NSW GOVERNMENT Family & Community Services

Industry Consultations on Client Outcomes Indicators for SHS Contracts

26 September 2018

Contents

1. Background

1.1 SHS outcomes-based commissioning

The NSW Department of Family and Community Services (FACS) is committed to outcomes-based commissioning of Specialist Homelessness Services (SHS)—with a focus on putting outcomes for clients at the centre of the contracting model.

The transition towards outcomes-based commissioning will take time and requires extensive developmental work and consultation to get the right balance between meaningful client outcomes, provider financial sustainability and service system development.

The FACS Secretary, Michael Coutts-Trotter, provided an update on the transition at the SHS sector networking meeting on 16 May 2018—highlighting the key principles, timelines and streams of work. Sector webinars were held in the week beginning 21 May to provide additional information. In mid-August, Anne Campbell, Executive Director, Housing Commissioning, wrote to providers to formally advise that SHS contracts will be renewed from 1 July 2020 and that FACS will introduce a commissioning for outcomes approach in the new contracts.

The key areas for consultation and program development during the transition period leading up to recontracting in 2020 cover:

1. SHS client outcomes – identifying agreed client outcome indicators that are appropriate to introduce in new SHS contracts—in those areas where SHS providers have more direct control over the achievement of client outcomes.
2. Program monitoring and evaluation - establishing performance-based, data-driven relationship management linked to agreed outcomes for both SHS providers and their service system partners.
3. Approach to 2020 contracting – developing agreed principles to underpin future SHS contracts based on promoting an outcomes-focussed, strategically commissioned service.
4. Service specifications – reviewing the SHS service specifications to increase the focus on evidence-based practice, client outcomes and addressing priority needs.
5. Quality assurance framework –adopting the Australian Service Excellence Standards for FACS funded SHS. ASES is an accredited quality assurance system with third party verification.

Each of these areas will have a separate work program and consultation strategy.

1.2 SHS client outcomes project

The SHS client outcomes project was established to consult with the industry and service system stakeholders to develop a proposed framework that defines:

- Key client outcomes that are appropriate for inclusion in SHS contracts—within the parameters of the program guidelines, service specifications and funding arrangements
- Valid and reliable indicators to demonstrate (to both funders and providers) the extent to which agreed client outcomes have been achieved
- Feasible and streamlined tools and methods for measuring and reporting outcomes.

Considerable work has already been done through the homelessness peak body's Industry Partnership initiatives including the Shared Outcomes Pilot and Homelessness Outcomes Indicator Databank (Section 2).

Building on this work, a discussion paper was prepared in May 2018 to guide the sector consultations. Key issues covered in the paper were the:

- difference between client outcomes that SHS providers can be held accountable for and other outcomes that are dependent on the full range of contributions from service system partners.
- difference between SHS client outcomes and the pre-conditions for the achievement of these outcomes (e.g. meeting SHS quality standards).
- time, cost and ethical issues associated with outcomes measurement and reporting—including the impact on both service providers and clients.

The discussion paper was used as the basis of a series of district consultations with current SHS providers, JWA partners and broader service system stakeholders. In total, 13 consultation workshops were held across NSW between 28 May and 28 June—attended by over 200 industry and partner agency representatives.

1.3 Project report

This report summarises the outputs of the consultations as a proposed approach to measuring and reporting a small set of SHS client outcomes within the existing SHS Client Information Systems (CIMs). The intention is to pilot the proposed outcomes indicators and measurement tools in 2018-19 so that they can be incorporated into new contracts with SHS providers in 2020.

The consultations and this report focus on the initial task of working with the sector to select a set of outcome indicators that may be fit for purpose for inclusion in SHS contracts. As a follow-up, further work is needed to develop the full outcomes-based commissioning framework that contextualises how this information can be used to inform both case management planning and provider performance reviews—as well as how it links to the evaluation of the SHS program and the shared accountability for service system outcomes.

2. Industry consultations

2.1 Building on the work to date

As part of the Homelessness Industry and Workforce Development Strategy, the Industry Partnership (Domestic Violence NSW, Yfoundations and Homelessness NSW) has undertaken a number of projects with SHS providers to build the capacity of the sector to measure and use client outcomes data.

2.1.1 Homelessness Outcomes Implementation Group (HOIG) project

In 2015, the Industry Partnership invited SHS providers to join the Homelessness Outcomes Implementation Group (HOIG) project to build knowledge on outcomes measurement and trial different approaches to collectively measuring service user outcomes. Seven participating services trialled a Results Based Accountability approach using the Clear Impact Scorecard tool to record and analyse data. Outcome indicators were measured using a client self-report survey and covered:

- % clients reporting they were treated with respect
- % clients reporting that the service was helpful
- % clients reporting that their housing situation has improved since working with the service
- % clients reporting that their emotional situation has improved since working with the service
- % clients reporting that their financial situation has improved since working with the service
- % clients reporting an increased confidence to take on future challenges and opportunities
- % clients reporting increased connections with their community
- % clients in secure housing.

The report of the project[1] highlighted a number of key benefits including:

- the value of common outcomes that were meaningful across diverse services,
- providing data that helped case managers reflect on program delivery
- enabling individual organisation to track their own performance—as well as comparing it against their peers
- supporting analysis to identify structural and systemic barriers outside of the direct control of SHS providers.

At the same time, the report identified a number of challenges including

- achieving an adequate response rate to the client self-report survey—with follow-up surveys completed during the trial by only around 15% of clients

[1] Homelessness Outcomes Implementation Group Shared Outcomes Pilot, September, 2017, Industry Partnership (Domestic Violence NSW, Yfoundations and Homelessness NSW) and Fams (NSW Family Service Inc).

- the costs and time resources used by SHS staff to support outcomes measurement
- the need to SHS managers to ensure the work on outcomes was integrated into the core business of the organisation
- the need for training and support to ensure consistent implementation
- the need for clear protocols for outcomes measurement and data collection to ensure reliable and valid data is reported.

2.1.2 Shared outcomes framework

In 2017, the Industry Partnership worked with the Centre for Social Impact to develop a shared outcomes framework mapped against the NSW Human Services Outcomes Framework[2]. To develop the framework, the CSI research team:

- Hosted nine webinars to determine, explore and prioritise anticipated outcomes across a range of cohorts and issues including young people, mental health, drug and alcohol, family violence, Aboriginal and Torres Strait Islanders, rough sleepers, ex-prisoners, LBGTQUIA and CALD groups—resulting in 17 identified outcomes
- Gathered and reviewed academic and grey literature on indicators and measures across the identified outcome areas—with 225 Indicators assessed
- Sought feedback from sector stakeholders through an online survey to prioritise indicators—resulting in the identification of 26 priority indicators.

In 2018, the Industry Partnership engaged the NSW Federation of Housing Associations to develop and administer a client self-report survey to collect data against key elements of the shared outcomes framework. The questions used in this survey were developed in consultation with the sector and included the use of the validated Personal Wellbeing Index tool that covered a number of separate indicators referenced in the CSI shared outcomes framework.

The report[3] of the survey summarised sector-wide data as well as providing data for different service types and client characteristics.

[2] Developing a Shared Outcome Framework for the Housing and Homelessness Sectors
Project 2: Homelessness sector outcomes, Centre for Social Impact, December 2017
[3] Specialist Homelessness Services 2018 Client Satisfaction Survey, Report prepared by NSW Federation of Housing Associations, May 2018

2.2 Linking to the current project

The task of the current project was to build on the work to date in order to develop a working proposal for a set of outcome indicators for inclusion in SHS contracts.

The discussion paper prepared for the project consultations[4] summarised the outcome indicators from the earlier work—but highlighted that not all of these outcome indicators were suitable for inclusion in SHS contracts.

Drawing on the Ernst and Young report on outcomes-based contracting for homelessness services and NSW Government Commissioning and Contestability Practice Guide, the Discussion Paper highlighted that outcomes indicators in contracts should be selected based on:

- Collecting and reporting information that can be analysed at the individual provider level—rather than aggregated sector wide data (given the focus on provider-level discussions about the opportunities and barriers to improving client outcomes)
- Focussing on outcome indicators that measure positive changes in people's lives ('did we make a difference')—rather than 'how much did we do' or 'how well did we do it' (given existing accountability mechanisms are in place that focus on contract compliance / performance and service quality)
- Initially focusing on a small set of indicators—rather than a large set of indicators across multiple outcome domains (given the time and resource impacts on service providers of outcomes data collection).

In this context, the HOIG project provided a starting point for collecting provider-level client outcome information that could be benchmarked with other providers—although this work highlighted the need for strong management systems, robust data collection protocols and streamlined data systems to ensure reliable outcomes data was generated without an unreasonable work impost on providers.

Similarly, the IP/CSI shared outcomes project provided a clear sense of priority outcome areas and possible measurement tools—although these would need to be adapted to provide measures that could be used at the level of individual providers.

The consultations for this project were structured as a co-design process where SHS providers were invited to build on the work to date to come up with a working proposal for a small set of client outcome indicators that may be suitable for inclusion in SHS contracts. In the later workshops, the material generated from the earlier sessions was summarised and presented to participants for validation and review. While the outputs of the consultation process are presented in Section 3, industry stakeholders also raised a range of issues about how 'outcome indicators in contracts' needs to work in practice—and how potential risks need to be mitigated.

[4] SHS Commissioning for Outcomes Framework Discussion Paper, FACS / ARTD Consultants, May 2018

2.3 Consultation feedback

SHS providers and service system stakeholders that participated in the consultations highlighted that the sector is supportive of outcomes measurement—but that it needs to be meaningful to improving practice and overcoming barriers to improvements in client's lives.

The starting point for outcomes measurement needs to be grounded in the evidence that highlights the increasing numbers of people experiencing homelessness—and the increasingly negative impacts of homelessness on lifetime wellbeing.

From the client perspective, the desired outcomes are clear—access to safe, secure and affordable long-term housing as well as the economic and social opportunities needed to promote their wellbeing into the future. However, numerous reports have highlighted that these client outcomes are largely driven by factors outside of the control of SHS providers—in particular access to:

- adequate income to meet basic needs (through income support and employment)
- social housing and affordable private rental housing
- specialist mainstream support to address the underlying factors that led to homelessness (particularly in relation to mental health, drug and alcohol addiction, domestic and family violence)
- generalist mainstream services to improve wellbeing (including health, education, legal and financial services).

In this context, consultation participants highlighted a number of key considerations for appropriately introducing client outcome indicators into SHS contracts.

- **Trauma-informed and client-centred**
  The approach to SHS client outcomes needs to align with the SHS focus on trauma-informed, client-centred practice—meaning that client outcomes are defined and measured in ways that
  - recognise the vulnerability of SHS clients
  - are responsive to client's individual needs and outcome goals
  - are culturally sensitive to the lived experience of clients—particularly for Aboriginal and Torres Strait Islander peoples.

  In particular, participants highlighted the negative impact that poorly designed or naive outcome measurement could have on the nurturing, collaborative relationships that providers seek to build with clients—particularly in the DV context.

- **Focus on action to improve client outcomes**
  The measurement and reporting of client outcomes should support evidence-based discussion and actions to overcome the barriers to addressing homelessness—both in terms of changes that can be directly influenced by SHS activities, and those which require changes in other parts of the service system.

Participants highlighted that long-term outcomes in terms of improved safety, housing and wellbeing were typically dependent on other agencies—meaning that a key focus on measuring outcomes in SHS contracts needs to be on understanding why outcomes are not being achieved and identifying and addressing the barriers that are the responsibility of other parts of the service system.

- **Promoting collaboration**
  The commercial and contractual arrangements linked to SHS client outcomes need to promote collaboration between SHS providers, FACS and other parts of the service system—given that the achievement of client outcomes is dependent on contributions from all parts of the service system. SHS providers highlighted that it was not appropriate to link client outcomes to contract payments as it would undermine the collaboration needed for SHS to continue to accept referrals to work with complex needs clients and to accept responsibility for case coordination despite service system barriers to the achievement of client outcomes.

  Participants highlighted that a naive approach to outcome measurement would increase the risk of driving providers to 'cherry-picking' clients.

- **Clear line of sight to the SHS delivery framework**
  SHS providers highlighted that they contribute to positive changes for clients across the NSW Human Services Outcomes domains—but the specific outcomes focus in SHS contracts needs to be on those changes that most closely link to the SHS service specifications and practice guidelines. In particular:
  - Identifying and mitigating serious safety risks
  - Maximising opportunities to access and sustain safe, affordable housing or stable accommodation and care arrangements
  - Supporting improvements to overall wellbeing through building engagement and connecting people to the support networks and services needed to address the underlying causes of homelessness.

- **Clear line of sight to service system outcomes**
  In addition to including client outcomes in SHS contracts, providers highlighted that an essential part of outcomes-based commissioning involves measuring and reporting outcomes that are the responsibility of the broader housing and homelessness service system—particularly in relation to access to long-term housing and opportunities for social and economic participation.

- **Relevant to all SHS providers and all client cohorts & delivery contexts**
  SHS providers highlighted that expectations about the achievement of client outcomes need to be tailored to different cohorts and delivery contexts. This is needed to ensure outcomes are interpreted in context—based on what SHS providers are contracted to deliver; who they work with; and what local barriers they face in achieving client outcomes.

  Participants discussed whether different indicators were needed for each client cohort and context—but most participants supported a common set of outcome indicators that were then

interpreted in context. Given that the sector works with a broad range of client groups—and within client groups, individuals often have very different needs and seek very different outcomes—a nuanced approach will be needed to the interpretation of outcomes data for individual providers.

- **Consistent, robust and streamlined approach to measuring outcomes**
  SHS providers highlighted that client outcomes need to be measured using consistent, rigorous and ethical methodologies—to ensure valid, reliable and comparable outcomes information is available across the sector. In addition, the measurement and reporting of outcomes needs to be done in ways that can be integrated into existing data collection systems (CIMS) and case management practices—without creating unreasonable additional administrative workload for providers or intrusive imposts for clients.

- **Developmental approach to implementation**
  SHS providers highlighted that the establishment of a comprehensive, sector-wide system for measuring and reporting client outcomes will take time to develop—both to test the validity and reliability of outcomes information, and to develop the evidence and baselines about client outcomes for different cohorts and delivery contexts. Development phases include:
  - Piloting proposed client outcome indicators and measurement and reporting tools
  - Developing data systems to make it easy to collect, report and review client outcome data
  - Reviewing the initial use of client outcomes in contracts—to ensure potential risks are adequately mitigated.

SHS providers summarised the key potential risks associated with introducing outcomes measures in SHS contracts in terms of:

- Reduced focus on accountability in the other parts of the housing and homelessness service system – unless equivalent outcome measures are introduced in Service Level Agreements and contracts for the full range of agencies with responsibilities for improving safety, housing and wellbeing outcomes
- Reduced incentives to work collaboratively and with the most vulnerable clients—if client outcomes are linked to financial incentives or abatements that SHS do not directly control or which do not take account of their target group or delivery context.
- Reduced value being placed on activities that are not directly measured through outcomes-based commissioning—such as non-casework prevention activities.
- Additional administrative burdens for SHS providers in collecting and reporting data.
- A lack of training and resources to support the consistent state-wide implementation of the outcomes-based commissioning—including SHS resources to support consistent, rigorous measurement and reporting; and FACS resources to ensure consistent and appropriate interpretation of outcomes data in context.

3. SHS client outcomes in contracts

This section outlines the outputs of the consultations as a working proposal for a set of outcome indicators for inclusion in SHS contracts.

In line with the feedback from the consultations (Section 2.3), stakeholders highlighted that these indicators have not been 'endorsed'—rather they represent a proposed starting point for piloting to determine whether they are technically fit for purpose and strategically meaningful in promoting evidence-based discussions about practice improvements and overcoming systemic barriers to improving client's lives.

To this end, the working proposal consists of three parts.

First, consultation participants identified a set of principles about how SHS client outcomes should be introduced into contracts—in large part to address the issues and risks identified during the consultations. Section 3.1 presents the summary set of principles—which stakeholders suggested should form part of any future SHS contracts where outcomes indicators are introduced.

Second, consultation participants identified a set of six possible outcome indicators for piloting. In each case, participants still have a range of questions about whether the indicators are fit for purpose—in terms of how well they can be incorporated into trauma-informed, client-centred practice; the extent to which SHS providers sufficiently control these outcomes; and how the data will be used to address systemic barriers to long-term outcomes. At the same time, participants recognised that it was important for individual SHS providers to be able to better demonstrate the difference they make in client's lives. Section 3.3 presents the working proposal arising for the consultations—along with the technical details of the measurement arrangements (Section 3.4) and data collection tools to be piloted (Attachment 1 and 2).

Third, consultation participants highlighted that even if the proposed outcome indicators can be implemented in a way that is fit for purpose, significant questions remain about how the outcomes information will be used within contracts and how other parts of the service system will be held accountable for their responsibilities to achieve client outcomes. While the consultations were not designed to answer these questions, participants provided feedback about their expectations for outcomes reporting and using outcomes information to inform discussions about systemic barriers faced by SHS in achieving outcomes for clients—particularly in terms of stable and affordable long-term housing. Section 3.2 outlines how existing information on housing outcomes collected through CIMS will be used to promote shared accountability. While this CIMS data provides a starting point, further work is needed to develop a broader outcomes reporting framework that covers the full range of service system information about client outcomes. An outline of this further work is presented in Section 4.

3.1 Principles for outcome indicators in SHS contracts

Consultation participants identified a set of ten principles about how SHS client outcomes should be introduced into contracts—in large part to address the issues and risks of a poorly designed or naive outcome measurement approach.

1. The purpose of outcomes-based commissioning is to drive SHS and service system changes to improve client outcomes—both in terms of changes that can be directly influenced by SHS, and those which require changes in other parts of the service system.
2. Introducing SHS client outcomes into contracts is designed to ensure a better balance in contract management between outcomes and the existing focus on compliance, quality and risk management.
3. SHS client outcomes are designed to focus on the positive changes in client's lives that SHS providers can directly influence – that is, the outcomes for clients of good case management and service coordination.
4. SHS contribute to each of the seven domains in the NSW human services outcome framework—but all parts of the service system need to be held accountable for the achievement of these shared outcomes.
5. The same SHS client outcome indicators will apply to all funded SHS providers—but performance expectations will be tailored to different cohorts and delivery contexts.
6. SHS client outcomes will be interpreted in context – recognising that providers work in different contexts, with different cohorts and may be funded to deliver different services.
7. SHS client outcomes will be measured using consistent, rigorous and ethical methodologies—to ensure valid, reliable and comparable outcomes information is available across the sector.
8. SHS client outcomes will be measured and reported in ways that can be integrated into existing data systems and case management practices—without creating unreasonable additional administrative workload for providers or intrusive imposts for clients.
9. SHS clients have complex needs and there are a range of external barriers that impact on achieving client outcomes—so a target of '100%' is not realistic.
10. Many SHS clients face multiple barriers to achieving outcomes—and the process for defining and measuring SHS client outcomes needs to reflect the lived experience of clients. This is particularly the case for Aboriginal and Torres Strait Islander people.

3.2 Shared accountability for housing outcomes

In addition to the set of client outcome indicators for inclusion in SHS contracts (Section 3.3), consultation participants highlighted the importance of maintaining a clear focus on the accountability of all parts of the housing and homelessness service system in supporting SHS clients move from homelessness or risk of homelessness to stable and affordable long-term housing.

To support this focus, two service system outcome indicators are proposed for inclusion in SHS contracts (Table 3.1)—on the understanding that the same indicators would be mirrored in service level and performance agreements of other agencies that are part of the housing and homelessness service system.

Data on these service system outcomes will be collected and reported through the SHS CIMS system—but all parts of the service system would be held accountable for performance and addressing barriers to the achievement of these shared outcomes.

The intent is to use this data as part of contract reviews (e.g. SHS – CPO meetings) and service system planning (e.g. District Homelessness Implementation Groups) to identify the opportunities, barriers and service system accountability for improving long-term housing outcomes for SHS clients.

Table 3.1: Shared service system outcomes

Outcomes-based commissioning	Outcome / indicators
Transitioning from homelessness to housing SHS 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 SHS clients successfully transition from homelessness to stable and affordable long-term housing	**SHS clients moving out of homelessness** Proportion of SHS clients presenting as homeless that are housed at the end of the support period *(Section 3.4.7 for technical details of metric and measurement)*
	SHS clients achieving a housing outcome Proportion of SHS clients who are housed at the end of the support period *(Section 3.4.8 for technical details of metric and measurement)*

3.3 Client outcome indicators in SHS contract

Outcomes-based commissioning	Outcome / indicators
Safety Safety has multiple dimensions—physical; emotional; psychological; and covers both external and internal threats. SHS are commissioned to identify serious safety risks and to support and empower clients to take action to make or keep themselves safe.	**SHS clients feel safer** Proportion of SHS clients that report they feel safer since engaging with the service *(Section 3.4.1 for technical details of metric and measurement)*
	SHS clients make progress addressing their safety needs Proportion of SHS clients with demonstrated progress in addressing their individual safety needs / goals related to ▪ Engaging with services to address safety risks ▪ Improving knowledge and skills to remain safer ▪ Increasing options to remain safer *(Section 3.4.2 for technical details of metric and measurement)*
Housing Depending on clients' needs and housing market opportunities—different housing pathways will be appropriate to achieving safe, stable, affordable long-term housing. SHS are commissioned to identify clients' housing needs and to develop realistic plans to maximise opportunities to access and sustain appropriate housing.	**SHS clients make progress addressing their housing needs** Proportion of SHS clients with demonstrated progress in addressing their housing needs / goals related to ▪ Improving knowledge of housing options ▪ Improving skills to find and maintain suitable housing ▪ Completing actions to maximise housing opportunities ▪ Transitioning to safer, more stable living arrangements (return to home, transitional accommodation, tenancy) *(Section 3.4.3 for technical details of metric and measurement)*
	SHS clients sustain their tenancy Proportion of SHS clients who receive tenancy support from SHS that sustain their tenancy or other accommodation for the support period—covering ▪ Early or crisis intervention to sustain an existing tenancy ▪ Post-crisis support to sustain a new tenancy *(Section 3.4.4 for technical details of metric and measurement)*
Wellbeing SHS clients often have complex needs with multiple underlying causes of homelessness. SHS 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.	**SHS clients have improved personal wellbeing** Proportion of SHS clients with improved personal wellbeing *(Section 3.4.5 for technical details of metric and measurement)*
	SHS clients have improved capacity to tackle future challenges Proportion of SHS clients with demonstrated progress in achieving their goals in relation to ▪ Improved engagement with health services ▪ Improved relationship with family & support networks ▪ Improved connection to community ▪ Improved connection to education & employment *(Section 3.4.6 for technical details of metric and measurement)*

3.4 Measurement specifications

This section outlines a working proposal for how the proposed SHS client outcome indicators could be measured within the existing Client Information Management System (CIMS) based on two additional survey modules—a personal wellbeing index survey (Attachment 1) and a client outcomes self-report survey (Attachment 2).

Both the personal wellbeing index survey and some form of client outcomes survey are already part of a number of individual provider and industry outcome data systems. For example, elements of the PWI are incorporated into the Industry Partnership shared outcomes project, and providers such as Mission Australia and Salvation Army Australia have developed their own client outcome surveys covering similar questions to those in Attachment 2.

Prior to piloting the proposed indicators, further work will be needed with the Industry Partnership and SHS providers already using a client outcomes self-report survey to develop the data collection instruments and measurement protocols linked to the six outcome indicators—to ensure alignment with existing work and the appropriateness of the data collection methods. A starting point for this work is outlined in the following sections.

3.4.1 Outcome 1 (Feeling safer)

Indicator	Proportion of SHS clients with a case plan that report they feel safer since engaging with the service
Scope	▪ Measured for all clients that have a case plan which includes a support period ▪ Intended to cover all clients including children—where it is safe and appropriate to ask and record information about how safe they feel ▪ It is recognised that for some clients and in some circumstances, it is not appropriate or feasible to collect this outcomes information.
Metric	▪ Change in client's self-reported feelings of safety measured on a scale of 1 to 10 from when the case plan was opened until when the support ended
Primary outcome data	▪ Proportion of clients that rate their feelings of safety higher at the end of the support period compared to the start of the support period (post-rating > pre-rating)
Additional outcomes data	▪ Proportion of clients that reported feeling unsafe when the case plan was opened (rating <5) who report feeling safer towards the end of the support period (rating >= 5) ▪ Proportion of clients reporting towards the end of the support period that they feel safer since engaging with the support service
Measurement	▪ Personal Wellbeing Index (Q5) – "How satisfied are you with how safe you feel" [see Attachment 1] ▪ Client outcome survey (Q2.1) – "I feel heard and understood by services about my safety?" [Attachment 2]

3.4.2 Outcome 2 (Progress in addressing safety needs)

Indicator	Proportion of SHS clients with demonstrated progress in addressing their individual safety needs / goals
Scope	▪ Measured for all clients that have a case plan which includes actions to address identified safety risks / client goals to improve safety [Audits of the robustness of safety risk identification and planning will be part of quality certification] ▪ Intended to cover all clients including children—where it is safe and appropriate to set safety goals in case plans.
Metric	▪ Client's assessment of the extent to which their individual safety goals have been met—measured on a scale of 1 to 5 towards the end of the support period
Primary outcome data	▪ Proportion of clients (that set either safety engagement; knowledge & skills; or options goals) that report that they feel satisfied with their achievement in meeting the main safety goal they set at the start of the support period (rating >=5; stretch rating >8)
Additional outcomes data	▪ Proportion of clients (that set safety engagement goals) that report that they feel heard and understood by services about their safety (rating >=5; stretch rating >8) ▪ Proportion of clients (that set safety knowledge and skills goals) that report that they know what to do if they feel unsafe (rating >=5; stretch rating >8) ▪ Proportion of clients (that set safety option goals) that report that they have more options to remain safe (rating >=5; stretch rating >8)
Measurement	▪ Client outcome index (Q2.1) – "I feel heard and understood by services about my safety?" [Attachment 2] ▪ Client outcome index (Q2.2) – "I know what to do if I feel unsafe?" [Attachment 2] ▪ Client outcome index (Q2.3) – "I now have more options to remain safer?" [Attachment 2]

3.4.3 Outcome 3 (Progress in addressing housing needs)

Indicator	Proportion of SHS clients with demonstrated progress in addressing their individual housing needs / goals
Scope	▪ Measured for all clients that have a case plan with housing goals [Audits of the robustness of housing need risk identification and planning will be part of quality certification]
Metric	▪ Client's assessment of the extent to which their individual housing goals have been met—measured on a scale of 1 to 5 towards the end of the support period
Primary outcome data	▪ Proportion of clients (that set either housing knowledge; skills; actions; transition goals) that report that they feel satisfied with their achievement in meeting the main housing goal they set at the start of the support period (rating >=5; stretch rating >8)
Additional outcomes data	▪ Proportion of clients (that set housing options knowledge goals) that report that they know about the housing options that are suitable for them (rating >=5; stretch rating >8) ▪ Proportion of clients (that set housing skills goals) that report that they know how to find and keep housing that is suitable for them (rating >=5; stretch rating >8) ▪ Proportion of clients (that set housing action goals) that report that they have taken all steps to give themselves the best chance to find suitable housing (rating >=5; stretch rating >8) ▪ Proportion of clients (that set housing transition goals) that report good progress towards safer, more stable housing / living arrangements (rating >=5; stretch rating >8)
Measurement	▪ Client outcome index (Q3.1) – "I know about the housing options that are suitable for me?" [Attachment 2] ▪ Client outcome index (Q3.2) – "I know how to find and keep housing that is suitable for me?" [Attachment 2] ▪ Client outcome index (Q3.3) – "I have taken steps to give myself the best chance to find suitable housing?" [Attachment 2] ▪ Client outcome index (Q3.4) – "I have made progress towards safer, more stable housing / living arrangements?" [Attachment 2]

3.4.4 Outcome 4 (Sustaining tenancies)

Indicator	Proportion of SHS clients who receive tenancy support from SHS that sustain their tenancy or other accommodation for the support period
Scope	▪ Measured for all clients receiving early intervention or post-crisis tenancy support – including support to sustain boarding house accommodation [Audits of the robustness of tenancy risk identification and planning will be part of quality certification] ▪ Intended to also cover services working with young people that provide early intervention or post-crisis support to sustain current living arrangements with families or carers.
Metric	▪ Client remains in their current housing (or family / care arrangements) for the duration of the support period (or moves to alternative housing / accommodation without become homeless)
Primary outcome data	▪ Proportion of clients that remain in their current housing (or family / care arrangements) for the duration of the support period (or moves to alternative housing / accommodation without become homeless)
Additional outcomes data	▪ Proportion of clients (that are receiving SHS early intervention support to sustain an existing tenancy) that remain in their current tenancy (or suitable alternative housing) for the duration of the support period ▪ Proportion of clients (that are receiving SHS post-crisis support to sustain a new tenancy) that remain in the new tenancy (or suitable alterative housing) for the duration of the support period ▪ Proportion of young people (that are receiving SHS support to return home or prevent family / care breakdown) that remain housed with their family / carers (or suitable alterative housing) for the duration of the support period
Measurement	▪ CIMS administrative data

3.4.5 Outcome 5 (Personal wellbeing)

Indicator	Proportion of SHS clients with improved personal wellbeing
Scope	▪ Measured for all clients that have a case plan ▪ Intended to cover all clients including children—where it is safe and appropriate to use the Personal Wellbeing Index (using the PWI for school-aged children and young people)
Metric	▪ Change in client's assessment of their personal wellbeing—measured using the Personal Wellbeing Index as a score out of 70.
Primary outcome data	▪ Proportion of clients that rate their personal wellbeing higher at the end of the support period compared to the start of the support period (post-rating > pre-rating)
Additional outcomes data	▪ Proportion of clients that reported poor personal wellbeing when the case plan was opened (PWI < 21) who report improved wellbeing towards the end of the support period (rating >= 21)
Measurement	▪ Personal Wellbeing Index (Q1 and Q2.1 – 2.7) – [see Attachment 1]

3.4.6 Outcome 6 (Ability to tackle future challenges)

Indicator	Proportion of SHS clients with a case plan with demonstrated progress in achieving their goals to increase their capacity to tackle future challenges
Scope	▪ Measured for all clients that have a case plan with wellbeing goals [Audits of the robustness of wellbeing risk identification and planning will be part of quality certification]
Metric	▪ Client's assessment of the extent to which their individual wellbeing goals have been met—measured on a scale of 1 to 5 towards the end of the support period
Primary outcome data	▪ Proportion of clients (that set either health; family/community connection; education/employment goals) that report that they feel satisfied with their achievement in meeting the main wellbeing goal they set at the start of the support period (rating >=5; stretch rating >8)
Additional outcomes data	▪ Proportion of clients (that set health goals) that report that they are more engaged and better connected with health services (rating >=5; stretch rating >8) ▪ Proportion of clients (that set family / carer / support goals) that report that they are more engaged and better connected with family, carers, support services? (rating >=5; stretch rating >8) ▪ Proportion of clients (that set community connection goals) that report that they are more engaged and better connected with their community (rating >=5; stretch rating >8) ▪ Proportion of clients (that set education / employment goals) that report that they are more engaged and better connected with education or employment services (rating >=5; stretch rating >8)
Measurement	▪ Client outcome index (Q4.1) – "I am more engaged and better connected with health services?" [Attachment 2] ▪ Client outcome index (Q4.2) – "I am more engaged and better connected with my family, carers, support services?" [Attachment 2] ▪ Client outcome index (Q4.3) – "I am more engaged and better connected with the community?" [Attachment 2] ▪ Client outcome index (Q4.4) – "I am more engaged and better connected with education or employment services?" [Attachment 2]

3.4.7 Shared outcome 1 (Transition from homelessness to housing)

<table>
<tr><td>Indicator</td><td>Proportion of SHS clients presenting as homeless that are housed at the end of the support period</td></tr>
<tr><td>Scope</td><td>▪ Measured for all clients that have a SHS case plan with closed support in the reporting period</td></tr>
<tr><td>Metric</td><td>▪ Proportion of SHS clients that were homeless at their first presentation (AIHW NDS categories of No shelter or improvised/inadequate dwelling; short term temporary accommodation; couch surfer or with no tenure) who are housed at the end of the support period program (AIHW NDS categories of public, community or private housing – renter, rent free or owner)
[excluding clients living in institutional setting or where pre-post housing data was not stated / other]</td></tr>
<tr><td>Additional outcomes data</td><td>▪ Proportion of clients that were housed at both their first presentation and at the end of the support period (remained housed)
▪ Proportion of clients that were homeless at both their first presentation and at the end of the support period (remained homeless)
▪ Proportion of clients that were housed at both their first presentation and were homeless at the end of the support period (housed to homeless)</td></tr>
<tr><td>Baseline data</td><td>NSW SHS clients with closed support - by housing situation at first presentation and at end of support, 2016–17 (CIMS / AIHW) – excluding clients living in institutional setting or where pre-post housing data was not stated / other.

<table><tr><td></td><td>No. SHS client homeless at start of support period</td><td>% SHS homeless clients</td></tr><tr><td>Homeless at end of support period</td><td>13,044</td><td>63%</td></tr><tr><td>Housed at end of support period</td><td>7,658</td><td>37%</td></tr><tr><td>Total</td><td>20,702</td><td>100%</td></tr></table></td></tr>
<tr><td>Measurement</td><td>▪ CIMS administrative data – housing status at the start and at the end of the support period
o No shelter or improvised/inadequate dwelling (homeless)
o Short term temporary accommodation (homeless)
o House, townhouse or flat - couch surfer or with no tenure (homeless)
o Public or community housing - renter or rent free (housed)
o Private or other housing - renter, rent free or owner (housed)
o Institutional settings (not used for metric)
o Not stated/other (not used for metric)</td></tr>
</table>

3.4.8 Shared outcome 2 (Housing at end of support period)

Indicator	Proportion of SHS clients that are housed at the end of the support period
Scope	▪ Measured for all clients that have a SHS case plan with closed support in the reporting period
Metric	▪ Proportion of SHS clients who are housed at the end of the support period program (AIHW NDS categories of public, community or private housing – renter, rent free or owner) [excluding clients living in institutional setting or where pre-post housing data was not stated / other]
Additional outcomes data	▪ Proportion of clients that were housed at their first presentation ▪ Proportion of clients that were homeless at their first presentation ▪ Proportion of clients that were homeless at the end of the support period
Baseline data	*NSW SHS clients with closed support - by housing situation at first presentation and at end of support, 2016–17 (CIMS / AIHW) – excluding clients living in institutional setting or where pre-post housing data was not stated / other.*
Measurement	▪ CIMS administrative data – housing status at the start and at the end of the support period o No shelter or improvised/inadequate dwelling (homeless) o Short term temporary accommodation (homeless) o House, townhouse or flat - couch surfer or with no tenure (homeless) o Public or community housing - renter or rent free (housed) o Private or other housing - renter, rent free or owner (housed) o Institutional settings (not used for metric) o Not stated/other (not used for metric)

	Proportion of SHS clients at first presentation	*Proportion of SHS clients at end of support period*
Homeless	47%	34%
Housed	53%	66%
	100%	100%

4. Using SHS outcomes information

In line with the proposed principles for introducing outcome indicators in SHS contracts (Section 3.1), consultation participants highlighted a number of key issues in ensuring that outcomes reporting was fit for purpose. In particular:

- SHS client outcomes information should be relevant to SHS case workers and managers—that is, the outcome reports should be accessible to SHS staff and provide valuable information that they can use to tailor their service responses and practice.
- SHS client outcomes information needs to be interpreted in context—that is, in order to have meaningful and productive conversations between SHS and FACS about the outcomes achieved by an individual provider, outcome data needs to be interpreted in the context of who they are working with, where services are being delivered, and what they are funded to deliver.
- SHS client outcomes information needs to be used to identify critical success factors and barriers to improving client outcomes—that is, given the range of factors outside the control of SHS in achieving client outcomes, the core purpose of outcomes reports should be to provide an improved evidence base for conversations about the opportunities and challenges to improving outcomes
- Other parts of the service system need to be held accountable for the achievement of long-term client outcomes —that is, given that long-term safety, housing and wellbeing outcomes for clients are primarily dependent on the responses of non-SHS agencies, the outcome reporting arrangements needs to promote greater transparency and accountability for service system outcomes.

While the specifications for outcomes reporting cannot be finalised until the client outcome indicators are piloted and additional work has been completed on a broader outcomes-based commissioning framework, this section outlines a possible approach to incorporating the consultation feedback into the future reporting arrangements. It covers:

- Approach to reporting SHS outcome indicators (Section 4.1)
- SHS outcome report templates (Section 4.2)
- Service system report templates (Section 4.3).

4.1 Approach to reporting SHS outcome indicators

In order to address the issues raised during the consultations, the approach to reporting SHS outcome indicators should ensure:

- SHS providers and staff have easy access to real-time client outcome reports—so that, in the first instance, the outcomes data can be used by SHS case workers and their managers to plan service responses and improvements.
- SHS outcome summary reports for individual providers includes appropriate contextual information about the agreed service expectations and the scope of outcomes data measurement—for example:
  - Description of the service focus and context
  - Number of SHS case managed clients for the reporting period (compared to contracted number of cases)
  - Proportion of SHS case managed clients that have a case plan with identified outcome needs / goals
  - Proportion of SHS case managed clients who have outcomes data recorded in CIMS
- Reported quantitative data on outcomes indicators is presented with relevant comparison data for peers—rather than 'simplistic' sector averages. The use of peer comparison data should take account of SHS providers' target client cohort, delivery context and service models.
- Reported quantitative data on outcomes indicators is supported with relevant qualitative information about the contextual factors to inform interpretation and the critical success factors and barriers to improving client outcomes.

Such an approach in intended to support analysis and reflection about outcomes at a number of levels:

- **Individual clients**
  - What does the client outcomes data tell SHS case workers / workers about the areas where the service has been most / least successful in assisting the client
  - What are the opportunities / challenges to improve outcomes for the client
  - What changes are needed in the case plan to better reflect the client's progress / aspirations in achieving how is most important to them.

- **Individual SHS providers**
  - What are the main contextual factors that need to be understood to appropriately interpret the client outcomes data
  - What does the client outcomes data tell the SHS provider and FACS about the areas where the service has been most / least successful in achieving outcomes for clients

  - What does the client outcomes data tell the SHS provider and FACS about the critical success factors and barriers to achieving client outcomes
  - What things within the control of the SHS provider could be done to improve client outcomes
  - What barriers outside of the control of the SHS provider need to be addressed to improve client outcomes
  - What are the priorities for action agreed between the SHS provider and FACS to improve client outcomes.

- **Local, district or cohort level**
  - What does the client outcomes data at the local, district or cohort level tell about the areas where SHS providers have been most / least successful in contributing to outcomes for clients
  - What does the client outcomes data tell service system partners about the critical success factors and barriers to achieving client outcomes
  - What things within the control of the SHS provider could be done to improve the SHS contribution to long-term client outcomes
  - What barriers outside of the control of the SHS provider need to be addressed by service system partners to improve long-term client outcomes
  - What are the priorities for action agreed between the SHS provider, FACS and service system partners to improve client outcomes.

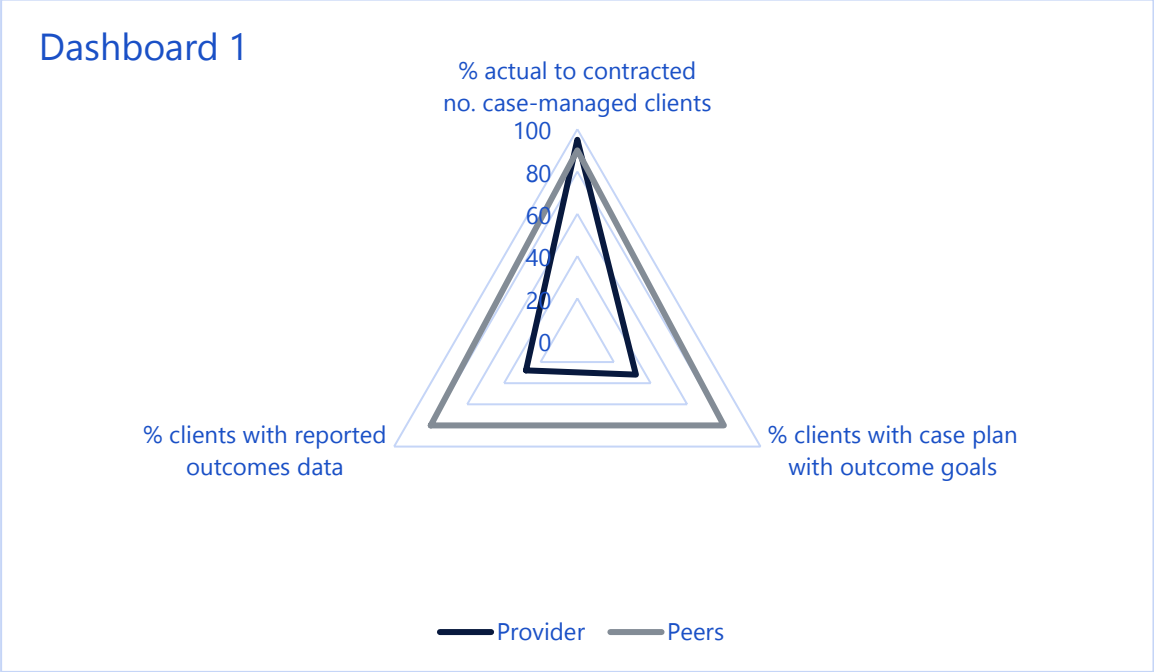
4.2 SHS outcome report templates

A sample format for the outcome report is presented below—emphasising both a client outcomes dashboard to summarise quantitative outcome indicator data and the need to reports to information qualitative information about the service context and the opportunities and barriers to improving client outcomes.

The outcome report templates cover:

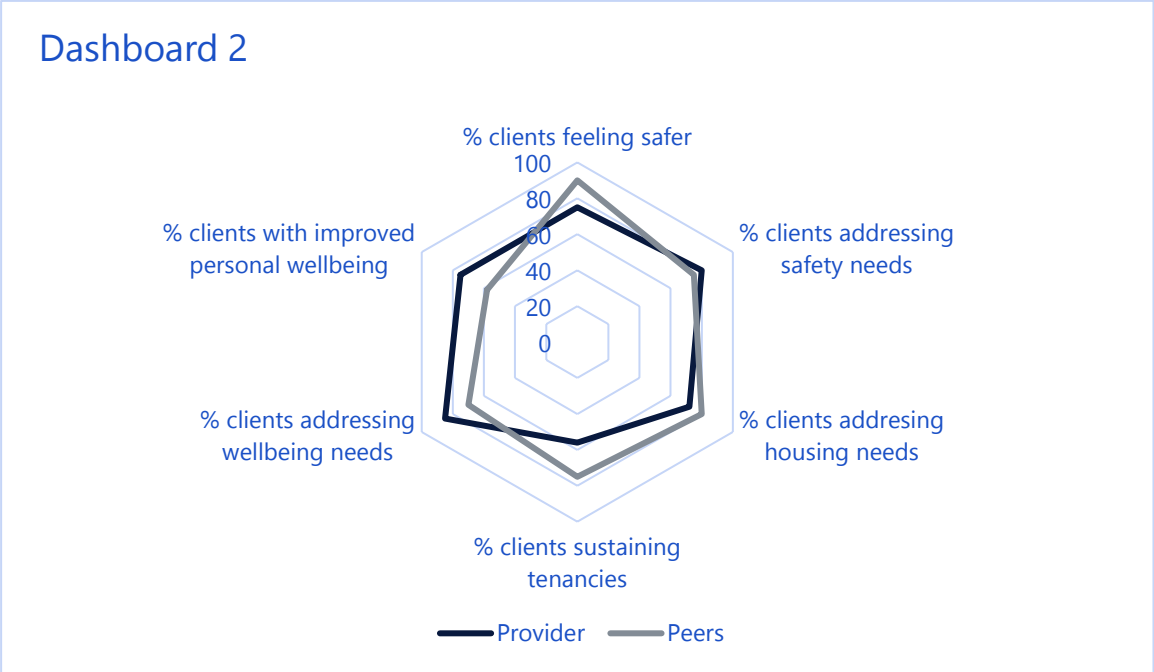
- SHS performance in measurement and reporting outcomes (Section 4.2.1) and
- SHS client outcome indicators (Section 4.2.2).

4.2.1 SHS performance in measurement and reporting outcomes (Dashboard 1)



Indicators	Contextual factors to inform interpretation	Critical success factors and barriers to improving client outcomes
% actual to contracted number of case-managed clients	▪ ▪ ▪	▪ ▪ ▪
% clients with case plans including outcomes goals	▪ ▪ ▪	▪ ▪ ▪
% clients with reported outcomes data	▪ ▪ ▪	▪ ▪ ▪

4.2.2 SHS client outcome indicator reporting (Dashboard 2)



Indicators	Contextual factors to inform interpretation	Critical success factors and barriers to improving client outcomes
SHS clients that report they feel safer since engaging with the service	▪ ▪ ▪	▪ ▪ ▪
SHS clients with demonstrated progress in addressing their individual safety needs / goals	▪ ▪ ▪	▪ ▪ ▪
SHS clients with demonstrated progress in addressing their individual safety needs / goals	▪ ▪ ▪	▪ ▪ ▪
SHS clients sustaining their tenancy	▪ ▪ ▪	▪ ▪ ▪
SHS clients with improved personal wellbeing	▪ ▪ ▪	▪ ▪ ▪
SHS clients with demonstrated progress in addressing their individual wellbeing needs / goals	▪ ▪ ▪	▪ ▪ ▪

4.3 Service system outcomes reporting

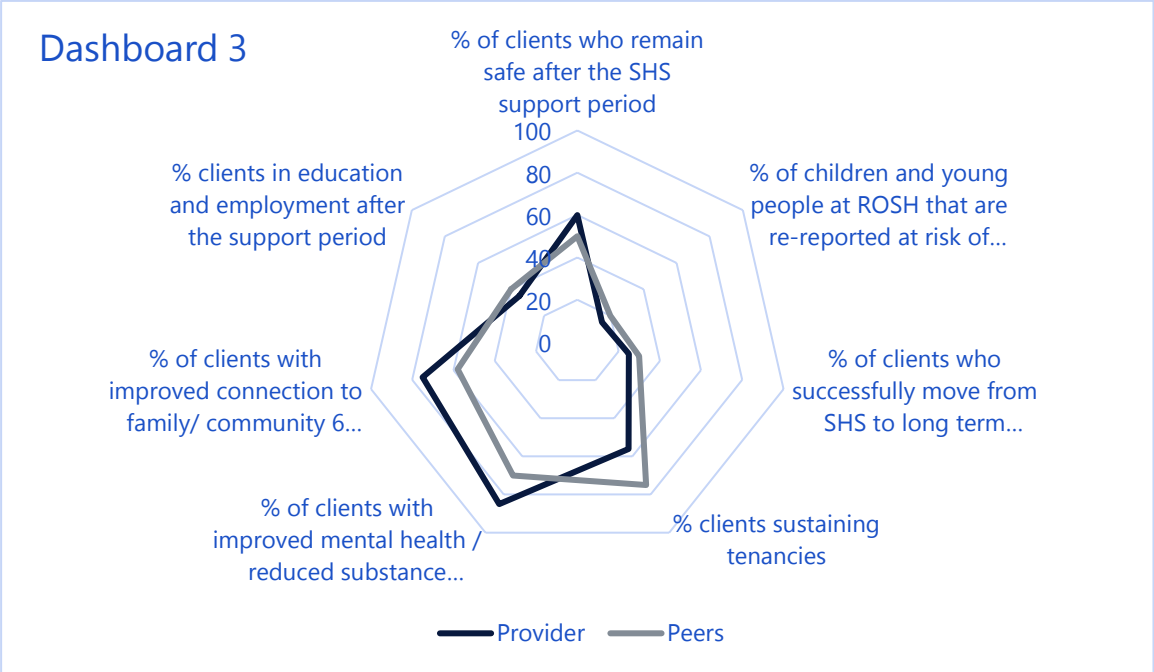
Consultation participants emphasised the need for a broader outcomes-based commissioning framework that positioned the SHS client outcome indicators in contracts within the full suite of outcomes information about the program. A key part of this was ensuring that other service system partners were also held accountable for the achievement of client outcome.

While it was beyond the scope of the current project to seek feedback on these service system outcomes, participants in the consultations highlighted a number of areas to be covered by the broader framework.

Possible service system outcome indicators raised during the consultations are summarised below—along with an indicative template for service system outcomes reporting.

Reporting focus	Outcomes information	Critical success factors and barriers to improving client outcomes
Service system accountability	**Safety** ▪ % of clients who remain safe 3/6/12 months after the SHS support period ▪ % of children and young people at ROSH that are re-reported at risk of significant harm 3/6/12 months after the SHS support period **Housing** ▪ % of clients who successfully move from SHS to long term accommodation ▪ % of clients who sustain safe, stable accommodation for 3/6/12 months after the SHS support period **Wellbeing** ▪ % of clients with improved mental health / reduced substance misuse after SHS referral for specialist services ▪ % of clients with improved connection to family/ community 3/6/12 months after the SHS support period ▪ % of clients with improved participation in education and employment 3/6/12 months after the SHS support period	**Safety** ▪ Capacity of Local Coordination Points & Safety Action Meetings to respond to safety needs of SHS clients ▪ Capacity of non-SHS agencies to implement agreed safety plans to keep SHS clients safe ▪ Capacity of the child protection / OOHC system to respond to ROSH reports by SHS **Housing** ▪ Adequacy of rental private assistance to overcome affordability barriers ▪ Capacity of the social housing system to house SHS clients ▪ Accommodation options for young people where it is not safe or appropriate to return home ▪ Accommodation options for people with specific housing requirements e.g. PWD **Wellbeing** ▪ Capacity of mainstream services to accept referrals to support SHS clients with mental health; D&A; employment; education; family support needs

4.3.1 Service system outcomes reporting (Dashboard 3)



Indicators	Contextual factors to inform interpretation	Critical success factors and barriers to improving client outcomes
SHS clients remain safe after the SHS support period	▪ ▪ ▪	▪ ▪ ▪
SHS CYP at ROSH are not re-reported at risk of significant harm after the support period	▪ ▪ ▪	▪ ▪ ▪
SHS clients successfully move from SHS to long term accommodation	▪ ▪ ▪	▪ ▪ ▪
SHS clients sustain accommodation after the SHS support period	▪ ▪ ▪	▪ ▪ ▪
SHS clients with have improved mental health / reduced substance misuse after SHS referral for specialist services	▪	▪
SHS clients have improved connection to family/ community after the SHS support period	▪	▪
SHS clients have improved participation in education and employment after the SHS support period	▪ ▪ ▪	▪ ▪ ▪

5. Piloting the outcome indicators

While the SHS client outcomes framework presented in Sections 3 and 4 has been developed on the basis of extensive consultation with SHS providers and industry partners—it needs to be tested and refined based on real world experience. Key questions to be tested include:

- Is it feasible within existing resources to collect and report the proposed SHS client outcomes indicators without creating an unreasonable administrative burden for SHS providers or an intrusive impost for clients?
- Is it feasible to integrate the proposed outcomes measurement into day-to-day case management practice (and does it provide information that is useful for case managers)?
- Is it feasible to easily integrate the proposed outcomes measurement into future updates to the CIMS data systems?
- Is it easy for providers, FACS district CPOs and FACS program managers to extract outcomes information in a useful format for contract and service system planning?
- Can the required outcomes indicators be collected in a way that is consistent and rigorous—to ensure valid and reliable interpretation of the outcomes information?
- Is the collected outcomes information meaningful and useful to support evidenced-based conversations between SHS, FACS and service system partners about improving client outcomes?
- Can the client outcomes indicators be used in conjunction with the broader Industry Partnership outcomes framework and individual providers' outcome measurement systems —to allow SHS providers to collect additional client outcome data to contextualise and interpret the core outcome indicators?
- Are they any unintended outcomes and risks that need to be managed?

This section outlines the proposed approach to piloting the outcome indicators—both to build on existing work and insights about outcomes measurement and to ensure the pilot answers the key questions outlined above.

5.1 Approach to piloting

The consultations on the SHS contract outcome indicators occurred in the context of multiple parallel projects to improve outcomes measurement and reporting—both through the Industry Partnership's outcome capacity building projects and individual provider initiatives on outcomes measurement.

At the same time, the consultation feedback highlighted that stakeholders still had a range of concerns about whether the selected indicators would be fit for purpose and strategically meaningful in practice.

Consultation participants strongly supported the concept of piloting the proposed indicators in order to better understanding these issues—in particular:

- **Development of measurement tools and protocols**
  Consultation participants highlighted the importance of industry input into the design of the outcome measurement instruments and protocols—building on the existing consultations of the Industry Partnership in designing the instruments for the shared outcomes project and the expertise of providers that are currently using their own client outcome self-report surveys.

- **Selection of pilot participants**
  A wide range of consultation participants expressed an interest in participating in the pilot—but recognised that it was important that the pilot sample reflected the full range of service models, client cohorts and locations (metropolitan, regional, rural/remote). As a minimum, participants suggested at least two SHS providers in each of the seven FACS district clusters.

- **Information and training about the pilot**
  To ensure consistent implementation of outcomes measurement and reporting across the across pilot sites, consultation participants highlighted the need to develop robust pilot protocols and provide clear information and training to all participating providers

- **CIMS development**
  Where feasible, consultation participants expressed a strong preference for conducting the pilot within the existing CIMS system—both to reduce the administrative burden for providers and to test the integration with existing administrative data collection requirements.

- **Pilot evaluation**
  Consultation participants highlighted the importance of evaluating the pilot to ensure a rigorous assessment is made of whether the proposed outcome indicators are fit for purpose and strategically meaningful.

A pilot plan to address these issues is presented in Section 5.2.

5.2 Pilot plan

The key stages for piloting the SHS client outcomes framework are outlined below. A detailed project plan is presented in Attachment 4.

- **Stage 1: Project establishment (August 2018)**
  Developing the pilot project specifications and communication strategy and establishing the project management and governance arrangements to oversight the pilot

- **Stage 2: Development of pilot tools and protocols (September 2018)**
  Developing the data collection tools and protocols to allow for the consistent testing and evaluation of the proposed SHS contract outcome indicators. This will cover:
  - Co-design workshops with the Industry Partnership and SHS providers to review the draft tools (Attachment 1 and 2) and align with other outcome tools
  - Define CIMS development requirements and delivery schedule to develop a simple CIMS outcome module that can be used during the pilot
  - Developing a pilot handbook for participants which outlines the measurement methodology, protocols and tools for the pilot

- **Stage 3: Pilot preparation (October – December 2018)**
  Recruiting and training SHS providers who wish to participate in the pilot. This will cover:
  - EOI / nominations for potential pilot participants through districts
  - Developing pilot briefings and training material
  - Undertaking information and training sessions with nominated coordinator in each SHS that agrees to be part of the pilot
  - Presenting webinars so participating SHS staff are informed about the pilot
  - Nominated coordinator in each participating SHS undertaking internal training to prepare their service for the pilot

- **Stage 4: Pilot implementation (Jan – June 2019)**
  Six month data collection and reporting period including
  - Fortnightly (initially) / monthly progress tele-meetings between FACS and SHS to discuss progress and trouble shoot issues
  - Production and dissemination of quarterly outcome data reports to pilot participants
  - Participation in quarterly meeting between FACS CPO and pilot participants to review and interpret outcomes data

- **Stage 5: Pilot evaluation (Mar – July 2019)**
  Follow-up survey / interview with pilot participants including views and experiences of:
  - Feasibility of collecting and reporting required data within existing resources
  - Experiences of clients (positive and negative) in participating in outcomes measurement
  - Issues impacting on consistency and reliability of outcomes data
  - Utility and value of the collected outcomes data

Attachment 1: Personal Wellbeing Index

A1.1 Application

The Personal Wellbeing Index is a validated outcome measurement instrument that is accompanied by supporting documentation on the appropriate application of the tool with clients. Specific protocols for applying the PWI in SHS are summarised in Attachment 3.

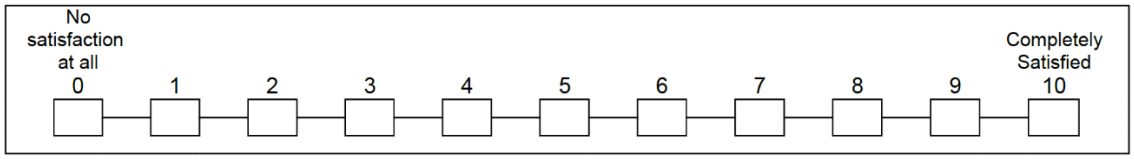
In order to collect data against Outcome Indicator 5 (Section 3.3.5), the PWI is intended to be measured towards the start of the support period and again towards the end of the support period.

A summary of the application of the PWI is presented below. Details of the application of the PWI in the pilot are summarised in Attachment 3.

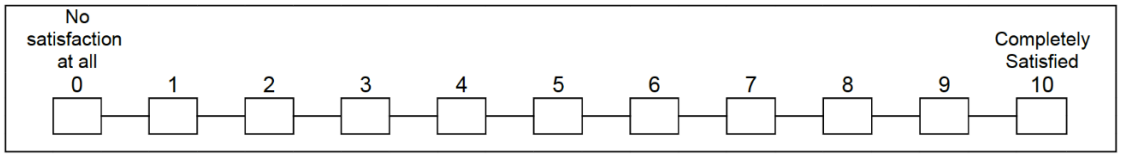
Outcome measure timeframe	Notes on application	Use of outcomes data	Indicator
Towards start of case	▪ PWI could be integrated into a provider's initial client assessment or as part of the development of the initial case plan ▪ Exact timing should be tailored to client needs and circumstances ▪ Providers should aim to obtain pre PWIs for >95% of clients with case plans	PWI (Start) is intended to provide a measure of the client's wellbeing towards the start of service	PWI (end) – PWI (start) (Proportion of clients that rate their personal wellbeing higher at the end of the support period compared to the start of the support period) Interpretation metrics: PWI (start): % clients with wellbeing rating >21 at start of the support period PWI (end): % clients with wellbeing rating >= 21 at end of the support period
Case plan reviews (optional)	▪ Where useful for case planning, PWI could be applied as part of each periodic / quarterly case plan review	PWI (Periodic) is intended to provide a measure of the client's wellbeing towards the start of service	
Towards end of case	▪ PWI could be integrated into exit interviews or as part of final case plan review ▪ Exact timing should be tailored to client needs and circumstances ▪ Providers should aim to obtain pre & post PWIs for >80% of clients.	PWI (End) is intended to provide a measure of the client's wellbeing towards the end of the service -	

A1.1: PWI for adults

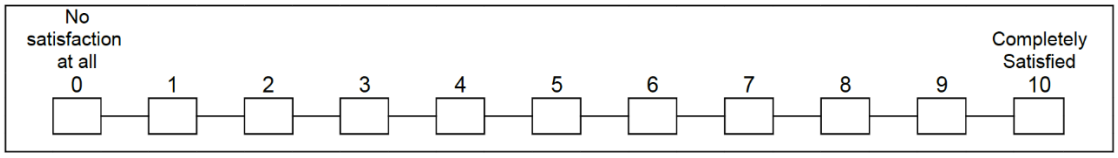
Q1. Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?



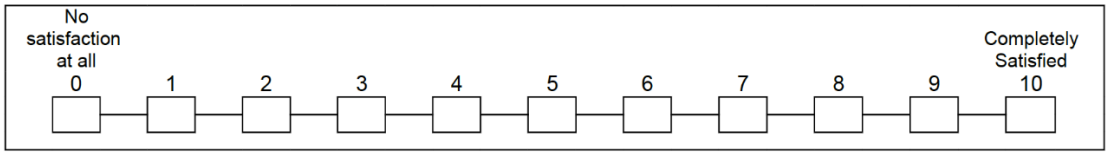
Q2.1 How satisfied are you with your standard of living?



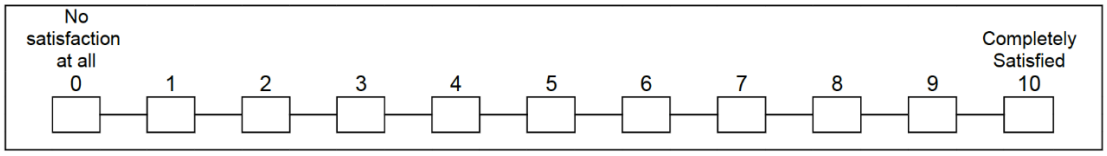
Q2.2. How satisfied are you with your health?



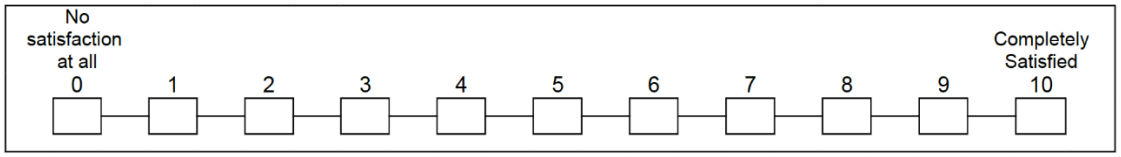
Q2.3. How satisfied are you with what you are achieving in life?



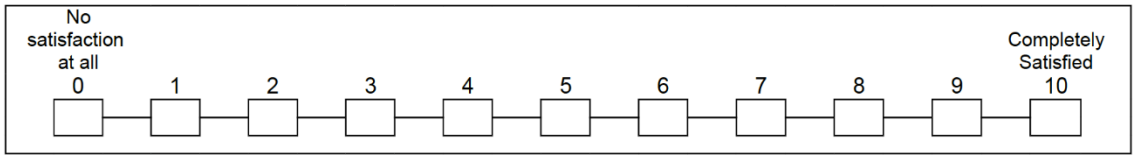
Q2.4. How satisfied are you with your personal relationships?



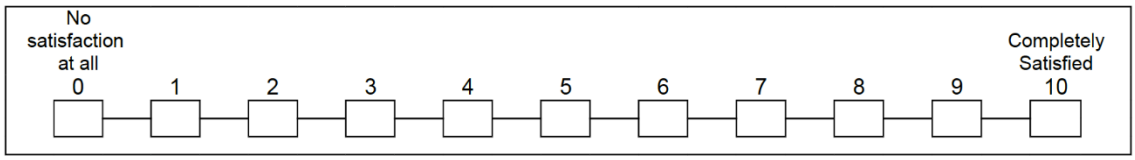
Q2.5. How satisfied are you with how safe you feel?



Q2.6. How satisfied are you with feeling part of your community?

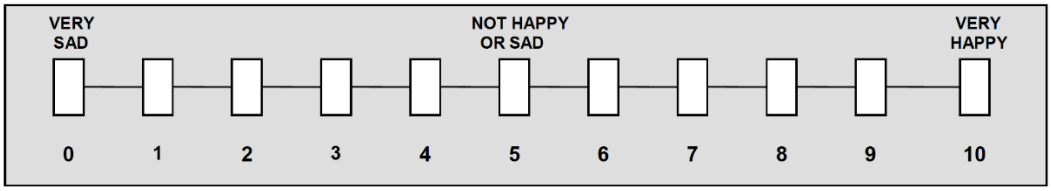


Q2.7 How satisfied are you with your future security?

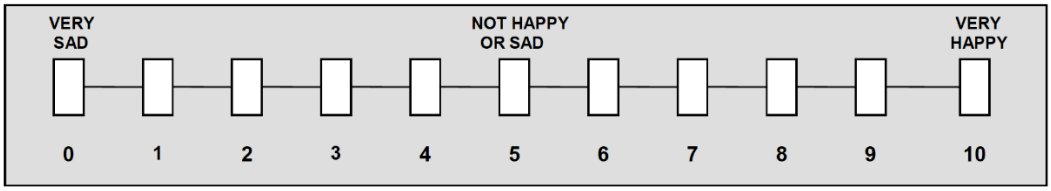


A1.2: PWI for school-aged children and young people

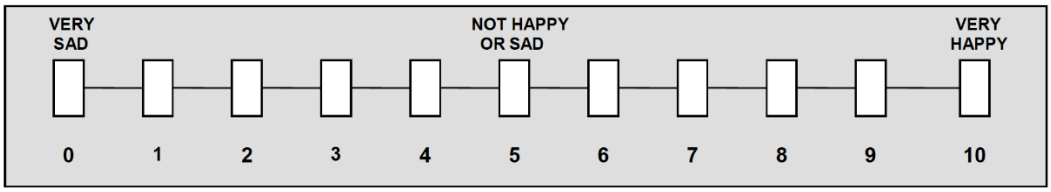
Q1 How happy are you about the things you have? Like the money you have and the things you own?



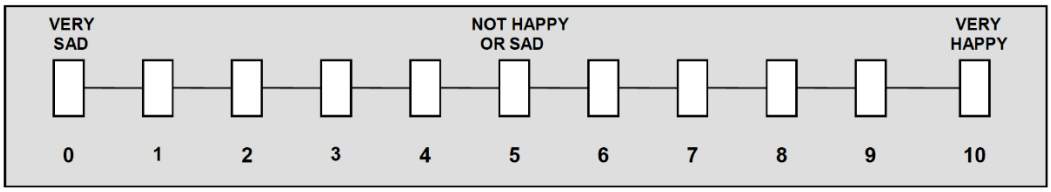
Q2. How happy are you with your health?



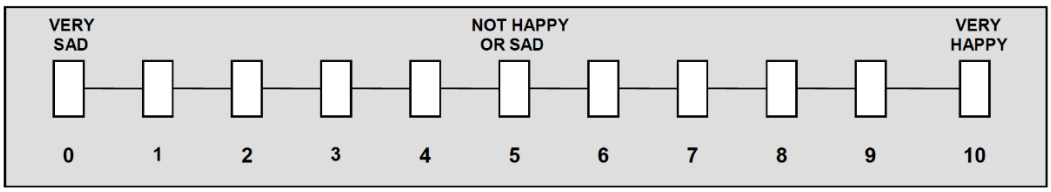
Q3. How happy are you with the things you want to be good at?



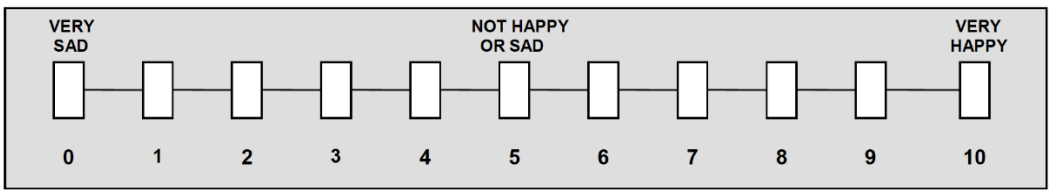
Q2.4. How happy are you about getting on with the people you know?



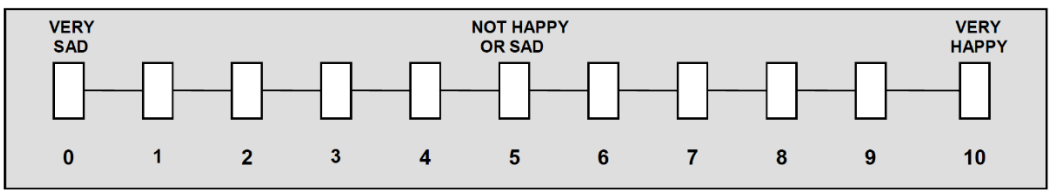
Q2.5. How happy are you about how safe you feel?



Q2.6. How happy are you are about doing things away from your home?



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



Attachment 2: Client outcome survey

A2.1 Application

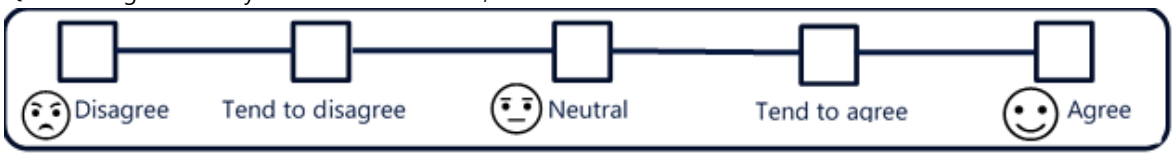
The client outcome survey (COS) is a self-report instrument that is intended to be used as part of routine case plan development and review. Specific protocols for applying the CSO in SHS are summarised in Attached 3. In order to collect data against Outcome Indicator 1,2, 3, and 6 (Section 3.3), the 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 client's self-reported progress in achieving these goals towards the end of the case.

A summary of the application of the COS is presented below. Details of the application of the COS in the pilot are summarised in Attachment 3.

Outcome measure timeframe	Notes on application	Use of outcomes data	Indicator
Towards start of case	▪ COS not applied – but data is captured about the client's specific safety, housing and wellbeing goals ▪ No rating / progress scores are captured as part of the development of the case plan ▪ Providers should aim to populate specific goals for >95% of clients with case plans	COS (Start): No data – client goal setting only	COS (End) - Safety (% clients (that set safety goals) that report that they meet their goals COS (End) - Housing (% clients (that set housing goals) that report that they meet their goals COS (End) – Wellbeing (% clients (that set wellbeing goals) that report that they meet their goals
Case plan reviews (optional)	▪ Where useful for case planning, client outcome survey could be applied as part of each periodic / quarterly case plan reviews	COS (Periodic) is intended to provide a progress measure of the client's goal attainment	
Towards end of case	▪ COS could be integrated into exit interviews or as part of final case plan review ▪ Exact timing should be tailored to client needs and circumstances ▪ Providers should aim to obtain COS (End) for >85% of clients.	COS (End) is intended to provide a measure of the client's attainment of the gaols they set in relate to safety, housing and wellbeing	

A2.2 COS instrument

Q1. Thinking about why I came to this service, I have achieved what I wanted?



Safety

My safety needs / case plan goals to improve engagement with services to reduce safety risks [if applicable]

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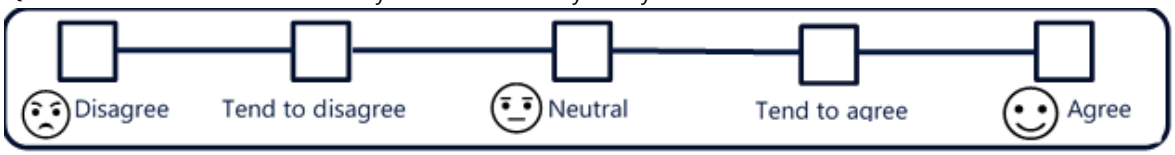
Q2.1 I feel heard and understood by services about my safety?



My safety needs / case plan goals to improve knowledge & skills to remain safer [if applicable]

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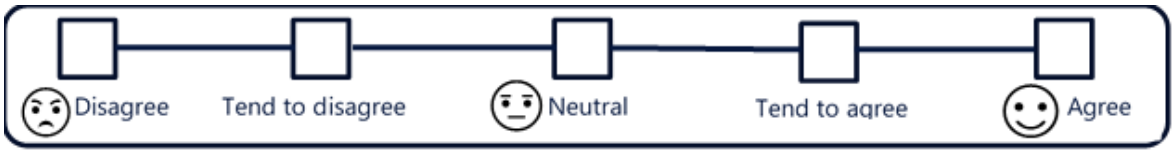
Q2.2 I know what to do if I feel unsafe?



My safety needs / case plan goals to increase options to remain safer [if applicable]

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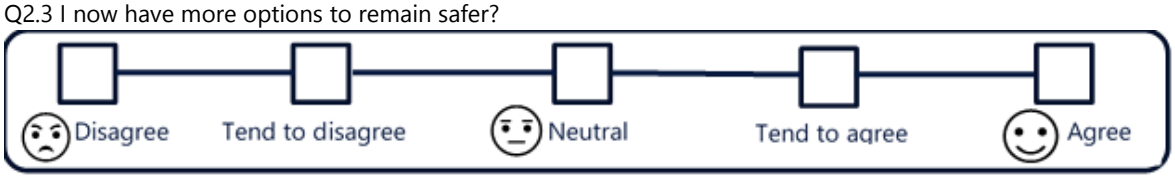
Q2.3 I now have more options to remain safer?



Housing

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

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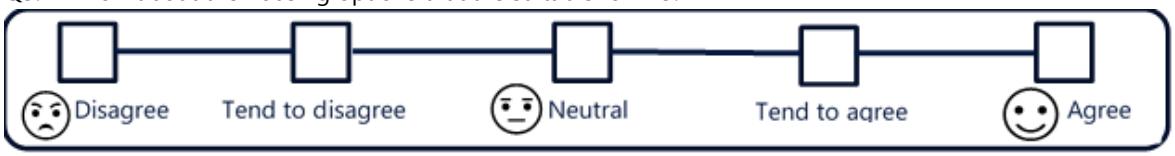
Q3.1 I know about the housing options that are suitable for me?



My housing needs / goals to improve skills in finding and maintaining suitable housing [if applicable]

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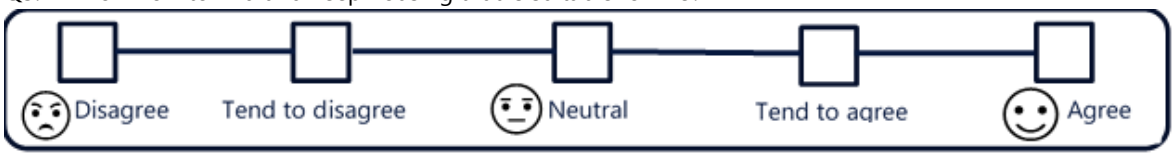
Q3.2 I know how to find and keep housing that is suitable for me?



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

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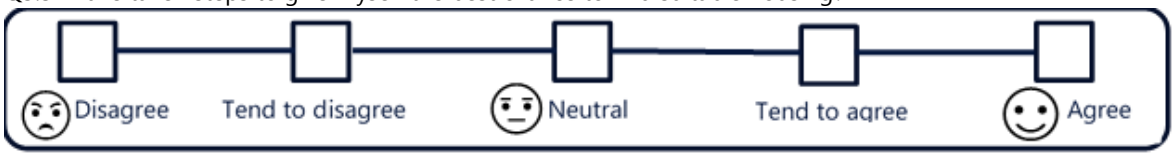
Q3.3 I have taken steps to give myself the best chance to find suitable housing?



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

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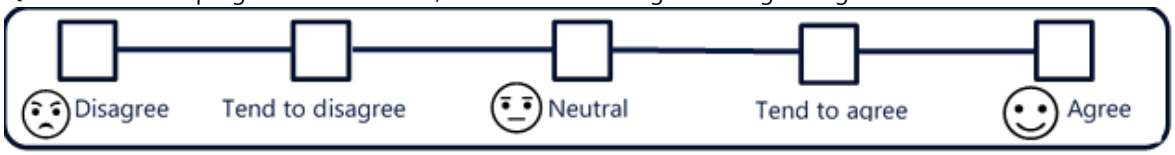
Q3.4 I have made progress towards safer, more stable housing and living arrangements?



Wellbeing

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

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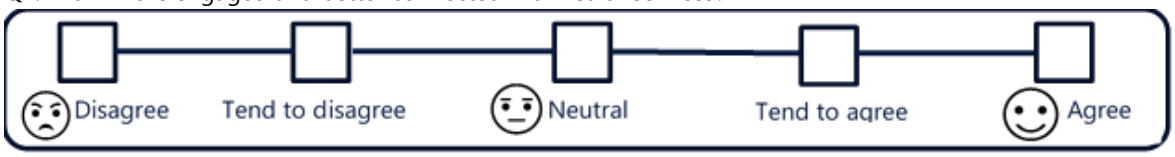
Q4.1 I am more engaged and better connected with health services?



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

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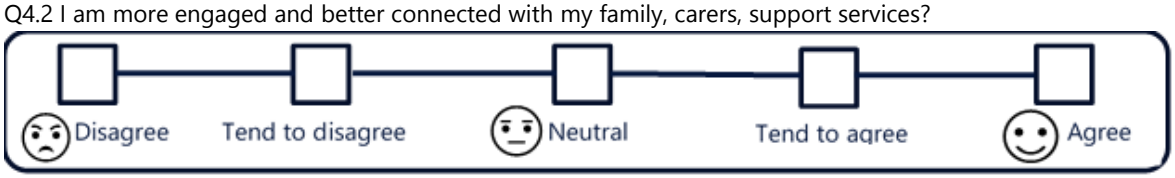
Q4.2 I am more engaged and better connected with my family, carers, support services?



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

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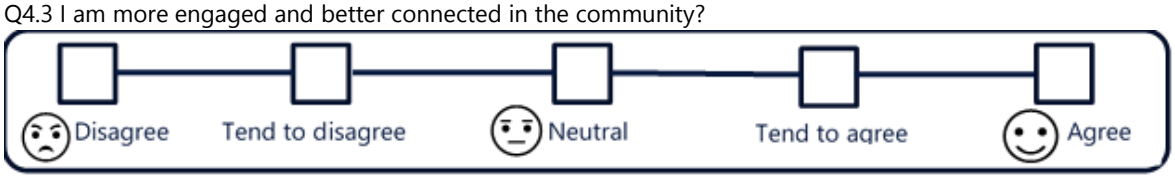
Q4.3 I am more engaged and better connected in the community?



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

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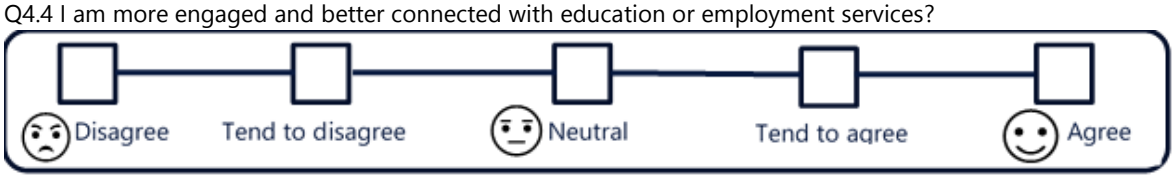
Q4.4 I am more engaged and better connected with education or employment services?



Attachment 3: Measurement protocols

In line with the commissioning for outcomes principles, 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 SHS undertaking outcomes measurement. In addition, the protocols outline the specific arrangements for the pilot to be conducted in 2019.

Safe participation and informed consent

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

SHS 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 privacy and confidentiality arrangements.

In relation to outcomes information:

- All (within scope) clients will be given the opportunity to complete the Personal Wellbeing Index (PWI) and Client Outcomes Survey (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
- SHS 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. The participation option will be recorded
- SHS 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 or 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, a number of 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
- SHS providers will ensure that clients have time to reflect on their current needs and circumstances prior to completing the survey—which could be though a discussion about 'where things are up to' with the case plan, or asking the client the 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 actions to improve outcomes prior to the next case plan review.

Worker Certification

The worker administering both the PWI and the COS will be required to tick a checkbox certifying that they have followed the required protocols and that all client self-report feedback has been honestly recorded.

This is due to the importance of client autonomy, the issues of validity and reliability for the data collection, and the role of data in contract and performance management,

Scope and timing of PWI outcomes information collection

The PWI is intended to be applied once towards the start of the support period (typically as part of the initial assessment or development of the case plan) and once towards the end of the support period (typically as part of the closure of the case plan). In addition, providers have the option of using the PWI as part of each case plan reviews—although this is at the discretion of the SHS provider and client.

Providers should aim to obtain a PWI (start) for at least 95% of clients with a case plan; and both a PWI (start) and PWI (end) for at least 80% of clients. At this stage, these targets are indicative and the pilot will be used to test what is fair and reasonable.

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

2019 pilot

For the pilot, the PWI would be applied progressively as new clients commence and have a case plan established. There is no pilot requirement to retrospectively apply the PWI to

existing clients. For the pilot, all clients with a PWI (Start) should reapply the PWI as part of at least one case plan review during the pilot period up to the end of June 2019—given that waiting to the case closure would result in too small a sample for the pilot.

Scope and timing of CSO outcomes information collection

The CSO is intended to be applied once towards the end of the support period (typically as part of the closure of the case plan).

While no outcome ratings are collected at the start of the case plan, the case development process is used to identify the client's safety, housing and wellbeing goals—that are used to populate the COS form.

In addition, providers have the option of using the COS as part of each case plan reviews—although this is at the discretion of the SHS provider and client.

Providers should aim to obtain a COS (end) for at least 85% of clients with a case plan. At this stage, this target is indicative and the pilot will be used to test what is fair and reasonable.

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

2019 pilot

For the pilot, the CSO would be applied progressively as new clients commence and have a case plan established (including establishing case plan goals for populating the COS form). There is no pilot requirement to retrospectively apply the CSO to existing clients. For the pilot, all clients with a case plan should apply the CSO as part of at least one case plan review during the pilot period up to the end of June 2019—given that waiting to the case closure would result in too small a sample for the pilot.

Attachment 4: Pilot project plan

Project name	**SHS contract outcome indicators pilot**
Project objectives	1. To build industry and FACS understanding of the scope and purpose of incorporating outcome indicators in future SHS contracts 2. To develop and test a prototype system for measuring and reporting a proposed set of SHS contract outcome indicators 3. To evaluate the feasibility and value of measuring and reporting the proposed set of SHS contract outcome indicators 4. To identify the risks and risk mitigation strategies to inform decisions about incorporating outcome indicators in future SHS contracts
Project deliverables	▪ Project brief – defining the scope and timeframe for the pilot ▪ Pilot handbook – specifications and protocols for collecting and reporting data against the outcome indicators ▪ CIMS (pilot) modules – updates to CIMS to incorporate data collection and reporting ▪ Pilot data reports – individual provider / aggregated summary data reports based on pilot data

Action	Responsibility	Due
Stage 1: Project establishment		
▪ Confirm set of SHS contract outcome indicators to be piloted – Presentation of Consultation Report, including out of pilot plan, to the Commissioning for Outcomes Reference Group	▪ Design & Stewardship, Housing, FACS	Aug 2018
▪ Formalise pilot project team/governance – FACS pilot project committee (including District representatives) – OBC Reference Group	▪ Design & Stewardship, Housing, FACS	Sept 2018

Action	Responsibility	Due
▪ Develop Project Brief – Objectives, – Proposed indicators; – CIMS outcome module (2 forms) – Scope of pilot & timeframes – Evaluation methodology	▪ Design & Stewardship, Housing, FACS	Sept 2018
▪ Develop and implement communication strategy to inform sector of Final Consultation Report and Pilot Project brief	▪ Project team	Sept 2018
Stage 2: Development of measurement tools and protocols		
▪ Co-design workshop with IP and providers to review draft tools (Attachment 1 and 2 in Final Report) and align with other outcome tools	▪ Project team	Sept 2018
▪ Define CIMS development requirements and delivery schedule to create CIMS (pilot) outcome module	▪ Strategy, Housing, FACS	Sept 2018
▪ Develop pilot handbook for providers – Description of measurement methodology and tools for each of the six outcome indicators – Documentation of protocols for implementing methods and tools	▪ Design & Stewardship, Housing, FACS	Sept 2018
▪ Complete CIMS development for pilot	▪ Strategy, Housing, FACS	October 2018
Stage 3: Pilot establishment		
▪ EOI / Nominations for potential pilot participants through districts	▪ Districts and project team	October 2018
▪ Develop pilot briefing schedule and training material	▪ Project team	October 2018
▪ Finalise pilot participants with FACS pilot project committee and OBC Reference Group	▪ Project team	October 2018
▪ Update Project Brief to reflect final scope	▪ Design & Stewardship, Housing, FACS	October 2018
▪ Brief and train pilot participants (group session / webinar)	▪ Project team	November 2018
▪ Pilot participants implement internal processes to train staff in collecting and reporting new outcomes data	▪ Pilot participants	Nov-Dec 2018

Action	Responsibility	Due
Stage 4: Pilot implementation		
▪ Launch pilot (six month data collection and reporting period from Jan – June 2019)	▪ Project team ▪ Pilot participants	Jan 2019
▪ Fortnightly (initially) / monthly progress / review tele-meetings between FACS and participants to trouble shoot issues ▪ Distribution of online pilot updates with FAQs and clarifications to pilot handbook	▪ Project team ▪ Pilot participants	Ongoing
▪ Production and dissemination of first quarterly outcome data reports to pilot participants ▪ First quarterly meeting between FACS CPO and pilot participants to review and interpret outcomes data	▪ Project team ▪ Pilot participants	April 2019
▪ Production and dissemination of second quarterly outcome data reports to pilot participants ▪ Second quarterly meeting between FACS CPO and pilot participants to review and interpret outcomes data	▪ Project team ▪ Pilot participants	July 2019
Stage 5: Pilot evaluation		
▪ Develop evaluation brief	▪ To be determined	Sept 2018
▪ Maintenance of issues / feedback log	▪ Project team	Ongoing
▪ Interviews/surveys with participants on their experiences/feedback	▪ To be determined	July 2019
▪ Evaluation report	▪ To be determined	To be determined
▪ Preparation of recommendations from the pilot and business requirements for implementation (including CIMS development schedule), submitted to HH Steering Committee for endorsement	▪ Design & Stewardship, Housing, FACS ▪ Strategy, Housing, FACS ▪ Implementation & Performance, Housing, FACS	To be determined
▪ Communication to participants, peaks and all contracted SHS providers	▪ Design & Stewardship, Housing, FACS	To be determined

Attachment 5: Pilot evaluation plan (draft)

1. Background

The NSW Department of Family and Community Services (FACS) is committed to outcomes-based commissioning of Specialist Homelessness Services (SHS)—with a focus on putting outcomes for clients at the centre of the contracting model. The transition towards commissioning for outcomes will take time and requires extensive developmental work and consultation to get the right balance between meaningful client outcomes, provider financial sustainability and service system development.

During May and June 2018, consultation workshops were held with the industry and service system stakeholders to develop a proposed framework that defines:

- Key client outcomes that are appropriate for inclusion in SHS contracts—within the parameters of the program guidelines, service specifications and funding arrangements
- Valid and reliable indicators to demonstrate (to both funders and providers) the extent to which agreed client outcomes have been achieved
- Feasible and streamlined tools and methods for measuring and reporting outcomes.

The report on the consultations resulted in a working proposal for SHS contract outcome indicators. The SHS contract outcome indicators pilot is intended to:

- build industry and FACS understanding of the scope and purpose of incorporating outcome indicators in future SHS contracts
- develop and test a prototype system for measuring and reporting the proposed set of SHS contract outcome indicators
- evaluate the feasibility and value of measuring and reporting the proposed set of SHS contract outcome indicators
- identify the risks and risk mitigation strategies to inform decisions about incorporating outcome indicators in future SHS contracts.

The pilot is expected to commence in early 2019. An evaluation of the pilot will run for the six-month period from January – June 2019. Participating providers will be encouraged to maintain their data collection and reporting on outcomes beyond June 2019 including up to the end of June 2020.

This plan outlines the proposed approach and methods for the evaluation of the pilot.

2. Key evaluation questions

The purpose of the evaluation is to assess the feasibility and value of measuring and reporting the proposed set of SHS contract outcome indicators—based on the initial

experiences of the SHS outcomes pilot between January – June 2019. Specifically, the key evaluation questions are:

1. To what extent is it feasible for SHS providers to collect and report the required outcomes data within existing resources—particularly in terms of
   - Extent to which data collection could be incorporate into routine case management activities (e.g. case plan development and periodic reviews)
   - Extent to which data collection protocols were clear and could be easily implemented by SHS staff
   - Extent to which data recording in CIMS could be undertaken within existing resources

2. What was the experiences of clients (positive and negative) in participating in outcomes measurement –particularly in terms of
   - Extent to which self-reported outcome questions were clear and easy to understand
   - Extent to which they felt they could answer these questions openly and honestly
   - Extent to which they felt the questions asked were appropriate and relevant to what is important to them

3. What were the critical success factors and issues impacting on consistency and reliability of outcomes data

4. To what extent was the collected / reported data useful and valued for improving outcomes for clients—particularly in terms of
   - Extent to which outcomes data was useful for case workers / managers
   - Extent to which outcomes data was useful for FACS CPOs / program managers
   - Extent to which outcomes data was useful for planning service improvements between SHS and FACS CPOs

5. What are the recommendations for improving / changing the client outcomes indicators / measurement tools to ensure they are fit for purpose and meaningful

3. Evaluation approach

It is expected that the evaluation covers three main areas of data collection and analysis.

Desktop analysis of outcome data

The evaluator will undertake a desktop analysis of the collected outcomes data as part of examining the feasibility and value of the outcomes indicators. For each outcome indicator, the analysis should cover:

- Response rate - what proportion of (within scope) clients had the required outcomes data collected
- Primary outcome metric – pattern across service types, locations and target groups

- Additional outcomes metrics - pattern across service types, locations and target groups

Desktop analysis of SHS / CPO outcome review forms

As part of the pilot, SHS participants will be expected to have at least one outcome review meeting with their CPO to review a summary of the collected outcome data and to provide a commentary on the contextual factors to inform interpretation and the critical success factors and barriers to improving client outcomes.

The evaluator will undertake a desktop analysis of the SHS / CPO outcome review forms—with a focus on:

- Key contextual factors identified at the local level
- Common critical success factors and barriers identified at the local level
- SHS and CPO views of the usefulness of the initial outcomes data in guiding conversations about outcomes improvement.

Interviews/surveys with SHS pilot participants / FACS CPOs on their experiences of the pilot

The evaluator will undertake a survey and interviews with SHS pilot participants and their CPOs to assess their views and experiences of the pilot. Key themes will include:

- Clarity and ease of implementing data collection instruments and protocols
- Functionality of (prototype) CIMS system
- Integration of data collection into day to day case practice
- Workload impost of data collection and reporting
- Experiences of clients (positive and negative) in participating in outcomes measurement
- Issues impacting on consistency and reliability of outcomes data
- Extent to which outcomes data was useful for SHS case workers / managers
- Extent to which outcomes data was useful for FACS CPOs / program managers

Interviews with clients on their experiences of the pilot

The evaluator will undertake interviews with clients to assess their views and experiences of the outcome measurement tools and process. Key themes will include:

- Clarity and ease of interpretation of data collection instruments and processes
- Extent to which that felt comfortable answering the questions
- Burden / personal impost of data collection
- Other experiences of clients (positive and negative) in participating in outcomes measurement

Interviews with Industry Partnership and FACS program / district staff about the pilot

The evaluator will undertake interviews with industry peak bodies and FACS program / district staff to assist with the interpretation of the evaluation data—particularly around identifying recommendations for improving / changing the client outcomes indicators / measurement tools to ensure they are fit for purpose and meaningful.

4. Evaluation timeframes

The evaluation needs to be completed by the end of July 2019 – to allow sufficient time for FACS to incorporate the recommendations into the re-commissioning of services in July 2020. Key milestones include:

- Engagement of evaluator (by end of January 2019)
- Detailed evaluation plan (by end of February 2019)
- Evaluation activities (March – end June 2019)
- Evaluation report (by end of July 2019).

The timing of the evaluation activities will need to be aligned to the timeframes for administering the two main data collection instruments – the Personal Wellbeing Index (PWI) and the Client Outcomes Survey (COS) – as well as the timing of the first SHS-CPO outcome review meeting.