services and solutions deliver for communities and stakeholders over of time.

This research also articulated what technical and strategic capability is needed to measure human services value creation and delivery. Moving from measures of internal inputs and outputs in a single organisation to measuring client and system impact requires development of both technical and strategic capability of funders and providers areas:

- Technically – gather analytics using the intersection of networks, inexpensive data storage and data analysis methods to allow better measurement across the entire value chain of inputs, outputs, outcomes, and impact. When these measures are put together, executives can assess the performance of a human services system from a wider perspective – across departments, agencies, systems, and ecosystems, as well as a deeper perspective – granularly within services and operating units.
- Strategically – create a comprehensive view that enables an organization to continually learn what services and solutions are most effective and efficient in achieving improved outcomes. Further, this analysis can be used as a lever to flow what works backwards through the organization – evidence-based insights can show where refined practice models, improved systems and processes, and enhanced capabilities of people and teams can elevate outcomes and impact.

The tables below illustrates what, when and how data could be collected from the perspective of service beneficiaries, service providers, service funders and service system stewards to assess the performance of human services.¹³

It will be important to build understanding or and support for a multi-level approach to data collection from CMTEDD, Human Services Directorates, Peak Bodies, Service providers and service users.

¹³ [HSVC_Guide.pdf \(lnwprogram.org\)](#)

Dimensions of Outcome and Impact

Measures across organizational boundaries	SYSTEM VIEW Measures that leverage trend and root cause analysis system-wide in order to forecast future performance and expected effects (such as families most likely to benefit from new forms of case management and services) of new interventions and program innovation.	IMPACT VIEW Measures of the human services system-wide generative effect that enable new valuation and solutions (such as performance-based contracting, pay-for-success options, etc.) and improved service design, (creating, starting and ending programs) development and delivery.
	ORGANIZATIONAL VIEW Measures of the inputs and outputs (such as program investment, number of families receiving services, percentage of cases closed in a given time period, etc.) that describe and quantify the activity and basic trends of a human services program or organization over time.	CLIENT VIEW Measures of how a human services program has achieved broader outcomes (such as a client achieving self-sufficiency as opposed to leaving a program as a result of non-compliance) for individuals and families by capturing, correlating and communicating deeper data and detail.
Measures of single organization	Measures of internal inputs and outputs	Measures of client results and outcomes

Combining a systems, impact, organisation and client roles and viewpoint when monitoring outcomes and impact

ECO-SYSTEM STEWARDS Define expectation of impacts from service system design and delivery (eg Program Logic) – in contributing to wellbeing outcomes and supporting Priority Groups	SERVICE FUNDERS Define theory of change, funding models and service funding levels
System View = system performance accountability	Impact View = identify opportunities for reform of purchasing model and service design/development/delivery
<ul style="list-style-type: none">What do we expect service system to achieve?Does the system encourage prevention of, and early intervention in responding to, the need for services?Are there gaps in the service offerings in the system?Are there perverse incentives in the system?How are we collecting and analysing data from multiple sources to inform system design, evaluation and improvements?How are we monitoring trends in demand for and access to services?Can people eligible for services access these when they are needed, for the length of time and level of intensity required to address their needs?	<ul style="list-style-type: none">What are the expected impacts of services?Who are the expected beneficiaries of services?How will we know these impacts have been delivered?Is the funding available aligned with evidence and benchmarks for the reasonable cost of delivering these services?
What system wide data will be collected and analysed? Who will have access to system wide data? What are the performance criteria against which the system will be assessed? Who will determine the need for changes and be accountable for delivery of these changes in system to improve performance?	When will impact data be collected? Who will have access to this data? How will the contribution to impact of purchasing model, funding model and service funding levels be disaggregated and analysed?
Organisation view = financial and program purpose accountability	Client View = program effectiveness accountability
What data about organisations delivering services will be collected and analysed? Who will have access to organisation data? What are the performance criteria against which the organisation will be assessed? Who will determine the need for changes to the organisations providing services to improve performance?	What factors (personal, circumstantial, community) will be documented that are relevant to program effectiveness and client experience? What program effectiveness and client experience data will be collected? When will program effectiveness and client experience data be collected? Who will have access to this data?
SERVICE PROVIDERS Describe inputs, outputs and outcomes	SERVICE BENEFICIARIES Describe their experience and outcomes

ATTACHMENT A

Data Source: [Personal wellbeing - ACT Wellbeing Framework](#)

Overall personal wellbeing	Mental ill-health and/or psychological distress	Access health services (GP, Specialist, Allied, Dental)	Access outdoor spaces and nature	Sense of Belonging	Sense of inclusion	Discrimination	Housing affordable to purchase and suitable to needs	Literacy gap - school aged	Numeracy gap - school aged	Time Use
Number of people reporting low wellbeing increased from 17.6% in late 2021 to 25% in 2023	Increased (mental ill-health) Same (psychological distress)	Nil comparison	Nil comparison	Same	Increased (low inclusion)	Same	Increased (unsuitable)	Same	Increased (gap)	Increased (poor quality of time use)

Population group	Overall personal wellbeing	Mental ill-health and/or psychological distress	Access health services (GP, Specialist, Allied, Dental)	Access outdoor spaces and nature	Sense of Belonging	Sense of inclusion	Discrimination	Housing affordable to purchase and suitable to needs	Literacy gap - school aged	Numeracy gap - school aged	Time Use (quality) Time use (travel)	OTHER
Aboriginal and Torres Strait Islander	Social and emotional wellbeing decreasing	Increased deaths from self harm	Life expectancy not improving Reduced health checks Decreased healthy birth rate	Connection to lands and waters not increasing				Decreased housing aligned with priorities and needs	Increase participation in early childhood education Increased number of children developmentally on track in first year of school Increased number of students reaching full learning potential, participating in post-school learning pathways		Increased employment	Higher risk of social and emotional difficulties in first year of full time education (ACTWB 2024) Over-represented in criminal justice and COHC rates maintained (CIC Report)

Data from Socioeconomic outcome areas - Closing the Gap Annual Data Compilation Report, July 2023 | Closing the Gap Information Repository - Productivity Commission (pc.gov.au)

Lower wellbeing reported in 2024 Report	Care											Low feelings of safety, sleep quality and work-life balance
	Children and young people								Disadvantaged groups	Disadvantaged groups		Lower rate of offending but higher return to Youth Justice Out of 49 measures - 14 +ve change, 4 -ve change, remainder no or unclear change
	Culturally and Linguistically Diverse			Both English speaking and non-English speaking		Non-English speaking countries	Non-English speaking country				Non-English Speaking Country (under employed)	Low heatwave resilience
	Disability					Particularly those with a disability that resulted in restriction in cognitive or mental health functioning		ACTWB Report 2024 Lower than median household income affordable				Fewer job opportunities, higher levels of underemployment, lower overall health status. Lower feeling that their voices and perspectives matter

Population group		Overall personal wellbeing	Mental ill-health and/or psychological distress	Access health services (GP, Specialist, Allied, Dental)	Access outdoor spaces and nature	Sense of Belonging	Sense of inclusion	Discrimination	Housing affordable to purchase and suitable to needs	Literacy gap-school aged	Numeracy gap-school aged	Time Use (quality) Time use (travel)	OTHER
Lower wellbeing reported in 2024 Report	Gender		women	women	women							women	Low heatwave resilience and feelings of safety
	LGBTQ+												Extra understanding needed to meet their daily needs, access services, or feel safe in the community
	Older person												Feeling invisible or underestimated, often when shopping or in the workplace
	Other group		People aged 25-44	aged 18-29 aged 30-49		aged 18-29 aged 30-49	aged 18-29					aged 18-29	

		Overall personal wellbeing	Mental ill-health and/or psychological distress	Access health services (GP, Specialist, Allied, Dental)	Access outdoor spaces and nature	Sense of Belonging	Sense of inclusion	Discrimination	Housing affordable to purchase and suitable to needs	Literacy gap-school aged	Numeracy gap-school aged	Time Use
Evidence in 2024 of increased risk of low wellbeing	Aboriginal and Torres Strait Islander											
	Carer							more than 15 hours per week caring responsibilities	more than 15 hours per week caring responsibilities (suitability)			
	Children and young people											
	Culturally and linguistically Diverse	Born overseas						Born overseas				
	Disability			Especially for people with disability resulting in long-term restriction in cognition, cognitive processing, or mental health functioning					(suitability)			
	Gender	women		women								
	LGBTQ+											
	Older person											
	Other group	Aged 18-29	All Adults	those aged 30-49 aged 50-64 (for psychiatrists only)			All groups		Aged 18-29 (suitability)			All groups

ATTACHMENT B

Source: [Living-well-in-the-ACT-region2022.pdf \(regionalwellbeing.org.au\)](#)

Wellbeing Domain Key findings	Wellbeing Domain - Low wellbeing
<p>Personal wellbeing - At the end of 2020, ACT adults had, on average, higher wellbeing than other Australians: at the end of 2020, 20.4% of ACT adults had low wellbeing compared to 24.8% of all Australians, and 27.1% of those living in major cities across Australia.</p> <p>While personal wellbeing fell during the first lockdown, during the second lockdown it did not decline significantly for most Canberrans, despite many finding the lockdown challenging to cope with.</p>	<p>What are the demographic characteristics of people in the 20% with low personal wellbeing?</p>
<p>Access and connectivity - Between 2020 and 2021, perceptions of the overall liveability of the local areas Canberrans live in declined, from 94.7% reporting high liveability at the end of 2020 to 87.8% at the end of 2021.</p> <p>When not in lockdown, the proportion of Canberrans with good access to transport remained steady between 2019 and 2020, with 82% reporting that they found it easy to get to the places they need to, 14% sometimes having difficulty and 4% often having difficulty.</p>	<p>The decline in access and connectivity was greatest amongst younger Canberrans, renters, those living in units/apartments, and those who have lived in Canberra less than five years.</p> <p>People with disability and carers with high caring obligations reported the greatest difficulty being able to access the places they need to, with more than one in three of each of these groups reporting they sometimes or always have difficulty.</p>

Wellbeing Domain Key findings	Wellbeing Domain - Low wellbeing
<p>Environment and climate (connection to nature) - During the two COVID-19 lockdowns, there was a significant increase in the proportion of people who spent time walking in their local area at least once in a typical week, with the proportion increasing from 65.9% in December 2019 to 74.2% during the first lockdown, and 74.1% during the second lockdown.</p> <p>However, between the two lockdowns reported usage returned back to earlier levels.</p>	<p>However, there was some decline in use of local greenspace amongst those with already low engagement in this type of nature connection, particularly those with a disability, and those aged 18- 29.</p>
<p>Governance and institutions The start of the COVID-19 pandemic was associated with growth in the proportion of Canberrans who felt that local groups and organisations in the ACT were good at getting things done, from 55.4% to 80.1%. By December 2020, this strong positive view had reduced somewhat, but still remained above 2019 levels, at 66.9%.</p> <p>Between 2019 and 2020 there was also a small increase in the confidence of ACT residents that they could get involved in decision making processes and be listened to</p>	<p>Confidence of ACT residents that they could get involved in decision making processes and be listened to declined amongst those from non-English speaking backgrounds, and those living in units/apartments.</p> <p>Confidence that vulnerable people are protected and supported in the ACT remained unchanged between 2020 and 2021, with 62.9% feeling confident as of 2020.</p>
<p>Health A total of 48% of ACT residents reported very good or excellent overall health in 2021, and 20% reported fair or poor health.</p> <p>While self-rated health declined during the first COVID-19 lockdown, a similar decline did not occur at the population scale during the second lockdown in 2021.</p> <p>The self-reported mental health of many Canberrans worsened during each period of COVID-19 lockdown: during the first lockdown, the proportion of Canberrans reporting fair or poor mental health increased from 22.9% to 38.9%; between the first and second lockdown this returned to 24.2%, and then increased again in the second lockdown, to 34.6%. However, while the proportion of ACT residents with moderate and high psychological distress significantly increased in early 2020 during the first COVID-19 lockdown, the same increase was not seen during the second COVID-19 lockdown, suggesting improved ability to cope with the challenges of lockdown during the second lockdown.</p>	<p>Demographics of 20% reported fair or poor health?</p> <p>The ability of many Canberrans to access health services declined between 2019 and 2020: the proportion able to easily access a GP declined from 74.9% to 64.2%; a dentist from 77.8% to 56.3%; allied health services from 70.0% to 40.6%, and mental health services from 37.7% to 23.0%.</p> <p>Carers, those with a disability, and single parents reported poorer access to all types of health service on average compared to other ACT residents.</p>

Wellbeing Domain – Key findings	Wellbeing Domain - Low wellbeing
<p>Health (continued) Most Canberrans reported being able to easily access walk-in clinics in both 2019 and 2020</p> <p>In December 2019, the proportion of Canberrans who had healthy sleep hours was 57%, while 40% were sleeping fewer hours than is recommended for good health. During the first COVID-19 lockdown, the proportion of people reporting unhealthy sleep hours increased slightly. In 2020 and 2021, the proportion reporting healthy sleep hours increased significantly, to 63%, while the proportion getting too little sleep fell to 33%.</p>	<p>Carers, people with children (particularly children aged under 5), and people with a disability, were most likely to get too little sleep at the end of 2021.</p>
<p>Housing and home - As of 2021, around 13% of Canberrans reported their home was overcrowded, similar to 2019.</p> <p>Between 2019 and 2021, housing suitability overall remained stable across the ACT: while there was a decline in the proportion of people reporting their home met their needs well during the first COVID-19 lockdown, the second lockdown was not associated with a similar decline, suggesting many had been able to adapt their home to their needs during lockdown.</p>	<p>The groups most likely to report overcrowding in their home at the end of 2021 were single parents, carers, those living in units/apartments, those with children, and renters.</p>
<p>Safety and emergency preparedness - Most Canberrans feel safe if alone in their home at night (88%), walking alone in their neighbourhood (88%), using public transport (83%), and at work (96% of working Canberrans).</p> <p>Across the ACT, the 2019-20 Black Summer bushfires resulted in rapid growth in emergency preparedness, with growth between 2019 and April/May 2020 in the proportion of households that had a written plan, discussed it with others, had an emergency kit, and stored documents safely.</p> <p>Those living in Tuggeranong, those with a physical disability, those who owned their home, and those aged 65 and older, were most likely to have a written plan for emergencies.</p>	<p>However, by the end of 2020, there was some decline in preparedness compared to April/May 2020, particularly in discussion of emergency plans with others in the household, emergency kits and safe storage of documents.</p> <p>Those with young children, living in the Inner South, aged 18-29, and born in a nonEnglish speaking country, were least likely to.</p>

Wellbeing Domain – Key findings	Wellbeing Domain - Low wellbeing
<p>Identity and belonging At the end of 2020, most Canberrans – 80.8% a- felt a strong sense of belonging to their local community, an increase from 74.7% in 2019, while sense of inclusion did not change significantly between 2019 and 2020, Almost 90% of ACT residents feel that Canberra as a community accepts people from different cultures, and that there is room for a variety of languages and cultures in the ACT Connection to Canberra declined slightly between 2020 and 2021: the proportion of Canberrans who agreed with the statement ‘I would recommend the ACT region to others as 10 a good place to live’ stayed stable from 2019 to 2020, at between 92% and 94% Pride in Aboriginal and Torres Strait Islander culture, and its importance to Australia’s identity as a nation, grew significantly amongst Canberrans between 2019 and 2020: the proportion of Canberrans reporting they felt proud of Aboriginal and Torres Strait Islander cultures grew from 70.1% in November 2019 to 78.6% in December 2020 During 2020, 76% of Canberrans attended at least one event in which there was an Acknowledgement of Country; 56.4% an event in which there was a Welcome to Country; and 32.2% other events or ceremonies. This was similar to 2019 levels, despite the impacts of the COVID-19 pandemic.</p>	<p>Just over one in five ACT residents reported experiencing discrimination in the previous 12 months in both 2019 and 2020 (sources and impacts?) Significant increase in the proportion of people who felt that Australia is a racist country, from 45.0% in 2019 to 55.3% in 2020. Proportion of Canberrans who agreed with the statement ‘I would recommend the ACT region to others as a good place to live’ declined to 85% in 2021</p>

Wellbeing Domain – Key findings	Wellbeing Domain - Low wellbeing
<p>Social connection - Traditional social connection in the form of spending time with people face to face was significantly lower in late 2021 compared to 2019, an unsurprising finding given that the 2021 survey was undertaken during the second lockdown.</p> <p>Meanwhile, engagement in volunteering in the ACT declined between 2019 and 2020, from 38% volunteering time unpaid in 2019, to 32% in 2020. However engagement in volunteering rose slightly in 2021 to 35%, not significantly lower than the engagement in volunteering in 2019.</p>	<p>Overall levels of loneliness increased significantly in the ACT during both the first and second COVID-19 lockdowns.</p> <p>The Canberrans most likely to report often or always feeling lonely were those with a disability, carers, people living on their own, single parents, parents with adult children living at home, and those renting, living in a share house, or living in a unit/apartment.</p> <p>The proportion of Canberrans who spent moderate to high amounts of time with community groups or at events also declined significantly between 2019 and 2021.</p>
<p>Living standards - While overall perceptions of affordability of living costs became more positive between 2019 and 2021. Amongst all ACT adults, 34.9% reported finding living costs affordable in 2019, while 57.7% did at the end of 2021.</p> <p>There was a decline in perceptions of affordability during the first COVID-19 lockdown, a period when unemployment increased in the ACT. There was not a similar increase in concerns about affordability during the second lockdown, when employment rates were higher.</p> <p>In 2019, 28.5% of Canberrans felt they and their family were very poor, poor or just getting along. This decreased to 18.3% in December 2020, and 16.0% in November 2021. This decline may reflect the strong employment market in the ACT, which by February 2022 had not only the lowest unemployment rate of any Australian jurisdiction, but was experiencing growth in full-time employment and decline in part-time employment.</p>	<p>Canberra is much less affordable for younger people, renters, and carers; and much more affordable for those who are older and purchased a home some time ago.</p> <p>Those most likely to report having a precarious financial position, in the form of being very poor, poor or 'just getting along' financially, were carers, the unemployed, those with a disability, renters, single parents, and those who had lived in Canberra for five years or less.</p>

Wellbeing Domain – Key findings	Wellbeing Domain - Low wellbeing
<p>Time - Overall quality of time use improved slightly for Canberrans between 2019 and 2021, albeit with a significant decline in time use quality during the first COVID-19 lockdown in April/May 2020.</p> <p>Quality of time use improved for some of those aged 18-29 and 30-49, particularly those with younger children.</p> <p>The proportion of Canberrans with less paid work than desired fell from 22.6% in 2019 to 16.6% at the end of 2021 – but with a significant increase during the 2020 lockdown, to 34.5%. The proportion of people doing more work than they wanted to also fell, from 25.9% to 21.8%. The overall effect of this was growth in the proportion of Canberrans who reported they were doing about the right amount of paid work.</p> <p>The proportion of Canberrans who spent more than 30 minutes commuting to or from their place of work or study fell from 26% in 2019, to 20% in December 2020.</p> <p>At the end of 2019, 70.6% of Canberrans felt they were doing about the right amount of caring for children or other people. By November 2021, during the second lockdown, this had almost halved, with 38.1% feeling they did about the right amount of caring for children and 40.9% the right amount of caring for people other than children.</p>	<p>While older Canberrans continue to typically have higher quality of time use than younger Canberrans, they were more likely to experience a decline in quality of time between 2019 and 2021</p> <p>Between 2019 and 2021, rates of underwork grew amongst those aged 65 and older, many of those with children at home, and those born in a non-English speaking country, as well as amongst some carers.</p> <p>Between 2019 and 2021, there was an increase in the proportion of parents of younger children who spent more time on caring duties than desired, and at the same time an increase in those aged 50 and older who were spending less time caring than desired.</p> <p>COVID-19 restrictions had a one-way effect on volunteering, with a significant increase in the proportion of Canberrans who reported they were doing less volunteering than desired.</p> <p>The proportion of Canberrans who reported they were spending more time doing housework than they wanted to grew from 21.4% to 26.6%, and the proportion reporting doing less housework than they wanted fell from 22.9% to 11.3%, between 2019 and 2021.</p>

Priority Group – Average or above average wellbeing	Priority Group – Low wellbeing
Wellbeing strengths and vulnerabilities differs considerably depending on their caring responsibilities, experience of disability, housing, age and gender, amongst other things.	Does intersectionality increase vulnerability? Are there any measures of access to economic, human, social and environmental capitals that could be used to consider risk and protective factors within the group that experiences vulnerability?
Gender (201,653 people who identify as women in the ACT): Men and women were mostly similar across all wellbeing domains	Men have a weaker sense of inclusion Women have lower confidence in their ability to have a say and be heard, and poorer quality of time use than men, particularly with regard to housework, caring, and work-life balance.
Age: Amongst those aged 30-49, there is higher than average connection to nature Amongst those aged 50-64, better than average psychological distress, housing suitability, sense of inclusion and safety, ability to afford cost of living, and quality of time. Those aged 65 (50,000+ older people in the ACT) and over have higher wellbeing than those of other age groups, particularly in relation to housing, living standards, safety, and governance and institutions.	Wellbeing is aged 18-29, who have poorer than average wellbeing in the areas of access and connectivity, governance and institutions, health, identity and belonging, living standards, safety, social connection and time use. Aged 30-49 poorer access to health services, housing suitability, sense of belonging, social connection, work-life balance and lower satisfaction with caring duties. Amongst those aged 50-64, there is lower satisfaction with caring duties (less than desirable).
Country of birth/language spoken at home (35,846 people): Those born in non-English speaking countries and for whom the main language at home was not English were more likely to report positive overall health and lower loneliness. Length of time lived in ACT: Those who had lived a shorter time in the ACT were more likely to feel confident in how well vulnerable people were protected and to report positive health and high engagement with Aboriginal and Torres Strait Islander culture, as well as to have positive quality of time.	Born in non-English speaking countries and language at home not English more likely to experience discrimination, less likely to feel safe, less prepared for emergencies, and had poorer work-life balance Shorter time lived in ACT experienced poorer local liveability and connection to nature, higher psychological distress, lower sense of inclusion and poorer financial position

Priority Group ¹⁴ – Average or above average wellbeing	Priority Group – Low wellbeing
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¹⁴ Population numbers sourced from ACT Government Commissioning Roadmap 2022 – 2024 COMMISSIONING IN PRACTICE Booklet 2 p 14

<p>LGBTIQ+ (18,000+ people): More likely to spend time connecting to nature, engaging with Aboriginal and Torres Strait Islander cultures and in community activities Reported higher social connection</p>	<p>Lower confidence that vulnerable people are protected in the ACT Poorer mental health, sleep hours and access to health services Lower sense of inclusion, lower connection to Canberra Found cost of living more challenging Less likely to feel safe or be prepared for emergencies Poorer work-life balance</p>
<p>Disability (62,000 people): Those with physical and/or mental health related disability reported were similar to or better than average sense of belonging, valuing Aboriginal and Torres Strait Islander cultures, emergency preparedness, volunteering and participation in community activities.</p>	<p>People with disability had lower than typical wellbeing</p> <p>Also experienced a decline in wellbeing in the areas of personal wellbeing, access and connectivity, connection to nature, governance and institutions, health, housing and home, living standards, feeling safe, loneliness, and quality of time use</p>
<p>Carers (48,000 people) Reported were similar to or better than average sense of belonging and inclusion, connection to Canberra and confidence in multiculturalism and engaging with Aboriginal and Torres Strait Islander cultures.</p>	<p>Carers with more than 15 hours of caring responsibilities each week – typically have poorer wellbeing than average across almost all domains of wellbeing, particularly personal wellbeing, confidence in protection of vulnerable people, health and access to health services, housing suitability and overcrowding, living standards, safety, social connection, and quality of time.</p>
<p>Employment status Employed people make up a large proportion of the ACT adult population and were largely similar to the average in terms of wellbeing, although more likely to engage with Aboriginal and Torres Strait Islander culture.</p>	<p>Employed people were more likely to report a decrease in participation in community activities during the 2021 COVID-19 lockdown.</p> <p>People who are unemployed have poorer wellbeing across multiple aspects of wellbeing, particularly living standards, feeling safe, social connection, and personal wellbeing</p>

Household type – Average or above average wellbeing	Household type – Low wellbeing
Single parents had similar to or better than average personal wellbeing and safety.	Poorer wellbeing than the average across all domains of wellbeing particularly in sense of inclusion, trust in institutions, connection to nature, housing suitability, and Connection to Canberra Also higher rates of loneliness amongst this group
Those with children living at home reported generally more positive personal wellbeing compared to others (except those with children aged 18-24 living at home), and were less likely to be lonely, and similarly likely to feel confidence in being able to have a say, financial position, and social connection to others.	Those with children 18-24 living at home reported less positive wellbeing than others with children living at home All adults with children living at home had poorer than average sleep hours and access to health services, housing suitability, work-life balance, and quality of time in relation to housework and caring duties.
Those without children living at home had higher than average personal wellbeing, connection to nature, health, connection to Canberra, emergency preparedness, and quality of time	Less likely to feel safe, and experienced decline in ability to do as much caring for others as desired between 2019 and 2021
Sole person households less likely to experience overcrowding, more likely to report positive social connection and engagement in community activities, and more likely to be prepared to emergencies than other groups.	Those living in sole person households had poorer wellbeing in the areas of personal wellbeing, belonging, loneliness, experience of discrimination, and key aspects of time use quality including work-life balance, caring and volunteering.

Housing Form – Average or above average wellbeing	Housing Form – Low wellbeing
Living in a freestanding or townhouse more likely than those living in units/apartments to report positive wellbeing across all domains of wellbeing except feeling safe Particularly good wellbeing in the areas of local liveability, connection to Canberra, and personal wellbeing.	One area of lower than average wellbeing was feeling safe
Living in unit/apartment more likely to report positive connection to nature, trust in institutions, good sleep hours, feeling safe, and engaging with and valuing Aboriginal and Torres Strait Islander cultures.	More likely than the typical Canberran to report poor wellbeing in the areas of personal wellbeing, housing suitability/ overcrowding, belonging and inclusion, and social connection.
Housing tenure – Average or above average wellbeing	Housing tenure – Low wellbeing
Those who owned their home outright or were paying off a mortgage were more likely to report positive wellbeing in the areas of feeling safe, social connection, living standards, identity and belonging, housing suitability (particularly outright owners), and access and connectivity.	Those with a mortgage reported somewhat less high wellbeing compared to those who owned their home outright.
Those who rented their homes had poorer wellbeing than average across all domains except connection to nature, governance and institutions, and some aspects of health.	This group in particular reported poorer wellbeing in terms of access and connectivity, housing suitability and overcrowding, identity and belonging, safety, and overall social connection and quality of time.