What we heard

Summary of changes following March 2021 sector consultation on the SHS Outcomes Framework Guide, Program Logic and Toolkit

June 2021

Overview

- The Department of Communities and Justice (DCJ) has completed a final round of feedback on the Outcomes Framework Guide, Program Logic and Toolkit.

- These documents will now become appendices to the SHS Program Specifications (which is an attachment to the Human Services Agreement), and will be published on the DCJ website.

- DCJ conducted 10 sector consultation sessions during March 2021. 234 people attended the consultations (not including DCJ staff), representing 92 different services. A further 9 submissions were received from stakeholders, including the homelessness peaks, Streetcare, the Aboriginal Community of Practice and the Monitoring Evaluation Advisory Group.

- Thank you for your contribution to this process. This document provides an overview of the changes made to these documents following the consultations. This also represents the culmination of several years of development in partnership with the sector. DCJ is grateful for your contribution.

Feedback from the March 2021 consultations

All feedback received from consultation sessions, as well as from separate submissions, were compiled in a feedback log, and assigned to a set of themes. The feedback was analysed, and where revisions were necessary and appropriate, these were incorporated into a final draft of the Outcomes Framework documents.

The feedback is summarised in the tables below.

For any queries, please contact the SHS mailbox at: SHSProgram@dcj.nsw.gov.au

Table 1. Theme - General Feedback

Feedback:	Response:
• Documents were comprehensive, will deliver a better monitoring system and a positive direction for SHS. Pleased to see outcomes included that weren't only focused on housing. • Looking forward to using the PWI and COS, and keen to know when training would be available. Good to see more defined protocols for the PWI timing. • What will the local governance flagged in the framework actually look like? • How will data and the Outcomes Framework feed into other structural reform?	• Have further strengthened the documents to demonstrate that providers are not solely responsible for outcomes, and the intent is to track what impact we are able to make and understand the barriers, both within and outside our control, that impact wellbeing, housing and safety so the sector can aim to further address these barriers. • Work is currently underway on the PWI online training, and we anticipate it will be available in September 2021, in line with the changes to the rollout of the PWI – see further info in Table 5. • DCJ District staff will work with the sector to shape local governance at the provider and District level, utilising or re-shaping existing structures; ensuring a voice for every provider and a space for discussion with system partners. DCJ will work with stakeholders to establish sector-wide governance, and will work to create a feedback loop with the other levels of governance. • Outcomes data and other sector feedback via the governance structures, will assist DCJ to represent the SHS program. The framework is linked to DCJ and NSW Government priorities and strategies and will enable a clearer picture of the contribution SHS makes towards state-wide objectives. This will assist with reform directions. The framework quantifies the services and support provided by SHS, in a way that enables DCJ to advocate about the value of the sector.

Table 2. Theme - CIMS solution required

Feedback:	Response:
• There are issues with the domains as they were set up in CIMS for the pilot. • Can the COS and PWI results be shared with other SHS providers? • Can reports be compiled and viewed at provider level and consortium level? • There are difficulties for SHS and DCJ in producing reports and analysing outcomes through CIMS.	• Further enhancements will address the issues with domains in CIMS, however this won't impact reporting until year 2 of implementation. • DCJ is looking at outcomes survey scores being shared using the CIMS state-wide consent function. The sector will be advised when this is functional. DCJ is talking with non-CIMS users about whether data can be shared between our systems, with client consent. • When the CIMS list and report functions are finalised, compilation and viewing will be at both provider and consortium levels (consortium view limited to lead provider). • DCJ is seeking to improve the overall function and availability of reports for providers and DCJ.

Table 3. Theme - Issue to be monitored

Feedback:	Response:
• Experience suggests that obtaining the exit PWI survey can be a challenge. Exit results are critical for demonstrating client outcomes.	• This will be monitored closely and DCJ will work with the sector to develop solutions as needed. The participation report will help with this monitoring. Current solutions are: for every outcome area, there is information that comes from provider reported data, so that we are not solely relying on surveys; the framework allows for the most recent periodic survey to be used for reporting when an exit survey is not

	captured; timing protocols recommend that exit surveys are completed up to 4 weeks before expected exit which may help to capture more.
• What is the anticipated time it will take to complete the extra reporting with clients? What's the expected increase in workload? • Survey fatigue needs to be considered.	• Additional workload will be monitored both by DCJ and the independent SHS Program Evaluation, commencing in Yr 1. Providers are encouraged to self-monitor and talk to their contract manager about how to best accommodate administration of the framework within service delivery. Providers may want to track current data and reporting workload so there is a baseline for comparison. For clarification around workload: use of the case management functions within CIMS is not necessary in the framework; timing protocols mean the surveys will be completed less frequently than anticipated; providers only collect data for outcomes that are relevant to individual clients; the 29 points of data in the toolkit ('Source Detail') cover all potential outcomes, and are taken from the much larger pool of data already entered into CIMS. • DCJ is aware of the potential for survey fatigue, and acknowledges that some providers will be subject to additional surveys outside the framework. This is an issue we will work with the sector to monitor and find solutions for, such as sharing of survey results across sectors where appropriate.

Table 4. Theme   Change required in Year 2 of implementation

Feedback:	Response:
• There is interest in applying the surveys to access clients, especially for providers where planned work is often completed in short timeframes. • How will the needs of CALD and ESOL clients be considered in terms of completion of surveys? • Will KPI's be developed according to individual providers or whole of sector?	• The 'Access report' is a work in progress, and DCJ will collaborate with the sector on innovative ways to collect data and monitor outcomes for this cohort, for example protocols for the use of surveys with access clients, where it is appropriate and safe to do so. • The PWI is already available in a range of languages at ACQOL. Providers can use these versions and transcribe scores to the corresponding fields in CIMS. The COS will be translated prior to its rollout, and DCJ will seek advice from the sector on the required languages. • A process of sector consultation, negotiation, testing and trial reporting of KPI's will occur over the whole of the first contract term. Detail about provider or sector level KPIs will be addressed during consultations. It will possibly be a mixed approach according to the particular outcome.

Table 5. Theme   Issues to consider

Feedback:	Response:
• How will the PWI be phased in, and can providers choose when to participate? • What are the key timelines for participation in the ongoing development of the framework? • Is there an alignment with the framework and the CHIA client satisfaction survey?	• DCJ is using an opt-in approach to the PWI rollout, throughout Quarters 2, 3 and 4 of Yr 1. Providers can nominate when they are ready to use the tool. Providers can disregard the original timeframe in the corresponding HSA milestone, and substitute this new timeframe. • A timetable for ongoing consultation and collaboration, will be circulated to the sector, focused on the content in tables 2, 3, 4, & 5. DCJ will also use the levels of governance to seek feedback and input from the sector.

Feedback:	Response:
- The voices of accompanying children, who may have their own case plans, need to be heard. - Will DCJ compare outcomes with control groups? - There is strong interest in utilising creative technologies for the survey administration. - Will there be a focus or a strategy for Aboriginal clients?	- There is some overlap here, and DCJ and the Industry Partnership will establish a plan to manage this and ensure the framework and the CHIA survey have distinct and valid functions. - DCJ will work with providers to develop an approach to capturing the voice and outcomes of accompanying children, whether or not they have individual support plans. This work will be done collaboratively with relevant providers, commencing Year 1. - There is an intention to do peer comparisons of data, however we need to be sure we are measuring the 'right' peer. There is no plan to do systematised control group comparisons, however DCJ has access to data sets that will enable some comparability to different populations and service systems. - Technology solutions for survey completion will definitely be considered further. The pilot evaluation showed that mobile devices can increase client engagement and validity of the data. An issue to consider is equitable access to technology, for all providers. - An Aboriginal SHS Sector Development Action Plan is in development. The background report for this work can be viewed here.

Table 6. Theme   Changes needed in document

Feedback:	Response:
- Will there be an option to email surveys to clients? - Some clients are resistant to surveys, or may not have capacity to participate. - Will the surveys be available on mobile devices? - What is the intention around the use of PWI with children? - Some of the outcomes don't seem within the control of SHS, and there are many other variables affecting things like wellbeing, outside our influence. - It can be confronting to complete the PWI when you first meet someone. - What happens when clients move between programs in the same service? - There are significant concerns with the use of the children (PWI-SC) version of the PWI with all clients. - Is DVRE included in the Outcomes Framework? What about HYAP? - Many DVRE and DFV programs work for short periods of time with people, as do crisis accommodation providers. How does this fit with the framework?	- Document now states that people working remotely with clients can email out surveys, but need to check on safety of client during and after completion of the survey. Timing must still be compliant with protocols for start and end surveys, and results should be entered into CIMS using the dates that surveys were completed. - There will be some gaps in outcomes reports when clients do not participate, however the document explains that data for each outcome is also collected in other ways, to fill these gaps. Document highlights that the surveys are voluntary and includes advice that service delivery will not be impacted if a client refuses. Information and consent forms have been developed, and are addressed in the PWI training, to assist with informed participation. Guidance has been added about clients with cognitive functioning issues. - Have checked that providers using CIMS on tablets, will be able to view and use the PWI and COS surveys in that mode. Have updated the document with this information. - Document has been amended to state that anyone aged 12 or over, who has their own active case plan, can have the PWI administered. Consent relating to 12 to 16 year olds, and accompanying children, is now addressed in the PWI training and administration manual which is forthcoming. - Document has been strengthened with regards to the sector not being held solely accountable for outcomes, but instead, we are looking at the contribution the sector makes towards this set of outcomes. - Document has been corrected, and now states that timing of the PWI start survey is within 2 weeks of entering case management.

• What are the time periods for short, medium and long term outcomes? • Several of the outputs are more properly considered outcomes. • Significant feedback about deficit based language; inappropriate phrasing of outcomes; and misplaced responsibility for safety, onto people escaping DFV. • Data collection metrics, such as the participation report, shouldn't be linked to outputs or outcomes for clients.	• Document now clarifies that reporting will be based on support periods, which means that each new support period should have its own set of surveys. If movement between programs means new support periods, then new surveys will also apply. This tracks the distinct contribution a program has made towards outcomes in that period. • The approach has been amended to include both the PWI-SC and PWI-A (adult) versions. The PWI-SC will be the default selection, but PWI-A will be available as a drop down option. Guidance in the document and the training resources has been adapted. Guidance has also been strengthened around provider assessment of cognitive functioning. Document also clarifies that practice wisdom and understanding of the client will always trump any framework requirements or protocols. • Document clarifies that DVRE is included in the framework. Document notes that HYAP is temporarily excluded from the framework while reconfiguration is underway. • Document clarifies that end surveys do not have to wait for a quarterly cycle to be completed. People in case management for short times, can still have start and end surveys administered. Periodic surveys are not essential. • The logic behind the short, medium and long term outcomes is more to do with attributability and impact, than set timeframes. Providers who contractually do not do long term work, are not necessarily excluded from achieving and contributing to medium and long term outcomes. This is now clarified in the document. • A number of outputs have been removed, as they were a duplication of some outcomes. Outputs have been rephrased to focus on content of case management plans. • The safety outcomes have been reworded to place a focus on the support being given to people. For housing outcomes - have removed the language about finding housing, to focus on maintaining housing. Outcomes now include that housing must be appropriate, and family connections must be safe to be considered an outcome. • Document now states that the participation report will be temporarily in place to enable DCJ to report on framework implementation outcomes. The document explains that any KPIs linked to this report will be purely aspirational and not contractual. ❖ DCJ has rearranged some sections of the document for a clearer flow of information. ❖ DCJ has renamed the Report – Specialist Homelessness Services, to the Report – Case Management Clients, to line up with the naming conventions of the other reports. ❖ DCJ has adjusted the Program Logic and Toolkit, in line with wording changes explained above, and the reduction of outputs, also explained above. PWI and COS questions had been counted multiple times as points of data – this has been amended to count each PWI and COS question as a point of data, once only. The total number of potential data points in the toolkit is now = 29