



Applying the NSW Human Services Outcomes Framework in Communities and Justice

Key terms and concepts

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The NSW Human Services Outcomes Framework

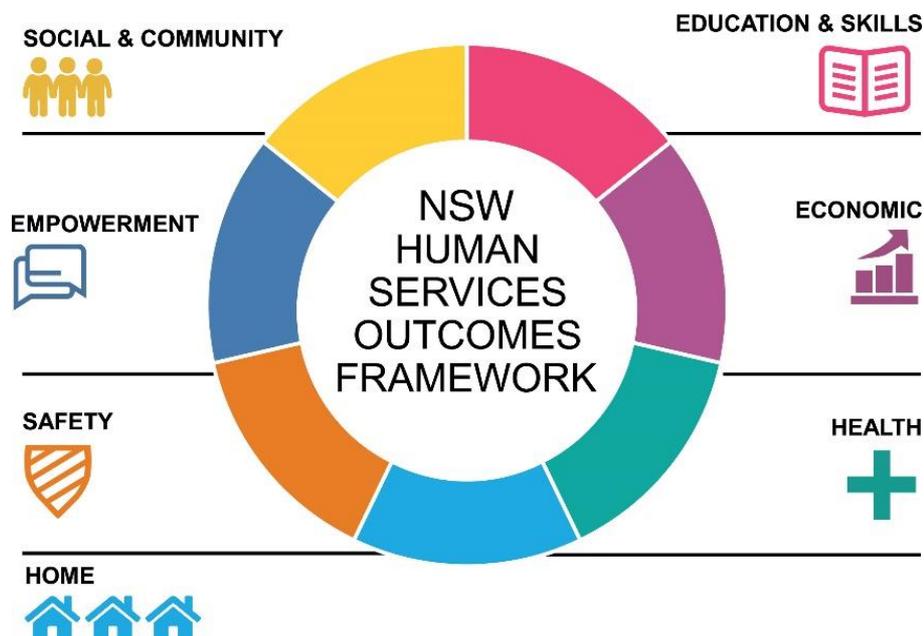
The NSW Human Services Outcomes Framework (Outcomes Framework) keeps us focused on what's most important – the wellbeing of the people we serve. This document provides an overview of the key terms and concepts used by the Department of Communities and Justice (DCJ) when discussing the Outcomes Framework. It is accompanied by a [Glossary of Terms](#) (see Appendix 1).

What is the NSW Human Services Outcomes Framework?

The Outcomes Framework helps NSW Government agencies and non-government organisations (NGOs) to:

- **Adopt an outcomes-focused approach** in human services design, delivery and evaluation.
- **Have a shared understanding** of the outcomes which are priorities across their work.
- **Work together** to deliver benefits for the community.

The Outcomes Framework focuses on outcomes in seven key domains that are important across agencies: Social and Community, Education and Skills, Empowerment, Economic, Safety, Health and Home.



Why are we applying the Outcomes Framework?

DCJ use the Outcomes Framework to better respond to vulnerability and disadvantage in NSW. It helps us to build a link between what our clients need, what we do (our activities and interventions) and what we want to achieve (positive outcomes for clients).

The Outcomes Framework supports us to:

- **Focus** on the outcomes that matter most to clients' long-term wellbeing.
- **Build** and use evidence about how to improve client wellbeing, so we can do more of what works and less of what doesn't.
- **Measure** how successful we are in making long-term, positive differences to people's lives.
- **Collaborate** with other Government agencies and partners to deliver more sustainable and meaningful impact.

We embed the Outcomes Framework across the design, implementation and evaluation of all our programs and interventions. This is so we can deliver quality services that meet the long-term needs and goals of clients.

The Outcomes Framework supports the five DCJ Commissioning Principles: client-centric, integrated, evidence-informed, outcomes-based, value for money.

Where can you find out more about the NSW Human Services Outcomes Framework?

The Outcomes Framework was developed in partnership with other agencies by the former NSW Department of Finance, Services and Innovation. Their guide to the Outcomes Framework can be found [here](#).

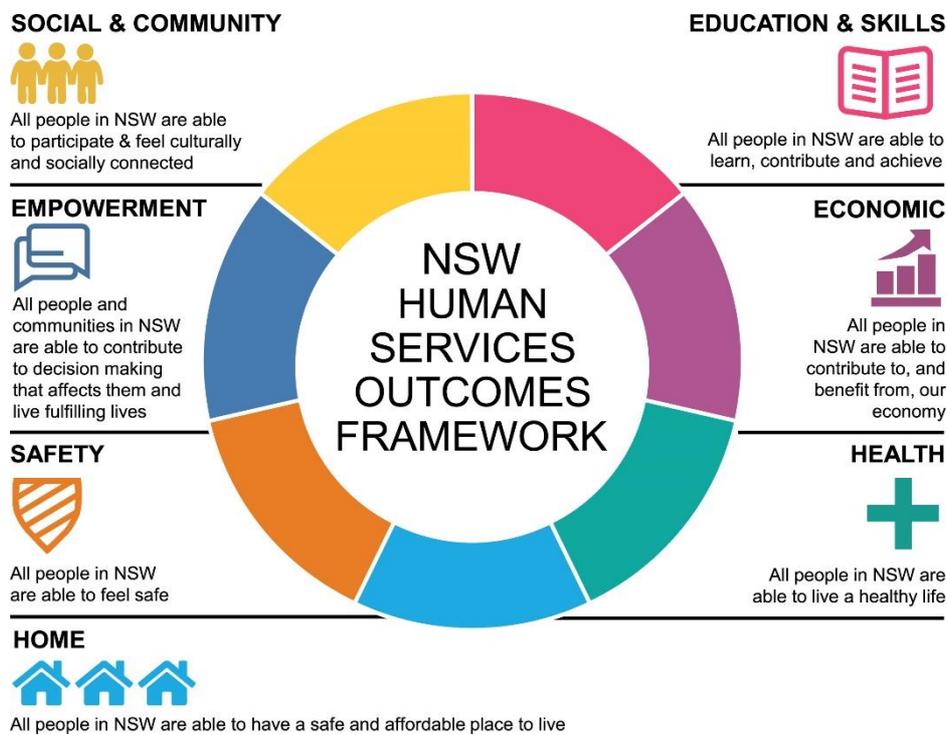
DCJ is committed to embedding the Outcomes Framework across our programs and has a dedicated webpage of resources for you to use. The webpage can be found at: <https://www.facs.nsw.gov.au/resources/human-services-outcomes-framework>

Key terms and concepts

Outcome domains

The Outcomes Framework focuses on outcomes across seven domains: Home, Safety, Education & Skills, Economic, Health, Social & Community and Empowerment (see Figure 1). These outcome domains were co-designed by agencies and non-government organisations, and are informed by a review of national and international research on what determines wellbeing. In focusing on these seven domains, the Outcomes Framework provides a holistic view of client outcomes. It enables DCJ and other agencies to have a shared understanding of client outcomes so they can work together to deliver benefits for the community.

Figure 1. The NSW Human Services Outcomes Framework: Seven Outcome Domains



Outcomes

An outcome is a result or effect that is caused by or attributable to an intervention. Outcomes are the changes your intervention hopes to achieve. These changes occur for individuals, groups, families, organisations, systems, or communities during or after an activity. Outcomes can be changes in knowledge, attitudes, values, behaviours or conditions.

Outcomes can be short-, medium- or long-term:

- *Short-term outcomes* – primarily attributed to the program.

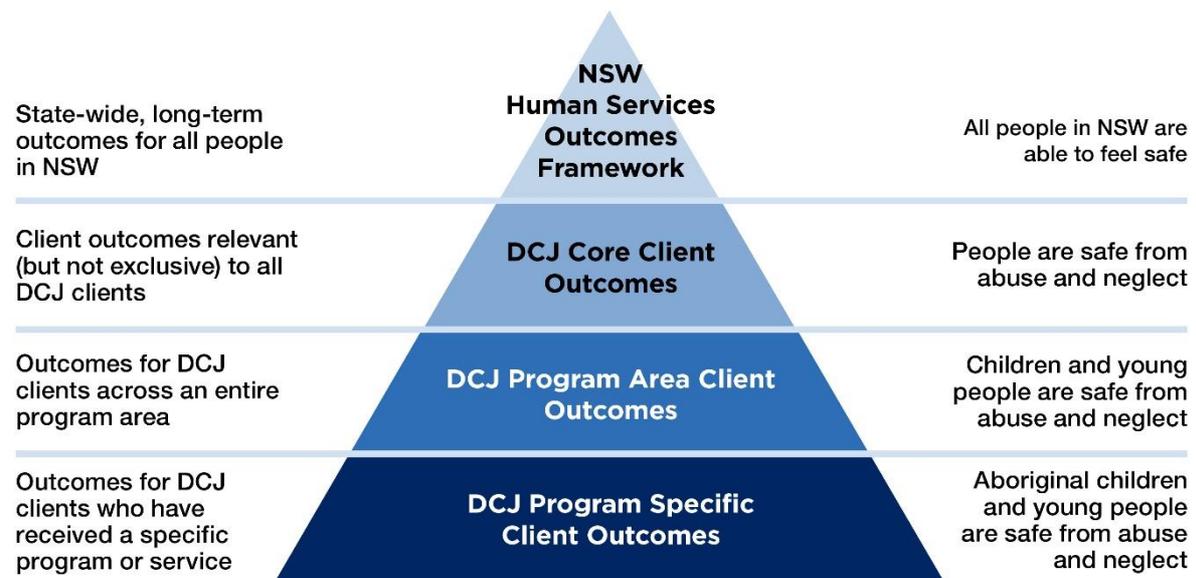
- *Medium-term outcomes* – partly attributed to the program. The link between an intervention’s short- and long-term outcomes.
- *Long-term outcomes* – result from achieving short- and medium-term outcomes. Can result in shared attribution across agencies and organisations, which usually occur beyond the timeframe of the intervention.

Outcomes can be defined at a number of different levels in order to make them relevant and practical for different stakeholders (see Figure 2). At the general population level, the Outcomes Framework specifies ‘state-wide’ long-term outcomes for each wellbeing domain, for example ‘Safety: All people in NSW are able to feel safe’.

DCJ and other government agencies are all working towards identifying outcomes that contribute to these overarching NSW population outcomes. In DCJ, these are referred to as **core client outcomes**. These outcomes can be short-, medium, or long-term and they are relevant, but not exclusive, to all DCJ clients.

Outcomes can also be defined as **program area client outcomes** and **program specific client outcomes**. Program area client outcomes are relevant to all clients who are served by a high-level DCJ program area. Program specific client outcomes are relevant to clients who have received a specific service delivered by DCJ or a service partner.

Figure 2. Defining outcomes for the NSW Human Services Outcomes Framework



Wellbeing

Wellbeing is defined as the extent to which a person has a high quality of life, can achieve desired outcomes in life and can contribute to society. Wellbeing is usually multidimensional, capturing all important aspects in life, including mental health, physical health, economic wellbeing, social wellbeing and liveability. When applying the Outcomes Framework, wellbeing should be thought of as an overarching outcome. The seven *outcome* domains in

Figure 1 may also be described as *wellbeing* domains, that is, each domain is also an aspect of wellbeing that DCJ seeks to improve.

Measuring wellbeing is important because it provides useful information about the quality of people’s lives, which is important to inform public policy. In recent years, there has been a shift in focus from using economic measures only (e.g. income and GDP) to using a broader range of measures of quality of life or wellbeing to measure societal progress. Focusing on wellbeing enables us to adopt a multidimensional approach that captures all important aspects of life, rather than focusing purely on the economic aspect.

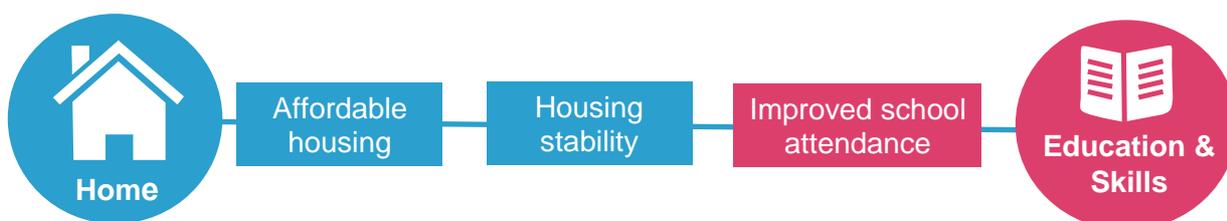
Impact pathways

Each of the seven outcome domains are linked together to create *impact pathways*. These impact pathways show the links within and across different domains - they demonstrate how improving an outcome can influence and help achieve other outcomes. Impact pathways are evidence-based and provide an accessible way to summarise and illustrate evidence.

Figure 3 illustrates an impact pathway that shows how stable, affordable housing can result in the attainment of education and skills.

- Access to affordable housing can impact housing stability as people tend to move around in the pursuit of affordable housing (Cunningham & McDonald 2012).
- A stable environment, in turn, influences school attendance. If multiple movements are avoided, fewer school days are missed and parents experience less stress (Voight, Shinn & Nation 2012; Young 2002).
- These factors can lead to a positive impact on child development and allow children to improve their educational outcomes (Zubrick, 2014).

Figure 3. An Impact Pathway between the Home Domain and the Education & Skills Domain



When applying the Outcomes Framework, impact pathways are used to:

- Understand the life-course of different client cohorts and to illustrate the key points in a person’s life that can affect their future outcomes.
- Identify the outcomes that matter most to clients, at certain points in their life-course.
- Focus DCJ on providing services that support achieving these outcomes at key times in clients’ lives.
- Illustrate the proposed mechanism of change - impact pathways can indicate the positive impact an intervention can have on client outcomes.

- Show confounding attribution – that is, how achieving one outcome can lead to or influence the achievement of another. This is important when choosing indicators service providers can be accountable for.
- Help you determine which indicators to use (see Figure 4).

Various impact pathways exist between each of the seven outcome domains – for an overview see Appendix 2. These impact pathways were developed from a review of the best available evidence on what improves wellbeing for clients. Translating evidence to impact pathways involves the following steps:

1. Review evidence to identify any significant relationships between specific outcomes, and their risk and protective factors
2. Select the most commonly cited outcomes and risk factors
3. Categorise them according to the seven outcome domains
4. Map the causal pathway from one outcome domain to another

Please note: Appendix 2 does not provide an exhaustive list of all impact pathways. There are likely to be more pathways that exist between different outcomes and outcome domains. When applying the Outcomes Framework additional impact pathways may need to be *built* (following the steps above) in order to identify and address a specific problem.

Risk and protective factors

Risk and protective factors are markers of need. The presence or absence of risk and protective factors can help us determine the needs of an individual or a client cohort. In turn, identifying risk and protective factors can ensure the tailoring of interventions to better meet client needs.

Risk factors	Protective factors
<ul style="list-style-type: none"> • Attributes or conditions that can contribute to a person's vulnerability and increase the probability that they will have poor outcomes in the future 	<ul style="list-style-type: none"> • Attributes or conditions which can mitigate risk or adversity and promote healthy development and enhance wellbeing

Identifying the risk and protective factors experienced by clients is an important part of applying the Outcomes Framework. Having this information is necessary when doing the following:

- **Identifying your client cohort and defining their needs:** Any program or intervention should be designed and implemented with the specific needs of a designated cohort in mind. To identify a cohort, and define the problem, you must identify the shared characteristics of the group of people you are trying to help, including their risk and protective factors.
- **Building/identifying impact pathways:** The development of impact pathways is typically based on the relationship between specific outcomes, and their risk and

protective factors. The most commonly cited outcomes and risk factors are categorised according to the seven outcome domains to develop impact pathways.

- **Designing a program or intervention:** A program or intervention that is seeking to improve client outcomes should mitigate client risk factors and/or strengthen protective factors. Evidence should be used to determine the most effective programs and interventions to do this.

Cohort

A cohort is a group of people with shared vulnerabilities, needs, and characteristics. Different cohorts across NSW need different support to improve their lifetime outcomes, depending on their experiences or needs. A comprehensive understanding of the needs of cohorts, causes of vulnerability and pathways to improving life outcomes is important to the application of the Outcomes Framework.

When applying the Outcomes Framework, a cohort of DCJ clients (current or potential end-users of DCJ services) must be identified. Any intervention should be designed and implemented with the specific needs of a designated cohort in mind. In order to identify a cohort, the population should be clustered into specific groups of people, in specific places, and the following should be considered:

- Who is in the cohort?
 - What indicates someone is part of the cohort?
 - Are there any subgroups within the cohort?
- What is the size of the cohort?
- What are the demographics of the cohort? E.g. age, gender, cultural background, geographical distribution.

By clearly articulating who we are trying to support and what outcomes they want, we can prove the value of our interventions.

Outcome indicators and measure

Outcome indicators

Outcomes are the changes that occur for individuals, groups, families or communities during or after participation in a program or intervention. To determine whether or not those changes have occurred, you need to use indicators. Indicators are the clues that suggest something has, or is going to happen. That is, indicators are measurable markers that show whether progress has occurred on a certain condition or circumstance.

When applying the Outcomes Framework, **indicators are used to determine if an intervention has achieved its intended outcomes**. There are two different types of indicators that can be used when applying the Outcomes Framework:

Program Level Indicators

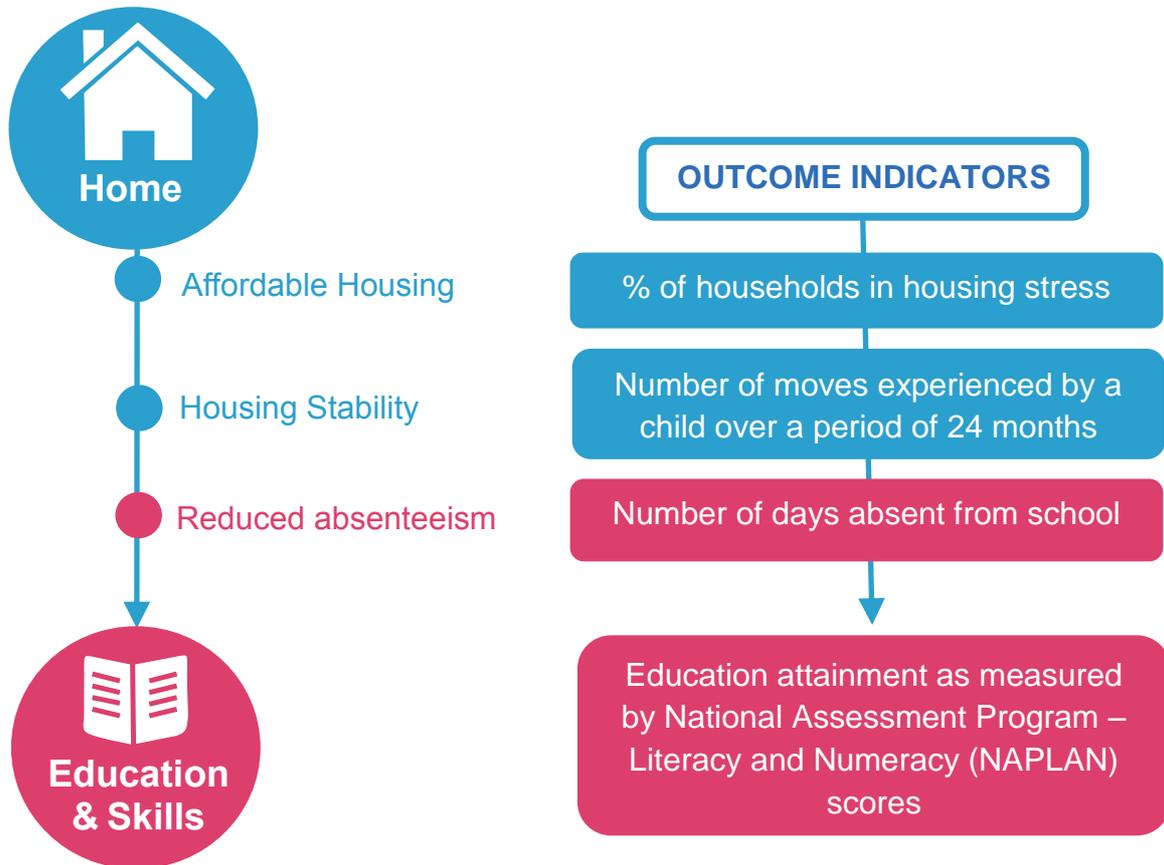
- Program level indicators are used by a service to collect outcome data directly from clients
- E.g. % of clients who reported feeling of safety following an intervention

Population Level Indicators

- Population level indicators exist in routinely collected national datasets for long-term evaluation
- E.g. the number of children and young people reported at risk of significant harm

When applying the Outcomes Framework, you will need to identify indicators to measure change in client outcomes. The indicators you select need to align with the desired outcomes of your intervention. These indicators will be used to determine if the interventions you conduct contribute to change in one or more of the Outcome Domains. The indicators you select should also align with the relevant impact pathway. Impact pathways can help you determine which indicators to use. See Figure 4 below.

Figure 4. An Impact Pathway between the Home Domain and the Education & Skills Domain, with examples of Outcome Indicators



When applying the Outcomes Framework, indicators are assessed according to the following criteria:

Measurability: The ability of the indicator to be quantified (observed)

Validity: The indicator measures what it proports to measure and is relevant to the outcome.

Reliability: The indicator will produce consistent and comparable results across time periods, geographies, jurisdictions and cohorts.

Sensitivity: The ability of the indicator to capture true positives, detect change in the outcomes and be disaggregated at a cohort level.

Acceptability: The indicator does not induce unnecessary risk to the parties involved in measurement.

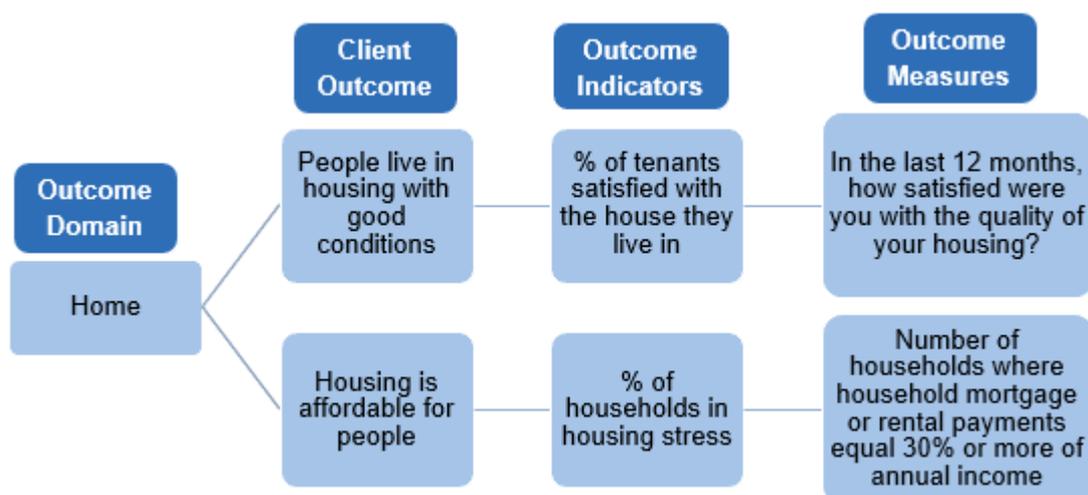
Interpretability: The indicator is understandable to a broad audience so that the community can come to its own judgements about it's meaning

Outcome measures

An outcome measure is used to provide values for an outcome indicator. When applying the Outcomes Framework, outcome measures are the tools that track key indicators of progress over the course of an intervention. For example, survey questions or the number of people who have a shared characteristic or experience as recorded in administrative data sets. Figure 5 is an example of *some* outcome indicators and outcome measures from the Home outcome domain that have been used when applying the Outcomes Framework. In this example, it is clear that the chosen outcome measures will enable us to track the progress of the related indicator.

Outcomes can be measured objectively and subjectively. Objective outcome measures use impartial information, for example, level of education, labour force status or homelessness. Subjective outcome measures rely on a client's personal judgement. For example, a client's self-reported satisfaction with the quality of their housing (In the last 12 months, how satisfied were you with the quality of your housing?) or a client's self-assessed health status (In general, would you say your health is excellent, very good, good, fair, or poor?).

Figure 5. An example of indicators and outcome measures in the NSW Human Services Outcomes Framework



Program

When discussing the Outcomes Framework, a program refers to the set of activities, managed together over a period of time, that aim to achieve an outcome/s for a client or client group.

Program logic

Program logic is a tool used to design an intervention that seeks to effect change, that is, to improve client outcomes. Using a program logic is instrumental to applying the Outcomes Framework in DCJ as it demonstrates the link between research evidence, the proposed program and the desired outcomes.

Using a program logic has many benefits. A program logic:

- Places *client needs* at the centre of program design.
- Ensures that program design and implementation is grounded in evidence.
- Ensures transparency. In clearly articulating program activities and desired outcomes, a program logic illustrates the change processes underlying an intervention, making these processes explicit and enabling them to be tested.
- Can enhance engagement with stakeholders in intervention design and evaluation. It can clearly communicate to stakeholders the intervention that is going to be undertaken and how that intervention is expected to achieve outcomes.
- Provides a framework for a systematic and shared approach to intervention planning, implementation and evaluation.

Mechanisms of change

A program logic outlines the *mechanism of change* an intervention uses to predict impacts on client outcomes. The mechanism of change can often be seen in the relevant impact

pathways between client outcomes (see Appendix 2). Developing this mechanism of change allows you to empirically test whether the intervention will have a positive impact on client outcomes, and whether this impact can be attributed to the intervention, rather than to other factors.

In using program logics, and thus, articulating the mechanism of change, DCJ will be able to better prioritise interventions that are most likely to positively impact client outcomes and modify (or cease to provide) interventions that do not achieve the intended outcomes. The mechanism of change will challenge those designing new interventions (or refining existing programs) to be clear about the outcomes each their program is trying to achieve.

Program Logic Template

FACSIAR has designed a program logic template to be used within DCJ (see Appendix 3). This template is designed to use the best available research evidence to justify program activities and ensures alignment of outcomes to the Outcomes Framework. Completing the program logic template will assist to clarify your understanding and help demonstrate the logic that connects the problems you are trying to address to the actual solution and measures of success.

A program logic should be developed in the planning stage of an intervention. This allows stakeholders to articulate the desired outcomes, and clarify how the intervention will achieve these.

When completing the program logic template you will need to do the following:

1. **Identify the problem:** What problem is your intervention seeking to address?
2. **Summarise the research evidence:** Use the best available evidence to determine the most effective programs and activities to address the problem.
3. **Describe your intervention:** Based on the evidence, what is the most effective way to intervene to address the problem? Describe the intervention, key activities, and the necessary inputs.
4. **Outline the *mechanism of change*:** Describe how your intervention will achieve the desired outcomes. Make clear the pathway from activities to outcomes. Ensure your mechanism of change is grounded in evidence.
5. **Outline the program outputs:** What are the products, goods or services that the program produced?
6. **Detail the client outcomes (short-, medium- and long-term):** What is expected to change for clients? Ensure outcomes are realistic and measureable and that there is a clear path between the short, medium and long-term outcomes.

For more information on developing program logics, please see FACSIAR's step-by-step guide to [Developing Program Logics](#). Our program logic template can also be found [online](#).

Sphere of influence

The sphere of influence is the area that a stakeholder can influence in order to bring about a change in outcomes for clients.

An intervention may have multiple activities, each with different outcomes, and with different stakeholders responsible for each. When designing an intervention, it is important to understand the impact a program and its specific activities can have and the desired outcomes of these activities.

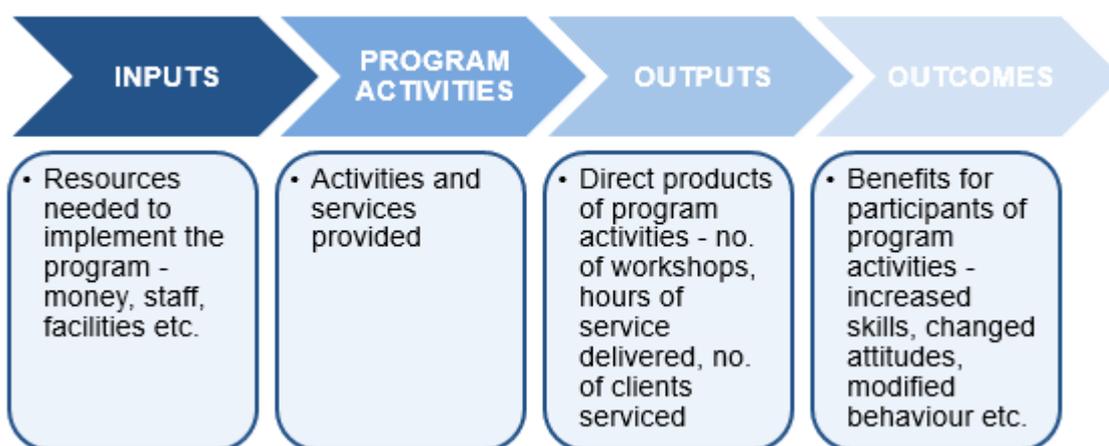
Understanding a stakeholder’s sphere of influence is also important when choosing outcomes and outcome indicators service providers can be held accountable for – we need to understand whether it is possible for a stakeholder to achieve those outcomes, based on their sphere of influence. They may only be able to *contribute* to a small change in client outcomes. It is important we are aware of this when attributing causality, that is, determining what and who achieved (or failed to achieve) the desired outcomes.

Input and outputs

Inputs are the resources that are required to conduct an intervention, e.g. funds, staff, time, facilities, equipment, etc. Outputs are the products, goods and services which are produced by a program or intervention. **Outputs** are different to **outcomes**. Outputs are the things that happen due to a program or activity, for example, the number of clients who received a service or the number of hours spent in a training program.

Outcomes, as discussed above, tell us about how these things impact that person. For example, a child’s vision would improve after receiving a pair of glasses - the child then becomes more engaged in school, and consequently, the child’s self-confidence increases. Figure 6 provides an overview of the relationship between inputs, outputs and outcomes.

Figure 6. Inputs, Outputs and Outcomes



Identifying and recording the inputs and outputs of an intervention and its specific activities is an important part of applying the Outcomes Framework. It is important to determine what resources are needed to conduct an intervention before it is implemented to ensure it is

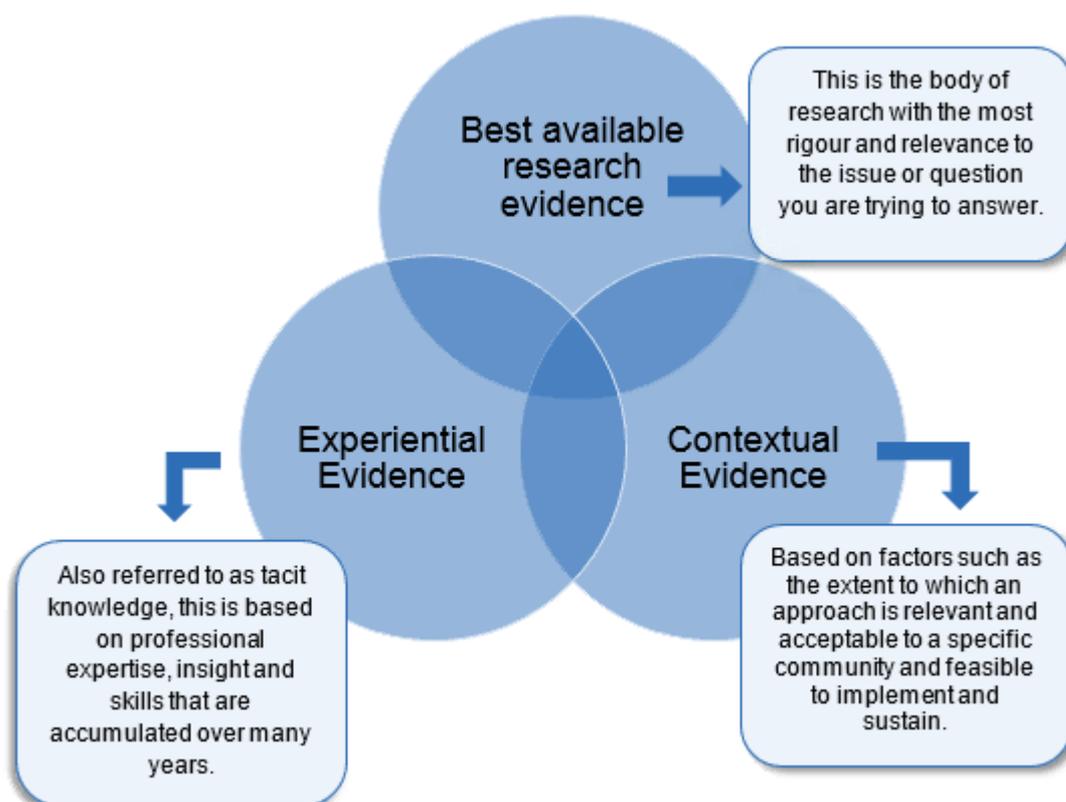
delivered effectively: How much time and money is required? What facilities and equipment are necessary? How many staff (and who) are needed to deliver the program and its activities? It is also important to record this information so it can be determined if the benefits of a program outweigh the costs. This information is useful when determining the effectiveness of your intervention and how it could be improved in the future. For example, if an intervention is unsuccessful (i.e. it did not achieve the desired outcomes) it may have been because of ineffective or inadequate implementation procedures, rather than the program itself being ineffective.

It is equally important to know what the outputs of an intervention are: How many workshops were held? How many clients were serviced? How many products were provided? Recording the outputs of a program and its activities is necessary in order to determine *how* you achieved your outcomes. Recording this information will enhance transparency of the programs and activities conducted and will enable stakeholders to see exactly what you did to achieve the desired outcomes.

When applying the Outcomes Framework, the inputs and outputs of an intervention are recorded in the Program Logic Template (see Appendix 3).

Evidence

Evidence is information that can be used as proof to support a claim or belief. Within DCJ, evidence is information and research, selected from the best available sources, to support a decision. DCJ uses three main types of evidence:



When seeking to improve client outcomes, it is important to use high-quality evidence to inform intervention design and implementation and decision-making, to ensure that client needs are being met in the best possible way. The use of evidence in this way is central to the application of the Outcomes Framework.

When applying the Outcomes Framework, evidence is used to:

- Understand the needs of clients – what are the risk and protective factors and shared needs and vulnerabilities of specific client cohorts?
- Identify the desired outcomes, impact pathways, outcomes indicators and outcome measures.
- Identify what works, what works well, what does not work and what needs to be changed, i.e. what interventions can improve client outcomes?
- Identify the *mechanism of change*, i.e. *how* can an intervention improve client outcomes?
- Highlight gaps where evidence is lacking, i.e. what evidence do we still need, what is missing?
- Continuously improve program performance, i.e. what impacts have our programs had and how can we continue to improve client outcomes?

To support the use of the Outcomes Framework, evidence has been collated in a number of different ways. Evidence reviews and evidence and gap maps have been developed to better enable DCJ staff and stakeholders to use the best available evidence in their work.

Evidence reviews

An evidence review is a summary and analysis of the best and most relevant research evidence on a given topic. Evidence reviews can reveal the state of research on a given topic, i.e. what evidences exists and where the gaps are. Evidence reviews also assess the quality of the research on a given topic.

DCJ has commissioned a number of evidence reviews to answer specific policy or program questions. These evidence reviews are designed to provide areas of focus for policy and program service delivery interventions. Below are some examples of evidence reviews DCJ has commissioned:

[Wellbeing Indicators Across the Life Cycle](#) (Miranti et al., 2016)

[Homelessness at Transition](#) (Conroy & Williams, 2017)

[Supporting people in social housing gain and maintain employment](#) (Leishma et al., 2018)

Evidence and Gap Maps (EGMs)

An evidence and gap map is a systematic, visual presentation of all available evidence for a specific sector or subsector (e.g. children living in out-of-home-care, homelessness, housing). An evidence and gap map is typically a matrix of intervention types and outcome domains. The design of the evidence and gap map allows people to see at a glance the amount of high quality research on a given topic (see [here](#) for an example).

Evidence and gap maps are used by policy makers and practitioners to explore research findings and to facilitate evidence-based decision-making. By providing a user-friendly tool for accessing evidence, DCJ staff and stakeholders can explore the findings and quality of the existing evidence on a topic efficiently.

As the 'map' provides an overview of all the relevant and available evidence on a given topic, it also reveals any gaps that exist, i.e. where there is little or no evidence for a topic. As such, EGMs can also be used to develop a strategic approach to building the evidence base of a specific sector.

For more information about evidence and how to identify and assess evidence please see the following documents:

[What is Evidence?](#)

[What is an Evidence Hierarchy?](#)

[Finding quality research and evidence](#)

[Assessing the quality of evidence](#)

Data and data linkage

Data

Data is information (a form of research evidence – see above) that has been gathered together for reference or analysis. When applying the Outcomes Framework, data is used to understand the needs of clients and to determine if an intervention has made a positive impact on client outcomes.

Outcome indicators and outcome measures are examples of the data that is used when applying the Outcomes Framework. The data collected will depend on the outcomes, outcome indicators and outcome measures chosen. The outcome indicators and measures you choose will provide you with data about progress towards client outcomes.

Within DCJ a number of different types of data are used:

- **Administrative data:** is information collected by an organisation about their clients. This includes DCJ data, that is, the information DCJ has collected about the people who use our services.
- **Baseline data:** information collected before or at the start of an intervention that provides a basis for assessing program progress and outcomes. Baseline data could be administrative data, program level data or population level data.
- **Program level data:** is information collected directly from clients throughout an intervention.
- **Population level data:** population level data is information that is collected in national datasets.

When examining the impact of interventions on client outcomes, it is important to consider additional areas where the interventions may have had an influence. To understand the impact on client outcomes this may require data linkage.

Data linkage

Improving outcomes for the most vulnerable members of the NSW community requires a client-centric approach that is the joint responsibility of government agencies, non-government organisations, private enterprise and the community. Measuring improved client outcomes will mean linking DCJ administrative data with data from other NSW and Australian Government agencies. Linked data will transform our evidence base by providing a more holistic view of client needs and outcomes. This way we can see how DCJ programs benefit our clients' education or health outcomes, for example, and understand how clients engage with the service system.

Data linkage will better enable DCJ to identify intervention points that can be addressed in order to improve outcomes across all the wellbeing domains for DCJ clients. This in turn, enables us to better target services and interventions for DCJ clients.

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Appendices

Appendix 1. Glossary of terms

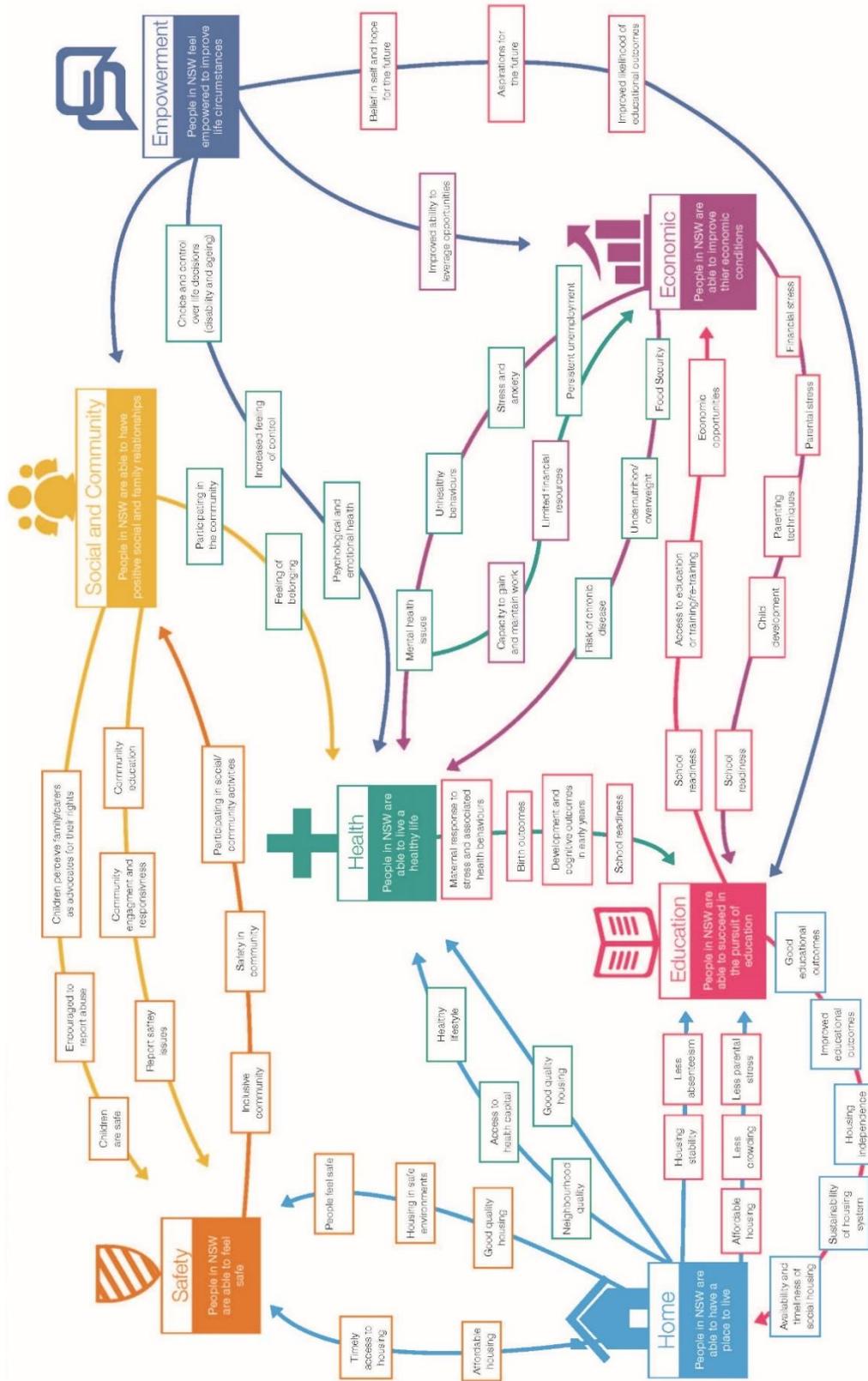
Activity	The actions taken to respond to an identified issue or need or aspiration of a particular cohort. Activities might include the delivery of one or more programs or services, or activities delivered as part of a program or service.
Attribution	Attribution is the identification of the source or cause of an observed change. Attribution refers to the extent to which an observed change resulted from a specific activity.
Baseline	Information collected before or at the start of an intervention that provides a basis for assessing program progress and outcomes.
Capability Approach	The capability approach (also referred to as the capabilities approach) is an economic theory developed by Nobel prize winning economist Amartya Sen. The capability approach suggests that improving people's wellbeing is dependent on improving their functional capabilities (i.e. what they are able to do) instead of subjective measures of happiness or wellbeing.
Causal pathway	The process by which an outcome is achieved.
Causality	Causality connects a program activity with an outcome – where an outcome is achieved because of the activity.
Client	Current and potential end-users of DCJ services. While we work closely with service providers, NGOs and peak bodies, they are our partners rather than our clients.
Client cohort	A group of people with shared vulnerabilities, needs and characteristics.
Client needs	A description of what is missing or acts as a barrier to reach a state of wellbeing or aspiration.
Data	Information that has been gathered together for reference or analysis.
Effectiveness	The extent to which an intervention achieves its desired outcomes.
Evaluation	A rigorous, systematic and objective process to assess the effectiveness, efficiency, appropriateness and sustainability of interventions.
Evidence	Evidence is factual information used as proof to support a claim or belief.

Evidence & Gap Map (EGM)	An evidence and gap map is a systematic, visual presentation of all available evidence for a specific sector or subsector (e.g. children living in out-of-home-care, homelessness, housing).
Evidence Review	An evidence review is a summary and analysis of the best and most relevant research evidence on a given topic. Evidence reviews can reveal the state of research on a given topic, i.e. what evidences exists and where the gaps are. Evidence reviews can also assess the quality of the research on a given topic.
Gold Standard	A method, procedure or measurement that is widely accepted as being the best available, against which new developments should be compared.
Grey literature	Materials and research produced by organisations that have not undergone a review by independent experts through a strictly governed process. Government reports and policy documents are examples of grey literature.
Impact Pathways	Impact pathways link the seven domains of the Outcomes Framework. They are embedded in evidence and show the causal pathway between two different domains. They demonstrate how improving an outcome in one domain can influence and help achieve outcomes in other domains.
Inputs	The resources that are required to conduct a program or intervention, e.g. funds, staff, time, facilities, equipment, etc.
Intervention	An intervention is the implementation of an activity or a program of activities that seeks to improve client outcomes.
Mechanism of change	<p>A rationale for why a proposed intervention is expected to achieve the desired outcomes. The mechanism of change will challenge those designing new programs (or refining existing programs) to be clear about the outcomes each program component is trying to achieve.</p> <p>This may also be referred to as the ‘theory of change’.</p>
Needs assessment	A systematic method of identifying risk factors and/or needs experienced by a population. The process involves using evidence to make an assessment of the most important and urgent needs that should be targeted with an intervention to improve a client’s outcomes.
Outcome	<p>The changes that occur for individuals, groups, families or communities during or after participation in a program or intervention. Outcomes can be a change in attitudes, values, behaviours or conditions.</p> <p>Outcomes can be short-, medium- or long-term:</p> <p><i>Short-term outcomes</i> – primarily attributed to the program. Typically steps toward achieving medium- or long-term outcomes.</p> <p><i>Medium-term outcomes</i> – partly attributed to the program. Beginning of shared attribution. Link an intervention’s short- and long-term outcomes.</p>

	<i>Long-term outcomes</i> – result from achieving short- and medium-term outcomes, often beyond the timeframe of an intervention. Shared attribution across agencies and organisations.
Outcome domains	Categories that facilitate the organisation of similar outcomes into common subject matter groupings. The Outcome Framework specifies seven outcome domains: social and community, empowerment, safety, home, education and skills, economic, health.
Outcome Indicators	Indicators are used to measure outcomes. They are measureable markers that show whether progress is being made on a certain condition or circumstance, i.e. whether an outcome has been achieved or is in the process of being achieved.
Outcome measures	Outcome measures provide values for an outcome indicator. Outcome measures are the tools/mechanisms used to track indicators.
Outputs	The products, goods and services which are produced by a program or intervention.
Peer-reviewed literature	Peer-reviewed literature is literature (e.g. journal article) that has undergone the peer-review process. That is, it has been evaluated by relevant independent experts who have recommended it for publication.
Program	A set of activities managed together over a sustained period of time that aims to deliver outcomes for clients.
Program logic	<p>A program logic is a tool used to support the design of a program or intervention that seeks to effect change. A program logic illustrates the links between the problem a program is seeking to address, the program activities, their outputs and the desired outcomes.</p> <p>This is also referred to as: logic model, program theory, theory of change, causal model, outcomes hierarchy, results chain, and intervention logic.</p>
Protective Factors	Protective factors are attributes or conditions which can mitigate risk or adversity and promote healthy development and enhance wellbeing.
Qualitative methods	Qualitative methods are used to gain greater insight into a problem and to develop a deep understanding of the experiences, opinions and motivations of clients, program staff and other stakeholders. The most common qualitative methods are interviews, focus groups and observations. Qualitative data is essential for contextualising outcomes and can be used to develop a greater understanding of quantitative data.
Quantitative methods	<p>Quantitative methods are used to quantify a problem by generating numerical data that can be statistically analysed.</p> <p>The most common quantitative methods are questionnaires and the analysis of pre-existing data (e.g. data collected on client cohorts).</p>

Risk Factors	Risk factors are attributes or conditions that can contribute to a person’s vulnerability and increase the probability that they will have poor outcomes in the future.
Sphere of influence	The area that a stakeholder can influence in order to bring about a change in outcomes for clients. Determines which stakeholder contributed to change for an individual and which stakeholder is accountable for change.
Stakeholder	Any group or individual who can affect or is affected by an organisation or its activities.
Trajectory change	Trajectory change refers to what life outcomes are expected over time for a person based on their initial conditions. For example, if a child is born into a household that is economically disadvantaged, they are likely to have poorer educational outcomes. However, with effective interventions, it is possible to change this expected life course.
Wellbeing	The extent to which a person has a high quality of life, can achieve desired outcomes in life and can contribute to society. Wellbeing is multidimensional, capturing all important aspects of life: mental and physical health, economic and social wellbeing and liveability.

Appendix 2. Impact pathway butterfly model



Appendix 3. Program Logic Template

PROBLEM	EVIDENCE	INTERVENTION Core components and flexible activities	MECHANISMS OF CHANGE	OUTPUTS	CLIENT OUTCOMES Describe the specific client outcomes likely to result from each program component. Align these to relevant NSW Human Services Outcome Framework domains (Home, Safety, Education and Skills, Economic, Health, Social and Community and Empowerment).		
					Short-term outcomes Primarily attributed to the program	Medium-term outcomes Partly attributed to program, beginning of shared attribution	Long-term outcomes Shared attribution across agencies/NGOs
<p>Identify the problem areas this program seeks to change by completing a needs assessment. This should include evidence based on:</p> <ul style="list-style-type: none"> Population level data Client level data Community perspectives Client perspectives Staff perspectives (DCJ and NGO) <p>Be as specific as possible I.e. Describe the population group or cohort, delivery setting, client needs or risk factors experienced by this population group.</p>	<p>Summarise the research evidence on the most effective programs, and/or program components, available to change the identified problems. Please start with evidence from published systematic reviews and high quality randomised controlled trials that demonstrate effectiveness. Please also include relevant evaluation reports.</p> <p>Note: FACSIAR Library can assist in providing relevant research evidence including literature searches Library@facs.nsw.gov.</p>	<p>Based on the identified problems and what the evidence suggests is the most effective way to intervene to change these problems, describe what your program will look like.</p> <p>Describe the core components and the flexible activities attached to each of these components.</p> <p>Describe the inputs (resources) needed for each activity.</p> <p>There is no limit to how many core components or activities you can include.</p>	<p>Describe how the program will specifically achieve the desired outcomes via the program activities.</p>	<p>The products and/or services delivered to achieve the short-term outcomes? (e.g. fact sheets distributed, number of staff attending training, number of support sessions completed)</p>	<p>Select a small number of high priority outcomes</p>		