



NEPEAN-BLUE MOUNTAINS SHARED OUTCOMES PILOT PROJECT

Project Learnings Document

September, 2016



Background to the Shared Outcomes Project

In late 2014 Youth Action and Family Services NSW (FamS) partnered on a project piloting a shared outcomes framework with a group of child, youth and family services in the Nepean-Blue Mountains district of Sydney.

This Project was initiated in response to several factors:

- 1) An increasing interest in outcomes measurement across the spectrum of community services;
- 2) An increasing interest in cross-organisational initiatives that include shared measures of success, such as co-design and collective impact;
- 3) A lack of on-the-ground trials of shared outcomes frameworks, with most outcomes framework being applied within organisations, rather than across a group of organisations;
- 4) Outcomes processes often being funding-body led, rather than involving service experts in their development.

As such, this Project had several aims, listed below.

1. Develop a set of outcomes/measures which reflect the work of child, youth and family services, and are applicable for different programs and client groups;
2. Visualise the impact of a collective of services on a location/region;
3. Practitioners and funders co-create service delivery based on jointly agreed outcomes;
4. Provide services with meaningful outcomes data to improve delivery, change ways of working and improve outcomes for clients;
5. Implement a new data collection system across services based on shared outcomes.

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Project process

Across March and April 2015, 10 services were approached to participate in the Project. They were chosen to represent:

- A range of small, medium and large delivery services;
- Organisations that delivered only child and family or youth services, as well as organisations that delivered both streams of service;
- Organisations that had varying levels of resourcing, service infrastructure, staff skills and previous engagement with outcomes approaches.

It was very important that the outcomes development process was led by delivery services. To facilitate this process:

Step 1	Services were asked to complete a pre-workshop questionnaire, identifying the following: <ol style="list-style-type: none">a. Challenges they face with their current reporting framework– the Family and Community Services (FaCS) Early Intervention and Prevention Program (EIPP) outcomes framework;b. Changes they hope to see for clients as a result of their programs and services.
Step 2	Services undertook two face-to-face workshops (1.5 days) facilitated by Youth Action and FamS, covering: <ol style="list-style-type: none">a. Training in Results-Based Accountability and outcomes measurement;b. A facilitated framework generation and refinement process;c. Agreement on “next steps” as part of the process.
Step 3	Participation in several follow-up telephone conferences, clarifying fine details of the outcomes framework with service providers.

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Step 4

Customisation with individual services, including:

- a. Matching of performance-level outcomes to Project headline outcomes (e.g. what does “increased connections” look like in a young people’s drumming program?);
- b. Assistance in the design of any necessary data collection tools, such as databases, surveys etc.

Data collection under the framework commenced on the 1st July, 2015.

Review workshops were held in September and November, 2015. The aim of these workshops was to review the data collected, and use this discussion to improve service provision.



Outcomes developed by services

Four “headline” outcomes were generated by participating services and represented four common improvements for their clients. It was expected that each measure would apply, to some extent, across all of the activities of delivery organisations, such as groups, case management, centre-based programming and counselling.

The 4 headline outcomes developed by services were:

Number and percent of clients who report ‘things are getting better’ (optimism)

Number and percent of clients who feel more confident in a relevant life skill

Number and percent of clients who have reported a positive change in circumstance

Number and percent of clients with increased or improved new or existing positive connections

These headline measures were a flexible approach to measuring change for clients. For

example, the outcome “change in circumstance” is not expected to be the same for a young person undergoing counselling and a parent that is part of a parenting skills group over 8 weeks. However, services believed that as a result of participation, something in both client’s lives should change for the better, and that these should be approximately equivalent, while not the same.

A number of other output and quality measures were also collected at the request of service providers.

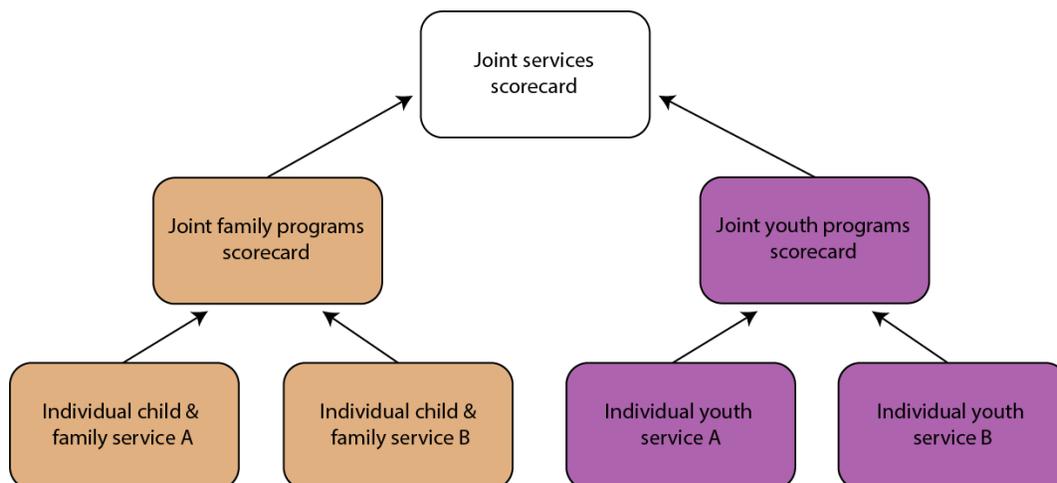


Shared reporting

The Results Scorecard™ was used to collate the outcomes data provided by services and represent service outcomes in one interface. The joint services scorecard was made up of three elements:

- 1) Individual service scorecards;
- 2) Two joint scorecards, which combined the data of all child and family services, and youth services;
- 3) A joint scorecard, which combined data across all services.

These elements worked together as follows:



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Differentiating Service Provision

During the initial workshops, it became clear that the group would need some structure to assist in discussing their different types of service delivery. This mainly arose from identifying a great deal of diversity in the:

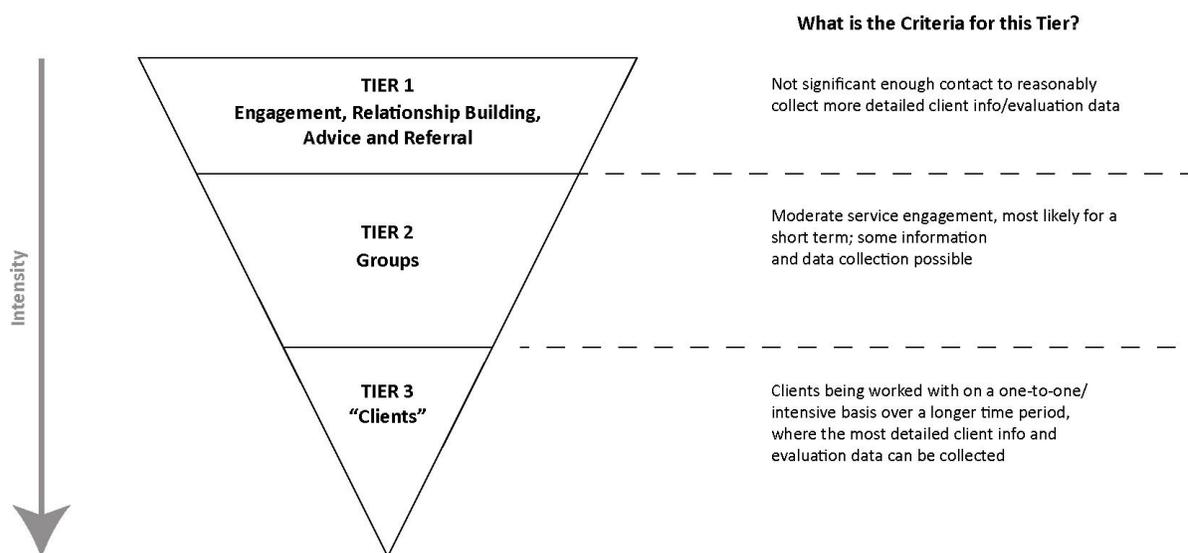
- Types of activities that the services undertake;
- Points at which it is meaningful to collect data from clients;
- Differences in ability to collect meaningful outcomes data/feedback as a part of different activities.

For example, there were several activities which workers were classified as “relationship building”. These are a necessary component of early intervention services, but often didn’t result in outcomes (or change for clients) in and of themselves. They either;

- Raised awareness of the service with community members,
- Provided general or specific information around issues to community members as a “brief touch” service,
- Acted as a relatively short contact to refer a community member to another organisation where they could get help.

For these necessary “brief encounter” outputs, it is not reasonable to collect detailed outcomes data. Similarly, the output of groups could not be represented in exactly the same way as the outputs for more intensive services, such as case management.

To overcome these challenges, the following tiered approach to service outputs was developed by participating services, allowing for the classification of activities into three tiers of intensity:



As part of the customisation stage of the project, each service mapped its various programs onto the hierarchy, and began collecting output measures as specified by that tier.

Results

The key aggregated results representing the 6-month (July-December, 2015) impact of the 10 participating organisations on the Nepean-Blue Mountains District are:

Measure	Quarter 1	Quarter 2	Trend	Total/Av
Tier 1				
Number of "brief" interactions	2,923	3,287	▲	6,200
Number of "extended" interactions	829	649	▼	1,478
Tier 2				
Number of group attendances	2,659	1,836	▼	4,495
Number of sessions	325	1,313	▲	1,638
Percent of participants who say they would recommend the group to someone they know	91%	82%	▼	86.5%
Percent of clients who report 'things are getting better'	49%	45%	▼	47%

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Percent of clients who feel more confident in a relevant life skill	82%	70%	▼	76%
Percent of clients who have reported a positive change in circumstance	63%	64%	▲	63.5%
Percent of clients with improved positive connections	71%	60%	▼	65.5%
Tier 3				
Number of clients receiving a service	423	424	▲	847
Percent of clients with 3 or more issues (complex)	75%	75%	-	75%
Percent of clients who say that they would suggest the service to someone that they know	98%	98%	-	98%
Percent of clients who report 'things are getting better'	90%	94%	▲	92%
Percent of clients who feel more confident in a relevant life skill	93%	98%	▲	95.5%
Percent of clients who have reported a positive change in circumstance	88%	71%	▼	80.5%
Percent of clients with improved positive connections	88%	93%	▲	80.5%



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Major general learning points from the pilot project

1) Working under the framework was a good experience for organisations, and it improved data quality

At both the November 2015 workshop and the closure workshop in February 2016, services were asked to feed back on the successful and challenging aspects of the project. Their feedback is outlined below.

What worked well:

- Collection of data (process);
- Communication between Youth Action and FamS to coordinate the project;
- Peer and team support;
- Taking time off from programs to develop outcomes and measurement tools;
- Empowering team to be on board/shared responsibility;
- Seeing trends in the data;
- Improved consistency in program delivery;
- Gives a true account of what services are doing;
- Developing the (survey) questions together;
- More meaningful assessments of programs and activities;
- Measures are much more relevant to clients, clearer, easier to understand;
- Measures are much more meaningful for workers;
- Reporting data to FaCS reflects work;
- Survey design for some services has come together easily;
- Clearer objectives working with clients;
- Changes/reduced data collected;
- Capturing indirect vs direct work with clients;
- Outcomes at population level (focus on outcomes);
- The data is easy to enter and collect.

What could be improved:

- Data should be collated automatically to reduce human error through an automated system;
- Potential issues – entering clients multiple times in either tier 2 or 3, and under

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- multiple groups in tier 2;
- Collecting large amounts of tier 1 data – ability to take snapshot periods?
- Tier 1 – More clearly defining “those who report that the service was helpful”;
- Improve the ability to collect optimism data in tier 3;
- More training in the Scorecard;
- There are potentially more tangible benefits for clients at tier 1 that aren’t being captured (e.g. brokerage);
- Ensuring consistency of collection and shared understanding amongst workers.

The above feedback highlights that many of the major aims of the pilot project were achieved, with the framework improving conditions for services, feeding directly into the improvement of service delivery, and more effectively representing the outcomes that they achieve. The areas for improvement relate mostly to the fine-tuning of further processes and refining of definitions and practices to increase the rigour of data collected under the project.

2) Some services are more ready for outcomes than others

Meeting the requirements of the outcomes reporting meant quickly re-aligning the processes of the participating delivery services. Several organisations experienced barriers to making the changes required to successfully complete the project. Broadly, these can be summarised as either administrative, skill or cultural barriers.

Administrative barriers

Administrative barriers were those relating to the internal systems of organisations. The fast changes required to systems and processes highlighted many of the administrative barriers which can impede changes to new measurement regimes, or to outcomes measurement more widely. These included:

- Having appropriate/adequate IT systems and software to capture and process outcomes data;
- Changes to internal processes (such as team meetings, supervision structure, and

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program planning);

- Changes to previously established systems to accommodate new requirements.

This quick re-alignment produced three distinct groups of services:

- 1) Those for whom changing their processes was a simple and quick administrative task,
- 2) Those for whom it was prohibitively difficult to change their systems, and
- 3) Those for whom it was necessary to develop something new that had never been in place before.

The level of support required for group 3 was large, and had to be specific to the needs of the organisation. However, once completed, the collection and reporting of this group aligned very closely to the needs of the project. Services in group 2 had the capacity to collect data, but couldn't easily realign their systems to match the exact requirements of the project.

Skill barriers

Skills barriers were when organisations did not have a high enough level of, or lacked entirely, a particular skill required to successfully implement some aspect of the shared outcomes framework. These included:

- The ability to develop outcome measures based in evidence/literature;
- Knowledge of basic research and evaluation methods (e.g. choosing the most appropriate way to seek client feedback/evaluate programs, survey design and data aggregation);
- IT skills (e.g. developing automated spreadsheets, developing internal databases to hold client data).

Cultural barriers

Cultural barriers are often harder to observe, but exerted an influence over successful

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participation in the Project. These related mainly to the identity of the organisation as a whole – how it functions, how its staff and other stakeholders interact etc. Several organisations had difficulty shifting processes to accommodate the project, but in several instances this seemed linked to personalities at the organisation, resistance to new ways of doing things, or a high rate of staff turnover.

Each of these barriers provide important learning going forward – when implementing new outcomes frameworks/approaches, how do you plan for all of these barriers to enable meaningful data collection?

4) Implementing a flexible measurement system requires either skills or support

One of the major challenges of the Project was developing a system of measurement that was flexible enough to accommodate the range of programs and outcomes across the organisations, but still held to some standard of data quality and integrity. To achieve this, one of two elements is necessary:

- a) That staff at the participating organisations have the skills to maintain the data integrity of their own system (e.g. can design their own client evaluations with high accuracy, can coordinate a system for handling and processing data quickly and accurately); or,
- b) Organisations receive ongoing external professional support to develop and implement their system, which is reviewed regularly to continue improving the quality of the system.

Only by ensuring accuracy and quality on a micro- level can the macro-level aggregate data be relied on.

5) Services need to be involved in establishing frameworks

An integral component in the Project's success was the commitment of services to "get it right". This commitment showed itself through an acceptance of some ambiguity, and a willingness to ask a large number of small questions to improve the standardisation of data

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collection between services. If services didn't demonstrate this commitment to "getting it right", it is unlikely that the collected data would have been reliable as a fair representation of outcomes for clients at all.

6) Implementation of the framework takes time

Despite having outcomes agreed in May, many services were not ready to begin collection on the 1st of July. Once they began implementing their systems, a large number of questions arose which needed to be clarified before going forward. In any new system it is necessary to have a beta-phase of outcomes collection, during which time data is not expected to be of a high quality. Across this phase many of these small issues can be discussed, clarified or corrected to produce high quality data at the data collection start date. We would suggest that a time frame of at least 6 months is required for this testing phase.

7) Many of the changes required to undertake meaningful shared measurement are cultural

As the project progressed, it was clear that many barriers to successful client-centrism, sharing, cooperation and accountability were cultural, and largely the result of previous or current compliance regimes. For example:

- Several extra performance measures were added by participating organisations to justify how they are spending their time. While arguably an accountability measure, counting hours is onerous, and is the hallmark of an outputs-based system, rather than one focussed on outcomes;
- Organisations were often concerned with who "claimed" outcomes for a client if they were working with another worker or organisation. If the focus is on client outcomes, what matters is that outcomes happen, rather than who gets to count it. While this will naturally produce some duplication, the numbers involved in this duplication seemed small, and would therefore not affect the overall integrity of the framework;

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- There was a tendency for organisations to either over-extend or under-extend in setting outcomes. Over-extension manifest itself in organisations setting outcomes that seemed unrealistic, while under-extension was most often a focus on outputs, and not wanting to take responsibility for outcomes;
- Fear of not having things “right” often permeated many approaches to decisions, highlighting again the extent to which the current compliance regime emphasises accountability over learning, and constricts innovation.

It is one of the key learnings of the project that the quality and style of accountability within an outcomes framework matters deeply. Many of the current ways in which contracts are managed restrict the necessary ingredients for the successful implementation of an outcomes-oriented system. Performance management approaches that are based on partnership and an emphasis on learning (as opposed to being “correct”) will greatly enhance the ability of organisations to thrive and demonstrate their outcomes.

Learning specific to outcomes-based contracting

1) To be flexible, performance should be separate from contracting:

Even across 6 months of data collection, there were changes that were needed to the collection system to reflect the feedback of services. This sits in counterpoint to the “set-and-forget” model of contracting, where organisations are contracted for a number of years under fixed outcomes/outputs models.

In order to be a meaningful, flexible system, the outcomes framework and performance system both need to be iterative and flexible in order to respond to the feedback of providers who have the challenge of assessing performance “on-the-ground”.

To achieve this this, outcome-setting and performance management should therefore sit separate to centralised contract management.

2) Performance management requires high skills in ensuring data integrity

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In any outcomes system, there can be significant difference in the way that individual performance measures and outcomes are understood, collected and assessed. In order to ensure some level of standardisation, there needs to be some process for auditing and quality assuring data capture, which enables the reasonable aggregation (combined together at a high level) of data. For example, to meaningfully collect against the outcome: 'the development of a "new or existing positive connection"', requires the following process:

- Decision: Do I have a standard tool across programs that asks a standard question to try and assess 'positive connections', or do I take a program-by-program approach?
- Developing questions and tools (including ratings/weightings) which are believed to assess the concept of 'positive connections' in line with the above;
- Decision: How do I administer this to clients? Face-to-face? Paper survey? Electronically?
- Decision: Do I involve clients in the development and testing of tools? Do I test that they understand what the tools are asking, and that it corresponds to what it is supposed to measure?

Both standardisation and customisation approaches to the above pose significant risks to outcomes collection. However, each organisation (and sometimes arguably each worker) will have their own levels of understanding and skill around the above. Therefore, for the data captured across organisations to be meaningfully aggregated, there needs to be some oversight and coordination around this process. Therefore, both local service providers and local performance managers need to have these skills at an acceptable standard, or there needs to be a third-party verifier who can engage with this process.

3) Performance managers are the keepers of culture

It was clear that over time delivery organisations have come to treat their data as a compliance exercise. However, a major objective of current reforms are a focus on service improvement and, where necessary, service realignment. Performance data is critical in

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informing both exercises. Therefore, it is imperative that delivery organisations adopt a performance mindset when considering the role of data, with compliance arguably being a secondary outcome of data collection. Data needs to be useful, not just accountable.

In this way, the role of contract/performance managers is critical to the success of outcomes-based contracting. Any performance system will depend heavily upon their relationships with delivery organisations, the amount of trust and goodwill between the two parties, and their stewardship of contracting activities. The decisions they make daily shape the services and culture of delivery organisations.

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