Council to Homeless Persons Consultation Report – June 2020

Getting Outcome Measurement Right for the Specialist Homelessness Sector

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Acknowledgements

Council to Homeless Persons acknowledges the traditional custodians of the lands and waters on which these consultations took place, and pay our respects to their Elders past, present and emerging.

We thank the many people who contributed their time and expertise to the consultation process and to providing feedback on the draft report. In particular, we would like to thank people who are or who have been without a home, frontline staff and managers of service provider organisations, staff of the Department of Health & Human Services and other government agencies, representatives of peak bodies from allied sectors, Lirata Consulting and the staff of Council to Homeless Persons itself.

Special thanks to all the members of the Sector Outcomes Working Group, who provided a large amount of input and an important reference point for our thinking throughout the project.

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Increased focus on outcomes

The Specialist Homelessness Sector (SHS) in Victoria is facing a period of significant transition. Outcome-based approaches to service design and delivery are increasingly in focus for the sector, alongside other priorities such as more person-centred practice models, stronger service and workforce capacity, and Aboriginal and Torres Strait Islander self-determination.

Although there is not a consistent, widely accepted approach for outcome measurement in the SHS, this is likely to change over the next decade. Governments around Australia are in the process of introducing outcome frameworks and exploring outcome-based funding. In Victoria, the Department of Premier and Cabinet (DPC) is driving a whole-of-government outcome-based management approach, while the Department of Health & Human Services (DHHS) is progressing outcome measurement initiatives across several sectors. In 2019 DHHS' Homelessness Outcomes Group commenced the development of a draft outcome framework for the SHS.

These signs point to a future in which the sector will experience a stronger emphasis on outcome-based approaches, and greater expectations to collect and report on outcomes data.

Developing sector capacity on outcomes

Recognising the increasing focus on outcomes, Council to Homeless Persons (CHP) has been working in partnership with the sector to develop a strong, well-informed view on outcome-based approaches and outcome measurement.

- CHP's 2018 Position Paper *Preparing for Outcome Measurement* reviewed a wide range of literature, explored examples of outcome measurement, consulted sector experts and recommended a proactive strategy to build sector influence and capacity regarding outcomes.
- The Future Ready Homelessness Forum in October 2018 endorsed the view that CHP should support the SHS to proactively engage with the Victorian Government's outcomes focus.
- The *SHS Transition Plan 2018-22* identified the building of sector capacity on outcomes as a priority goal.

In 2019, CHP pursued this Transition Plan goal by implementing the Sector Outcomes Consultation Project. The project aimed to strengthen the sector's readiness for outcome measurement by building understanding and contributing to a culture that values outcomes data. The project also surfaced the ideas and concerns of the sector, and reviewed these alongside information on best practices in outcome measurement to identify approaches that will be fit for purpose.

The project spoke with over 200 stakeholders: people who are or who have been without a home, frontline staff and managers of SHS service provider organisations, and others. Together, the perspectives of these people provide vital insights into both the potential and the challenges of outcome-based approaches and outcome measurement.

Outcome measurement is possible but needs to be done right

Sector consultations demonstrated a high degree of interest and openness on the part of the sector to greater adoption of outcome-based approaches, and to moving towards outcome measurement that is relevant and sustainable. Outcomes can be used to strengthen alignment and shift toward more flexible and person-centred service delivery approaches. Outcomes data supports the celebration of success, service improvement, and advocacy for the needs of people without a home.

However, consultations also indicated consistent concerns about the potential for outcome measurement to be implemented poorly, with damaging results for program participants and service providers. To be effective, sustainable and ethical, outcome measurement needs to be designed and introduced carefully and in close consultation with service providers and people who are or who have been without a home.

Person-centred outcome measurement

The move to more person-centred service design and delivery is a key plank of current sector reform agendas. A person-centred approach to outcome measurement is consistent with this direction and supports the delivery of flexible, evidence-based person-centred services.

People who are or have been without a home were consulted during this project and played an important role in shaping the idea of person-centred outcome measurement. This refers to approaches to measuring people outcomes in which the primary reference point for defining outcomes and assessing the extent to which they have been achieved, is the individual needs, goals and perspectives of participants (people receiving services). This approach contrasts with approaches to outcome measurement in which a pre-determined standard set of outcomes and measures is applied to all participants regardless of their circumstances or priorities.

Person-centred outcome measurement requires more sophisticated tools, but helps keep outcome measurement relevant and empowering for those involved. Like other approaches to outcome measurement, this approach should be accompanied by in-depth evaluation to generate robust evidence at program level.

Focus on learning and improvement

Outcomes data can be used for a variety of purposes. The primary purposes for outcome measurement in the SHS for the foreseeable future should be to aid participants' recovery journeys (through supporting focus and reflection on progress),

and to aid system and service improvement (through providing evidence about areas of strength and weakness in outcome achievement).

It is essential that service providers are not held accountable for outcomes over which they have little control. Useful comparison across services or regions requires high measurement validity, reliability and integrity, and a sophisticated and detailed understanding of context, cohort and system variables, which will take many years to develop. If outcome measurement is used as a punitive mechanism this will quickly undermine service provider participation and data integrity. For all of these reasons, the use of outcome measurement for accountability purposes should be excluded from consideration for quite some time.

Effective use of outcome-based funding also requires a set of specific conditions which are not broadly in place within the SHS. While outcome-based funding might be an option in certain specific contexts, it is not appropriate as a general funding model for the SHS.

Leadership, partnership and shared benefits

Clear and consistent leadership will be required from DHHS and from within the sector to set a vision for outcome measurement, to communicate the details, demonstrate its value and to maintain focus on it as policy priorities shift.

Government, service providers and people who are or who have been without a home, each have important perspectives and important contributions to make to successful use of outcome-based approaches. The design and implementation of outcome measurement should be undertaken as a collaborative process with genuine partnership between these three groups of stakeholders. The sector strongly supports a greater role for people who are or who have been without a home in design and testing of outcomes approaches, in outcomes data collection, and in evaluation.

SHS data collection is currently dispersed across teams and agencies, leading to duplication of data collection, inability to create a coherent picture of outcomes, and increased data burden. A joined-up approach to outcomes data collection and analysis, within an appropriate privacy and consent framework, is supported by service providers and people who are or who have been without a home. It is also essential that the benefits of outcome measurement are shared by ensuring that relevant real-time reports on outcomes data are available to participants, frontline staff and service provider management, as well as to government.

Implementation plan with strong risk management

Outcome measurement is major sector reform, and needs to be introduced with a sound implementation plan and strong attention to change management. The cultural shift required for sustainable outcome measurement will take long-term commitment. A timeframe of a decade should be allowed to design, introduce and refine an outcome measurement approach to the point where it is efficient and delivering

consistently high value. The sector advocates for a staged approach, in which elements of the approach are introduced incrementally over time, and thoroughly tested and embedded in turn, to enable the sector to move forward in a manageable way.

There are many risks associated with outcome measurement. The top five identified by the sector are: inadequate resourcing, low data quality and integrity, unsuitable data collection methods, inappropriate accountability, and use of outcome-based funding. Strategies to manage many of these risks are presented in this report. The sector asks DHHS to undertake a proper analysis of these risks in consultation with the sector; to develop a clear plan for their mitigation; and to adjust the outcome measurement design and implementation approach accordingly.

Resourcing and capacity building are essential

The SHS operates in a resource-constrained and high-demand environment. Many staff in the sector operate under significant pressure and stress. Administration associated with service provision has grown substantially over the past two decades. Introducing and sustaining outcome measurement will require an investment of time in data collection and data entry, reporting and use of data, change management, service development and professional development. Unless this investment is properly resourced, outcome measurement will divert resources from service delivery, be implemented inconsistently and to a low standard, and create further stress for staff.

Implementation of outcome measurement must be resource-neutral or better for the SHS. Overall data burden on this already stretched sector should not increase through the introduction of outcome measurement. This requires DHHS to explore how low-value elements of current data collection requirements can be removed to create space for outcomes data collection, how inefficiency and duplication in data collection can be reduced, and to identify what additional resourcing needs to be provided to the sector to enable sustainable outcome measurement.

Specific consideration will be needed as to the capacity of smaller, lower-resourced and/or non-metropolitan organisations to manage changes in data requirements. Investment will also be required to ensure that data collection tools, including SHIP, are efficient and well-designed for the collection of outcomes data and facilitate participant involvement in outcomes conversations.

Ongoing guidance and training will be required for sector staff to ensure that outcome measurement is understood and implemented as intended. Further investment in data quality, data coordination and analytics capacity is also required for both service providers and government. This will enable the generation of high quality, accessible and meaningful outcomes information for service providers and people who are or have been without a home.

Getting the architecture right

The SHS responds to the needs of diverse cohorts of people experiencing or at risk of homelessness. The sector is an umbrella for a diverse range of programs and services which respond to the needs of these groups at different points on their journeys towards a home.

The SHS needs an outcome measurement approach that can work in useful ways across this diversity. This approach must combine a consistent underlying architecture, with flexibility in emphasis, measurement and data collection for different participants and different service types. The outcomes focus of a crisis response service will vary significantly from that of a longer-term support service. The types of measures that can reasonably be applied in these settings may also therefore be quite different.

There is no single client questionnaire or goal setting template that will gather all the data relevant to outcome measurement across the sector. Instead, what is needed is an underlying outcomes 'map' that sits behind the work of the sector and articulates a set of domains, outcomes and indicators that are broadly relevant to many people who are or have been without a home. This should be described in an outcome framework with associated measures that draw data from different sources relevant to the outcome indicators being assessed. Domains and outcomes will be common for the sector; outcome indicators will have different emphasis in different program types; and measures will be applied only to those programs or activities where they are relevant and can feasibly be measured. Within a person-centred approach, outcome indicators and measures should also only be applied where people have identified related goals. This architecture balances consistency with flexibility and is therefore a good fit for the sector.

Government has taken on the role of developing an outcome framework for the SHS. The framework needs to be developed in close partnership with the sector to ensure that it is coherent in the context of the sector's work.

Outcomes that matter

Both people outcomes and system outcomes are essential to articulating the impact of the SHS. People outcomes are changes for individuals, groups (including families) or communities. System outcomes are changes for organisations or systems. System outcomes such as increased availability of affordable housing, or the provision of safe and inclusive services, are vital enablers for the achievement of people outcomes.

Sector consultations identified ten people outcome domains and six system outcome domains, shown below. Among people outcomes, *Housing*, *Safety* and *Stability* are identified as core to the work and objectives of the sector. *Safety* and *Stability* extend beyond housing to encompass many aspects of people's lives. The remaining seven domains (*Health*, *Empowerment*, *Participation*, *Financial & material wellbeing*, *Legal & justice*, *Independence* and *Connection*) are also of importance to many people who are or have been without a home. The sector's impact needs to be measured across all ten

domains, however the sector's role in (for example) health is often more about linking people to specialist health supports, than in direct delivery of health services. The measures used to assess the sector's work in these domains need to reflect the reality of the sector's role.

Figure 1: SHS domains for people outcomes

Although safe, secure long-term housing is a goal for many people accessing SHS services, in the current housing system context attaining this can take years if not decades. Much of the work of the sector is in responding to crisis, incrementally building capacity, and addressing health and wellbeing issues. This interim work has a major bearing on people's eventual capacity to access and sustain stable housing. A 'distance travelled' approach which recognises progress and values personal as well as external outcomes is important to capture the work of the sector that makes a difference to people who are or have been without a home.

Among the system outcome domains, of major importance is the availability of safe, secure, suitable, affordable housing for people on low incomes, along with sustainably funded support. *Resourced: housing and support* is therefore at the centre of the system outcomes diagram. *Person-centred*, *Safe & inclusive*, *Integrated, Capable* and *Preventive* are also key domains where systems need to be strengthened.

Figure 2: SHS domains for system outcomes

A broad range of outcome indicators were identified by the sector through the consultation process, and selected examples are included in the report. Alignment with outcome frameworks for closely related sectors, including community housing and family violence services, will be an important consideration in pursuing joined-up approaches to outcome measurement.

Measures and processes that are feasible

The SHS needs outcome measures, data collection tools and processes that are clear, relatively simple, acceptable and accessible to participants and staff (including being couched in language that is appropriate and respectful), and able to be used in an integrated and efficient way within the context of service delivery. It is likely that the large majority of outcomes data for the foreseeable future will be gathered through service delivery and/or peer worker processes. Outcome measures and tools also need to be carefully considered for cultural safety, including for their relevance and appropriateness for people of Aboriginal and Torres Strait Islander backgrounds.

Five main types of measures are important to SHS outcome measurement:

1. Participant-rated goal attainment (participants' ratings of the extent to which their self-identified goals have been achieved)
2. Staff-captured administrative data (data entered by workers in selected fields as a routine element of service delivery)
3. Participant-rated perception data (participants' responses to standardised questions related to selected outcome indicators at a point in time)
4. Staff-rated perception data (workers' ratings and observations in relation to selected outcome indicators at a point in time)
5. Population and system data (data captured through community-level research or through analysis of administrative and capacity data at whole-of-system level).

Although goal attainment data is useful and relevant to individual participants, it is often difficult to aggregate in any meaningful way. A more sophisticated form of goal attainment scaling links participant-identified goals to relevant domains and indicators from the outcomes framework. This is worth pursuing, but to be used well it requires more sophisticated tools and thorough training of staff.

The use of detailed, domain specific validated tools in routine outcome measurement will generally not be appropriate for the SHS service context. Pre- and post- data collection can also be challenging, especially in the context of chronic homelessness, presentations during periods of crisis, and fragmented data holdings across the service system. Alternatives such as point-in-time assessment and retrospective ratings of distance travelled need to be considered. There is no readily available 'off the shelf' tool which will fit the requirements of outcomes data collection within the SHS outcome framework to be developed, although there may be existing tools which could be modified or adapted to suit. It is likely that DHHS and the sector in partnership will need to develop a set of data fields and tools (with variations appropriate to different service types) that will gather the data to suit the framework.

From the sector's point of view, it is essential that the collection of outcomes data be integrated within the main sector database, rather than the sector being provided with separate databases or data collation tools for outcomes data. For efficiency and data quality, there needs to be one point of data entry which supports data use in service delivery, as well as reporting at organisational, state and national levels.

SHIP is the national database which supports the capture and reporting of a consistent National Minimum Data Set (NMDS) for SHS services across Australia. SHIP is also used by specialist family violence services. Administrative data already captured through SHIP should be used for outcomes measurement where relevant.

However, SHIP was not designed for comprehensive collection of outcome measures. SHIP provides reasonable longitudinal data on households' housing situations; with improved reports, there would be some capacity to identify emergency, interim and

long-term housing outcomes based on existing data. Structured referral data, where available, provides some indication of engagement with specialist support. Useful structured data on other outcome domains is largely lacking. SHIP supports goal attainment scaling, but currently lacks the capacity to link it to domains or outcome indicators from an outcome framework.

SHIP provides a useful foundation on which to build, however in its current form it does not support the fit-for-purpose sector-wide outcome measurement approach outlined. To collect outcomes data effectively, government will need to invest substantially in further developing SHIP, or in providing a replacement data system. Key priorities include:

- Enhancing outcomes reporting capability, including making better use of existing outcomes data
- Inclusion of additional outcomes data capture fields
- Enhanced functionality in areas such as assessment, goal planning and review, and referral, to enable data capture to be connected with outcomes
- Integrating the ability to directly collect outcomes data from participants, for example through online questionnaires
- Building sector consistency in data system use, capture and entry of outcomes data, e-referral and related processes.

Proposals in relation to modification of the NMDS and SHIP have cross-jurisdictional and/or cross-sector impact, and may require negotiation around data collection and reporting requirements among multiple stakeholders. While this presents opportunities it also raises the risk of blockages or lengthy delays.

The sector in Victoria is keen to engage in discussions with DHHS, the Australian Institute for Health and Welfare (AIHW), and other partners to progress improvements to SHIP's outcome measurement capabilities. In the medium to long term, the sector would like to discuss the opportunity for more significant changes to data systems, toward a person-centred model of data ownership and data capture, including tracking of progress and outcomes, potentially on a different platform.

Staged introduction

Building on the above considerations, the sector proposes a series of steps for the introduction of outcome measurement for people outcomes. These are summarised in Figure 3 below, and discussed further in Chapters 7 to 9. The first step should occur in parallel with the development of an outcome framework by DHHS in consultation with service providers and people who are or have been without a home, as described above. All steps should consider what existing data collection requirements can be reduced to enable capacity for outcome data collection.

Figure 3: Proposed steps in introduction of outcome measurement

STEP	DESCRIPTION
1 – Improved reports on housing outcomes	The most useful outcomes data from the current SHIP collection is housing situation data. As an initial stage, DHHS should pursue the implementation within SHIP of reports on housing outcomes, drawing on this data, and referenced to key outcome indicators in the Housing domain. This will place no additional burden on frontline staff, and will provide useful and accessible data to service providers.
2 – Minimal set of key client-rated measures	Based on the outcome framework, DHHS and the sector should identify a small set of client-rated measures that speak to high priority, immediate concerns for people, that can be gathered by workers in consultation with participants and entered during the course of service delivery. Enhancement is likely required to SHIP to enable this data to be stored. For example: • Level and impact of crisis for participants • Level of perceived safety in accommodation • Access to items needed to address medical needs • Mental health status • Sufficient funds for day-to-day household necessities This and all other steps need to be designed and rolled out bearing in mind overall data collection burden, and the need for robust training for staff.
3 – Enhance capture of goal attainment scaling data	Goal attainment data is central to a person-centred approach to outcome measurement, but is currently not captured in sufficiently sophisticated format to enable useful aggregation and reporting. DHHS and the sector should pursue enhancements to the action plan functionality within SHIP to make it more efficient and user friendly, better integrated with the sector's goal setting processes, and able to be referenced to outcome domains and indicators. This will significantly increase SHIP's outcome data collection capacity.
4 – Greater consistency in capture of referral data	Referral data provides a proxy for support linkage outcomes across multiple domains. A more streamlined referral data entry mechanism should be provided within SHIP, linked to specific outcome domains or goals. Work would be needed with the sector to build the consistency and quality of referral data entry.

STEP	DESCRIPTION
5 – Enhance the capture of other worker-rated outcomes data	Selected other fields should be added to SHIP to enable capture by workers of data relevant to specific outcome indicators. The following measures (which may be able to be rated by staff) could be prioritised for this: • Eviction prevented • Children remain connected with family, education and childcare • Risk assessment(s) conducted (incl. risk assessment for children where relevant) • Safety plan in place • Health assessment conducted • Receive treatment for immediate medical needs • Young people participate in education or training • Assessment of financial issues completed • Assistance to access social security entitlements • Reduction in debt • Access to transport
6 – Develop participant-rated questionnaires	Develop a set of participant rated questionnaires, referenced to the outcome framework, with variants suited to different service types. These should focus on a mix of outcome indicators relating to capacity building / addressing trauma and living life to the full, across multiple the domains. These are likely to be used in medium to long-term support services rather than in crisis services.

These steps should be staged over a timeframe of 6 to 8 years to incrementally provide more useful outcomes data, to allow adequate resourcing and testing of each step, to continuously build sector capacity and avoid overwhelming the sector. Steps that will require longer periods of development and/or will have greater impact on people who are or have been without a home, or on frontline staff, are placed later in the sequence. Preparatory work on later steps can be undertaken while implementing earlier steps.

The sector also strongly supports the development of a parallel process for the measurement of system outcomes.

Conclusion

Although the SHS is diverse, there are strong shared views around outcome-based approaches and outcome measurement. The sector is aware of the complexities and challenges of doing outcome measurement well, but sees the benefits of an outcome measurement approach that is person-centred, practical and sustainable. Crucial to

achieving this will be strong partnerships between people who are or who have been without a home, service providers and government.

Implementation of such an approach will require substantial time and effort. At a minimum, the sector will require an outcome measurement approach that places at its centre the views of people who are or have been without a home, and a system and process for data collection that is appropriately resourced.

The sector is ready to take the next steps of dialog with government, and with partner organisations in related sectors, to move toward an approach to outcome measurement that contributes to an end to homelessness in Victoria.

1
Introduction

A sector in transition

The Specialist Homelessness Sector (SHS) in Victoria is facing a period of significant transition. Outcome-based approaches to service design and delivery are increasingly in focus for the sector, alongside other priorities such as more person-centred practice models, stronger service and workforce capacity, and Aboriginal and Torres Strait Islander self-determination.

Although there is no consistent, widely accepted approach for outcome measurement in the SHS, this is likely to change over the next decade. Governments around Australia are in the process of introducing outcome frameworks and exploring outcome-based funding. In Victoria, the Department of Premier and Cabinet is driving a whole-of-government outcome-based management approach, while DHHS is progressing outcome measurement initiatives across several sectors. In 2019 DHHS' Homelessness Outcomes Group commenced the development of a draft outcome framework for the SHS.

These signs point to a future in which the sector will experience a stronger emphasis on outcome-based approaches, and greater expectations to collect and report on outcomes data.

This report is part of the response of the SHS in Victoria to these issues. It presents findings and recommendations from the **SHS Outcomes Consultation Project** led by Council to Homeless Persons (CHP) in 2019. The project involved wide-ranging consultation with people who are or have been without a home, frontline staff and managers of SHS service provider organisations, and other stakeholders. The consultation process has helped to boost the sector's readiness to engage in outcome-focused conversations.

The perspectives and ideas of those consulted, alongside information on best practices in outcome measurement, have contributed to shaping a strong, well-informed view on outcome-based approaches and outcome measurement. This view will help orient the sector's future engagement in outcome measurement, and its response to government initiatives in this area.

Key terminology

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

The primary intended beneficiaries of the SHS's work are individual people, families and groups experiencing or at risk of homelessness. The main focus of this report is on **people outcomes** for these people, however the report also touches on **system outcomes** which occur at the organisational or service system level.

The following key terms are used in this report:[2]

- **Participants** – people who engage with and/or receive assistance from programs or services. For the SHS, participants are generally individuals, families or other groups experiencing or at risk of homelessness
- **Outcome-based approach** – an approach to social service provision which uses the articulation of intended outcomes as the central reference point for program design, planning, practice and evaluation
- **Outcome measurement** – a systematic process through which relevant parties collect data related to the outcomes of a program, service or other activity; 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 typically takes a *monitoring* approach. O*utcome evaluation* or *impact evaluation* can draw on information produced through outcome measurement as well as data from other sources to provide stronger findings about the reasons why outcomes have occurred (or not)
- **Outcome-based funding** – a funding arrangement in which all or part of the payment to a service provider depends on achieving outcomes specified by the commissioning/funding organisation. Outcome-based funding and outcome measurement are separate processes and can occur independently of each other.

Chapter 3 provides more definitions of key terms within the context of the outcomes architecture which underpinned the consultation process.

Guide to this report

- Chapter 2 explains the consultation purpose and focus, the methods used and the groups consulted
- Chapter 3 outlines the outcomes architecture that was used to structure the consultation process
- Chapter 4 presents sector views regarding the principles that should underpin outcome measurement, and risks that need to be managed in the process. This chapter also introduces the concept of person-centred outcome measurement
- Chapter 5 describes the outcome domains that were identified as being of importance in the SHS context
- Chapter 6 summarises the outcomes that matter based on sector input

- Chapter 7 notes a range of measures which could be used to assess outcomes, and presents sector views on outcome data collection methods and tools
- Chapter 8 discusses issues related to implementation of outcome measurement, including process, resourcing and capacity
- Chapter 9 concludes the report with key messages that emerged from the consultation process, and proposes a series of steps for introduction of outcome measurement into the sector.

Authorship and review

The sector consultation process and the writing of this report were undertaken by Mark Planigale and Dr. Leannda Read of Lirata Consulting (www.lirata.com). The Project Steering Committee consisted of senior CHP staff: Jenny Smith (CEO), Kate Colvin (Manager Policy and Communications) and Ian Gough (Manager Consumer and Capacity Building Programs). The Steering Committee oversaw the work and contributed strongly to the thinking presented here.

The draft report was circulated for comment over several stages and feedback was received from the Sector Outcomes Working Group, the Transition Plan Executive Advisory Group, and CHP's Board, in addition to general sector feedback. Feedback was reviewed by the Steering Committee and incorporated where appropriate.

The report emphasises the most consistent themes that emerged from the consultations, along with information on best practices in outcome measurement. We acknowledge that sector opinions are diverse and that not all specific points of view have been able to be included. We encourage the sector to continue discussing and debating these issues from a variety of perspectives.

2
Consultation purpose and approach

Context

The SHS has been aware for several years of policy changes pointing to an increased emphasis on outcome-based approaches. Governments around Australia are in the process of introducing outcome frameworks and exploring outcome-based funding.

In Victoria, DHHS' Public Health and Wellbeing Outcomes Framework articulates key intended results (including several directly relevant to the work of the SHS) and related population measures.[3] DHHS' Homelessness Outcomes Group, which includes representation from Homelessness Branch and DHHS' Funding Reform, Outcomes Policy and Evidence Strategy Unit as well as CHP, began meeting in mid-2019. The Homelessness Outcomes Group has a twelve-month workplan to develop a draft outcomes framework for the SHS. DHHS Homelessness Branch is also undertaking a substantial evaluation of new homelessness initiatives under the Homelessness and Rough Sleeping Action Plan (HRSAP), which includes collection of a large set of outcome-focused data using a bespoke tool.[4]

There are currently few outcome reporting requirements in place for the SHS in Victoria, and outcome measurement practices have primarily been developed locally through investment by individual agencies. This is expected to change significantly due to the factors noted above. In future, the SHS will likely experience a stronger emphasis on outcome-based approaches, and increased demands from funders for collection and reporting of outcomes data.

The sector has also been aware of several related projects underway in Victoria and interstate in recent years. The two most significant of these were:

- Development of a sector outcomes framework for community housing in Victoria – a project auspiced by Community Housing Industry Association Victoria with consultancy provided by Think Impact. The outcomes framework was released in mid-2019.[5]
- Development of a shared outcome framework for the housing and homelessness sectors in New South Wales (NSW). This project was undertaken by the Centre for Social Impact, UNSW with the report released in late 2017.[6]

Both projects involved substantial sector consultation, and their outputs have been considered in developing the findings of the current project.

CHP's response

To effectively influence the way in which outcome-based approaches and outcome measurement are introduced, the SHS will need to proactively engage with the issues involved, and with government. Recognising this, CHP has been working in partnership with the sector to develop a strong, well-informed view on outcome-based approaches and outcome measurement.

- CHP's 2018 Position Paper *Preparing for Outcome Measurement* reviewed a wide range of literature, explored a range of outcome measurement approaches across sectors, consulted experts and recommended a proactive strategy to build sector influence and capacity regarding outcomes.

- The Future Ready Homelessness Forum in October 2018 endorsed the view that CHP should support the SHS to proactively engage with the Victorian Government's outcomes focus.

The *SHS Transition Plan 2018-22* [7] was developed by CHP through extensive consultation with stakeholders, and outlines the key priorities driving SHS capacity building in Victoria over the current four year period. The Transition Plan includes 15 high level goals. Outcome-based approaches and outcome measurement are the focus of Goal 2 (*Build sector capacity in relation to outcomes*):

> *To build sector capacity for outcomes to be central to the work of the SHS, will initially require the sector to be more fully orientated to outcomes approaches. There is a strong commitment in the SHS to more fully understand the drivers of good outcomes for people experiencing homelessness and to find practical ways for this to be measured, at individual, program and population levels.*

Goal 8 (*Build data provision and sharing protocols*), Goal 10 (*Develop SHS research priorities and complete research*) and Goal 15 (*Share and use data to inform SHS practice*) are also connected with outcome measurement. In a broader sense, the primacy of participant outcomes underpins the entire Transition Plan as it motivates all of the capacity building actions contained within it.

In 2019, CHP's key response to the Transition Plan focus on outcomes was the implementation of the Sector Outcomes Consultation Project. CHP partnered with social justice consultancy Lirata Ltd (www.lirata.com) to undertake the consultation process.

Consultation purpose and focus

The overarching purpose of the Sector Outcomes Consultation Project was to continue to strengthen sector capacity and readiness in relation to outcome-based approaches and outcome measurement. The project aimed to:

- Continue to build sector understanding of outcomes and of approaches to monitoring and evaluating them
- Hear a range of perspectives, ideas and concerns about SHS outcome measurement from diverse stakeholders
- Collate sector input along with information on best practices in outcome measurement as a resource for the future
- Develop and document a shared Victorian SHS view on what approaches to outcome measurement will be fit for purpose, considering the sector context and the needs of people who are or have been without a home
- Present sector views to policymakers to inform work currently underway within government on outcome measurement approaches. In particular, the project sought to provide input to DHHS' work on creating an SHS outcomes framework for Victoria.

These aims directly respond to the first four actions identified under Goal 2 of the Transition Plan.[8]

The consultation process did not set out to develop an outcome measurement framework for SHS services. The sector acknowledges that work on outcome frameworks is underway within government and seeks to influence rather than replicate this.

The Sector Outcomes Consultation Project gathered input on six key questions, summarised in the following table.

Table 1: Key consultation questions for the sector

Question	Report section
1. **What core principles should inform the design and implementation of an outcome measurement framework?**	Chapter 4
2. **What are the main risks and ethical considerations that need to be taken into account in measuring outcomes in the sector?**	Chapter 4
3. **What outcomes are most important to the sector across different programs, domains, and cohorts?**	Chapters 5 and 6
4. **What data sources, data collection methods and measures are most feasible and acceptable to sector stakeholders?**	Chapter 7
5. **What resources will be needed by the sector to enable effective outcome measurement?**	Chapters 7 and 8
6. **How could outcome measurement best be introduced into the sector?**	Chapters 8 and 9

Methodology

CHP had already undertaken a substantial review of literature on outcome measurement through its 2018 position paper,[9] so the sector consultation process focused on hearing and synthesising sector views rather than exploring past research.

The project used interviews, focus groups, meetings, workshops and forums to gather stakeholder input. Most consultation sessions took place during the period May – August 2019, and all were facilitated by Lirata Consulting staff Mark Planigale and/or Dr. Leannda Read, on some occasions with assistance from CHP staff. Discussion notes were gathered using butchers' paper and whiteboard, pre-prepared templates, and through note taking by the facilitators. Inputs were themed and consolidated. Summary points and collated information on potential outcomes and measures were provided to the Working Group for further reflection.

Table 2: Overview of consultations undertaken

Method	Description	# sessions
Steering Group meetings	Project Steering Group – CHP staff	5
Working Group meetings	Sector Outcomes Working Group – People who are or have been without a home, service provider representatives, CHP staff	7
Consumer focus groups	People who are or have been without a home	2
Program cluster workshops	Service provider workshops, in program clusters: (a) Rough Sleepers initiatives, Crisis Supported Accommodation, Youth Refuges, Family Violence Crisis Services and Refuges; (b) Initial Assessment & Planning, Interim Response, Assertive Outreach; (c) Tenancy management, tenancy advocacy & support, Private Rental Access Program; (d) Case Management, Transitional Support	4
Youth Refuge Forum	Outcomes consultation during statewide forum. Service provider representatives	1
LASN consults	Consultations with representatives of two SHS Local Area Service Networks (LASNs): Eastern Homelessness Network, and Central Highlands & Grampians LASN. Service provider representatives and networkers, DHHS representatives	2

Method	Description	# sessions
Regional videoconference	Service provider representatives based outside of Melbourne metropolitan area	1
Transition Plan meetings	Attendance at meetings of SHS Transition Plan Organisational Capacity Working Group and SHS Transition Plan Executive Advisory Group. Service provider representatives, DHHS representatives	2
DHHS meetings	Meetings with DHHS representatives to exchange information about work underway	3
Other meetings	Miscellaneous meetings. Service provider representatives, researchers, evaluators	4

Who was consulted?

In total, the project consulted over 200 stakeholders who held important knowledge relevant to outcome measurement in the SHS. Consultations occurred in metropolitan and regional settings and involved a range of small, medium and large service provider agencies, along with other stakeholders.

The Sector Outcomes Working Group met seven times during the project and played an important role in shaping findings. The Working Group included representation from people who are or have been without a home, service provider organisations and CHP. The Working Group provided direct input to the consulting team on all of the key consultation questions, and assisted in filtering and reflecting on input received through other consultation mechanisms.

Table 3: Summary of stakeholders consulted

Stakeholder group	# consulted	Consultation methods
People who are or have been without a home	10	Working Group, focus groups
Staff and managers of generalist service provider organisations	175	Working Group, program cluster workshops, Youth Refuge Forum, Local Areas Service Network (LASN) consults, Transition Plan meetings, regional videoconference, additional interviews and meetings
Staff and managers of Aboriginal Community Controlled housing and homelessness services	9	Consultation session at Aboriginal Housing Victoria forum

Stakeholder group	# consulted	Consultation methods
Representatives of CHP	4	Steering Group, Working Group, Transition Plan meetings
State government representatives	7	Meetings with DHHS representatives, LASN consults, Transition Plan meetings
Other researchers, evaluators and data experts	5	Miscellaneous meetings

Feedback on draft report

The draft Sector Outcomes Consultation Report was made publicly available on CHP's website and feedback was invited from project stakeholders and from the broader SHS sector. Feedback was received from a range of sources, representing people who are or have been without a home, SHS service provider agencies, peak bodies, government authorities, and people in policy and sector coordination roles. Feedback was reviewed by the Steering Committee and incorporated where appropriate.

3
Outcomes architecture

A clear outcomes architecture provides a shared language to discuss and define outcomes and outcome measurement. This is an essential foundation for bringing together diverse stakeholder perspectives on outcomes into a coherent whole.

The Sector Outcomes Consultation Project developed an outcomes architecture to structure discussions with sector stakeholders. The project's architecture takes the Victorian Department of Premier and Cabinet's outcomes architecture and extends it in several ways to better reflect the diversity and focus of the sector's work. The result is consistent with the approach outlined in *Preparing for Outcome Measurement*,[10] with some adaptations to terminology to align with the DPC architecture.

DPC outcomes architecture

The outcomes architecture set out by DPC in *Outcomes Reform in Victoria*[11] is being used across Victorian government departments, including DHHS, as the basis for developing outcome measurement frameworks.

Figure 4: Victorian Department of Premier and Cabinet – outcomes architecture[12]
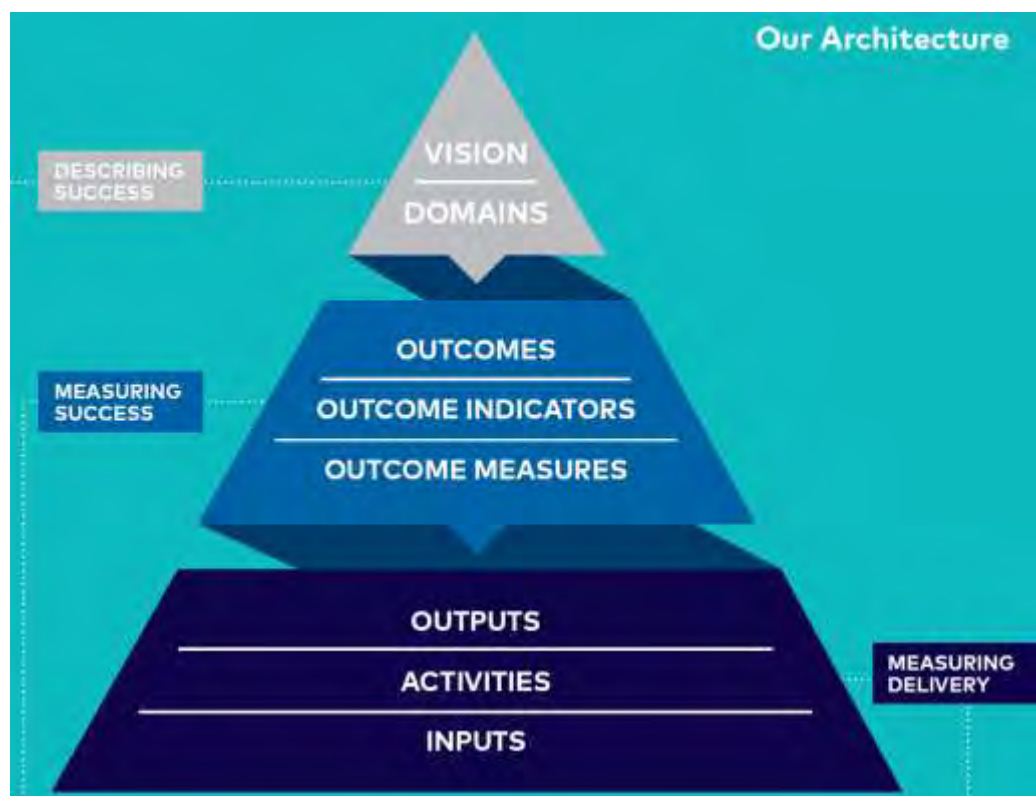
The DPC architecture positions outcomes as an important middle layer between high level vision, and the day-to-day work of service delivery (as described through inputs, activities and outputs). Outcomes help to articulate and measure success.

Table 4 defines key terms used in this architecture, and gives examples relevant to the context of the Sector Outcomes Consultation Project.

Table 4: Key terms from DPC outcomes architecture used in sector consultations[13]

Term	What it means	Example
Vision	Big picture, aspirational statement of collective achievement	• *All Victorians can enjoy the highest attainable standards of health, wellbeing and participation at every age*
Domain	A "life area" in which changes occur; used to group related outcomes with an easy to remember label	• *Housing* • *Safety*
Outcome	A high-level statement about the things that matter for people, communities and systems; articulates what success looks like	• *People have housing that is safe, secure, suitable and affordable* • *Services are safe and culturally appropriate*
Outcome indicator	An element that needs to change in order to achieve a desired outcome; specifies the type and direction of change. Can also be understood as a more specific or intermediate outcome	• *People at risk of homelessness maintain existing tenancies*
Outcome measure	Something we can observe or count that will tell us if we are making progress toward outcomes; a data point that shows the size, amount or degree of change achieved	• *Percentage of people at risk of homelessness, who are still housed 6 months after accessing entry point*

The Sector Outcomes Working Group endorsed the view that framing project findings in terms consistent with the DPC architecture would maximise the chances of these findings being taken up by government.[14]

Adaptations for SHS

Consultations identified that several additional elements are useful in extending the DPC outcomes architecture to be fit-for-purpose for the SHS.

1. People outcomes and system outcomes

The SHS faces a number of system barriers to achieving its intended impact. The sector's preferred outcomes architecture therefore distinguishes **people outcomes** from **system outcomes**, and gives attention to both. People outcomes are changes for individuals, groups (including families) or communities. System outcomes are changes for organisations or systems, which may help or hinder the achievement of people outcomes. For example, *Increased availability of affordable housing* is a system outcome which directly affects the ability of people to exit homelessness.

2. Three categories of people outcome indicators linked to the recovery process

Different categories of intermediate outcomes are likely to be in focus at different points in people's journeys of recovery from homelessness. The experience of homelessness usually involves at least one period of crisis, and for some people may result in multiple crises over an extended period of time. There can also be periods of progress, capacity building and relative stability. Service responses can be very different during different periods on this journey.

SHS outcomes frameworks should recognise this by capturing different categories of outcome indicators oriented to different periods of the homelessness experience and recovery process. Sector consultations consistently identified three main categories of outcome indicators:

a. **Responding to immediate needs** – these indicators focus on immediate risks and presenting issues (for example, needs for shelter, food, money, safety from violence, medical treatment) and are especially relevant to people in crisis. Any homelessness service may provide these responses, however these outcome indicators are often a primary focus for Initial Assessment and Planning, Crisis Supported Accommodation and short-term refuge services.

b. **Building capacity and addressing trauma** – these indicators focus on helping people to understand and heal from trauma, to strengthen their mental and physical health, and to gain skills, knowledge, confidence, connections and resources that enable them to move towards longer-term goals. This work takes some time and is often difficult to undertake in the midst of crisis. While any homelessness service may contribute to these outcomes, this category is especially relevant to medium- to long-term support services, case management and longer term supported accommodation services.

c. **Living life to the full** – these indicators focus on people's aspirations for their lives and often have an emphasis on strong social inclusion, participation, connection, meaningful activity and self-efficacy. For some people this may

include economic participation; for others it may focus on connections with family, community or culture, the ability to pursue hobbies and interests, or recognition of their expertise. This category is most relevant to medium- to long-term support services, specialist supports such as employment services providers, and services focused on community integration.

These three categories of outcome indicators can be applied across each outcome domain to map out different types of changes that may be important to people. While these categories have some correspondence with ideas of short, medium and long-term outcomes, they are not intended to indicate a linear sequence and different categories may come into focus for people at any point on their recovery journey.

Balancing commonality and diversity

Sector consultations identified much common ground across the SHS regarding the types of outcomes that matter for people who are or have been without a home. All homelessness services aim to contribute to people being well housed, safe, stable, healthy, connected and able to pursue their goals.

However, consultations also identified significant variation across services. The sector responds to the needs of diverse cohorts of people experiencing or at risk of homelessness. There are many pathways into and out of homelessness, and people can experience homelessness for widely varying lengths of time. The sector is an umbrella for a diverse range of programs and services which respond to the needs of these groups at different points on their journeys towards a home.

For outcome-based approaches to work across the diversity of the SHS, it is critical to recognise that the outcomes in focus will vary across participants, programs, contexts and timescales. There is a need for a shared outcomes 'map' to provide consistency, however an outcome-based approach for the sector also needs to provide flexibility.

- What each person needs, and the outcomes that matter to them, will differ from person to person depending on their unique circumstances and aspirations.
- The outcomes in focus will usually vary at different times for the same person. The outcome indicators that are top of mind for someone who has just become homeless will often be quite different to those for someone who has been re-housed for 12 months.
- Different outcomes may be important for different cohorts of participants. For example, for children and young people outcome indicators relating to meeting developmental milestones and participation in education are likely to have heightened emphasis.
- Different programs are designed and funded to provide different types of responses.
- Programs delivered in different contexts may emphasise different outcomes. For example, programs delivered in rural or regional settings may have a

greater emphasis on overcoming isolation and resolving transport barriers and other limitations on service access.

Outcome indicators and measures will therefore have different emphasis, and be more or less relevant, to particular programs and services based on their purpose, context, participant group and the guidelines or funded requirements of their work. For example:

- Assisting people to access suitable emergency accommodation is a relevant (though not necessarily easily achievable) outcome indicator for an IAP service. Participants accessing a Transitional Housing Manager (THM) service or a Private Rental Access Program (PRAP) service may at times have a need for emergency accommodation, but this indicator is unlikely to be emphasised in these programs.
- Supporting people to connect to community and culture may be a relevant outcome indicator for medium- to long-term support services, especially when provided by Aboriginal Community Controlled Organisations. While IAP service providers would see this as a positive outcome, it is not something that can reasonably be pursued within the high throughput, crisis-oriented context of an IAP entry point.

The types of outcome measures that can reasonably be applied to these settings are therefore expected to differ.

The SHS needs an outcome measurement approach that can work in useful ways across this diversity. This approach must combine a consistent underlying architecture, with flexibility in emphasis, measurement and data collection for different participants and different service types.

This model involves a shared, consistent set of domains and outcomes for the sector which form an underlying outcomes 'map'. Outcome indicators are included in this map, but have different emphasis across different programs and services. Measures are linked to outcome indicators and are applied to specific program/service types for which they are relevant and feasible. While there may be some measures which are applicable to all program types, there will be others that may be applicable to just one or a few program types.

This approach balances consistency with flexibility, providing a coherent framework and enabling data aggregation while only applying measurement where appropriate. Sector stakeholders also noted that this approach has potential to support a broader, integrated outcome measurement framework across human services, however it was out of scope to investigate this further within the current project.

Sector's preferred outcomes architecture

Figure 5 below summarises the outcomes architecture preferred by the sector. This is based on the DPC architecture, and incorporates the adaptations noted above to

better cover the diversity of the sector's work and the types of outcomes that are of importance. This architecture is used to organise information about domains, outcomes, indicators and measures presented in this report.

Figure 5: Sector's preferred outcomes architecture

SYSTEM/SERVICE DESIGN	MEASUREMENT
VISION	
DIMENSIONS • People, System	
DOMAINS	
OUTCOMES	
OUTCOME INDICATORS • **For people outcomes, group in three categories: responding to immediate needs, building capacity and addressing trauma, living life to the full** • **Indicate which programs emphasise which indicators**	Outcome measures + data sources • Participant, program, population levels • Indicate applicable programs
OUTPUTS	Output measures + data sources • Indicate applicable programs
ACTIVITIES	Activity & quality measures + data sources • Indicate applicable programs
INPUTS	Input measures + data sources • Indicate applicable programs

The figures below provide examples of a few possible outcomes, indicators and measures in two domains, using this architecture. The examples are provided for illustrative purposes only and would likely vary if incorporated in an actual outcome framework.

Figure 6: Example of consistent outcome with differentiated measures – Housing

DIMENSION	People Outcomes			
DOMAIN	**Housing**			
OUTCOME	**People have safe, appropriate, secure, affordable housing**			
INDICATOR CATEGORY	**Responding to immediate needs**	**Building capacity & addressing trauma**		**Living life to the full**
OUTCOME INDICATORS	People's shelter needs are met	People's capacity to maintain tenancies increases		People's housing stability increases
Emphasis	*IAP, youth refuge, CSA*	*Case mgt, tenancy advocacy & support, social housing*		*All*
MEASURES	# and % of episodes involving people accessing SHS services in need of emergency or crisis accomm (ECA), in which the person accessed ECA with assistance from SHS services	% of people accessing SHS services who better understand their tenancy situation, tenancy rights & responsibilities	% of people in tenancy arrangements who access SHS services, who improve adherence to tenancy rights & responsibilities	# and % of households assisted to access long-term housing by SHS services, who remain in safe, appropriate, secure, affordable long-term housing 1 / 3 / 5 years after accessing housing
Apply to	*IAP, youth refuge, CSA*	*THM support, tenancy advocacy & support*	*Social housing providers*	*Long-term support, social housing providers*

Figure 7: Example of consistent outcome with differentiated measures – Resourcing

DIMENSION	System Outcomes			
DOMAIN	**Resourced: housing & support**			
OUTCOME	**Sufficient housing and support is available to prevent people from becoming and remaining homeless**			
OUTCOME INDICATORS	Affordable long-term housing is more available to people on low incomes		Homelessness support availability increases	Specialist support availability increases
Emphasis	*All*		*All*	*Key related sectors*
MEASURES	Social housing wait times	Rental market affordability	Level of unmet demand for SHS support	Level of unmet demand for key specialist supports
Apply to	*Government*	*Government*	*IAP, youth refuge, CSA, case mgt, + others*	*Primary health, mental health, AOD, specialist employment services, specialist FV services, + others*

4
Risks, principles and approach

Sector consultations demonstrated a high degree of interest and openness on the part of the sector to greater adoption of outcome-based approaches, and to moving towards outcome measurement that is relevant and sustainable.

People who are or have been without a home who were consulted during this project highly valued services that both treated them well, and actively assisted them to achieve the outcomes that mattered to them.

Service providers agreed that appropriately nuanced outcomes should be a central reference point to build alignment in their work, and could see the potential value of outcomes data in celebrating success, improving services, and advocating for the needs of people experiencing homelessness. A strengthened focus on outcomes (within government as well as the sector) was seen as an enabler for more flexible and person-centred service delivery approaches, with less focus on throughput targets. Evidence-based service system design, and establishment of a clear evidence base for the effectiveness of SHS programs, were seen as priorities by some.

This support for outcome-based approaches and outcome measurement is a positive sign for future outcomes work in the SHS. It indicates the sector's readiness to engage in the next steps of exploring how outcome measurement could work, in partnership with government and allied sectors.

However, consultations also indicated consistent themes of concern about the potential for outcome measurement to be designed and implemented poorly, with damaging results for program participants and service providers. There are wide differences within the sector in the levels of knowledge, experience and capacity that service provider organisations currently have in relation to outcome measurement.

To be effective, sustainable and ethical, outcome measurement will need to reflect a set of core design principles. Key stakeholders (especially government) will also need to be aware of, and to actively mitigate key risks.

Risks

Sector consultations identified a varied set of risks associated with a move to a stronger outcomes focus within the sector. While few risks relate to outcome-based approaches in general, there are significant risks associated with the design and use of outcome measurement and outcome-based funding. The sector asks DHHS to:

- Undertake a proper analysis of these risks in consultation with the sector
- Develop a clear plan for their mitigation

- Adjust the outcome measurement design and implementation approach in line with this risk management plan.

The sector echoed the range of risks and challenges noted in *Preparing for Outcome Measurement*,[15] but strongly raised five areas of risk in particular: inadequate resourcing, low data quality and integrity, unsuitable data collection tools, inappropriate accountability for outcomes, and the use of outcome-based funding.

a. **Inadequate resourcing for outcome measurement**

The SHS operates in a resource-constrained and high-demand environment. Many staff in the sector operate under significant pressure as the need for services well exceeds availability, creating stress and throughput pressures. Administration associated with service provision has grown substantially in recent decades. While this administration serves useful functions, it detracts from resourcing available to support participants and achieve outcomes.

Service providers are very concerned that outcome measurement will add further administrative burden to staff and middle management, without any additional funds being provided to enable this to be undertaken. This is highly problematic as it will further increase stress for staff, reduce service delivery capacity, and/or result in low data collection rates and low data quality.

Government should properly assess and resource the work required to introduce and sustain a viable outcome measurement approach in the sector.

b. **Low data quality and integrity**

SHS services are delivered via a large number of organisations, across a wide range of programs, by staff with different levels of training. There are existing issues with data quality across the sector, due to service delivery pressures and varying understandings of data collection requirements, fields and options. There is a high risk of these issues affecting the quality of outcomes data. Substantial ongoing effort and resourcing will be needed to achieve outcomes data collection that is reasonably consistent, reliable and valid.

Where outcomes data is collected by service provider organisations, there is also a risk of data manipulation and/or inflated reporting. The likelihood of this risk will be moderate where outcomes data is used purely for developmental purposes, but will become high if outcomes data is used for accountability purposes or is seen to influence funding decisions.

c. **Unsuitable data collection methods and tools**

Service providers and people who are or have been without a home expressed a range of concerns about the methods, systems and tools that might be used to collect outcomes data. There is a danger of introducing tools that are lengthy and cumbersome, especially where these do not integrate naturally

with service delivery processes of assessment, goal planning and review. There is also concern about questions or language within tools being overly intrusive, judgmental and/or deficit-based. A number of negative comments were received from participants about the Outcomes Star™ family of tools, echoing this point. Consultees noted that it can take substantial time to build enough trust between worker and participant to be able to ask some outcomes questions. If these issues are not considered in the design of outcome measurement processes, it is likely that these processes will be poorly used or resisted by staff and participants, leading to poor data integrity.

There is high concern in the SHS about data systems being inadequate to support efficient collection of outcomes data. There is a real risk of the introduction of parallel data entry systems which sit outside of the main sector database, SHIP (as has occurred for the HRSAP evaluation). This would be unsustainable as an ongoing data collection arrangement across the sector. It is essential that the sector is provided with one well-functioning database that will collect outcomes data in an integrated manner with other service provision data (cf. Chapter 7).

As more sector agencies collect outcomes data more often, there is also a high risk of duplication of data collection and of participants being repeatedly asked similar questions by different providers. Attention is needed to coordination of data collection and to enhanced data-sharing arrangements across agencies, within appropriate consent and privacy parameters.

d. **Inappropriate accountability for outcomes**

A strong concern from service providers is being held accountable for outcomes over which they have little to no control. Given the very limited supply of secure, suitable, affordable housing for people on low incomes, the SHS currently has little control over the achievement of its core objectives of assisting people to gain and keep housing. Although the sector also aims to support participants to achieve change in areas such as health and participation, these are beyond the main funded work of the sector and are often the focus of more specialist services. Longer-term outcomes may also fall outside the time window in which services are funded to work with participants. Service providers are therefore justifiably concerned about being held accountable for outcomes in these areas.

Many service providers are concerned that outcomes data will be used to assess and compare performance at the level of individual staff, teams or agencies. While there is interest in the use of outcomes data for developmental purposes, the sector's strong view is that use of outcomes data for accountability purposes will be counterproductive, leading to data manipulation, soft-targeting of services, and to other perverse results in terms of the ways that services are delivered. This could be harmful to people who

are or have been without a home. To be productive, comparative use of outcomes data requires deep understanding of differences in cohort, context, service model variances and issues of attribution; this level of information and analysis is not available without major additional research. Unsophisticated use of outcomes data for accountability will quickly undermine the sector's interest in partnering in this area.

e. **Use of outcome-based funding**

Service providers expressed strong concern that outcome measurement could be a step toward introduction of outcome-based funding. While open to the view that outcome-based funding might be an option in specific contexts, the sector's view is that this approach is not appropriate in the SHS context generally. To be useful, outcome-based funding requires that service providers have relatively high influence over whether outcomes are achieved; that attribution can be clearly established; that the comparative factors noted above are deeply understood; that outcomes data collection is well-established, reliable and valid; and that service providers have little opportunity to manipulate outcomes data. None of these conditions are currently in place within the SHS generally.

The sector's view is that attempts to move towards outcome-based funding as a general model for the sector are likely to exacerbate the risks around inappropriate accountability identified above, and will undermine the potential value offered by outcome measurement.

Core design principles for outcome measurement

Outcome measurement can be done well or poorly. To avoid poor results and to maximise the likelihood of outcome measurement that is sustainable and useful, those leading the design and implementation of outcome measurement approaches will need to orient them around a set of core design principles.

Figure 8: Nine design principles for effective outcome measurement

1. **Do no harm**
2. **Place people with lived experience at the centre**
3. **Focus on learning and improvement**
4. **Avoid inappropriate accountability for outcomes**
5. **Recognise shared contribution**
6. **Ensure relevance**
7. **Use efficient and sustainable methods**
8. **Make data accessible to those who need it**
9. **Start simple**

1. Do no harm

There is a risk that outcome measurement processes can negatively affect people experiencing or at risk of homelessness, through inconvenience, re-traumatisation, reducing the ability of services to respond to presenting issues, or providing incentives for services to soft-target. Outcome measurement can also create additional stress and burden for staff. Outcome measurement processes need to be carefully reviewed with stakeholder feedback to ensure that they have a net positive effect and that any negative effects are actively and appropriately managed.

2. Place people with lived experience at the centre

While not the only perspectives that should be considered, the views of people who are or have been without a home need to be strongly heard regarding what outcomes matter and whether they have been achieved. Goals and needs can be diverse and there needs to be space for people to articulate their own outcomes, rather than only being fitted into pre-defined categories. People who are or have been without a home need to be consulted throughout the process of design and implementation.

3. Focus on learning and improvement

Outcomes data can be used for a variety of purposes. Service providers will have strong interest in participating in outcome measurement if it has a clear developmental approach and is used to guide system and service improvement. The focus should be on developing a culture across the sector of monitoring, evaluation and learning, which values data and evidence. If outcome measurement is used as a punitive mechanism this will quickly damage service provider buy-in and data integrity.

4. Avoid inappropriate accountability for outcomes

As noted above, using outcome measurement for accountability purposes holds many difficulties, and it is important that service providers are not held accountable for outcomes over which they have little control. For these reasons, use of outcomes data for accountability purposes should be excluded from the initial design and implementation of outcome measurement.

Performance targets around outcomes should be treated with a high degree of caution and should not be considered until current outcomes performance is very well understood. For reasons noted above, outcome-based funding should not currently be pursued outside of certain limited contexts.

5. Recognise shared contribution

In human services, most outcomes are the result of multiple systems, organisations and people working together. People's journeys through homelessness and recovery can be long and it is usual that different programs and services provide assistance at different points on these journeys. System outcomes also depend on contributions from multiple levels of government, peak bodies, service providers and advocates.

Most services see only part of the picture of outcomes. While it is useful to reflect on the contribution of particular services and programs, to properly understand outcomes we need a person-centred view which encompasses progress across the participant's journey. This requires joined-up use of data within appropriate consent and privacy parameters, and coordination of outcome measurement across the SHS and with related service systems (especially health and social housing), rather than every agency "doing it for themselves".

Outcome measurement will work best when it is developed and implemented in partnership between government, service providers and people who are or have been without a home, and when outcome measurement processes balance the needs and agendas of these stakeholders.

6. Ensure relevance

Outcomes, indicators and measures should have a good fit with the needs of people experiencing or at risk of homelessness, and with the types of programs provided. Outcome measurement processes should wherever possible fit well with the practice context, and measures need to be achievable given the nature of the programs.

7. Use efficient and sustainable methods

SHS service providers operate within a resource-constrained environment with high levels of demand for services. Staff already carry a high burden of data entry and administration, which reduces time available for service delivery. People experiencing homelessness also have multiple demands on their time and many find it frustrating and re-traumatising to have to re-tell their story over and over. An efficient and sustainable approach is needed:

- Ask for outcomes data once, enter it once, then use it multiple times.
- Ensure that data collection tools and processes are efficient. Integrate outcomes collection into existing tools and processes rather than creating parallel systems.
- Review and reduce existing data collection requirements in parallel with introducing new outcome data collection requirements.
- Keep outcome measures to the minimum required for useful insight. Provide space for organisations to continue collecting their own agency-specific datasets (including their own outcome measures) where applicable.
- Provide the resources required to sustain outcome measurement.

8. Make data accessible to those who need it

If outcome measurement is well designed, outcomes information should be relevant to individual program participants, service providers and funders. Data needs to be accessible and usable in frontline service provision at individual participant and team level; in service management at program and agency level; and at system level. Data should be available in near real time through pre-configured reports and dashboards

that are easy for service providers to access, and program participants should have ready access to their own outcomes data.

9. Start simple

Outcome measurement is likely to be poorly understood, poorly implemented and unsustainable if it is introduced in an overly complex manner, especially in a short time frame. A long-term view is needed to gradually build capacity and sophistication of outcomes approaches over time. Start with a small set of core measures and learn from implementation of these.

Person-centred outcome measurement

The move to more person-centred service design and delivery is a key plank of current reform agendas in the SHS and other sectors. A person-centred approach to outcome measurement is consistent with this direction and supports the delivery of flexible, evidence-based person-centred services. Person-centred outcome measurement is also aligned with the design principles outlined above, especially principle 2 (*Place people with lived experience at the centre*), principle 6 (*Ensure relevance*) and principle 7 (*Use efficient and sustainable methods*).

Person-centred outcome measurement refers to approaches to measuring people outcomes in which the primary reference point for defining outcomes and assessing the extent to which they have been achieved, is the individual needs, goals and perspectives of participants (people receiving services). Data on outcomes that are not seen as relevant by participants is de-prioritised. This approach contrasts with approaches to outcome measurement in which a pre-determined standard set of outcomes and measures is applied to all participants regardless of their circumstances or priorities.

People who are or have been without a home were consulted during this project and played an important role in shaping the idea of person-centred outcome measurement. They emphasised the importance of participants being able to define and measure their own outcomes, connected with their needs and goals for themselves and (where relevant) their families. A "tick a box" approach to outcomes, in which people were expected to align themselves with pre-defined outcomes, was not seen as meaningful. However, once participants have identified goals, it will often be possible to relate these to one or more areas of the sector's outcomes map.

Person-centred outcome measurement requires more sophisticated tools, but helps keep outcome measurement relevant and empowering for those involved. Like other approaches to outcome measurement, this approach should be accompanied by in-depth evaluation to generate robust evidence at program level.

Chapter 7 discusses in more detail potential approaches to measurement which are consistent with person-centred approaches.

5
Domains

Outcome domains are important in defining the broad areas in which change is expected. The Sector Outcomes Working Group refined domain sets relevant to each of the two dimensions: people outcomes and system outcomes.

Domains for people outcomes

The Working Group considered a variety of domains related to people outcomes, that had been used in outcomes frameworks and case management tools within the SHS and related sectors. Common and applicable elements were identified, and the terminology adjusted to reflect the sector's preferred language, with input from people who are or have been without a home and from service provider representatives. Draft people domains were tested and refined through broad-ranging sector consultations. There was strong general consensus about the set of people domains, with varying opinions about how these could be arranged.

Figure 9 below summarises the ten people domains identified through the project. The *Housing* domain is the primary area of funded responsibility for the sector. Housing is intimately connected with *Stability* and *Safety.* These three domains were seen as core to the work and objectives of the sector and are therefore placed in the centre.

The remaining seven domains (*Health*, *Empowerment*, *Participation*, *Financial & material wellbeing*, *Legal & justice*, *Independence* and *Connection*) are also common themes across the sector's work and are of importance to many people experiencing or at risk of homelessness. The SHS's holistic assessment processes and practice models (and its nature as a 'sector of last resort' for people on the margins) frequently see staff supporting participants towards outcomes in these domains. People who are or have been without a home commented that what mattered to them was "a home not just a house", and that the work done in areas such as health, empowerment and connection is what helps to determine whether housing can be sustained or not.

However, it is important to note that much of the focused work in these domains is often undertaken by specialist services that may sit outside of the SHS. Measurement of the SHS's contribution to outcomes in these domains may therefore often focus on the sector's role in linking people with the other supports that they need, in advocating for access, and coordinating responses around the range of needs that people present with.

The ten domains are interdependent; progress in one domain tends to have beneficial effects on other domains. For example, secure and appropriate housing can be an important enabler for participation and connection, and vice versa.

Figure 9: Domains for people outcomes identified through sector consultation

The ten people domains identified through consultation are more specific than the five broad domains which structure DHHS' public health and wellbeing outcomes framework,[16] however they can be aligned to the DHHS domains. Table 5 briefly explains each domain and notes their alignment with the DHHS domains.

Table 5: Explanation of domains for people outcomes

Domain	Description	DHHS domain
Housing	Focus on gaining and sustaining safe, secure (tenured, protected from arbitrary termination), suitable and affordable housing. In the SHS context also	2. Safe & secure

Domain	Description	DHHS domain
	encompasses emergency accommodation and interim accommodation (e.g. THM).	
Stability	Personal and family stability; reduction in chaos and crisis. Ability to establish routines and implement plans.	2. Safe & secure
Safety	Safety in relationships, in the home and in the community. Sense of personal safety. Freedom from harm, abuse, violence, exploitation.	2. Safe & secure
Health	Physical health (transmissible and chronic disease, oral health, maternal and child health and other areas), mental health, health protection e.g. nutrition and exercise. Alcohol and other drug use.	1. Healthy & well
Empowerment	Hope; identity; sense of value and meaning. Sense of agency, ability to set goals, make choices and exercise self-determination.	1. Healthy & well
Participation	Education, employment, volunteering. Participation in community activities, citizenship, personal interests and recreation.	3. Capabilities to participate
Financial & material wellbeing	Income, management of debts, access to necessities, financial literacy.	3. Capabilities to participate
Legal & justice	Criminal and civil law matters (e.g. infringements, family law, family violence, tenancy, visa status etc.). Involvement with justice system.	3. Capabilities to participate
Independence	Living skills, self-care. Emotional self-regulation and problem-solving. Adaptations needed for independent living. Transition through life stages and developmental milestones.	3. Capabilities to participate
Connection	Connection to support (professional and informal). Relationships with family and friends. Parenting. Connection with culture and community.	4. Connected to culture & community / 1. Healthy & well

The Working Group found the CHIA Vic Community Housing Outcomes Framework[17] ('CHO Framework') a useful reference point and felt that it aligned well with the domains of relevance to the SHS. Changes to the SHS people domains should take into account the extent to which this increases or reduces alignment with the CHO Framework.

Domains for system outcomes

Sector consultations received substantial input about the types of policy, practice and system changes that are important in the SHS context. From this input, six main themes emerged which have been grouped into six system outcome domains shown in Figure 10 below. Achieving outcomes in these system domains lays the foundations for the achievement of people outcomes.

Figure 10: Domains for system outcomes identified through sector consultation

Of vital importance in the SHS context is much greater availability of safe, secure, suitable, affordable housing for people on low incomes. Along with sustainably funded support services, this is an essential resource for achieving housing outcomes for people experiencing or at risk of homelessness. Because of its foundational importance, *Resourced: housing and support* is placed at the centre of the system outcomes diagram.

The system domains do not have a direct alignment with the domains of the DHHS public health and wellbeing outcomes framework, which is focused on people outcomes. However, they do align with DHHS' focus on health and human services being person centred and sustainable. The system domains *Person-centred*, *Safe & inclusive*, *Integrated* and *Capable* are also well aligned with the high level goals of the *SHS Transition Plan 2018-22*.

Table 6: Explanation of domains for system outcomes

Domain	Description	Transition Plan Goals
Resourced: housing & support	Availability of short-, medium- and long-term housing stock of various types, suitable and affordable for people on low incomes, including social housing. Accessibility of relevant generalist and specialist support services focused on achieving people outcomes.	4
Person-centred	Focus in service design, delivery and evaluation on the voices, needs, strengths and aspirations of people experiencing or at risk of homelessness.	1, 5
Safe & inclusive	Safety and inclusivity of services, especially for people who are vulnerable and/or more likely to experience stigma, prejudice or discrimination. Capacity to assist people to heal from trauma. Appropriateness of services to cultural and other forms of diversity.	3
Integrated	Efficiency and coordination of the service system; capacity for people to access and navigate through services, sectors and the system as a whole. Strength of working relationships between generalist and specialist services.	6, 7, 8
Capable	Skills, knowledge and experience of workforce; provision of support to staff. Generation, sharing and use of knowledge. Use of systems and technologies to support effective service delivery.	9, 10, 11, 12, 13, 14, 15
Preventive	Mitigation of drivers of homelessness across multiple systems and areas of policy.	10

6
Outcomes and indicators

One of the key questions for the Sector Outcomes Consultation Project was: *What outcomes are most important to the sector?* This was discussed across many sessions, with many groups including people who are or have been without a home, and frontline staff and managers of SHS services. Consultations had an emphasis on people outcomes, but also gathered views on system outcomes.

Outcomes emphasis will vary across programs and participants

As discussed in Chapter 3, there is a need to balance commonality with flexibility when designing outcome measurement for the SHS. It is possible to identify a shared 'map' of outcomes and outcome indicators that sits behind the work of the sector and that orients the direction of the sector's effort. However, it is not appropriate to develop an outcome measurement framework for the sector with the assumption that the whole of the framework should be applied to every program, every region or every participant.

For an outcome measurement framework to be applied appropriately and usefully:

- Each program or service's outcome emphasis needs to be defined. This will often only be part of the full outcomes map.
- Each participant needs to be enabled to define their own goals. Within a person-centred approach, these should be the primary focus for direct collection of outcomes data from participants. Again, these goals will often relate to only part of the full outcomes map.

Recognising progress

For many people who are or have been without a home, achieving outcomes in some areas of the outcomes map may take many years. For example, depending on a person's profile and circumstances, obtaining reasonably safe, secure, suitable and affordable housing could take anywhere between weeks and decades; for some people, this outcome may never be achieved due to the limitations on housing and support available.

Service provider representatives and people who are or have been without a home both saw that much of the work of the sector happens in the intermediate space – incrementally building capacity, addressing health and wellbeing issues and working towards long-term goals. This interim work has a major bearing on people's eventual capacity to be able to access and sustain stable housing.

People who are or have been without a home also commented that development of a consistent and trusting relationship between worker and person experiencing

homeless is a critical step toward achieving other outcomes.[18] "*The ones who got results always connected first.*" This takes time, and the existence of a trusting relationship of this type is itself a foundational early outcome.

The implications of this are that appropriate outcomes design for the sector will need to provide outcome indicators oriented to:

- Progress (immediate or short-term goals) as well as achievement of aspirational goals or major changes in status (e.g. homeless to housed)
- 'Personal' outcomes (e.g. capability, confidence, skills and knowledge) as well as tangible or 'external' outcomes (e.g. housing, employment, family reunification).

Failing to take a 'distance travelled' approach which recognises progress and personal outcomes will miss a great deal of the work of the sector and much of what makes a difference to people experiencing or at risk of homelessness.

If outcome measurement is to be referenced at least partly to progress around goals, service delivery practice will need to be structured to balance aspirational goals with realistic more immediate goals and to enable goals to be re-set periodically to continue measuring progress.

Example outcomes and indicators across domains

Table 7 provides examples of possible outcomes and indicators in SHS people and system domains. These have been drawn from the broad range of outcomes and indicators suggested by the sector and collated through the consultation process.

Alignment with outcome frameworks for closely related sectors, including community housing and family violence services, will be an important consideration in shaping the content of a SHS outcome framework and in pursuing joined-up approaches to outcome measurement.

Table 7: Illustrative examples of outcomes and outcome indicators

Domain	Example outcomes and indicators
PEOPLE OUTCOMES	
Housing	People have safe, appropriate, secure, affordable housing - People experiencing homelessness access safe emergency or crisis accommodation - People experiencing or at risk of homelessness have increased capacity to maintain tenancies - People who have experienced or been at risk of homelessness remain in safe, appropriate, secure, affordable long-term housing

Domain	Example outcomes and indicators
Stability	People have stability in their lives • People remain connected with protective aspects of their lives during crisis • People who have experienced or been at risk of homelessness are no longer in crisis • People who have experienced or been at risk of homelessness are consistently able to undertake activities that are important to them
Safety	People are safe and live free from abuse and violence • People experiencing or at risk of homelessness have increased protection from immediate harm • People who have experienced or been at risk of homelessness are more able to maintain their own safety • People who have experienced or been at risk of homelessness are safe in their home
Health	People have the best possible physical and mental health • The immediate medical needs of people experiencing or at risk of homelessness are treated • People experiencing or at risk of homelessness have increased capacity to understand and manage health matters • People who have experienced or been at risk of homelessness have greater health resilience
Empowerment	People are in charge of their lives and positive about their future • People experiencing or at risk of homelessness feel heard and valued • People experiencing or at risk of homelessness have an increased sense of personal agency • People who have experienced or been at risk of homelessness are able to achieve their goals
Participation	People participate in learning, employment and other meaningful activities • Children and young people experiencing or at risk of homelessness remain engaged in education • People experiencing or at risk of homelessness have increased capacity to participate • People who have experienced or been at risk of homelessness participate in community, leisure and recreational activities

Domain	Example outcomes and indicators
Financial & material wellbeing	People have financial independence and stability • People experiencing or at risk of homelessness have access to basic necessities (e.g. food, clothing, nappies and other items for children) • People experiencing or at risk of homelessness access the financial supports they need • People who have experienced or been at risk of homelessness have a financial situation that enables them to achieve their goals
Legal & justice	People are free of legal and justice issues that create barriers to participation, inclusion and wellbeing • People experiencing or at risk of homelessness access specialist support in relation to urgent legal matters • People experiencing or at risk of homelessness increase their capacity to effectively manage legal and justice issues • People who have experienced or been at risk of homelessness reduce their involvement with the justice system
Independence	People are resilient and able to effectively manage their lives • People experiencing or at risk of homelessness have access to the resources / items needed to maintain their independence • People experiencing or at risk of homelessness have increased skills for independent living • People who have experienced or been at risk of homelessness maintain stable independent living
Connection	People have a wide range of supportive and meaningful connections in their lives • People experiencing or at risk of homelessness have an experience of a safe, positive and healthy support relationship • People experiencing or at risk of homelessness build positive connections and move away from damaging connections • People who have experienced or been at risk of homelessness have healthy, positive and consistent relationships with those closest to them

Domain	Example outcomes and indicators
SYSTEM OUTCOMES	
Resourced: housing & support	Sufficient housing and support is available to prevent people from becoming and remaining homeless • Sufficient affordable, long-term housing is available to ensure that people can readily avoid and quickly exit from homelessness • Sufficient support services are available to effectively support people to avoid and exit homelessness
Person-centred	Services are designed and delivered in accordance with the individual and collective needs and preferences of people experiencing or at risk of homelessness • Services are accessible to those who need them • Action plans reflect the goals of people experiencing or at risk of homelessness • Service design is strongly informed by the voices of people who have experienced or been at risk of homelessness
Safe & inclusive	Services are safe, welcoming and inclusive • Services provide immediate psychological and physical safety for people experiencing or at risk of homelessness • Services are inclusive and appropriate for people from diverse backgrounds • Trauma informed practice is embedded in all levels of service design and delivery
Integrated	SHS and other services work together effectively to prevent and end homelessness • People experiencing or at risk of homelessness are assisted to effectively navigate across services and systems • Services work together to provide seamless holistic support • SHS services effectively collaborate to advocate for improvements in policy, practice and resourcing
Capable	SHS services have the capabilities needed to prevent and end homelessness • SHS services are evidence-based • The SHS workforce is capable and well-supported

Domain	Example outcomes and indicators
Preventive	Systemic drivers of homelessness are ameliorated • Income support is sufficient to enable people to meet their housing and other needs • Housing policy ensures that the property market is equitable for people on low incomes • Young people do not exit Out of Home Care into homelessness

7

Measures, methods, tools and reporting

Outcome measurement will require the SHS to go beyond articulating the outcomes that matter, to find practical ways to collect and use outcomes data. There are many possible measures, tools and approaches, and discussions during sector consultations were wide-ranging.

The sector is interested in working in partnership with DHHS to define a core set of outcome measures, with associated tools and data collection processes that are relevant and practical in the sector context. To be widely useable across the sector these measures, tools and processes will need to be:

- Clear and not overly complex
- Acceptable to participants and staff – including being couched in language that is not perceived as objectionable or intrusive
- Able to be used in an integrated and efficient way within the context of service delivery[19]
- Realistic in the timing of outcomes data collection from participants.

There is not a specific outcomes tool (or set of tools) which the sector has identified as its preferred choice at this time. However, consultations did identify an approach to outcome measurement which could inform development of suitable tools and data systems, and a range of possible measures which could be considered. These ideas are not intended to limit other outcome measurement options that might be used. Teams and organisations should be supported to undertake additional outcome measurement suited to their needs, rather than being constrained to only those items included in a sector-wide approach.

Given that SHS services already experience a high level of administrative burden in a resource-poor environment, **it is important that the overall number of data fields to be completed does not increase unless additional resourcing is provided or there are reductions in throughput expectations**. It is strongly recommended that current data collection requirements are reviewed and that less useful elements are removed to make space for collection of outcomes data.

The consultations identified long-term (aspirational) options for outcome measurement but also noted the need for practical, achievable first steps that can be implemented by the sector within the next few years. This chapter discusses aspects of the long-term vision as well as possible starting points. Chapter 9 outlines proposed steps for the introduction of outcome measurement within the SHS sector in Victoria.

Measures and data sources

Range of measure types

Sector experience and evaluation theory both identify that data from a variety of sources is useful in understanding progress toward outcomes. Staff of SHS services, as well as people who are or have been without a home, will have important information about whether outcomes have been achieved. System outcomes and people outcomes are both important (Chapter 5), and for people outcomes, both tangible and personal outcomes are valued (Chapter 6). A mix of measures are needed to capture data.

There will be no single client questionnaire or goal setting template that will gather all the data relevant to outcome measurement. Instead, an outcome measurement framework will contain a set of measures that draw data from different sources relevant to the outcome indicators being assessed. This helps to mitigate the risks and practical issues that arise with relying on a single source of data as the only view of outcomes (for example, the risk of designing a participant-rated questionnaire as the key outcomes tool, and then finding that when providing services to people in crisis it may be difficult to obtain baseline and/or follow-up responses using this tool).

Sector consultations identified five main types of measures as being particularly important to SHS outcome measurement.

Table 8: Five key types of measures for SHS outcome measurement

Measure type	Description	Data sources
1. **Participant-rated goal attainment**	Participants' ratings of the extent to which their self-identified goals have been achieved. *E.g. rate the extent to which a goal of resolving debt issues has been achieved*	Goal setting and review tool
2. **Staff-captured administrative data**	Data entered by workers in selected fields as a routine element of service delivery. *E.g. housing type; tenancy start date; referral to specialist service*	Client database
3. **Participant-rated perception data**	Participants' responses to standardised questions related to selected outcome indicators at a point in time. *E.g. rate perception of own safety; rate risk of housing breakdown*	Participant questionnaire
4. **Staff-rated perception data**	Workers' ratings and observations in relation to selected outcome indicators at a point in time. *E.g. rate level of engagement between service and participant; note educational progress*	Worker questionnaire or client database

Measure type	Description	Data sources
5. Population and system data	Data captured through community-level research or through analysis of administrative and capacity data at whole-of-system level *E.g. proportion of rentals affordable to people on low incomes; proportion of SHS funding allocated to prevention and early intervention*	Population research, government datasets

While quantitative data is important in outcome measurement, there will also need to be accompanying methods to gather qualitative and narrative data on outcomes. This data complements the measurement data to provide a rich picture of outcomes and how they occur. It also supports more culturally appropriate data collection in some circumstances, including for services working with Aboriginal and/or Torres Strait Islander people.

Person-centred measures; use of goal attainment data

Person-centred outcome measurement was introduced in Chapter 4. This was strongly supported by those consulted, who saw it as a preferred model for the measurement of people outcomes.

A critical question for this approach is how to combine a flexible focus on individual outcomes with a consistent measurement framework that supports aggregation of data across participants, to enable us to understand outcomes at individual, team, organisation and program levels. Commonly used approaches struggle to achieve this balance:

- Pre-defined outcome questionnaires that ask standard questions around set domains – these support aggregation, but do not place individual goals at the centre of outcome measurement, and tend to measure each participant on each domain regardless of relevance. (Pre-defined outcome questionnaires might, however, form an additional data source for a primarily person-centred outcome measurement approach.)
- Simple goal attainment scaling approaches – these focus on individual goals, however they do not tend to support useful aggregation of data as reports are not sensitive to differences in the focus and magnitude of goals for and between participants. For example, one goal might be to make an appointment with a doctor while another might be to obtain affordable, long-term housing; both may be significant to the person to whom they relate, but aggregating data to compare attainment of these two very different goals makes little sense.

A more sophisticated approach to person-centred outcome measurement was explored with stakeholders through the consultation process in this project, and the

sector sees it as a promising direction to pursue for the measurement of people outcomes. Elements of this approach are:

1. A standard set of people outcome domains, outcomes and outcome indicators which are agreed across the sector; the outcome indicators articulate a set of common goals which are of relevance to many (though not all) people experiencing or at risk of homelessness.

2. A goal setting process in which participants are able to self-identify goals in conversation with service provider staff; people identify goals on their own terms and are not constrained by a pre-defined set of outcomes.

3. Where possible, in the goal setting tool and accompanying data system, individual self-identified goals are linked with a relevant outcome domain and (where appropriate) an outcome indicator from the standard set.

4. A goal review process in which participants review and rate the achievement of the individual goals they have set, in conversation with service provider staff, and re-set goals for future work. (Optionally, where a joint goal review conversation is unable to occur but where staff have reliable information about the extent of goal achievement, staff ratings could be captured and clearly indicated as such.) A clearly defined rating scale along with appropriate guidance is required to maximise inter-rater reliability.

5. Goal attainment data for all goals can be reported at participant level. For participant goals which are linked with domains and outcome indicators from the standard set, goal attainment data can also be aggregated and reported (within the linked domains and indicators) at team, organisation or program level.

6. As a further level of sophistication, a small set of standard participant-rated outcome questions could be developed at domain and outcome indicator level. Responses to these could be collected during goal setting and review conversations or at other times. Questions would only be asked if they have been 'triggered' by the inclusion of a related goal in the participant's individual goal plan. Questions relating to domains which are not connected with the participant's goals would not be asked. Data from these standard questions could be reported at participant, team, organisation or program level.

Elements 1 to 5 of this approach would not be difficult to design, and substantial areas of the sector already have experience with collaborative goal setting and review processes, through standard casework practice and through use of tools such as the Outcomes Star™. These elements fall into measure type 1 described above. A strong staff training program would be needed to enable staff to be confident and accurate in linking goals to indicators.

Apart from development of an appropriate goal setting and review tool and a set of outcome indicators, the key system requirement needed to implement this approach would be a database capable of linking individually identified goals to standard domains and outcome indicators. SHIP already has action planning functionality but this would need to be enhanced to support linking of individual goals with standard domains and indicators. As a preliminary step toward this model, work could be done with the SHS to strengthen use of SHIP's plan function and to build greater inter-rater reliability in the way goal attainment scores are assigned. This initial step would be feasible as a precursor to investment in software change.

Element 6 of this approach is an example of measure type 3 (participant-rated perception data) noted above. It would require substantially greater development and testing of the outcome questions. For implementation to be feasible it would require data capture technology that would automatically list only the relevant questions for each participant, based on their linked domains and outcome indicators. This would have the advantage of a more targeted and relevant questionnaire, however it is substantially beyond SHIP's current capabilities and the investment in technology required to implement it efficiently would be greater.

Other considerations related to this person-centred measurement process include:

- How it could be adapted for use in service settings in which a formal documented goal-setting process is not currently used (e.g. IAP services)
- The absence of baseline data and the use instead of retrospective perception of progress as the basis of measurement (unless element 6 is included in the approach, or unless this approach is used as part of a wider suite of measurement approaches)
- Delayed baselines for domains which are initially not identified as relevant by the participant, but are added to the goal plan later.

A number of service providers are using aspects of the above approach. If developing this option further it will be important to take their experience into account.

Use of administrative data

A large volume of administrative data is already captured by the sector through SHIP and other databases. While much of this is oriented to inputs and activities, some existing data fields are relevant to the measurement of people outcomes. Data from tenancy management databases used by social housing managers is also highly relevant to understanding housing outcomes.

Data quality and availability for some SHIP fields would need to be improved before they can usefully contribute to outcome measurement. However, there is a strong imperative to make the best use of existing data before introducing new fields. Sector databases and scope for their enhancement are further discussed below.

Differentiation across services

As with outcomes and indicators, it is important that measures are differentiated by service type so that that they are only applied where they are relevant to the work of the service, and data can feasibly be collected. Key considerations will include:

- Program focus and funded scope of work – for example, for crisis services it may be more appropriate to apply measures relating to responses to immediate needs, rather than living life to the full
- Cohort – for example, measures applicable to a service for young families may not be applicable to a service for elderly singles
- Location – for example, measures regarding service linkage which might be relevant to a metropolitan setting may be less relevant to a rural setting.

Data collection processes

The processes through which data are collected have a major effect on the experience of staff and participants, and consequently a large impact on the quality and completeness of the resulting data. Developing skills and achieving cultural change among staff to enable systematic and consistent collection of people outcomes data is likely to require substantial work over an extended period. Key points of importance to the sector include:

- The need to **avoid duplication** in asking participants to tell their stories, in collecting outcomes data, and in data entry. SHS providers and people who are or have been without a home are strongly in favour of an 'ask once, enter once, use multiple times' approach to data. This indicates the need for joined-up and coordinated processes for data collection and access across multiple programs and agencies, and a shared understanding of the purpose and value of data collection
- For the time being, the bulk of data collection on people outcomes is likely to be undertaken and/or coordinated by SHS staff. Workers will ask questions of participants and enter responses, or will create the context in which participants can enter their own outcomes data. As SHS services are already overburdened, data collection therefore needs to be **simple, efficient and well integrated within practice**, rather than being an unwieldy add-on
- **Trust** between participants and workers is essential to gathering meaningful outcomes data, especially in a conversational setting and especially when sensitive information is being requested. Building rapport and trust takes time – sometimes an extended period. People may not be willing to disclose certain information early in their contact with a service or a specific worker. The timing of outcomes data collection needs to take this into account, and multiple sources of data may need to be used
- Attention will be needed to **culturally appropriate** ways of collecting outcomes data, including for participants from Aboriginal and/or Torres Strait Islander backgrounds

- Sensitivity needs to be applied to ensure that outcomes data collection direct from participants occurs at **appropriate times** in their journey
- Where participants are contributing outcomes information, **robust consent processes** are needed including clear communication of the parameters of confidentiality, especially where information shared could have serious consequences for participants or others (for example in relation to family violence, child protection or involvement in illegal activities).

People who are or have been without a home can play an important role in collection of outcomes data. Experience shows that participants are more likely to trust and to provide honest information to peer data collectors. The sector strongly supports a greater role in data collection for people with lived experience of homelessness. This has benefits for participants, data collectors and for the quality of outcomes data produced.

The sector is strongly aware of the value of longitudinal outcome measurement, and would like the capacity to undertake **follow-up data collection** with participants once support periods are finished (for example, 6 or 12 months after closure). This is currently happening in a scattered way in some services. However, there are multiple barriers to doing this more systematically including lack of systems for gaining consent for follow-up, the level of resourcing required, participants' contact details becoming out-of-date, lack of ways to coordinate follow-up across multiple agencies, and the lack of clear protocols about how to respond if a follow-up contact identifies issues or risks. The sector would like to collaboratively explore ways to overcome these barriers in later stages of outcome measurement.

Use and enhancement of sector database (SHIP)

It is essential that the collection of outcomes data be integrated within the main sector database, rather than the sector being provided with separate databases or data collation tools for outcomes data. There needs to be one point of data entry which supports data use in service delivery, as well as reporting at organisational, state and national levels. Moving between multiple databases is challenging and inefficient for service providers. The use of multiple data systems leads to frustration with duplicate data entry, and results in less consistent and lower quality data.

SHIP is the national database which supports the capture and reporting of a consistent National Minimum Data Set for SHS services across Australia. A number of SHIP data fields are relevant to the measurement of people outcomes:

- SHIP Support periods and Status updates enable the recording of a household's housing situation (dwelling, tenure, conditions of occupancy, episodes of homelessness), which is directly relevant to outcomes in the *Housing* domain
- SHIP Support periods and Status updates also provide the ability to record a limited set of data on income, employment and education status, which may

be relevant to outcomes in the *Financial and Material Wellbeing* and *Participation* domains

- SHIP Notes provide the capacity to record certain forms of assistance provided, or for which referrals have been made. This could offer proxy data in relation to certain domains, for example *Connection* to supports.

SHIP provides a useful foundation on which to build, however in its current form it does not support the fit-for-purpose sector-wide outcome measurement approach outlined in this report. Outside the fields noted above, SHIP has limited ability to collect outcomes data. Partly for these reasons, a number of service provider agencies have implemented their own service delivery databases which mirror and extend SHIP's functionality.

For meaningful outcome measurement to be feasible on a sector-wide basis, substantial investment will be required in SHIP or a replacement system. In addition to incorporation of new outcome fields, enhancement will be needed to areas of functionality including assessment, goal planning and review, and referral data collection.

Service providers identified that much data relevant to people outcomes is already recorded within SHIP in unstructured form, for example in contact notes. Adjustments to SHIP that would enable outcomes data to be captured in more discrete or structured forms could range from simple (inclusion of an 'outcome description' text field in the Note object) to more complex (inclusion of outcome questionnaires or outcome measure data fields in Support periods, Status updates or other locations).

It is also high priority from the sector's point of view to create outcomes reports within SHIP to enable ready extraction of outcomes data at participant, team and agency levels. These should be able to be readily run and customised by service providers as well as government.

Proposals in relation to the modification of the SHS NMDS and SHIP have cross-jurisdictional impact. While this presents opportunities to develop joint approaches, it also raises the risk of blockages or lengthy delays. SHIP is also used by specialist providers, including family violence services. Potential changes to SHIP therefore need to consider consequences for usability, data collection and reporting by those services.

The sector recommends a staged approach to improving outcomes data capture through SHIP.

- As a first step, there is scope for the sector to better use the existing capacities of SHIP and to improve the consistency and quality of data capture on the system, especially in fields relevant to outcomes, but also in the use of e-referral and other functionality.
- In the medium term, the sector is strongly in favour of DHHS working with AIHW and other partners, in consultation with SHS service providers, to

improve the functionality of SHIP to better capture and report on outcomes data.

- It is yet to be clarified whether adjustments of this type could be undertaken just for Victorian services, or whether they would necessarily affect all services using SHIP. On the latter scenario, negotiation would be needed to develop a joint approach with other jurisdictions.
- A number of SHS service providers in Victoria are already using databases that incorporate the SHIP data collection and reporting functionality, but extend it for organisation-specific purposes. Modifications to SHIP to enable outcomes data reporting would need to be mirrored in these provider-specific databases. Alternatively, DHHS could consider moving Victorian SHS services onto a platform of this type which would enable Victoria-specific outcomes fields to be introduced without affecting SHIP users interstate. The sector recognises that there would be significant resource implications associated with this option.

The sector is keen to discuss with DHHS (and to put on the table at the national level) the potential for a much more significant change to data systems in the medium to long term, towards a model in which data is owned by people experiencing or at risk of homelessness, and these people are able to provide (or withdraw) access to part or all of it to service providers. Various systems of this type have already been developed in the UK and elsewhere. While not without their challenges, they do provide some important opportunities in terms of transparency of data capture, participant access to data of importance to them, and efficiency in terms of avoiding fragmentation and duplication of data across multiple agency and sector data systems.

There is also scope within these (or other) data systems for much more sophisticated involvement of participants in data capture, for example app- or web-based access for participants to be able to update contact information, set goals, complete outcomes questions and view reports on their outcomes, describe their experience, or provide feedback to services. The use of direct data entry by participants, for example using tablets, is increasingly common and the sector supports this for its efficiency and transparency.

The sector acknowledges that it can be complex and expensive to enhance data systems, however it is important that this work occur to enable outcomes data collection to be efficient, accurate and integrated with service delivery.

Data collection tools

In addition to considerations about the primary data system used to capture data on people outcomes, there are also considerations in terms of the types of tools (e.g. questionnaires, goal review tools) that may be used.

- The sector has a strong view to **steer away from detailed, domain-specific validated instruments** (such as the SF-12, TOP, K-10 or others) in routine

outcome measurement. Although these tools can provide important information in more in-depth research or evaluation, they are not fit for purpose in ongoing outcome measurement across the sector as they are too specific, not sufficiently person-centred, and tend to be overly resource-intensive to administer compared to the value of the data provided.

- **Language** needs to be carefully considered. The wording and structure of outcomes questions needs to be clear and valid, and to feel comfortable and appropriate to staff and participants. Cross-cultural issues need to be considered. If workers are expected to ask ill-conceived, poorly phrased or culturally inappropriate questions to participants, the process will fail.
- Data collection processes and tools need to take into account that people have **differing language and cognitive abilities**, and different levels of literacy. Processes that rely on people completing written questionnaires in English will miss outcomes information from some participants. Depending on context, translations may be required, information may need to be gathered through conversation rather than in writing, and pictorial information may be needed.

Data access, analysis and reporting

Data about participants' journeys and outcomes is currently fragmented and dispersed across the service system, leading to duplication of data collection, inability to create a coherent picture of outcomes, and increased data burden on the sector. This creates frustration for participants as well as staff. More joined-up approaches to data management are required across organisations and over time. Collaboration is needed so that services which are best placed to collect certain items are the ones that do so.

Service providers and people who are or have been without a home consistently advise that there is appetite for greater information sharing across services, enabling a joined-up analysis of outcomes. This must occur within appropriate consent and privacy parameters.

It is important that reports generated from outcomes data are accessible to and usable by a variety of stakeholders within the system. While the sector understands the needs of government in relation to reporting, too often these needs have taken priority over the needs of the sector to access and use information for service delivery and service improvement.

The sector is aware of back-to-source data reporting included in the Validata™ system as part of the National Minimum Data Set reporting arrangements. This provides a robust foundation, however the sector would like to see substantially enhanced outcomes data access and reporting arrangements. It is essential that useful outcomes reports are available to:

- Participants – each participant should be able to access their own outcomes reports

- Service provider staff – frontline workers and their direct supervisors need access to outcomes data at individual participant level
- Service provider management – managers need consolidated outcomes information at team, service and organisational level.

Service providers need the capacity to directly produce these reports in real time, rather than relying on government departments or research organisations to return the results after a delay. The sector would like to see LASNs or other regional groupings of services having the ability to generate regional outcomes reports, and service provider management having the ability to generate reports benchmarking outcomes of their services with state-wide averages of like services. Achieving these capabilities will require skill building as well as significant information technology investment.

8
Implementation and resourcing

Sector consultations identified that implementation issues are critical to the success of outcome measurement efforts. The best-designed outcome measurement frameworks will be ineffective if implementation issues are poorly considered. Outcome measurement is major sector reform, and needs to be introduced with strong attention to change management.

The sector is ready to partner with DHHS around a process of designing and implementing outcome measurement. The critical success factors for this process include strong shared leadership; genuine partnership between stakeholders; a realistic and staged implementation plan; sector resourcing; and ongoing sector capability building to support cultural change.

Leadership

Clear and consistent leadership will be required to set a direction for outcome measurement, to demonstrate its value and to maintain this focus over time. Key staff within DHHS will need to secure commitment within the department for outcome measurement and seek to embed it sufficiently that it will have longevity across potential changes of government. DHHS will also need to clearly communicate the vision and details of outcome measurement to the sector.

Leadership will also be needed from within the sector, including from CHP, from management within service provider organisations, and from staff in research, data, service development and networking roles. This sector-based leadership will be essential to effective uptake of outcome measurement processes by frontline staff. DHHS should consciously seek to foster sector leadership around outcome measurement, which will be most likely within a context of genuine partnership.

Partnership

Government, service providers and people who are or have been without a home each have important perspectives and important contributions to make to successful outcome measurement. The sector strongly supports the view that the design and implementation of outcome measurement should be undertaken as a collaborative process with genuine partnership between these three groups of stakeholders. Data experts and technical advisors should also be involved where relevant.

Consultation around outcomes, measures, data collection methods and tools needs to hear from a diverse range of voices, including people with a wide range of lived experiences. This is very important to shaping outcomes that are relevant, indicators and measures that are realistic, and tools that are appropriate. Meaningful (not

tokenistic) consultation is required; this requires stakeholders to acknowledge and work around power imbalances inherent in relationships.

People who are or have been without a home have essential roles to play in the design of outcome measurement frameworks, in testing data collection tools and processes, in collecting outcomes data, and in gathering and analysing feedback on outcome measurement approaches once implemented.

There is scope for increased collaboration among service providers around outcome measurement. Organisations which already have substantial experience in outcome measurement may be able to share learnings and tools with others. In addition to specialist structures established specifically around introduction of outcome measurement, existing sector structures such as the Sector Transition Plan Organisational Capacity Working Group and Executive Advisory Group, and LASNs provide a natural forum for partnership work on outcome measurement.

Implementation plan

A sound implementation plan will be essential for effective introduction of outcome measurement. In the sector's view this must involve:

- A **long-term view** – acknowledging that the sector faces many competing demands. The cultural shift required for sustainable outcome measurement will take long-term commitment. The system will need to be refined and reinforced over an extended period to become and remain useful
- A **staged approach** – introducing elements of the approach to the sector gradually over time and testing and embedding each, avoiding overwhelming the sector with complexity, and enabling the sector to move forward together in a way that is manageable for lower-resourced organisations
- **Piloting** of system elements prior to broad roll-out – to enable them to be properly tested and improved, and to minimise sector disruption
- **Regular review points** – enabling stakeholders to gather feedback and discuss progress and issues arising. Monitoring of data quality will need to be incorporated as an important measure of implementation success.

Chapter 9 outlines a proposed series of steps for introducing measurement of people outcomes, which is consistent with these considerations.

Resourcing

Resourcing is a critical issue for the already-stretched SHS. Introducing and sustaining an outcome measurement process will require the time of managers and project workers to undertake change management and service development processes, monitor data quality, and report on and use the data; and the time of service delivery staff time to learn new requirements, and to collect, enter and use data.

Unless substantial resourcing is provided to support implementation, it is likely that outcome measurement will create further stress for staff, divert resources from service delivery, and/or be implemented inconsistently and to a low standard. These scenarios may mean that outcome measurement does more harm than good.

Experience from other recent outcome measurement pilots, including those in Child and Family Services, indicate that there is often initial staff goodwill toward outcome measurement. However in day to day operations, there is a strong and understandable tendency for staff to focus on responding to high risk areas, especially to program participants in crisis. It is difficult to maintain a focus on outcome data collection unless appropriate resourcing is allocated.

Introduction of outcome measurement must be **resource-neutral, or preferably, resource-additive** for the sector. This requires genuine examination by government of four options, ideally in combination:

- Reduction in current data collection requirements to provide scope for introduction of new data fields – the "one in, one out" principle
- Reduction in inefficiency and duplication in data collection, including through provision of more functional data systems and tools, and through better coordination across agencies
- Provision of ongoing additional resourcing for staff time to enable collection and processing of outcomes data
- Adjustment of service throughput targets to acknowledge the time spent on data collection and administration.

Specific consideration will be needed to the capacity of smaller, lower-resourced and non-metropolitan organisations to manage new data collection and system change requirements. The sector will need to consider how outcome measurement can be integrated efficiently into existing service delivery and evaluation processes, and how existing sector structures and resources can support outcome measurement. Changes to data collection requirements that form part of the SHS National Minimum Data Set would also require endorsement from all States and Territories.

Tools

For outcome measurement to be sustainable and useful, the sector will need high-quality systems and tools for data collection, analysis and reporting that can be used efficiently by service providers. It is essential that outcomes data collection be incorporated into the sector's standard client database. Data collection tools will also need to be designed to facilitate participant involvement in outcomes conversations. The need for investment in data systems and tools was discussed in Chapter 7.

Analytics

A specific aspect of sector capacity that was repeatedly commented on by service providers was the capacity to analyse and use the data collected. Data coordination

and analytics capacity is currently a major gap for the sector. Although specialist roles exist in some agencies, many service providers currently have very limited capacity to use the data they collect, or to follow up on data issues identified. To gain the best value from outcomes data, the sector will need improved skills and knowledge in the areas of data cleaning and validation, data analysis, business intelligence and data visualisation.

Further **investment in analytics** is needed to generate meaningful, usable information for service providers. Potential directions include access to improved analytics tools and reports that can be used and customised by service providers, and the creation of data coordination and analytics roles in sector agencies and peak bodies that could work across organisations to build consistency and capacity in the collection and use of outcomes (and other) data. A range of free and paid software and training is available in these areas. The sector is keen to explore options with DHHS to strengthen SHS capabilities and resourcing in this area.

Capability building and cultural change

Ongoing guidance and capability-building will be required for sector staff to ensure that outcome measurement is understood and implemented as intended. If this does not occur, there is high risk that outcomes data will be inconsistently collected and have low reliability and validity.

There is a need to foster a cultural shift in the sector towards greater valuing of data and the benefits that it can provide in improving support to people experiencing homelessness. To enable this cultural shift to occur, staff will need to be able to trust outcome measurement processes rather than feeling that outcomes data will be used for performance management. Staff will also need to:

- Understand the rationale for outcomes data collection
- Be able to access and use outcomes data directly in their work
- See examples of outcomes data actively being used within their agencies to reflect on and improve services, and to advocate on behalf of people experiencing or at risk of homelessness.

Staff will also need to understand the details of what data is to be collected, how, when, and what the different fields and options mean. Communication with staff about outcome measurement needs to be clear and simple to help workers feel confident about implementing these processes. This will require clear and user-friendly guidance materials, and easily accessible training for staff and management, in regional areas as well as Melbourne. Given levels of frontline staff turnover in the sector, and the tendency for 'drift' to occur in understandings of data requirements over time, training will need to be provided on an ongoing basis.

Agencies will need to consider how outcomes data can be incorporated in existing structures of reflective practice, supervision and staff meetings. There is scope for this

data to be used to showcase positive work being done by staff and celebrate the "wins" achieved. These factors will help to build commitment and buy-in to outcome measurement from the SHS workforce.

9
Conclusion and next steps

In 2019, CHP consulted with over 200 people connected with the SHS in Victoria, to canvass their views on how outcome measurement could work well in this sector. The response to these consultations has been positive. The sector is aware of the complexities and challenges of doing outcome measurement well, but sees the benefits that could arise from a fit-for-purpose outcome measurement approach. There are opportunities to move away from the current heavy focus on output reporting, and to build a much deeper understanding of the effectiveness of the sector's work at person, program and system levels.

In order to achieve these benefits, the sector will need an approach to outcome measurement that is person-centred, practical and sustainable. The sector will need proper resourcing for data collection. This will require either reduction in current data collection requirements, or the provision of additional resources to manage the administrative burden involved. The sector will also need to be provided with training, tools and data systems to collect and report on data reliably and efficiently.

Proposed steps in introduction of outcome measurement

The sector believes that outcome measurement is most likely to be successful when introduced with a long-term view and a staged approach to implementation. The sector recommends starting with measures for which data is already available, then gradually building additional data collection in ways that generate useful information with low disruption to the sector's ability to undertake its work.

Building on the above considerations, the sector proposes the following steps for the introduction of outcome measurement for people outcomes. The first step should occur in parallel with the development of an outcome framework by DHHS, in consultation with service providers and people who are or have been without a home. All steps should consider how existing data collection requirements can be reduced to enable capacity for outcome data collection.

These steps should be staged over a timeframe of 6 to 8 years to incrementally provide more useful outcomes data, to allow adequate resourcing and testing of each step, to continuously build sector capacity and avoid overwhelming the sector. Steps that will require longer periods of development and/or will have greater impact on people who are or have been without a home, or on frontline staff, are placed later in the sequence. Preparatory work on later steps can be undertaken while implementing earlier steps.

Figure 11: Proposed steps in introduction of outcome measurement

STEP	DESCRIPTION
1 – Improved reports on housing outcomes	The most useful outcomes data from the current SHIP collection is housing situation data. As an initial stage, DHHS should pursue the implementation within SHIP of reports on housing outcomes, drawing on this data, and referenced to key outcome indicators in the Housing domain. This will place no additional burden on frontline staff, and will provide useful and accessible data to service providers.
2 – Minimal set of key client-rated measures	Based on the outcome framework, DHHS and the sector should identify a small set of client-rated measures that speak to high priority, immediate concerns for people, that can be gathered by workers in consultation with participants and entered during the course of service delivery. Enhancement is likely required to SHIP to enable this data to be stored. For example: • Level and impact of crisis for participants • Level of perceived safety in accommodation • Access to items needed to address medical needs • Mental health status • Sufficient funds for day-to-day household necessities This and all other steps need to be designed and rolled out bearing in mind overall data collection burden, and the need for robust training for staff.
3 – Enhance capture of goal attainment scaling data	Goal attainment data is central to a person-centred approach to outcome measurement, but is currently not captured in sufficiently sophisticated format to enable useful aggregation and reporting. DHHS and the sector should pursue enhancements to the action plan functionality within SHIP to make it more efficient and user friendly, better integrated with the sector's goal setting processes, and able to be referenced to outcome domains and indicators. This will significantly increase SHIP's outcome data collection capacity.
4 – Greater consistency in capture of referral data	Referral data provides a proxy for support linkage outcomes across multiple domains. A more streamlined referral data entry mechanism should be provided within SHIP, linked to specific outcome domains or goals. Work would be needed with the sector to build the consistency and quality of referral data entry.

STEP	DESCRIPTION
5 – Enhance the capture of other worker-rated outcomes data	Selected other fields should be added to SHIP to enable capture by workers of data relevant to specific outcome indicators. The following measures (which may be able to be rated by staff) could be prioritised for this: • Eviction prevented • Children remain connected with family, education and childcare • Risk assessment(s) conducted (incl. risk assessment for children where relevant) • Safety plan in place • Health assessment conducted • Receive treatment for immediate medical needs • Young people participate in education or training • Assessment of financial issues completed • Assistance to access social security entitlements • Reduction in debt • Access to transport
6 – Develop participant-rated questionnaires	Develop a set of participant rated questionnaires, referenced to the outcome framework, with variants suited to different service types. These should focus on a mix of outcome indicators relating to capacity building / addressing trauma and living life to the full, across multiple the domains. These are likely to be used in medium to long-term support services rather than in crisis services.

Although not the focus of Figure 11, the sector also strongly supports the development of a parallel process for the measurement of system outcomes. This will draw on data held by government departments and authorities as well as the sector. Consideration will be required to the points at which indicators and methods for the collection of people outcomes data intersect with processes for measurement of system outcomes.

The road ahead

Moving to a greater focus on outcomes in data collection and reporting will require a cultural shift for the sector's workforce. This will take time and will need to be backed by a strong professional development and change management strategy, and ongoing and persistent communication and reinforcement. The two most important elements in strengthening workforce buy-in to outcome measurement will be:

• Ensuring that the approach has a learning (rather than performance management or accountability) focus

- Ensuring that people who are or have been without a home, frontline staff and management of SHS services are all easily able to access and use relevant outcomes data in their day-to-day interaction with the sector.

Strong partnerships between people who are or have been without a home, service providers and government will be crucial to doing outcome measurement well. These partnerships need to encompass strong collaborative involvement of these parties in design, implementation, review and improvement of outcome measurement.

Although the SHS is diverse, there are strong shared views around outcome-based approaches and outcome measurement which are presented in this report. The sector is ready to take the next steps of dialog with government, and with partner organisations in related sectors, to move toward an approach to outcome measurement that contributes to an end to homelessness in Victoria.

Notes

[1] CHP 2018a.

[2] For further explanation of these terms and references to relevant literature, see CHP 2018a.

[3] DHHS 2016.

[4] DHHS 2019.

[5] CHIA Vic 2019.

[6] Bennett & Etuk 2017.

[7] CHP 2018b.

[8] These actions are: To orientate the sector to and build understanding of outcome measurement; to develop a shared sector perspective of preferred outcome measures when introduced to the sector; to identify outcome measures and data collection processes that are feasible for introduction into the SHS; and to consider consumer, program, service, place-based and population levels of outcomes.

[9] CHP 2018a.

[10] CHP 2018a.

[11] Victorian DPC 2018.

[12] Victorian DPC 2018:5

[13] Definitions adapted from Victorian DPC 2018:5. For definitions of input, activity and output, refer to Victorian DPC 2018 and CHP 2018a.

[14] Two minor disadvantages of adopting the DPC outcomes architecture from a sector viewpoint are that it is more oriented to the focus of government that of service providers or people who are or have been without a home; and that it uses the term 'indicator' in a non-standard sense which could be confusing for some stakeholders. The advantages of using terminology consistent with government's preferred language were felt to outweigh these considerations.

[15] CHP 2018a.

[16] DHHS 2016.

[17] CHIA Vic 2019. The SHS people outcome domains identified by the Working Group have strong overlap with those identified in the CHO Framework. There are several specific differences from the domains in the CHO Framework that should be noted: (a) Two domains have been added which are of importance to the work of the SHS: Independence, and Legal & Justice. (b) The domain of Housing is implicit in the CHO Framework but is explicit in the SHS version. The domain of Suitability which is present in the CHO Framework has been incorporated in the Housing domain in the SHS version. (c) The domain of Stability has a broader meaning in the SHS version than in the CHO Framework. (d) Financial and Material Wellbeing in the SHS domains is broader than the corresponding domain in the CHO Framework, given that part of the SHS's work concerns basic material needs of people experiencing homelessness.

[18] Gronda 2009.

[19] Use of external data collectors and surveys or other data collection methods run separately from service delivery is a possibility, but is not considered realistic at present for routine outcome monitoring in the SHS.

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Victorian DPC. 2018. *Outcomes Reform in Victoria.* Melbourne: Department of Premier and Cabinet.

For additional references and connections to the evidence base underpinning the Sector Outcomes Consultation Project, please refer to CHP (2018a) *Preparing for Outcome Measurement*.