A FRAMEWORK FOR PERFORMANCE REPORTING AND DRIVING WELLBEING OUTCOMES IN NSW

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Inquiry into a framework for performance reporting and driving wellbeing outcomes in NSW

To: The Hon. Jason Yat-Sen Li MP
Committee Chair
Public Accounts Committee
Parliament of NSW

Dear Mr Yat-Sen Li and Committee members,

Thank you for your invitation to make a submission to this important *Inquiry into a framework for performance reporting and driving wellbeing outcomes in NSW*. I am a Senior Research Fellow within the Stretton Institute at the University of Adelaide. My expertise on **public wellbeing** as it relates to the goals of this Inquiry lies in the following areas:

a) The role of stress in social cognition (1, 2)
b) How chronic stress harms mental health and social behaviour (2)
c) The social and environmental determinants of chronic stress (3)
d) Psychological and social wellbeing (4)
e) And public policy to promote wellbeing (5, 6).

My book entitled *How to Create Societies for Human Wellbeing* draws together all the issues listed above and will be published with Policy Press later this year.

I acknowledge and welcome the aim of your Inquiry, to develop a coherent framework of wellbeing measures to monitor the performance of NSW government services on wellbeing and drive wellbeing outcomes for NSW residents. I will address that aim directly below with reference to the Commonwealth *Measuring What Matters* framework and the OECD *Framework for Measuring Well-being and Progress*. However, before that I wish to offer some brief explanatory perspectives encompassing three questions:

1. What is wellbeing?
2. How is wellbeing made or unmade?
3. What strategies are best placed to promote wellbeing?

These perspectives are important, in my view, because Wellbeing Frameworks and all wellbeing policies will always contain some form of answer to these questions, which may be in the form of tacit assumptions or existing institutionalised practices (7). If these assumptions are inadequate to the evidence on what wellbeing is and how it is shaped by modern environments, then the application of a Wellbeing Framework and implementation of wellbeing strategies is likely to fall short of what is required.

Wellbeing and the role of stress

In part, psychological wellbeing lies in having personal resources and supportive conditions to self-regulate social cognition and behaviour, cope with minor stressors, and avoid chronic stress arousal (4). A key element of the wellbeing benefits associated with factors such as social support, contact with nature and a sense of self-efficacy is that they help to reduce stress arousal. *Understanding*

human vulnerabilities to stress is essential to understanding the contingent nature of psychological wellbeing in modern societies and designing effective policies to promote wellbeing.

Human stress arousal responds to perceived threats to coping or social standing. Common psycho-social causes of stress arousal include:

- Financial distress
- Housing insecurity
- Excessive work hours and low autonomy at work
- Insecure, low-status employment
- Exposure to discrimination
- Perceived risks of violence or coercive control
- Perceived risk of negative social evaluation from other people
- Involuntary social isolation
- Perceived lack of safety
- Climate change and extreme weather events

Chronic stress occurs when a person is recurrently exposed to stressor stimuli and cannot see or does not have any way to resolve or avoid those conditions.

Exposure to stress-inducing (violent, neglectful, conflicted, unpredictable, deficient) conditions in childhood increases lifelong risk of mental ill-health and lead to 'over-reading' of social stimuli as stressors (8). Crucially, such conditions may also result in deficits in personal resources to self-regulate social behaviour, cope with minor stressors, and avoid chronic stress – all key ingredients in wellbeing (4).

Contemporary forms of digital and social media act as amplifiers by repetitively bringing stressor stimuli into people's attention at all hours of day or night. They also serve to promulgate false beliefs about threats posed by 'other' groups, which add to stress demand and can be used to manipulate people's behaviour.

Chronic stress arousal caused by exposure to social-environmental stressors is a fundamental, underlying determinant of all forms of high-prevalence mental health disorder (3, 9) and causally contributes to multiple other forms of ill-health. Maternal stress during pregnancy can adversely affect children's cognitive and emotional development (10). Chronic stress in childhood increases the likelihood of poor mental health and other ill-health conditions over the life course (8, 11). Exposure to stressors is strongly implicated in a variety of adverse physical and mental health outcomes in adulthood (9) and differential exposure to stressors is a primary driver of health inequities between groups of differing socioeconomic status (12, 13). Stress contributes to obesity (14). Chronic stress is associated with premature 'ageing' of genetic structure within cells (15). Economic stress contributes to domestic violence (16). Stress is as an underlying cause of the adverse health effects of social isolation (17). Chronic stress increases dispositions to engage in forms of addictive behaviour as a form of relief seeking (18).

Conversely, in my work I argue that essential social conditions required to moderate stress arousal and promote wellbeing are:

- Access to secure, meaningful work
- Supports and services for parenting and child development
- Social connectedness
- Connection with and care for nature

- Access to healthy food and good nutrition
- Walkable access to local goods and services, and community facilities
- Access to comprehensive primary health care focused on health promotion and primary prevention
- Access to education for life-long learning
- Work-life balance (2,4,5,6)

Australian federal and State governments are currently poorly placed to ensure universal access to these conditions. The dominant focus of much health and social policy and expenditure is on remedial and sometime punitive responses to poor health, poor mental health and dysfunctional social behaviour *after* they have already been produced through toxic social conditions. If the NSW government wishes to chart a new course and take the lead in policy for wellbeing, then your framework must provide direction and incentive to shift policy toward strategies for primary promotion of wellbeing, with a core focus on engagement with and empowerment of *communities* as active participants in the process (5,6). Wellbeing communities are the essential foundation of a wellbeing society because that is where universal access to supportive conditions for wellbeing can be generated (2).

Therefore, to address criterion b) i) in your terms of reference, I urge the Committee to recommend a wellbeing framework that includes:
a) Indicators to monitor and *reduce* population exposures to known psycho-social stressors and associated impacts on mental ill-health (Table 1)
b) Indicators to monitor and *increase* population exposure to social conditions known to moderate stress and promote psychological wellbeing (4, 5) (Table 2)
c) Indicators to evaluate government agencies' strategies and funding commitments to wellbeing promotion (Table 3)
d) Evidence-based **companion materials** to explain what wellbeing is, the crucial role of stress, and how wellbeing is affected by social, economic and environmental conditions over the life-course.

Proposed measures for performance reporting and driving wellbeing outcomes in NSW

Proceeding from the above, the following are recommended as salient measures to be included in the NSW Wellbeing Framework. These are not intended to represent a comprehensive and complete set of indicators but are regarded as especially relevant to the analysis presented above, and the four proposed principles for the contents of a Wellbeing Framework. In all cases I note consistencies between the measures proposed and the Commonwealth *Measuring What Matters* (MWM) framework and the OECD *Framework for Measuring Well-being and Progress.*

Table 1: Reducing negative exposures and adverse impacts on mental health

Proposed Indicators (aiming to decrease…)	Is consistent with…	
	MWM	**OECD**
Prevalence of mental health disorders among NSW adults (>18 yrs) and NSW young people (16-24 years)	Mental health	Health
Prevalence of child exposure to abusive or neglectful conditions within the home/family unit	Childhood experiences of abuse	Safety
Prevalence of financial/housing distress - An inability to afford household bills and normal living expenses - Spending more that 30% of gross income on housing costs	Having financial security and access to housing	Income and wealth; Housing

Rates of family/domestic violence perpetrated against women	Experience of violence	Safety
Poverty − Proportion of households living below the poverty line − Proportion of children living in poverty	Making ends meet; Child development; Income and wealth inequality	Income and wealth; Deprivations
Discrimination − Proportion of people reporting discrimination due to gender, race, ethnicity, sexual orientation, disability, age, or religion.	Experience of discrimination	Safety
Social isolation − Proportion of people reporting social isolation − Proportion of people reporting loneliness	Social connections	Social connections
Environment − Rates of young people reporting anxiety/hopelessness about climate change − Number of people exposed to disasters/extreme weather events	Resilient and sustainable nation	Human capital
Employment − Rate of long-term unemployment − Rate of under-employment − Rate of insecure employment − Employment-related work > 50 hours per week	Secure jobs Job satisfaction	Work and job quality
Inequities − Distribution of all of the above indicators by income quintile (or similar) and by Socioeconomic Index for Areas − Differences in all the above between Indigenous and non-Indigenous Australians	Income and wealth inequality	Inequalities between groups

Table 2: Increasing positive exposures and positive benefits for psychological wellbeing

Proposed Indicator (aiming to increase…)	Is consistent with…	
	MWM	**OECD**
Prevalence of psychological wellbeing among NSW adults (>18 yrs) and NSW young people (16-24 years) (e.g. Warwick-Edinburgh Mental Wellbeing Scale)	Mental health	Health
Social connectedness − Proportion of people reporting moderate to high levels of social support/connectedness	Social connections	Social connections
Environment & urban planning − Proportion of people with walkable access to high quality green or blue space − Proportion of people with walkable access to local goods and services, and community facilities − Presence of street trees providing shade − Proportion of people regularly involved in gardening, land care or similar	Time for recreation	Work-life balance
Meaningful work − Proportion of people experiencing their work as contributing positively to other people/society at large − Proportion of people reporting autonomy in the workplace − Proportion of people reporting work-life balance	Job satisfaction	Work and job quality
Child development	Childhood development	n/a

	MWM	OECD
− Proportion of children who are developmentally on track at school entry (Aust Early Development Census) − Proportion of low-income parents with new children accessing parenting support services − Access to Early Child Development services		
Sense of safety − Proportion of people reporting feeling safe in their home/ neighbourhood/community	Feelings of safety	Safety
Diet and exercise − Access to affordable, fresh and healthy foods − Proportion of people able to cook a mean from raw ingredients	Prevalence of chronic conditions; Skills development	Health; Knowledge and skills
Access to affordable comprehensive primary health care	Access to health services	Health
Access to affordable education services for lifelong learning	Access to education, skill development and learning throughout life	Knowledge and skills
Participation − Active engagement in social/cultural organisations or events − Engagement in volunteering	Creative and cultural engagement	Civic engagement
Trust − Proportion of adults reporting trust in their fellow citizens − Proportion of people reporting trust in their government	Trust in institutions	Civic engagement
Inequities − Distribution of all of the above indicators by income quintile (or similar) and by Socioeconomic Index for Areas − Differences in all the above between Indigenous and non-Indigenous Australians	Income and wealth inequality	Inequalities between groups

Table 3: Assessing government agency performance on wellbeing

Proposed Indicator	Is consistent with…	
	MWM	OECD
The extent to which government agencies are engaged in place-based 'wellbeing community' strategies to support development of community resources for wellbeing, tailored to local needs and conditions (6)	Creative and cultural engagement	Civic engagement
Proportion of total government expenditures on health and social policy dedicated to primary promotion of health and wellbeing	Mental health	Health

Once again, I thank you for the opportunity to submit to your Inquiry. I wish you all the best with your deliberations and if there are any further ways in which I can assist please let me know. If you are willing to consider point d) in my proposed four elements of a wellbeing framework, I would be happy to provide further advice or assistance toward that end.

Yours sincerely,

Dr Matthew Fisher

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University of Adelaide

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