

# PRACTICE CONSIDERATIONS AND IMPLICATIONS

This document is a summary of the key findings from a recent survey and consultations conducted by the Centre for Excellence in Child and Family Welfare (the Centre) in relation to measuring client outcomes in the child and family services sector. The summary outlines practice considerations and implications arising from the findings of the project.

The aim of the project was to gather a better understanding of what child and family services are doing in relation to client outcomes measurement and to identify how engagement between government and the sector could be strengthened to capture more robust data as part of the EIIF. The survey and consultations reveal several common themes, which if addressed, could improve engagement between DFFH, DTF and child and family services in the use of client outcomes data to inform budget bids and improve practice.

## Conceptual Framework

The sector would find a high-level outcomes framework useful in promoting a shared understanding of concepts such as outcomes, impact and the purpose of data collection. Ideally, it would contain key features of high-quality data collection and reporting, including program logic development, mixed methods, key evaluation questions, and appropriate methods for different contexts and purposes to help practitioners understand how to approach designing, measuring and preparing for evaluation. There are existing examples of such frameworks which could be built upon or repurposed to assist organisations across the sector and government departments to develop a common understanding of key concepts supported by appropriate infrastructure and tools to support more robust data collection. Existing sound outcomes frameworks, such as the Victorian Early Parenting Centres Outcomes Framework developed by QEC and Monash University with Department of Health funding to support the expansion of the Early Parenting Centres, could be shared and promoted.<sup>1</sup> This document is a prime example of a framework that embeds client outcomes in clinical practice.

## Outcomes and mixed methods

Service providers want to see greater recognition from DFFH of the value of client outcomes data and the data platforms to enable this data to be collected, shared and used for continuous improvement purposes. Currently, there is an over reliance on outputs which only tell part of a story. Qualitative client outcomes data (where clients are asked to provide their insights into the outcomes delivered) are regarded as anecdotal, rather than robust. There is little value given to this type of data by DFFH currently even though for our client groups, our small cohorts, these methods are more appropriate (ethically), more robust and more informative than quantitative data only. For example, the DFFH Menu of Evidence-informed

<sup>1</sup> Department of Health (2022). Victorian Early Parenting Centres Outcomes Framework. Victorian Government. <https://www.health.vic.gov.au/sites/default/files/2023-03/victorian-early-parenting-centre-outcomes-framework-updated-march-23-2023.pdf>

Practices and Programs, which is an online repository of the best available evidence on what works to improve outcomes for children and families, has a strong focus on Randomised Controlled Trials (which require large cohorts, academic experts to administer, and produce a delayed result – often more than 3 years) as the preferred quality approach.

Service providers also want the value of mixed methods data collection to be recognised and valued by government. Using only quantitative data is seen as being too blunt and not telling the whole story in an industry which is often about incremental changes in human behaviour and intentions and decision making. A mixture of quantitative and qualitative data types was strongly endorsed by participants in OPEN's Evaluation Community of Practice who argued for 'mixed methods' approaches to be recognised by Treasury and departments as evidence of robust methodology. Our sector organisations can demonstrate the difference an early intervention has made through mixed methods data collection in which clients' own assessments of their progress can be triangulated and incorporated into data reporting.

## **Embedding client outcome measures**

Outcomes data should not be collected in a siloed way but needs to be embedded seamlessly into practice. The consultations reinforced the notion that client outcomes should be part of a therapeutic or clinical response rather than an add on, and that clients should be provided with information about the purpose of the feedback and how it will be used. This would help ensure that the data collection is meaningful to the work of practitioners and therefore becomes a valued element of their daily practice – helping to gain their ongoing commitment and attention to this activity.

## **Early engagement between government and sector**

DFFH needs to engage with agencies about their data, not in a punitive or compliance-related way, but to support better practice. Organisations want opportunities to help shape the design of DFFH programs and procurement decisions, being brought into processes early enough to be able to discuss what data will be collected and how it will be used, with genuine co-design opportunities.

## **Robust tripartite relationship**

While organisations which took part in this project could see the clear benefits from improved engagement between DTF, DFFH and the sector, there was a strong view that DTF also needs to be engaging with DFFH and other line agencies directly to build shared understandings of what is meant by client outcomes, the value of mixed methods, the importance of outcomes as opposed to outputs and the need for greater investment in the infrastructure, training and resources that will assist all parties to be able to demonstrate the difference early interventions are making for clients.

## **Prevention and early intervention**

Prevention programs can save lives and money, but it is not clear how prevention fits into the EIIF, particularly when funding is provided for programs at the more acute end of the service system. While EIIF focuses on early intervention as a means of reducing the need for more expensive tertiary responses, a focus on prevention could be even more cost effective,

addressing challenges and risks at the earliest signs before clients become more enmeshed in the service system. The sector has examples of early help programs which have been successful in preventing escalation, but which have not been invested in further.

## **Fit for purpose data systems**

Departments and organisations need to be resourced to be able to gather client outcomes data and to have the appropriate IT systems and databases to enable analysis and sharing of data. Data systems need to be able to talk to each other if data is to be used and shared. Some service providers have developed their own shadow systems to manage their data. DFFH data is not always shared to give agencies either a statewide view or a means of benchmarking their own performance. Sector organisations recognise the need for greater investment in department infrastructure capacity.

## **Role of OPEN**

The Centre's Outcomes, Practice and Evidence Network (OPEN) is well positioned to support stronger engagement between DFFH and organisations and address some of the challenges identified by sector participants in the survey and consultations but needs to be appropriately resourced to take on this role. Participants in the consultations expressed appreciation for the opportunity to contribute to this project and thought that OPEN was an excellent mechanism, through the peak body, to capture sector experiences and views. Currently, the OPEN team is working with three other peaks as part of a Commonwealth-FSV funded OPEN expansion project to develop a shared understanding of evidence, capture client voice including the perspectives of children and young people, develop data collection tools, and build a robust evidence base to attract funding for proven interventions.