Administration Manual for the Client Outcome Survey (COS)

Acknowledgements

This manual is designed for SHS staff and the key purpose is to explain what, why, how, for who, and when to use the Client Outcome Survey (COS).

This guide has been developed in partnership with Curijo Consulting, a proudly majority Aboriginal-owned and controlled profit for purpose organisation, Insight Consulting, a public policy and human services consultancy and the SHS Practitioner Advisory Group with representatives from:

- YP Space MNC – NNSWMNCNE (Mid North coast)
- Uniting - WSNBM (Western Sydney)
- St Vincent de Paul Society – SESSNS (Sydney)
- Nova Women's Accommodation and Support Inc. - HCC (Hunter)
- Wesley Mission – SWS
- Wattle Tree House - Orange LALC - MFWWNSW (Western NSW)
- Supported Accommodation & Homelessness Services Shoalhaven Illawarra
- Bungree Aboriginal Association - HCC (Central Coast)

For the purposes of this guide, Aboriginal refers to both Aboriginal and Torres Strait Islander Peoples.

For support with the COS or to provide feedback on the tool to DCJ, please complete the survey using the QR code or link. Submissions will be monitored regularly and responded to as soon as possible. This survey will operate from 13 June 2023 to 13 June 2024.

https://surveys.dcj.nsw.gov.au/jfe/form/SV_9WZohD346hZISj4

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SHS Outcomes Framework Recap

The SHS Recommissioning Plan outlined the key work that would take place leading up to and during the 2021-2024 contract term. This included strengthening the focus on client outcomes – so that contracts have a focus on measuring, monitoring and driving client outcomes. The SHS Outcomes Framework has been developed with three outcomes domains that reflect the Human Services Outcomes Framework – Safety, Housing and Wellbeing. These core client outcomes were developed through extensive sector consultation, dating back to 2015.

In 2021 the Outcomes Framework Guide was published and became an attachment to the SHS Program Specifications. The document is available from the DCJ website, and it includes the Program Logic and the Framework Toolkit. Together, these provide detailed background for each output and outcome, prescribing the indicators and data sources associated with each one, and will support reporting consistency against these outputs and outcomes.

Two important messages from the Framework are that providers are not considered solely accountable for Safety, Housing or Wellbeing, in the same way that clients don't have control over all factors that impact safety, housing or wellbeing. The Outcomes Framework Guide also ensures that DCJ considers context, constraints and attributability when reviewing outcomes information.

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

- CIMS (or equivalent) – which is provider reported- and already in use
- PWI – this is client reported and is now rolled out across the sector
- COS – this is also client reported.

The client reported tools have been introduced to ensure inclusion of client voice and their subjective experience in reporting to DCJ.

The COS rollout is an important step in the Outcomes Framework implementation and is a Year 2 milestone in SHS 2021-2024 contracts. However, in line with the implementation approach for the Outcomes Framework, DCJ will be able to make ongoing amendments to the tool and processes, as needed and in consultation with stakeholders.
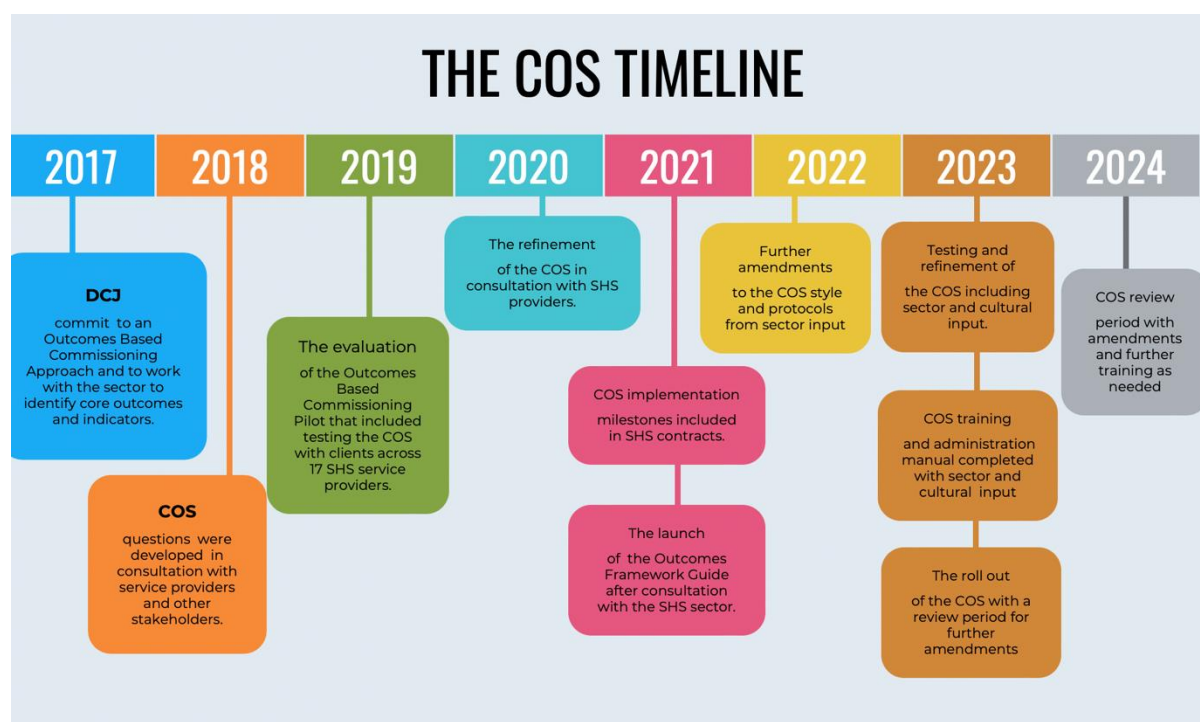
What is the COS?

The COS is a self-report survey that asks clients, who are accessing support to assess progress on their goals in relation to safety, housing and wellbeing.

The COS Tool is at Appendix A.

> The COS aligns with person centred care - it is designed to put clients at the centre of what government and providers do.

The COS has been developed collaboratively specifically for the SHS sector. The development of the COS involved several stages as outlined below.

THE COS TIMELINE

2017 DCJ commit to an Outcomes Based Commissioning Approach and to work with the sector to identify core outcomes and indicators.

2018 COS questions were developed in consultation with service providers and other stakeholders.

2019 The evaluation of the Outcomes Based Commissioning Pilot that included testing the COS with clients across 17 SHS service providers.

2020 The refinement of the COS in consultation with SHS providers.

2021 COS implementation milestones included in SHS contracts. The launch of the Outcomes Framework Guide after consultation with the SHS sector.

2022 Further amendments to the COS style and protocols from sector input

2023 Testing and refinement of the COS including sector and cultural input. COS training and administration manual completed with sector and cultural input. The roll out of the COS with a review period for further amendments

2024 COS review period with amendments and further training as needed

The COS was piloted from January to July 2019 with 17 service providers. This pilot was evaluated and learnings from this evaluation have been incorporated into this manual.

The COS also aligns with the SHS Outcomes Framework. For a more detailed understanding of how the COS aligns with the SHS Outcomes Framework please see Appendix B.

COS Design

The COS Tool contains 8 questions which are only to be applied if they are relevant to the individual case plan.

Each question has the option of 'prefer not to answer' and 'not applicable', and the scale for responses is 1 to 5, from completely disagree to completely agree. There is an emoji scale as well to allow choice for clients in what style of response is most meaningful for them.

There is just one version of the COS at this stage, to be used across the board with all cohorts and ages. Unlike the PWI, the COS is not bound by the same restrictions on whether wording can be explained if someone needs assistance to understand a concept. The COS is not measuring a standardized attribute like personal wellbeing, but is asking individuals about their view on the support provided to them. So we want individuals to understand what each question is asking in ways that make sense to them. The Ready Reckoner and Support Matcher (Appendix B) is a useful document to support with this explanation.

The COS is downloadable as a paper form, and is also built into CIMS and equivalent non CIMS systems.

The COS is subjective, so it is to be answered directly by clients, it is not for providers to create their own responses based on their view of the clients outcomes. The COS questions ask directly about the domains and support outcomes that the SHS sector selected as most important to measure.

Another way of looking at this is that each broad determinant of exiting homelessness (domain), is related to specific things (supports) that can help clients get an end result (outcome), which is related to the way we will ask the client about their view on how well the SHS provided those specific things.

So, our reason for asking these exact questions is purposeful and related to identified needs and agreed case plans, based on evidence about support that can assist a person to move closer to resolving homelessness.

There are some critical aspects of the COS to understand, that will help workers in using it purposefully:

- The COS focuses on the range of supports and services that a client may have received while with an SHS – rather than just the physical or practical end result.
- The COS asks the client to comment on whether the assistance received, assisted them towards their goals.
- The COS asks about the quality of service supports in terms of outcomes because of the impact these can have on other tangible outcomes, and at a later point in time if resources are not currently available. Eg budgeting skills assist a person's housing readiness even though a house may not yet be ready.

Why does the COS focus on safety and wellbeing as well as housing?
The COS is based on research that indicates that safety and wellbeing are critical to supporting clients find safe and stable housing. Research suggests that improving a client's sense of safety and their wellbeing can help prevent or break the cycle of homelessness. For example:

- Whilst there are many complex pathways to homelessness, like poverty, domestic violence and mental health, there is one common factor that crosses all pathways – a breakdown in relationships. Relationships are a critical component of wellbeing. Research indicates that relationships act like a buffer in times of stress and are associated with more stable housing outcomes.
- Homelessness can make people feel unsafe and many people who experience homelessness or at risk of homelessness have also experienced trauma that can make it hard for them to feel safe even in relatively safe environments.

- Safety is essential for engagement and recovery. Clients who do not feel safe may be reluctant to engage with homeless services or take advantage of available resources.
- Providing a safe and secure environment is a critical outcome of homelessness services.

> Measuring feelings of safety and wellbeing is an essential component of providing effective, trauma informed care to people experiencing or at risk of homelessness.

The following table outlines the role of homelessness services in addressing the safety, housing and wellbeing needs of clients.

Outcome domains	Description	The role of homelessness services:
Safety	Has multiple domains including physical; emotional; psychological, cultural and covers both external and internal threats.	To identify serious safety risks and to support and empower clients to take action to make or keep themselves safe.
Wellbeing	Clients often have complex needs with multiple underlying causes of homelessness.	To identify clients' underlying needs and to develop realistic plans to connect them to services and to build their engagement with family, community, culture, education and employment to increase their ability to tackle future challenges.
Housing	Depending on clients' needs and housing market opportunities—different housing pathways will be appropriate to achieving safe, stable, affordable long-term housing.	To identify clients' housing needs and to develop realistic plans to maximise opportunities to access and sustain appropriate housing.

The COS has been developed to capture work being completed by SHS staff. Appendix B shows how case work supports that are entered into CIMS, are relevant to each of the COS questions.

Why do we need to collect information from the PWI and the COS?
The PWI is a general measure of subjective wellbeing which is being used to measure changes in wellbeing overtime. The COS has been specifically designed in collaboration with the SHS sector to measure clients' satisfaction in relation to achieving their goals in safety, housing and wellbeing. The COS includes questions that are focused on goals created between SHS staff and clients. While the PWI can provide valuable information about the overall quality of life of the client it may not capture specific information about the effectiveness of a service to identify areas where improvements can be made.

The following table shows you how the PWI and the COS measure the outcomes and indicators relating to safety, housing and wellbeing.

Outcomes	Indicators	Tool
Safety	Clients feel safer	PWI
	Clients make progress in addressing their safety needs	COS/CIMS
Housing	Clients make progress addressing their housing needs	COS/CIMS
	Clients sustain their tenancy	COS/CIMS
Wellbeing	Clients have improved personal wellbeing	PWI
	Clients have improved capacity to tackle future challenges	COS/CIMS

Why is the COS being implemented?

There has been a policy shift by governments to move from a focus on outputs to outcomes.

Outputs measure the number of services or activities being delivered. They are usually measured for example, by the number of people being case managed or the number of people staying in accommodation.

Outcomes refer to the results or impacts of the services. They are usually measured in terms of changes in behaviour, knowledge, skills or wellbeing. Examples include increased employment opportunities or housing stability.

The following table shows how client outcomes tools benefit different stakeholders.

Stakeholder	Benefits
Clients	• They allow clients to provide their perspective. • They are empowering. • They can help clients monitor and reflect on their own identified needs and progress, and deliver client driven supports.
SHS staff	• They help staff monitor and reflect on their work because they provide measures of what they have achieved. This supports planning and goal setting. • They can build trust with clients and other stakeholders.
Managers	• They inform decision making. • They let you know who is and isn't benefiting from the program. • They help you identify common elements that contribute to success. • They help you understand where the gaps are to support evidence-based innovation
Funders	• They provide subjective and client voice data to assist with accountability processes. • They inform an understanding about achievements and barriers. • They provide evidence to inform systems change.

How is the COS relevant to what SHS staff do?

SHS staff play an important role in delivering services to people who are experiencing homelessness or at risk of homelessness. Data from the COS will be part of the continuous quality improvement cycle of services. The COS, alongside your practice wisdom, can help you track how the people who have accessed your services have progressed and this information could help you adapt your services to better meet the needs of people who are experiencing or at risk of homelessness.

The COS data could also help:

- provide a bigger picture to help you understand how SHS services overall are impacting people experiencing or at risk of homelessness.
- increase accountability of all service providers. The COS can demonstrate the effectiveness of your services to the people who access them and to other stakeholders, including funders. This data can help build trust and confidence in the work that you do and can enhance your credibility as a service provider.

Who will complete the COS?

The COS will apply to the following homelessness programs and initiatives:

- Specialist Homelessness Services
- Domestic Violence Response Enhancement
- Core and Cluster
- Aboriginal Homelessness Sector Growth

The COS rollout does not apply to the Premiers Youth Initiative, Universal Support Screening, Together Home or Sustaining Tenancies in Social Housing programs.

The COS can be used by HYAP providers if they opt-in, although there is no program requirement for them to do so until July 2024.

> **The COS can be completed by any SHS client who is aged 12 years and above, is actively involved in case management, and gives informed consent.**

When to administer the COS

The COS is to be administered once towards the end of case management (2-4 weeks prior to exit). This can occur for example as part of closing a client's case plan.

> Staff can choose the best time, within 2-4 weeks prior to exit, to administer the COS.

How to capture data from clients who may leave your service early.

- Explain the importance of the COS to clients at the beginning of the support process, so they understand the value of completing the COS.
- Use reminders or follow up phone calls to encourage clients who have left the service early to fill out the COS.
- Offer clients the option of filling out the COS over the phone.
- Share information on how the COS is being used to improve services. (Once data has been analysed)
- Use the COS periodically.

Using the COS periodically

SHS providers have the option to use the COS periodically every 3 or 6 months during case management and at the end of the support period. This enables the tracking of outcomes with individual clients. This is not compulsory and would depend on the individual services' needs and what they are seeking to achieve by conducting the COS more regularly with clients. When a COS is being used periodically, it should be administered by the client's worker and the worker should use the data to inform case management and discussions with the client.

The benefits of using the COS periodically include:

- keeping clients at the centre of what SHS workers do in case management
- being able to monitor the client's progress on their goals during case management
- adapting the services based on the client's point of view
- having a recent COS to use in place of an exit COS if client leaves early.

Ethical considerations

Inclusion is considered best practice. That means information about the COS should be provided to all clients 12 years and above who receive case management.

All people accessing homelessness services have unique insight from their lived experiences and should be provided with the right to participate in feedback about services that impact them.

Completion of the COS by clients is **voluntary** – this means that it is entirely up to the client whether they want to fill out the COS. For the client to make an informed decision they needed to be provided with information, in words they can understand, about the COS, including how their data will be used and stored and that refusal or completion of the COS does not impact access to services. (This information will be explained in more detail later in this guide).

If a client does not wish to complete the COS, the reason should be recorded in your client information management system.

When NOT to administer the COS

The COS will not be administered:

- if a person self identifies that they have a severe cognitive impairment that impacts their ability to complete the COS
- if a person is triggered or experiencing strong emotions the COS should be administered on another day. The COS should **NOT** be administered during signs of excessive distress including (but not limited to): extreme agitation, shaking, a clear desire to leave (either expressed verbally or through actions such as getting up and moving around), any indication that the client is experiencing flashbacks or reliving a traumatic event, uncontrollable crying, or in a shutdown state, for example, not able to speak clearly, understand instructions or becomes very quiet
- to clients where it is already understood to be unsuitable for use. This includes clients in immediate crisis or with other significant risk factors, clients accessing services occasionally or outside of case management and clients under 12 years of age.

Introducing the COS

Services can choose to use the COS periodically or only use the COS at the end of the service. If the COS is only being used at the end of the service, it is still important to talk to your clients about the COS **early** in case management. This early conversation can help clients understand how your service uses clients' voices to continuously improve and allows them to ask any questions so their concerns can be addressed before deciding whether they agree to complete the COS.

Research indicates that the way the COS is introduced is as critical as the questions being asked. The introduction of the COS needs to be respectful, empowering and safe for clients. Research shows that how the COS is introduced can impact the feedback you receive.

When you introduce the COS, we encourage you to:

- use your experience and knowledge to make sure the introduction is tailored to the individual client
- put the client at the centre of the conversation
- be mindful of the impact of trauma
- be aware of cultural differences and be sensitive and respectful to diverse backgrounds.

A poster template (Appendix D) has been created for you to adapt and use to promote the survey and encourage participation.

Creating Cultural safety when using the COS

> Cultural safety is determined by Aboriginal and culturally and linguistically diverse individuals, families and communities.

Research indicates that people from minority cultures are more likely to feel judged and misunderstood when engaging with services which can lead to mistrust and may make clients reluctant to complete the COS.

Creating cultural safety includes:

- reflecting on your own cultural realities and biases
- respecting cultural diversity, values and beliefs
- understanding and acknowledging cultural differences
- recognising that language barriers, discrimination, racism, and historical trauma have an impact on clients' experiences
- being transparent and inclusive in our actions and decisions.

It is important to practice cultural humility by acknowledging that your own experience may limit your understanding and ability to fully grasp the experience of another. This will include reflecting on your biases. It is critical to acknowledge that western society is built upon white ideals expecting all others to fit within the box.

> Bias may not be intentional but implicit. Implicit bias refers to the attitudes, beliefs and stereotypes that unconsciously affect our actions and decisions. It is ingrained in our socialisation and early experiences. Implicit bias may become evident through your body language and words without your conscious awareness.

It is also important to recognise that culture has been a protective factor against over two centuries of colonisation and the imposition of a dominant culture on all aspects of Aboriginal peoples' lives and should be part of all discussions about increasing the wellbeing of Aboriginal clients.

Aboriginal clients may feel reluctant to complete the COS because of past negative experiences including filling out forms. This includes past practices that have devalued Aboriginal peoples' cultures and voices that are integral to improving outcomes for Aboriginal peoples.

> For Aboriginal people, cultural safety is the identity and the respect that come as a member of the First Nations communities.

Tips for SHS workers:

- practice deep listening
- seek knowledge: learn about other cultures customs and beliefs to build understanding and beliefs
- emphasise the importance of feedback. Encourage clients to see the COS as an opportunity to provide feedback and help improve services.
- explain how data will be culturally interpreted.
- reflect on experiences and learn from feedback to improve cultural sensitivity and humility.

Talking to Aboriginal people about the COS is important, it is equally important to follow the same processes of critical self-reflection and embracing diversity through a cultural lens when interpreting the data and information.

Consent

Consent is a process. It is important to start the conversation about the COS early in case management to allow clients time to think about their participation and to ask any questions they may have.

The client needs to know why they are being asked to participate and how their data will be used. It is important that clients know they have the right to participate. This means the client can choose not to complete the COS.

Clients also need to hear that making a choice not to participate will have no impact on the service they receive now or in the future. Even if clients provide consent they can still stop at any time or decide not to answer a question. In addition, a client not participating does not impact providers negatively as there are other sources of data that can be used for the outcomes framework, although it will mean less compete data.

Administering the COS

If the COS is administered as a one-off survey at exit, the best practice is for the tool to be introduced by a worker other than primary caseworker. This will increase the objectivity of the COS as it reduces the potential for bias or personal influence. Clients may feel more comfortable being honest about their responses if they are not worried about upsetting their worker. If this is not possible, let the client know that the COS is about capturing their voice to inform the improvement of services, and will not reflect on individual staff.

It is also best practice that client scores are not shared with their primary worker whilst the client is still in the service. This practice ensures that the COS data will be used in a way that protects clients' confidentiality and prioritises the well-being and trust of clients and SHS staff.

When administering the survey, create a safe and comfortable environment for the person. This may be a room that is private and free from distractions but for some clients it may be an open space where they don't feel closed in.

If possible, allow the client to have choice and control over the process of completing the COS. This may involve providing options for how they want to respond (e.g., entering their own answers on paper or electronically, or answering verbal questions from SHS staff who enters their answers).

Consider the timing of the COS. While the COS needs to be completed towards the end of the case management it may be more appropriate to do it on a day when the client is feeling more stable. It may also be appropriate to limit the number of surveys the client is being given at the same time to avoid them feeling overwhelmed.

It is best practice not to administer the COS just after a review of their progress on their goals or immediately before or after a goal review/case review/case plan meeting. This is a precaution to ensure the COS results accurately reflect their true experiences and clients are not influenced by workers' perceptions of their progress on meeting their goals.

Administering the COS with young people and accompanying children over 12 years of age.
Every child and young person has the right to express their views, feelings and wishes in all matters affecting them and their views considered and taken seriously. This is in accordance with the UN Convention on the Rights of the Child.

Children are experts in their own lives and as such must be involved in the decision making about their lives. If children aged 12 years and above have goals relating to housing, safety and/or wellbeing it is important to seek their feedback about these goals.

Tips for SHS workers:

- Introduce the COS early in the relationship in words they can understand to allow them time to think about their participation and ask questions.
- The child or young person needs to understand that their feedback is important. The COS is a way of checking in with them that they received the support and/or information they needed to achieve their goals.
- Explain to the child/young person their rights to privacy and who may see their answers and how the results will be used.
- Remind them that they have a choice. If they decide not to participate that's ok.

Parental consent should be sought when administering the COS with accompanying children aged 12 to 16 years of age.

Script

Below is a script for delivering the COS, you can adapt this script, including using your own words, to help clients make an informed decision about the COS. If you are mailing the COS to a client please adapt the script in Appendix C.

As part of (agency's) commitment to providing the best possible services, we are asking for your feedback, using a client outcome survey – we call it the COS for short. This survey can help us improve our services.

It is important to us that we explain the use of the COS to you because we respect your right to choose if you want to participate and we want you to feel empowered in making this decision.

What is the Client Outcomes Survey (COS)?

The COS relates to the goals you set with your worker in relation to your safety, housing and your wellbeing. We want to emphasise that there are no right or wrong answers – this is about how well our services have worked for you.

Who is being asked to complete this survey?

All people, over twelve, who are accessing homelessness services and are being case managed.

What is the point of answering these questions?

Your voice is critical in helping us improve our services. People who use our services have important information which can help us build better services.

How long will it take to fill out?

The COS usually takes 5-10 minutes to fill out, but you can take as long as you like.

How will my data be used?

Your data will be kept confidential and will only be used for the purpose of improving services.

The data generated by your answers will also be sent to the Department of Communities and Justice (our funders), but this data will not include your name and will be mixed in with answers from others. The Department of Communities and Justice will only use de-identified data (no names) to look at all the responses to the survey at a higher level, to understand how to improve outcomes for people accessing homelessness services.

Do I have to do this?

No, your participation is completely voluntary and you may stop at any time or decide not to answer a question. Whatever you decide is your choice and your decision will not impact access to any service now or in the future. However, we hope you choose to participate, as your input is crucial in helping service providers make a positive impact on the lives of people experiencing homelessness.

Do you agree to complete the COS?

If yes, have I explained the following things clearly to you:

- that your participation is completely voluntary
- that there are no right or wrong answers and that you can refuse to answer any of the questions
- how your data will be used

Before we begin the survey, please let me know if you have any questions or concerns. We also want to offer you the choice of filling out the survey in a private room by yourself or in an interview-style with a worker reading out the questions.

Before you start – just a reminder:

- these questions are about services and information you have received from (your worker and service provider). This is about your experience with the service.
- you can take as long as you need to fill out the COS.
- your answers will not prevent you from receiving any services. It is your genuine answers that will help us improve our services.

Once again, thank you for your participation. Your feedback is incredibly important to us, and we appreciate your help in improving our services.

COS in CIMS

Providing the COS Form to the Client

Generating a Printable COS Form

CIMS provides access to a COS form which is suitable for printing and handing to a client for completion.

To create a new COS form, pre-filled with the client's name and current date:

- Go to the Person/Documents tab.
- Click the *Create New Document* button.
- Select *Document Type* = Merge.
- Select *Document* = Client Outcome Survey Printable form
- Click the *Save* button.

- Click the *View Document* button, which appears when the document is saved, to download and print the form.
- The new document is added to the list of client documents.
- An existing document can be reused but remember to update the date.
- Old documents can be deleted as required.

A blank version of the document (without client name or COS date) is available from Admin/Documents tab in CIMS, named 'SHS: Client Outcome Survey Printable Form'. The client's name and the COS date will need to be added each time the document is prepared for printing.

Generating a Fillable COS Form

CIMS provides the COS in a fillable (PDF) format which is suitable for emailing to clients so that it can be completed electronically and returned by email.

The fillable COS form is accessible from Admin/Documents tab:

- Click on the document name to download the form.

- The name of the client and the date should be entered on the downloaded form which is then emailed to the client.

- The client can complete the form electronically and return it via email.

Recording COS Data

Recording Client Non-Participation

In the event that a client decides not to participate in COS data collection a non-participation record should be created in CIMS. Once a non-participation record exists for a support period that support period will be excluded from COS data analysis and will be counted as a non-participating support period in aggregate reporting.

To create a non-participation record:

- Go to the Person record and confirm that a support period exists for the person.
- Go to the COS tab and click the *Create New* button to display the COS form.
- Update the Date field to the date on which the COS form would have been provided to the client. Note that, if the date entered here doesn't fall within the date range of a support period, the COS data won't be correctly included in COS data analysis and reporting.

- Select 'No' in the *Participating?* Field.
- Select a reason from the *Reasons for not participating* field.
- Save the record.
- Saved records can be edited but cannot be changed from non-participating to participating. If a non-participation record is created in error, go to the record and click the *Delete* button.

Recording Client COS Scores

When a client returns a completed COS form the information on the form should be entered into a COS record in CIMS.

To create a COS record:

- Go to the Person record and confirm that a support period exists for the person.
- Go to the COS tab and select *Create New* button to display the COS form.
- Update the Date field to the date on which the COS form was provided to the client. Note that, if the date entered here doesn't fall within the date range of a support period, the COS data won't be correctly included in COS data analysis and reporting.
- Select 'Yes' in the *Participating?* field to display the COS questions.
- Select the responses as provided by the client and save the record.
- A score will be displayed if all of the questions have a score or Not Applicable is selected.

Reporting on COS Data

The COS Participation Report

The COS participation report provides information on the level of COS take-up and is accessible from the Reports/Reports tab in CIMS.

- Select *Report type* = COS Rollout Participation (V1.0)
- Pick the required workgroup (or contract if available) in the *Selected by* list
- Select the required *Period of Interest* or manually set the start and end dates.
- Click the *Generate Report* button to create the report.
- An example of the output format is shown below.

COS Rollout participation for period from 01/05/2023 to 31/05/2023 for COS Demo

Support Periods Summary		
	Support Periods	%
Closed Support Periods with no valid COS	0	0%
Closed Support Periods with a valid COS	2	50%
Closed Support Periods for Under 12's	0	0%
Open Support Periods	2	50%
Non Participating	0	0%
Non Case Managed	0	0%
Total	4	100%

Clients summary		
	Clients	%
Closed Support Periods with no valid COS	0	0%
Closed Support Periods with a valid COS	2	50%
Closed Support Periods for Under 12's	0	0%
Open Support Periods	2	50%
Non Participating	0	0%
Non Case Managed	0	0%
Total	4	100%

The COS List

The COS list is accessible from the Reports/Lists tab in CIMS.

- Select "*List type*" = COS List (v1.0)
- Pick the required workgroup in the "*Selected by*" list
- Select the required "*Period of Interest*" or manually set the start and end dates.

Lists	Financial SHS Referrals Reception Custom Results
Workgroup	COS Demo (To view lists for another workgroup change to that workgroup.)
List type	COS List (v1.0)
Selected by	COS Demo
	The maximum report period has been limited to 732 days
Period of Interest	This Financial Year
Start date	01/07/2022
End date	30/05/2023
	Export List View List

- An example of the output format is shown below.

COS List for COS Demo for period 01/01/2023 to 29/05/2023 (Excludes Filenotes)

SHS_Agency_ID	Support_Period_ID	Participation_Indicator	Reason_For_Not_Participating	COS_Date	Q1	Q2_1	Q2_2	Q2_3	Q2_4	Q3_1	Q3_2	Q3_3	COS_Score	COS_ID	Client_ID
10038H	479134	Yes		20/04/2023	3	3	3	3				3		554470	494178
10038H	479134	Yes		20/04/2023	5	4	5	4	5	4	5	4		554472	494178
10038H	479134	Yes		26/04/2023	4	4		5	5	5	5	5	47.1	554478	494178
10038H	479134	No	No reason given / not applicable	17/05/2023										554488	494178

How will COS information be used?

The data can be used by providers for their own purposes in monitoring goal achievement and reviewing service delivery to reflect on areas of achievement and look for areas of potential growth.

Along with other data (including the PWI and CIMS data) and contextual information from providers, DCJ will use COS data to:

1) demonstrate the impact that services are having with clients
2) continuously improve SHS services to better meet the needs of clients
3) demonstrate the value of the services you deliver
4) understand the value and impact of the SHS program overall and advocate for resourcing (by DCJ)
5) inform contractual discussion with your organisation.

In outcomes based commissioning, accountability cannot be the main driver for continuous quality improvement. This can create a fear-based response that hinders a focus on quality improvement.

The main driver should be a focus on sector improvement that holds both the DCJ and the agency accountable for improving client outcomes.

Measuring client outcomes, program activity data and provider performance allows the provision of regular feedback to service providers to enable them to make iterative improvements throughout the term of the contract.

Communicating performance feedback gives providers an opportunity to:

- Understand their contribution to different measures of success
- Align strategies to deliver desired outcomes
- Agree on how responses, if required, will be made
- Share scenarios where they are being impacted by external factors.

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

This process supports continuous learning, innovation and improved service delivery for clients.

COS Reporting

COS data will soon be available in an Outcomes Report that focuses on case managed clients. This report will sit alongside other outcomes reports that look at access clients, participation and shared outcomes.

An outcomes reporting template will accompany the data reports just discussed. This report will seek qualitative information from providers to balance the

quantitative data and to tell a complete story. This template will provide the opportunity to address context, cohort specific information, location specific information, highlights, barriers, constraints and issues, and to record planned responses that both providers and DCJ have agreed to pursue, and issues to be escalated.

The data reports and Outcome report template will be used in discussions between providers and their DCJ contract manager during annual accountability processes. DCJ staff will be seeking to interpret outcomes data through the lenses of context and support, and this will include discussing issues such as:

- Key achievements in promoting client safety, housing and wellbeing
- Key opportunities to improve client outcomes within the HSA constraints / local context
- Changes to patterns
- Capacity of the service system
- Critical success factors
- Service gaps and systemic barriers

Please remember:

- DCJ only sees de-identified, aggregate data with less detail than providers
- AIHW requires data extracts and DCJ receives reports on these – also de-identified and aggregate
- DCJ cannot see any information relating to individual clients or workers
- DCJ will use COS data to support annual reporting and to build an evidence base and advocacy for sector enhancements and innovation
- Providers are encourage to use COS data to inform their own practice and to support annual reporting

Creating a positive data culture
Processes should be set up to create a safe environment for discussing and using COS data. Working with negative data can be challenging for some staff. The following are some strategies that could be helpful:

- Provide opportunities to de-brief with a supervisor where staff can share their concerns with someone who understands their work and can provide validation, perspective and emotional support.
- Provide opportunities in team meetings to discuss concerns, fears, ask questions and exchange ideas.
- Foster a culture where team members can learn from each other, share strategies for managing negative data, see all data as learning opportunities and where continuous improvement is valued and celebrated.

Commonly asked questions

1. Some of my clients report negative experiences with surveys and are reluctant to fill out the COS. How do I address this issue?

This is why the delivery of the COS is as important as the questions. SHS staff need to provide space to address some of the past negative experiences of clients. For example, some homeless people said they believed they had to fill out these surveys to get a service and consequently saw them as a 'tick-a-box' exercise. Some people who were experiencing homelessness or were at risk of homelessness also believed that their personal information has been collected and used without their consent or understanding.

You can help build trust with clients by:

1) acknowledging past negative practices.

Governments are learning from past negative practices. The aim of the COS is to put clients at the centre of what services and funders do.

2) explain the purpose and benefits of the COS. It is important to communicate how the COS will be collected, how the COS will be used and how the COS could improve services.

2. My clients have concerns about how the COS data is being used. How do I answer these concerns?

Be transparent in describing how the COS data will be stored and shared. If a client expresses concerns about privacy, explain the steps that will be taken to protect their personal information, such as using secure storage and limiting access to authorised workers only. Let clients know that data provided to DCJ is de-identified which means that their name will not be transferred with the data.

Share the results you receive from DCJ that shows how the data is being used by your service so they can understand this is about the bigger picture of using all client's data rather than looking at individual results.

3. The people using our services are triggered by paper and pen formats – how can I address this?

This is a concern for some clients, especially people who have literacy or numeracy issues, or are from a CALD background or have had a negative experience at school or filling out forms in the past.

It is important that the COS, which is meant to put clients at the centre of what funders and services are doing, can be distinguished from the often-dehumanising process of being homeless. Ideally the COS would be

administered using a tablet for some clients. Providers may use tablets, but this means results must then be added to CIMS.

DCJ are exploring tech related solutions, but for now this means SHS staff need to administer the COS within this barrier.

The first step is acknowledging this issue with clients. It is important to let clients know that many people struggle with a pen and paper format. Just acknowledging the barrier can help reduce shame (shame likes you to think it is just you that feels this).

Let the client know that you are there to support them through the process. Offer to sit with them assist them in filling out the survey or read the questions aloud and have the client answer the questions orally.

Reassure the client that their responses are important.

4. I'm concerned that the data will be used to judge my (SHS staff) work. If a client scores lowly on the COS does that mean I'm not doing a good enough job?

The evaluation of the Outcomes Based Commissioning Pilot found that some SHS staff feared that data would be used to judge their performance. It is important to remember that the purpose of the COS is not to evaluate individual SHS staff performance, but rather to assess the needs of clients and identify areas where additional support may be necessary. The data entered into CIMS does not include individual data about SHS staff. This means DCJ will not be looking at the impact of individual SHS staff on COS outcomes.

The COS is just one piece of the puzzle when assessing client outcomes. SHS staff practice wisdom is another important piece of the puzzle. The COS will also be used by your agency, with other data, including context information from you, to continuously improve services to ensure services are meeting the needs of the clients.

5. One of the concerns raised in the pilot was that outcome measures, like the COS and the PWI, will take away SHS staff autonomy to do their job.

The use of the PWI or the COS is not meant to undermine SHS staff expertise or autonomy. Client outcome measures like the COS and the PWI are designed to capture the voice of the client to facilitate continuous quality improvement based on their voices. The COS is one piece of the puzzle to understand the client perspective and impact of service delivery.

SHS staff practice wisdom is required to interpret and contextualise the results from the COS.

The COS could provide you with information that helps you better understand what works and doesn't work for clients. This can allow you to identify areas for improvement and possibly improve outcomes for clients. It is SHS staff wisdom that will enable adaption of services gained by insights from the COS data.

The COS and the PWI can also facilitate a culture of continuous learning and improvement.

6. We already have an exit survey.

Too many or forms or duplicate questions can be overwhelming or frustrating for clients and lead to lower response rates.

DCJ will be working with individual providers over the coming months, to support a process of streamlining exit surveys with the COS where possible, to:

- ensure providers are able to collect the required COS data
- avoid duplication as far as possible
- retain use of questions that a provider has identified as significant for their own practice.

Please email SHSProgram@dcj.nsw.gov.au to let us know if you have an exit survey and would like work on a streamlined solution.

7. How do you prevent SHS staff from only administering the COS to clients who will provide a positive response?

It is important that staff fear is addressed early in the implementation of the COS. Staff should be reminded that no staff data will be sent to DCJ and that the focus is on continuous quality improvement that sees all data as evidence.

There should also be procedures and quality assurance processes in place that ensures inclusive practice, that means all clients are invited to complete the COS. Regular supervision and group sessions can also provide opportunities to address any concerns or challenges related to the administration of the COS.

Ensure that clients are empowered throughout the process of administering the COS. Foster a client-centred approach by introducing the COS early in case management discussions and explain how client feedback will contribute to improving services. When clients feel valued and included, they are more likely to provide honest feedback.

Appendix A – The COS

The Client Outcomes Survey (COS)

Name	Date
<<p_firstname>> <<p_lastname>>	<<today>>

These questions are about support or information you received from this service.

Q1 relates to need/goal: To access information and services to remain safer [if applicable]
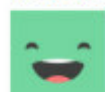
Q1. I was given information and services that can help when I feel unsafe.

Completely Disagree	Disagree	Neither agree or disagree	Agree	Completely agree	Prefer not to answer	Not applicable
1	2	3	4	5		

Q2 relates to need/goal: To improve knowledge of housing options [if applicable]

Q2. I was given information about housing/accommodation options that were available to me.

Completely Disagree	Disagree	Neither agree or disagree	Agree	Completely agree	Prefer not to answer	Not applicable
1	2	3	4	5		

Q3 relates to need/goal: To complete actions to maximise housing opportunities [if applicable]

Q3. I was given support to move towards housing/accommodation that was safer and more stable for me.

Completely Disagree	Disagree	Neither agree or disagree	Agree	Completely agree	Prefer not to answer	Not applicable
1	2	3	4	5		

Q4 relates to need/goal: To transition to safe, more stable housing / living arrangements [if applicable]

Q4. Support was provided to find housing/accommodation that was safer and more stable for me.

Completely Disagree	Disagree	Neither agree or disagree	Agree	Completely agree	Prefer not to answer	Not applicable
1	2	3	4	5		

Q5 relates to need/goal: To increase skills in maintaining suitable housing [if applicable]

Q5. Support was provided to ensure that I could stay in my housing/accommodation (if appropriate).

Completely Disagree	Disagree	Neither agree or disagree	Agree	Completely agree	Prefer not to answer	Not applicable
1	2	3	4	5		

Q6 relates to need/goal: To improve engagement with health services [if applicable]

Q6. I was given support and information to connect better with health services (general health and/or mental health).

Completely Disagree	Disagree	Neither agree or disagree	Agree	Completely agree	Prefer not to answer	Not applicable
1	2	3	4	5		

Q7 relates to need/goal: To improve engagement with family, carers and family support services [if applicable]

Q7. I was given support to connect with people who are important to me and/or with other services.

Completely Disagree	Disagree	Neither agree or disagree	Agree	Completely agree	Prefer not to answer	Not applicable
1	2	3	4	5		

Q8 relates to need/goal: To improve engagement with education and employment services [if applicable]

Q8. I was given support to look for a job or become better connected to education and/or training.

Completely Disagree	Disagree	Neither agree or disagree	Agree	Completely agree	Prefer not to answer	Not applicable
1	2	3	4	5		

Thank you for completing this survey

Appendix B - Ready Reckoner and Support Matcher

Client Outcomes Survey (COS) Ready Reckoner			
Domain	**Core Outcome**	**Outcome Detail**	**COS Question**
Determinants of exiting homelessness	The end result that SHS's want to see for their clients	Specific things that can help clients get that end result	The way we will ask the client about their view on how well the SHS provided those specific things*
Safety	Clients feel supported to make progress in addressing their safety needs	Clients have been supported to access information and services to remain safer	Q1. I was given information and services that can help when I feel unsafe.
Housing	Clients make progress addressing their housing needs	Clients have further increased knowledge of housing options (if applicable);	Q2. I was given information about housing/accommodation options that were available to me.
Housing	Clients make progress addressing their housing needs	Clients have completed actions to maximise housing opportunities (if applicable);	Q3. I was given support to move towards housing/accommodation that was safer and more stable for me.
Housing	Clients make progress addressing their housing needs	Clients have transitioned to safer, more stable living arrangements (return to home, transitional accommodation, tenancy) (if applicable).	Q4. Support was provided to find housing/accommodation that was safer and more stable for me.
Housing	Clients make progress addressing their housing needs	Clients have further increased skills in maintaining suitable housing (if applicable);	Q5. Support was provided to ensure that I could stay in my housing/accommodation (if appropriate).
Wellbeing	Clients have increased capacity to tackle future challenges	Clients have increased engagement with health / mental health services (if applicable);	Q6. I was given support and information to connect better with health services (general health and/or mental health).
Wellbeing	Clients have increased capacity to tackle future challenges	Clients have improved relationships with family (where appropriate) and support networks (if applicable);	Q7. I was given support to connect with people who are important to me and/or with other services.
Wellbeing	Clients have increased capacity to tackle future challenges	Clients have increased connection to education and employment (if applicable).	Q8. I was given support to look for a job or become better connected to education and/or training.
* Remember, we will use lots of other data to also work out how well SHS's supported clients to achieve outcomes. The COS is just one way of particularly asking the clients view of how well SHS's did in supporting them to achieve these outcomes.			

Client Outcomes Survey (COS) Support Matcher		
Outcome Detail	**COS Question**	**Support types**
Specific things that can help clients get that end result.	The way we will ask the client about their view on how well the SHS provided those specific things	The range of supports we may have offered this client to enable this outcome (links to client information management system). Can be used as examples when discussing this question with a client.
Clients have been supported to access information and services to remain safer	Q1. I was given information and services that can help when I feel unsafe.	Assistance for family/domestic violence - victim support services Assistance for incest/sexual assault Child protection services Advice/information Transport Advocacy/liaison on behalf of client Retrieval/storage/removal of personal belongings Financial information Family/relationship assistance Assistance for trauma Legal information Court support
Clients have further increased knowledge of housing options (if applicable)	Q2. I was given information about housing/accommodation options that were available to me.	Assertive outreach for rough sleepers Advice/information Advocacy/liaison on behalf of client
Clients have completed actions to maximise housing opportunities (if applicable)	Q3. I was given support to move towards housing/accommodation that was safer and more stable for me.	Material aid/brokerage Living skills/personal development Retrieval/storage/removal of personal belongings Advocacy/liaison on behalf of client Financial advice and counselling Assistance to obtain/maintain government allowance Financial information Transport

Clients have transitioned to safer, more stable living arrangements (return to home, transitional accommodation, tenancy) (if applicable)	Q4. Support was provided to find housing/accommodation that was safer and more stable for me.	Short term or emergency accommodation Medium term/transitional housing Long term housing Material aid/brokerage Advocacy/liaison on behalf of client Transport
Clients have further increased skills in maintaining suitable housing (if applicable)	Q5. Support was provided to ensure that I could stay in my housing/accommodation (if appropriate).	Assistance to sustain tenancy or prevent tenancy failure or eviction Assistance to prevent foreclosures or for mortgage arrears Material aid/brokerage Living skills/personal development Transport
Clients have increased engagement with health / mental health services (if applicable)	Q6. I was given support and information to connect better with health services (general health and/or mental health).	Material aid/brokerage Counselling for problem gambling Drug/alcohol counselling Specialist counselling services Child specific specialist counselling services Psychological services Psychiatric services Mental health services Pregnancy assistance Family planning support Physical disability services Intellectual disability services Health/medical services Advice/information
Clients have improved relationships with family (where appropriate) and support networks (if applicable)	Q7. I was given support to connect with people who are important to me and/or with other services.	Assistance to obtain/maintain government allowance Financial information Family/relationship assistance Assistance for trauma Assistance with challenging social/behavioural problems Legal information Court support Advice/information

| | | Advocacy/liaison on behalf of client
Child care
Structured play/skills development
Child contact and residence arrangements
Recreation
Transport
Parenting skills education
Professional legal services
Financial advice and counselling
Interpreter services
Assistance with immigration services
Culturally specific services
Assistance to connect culturally |
| Clients have increased connection to education and employment (if applicable) | Q8. I was given support to look for a job or become better connected to education and/or training. | Employment assistance
Training assistance
Educational assistance
Material aid/brokerage
Advocacy/liaison on behalf of client
School liaison
Advice/information |

Appendix C – COS Instructions for mail outs

Thank you for using our service.

As part of (agency's) commitment to providing the best possible services, we are asking for your feedback, using a client outcome survey – we call it the COS for short. This survey can help us improve our services.

It is important to us that we explain the use of the COS to you because we respect your right to choose if you want to participate and we want you to feel empowered in making this decision.

What is the Clients Outcomes Survey (COS)?

The COS relates to the goals you set with your worker in relation to your safety, housing and your wellbeing. We want to emphasise that there are no right or wrong answers – this is about how well our services have worked for you.

Who is being asked to complete this survey?

All people, over twelve, who are accessing homelessness services and are being case managed.

What is the point of answering these questions?

Your voice is critical in helping us improve our services. People who use our services have important information which can help us build better services.

How long will it take to fill out?

The COS usually takes 5-10 minutes to fill out, but you can take as long as you like.

How will my data be used?

Your data will be kept confidential and will only be used for the purpose of improving services.

The data generated by your answers will also be sent to the Department of Communities and Justice (our funders), but this data will not include your name and will be mixed in with answers from others. The Department of Communities and Justice will only use de-identified data (no names) to look at all the responses to the survey at a higher level, to understand how to improve outcomes for people accessing homelessness services.

Do I have to do this?

No, your participation is completely voluntary and you may stop at any time or decide not to answer a question. Whatever you decide is your choice and your decision will not impact access to any service now or in the future. However, we hope you choose

to participate, as your input is crucial in helping service providers make a positive impact on the lives of people experiencing homelessness.

If you agree to participate, please fill out the COS and return it in the attached envelope.

Before you start – just a reminder:

- these questions are about services and information you have received from (your worker and service provider). This is about your experience with the service.
- you can take as long as you need to fill out the COS.
- your answers will not prevent you from receiving any services. It is your genuine answers that will help us improve our services.
- If you have any questions, please contact us using the following phone number or email.

Once again, thank you for your participation. Your feedback is incredibly important to us, and we appreciate your help in improving our services.

Appendix D – COS Poster Template

We value your feedback!

Speak to a worker about the **Client Outcome Survey**

Have your say and help us improve services.

Your data is safe and no names go back to the government.