

Outcome Measurement in SAAP Funded Services

Outcome Measurement in
SAAP Funded Services
Final Report

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Jo Boulderstone
Chris Talbot
Flinders Institute of Public Policy and Management

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For additional copies or for more information please contact:

David Ramsay
Australian Department of Family and Community Services
Box 7788
Canberra Mail Centre
ACT 2610

Ph: 02 6244 6659

Fax: 02 6244 6417

www.facs.gov.au

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Executive Summary

The Outcomes Measurement Pilot Project built upon a paper authored by the project team in 1999 for the Commonwealth Department of Family and Community Services. The pilot project has sought to test the applicability of a range of specific outcome measurement tools across a range of SAAP service types.

The project has found that outcome measurement in SAAP is achievable, but that certain conditions are required for its successful implementation.

Firstly, agency commitment is required.

Secondly, that outcome measurement is only feasible and practical where it is properly integrated with the case management process.

Thirdly, that outcome measurement needs to be properly integrated with the development of information systems which support data input and report generation.

Fourthly that key stakeholders understand the purpose(s) and limitations of outcome measurement.

Fifthly, that training and support is provided during implementation.

The consultations with individual agencies found that a number were already undertaking outcome measurement and that the data that was being generated was very useful in undertaking client support. Further, during the pilot a number of instances were found where the pre-existing methods were innovatively and successfully integrated by the services with the tools provided by the pilot project.

Feedback from participants in the initial project workshops indicated a range of fears and misunderstandings about outcome measurement. Of those that participated in the pilot instrument trials, some reported positive experiences and some negative. The project team found that where there was negative experience, the reasons for this were identifiable and could be dealt with, and that there was no fundamental barrier to outcome measurement implementation in most instances.

The pilot instrument trial tended to confirm that there is a limited subset of tools that could be successfully applied to outcome measurement in SAAP, but that no one tool was suitable to all services or service types.

The experience of the project suggests that the way forward is through the development of case study and 'good practice' agencies which can demonstrate the effective use of outcome measurement to the field.

One objective for this study was the identification of options for data collection that would enable results to be aggregated at the jurisdiction and national levels. As no one tool is considered suitable for use across SAAP there can be no over-arching data aggregation mechanism. Several options are identified which could be used for periodic sampling in some services or through occasional data collection.

1. Background

The objectives for this project included the:

- Development of a system of outcome measures for use in SAAP agencies that would be acceptable to the SAAP agencies and provide data that could be aggregated to state and national levels;
- Establish appropriateness of types of outcome measures to particular types of SAAP agencies
- Pilot testing of identified measures with agencies
- Assist development of an articulated program logic
- Collection of client outcome data from participating agencies

The development of outcome measurement tools needs to be considered in the broader context of outcomes measurement in SAAP. There is some measurement of Client Outcomes occurring in SAAP. The SAAP IV Accountability Framework identifies two indicators:

Proportion of clients returning to SAAP within six months; and

Proportion of clients who exit to independent accommodation

In addition to these measures of client outcomes the NDC contains several questions which identify status change during the service period. These include type of accommodation, main source of income, labour force status, student status and living situation of clients. However as identified in the earlier paper, SAAP services have indicated that many changes are achieved by clients but are not being identified or measured. This project aimed to pilot tools that could identify some of these outcomes which could be seen as necessary for clients to sustain housing.

2. Methodology

2.1 Rationale

The approach to the development and testing of outcomes measurement tools was developed with the recognition of the following factors:

- The existing data collection framework which identifies a number of status outcomes and also records activity data;
- The outcomes identified by service providers as part of the survey of services undertaken in 1999;
- The adoption of a case management approach by SAAP and the provision of training and resource material on case management to services;
- The existence of a concurrent Client Satisfaction measurement pilot; and
- The short-term and/or transitory interaction with many clients which may limit follow up.

The project was planned to occur in discrete phases. Firstly, existing information on the use of outcome measures in agencies was examined. Then the logic of the SAAP program was analysed and a range of potentially useful tools gathered or developed. A workshop program was then developed and a number of workshops offered in 8 locations in 5 States and Territories. The objective of the workshops was to provide information about outcome measurement and program logic (see Appendix 1) and to obtain input to the content and potential use of the outcome measurement tools from as many practitioners as possible.

2.1.1 Definition

The definition of outcomes used for this project was that developed in the earlier discussion paper:

An outcome is a change or an absence of change in an identified state. Additionally, this change or absence of change is the intended or unanticipated result of an action or set of actions carried out by a program.

This definition of an outcome can be contrasted with an output, defined as the completed service transactions or immediate results created by the program often defined as units of service (eg support hours delivered, referrals made, beds provided), which are easier to count and therefore measure.

Establishing that an outcome has occurred requires that three conditions be met. These conditions are:

1. A change or absence of change can be clearly demonstrated,
2. That the change was planned or can be shown to be the unintended result of an action,
3. That the change did not occur as the result of some other action or occurrence outside of the program.

It is this latter condition that is most difficult to satisfy in considering change resulting from social programs, particularly those which extend over a lengthy period of time.

The Rapp and Poertner (1993) taxonomy of client outcomes that may result from social programs was also used:

- Changes in client affect, eg increased self-esteem, reduced depression
- Changes in client knowledge, eg increased knowledge of appropriate disciplinary responses in stages of child development, an understanding of the cycle of domestic violence
- Changes in client behaviour, eg demonstrating budgeting or cooking skills, reduction in substance use/abuse, responding more effectively to a child's behaviour
- Changes in client 'status', eg change from unemployed to employed, illiterate to literate, or maintenance of a client's status eg an elderly person remaining in their own home
- Changes in the client-system's environment, eg a service successfully undertaking a campaign to increase children's recreational opportunities (such as playgrounds) in a poorly resourced area.

The understanding of outcomes is further complicated by the "view" that is adopted in looking at what constitutes an outcome. Outcomes can be viewed according to an overall program perspective, a service delivery perspective, or a client's perspective. (see Patton, 1997:157, Weiss 1998:2)

Take the example of obtaining housing. A key ultimate goal of SAAP is to assist clients to achieve maximum possible degree of self reliance and independence. A client moving into independent accommodation can be a strong **indicator** of the achievement of the goal of independence. However, from the client's point of view **the** goal may have been to obtain their own accommodation (thus from the client's point of view, the **outcome** has been achieved). The service may have been able to broker the accommodation and support the client during a transition phase to their accommodation over a period of perhaps a fortnight (thus the **outcome** is that the client has moved in and established themselves with basic furniture and perhaps made some connections in their new neighbourhood). From the system/program point of view the outcome of independence is the maintenance of accommodation during a reporting period or a period which provides a operational definition of the term independence.

Outcomes can alternatively be conceptualised as client benefit (more immediate benefits of service identified at service completion), client outcome (longer-term outcomes for client), or social outcomes (impacts).

The way in which outcomes are conceptualised is important for a variety of reasons. Firstly, agreement and clarity are required to ensure that the same things are being measured and compared. Secondly, the way in which outcomes are conceptualised says important things about what is regarded as a monitoring task and what is

regarded as an evaluation task. Thirdly, it informs and influences what funders and providers are accountable for. Related to this is the confidence inherent in the system about the extent to which outcomes can be measured within a program, and/or views about what information is usefully collected on outcomes. Views on these matters are likely to differ between groups of stakeholders.

The way in which outcomes are best conceptualised is determined by the vantage point from which programs are viewed and the key purpose(s) in examining outcomes. For example, the task of identifying and measuring individual client outcomes presents somewhat different challenges to identifying and reporting 'system' outcomes.

Client outcomes need to be clearly distinguished from program outcomes and system outcomes (National Outcomes Round Table No 1, 1993, Weiss, 1998). This requires understanding of the distinction between 'client status' variables and 'case status' variables (Magura & Moses 1986). This distinction refers to the types of information which indicates outcomes for different stakeholders. For example, client status information refers to outcomes important to the client such as managing child rearing more competently. Case Status refers to outcomes of direct relevance to an Agency, such as removing a client family from an at-risk register. 'Status' here is being used in a somewhat different sense to 'Status Maintenance and Change' where 'Status' refers to life-status, or the client's circumstances as conceptualised under important life domains (such as living in ones own home as opposed to living in a squat).

The task of identifying potentially suitable outcome measures was a difficult one. SAAP is a very diverse program that attempts to meet a diverse range of needs of a diverse client group. As a starting point, the researchers undertook an analysis of the implied 'program logic' of SAAP, and the existing National SAAP data collection process in order to identify what information was currently being collected and how it could inform the outcome measurement task.

The analysis that was undertaken of the existing data collection found that some of the key outputs of the program (identified through the activity measures in the NDCA form) had outcome measures that could logically be associated with them, but many did not. Those outcome measures that did exist were largely program (as opposed to case/client) measures, and were generally simple counts of the Status Maintenance and Change Type.

2.2 Selection of Tools

There are a number of ways of understanding the criteria for the selection of measurement tools.

Andrews (1994) note six factors to be considered in selecting outcome measures for routine use:

1. Applicability – address dimensions important for the consumer and useful for the worker, but also enable aggregation of data in a meaningful way

2. Acceptability – brief, user friendly in terms of language and format
3. Practicality – minimal cost, simple scoring and interpretation of data, minimal training required for use and interpretation
4. Reliability – the scale or measuring instrument should provide the same results when administered by different people, two third party raters should give the same rating based on the same evidence or information
5. Validity – the instrument should measure what it is designed to measure
6. Sensitivity to change – a form of validity, as the instrument must be sufficiently sensitive to detect change over the before/after period.

The pilot project was not in a position to test the validity and reliability of the tools that were selected. This would require testing of the instruments over a longer period of time and with substantial numbers of clients. Rather, the project team relied upon what was known about specific tools from the literature and considered the factors of acceptability, practicality and applicability. A number of instruments used in the pilot have not been tested for reliability or validity.

The selection of tools and data collection instruments attempted to take account of a range of factors. Four key criteria were employed in tool selection: relative simplicity, resource intensity, client involvement, and cultural appropriateness.

Relative Simplicity

Complex or difficult to use instruments and data collection tools were ruled out almost immediately. There were a number of reasons for this. Firstly, the SAAP workforce has a broad range of backgrounds, skills and levels of formal education and training. Any instrument adopted had to be potentially usable by the large majority of workers in the field. Secondly, apart from a small number of specialist funded services, SAAP services focus upon meeting the more immediate needs of clients, practical assistance, and linking to more specialised services. Whilst SAAP does provide case management, and does have a focus upon goal setting and achievement with its clients, the major areas of focus in many services tend to be practical assistance, and support and linkages to other agencies and community resources in achieving more complex and longer-term goals.

Resource Intensity

SAAP experiences a very high level of demand for its services with 1286 agencies providing support to 95,600 clients in 2001-02 (AIHW 2002). Many workers carry heavy case loads and the calls upon workers time are many and varied. Because of this, only instruments that were relatively quick to use and which required relatively little training and support were chosen or developed. Furthermore, tools that provided data which could be easily and quickly collated were favoured, as were tools that had a potential to easily supplement existing case management recording tools, and especially those that could replace current record forms.

Client Involvement

The involvement of clients in the process of measuring outcomes was identified as a central ethical and practice issue. Some tools such as level of functioning checklists had particular potential to be applied without the knowledge of, or with the minimal involvement of, clients. In recommending tools to agencies during the pilot, the researchers encouraged the use of tools that facilitated the involvement of clients, and encouraged the development of policies and processes in agencies that would ensure that this occurred.

Cultural Appropriateness

This criteria was the one that presented the greatest challenge to the project, and the one that was least able to be applied. SAAP deals with many cultural/language groups. It also deals with people who are highly variable in terms of literacy and comprehension of English. Furthermore, it works with people who have a strong suspicion of information gathering processes due to historical events and recent traumatic experiences. It was decided to develop 'plain English' tools and then encourage and support agencies to adapt them during the pilot period. For example relevant elements of the Goal Checklist could be reworded into language more appropriate to indigenous or Culturally and Linguistically Diverse Backgrounds (CLDB) clients in the same way that workers modified the language to suit young people.

2.2.1 Description of Tools Selected

Goal Attainment Scaling (Appendix 4)

Goal Attainment Scaling (GAS), can be regarded as a special case of outcome measures as it combines a measurement scaling system and a reporting system. As a measurement system, GAS measures degrees of change rather than absolute levels of functioning or divergence from population norms (however, GAS can incorporate numeric counts, and standardised measures, as well as self-anchored scales and client satisfaction ratings).

The relevant texts and papers on Goal Attainment Scaling (see Kiresuk, Smith and Cardillo, 1994) have shown its usefulness as a planning and monitoring tool in a variety of human services and in program evaluation (Kiresuk, & Sherman, 1968, Kiresuk, & Lund, 1978).

The Goal Attainment measurement process was outlined in the workshops. An example of a Goal Attainment Follow-Up Guide was provided that demonstrated the scaling of goals in areas such as participating in vocational education, knowledge of food and nutrition, and cooking skills.

BT Generic Outcome Scale (Appendix 5)

The Generic Outcome Scale was developed by the project team as a sector-specific instrument that could provide feedback from clients on the achievement of outcomes

in the life domains identified as being within the purview of the SAAP program. It has been designed to provide feedback that is relevant to individual clients related to clients perceptions of change in their behaviour, knowledge, and feelings.

The instrument provides questions arranged in sections according to the key program goal areas, from which a worker can select responses types that are relevant to the specific goals the client has agreed to work upon.

BT Environmental Outcomes Scale

A subset of the Generic Outcomes Scale, the Environmental Outcome Scale was developed by the project team to gather information on the environmental outcomes not addressed in the BT Generic Outcome Scale. These were separated because it was easier to gather relevant information on environmental outcomes in a slightly different format to that of the Generic Outcome Scale. The key environmental outcomes addressed by the SAAP program were identified as client safety, client use of community resources, and client access to material goods.

Standard Goal Scaling/Goal Checklist (Appendix 6)

Goal checklists enable numeric data to be aggregated in categories of goal domains or individual goals. Where a broad range of services are offered or where there is a diverse client group use of goal domains rather than specific goals are more likely to be useful. Examples of simple goal setting processes and instruments for recording goal achievement were provided during workshops. In addition, a draft Goal Checklist that outlined a list of generic client goals that were likely to be applicable in SAAP services was provided. This resource provided a list of potential goals categorised under eleven goal domains. The goals and goal domains were extended during the workshops as agencies identified potential goals for their clients, and participants were encouraged to identify additional relevant goals or goal domains during the pilot period.

BT Level of Functioning Scale (Appendix 7)

Level of Functioning Scales are before-and-after tests (usually not normed or standardised across populations), created by an agency or program to measure change related to client's quality of life or an important dimension of client functioning. Level of functioning scales may be self anchored (client administered) or use an individualised rating scale (worker administered). For example, an anger measurement scale could rate anger related behaviour on a numeric scale with or without a description of behaviour representing each point on the scale.

The BT Level of Functioning Scale was developed for the workshops to provide an alternative method of scaling client progress against the key program areas of SAAP according to the level of functioning of a client on a 1 to 5 scale that described low level functioning to independent functioning. Due to the limited interest from workshop participants, very little work was done to develop the BT Level of Functioning Scale further.

A Parenting Scale developed by the Ramsey County Community Human Services Department in Minnesota, USA was provided during the workshops to demonstrate the level of detail that could be developed in a Level of Functioning Scale (Appendix 10).

Although Levels of Functioning Scales have potential to provide a simple way of measuring outcomes, the language required to describe the lowest levels of functioning were thought by a number of workshop participants to be potentially disempowering of clients. There was interest from a number of services in using the Parenting Scale as a training tool with staff rather than as a measurement tool with clients, however one service did use the Parenting Level of Functioning Scale in the pilot.

Check List for Short Term Services (Appendix 8)

This instrument went beyond the brief for the project in that it included elements of both short-term outcomes and satisfaction with service processes. This was done in response to the expressed need of the short-term services during consultations to have one brief instrument that could provide all of the information required from client feedback that could help the service to monitor its quality, appropriateness, and achievements.

Status Maintenance & Change (Appendix 9)

Status Maintenance and Change Scales were provided in a standard 1 to 9 scale for major life domains such as Accommodation Status, Employment Status, Education Status. Whilst these instruments are very useful and effective in measuring outcomes in key life areas, these areas also tend to be the ones where SAAP is able to have the least impact due to factors such as inadequate low cost housing supply, and the fact that the program has a general support function rather than a specific program focus, such as obtaining employment for clients. These scales also replicate to some extent information currently collected in the National Data Collection and are therefore useful only for particular and narrow outcome measurement tasks, given current data collection processes.

Standardised Scales

A standardised measure of client functioning or status offers a basis for a “before and after” measure of the impact of service provision. The inclusion of a standardised scale before and after agency intervention can be used to provide comparability across activities and organisations. Specific standardised scales have been normed and generally have good reliability and validity. There are, however, difficulties in determining an appropriate measure in the area of SAAP services. Given the range of needs and outcomes identified by services as part of this project and by clients in the various SAAP evaluations (Baulderstone & Scott, 1998, Spall, 1998, Baulderstone, Talbot & Sharp 1999) no single existing measure is suitable.

The literature (eg Beinecke et al, 1997) supports a number of concerns regarding the use of standardised scales:

- Their use adds substantially to the length of the assessment process
- There can be difficulties in reaching consensus about the most appropriate/suitable scales
- Scales tend to be culturally specific
- Scales often measure only a single attitude or variable

Other concerns that are raised about the use of standardised scales include:

- Time consuming to administer
- Expensive (may have a cost per test administered)
- Interpretation of results may assume a particular background or qualifications
- Should be administered pre-and post- service delivery
- May involve imposing an activity on stressed clients merely for the sake of measurement

Off the shelf tools or standardised scales have an advantage in that they have been assessed for validity and reliability and that results from their use can be readily analysed. However they may have been designed for a particular setting (eg mental health treatment facility, drug and alcohol rehabilitation setting, child welfare setting) so that although they may appear to measure useful constructs (eg depression, life skills, substance abuse, functional status), they are constrained by assumptions connected with that setting. (Sederer & Dickey 1996)

A number of standardised scales available in the public domain were provided in workshops as examples for discussion. These tended to be specific to certain outcome areas (eg self esteem, parenting) or extremely broad (eg quality of life) and were generally not seen as being useful for SAAP services. Given the generally negative response to the use of standardised scales, very limited further investigation was carried out.

2.3 Workshops

2.3.1 Planning

A preliminary call for interested agencies was made through Australian Federation of Homelessness Organisations (AFHO) and CommuniCAD, the SAAP Newsletter. An example is at Appendix 2. The call identified the purpose of the pilot study, what would be required from participating agencies, described the types of instruments identified and what support would be offered during the pilot and asked for indication of interest in participation or general feedback/comment. Responses to this call were used to identify workshop sites as Adelaide metropolitan and country, Melbourne, Brisbane, Canberra, Alice Springs and Darwin. While a number of regional agencies in New South

Wales expressed interest their locations were such that we could not identify a convenient site. One response was received from Western Australia and this agency subsequently took part in the pilot.

An invitation was then sent to all SAAP services in each of the nominated locations via mailout or email distribution. Substantial interest was received from Victorian regional services and an additional workshop was then scheduled at Horsham. Organisation of workshops outside of South Australia required support from local departments and in some cases took longer than expected to organise. The first workshop was held in Port Augusta on 15 July 2002 and the last in Alice Springs on 28 August 2002. This represented a substantial delay to the project's progress as pilots could not commence until the instruments were finalised. A total of 87 service providers attended the eight workshops. An additional 40 service providers indicated interest but were unable to attend because of timing or location of the workshops.

2.3.2 Content

The focus of the information workshops was to provide interested agencies with more information about program logic and outcome measurement, and to gain their input into the instrument design and appropriateness, as well as establishing commitment. The workshops commenced with a discussion of outcome measurement issues and explained the assumptions underpinning the development of tools. A glossary of terms was provided (Appendix 3) and the concept of program logic (see Appendix 1) was discussed and a draft program logic for SAAP services discussed. Services were encouraged to take this as a starting point for development of a program logic for their own service, however this did not occur.

Outcome measurement options were explained and the following examples of tools discussed:

- Standard Goal Scaling
- Goal Attainment Scaling
- BT Generic Outcome Scale
- Standardised Scales in the public domain
- Level of Functioning Scales – Parenting and BT Level of Functioning Scale

Descriptions of each of these tools is in Section 2.2.1 and a copy of each tool at Appendices 4-9.

Participants then broke into small groups, usually based on service types, to work through the examples of tools, making suggestions for changes, additions or deletions and identifying issues associated with their use. Their findings were reported back to the wider group and proposed modifications of tools noted.

Refinement of the tools was an iterative process with feedback from participants used to refine the tools twice during the period of the workshops.

2.3.3 Agency Feedback

Participant feedback was sought during and after the workshop. The BT Generic Outcome Scale and the Standard Goal Scaling instrument were seen as being most appropriate and/or having the most potential however there were inconsistent responses to the other tools. This reflects the diversity of SAAP services with respect to clients, staff numbers and levels of training, service philosophy, and extent of adoption of case management.

As expected there was an evident tension between the desire to adapt tools to meet the specific individual agency processes and circumstances and need for consistency of content if some level of amalgamation of data was to be possible. Most agencies were willing to accept the need for some level of compromise in the content of tools to enable this. It was made clear that it was expected that the tools would be adapted for each client's needs by cutting and pasting relevant sections, and that tools would generally be completed jointly by the worker and client enabling appropriate modification of the language of the written tools.

A common issue raised was the failure to include some measurement of outcomes for children. This was explained as a deliberate omission given the existing complexity of service types and the need to develop a starting point.

Very positive feedback was received verbally from participants and via questionnaires about the workshop itself. Participants showed a high level of interest in using outcome measurement to monitor effectiveness. Some indicated their agency was attempting to implement outcome measurement. A small number of participants expressed concern about the philosophy of measuring client outcomes. In some cases this was connected to fears of using such measures to evaluate services in a climate of limited resources and exit points for clients. Others saw tools as supporting victim blaming. Some participants indicated some of the outcomes were not appropriate to SAAP services, however this would appear to stem from a lack of awareness of the diversity of SAAP services given that the outcomes were based on those identified by other service providers and connected to the activity profile of the NDC.

Approximately half of those attending the workshops indicated interest in taking part in the pilot, and the BT Generic Outcome Scale was generally seen as the most likely to be adopted.

2.4 Pilot Period

2.4.1 Planning

All agencies which had indicated interest in the workshop were contacted by mail or email and advised that the final forms of the tools which had been identified as suitable and of interest were available from the project website <http://www.ssn.flinders.edu.au/fippm/consult/saap-clientoutcomes.html>. The website included a glossary and information on how to use each of the tools.

Agencies who wished to participate were asked to complete a form indicating details of their services. Some agencies auspice a number of discrete programs sometimes geographically separated, so the range of input to the pilot process is more extensive than the agency numbers indicate. For example Centacare has three separately located discrete programs participating in the pilot.

The number of agencies ‘signing up’ was disappointing. While it was expected that some of the enthusiasm expressed in workshops would wane once participants returned to busy agencies it had been hoped that up to a third would take part in the pilot. An email survey seeking feedback on reasons for not participating was sent to those who had attended and 13 replies received. Two respondents had a coordinating role rather than service delivery. Responses from the others indicated that the timing of the pilot period was the primary reason for non-participation, and seven agencies indicated an interest in taking part in piloting of outcome measurement in the future.

Two agencies working with indigenous clients responded that tools were not suitable. During the workshops these agencies raised the issue of low skill levels of workers at SACS level 1 and 2 in the agencies, as well as the need to modify tools for indigenous clients. While we offered to work individually with agencies to modify tools for indigenous clients this offer was not taken up at the time. Following distribution of the interim survey results to the steering committee one NT agency agreed to take part in the pilot and has successfully used the Standard Goal Scaling tool with indigenous young people.

The original project plan had included visits to the pilot sites however these did not occur because of the shortened period available before the Christmas holiday period, when SAAP services tend to have high workloads and staff absences.

Support for staff of agencies in the pilot was offered in a number of ways:

- An email listserver was set up for interaction between all agencies who had participated in the workshop or indicated interest to enable reflection on the process and progress of the pilot. The email listserver has had limited use and most contact has been via individual email.
- Telephone access to designated project members for advice and support. Some staff have sought information on the mechanisms of the project but not on the use of tools, which suggests the ‘How to Use’ information provided sufficient information to enable them to be used.

A payment of \$400 was made to each of the participating agencies as a recognition of the resource costs of participation in the pilot. Where agencies coordinate discrete services operating from different sites payment has been made to each of the sites involved. This amount was not intended to be indicative of impact on agency resources, but to assist with any out-of-pocket expenses arising from the project.

2.4.2 Pilot Process

As noted we did not receive requests for assistance during the pilot. While email/ telephone comments were requested to contribute to the interim report on this project, a more formal approach was taken to seeking information for this final report, with face to face visits being made to as many services as possible and telephone interviews with the others. The interview framework is at Appendix 10.

Agency Choice of Tools

As stated most workshop participants identified the BT Scale and/or Standard Goal Scaling instrument as the tools most likely to be piloted. However in the pilot there were basically two methods by which individual services selected which tool(s) to use.

Some services selected those tools that looked to them to be congruent with their current case management practices. In general, the experience of using these tools was positive for these services.

A second smaller group chose a tool on the basis of what appeared to be the quickest and easiest to use or implement in the time frame. The experience for these services tended to be less positive. They reported that the tools needed to be interpreted by individual workers. This had two consequences. It introduced a deal of variability in their use, and the tools did not enhance their relationship with clients and tended to be simply an extra administrative burden.

Table 1 shows the tools used in the pilot project by service type.

Table 1 Agency Type to Client Group

Tool	Agency Type	Length Of Stay
Goal Attainment Scaling	Youth 14-17	Medium
	Youth 15-25	Outreach
	Youth 15-25	Outreach
	Youth 15-25	Medium-long + counselling
	Adult 18-30 with or without children	Outreach
	Women (with/without children)	Outreach
	Women & Children	Short
	Families with children (but mainly single mothers)	Medium – long in practice because of lack of exits
	Families with children	Medium to long
BT Level of Functioning	Youth	
Parenting Level of Functioning	Family	Non accommodation
Standard Goal Scaling	Youth 16-18	Medium – long
	Youth	Medium – long
	Youth	Outreach
Very Short Contact Form	Single Adult	Short

3. Implementation Experience

Feedback was provided by the pilot agencies about the experience of implementing the tools either during visits or telephone discussions. Information was sought about ease of use, fit with other agency practices, impact on workload and response of clients.

3.1 GAS

Goal Attainment Scaling was the most widely used tool in the pilot, being used in both accommodation and non-accommodation programs and with young people, single adults and families.

Interviewees stated that differentiating the concepts of ‘most likely outcome’, ‘better than expected’ et cetera as one of the early challenges for implementation of GAS, with both staff and clients having some pre-implementation difficulty. This became easier with practice, but highlights an area where initial training for staff and ongoing support through supervision is essential.

Some services found difficulty in using the tool with clients who had mental health or substance-use problems or intellectual disabilities. One service with a large number of clients with mental health issues has found it valuable and is continuing to use it, but noted that it was not useful with clients with severe mental health issues. This indicates that even within particular program areas there are likely to be clients for whom any individual tool is not suitable.

Successful use of the tool involved ‘translating’ terms such as goal and outcome into language suitable for the client. One client, for example, reworded the levels of achievement scales into everyday language “what’s the best thing that could happen, what’s the worst thing that could happen”.

Workers in one service used the goal checklist in conjunction with GAS as a prompt to help clients get started in thinking about what they needed to do in the short term, and what things they might want to achieve in the longer term and then this was later translated with the client to the GAS format. Use of GAS requires a level of trust between client and worker and time for the development of goals, and is therefore less likely to be suitable for short contact services.

The tool was useful for staff in maintaining realistic expectations of outcomes that could be achieved within timeframes and enabled clients to work at their own pace and understanding. The documentation could also act as trigger for discussing goal achievement and progress with a client. Additionally the forms helped to keep workers focussed on what the client wanted to achieve. It also proved useful in practice with some clients because it helped to achieve closure at the end of service involvement.

Staff found more difficulty in using the tool with families where there may be different or conflicting goals. GAS may also be a problem in short-term services as the time

involved in developing the outcome statements may not provide sufficient benefit with enough clients for the investment of resources involved in doing it. In those services, simpler ‘tick the box’ tools are more likely to be effective.

Some services used the form in addition to existing case planning and review documents while for others it was integrated.

Services generally reported that client feedback that was obtained was overall very positive and indicated that the tool was helpful. One advantage identified was that small goals could be set that were achievable within a short time frame – one service working with young people reviewed goals on a weekly or fortnightly basis. This enabled clients to experience success. One service indicated use of GAS ‘lifted’ client’s perceptions of themselves and what they had achieved, their self regard and sense of self efficacy as clients could identify changes and monitor their own progress and achievement. Services saw GAS as very effective in measuring outcomes because it helped clients to see their own achievements and because the client’s evaluation of their achievements was done in conjunction with the worker, which helps ensure it is more realistic and less likely to be one-sided. One service reported GAS added important detail to strengths based visual assessment tools/scales. It helped prompt and remind people about their goals and it helped to provide a record and reminder of what they had achieved over the course of their involvement with the service. The combined rating process is particularly important in this regard as it can help clarify both worker and client perceptions and enable movement towards an agreed understanding of change.

Mary was referred to the service from hospital. She had addictions, had attempted suicide and was under 24 hour supervision because of self-harming behaviour. She believed she was always in trouble and doing wrong things. Her first goal was to ‘keep it together’ for nine hours per week. She was to keep track of each hour that she felt she had done this. By the end of the week she was amazed at how much of the time she was actually functioning well. The goal of ‘keeping it together’ was extended to increasing periods of time and other goals added during Mary’s stay with the service.

Staff found GAS helpful in thinking about practice and in working with clients. In one service staff use their team meeting to discuss what goals have been set, and their relevance. This informs individual practice and enables other staff to pick up the process with a client if needed. Other services indicated that it helps the worker to see how the client is engaging in activity and achieving steps towards goals and helps develop a common view between worker and client about what is being worked on and achieved.

Example of GAS use | Youth Shelter

Background

This service provides short-term accommodation to young people aged between 12 and 18 years who are experiencing conflict within their families and where there is an interest in reconciliation and/or restoration to the family home. Families are involved in the service for different periods of time, ranging from 4-6 weeks to over a year. Counselling is provided by an on-site counsellor and counselling is a mandatory part of the process for families and young people. In addition, each young person is allocated an Advocate Worker. The service is committed to Participatory Action Research and as part of this approach staff hold six weekly parent, sibling and resident meetings to review issues and improve service delivery. All young people spend time at home as well as living in the service and are required to live under their own family rules while in the service.

Identifying goals

Goals are discussed at the initial interview with the family which is usually held in the family home, but documentation of goals will commence when the young person is ready. Goals are presented as ‘being about what you want to achieve’ and

WEEKLY/FORTNIGHTLY CLIENT GOALS

DATE:.....

Goal No.	Outcome	SAAP Rating
1*	GOAL (0) (+1) (+2) (-1) (-2)	
2	GOAL (0) (+1) (+2) (-1) (-2)	
3	GOAL (0) (+1) (+2) (-1) (-2)	

Services provided during the period:

Individual counselling	Farewells/celebrations	Accommodation
Family counselling	Emergency call out	Action research
Home visit	Catch-up/talking	Advocate time
Phone contact (family)	Recreation	House outings
Phone contact (services)	Meetings	Letters/Admin support
Service visit	Case conferences	Round table conference
Emergency packages	Showers	Transport
Food	Laundry	

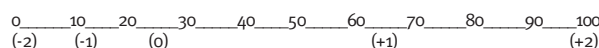
Formula: Hours ÷ 168 x 100 = %

Predicted percentage =

Percentage achieved =

Next weeks predicted percentage =

(0)	Most likely outcome
(1+)	More than expected
(2+)	Much more than expected
(-1)	Less than expected outcome
(-2)	Much less than expected



young people tend to be goal oriented and to be comfortable with the process. Many young people state a goal of ‘going home’ and they are helped to identify the steps and changes that need to occur to enable this to happen successfully. Goals may be set in conjunction with the Advocate Worker or Counsellor, or even workers from other programs with which the young person is involved (eg a JPET worker) but the emphasis is on having the process led by the young person.

Recording goals

Goals are recorded on paper or directly into the form (at left) on the computer.

Examples of goals from different young people demonstrate how Goal Attainment Scaling is able to start from the client's current position and use goals that are meaningful to the client.

Goal No.	Outcome	SAAP Rating
	Organise a day program	
(0)	Make contact with an organisation	
(+1)	Ring and make an appointment	
(+2)	Make and attend appointment	
(-1)	Talk about it but no action	
(-2)	Not talked about and nothing done	

Goal No.	Outcome	SAAP Rating
	Let staff know one hour before running away	
(0)	Tells staff as she is leaving	
(+1)	Tells staff and waits less than an hour	
(+2)	Tells staff and waits an hour or more	
(-1)	Leaves without telling staff but rings later to inform them	
(-2)	Leaves without telling staff and does not let people know she is safe	

In response to a young person whose life seemed so out of control that goals could not be set, staff developed a rating scale for physical presence – being where she was meant to be. It proved effective as the young person could begin to map change. Similar goals are used where appropriate with other young people. Such a goal would be recorded as follows:

Goal No.	Outcome	SAAP Rating
	To achieve 25%	
(0)	25%	
(+1)	26% to 62%	
(+2)	63% to 100%	
(-1)	24% to 12%	
(-2)	11% to 0%	

Reviewing Goals

Goals are reviewed on either a weekly or fortnightly basis, depending on what is appropriate for the young person. The rating is recorded on the form. Once the expected outcome has been recorded three times it is considered achieved and celebrated in some way with the young person. When the ultimate goal of being able to return home is achieved a party is held which includes presentation to the young person of stories written by staff about their achievements.

Service Use

Staff will bring the goals set to a team meeting for discussion so that all staff are aware of each young person's goals. The goal setting approach is seen to fit with the therapeutic framework within which the service operates.

Conclusion

Goal Attainment Scaling demands the highest level of client involvement of all the pilot tools. This is an advantage in enabling it to be readily adapted to individual client needs as staff need to work flexibly with the language of the tool to ‘translate’ it to that which is meaningful for the client. It enables a change process to start from the client’s point of reference and makes no assumptions about what a client’s goals might be. It enables small changes to be noted and recorded.

Staff found it useful both in working with clients and in reviewing their own practice. It also had reported positive impact on clients. GAS appeared to work better where there is an established case management framework which involves mutual goal setting and regular review meetings. Under such conditions the use of GAS requires little additional time – largely that needed to identify the different indicators of levels of goal achievement. However where such activities were not part of usual practice there would be more substantial additional resources impact. GAS would be most suitable for services which have 3 months or more contact with clients and which work within a case management framework. However it has been used successfully in short-term contact services.

The training support provided to pilot services was limited and probably insufficient to enable some of them to make full use of this tool. Services strongly stated that formal training would be needed if this tool were to be implemented across SAAP. The experience of the pilot agencies suggests GAS can be an effective practice tool for measuring achievement of client outcomes in SAAP services. It enables effectiveness to be measured in terms of goal achievement, but does not measure the appropriateness of the goals set. This can be addressed through supervision and evaluation processes.

Amalgamation of GAS data for reporting at a service level is possible but would result in increases in administrative time. GAS data can be amalgamated to provide a measure of effectiveness of services in achieving client’s goals but this amalgamated data does not provides information about achievement of specific goals, nor enable meaningful comparison of types of levels of outcomes achieved in different agencies or jurisdictions.

3.2 Level of Functioning Scales

The BT Level of Functioning Scale appeared to be relatively easy to use. It involved an assessment by the client and/or the worker of the level which best matched the client’s functioning at the beginning and end of the contact period, enabling the measure of change to be recorded. However caution is needed in interpreting the worker’s experience in these instances as the scaling levels used were very global and subject to wide individual interpretation due to the lack of specific behavioural anchors, that is descriptions of observable behaviour that provide an example for each, or most, points of the rating scale. These are needed as Level of Functioning

Scales are absolute and normative rather than relative and are therefore less adaptive to difference. They therefore risk imposing dominant values on to clients. While one service reported that this was not an issue in using a Level of Functioning Scale this may not be readily agreed across the sector.

A further drawback with detailed Level of Functioning Scales is that they either amalgamate multiple behavioural descriptors into each level or require development of several sub-scales, adding to the complexity of the process for both the client and worker.

The Parenting Level of Functioning Scale (Appendix 10) was used by one non-accommodation service piloting an outreach model to provide parenting support and development with families at risk of homelessness for period of 3-6 months. It was used as a worker managed tool rather than with clients partly in response to the complexity of the language in the tool and partly because of the limited time frame of the pilot. This caused workers some concern – they normally work openly and transparently with families and would like to move the tool into a format where it was completed with parents. Workers found using the tool time consuming at first but this improved as they became more familiar with the tool. Workers found the tool more difficult to use with large and complex families or where an adult behaved differently with different children. This suggests that the tool may be more useful focussed at adult-child dyads rather than at the family level.

Level of Functioning tools enable data to be amalgamated fairly easily. Amalgamated data from the parenting tool was to supplement SMART data reporting at agency level, enabling presentation of achievements.

Conclusion

The Parenting Level of Function tool was useful for the specialist service which piloted it but is unlikely to be useful for other services. Use without the client's knowledge raises practice and ethical issues. The language used requires simplification to enable it to be used directly with clients. The BT Level of Functioning Tool would require the development of behavioural anchors to increase reliability. The development of such anchors in the SAAP context, given concerns services have about the impact of negative descriptions upon clients self-esteem, presents a number of challenges and it is likely that there would be difficulty in getting agreement on appropriate anchors across service types. Use of Level of Functioning Tools requires an initial and subsequent assessment(s) of functioning. This adds to the resource impact on workers.

3.3 Standard Goal Scaling

Standard Goal Scaling also appeared reasonably easy to use and one agency has indicated they will continue to use it whatever the outcome of the pilot. Like GAS, it fitted within existing case management frameworks. One service said they transferred

goals from their case plan process to the outcomes tool which made this stage of case management simple, easy and applicable, and therefore ‘pain free’ in getting young people to fill in the forms with the worker. Another indicated having expectations documented in the format acted as a reminder for action and could also be useful in identifying patterns of behaviour.

One service commented that without a structured approach to identifying outcomes it may be neglected. The goal checklist was seen as useful as a ‘trigger’ for discussion or to identify areas for future action. However one service noted the danger in using the tool too rigidly which could stifle discussion in planning. They suggested that workers need to be encouraged to talk about the issues first and identify the goals in the way the client articulates them, then use the forms to see if the client wants to add anything that was not covered before. This would avoid the risk of forcing the client into identifying goals that may not in fact be most important or relevant for them.

The tool was seen as most useful in a context where there were regular reviews of both goals and outcomes.

The primary value of the rating scale for many was seen as the discussion it generated between worker and client. For some clients it also had value in ‘marking’ their progress.

Client feedback was formally elicited by one service through a form they developed for this purpose. Clients indicated their experience of using the tool was positive and several identified value in having the worker’s rating as well their own. All thought goal planning and working towards goals was important though one also indicated it was a ‘pain’! The service reported a number of experiences of client saying ‘wow – I achieved that’ at review stage.

Services agreed that there were some clients for whom the tool was not useful – generally those very high and complex needs clients who are living day to day or clients who are seen when in crisis. It was seen as more useful with residential clients than in an outreach situation where contact was more likely to be problem driven or in an advocacy role.

One youth service also reported concerns that in early stages of work many young people had unrealistic expectations of goals they could achieve. The tool was seen as being useful provided this was taken into account by program administrators.

A number of modifications to the pilot tool were suggested. A separate goal list for each service type would help ensure that there was full coverage for particular client issues and reduce the size of the tool. Some capacity to include ‘extra’ goals under the goal domains would enable it to be even more personalised. An additional rating point to allow for goal to be noted as no longer relevant/applicable was also suggested.

A useful suggestion was the use of visual scales such as a ladder, thermometer, or pie chart as a way of clients self assessing and identifying progress where literacy may be an issue.

Standard Goal Scaling | Youth Housing Program

Background

The Youth Housing Program provides a range of services to young people aged 15-19 years who are single or a member of a couple, with or without children. Services include the provision of medium term accommodation (3-12 months) in 6 x 2-bedroom units with negotiated case management and personal support. It also provides an outreach service to young people who have moved out of the medium term accommodation into independent accommodation and/or other living arrangements. Staff work within a philosophy/practice model that emphasises empowerment, self-determination, user rights and harm minimisation. Clients include indigenous young people from the urban areas and those from non-English speaking backgrounds.

Use of the Tool

The accommodation service uses a case management approach and has integrated goal scaling into its existing assessment, case planning and review practices. The mechanism of goal scaling is explained to the client and its use is only with the client's consent. Goal planning and the use of the tool are not appropriate for all clients. For example the concentration span of one client with mental health issues was not sufficient for this to occur.

Clients in the outreach program may not all participate in case management. The decision to do so will be based on the individual client's needs and preferences.

Assessment

Assessment involves two stages – an initial first contact form with basic information followed by a more detailed assessment of risk and living skills at a subsequent interview.

Case planning

The purpose and use of the goal planning and rating framework are explained to clients who are able to choose whether they wish to use it.

Identifying goals: The client is encouraged to identify their own goals without initial reference to the goal list. This is important to ensure that the client's own priorities are identified. The conversations and documents completed as part of the assessment process often raise potential goal areas and the worker may refer back to these to assist the client identify goals. The worker is supportive rather than directive in identifying the client goals.

It may be necessary to help the client identify interim goals that are achievable within realistic time frames. This means that for the short-term service goals will be broken down into stages that are achievable in around a 4 week time period.

John wanted to change the way he manages anger. The worker helped him identify where he wanted his life to be and what steps would be needed to achieve that. He then set a goal of ‘Regularly assessing how I feel and writing the feelings down’.

Client’s initial identification of goals may not be realistic or even in their best interests. Discussion between the worker and client can often identify related goals that are more appropriate.

Jane initially identified a goal of losing weight. After discussion about weight, health and body image she identified goals about healthy eating and exercise. These included: ‘Reduce amount of junk food eaten’ and ‘Join a self-defence class’.

The goal list is then used as a final prompt to check whether there are any other issues for the client. The language of the goal list is ‘translated’ to be appropriate for the age and language use of the client.

The of client’s words ‘To spend more time with my friends and get out more often’ would fit within the goal domain of Relationships 7.1 ‘Develop my circle of friends’.

It would be possible to develop a ‘translated’ document specifically for the client group of this or any other service.

Recording goals: Clients are encouraged to write their goals in their own words on the goal form. If the client has a problem with she/he can dictate the goals in their own words. Literacy problems have already been identified during the assessment stage when clients are also asked to complete their own forms.

Clients will identify different numbers of goals (in the pilot period this varied between one and thirteen). The worker and client then prioritise the goals and identify the tasks which need to be completed and determine whose responsibility they are (worker/client/joint).

Goal planning and recording had always been part of the agency’s case management approach so recording the goals on the goal form did not increase the workload of staff.

Rating current status: The worker and the young person then each rate the current level of achievement. Young people generally like the concept of rating their current status as part of the case planning. It allows a focus on strengths not just deficits and the use of separate worker ratings encourages conversations about how the client perceives her/himself.

Review

Workers and clients meet weekly and informal review of goal progress and continued appropriateness may occur at these meetings. Review of goal progress and goal achievement rating occurs more formally after 8 weeks in the medium term service and four weeks in the short term service. The focus is on checking what progress has been achieved rather than being a judgement of the client. If progress

has been made that can be celebrated, if not then the conversation will explore reasons why and also identify other positive changes that may have occurred. These will also be recorded as part of the review. There will be times when the goal is no longer relevant for any number of reasons, and the coding of goal achievement recognises this.

New goals may be set at the review stage and a further review period identified (see Example 2 below).

As in any SAAP service some clients will leave unexpectedly and review may not occur. The service estimates that around 70% of clients would complete a formal review of progress towards goals.

Example 1.

Client Name/ID:

GOAL (from Goal List)	Goal Achievement					
	Rating at planning			Rating at review		
	Date	Client	Worker	Date	Client	Worker
1.13 get into public housing	3/12/02	3		10/3/03	5	5
1.1 understand tenant's rights & responsibilities		3			4	4
1.4 save money for bond		1			3	3
1.12 obtain furniture		1			3	3
1.15 to repay debt		2			5	5
5.1 develop a budget		2			5	4
10.3 get an implant for contraception		3			5	5
13.14 get own medicare card		3			5	5

Rating Scale:

0 = goal no longer relevant 1 = no progress 2 3 = partly achieved 4 5 = fully achieved

Example 2.

Client Name/ID:

GOAL (from Goal List)	Goal Achievement					
	Rating at planning			Rating at review		
	Date	Client	Worker	Date	Client	Worker
9.1 find out about drawing classes	6/11	1	2	28/2	5	5
9.17 learn how to achieve goals	"	2	3	"	4	4
13.22 organise Pap smear	"	1	1	"	5	5
13.2 regularly assess state of feelings	"	2	3	"	4	4
9.1 learn how to cook more elaborate meals	28/2	3	3			
5.1 enter into a payment plan for school fees	"	1	2			

Rating Scale:

0 = goal no longer relevant 1 = no progress 2 3 = partly achieved 4 5 = fully achieved

Exit

The service uses an exit form which includes an identification of goals achieved during the stay and future goals.

Staff Training

Training in use of the forms was incorporated into regular case discussion sessions. Staff had read the guidelines on using this form of goal measurement and spent about an hour discussing how to incorporate it into their existing processes.

Agency use of forms

Goal forms are used by workers to review their own practice. They provide a reference point if work with the client is seeming to lose direction, and also offer a record of commitments made both by the client and the worker.

They form an addendum to case notes but also act as a memory trigger when writing up case notes and when planning next steps with the client.

The agency recently participated in a pilot project involving joint working with Centrelink staff to prepare Preparing for Work Agreements. The goal planning process was used effectively to feed into the development of agreements.

It has also been used where there are joint clients with other programs to define roles, ensure all goals are recorded in a common tool. This enables workers in each of the programs to be both aware of the full range of issues being addressed by the young person. This then enables feedback to be provided by any workers on evidence of progress, and can be more comfortable for those clients who prefer to work with one individual.

Agreement with the client is reached about management of confidentiality before any joint use of goal forms.

The agency does not currently aggregate data.

Conclusion

The Standard Goal Scaling tool was relatively easy to use for services working within a case management framework. Use of a standard goal list provides a useful framework for discussion of goals with individual clients and assists implementation within contexts where goal setting is not part of current practice. Nevertheless training would be required to implement this tool more widely. The modifications suggested by agencies during the pilot appeared relevant and were modest and could be relatively easily achieved. They enabled them to implement the tools in a useful and congruent way.

For wider implementation of this tool it needs to be used as part of a case planning and review process. As with any of the tools, it would not be suitable for use with all clients. Concerns about suitability of goals for indigenous clients was raised during the

workshops, however this tool was used successfully with one service working with indigenous young people. The capacity for workers to translate the the language of the goal list into words appropriate for the client is important here. Amalgamation of data could occur within the goal domains of the standard list, but would require administrative resources, though this may be able to be automated through modifications to SMART.¹

3.4 BT Generic Outcome Scale

There was strong interest in the BT Generic Outcome Scale, however agencies were reluctant to use the tool without supporting software that would enable the easy selection of the relevant scales for the individual clients. This can be done manually by cutting and pasting from the full Word document which would have only a small impact on staff time if agencies have sufficient IT resources. The agency managers and staff who were interviewed could see the potential for the scale, particularly in combination with a relatively simple and efficient goal setting and recording process that could guide their work with individual clients. However, a number indicated they were unwilling to trial the BT Generic Scale until the software was available. This software would enable the construction of a one page form that would be of direct relevance to individuals and would not ‘frighten’ clients (and workers) by appearing large and onerous to complete.

In the extended pilot, two agencies used the BT Generic Outcome Scale manually extracting the relevant items from the full scale.

¹ The SAAP Management and Reporting Tool is software that assists the collection and reporting of NDC information. Encrypted data is forwarded to the National Data Collection Agency on disk. The SMART also allows agencies to collect their own data, develop specialised fields, and run standard reports on their data anytime they wish.

BT Generic Outcome Scale | Family Housing Service – short-term**Background**

The Family Housing Service has 14 properties for short-term accommodation and four properties for transitional housing.

The service has funding for two workers, a Coordinator and a Family Support Worker. The Coordinators role includes 50 per cent of time allocated to tenancy management and support. The Family Support Worker undertakes the larger proportion of support work and sees the tenants at an initial interview to develop a mutually agreed action plan, and undertakes follow-up and regular reviews to support the tenant through the steps they have identified to achieve their goals.

The story of 'Angie' is used to illustrate the use of the Standard Goal List and the BT Scale Generic Outcome Measurement Instrument as part of the agency's case management approach.

Use of the Tool*Engagement Phase*

In the initial period of her contact with the service, Angie identified two key goals that she wanted to achieve. This was done with the Family Support Worker and used the Standard Goal List as a prompt.

Goal 1: Dealing with feeling very 'down'. Angie and the Family Support Worker identified that Angie was feeling very unhappy and that in fact she was in danger of becoming quite depressed. Angie agreed to a referral to a counsellor. Southside Community Care paid for a period of counselling using brokerage money. It was also considered that these feelings were largely as a result of her experiences with the Department of Housing over a number a number of years. These issues also needed tackling.

Goal 2: Finding secure accommodation. Angie had previously had a Department of Housing (DoH) tenancy. A number of neighbours had complained about her eldest son being very 'loud', and had also complained about his behaviour. The complaints between her and the neighbours were significant and the dispute went to 'mediation'. Eventually the DoH evicted this family. This resulted in a large debt with the DoH for bond money not yet repaid and maintenance. Angie also owes back rent to a number of landlords and is on the Real Estate Agents 'problem tenant' list. Angie said it was very important to her that she finds ways of overcoming these difficulties, and establishing a successful tenancy with a degree of security and stability. Steps toward tackling these issues were laid out.

*Work Phase**Review of Progress at 3 Months*

After a period of three months in the program, the Family Support Worker and Angie carried out a formal review.

During the discussions three particular issues were identified for further action and significant work had already been undertaken on goal 2.

Goal 1: Counselling. Angie had decided not to follow up counselling as she felt that action taken towards her issues related to her past housing situation had helped reduce her sense of helplessness.

Goal 2: Increase chances of obtaining secure accommodation. Angie and The Family Support Worker had drafted letters to the DoH, and the Housing Minister, requesting a review of the large amount owed by Angie to the DoH. Angie had felt strongly that she did not incur such a large amount of debt and wanted to challenge the amount identified by the Housing Department. Unfortunately the Queensland Housing did not agree with Angie, and did not agree to reduce the amount of her debt at all. Subsequently the Minister's office conceded a reduction of \$300.

A decision was made to write to the ombudsman for a further review.

Angie acknowledged the need to start paying towards the debt, even though she felt the amount exceeded a fair requirement. She was aware that should the Ombudsman not succeed in reducing the debt further, she would still be left with a debt and the DoH would not house her. Paying the debt off presented her with the possibility of achieving one of her goals; that of obtaining stable housing. This process was begun with Angie paying off a regular weekly amount towards her Housing debt.

Though they were not initially identified, during review some further issues were agreed as important to work on in relation to parenting.

Goal 3: Developing Parenting Skills. Angie's youngest son had been identified as having significant learning difficulties. To obtain a better result for her son's education, Angie agreed that she would ensure more consistent school attendance. There were also some behaviour issues. The Family Support Worker and Angie talked about developing some 'consequences' for behaviour. They discussed how 'time out' worked, as one strategy. Angie also agreed she would implement more consistent boundary setting for her son, so it was clear to him what behaviour was expected, and what the consequences would be of keeping within, or going beyond, those boundaries would be.

Goal 4: Maintaining a tenancy – Improving home tidiness and cleanliness. As part of tenancy management, it was discussed what a 'reasonable' level of tidiness and cleanliness looked like. It was agreed that there needed to be an improvement in the level of tidiness and cleanliness in Angie's unit, with the aim of increasing Angie's likelihood of maintaining a tenancy. Angie agreed to work on a daily routine of housework that was achievable which could be reviewed around families needs. The Family Support worker would respond positively to any improvement with Angie's level of organization and cleanliness within the house, as a means of encouragement.

Three monthly inspections of the premises, would be undertaken more formally by the Housing Manager, where Angie could be given a clearer understanding of the expectations that a real estate agent may have, should she leave the service to rent in the private rental market.

Final Review

At the end of her involvement with the service Angie scaled her achievements using the BT Generic scale. The relevant items from the scaling form were used rather than the full form.

<p>1 Assistance to obtain/maintain independent housing</p>	<p><i>How important was it to have help with getting your accommodation?</i></p> <p>Very Important Important Not Important</p> <p>Compared to when I entered (the service) my understanding of current and future housing options is</p> <p>10 9 8 7 6 5 4 3 2 1</p> <p>A Lot The A Lot</p> <p>More Same Less</p> <p>Compared to when I entered (the service) my understanding of tenants rights and responsibilities is</p> <p>10 9 8 7 6 5 4 3 2 1</p> <p>A Lot The A Lot</p> <p>More Same Less</p>
<p>7 Family/relationship counselling & support</p>	<p><i>How important was it to work with (Service/worker) on raising children?</i></p> <p>Very Important Important Not Important</p> <p>Compared to when I entered (the service) I understand my parenting role</p> <p>10 9 8 7 6 5 4 3 2 1</p> <p>A Lot The A Lot</p> <p>More Same Less</p> <p>Compared to when I entered (the service) the times I feel confident about my ability to parent are</p> <p>10 9 8 7 6 5 4 3 2 1</p> <p>A Lot The A Lot</p> <p>More Same Less</p> <p>Compared to when I entered (the service) I do the things that help to have a better relationship with my children</p> <p>10 9 8 7 6 5 4 3 2 1</p> <p>A Lot The A Lot</p> <p>More Same Less</p>

Angie stated that using the BT scale helped her to clarify what she had achieved during the time she was in the service. By examining these achievements she said she was much more confident of being able to gain access to and maintain secure housing, and in undertaking her parenting responsibilities.

BT Generic Outcome Scale | Family Housing Service – medium term**Background**

This medium term accommodation service uses a case management approach and combines a simple progress rating tool which allows the client to rate their current status and later progress on a 1 to 10 scale, with the BT Scale, which is used to review and summarise achievement at the point of service exit.

Use of the Tool*“Colin and Louise”*

Colin and Louise are a middle aged couple with four children.

Engagement Phase

Colin and Louise’s family have been experiencing a range of difficulties associated with poverty since their older children were born. Colin has worked in very low paid positions, but despite rarely being unemployed, has struggled to meet living expenses for the large family. Both Colin and Louise have experienced physical health problems and have struggled to afford medication. During the past two years, Colin has increasingly suffered from the effects of stress and the physical demands placed upon him by his work. These problems have been exacerbated recently by the family falling further into debt and losing their accommodation.

In the initial meetings with the case worker three areas were identified as important in which to make progress.

Goal 1: Improve health. Undertake regular visits to the local doctor and follow through on taking of medication.

Colin and Louise filled in a scale of their sense of wellbeing. They rated themselves 0 out of 10.

Goal 2: Develop Knowledge of housing options. Colin and Louise filled in a scale of their knowledge of key housing issues. They rated themselves as 0 out of 10.

Goal 3: Improve family finances. Gain access to sickness benefits. Apply for rent assistance. Develop a budget that would enable them to pay a little off their debts each fortnight. They rated themselves 2 out of 10.

Review after 2 Months

The family came into Clare Homes with a large debt to the Department of Housing (DoH). Negotiations took place with DoH to reduce the debt to a manageable level. Regular payments were then instituted to lower the debt. Advocacy by the worker also resulted in the family being removed from the rental black-list.

After two months the case worker and Colin and Louise formally reviewed the progress that had been made.

Goal 1: Improve health. Colin and Louise identified a range of things they had done that had led to a general improvement in their health and feeling of wellbeing. They said they had been consciously caring for themselves more, taking time to rest, maintaining their medication regimes. They had also gone to a family planning clinic.

Additionally, they had participated in a program to develop anger management skills, and they had used opportunities with their case worker to discuss their relationship, and how they could be more supportive of each other.

They rated their sense of wellbeing at this point. They scored themselves as 5.5 out of 10.

Goal 2: Develop knowledge of housing options. They identified a number of things they had learned about housing options and about tenant's rights and responsibilities.

They rated themselves as 5 out of 10 for knowledge of housing.

Goal 3: Improve family finances. Resolve problems with Family Payment Benefit. Save money to enable car to be repaired.

Client feedback at end of service.

At the end of October the family left the service. They had been in the supported accommodation program for twenty two weeks. The week before they left they completed the BT Generic Outcome Scale.

A selected example of the feedback is included below.

15A Health (General)	<i>How important was it to get support in improving your health?</i>									
	Very Important		Important	Not Important						
	Compared to when I entered the service my sense of wellbeing is									
	10	9	8	7	6	5	4	3	2	1
	A Lot					The				A Lot
	More					Same				Less
	Compared to when I entered (the service) I do the things I needed to maintain my health									
	10	9	8	7	6	5	4	3	2	1
	A Lot					The				A Lot
	More					Same				Less

15B Health
(Mental Health)

How important was it to get support in improving your health?

Very Important Important Not Important

Compared to when I entered the service my understanding of the effects of stress and how to deal with it is

10 9 8 7 6 5 4 3 2 1
A Lot The A Lot
More Same Less

Compared to when I entered the service my understanding of anger and strong emotions is

10 9 8 7 6 5 4 3 2 1
A Lot The A Lot
More Same Less

Compared to when I entered the service my ability to manage anger is

10 9 8 7 6 5 4 3 2 1
A Lot The A Lot
More Same Less

Compared to when I entered the service my understanding of medication management is

10 9 8 7 6 5 4 3 2 1
A Lot The A Lot
More Same Less

1 Assistance to
obtain/maintain
independent
housing

How important was it to have help with getting your accommodation?

Very Important Important Not Important

Compared to when I entered (the service) my understanding of current and future housing options is

10 9 8 7 6 5 4 3 2 1
A Lot The A Lot
More Same Less

Compared to when I entered (the service) my understanding of tenants rights and responsibilities is

10 9 8 7 6 5 4 3 2 1
A Lot The A Lot
More Same Less

4 Financial
counselling/
support

How important was it to receive help in understanding finance/budgeting?

Very Important Important Not Important

Compared to when I entered (the service) I understand what is important for me in budgeting to meet my needs

10 9 8 7 6 5 4 3 2 1
A Lot The A Lot
More Same Less

Client feedback on use of tool

The family also provided feedback on their experience of using the BT Generic Scale itself.

They found the scale to be:

- Easy to understand,
- Very important in assisting them to take time to reflect on the progress that had been made, and how much knowledge they had gained in areas of importance to them,
- A good way of highlighting and reminding them of the issues they had dealt with,
- An important opportunity to reflect on their future hopes and plans, and,
- A way of helping them to think about how they could do some things differently in the future.

Staff found the tool relatively easy to use and a useful tool for identifying and clarifying what the client had achieved.

The project team put some work into determining whether an Access database could be used to print individual forms and subsequent collation of data. It has been verified that this can be done.

3.5 Checklist for Short Term Services

The feedback obtained from the site that piloted this form was that it was useful and very easy to administer. However, the return rate was relatively low. The service believed this was because of the ‘culture’ that exists in short-term men’s accommodation. They believed that the process would become accepted over time once a level of trust had been developed with the client group and they came to see that it was not a mechanism for excluding them from possible future service. This tool asked two outcome related questions in addition to satisfaction/quality questions. This project was conducted in a time frame which overlapped a project on the Measurement of Client Satisfaction in the Supported Accommodation Assistance Program (http://www.facs.gov.au/internet/facsinternet.nsf/aboutfacs/programs/house-saap_client_satisfaction.htm). As noted in the report of the Client Satisfaction Survey, there was a substantial overlap in the Client Satisfaction tool and the Checklist for Very Short Contact Services, and there is scope to include the outcome related questions as an optional component of this tool.

3.6 Tools Developed By Services

Four youth services provided examples of tools they had developed prior to the commencement of the pilot project.

Two Page Feedback Sheets

Residential Service

This tool was a simple checklist of questions relating to:

- Satisfaction (perception of fairness of guidelines)
- Activities (what areas/skills service helped with)
- Outcomes (perception of safety during stay, perception of readiness for independent accommodation, maintenance or commencement of school attendance, housing status)

The tool contained space for additional narrative feedback.

The question regarding readiness for independent accommodation is shown below:

Do you feel ready to move on to more independent accommodation?

yes, very

yes, fairly

no, not really

no, not ready

Counselling Service

This tool contained a series of questions with a Likert response scale relating to:

- Service Quality
- Satisfaction
- Perception of progress on issues addressed in counselling (outcomes)

The tool contained space for additional narrative feedback.

The question used to identify outcomes is shown below:

Thinking about the issues you have discussed with your (agency) worker can you write down three issues in the spaces provided below and then tick the square that best describes how you feel about that issue now.

1. *Issue*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	some	good	managing	managing	managing	largely	fully
progress	progress	progress	OK	well		resolved	resolved
	but not yet						

These tools enabled data collation to provide service level indications of issues addressed and trends in quality and satisfaction as well as enabling review of individual practice.

Skills Assessment Tool – Independent Living Program

This tool is used as part of a structured Independent Living Skills Program. It combines skill information sheets with a client assessment of their own skills prior to program involvement against a Likert scale and a joint assessment against the same scale after the program activity. This tool enables individual clients to record their achievements and also enables data collation at worker or agency level.

For example, the skill area of Shopping requires the client to rate themselves as a shopper on a scale of 1 (fair) to 10 (excellent). The information for the client states that to demonstrate food shopping the client will need to be able to buy sufficient food to last until the next pay-day. This requires checking for existing supplies, writing a shopping list, following the list, planning meals, identifying goods which are value for money and staying within a budget. The client and worker shop together on four occasions. Assessment of each trip is made against the following criteria, with a yes/no indicator for each:

- Cupboards and freezer checked for existing supplies
- Shopping list prepared
- Value for money
- Stayed to budget
- Followed list
- Right amount to last
- Variety of food and nutrition

A joint assessment of the client as a shopper is made on the 10 point scale after the fourth assisted trip, then again after two unassisted shopping trips.

Worker Assessed Outcome Tool

This tool is used within a case management framework in a residential service for young people. It identifies 38 issues under nine functional area domains:

- Identity – 3 issues
- Family and social relationships – 3 issues
- Emotional – 8 issues
- Health – 7 issues
- Social Skills – 5 issues
- Employment, Education and Training – 3 issues
- Interests and hobbies – 2 issues
- Life Skills – 7 issues
- Future plans – 1 issue (accommodation)

For each issue there is a five point scale with descriptors. For example under *Life skills – cooking* the scale is:

5	4	3	2	1
Very good at cooking	Doing well at cooking	Learning to cook	Wants to be able to cook	Doesn't cook

Clients are rated by the worker on their level of functioning at assessment and then on an ongoing basis through their period of residence. These ratings are graphed against time. The decision was made to use a worker rating only to increase objectivity and because the form also records strategies used in working with the young person. The record forms are kept on the client's case file and would be available to the client if he/she asked to see it. The tool enables monitoring of individual progress and comparison at a worker or agency level. Use within a single service enables workers to develop joint understanding of what is involved in 'doing well' as opposed to 'very good at' cooking. However any extension of this tool would require identifying more complete descriptors to enable comparability.

Whilst this tool provides useful information its administration without the client's knowledge raises privacy and ethical concerns. This approach may also be occurring in other services and is an issue that SAAP will need to address.

4. Discussion

4.1 Purpose Of Outcome Measurement For Evaluation

Outcome measurement can inform service delivery at a number of levels. The data collected on individual client benefit/outcomes can be used for a range of important purposes for different stakeholders.

Firstly, outcome information is particularly useful for clients and workers in the Case Management relationship. Used properly, it can help to establish and enhance the relationship. It can be empowering for both clients and workers as it enables them to see more clearly the progress and benefit that has been gained by the client through participation in the service.

It can also be of particular use to the worker as one means of reflecting upon their practice.

Secondly, outcome information is particularly useful at a service management level. It is an important source of information in supervision. It is also an important source of information on the effectiveness of the service overall. Most outcome measurement tools lend themselves to the creation of simple reports that can summarise both client outcomes and service outcomes. These can be easily displayed in ways that can empower staff teams and assist in processes of Strategic Planning.

Thirdly, outcome information can be particularly useful at the level of program planning. Information can be collated by such factors as service type, region, or client category, to enhance the planning and development of the program. Currently there is some outcome information collected as part of NDCA, but this is very limited.

However, a substantial difficulty for SAAP is its enormous diversity of delivery across the nation. This diversity creates substantial difficulties and barrier to the collation, summary, and analysis of information on outcomes. SAAP has both significant internal service diversity, and a great diversity of service environment or service context across the nation.

The result of this diversity is that no one outcome measurement tool is applicable to each service or even each broad service type. This makes the aggregation and interpretation of data on a continuous basis somewhat problematic. The implication of this is that any form of outcome measurement, and the reports that are generated from the outcome data, are going to meet some key stakeholder's needs better than others. Therefore, in resolving which particular forms of outcome measurement will be undertaken, the stakeholders will need to recognise the impact of the decisions about particular outcome measurement systems upon their ability to fulfil their legitimate tasks and roles. It is the opinion of the project team that it is the needs of clients and service workers and managers that must be primarily met in any form of outcome measurement. This is the case for two reasons:

1. because the critically important task of SAAP is to assist marginalised and vulnerable people to the maximum degree possible given its resources, and

2. if clients and workers needs in particular are not addressed, the reliability of data, and even the collection of any meaningful data at all, is threatened or compromised.

4.2 Reliability of Outcome Data

As noted this pilot did not test the validity and reliability of the tools themselves.

Goal Attainment Scaling and Standard Goal Scaling involve both worker and client agreeing and/or discussing ratings, and the BT Generic Outcomes Scale is based on the client's perception of change. Concerns were raised that SAAP clients in general and some people from cultural and linguistically diverse backgrounds in particular may respond compliantly to their perception of the worker's requirements rather than expressing their own needs and priorities. While this concern has some similarity to the concerns discussed in the report of the Client Satisfaction report (AFHO, 2003) regarding high positive response rates to satisfaction questions, these issues can be minimised through cultural awareness training and sensitive listening and case work skills. There is obviously a resource cost associated with provision of extra training in this area. Use of tools which employ elements of behavioural description of outcomes (eg GAS) reduces the likelihood of end-point compliance compared with those relying on client perception alone (eg BT Goal Outcomes Scale).

4.3 Fit with Case Management

The pilot organizations which gained the most positive benefit from participation in the project and which found the process of outcome measurement to be beneficial to the delivery of their services, were those which met the two following criteria;

- They had a clear case management process
- They had integrated the outcome measurement process into their case management system.

The general observation of these agencies was that the process of measuring outcomes was both congruent with and helped to complete the case management process. This was expressed in a number of ways:

- the use of various tools to identify and set goals with clients helped to develop the case management relationship between the worker and client,
- the process helped to generate common understanding and enhance mutual commitment,
- the existence of the goals helped to maintain commitment to mutual action between the worker and client,
- the review of achievement helped to enhance the positive experience of the case management process for both client and worker, and,
- the summing-up of achievement helped to bring 'closure' to the case management relationship.

A number of the pilot services had given serious consideration to how outcome measurement should fit into their case management practice. Some services had a clear understanding of the steps of initial information gathering, assessment, goal setting, review of progress, and evaluation of benefit or achievement. These services had developed resource folders of the standard forms that supported the process.

Some services had combined a particular outcome measurement tool with their existing tools. One innovative example of this was shown by a service that had previously been using a very simple visually-based process for identifying broad initial goals. They had continued to use this simple tool to establish the relationship with a new client and to assist the worker and client to identify and agree upon the immediate goals the client would work upon or work towards upon entry to the service. As a level of trust developed, the Standard Goal Scaling instrument was introduced. Although it had only been used with a small number of clients, the service reported that the process was seamless and worked very smoothly as a natural aspect of their case management.

NDCA data for 2002/2003 (Table 2) shows that the duration of a significant proportion of SAAP support periods is too short for the use of outcome measurement tools that involve client engagement in goal setting and evaluation. The use of the Very Short Contact Form/Checklist for Crisis Services may however provide useful feedback in those situations where exit is planned.

Table 2 Length of Support Periods 2002/2003

	Support periods 1 day (or less)	Support periods 2-7 days
All support periods	36%	18%
Support periods involving accommodation	31%	28%

4.4 Workload Issues

A number of workload issues were raised by agencies during the pilot. These related to the time required to complete forms, collate data, the skill level of staff, and predicting the appropriate time to administer instruments when the length of client engagement varies significantly.

The problem of the lack of time for filling in forms and collating data, relates in part to the underdeveloped nature of the systems for case management in SAAP. A seamless process of data collection and reporting for case management purposes would resolve many of the difficulties. If the tools required for case planning and outcome reporting were fully integrated, and suitable data collection systems existed, and workers were able to access electronic data entry while with clients, then it is possible that there would be little if any 'extra' work involved that good case management practice would not currently involve. At present most of the agencies involved do not enter data into

the SMART Case Management Form as it is not collected and their own paper based record keeping practices are seen as more flexible, appropriate or more effective. The majority of services use the paper forms and then later enter data into SMART either because of a lack of resources (networked computers) space, or the view that such data entry is inappropriate in the client's presence.

There is no doubt that many SAAP workers operate in service environments where there are high caseload demands, but this fact should not allow the too ready acceptance of 'myths' about the inability to engage in proper case processes, including data collection. It is the area of data collation that would particularly increase resource requirements. The extent of this was not determined as part of the pilot because of the small number of clients involved, however reliance on manual collation would create regular additional administrative activity which would be untenable in high turnover services. Integration of outcome data recording into SMART would reduce the additional resource impost and enable report generation at agency level for local management use as well as higher level data collation.

There is issue with the uncertainty of the length of client engagement and the appropriate time to introduce goal setting and monitoring. However, again it is an issue that should be relatively easily resolved providing that the logic of a specific service's program is clearly understood and realistic expectations are maintained by stakeholders. The fact that some clients exit quickly or unexpectedly does not negate the fact that goal planning and recording is relevant. It just means that the process will not be fully completed with some clients (at least not during that particular service episode). Where service design dictates short-term engagement with clients, then a decision has to be made about whether adopting even a very simple outcome measurement approach is worthwhile for the resources involved. However, on the basis of what the project team has seen and our general experience in this area, a brief feedback form incorporating outcome and satisfaction such as the Very Short Contact Form/Checklist for Crisis Services, is feasible, beneficial, and requires more modest resources.

4.5 Skills and Training

The existence of a wide range of staff skill levels and training and agency practice philosophies was evident through the workshops and raised by a number of pilot agencies. The extent of the adoption of case management as a practice process appeared to vary. The issue of staff skill is critical to further adoption of outcome measurement. A good conceptual understanding of case work is required in order to engage in the more elaborate outcome measurement processes. Even where short forms are used in brief contact settings, a basic understanding of how to introduce the process, explain its benefits, and provide appropriate assurances to the client, is required in order for it to be successful.

4.6 Managing Issues of Privacy and Ethics

The key ethical issue raised by agencies during the project was in relation to the potential for outcome measurement (and presumably various forms of assessment) to impact negatively upon parents (particularly mothers) with children. This concern was expressed particularly in relation to custody disputes where the mother had been the victim of domestic violence and her parenting had consequently been impaired. It was feared that the records of outcome measurement could be obtained through legal proceeding and thus disadvantage (in this case) the mother. It appears that this issue weighs too heavily in the minds of some SAAP workers and it would be unfortunate if these concerns were allowed to drive practice, however it is important that these concerns be raised and discussed. If any form of assessment or measurement record were obtained in custody disputes, the court will presumably require full social-ecological assessment of the case. In that instance, the violence of the former partner is likely to weight heavily upon the case. In those other non-domestic violence cases where the parent who has custody is engaged in highly inappropriate parenting, SAAP workers records are probably not likely to be the only evidence presented in a case, but in the interests of the child they are legitimate information.

There were no insurmountable privacy issues uncovered by the project. It would be expected that clients would be informed about the use, storage and access to outcome measurement data and that consent would be obtained to any data collection in line with privacy legislation. Providing proper processes were understood and adhered to, there were no unique threats to clients privacy or confidentiality presented by outcome measurement processes.

4.7 Accountability and Use of Data

Perhaps the most common concern raised in the workshops was the potential for use of outcome measurement by funders as a means of evaluating and comparing services without cognisance of service and structural features. The project team attempted to deal with this issue by pointing out that it would be difficult to compare services without a lengthy period of use to develop realistic benchmarks, and that the service environment differed to such an extent that it would always be difficult to compare services. Any attempt at comparison would also be undermined by differences in external influences including housing availability, access to internal or other agency resources. However, some participants expressed a lack of confidence that program administrators fully appreciated the impact of these issues upon their services.

There was much discussion in the pilot workshops about responsibilities and accountabilities. A number of people expressed fears about being held accountable for things that were outside of their control. This often led to a discussion about what things agencies could reasonably be held accountable for, and whether these things differed between agencies according to factors including level of staff training, socio-

economic environment of the location the service was in, the quality of the local service system, or access to important resources such as housing, or key community services such as community health and recreation among others.

An example of this was seen in one discussion where it was stated that for some clients independence was not an achievable goal. In this discussion it was stated that some services in a particular region dealt with clients with high and complex needs and that the SAAP service(s) need to support these people on a long-term basis. The concern was expressed that if clients remained 'on their books', this would be interpreted as a lack of outcome, whereas the services argued that as they were maintaining people in the community, this was a successful outcome. Clearly at the heart of this debate was the issue of the appropriate entry and exit criteria for SAAP. However, at one level these fears are clearly justified as until all stakeholders have common agreement on entry and exit criteria, what one stakeholder could legitimately regard as a successful outcome, another could regard as an example of service inappropriateness or failure.

On the other hand there was value seen by many in the potential for internal use as a practice improvement tool and for comparative use as a good practice indicator that could then be further investigated.

It will never be possible to obtain 100 per cent completion of outcome measurement tools in SAAP services. Clients may leave services at short notice or their present circumstances may mean that it is difficult or even inappropriate for workers to engage them in formal measurement processes.

The current model of data collection for reporting and accountability purposes in SAAP is largely continuous forwarding and central collation of data. Based on the issues raised through this pilot project the project team believes this is not an appropriate model for the collection of outcome data. Rather, collation and reporting should occur primarily at the service level, being fully integrated with case management and used for individual practice and service improvement. There is scope for amalgamation and comparison by sub-program eg family accommodation services, at regional levels to assist group learning and service system development.

4.8 Wider Interest

There has been wider interest in the materials developed as part of the project.

Meetings were held with a group of staff from the Queensland Department of Families Evaluation Unit following a request for information on Goal Attainment Scaling on the EVALTALK listserver.² This led to the adoption of the Standard Goal Scaling tool for

² Evaltalk is an international email based discussion list for evaluators to discuss issues and seek assistance with approaches, tools and models. It includes academics and practitioners from a wide range of disciplines and work areas.

measuring outcomes in a number of pilot programs currently being funded by the Department (see <http://www.families.qld.gov.au/futuredirections>). The pilots include two indigenous Family Support Services. Feedback to date has been that the Standard Goal Scaling approach has been accepted and implemented by all but two services. These services focus is on sexual abuse issues. An alternative goal list has been developed in conjunction with those two services.

An information session was also presented to staff of the Department of Human Services in Melbourne at the request of the SAAP contact officer.

The NSW Department of Community Services indicated they were developing a monitoring and evaluation framework for SAAP in NSW and reviewed the tools. They have elected to base an annual collection on the NDCA outcomes data and relate this to input data to enable benchmarking across like services, regions or the state. The Department is also planning to implement a triennial quality standards review of services.

4.9 Reflection on Method

As noted earlier, timing was a big problem for agencies, and was the commonest reason for non participation. It is difficult to see that this issue could ever be fully resolved. Coordinating a national pilot will always be difficult because of potential overlaps with other projects and changes introduced at State or Territory levels. During the workshops 'Do you know about x project' was often said. In hindsight it would have been useful to have actively undertaken a scan of State, Territory and Commonwealth projects in the SAAP sector prior to either tendering for this project or even before identifying workshop locations. The delays in arranging the workshops moved the pilot period closer to Christmas/New Year, always a busy time for SAAP agencies.

There was also some resistance to involvement in the pilot from services in some locations because of it being seen as a 'Commonwealth' project. Again, avoiding State/Commonwealth issues is a challenge for program development projects.

In developing the methodology for the project the team worked on the basis that voluntary involvement in the pilot was most likely to generate useful information. Whilst we still believe this to be the case, it may have been useful to have taken a more targeted approach in some areas through State/Territory contacts.

5. Future Directions

5.1 Linking of projects

The project team believes that outcome measurement in SAAP requires close integration with a number of recent developments in SAAP. These include:

- case management development,
- assessment (especially high and complex need assessment),
- satisfaction measurement, and
- data and information systems development.

This belief has been strongly reinforced by the experience of the pilot project.

There are a number of current or recent projects that have looked at a range of issues closely connected to outcome measurement in SAAP. The work of these projects needs to be brought together if outcome measurement is to be successfully implemented. Outcome measurement needs to be viewed as an integral component of case management and overall service management and program development.

5.2 Data Aggregation

One of the requirements of this project was the consideration of aggregation of data at jurisdiction and national levels. Some work was undertaken on a prototype ACCESS database which enabled the printing of individualised forms and data recording for the BT Level of Functioning Scale. As this scale was not used to a significant extent in the pilot, details have not been included, however the approach would work equally well with the BT Generic Outcomes Scale.

The conclusion that no one outcome measure is likely to be suitable for all SAAP services means that it is not possible to develop a uniform aggregate data collection, however some options and examples are provided below. It is suggested that, depending on tools(s) used, there be either a periodic collection across agencies or data collection from a sample of agencies as an illustrative exercise. Additional resources to collate and analyse the data would be a pre-requisite of either approach.

Option 1 – Standard Goal Scaling

The Standard Goal Scale asks a range of questions under fifteen different Goal Domain headings (eg Accommodation, Income Support, Employment, Relationships) Agencies identify those goals relevant to individual clients as part of the case management process. At the end of the support period the client and worker rate achievement of goals on a five point scale. Responses could be aggregated under the Goal Domain headings in a format such as the following.

Goal Domain	No. Goals Set	No. goals with +ve change		No. goals discarded
		Client Rating	Worker Rating	
Accommodation				
Education				
Employment				

As this tool is integrated with a case management framework it is more suited to longitudinal use with a sample set of agencies rather than an occasional survey. Some services may identify additional goals not currently included in the list. This could be addressed by including an ‘other’ option within each goal domain.

Potential Advantages of this approach

The tool collects both worker and client ratings so provides two perspectives on outcomes. In the pilot study it appeared easy to adopt by agencies who were using a case management approach. The accuracy may be improved by anchoring all five points on the scale rather than three of the five.

Potential Disadvantages

This method aggregates data at the broader goal domain level rather than the more detailed level of the individual outcomes. As outcomes within each goal domain cover a wide range of options this level of aggregation may be considered too broad by some.

Note that it would also be possible to aggregate data using Goal Attainment Scaling using this method but use of GAS requires a higher level of training of staff and would therefore be more costly to implement.

Data aggregation

Agencies are likely to require additional resources to cover the cost of data aggregation unless they perceive that the process provides them with additional value.

If rating data were to be used to compare agencies there is a risk that results would be fudged to ensure the agency ‘looked good’, particularly if such comparisons were used to influence funding allocations or were perceived to be likely to be used in this way.

However there could be value in monitoring patterns of goal setting – eg whether the goal domains were consistent or changed over time or across jurisdictions or agencies. This could provide useful information for planning purposes.

The following data is based on completed goal forms from six clients in the youth service case study of the Anglicare Youth Housing Program.

Goal Domain	No. Goals Set	No. goals with +ve change		No. goals discarded
		Client Rating	Worker Rating	
1. Accommodation	16	9	7	
3. Employment	8	4	5	
4. Education & Training	5	1	1	
5. Financial Assistance/ Counselling	5	2	2	
8. Family	1	1	1	
9. Activities of Daily Living	10	5	4	
13. Health – emotional	3	2	1	
– physical	6	3	3	
TOTAL	54	27	24	

The SMART database could be relatively easily adapted to collect this data. At present the Case Management Details screen enables goals set for each client to be recorded (housing/plus capacity to add additional goals) together with whether strategies were implemented (yes/no/partially) and goals achieved (yes/no/partially).

This screen could be modified to include:

Goal Domain	Goal/strategy	Strategy implemented	Goal Achievement
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
↑ List from goal sheet	↑ Enter goals/actions in clients words	↑ Yes/no – perhaps with space for explanation for use by agency in monitoring effectiveness	↑ 0 goal no longer relevant 1 no progress 2-3 partly achieved 4-5 fully achieved

And would appear as:

SMART - [Support Period Details - Westwood Agency of Sherwood - 2884H]

File Edit Window Help

Support Period Before/After Support to Client Case Management Details Select Children

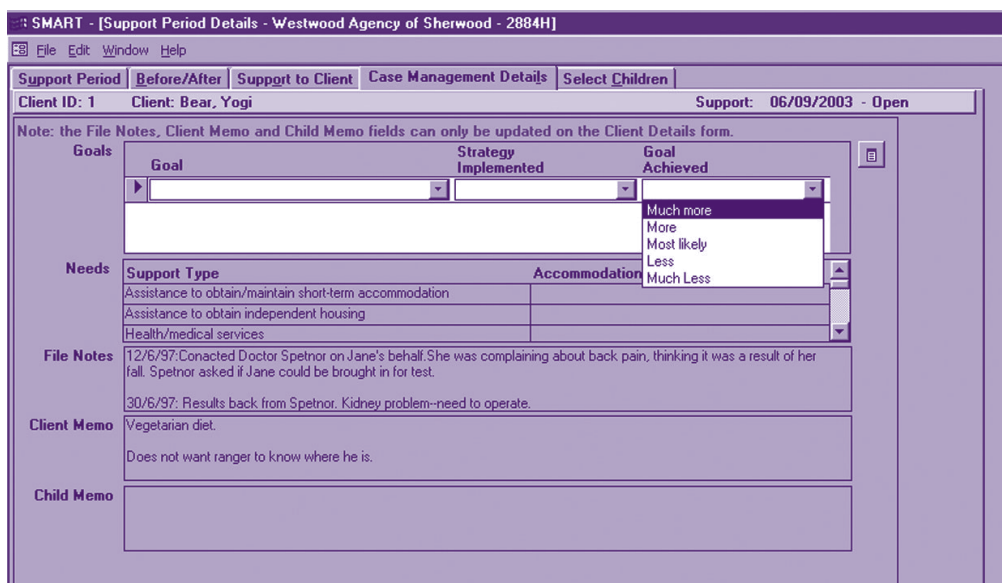
Client ID: 1 Client: Bear, Yogi Support: 06/09/2003 -

Note: the File Notes, Client Memo and Child Memo fields can only be updated on the Client Details form.

Goals	Goal	Strategy Implemented	Goal Achieved
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Accommodation		
	Employment		
	Education and training		
	Financial assistance/Counselling		
Needs	Family		
	Activities of Daily Living		
	Health - emotional		
	Health - physical		

Accommodation Type

File Notes 12/6/97: Contacted Doctor Spetnor on Jane's behalf. She was complaining about back pain, thinking it was a result of her fall. Spetnor asked if Jane could be brought in for test.



New reports would need to be written to enable agencies to collate and report on the outcomes. This would involve an up-front resource cost to SAAP. At present most services appear not to enter data into the Case Management Form. This means that data collection of goal achievement data would generate additional administrative work for agencies unless practices changed to incorporate direct entry into SMART during case planning. This would have disadvantages of limiting the flexibility of place, and removing the capacity for the client to write out his/her own goals. The additional resource implications would need to be taken into account in any decision to require such data collection whether on an ongoing or sampling basis.

Option 2 – BT Generic Outcome Scale and Environmental Scale

The second option for broader reporting of client outcomes across the whole SAAP program, would be to use the BT Generic Outcome Scale as the basis of an occasional survey.

The BT scale asked essentially two types of questions of the client, how important it was to have support with each particular issue was to them, and what progress (or otherwise) do they perceive they have made with regard to the issue.

There are 18 *How important* questions and 50 comparative questions. The responses to an occasional collection of this kind could be collapsed under each question, and also each domain area, with average ratings calculated. This could then be presented as indicated below.

Domain/Question	No. Clients who selected this area	Average rating
Education/training Assistance:		
Compared to when I entered the service:		
• I understand my options and the requirements for getting and maintaining education and training	5	6.5
• my confidence in doing education/training is	8	8
• I do what is needed to maintain my education/training course	4	4.25
<i>Subtotal – Education/training</i>	17	6.68
Employment Assistance:		
Compared to when I entered the service:		
• my understanding of options and the requirements for getting and maintaining employment is	10	7.6
• my confidence in getting a job is	3	5
• I do what I is needed to maintain a job	0	
<i>Subtotal – Employment Assistance</i>	13	7
Financial counselling/support:		
Compared to when I entered the service:		
I understand what is important for me in budgeting to meet my needs	18	7.3
<i>Subtotal – Financial counselling/support</i>	18	7.3
TOTAL	48	6.99

It is possible to develop a database program (using Access) that would enable tailored survey forms to be generated for individual clients and to enable such reports of aggregated data. This could be incorporated into SMART but would be at a much greater initial resource cost than for amendments of the case management stream.

Potential Advantages of this Approach

The BT Generic Scale and Environmental Scale were design as end-of-engagement scales (although it is also possible to use them progressively during the service engagement). Consequently, they could be relatively easily used for an occasional or sample survey-based collection of client data. However, the collection was organised, eg, if services collected the information for a one month period each year, it could collect the responses of people who ended a service engagement during that period.

It is important to note that the information collected reflects the client's perceptions, but that the service or worker plays a significant role in the specific questions that are selected for response.

Potential Disadvantages

Requiring another occasional collection places further demands on services ability to manage and organise their resources, so the more closely integrated with other occasional collections the better.

Because of the breadth of SAAP, the issue of whether the BT Generic and Environmental Scales are representative of the issues that all services work upon would need to be considered. Some services may regard it as a little narrow (although the data has to be considered along side the data collected by the continuous client collection which has some outcome measures). It needs to be remembered that the scale was developed on the basis of the stated program objectives, but what is actually done by individual services may be somewhat broader.

The BT Generic Scale reflects the client's perceptions, and some people may regard this as philosophically preferable. However, it is likely to raise concerns that workers or services sometimes have more realistic perceptions of the achievements of clients than they do themselves. This was stated a number of times in workshops, particularly by services dealing with young people, or clients facing significant mental health challenges. Countering this however, it should be recalled that the information can be collated by service type, and that in so far as any service deals with these issues, over time any effect should begin to average out. Furthermore, whilst the feedback process is for clients to provide the response, in reality, responses may at least sometimes be completed by negotiation between workers and clients. If results were to be compared in any way, there would need to be some quality assurance process in place to ensure that services were using similar processes.

Option 3 – Goal Attainment Scoring

It would be possible for services to manually aggregate data into numbers of goals and goal achievement under goal domains for a sample of medium – long term SAAP services.

Potential Advantages

The value of GAS is in its capacity to measure change, and statistical tables exist which enable average scale scores and T-scores to be identified.

Potential Disadvantages

However these are likely to be of limited use in determining impact or effectiveness of service delivery at an agency or state level as they do not differentiate the domain areas in which that change is occurring.

Data from the GAS forms for five clients from the Case Study agency described in Section 3.1 are amalgamated below using the goal domains of the Standard Goal List. (Note that the 'presence' score has been treated as a separate domain.)

Goal Domain	No. Goals	Actual Scores	Average Scale Score
Presence	1	+2	+2
Employment	1	+1	+1
Education	5	0,-1,+1,-2,+2	0
Health – physical	2	+1, 0	+0.5
Health – mental	1	+2	+2
Daily Living Skills	2	+2, -1	+0.5
Relationships	1	+2	+2

This level of data aggregation would need to be done manually and would therefore be resource intensive. The case study agency saw that data aggregation would need to be useful as a tool for the service and/or provides useful information to present to the agency’s board for it to warrant the effort required to amalgamate data. The service currently includes the number of clients for whom goal forms have been completed as an information item in their internal quarterly audit of processes.

Option 4 – Very Short Contact Form/Checklist for Crisis Services

This tool combined satisfaction questions with questions about three basic outcomes that could be expected to be achieved even in a short period of support (sense of safety, obtaining needed information, future direction). Data could be aggregated in the form of average ratings for each of the three areas or as percentages of clients choosing each rating point.

Potential Advantages

This tool is simple to administer and applies to all accommodation services. The questions regarding obtaining information and having a sense of future direction would also be appropriate for most non-accommodation services. This would enable data to be collected from a broader range of services than the other options. If services were also using a satisfaction tool there would be little extra administrative costs.

Potential Disadvantages

There are only a limited number of outcomes identified which may make the tool seem too simplistic for some services.

5.3 Future of Outcome Measurement for SAAP

The experience of this pilot project suggests that it is unlikely that there would be widespread adoption of outcome measurement without a substantial training input around integrating outcome measurement into case management for some agencies and consolidating case management in others.

It is also difficult to see how outcome measurement could be introduced into all SAAP agencies at one time. The tools and processes of outcome measurement need to be adapted to local circumstances and be congruent with the logic of particular program design. It would seem therefore that a developmental process is the best way forward.

A developmental process could adopt the following elements:

1. Identify a range of agencies in each State/Region that could act as exemplars or models for other agencies.
2. Implement outcome measurement processes in these agencies.
3. Expand the case management resource kit to include more detailed outcome measurement tools and processes. This could include fictitious case examples to illustrate processes and issues and/or develop an outcome measurement toolkit of resources expanding on the information package developed for the workshops.
4. Develop a training and workshop process on a regional basis to allow agencies to come together to gain knowledge and discuss implementation issues.
5. Include a model framework that demonstrated internal monitoring and evaluation, and/or monitoring and evaluation by peer agencies.
6. Ensure that data collection systems are relevant to the particular tools and processes adopted at the local or regional level.
7. The monitoring and evaluation framework would demonstrate good practice in the application of outcome measurement processes for case work with clients, supervision of case work, staff development and broader service development through reflecting upon aggregate reports at the service and perhaps group/regional level.

The implementation of a process such as this could be a precursor to a broad program requirement that services undertake monitoring in a form that could facilitate future external evaluation and quality monitoring. This would help to resolve the problem that the different bases of outcome measurement in SAAP would not lend themselves readily to aggregate data collation that would provide national program outcome data.

APPENDICES

Appendix 1	Program Logic
Appendix 2	Call for Expression of Interest
Appendix 3	Glossary
Appendix 4	Goal Attainment Scaling Tool
Appendix 5	BT Generic Outcome Scale
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Appendix 1

Program Logic

(Extract from Client Outcomes in SAAP Services, 1999)

A program logic is a tool which identifies linkages between aspects of a program such as:

- Resources
- Activities
- Outputs
- Impact
- Outcomes

It is a representation of the theory behind the program's actions, and can be used in program design, planning and evaluation. (Alt, 1997, Funnel, 1997, Owen & Rogers, 1999).

Development of an outcomes hierarchy is a first step in developing a program logic. It describes the relationship between levels of outcomes.

The 'logic' of any program needs to be understood as tentative. For example; a simple program logic statement may indicate the following steps towards outcomes:

intervention → affective change → improved family relationship

In fact, affective change may only occur on a long term basis for some client systems under the following conditions:

intervention → temporary affective change → quality housing
→ affective change → improved family relationship

In many program areas the complexities appear overwhelming and formal statements of the program 'logic', that is the program design, are perceived as too hard to work through, or do not exist, or only exist in poor and underdeveloped form. However, even where these do exist, they remain mostly unsubstantiated program theory. That is, they are essentially statements of belief rather than empirically established descriptions of how a program is understood to work.

There is substantial potential benefit in attempting to detail procedure/process/outcome relationships. If nothing else, it helps to surface the assumptions of service providers and funders. However, due to the complexity of doing so, and the uncertain benefit of undertaking the exercise in a detailed way in some program areas, little has been done to address this important basis for program management and improvement.

Thus an analysis of the program logic and process descriptions for particular SAAP programs needs to be undertaken for the management and evaluation of these programs. The development of formal Social Program Designs are a valuable aid to this analysis. Formal Program Design provides the framework within which program

logic statements can be developed. Program Design provides a valuable tool for analysing the key elements of programs and help to generate clarity over service delivery processes. They are also valuable in identifying program goals and intended outcomes. There are a number of formats for the development of Social Program Designs. An example can be found in Rapp and Poertner (1992: 29-86).

Appendix 2

Call for Expression of Interest

The Department of Family and Community Services, through the research activities of the SAAP Information Sub-Committee, is funding a project to develop and test **client outcome measurement tools** for SAAP services. The aim of the project is to find ways to capture information about outcomes achieved by clients that are not collected through the NDCA SAAP data collection forms.

This project builds on the discussion paper *The Measurement of Client Outcomes in SAAP Services* written in 1999. The authors from the Flinders Institute of Public Policy and Management, Jo Baulderstone, Chris Talbot and Associate Professor Colin Sharp will also conduct this project together with Professor Jim Barber from the School of Social Administration.

Many of you participated in the earlier project.

We are now seeking your input to further develop tools for outcome measurement.

There are three ways to be involved:

Workshop: *Participate in a workshop* with other SAAP service providers and contribute to the development of outcome measurement tools

Pilot: Some participants may then choose to *take part in a pilot* of those tools

Feedback: If you are interested but unable to attend a workshop you can elect to *receive information and provide feedback* on tools.

Information on timing of workshops and implications overleaf!

To indicate your interest or ask any questions contact Jo Baulderstone through one of the following avenues:

Telephone: 08 8201 2878

Fax: 08 8201 2273

Email: jo.baulderstone@flinders.edu.au

Plan for project

1. Workshops

<i>Who</i>	SAAP Service Providers
<i>What</i>	A number of one day workshops to develop outcome measurement tools that are both appropriate for different services and collect information on outcomes not identified through NDCA data collection. The objective is for tools to be primarily useful to service providers in gauging effectiveness for service improvement purposes, but to also enable aggregation at a program level.
<i>Where</i>	To be finalised after expressions of interest received, but tentative locations of Adelaide and Port Augusta, Darwin or Alice Springs, Canberra, Brisbane, Regional Queensland, Melbourne **
<i>When</i>	Second half of July
<i>Payments to agencies</i>	For participation in workshop – \$40. Additional payment for participants travelling over 100km to attend

2. Pilot

<i>Who</i>	A sample of SAAP services chosen to ensure input from the range of service types
<i>What</i>	Use relevant draft outcome measurement tools with clients where appropriate. Advice and support available via phone, email and some visits.
<i>When</i>	September to December
<i>Payments to agencies</i>	Participation payment of approximately \$400 per agency

3. Feedback

<i>Who</i>	Interested service providers and in addition AFHO will provide input
<i>How</i>	Via project website or by mail if no internet access

4. Evaluation

<i>Who</i>	Input will be sought verbally from participants. We will analyse data collected during the pilot.
<i>What</i>	We will be investigating whether the tools are useful, appropriate and valid, and what resource implications there would be if adopted.

** Don't be put off nominating for the workshops by the designated locations – these are tentative only.

Appendix 3

Glossary

Inputs: the cost of the service and resources provided, the physical assets used and the human resources provided which are allocated and consumed to enable a program to operate.

Processes: the advice and support services that the program provides which include the participation of the client in seeking help, the service's techniques and activities, or group processes.

Outputs: the completed service transactions or immediate results created by the program often defined as units of service (eg support hours delivered, referrals made, beds provided).

Outcomes: the consequences or results of the program for the client. A change or an absence of change in an identified state which is the intended or unanticipated result of an action or set of actions carried out by a program. Outcomes can be categorised in different ways eg behaviour (eg self harm, parenting), knowledge (eg understanding the cycle of domestic violence, knowing about tenants rights), affect (eg self esteem), status maintenance (eg remaining debt free), status change (eg moving from unemployed to employed), environment (eg a person obtaining accommodation in an area that provides enhanced opportunities for social support).

Proximal outcomes: short term outcomes – those that have occurred by the end of the program – sometimes referred to as client benefit. It is easier to assign a causal linkage between the service activity and a proximal outcome.

Long term outcomes: those that have occurred or been maintained for a particular length of time.

Distal outcomes: those that occur at a more distant time than a service activity. It is harder to assign a causal linkage as a client is likely to have experienced intervening events which may also influence the outcome.

Interim/intermediate/enabling or intermediary outcomes: outcomes which may not be the ultimate or final outcome for the client but could be seen as steps along the way, or necessary to be achieved before the ultimate outcome can be achieved.

Impact: The environmental, social or community changes or consequences of the program.

Program logic: A program logic is a way of representing the theory behind a program's actions. It describes the assumptions or hypotheses about why the program will work, showing the presumed effects of activities or resources. It is a tool which identifies the links in a chain of reasoning about 'what causes what' and links resources, activities, outputs, impact and outcomes.

Appendix 4

Goal Attainment Scaling Tool

Using the Goal Attainment Scaling Tool

This tool is designed to be used in situations where specific goals are set jointly between the worker and client as part of a case management process. Time is needed to identify the specific goal(s), to define what the expected outcome would be and then the 'more than expected' outcomes and 'less than expected' outcomes. A time period for review of achievement towards each goal is set when completing the form. The expected outcomes is the result that could reasonably be expected to be achieved within a given timeframe. It will therefore be different for each individual. For example Jim and Jeff may both wish to increase their cooking skills. The two men have different levels of experience in preparing food. They have different literacy skills. They have different learning styles. They are likely to determine a different expected outcome in consultation with their worker. The time frame agreed for reviewing progress towards goals may also be different.

Use of Goal Attainment Scaling assumes that the worker and client jointly determine goals to be achieved within a particular time frame. It involves identifying descriptors, preferably behavioural, that would provide evidence that the goal has been achieved.

The first step is **identifying high priority goal areas**. Write the first in the box labelled 'Goal 1' and add others as appropriate for the client needs and length of involvement with the agency.

Next step is to **identify possible outcomes** in each of the chosen goal areas. Outcomes should be specific and where possible expressed as a behavioural statement or something that is observable. Some examples of completed forms are attached.

Start with the most likely outcome. This is what you would reasonably expect to occur within the time frame agreed and indicates success. This is recorded as 0.

Then describe what would be a higher level of success, or better outcome (+1) and an even higher level or better outcome (+2). Then do the same for lower levels of success (-1) and (-2). A worked example is on the next page.

Level of expected outcome	Goal 1 Decision making	Goal 2 Self esteem	Goal 3 Isolation
<i>Review date</i>			
Much more than expected (+2)	Makes plans, follows through, modifies if needed, and reaches goal	Expresses realistic positive feelings about self	Actively participates in group or social activities
More than expected (+1)	Makes plans, follows through without assistance unless plan needs changing	Expresses more positive than negative feelings about self	Attends activities, sometimes initiates contact with others
Most likely outcome(0)	Makes plans and follows through with assistance/reminders	Expresses equally both positive and negative feelings about self	Leaves house and attends community centre. Responds if approached
Less than expected outcome (-1)	Makes plans but does not take any action to follow through	Expresses more negative than positive feelings about self	Leaves house occasionally, no social contact
Much less than expected(-2)	Can consider alternatives but doesn't decide on a plan	Expresses only negative feelings about self	Spends most of time in house except for formal appointments

At the end of the agreed time frame the level of achievement is reviewed. If the worker and client are setting realistic goals for the timeframe available you would expect most outcomes to be the 0 result.

When you measure goal attainment you mark the box which matches the outcome achieved, then add up the scores for each goal. This total is the GAS.

You can aggregate scores from different clients.

Advantages & disadvantages of GAS

Goals can be completely individualised for the client's needs.

Goals can be changed or abandoned if circumstances change.

There is an assumption that outcomes can be determined in advance.

Staff will need training in using the approach.

There is an additional time commitment involved in developing the outcome levels, though this is less of an impact if such discussion is part of the practice approach.

Expected outcomes need to be set at a realistic level for the client's needs and circumstances and the time period set for review, or results will be distorted.

Research has shown that a maximum of five goals is likely to be manageable at any one time and that most people would be working on two goals in any one period of time.

FORM GAS

Agency Name:

Client Number:

	Goal Headings				
	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
Level of expected outcome					
<i>Review date</i>					
Much more than expected (+2)					
More than expected (+1)					
Most likely outcome (0)					
Less than expected outcome (-1)					
Much less than expected (-2)					

Appendix 5

BT Generic Outcome Scale

Using the BT Scale

This tool has been designed specifically for SAAP. It would be used in conjunction with a case management approach but does not rely on the detailed recording of the goals set with the client. Rather it is based upon agreement between client and worker over the issues that have been worked upon. The tool is flexible so that only those parts of it that are directly relevant to an individual client are used. In using the scale it is preferable that some goals are established in advance.

Currently the tool is in two sections. Either or both of the sections can be used with an individual client. The first section asks questions on changes in behaviour, knowledge, and feelings. The second gathers information on client-environment change.

There are discrete blocks of questions in the tool. These correspond to the areas of support provided to clients listed in Question 22 of the NDCA Client Form. The first question in each block relates to how important it was for the client to receive support from the SAAP service in that area. Subsequent questions ask the client to reflect on changes in their knowledge, feelings or behaviour that have occurred during their involvement with the service.

To rate achievement, the worker creates a personalized form from the general list of questions (by 'cutting and pasting' sections). Only the questions in the right hand column should appear on the client's individual form. The numbers and prompts in the left hand columns are there for administration purposes and to provide prompts or issues for the worker to consider. In order to create the individual form the worker simply needs to have a conversation with the client about the key things they have been working on during the time in the program. This should be done when exit planning is occurring, or the client is moving from one program to another (for example from a residential setting to an outreach setting).

In selecting the questions, it is preferable that whole blocks of questions are used (for example, all of the questions in section 8 "Emotional Support/Other Counselling). However, in some instances this will not be appropriate, so the worker will need to select out the individual questions that are relevant to the client.

Advantages of the BT Scale

The tool is quite flexible

It only requires a small amount of preparation work

It is structured in the format of the National Data Collection Activity Areas

Disadvantages of the BT Scale

Some of the questions are fairly generic.

The tool often requires that the 'ending phase' of the work can be identified in advance.

Use in the Pilot

Services using the BT Scale will need to copy the form recording the client's responses for each client involved in the pilot, ensure that there is no identification of the client other than a consecutive number, and return the forms to Flinders University. Any comments on questions, wording of questions and administration can be recorded on forms sent or provided separately.

BT Scale Generic Outcome Measurement Instrument

Service Name:

Client Number:

Part 1 Knowledge, Feeling and Behavioural Change

1	Assistance to obtain/maintain independent housing	<p><i>How important was it to have help from (the service) with getting your accommodation</i></p> <p>Very Important Important Not Important</p> <p>Compared to when I entered (the service) I understand my current and future housing options</p> <p style="text-align: center;">5 4 3 2 1</p> <p style="text-align: center;">A Lot More The Less A Lot</p> <p style="text-align: center;">More Same Less</p> <p>Compared to when I entered (the service) I understand my rights and responsibilities as a tenant</p> <p style="text-align: center;">5 4 3 2 1</p> <p style="text-align: center;">A Lot More The Less A Lot</p> <p style="text-align: center;">More Same Less</p>
2	Assistance to obtain/maintain govt allowance	<p><i>How important was it to receive help from (the service) to get government benefits</i></p> <p>Very Important Important Not Important</p> <p>Compared to when I entered the service I know about my entitlements and how to get and maintain them</p> <p style="text-align: center;">5 4 3 2 1</p> <p style="text-align: center;">A Lot More The Less A Lot</p> <p style="text-align: center;">More Same Less</p>
3A	Education/training assistance	<p><i>How important was it to receive help from (the service) in getting education/training</i></p> <p>Very Important Important Not Important</p> <p>Compared to when I entered (the service) I understand my options and the requirements for undertaking education/training</p> <p style="text-align: center;">5 4 3 2 1</p> <p style="text-align: center;">A Lot More The Less A Lot</p> <p style="text-align: center;">More Same Less</p> <p>Compared to when I entered (the service) my confidence in doing education/training is</p> <p style="text-align: center;">5 4 3 2 1</p> <p style="text-align: center;">A Lot More The Less A Lot</p> <p style="text-align: center;">More Same Less</p>

		Compared to when I entered (the service) I do what is needed to continue my education/training course					
			5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
3B	Employment assistance	<i>How important was it to receive help from (the service) in getting a job</i>					
		Very Important		Important		Not Important	
		Compared to when I entered (the service) I understand my options and the requirements for getting and keeping a job					
			5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
		Compared to when I entered (the service) my confidence in getting a job is					
			5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
		Compared to when I entered (the service) I do what is needed to keep my job					
			5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
4	Financial counselling/support	<i>How important was it to receive help from (the service) in understanding finance/budgeting</i>					
		Very Important		Important		Not Important	
		Compared to when I entered (the service) I understand what is important for me in budgeting to meet my needs					
			5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
5	Incest/sexual assault counselling/support	<i>How important was it to be supported by (Service/Worker) when dealing with the sexual assault</i>					
		Very Important		Important		Not Important	
		Compared to when I entered (the service) I know how to access the supports I want					
			5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
		Compared to when I entered (the service) the times I am feeling good about myself are					
			5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less

Compared to when I entered (the service) I do the things I worked out with (worker) to keep safe

5	4	3	2	1
A Lot	More	The	Less	A Lot
More		Same		Less

Compared to when I entered (the service) I do the things I worked out with (worker) to have positive and safe relationships

5	4	3	2	1
A Lot	More	The	Less	A Lot
More		Same		Less

6 DV counselling and support

How important was it to be supported by (Service/Worker) when dealing with the violence

Very Important Important Not Important

Compared to when I entered (the service) I understand the cycle of violence

5	4	3	2	1
A Lot	More	The	Less	A Lot
More		Same		Less

Compared to when I entered (the service) the times I am feeling good about myself are

5	4	3	2	1
A Lot	More	The	Less	A Lot
More		Same		Less

Compared to when I entered (the service) the times I feel like I have more control of my life

5	4	3	2	1
A Lot	More	The	Less	A Lot
More		Same		Less

Compared to when I entered (the service) I do the things I worked out with (worker) to keep safe

5	4	3	2	1
A Lot	More	The	Less	A Lot
More		Same		Less

Compared to when I entered (the service) I do the things I worked out with (worker) to maintain my children's safety

5	4	3	2	1
A Lot	More	The	Less	A Lot
More		Same		Less

7 Family/ relationship counselling & support

How important was it to work with (Service/worker) on relationships

Very Important Important Not Important

Compared to when I entered (the service) my understanding about how relationships work is

		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
		Compared to when I entered (the service) the times I feel confident to do the things I decide are				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
9	Living skills/ personal development (List the issues personal hygiene catching transport cooking maintaining a house shopping)	<i>How important was it to work with (Service/worker) on (issues)</i>				
		Very Important	Important	Not Important		
		Compared to when I entered (the service) my knowledge about (the issue) is				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
		Compared to when I entered (the service) I do the things I know to (issue)				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
10	Pregnancy support (List the issue care for myself nutrition baby development)	<i>How important was it to get support from (the service) about pregnancy issues</i>				
		Very Important	Important	Not Important		
		Compared to when I entered (the service) I understand important issues about (issue)				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
		Compared to when I entered (the service) I do the things I have decided to do				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
11	Family Planning (Could list issues here: STD's Prevention Planning to	<i>How important was it to get support from (the service) with family planning</i>				
		Very Important	Important	Not Important		
		Compared to when I entered (the service) I understand issues regarding my health and options in contraception				

	<i>have children Termination Etc)</i>	5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
		Compared to when I entered (the service) I do the things I decide about health and contraception				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
12	Drug & Alcohol Issues	<i>How important was it to get support from (the service) with (issue)</i>				
		Very Important	Important	Not Important		
		Compared to when I entered (the service) I understand the impact of (substance) abuse on myself and my relationships				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
		Compared to when I entered (the service) I am responsible with (substance)				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
13	Assistance with gambling issues	<i>How important was it to get support from (the service) with gambling issues</i>				
		Very Important	Important	Not Important		
		Compared to when I entered (the service) I can identify my feelings that lead to gambling				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
		Compared to when I entered (the service) I avoid gambling opportunities				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
		Compared to when I entered (the service) I undertake alternative social activities				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
14	Legal Issues	<i>How important was it to get support from (the service) with legal issues</i>				
		Very Important	Important	Not Important		
		Compared to when I entered (the service) I am aware of legal options				
		5	4	3	2	1

		A Lot More	More	The Same	Less	A Lot Less
		Compared to when I entered (the service) I am confident in dealing with legal issues				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
		Compared to when I entered (the service) I do the things I am required to do/have decided to do				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
15	Recreation	<i>How important was it to get support from (the service) in developing recreation activities</i>				
		Very Important	Important	Not Important		
		Compared to when I entered (the service) I am aware of recreation opportunities				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
		Compared to when I entered (the service) I undertake recreation activities				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
16A	Health (General) (Sharing needles Recognizing symptoms of ill health Safe sexual behaviours Immunisations)	<i>How important was it to get support from (the service) in improving your health</i>				
		Very Important	Important	Not Important		
		Compared to when I entered (the service) I am aware of the things that lead to good health				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
		Compared to when I entered the service my sense of wellbeing is				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
		Compared to when I entered (the service) I do the things I needed to maintain my health				
		5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less

	Compared to when I entered the service my understanding of medication management is	5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
16B Health (Mental Health)	<i>How important was it to get support from (the service) in improving your health</i>					
	Very Important Important Not Important					
	Compared to when I entered the service my sense of wellbeing is	5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
	Compared to when I entered the service my understanding of the effects of anxiety/stress and how to deal with it is	5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
	Compared to when I entered the service my understanding of anger and strong emotions is	5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
	Compared to when I entered the service my ability to manage anger is	5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
	Compared to when I entered the service my understanding of depression and withdrawal is	5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
	Compared to when I entered the service my ability to manage depression and withdrawal is	5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less

Part 2 BT Environmental Outcomes Scale

Safety	Compared to when I entered (the service) I believe my personal safety is				
	5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
	Compared to when I entered (the service) I believe my children's safety is				
	5 A Lot More	4 More	3 The Same	2 Less	1 A Lot Less
Community Resources	Compared to when I entered (the service) my knowledge of community resources is				
Health Facilities					
Legal Centres					
Community Centres	5	4	3	2	1
Schools	A Lot	More	The	Less	A Lot
Recreation Centres	More		Same		Less
Sports Clubs					
Social Clubs					
Shopping Centres					
	While I have been in (the service) I have used the following community resources				
	—				
	—				
	—				
	—				
	—				
	—				
	—				
	—				
	—				
	—				
	(Total Number)				
Material Goods	Compared to when I entered (the service) the goods I have been assisted to get will help me to establish and maintain accommodation				
	4	3	2	1	
	Completely	Partly	A Little	Not at All	

Appendix 6

Standard Goal Scaling Tool

Using the Goal List/Goal Achievement Tool

This tool is designed to be used in situations where goals are set jointly between the worker and client as part of a case management process. Goals are chosen from a list which has been developed in consultation with service providers from a wide range of different SAAP services. Not all of the goals will be appropriate to use in all services.

Use of the Goal List/Goal Achievement Tool assumes that the worker and client jointly determine goals to be achieved within a particular time frame and agree on actions to be completed. There are two parts to the tool, the Goal List, which is a generic listing of goals under domains associated with the supports listed on the NDCA form, and the Goal Achievement Form, on which client goals and ratings of achievement can be recorded. This form includes columns for separate ratings by the client and worker and for a rating at the planning stage as well as review stage. It is not essential that a rating be identified at a planning stage nor that separate ratings by the client and worker be made. It has been provided in this format for the pilot period as different services indicated different preferences for use.

The first step is **identifying high priority goal areas** and recording the goal number and description on the Goal Achievement form. This can be done verbally with the client. The client does not necessarily need to be shown the goal list, but good practice indicates that the client will be involved in, and see, the Goal Achievement Form.

Next (optional) step is to **determine a rating for the 'starting point'** using the 1-5 scale on the form in each of the chosen goal areas. This rating could be determined separately by the client and worker, or jointly. If a joint rating is identified record it in the 'client' column. Note the date.

At the end of the agreed time frame the **level of achievement** is reviewed. Again the 1-5 scale is used either by the worker and client individually or jointly. If a joint rating is used, record it in the 'client' column.

Advantages and disadvantages of the Goal List/Goal Achievement Tool:

Goal domains and individual goals are already identified. This can make it easier to discuss options or issues with clients and takes less time than the individualised goal setting approach of GAS.

Goals can be changed or abandoned if circumstances change.

There is an assumption that outcomes can be determined in advance.

Staff will need some training in using the approach, though less than the GAS.

There may be different interpretations of the rating scale – for example one person's rating of 3 may be another person's rating of 4.

1. Accommodation

- 1.1 Understand tenants rights and responsibilities
- 1.2 Gain knowledge of accommodation options
- 1.3 Gain knowledge of rental subsidies and eligibility criteria
- 1.4 Save money for bond/apply for bond
- 1.5 Keep appointments for accommodation interviews
- 1.6 Gain assistance from Consumer Affairs
- 1.7 Move into supported accommodation
- 1.8 Maintain property to a standard required by the lease
- 1.9 Maintain accommodation
- 1.10 Establish a successful rental tenancy history
- 1.11 Pay rent by due date
- 1.12 Obtain necessary furniture and accessories
- 1.13 Move into own accommodation
- 1.14 Return home
- 1.15 Repay debts

2. Income support

- 2.1 Apply for appropriate benefit
- 2.2 Know criteria for gaining/maintaining income support, eg., activity test
- 2.3 Understand how to access Advocacy Services and Appeals mechanisms

3. Employment

- 3.1 Register with CENTRELINK
- 3.2 Know rights and responsibilities as an employee
- 3.3 Know obligations of employer
- 3.4 Maintain an up to date resume
- 3.5 Acquire job presentation and job seeking skills
- 3.6 Know how to access industrial/work place advocacy
- 3.7 Maintain job related skills, eg., computer literacy
- 3.8 Undertake voluntary work to enhance skills/knowledge
- 3.9 Obtain part time employment
- 3.10 Obtain full time employment
- 3.11 Maintain Employment
- 3.12 Register with CDEP

4. Education and Training

- 4.1 Know how to access information about courses
- 4.2 Apply for course or training program

- 4.3 Regularly attend course or training program
- 4.4 Complete required course work/assignments
- 4.5 Get drivers licence

5. Financial assistance/counselling

- 5.1 Develop a budget and keep to it
- 5.2 Pay bills by due date

6. Domestic violence

- 6.1 Increase knowledge and understanding of domestic violence and its impact
- 6.2 Understand legal options
- 6.3 Obtain appropriate legal orders
- 6.4 Have safety plans set up for self and children
- 6.5 Establish networks of people for support and safety
- 6.6 Children returned to mother (indigenous issue)

7. Relationships

- 7.1 Develop my circle of friends
- 7.2 Develop my ability to tolerate differences
- 7.3 Develop my ability to resolve disagreements
- 7.4 Develop my ability to understand and respect other points of view
- 7.5 Develop my communication skills
- 7.6 Develop positive relationships with close friends
- 7.7 Learn ways to maintain personal safety
- 7.8 Understand and respect people's personal boundaries
- 7.9 Have regular contact with worker

8. Family

- 8.1 Understand children's development
- 8.2 Understand children's needs, eg., health
- 8.3 Develop my parenting skills
- 8.4 Improve my relationship with family
- 8.5 Develop positive relationship with partner
- 8.6 Develop knowledge of support services
- 8.7 Join a support group
- 8.9 Develop routine for my children
- 8.10 Develop my relationship with my children
- 8.11 Develop a safe environment for my children
- 8.12 Understand and establish Contact Procedures

9. Activities of Daily Living

- 9.1 Develop my food preparation skills
- 9.2 Maintain food hygiene
- 9.3 Develop routine for doing laundry
- 9.4 Maintain personal hygiene
- 9.5 Learn public transport routes
- 9.6 Find out about local environment
- 9.7 Get up at agreed time each day
- 9.8 Learn to use household appliances
- 9.9 Develop routine for completing household chores
- 9.10 Develop shopping routine
- 9.11 Know where can access support
- 9.12 Join social/sporting/recreation group
- 9.13 Develop my understanding of Australian culture/white Australian culture
- 9.14 Learn to speak English
- 9.15 Develop my ability to think things through
- 9.16 Develop my ability to predict the consequences of actions
- 9.17 Learn how to plan to achieve goals

10. Pregnancy/Family Planning Support

- 10.1 Understand sexual reproduction
- 10.2 Understand options available for family planning and make appropriate choices
- 10.3 Understand and practice safe sexual behaviours

11. Drug and alcohol support/intervention

- 11.1 Understand practices which reduce risk
- 11.2 Reduce harmful use

12. Legal Issues

- 12.1 Gain knowledge of legal services
- 12.2 Obtain legal representation
- 12.3 Attend required meetings/court cases
- 12.4 Undertake required Community Service Order
- 12.5 Keep up bail conditions
- 12.6 Develop knowledge of legal process
- 12.7 Understand legal rights and obligations

13. Health**(Emotional)**

- 13.1 Accept responsibility for own decisions and actions
- 13.2 Learn how to identify and talk about own needs/feelings
- 13.3 Understand difference between aggressive/assertive/passive behaviour
- 13.4 Identify and develop positive behaviours
- 13.5 Learn to express anger appropriately
- 13.6 Learn ways to deal with things that cause anxiety/stress
- 13.7 Feel good about myself
- 13.8 Develop ability to identify when need support
- 13.9 Learn where to gain support
- 13.10 Maintain agreed contact with support service
- 13.11 Give myself time to reflect

(Physical)

- 13.12 Learn about the effects of medication
- 13.13 Take medication as prescribed
- 13.14 Gain knowledge of health services
- 13.15 Attend health service appointments
- 13.16 Understand importance of giving accurate medical information
- 13.17 Eat a balanced diet
- 13.18 Reduce intake of junk food
- 13.19 Maintain practices which reduce risk, eg., wash hands, don't share needles
- 13.20 Recognise signs of illness/need for medical check-ups
- 13.21 Understand patients rights and responsibilities
- 13.22 Keep immunisations and other health checks up to date
- 13.23 Manage health problem

14. Assistance with problem gambling**15. Assistance with immigration issues**

Goal Achievement

Service:

Client number:

Goal (from Goal List)	Agreed Actions	Date	Rating at review Client	Worker

- Rating Scale: 1 no action taken
 2 some action taken
 3 partly achieved goal
 4 largely achieved goal
 5 fully achieved goal

Appendix 7

BT Level of Functioning Scale

Using the BT Level of Functioning Scale

This tool has been designed specifically for SAAP but has had less development work than the BT Generic Outcomes scale. It would be used in conjunction with a case management approach in which it is agreed to work on certain areas but does not rely on the detailed recording of the goals set with the client. Rather it is based upon agreement between client and worker on the level of functioning of the client in one or more areas initially at a case planning stage and later at a review or exit stage. The change in level of functioning is recorded as the outcome. The tool is flexible so that only those parts of it that are directly relevant to an individual client are used.

There are discrete blocks of questions in the tool. These correspond to the areas of support provided to clients listed in Question 22 of the NDCA Client Form. Statements are made corresponding to three levels of functioning (1, 3, and 5) in each area. Ratings of two and four are for 'in between' levels. The wording of each of the levels is deliberately quite general. The worker could provide more specific examples relevant to the client to illustrate what the different levels might mean.

The worker can create a personalized form from the general list of questions (by 'cutting and pasting' sections).

Advantages of the BT Level of Functioning Scale

The tool is quite flexible

It is structured in the format of the National Data Collection Activity Areas

Disadvantages of the BT Level of Functioning Scale

Some of the questions are fairly generic, and would rely on the worker being able to provide examples of different levels of functioning to make them meaningful to the client.

The tool involves an assessment at the beginning of the client's involvement as well as at a review or exit stage.

BT Level of Function Scale

Service Name:

Client No:

	Activity	Assessment at entry	Assessment at exit	Change
1	Assistance to obtain/maintain independent housing	<p>5. able to obtain and maintain independent housing</p> <p>4.</p> <p>3. has some capacity but still needs additional skills or knowledge to obtain/maintain independent housing</p> <p>2.</p> <p>1. needs substantially more skills/knowledge before could obtain maintain independent housing</p>	<p>5. able to obtain and maintain independent housing</p> <p>4.</p> <p>3. has some capacity but still needs additional skills or knowledge to obtain/maintain independent housing</p> <p>2.</p> <p>1. needs substantially more skills/knowledge before could obtain maintain independent housing</p>	
2 a	Employment/training assistance	<p>5. can independently identify and apply for appropriate training or employment</p> <p>4.</p> <p>3. with assistance can identify suitable options, collect information needed, complete forms/write applications</p> <p>2.</p> <p>1. needs assistance through all steps of process of applying for training/employment</p>	<p>5. can independently identify and apply for appropriate training or employment</p> <p>4.</p> <p>3. with assistance can identify suitable options, collect information needed, complete forms/write applications</p> <p>2.</p> <p>1. needs assistance through all steps of process of applying for training/employment</p>	
2 b	Employment/training assistance	<p>5. attends training/employment without assistance</p> <p>4.</p> <p>3. attends training/employment with assistance</p> <p>2.</p> <p>1. does not attend training/employment</p>	<p>5. attends training/employment without assistance</p> <p>4.</p> <p>3. attends training/employment with assistance</p> <p>2.</p> <p>1. does not attend training/employment</p>	
3	Financial management	<p>5. needs no assistance with financial management</p> <p>4.</p> <p>3. can manage finances with some assistance (eg in developing budget), has needed bank accounts, has set up appropriate deduction authorities</p> <p>2.</p> <p>1. is unable to manage finances within income</p>	<p>5. needs no assistance with financial management</p> <p>4.</p> <p>3. can manage finances with some assistance (eg in developing budget), has needed bank accounts, has set up appropriate deduction authorities</p> <p>2.</p> <p>1. is unable to manage finances within income</p>	

Activity	Assessment at entry	Assessment at exit	Change
4 DV counselling and support	<p>5. understands DV cycle, has developed strategies to protect self and children, has support network</p> <p>4.</p> <p>3. has some understanding of issues, is developing appropriate responses, but still needs support</p> <p>2.</p> <p>1. feels unable to manage at present time</p>	<p>5. understands DV cycle, has developed strategies to protect self and children, has support network</p> <p>4.</p> <p>3. has some understanding of issues, is developing appropriate responses, but still needs support</p> <p>2.</p> <p>1. feels unable to manage at present time</p>	
5 Family/relationship counselling & support	<p>5. has understanding of issues and has developed strategies to respond appropriately</p> <p>4.</p> <p>3. has understanding of relevant issues, has developed some strategies, but does not always respond appropriately or needs more support</p> <p>2.</p> <p>1. feels unable to manage at present time</p>	<p>5. has understanding of issues and has developed strategies to respond appropriately</p> <p>4.</p> <p>3. has understanding of relevant issues, has developed some strategies, but does not always respond appropriately or needs more support</p> <p>2.</p> <p>1. feels unable to manage at present time</p>	
6 Emotional support/other counselling	<p>5. has understanding of issues, feels confident in managing and has developed strategies to respond appropriately</p> <p>4.</p> <p>3. has understanding of relevant issues, has developed some strategies, but does not always respond appropriately or needs more support</p> <p>2.</p> <p>1. feels unable to manage at present time</p>	<p>5. has understanding of issues, feels confident in managing, and has developed strategies to respond appropriately</p> <p>4.</p> <p>3. has understanding of relevant issues, has developed some strategies, but does not always respond appropriately or needs more support</p> <p>2.</p> <p>1. feels unable to manage at present time</p>	
7 Living skills/personal development (<i>list skills individually</i>)	<p>5. has skills to live independently, has understanding of resources and how to access them</p> <p>4.</p> <p>3. some capacity but needs some assistance to maintain independent living</p> <p>2.</p> <p>1. insufficient to enable independent living</p>	<p>5. has skills to live independently, has understanding of resources and how to access them</p> <p>4.</p> <p>3. some capacity but needs some assistance to maintain independent living</p> <p>2.</p> <p>1. insufficient to enable independent living</p>	

	Activity	Assessment at entry	Assessment at exit	Change
8	Family Planning	<p>5. is aware of and understands options, feels confident and makes informed choices</p> <p>4.</p> <p>3. is aware of options</p> <p>2.</p> <p>1. is not aware of options and is unable to make an informed choice</p>	<p>5. is aware of and understands options, feels confident and makes informed choices</p> <p>4.</p> <p>3. is aware of options</p> <p>2.</p> <p>1. is not aware of options and is unable to make an informed choice</p>	
9	Drug/ alcohol support	<p>5. has understanding of issues, knows of resources and how to access them</p> <p>4.</p> <p>3. has understanding of issues, knows of resources and how to access them, needs assistance to manage issues</p> <p>2.</p> <p>1. is unable to manage issues</p>	<p>5. has understanding of issues, knows of resources and how to access them</p> <p>4.</p> <p>3. has understanding of issues, knows of resources and how to access them, needs assistance to manage issues</p> <p>2.</p> <p>1. is unable to manage issues</p>	
10	Assistance with Gambling Issues	<p>5. has understanding of issues, knows of resources and how to access them, manages confidently</p> <p>4.</p> <p>3. has understanding of issues, knows of resources and how to access them, needs assistance to manage issues</p> <p>2.</p> <p>1. is unable to manage issues</p>	<p>5. has understanding of issues, knows of resources and how to access them, manages confidently</p> <p>4.</p> <p>3. has understanding of issues, knows of resources and how to access them, needs assistance to manage issues</p> <p>2.</p> <p>1. is unable to manage issues</p>	
11	Legal issue/ court support	<p>5. has understanding of issues, knows of resources and how to access them, manages confidently</p> <p>4.</p> <p>3. has understanding of issues, knows of resources and how to access them, needs assistance to manage issues</p> <p>2.</p> <p>1. is unable to manage issues</p>	<p>5. has understanding of issues, knows of resources and how to access them, manages confidently</p> <p>4.</p> <p>3. has understanding of issues, knows of resources and how to access them, needs assistance to manage issues</p> <p>2.</p> <p>1. is unable to manage issues</p>	
12	Maintain social linkages/ social supports independent of SAAP service	<p>5. has sustainable social networks that meets needs</p> <p>4.</p> <p>3. has made some connections but not yet sustainable or needs not fully met</p> <p>2.</p> <p>1. has insufficient social networks</p>	<p>5. has sustainable social networks that meet needs</p> <p>4.</p> <p>3. has made some connections but not yet sustainable or needs not fully met</p> <p>2.</p> <p>1. has insufficient social networks</p>	

	Activity	Assessment at entry	Assessment at exit	Change
13	Health/ medical services	5. Is aware of own health issues and is managing them appropriately 4. 3. is aware of own health issues, knows of appropriate responses but does not consistently manage issues. 2. 1. is not managing own health issues	5. Is aware of own health issues and is managing them appropriately 4. 3. is aware of own health issues, knows of appropriate responses but does not consistently manage issues. 2. 1. is not managing own health issues	

Appendix 8

Checklist for Short Term Services

Using the Short Term Contact Tool

This tool is designed to be used in services where there is a short period of contact and where case management may not be used. In such services the likely outcomes for clients were identified as safety (an environment outcome) and a sense of ‘where to next’. The other questions on the form are really satisfaction questions, but were included as seen as useful by services during the workshops.

Checklist for short term Services

1. I felt safe while I was involved with this service

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2. I was given the information about other services available that I wanted

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

3. I know what I am going to do next

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

4. I was treated with respect

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

- 5a. I was satisfied with the food

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

5b. I was satisfied with the cleanliness

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

5c. I was satisfied with the personal space

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

5d. I was satisfied with the cost

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Appendix 9

Status Maintenance & Change Scale

Accommodation (Status Change)

Youth (Generic)

1. Living on the street
2. Squatting
3. Night shelter
4. Unsatisfactory independent accommodation
5. SAAP emergency/temporary accommodation
6. Supported accommodation (med. Term)
7. Supported accommodation (outreach)
8. Own accommodation (outreach)
9. Independent accommodation

Youth (reconciliation/reconstitution)

1. Living on the street
2. Squatting/inappropriate return home
3. Night shelter
4. Unsat. Independent/unsatisfact. Return home
5. SAAP emerg./temporary accommodation/respice
6. Return home (some issues unresolved)
7. Approp. Accom. Outside home with family agree
8. Approp. Accom. Outside home (relat's repaired)
9. Return home (issues resolved)

Employment (Status change)

1. No vocational activity
2. Registered for Work
3. Prepared Resume
4. Undertaking voluntary work
5. Developed job presentation skills
6. Undertaking job seeking
7. Casual Employment
8. Part-Time Employment 15 hrs (3 mths or over)
9. Full-Time Employment (3 mths or over)

Education/Training – (Status change)

1. No activity
2. Identified area of interest
3. Gathered relevant information
4. Made application
5. Entered course
6. Attends irregularly
7. Attends regularly
8. Attends regularly, meets basic requirements
9. Attends regularly, surpasses basic requirements

Homeless Adult (Status Maintenance And Change Scale)

1. Living on Street
2. Squatting
3. Night Shelter, own Accommodation (not managing, danger of eviction)
4. Detoxification Centre
5. Rehabilitation Facility, or Psychiatric Unit/Hospital
6. Transitional Housing
7. Supported Accommodation (includes MACHA – weekly support, Psych. Hostels)
8. Own Accommodation – Outreach (includes MACHA – monthly support)
9. Independent Accommodation (includes MACHA – no support)

Appendix 10

Level of Functioning Scale – Parenting

A. ATTACHMENT. To what extent does the client demonstrate affection, sensitivity, empathy toward & good communication with the child? To what extent is the basic positive attachment age appropriate & unaffected by problems that arise in the parent/child relationship? Is the client's reaction to separation appropriate, according to the age of the child?

5. Client demonstrates age appropriate responsiveness, communication, & physical contact. Basic positive attachment is not adversely affected by problems that arise in parent/child relationship.
4. Client generally demonstrates appropriate attachment to the child, but is distracted from the child when under stress. Client may experience discomfort in displaying age appropriate affection, sensitivity, empathy toward & communication with the child. Client would experience stress if separation occurred.
3. Client is ambivalent toward the child. Client vacillates between care & disinterest toward the child. Client is ambivalent when separation occurs.
2. Client consistently demonstrates discomfort, anxiety, or negative attitudes toward the child, but may resist separation.
1. Client demonstrates little interest in the child & has minimal or inappropriate physical contact or verbal interaction with child. Client may verbally resist, but easily tolerate, or be relieved by separation. Client does not work toward reuniting or act to visit the child.

B. CAPACITY TO SET APPROPRIATE LIMITS. To what extent does the client set consistent, realistic, age appropriate expectations with reasonable consequences? To what extent does the client practice consistent, realistic, age appropriate discipline? Does the client have a range of discipline other than physical punishment?

5. Client sets clear, reasonable, age appropriate limits for the child. & discipline is clear & consistent. Client is able to be flexible.
4. Client is capable of setting limits, but either, (a) is unacquainted with age appropriate limits & alternative disciplines, or (b) stress interferes with current ability to apply limits.
3. Client is inconsistent in setting limits & in following through with consequences. Or, client sets age appropriate limits for the child, but the consequences are inappropriate.
2. Client sets inconsistent, or vague, or rigid, or highly unrealistic limits, not age appropriate. If the child does not meet such expectations, the client fails to respond to or follow through with consequences, or punishes too severely.
1. Client reacts to child's behavior impulsively, & has abused the child within the last six months (violence is the consistent pattern).

C. PHYSICAL CARE & SUPERVISION (Includes Medical & Educational). To what extent does the client provide good physical, medical, & educational care for the child? Does the client provide age appropriate supervision (i.e., not leave child unattended)?

5. Client provides good physical, medical & educational care for the child, & provides age appropriate supervision.
4. Client recognizes & usually meets the child's physical, medical, & educational needs, & need for age appropriate supervision, but stress sometimes interferes in the process.
3. Client inconsistently meets the child's physical, medical, & educational needs, & need for age appropriate supervision, or client meets some of these needs, but performs the responsibilities minimally.
2. Client fails to perform minimal care in at least one area.
1. Client fails to perform minimal care in more than one area.

D. EMOTIONAL CARE/RELATIONSHIP. To what extent is the client aware of the child's emotional needs & acts to meet them? Does the client distinguish between the child & the child's behavior? Does the client distinguish between the child and the client's self?

5. Client recognizes & acts to meet the emotional needs of the child, respects the child as an individual, & distinguishes between the child & the child's behavior. Client maintains a nurturing, stable relationship with the child.
4. Client usually recognizes & acts to meet the emotional needs of the child, but stress sometimes interfered in the process. Client may give grudgingly, or evoke guilt in the child.
3. Client inconsistently responds to the child as a separate person. Client tends to seek out the child to meet the client's own emotional needs.
2. Client is unwilling to meet the child's emotional needs. Client has negative emotional relationship with the child, & is verbally abusive & blaming.
1. Client is unaware of child's emotional needs & individuality. Roles may be reversed. Client has placed own emotional needs above the needs of the child, to the extent that the child's needs are ignored.

E. PARENT'S CAPACITY TO MEET OWN SUPPORT NEEDS. To what extent has the client developed a supportive network? Does the client seek support from friends? Does the client distinguish own problems from the child's problems? To what extent does the client accept responsibility for self?

5. Client has & continues to develop a supportive network uses it appropriately, clearly distinguishes own problems from the child's problems, & the client accepts responsibility for self.

4. Client has supportive networks, but hesitates to use them. Client's stress interferes in distinguishing own problems from the child's problems & accepts responsibility for self with difficulty.
3. Client is either (a) apathetic toward, or (b) too dependent on supportive networks. The client is unaware of the distinction between own problems & the child's problems. Client's sense of responsibility for self is inconsistent.
2. Client does not recognize the need for, or have supportive networks, & is socially isolated. The client perceives own problems & the child's problems as one. Responsibility for self is an unfamiliar concept to the client.
1. The client does not have, or know how to develop a supportive network & social contacts are destructive. The client does not distinguish own problems from the child's problems. The client expects the child to meet the client's needs, & accepts no responsibility for own actions.

F. PARENT'S MOTIVATION TO USE SERVICES (CHANGE). To what extent does the client recognize the need for professional services? To what extent does the client utilize services that are available/offered, to move toward positive change? To what extent does the client benefit from the suggestions offered from professionals?

5. Client recognizes the need for help & contacts professional resources when appropriate. The client benefits from the help given. Client involves self in working toward change.
4. Client usually recognizes problems, but experiences undue stress in acknowledging them. Client usually involves self in working toward change, but stress interferes in continued involvement in the helping process.
3. Client inconsistently recognizes the need for professional help, & either (a) is ambivalent toward using it, or (b) requests help when it is not needed, or (c) accepts help for some problems, not others. The client inconsistently involves self in working toward change
2. Client needs considerable professional help, but resists working toward change. Passively or actively expressed anger is the consistent pattern.
1. Client needs extensive professional help, but is either (a) experiencing no discomfort with the problem, or is totally dependent on the professional help, or (c) if the client perceives a problem, client feels totally hopeless that change could occur, or (d) totally refuses service. Client does not involve self in working toward change.

Appendix 11

Interview Framework for Pilot Participants

Which tool(s) did you use

How effective were the tool(s) you chose for

Measuring outcomes

Informing Practice

What are the challenges of implementation

What restrictions/challenges would you identify in implementing the outcome measurement tools across as wider client base

Your whole service

The wider SAAP sector

Any comparisons with tools used in the past

Demographic information collected on clients in the trial (including length of stay, particular client issues such as literacy problems, mental health etc)

Feedback received from clients or other staff

How would you improve

The instruments

Processes of using the instruments

Any views on training needs of staff

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