

Specialist Homelessness Services

Outcomes Framework Guide

June 2021

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1 Specialist Homelessness Services Outcomes Framework Guide Overview

1.1 Introduction

The Department of Communities and Justice (DCJ) is recommissioning specialist homelessness services with the aim of achieving a stronger focus on client outcomes and improving service quality¹. DCJ will move towards commissioning for outcomes through **identifying, measuring and driving** outcomes from its contracted homelessness service providers. This approach shifts the emphasis from the services a provider offers to the outcomes they achieve for their clients.

The Outcomes Framework refers to the set of outcomes and indicators that will be measured. The sector was consulted extensively in May and June 2018 on the development of draft outcomes measures and indicators. The Outcomes Framework Blueprint was workshopped in February 2019. The Blueprint was then piloted over 6 months in 2019 with 17 SHS providers across 19 sites to test the feasibility of the identified outcomes measures. The SHS Outcomes Framework Guide now incorporates key findings from the pilot.

The Outcomes Framework Guide also puts in place processes to:

- ensure that providers are working with clients to achieve defined outcomes (**identifying outcomes**)
- collect data to benchmark against key performance indicators (**measuring outcomes**)
- facilitate continuous improvement discussions between service providers and contract managers; and evaluate programs (**driving outcomes**).

The following key principles are embedded in the outcomes approach for DCJ funded specialist homelessness services:

1. That contract payments will not be directly linked to outcomes.
2. A developmental approach to outcomes management and reporting will be implemented during the term of new contracts between 2021-2024, recognising that measures, tools and protocols will need to be reviewed over that period.
3. A partnership approach to reporting and using outcomes information recognising that funded services, DCJ and service system partners all have an active role to play in interpreting and responding to outcomes information.
4. Addressing systemic barriers and committing DCJ Commissioning to lead and engage with other parts of DCJ and other NSW government agencies to hold them accountable for whole of government responsibilities under the NSW Homelessness Strategy.

¹HYAP providers will not participate in the Outcomes Framework while the HYAP reconfiguration is underway. HYAP providers may opt to use the PWI but the COS will not be used until further notice is given.

The intention of this Outcomes Framework Guide is to support specialist homelessness service providers to:

- ensure services align with the client outcomes as mapped across the domains of the Human Services Outcomes Framework
- understand what outcomes indicators are collected through the Personal Wellbeing Index (PWI) and how they are relevant to program outcomes
- understand what outcomes indicators are collected through the Client Outcomes Survey (COS)² and how they are relevant to program outcomes
- understand what outcome indicators are collected through the Client Information Management System (CIMS), or DCJ approved CIMS equivalents³ for non-CIMS users, and how they are relevant to program outcomes
- understand what dataset needs to be reported through CIMS (and equivalents)
- understand data collection methods and expectations for both Access and Case Management clients
- understand the Outcomes Framework data fields and definitions
- understand how data collected should be analysed to report meaningful information that will enable continuous improvement in client outcomes
- develop or refine continuous improvement practices.

1.2 Implementation

The Outcomes Framework Guide will be gradually implemented across all specialist homelessness services from 1 July 2021³. DCJ recognises that the initial set of outcome measures, tools and protocols will need to be reviewed over the course of the 2021-2024 contracts. This contract term will be used to build the evidence base about appropriate outcomes targets for different client cohorts and contexts, and will focus on enhancing participation in the use of framework tools and processes.

During the contract term the aim will be to build a shared understanding of the individual and systemic factors associated with improving outcomes, and an increasing understanding of the opportunities related to improving outcomes, as well as the contractual and contextual constraints.

As part of the implementation, changes will take place at the program level including:

- Progressive implementation of the Outcomes Framework across the sector with Human Services Agreement (HSA) milestones linked to each contract year.
- Implementing two new tools to measure a client's wellbeing and goal progression - the Personal Wellbeing Index (PWI) and the Client Outcomes Survey (COS).

² COS will not be a requirement until Year 2 of contract term. Development of COS within CIMS will occur over Year 1, with sector training to occur prior to mandatory use of the survey.

³ DVRE providers are included in the Outcomes Framework.

- Enhancements to the DCJ Client Information Management System (CIMS), and equivalent systems, to record data and assist in the process of measuring outcomes and evaluating service provision.

At every stage of implementing the Outcomes Framework Guide customised training will be delivered to support the development of new skills and practices.

Outcomes data will be primarily collected and reported through the use of CIMS (and equivalents), with the addition of the PWI and COS tools. These are voluntary, subjective, client-focused surveys intended to capture the client voice. These surveys are integrated within the CIMS (and equivalents) system for a more seamless client and worker experience.

As outcome measures, tools and processes are further tested, DCJ will assess the Outcomes Framework Guide's robustness and usefulness for understanding outcomes for clients, and also the feasibility and data collection impact for providers.

The Outcomes Framework Guide, with Program Logic and Toolkit, form appendices to the SHS Program Specifications, which may be updated or amended by DCJ during the contract term, in response to continuous program improvement. The HSA makes allowances for this under Clause 4 of the Supplementary Conditions. Changes made to the Outcomes Framework Guide will be made in consultation with the sector.

1.3 The Maturity Continuum

DCJ recognises that specialist homelessness service providers sit within a complex and diverse human service system, which contributes to outcomes for people experiencing homelessness and people at risk of homelessness. However, it is often the collective effort that is difficult for any service to measure alone.

This Outcomes Framework Guide provides us with the foundations for demonstrating the evidence and the outcomes to show the contribution each specialist homelessness service provider makes. The intent of DCJ is to also explore outcomes that are the shared responsibility of all human services system partners, and the systemic barriers to achieving these outcomes.

This work will mature as our data linkages become more sophisticated. Over time, we will be able to see the contribution specialist homelessness services make to breaking intergenerational cycles of vulnerability and disadvantage.

1.4 Annual Accountability

The Outcomes Framework Guide provides detail on data that will be collected relating to outcomes. There is also a set of data and performance information that will be collected and used in annual accountability discussions with DCJ, under the Funded Contract Management Framework (FCMF). This data and information set will be measured against contract targets as outlined in the HSA, and includes items in the below Table 1.

Table 1: Non-Outcomes data and information sets used towards annual accountability

Data and Performance item	Data source
Geographically based service delivery	CIMS or equivalent
Target group	CIMS or equivalent
Minimum client target number	CIMS or equivalent
Client group	CIMS or equivalent
Experiencing homelessness vs at risk of homelessness	CIMS or equivalent
Funding acquittals	Provider information
Support of local Premiers Priority on Rough Sleeping activities, where applicable	Provider information
Participation in local planning and proposed service change to individual service models	Provider information
Achievement of Australian Services Excellence Standards (ASES) accreditation	ASES Policy Framework
Sub-contracting arrangements	Provider information
Monthly data collection in accordance with AIHW	CIMS or equivalent

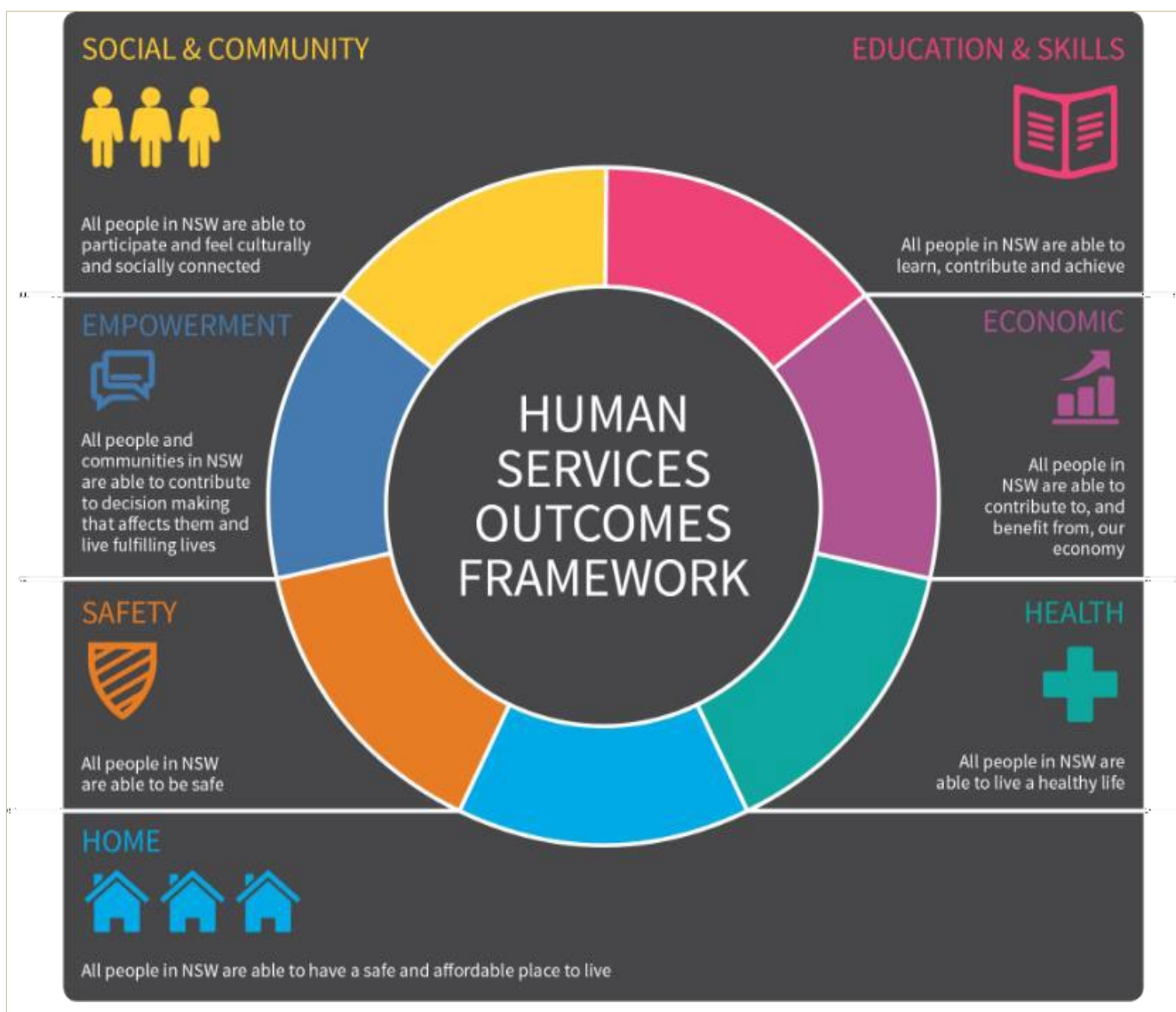
Addendum 1: Outcomes Framework Foundations, outlines the FCMF and the role of data and performance information in supporting evidence-based discussions about service achievements and responses to outcomes data.

1.5 Domains and Core Outcomes

The SHS Outcomes Framework Guide has been developed to align with the NSW Human Services Outcomes Framework (HSOF) at Figure 2. The HSOF allows agencies to better focus activities towards achieving client outcomes.

Focusing on outcomes across seven domains (safety, home, economic, health, education and skills, social and community, and empowerment), the HSOF provides a mechanism for monitoring and reporting progress on the outcomes of clients participating in government, and non-government programs across NSW. It also provides a way to understand and measure the extent to which the sector makes a long-term positive difference to people's lives.

Figure 2: Human Services Outcomes Framework (HSOF)



The HSOF has been developed through local and international research and through consultation with agencies and NGOs that deliver human services in NSW. This research underpins the SHS Outcomes Framework in identifying the key elements and attributes that are known to contribute to positive impacts for individuals and communities. The SHS Outcomes Framework has been developed with three outcomes domains that reflect the HSOF – Safety, Housing and Wellbeing. The Wellbeing domain condenses the social & community, education and skills, health, economic and empowerment domains from the HSOF.

A set of six client outcomes were identified and piloted for inclusion in homelessness services contracts. These client outcomes were developed through sector consultation and the:

- 2015 Industry Partnership Homelessness Outcomes Implementation Group (HOIG) project
- 2017 Industry Partnership outcome indicators databank project.

These outcomes represent a starting point for outcomes measurement for specialist homelessness services. The Outcomes Framework domains and outcomes are presented in Table 2 below.

Table 2: Domains and Outcomes

Domains	Core outcomes
Safety	Clients feel safer
	Clients feel supported to make progress in addressing their safety needs
Housing	Clients make progress addressing their housing needs
	Clients sustain their tenancy
Wellbeing	Clients have improved personal wellbeing
	Clients have increased capacity to tackle future challenges

These domains and core outcomes express that there is a connection between the elements of safety, housing and wellbeing, with homelessness and the journey to stable housing. However, DCJ acknowledges and affirms that homelessness providers are not solely accountable for Safety, Housing and Wellbeing outcomes. Instead, the Outcomes Framework will seek to demonstrate the ways that homelessness providers make a contribution towards these outcomes.

For example, homelessness providers are not solely accountable for a person's housing outcome. Yet they will submit data showing the provision of crisis or transitional housing, as well as other work that supports clients with housing readiness, or maintaining housing.

The Outcomes Framework Guide also ensures that DCJ considers context, constraints and attributability when reviewing outcome information. Using the housing example again, DCJ will want to hear about the particular barriers that a provider faces with housing availability or suitability, and understand how these issues impact the capacity for housing outcomes.

1.6 Specialist Homelessness Services Program Logic

The Program Logic (Appendix 1.1) is the basis for coordinating the approach to homelessness service outcomes, and is the foundation of the Outcomes Framework Guide. It is the central repository for all core service user and service system outcomes and connects the current situation (needs) with the program activities, mechanisms of change and the high-level outcomes that the program aims to achieve in the short, medium and long term⁴.

⁴ Short, medium or long-term categorisation takes into account the potential impact of outcomes as well as level of attribution to SHS.

The Program Logic is supported by the Outcomes Framework Toolkit (Appendix 1.2) which provides the detailed background to each output and outcome; prescribing the indicators and sources associated with each; and enabling reporting consistency against these outputs and outcomes.

2 SHS Outcomes Framework

2.1 Governance

The Outcomes Framework Guide is aligned to the:

- **FCMF** – which outlines the approach to how DCJ and specialist homelessness service providers manage their contractual relationships across the full range of performance and compliance requirements.
- **Homelessness Services Program Framework** – which covers the HSA and Program Specifications for specialist homelessness service providers to work with service system partners to achieve the program objectives and support the implementation of the NSW Homelessness Strategy.

From a contracting perspective, the core accountability of funded services is to collect and report the required outcomes information prescribed in this Outcomes Framework Guide. From a commissioning perspective, the shared accountability of funded services, DCJ and specialist homelessness service providers, is to analyse and use this information to identify opportunities and barriers to improving client outcomes.

These opportunities to improve client outcomes relate to three levels of accountability embedded in the Outcomes Framework Guide:

- Level 1: Jointly agreed responses by DCJ and funded services to improve client outcomes appropriate to the local context within HSA constraints.
- Level 2: Shared responses agreed by district homelessness service system partners to improve client outcomes within local service system contexts and constraints.
- Level 3: DCJ led responses with state-wide partners to improve client outcomes aligned to the SHS Program Specifications and NSW Homelessness Strategy.

These levels also correspond to governance structures for DCJ funded specialist homelessness services, as described in the SHS Program Specifications:

- Level 1: accountability within the relationship between provider and contract manager.
- Level 2: accountability within the District Governance Groups.
- Level 3: accountability within the Program Steering Committee.

There is an expectation that issues can be escalated between these levels. The accountability of each level is described in further detail in Addendum 2: Accountability per Level.

2.2 SHS Outcomes Framework Process

The Outcomes Framework Guide contains a reporting process, as follows:

1. Outcomes Report - Case Management Clients (Section 2.3/Table 3)

- These measures relate to Case Management clients.
- The outputs and outcomes detailed in this table directly relate to those in the Program Logic and are client centred.

2. Outcomes Report - Access Clients (Section 2.4/Table 4)

- These measures relate to Access clients.
- The outputs and outcomes detailed in this table directly relate to those in the Program Logic and are client centred.

3. Outcomes Report - Shared Service System (Section 2.5/Table 5)

- For these measures, there is shared responsibility across all human service partners.
- The outcomes detailed in this table directly relate to those in the Program Logic and are service system focused.

4. Outcomes Report - Client Participation (Section 2.6/Table 6)

- These measures relate to the participation of Case Management clients.
- This report will be discontinued when the Framework is fully implemented.

These reports will be used to identify responses to outcomes data at the three levels of accountability.

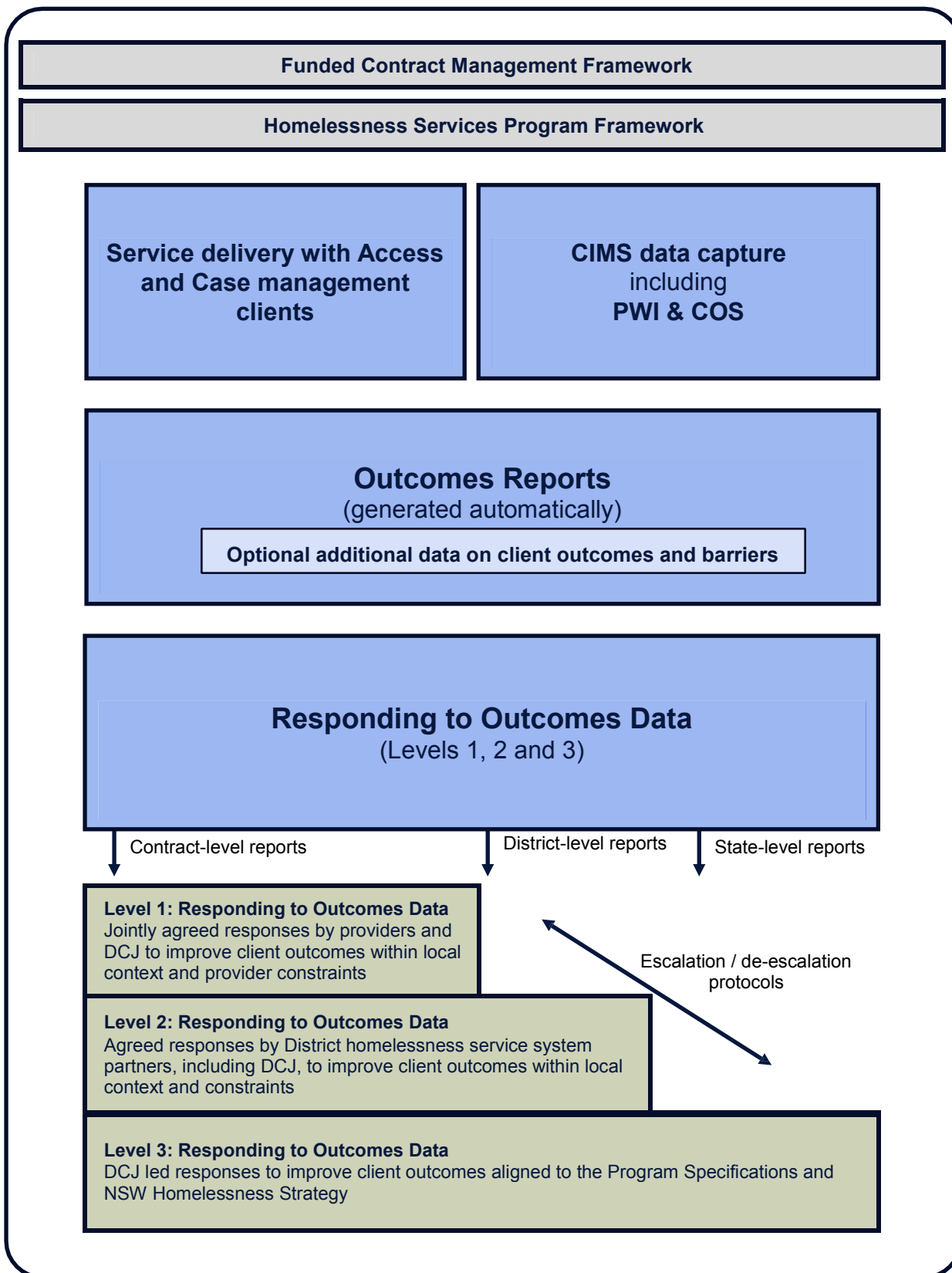
It is important to note that all required reporting within the Outcomes Framework Guide will be automated within CIMS (or equivalents). This means that the service providers' responsibility is to enter data into CIMS (and equivalents) as part of regular, daily practice (including the built-in PWI and COS surveys). DCJ will be responsible for extracting and presenting this data against the contracted targets and KPIs for each service provider.

Note: The full set of CIMS (and equivalents) enhancements will roll out across the contract term. DCJ's expectations of providers will not exceed the capacity of CIMS (and equivalents) at any given point in time.

In addition to the prescribed outcomes outlined in this document, specialist homelessness service providers can choose to contribute additional information, to inform the interpretation and insights about client outcomes and barriers. For example, other organisational outcomes measures, or information relevant to the Australian Service Excellence Standards (ASES) accreditation (Addendum 1: Outcomes Framework Foundations). The purpose of this additional information would be to assist service improvement and program level planning.

The elements of the Outcomes Framework Guide are presented in Figure 2 as a process map outlining the intended steps in collecting and using outcomes information.

Figure 2: SHS Outcomes Framework Process Map



2.3 Outcomes Report – Case Management Clients

The table below presents a high-level overview of the core client outcomes and indicators that will be reported on from July 2021. The client outcomes detailed in this report, are applicable for Case Management clients.

Definition of a Case Management Client:

This person meets eligibility criteria for specialist homelessness services, as this person is:

- experiencing homelessness, or is at risk of homelessness, and
- is identified/assessed as needing assistance, and receives regular, ongoing support and has a case management plan in place.

Insights gathered through this outcomes report will be used to identify responses to outcomes data at the three levels of accountability.

Table 3: Outcomes Report - Case Management Clients Summary View

Domain	Outcome	Indicator
Safety	Clients feel safer	Proportion of specialist homelessness service clients that report they feel safer since engaging with the service
	Clients feel supported to make progress in addressing their safety needs	Proportion of specialist homelessness service clients with demonstrated progress in engaging with services to address safety needs and addressing their individual safety needs/goals related to: <ul style="list-style-type: none"> • Being supported to access information and services to remain safer.
Housing	Clients make progress addressing their housing needs	Proportion of specialist homelessness service clients with demonstrated progress in engaging with services to address housing needs and addressing their housing needs/goals related to: <ul style="list-style-type: none"> • Increased knowledge of housing options • Increased skills in maintaining suitable housing • Completing actions to maximise housing opportunities • Transitioning to safer, more stable living arrangements (return to home, transitional accommodation, tenancy)
		Proportion of specialist homelessness service clients presenting as homeless that are appropriately housed at the end of the support period
	Clients sustain their tenancy	Proportion of specialist homelessness service clients who receive tenancy support from service providers that sustain their tenancy or other accommodation (where that accommodation is appropriate) for the support period, covering: <ul style="list-style-type: none"> • Early or crisis intervention to sustain an existing tenancy • Post-crisis support to sustain a new tenancy
		Proportion of specialist homelessness service clients who are appropriately housed at the end of the support period

Wellbeing	Clients have improved personal wellbeing	Proportion of specialist homelessness service clients with improved personal wellbeing
	Clients have increased capacity to tackle future challenges	Proportion of specialist homelessness service clients with demonstrated progress in engaging with services to address wellbeing needs and achieving their wellbeing goals in relation to: <ul style="list-style-type: none"> • Increased engagement with health services • Improved relationship with family (where appropriate) and support networks • Increased connection to community • Increased connection to education & employment.

Addendum 3 presents a complete view of the Outcomes Report – Case Management Clients . It includes the outputs that will be captured, and shows how outcomes will be tracked as short, medium and long term. The Program Logic also contains the detail of the report.

The Outcomes Framework Toolkit is an essential companion to Table 3 above, as it contains the following detail for each applicable output or outcome:

- Domain
- Program logic segment
- Indicator – tracked against short, medium and long term
- Source
- Source Detail
- Reporter
- Client Category
- Outcome type

This detail shows exactly how outputs and outcomes have been quantified and where the associated data will be found. The Toolkit also contains the set of definitions to be applied to data entry, to ensure consistency and comparability of outcomes information across the sector.

2.4 Outcomes Report – Access Clients

In addition to Case Management clients, many funded services assist Access clients as part of their local service delivery model. Service delivery with Access clients is an important contributor to overall outcomes in addressing homelessness.

Definition of an Access Client:

This person meets eligibility criteria for a specialist homelessness service, as the person is:

- experiencing homelessness, or is at risk of homelessness, and
- is identified/assessed as needing assistance and requires either:
 1. an immediate referral to another specialist homelessness service
 2. one-off assistance, brief intervention(s) and/or other assistance that is accessed on an ad hoc basis.

The outcomes discussed so far, are only applicable to Case Management clients, due to the requirement for clients to be involved in case management before the PWI or COS can be safely applied. Therefore, a number of other outputs and outcomes have been designed to capture data and performance information that is applicable to Access clients and does not require use of the PWI or COS. These are detailed in Table 4 below.

DCJ is also adopting a developmental approach to reporting outcomes for Access clients. Over time, DCJ is interested in exploring other indicators to better understand the contribution of the brief interventions to client’s safety, housing and wellbeing.

Insights gathered through this outcomes report will be used to identify responses to outcomes data at the three levels of accountability.

The Program Logic and Outcomes Framework Toolkit also contain the detail of this report.

Table 4: Outcomes Report - Access Client

Client Output/Outcome		Indicator	Source
Output	Number of Access clients referred to the following services (where applicable): <ul style="list-style-type: none"> • housing assistance • mental health services • AOD services • DFV services • family services • general health services • services that support a connection to culture 	N/A	CIMS (and equivalents)
Outcome	Reduced proportion of Access clients with closed support periods due to disengagement from service	Access clients with closed support periods expressed as: <ul style="list-style-type: none"> (a) Maintain or increase %: Client referred to another specialist homelessness service (b) Maintain or increase %: Client referred to a mainstream service (c) Decrease %: Client disengaged from services 	CIMS (and equivalents)
Outcome	Access clients receive support that assists them to sustain their tenancy or other accommodation while supported by specialist homelessness service (includes early intervention and post crisis support)	Increased % Access clients who sustain their tenancy or other accommodation while supported by specialist homelessness service (where that accommodation is appropriate)	CIMS (and equivalents)

2.5 Outcomes Report - Shared Service System

Industry consultations highlighted the importance of maintaining a clear focus on the accountability of all parts of the service system in supporting a clients move from homelessness or risk of homelessness to stable long-term housing. An initial set of quantitative measures of shared service system outcomes were identified as part of the consultations.

DCJ recognises that these measures do not cover all shared outcomes or barriers or tell the full story of achieving the human service outcomes for all clients. Rather they are intended as a starting point - primarily drawing on data that is feasible to extract within the current CIMS / Australian Institute of Health and Welfare data system. They will be built on over the coming months and years.

Table 5 below outlines the draft shared service system outcomes, where there is shared responsibility across all service system partners. These outcomes are not yet expected to be reported against but data collection will commence where this data is available. DCJ will update the sector with timeframes for this data collection.

The shared outcomes report is intended to promote discussion at the service, district and state-wide levels on shared outcomes and the systemic barriers to achieving them, so that Government is better able to work towards an effective service system.

Insights gathered through this outcomes report may be used to identify responses to outcomes data at the three levels of accountability.

The Program Logic and Outcomes Framework Toolkit also contain the detail of this report.

Table 5: Outcomes Report - Shared Service System

Domains	Shared System Outcomes
Housing Homelessness services are commissioned to identify clients' housing needs and to develop realistic plans to maximise opportunities to access and sustain appropriate housing - but all parts of the housing and homelessness service system are accountable for ensuring clients	Short-Term Outcomes N/A
	Medium-Term Outcomes <ul style="list-style-type: none"> Increased % clients accessing government housing assistance (e.g. priority social housing, Rent Choice) (where applicable).

Domains	Shared System Outcomes
<p>successfully transition from homelessness to stable long-term housing</p> <p>Homelessness services are also commissioned to provide a 'no wrong door' to people experiencing homelessness or at risk of homelessness - but all parts of the service system are accountable for ensuring their clients are not exited from government services into homelessness.</p>	<p>Long-Term Outcomes</p> <ul style="list-style-type: none"> • Increased number of clients safely moving out of homelessness (by District and state-wide) • Reduced number of people exiting NSW government services (e.g. Health, justice, social housing) into homelessness.
<p>Wellbeing</p> <p>Homelessness services are commissioned to identify clients' underlying needs and to develop realistic plans to connect them to services - but all parts of the service system are accountable for accepting referrals and providing the required services to address these underlying needs</p>	<p>Short-Term Outcomes</p> <p>N/A</p>
	<p>Medium-Term Outcomes</p> <p>N/A</p>
	<p>Long-Term Outcomes</p> <ul style="list-style-type: none"> • Increased number of clients accessing health services (where applicable). • Increased number of clients accessing employment services (where applicable).

2.6 Outcomes Report – Client Participation

This report is designed to capture rates of participation in the Outcomes Framework Guide. This report provides information to support DCJ's objective of implementing an Outcomes Framework. This report will also support service providers to demonstrate their achievements with regards to the HSA milestone around participation in the Outcomes Framework.

Any KPIs that are set for this report will be aspirational only, to guide the sector in reasonable expectations for client participation. These KPIs will not have any performance management or contractual implications. This report will be discontinued once DCJ has satisfied its reporting obligations to track the implementation of the Framework.

The client participation outputs and outcomes are detailed in Table 6 below. Note that these only apply to Case Management clients.

Table 6: Outcomes Report - Client Participation

Client Output/Outcome		Indicator	Source
Output	Number of closed support Case Management clients with a completed PWI at the start and end of the support period	N/A	CIMS (and equivalents)
Output	Number of open support Case Management clients with a PWI completed periodically throughout the support period	N/A	CIMS (and equivalents)
Outcome	Increasing proportions of Case Management clients agree to participate in the PWI	Increase in % closed support Case Management clients with a completed PWI at the start and end of the support period	CIMS (and equivalents)
		Increase in % open support Case Management clients with a PWI completed periodically throughout the support period	CIMS (and equivalents)
Output	Number of closed support Case Management clients with a completed COS at the end of the support period	n/a	CIMS (and equivalents)
Output	Number of open support Case Management clients with a COS completed periodically throughout the support period	n/a	CIMS (and equivalents)
Outcome	Increasing proportions of Case Management clients agree to participate in the COS.	Increase in % closed support Case Management clients with a completed COS at the end of the support period	CIMS (and equivalents)

		Increase in % open support Case Management clients with a COS completed periodically throughout the support period	CIMS (and equivalents)
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The Outcomes Framework Toolkit also contains the detail of this report.

Throughout the Framework phrases such as ‘where relevant’, ‘if appropriate’ or ‘where applicable’ are used against some outcomes and indicators. This refers to data collection being individualised according to each person’s requirements/goals. Where a client does not have a particular need, for example, for rebuilding family relationships, then those outcomes do not apply and will not need to be reported on.

The outputs and outcomes in this set of reports will combine to show a broad picture of SHS service delivery and the possible impacts that can be experienced by people accessing your services, whether they are case managed or access clients, younger, older, single or a family unit.

3 Outcomes Framework Tools - Data Collection

3.1 Data Collection overview

To measure how each service provider is working towards achieving client outcomes, client data that is already collected systematically through CIMS (and equivalents), will be linked to the Framework domains, and be utilised for reporting on outcomes. DCJ is also introducing client self-reported tools, so that outcomes reporting includes a client’s subjective view of their wellbeing and goal achievement.

The Outcomes Framework Guide is supported by a number of tools and systems which are aimed at:

- ensuring streamlined and standardised data collection and reporting of outcomes data, and
- a systematic approach to using this data to identify and implement evidence-based responses to outcomes data.

There are three tools service providers are requested to use to collect data under the Outcomes Framework Guide:

- CIMS (or equivalent) – provider reported
- PWI – client self-reported
- COS – client self-reported

Client participation in the PWI and COS is voluntary.

All outcomes measurement needs to be conducted in a way that is client-centred, trauma-informed and sensitive to the lived experience of clients, while also being rigorous and consistent.

Addendum 4: Outcomes Measurement Protocols, contains the detailed protocols expected to be put in place by all specialist homelessness service providers when using the outcomes measurement tools.

An important point to be made here, is that the requirements of the Outcomes Framework Guide, and specifically the use of client reported tools, should never overrule a providers practice wisdom and duty of care to their individual clients. DCJ accepts that there may be occasions where surveys are not completed due to concerns for client safety, a provider's assessment of client cognitive impairment that would affect survey comprehension or a lack of appropriate opportunity. Providers may choose to make some notations about these instances, and verbally discuss this with their contract manager during 'Level 1' discussions, to enable a fuller understanding of their data.

The Framework also does not solely rely on the client self-reported tools, and provider reported data is linked to most outputs and outcomes for robust reporting and to guard against any perception of forced participation in client reported tools.

A limitation to the use of the PWI and COS, is that self-reporting measurements make it difficult to compare services. However, research has shown positive test re-test reliability on an individual level, accurately demonstrating an individual client's progress⁵.

Additionally, people experiencing crisis may have less time and space for reflection, which may impact their ability to accurately complete a self-report survey⁶. Service providers and commissioners should be aware of these constraints when administering the survey, as well as when reporting on and measuring outcomes.

A solution to these issues is in only applying the PWI and COS to Case Management clients, where the level of crisis has possibly reduced.

Future Updates:

- *DCJ will collaborate with the sector to develop an approach and establish a policy and procedure for capturing the voice of children in the Outcomes Framework – particularly accompanying children who receive active support from a homelessness service provider.*
- *DCJ will explore opportunities to expand the use of technology in outcomes data collection, eg, tablets, apps.*

⁵Johnson, Guy and Pleace, Nicholas (2016) How Do We Measure Success in Homelessness Services? : Critically Assessing the Rise of the Homelessness Outcomes Star. European Journal of Homelessness.

⁶Pleace, N. (2008) Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review (Edinburgh:Scottish Government).

3.2 Baseline Data Collection

The point of initial engagement with a client, where we can establish baseline data, is important as it provides a starting point to measure change against. This can support the assessment of program activities and their effectiveness in contributing to client outcomes over a period of time⁷.

Developing an understanding of where the client is at when they first enter the service will enable providers to map client progress, as well as better understand any obstacles faced by that client.

Defining baseline data for a client is done through the collection of specific client information (data points) which is entered into CIMS (and equivalents), plus the use of a PWI survey at the start of client engagement with a provider.

Collecting this baseline data will allow us to:

- Track an individual client's journey
- Establish a baseline of client demographics for each provider
- Identify, measure and drive client-centred outcomes.

3.3 Client Information Management System (CIMS)

CIMS (or approved equivalent system) is the core system used to streamline and standardise the capture and reporting of outcomes information. It improves the consistency of data by streamlining the common assessment and support period data collection activities.

CIMS (and equivalents) enables the recording of information such as:

- % of clients assisted with specific safety, housing and wellbeing services
- Housing status on entry and exit
- Referrals made to services linked to housing assistance, specialist health services and employment services.

CIMS (and equivalents) will be undergoing enhancements to achieve alignment with the data requirements of the Outcomes Framework Guide. The data specifications used in CIMS, will need to be replicated in non-CIMS provider's data systems, so that non-CIMS users are able to comply with reporting requirements.

Training in these enhancements will be developed and rolled out across the contract term, in line with the requirements of the HSA milestones. Providers will need to ensure that all relevant staff have completed this training.

⁷ As per HSA milestones, KPI's that are measured against baselines will be subject to discussion and testing, and will be progressively set across the term of the contract.

3.4 Personal Wellbeing Index

The PWI is a validated, subjective outcomes measurement tool designed to measure quality of life, both globally and across the domains of standard of living, health, achieving in life, relationships, safety, community-connectedness, and future security. As part of the Outcomes Framework Guide, the PWI will be used with Case Management clients, to understand their overall wellbeing, as well as their wellbeing in regard to safety, compared to the scoring norms for the Australian population.

Use of the PWI within SHS represents an opportunity to further explore the validity of scoring norms as applied to homelessness. DCJ will work with the authors of the PWI to adapt the tool as necessary for our sector.

The PWI has been integrated into CIMS, with printable versions available.

The PWI should be administered:

- a) Within two weeks of client commencing case management = Start Survey
- b) Periodically at either every 3 or 6 months as part of case plan reviews (timing of periodic surveys is at the provider's discretion, but should be achievable based on patterns of engagement for that provider, while also aiming for the least intrusive option)⁸. = Periodic Survey
- c) At end of support, during exit interviews or final case plan reviews, between 2 and 4 weeks prior to actual exit. = End Survey

If a client in case management works with a service for less than 3 months, the end survey can be completed without the need for a periodic survey.

To avoid over-use of the PWI, DCJ will be exploring the 'state-wide consent' function in CIMS as a method for sharing survey results. In the situation where clients are transitioning between providers, this function could allow recent PWI results to be carried over to the start of support with the incoming provider. DCJ will advise the sector when this function becomes available.

⁸ Once a provider has determined whether they will conduct 3 or 6 monthly surveys, this rule should be applied consistently across the service.

The PWI survey and guidelines for administration, are at Addendum 5.

Future Updates:

- *DCJ is developing a culturally appropriate version of the PWI for people that are Aboriginal. DCJ will provide updates to this Guide and the sector, when the Aboriginal PWI (with training resource) is ready for use.*
- *DCJ will also provide further information on translations of the PWI in other languages.*
- *Currently, CIMS defaults to a selection of the PWI-SC (children) version of the survey, due to recommendations from the pilot evaluation. The adult version can be selected if preferred, and the provider is confident that the language is not a barrier for the client.*
- *A training resource on the 'how and why' of using the PWI, is being developed with the Industry Partnership, and will be available as part of the Learning and Development Framework. Completion of this training will assist providers with achievement of the HSA milestone for participation in the Outcomes Framework.*

3.5 Client Outcomes Survey (COS)

The COS is a self-report instrument that is intended to be used as part of routine case plan development and review with Case Management clients only. It is used to understand the client's perspective of their current satisfaction with respect to each of the client outcomes that are being measured.

The COS is designed to use information about the specific safety, housing and wellbeing goals set by the client in their case plan - and to measure a client's self-reported progress in achieving these goals.

The COS is not administered at the start of a support period, but information captured in CIMS about the client's specific safety, housing and wellbeing goals during the case planning stage will include the clients current 'satisfaction' score. CIMS also automatically populates the COS tool with only relevant goals. This personalises the COS questions to each client to avoid unnecessary questioning.

The COS should be administered:

- a) Periodically at either every 3 or 6 months, as part of case plan reviews (timing of periodic surveys is at the provider's discretion, but should be achievable based on patterns of engagement for that provider, while also aiming for the least intrusive option)⁹
- b) At end of support, during exit interviews or final case plan reviews, between 2 and 4 weeks prior to actual exit.

⁹ Once a provider has determined whether they will conduct 3 or 6 monthly surveys, this rule should be applied consistently across the service).

The COS survey and guidelines for administration, are at Addendum 6.

Future Updates:

- *DCJ will be consulting the sector on the further development of the COS tool and training resources, that will be made available to the sector prior to commencing use of the tool in July 2022.*
- *This Guide and Addendum 6 will be updated accordingly at that time.*

4 Outcomes and Performance

4.1 Data analysis

The primary purpose for collecting and reporting data through CIMS (and equivalents), the PWI and the COS, is to identify and implement evidence-based responses to improve client outcomes.

Applying data analysis to the information collected in CIMS (and equivalents) allows us to:

- Cut the data in different ways i.e. looking through the lens of different cohorts.
- Compare data against the baseline dataset input in the system for each client, as well as at an aggregated level to measure improvements in outcomes.
- Compare clusters of similar providers (in similar locations with similar target cohorts) against one another (noting that complex client cohorts and self-reporting may not allow for accuracy). DCJ will progressively analyse the usefulness of this reporting format, in close discussion with Districts, service providers and peaks.
- Confirm achievement of contractually agreed KPI's (as applicable) – subject to local context and constraints¹⁰.

Data will be analysed for both closed and open Case Management clients (that were current within that reporting period) to ensure that the complexity and variation in client need is equally accounted for and outcomes are not disproportionately measured for cases that are less complex. This will help to ensure that the efforts of providers, who primarily work with complex clients, are appropriately captured.

4.2 Responding to Outcomes Data

The monitoring of performance is important as it enables service providers and stakeholders to monitor activities (and their associated inputs and outputs) that are delivered as part of the broader homelessness services program, and to understand whether they are having a positive effect on peoples' lives.

¹⁰ As per HSA milestones, KPI's will be subject to discussion and testing, and will be progressively set across the term of the contract.

Understanding these elements of a program is essential for quality improvement as it assists the sector to demonstrate what interventions are most effective, where innovation is required and what support is required to enable change within an organisation and their delivery practices.

Monitoring client outcomes may also highlight situations where service provider contract targets are being achieved, but the expected client outcome/s are sub-optimal. This scenario provides an opportunity to respond in a way that improves or considers different intervention for individual clients and for the homelessness sector more broadly.

Addendum 7: Protocols for Responding to Outcomes Data, provides a set of guidelines that outline the principles and protocols for making better use of client outcomes data – both as part of managing the contractual relationships between DCJ and funded homelessness service providers and in conjunction with service system partners at the district level and state-wide level. DCJ will use Addendum 7 to structure outcomes discussions as part of contract review meetings.

4.3 Reporting Frequency

The four outcomes reports that contribute to discussions at each level of accountability, will be automatically generated for all funded homelessness services and districts, and made available as provider level and aggregate data (District and state aggregates).

Currently, de-identified reports of this nature are produced annually, to coincide with annual accountability cycles. DCJ will be investigating more frequent production of these reports, as part of the CIMS enhancements.

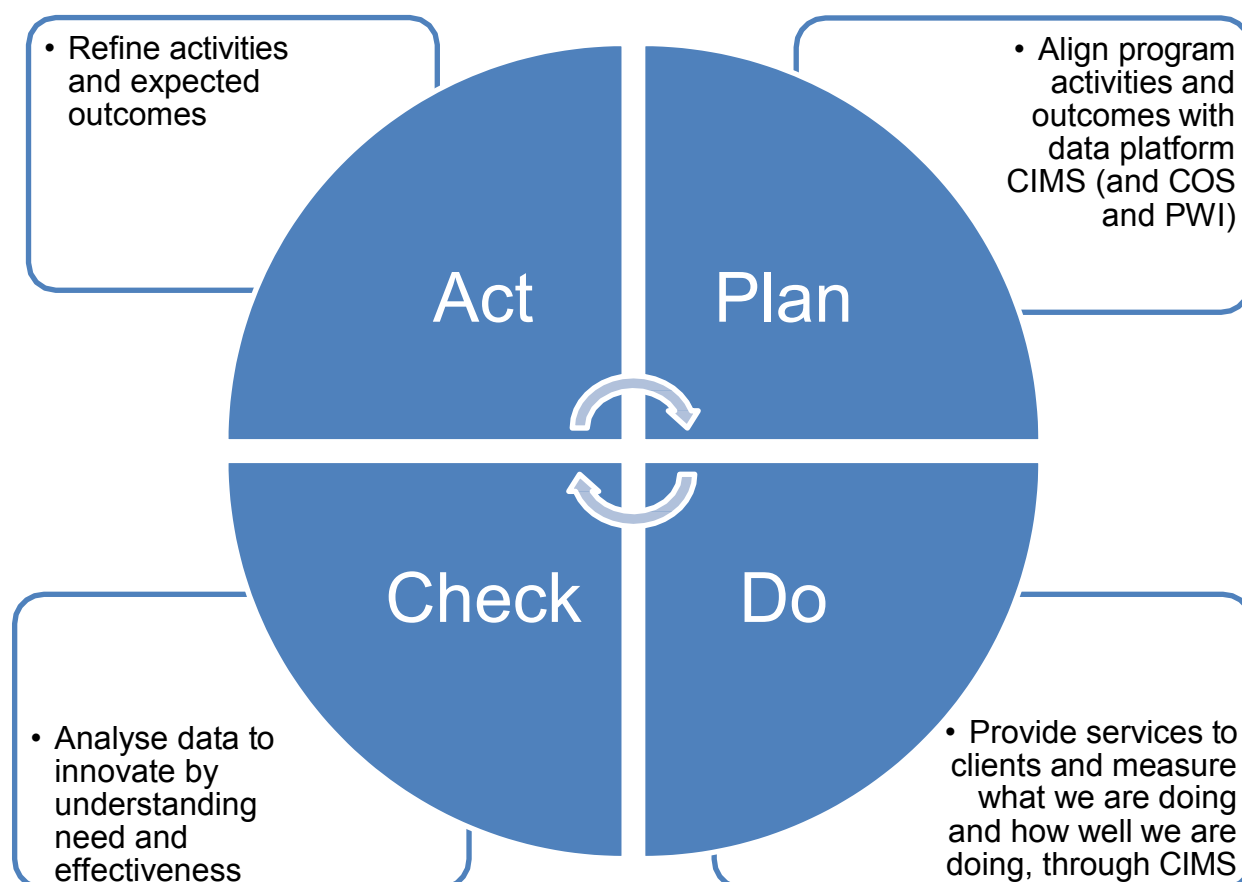
Reports will remain available in CIMS, for providers to generate as they need. New CIMS report and list options will be created for providers to generate their own outcomes reports. CIMS 'Help' topics and online training will be progressively developed to complement the suite of CIMS enhancements.

Dashboards based on these reports, will also be developed to provide a snapshot visual representation of outputs and outcomes information. Dashboards will be prepared at provider, District and state levels.

4.4 Communicating the Responses to Outcomes Data

Measuring client outcomes, program activity data and provider performance allows the provision of regular feedback to service providers to enable them to make iterative improvements throughout the term of the contract. This process supports continuous learning, innovation and improved service delivery for clients as outlined in Figure 3.

Figure 3: Continuous Improvement Cycle



Communicating performance feedback gives providers an opportunity to:

- Understand their contribution to different measures of success
- Align strategies to deliver desired outcomes
- Agree on how responses, if required, will be made.

It also helps providers to share scenarios where they are being impacted by external factors.

In order to leverage responses to outcomes data identified at the local and district levels, there is a need to communicate and disseminate evidence of both effective practice as well as barriers / issues that have been escalated to the state-wide program level.

The SHS governance structure provides the mechanism for this continuous improvement cycle, as outcomes data and reports feed into discussions about opportunities for responses, at each level of accountability.

This provision of balanced feedback ultimately helps providers and government to drive client outcomes.

5 Addendum

Addendum 1: Outcomes Framework Foundations

The expected outcomes underpinning the commissioning of homelessness services are currently defined in a number of different frameworks and documents, which have fed into the development of this Outcomes Framework.

A description of the three core frameworks that underpin the Outcomes Framework are outlined below:

1. Human Services Outcomes Framework (HSOF)

The NSW Human Services Outcomes Framework is intended to:

- build a common understanding of the outcomes which are priorities across NSW Government agencies and NGOs
- support human services agencies and NGOs to adopt an outcomes-focused approach
- promote consistency of measurement and evaluation of human services outcomes and activities
- foster innovation, learning and improvement
- encourage Government agencies and other organisations which deliver human services to work together more effectively
- assist operational staff to understand how their roles contribute to broader human services outcomes.

In the context of homelessness services, the seven human services outcome domains have been used to frame the SHS Program Logic outcomes (FACSIAR, May 2018)—which define the shared accountability across government agencies and NGOs for implementation of the NSW Homelessness Strategy (Table 9).

Table 9: Shared accountability for NSW homelessness strategy outcomes

NSW Human services outcomes <i>(Source: Human Services Outcomes Framework, July 2017)</i>	NSW Homelessness Strategy Outcomes <i>(SHS Program Logic, FACSIAR Draft May 2018)</i>
Home –People are able to have a safe and affordable place to live	People at risk of homelessness and experiencing homelessness have improved access and sustain safe, secure, affordable housing
Safety – People are able to be safe	People at risk of homelessness and experiencing homelessness are safer in their homes and their local community

Education & Skills – People are able to learn, contribute and achieve	People at risk of homelessness and experiencing homelessness participate in education & training
Economic – People are able to contribute to, and benefit from, our economy	People at risk of homelessness and experiencing homelessness participate in employment
Health – People are able to live a healthy life	People at risk of homelessness and experiencing homelessness have improved physical and mental health
Social & Community – People are able to participate and feel culturally and socially connected.	People at risk of homelessness and experiencing homelessness have increased connections to family, networks and community
Empowerment – People and communities are able to contribute to decision making that affects them and live fulfilling lives	People at risk of homelessness and experiencing homelessness exercise control over decisions that affect their future

2. DCJ Funded Contract Management Framework (FCMF)

The [DCJ Funded Contract Management Framework](#) (FCMF) outlines the approach to how DCJ and funded service providers manage their contractual relationship – across the full range of performance and compliance issues associated with corporate-level and contract-level accountability.

Funded contract management refers to the systems and processes that support the way DCJ manages its contracts with funded service providers. The objective is to enable both parties to work together to deliver quality services and achieve the outcomes agreed in contracts.

A positive working relationship between DCJ and service providers is crucial to a contract's success and the achievement of client outcomes. The FCMF is strengths-based and grounded in the shared goals to achieve client outcomes – requiring collaboration, facilitated by regular interaction and communication, and recognition that each service provider is different and requires individual attention.

Performance monitoring is integral to funded contract management and includes regular and annual monitoring processes. Regular performance monitoring is used to:

- review progress and measure contract performance
- allow service providers to showcase achievements and discuss them with their DCJ contract managers
- identify performance issues as early as possible, so that DCJ contract managers can work with service providers to determine and agree the actions required to resolve them.

The annual accountability process includes annual performance and risk assessment, to assess overall performance and obtain a snapshot of the strength and viability of the funded services sector. It encompasses:

- Corporate-level accountability – which requires service providers to report financial health at the whole-of-organisation level, and declare compliance with their ongoing responsibilities and contractual obligations
- Contract-level accountability – which requires service providers to report income and expenditure against DCJ funding, declare unspent funds, and certify they met the financial responsibilities and contractual obligations for the reported financial year.

The FCMF determines the standard processes and procedures for funded contract management. Individual programs determine the program specific outcomes, indicators and associated reporting requirements included in service provider contracts.

For homelessness services, the proposed program specific focus on client outcomes for funded homelessness services involves:

- Use of a client outcomes dataset (incorporated into CIMS (and equivalents) reporting) across all funded homelessness services – covering:
 - Number of clients / cases (against priority, client group, and location targets in the HSA)
 - Proportion of client cases where client outcomes are reported and achieved (against the outcome indicators in SHS contracts)
- Opportunities for funded services to optionally share additional outcomes information that they have collected - to inform interpretation and insights about client outcomes (e.g. Industry Partnership outcome tools; additional outcome indicators; case studies)
- Access to an additional standard dataset (incorporated into CIMS (and equivalents) reporting) highlighting service system outcomes and barriers to the achievement of client outcomes - initially based on five shared service system indicators - to be developed.

The intention is that this information would be used to promote outcomes-focused, evidence-based discussions about individual contracted performance (under the FCMF) and broader program performance - covering:

- A strengths-based review of the key achievements in relation in promoting client safety, housing and wellbeing
- A collaborative, partnership-based review of key opportunities and agreed responses to improve client outcomes within the HSA constraints / local context

- Clear processes for identifying and documenting barriers to the achievement of client outcomes – and protocols for escalation of unresolved barriers to district or state-wide homelessness program forums.

3. Australian Service Excellence Standards (ASES) quality framework

As part of the recommissioning of homelessness services, DCJ funded services will be required to gain [ASES accreditation](#) at the certificate level by 30 June 2024. To ensure compliance with the ASES, funded services will collect a range of data related to client outcomes – focused on client satisfaction with services and using client feedback to continuously improve services.

While some of this outcomes data may overlap with the outcomes information referenced in this Outcomes Framework, information collected as part of ASES accreditation is confidential and will not be shared with DCJ contract managers – except in circumstances of serious concerns covered by the ASES Information Sharing protocols.

Addendum 2: Accountability per Level

DCJ Commissioning is committed to promoting a partnership approach to improving client outcomes—recognising that funded services, DCJ staff and service system partners all have an active role to play in acting on opportunities / barriers to improving outcomes:

- At the **contract-level**, DCJ and funded services have joint responsibility for responding to opportunities / barriers (within the HSA and local context constraints).
- At the **district level**, where responses are required outside of contractual responsibilities, DCJ Commissioning will facilitate district forums to promote shared responses by service system partners
- At the **state-level**, DCJ Commissioning has a leadership role in establishing and managing mechanisms to make it easier to raise, escalate and resolve systematic barriers to improving outcomes. DCJ Commissioning will engage with other parts of DCJ and other NSW government agencies to hold them accountable for the whole-of-government responsibilities under the NSW Homelessness strategy.

From the **contracting perspective**, the core accountability of funded services in relation to the Framework is to collect and report the required outcomes information. Other performance and compliance requirements, such as meeting service delivery targets, are managed under the FCM Framework.

From the **commissioning perspective**, the shared accountability of funded services, DCJ and service system partners, is to analyse and use this information to identify opportunities and barriers to improving client outcomes.

There is joint accountability at the contract level between funded services and DCJ; shared accountability at the district level for local service system changes; and DCJ Commissioning has the lead role in escalating and coordinating responses at the state-wide program and Homelessness Strategy level. Their respective priorities are detailed in Table 7 below.

Table 7: Responding to Outcomes Data – Level Priorities

Responses to Outcomes Data	Guidelines for agreed responses	Documentation of agreed responses
Level 1: Joint DCJ – Funded Service responses	<ul style="list-style-type: none"> • Key achievements in promoting client safety, housing and wellbeing • Key opportunities and agreed responses for the funded service to improve client outcomes within the HSA constraints / local context • Key opportunities and agreed responses for DCJ to improve client outcomes at the local level within policy / operating constraints 	<ul style="list-style-type: none"> Key contract achievements Agreed funded service responses Agreed DCJ responses Opportunities / barriers to be escalated

	<ul style="list-style-type: none"> • Key opportunities / barriers that need to be escalated to district service system forums to identify shared responses • Key signposts of success for the next DCJ-funded Service contract review meeting 	
Level 2: Shared District homelessness service system responses	<ul style="list-style-type: none"> • Key achievements at the district level in promoting client safety, housing and wellbeing • Agreed shared responses for service system partners to improve outcomes • Key opportunities / barriers that need to be escalated to state-wide forums • Key signposts of success for the district Forum 	<p>Key district achievements</p> <p>Agreed shared service system responses</p> <p>Opportunities / barriers to be escalated</p> <p>Signposts of success for the next district forum</p>
Level 3: DCJ led state-level responses	<ul style="list-style-type: none"> • Agreed responses within DCJ / other government agencies to address local / district issues to improving client outcomes • Program-wide Homelessness Strategy responses to be communicated at the local / district levels 	<p>Agreed Homelessness Strategy / program responses to address opportunities / barriers</p> <p>Agreed communication strategy</p>

Addendum 3: Outcomes Report – Case Management Clients Complete View

Outcome domains	Client Outputs & Outcomes
<p>Safety Safety has multiple dimensions—physical; emotional; psychological; and covers both external and internal threats.</p> <p>Homelessness services are commissioned to identify serious safety risks and to support clients through safety issues.</p> <p>Core Outcomes:</p> <p>Clients feel safer</p> <p>Clients feel supported to make progress in addressing their safety needs</p>	<p>Outputs</p> <ul style="list-style-type: none"> Number of clients with case management plans that address safety <hr/> <p>Short-Term Outcomes</p> <ul style="list-style-type: none"> Clients engage with services to address safety needs Clients report feeling safer since engaging with the service Clients have been supported to access information and services to remain safer. <p>Medium-Term Outcomes</p> <ul style="list-style-type: none"> Clients continue to engage with services to address safety needs. Clients continue to report feeling safer since engaging with the service. More clients have been supported to access information and services to remain safer. <hr/> <p>Long-Term Outcomes</p> <ul style="list-style-type: none"> More clients continue to report feeling safer since engaging with the service. Clients have been further supported to access information and services to remain safer.
<p>Housing Depending on clients’ needs and housing market opportunities—different housing pathways will be appropriate to achieving safe, stable, affordable long-term housing.</p> <p>Homelessness services are commissioned to identify clients’ housing needs and to develop realistic plans to maximise opportunities to access and sustain appropriate housing.</p> <p>Core Outcomes:</p> <p>Clients sustain their tenancy</p> <p>Clients make progress addressing their housing needs</p>	<p>Outputs</p> <ul style="list-style-type: none"> Number of clients with case management plans that address housing <hr/> <p>Short-Term Outcomes</p> <ul style="list-style-type: none"> Clients engage with services to address housing needs. Clients sustain their tenancy or other accommodation for the duration of the support period (where that accommodation is appropriate). Clients have: <ul style="list-style-type: none"> increased knowledge of housing options (if applicable); increased skills in maintaining suitable housing (if applicable); completed actions to maximise housing opportunities (if applicable); transitioned to safer, more stable living arrangements (return to home, transitional accommodation, tenancy) (if applicable). <hr/> <p>Medium-Term Outcomes</p> <ul style="list-style-type: none"> Clients continue to sustain their tenancy or other accommodation for the duration of the support period (where that accommodation is appropriate).

Outcome domains	Client Outputs & Outcomes
	<ul style="list-style-type: none"> • Clients continue to engage with services to address housing needs. • More clients have: <ul style="list-style-type: none"> ○ increased knowledge of housing options (if applicable); ○ increased skills in maintaining suitable housing (if applicable); ○ completed actions to maximise housing opportunities (if applicable); ○ transitioned to safer, more stable living arrangements (return to home, transitional accommodation, tenancy) (if applicable). <hr/> <p>Long-Term Outcomes</p> <ul style="list-style-type: none"> • More clients continue to sustain their tenancy or other accommodation for the duration of the support period (where that accommodation is appropriate). • Clients have: <ul style="list-style-type: none"> ○ further increased knowledge of housing options (if applicable); ○ further increased skills in maintaining suitable housing (if applicable); ○ further completed actions to maximise housing opportunities (if applicable).
<p>Wellbeing Clients often have complex needs with multiple underlying causes of homelessness.</p> <p>Homelessness services are commissioned to identify clients' underlying needs and to develop realistic plans to connect them to services and to build their engagement with family, community, education and employment in order to increase their ability to tackle future challenges.</p> <p>Wellbeing incorporates the HSOF domains of Health/Social & Community/Education & Skills/Economic/Empowerment</p> <p>Core Outcomes:</p> <p>Clients have improved personal wellbeing</p> <p>Clients have increased capacity to tackle future challenges</p>	<p>Outputs</p> <ul style="list-style-type: none"> • Number of clients with case management plans that address wellbeing. <hr/> <p>Short-Term Outcomes</p> <ul style="list-style-type: none"> • Clients engage with services to address wellbeing needs. • Clients report improved personal wellbeing since engaging with the service. • Clients have: <ul style="list-style-type: none"> ○ increased engagement with health / mental health services (if applicable); ○ improved relationship with family (where appropriate) & support networks (if applicable); ○ increased connection to community(if applicable); ○ increased connection to education & employment (if applicable). • Aboriginal clients report experiencing culturally accessible services . • CALD clients report experiencing culturally accessible services. <hr/> <p>Medium-Term Outcomes</p> <ul style="list-style-type: none"> • Clients continue to engage with services to address wellbeing needs. • Clients continue to report improved personal wellbeing since engaging with the service. • More clients have: <ul style="list-style-type: none"> ○ increased engagement with health / mental health services (if applicable); ○ increased relationship with family (where appropriate) & support networks (if applicable) ○ increased connection to community(if applicable); ○ increased connection to education & employment (if applicable).

Outcome domains**Client Outputs & Outcomes**

- Aboriginal clients continue to report experiencing culturally accessible services.
- CALD clients continue to report experiencing culturally accessible services.

Long-Term Outcomes

- More clients continue to report improved personal wellbeing since engaging with the service.
 - Clients have:
 - further increased engagement with health / mental health services (if applicable);
 - further improved relationship with family (where appropriate) & support networks (if applicable);
 - further increased connection to community(if applicable);
 - further increased connection to education & employment (if applicable).
 - More Aboriginal clients continue to report experiencing culturally accessible services.
 - More CALD clients continue to report experiencing culturally accessible services.
-

Addendum 4: Outcomes Measurement Protocols

All outcomes measurement needs to be conducted in a way that is client-centred, trauma-informed and sensitive to the lived experiences of clients.

The following draft protocols are intended to be put in place by all homelessness services undertaking outcomes measurement.

Safe participation and informed consent

In line with individual provider's policy for client information collection and reporting through CIMS (and equivalents), outcomes information will be collected in a way that ensures safe participation and informed consent.

Service providers are expected to have in place consent and privacy policies that make it easy to continue collecting and sharing client information – within the existing CIMS (and equivalents) privacy and confidentiality arrangements. In relation to outcomes information:

- All (in scope) clients will be given the opportunity to complete the PWI and COS
- Clients will receive information explaining that the purpose of collecting outcomes information through the PWI and COS is to check and improve how the service is helping clients achieve what they wanted
- Service providers will ensure that clients have options to complete the PWI and COS in the way that best suits them – either in private and confidentially; privately but with the case worker having access to the information; or jointly with their case manager.
- Service providers will ensure that participation processes are culturally-appropriate and trauma-informed – and that case workers are trained in strategies to maximise safe participation of all clients
- Where a client chooses to or is not able to complete either or both the PWI and COS, the reason for non-participation will be recorded.

Valid and reliable feedback

It is recognised that many outcomes data collection methods with vulnerable cohorts are subject to the risk of positive client bias – where clients respond based on what they think the case worker / service wants to hear rather than what they feel and believe. In addition, many clients are extremely grateful for the support they have received from the service – and may feel inclined to report positive outcomes, even if they haven't been achieved.

While this is an inherent risk of many self-report tools, several strategies can be put in place to ensure the information is valid and reliable. In relation to outcomes information:

- Clients will receive information before completing the PWI / COS explaining that the purpose is not to give either positive or negative responses – but rather to get an accurate picture of where they are at today
- Service providers will ensure that clients have time to reflect on their current needs and circumstances prior to completing the survey – which could be through a discussion about ‘where things are up to’ with the case plan, or asking the client to spend some time thinking about ‘where things are up to’
- Where appropriate and consistent with client choices about participation, the case worker may provide an opportunity for the client to review the outcomes information provided and discuss options for responses, to improve outcomes prior to the next case plan review.

Addendum 5: Personal Wellbeing Index (PWI)

A5.1 Guidelines for Administering the PWI Tool

This addendum is complemented by a PWI Administration Guide, which is made available to providers as part of the PWI training resources. The Administration Guide includes instructions for use within CIMS, as well as various forms and position statements that are referenced below.

Administering the PWI

The PWI is to be administered with any client that is aged 12 years and above, that is actively involved in case management, and who gives informed consent to participate.

As part of informed participation for clients, an Information Form has been developed, and providers are asked to make this available to clients prior to administering the PWI. The form includes information about what the PWI is, how data will be stored and used, and that the results or a decision to not participate have no impact on their access to support in any way.

DCJ has also prepared a position statement on the use of the PWI with people under the age of 18 years. This position statement must be understood and applied by all providers.

The Information Form and position statement are contained within the PWI Administration Guide.

Currently, SHS providers are required to conduct the PWI either by:

1. Having the service user complete the survey independently using pen and paper format, and later transferring the results into the data system.
2. Reading out the survey to the service user and recording their verbal responses directly into the data system.

DCJ is aware of the potential barriers that a pen and paper format creates, and strategies to address these barriers are covered in the PWI training resources. DCJ will be seeking opportunities to incorporate technology in the administration of the PWI. In the meantime, providers are asked to administer the survey in either of the ways listed above, being mindful of the barriers this could create and working to minimise that impact.

For services that are working remotely with clients – the PWI can be mailed or emailed to the client with a request that it is completed and returned, where the worker will then enter the scores in the data system. In this scenario, providers must take measures to ensure the safety of the client during and after completion of the survey, for example, checking in with them via a phone call, and/or requesting that they complete the survey with a support person nearby. Providers also need to ensure that the completion of the survey is still compliant with timing protocols. Survey scores should be entered into the data system using the dates that the survey was actually completed.

For providers that access CIMS via mobile devices, the PWI functions can be viewed and accessed on those devices.

CIMS defaults to use of the PWI-SC child version of the survey, based on recommendations from the pilot evaluation that the language in this version created less barriers to interpretation and understanding for a large proportion of people accessing homelessness services. However, the PWI-A adult version is also available to select within CIMS, where providers are confident that this version will not represent a barrier to participation for clients.

Scope and timing of PWI outcomes information collection

PWIs are collected based on support periods, rather than client records. Therefore each new support period will contain its own set of PWI surveys. The PWI is intended to be applied once towards the commencement of case management, periodically as part of case plan review and once towards the end of the support period (typically as part of the closure of the case plan).

All applications of the PWI will be coded as either PWI (start); PWI (periodic); or PWI (end).

End surveys can be done without a periodic survey, including for clients that have had a support period shorter than 3 months which is the minimum length of time between start and periodic surveys. Where a start survey has never been completed for a client, providers are welcome to conduct periodic and end surveys with that person, however the counting rules within CIMS (or equivalent) will not include those results in outcomes reporting, since there is no baseline for comparison.

PWI reporting has been developed to substitute the latest periodic survey in the absence of an end survey, when a support period is closed. However, the labelling of that survey as periodic will still be retained, so that accurate rates of completion are tracked.

Interpretation of PWI and COS data

The PWI and COS outcomes are self-reported by clients and their interpretation is contextual to the client and funded service.

DCJ is adopting a developmental approach to introducing the PWI and COS - recognising that the initial set of outcome data, tools and protocols will need to be reviewed over the course of the 2021-2024 contracts. The initial roll out will be used to build the evidence base about appropriate outcomes targets for different client cohorts and context.

For further information on the PWI, for translations and other versions of the survey, please visit the ACQOL website - <http://www.acqol.com.au/instruments#measures>

A5.2 PWI survey

Q1 How happy are you about the things you have? Like the money you have and the things you own?

VERY SAD						NOT HAPPY OR SAD						VERY HAPPY
0	1	2	3	4	5	6	7	8	9	10		

Q2. How happy are you with your health?

VERY SAD						NOT HAPPY OR SAD						VERY HAPPY
0	1	2	3	4	5	6	7	8	9	10		

Q3. How happy are you with the things you want to be good at?

VERY SAD						NOT HAPPY OR SAD						VERY HAPPY
0	1	2	3	4	5	6	7	8	9	10		

Q2.4. How happy are you about getting on with the people you know?

VERY SAD						NOT HAPPY OR SAD						VERY HAPPY
0	1	2	3	4	5	6	7	8	9	10		

Q2.5. How happy are you about how safe you feel?

VERY SAD						NOT HAPPY OR SAD						VERY HAPPY
0	1	2	3	4	5	6	7	8	9	10		

Q2.6. How happy are you about doing things away from where you are currently living?

VERY SAD						NOT HAPPY OR SAD						VERY HAPPY
0	1	2	3	4	5	6	7	8	9	10		

Q2.7 How happy are you about what may happen to you later on in your life?

VERY SAD						NOT HAPPY OR SAD						VERY HAPPY
0	1	2	3	4	5	6	7	8	9	10		

Addendum 6: Client Outcomes Survey (COS)

A6.1 Guidelines for Administering the COS Tool

Client Outcomes Survey (COS) Administration Guide and Training Resources will be fully developed during year 1 of 2021-2024 contract term.

The COS is to be administered with any client that is aged 12 years and above, that is actively involved in case management, and that gives informed consent to participate.

Scope and timing of COS outcomes information collection

COSs are collected based on support periods, rather than client records. Therefore each new support period will contain its own set of COS surveys. The COS is intended to be applied periodically as part of case plan review and once towards the end of the support period (typically as part of the closure of the case plan).

Providers have the option of using the COS as part of each case plan review – this is at the discretion of the SHS provider and client.

While a COS score is not collected at the start of engagement, as case planning progresses and the client's safety, housing and wellbeing goals are identified, an inbuilt process in CIMS will prompt the provider to ask and record the clients 'satisfaction' score at that point. This will provide a point of comparison for periodic and end surveys.

All applications of the COS will be coded as either COS (periodic), or COS (end).

End surveys can be done without a periodic survey, including for clients that have had a support period shorter than 3 months which is the minimum length of time between start and periodic surveys.

COS reporting will be developed to substitute the latest periodic survey in the absence of an end survey, when a support period is closed. However, the labelling of that survey as periodic will still be retained, so that accurate rates of completion are tracked.

Interpretation of PWI and COS data

The PWI and COS outcomes are self-reported by clients and their interpretation is contextual to the client and funded service.

DCJ Commissioning is adopting a developmental approach to introducing the PWI and COS - recognising that the initial set of outcome data, tools and protocols will need to be reviewed over the course of the 2021-2024 contracts. The initial roll out will be used to build the evidence base about appropriate outcomes targets for different client cohorts and context.

A6.2 COS Tool

Overall

Q1. Thinking about your own needs and what you wanted in coming to the service, how satisfied are you with your outcomes as a whole?

No satisfaction at all					Neutral						Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q1.1 Thinking about your needs as a person who is Aboriginal or Torres Strait Islander, how satisfied are you that the service respected and understood these needs and tried to meet them? [if applicable]

No satisfaction at all					Neutral						Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q1.2 Thinking about your needs as a person who is culturally and linguistically diverse, how satisfied are you that the service respected and understood these needs and tried to meet them? [if applicable]

No satisfaction at all					Neutral						Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety

My safety needs / case plan goals to access information and services to remain safer [if applicable]

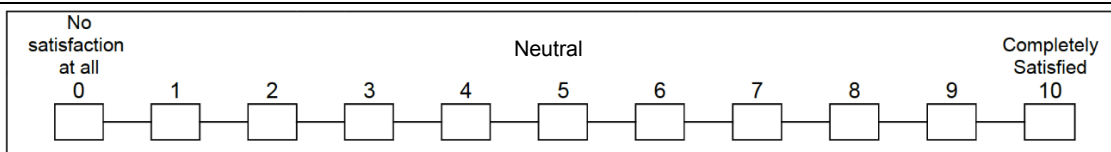
Q2.1 How satisfied are you that you have been supported to access information and services to remain safer?

No satisfaction at all					Neutral						Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Housing

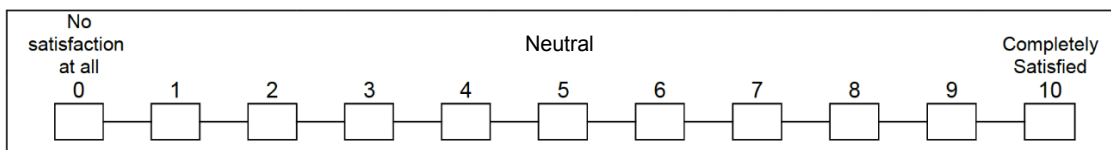
My housing needs / goals to improve knowledge of housing options [if applicable]

Q3.1 How satisfied are you that you have learnt about housing options that are suitable for you?



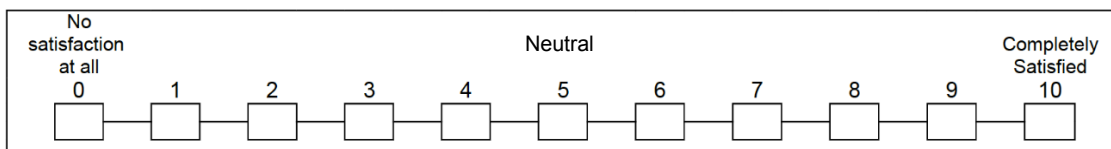
My housing needs / goals to increase skills in maintaining suitable housing [if applicable]

Q3.2 How satisfied are you that you have been supported to increase your skills in maintaining housing that is suitable for you?



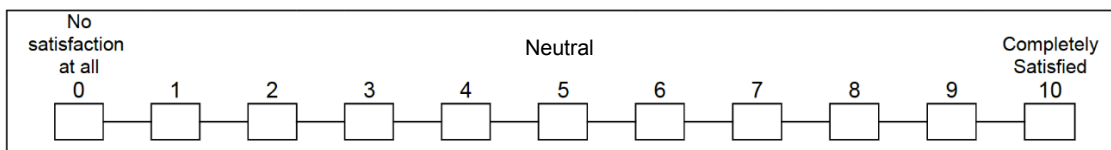
My housing needs / goals to complete actions to maximise housing opportunities [if applicable]

Q3.3 How satisfied are you that you have been supported with opportunities to find suitable housing?



My housing needs / goals to transition to safe, more stable housing / living arrangements [if applicable]

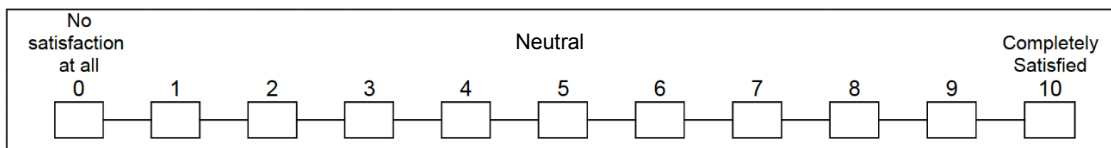
Q3.4 How satisfied are you with your progress towards safer, more stable housing / living arrangements?



Wellbeing

My needs / goals to improve engagement with health services [if applicable]

Q4.1 How satisfied are you that you received support to become more engaged and better connected with health services?



My needs / goals to improve engagement with family, carers and family support services [if applicable]

Q4.2 How satisfied are you that you received support to become more engaged and better connected with your family, carers, support services?

No satisfaction at all					Neutral						Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My needs / goals to improve community connection [if applicable]

Q4.3 How satisfied are you that you received support to become more engaged and better connected with your community?

No satisfaction at all					Neutral						Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My needs / goals to improve engagement with education and employment services [if applicable]

Q4.4 How satisfied are you that you received support to become more engaged and better connected with education or employment services?

No satisfaction at all					Neutral						Completely Satisfied
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Addendum 7: Protocols for Responding to Outcomes Data

A key part of placing client outcomes at the centre of commissioning is to increasingly focus the management of contractual relationships around improving outcomes. These guidelines outline the principles and protocols for achieving this focus on client outcomes as part of managing the contractual relationships between DCJ and funded homelessness services.

Principles

Placing client outcomes at the centre of commissioning is underpinned by a set of outcome measurement / planning and partnership principles.

Putting outcomes for clients at the centre of commissioning

Outcome measurement and planning principles

- Measurement and reporting of client outcomes should support evidence-based discussion and responses to overcome the barriers to reducing homelessness – both in terms of changes that can be directly influenced by service providers, and those which require changes in other parts of the service system
- Client outcomes need to be interpreted in context – recognising that providers work in different settings, with different cohorts and under different funded delivery models
- Client outcomes should be measured using consistent, rigorous and ethical methodologies – to ensure valid, reliable and comparable outcomes information
- Client outcomes should be measured and reported in ways that can be integrated into existing data systems and case management practices – without creating unreasonable additional workload for providers or intrusive imposts for clients

Partnership principles

- All parts of the service system need to be held accountable for reducing homelessness and improving the wellbeing of people experiencing homelessness
- Contractual arrangements need to promote collaboration between homelessness service providers, DCJ and other parts of the service system – given that client outcomes are dependent on contributions from all parts of the service system.
- Funding needs to reflect the risks borne by different parts of the service system in achieving client outcomes
- Clear, coordinated mechanisms are needed to raise, escalate and resolve barriers to reducing homelessness – at the local, district and state-wide levels.

Protocols

Placing client outcomes at the centre of commissioning involves an evidence-based analysis, assessment, and response to available outcomes information.

DCJ and funded homelessness services share a commitment to using available outcomes information to plan responses to improve client outcomes – recognising that:

- Outcomes information will never be perfect or complete – so trust and integrity is required to interpret the available information with a focus on ‘best for program / client’ decision making
- Improving client outcomes is never the sole responsibility of one part of the service system – so a collaborative, partnership approach is required to planning responses to outcomes data.

The following protocols (detailed in Table 8 below) provide a guide and checklist for analysing, assessing and responding to outcomes information.

Table 8: Protocols

Outcomes contract information	& Analysis checklist – what we might want to discuss	Response checklist - what we might consider doing
Outputs		
No. actuals against targets in the HSA	<ul style="list-style-type: none"> • Contract compliance • Pattern of clients assisted against local / program priorities • Pattern of unmet demand • Capacity of service system to improve targeting / address unmet demand • Pattern of clients presenting as homeless to SHS after exiting a NSW government service 	<ul style="list-style-type: none"> • Changes in service promotion, access, intake • Changes in targeting to align with local / program priorities • Changes to address unmet demand • Escalation of systemic safety issues relating to exits from govt services
Outcomes Participation data	<ul style="list-style-type: none"> • Contract compliance • Pattern of outcomes reporting (compared to benchmarks; peers) • Internal systems for outcomes reporting • Critical success factors / barriers to outcomes reporting 	<ul style="list-style-type: none"> • Changes in compliance with outcome measurement protocols • Changes in service management to improve outcomes reporting
Client outcomes		
Safety Domain Core Outcomes: Clients feel safer Clients feel supported to make progress in addressing their safety needs	<ul style="list-style-type: none"> • Key achievements in promoting safety • Critical success factors / case practice / partnership arrangements for improving client safety • Key service gaps for clients that didn't feel safer / didn't met their safety goals • Key systemic barriers in mitigating safety risks 	<ul style="list-style-type: none"> • Changes in case management practice / partnership arrangements • Escalation of systemic safety issues / barriers to district / program forums
Housing Domain Core Outcome:	<ul style="list-style-type: none"> • Key achievements in promoting housing opportunities 	<ul style="list-style-type: none"> • Changes in case management practice / partnership arrangements

Outcomes contract information	& Analysis checklist – what we might want to discuss	Response checklist - what we might consider doing
Clients make progress addressing their housing needs	<ul style="list-style-type: none"> • Critical success factors / case practice / partnership arrangements for finding / establishing stable housing • Key service gaps for clients that didn't met their housing goals • Key systemic barriers in finding affordable housing • Key systemic barriers in promoting housing opportunities – access to rent Choice / Social Housing 	<ul style="list-style-type: none"> • Escalation of systemic housing issues / barriers to district / program forums
<p>Housing Domain Core Outcome:</p> <p>Clients sustain their tenancy</p>	<ul style="list-style-type: none"> • Key achievements in sustaining tenancies • Critical success factors / case practice / partnership arrangements for sustaining tenancies • Key service gaps for clients that didn't sustain their tenancy • Key systemic barriers in sustaining tenancies 	<ul style="list-style-type: none"> • Changes in case management practice / partnership arrangements • Escalation of systemic housing issues / barriers to district / program forums
<p>Wellbeing Domain Core Outcomes:</p> <p>Clients have improved personal wellbeing</p> <p>Clients have increased capacity to tackle future challenges</p>	<ul style="list-style-type: none"> • Key achievements in improving wellbeing • Critical success factors / case practice / partnership arrangements for improved wellbeing • Key service gaps for clients that improve their wellbeing / met their wellbeing goals • Key systemic barriers in accessing health and employment services 	<ul style="list-style-type: none"> • Changes in case management practice / partnership arrangements • Escalation of systemic wellbeing issues / barriers to district / program forums

Sample templates for documenting and following-up agreed responses to outcomes data at Levels 1 & 2, are presented below – Figures 4 and 5.

Figure 4: Local Responses to Outcomes Data (Level 1) Template

Level 1 (Local) Responses to Outcomes Data (to be completed jointly by DCJ and funded service provider as part of contract mgmt. meetings)		
Service context (description of client / delivery context to inform interpretation of outcomes data)		
Service arrangements (questions and responses to specific questions about service arrangements)		
	<i>Responses</i>	<i>Milestones / deliverables</i>
Key achievements / insights – for promotion at district level (optional)		
Funded service responses (if any) to improve client outcomes in next reporting period		
DCJ responses (if any) to improve client outcomes in next reporting period (e.g., taking action to address opportunities / barriers at the local level).		
Key barriers / issues to be escalated to district / program level (optional)		

Figure 5: District Responses to Outcomes Data (Level 2) Template

Level 2 (District) Responses to Outcomes Data (to be completed jointly by DCJ and funded service providers as part of Program Delivery Groups)		
	<i>Responses (by responsible agency)</i>	<i>Milestones / deliverables</i>
Key achievements / insights – evidence-based responses for promotion at program level (to be forwarded to the Program Manager)		
Service system partner responses (if any) to improve client outcomes in next reporting period		
Key barriers / issues to be escalated to program level (to be forwarded to the Program Manager for discussion at statewide forums)		

Addendum 8: Other Relevant Documents

This document should be read alongside the following suite of documents and manuals that make up the SHS Program Framework Guide:

1. SHS Case Management Toolkit – being updated
2. Human Services Outcome Framework (HSOF)
3. NSW Homelessness Strategy