

# EIIF: Client Outcomes Measurement

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Prepared by the Centre for Excellence in Child and Family Welfare

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## Centre for Excellence in Child and Family Welfare

The Centre for Excellence in Child and Family Welfare (the Centre) is the peak body for child and family services in Victoria, representing more than 150 community service organisations, students and individuals. The Centre advocates for the rights of children and young people to be heard, to be safe, to access education and to remain connected to family, community and culture. Our vision is to see a community that is fair, equitable and creates opportunities for children and their families to live happy and healthy lives.

### Acknowledgement of Country

The Centre acknowledges and pays respect to past and present traditional custodians and Elders of this country on which we work. The Centre also acknowledges the injustices and trauma suffered because of European settlement, the Stolen Generations, and other policies such as the forced removal of children from their families, communities, culture and land. We respect the resilience of the Aboriginal and Torres Strait Islander community in the face of this trauma and respect their right to, and aspiration for, self-determination and empowerment.

### Additional acknowledgements

The Centre would like to thank the Department of Treasury and Finance for the funding to undertake this work and to all those from the child and family services sector who participated in the survey and consultations.

## Contents

Executive summary .....	4
Introduction.....	6
Methodology .....	7
Key survey findings.....	7
Key findings from the consultations .....	14
Overall .....	20
Appendix 1: Survey questions .....	21
Appendix 3: Consultation questions.....	26
Appendix 4: References.....	27

## Executive summary

In 2021, the Centre for Excellence in Child and Family Welfare (the Centre) developed a paper for DTF, *The Early Intervention Investment Framework: A sector perspective*. Amongst other things, this paper reinforced the support of child and family service providers in Victoria for the objectives of the Early Intervention Investment Framework (EIIF) and the potential for a successful tripartite partnership between the Department of Treasury and Finance (DTF), line agencies and the sector to collaborate more effectively on robust funding and budget bids to deliver initiatives based on the best available evidence including client perspectives.

The purpose of this second paper is to strengthen the collaboration between departmental and child and family service providers on EIIF business case development in ways that support and draw on the sector's client outcomes data work. It is hoped the paper will help increase the visibility of and engagement with the sector's client outcomes data work.

As part of the data collection for this paper, the Centre administered a targeted survey to a representative group of organisations across the state and conducted consultations with around 20 individuals through in-depth interviews, focus groups and discussion with the Outcomes, Practice and Evidence Network (OPEN) Evaluation Community of Practice.

The responses describe current practice when it comes to client outcomes data collection and use, the nature of the engagement currently with line agencies in relation to outcomes or impact data, challenges to data collection and to better sector-departmental engagement, and some suggestions for improving both data collection and engagement.

A key challenge highlighted in the surveys and consultations was associated with clients themselves and with resourcing. It is often difficult to gain feedback from clients who are engaging with a service in a crisis (such as being suddenly homeless, fleeing family violence, living in poverty, having severe mental ill-health), or whose interaction with the service might only be fleeting (such as seeking some parenting advice) depending on need.

Frequency of client data collection varies across the sector but is most often captured on commencement and on closure. However, organisations report that department systems are set up for output data and that there is not yet a significant interest in capturing outcomes data or the system capability to do so. Resourcing was also identified as a significant issue, with organisations having to invest their own resources into data capture and analysis and the systems to manage this.

The survey and consultations revealed several common themes, which if addressed, could improve engagement between DFFH and child and family services in the use of client outcomes data to inform budget bids and improve practice. These included:

- The development of a high-level conceptual outcomes framework to promote a shared understanding of concepts such as outcomes, impact, and the purpose of data collection; it could also contain key features of high-quality data collection and reporting.
- 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.
- Making sure outcomes data is embedded seamlessly into practice and not separate from the clinical process.
- Engaging with agencies about their data, not in a punitive or compliance-related way, but to support organisations to identify how they are tracking, and to adapt and improve and understand broader sociological trends.

- Providing opportunities to help shape the design of DFFH programs and procurement decisions, being brought into the process early enough to be able to discuss what data will be collected and how it will be used.
- Recognising the value of mixed methods data collection in contributing to robust evidence gathering.
- Investing in prevention and early intervention programs showing impacts for clients and not only investing in acute services.
- Resourcing departments and organisations to gather client outcomes data and to have the appropriate IT systems and databases in place to enable analysis and sharing of data.
- Drawing on existing examples of sound outcomes frameworks, such as Victoria's Early Parenting Centres Outcomes Framework, which could be shared and promoted.

See the separate summary document *Practice considerations and implications*.

The role of the Centre and of OPEN was acknowledged through the consultations as being ideal mechanisms to support stronger engagement between DFFH and organisations and to address some of the challenges identified by sector participants. However OPEN needs to be appropriately resourced to expand on its current role if it is to support the sector in improving client outcomes measurement and engagement with funding bodies.

## Introduction

### Context

In 2021, the Centre for Excellence in Child and Family Welfare (the Centre) developed a paper for the Department of Treasury and Finance (DTF), *The Early Intervention Investment Framework: A sector perspective*. This paper reinforced the support of child and family service providers in Victoria for the objectives of the Early Intervention Investment Framework (EIIF) and the potential for a successful tripartite partnership between the Department of Treasury and Finance (DTF), line agencies and the sector. Such a partnership would collaborate more effectively on robust funding and budget bids to deliver initiatives based on the best available evidence including client perspectives.

This (second) paper by the Centre, also funded by DTF, aims to support better engagement between the child and family services sector and government departments in the context of embedding understanding of EIIF. DTF views EIIF proposals that can clearly demonstrate strong outcomes, particularly for service users, more favourably than ones that cannot demonstrate this. This project is about cultural change in relation to how departments and service providers work together on designing programs for budget consideration, informed by client outcomes and impact. In this report, 'client outcomes' refers to those changes that occur in the lives of clients after they receive a service.

There has already been a significant cultural change for child and family services in relation to the deep knowledge and expertise around evidence collection and use which the sector is continuing to build on. OPEN has played a significant role in driving this change. Funded by the Department of Families, Fairness and Housing (DFFH), OPEN has promoted better use of evidence through a wide range of activities, forums, resources, training workshops and evaluation support. Prior to the (then) Department of Health and Human Services (DHHS) funding a pilot of Evidence-Based Programs (EBPs) in 2018, several organisations had already sent some of their staff overseas to learn about specific EBPs and had already begun trialling EBPs in Victoria. DHHS had also provided three rounds of funding as part of a Learning System Grants program designed to support the development of promising or 'seed' programs.

Despite this investment by the sector and government in what works, and the discernible gains that have been made in terms of understanding and use of evidence, there is still a knowledge gap in relation to identifying and documenting the impact of early intervention programs and approaches from the perspectives of service users. The input and views of clients is key to understanding who a program has worked for, when, how and why. Collecting and reporting these views in a systematic way is the most appropriate and accessible form of evidence the sector could access, given small cohorts, complexity of issues being addressed, and the resources organisations have to build evidence. This project provides an opportunity to better connect service provider insights with those of departments, who lead EIIF proposals, to build collaboration and to support more effective and consistent measurement of client impacts to support improved service provision.

### Purpose

The purpose of this paper is to identify ways of strengthening the collaboration between departmental and child and family service providers on EIIF business case development, which draws on the sector's client outcomes data work. It is hoped the paper will help increase the visibility of and engagement with the sector's client outcomes data work and lead to tangible improvements in data collection, use and dissemination.

## Methodology

The Centre used a mixed methods approach to gather information about the work of the sector in capturing and using client perspectives and outcomes and the nature of the engagement between DFFH and service providers.

### Document review

The Centre examined key documents relating to the EIF and OPEN's Evaluation Community of Practice insights into common outcome measurement challenges in the sector and several examples of client outcomes frameworks to establish a context for this work.

### Survey

The Centre administered a survey to a small representative group of organisations across the state covering different geographical locations, size and service types. Only four of the DFFH regions did not participate in the survey. The survey attracted 44 completed responses.

Of those who completed the survey on behalf of their organisations, most were family service practitioners or managers, with 11 CEOs also taking part. The services represented by these organisations were broad in scope, including family violence, family services, preservation and reunification, early years, mental health, homelessness, out-of-home care, disability and financial counselling. See Appendix 1 for the survey questions.

### Consultations

The Centre conducted semi-structured interviews with four service provider representatives, ran three small focus groups and hosted an Evaluation Community of Practice (CoP) session. Altogether, around 20 individuals contributed to these in-depth opportunities to provide input. See Appendix 2 for the consultation questions and organisations represented in the consultations.

## Key survey findings

### Prevalence of client outcomes data collection

All surveyed organisations are engaged in collecting data to measure client outcomes, with one organisation indicating they have recently commenced this process.

Program-specific data about client outcomes was most commonly collected, alongside organisation-wide data. Several respondents reported being in the process of developing organisation-wide data sets with one noting that *this is an incremental progression*.

### Reasons for client outcomes data collection

The reasons client outcomes data are collected vary, with the most cited reason being to support continuous practice improvement in the organisation and to provide evidence for funding or budget proposals. Other commonly given reasons included as a form of accountability to clients, to meet government funding requirements, and as a form of accountability to the organisation's Board. Some respondents indicated their organisations collected data to benchmark with other similar rural and regional organisations, for accreditation evidence, and for use as an educational tool to build employee capacity. This data collection activity is generally initiated by the organisation.

## Benefits of measuring client outcomes

The survey asked about the key benefits for organisations and clients as a result of measuring client outcomes.

For organisations, the benefits were mainly to be found in the use of data to inform more efficient and effective client-focused service delivery. Collecting client data meant staff could look at each individual client's feedback and change program delivery to better meet the needs of the families. Respondents reported that clients can feel a sense of accomplishment when they have achieved their goals and can see the positive outcomes that have resulted from engaging in the service they have received. Conversely, outcomes data can also show where a client might be struggling and when a review of the intervention approach is needed to better support client choice and planning.

For staff, there are benefits in being able to see positive client outcomes: *Knowing that what we do makes a difference and being able to evidence this is incredibly powerful; it tells a story that is compelling.* Client outcomes data provides a form of accountability for staff and can foster a culture of better data capture and analysis and of centring the client voice.

Not all respondents saw clients benefiting from the use of outcomes measurement tools. It was felt that a standardised outcomes measurement tool assessment can never capture the complexity of a client's situation; it may show no improvement in a client's circumstances because of factors external to the intervention, and the data can sometimes be misused in a court setting to demonstrate client deficit. Data captured through client outcomes measurement tools was compared with other more nuanced ways of assessing whether a program has made a difference, as evidenced in the questions below which seek to go deeper into the client experience:

*Is the child safer? Are they meeting their developmental milestones? Are there less risks in the home? Did the client engage and how did they engage? Did the client show indicators of change and take steps to address their issues? When I closed, were the family well supported? etc. These questions are just a few, but they offer far more critical reflection and robust analysis than any scoring/outcome assessment can.*

The survey did not specifically ask respondents about the kinds of questions asked of clients. It is not clear if these kinds of questions are being captured in case notes, which makes it difficult to analyse for the purposes of reporting on client outcomes, or if the tools being used are too blunt to capture this kind of nuance. Subsequent answers in the survey also suggest limited opportunities currently to provide this kind of qualitative data to DFFH.

Overall, respondents reported the benefits of knowing that what staff do is working, that practice improvement can develop from results, that staff training and development are also informed by results and that the voice of the client is heard and included in practice improvement. Only a small number of respondents articulated the benefit of client outcomes data in relation to informing funding proposals, despite funding being identified as one of the two most cited reasons for collecting this kind of data. One organisation did report receiving increased funding from a small philanthropic organisation because of the outcomes data they presented to this funder.

## Organisational capability in collecting client outcomes data

Around three-quarters of respondents who answered this question reported drawing on in-house expertise to inform their client outcomes measurement with one-third reporting that they rely on external expertise to assist their organisation. There is some overlap as these categories were not mutually exclusive.

## Frequency and use of data collected

Most commonly, respondents reported that their organisations collect client data at the beginning (intake) and end of an intervention (closure), with some also collecting data at the mid-way point. However, this depends on the type of service and data. Several indicated this data was collected less frequently (annually, quarterly, post-delivery only). One organisation has *a set fortnight period each year where current clients are contacted for their input and feedback, although some programs seek feedback at the end of the episode of service* while another organisation collects client data at *referral, assessment, a mid-service point, end of service and 6 months post service*.

Most client data is used to inform ongoing improvement and reporting for funding purposes with one respondent highlighting how client feedback could be used to identify systemic barriers to achieving desired outcomes and to inform ongoing advocacy. However, a small number of respondents were unsure how the data was used by their organisation. While this number is low, staff in all organisations might benefit from organisation-wide conversations about the purpose and use of data collection to support a shared understanding of its importance.

## Types of data collected

The survey provided a wide range of quantitative and qualitative data options to select from, with respondents able to choose all that applied. Of the 42 responses received for this question, around one-third reported using qualitative data from clients (feedback in narrative form) and one third reported using quantitative data using questionnaires developed by programs (client self-report). The next most cited data types selected were quantitative data using questionnaires developed by programs (completed by staff/workers); quantitative data using validated measures (client self-report – e.g., K10, Strengths and Difficulties Questionnaire, PEEM, etc.); qualitative data from staff (professional judgements in narrative form); and quantitative data using questionnaires required for use by a funder/regulator (client self-report).

While this question did not specifically ask about use of administrative or existing data such as case notes, this type of data could provide useful additional sources of evidence about the client experience, providing organisations have appropriate tools to record and analyse this data.

## Decision making in relation to client outcomes measurement

The group or person who determines which outcomes frameworks/measures/indicators are implemented in an organisation also varies widely.

*This is determined based on the type of outcomes that are being collected. Some are implemented directly from the funding body as part of the support program, some are implemented by an internal research team and others [are] implemented based on individual needs and discussed within the program and endorsed by team leader or program manager.*

Funding bodies, executive leadership and internal research and/or evaluation teams were identified as the main groups determining client outcomes data collection. Data collection was also informed by theory of change and logic models, systematic reviews of literature and best practice, people with lived experience, and combinations of internal outcomes measurement and external funding requirements.

## Client engagement in the process of providing feedback

Respondents gave multiple examples of client involvement in the process of providing feedback, including through QR codes or links to surveys, focus groups, lived experience advisory groups and peer work, feedback forms, reflective narratives, casework, co-design opportunities, phone calls, online

opportunities for anonymous complaints or other feedback, SMS feedback, working groups, care team meetings and face-to-face opportunities to talk with staff. Several respondents highlighted the voluntary nature of this feedback, with clients being ‘invited’ or ‘encouraged’ or ‘provided with an opportunity’ to give feedback if they wish to.

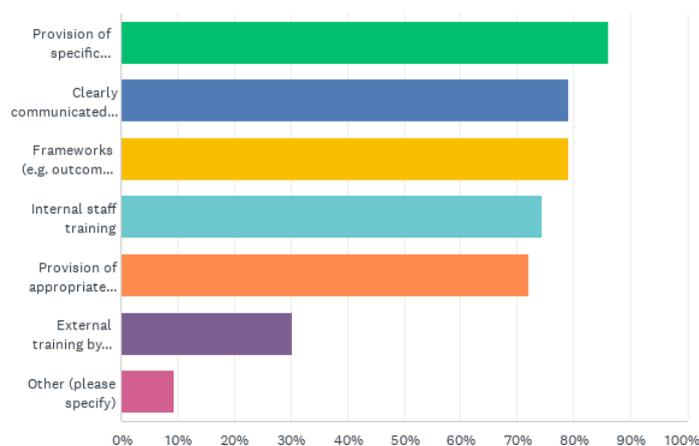
#### Organisational support for client outcomes data collection

The graph below shows the most common ways in which organisations support staff to collect feedback from clients. Respondents could choose all options that applied. There is an even spread over the most cited types of support:

- Provision of specific instruments/tools/resources
- Clearly communicated policy expectations around the importance of client feedback
- Frameworks (e.g., outcomes, client participation, monitoring and evaluation etc)
- Internal staff training
- Provision of appropriate technology to facilitate data collection

One organisation has established an industry-based PhD program to develop a more consistent evaluation framework while another provides support to staff through both their research and outcomes measurement team and a client database team.

#### Q14 What are some of the ways in which your organisation supports the collection of client outcomes data? [Select all that apply]



#### Main instruments used and main data collection methods

There was an even spread across client reported outcomes, in-house instruments and validated instruments. Similarly, responses to the questions about methodologies used in collecting client outcomes data was evenly spread across surveys or questionnaires, interviews with clients and online feedback forms. Around one-third of respondents reported using an iPad with some kind of rating such as a smiley face, star or scale. Several also reported using focus groups as a means of collecting feedback.

#### Validation of data

For data to be considered robust, there needs to be some form of validation. Fewer respondents (n=36) answered this validation question compared with other questions and of those who responded, several

reported that they were either unsure how their organisations validated the data being collected or thought the data was not validated (e.g., *This does not currently occur; No idea; Not sure it does validate; Constant work in progress; Still being looked at; Good question!*).

Most validation methods involved cross referencing with:

- Previous data
- ABS data
- AIHW data
- Other available state or national data or research that has occurred
- Lived experience
- Peer reviewed publications
- Surveys, questionnaires
- Clients, staff
- Internal team of researchers who recheck or retest
- Case notes
- Benchmarking with other services.

One respondent described their validation efforts in detail:

*We use validated measure as much as we can and follow best practice when we need to adapt or to develop a new one when there is lack of validated measure for certain groups. We conduct representative analysis to ensure participants represented the clients. We provide different options for clients to complete the outcomes data themselves. We conduct literature reviews to compare our results to population data when possible ... We may invite randomly selected clients to provide feedback directly to anonymous surveys to cross-check the findings, we may also conduct interviews or focus groups to give better understanding of outcomes and to revalidate the quantitative data. Our process of data collection also considers possible bias, and we incorporate strategy that could minimise bias according to research/evaluation best practice.*

The question relating to validation was skipped by around 8 of the 44 respondents who otherwise completed the rest of the survey. Even when answering the question, a significant minority of respondents could not say if or how their organisation's data was validated, suggesting another area potentially for professional development.

Main barriers to client outcomes data collection

The survey showed several key barriers to client outcomes data collection consistent with the consultations.

One of the main barriers to client outcomes data being collected can be found in the complexity of issues clients are facing. Often coming to a service at a time of crisis or need, clients are not always able to reflect on the impact of the programs or services they have accessed or to contribute their perspectives: *Most of these assessments are done at the commencement of services and services normally start at crisis point – so it's not a fair reflection on the family's situation or their capacity.*

One respondent noted that few clients completed the post-services survey they send out via email and others reported survey fatigue from clients: *Clients are being asked for feedback so regularly that it has become a source of irritation.* There can also be cultural and language barriers to giving feedback. Some clients do not have access to a computer or to the Internet and some lack the computer literacy skills to be able to provide feedback electronically. It can also be difficult to engage with children and young people in relation to seeking feedback.

Another significant barrier is the lack of resources and time to undertake regular and consistent client outcomes data collection. One respondent noted that their organisation has undertaken outcomes data collection across all their federal and state funded programs and *with over 70 programs to consider, this task requires resourcing and support which is self-funded.*

Staff often have competing priorities and feedback might not feature highly as a priority for them unless it is embedded into their clinical or therapeutic practice. Funding requirements can be overly burdensome with lengthy data collection requirements that can take hours to complete. Practitioners can also feel rushed and overburdened and forget to offer the measurement or survey: *Practitioners are under a lot of pressure and do not have time, if it is not a safety concern it can be forgotten, practitioners can be resistant to capturing feedback due to concerns about the data not being positive.*

What would assist better client outcomes data collection

The survey and consultations highlighted several key steps that if implemented could assist organisations to collect more robust client outcomes data.

Resourcing

- Access to funding for organisations to develop their own outcomes instruments
- Access to technology to introduce more creative ways of eliciting feedback
- Dedicated funding for data collection, analysis and evaluation: *if Government requires this to be an ongoing part of the work, then they should fund it. Asking external researchers to collect the data and validate the data still requires the time of employees, which comes at the cost of the organisation.*
- Support for organisations to analyse their data through compatible and efficient data systems. The cost of data platforms along with multiple funder requirements and associated systems uses up the limited resources organisations have with no benefit to them.
- Resources for departments to be able invest in data systems that allow outcomes and impact data to be easily collected and fed back into the sector in the form of state-wide data to improve service delivery for clients.

Access to tools and frameworks

- Access to cost effective, externally validated, tools that are used consistently across the sector so results can be benchmarked
- Access to relevant technology: e.g., iPads for more user-friendly engagement when face to face with families to collect data; iPads in reception
- Access to evaluation tools that are relevant and meaningful
- A consistent, overarching client outcomes framework in child and family services, which defines and builds consistency about client outcomes, so all agencies and child protection are using common language and measuring the same thing.

Need for flexibility

- Imposed tools by funders are often too blunt to capture immediate outcomes. Rather than the provision of very specific measures that may not capture the diversity and uniqueness of funded services, and which might also hinder innovation and the agility of services to address unexpected events like COVID-19, *there needs to be a streamlined, fit-for-purpose, trauma-informed, culturally appropriate administrative data collection that could inform practice. This will minimise data collection burden and encourage participation in outcomes data collection.*

- This data collection could be linked to showing change as outlined in the outcomes framework and could be gathered through a suite of evidence-informed tools and options which are trauma informed and culturally appropriate (and/or have other practice features which might be important to consider). The tools would enable organisations to be flexible and responsive in meeting the diverse needs of their service users and could respond to specific types of outcomes as per the framework. Organisations are generally clear about which tools they prefer to use with which client groups and for what purposes and this knowledge could be built on and further developed by government.

#### Access to training and resources

- Help with data collection and analysis; training, workshops within the child and family services Alliance/s to discuss experiences with other practitioners; an opportunity to share results across the sector using a common framework
- More practitioner focused training explaining the benefits of collecting data and how to do this as part of their intervention

#### Organisational level support

- Having consistent messaging within agencies
- Client outcomes data needs to be embedded in practice and not a 'tick the box exercise'

#### Funding body requirements

- Expectations from funding bodies that are broad enough to allow organisations to grow and to innovate.
- Recognise the value of multi methods research and shift the focus more on outcomes and not only outputs in terms of data collection and provision
- *There needs to be a change of mindset on the part of government funders, with an increasing tendency for outcomes data to be reframed as a compliance/regulatory tool, rather than a key way of gathering evidence and improving practice.*
- There are multiple and sometimes conflicting funding body requirements, requiring the use of multiple systems, none of which service providers can use to analyse their data.

#### Engagement with government funding bodies

The most common source of funding reported in the survey was from the State government, with Commonwealth and philanthropic funding the second most reported sources. Corporate funding, donations and fee for service models were less frequently used.

The survey showed that most organisations 'occasionally' use outcomes analysis with government, with only one-third reporting regular use. Most respondents were unable to say whether there are any differences between working with the State and Commonwealth governments in preparation of new budget proposals, possibly because they are in roles which do not have anything to do with these processes.

However, one respondent suggested it was harder to work with governments today than previously because *Broad and deep relationships based on mutual trust and respect are now far more transactional. Applications are longer ... Assessments can take many months beyond advertised timelines, rules can change after submission and often without notice and outcomes are rarely if ever explained.*

## Suggestions for improving sector-government engagement

Survey responses covered a wide range of suggestions to improve engagement between DFFH and the sector, including funding which enables ongoing evaluation, feedback, reporting and implementing for change as required; a clear consistent framework, outcomes measures and the tools to support this; and recognition that outcomes are part of a learning and continuous improvement process for all, rather than an end point of a program. A strong message from smaller organisations in the survey was that smaller organisations cannot compete with larger agencies when it comes to outcomes measurement and funding submissions and that these service providers need to be provided with funding opportunities to continue their place-based work which frequently shows improved outcomes for clients.

## Key findings from the consultations

The findings from the consultations closely align with the findings from the surveys.

In general, participants in the consultations suggested that there has been a shift from a focus on the sufficiency and efficacy of data to its use for funding purposes. Good data and improving capability need to be a priority so departments and organisations can understand what works for whom for the purposes of improvement.

### Lack of government-sector engagement around impact data

With some exceptions, data provided to DFFH relates to outputs rather than impact of a program or intervention. One exception identified through the consultations is the impact data relating to the Family Preservation and Reunification initiative. There has also been impact data provided in relation to some of the residential care programs. In response to a DFFH request for data, one organisation has provided pre- and post- parent outcomes data, but in the absence of feedback about the state-wide picture, has not been in a position to adjust their program. The consensus view amongst those consulted is that the department has no organised method of collecting outcomes data and there is not a lot of opportunity to provide this.

From the perspective of service providers, government has not articulated clear expectations to the sector regarding what is needed to support budget bids – even though DTF has set standards and the department also has evaluation standards that would provide some guidance on what is needed. Those asking for this information from within program areas in the department do not always have expertise or experience in this area.

Even where data was provided, the department is perceived to rarely engage with the sector on learning, changes to service delivery or funding decisions. Almost no participants in the consultations could give an example of where the data their organisation provided has informed changes or decisions. One organisation could see some of their findings appear in content that was used for procurement purposes. One participant likened the disappearance of the data into a black box, never to be seen again. The point was made that *Where it is done well, measuring outcomes is more about a dialogue, it isn't about just pushing data through and not hearing back*. The consultations highlighted the lack of dialogue and engagement that currently occurs between sector and department. It was also suggested that the department is unable to translate that data back to the sector and that *This is the real problem for the sector, there is no way for the sector to understand the effectiveness of their services or support their improvement*. It is not the practitioners who need the data fed back to them – they already know how clients are tracking based on their own measurements – it is the team leaders, program managers

and executives who need the feedback and state-wide data to better understand needs and opportunities and inform decision making.

Several participants in the consultations made the point that the sector is 'ahead' of the department in being able to ascertain the worth of the work they do. Agencies are investing in their own fit-for-purpose, contemporary data systems and IT interfaces, outcomes frameworks, and client voice and feedback mechanisms.

#### Improving data-to-decision making process

Participants offered several suggestions to enable a more effective follow-through from data to decision making.

- There are collaborative models of department-sector engagement in other jurisdictions in Australia. An example of federal government and provider collaboration can be seen in the Australian Government's approach in the Primary Health Network (PHN) commissioning context. Collaboration here manifests itself as co-design in
  - o needs assessment
  - o planning and prioritising of commissioning intentions
  - o designing services or deriving solutions
  - o designing a procurement process
  - o during contract negotiation
  - o in monitoring and evaluating.<sup>1</sup>
- There are lessons to be learnt from the social impact bonds model where attention is paid to short, medium- and long-term outcomes from the outset. Outcomes-based contracting enables governments to commission services for clearly defined cohorts with clearly defined outcomes.
- It was suggested that DFFH could resurrect previous meaningful dialogue opportunities where the Minister, department and sector come together to discuss the vision and priorities for the sector, rather than simply hold information sessions and updates. Such dialogue creates better engagement with service providers and increases the potential for collaboration around impact measures and reporting.
- Provide professional development for local Agency Performance and System Support (APPSS) senior advisers in the analysis, use and sharing of data to help inform continuous improvement in local service provision.
- Establish a fit-for-purpose IT system which enables outcomes data to be collected and which enables organisations to see data across different locations and organisations.

#### Ways to improve department-sector engagement

There is no quick fix or easy answer to this lack of ongoing dialogue between government and the sector given the differing purposes that each has when it comes to measurement. There is a difference between outcomes from a social work perspective – for example, a client who might only want some parenting information – and outcomes from a government perspective – for example, Victorians are healthy and well, with key outcomes for people including reduced obesity, improved oral health of

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<sup>1</sup> Australian Government Department of Health (2018) Co-design in the PHN commissioning context, Australian Government, <http://www.health.gov.au/internet/main/publishing.nsf/Content/PHNCommissioningResources>

school-aged children, reduced infant mortality. There is also a difference between a provider's focus on outcomes and a government focus on outputs with different value being attributed to what is being measured. It is not clear that there is currently a shared or common understanding of 'client outcomes' across DTF, departments and sectors.

Different parts of government might emphasise different types of outcomes – community level or end-result outcomes or outputs which have been confused with outcomes; they might have intent to affect a whole community or group over the long term and only be interested in measuring this end point outcome, ignoring other outcomes that indicate progress towards this goal. For example, the goal of the Family Preservation and Reunification response is to keep children out of the statutory system but there are many benefits that could also be observed that would indicate progress towards achieving positive outcomes for the family. What government indicates is required in the way of output or outcomes data will shape where the sector puts in most effort and their limited resources.

Client outcomes will be quite different according to the funding allocation (for example, child and family services, out-of-home care, early parenting). Priorities are not always aligned. For example, there are some smaller agencies in Victoria focused on prevention whereas department funding is focused more on therapeutic and acute need. There is also a pattern of smaller organisations with limited resources often missing out on funding opportunities, which go to larger organisations or consortia, often at the expense of the smaller place-based agency with strong existing links to the local community. A focus on more immediate outputs or shorter-term outcomes is also driven by recognising that services might not have the ability to influence longer term outcomes within allocated resources for some of the complex families they see.

One suggestion was to bring the sector in early in a bid process when there is an opportunity to influence the design of the intervention and data to be collected. EIF offers a valuable opportunity to promote such co-design given its focus on outcomes measurement at the bid development stage. EIF provides an opportunity to clarify what the various terms (e.g., client outcomes, impact) mean, their importance and appropriate methods to measure outcomes considering context, cohort and available resources.

The process needs to be transparent. Currently procurement rules make it difficult for the department to engage because of the need to avoid providing preferential treatment to any one organisation or group of organisations. However, issues of probity could be avoided if the engagement was done early in the process and was not focused narrowly on only a few of the larger organisations but also included smaller and regional organisations. Most participants favoured an ongoing dialogue between department and sector, with genuine opportunities for collaboration and co-design, rather than only engaging at budget time.

### **Using a framework**

Another suggestion was to have a high-level conceptual framework to guide the collection, use and assessment of data, which could recognise the value of mixed method approaches in gathering data and asking the questions – often qualitative – that will show what the client experience has been and the difference a program has made. This could be a better practice evidence/evaluation guide. Such a framework could also help create a shared understanding of what is meant by client outcomes and reaffirm the importance of capturing client perspectives.

There are different types of frameworks, used for different purposes, which support common understanding, establish expectations and build capability in key steps.

An ARACY evidence review identified several types of outcomes frameworks and their different approaches:

- Input and output focused frameworks consider the relationship between inputs, outputs and outcomes and generally have a financial or efficiency focus rather than an effectiveness focus.
- Objective focused frameworks consider the link between organisational or program outcomes and the achievement of objectives and the process of achieving these.
- Social Return on Investment (SROI) frameworks measure cost-benefits and social outcomes but not how these have been achieved.
- Results based accountability (RBA) frameworks start with the desired outcomes or goals and outline the actions needed to achieve these and the performance measures to assess progress.<sup>2</sup>

The Social Ventures Australia guide to developing an outcome focus is intended to support service providers to tell the story of the difference their activities are making to people's lives. *Having clarity around the outcomes you are trying to achieve, and then measuring whether or not you have achieved these outcomes, will help you prove what you are doing works, and help you test, learn and iterate to make sure services are effective.*<sup>3</sup>

The Scottish Health Council has developed a framework and toolkit designed to support health and social service providers measure client participation in their services using a range of measures and tools.<sup>4</sup> While not the same as measuring client outcomes, the focus on measuring client participation in programs provides useful tools and questions to determine whether participation in a program or activity has achieved the desired outcomes for the participant.

Having an outcomes framework assists organisations to understand where they fit and highlights the importance of measuring their progress. Framework documents are used in government to explain to their staff what is expected in relation to program design, ongoing data collection and reporting. They are also used with NGOs to support their workforce to understand what is required. In this context, they often provide additional tools and resources on the most common program logic models for programs in their content area. Sometimes these resources are high level, establishing common understanding, expectations and features. Other times they provide more detail and key steps. Sometimes these frameworks are linked to a specific area of service, such as the Western Australian

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<sup>2</sup> Australian Research Alliance for Children and Youth (2009). Measuring the outcomes of community organisations, ARACY, p, vi-vii, [https://www.aracy.org.au/publications-resources/command/download\\_file/id/111/filename/Measuring\\_the\\_outcomes\\_of\\_community\\_organisations.pdf](https://www.aracy.org.au/publications-resources/command/download_file/id/111/filename/Measuring_the_outcomes_of_community_organisations.pdf)

<sup>3</sup> Social Ventures Australia (2018). Managing to outcomes: A guide to developing an outcomes focus, p.3. <https://www.socialventures.com.au/assets/SVA-Outcomes-Management-Guide.pdf>

<sup>4</sup> Healthcare Improvement Scotland (2013). Evaluating participation: A guide and toolkit for health and social care organisations, Scottish Health Council.

evaluation framework which sits across all local government<sup>5</sup> and the NSW outcome framework for the homelessness sector.<sup>6</sup>

Main system barriers to improved client outcomes data collection

Responses from participants in the consultations were very consistent with survey responses.

*Resourcing:* This is a significant issue, with organisations having to invest their own resources into data capture and analysis and the systems to manage this. *We are expected to be doing more with less. Service providers need to be adequately funded to do the data collection. This data collection requires an administrative function which agencies are not resourced for.* Larger organisations are generally better positioned to draw on internal funding to support data analytics, but it is more difficult for smaller organisations to support research and measurement roles or to pay to bring in this expertise.

A commonly cited barrier to robust data collection is that many funded programs do not include evaluation in the funding allocation, which means organisations need to do this themselves from their own pool of funding or to commission external expertise. OPEN, which is funded by DFFH, has the potential to provide evaluation expertise across the sector, and support agencies to collect, analyse and use robust data, but can only reach a small number of organisations on its current funding model.

*Data platforms:* With data platforms there are also issues around licensing, and if the system is overseas or is privately owned, there are also storage and privacy requirements. Linked data is hugely problematic - *It is a legal and ethical nightmare* – and organisations are unable to get re-referral data which could tell government and service providers whether the improvements achieved by clients on exit 'stick', preventing later re-entry into the same service at a different organisation. Many service providers have developed their own shadow IT systems, setting up their own CRMs which do not talk to each other or to the department's IT systems.

*System disconnect:* In some regional areas, there is perceived to be a disconnect between central and regional department offices with little shared understanding and approach, or even language, towards data collection and use. Areas of government – for example, education, early years, health and families, fairness and housing – which intersect with children and families are largely siloed. There needs to be better State and Commonwealth collaboration around policies – for example in the early years where both jurisdictions have roles and responsibilities – and perhaps more consistent funding requirements. The CRMs being used currently do not accommodate outcomes data although some organisations are seeking out CRMs which do have this function.

Key outcomes for the department to be aware of

The consultations did not yield many suggestions for specific outcomes to be considered by DFFH given that outcomes will depend on cohort and service objectives and a range of other variables.

However, the Best Interests Case Practice Model framework, which is still used by child and family services workers in Victoria, was identified as a useful example of an existing framework which provides a consistent set of outcomes to do with safety, stability and development.

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<sup>5</sup> Kaleveld, L., Atkins, N., Flatau, P. & Mollinger-Sahba, A. (2020). Measuring our impact: Evaluation framework for measuring the impact of community development work across local government in Western Australia, Centre for Social Impact University of Western Australia and Local Government Professionals Australia WA: Perth. <https://assets.csi.edu.au/assets/research/Community-Development-Evaluation-Framework.pdf>

<sup>6</sup> NSW Department of Communities and Justice (2021). Specialist homelessness services: Outcomes framework guide, NSW Government. [https://www.facs.nsw.gov.au/data/assets/pdf\\_file/0004/803074/Appendix-1-SHS-Outcomes-Framework-Guide-June-2021.pdf](https://www.facs.nsw.gov.au/data/assets/pdf_file/0004/803074/Appendix-1-SHS-Outcomes-Framework-Guide-June-2021.pdf)

*The case practice model encourages a culture of reflective practice where the outcomes and process of our practice are regularly reviewed. Essentially - have we been helpful? Is the child safe? Are they developmentally on track? What could or should we do differently in the light of what we know, or don't know now, and what does this child need right now?<sup>7</sup>*

While the measures used might be different, what is being measured in the best interests framework remains consistent. Participants made the point that organisations are often collecting the same information over time which means having a consistent measurement rather than a new one.

One example shared in the consultations is a program in regional Victoria that has been successful in building parental confidence and skills to the point where child protection is no longer involved. The program is an example of prevention and early intervention. Despite its success in diverting the mainly young mothers from having their children removed, it has been difficult to attract funding to scale up this program or even to formally evaluate it despite its qualitative impact and return on investment. Sometimes the barrier might be lack of knowledge about how to measure and document results but decisions that shape future funding are not always about the evidence. Large organisations can be more competitive due to economies of scale and often there is an appetite politically for new programs which can be trialled and showcased.

#### Usefulness of templates

There were mixed views about the usefulness of templates. To some extent their appeal depended on whether the template is imposed and therefore implicitly about compliance or whether it has been developed in collaboration with those on the ground who can add value to it.

On the one hand, several participants reported that their agencies had developed their own templates for internal use in the absence of state-developed templates and tools. On the other hand, templates were seen as potentially problematic if the department were to provide these:

- Templates risk becoming compliance measures rather than informing continuous improvement.
- Templates can be transactional. While data collection tools are helpful, what is of most value is talking to someone who has used the tools to gain a sense of their limitations, strengths and gaps.
- There is a risk that a tool provided for government purposes is not what is needed by practitioners who are wanting to know how their clients are doing, what their adversities are and how these are being addressed.
- The sector has great breadth, diversity and complexity. No single template will fit all the diverse circumstances.
- There would need to be clarity and a shared understanding of what is required and why this data is being captured if the tool or template were to be used confidently, consistently and effectively.

#### Other feedback

The point was made that in recent years, policy and budgets have been driven by independent Royal Commissions rather than through consultations with the sector. However, in the most recent state budget, the investment in residential care came as a result of a successful collaboration between government and sector over several years. The key enablers of this success were threefold. Residential

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<sup>7</sup> Department of Human Services (2012) Best interests case practice model, Summary guide, Victorian Government, p 11.

care providers came together to identify the evidence base, including therapeutic-based models which work and the actual costs of service delivery. The Centre played a facilitating role in bringing together the Department, service providers and an economic analyst to discuss the findings around cost and what information the department needed to advocate for residential care in the budget. A couple of service providers shared their financial data to reveal the day-to-day costs of running a residential care service, overlaid by the financial impacts of COVID on staffing and service delivery and the need to be working in evidence-informed ways. The data provided was critical in supporting the case to be made by the department. The fact that the Centre led this engagement was critical in making sure department and sector leaders could come together in a collaborative and non-judgemental environment.

The sector would like to see more opportunities of this kind where service providers work with each other and the department to gather the necessary data and identify appropriate solutions including the level of investment needed.

## Overall

The survey and consultations reveal several common themes, which if addressed, could improve engagement between DFFH and child and family services in the use of client outcomes data to inform budget bids and improve practice. In particular, there is a need for shared understanding across DTF, DFFH and the sector in relation to the value and definition of client outcomes, appropriate methodologies to collect this data, and establishment of fit for purpose data systems that enable benchmarking and support continuous improvement. Stronger engagement also requires genuine co-design opportunities, drawing on sector knowledge and use of evidence, including in the early development of programs and of procurement approaches.

## Appendix 1: Survey questions

For the purposes of this survey client outcomes data was defined as that information collected by an organisation to show the impact of programs or services from a service user's perspective.

PART A: Organisation profile: *This section collects some general information about your organisation to help identify and encourage sector representation.*

1. In which area or region in Victoria is your organisation's head office based?
  - Barwon
  - Bayside Peninsula
  - Brimbank Melton
  - Central Highlands
  - Goulburn
  - Hume Moreland
  - Inner Eastern Melbourne
  - Outer Eastern Melbourne
  - Inner Gippsland
  - Loddon
  - Mallee
  - Outer Eastern Melbourne
  - Outer Gippsland
  - Ovens Murray
  - Southern Melbourne
  - Western Melbourne
  - Wimmera South West (Wimmera District)
  - Other
  
2. Which of the following services does your organisation provide (Select all that apply)
  - Out of Home Care
  - Disability
  - Homelessness/Housing
  - Family Violence
  - Youth Justice
  - Education
  - Child Protection
  - Police
  - Health / mental health
  - Early years
  - Other (Please describe)
  
3. What is your title?

[Open]

PART B: Prevalence of client outcomes measurement in the sector: *This section looks at whether and why organisations collect data to measure client outcomes.*

4. Does your organisation have a client outcomes framework *for the whole organisation* (i.e., applying to all services)?
  - Yes
  - No
  - Unsure
  
5. Does your organisation have a client outcomes framework *for service areas encompassing multiple programs with similar cohorts and objectives*?
  - Yes, frameworks are in place for all service areas
  - No, this has been developed for most service areas but not all
  - No, this has been developed for a small number of service areas
  - No, we do not have a client outcomes framework for areas encompassing multiple programs
  
6. Does your organisation have a client outcomes framework *for specific programs*?
  - Yes, frameworks are in place for all programs
  - No, this has been developed for most programs but not all
  - No, this has been developed for a small number of programs
  - No, we do not have a client outcomes framework for specific programs.
  
7. Does your organisation collect data to measure client outcomes?
  - Yes
  - No
  - Unsure

If no or unsure, then respondent would go to Question 22.

8. If yes, what level of client outcomes data do you collect? [Select all that apply]
  - Organisation-wide data which is collected on a common set of client outcome indicators
  - Program specific data about client outcomes
  - Other [Please explain]
  
9. If yes, for what purpose/s does your organisation collect client outcomes data? [Select all the purposes that apply]
  - To meet government funding requirements
  - To meet non-government funding requirements (i.e., philanthropists, non-Government grants etc)
  - To meet government policy or legislative requirements
  - To provide evidence for funding or budget proposals/bids
  - As a form of accountability to clients

- As a form of accountability to your organisation's Board
- To support continuous practice improvement in your organisation
- Other [Please explain]

10. If yes, do you {Select all that apply}:

- Have in-house expertise (data/evaluation staff) to inform your client outcomes measurement work
- Rely on external expertise to assist your organisation with this

11. If yes, how often is this client outcomes data collected and at what points in the engagement with clients is it collected?

[Open comment]

12. If yes, how this information used and for how long (e.g., is the data used in one-off reporting to funders or used to inform ongoing improvement)

13. [Open comment]

14. If yes, what have been the key benefits for your organisation or clients are a result of measuring client outcomes?

[Open comments]

PART C: Type of client outcomes data collected: *This section looks at the kind of data collected, frequency and use of this data.*

15. What type of outcomes data is collected at an organisational, service-area and/or specific program level? [Select all that apply]

- Qualitative data from clients (feedback in narrative form)
- Qualitative data from staff (professional judgements in narrative form)
- Qualitative data from external agencies/service-partners (professional judgements in narrative form),
- Quantitative data using questionnaires developed by programs (client self-report)
- Quantitative data using questionnaires developed by programs (completed by staff/workers)
- Quantitative data using questionnaires developed by programs (completed by external agencies/service-partners)
- Quantitative data using questionnaires required for use by a funder/regulator (client self-report)
- Quantitative data using questionnaires required for use by a funder/regulator (completed by staff/workers)
- Quantitative data using questionnaires required for use by a funder/regulator (completed by external agencies/service-partners)
- Quantitative data using validated measures (client self-report - e.g., K10, Strengths and Difficulties Questionnaire, PEEM, etc.)
- Quantitative data using validated measures (completed by staff/workers - e.g., NCFAS)
- Quantitative data using validated measures (completed by external agencies/service-partners)
- Other [Please describe]

16. Who determines what outcomes frameworks/measures/indicators are implemented? [Comment]

17. How are clients engaged in this process of providing feedback?

[Comment]

PART D: Client outcomes measurement instruments and tools: *This section looks at enablers and barriers of client outcomes measurement and types of instruments and tools used to measure client outcomes.*

18. What are some of the ways in which your organisation supports the collection of client outcomes data? [Select all that apply]

- Clearly communicated policy expectations around the importance of client feedback
- Frameworks (e.g., outcomes, client participation, monitoring and evaluation etc)
- Internal staff training
- External training by consultant/s
- Provision of specific instruments/ tools / resources
- Provision of appropriate technology to facilitate data collection
- Other [Please explain]

19. What instruments does your organisation use to collect client outcomes data? [Select all that apply]

- Validated instruments (i.e., validity has been established through academic peer review of the instrument)
- In-house instruments (i.e., developed by organisations without formal validation, but recognised as providing a valid measure of a claimed outcome)
- Client reported outcomes
- Unsure
- Other [Please explain]

20. How do you collect client outcomes data? [Select all that apply]

- Survey or questionnaire
- iPad with some kind of rating (i.e., smiley face, star, scale 1-5 etc)
- Interview with client
- Interview with worker
- Online feedback form
- Paper-based feedback form
- Other [Please explain]

21. How does your organisation validate the client outcomes data collected? (i.e., how is assurance gained that the outcomes reported are valid; what other sources of data are used to cross-check for example)

[Comment]

22. What are the main barriers to collecting client outcomes data?

[Please describe]

23. What would assist your organisation to more effectively and consistently collect client outcomes data?

[Please describe]

PART E: Engagement with government funding bodies: *This section looks at your organisation's engagement with Commonwealth and State government funders of services/programs and how this might be improved.*

24. Which of the following funding sources does your organisation receive? [Select all that apply]
- Commonwealth government funding
  - State government funding
  - Philanthropic funding
  - Corporate funding
  - Other [Please explain]
25. How often does your organisation use outcomes analysis to work with Commonwealth or State government on development of new budget proposals?
- Often
  - At regular times each year
  - Occasionally
  - Not at all
26. In your experience, are there any differences between working with the Commonwealth or State government on their preparation of new budget proposals? [Please explain]
27. What suggestions do you have for improving child and family services sector engagement with State government departments when it comes to developing robust early intervention proposals for budget consideration? [Please explain]
28. Are there any other observations you want to make about any of the issues touched on in this survey in relation to client outcomes data collection or engagement with government on evidenced funding bids? [Please explain]

## Appendix 2: Consultation questions

1. Have you provided client impact data previously to departments, whether proactively or in response to a requirement? If so, did that data inform further conversations on learning, changes to service delivery, and/or funding decisions?
2. If your organisation has provided data on program effectiveness to funders, but is unclear whether the data has informed changes or decisions, what could be better done to enable that follow through from data to decision making to occur?
3. How could departments better engage with CFS organisations to improve understanding of client outcomes and program effectiveness to help inform budget proposals?
4. What are the main system barriers to improved collection of client outcomes data for funding / budget proposals?
5. What are the key measures or outcomes that you think are important for the Department to be aware of/focus on in your sector?
6. Would templates that highlight these key outcomes/focus areas and corresponding data collection tools be helpful?
7. What additional suggestions do you have to improve engagement between department and sector in relation to funding a budget bid?

### Organisations represented in the consultations

Anglicare

Caroline Chisholm Society

Doncare

Family care

Good Shepherd

Mackillop Family Services

MELI

Queen Elizabeth Centre (QEC)

Upper Mallee Family Care

Windermere

Members of the OPEN Evaluation Community of Practice

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