



youth
coalition
of the ACT

**Outcome Measurement
Approaches and Considerations:
CASP Services and the CATS
Sector**

Final Report

The Youth Coalition of the ACT acknowledges the Traditional Owners and continuing Custodians of the lands of the ACT and pay our respects to the Elders, families and ancestors.

We acknowledge that the effect of forced removal of Aboriginal and Torres Strait Islander children and young people from their families as well as past racist policies and actions continues today. We acknowledge that Aboriginal and Torres Strait Islander peoples hold distinctive rights as the original people of modern-day Australia including the right to a distinct status and culture, self-determination and land. We celebrate Aboriginal and Torres Strait Islander cultures and the invaluable contribution they make to our community.

About the Youth Coalition of the ACT:

The Youth Coalition of the ACT is the peak youth affairs body in the ACT. The Youth Coalition undertakes policy development, sector and workforce development, research and evaluation, advocacy and representation activities to improve outcomes for children, young people and their families.

A key role of the Youth Coalition is the development and analysis of ACT social policy and program decisions that affect young people and youth services. The Youth Coalition facilitates the development of strong linkages and promotes collaboration between the community, government and private sectors to achieve better outcomes for young people in the ACT.

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Acknowledgements

Thank-you to the service representatives from CASP-funded service providers who shared their views, perspectives, experiences and current approaches to outcome measurement to inform this report. We acknowledge that this research took place during a time of significant change and uncertainty for workers and service providers in the CASP sector. We genuinely appreciate their willingness to find space to share their knowledge and experiences with us.

We also commend and thank ACT Health for undertaking to conduct this project, to inform future approaches to outcome measurement for service providers. This demonstrates a commitment to hearing and learning from service providers directly, and to drawing upon service providers' practice wisdom to create approaches to outcome measurement that are useful and effective.

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Introduction

In 2023, ACT Health commissioned the Youth Coalition of the ACT (the Youth Coalition) to undertake an independent evaluation of the pilot of 'Amplify' with service providers funded under the ACT 'Community Assistance and Support Program' (CASP). Amplify is an outcome measurement platform developed by the Centre for Social Impact. The aim of the evaluation was to assess how well Amplify supported service providers to identify and measure outcomes.

During the Amplify pilot, the Centre for Social Impact closed the Amplify platform due to low levels of service uptake across Australia. Consequently, the final stage of the project was amended to examine the outcome measurement approaches and needs of CASP service providers more broadly. As such, this report presents findings related to:

- CASP service providers' readiness, including attitudes, and capability / capacity to measure the outcomes of their programs and shift to outcomes-oriented reporting; and,
- Some analysis of current tools, validated and other, and approaches to outcome measurement that are currently in use, including practices used for eliciting outcomes data in a practical sense.

Following a procurement process, the CASP program began transitioning to the 'Community Assistance and Temporary Support' (CATS) program in October 2023. It is intended that the findings from this research will inform ACT Health in their approach to implementing outcome measurement within the newly established CATS Program. The report findings may also provide valuable learnings to inform commissioning processes and outcome measurement in other ACT sub-sectors.

While this report does not present findings specifically related to Amplify, service providers' use of the platform during the pilot prompted valuable conversations regarding outcome measurement for CASP clients, including in relation to practice approaches. Therefore, where relevant, this report will draw upon learnings from the Amplify pilot to inform the project findings.

Structure of this report

This report includes three key components:

- *Project Methodology*: Describes the methods of data collection and analysis, stakeholder participation, ethical considerations and limitations.
- *Findings*: Presents the findings structured by the key research questions.
- *Discussion - Key considerations*: Identifies key considerations emerging from the findings, to inform future approaches to outcome measurement for CATS service providers.

Project Methodology

This section describes the project methodology, including the methods of data collection, stakeholder participation, ethical considerations and project limitations. As described earlier, this project commenced as an evaluation, which was adapted into a research project when the evaluand (the 'subject' of the evaluation: a pilot of the outcome measurement tool 'Amplify') was no longer available. The original evaluation drew upon a range of evaluation approaches, including using a realist approach to evaluating the value of the Amplify platform within the specific context of the ACT CASP sector.

The key research areas of inquiry were:

- CASP service providers' readiness, including attitudes, and capability / capacity to measure the outcomes of their programs and shift to outcomes-oriented reporting; and,
- Some analysis of current tools, validated and other, and approaches to outcome measurement that are currently in use, including practices used for eliciting outcomes data in a practical sense.

This was a primarily qualitative study, although some limited quantitative data was collected early in the project. Due to the small sample size, emphasis on understanding service providers' views, attitudes and current approaches, and the complexity related to outcomes and outcome measurement, qualitative data was collected to inquire about service providers' views and experiences.

Methods of Data Collection

Although the focus of the research changed, the broad methodology and earlier findings were still relevant to the amended research questions. Methods of data collection included:

- **Pre-pilot online survey:** All CASP service providers were invited to participate in a pre-pilot survey to assess (1) outcome familiarity, attitudes and confidence; (2) whether their program had already identified outcomes; (3) whether they currently use outcome tools and if so, which ones and how; (4) barriers and challenges using outcome tools; (5) views and expectations of Amplify, and (6) why they did / did not opt to participate in the Pilot. Nine service providers completed the survey.
- **Mid-pilot stakeholder interviews:** All CASP service providers participating in the Amplify pilot were invited to participate in a mid-pilot interview, to assess the (1) ease / ability to identify outcomes for their program using Amplify, (2) ease / ability to identify outcome indicators and develop surveys through Amplify, (3) reflections on support provided by Amplify, (4) views and perceptions of Amplify, (5) what worked well and what could be improved. Five service providers participated in interviews.

NB: After mid-pilot interviews were conducted, the scope of the project was amended.

- **Final stakeholder interviews:** Nine final interviews were conducted with CASP service providers, to seek their perspectives about the key research questions.

Data analysis

Qualitative data from interviews and focus groups were coded to identify recurring themes and emerging issues. Limited quantitative data collected through the online survey was analysed using SurveyMonkey, however, it has not been included in this report due to the small sample size. Data was analysed throughout the project after each 'round' of data collection, to inform the development of subsequent interview questions.

Stakeholder Participation

Of the 18 service providers funded through CASP, 13 service providers participated formally through the survey and/or interviews. This included 9 service providers through the initial survey, 5 service providers in the mid-pilot interviews, and 9 service providers in final interviews. Some service providers participated during each stage, and others in only one or two stages. Two service providers did not participate in formal data collection activities but contributed their perspectives informally via email. Three service providers did not participate in the project.

Ethics

Surveys and interviews were voluntary and confidential, and included processes to seek informed consent of participants. Survey participants were asked to identify themselves and their organisations, for the purposes of better understanding their views and perspectives, however, their identities were not shared outside of the evaluation team. This report does not identify the individuals or organisations that participated in the project, noting the limits of confidentiality within a small jurisdiction and sector. The evaluator is a member of the Australasian Evaluation Society and complies with the *AES Guidelines for the Ethical Conduct of Evaluation*.

Limitations

During the eight-month term of this project, the project focus was altered to examine service providers' approaches to outcome measurement, rather than to evaluate their experience using the Amplify platform as originally intended. The project was also undertaken during a time of significant change within the CASP sector. During this time, procurement for the replacement CATS Program took place and information about the proposed phased approach to outcome measurement was provided to service providers. Inevitably, service providers' views and attitudes were informed and shaped by this changing context and a high level of uncertainty, which directly impacted the future funding of their roles and programs.

The establishment of the CATS Program saw the number of service providers funded in this sub-sector reduced significantly, rendering some of the findings of 'CASP' service providers in this report less relevant to the delivery of the forthcoming CATS program. To mitigate this, a differentiation between CASP and CATS service providers has been made throughout the findings where necessary.

The scope and size of this project was limited, service participation was voluntary, and service providers self-reported their current and/or planned approaches to outcome measurement. As such, the findings presented in this report may be used to inform approaches moving forward into the CATS Program but should not be taken as an 'audit' of service providers' approaches to outcome measurement.

Findings

The findings in this evaluation report are structured by the following sections:

1. Attitudes towards and understanding of outcomes and outcome measurement
2. Current approaches and tools for outcome measurement
3. Service providers' capacity, capabilities and support needs
4. Practice approaches and implications
5. Related considerations for the CATS Program

An overview of the high-level findings is presented on the following page, followed by a detailed presentation under each section. A 'Discussion' on the findings follows, on page 21.

An important note on the presentation of findings:

Where relevant, this report differentiates between 'CASP' service providers and 'CATS' service providers. CASP service providers includes organisations funded until December 2023 under the existing CASP sector, which funded 18 organisations. CATS service providers include organisations that were successful in their tender applications to the CATS Program, which commenced replacing the CASP Program from October 2023. All 7 successful CATS organisations were part of the existing CASP Program. Most but not all CASP and CATS service providers participated in this research project.

The differentiation between CASP and CATS service providers is provided for two reasons:

1. The scope of this project was to examine CASP service providers' readiness, views, attitudes and approaches to outcome measurement. However, we found that there is some variation between the readiness and approaches used by the broader CASP cohort, and CATS-funded service providers. Therefore, this differentiation has been made clear where appropriate, to provide information that is relevant and useful to inform future approaches.
2. The outcome measurement readiness and approaches of the broader CASP cohort provides an indication of the variability that may exist within the wider community sector. This may provide valuable learnings for the shift to outcomes measurement across other sub-sectors in the ACT.

During this eight-month project, procurement for the CATS program took place; and information was provided to CATS service providers regarding the intended delivery of the Program, including a proposed phased approach towards outcome measurement over four years. Service providers' views and attitudes, particularly during the final phase of interviews, were inevitably informed and shaped by this changing context. See also for more information: *Project Limitations*.

High-level Research Findings

The high-level findings related to the key research questions are provided below, followed by more detailed findings in the remainder of the report. A discussion and key considerations are presented in the final section of the report.

Service provider readiness, attitudes, capability / capacity to measure outcomes and shift towards outcomes-oriented reporting

In general, service providers demonstrated positive attitudes and readiness towards outcome measurement; and conveyed the value of outcome measurement for their own programs and the service system. There is a perceived varying *capability* for outcome measurement across service providers. A small number of service providers demonstrate advanced existing approaches, and others demonstrate an understanding of outcomes, and promising or emerging practices. CATS service providers demonstrated higher existing capability than the broader CASP cohort¹. Some service providers may need further support to select outcome measurement tools, and/or to strengthen how these can be used in practice. Furthermore, there is a need to clarify, develop and clearly communicate system-level processes regarding outcome measurement across the CATS system, to generate meaningful data collection and reporting, and to develop linkages between service-level outcomes and high-level CATS Program outcomes.

There is a perceived varying *capacity* to conduct activities associated with outcome measurement, which also varies across both large and small organisations. Service providers noted the significant associated costs in both staff resources and infrastructure required to support and integrate outcome measurement.

Analysis of current tools and approaches to outcome measurement that are currently in use, including practices used for eliciting outcomes data

Service providers use a range of existing data collection processes to measure outcomes, often in combination. Several service providers collect participant service experience and satisfaction data and have incorporated processes alongside these to collect data related to what was commonly referred to as “the four CASP outcomes” (high-level Program outcomes that service providers were required to report on through 6-monthly acquittals). A number of CATS service providers already use, or have immediate plans to use, specific outcome-measurement tools that are valid and/or reliable, or which are considered credible for use in practice.

Service providers highlighted the need for outcome measurement tools to be flexibly administered and embedded in good practice approaches that are safe, ethical and support participant engagement. This was noted as of particular importance for the CASP/CATS participant cohort, who have varying levels of access to technology, often limited time availability, and are experiencing difficult times in their lives with limited personal energy resources. A small number of service providers have embedded outcome measurement approaches into practice with clients, while other service providers are still developing these processes.

¹ See p. 9 for more information regarding the distinction between ‘CATS’ and ‘CASP’ services

Attitudes towards and understanding of outcomes and outcome measurement

In general, service providers demonstrated **positive attitudes** towards outcomes and outcome measurement. Outcome measurement was regarded by service providers as an opportunity to:

- a. Understand and identify the social impact of their service for program participants
- b. Identify opportunities for continuous service improvement
- c. Develop consistent approaches and benchmark across the sector
- d. Understand the collective impact of the subsector
- e. Improve service delivery to program participants, including improved case-planning, working with participants to identify their achievements and progress, and to identify where further supports may be required.

Any **reservations** expressed towards outcomes and outcome measurement was primarily related to:

- a. A lack of clarity regarding the implementation of outcome measurement across the CATS service system, including meaningful data collection and reporting
- b. A projected increase in the associated resource and infrastructure costs for service providers to develop or adapt processes and systems to integrate outcome measurement
- c. The need to strengthen capability within government regarding outcome measurement at a service and system level
- d. The need to ensure appropriate service-level and system practice approaches to using outcome measurement tools, to ensure that program participants are not over-burdened.

Service providers varied in their understanding of outcomes and how to measure them, although all participating service providers demonstrated, at a minimum, an understanding of how outcomes differ from outputs. Many service providers described outcomes related to wellbeing and social impact, and what these outcomes look like for program participants who are experiencing difficult life circumstances. A small number of service providers demonstrated a high level of understanding of outcomes (including differentiating between changes for program participants, and participant service experiences/satisfaction), as well as outcome measurement tools and processes. Individuals who indicated a more limited understanding and knowledge of outcomes expressed an **openness to learning and receiving guidance about outcomes and outcome measurement tools**.

Table 1. Continuum for service providers' understanding and approaches to outcome measurement

1	2	3	4	5
No / limited understanding of outcomes	Reasonable understanding of outcomes	Reasonable understanding of outcomes	Reasonable / advanced understanding of outcomes	Advanced understanding of outcomes
No current outcome measurement approaches	No current outcome measurement approaches	Use of informal or non-validated outcome measurement approaches	Emerging/promising approaches towards using credible outcome measurement approaches	Use of validated / credible outcome measurement approaches, embedded into practice

Table 1 presents a simple rubric that was developed to provide parameters around service providers' understanding of, and current approaches to outcomes and outcome measurement. All participating

CASP service providers fell into categories 3, 4 or 5, with several in category 3. Participating CATS service providers were in categories 4 and 5. Approaches to outcome measurement varied across service providers and is discussed further below.

Current approaches and tools for outcome measurement

Service providers reported using a range of existing data collection processes to measure outcomes, some of which were used in combination. These included:

1. **Outcome-measurement tools:** At the time interviews were conducted, three organisations were currently using specific outcome-measurement tools, and a fourth organisation had immediate plans to start doing so. Outcome measurement tools were often used in pre- and post-service capacities, and/or were embedded into practice approaches with program participants, including in use for case-planning and assessing change against participants' goals. Tools included:
 - *Personal Wellbeing Index (PWI):* The PWI contains seven items of satisfaction corresponding to domains including standard of living, health, achieving in life, relationships, safety, community-connectedness, and future security, along with a global satisfaction scale. The PWI is freely available, and has been adapted and validated for use with adults, children, and people with an intellectual disability. It is available in a range of languages.²
 - *Outcome Star:* The Outcome Star(s), developed in the UK, is a suite of tools that can support practice approaches and case-planning by frontline workers with service users, while also measuring change. Outcome Star is available under license and with training. There are over 40 different Outcome Stars, with the *Wellbeing Star* and *Carer Star* being used by CASP service providers. The Outcome Stars have varying levels of validity and reliability, with ongoing research underway. They are widely used and accepted by agencies in the UK.³
 - *Depression Anxiety Stress Scales (DASS):* The DASS is a self-report scale available in long-form (42 items) and short-form (21 items), designed to measure the emotional states of depression, anxiety and stress. It was developed by researchers at the University of New South Wales. The DASS is freely available, reliable and valid.⁴
 - *Health of the Nation Outcome Scale (HoNOS):* Developed in 1993 in the UK by the Royal College of Psychiatrists' Research Unit, HoNOS was developed to measure the health and social functioning of people with mental illness. It includes 12 items measuring behaviour, impairment, symptoms and social functioning. The HoNOS has been adapted for older adults, children and adolescents, people with learning disabilities, people with acquired brain injury, and for use within secure settings. A 2005 study

² Australian Centre on Quality of Life: <https://www.acqol.com.au/instruments>

³ Outcome Star in Australia and New Zealand: <https://outcomesstar.com.au/>

⁴ Psychology Faculty of Science, University of NSW: <https://www2.psy.unsw.edu.au/groups/dass/>

found that the HoNOS suite has ‘adequate or good’ validity and reliability⁵. Online training and resources to support use of the HoNOS are freely available.

- *Activities of Daily Living (ADL) Scale*: ‘Activities of daily living’ is a term used to describe the skills required to independently care for oneself, and is used as an indicator of a person’s functional status. Activities of daily living (ADLs) are classified into basic ADLs (e.g. movement, eating, dressing, bathing), and Instrumental ADLs that require more complex thinking skills (e.g. transport, shopping, finances, meal preparation, house-cleaning, communicating, managing medications). Common measurement scales include the Katz ADL scale (measuring basic ADLs) and the Lawton IADL (measuring independent living skills). Limitations include: the Katz ADL scale is limited in its ability to measure small increments of change, and the Lawton ADL is a self-administered test rather than demonstration of the functional task. However, these tools are useful to create a common language among practitioners, and to determine where an individual may require further assistance.⁶ They are freely available and commonly used with older adults.
2. **Direct use of the CASP ‘outcomes’**: Several service providers collected data related to what they commonly referred to as ‘the four CASP outcomes’. Service providers were required to report on these outcomes using Likert scales through 6-monthly acquittals. The four outcomes had been incorporated directly into survey processes conducted with program participants, or worker observation was used to identify individual results. The four items included:
 - a. Eligible clients’ individual needs are met through appropriate and integrated community care that improves their health and wellbeing and supports their recovery and rehabilitation;
 - b. Eligible clients with a health condition or disability are provided with support that allows them to live independently in their home;
 - c. Eligible clients with a health condition or disability are provided with support that enables community inclusion;
 - d. Avoidable use of the mainstream health system is reduced by timely community-based care services.
 3. **Program participant satisfaction and service experiences**: Several service providers reported that they administer participant feedback and satisfaction survey processes annually, biannually, monthly, and/or after key events. In some instances, these processes were also used to seek feedback on the ‘four CASP outcomes’ (see above).
 4. **Worker observation of change**: Several service providers reported using worker observation to observe and document changes and outcomes for program participants, including through case reviews and progress notes, case studies and ‘good news’ stories.

⁵ Pirkis, J., Burgess, P., Kirk, P. et al (2005) A review of the psychometric properties of the Health of the Nation Outcome Scales (HoNOS) family of measures. *Health and Quality of Life Outcomes*, 3: 76.

⁶ Edemekong, P., Bomgaars, D., Sukumaran, S et al (updated 2023) *Activities of Daily Living*. Treasure Island: StatPearls Publishing. Available: <https://www.ncbi.nlm.nih.gov/books/NBK470404/>

Most service providers reported using a combination of the processes described above. Most commonly, CASP service providers were collecting participant service experience and satisfaction data, and had incorporated processes alongside these to collect data related to the 'four CASP outcomes'. These were sometimes supplemented with case studies or 'good news' stories, and service providers suggested that this often formed the basis of their six-monthly reporting to government. A small number of service providers were already using specific outcome measurement tools, and collecting service feedback alongside these.

Administering outcome measurement processes

Service providers frequently spoke about the need for outcome measurement and data collection to be flexibly administered, **using methods that made it easy for clients to engage, and which also met participants' individual needs and capacity**. It was frequently noted that email-based surveys received low response rates from CASP participants, without additional follow-up support and reminders. This had been noted as a drawback of the Amplify platform, particularly as Amplify surveys were also de-identified.

Service providers reported that CASP participants have varying levels of access to technology, often very limited time availability, and were experiencing difficult times in their lives during which they were juggling multiple priorities with limited energy resources. As such, service providers spoke often about the need to engage with participants in ways that best suit their individual needs, and which do not add to the burden of pressure they are experiencing. They noted that it was often easiest to complete survey and feedback processes with participants directly over the phone, and/or to embed these processes into existing in-person practice approaches, such as case planning and case reviews. Service providers also noted that for some participants, such as people with dementia, outcome measurement is more complex and requires specialist skills. One service provider noted that it was appropriate for processes seeking participant feedback on their service experience / satisfaction (as distinct from changes for participants) to be delivered through methods that allow for anonymous or unbiased feedback.

While these types of approaches supported participant engagement in outcome measurement, it was noted that this was both time and resource intensive; and requires specific engagement and communication skills (see: *Service providers' capacity, capabilities and support needs*). Furthermore, it raised important considerations related to developing best practice approaches to outcome measurement, that enables safe and supportive participant engagement and practices, while also striving for high-quality data (see: *Practice approaches and implications*).

Types of Outcomes

For service providers that were using the 'four CASP outcomes' to inform their data collection and reporting processes, several service providers reported that these high-level Program outcomes met some but not all of their needs. This was primarily due to the wide range of service modalities provided under the CASP program. Some service providers avoided using the outcomes that were less relevant to their service modality, or found ways to explain or translate the outcomes to participants that related more directly to their personal circumstances. A number of service providers identified the **importance of measuring social impact outcomes**, including wellbeing. They varied in the extent to which they were currently measuring these outcomes.

As information was released about the CATS program, some service providers raised questions, concerns or highlighted a **lack of clarity regarding use of the high-level CATS program outcomes**. Service providers described these high-level outcomes as not easily measurable, not short-term (noting that the CATS program has a time limit for clients of up to six months), and that several are participant service satisfaction indicators. Noting that service providers had already been required to develop program logics as part of the tender process, it was unclear to service providers whether system-level work and support would be undertaken to link their service-level outcomes to CATS Program outcomes, or whether service providers would be required to consider this independently.

There was strong interest from service providers in having a consistent approach to outcome measurement across service providers and the system, that enabled both service providers and ACT Health to understand the impact of the broader CATS Program. For CASP service providers, this had included a potential opportunity to introduce common outcome measurement tools for common service modalities (e.g. transport services). This is less relevant within the CATS context, as duplication of service modalities has reduced. However, CATS service providers highlighted the **need to consider participants' journeys through the CATS system**, including what outcomes should be measured, when, and by which service. This was seen as particularly relevant for participants that may engage with multiple providers, and also once the Central Intake Service is established. This is further discussed later in this report.

Service providers' capacity, capabilities and support needs

Service provider *capacity* for outcome measurement in this context refers to service providers' ability to *allocate time and resources (actual and in-kind)* towards planning, developing, conducting, collating, analysing and reporting related to outcome measurement processes. Service provider *capability* refers to service providers' *ability (knowledge and skills)* to undertake these processes. These concepts are linked: service providers' capacity may either support or constrain their capability building.

Service provider capacity

There was a perceived **variation in the level of service provider capacity** to conduct data collection, collation and analysis activities, and this also varied across both large and small organisations. While some service providers noted that 'smaller service providers may struggle more' with undertaking outcome measurement as an additional activity; within some larger organisations, small CASP teams also conducted these activities in isolation without centralised support. Several, though not all, CATS organisations have centralised positions or teams that provide data support across their programs. However, it was noted that developing and/or adapting infrastructure to support data collation and analysis remains a significant projected cost for organisations.

Service providers reported that delivering **effective and appropriate outcome measurement processes with participants, as well as subsequent data entry, collation and analysis, can be both time and resource intensive; and noted that this should be appropriately funded**. One service noted the report '[Counting the Costs: Sustainable funding for the ACT community services sector](#), which pointed towards an underfunding of overhead costs, including towards monitoring and evaluation. Service providers reported that building capacity to conduct outcome measurement processes has a significant associated cost, in staff resources and/or overhead costs. Where data collation and

analysis is conducted manually through affordable software (such as Microsoft Excel), this work comes at an extensive time-intensive staff cost. However, building or purchasing advanced data tools and platforms is also a significant overhead expense to organisations. For some organisations, their reporting requirements vary across sub-sectors and funding agencies (e.g. between ACT directorates, and/or Commonwealth agencies), which may require a range of different processes.

Service providers considered that platforms like Amplify, which automate data collection, collation and analysis, had the potential to reduce time-pressures upon organisations. However, **the practical limitations to using these tools with CASP participants, including ethical concerns about risk, were seen to outweigh these potential benefits** (see *Practice approaches and implications* for further discussion).

Service providers' concerns regarding their capacity to conduct outcome measurement was extended to reporting; in relation to both their six-monthly reporting to government, and in more frequent reporting of client data to the forthcoming Central Intake Service.

Case Study

One organisation supported a university Social Work placement for a group of students to pilot outcome measurement processes within their service. Students implemented outcome tools over the phone with CASP participants, conducted data entry and collation, and data analysis. Through this process, participants were identified who may need additional support, which was then provided. A template for ongoing outcome data collation and analysis was also developed for future use within the organisation.

This was described as an effective approach that utilised and strengthened students' social work engagement skills, while also providing the skilled personnel necessary to undertake the hours of work required to engage with participants, and to input and collate the data.

Note: This approach was very effective for this organisation and highlights the innovative avenues used by community organisations to deliver services within limited resources. We note, however, that supporting student placements also requires internal resources, and other service providers may have varying capacity to support these types of arrangements.

Service provider capabilities and support needs

As described earlier, CASP service providers demonstrated **varying levels of knowledge and capability regarding outcomes and outcome measurement, although all expressed a positive attitude** towards outcomes measurement. Some service providers demonstrated a high level of existing capability related to understanding outcomes, knowledge of outcome measurement tools, and the application of these in practice. Other CASP service providers were in the process of developing this capability, and were open to receiving guidance about how they could go about this.

Service providers noted that different positions across organisations may require different capabilities and types of support. At the **Executive** level, some service providers may need support to understand and develop organisational-level social impact frameworks. At the **program manager**

level, service providers may need support targeted at developing program logics and designing outcome measurement approaches, including identifying outcomes and appropriate outcome measurement tools. One service provider noted that an opportunity to participate in introductory ‘monitoring and evaluation’ training, which included an introduction to program logics, had enabled them to participate more effectively in the commissioning process. At the **frontline worker** level, it was noted that workers may need support related to administering outcome measurement tools, including why they are used and how to effectively deliver them.

CASP service providers identified that it is important that staff who administer outcome measurement tools directly with participants have strong engagement and communication skills, and also an understanding of how to identify and respond to risk. They noted that different services provided within the CASP sector require different types of worker experience and expertise (for example, counselling and domestic assistance/gardening). In some cases, it may not be appropriate for frontline workers to be conducting outcome measurement, including identifying and responding to risk. For some service providers, this highlights a capacity issue, as they look to consider ways in which other program staff, such as coordinators, can support direct outcome measurement with participants. It is important to note that workers’ on-the-ground experience was also acknowledged. Program managers within two organisations highlighted the need to listen to and learn from frontline workers’ perspectives, to inform the design and implementation of outcome measurement processes.

With the varying levels of capability between organisations in mind, and noting that some CATS service providers are advanced in their current use of outcome measurement, **service-level support needs** for some, though not all, CASP and CATS service providers include:

- a. Identifying appropriate outcome measurement tools
- b. Identifying the range of outcomes their programs achieve
- c. Embedding outcome measurement within a practice context (i.e. developing procedures)
- d. Building frontline workers’ capability to administer outcome measurement tools, where appropriate
- e. Approaches to program monitoring and evaluation

Noting that the draft *CATS Program Manual* specifies that training for service providers is expected to occur within the first two years of CATS Program delivery, some service providers noted that there will be a need to consider what supports will need to be provided to service providers within the first year. This was particularly noted in light of the system-level support needs identified below.

Outcome measurement **support needs at the system-level** for the CATS Program include:

- a. Support to determine how service-level outcomes, and data collected through outcome measurement tools, will report into the higher-level CATS Outcomes Framework;
- b. Mapping client journeys to determine when and how outcome measurement should be administered for participants engaged with multiple service providers within the CATS Program;
- c. Identifying implications related to the Central Intake Service (CIS) on outcome measurement approaches across the CATS system, including in relation to needs assessment / intake processes, and noting the ‘no wrong door’ approach that will result in some clients accessing service providers directly;

- d. Clarification regarding expectations related to reporting and ensuring that data collected and reported is meaningful and useful and can identify system-level impact, needs and gaps.

Several service providers independently suggested that a 'Community of Practice' (CoP) for CATS service providers would be beneficial to share learnings and approaches to implementing outcome measurement. This was seen as a missed opportunity within the Amplify pilot. While it was understood that a new Steering Committee would be established at the Executive level, it was felt that a CoP(s) would be of benefit at the Program Manager level, and also at the frontline worker level.

Several service providers also identified that there are **support needs for the ACT Government** which relate to system-level needs. These include:

- a. Strengthening their understanding of outcome measurement, including the relationship between outputs and outcomes, and how service-level outcomes fit within Program-level outcomes
- b. Appropriate interpretation of the data and information they receive from service providers through reporting
- c. Considering what service provider data is meaningful and relevant, and will enable government to identify and understand the impact of the CATS Program, as well as identify emerging gaps and needs as part of the iterative commissioning process
- d. Approaches to building knowledge and skills across service providers regarding outcome measurement
- e. Understanding the additional costs borne by service providers as a result of outcome measurement, in both staff resources and overhead expenses

In relation to service provider reporting to government and Program-level collation and analysis of data, one service provider suggested that bringing government and CATS service providers together for an '**annual sense-making process**' may be a valuable approach to support collective interpretation and discussion of the impact of the CATS Program, including needs and gaps.

Practice approaches and implications

Current approaches to administering outcome measurement tools were briefly described earlier (see page 13), in particular, the need for flexible approaches to administering outcome tools with program participants that support their engagement and meet their individual needs and capacity. This was noted as being of particular importance for the CATS participant cohort, who have varying levels of access to technology, often very limited time availability, and are experiencing difficult times in their lives during which they are juggling multiple priorities with limited personal energy resources. Service providers described that personal approaches were most effective, such as over the phone, or embedding these into in-person case planning and case reviews.

A recurring theme throughout the project, including during the earlier evaluation of Amplify, was the need to use **methods of outcome data collection that are appropriate and safe**. A marketed benefit of the Amplify platform was its ability to distribute de-identified outcome surveys via email to service participants, thereby ensuring that data is anonymous and participants' personal information is protected. In practice, this was viewed by service providers as (1) a barrier to participant engagement, and (2) unethical and risky. Noting the aforementioned difficulties to engage CASP participants using

emails, service providers that did use Amplify experienced low response rates and were subsequently unable to identify which clients they should send reminders to. Furthermore, service providers raised that using de-identified outcome tools to assess wellbeing carries a level of risk, and these should be administered in-person, with responses in-person. In addition to ensuring the safety of participants, it was also felt that this approach would better allow service providers to understand what did or didn't work for participants, and why. One service provider noted that it was appropriate for processes seeking participant feedback on their service experience / satisfaction (as distinct from changes for participants) to be delivered through methods that allow for anonymous or unbiased feedback.

As discussed earlier, CASP service providers identified that it is important that **staff who administer outcome measurement tools directly with participants have strong engagement and communication skills**, and also an understanding of how to identify and respond to risk. They also noted in some cases and depending on the nature of support being provided and the experience and qualifications of frontline workers, it may not be appropriate for frontline workers to be conducting outcome measurement, including identifying and responding to risk. For some service providers, this highlighted a **capacity issue**, as they look to consider ways in which other program staff, such as coordinators, can support client outcome measurement.

Noting the personal pressures experienced by CASP participants, and the new short-term nature of the CATS Program limiting service usage to no more than six months (noting the longer 12-month timeframe for carers), service providers felt it was **important not to 'over-do' outcome measurement of participants**. One service provider described that a simple pre- and post-service outcome measurement embedded into intake and exit processes, using a validated tool such as the PWI in conjunction with client satisfaction feedback, would provide adequate and valuable information, without overburdening participants. It was noted that developing approaches to outcome measurement should be informed by the lived experience of participants.

As discussed earlier, however, service providers noted that there is a **need to undertake participant journey mapping for those participants that may be engaged with multiple CATS service providers at one time** (e.g. transport, care coordination, domestic assistance and individual advocacy); to identify what processes would be used with clients, when they would best be undertaken, and by which organisation. This includes the need to consider objective outcomes that may be directly observable (e.g. remaining at home where appropriate) and subjective outcomes that may require use of a measurement tool (e.g. changes in behaviour or attitudes). It would also need to consider how data will be collected efficiently to avoid unnecessary duplication, and recorded appropriately to support analysis at different points in time.

See also: *Service provider capabilities and support needs*.

Related considerations for the CATS Program

Other considerations raised by service providers related to (1) developing consistent approaches and reporting, (2) the establishment of a Central Intake Service, and (3) feedback on the commissioning process. These are described in further detail below.

Developing consistent approaches and reporting across the CATS Program

Several CASP service providers described that they would like to see a consistent approach to outcome measurement across service providers, to ensure a level of rigour, examine the outcomes of the Program as a whole, and potentially to allow comparability*. While some service providers suggested it would be helpful for all service providers to use the same outcome measurement tool, others suggested that options would be helpful to offer choice, with one person describing this as a 'buffet not a set menu'.

A number of service providers already report under other Commonwealth contracts through the Data Exchange (DEX), including using the 'SCORE' Framework (Standard Client/Community Outcomes Reporting). SCORE includes an outcomes translation matrix, allowing service providers to flexibly select from a range of validated outcome tools, and to translate the findings from these into standardised reporting across outcome domains, allowing for consistency and comparability across instruments. One service provider using this Framework spoke favourably about its ability to provide flexibility, while still supporting standardisation and reporting to higher-level Program outcomes. This is discussed further in *Discussion: Key Considerations*.

Regarding their reporting to government, service providers spoke about the **need to match different types of data to provide a story and context**. This included matching outputs and outcomes, quantitative and qualitative data, and other contextual information regarding service delivery and the external environment (e.g. access to other systems such as NDIS).

Central Intake Service

There was an awareness among service providers, that processes pertaining to outcome measurement may potentially be different both prior to and after the commencement of the Central Intake Service (CIS). Service providers described a **lack of clarity regarding the role that the CIS would contribute towards outcome measurement**, if any, and had differing views about whether it should. This related in part to the type of data the CIS would be collecting, particularly through the 'no wrong door' approach to referral and intake. There was a lack of clarity between providers, regarding whether the CIS would (a) only receive de-identified demographic data about participants (who access service providers directly), or (b) be able to track individuals across the CATS system. If it were the latter, one service provider suggested that this could provide an opportunity to coordinate the monitoring of individual outcomes across their experience in the CATS Program. If it were the former, it was suggested that this would provide data regarding Program-level demand, capacity and wait times. One service provider raised concerns regarding the frequency of required service provider reporting to the CIS.

There was a perceived risk that if the CIS collected baseline outcome data, this could duplicate service provider processes and create barriers to service participation for individuals. Several service providers identified that any processes developed by and for the CIS, should be done so in consultation with CATS service providers, to support the development of meaningful data collection and shared understandings regarding outcome measurement.

* There is a need to be cautious regarding the use of outcome measurement to compare service providers, due to a range of variables that need to be taken into consideration (for example, small sample sizes, variations in client cohort and complexity, and different approaches to outcome measurement used by organisations).

Feedback on the commissioning process

Service providers raised a number of concerns and comments related to the commissioning process, that were related to but outside the direct scope of this project. These included:

- a. Service providers identified that there may be lessons learnt through the CATS commissioning process that could be taken forward into commissioning for other sub-sectors, including:
 - the need to provide introductory training to service providers regarding program logics and outcome measurement *prior* to commissioning occurring;
 - the need for ACT Government to make information available to clients of service providers regarding commissioning and the changes they would experience to service delivery as a result of changes in subsectors. One service provider noted that it would have been helpful to have a letter from ACT Health that could be forwarded to program participants, to let them know what to expect, including during the transition between CASP and CATS.
- b. As an outcome of the commissioning process, several service providers raised concerns regarding the shorter six-month timeframe through which participants would be eligible to receive supports (noting that carers can receive support for up to 12 months). They noted that people with mental health issues, or who experience delays in being able to access other systems such as NDIS, may fall through the cracks. They also noted that sometimes the support that CASP participants require is episodic or sporadic. This may require a less intensive support but over a longer period of time.
- c. Two service providers wished to commend the ACT Government, for (1) listening to their needs and providing longer contracts through the CATS program, and (2) undertaking this research project to hear from service providers.

Discussion: Key Considerations

Central to the findings of this research, is that participating service providers demonstrated positive attitudes and had varying levels of capability and capacity regarding outcome measurement, with a small number of service providers demonstrating advanced capability, and others demonstrating promising or emerging capability. There is a need for further system-level work to be undertaken to support organisations to progress outcome measurement within the CATS Program system context.

Through the findings, key areas have emerged for further consideration that relate to both the short-term delivery of the CATS Program, and which may inform future approaches to outcome measurement and commissioning, including across other sub-sectors. These are presented below.

Initial considerations for the CATS Program

Findings suggest that CATS service providers have varying degrees of readiness for outcome measurement, including varying between having a reasonable to advanced understanding of both outcomes and the application of outcome measurement. As such, it could be suggested that service providers within the CATS Program are not 'starting from zero'. It would be beneficial to support service providers that are in the process of developing their outcome measurement processes to be 'brought up to speed' with other service providers, whilst acknowledging that some organisations are already more advanced and require minimal support.

This may need to be informed by system-level work to determine appropriate processes for the broader CATS system, such as:

- a. Mapping participant journeys within the CATS system, to determine *when* and *how* outcome measurement should occur, particularly for participants engaged with multiple service providers. This should seek to avoid unnecessary duplication.
- b. Clarifying the role of the Central Intake Service, including in relation to need assessment and intake processes, outcome measurement and the 'no wrong door' approach.
- c. Scoping of a range of credible outcome measurement indicators and tools that could be offered as options to service providers for consideration, that align with the CATS Program outcomes. This should include consideration of 'objective' outcomes that may be directly observable (e.g. remaining at home where appropriate) and 'subjective' outcomes that may require use of a measurement tool (e.g. changes in behaviour or attitudes).
- d. Clarification regarding expectations related to reporting, and ensuring that the data service providers are expected to collect and report is meaningful, useful, and can contribute to identifying system-level impact, needs and gaps.

This may have implications for the first two years of the CATS Program, including the planned provision of training within the first and second year, noting the phased approach to outcomes reporting outlined within the draft CATS Program Manual. The support needs of service providers vary, and may not benefit from a 'one size fits all' training approach or introductory training in program logics and outcomes.

Given the limited size of the CATS Program, a customised approach to support which meets the specific needs of each service provider, while also collaboratively progressing system-level processes, may be more beneficial. This may include:

- a. Specific support to organisations to align service-level outcomes identified in program logics, with CATS Program Outcomes (see also, the following section for more information)
- b. Specific support to service providers to identify and select outcome measurement tools that meet their service needs and are considered acceptable to government (where needed)
- c. Support to service providers to strengthen approaches to embedding outcome measurement in organisational policies, procedures and practice (where needed)
- d. Providing training in program monitoring and evaluation
- e. Establishing a Community of Practice(s), supporting the differing needs of program managers and frontline workers
- f. An annual 'sense-making' process that brings government and service providers together, to support collective interpretation and discussion of the impact of the CATS Program, including emerging needs and gaps.

Broader considerations to support outcome measurement

A range of broader themes emerged through the research, which have implications for the CATS Program, as well as other subsectors. These include:

- a. Developing a systems approach to service outcome measurement
- b. Supporting resource and infrastructure requirements for outcome measurement
- c. Strengthening government capability for outcome measurement

Each of these areas are outlined in further detail below.

Developing a systems approach to service outcome measurement

Findings from CASP service providers demonstrate a wide range of outcome measurement capabilities across service providers. While some service providers are advanced in their existing processes, others have limited capacity to pursue building their capability. Some service providers may be waiting to receive further guidance from government in relation to their preferences regarding reporting requirements and outcome measurement processes. Communication between government and community has been unclear, highlighting a need to develop shared understandings and clarity regarding expectations of service providers.

The Department of Social Services' [Data Exchange SCORE Framework](#) presents a high-level outcomes framework and includes an [outcomes translation matrix](#), allowing service providers to flexibly select from a range of validated and/or acceptable outcome tools, and to translate the findings from these into standardised reporting across outcome domains. This allows for consistency and comparability across *instruments*.⁷ In their [guide for services](#), the *NSW Targeted*

⁷ There is a need to be cautious regarding the use of outcome measurement to compare service providers, due to a range of variables that need to be taken into consideration - for example, small sample sizes, variations in client cohort and complexity, and different approaches to outcome measurement used by organisations.

Early Intervention (TEI) Program demonstrates the ways in which service-level outcomes and reporting may align with and link to higher-level TEI Program outcomes, using the SCORE Framework to identify validated outcome measurement tools. Furthermore, it demonstrates how the TEI Program outcomes align with the NSW Human Services Outcome Framework.

There are learnings to be drawn from programs using the SCORE Framework, such as the TEI Program, which could inform ACT Government approaches to commissioning and reporting. The TEI Program guide provides clear guidance for service providers regarding client outcome measurement, how this aligns with sub-sector Program outcomes; and further, how sub-sector outcomes fit within a wider Outcomes Framework. It provides clarity and certainty to service providers and supports standardised approaches with clear parameters, whilst still allowing service providers to flexibly consider what outcome tools and approaches will best meet their needs and the needs of their clients. While SCORE specifically, may not be suitable for the CATS subsector, the framework and its implementation provide a conceptual model and structure that could inform ACT Government approaches to commissioning and reporting.

As discussed earlier, service providers' training needs regarding outcome measurement may differ prior to, and after, the procurement process associated with commissioning. Service providers may benefit from the opportunity to participate in standardised, introductory-level training to develop clarity and consistency in understanding and using program logics and outcome measurement *prior* to procurement processes, noting that service providers tendering to the CATS Program were required to submit a Program Logic as part of their application.

Resources and infrastructure requirements for outcome measurement

As described earlier, service providers have varying levels of capacity to conduct outcome measurement activities, including data collection, collation and analysis, and this also varies across both large and small organisations. Service providers reported that delivering effective and appropriate outcome measurement processes with clients, as well as subsequent data entry, collation and analysis, can be both time and resource intensive; and noted that this should be appropriately funded within government contracts. The *Counting the Costs: Sustainable funding for the ACT community services sector* report pointed towards an underfunding of overhead costs for community service providers, including towards monitoring and evaluation. As such, this is an important consideration not only for the CATS Program, but for the ACT Government to consider in commissioning processes more broadly.

Strengthening government capability for outcome measurement

There is a need to strengthen government capability in relation to outcome measurement, to better support system-level processes, 'connect the dots' between system-level and service-level outcomes, and to appropriately interpret the information they are receiving from service providers to inform ongoing planning. This includes the need to better understand the relationship between outputs and outcomes, and what types of data are meaningful and relevant to enable government to identify and understand the impact of the CATS Program (and other subsectors), and to identify emerging gaps and needs as part of the iterative approach to commissioning. In undertaking this capability-building, it is necessary for government to develop shared understandings, consistency

and clarity across government and community subsectors, including in relation to expectations of service providers.

Conclusion

This report presents the findings from a research project conducted for ACT Health, to understand CASP service providers' readiness, attitudes and current approaches to outcome measurement; in the lead-up to the delivery of the replacement CATS Program. Central to the findings of this research, is that participating service providers demonstrated positive attitudes and had varying levels of capability and capacity regarding outcome measurement, with a small number of service providers demonstrating advanced capability, and others demonstrating promising or emerging capability. There is a need for government to understand the costs and resources associated with outcome measurement for service providers.

Further system-level work is required, to support organisations to progress outcome measurement processes within the CATS Program context. This includes mapping client journeys to determine when and how outcome measurement should occur, clarifying the role of the Central Intake Service, scoping credible outcome measurement indicators, and clarifying expectations related to reporting. A customised approach to training that meets the specific needs of each service provider, while also collaboratively progressing system-level processes, may be beneficial. More broadly, there are learnings to be drawn from other jurisdictions implementing outcome measurement at the service and system level. It is necessary for government to support the development of shared understandings and clarity across government and community subsectors, including in relation to expectations of service providers.

Through commissioning this project, ACT Health demonstrates a willingness to hear directly from community service providers about their views and experiences with outcome measurement. It is hoped that the findings delivered through this project will be valuable to inform the future delivery of the CATS Program, and other subsector commissioning processes.