Specialist Homelessness Services

Draft Outcomes Framework Guide

For Consultation with Sector

March 2021

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# Specialist Homelessness Services Outcomes Framework Guide Overview

## Introduction

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

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

The Outcomes Framework Guide also puts in place processes to:

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

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

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

## 1.2 Implementation

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

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

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

* Progressive implementation of the Outcomes Framework across the sector with Human Services Agreement (HSA) milestones linked to each contract year.
* Implementing two new tools to measure a client’s wellbeing and goal progression - the Personal Wellbeing Index (PWI) and the Client Outcomes Survey (COS).
* Enhancements to the DCJ Client Information Management System (CIMS), and equivalent systems, to record data and assist in the process of measuring outcomes and evaluating service provision.

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

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

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

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

## 1.3 Governance

The Outcomes Framework Guide is aligned to the:

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

From a contracting perspective, the core accountability of funded services is to collect and report the required outcomes information prescribed in this Outcomes Framework Guide.

From a commissioning perspective, the shared accountability of funded services, DCJ and specialist homelessness service providers, is to analyse and use this information to identify opportunities and barriers to improving client outcomes.

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

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

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

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

There is an expectation that issues can be escalated between these levels.

The accountability of each level is described in further detail in Appendix 1: Accountability per Level.

## The Maturity Continuum

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

This Outcomes Framework Guide provides us with the foundations for demonstrating the evidence and the outcomes to show the contribution each specialist homelessness service provider makes. The intent of DCJ is to also generate reports that explore outcomes that are the shared responsibility of all human services system partners, and the systemic barriers to achieving these outcomes. Initially, this work will be reflected in a shared outcomes report using five trial outcomes/indicators.

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

## Annual Accountability

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

|  |  |
| --- | --- |
| **Table 1: Non-Outcomes data and information sets used towards annual accountability** | |
| **Data and Performance item** | **Data source** |
| LGA based service delivery | CIMS or equivalent |
| Target group | CIMS or equivalent |
| Minimum client target number | CIMS or equivalent |
| Client group | CIMS or equivalent |
| Experiencing homelessness vs at risk of homelessness | CIMS or equivalent |
| Funding acquittals | Provider information |
| Support of local Premiers Priority on Rough Sleeping activities, where applicable | Provider information |
| Participation in local planning and proposed service change to individual service models | Provider information |
| Achievement of Australian Services Excellence Standards (ASES) accreditation | ASES policy framework |
| Sub-contracting arrangements | Provider information |
| Monthly data collection in accordance with AIHW | CIMS or equivalent |

Appendix 2: Outcomes Framework Foundations, outlines the FCMF and the role of data and performance information in supporting evidence-based discussions about service achievements and responses to outcomes data.

## How to use this Outcomes Framework Guide

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

* ensure services align with the client outcomes as mapped across the domains of the Human Services Outcomes Framework
* understand what outcomes indicators are collected through the Personal Wellbeing Index (PWI) and how they are relevant to program outcomes
* understand what outcomes indicators are collected through the Client Outcomes Survey (COS)[[1]](#footnote-1) and how they are relevant to program outcomes
* understand what outcome indicators are collected through the Client Information Management System (CIMS), or DCJ approved CIMS equivalent and how they are relevant to program outcomes
* understand what dataset needs to be reported through CIMS
* understand data collection methods and expectations for both Access and Case Management clients
* understand the Outcomes Framework data fields and definitions
* understand how data collected should be analysed to report meaningful information that will enable continuous improvement in client outcomes
* develop or refine continuous improvement practices.

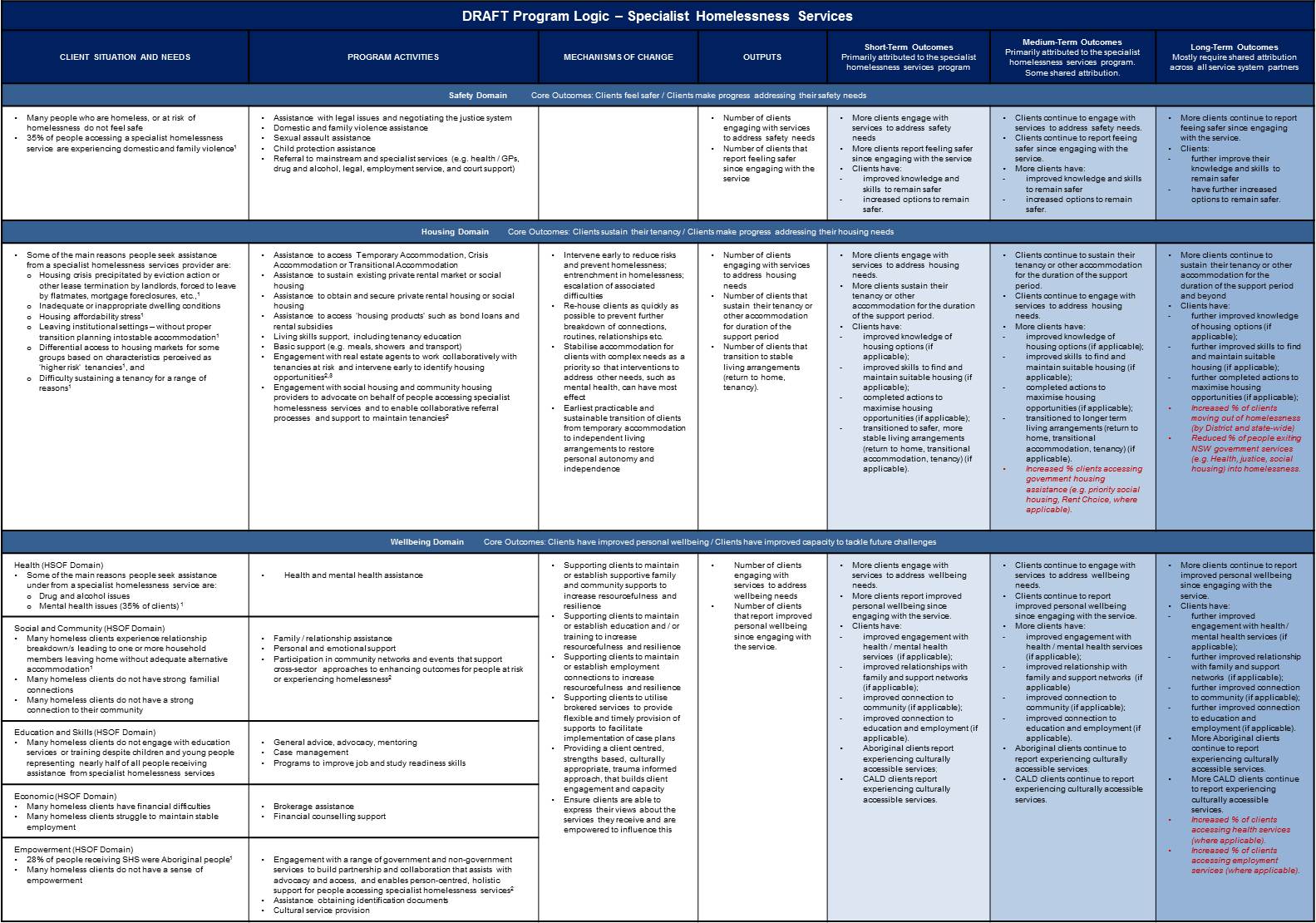
# SHS Outcomes

## Specialist Homelessness Services Program Logic

The Program Logic (Figure 1) is the basis for coordinating the approach to specialist homelessness service outcomes and is the foundation of the Outcomes Framework. It is the central repository for all core service user and service system outcomes and connects the current situation (needs) with the program activities, mechanisms of change and the high-level outcomes that the program aims to achieve in the short, medium and long term.

The Program Logic is supported by the Outcomes Framework Toolkit (Attachment 1) which provides the detailed background to each output and outcome, prescribing the indicators and sources associated with each, and enabling reporting consistency against these outputs and outcomes.

**Figure 1: Program Logic – Specialist homelessness services (red font indicates Shared Service System Outcome)**



1 Data from SHS Draft Program Logic – Consultation Version October 2019

2 Indirect Supports

3 Activities could include: early notification of property availability, training of real estate staff around homelessness issues and support, establishing mechanisms for referrals to specialist homelessness services for support or existing tenants, and also building relationships to facilitate rapid rehousing of clients in crisis

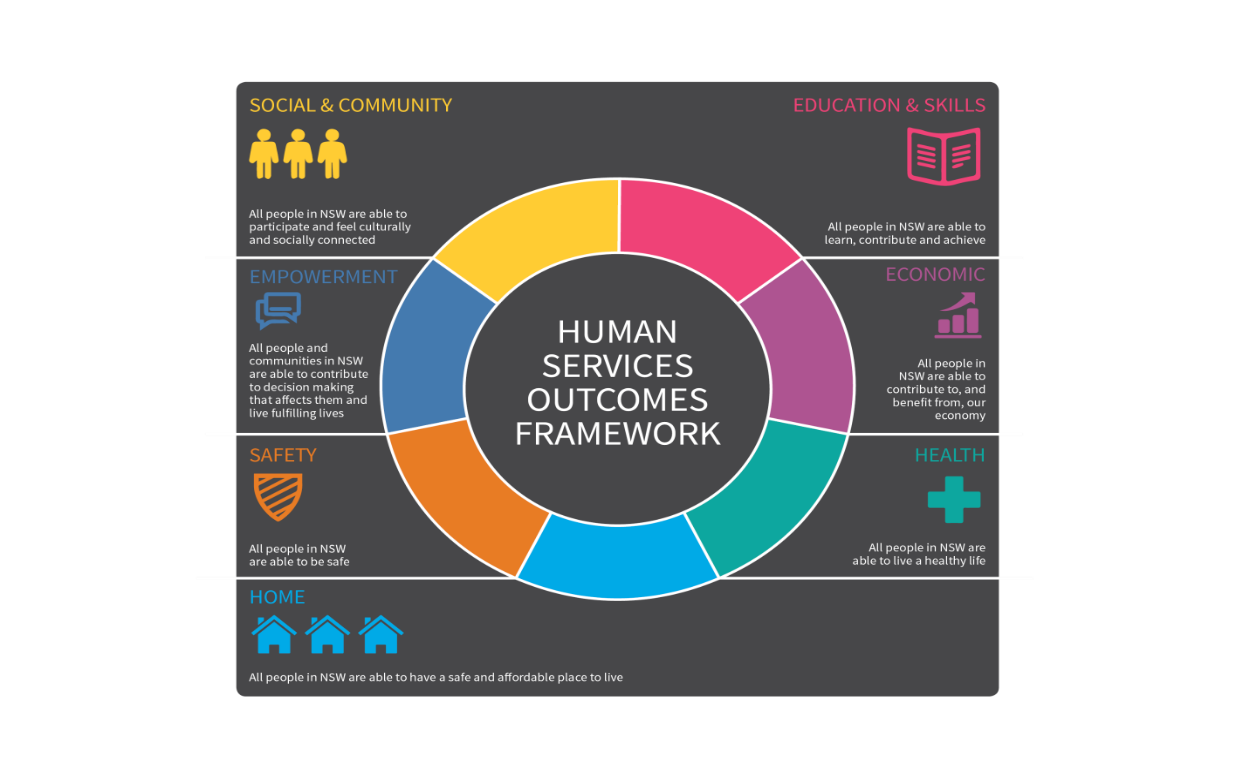
4 Shared Service System Outputs / Outcomes

5 HSOF domain

## SHS Outcomes Framework Process

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

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

**Figure 2: Human Services Outcomes Framework (HSOF)**

The SHS Outcomes Framework has been developed with three outcomes domains that reflect the HSOF – Safety, Housing and Wellbeing. The Wellbeing domain condenses the social & community, education and skills, health, economic and empowerment domains from the HSOF.

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

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

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

**Table 2: Domains and Outcomes**

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

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

**1. Outcomes Report - Specialist Homelessness Services (Section 2.3/Table 3)**

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

**2. Outcomes Report - Shared Service System (Section 2.4/Table 4)**

* + The outputs and outcomes detailed in this table directly relate to those in the Program Logic and are client centred.
  + For these outcomes, there is shared responsibility across all human service partners.

**3. Outcomes Report - Client Participation (Section 2.5/Table 5)**

* + These are additional outputs and outcomes that specialist homelessness service providers are expected to collect and report on in relation to the participation of Case Management clients.

**4. Outcomes Report - Access Clients (Section 2.6/Table 6)**

* + These are additional outputs and outcomes that specialist homelessness service providers are expected to collect and report on in relation to Access clients.

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

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

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

In addition to the prescribed outcomes outlined in this document, specialist homelessness service providers can choose to contribute additional information, to inform the interpretation and insights about client outcomes and barriers. For example other organisational outcomes measures, or information relevant to the Australian Service Excellence Standards (ASES) accreditation (Appendix 2: Outcomes Framework Foundations). The purpose of this additional information would be to assist service improvement and program level planning.

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

**Figure 2: SHS Outcomes Framework Process Map**

**Funded Contract Management Framework**

**Service delivery with Access and Case management clients**

**Homelessness Services Program Framework**

**Outcomes Reports**

(generated automatically)

**CIMS data capture**

including

**PWI & COS**

**Optional additional data on client outcomes and barriers**

**Responding to Outcomes Data**

(Levels 1, 2 and 3)

**Level 1: Responding to Outcomes Data**

Jointly agreed responses by providers and DCJ to improve client outcomes within local context and provider constraints

**Level 2: Responding to Outcomes Data**

Agreed responses by District homelessness service system partners, including DCJ, to improve client outcomes within local context and constraints

**Level 3: Responding to Outcomes Data**

DCJ led responses to improve client outcomes aligned to the Program Specifications and NSW Homelessness Strategy

Escalation / de-escalation protocols

Contract-level reports

District-level reports

State-level reports

## Outcomes Report – Specialist Homelessness Services

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

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

**Table 3: Outcomes Report - Specialist Homelessness Services Summary View**

|  |  |  |
| --- | --- | --- |
| Domain | Outcome | Indicator |
| Safety | Clients feel safer | Proportion of specialist homelessness service clients that report they feel safer since engaging with the service |
| Clients make progress addressing their safety needs | Proportion of specialist homelessness service clients with demonstrated progress in engaging with services to address safety needs and addressing their individual safety needs/goals related to:   * Improving knowledge and skills to remain safer * Increasing options to remain safer |
| Housing | Clients make progress addressing their housing needs | Proportion of specialist homelessness service clients with demonstrated progress in engaging with services to address housing needs and addressing their housing needs/goals related to:   * 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) |
| Proportion of specialist homelessness service clients presenting as homeless that are housed at the end of the support period |
| Clients sustain their tenancy | Proportion of specialist homelessness service clients who receive tenancy support from service providers that sustain their tenancy or other accommodation for the support period, covering:   * Early or crisis intervention to sustain an existing tenancy * Post-crisis support to sustain a new tenancy |
| Proportion of specialist homelessness service clients who are housed at the end of the support period |
| Wellbeing | Clients have improved personal wellbeing | Proportion of specialist homelessness service clients with improved personal wellbeing |
| Clients have improved capacity to tackle future challenges | Proportion of specialist homelessness service clients with demonstrated progress in engaging with services to address wellbeing needs and achieving their wellbeing goals in relation to:   * Improved engagement with health services * Improved relationship with family and support networks * Improved connection to community * Improved connection to education & employment. |

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

The Outcomes Framework Toolkit (Attachment 1) is an essential companion to Table 3 above, as it contains the following detail for each applicable output or outcome:

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

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

## Outcomes Report - Shared Service System

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

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

Table 4 below outlines the draft shared service system outcomes, where there is shared responsibility across all service system partners. These outcomes are not yet expected to be reported against but represent what service providers should be working towards.

The shared outcomes report is intended to promote discussion at the service, district and state-wide levels on shared outcomes and the systemic barriers to achieving them.

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

**Table 4: Outcomes Report - Shared Service System**

| **Domains** | **Shared System Outcomes** |
| --- | --- |
| **Housing**  Homelessness services are commissioned to identify clients’ housing needs and to develop realistic plans to maximise opportunities to access and sustain appropriate housing - but all parts of the housing and homelessness service system are accountable for ensuring clients successfully transition from homelessness to stable long-term housing  Homelessness services are also commissioned to provide a ‘no wrong door’ to people experiencing homelessness or at risk of homelessness - but all parts of the service system are accountable for ensuring their clients are not exited from government services into homelessness. | **Short-Term Outcomes**  N/A |
| **Medium-Term Outcomes**   * Increased % clients accessing government housing assistance (e.g. priority social housing, Rent Choice) (where applicable). |
| **Long-Term Outcomes**   * Increased number of clients moving out of homelessness (by District and state-wide) * Reduced number of people exiting NSW government services (e.g. Health, justice, social housing) into homelessness. |
| **Wellbeing**  Homelessness services are commissioned to identify clients’ underlying needs and to develop realistic plans to connect them to services - but all parts of the service system are accountable for accepting referrals and providing the required services to address these underlying needs | **Short-Term Outcomes**  N/A |
| **Medium-Term Outcomes**  N/A |
| **Long-Term Outcomes**   * Increased number of clients accessing health services (where applicable). * Increased number of clients accessing employment services (where applicable). |

Further information sitting behind these service system outcomes (i.e. the indicator, source etc.) can be found in Attachment 1: Outcomes Framework Toolkit.

## Outcomes Report – Client Participation

A number of other outputs and outcomes will also be collected and reported on for Case Management clients.

**Definition of a Case Management Client:**

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

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

This information is designed to capture rates of participation in the Outcomes Framework Guide. This will support service providers to demonstrate their achievements with regards to this key objective and HSA milestone. These outputs and outcomes are detailed in Table 5 below.

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

**Table 5: Outcomes Report - Client Participation**

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

Further detail is included in Attachment 1: Outcomes Framework Toolkit.

## Outcomes Report – Access Clients

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

**Definition of an Access Client:**

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

* experiencing homelessness, or is at risk of homelessness, and
* is identified/assessed as needing assistance and requires either:

1. an immediate referral to another specialist homelessness service
2. one-off assistance, brief intervention(s) and/or other assistance that is accessed on an ad hoc basis.

The outcomes discussed so far, are mostly only applicable to Case Management clients, due to the requirement for clients to be involved in case management before the PWI or COS can be applied. Therefore, a number of other outputs and outcomes have been designed to capture data and performance information that is applicable to Access clients. These are detailed in Table 5 below.

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

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

**Table 5: Outcomes Report - Access Client**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Output/Outcome** | | **Indicator** | **Source** |
| Output | Number of Access clients referred to the following services (where applicable):   * housing assistance * mental health services * AOD services * DFV services * family services * general health services * services that support a connection to culture | N/A | CIMS |
| Outcome | Reduced proportion of Access clients with closed support periods due to disengagement from service | Access clients with closed support periods expressed as:   1. Maintain or increase %: Client referred to another specialist homelessness service 2. Maintain or increase %: Client referred to a mainstream service 3. Decrease %: Client disengaged from services | CIMS |
| Outcome | Access clients receive support that assists them to sustain their tenancy or other accommodation while supported by specialist homelessness service (includes early intervention and post crisis support) | Increased % Access clients who sustain their tenancy or other accommodation while supported by specialist homelessness service. | CIMS |

Further detail is included in Attachment 1: Outcomes Framework Toolkit

# Outcomes Framework Tools - Data Collection

## Data Collection overview

To measure how each service provider is working towards achieving client outcomes, client data will be recorded systematically through CIMS, and a client’s subjective view of their wellbeing and goal achievement will be periodically captured.

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

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

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

* CIMS (or equivalent) – provider reported
* PWI – client reported
* COS – client reported

Note that client participation in the PWI and COS is voluntary.

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

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

## Baseline Data Collection

The point of initial engagement with a client, where we can establish baseline data, is important as it will enable the assessment of program activities and their effectiveness in contributing to client outcomes over a period of time[[2]](#footnote-2).

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

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

Collecting this baseline data will allow us to:

* Track an individual client’s journey
* Establish a baseline of client demographics for each provider
* Understand provider performance, thereby enabling providers to identify, measure and drive client-centred outcomes.

## Client Information Management System (CIMS)

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

CIMS enables the recording of information such as:

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

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

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

## Personal Wellbeing Index

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

DCJ has worked with the authors of the PWI to adapt the survey for cultural appropriateness and for the homelessness cohort. This adaptation work will continue, and the Outcomes Framework Guide represents an important opportunity to further explore the validity of scoring norms as applied to homelessness. The PWI has been integrated into CIMS, with printable versions available.

The PWI should be administered:

1. Within two weeks of client entry to the service system
2. Periodically at either every 3 or 6 months as part of case plan reviews (timing of periodic surveys is at the provider’s discretion, but should be achievable based on patterns of engagement for that provider, while also aiming for the least intrusive option)[[3]](#footnote-3).
3. At end of support, during exit interviews or final case plan reviews, and ideally between 2 and 4 weeks prior to actual exit.

To avoid over-use of the PWI, DCJ recommends that providers gain client consent for ‘state-wide consent’ in CIMS. In the situation where clients are transitioning between providers, this function could allow recent PWI results to be carried over to the start of support with the incoming provider.

A training resource on the ‘how and why’ of using the PWI, is being developed in partnership with the Industry Partnership, and will be available as part of the Learning and Development Framework. Completion of this training will assist providers with achievement of the HSA milestone for participation in the Outcomes Framework.

To view the PWI tool, and for comprehensive guidelines on administering the tool, see Appendix 5.

## Client Outcomes Survey (COS)

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

The COS is designed to use information about the specific safety, housing and wellbeing goals set by the client in their case plan - and to measure a client’s self-reported progress in achieving these goals towards the end of their support with a service provider.

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

The COS should be administered:

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

To view the COS tool, and for comprehensive guidelines on administering the COS, please refer to Appendix 6: Client Outcomes Survey (COS).

Note**:** A limitation to the use of the PWI and COS, is that self-reporting measurements make it difficult to compare services. However, research has shown positive test re-test reliability on an individual level, accurately demonstrating an individual client’s progress[[5]](#footnote-5).

Additionally, people experiencing crisis may have less time and space for reflection, which may impact their ability to accurately complete a self-report survey[[6]](#footnote-6). Service providers and commissioners should be aware of these constraints when administering the survey, as well as when reporting on and measuring outcomes.

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

# Outcomes and Performance

## Data analysis

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

Applying data analysis to the information collected in CIMS allows us to:

* Cut the data in different ways i.e. looking through the lens of different cohorts.
* Compare data against the baseline dataset input in the system for each client, as well as at an aggregated level to measure improvements in outcomes.
* Compare clusters of similar providers (in similar locations with similar target cohorts) against one another (noting that complex client cohorts and self-reporting may not allow for accuracy). **DCJ will progressively analyse the usefulness of this reporting format, in close discussion with Districts, service providers and peaks.**
* Confirm achievement of contractually agreed KPI’s (as applicable) – subject to local context and constraints[[7]](#footnote-7).

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

## Responding to Outcomes Data

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

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 support change within an organisation and their delivery practices.

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

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

## Reporting Frequency

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

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

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

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

## Communicating and Disseminating the Responses to Outcomes Data

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

**Figure 3: Continuous Improvement Cycle**

Communicating performance feedback gives providers an opportunity to:

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

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

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

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

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

# Appendices

## Appendix 1: Accountability per Level

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

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

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

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

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

**Table 7: Responding to Outcomes Data – Level Priorities**

|  |  |  |
| --- | --- | --- |
| **Responses to Outcomes Data** | **Guidelines for agreed responses** | **Documentation of agreed responses** |
| **Level 1: Joint DCJ – Funded Service responses** | * Key achievements in promoting client safety, housing and wellbeing * Key opportunities and agreed responses for the funded service to improve client outcomes within the HSA constraints / local context * Key opportunities and agreed responses for DCJ to improve client outcomes at the local level within policy / operating constraints * Key opportunities / barriers that need to be escalated to district service system forums to identify shared responses * Key signposts of success for the next DCJ-funded Service contract review meeting | Key contract achievements  Agreed funded service responses  Agreed DCJ responses  Opportunities / barriers to be escalated |
| **Level 2: Shared District homelessness service system responses** | * Key achievements at the district level in promoting client safety, housing and wellbeing * Agreed shared responses for service system partners to improve outcomes * Key opportunities / barriers that need to be escalated to state-wide forums * Key signposts of success for the district Forum | Key district achievements  Agreed shared service system responses  Opportunities / barriers to be escalated  Signposts of success for the next district forum |
| **Level 3: DCJ led state-level responses** | * Agreed responses within DCJ / other government agencies to address local / district issues to improving client outcomes * Program-wide Homelessness Strategy responses to be communicated at the local / district levels | Agreed Homelessness Strategy / program responses to address opportunities / barriers  Agreed communication strategy |

## Appendix 2: Outcomes Framework Foundations

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

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

1. **Human Services Outcomes Framework (HSOF)**

The NSW Human Services Outcomes Framework is intended to:

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

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

**Table 9: Shared accountability for NSW homelessness strategy outcomes**

|  |  |
| --- | --- |
| **NSW Human services outcomes**  *(Source: Human Services Outcomes Framework, July 2017)* | **NSW Homelessness Strategy Outcomes**  *(SHS Program Logic, FACSIAR Draft May 2018)* |
| **Home** –People are able to have a safe and affordable place to live | People at risk homelessness and experiencing homelessness have improved access and sustain **safe, secure, affordable housing** |
| **Safety** – People are able to be safe | People at risk homelessness and experiencing homelessness are **safer** in their homes and their local community |
| **Education & Skills** – People are able to learn, contribute and achieve | People at risk homelessness and experiencing homelessness participate in **education & training** |
| **Economic** – People are able to contribute to, and benefit from, our economy | People at risk homelessness and experiencing homelessness participate in **employment** |
| **Health** – People are able to live a healthy life | People at risk homelessness and experiencing homelessness have improved **physical and mental health** |
| **Social & Community** – People are able to participate and feel culturally and socially connected. | People at risk homelessness and experiencing homelessness have increased **connections** to family, networks and community |
| **Empowerment** – People and communities are able to contribute to decision making that affects them and live fulfilling lives | People at risk homelessness and experiencing homelessness exercise **control over decisions** that affect their future |

1. **DCJ Funded Contract Management Framework (FCMF)**

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

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

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

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

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

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

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

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

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

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

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

* A strengths-based review of the key achievements in relation in promoting client safety, housing and wellbeing
* A collaborative, partnership-based review of key opportunities and agreed responses to improve client outcomes within the HSA constraints / local context
* Clear processes for identifying and documenting barriers to the achievement of client outcomes – and protocols for escalation of unresolved barriers to district or state-wide homelessness program forums.

1. **Australian Service Excellence Standards (ASES) quality framework**

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

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

## Appendix 3: Outcomes Report – Specialist Homelessness Services Complete View

| **Outcome domains** | **Client Outputs & Outcomes** |
| --- | --- |
| **Safety**  Safety has multiple dimensions—physical; emotional; psychological; and covers both external and internal threats.  Homelessness services are commissioned to identify serious safety risks and to support and empower clients to take action to make or keep themselves safe.  **Core Outcomes:**  **Clients feel safer**  **Clients make progress addressing their safety needs** | **Outputs**   * Number of clients engaging with services to address safety needs * Number of clients that report feeling safer since engaging with the service |
| **Short-Term Outcomes**   * More clients engage with services to address safety needs * More clients report feeling safer since engaging with the service * Clients have:   + improved knowledge and skills to remain safer and   + increased options to remain safer. |
| **Medium-Term Outcomes**   * Clients continue to engage with services to address safety needs. * Clients continue to report feeing safer since engaging with the service. * More clients have:   + improved knowledge and skills to remain safer and   + increased options to remain safer. |
| **Long-Term Outcomes**   * More clients continue to report feeing safer since engaging with the service. * Clients have:   + further improved knowledge and skills to remain safer and   + further increased options to remain safer. |
| **Housing**  Depending on clients’ needs and housing market opportunities—different housing pathways will be appropriate to achieving safe, stable, affordable long-term housing.  Homelessness services are commissioned to identify clients’ housing needs and to develop realistic plans to maximise opportunities to access and sustain appropriate housing.  **Core Outcomes:**  **Clients sustain their tenancy**  **Clients make progress addressing their housing needs** | **Outputs**   * Number of clients engaging with services to address housing needs * Number of clients that sustain their tenancy or other accommodation for duration of the support period * Number of clients that transition to long-term living arrangements (return to home, tenancy). |
| **Short-Term Outcomes**   * More clients engage with services to address housing needs. * More clients sustain their tenancy or other accommodation for the duration of the support period. * Clients have:   + improved knowledge of housing options (if applicable);   + improved skills to find and maintain suitable housing (if applicable);   + completed actions to maximise housing opportunities (if applicable);   + transitioned to safer, more stable living arrangements (return to home, transitional accommodation, tenancy) (if applicable). |
| **Medium-Term Outcomes**   * Clients continue to sustain their tenancy or other accommodation for the duration of the support period. * Clients continue to engage with services to address housing needs. * More clients have:   + improved knowledge of housing options (if applicable);   + improved skills to find and maintain suitable housing (if applicable);   + completed actions to maximise housing opportunities (if applicable);   + transitioned to safer, more stable living arrangements (return to home, transitional accommodation, tenancy) (if applicable). |
| **Long-Term Outcomes**   * More clients continue to sustain their tenancy or other accommodation for the duration of the support period * Clients have:   + further improved knowledge of housing options (if applicable);   + further improved skills to find and maintain suitable housing (if applicable);   + further completed actions to maximise housing opportunities (if applicable). |
| **Wellbeing**  Clients often have complex needs with multiple underlying causes of homelessness.  Homelessness services are commissioned to identify clients’ underlying needs and to develop realistic plans to connect them to services and to build their engagement with family, community, education and employment in order to increase their ability to tackle future challenges.  Wellbeing incorporates the HSOF domains of Health/Social & Community/Education & Skills/Economic/Empowerment  **Core Outcomes:**  **Clients have improved personal wellbeing**  **Clients have improved capacity to tackle future challenges** | **Outputs**   * Number of clients engaging with services to address wellbeing needs * Number of clients that report improved personal wellbeing since engaging with the service. |
| **Short-Term Outcomes**   * More clients engage with services to address wellbeing needs. * More clients report improved personal wellbeing since engaging with the service. * Clients have:   + improved engagement with health / mental health services (if applicable);   + improved relationship with family & support networks (if applicable);   + improved connection to community(if applicable);   + improved connection to education & employment (if applicable). * Aboriginal clients report experiencing culturally accessible services . * CALD clients report experiencing culturally accessible services. |
| **Medium-Term Outcomes**   * Clients continue to engage with services to address wellbeing needs. * Clients continue to report improved personal wellbeing since engaging with the service. * More clients have:   + improved engagement with health / mental health services (if applicable);   + improved relationship with family & support networks (if applicable)   + improved connection to community(if applicable);   + improved connection to education & employment (if applicable). * Aboriginal clients continue to report experiencing culturally accessible services. * CALD clients continue to report experiencing culturally accessible services. |
| **Long-Term Outcomes**   * More clients continue to report improved personal wellbeing since engaging with the service. * Clients have:   + further improved engagement with health / mental health services (if applicable);   + further improved relationship with family & support networks (if applicable);   + further improved connection to community(if applicable);   + further improved connection to education & employment (if applicable). * More Aboriginal clients continue to report experiencing culturally accessible services. * More CALD clients continue to report experiencing culturally accessible services. |

## Appendix 4: Outcomes Measurement Protocols

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

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

**Safe participation and informed consent**

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

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

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

**Valid and reliable feedback**

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

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

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

## Appendix 5: Personal Wellbeing Index (PWI)

**A5.1 Guidelines for Administering the PWI Tool**

**Scope and timing of PWI outcomes information collection**

The PWI is intended to be applied once towards the start of engagement (typically as part of the common assessment), periodically as part of case plan review and once towards the end of the support period (typically as part of the closure of the case plan).

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

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

**Interpretation of PWI and COS data**

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

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

**PWI Manual**

A PWI manual, including instructions for use within CIMS, has been developed, and will be made available to all providers as part of PWI training.

**A5.2 PWI survey**

|  |
| --- |
| Q1 How happy are you about the things you have? Like the money you have and the things you own?  A picture containing screenshot  Description generated with very high confidence |
| Q2. How happy are you with your health?  A picture containing screenshot  Description generated with very high confidence |
| Q3. How happy are you with the things you want to be good at?  A picture containing screenshot  Description generated with very high confidence |
| Q2.4. How happy are you about getting on with the people you know?  A picture containing screenshot  Description generated with very high confidence |
| Q2.5. How happy are you about how safe you feel?  A picture containing screenshot  Description generated with very high confidence |
| Q2.6. How satisfied are you with feeling part of your community?  A picture containing screenshot  Description generated with very high confidence |
| Q2.7 How happy are you about what may happen to you later on in your life? A picture containing screenshot  Description generated with very high confidence |

## Appendix 6: Client Outcomes Survey (COS)

**A6.1 Guidelines for Administering the COS Tool**

Client Outcomes Survey (COS) Guidelines and Manual will be fully developed during year 1 of 2021-2024 contract term.

**Scope and timing of COS outcomes information collection**

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

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

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

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

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

**Interpretation of PWI and COS data**

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

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

**A6.2 COS Tool**

|  |
| --- |
| **Overall** |
| Q1. Thinking about your own needs and what you wanted in coming to the service, how satisfied are you with your outcomes as a whole?    Neutral |
| Q1.1 Thinking about your needs as a person who is Aboriginal or Torres Strait Islander, how satisfied are you that the service respected and understood these needs and tried to meet them? [if applicable]    Neutral |
| Q1.2 Thinking about your needs as a person who is culturally and linguistically diverse, how satisfied are you that the service respected and understood these needs and tried to meet them? [if applicable]    Neutral |
| **Safety** |
| *My safety needs / case plan goals to improve knowledge & skills to remain safer [if applicable]*        Q2.1 How satisfied are you that you know what to do if you feel unsafe?    Neutral |
| *My safety needs / case plan goals to increase options to remain safer [if applicable]*      Q2.2 How satisfied are you that you have more options now to remain safer?    Neutral |
| **Housing** |
| *My housing needs / goals to improve knowledge of housing options [if applicable]*      Q3.1 How satisfied are you that you know about the housing options that are suitable for you?    Neutral |
| *My housing needs / goals to improve skills in finding and maintaining suitable housing [if applicable]*      Q3.2 How satisfied are you that you know how to find and keep housing that is suitable for you?    Neutral |
| *My housing needs / goals to complete actions to maximise housing opportunities [if applicable]*      Q3.3 How satisfied are you that you have taken steps to give yourself the best chance to find suitable housing?    Neutral |
| *My housing needs / goals to transition to safe, more stable housing / living arrangements [if applicable]*      Q3.4 How satisfied are you with progress towards safer, more stable housing / living arrangements?    Neutral |
| **Wellbeing** |
| *My needs / goals to improve engagement with health services [if applicable]*      Q4.1 How satisfied are you that you are more engaged and better connected with health services?    Neutral |
| *My needs / goals to improve engagement with family, carers and family support services [if applicable]*      Q4.2 How satisfied are you that you are more engaged and better connected with your family, carers, support services?    Neutral |
| *My needs / goals to improve community connection [if applicable]*      Q4.3 How satisfied are you that you are more engaged and better connected with your community?    Neutral |
| *My needs / goals to improve engagement with education and employment services [if applicable]*      Q4.4 How satisfied are you that you are more engaged and better connected with education or employment services?    Neutral |

## Appendix 7: Protocols for Responding to Outcomes Data

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

**Principles**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Putting outcomes for clients**  **at the centre of commissioning** | | |  |
|  | |  |  | |
| **Outcome measurement and planning principles** | |  | **Partnership**  **principles** | |
| * Measurement and reporting of client outcomes should support evidence-based discussion and responses to overcome the barriers to reducing homelessness – both in terms of changes that can be directly influenced by service providers, and those which require changes in other parts of the service system * Client outcomes need to be interpreted in context – recognising that providers work in different settings, with different cohorts and under different funded delivery models * Client outcomes should be measured using consistent, rigorous and ethical methodologies – to ensure valid, reliable and comparable outcomes information * Client outcomes should be measured and reported in ways that can be integrated into existing data systems and case management practices – without creating unreasonable additional workload for providers or intrusive imposts for clients | |  | * All parts of the service system need to be held accountable for reducing homelessness and improving the wellbeing of people experiencing homelessness * Contractual arrangements need to promote collaboration between homelessness service providers, DCJ and other parts of the service system – given that client outcomes are dependent on contributions from all parts of the service system. * Funding needs to reflect the risks borne by different parts of the service system in achieving client outcomes * Clear, coordinated mechanisms are needed to raise, escalate and resolve barriers to reducing homelessness – at the local, district and state-wide levels. | |

**Protocols**

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

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

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

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

**Table 8: Protocols**

| **Outcomes & contract information** | **Analysis checklist –**  **what we might want to discuss** | **Response checklist -**  **what we might consider doing** |
| --- | --- | --- |
| **Outputs** |  |  |
| No. actuals against targets in the HSA | * Contract compliance * Pattern of clients assisted against local / program priorities * Pattern of unmet demand * Capacity of service system to improve targeting / address unmet demand * Pattern of clients presenting as homeless to SHS after exiting a NSW government service | * Changes in service promotion, access, intake * Changes in targeting to align with local / program priorities * Changes to address unmet demand * Escalation of systemic safety issues relating to exits from govt services |
| Outcomes Participation data | * Contract compliance * Pattern of outcomes reporting  (compared to benchmarks; peers) * Internal systems for outcomes reporting * Critical success factors / barriers to outcomes reporting | * Changes in compliance with outcome measurement protocols * Changes in service management to improve outcomes reporting |
| **Client outcomes** |  |  |
| Safety Domain Core Outcomes:  Clients feel safer    Clients make progress addressing their safety needs | * Key achievements in promoting safety * Critical success factors / case practice / partnership arrangements for improving client safety * Key service gaps for clients that didn’t feel safer / didn’t met their safety goals * Key systemic barriers in mitigating safety risks | * Changes in case management practice / partnership arrangements * Escalation of systemic safety issues / barriers to district / program forums |
| Housing Domain Core Outcome:  Clients make progress addressing their housing needs | * Key achievements in promoting housing opportunities * Critical success factors / case practice / partnership arrangements for finding / establishing stable housing * Key service gaps for clients that didn’t met their housing goals * Key systemic barriers in finding affordable housing * Key systemic barriers in promoting housing opportunities – access to rent Choice / Social Housing | * Changes in case management practice / partnership arrangements * Escalation of systemic housing issues / barriers to district / program forums |
| Housing Domain Core Outcome:  Clients sustain their tenancy | * Key achievements in sustaining tenancies * Critical success factors / case practice / partnership arrangements for sustaining tenancies * Key service gaps for clients that didn’t sustain their tenancy * Key systemic barriers in sustaining tenancies | * Changes in case management practice / partnership arrangements * Escalation of systemic housing issues / barriers to district / program forums |
| Wellbeing Domain Core Outcomes:  Clients have improved personal wellbeing  Clients have improved capacity to tackle future challenges | * Key achievements in improving wellbeing * Critical success factors / case practice / partnership arrangements for improved wellbeing * Key service gaps for clients that improve their wellbeing / met their wellbeing goals * Key systemic barriers in accessing health and employment services | * Changes in case management practice / partnership arrangements * Escalation of systemic wellbeing issues / barriers to district / program forums |

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

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

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

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

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

## Appendix 8: Other Relevant Documents

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

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

1. COS will not be a requirement until Year 2 of contract term. Development of COS within CIMS will occur over Year 1, with sector training to occur prior to mandatory use of the survey. [↑](#footnote-ref-1)
2. As per HSA milestones, KPI’s that are measured against baselines and program level baselines, will be subject to discussion and testing, and will be progressively set across the term of the contract. [↑](#footnote-ref-2)
3. Once a provider has determined whether they will conduct 3 or 6 monthly surveys, this rule should be applied consistently across the service). [↑](#footnote-ref-3)
4. Once a provider has determined whether they will conduct 3 or 6 monthly surveys, this rule should be applied consistently across the service). [↑](#footnote-ref-4)
5. Johnson, Guy and Pleace, Nicholas (2016) How Do We Measure Success in Homelessness Services? : Critically Assessing the Rise of the Homelessness Outcomes Star. European Journal of Homelessness. [↑](#footnote-ref-5)
6. Pleace, N. (2008) Effective Services for Substance Misuse and Homelessness in Scotland: Evidence from an International Review (Edinburgh:Scottish Government). [↑](#footnote-ref-6)
7. As per HSA milestones, KPI’s will be subject to discussion and testing, and will be progressively set across the term of the contract. [↑](#footnote-ref-7)