Council to Homeless Persons position paper – May 2018

Preparing for Outcome Measurement – OVERVIEW

Contents

Summary

Achieving improvements in people's lives – or outcomes – is central to the work of the specialist homelessness service (SHS) sector. Service providers work closely with people experiencing or at risk of homelessness to help people obtain and sustain housing, increase their safety, and achieve other health and wellbeing outcomes.

In 2013, in *A Framework for Ending Homelessness*, Council to Homeless Persons (CHP) articulated the value of moving towards an outcome-based approach to service system design, practice, and performance measurement. Outcome measurement provides a systematic process for collecting and analysing data in order to assess the extent to which intended outcomes are being achieved. The findings can be used for oversight, planning, service improvement and advocacy.

There is not yet a consistent, widely accepted framework for outcome measurement in the SHS sector. Service providers have piloted various approaches, providing insight into the benefits, challenges and risks of outcome measurement. Historically there have been few outcome reporting requirements of SHS providers. However there are now strong signs within the funding and policy environment, that outcome measurement requirements are on the way. This scenario presents a range of risks for the sector, particularly if consultation is limited.

To effectively influence the way in which outcome-based approaches and outcome measurement are introduced, the SHS sector will need to take a proactive stance. This will increase the sector's understanding of outcome measurement, its ability to present workable and effective outcome measurement approaches to government, and its capacity to use these processes to benefit individuals and communities.

Over the next four years, CHP proposes to seek support from government, to enable the SHS sector in Victoria to adopt a strategy of proactive engagement with outcome-based approaches and outcome measurement, incorporating five key actions to:

1. Increase sector understanding of outcome-based approaches and outcome measurement, through convening forums and distributing information resources
2. Identify key elements of a fit-for-purpose outcome measurement approach for the sector, through consultation with service providers and people with lived experience of homelessness
3. Join DHHS in a partnership approach to develop an outcome measurement framework for the sector, through a consultative process led by government which builds on the knowledge, experience and needs of service providers and people experiencing or at risk of homelessness

4. Facilitate the sector's access to a suite of practical and functional outcome data collection tools; including pursuit of enhancements to SHIP to enable outcome data entry and reporting
5. Advocate for sufficient resourcing for the sector to undertake outcome measurement, including resourcing for training staff, in recognition of the time and skills required to collect and analyse outcome data.

The SHS sector has a window of opportunity to engage with and to influence the introduction of outcome-based approaches. It is timely to seize this opportunity to help design outcome measurement that is strategic, credible and practical, and that will advance the interests of people experiencing and at risk of homelessness.

1
Introduction

Since the release of CHP's *A Framework for Ending Homelessness* in 2013, the focus on outcome-based approaches by government and service providers has continued to increase. However, the SHS sector in Victoria does not yet have a coherent shared perspective on outcome measurement. This exposes the sector to risk as pressures for outcome measurement increase.

This paper aims to: build knowledge about outcome-based approaches and outcome measurement; support sector conversations about the most strategic and effective approaches to outcome measurement; and identify how these approaches could be developed and implemented. The paper has been informed by input from people with lived experience of homelessness, interviews with ten Victorian SHS provider agencies, feedback from researchers with expertise in outcome measurement, and a range of Australian and international literature.

To develop a well-informed shared approach to outcome measurement will require substantial consultation across the sector. This is yet to occur. This paper describes potential options and approaches, and proposes a process through which our sector can influence the introduction of fit-for-purpose outcome measurement. An extended version of this paper is also available. The extended version discusses the evidence and issues in greater detail.

We hope to engage all those involved with the SHS system in Victoria in this conversation. People with lived experience of homelessness have important contributions to make as 'experts of their own experience', as do frontline staff, management and board members of service provider agencies, funders and policy makers, and workers in other service sectors that interface with SHS programs.

We look forward to hearing a range of feedback about the thinking put forward here, and working with stakeholders to positively influence the development of outcome measurement.

Acknowledgements

2

Understanding outcomes and outcome measurement

In the human services context, outcomes are changes that happen for individuals, groups, communities, organisations or systems as a result of our work. Outcomes help to explain why we provide programs and services, and undertake projects and advocacy – they express "the difference we make" through our efforts.[1]

The activities of SHS providers may contribute to a wide range of housing outcomes and other outcomes, for beneficiaries at different levels. The primary intended beneficiaries of the SHS sector, are people experiencing or at risk of homelessness. Figure 1 provides selected examples of outcomes which might be relevant both to these people, and to the services assisting them.

Figure 1: Examples of outcomes to which SHS programs may contribute

People who are experiencing or at risk of homelessness:
- Maintain an existing tenancy
- Access safe emergency accommodation / interim accommodation
- Access safe and sustainable long-term housing
- Are able to better manage health conditions
- Are able to participate more actively in the community
- Have improved independent living skills
- Gain employment

People engaging in problematic substance use:
- Are able to reduce their substance use, and/or to manage it in ways that are less harmful to themselves and others

Women and children experiencing family violence:
- Have improved safety

Children:
- Are able to participate in school and early years learning opportunities

Families:
- Are able to remain together, or to reunify, where appropriate

The outcomes of relevance to program participants will vary from person to person, although the need for safety, suitable and sustainable accommodation, and access to basic material requirements are common themes. There are also significant differences across *cohorts* of participants in the types of outcomes that are

emphasised, and how and when these might occur.[2] Outcomes can occur over short, medium and long timeframes.[3] It is important to consider what outcomes are relevant and achievable for a program given its participant group, service model and timeframe of engagement. A 'one size fits all' approach to outcomes is usually a mistake.

Housing is the central domain on which SHS providers focus, and the two outcomes most frequently discussed are *housing gained* and *housing sustained*.[4]

- **Housing gained**: A person who has experienced homelessness begins a secure tenancy in housing that is safe, suitable and affordable.
- **Housing sustained**: A person remains housed in housing that is safe, suitable and affordable. This may refer to a situation where:
  - People at risk of housing breakdown are able to sustain their housing, or
  - People who have previously experienced homelessness are able to remain housed, once they have gained safe, suitable and affordable housing.

Many SHS programs also work actively with participants on other life domains such as safety, physical health, mental health, substance use, economic wellbeing, employment education and training, living skills, justice issues, and social connection. It may be relevant to measure outcomes across some or all of these domains.

This paper focuses mainly on *participant outcomes*. It is useful to distinguish these from *program* and *population* outcomes:[5]

- **Participant outcomes** are experienced by individual beneficiaries or stakeholders as a result of their engagement with programs and services
- **Program outcomes** are the accumulated participant outcomes and other outcomes to which a program, service or other intervention contributes
- **Population outcomes** are conditions of wellbeing for whole populations. Although the work of programs or services may contribute to population outcomes, these outcomes also reflect broader societal trends and influences.

Outcome data can be analysed, reported and used at each of these levels. The accumulation of individual participant outcomes, assisted by the work of SHS providers, contributes directly to program outcomes and ultimately to population outcomes. However, the 'ceiling of accountability' for service providers is at the level of program outcomes. Accountability for population outcomes, rests with multiple service systems and government departments.

Outcomes often result from a range of factors including the efforts of the participant, a range of services or supports, and the context in which the work occurs. It is often more useful to ask whether our work *contributed* to the outcomes observed, rather than whether it caused them.[6]

Outcome measurement

There are a range of ways in which outcomes can be tracked and measured – for example, through case review processes, participant questionnaires, outcome forms completed by staff, or routine entry of service data into SHIP or other databases. *Outcome measurement* refers to a systematic process through which relevant parties:[7]

- Collect data related to the outcomes of a program, service or other activity (generally with a strong focus on the intended beneficiaries of these activities)
- Analyse this data to assess the extent to which the program, service or activity has achieved its intended outcomes, and
- Use the findings for oversight, planning, service improvement or advocacy.

Outcome measurement is usually undertaken as part of a broader *outcome-based approach* to social service provision, which uses the articulation of intended outcomes as the central reference point for program planning, practice and evaluation. Outcome measurement is normally undertaken by service providers and/or funders, sometimes with the assistance of researchers or evaluators. Service providers are usually involved in collecting outcome data, and may also be involved in analysis, reporting and use.
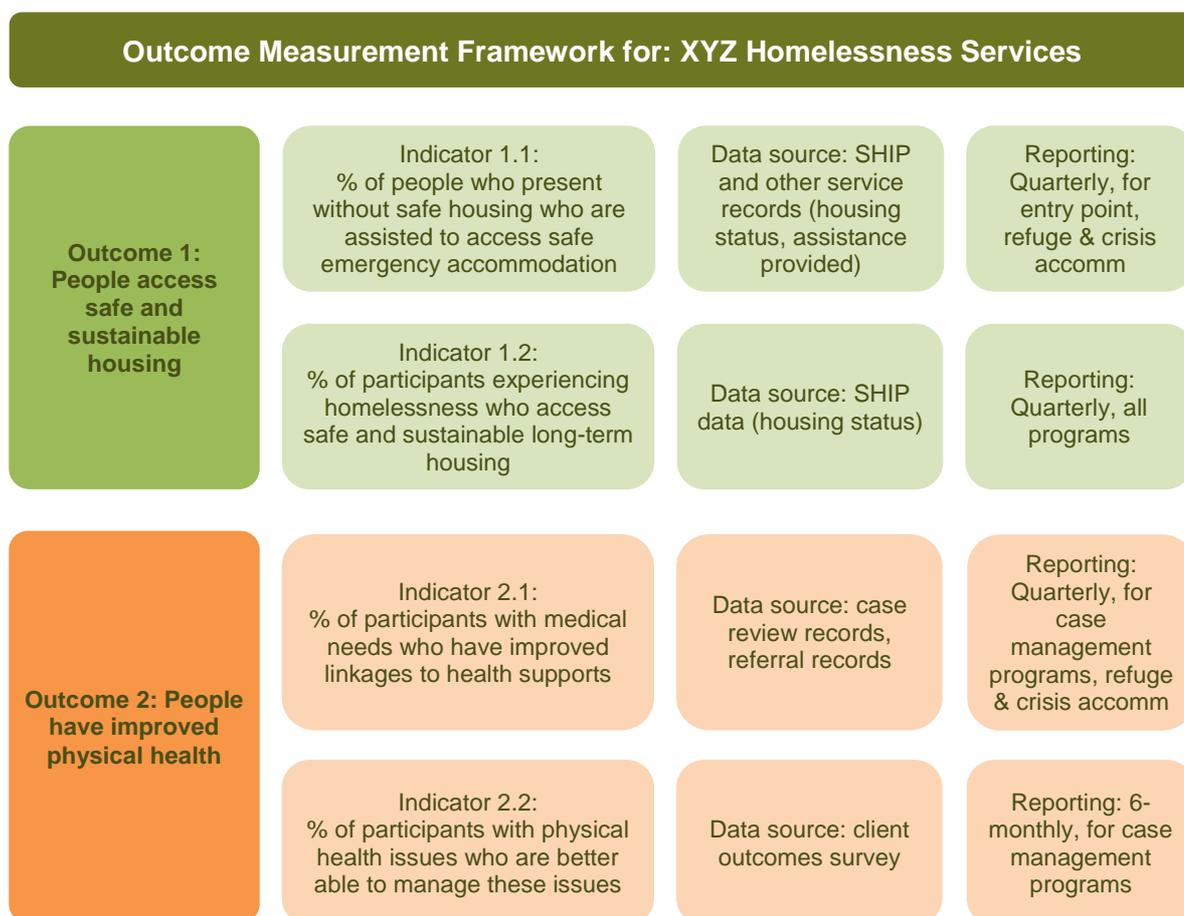
Outcome measurement typically takes a *monitoring* approach. This involves periodic analysis and reporting of a limited set of outcome indicators which reflect program performance. It produces quantitative information and is well suited to tracking trends over time. However, monitoring does not provide a rich picture of the ways in which programs and services work. O*utcome evaluation* or *impact evaluation* can draw on information produced through outcome measurement as well as qualitative data from interviews, surveys, observation and case studies to provide stronger findings about the reasons why outcomes have occurred (or not).[8]

An *outcome measurement framework* provides the technical foundation for measuring the outcomes of a program, organisation or system.[9] An outcome measurement framework includes information which can be grouped into two main sections:

- An *outcome model* which identifies the people for whom outcomes are intended to occur, the programs or services in scope, and the set of outcomes identified as important
- A *measurement framework* which identifies indicators, data collection tools and processes, and technical guidance for analysis and reporting.

Figure 2 provides a simplified example of part of a measurement framework for a fictitious SHS provider agency. This example may not necessarily be applicable to any particular homelessness service. The full outcome measurement framework would include a clearer outcome model and a wider set of domains, outcomes and indicators, together with supporting detail about data collection, analysis and reporting.

Figure 2: Example of partial outcome measurement framework

Outcome Measurement Framework for: XYZ Homelessness Services			
Outcome 1: People access safe and sustainable housing	Indicator 1.1: % of people who present without safe housing who are assisted to access safe emergency accommodation	Data source: SHIP and other service records (housing status, assistance provided)	Reporting: Quarterly, for entry point, refuge & crisis accomm
	Indicator 1.2: % of participants experiencing homelessness who access safe and sustainable long-term housing	Data source: SHIP data (housing status)	Reporting: Quarterly, all programs
Outcome 2: People have improved physical health	Indicator 2.1: % of participants with medical needs who have improved linkages to health supports	Data source: case review records, referral records	Reporting: Quarterly, for case management programs, refuge & crisis accomm
	Indicator 2.2: % of participants with physical health issues who are better able to manage these issues	Data source: client outcomes survey	Reporting: 6-monthly, for case management programs

Outcome-based funding

Outcome-based funding arrangements (also known as 'Payment by Results') are those in which all or part of the payment to a service provider depends on achieving outcomes specified by the commissioning/ funding organisation.[10] Although not yet a common funding mechanism for SHS providers in Australia, outcome-based funding has been used in other sectors such as Commonwealth-funded employment programs, as well as internationally in a range of sectors.[11] Social impact investment strategies are one variant of outcome-based funding approaches, and two Social Impact Bonds are currently being developed in Victoria with a housing and homelessness focus.[12]

Outcome-based funding and outcome measurement are separate processes and can occur independently of each other. Outcome measurement can be implemented for a range of reasons, such as service improvement and advocacy, and may have no connection with funding arrangements. Introducing outcome measurement is not necessarily a step towards outcome-based funding.

3
Benefits and challenges of outcome measurement

Outcome measurement can provide valuable information for use in service delivery, governance, accountability, service improvement and advocacy. Potential benefits of outcome-based approaches and outcome measurement include:[13]

- **Alignment** – The process of identifying and agreeing on key outcomes can build shared understanding and alignment among stakeholders
- **Outcome focus for stakeholders** – Identification, measurement and reporting of outcomes drives a focus on participant and program goals among service delivery staff, and can move conversations with funders towards service models that prioritise participant outcomes over service throughput
- **Improved assessment, planning and review** – Outcome measurement tools that integrate well with practice support deeper engagement between workers and participants regarding goals, needs and issues
- **Improved morale** – Outcome measurement provides a way to recognise and celebrate successes, which can support resilience and optimism
- **Evidence for funding and advocacy** – Outcome measurement findings can be useful in communicating the value of the work of an agency or sector, in developing evidence of cost-effectiveness, and in building a case for refunding or extension of programs and services
- **Service design and improvement** – Outcome measurement findings (positive or negative) allow funders and service providers to assess whether programs and services are achieving their objectives, and if not, to improve them
- **Benchmarking** – Outcome measurement findings can allow comparison between similar programs, enabling stakeholders to identify more effective models and to learn from their success
- **Knowledge building** – Outcome measurement contributes to the pool of information on evidence-based programs and services.

While outcome measurement can be valuable, it can also be resource intensive and in certain contexts can lead to negative consequences for the ways in which services operate. The experience of organisations engaged in outcome measurement suggests that some of the benefits can be elusive in practice. Risks and challenges of outcome measurement include:[14]

- **Differing agendas** – There are a range of reasons why stakeholders pursue outcome measurement;[15] incompatible agendas can lead to conflict

- **Resourcing** – Outcome measurement can require substantial investment in staff time and data systems. Costs may outweigh informational value
- **Imposition on staff and program participants** – Data collection requirements for outcome measurement may place additional pressure on staff and impact negatively on participant experience
- **Poor fit with organisational culture** – Some staff or managers may see analysing service performance as a waste of time or may feel threatened by the outcome measurement process. It may be challenging to introduce outcome measurement and use it well in these contexts
- **Negative results or lack of significant results** – Outcome measurement findings may be disillusioning for staff
- **Unreliable data, invalid findings, inflated reporting** – Incomplete or inconsistent outcome data may limit the value of findings, particularly where inter-rater reliability is low. Performance measurement can create incentives for 'inflated reporting' – overstating the outcomes achieved
- **Barriers to data sharing** – Legislation, IT limitations and sector culture can restrict the sharing of outcome information and findings within the sector
- **Complexity of service system** – Developing outcome measurement frameworks that accommodate SHS program diversity is a complex task
- **Reduction of sector diversity** – Overly simplistic outcome models may create pressure for standardised service design, failing to recognise the value of other outcomes and approaches
- **Complexity of needs and issues; soft targeting** – The difficulty of achieving outcomes can vary widely across cohorts and contexts. This creates challenges in benchmarking and pressure for 'soft targeting'
- **Negative effects on service delivery approaches** – Overly specific short-term outcomes or indicators can sometimes undermine relational, holistic person-centred practice necessary for the achievement of long-term outcomes[16]
- **Over-reliance on outcome monitoring data as a measure of value** – Other considerations are also important in assessing program merit and value.

The existence of these challenges is not a reason to dismiss outcome measurement outright, but it indicates a need for careful consideration of risks and benefits, and informed decisions about the resourcing, design and use of outcome measurement.

Outcome-based funding can exacerbate underlying risks of outcome measurement, including soft-targeting and inflated reporting.[17] It can become a lever for imposition of values or frameworks that may be at odds with the sector's philosophical base and/or practical experience. If poorly designed, it can set unrealistic expectations of the outcomes that can be achieved given the sector's resourcing and housing market context. Outcome-based funding is not suited to all contexts.[18] The sector needs to be prepared to critically examine outcome-based funding proposals, and to argue the case against outcome-based funding where that approach is not appropriate.

4

Strategic context for SHS outcome measurement

There is currently not a consistent, widely accepted framework or approach for outcome measurement in the SHS sector, neither within Victoria, nor nationally.

Direction from the federal and Victorian governments on outcome measurement in the sector has been limited. The National Partnership Agreement on Homelessness[19] notes broad outcomes and indicators at population level. The new National Housing and Homelessness Agreement may include increased performance reporting requirements, however further details are not yet publicly available.[20]

Several Australian studies have explored measurement of SHS system outcomes at national level. Early research by Baulderstone and Talbot[21] concluded that outcome measurement was possible with sufficient commitment, training and support, appropriate information systems, and integration with case management processes. The *What Makes a Difference* study,[22] led by the Australian Housing and Urban Research Institute (AHURI) in 2010-11, identified two main SHS participant outcomes (housing secured and housing sustained), and an accompanying set of system outcomes (housing work, case management, specialist health support, increased specialist support, increased housing supply, homelessness prevention, economic and social participation, and complex health management), which enable the achievement of the participant outcomes.

In New South Wales, the Centre for Social Impact in collaboration with Homelessness NSW is currently conducting a project titled *Developing Shared Outcomes for the Housing and Homelessness Sectors*[23] which is developing an SHS outcome framework. This may provide a useful resource for consideration by Victorian services.

Provider case studies
Research in Western Australia has found that the majority of community service providers see value in measurement of outcomes. In 2017, around two thirds of surveyed organisations reported undertaking some form of outcome measurement.[24]

In Victoria, in the absence of a mandated approach from government, SHS providers have introduced a variety of outcome measurement approaches. This is often still a 'work in progress'. Frameworks are being developed and revised, data collection systems are being refined and rolled out, and systematic outcome reporting is in its early stages. Some providers see value in outcome measurement but have not yet had

capacity to implement systems in this area; while others are sceptical of the value of outcome measurement and fearful of how it may be used by funders.

The four mini case studies below, provide examples of different approaches used by Victorian SHS providers over the past few years. Each has its strengths and challenges, and they are not the only good examples of outcome measurement currently being utilised in the sector.[25] Other Victorian providers also have their own approaches to outcome measurement and have valuable experience to share on this topic.

Case study 1: Beyond Housing

Beyond Housing use the Outcomes Star™ across selected programs including Sustaining Tenancies at Risk, Tenancy Plus, A Place To Call Home, and Indigenous Tenancies at Risk (ITAR). While most of these programs use the Homelessness Star, Beyond Housing found this not to be the best cultural fit for ITAR, and instead use an indigenous-specific star for that program. The Star tool is used at least twice (a few weeks into the support period, and again near the end of service), in a conversation format between worker and program participant. Data is entered to a spreadsheet which produces statistical reports on changes per participant, and across programs.

Beyond Housing also collects data on certain Key Performance Indicators (KPIs) such as tenancies sustained, for inclusion in its Annual Report, and undertakes 3- and 6-month post-exit follow-up phone interviews with some participants. These follow-up interviews are generally conducted by Team Leaders and focus on tenancy and personal stability.

Case study 2: Sacred Heart Mission

Sacred Heart Mission have developed their own outcome measurement framework which is structured around five high-level outcomes: sustained housing, improved health and wellbeing, improved independence, social inclusion/participation, and economic participation. Each outcome has 4 to 5 associated indicators which help to measure key aspects of the outcome.

Data is gathered using questionnaires which are completed in the context of a conversation between program participant and worker. Data is collected at baseline, case review and exit. Data is entered into an online survey system and downloaded for analysis into an outcomes system which runs on Excel. The system automatically produces individual participant and aggregated program reports. The individual reports are in a visual format which are shared with participants and integrated into the case management process. The aggregated program reports are used to be able to monitor program effectiveness.

The outcome measurement framework and data collection process was piloted with the Journey to Social Inclusion program, and has now being rolled out to all Sacred Heart Mission programs. Although the intent is to retain a consistent data collection tool across the organisation, some adaptation may be required for certain programs such as Aged Care.

Case study 3: VincentCare

VincentCare undertook a rigorous outcome measurement process for its Home Connect Hub program, which was funded as a homelessness Innovation Action Project. 120 quantitative indicators were grouped under domains such as housing, health, finance and others. Data collection involved a conversation between case worker and program participant, guided by a specific list of questions aligned with the indicators, and undertaken at baseline (shortly after service commencement) and where possible, at end of support period. Domains were only applied where relevant, e.g. domains regarding children were only used where the participant had children. Outcome data was entered to a custom MS Access database, which automatically generated outcome reports. Although onerous, the data collection provided a solid evidence base which was useful in supporting the refunding of the program.

VincentCare are now in the process of implementing a more streamlined set of 24 outcome indicators linked to their homelessness recovery service model. These indicators are expected to be applicable to all participants and across all VincentCare programs. Associated outcome fields are being incorporated in standard case management data collection tools, and in a new Client Management System which is currently being rolled out. Outcome reporting using the new tools is expected to commence in mid-2018.

Case study 4: Brotherhood of St Laurence

Over a period of several years, Brotherhood of St Laurence (BSL) developed a Results Based Accountability™ (RBA) approach to outcome measurement. This was initially piloted with four programs and then extended to others. Under this approach, each program identified five key outcomes that would be monitored (including at least three that could be measured in the first year of reporting), with associated indicators. Staff were involved in consultations about the outcomes and indicators, with the intention of subsequently involving consumers. Accompanying data collection forms were developed or revised. Outcome data fields were built into BSL's Client Management System where possible, allowing automated outcome reporting. For programs using other data systems, more manual processes were required for data collation and reporting. With practice, the staff leading the outcome measurement initiative evolved a structured eight-week process to design and introduce outcome measurement within a program.

Analysis of outcome data was completed in some cases by program staff, but more often by the Performance and Outcomes Measurement unit. Results were discussed with managers and teams, prompting robust conversations about data quality and the reasons for the outcome findings. The RBA data collection is currently paused while work is undertaken on program logic.

The need for a shared approach

The current approach of the SHS sector in Victoria to outcome measurement is characterised by diversity and inconsistency. Many different approaches are being trialled in disconnected ways. The sector is still at an early stage in the evolution of outcome measurement, although it has gained learning and experience which will inform future engagement with this field.

Historically there have been few requirements on SHS providers to report on program outcomes. There are now strong signs within the funding and policy environment that outcome measurement requirements are on the way. Australian State and Federal government departments, in line with their overseas counterparts, are in the process of introducing outcome frameworks and exploring outcome-based funding.[26]

In Victoria, work is underway on a whole-of-government outcome-based management approach driven by the Department of Premier and Cabinet.[27] The Victorian Department of Health and Human Services (DHHS) Strategic Plan 2016 includes an outcome framework and set of key intended results. A number of these are relevant to provision of SHS programs, notably 'Victorians have suitable and stable housing' and 'Victorians live free from violence and abuse'.[28] DHHS' internal Outcomes, Performance and Risk unit is developing a workplan for the embedding of outcome measurement on a sector-by-sector basis, with pilots in some sectors planned to commence in 2018. Work in the Child and Family services sector is already well underway. Potential timing for a DHHS focus on outcome measurement in the SHS sector is not yet known.[29] Outcome measurement approaches are established or under development in several other sectors in Victoria.[30]

Victoria's ten-year Community Services Industry Plan includes a focus on strengthening outcomes as one of its ten key priority areas.[31] Consultations for Victoria's four-year SHS Industry Transition Plan also identified outcome measurement as a priority focus.

These observations show a clear trend of government progressing the development of outcome-based approaches for designing, commissioning and managing human services. It appears more likely than not that some form of outcome measurement, if not outcome-based funding, will become an operational requirement within Victoria's SHS sector within the next five years.

This scenario presents a range of risks for the sector, particularly if consultation is limited. Outcomes and indicators may not be well aligned with the work of the sector. Data collection tools and processes may not be fit for purpose, and the data collection burden may increase significantly. Outcome reporting available to service providers may be limited. Outcome data may be used in poorly informed ways to compare programs and agencies or to assess performance based on insufficient evidence.

In this context, it is timely for specialist homelessness services in Victoria to take steps to more systematically engage with outcome measurement. There is a need to develop a shared position on preferred approaches and frameworks, and proactively lead a conversation with government about outcome measurement that will meet the needs of people experiencing or at risk of homelessness, service providers and funders. While this process will not necessarily be straightforward, the sector has demonstrated the ability to collaborate when needed. The risks posed by inaction provide a strong incentive to work together to develop a position of influence on this topic.

5
Outcome measurement options

A well-designed sector outcome measurement framework can support the collection of evidence about shared outcomes and indicators, while providing flexibility for each organisation to incorporate outcome measurement into its own systems in its own way. There are a variety of approaches, tools and methods to consider, each with their pros and cons.

'Branded' approaches such as Results Based Accountability™ [32], Balanced Scorecard[33] or Targeting Outcomes of Programs[34] can provide useful guidance. However there are also numerous examples of service providers and government departments creating bespoke outcome measurement frameworks to suit particular programs, services, agencies, sectors or communities. A framework which is capable of spanning a diverse sector will need to operate at several levels – broad shared outcomes which speak to the work of the entire sector, and more detailed outcomes and indicators which can be applied as relevant to particular program types.

Specific data sources, tools and processes are needed to operationalise outcome measurement. Options for consideration include:
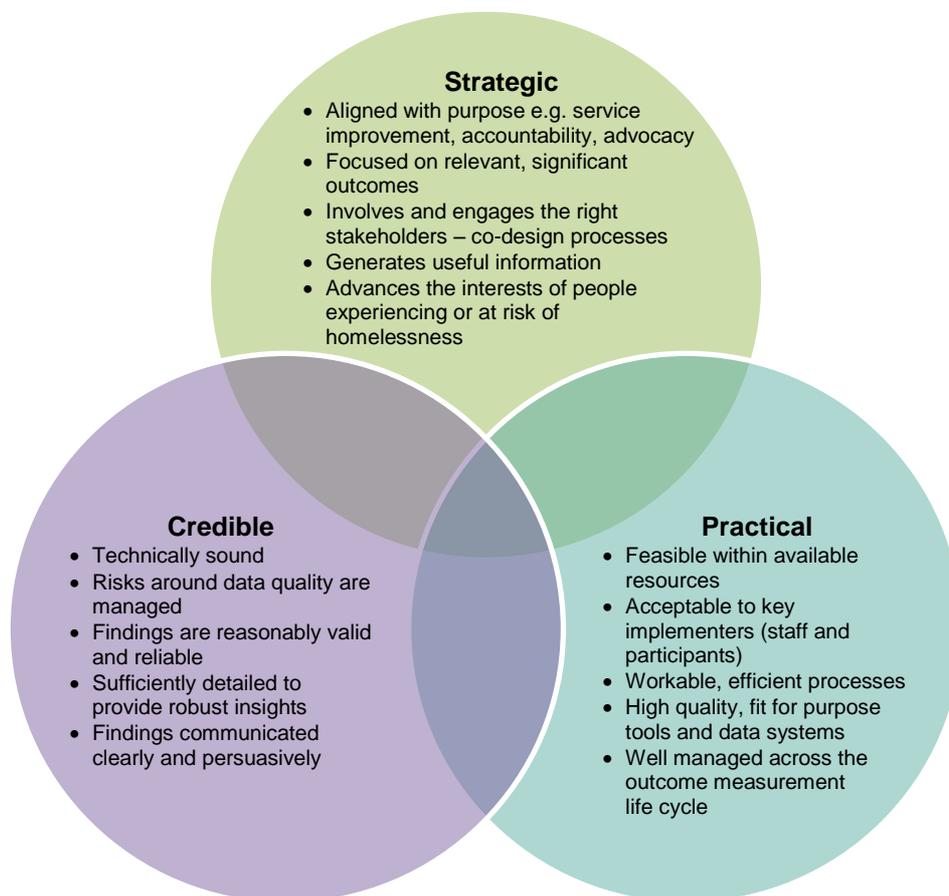
A. **Custom built measurement tools focused on specific outcomes.** These bespoke tools (e.g. questionnaires, customised intake forms, outcome spreadsheets) gather data on specific indicators within an outcome measurement framework. These provide flexibility and pinpoint required data but require investment and often have unknown validity and reliability.

B. **Brief multi-domain tools integrated with service delivery processes.** Tools such as the Outcomes Star™ cover a range of life areas and often focus on 'distance travelled' in personal capability and wellbeing.[35] These are relatively quick to adopt and can integrate well with practice, but provide limited depth, limited credibility at program level, and may miss some outcomes of interest.

C. **Psychometric instruments.** These standardised scales have been formally tested and have known reliability and validity. Many are available covering domains such as health (e.g. SF-36), psychological wellbeing (e.g. BASIS-32, K-10), substance use (e.g. TOP), behaviour and relationships (e.g. SDQ), quality of life (e.g. WHOQOL) and more.[36] Although credible these tools can be inflexible, poorly suited to context, and some can be costly to use.

D. **Goal review.** These methods assess the extent to which a participant has moved towards their own self-defined goals. This can include goal scaling, in which numerical or categorical ratings of goal attainment are recorded.[37] Goal review is relatively simple and fits naturally with service delivery, but can lack credibility and comparability across participants and programs.

These options are not mutually exclusive. An outcome measurement framework might combine multiple tools and processes – for example, a custom housing pathways form (method A), the Homelessness Outcomes Star (method B), a psychometric tool measuring psychological wellbeing (method C), and SHIP data about living situations.

To minimise data burden on staff and program participants, it is important to make use of existing data where possible. SHIP includes several fields that may offer some outcome information.[38] Data quality and availability for some of these fields is believed to be low at present, and the range of information captured is narrow. Despite these challenges, better use of SHIP data should be a priority in future outcome measurement strategies. Significant investment is required to enable this to occur.

Outcome measurement will be most effective when it is **strategic**, **credible**, and **practical**. Key enablers include leadership and coordination, shared purpose, stakeholder engagement, resourcing, technical knowledge, a coherent framework, fit for purpose tools and processes, and functional data systems.[39]

Figure 3: Elements of effective outcome measurement

Strategic
- Aligned with purpose e.g. service improvement, accountability, advocacy
- Focused on relevant, significant outcomes
- Involves and engages the right stakeholders – co-design processes
- Generates useful information
- Advances the interests of people experiencing or at risk of homelessness

Credible
- Technically sound
- Risks around data quality are managed
- Findings are reasonably valid and reliable
- Sufficiently detailed to provide robust insights
- Findings communicated clearly and persuasively

Practical
- Feasible within available resources
- Acceptable to key implementers (staff and participants)
- Workable, efficient processes
- High quality, fit for purpose tools and data systems
- Well managed across the outcome measurement life cycle

Implementing outcome measurement

In broad terms, implementing outcome measurement involves seven steps, outlined below.[40] Stakeholders may wish to adopt a 'branded' performance measurement approach, or instead work through this general thinking process. Whichever approach is adopted, it is essential to start by building the foundations of outcomes thinking by identifying key beneficiaries and outcomes. Issues of measurement can then be considered. Stakeholder involvement will be important to ensure that outcome measurement is relevant, practical and useful. Many organisations find that it can take three to five years to work through this process, make adjustments and implement a sustainable and effective outcome measurement system.

Figure 4: Key steps in implementing outcome measurement

1. **Outcome model**
   Develop an outcome model by identifying: what program, service or other activity is in scope; who it is intended to benefit or affect; and which outcomes are important. Developing a program logic/theory of change may assist with this.

2. **Measurement framework**
   Determine which outcomes will be measured, and the indicators, data collection tools and processes which will allow monitoring of these outcomes. Document these in an outcome measurement framework.

3. **Tools and processes**
   Prepare and pilot the systems, tools and processes used for data collection, data collation and analysis. Obtain, develop or customise data collection forms and electronic tools such as online surveys, databases, spreadsheets or mobile apps. Provide instructions and training for data collectors.

4. **Data collection**
   Collect outcome data. Monitor the extent and quality of data collection so that any process issues affecting data quality can be addressed.

5. **Analyse and report**
   Analyse and report on the results. Depending on the sophistication of the tools available, this step may be quite automated, or may require manual analysis. Use technical expertise to ensure that statistical analyses are valid and that conclusions are sound. Draw on stakeholder input in interpreting the data.

6. **Use the findings**
   Communicate and use the findings in service planning, service improvement and advocacy. Circulate reports discuss findings with relevant stakeholders e.g. service delivery teams, managers and/or Board. Generate action plans where appropriate. Findings may provide a useful input to organisational or service planning. This step may generate further questions to explore through additional research or evaluation.

7. **Review and refine**
   Review and improve the outcome measurement system so that it can become more efficient and effective.

6

Towards effective outcome measurement

There are strong indications that government is moving towards increased outcome measurement requirements. SHS providers in Victoria need to be prepared for these changes. Ignoring them will make it more likely that when outcome measurement does arrive, it will be imposed in ways that are burdensome and ineffective for service providers and for people experiencing or at risk of homelessness.

A proactive approach will help maximise the likelihood that the sector is better equipped to engage with and influence outcome measurement processes, to use these processes to benefit individuals and communities, and to present workable and effective outcome measurement methods to government. In the best case scenario, outcome measurement approaches designed in partnership, by funders, service providers and people with lived experience of homelessness, will provide an effective balance across the needs and interests of all three groups.

An effective strategy to influence future outcome measurement will involve:

1. Sector capacity building to deepen understanding of outcome measurement
2. Identification of key elements of a shared approach to outcomes
3. Proactive engagement to influence an outcome measurement design process led by government and including people with lived experience of homelessness.

Table 1: Strategy to influence the development of outcome measurement

Element 1: Build capacity	Goal: Increase the preparedness of the sector to engage in well-informed conversations about outcome measurement, by increasing the sector's understanding of outcome-based approaches and outcome measurement.
	• Distribute position paper and consider other information which could be useful for the sector on outcome measurement
	• Consult with a diverse range of providers about what capacity building would be useful on this topic
	• Explore the potential to share more information about current outcome measurement approaches in the sector
	• Gather further information about the Victorian Government's approaches to outcome measurement
	• Identify opportunities for service providers to attend forums or training sessions on outcome measurement where relevant.

Element 2: Identify shared approach	Goal: Identify core elements of a shared approach to outcome measurement that the sector believes will be strategic, credible and practical. This will not aim to develop a full outcome measurement framework, but will identify key points to inform future conversations with government.

	• Create a sector working group to coordinate outcome measurement efforts, and identify resourcing to support its work
	• Hold consultation forums with SHS providers, which will:
	   ○ Consider whether the sector has a preferred outcome measurement approach
	   ○ Articulate key outcomes towards which the sector works
	   ○ Deepen a shared understanding of the sector's current outcome measurement practices and clarify barriers and enablers for outcome measurement within the sector
	   ○ Identify existing outcome-related data collection
	   ○ Explore feasible data collection processes, tools and reporting frameworks
	   ○ Identify key messages to put forward to government.
	• Consult with people experiencing or at risk of homelessness
	• Conduct initial consultations with allied service representatives
	• Review inputs from literature and from other projects
	• Document key proposed elements of shared approach
	• Provide channels for electronic input (e.g. online survey).

Element 3: Influence design process	Goal: Join DHHS in a partnership approach to design appropriate outcome measurement for the sector. Within this approach, meaningfully include people with lived experience of homelessness. Advocate to ensure that the outcome measurement approach is properly resourced and fit for purpose.
	• Build relationships with people in relevant roles within DHHS • Advocate to DHHS for the need for inclusion of people with lived experience of homelessness • Confirm resources to be provided by DHHS for the process • Facilitate a genuinely consultative process • Identify appropriate technical expertise to assist with outcome measurement framework design • Review current approaches and existing knowledge, including frameworks and processes developed by service providers • Participate in a series of consultation forums to identify key elements of outcome model and measurement framework. Ensure that consultations involve people with lived experience of homelessness, and a diverse range of service providers • Strongly advocate for fit-for-purpose data collection processes and for the provision of high-quality IT tools • Contribute to drafting and revision of outcome model and measurement framework via working group

- Pilot aspects of the framework, data collection processes and tools to ensure that they are fit for purpose
- Further consult, revise and finalise the outcome model and framework along with associated tools and processes.

A consultation and design process of this type would need to be followed by a practical and properly resourced implementation plan.

The SHS sector has identified outcome-based approaches and outcome measurement as significant priorities for sector development over the next four years. The sector's Industry Transition Plan, is aligned with the broader Community Services Industry Plan. It addresses short-to-medium term reform implications, including a goal to 'build sector capacity in relation to outcomes'.[41] The three elements of the strategy outlined above will enable the sector to move towards this goal.

It is proposed that the SHS sector take the following five key actions to progress outcome measurement over the next four years:

1. Increase sector understanding of outcome-based approaches and outcome measurement, through convening forums and distributing information resources
2. Identify key elements of a fit-for-purpose outcome measurement approach for the sector, through consultation with service providers and people with lived experience of homelessness
3. Join DHHS in a partnership approach to develop an outcome measurement framework for the sector, through a consultative process led by government which builds on the knowledge, experience and needs of service providers and people experiencing or at risk of homelessness
4. Facilitate the sector's access to a suite of practical and functional outcome data collection tools; including pursuit of enhancements to SHIP to enable outcome data entry and reporting
5. Advocate for sufficient resourcing for the sector to undertake outcome measurement, including resourcing for training staff, in recognition of the time and skills required to collect and analyse outcome data.

The SHS sector in Victoria has a window of opportunity now to influence the introduction of outcome-based approaches for the future. It is timely to seize this opportunity to help design outcome measurement that is strategic, credible and practical, and that will advance the interests of people experiencing and at risk of homelessness.

Notes

1   The definition of outcomes presented here is synthesised from multiple sources including: Schalock (2001); Burns and Cupitt (2003); Baulderstone and Talbot (2004); W.K. Kellogg Foundation (2004); Spellman and Abbenante (2008); ARACY (2009); Funnell and Rogers (2011), and others. Some sources constrain outcomes to effects for individual participants or groups of participants, however here we take a wider view encompassing the effects of community-based and non-direct service activities of organisations working in the specialist homelessness service sector.

2   See also discussion of homelessness pathways in Johnson, Gronda, and Coutts (2008).

3   For discussion of outcome timeframes, and the ways in which interim outcomes may lead to long term outcomes, see e.g. Rossi (1997); Spellman and Abbenante (2008).

4   CHP (2013); Gronda, Ware, and Vitis (2011).

5   For further discussion of distinctions between participant, program and population outcomes see Cook (2017); Friedman (2005); Weiss (1997).

6   There are some contexts where it is necessary to attempt to establish with some precision the effects of a program or service; for example, when undertaking a rigorous impact evaluation. In these contexts the distinction between attribution and contribution is important, and establishing the degree of contribution of a program to observed outcomes may be required. However, this level of precision is seldom necessary or possible in routine outcome monitoring undertaken by service providers.

7   The term outcome measurement is used in a variety of ways in the literature and by practitioners. Some use the term broadly to describe any process through which qualitative and/or quantitative data is used in an organised way to reflect on or assess program outcomes; this usage could encompass a variety of qualitative evaluation approaches as well as quantitative methods. This paper adopts a more constrained use of the term, which reflects the way it is used in the main body of outcome measurement literature in the homelessness field. This sees outcome measurement as an aspect of performance measurement, which focuses on producing quantitative findings in relation to specified outcomes. For examples of this usage, see: Burns and Cupitt (2003); Spellman and Abbenante (2008); Homeless Link (2007).

8   Many sources discuss the differences between monitoring and evaluation; a useful example is Markiewicz and Patrick (2016).

9   The Victorian Community Legal Sector Outcomes Measurement Framework (Planigale and Thwaites 2017) provides as example of an outcome measurement framework; it is available at: http://www.fclc.org.au/cb_pages/outcomes_measurement.php

10   NAO (2015).

11   ANAO (2009); NAO (2015).

12   Muir et al. (2017); Victorian DTF (2017).

13   For an overview of benefits and challenges of outcome measurement, see Planigale (2011). Many sources comment on the importance and utility of outcome measurement; see e.g. Burns and Cupitt (2003); MacKeith (2007); MacKeith and Graham (2007); Spellman and Abbenante (2008); ARACY (2009); Muir and Bennett (2014). The discussion here is also informed by the input of service providers and people with lived experience of homelessness, consulted during preparation of this position paper.

14   Sources discussing the risks and challenges of outcome measurement (and in some cases, performance measurement more broadly) include: Rapp and Poertner (1992); Berman and

Hurt (1997); Hudson (1997); Rossi (1997); Schalock (2001); Wells and Johnson (2001); Bevan and Hood (2006); Benjamin (2012); Cuganesan, Guthrie, and Vranic (2014). The discussion here is also informed by the input of service providers and people with lived experience of homelessness, consulted during preparation of this position paper.

15 Lowe and Wilson (2015).

16 See discussion in Benjamin (2012); Keevers et al. (2011); Lowe and Wilson (2015).

17 An example of issues relating to inflated reporting to increase funding is the history of false claims lodged by Job Services Australia providers; see http://www.abc.net.au/news/2015-02-23/government-recovers-millions-after-rorting-of-jobs-scheme/6193022

18 NAO (2015).

19 COAG (2009).

20 Australian Senate ELC (2018).

21 Baulderstone and Talbot (2004).

22 Gronda, Ware, and Vitis (2011).

23 Bennett and Etuk (2017). For general information on the project see http://www.csi.edu.au/research/project/developing-shared-outcomes-housing-and-homelessness-sectors-project/. The project sits within a broader agenda of work by the Centre for Social Impact; see Muir et al. (2015).

24 Callis, Flatau, and Seivwright (2017).

25 Case studies in this section are based on interviews with service provider representatives undertaken during preparation of this paper. The case studies included here have been selected to illustrate a diversity of approaches to outcome measurement. Due to limitations of space we have been unable to include all of the approaches described by providers.

26 Examples of recent Australian developments include Australian Government Department of Social Services' SCORE reporting (Australian DSS 2014, 2015); the Tasmanian Department of Health and Human Services Community Sector Outcomes Purchasing Framework (Tasmanian DHHS 2014); the Queensland Department of Communities, Child Safety and Disability Services Outcomes Framework for Out of Home Care services and outcome reporting framework for Child, Family and Community Services (Queensland DCCSDS 2017b, 2017a; QCOSS 2015); the Western Australia Department of Health Outcome Based Management Framework (WA DoH 2017); and the Northern Territory government's scoping project for the development of a Social Outcomes Framework (NT Government 2017).

27 Personal communication – Victorian DHHS staff, January 2018; more detailed information from Victorian Department of Premier and Cabinet presentation (Victorian DPC 2017)

28 Victorian DHHS (2016a). These outcomes are articulated in more detail in Victoria's Public Health and Wellbeing Outcomes Framework (Victorian DHHS 2016b), which adds population measures.

29 Personal communication – Victorian DHHS staff, January 2018

30 Examples include Mental Health (https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/service-quality/measuring-outcomes-in-mental-health); Child and Family Services (Victorian DHHS 2017); the Community Health clinical indicators project (https://www2.health.vic.gov.au/primary-and-community-health/community-health/community-health-service-improvement/victorian-community-health-indicators); and the Community Legal sector (Planigale and Thwaites 2017; for further information see: http://www.fclc.org.au/cb_pages/outcomes_measurement.php).

31 HSHPIC (2017); see also chapter by Sharon Andrews in Ramcharan and Thompson (2018).

32 Friedman (2005).

33 Kaplan and Norton (1996).

34 Rockwell and Bennett (2004).

35 WEFO (2003). For information on the Outcomes Star™ family of tools see http://www.outcomesstar.org.uk/. For critique of the Outcomes Star™ see Johnson and Pleace (2016).

36 SF-36: https://www.rand.org/health/surveys_tools/mos/36-item-short-form.html; BASIS-32: http://www.ebasis.org/basis32.php; K-10: https://www.hcp.med.harvard.edu/ncs/k6_scales.php; TOP: https://www.gov.uk/government/publications/drug-and-alcohol-treatment-outcomes-measuring-effectiveness, see also Lintzeris et al. (2016); SDQ: http://www.sdqinfo.com/; WHOQOL: http://www.who.int/mental_health/publications/whoqol/en/

37 For discussion of several approaches to goal scaling see Baulderstone and Talbot (2004).

38 Relevant parts of SHIP include fields within the Support Period and Status objects, Note object and Plan object.

39 Many sources discuss enablers and barriers to outcome measurement and provide recommendations for the implementation process; see for example Wells and Johnson (2001); MacKeith and Graham (2007); Hatry and Lampkin (2003); Burns and Cupitt (2003); ARACY (2009). 'Effective outcome measurement' diagram synthesised from multiple sources; see Planigale (2011). Ideas in the diagram were also influenced by discussions with service providers and people with lived experience of homelessness, consulted during preparation of this position paper.

40 For discussion of outcome measurement implementation processes see: Planigale (2011).

41 SHSS Industry Plan – in press (CHP 2018); see also HSHPIC (2017).

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