The CSSA Collaborative Approach to Measuring Family Support Outcomes project was commissioned in March 2014 by Catholic Social Services Australia (CSSA) on behalf of the CSSA-Family Support Program (CSSA-FSP) Collaboration Steering Committee. This paper was developed by the Australian Research Alliance for Children and Youth (ARACY), in consultation with the CSSA-FSP Collaboration Steering Committee and CSSA member agencies. This paper was presented to the Steering Committee in June 2014.

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And a disclaimer:
ARACY was commissioned to design a nationally consistent approach to measuring ‘family support’ outcomes that can be adapted to local contexts. This report reflects ARACY’s recommended Outcomes Framework and provides a potential guide to further developing and implementing a shared Framework in the future. Any decisions to implement recommendations will require further collaboration and consensus across the CSSA network.
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1. Project context and overview

1.1. A collaborative approach to measuring ‘family support’ outcomes

Outcome-driven organisations focusing on evidenced-based practice deliver more for their clients and are more efficient and effective organisations. Program and service monitoring systems, sound evaluative practice, and continuous improvement mechanisms provide organisations with the insight and knowledge to reduce effort where it has little impact and increase focus on the things that really matter most. Staff who have a clear line of sight to the end outcomes they are achieving and who are part of the development of systems to help them achieve these outcomes, are more motivated and focused on those common goals that unite their organisation.

The Catholic Social Services Australia (CSSA) Family Support Program (FSP) Collaboration (the Collaboration) is committed to establishing a shared process for identifying and measuring the outcomes it achieves for children and families across its network of 32 FSP providers. While the Australian Government’s increased focus on outcomes measurement for this program has provided an impetus for change, the CSSA and individual agency leaders recognise the benefits of an outcomes focus for their network over and above that being called for in the foreshadowed changes to FSP.

The Collaboration recognises that by developing a nationally consistent and recognised approach to monitoring, measuring and reporting on outcomes, the network would be positioned to effectively demonstrate the immediate, short and longer term impacts of their agencies on the clients, families, and communities they support.

The collaborative approach to measuring ‘family support’ outcomes project is the first stage of work within a program of progressive phases. Given timeframes and the complex nature of outcomes frameworks several phases have been proposed by the Collaboration. In essence, Phase 1 focuses on recommending a collaborative approach to measuring FSP outcomes, providing a foundation for Phase 2: applying the approach in practice. It is intended that Phase 2 will build on the work undertaken in Phase 1, allowing agencies to work through ‘how’ they will implement the performance framework into their existing systems. Phase 3 of this program will scope activities that agencies could do collaboratively to implement the shared evidence base for measuring outcomes.

1.2. Project Deliverables

By engaging the Australian Research Alliance for Children and Youth (ARACY) to undertake Phase 1, the Collaboration has demonstrated its recognition that reorienting its services around a common outcomes framework requires a collaborative approach, a process of capacity building, and a long-term vision.

Phase 1 of the project resulted in the development of this methodology paper and the framework at Attachment D.
1.3. The DSS FSP Framework and Data Exchange

The Department of Social Services (DSS) program logic and program framework for the FSP is currently being redeveloped. Draft documents from DSS provided in early 2014 indicated that the overall framework would not change significantly, however the focus would be on client outcomes rather than service activities. In principle agencies would be asked to collect fewer data items and spend less time collecting and reporting administrative data. Going forward DSS intends that agencies will be responsible for the development of key performance indicators (KPIs) and the methodology for collecting information to report against those KPIs.

It is now known that a ‘Data Exchange’ will gradually replace other IT reporting systems and indications are that the likely timing of implementation of this will be July 2015. The precise nature of how reporting will be carried out is currently unknown. Further, the status of the FSP performance framework released in January 2014 is undetermined.

ARACY concurs that a shared approach is critical for future positioning of the network, particularly in terms of leveraging a ‘unified voice’, ‘painting a picture of national impact’, and allowing for national benchmarking to occur. Recent communication from the broader organisation to CSSA-FSP members explained the position of the network:

“Being able to demonstrate outcomes to governments and other funders will strengthen the Catholic Social Services story of our impact and effectiveness as it serves those who are vulnerable and disadvantaged...This work is ground-breaking and will position agencies to be ready to demonstrate the impact of the network’s support for families and report on the outcomes prescribed by the FSP Performance Framework.”

The current project has been undertaken within a state of change, including the shifting goal posts of the FSP performance framework and the Data Exchange, the details of which are yet to be finalised. Understandably this situation has created some uncertainty for some agencies, and has the potential to take focus away from the collaborative work.

ARACY believes this can be a catalyst or opportunity for CSSA-FSP agencies to focus on common outcomes as this is the nature of the DSS data exchange/red tape reduction approach – agencies can undertake local activities as they see fit but all contribute to one common outcomes framework (the Standard Client Outcomes Reporting [SCORE] approach). It is not yet clear how the domains in the DSS SCORE approach have been selected and whether they best represent the Collaboration’s collective effort. However, a common framework for the Collaboration based on evidence, change theory and program logic which can be tailored to local contexts and which can map to the DSS data exchange reporting requirements will drive better services and be more effective.

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1 As at 30 June 2014
2 CSSA Website, DSS Data Collection, 2 May 2014
1.4. Phase 1

**Objectives**
The introduction of a common outcomes framework for a complex and diverse network of services requires a staged approach, including time to build knowledge, understanding and commitment to the concept of outcomes measurement, as well as developing the skills, systems and processes needed to effectively implement an outcomes-based approach to data collection, reporting and quality improvement.

A collaborative approach, based on consultative processes and ongoing engagement with practitioners and managers, is important in order to build ownership from the grassroots up, to ensure the outcomes framework is practical and implementable, and to ensure it reflects the nature of Catholic Social Service delivery approaches.

In March 2014 ARACY was engaged to conduct Phase 1 of the collaborative approach to measuring family support outcomes project, intended to establish the foundation of an outcomes framework and identify the most appropriate methodology for data collection and analysis, while orienting FSP providers to working within an outcomes framework. The primary objectives of Phase 1 were to:

- Begin building understanding and commitment to an outcomes-focused approach among FSP providers.
- Map CSSA FSP service delivery activities against the proposed FSP Performance Framework.
- Identify indicators for the outcomes.
- Recommend methodologies for ongoing data collection and analysis.
- Ensure CSSA members are ready to comply with new contractual obligations after 1 July 2014.

**Outline of methods**
The design, development and operationalisation of an outcomes framework that is owned and effectively implemented by individual agencies is best achieved through an iterative process rather than a strictly linear development pathway. In order to achieve the objectives of a tailored solution rather than an ‘off the shelf’ or ‘text book’ approach, and to ensure recommended processes are feasible and implementable operationalisable, input from and engagement with agencies is required from the outset and throughout the outcomes development process.

With this in mind, ARACY conducted an iterative process of development – involving ongoing consultation, testing, and refinement – across Phase 1 of the project. This iterative approach is also necessary for building consensus, developing a sense of ownership and building the commitment necessary for effective implementation. It lays the foundation and establishes the mode of operating for achieving a shared, long term vision of organisational change.
The scope of the project was tailored to involve low-cost methods for facilitating ongoing communication and engagement with key network stakeholders, and included:

- a ‘kick-off’ activity conducted at the CSSA-FSP Collaboration Workshop in Canberra in March 2014,
- several ‘virtual’ Roundtable discussion forums,
- ongoing discussions with Steering Committee members,
- a small number of individual phone conversations with agencies,
- an online survey with agencies, and
- desktop research and drawing on ARACY’s existing knowledge of evidence, what works and appropriate indicators.

Throughout the research process a number of discussion forums (‘virtual Roundtables’) were conducted with agencies. These were exploratory in nature, providing an opportunity for ARACY to understand the nature and diversity of service delivery across the CSSA network, existing systems and approaches, and current levels of knowledge and capacity around outcomes measurement across the FSP Network, as well as the ability to test emerging ideas, options and approaches.

ARACY also conducted a small number of telephone conversations with several agencies individually, to explore comments and suggestions raised in the roundtable forums. Conversations were conducted with agencies in NSW, Victoria, SA, WA, and Queensland, providing a good spread of views from across the network. A total of six (6) agencies were involved in these interviews.

A short online survey was conducted with agencies to gain a snapshot of providers’ preparedness for committing to a common (CSSA-wide) approach to measuring outcomes. Given the current funding climate it also provided an opportunity to gauge agencies’ readiness for a new way of reporting outcomes to DSS, and preparedness to use the measuring outcomes approach as a basis for transition to the new DSS requirements. In total 25 responses were completed for this survey.3

Additionally throughout the project ARACY conducted a desktop review and analysis of a range of inputs in order to ensure the best options were scoped and a solution tailored to the needs of the CSSA network was developed.

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3 Care should be taken interpreting survey data presented in this report. In some cases responses represent a whole agency, but in other cases responses represent a selection of locations within an agency. Further, due to small sample sizes findings are not reported as percentages.
Purpose of this paper
The purpose of this paper is to outline options and recommendations for methodologies for data collection and analysis, as well as key considerations for implementation. It provides more detail to assist in interpreting and applying the outcomes framework, and aims to assist the Collaboration to understand the current state, the desired state and the issues for consideration in transition. Finally, this paper aims to position CSSA-FSP agencies well for Phase 2 activities – the next steps in the transition towards the desired state.

2. The CSSA Network

CSSA is the Catholic Church's peak national body for social services. It aims to assist its member agencies to promote a fairer, more inclusive society that reflects and supports the dignity, equality and participation for all people. The CSSA member network provides community services to over 1 million Australians each year, and also partners with a range of government and non-government organisations to pursue its mission and contributes to social policy development based on the experience and expertise of its member network. (For more information on the national footprint of CSSA-FSP service delivery, please refer to Appendix A.)

Approximately half (32) of CSSA’s 59 member agencies deliver federal FSP services across 118 locations in Australia and these agencies represent 9% of all FSP funded organisations. For the 2011-14 contract period, total funding to CSSA member agencies was around $245 million (18 per cent of all FSP funding for that period).

CSSA’s FSP services are diverse – spanning small ‘Find and Connect’ services through to Family Relationship Centres (FRCs) and Communities for Children (C4C) providers – but the organisations delivering these services share a common mission that recognises the dignity of the individual, the importance of community and the common good and a commitment to the most vulnerable and disadvantaged.

Survey results show that FSP service delivery often represents one component of the work being conducted by CSSA agencies generally. Across the agencies that responded to the survey, there were approximately 3,955 employees represented in total and approximately 20% of those were employees working on FSP (785). In the majority of cases FSP service delivery represented less than 75% of the agency’s work (22 out of 25 respondents reported this).

Importantly, despite differences in service delivery, local contexts, target client populations, and other aspects, the CSSA-FSP network demonstrates a unique ability to share and build capacity across agencies. Many times during the course of the Phase 1 project, ARACY observed strong inter-agency sharing and building in action. A high degree of goodwill between providers was also demonstrated. The opportunity to enhance this sharing and building will occur when the network is working from a common outcomes framework.

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4 Flyer distributed at CSSA-FSP Workshop, 17 March 2014
5 CSSA Annual Report 2012-13
2.1 The current state regarding outcomes measurement

Feedback from agencies through the research process reflected a broad spectrum of views and experiences. Overwhelmingly it is clear is that the network is in very different places in terms of its practice regarding outcomes measurement and data collection, infrastructure and evaluation (or measuring the efficacy of its work).

While some are more advanced in this area, investing in resources to develop thinking and establish structures and practices (and in some cases have had processes in place for several years), others have not engaged in these issues due to resource limitations or the context in which they practice (e.g. regional and remote versus metro-centric perspectives). Indeed some agencies have used external consultants and resources to assist with evaluation work in an ongoing way. However, even those agencies with processes in place are not always able to translate processes to the different reporting requirements of the various funding agencies. Importantly, those who have experienced some type of system to measure the efficacy of their services stress the need for such systems to be ‘simple and not onerous’.

The survey supports this picture of agencies being located along different points of the spectrum in terms of measuring the efficacy of programs. Most respondents (16 out of 25) reported their agencies ‘collect some additional information, beyond what is required for government contracts, to assist in understanding clients or for planning and improving services’. Just four (4) respondents identified their agency as being in a position of going ‘well beyond what is required for government contracts, using systems or data collection tools (surveys or focus groups) and/or validated tools to gain feedback and understand program performance’.

“Each program has a clearly defined Program Logic and each team member considers the outcomes achieved on a quarterly basis. We also have detailed Client Registration Forms and Individual Assessment Tools and Session Sheets.” (Survey respondent)

Furthermore, agencies are in mixed positions with regard to having relevant resources available – just over half of respondents (14 out of 25) reported that their agency currently has resources available (whether in-house/on staff, or a consultant on board already), with specific skills in the area/s of research, evaluation or program logic, but many do not:

“Some skills though limited.” (Survey respondent)

“Very limited resources” (Survey respondent)

Agencies are often collecting quantitative and/or qualitative data from clients, but this is not uniform across the board. Almost all respondents reported that their agency had either ‘mechanisms for quantitative feedback from clients (surveys)’ (22 out of 25) and/or ‘mechanisms for qualitative feedback from clients (focus groups, interviews, ad hoc feedback forms)’ (21 out of 25). Fewer reported having ‘pre/post measures where client information is collected before services and measured again sometime after services to identify improvements’ (15 out of 25).

Several respondents reported that their agency used systems or tools to collect feedback or measure outcomes from services delivered, including Results Based Accounting.
(9 respondents reported this), Feedback Informed Treatment (9 respondents), and Outcomes Star (4 respondents). These appear to be used in a variety of ways to suit the agency’s systems:

“[We use] a hybrid survey that uses a combination of FSP data questions, a couple of RBA type questions and some service specific questions” (Survey respondent)

Finally, while several respondents reported having program logic or outcomes frameworks in place (8 out of 25), most agencies do not (15 out of 25), and several reported they were unsure. Many reported a low level of understanding of outcomes frameworks and program logic across their agency, and although most reported 6 or 7 out of 10 (12 out of 25 respondents) the average rating was 4.88 out of 10, highlighting that several respondents reported below 6.

2.2 Perspectives regarding collaboration and common outcomes

Overall the network appears to be open to and enthusiastic about the development of a common approach to measuring outcomes for families. The Collaboration has established a Steering Committee drawn from several member agencies, and this group has invested significant time conducting a range of activities over the past 18-24 months. At the CSSA-FSP Collaboration Workshop conducted in March 2014, the Steering Committee reported back to the wider group on its activities.

“As we are a small agency we don't have the confidence that we have the capacity in terms of personnel, time and expertise to cope and we are so pleased that we have the leadership under the CSSA umbrella and the work of the steering committee.” (Survey respondent)

During conversations with individual agencies it was apparent that some hold high expectations and enthusiasm for what the collaboration project might deliver, while others with little or no experience in outcomes measurement hold fear or concern about what this might entail for their agency. Given the range of experiences across agencies regarding approaches to measuring outcomes for families, the feedback was mixed but generally positive. Several agencies who have attempted an outcomes reporting approach were realistic about the project not producing a ‘silver bullet’.

Primarily agencies were keen to ensure that the collaboration project should ‘add value’ to existing work already undertaken within the network, to complement what agencies are already doing, and not invent something new. Some were emphatic that the collaboration project needs to consider the context and complexity of data collection and evaluation at grass-root level. Factors here include the capacity of clients, the capacity of practitioners, and the reality of outcome achievement.

The survey highlights the general enthusiasm across the network regarding the collaboration project, with most respondents reporting 8 or above out of 10 that common outcomes frameworks across the agency are useful to aim for (21 out of 25). In addition almost all respondents reported that the work of the collaboration project to develop a common approach to measuring the (collective) impact of FSP effort remains an important or extremely important goal for the network (6 to 10 out of 10) (23 out of 25).
Several comments by survey respondents highlight the significance of the collaboration project as seen by the network.

“Although DSS prioritises outcomes measurement at an agency level, to speak to the objectives of the funding, it is also important to be able to measure outcomes collectively, across the network. Therefore it is essential that a common methodology is in place which enables the aggregation of agency outcomes across the CSSA network.” (Survey respondent)

“It provides the network with a collaborative and more authoritative approach in gathering collective information which will demonstrate the network’s effectiveness working with clients as well as informing government policy relating to successful outcomes and interventions. It will also provide more consistency across the network in gathering data and information as well as identify any gaps that we as a network are not currently reaching.” (Survey respondent)

“Strength is power! A collective approach gives us a national profile, places us in a much stronger place in a highly competitive market (with growing nationally based organisations), allows comparative analysis, shares costs, resources and strengths. Gives us a stronger voice with Government through a strong evidence base.” (Survey respondent)

“The more heads the merrier”; it also provides an overall picture of what CSSA agencies are doing - the scope and breadth across the whole of Australia.” (Survey respondent)

A high number of respondents reported having a champion in their agency who could lead others in the team to better understand and use common outcomes frameworks (18 out of 25).

All respondents reported that their agencies were willing or extremely willing (6-10 out of 10) to adopt a ‘common approach’ to outcomes measurement which utilised a shared set of core measures to demonstrate the collective impact of CSSA-FSP effort and was also adaptable to local contexts. One comment by a survey respondent provides a sense of urgency regarding the importance of this project to the network.

“Our network is a collective of individual entities. If we don’t take this opportunity to ‘tie’ it up somehow we won’t be able to compete with the nationally based organisations. Government is moving more and more to the larger cohesive organisations - but who still have to demonstrate local level collaboration. We have seen many tenders now won by such groups.” (Survey respondent)

While there is strong, in-principle support for the collaboration project, there were also a number of concerns raised by survey respondents, particularly warning against the project being a ‘silver bullet’ in nature. These concerns are centred on implementation and resourcing – how to achieve a desired state with available resources – and producing something of meaning, which does not reduce all services to a one-size-fits-all solution.
“I'm not sure this is achievable - a very big task. My concern is that location based outcomes become diluted and lose their impact in this type of common approach.” (Survey respondent)

“I think this is an easy question to answer in principle; however the practical realisation of such an undertaking would take a substantial amount of time, effort, adjustment and resources.” (Survey respondent)

“As stated we just don't have the resources to do this ourselves; there is value in having a broader perspective and overall quality picture.” (Survey respondent)

“We are supportive of a tool which will enable the measurement of collective impact however, there is a concern that an approach which is too generic may overlook the particular nuances of individual services and may then impact upon the efficacy of the measurement tool to inform service delivery.” (Survey respondent)

“As long as there was some flexibility regarding the ability to adapt to local contexts and programs it makes sense to share a set of core measures which will demonstrate our purpose and collective effort in this venture.” (Survey respondent)

2.3 Organisational readiness for change

There appears to be wide acceptance across the network of the draft DSS FSP performance framework and the Data Exchange. In discussions with agencies, it was often commented that work coming out of the Department was generally of high level and showed a promising direction in terms of addressing the needs of providers. With regards to the current/ existing FSP framework and reporting process, due to be replaced in July 2014, agencies discussed the ease of using the current system to measure outputs and outcomes. One agency explained that they replaced their own internally developed client survey by the one that was guided by FSP guidelines, because it was “much shorter and simpler – therefore preferred by program staff”.

However there was general consensus that the current/ existing DSS measures do not enable agencies to ‘paint the true picture’ of the complexity of program delivery when working with the most vulnerable and disadvantaged. The simplicity of the reporting framework has raised questions around the true value of the current measures, as perhaps being a ‘tokenistic’ exercise. One agency referred to the fact that measuring what is done is easy, but measuring the difference made is harder.

“The methodology needs to move us towards better approaches towards capturing the ‘full picture’” (Email from FSP agency)

One way that agencies attempt to communicate this picture is to invest time and resources to developing case studies (‘good news’ stories) for government contract managers.

“Our experience is that all who have an interest in outcomes internally and externally (including government department contract managers) are most informed (and ‘inspired’) by case studies, good news stories and photos. Here we have the
opportunity to paint the full picture. We invest much time and energy into compiling these for reporting purposes. (Site visits are great also!)." (Email from FSP agency)

In the survey most respondents (22 out of 25) reported that the draft FSP performance framework and the Data Exchange, which indicates a range of long-term, intermediate and immediate program outcomes they will have to report against, fits well or extremely well with the services they deliver (6-10 out of 10), however several respondents highlighted concerns around the difficulty of relaying the complexity of services within reporting constraints.

“These indicators are very important and at the heart of what we are aiming to achieve.” (Survey respondent)

“It fits well with our delivery of services but it will be difficult to measure at times, the outcomes are broad and long term outcome measurement a challenge to achieve.” (Survey respondent)

“Whilst these outcomes are a good overall guide many of our clients (most vulnerable) do not achieve even the smallest outcome such as attending a group session after 8 home visits. Sometimes these measures are not small enough to show the incredible work in supporting our most vulnerable.” (Survey respondent)

In terms of preparedness for the new arrangements for grants administration and outcomes-based accountability requirements indicated in the new DSS Data Exchange and Performance Framework there appears to be some concern across the network with most reporting they are only slightly prepared for the new requirements (14 out of 25 reporting 6 or 7 out of 10). A further five (5) reported they are not prepared (4 or less out of 10). Comments made by respondents in the survey illustrate the myriad stages at which agencies are placed in terms of their preparations for the new arrangements.

“Our agency is prepared to implement changes where necessary but worker capacity to devote time to this process is very limited.” (Survey respondent)

“[We] currently lack appropriate and robust systems to meet the demand.” (Survey respondent)

“We are aware of DSS requirements but are relying on CSSA to guide us.” (Survey respondent)

“There was an RBA workshop 3-4 years ago but no outcome measures were put in place. There is no provision for administrative support for FRS programs and this task is now reallocated to direct service workers.” (Survey respondent)

“[Agency name] does not currently have a program logic framework that covers all of its programs and it will require a significant amount of work to get this in place.” (Survey respondent)

The survey also assessed key aspects of organisational and individual readiness identified in the Above and Below The Line (ABLe) Change Framework, a systems-change process ARACY uses to facilitate community-level change. The framework was developed by
Pennie Foster-Fishman (PhD) and Erin Watson (PhD) from Michigan State University to explain and assist change processes, particularly in the community and health services sectors\(^6\).

The survey identified that most respondents feel their agencies encourage, support and enable their practitioners to work in a holistic way. Almost all respondents reported that their agencies ‘always’ encourage, support and enable focusing on the wellbeing of children (22 out of 24). Fewer respondents, however, reported that their agencies ‘always’ encourage, support and enable innovation and experimentation to improve service delivery (9 out of 24).

Respondents reported high levels of support for senior leaders and managers in their organisations, with most agreeing with statements about senior leaders. These perspectives are important as they indicate that respondents perceive they do have incentives and/or support to make change within their organisation.

Respondents in the survey reported mild agreement (rating 4 out of 5) rather than strong agreement (rating 5 out of 5) with statements regarding actions when change needs to happen, and some disagreed (rating 2 out of 5) that they have the ‘necessary support’ in the given situations, particularly with regards to budget or financial resources, and staffing (5 out of 24 respondents disagreed for both).

Finally, most respondents reported confidence in their agency’s ability to support them to fulfil any new activities associated with the CSSA-wide collaboration on outcomes measurement, and to adapt to the changes required to collaborate nationally on outcomes measurement (19 out of 24).

### 2.4 Summary

Overall, the survey emphasises that CSSA-FSP agencies are at different stages of readiness for outcomes measurement processes; however despite the diversity in the network regarding the different stages of outcomes measurement already in place, there is a high degree of value being placed on the collaboration which should bode well for the network taking the collaboration work forward.

The results from the survey reflect that agencies have organisational cultures which, in most cases, support practitioners to work with children and families in a holistic way, and provide incentives and/or support to make change within their organisation.

3. A Common Outcomes Framework

The CSSA-FSP Collaboration is committed to establishing a shared process for identifying and measuring the outcomes it achieves for children and families across its network of 32 FSP providers. While the Australian Government’s increased focus on outcomes measurement for this program has provided an impetus for change, the CSSA and individual agency leaders recognise the benefits of an outcomes focus for their network over and above that being called for in the recently foreshadowed changes to FSP.

The Collaboration also recognises that the introduction of a common outcomes framework for a complex and diverse network of services requires a staged approach, including time to build knowledge, understanding and commitment to the concept of outcomes measurement, as well as developing the skills, systems and processes needed to effectively implement an outcomes-based approach to data collection, reporting and quality improvement.

Determining an outcomes framework for a given organisation is an iterative, collaborative process that occurs with the ongoing interactions from two different sources: (1) outside evidence-based research and practice and (2) from internal organisational work around scope, capacity, goals, and service activities.

This section outlines ARACY’s and other organisations’ research on the particular aspects of a positive, strengths- and evidence-based approach to outcomes and indicators. The selection of outcomes was also influenced by direct feedback across the CSSA network in response to targeted questions from ARACY staff. Even so, the specific decisions about which outcomes fit best with the Collaboration’s goals, as well as specific indicators and program-level activities to achieve them, will be part of an important and ongoing conversation within the CSSA network.

3.1 Theoretical Underpinnings

3.1.1 Ecological Theory

It is important to first recognise that a complex inter-relationship of factors will contribute to and drive any improvements in child and family well-being. Drawing on the work of Bronfenbrenner, who described the different systems or environments that work together to influence individual outcomes⁷, this outcomes approach is built on the understanding that individual wellbeing outcomes are influenced by the family, his or her networks, wider community, and broader societal factors.

The individual in Bronfenbrenner’s ecological model is placed in the centre of a series of concentric circles, each representing the environmental factors that combine to influence his or her life outcomes. It is important to note that the individual in the centre of the circle is not simply a passive recipient of these influences. The process is fluid and interactive—and people are active participants who interact with their environments in ways that can make a difference to their lives.⁸

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Improvements in outcomes will be driven by reducing known risk factors and enhancing
known protective factors at each environmental level of influence. Longitudinal research
identifies a range of key risk and protective factors at the child, family, school, peer, and
broader community and societal levels that are known to influence the course of child
development and family wellbeing.9

The Australian Institute of Health and Welfare (AIHW)10 noted the importance of an
ecological approach in their recent review of existing frameworks, noting that “frameworks
based on an ecological approach tended to be the most comprehensive across the identified
domains, as these frameworks take into account the influences of family, the wider social
and economic contexts in which children grew up” (p. 8). As the Victorian Government notes
in discussion of its Child and Adolescent Outcomes Framework, which is also based on the
ecological approach, “we are most likely to significantly influence outcomes when we
undertake activities at all levels synergistically and in parallel.”11

The Collaboration’s common outcomes framework is based on an ecological view of human
development and considers the multidimensional and cumulative effect that the individual’s
ecology has on wellbeing, including the individual, family, and community in its focus.

3.1.2 Systems Theory

Relatedly, the outcomes framework also draws from systems theory. Changing the ways that
systems work – both in terms of what they deliver and how they deliver it – can be
enormously challenging. This is partly because systems and system dynamics are poorly
understood. Systems are a combination of:

- explicit and identifiable processes and structures: agencies and organisations;
  regulatory processes such as policies, regulations and roles and responsibilities;
  power and control structures; and funding and accountability arrangements; and

- less explicit and often hard to identify normative elements: the attitudes, values,
  beliefs, expectations, and tacit assumptions that drive behaviours and provide the
  background of what is considered the ‘status quo’12.

These aspects of the system work together to shape everyday behaviours and give rise to
entrenched patterns of action. These “elements are highly interdependent with each other;
they both emerge from and maintain each other by working in conjunction to build meaning
and clarity for system members. Together they explain the system’s purpose, define the

9 For example, see Australian Early Development Index, 2013: Risk and Protective Factors for Early Child
Development for a summary in relation to early child development at http://training.aedi.org.au
PHE112. Canberra: AIHW.
how Victorian children and adolescents are faring. Issue 1.
Methodological Tool for Promoting Systems Change. The American Journal of Community Psychology,
49:503-516.
roles for system members, and build structures for system operations\textsuperscript{13} (p. 205). Foster-Fishman & Watson propose the following taxonomy as a way of identifying system components, emphasising that the relationships between these components are complex and mutually reinforcing:

- mindsets,
- components (range, quality, effectiveness, and location of services),
- connections (relationships and connections across different system components),
- policies (policies, practices, procedures, and daily routines that shape system behaviour),
- resources (human, financial, and social resources that are used within the system), and
- power (how decisions are made and who participates)

The influence of implicit and explicit system dynamics on everyday behaviour explains why systems change initiatives often founder. A change in one part of the system (such as a policy change) tends to have limited impact if it does not also engage with and leverage the other aspects. This high-level common outcomes framework acknowledges the complexities of intervention for an individual or family. The close-interrelationship between the outcomes implies that approaches to address the outcomes must be shaped from the perspective of the whole child or the whole person, focusing on what is required to ensure their overall wellbeing (across many or all dimensions of their lives) rather than focusing on one indicator or behaviour in isolation. By identifying the need for core outcomes across the network, CSSA-FSP services will not only enhance their individual clients’ efforts toward improving their well-being across systems. They will also benefit their own system’s efforts to align mindsets, components, connections, policies, resources and power toward a unified goal.

\subsection*{3.1.3 Wellbeing}

The term “wellbeing” is increasingly prevalent in discussions about economic and social welfare for children and families. The concept encompasses holistic models of the whole person and is linked to ecological models of human development. It represents a shift from a deficit model, where individual and family \textit{limitations} are the focus, to a strengths-based model, with the focus on assets and capacities. This approach is seen as more empowering for individuals, programs, and communities because it revolves around problem solving and building on strengths to resolve challenges rather than solely focusing on limitations. In addition, research links the factors that promote wellbeing to positive developmental outcomes in childhood and throughout life.\textsuperscript{14}

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\footnotesize\textsuperscript{14} National Centre for Social and Economic Modelling (NATSEM), 2011, Well-being among Australian Children: A Review of Frameworks and Measurements.
\end{flushleft}
3.2 Evidence base

This framework draws upon well-evidenced outcomes identified in a wide range of research\(^\text{15}\) as well as well-researched and widely respected outcomes frameworks and reports, including:

- The Nest, an ARACY-led multi-year project identifying national common outcomes for children, youth, and their families, which involved extensive literature review and consultation with 4000 Australians, including children, youth, parents, leading thinkers, child advocates, policy makers, service planners and providers across the nation. Researchers also conducted an in-depth literature review into domains and outcomes for children and youth.


\(^{15}\) An outline of research linked to the specific proposed indicators is listed in Appendix B.
3.3 Rationale

We have approached the selection of the high-level outcomes in priority order of importance/weight of consideration. First, outcomes are evidence-informed and based on research findings that indicate what works and what is proven to impact wellbeing and development.

Second, the outcomes selected are relevant to the distinctive characteristics of the CSSA—FSP Group of 32 organisations. They are reflective of practice-based evidence and practice insights from the collated feedback with network staff.

Finally, selected outcomes are compatible with the requirements of the Department of Social Services as set out in the DSS data exchange documents and with consideration of the Draft Family Support Program Logic and Performance Framework (acknowledging that these are currently under review and may change and adjust). We also consulted the DSS’s new Standard Client Outcomes Reporting (SCORE) process guidelines and mapped those ten domains (physical health; mental health; wellbeing and self-care; personal and family safety; age-appropriate development; community participation and networks; family functioning; managing money; employment; education & training; material wellbeing; and housing) onto the proposed outcomes below as well as the Families and Children Activity Performance Framework. These DSS data exchange outputs have been mapped onto the proposed common outcomes framework in a matrix in Appendix C.

3.4 The Outcomes

The proposed outcomes are: improved child health and wellbeing, improved family functioning, improved adult functioning, improved community wellbeing and, CSSA’s signature construct, improved sense of hope and dignity. The following describes the identified constructs in more detail and outlines potential indicators:

3.4.1 Improved child health and wellbeing:

- **Improved health:** Healthy children and young people have their physical, developmental, psychosocial and mental health needs met. They achieve their optimal developmental trajectories. They have access to services to support their optimum growth and development, and have access to preventative measures to redress any emerging health or developmental concerns.

  - How would we know? Children who are healthy:
    - Have a healthy birthweight
    - Receive recommended evidence-based preventative health measures (immunisations and screenings)
    - Have a healthy diet (including breastfeeding in infancy)
    - Participate in regular physical activity and have a healthy weight
    - Demonstrate healthy physical development
    - Have low rates of preventable hospitalisations and injuries
    - Demonstrate healthy habits
    - Meet age-appropriate milestones
- **Increased and supported learning:** Learning is a continuous process throughout life. Children and young people learn through a variety of formal and informal experiences within the classroom and more broadly in their home and in the community. Children and young people who are learning participate in and experience education that enables them to reach their full potential, and maximise their life opportunities.
  
  o SCORE domain mapping: mental health, education and training, age-appropriate development, family functioning
  
  o How would we know? Children who are learning:
    - Have a positive home learning environment
    - Participate in quality early education and care
    - Are ready for school at entry
    - Participate in, and attend, school on a regular basis
    - Achieve national literacy and numeracy benchmarks
    - Achieve year 12 or equivalent completion
    - Have parents who engage in their children’s learning

- **Improved social and emotional wellbeing:** Social and emotional wellbeing is fundamental, along with good physical health, to young people’s current and future quality of life. Children with good social and emotional wellbeing are loved and safe, with positive family relationships, connections and support networks. They have a strong sense of identity and self-esteem and are resilient to setbacks. Positive family relationships and supportive neighbourhoods can protect children from some of the impacts of disadvantage.
  
  o SCORE domain mapping: mental health, wellbeing and self-care, personal and family safety, age-appropriate development
  
  o How would we know? Children with social and emotional wellbeing:
    - Have positive mental health (e.g., healthy self esteem, low or decreasing rates of internalising and externalising behaviours, etc.)
    - Have pro-social connections and social competence in peer relationships
    - Demonstrate resilience
    - Can identify an adult role model and positive relationships with non-family adults
    - Are free from domestic and family violence, abuse, and neglect
    - Demonstrate age-appropriate social and emotional milestones of development

3.4.2 **Improved family functioning:**

- **Loved and safe:** Being loved and safe embraces positive family relationships and connections with others, along with personal and community safety. Children and young people who are loved and safe are confident, have a strong sense of self-identity, and have high self-esteem. They form secure attachments, have pro-social peer connections, and positive adult role models or mentors are present in
their life. Children and young people who are loved and safe are resilient: they can withstand life challenges, and respond constructively to setbacks and unanticipated events.\textsuperscript{16}

- **SCORE domain mapping:** family functioning, personal and family safety, community participation and networks, wellbeing and self-care
- **How would we know?** Families who are loved and safe:
  - Demonstrate positive, loving family interactions
  - Are free from domestic and family violence, abuse, and neglect
  - Have a stable home environment
  - Have a social network of support
  - Demonstrate positive interactions with parents
  - Resolve conflict in an effective, healthy way

**Positive parenting skills:** At the family level, children who are loved and safe grow up in a secure and stable home environment, with continuity of relationships and social support. They are free from domestic and family violence, physical and emotional abuse, and neglect. Their parents set age appropriate boundaries, and provide an environment in which their child or young person can safely explore boundaries and new opportunities.\textsuperscript{17}

- **SCORE domain mapping:** family functioning, personal and family safety, wellbeing and self-care, age-appropriate development
- **How would we know?** Parents with positive parenting skills:
  - Demonstrate secure attachment, responsiveness, and warm interactions
  - Communicate well
  - Provide appropriate discipline
  - Provide appropriate structure and monitoring
  - Demonstrate parenting self-efficacy
  - Have positive contact with non-resident parents

**Material wellbeing:** Children and young people who have material basics have access to the things they need to live a ‘normal life’. They live in adequate and stable housing, with adequate clothing, healthy food, and clean water, and the materials they need to participate in education and training pathways.

- **SCORE domain mapping:** managing money, employment, housing, material wellbeing
- **How would we know?** Families with material wellbeing:
  - Live above the poverty line
  - Live in adequate and stable housing
  - Have adequate clothing, healthy food and clean water
  - Possess essential life skills
  - Have employment

\textsuperscript{16} ARACY (2013) The Nest action agenda
\textsuperscript{17} ARACY (2013) The Nest action agenda
3.4.3 Improved adult functioning:

- **Improved health and wellbeing:** Healthy adults have their physical and mental health needs met. They make and achieve goals that support their functioning. They have access to personal networks and services to support their wellbeing and can address challenges through accessing those networks, problem solving and decision making.
  
  o SCORE domain mapping: education & training, wellbeing and self-care, physical health, mental health, community participation and networks, managing money
  
  o How would we know? Parents who have health and wellbeing:
    - Have sufficient education or training to secure employment
    - Are free from substance abuse
    - Have access to health services that meet their needs
    - Have a healthy diet and participate in regular physical activity
    - Are able to cope with stress
    - Have low rates of mental illness and/or have access to mental health services to address mental health needs
    - Have prosocial connections
    - Demonstrate self-efficacy and self-management

3.4.4 Improved community wellbeing:

- Safe neighbourhoods: Safe neighbourhoods are free from discrimination, provide options for safe housing
  
  o SCORE domain mapping: community participation and networks, personal and family safety
  
  o How would we know? Safe neighbourhoods:
    - Provide access to safe recreation facilities and spaces
    - Demonstrate child friendliness
    - Have low rates of crime
    - Are perceived by residents as safe

- Sense of belonging and identity: Participating includes involvement with peers and the community, being able to have a voice and say on matters, and, increasingly, access to technology for social connections. In practice, participating means young people and adults are supported in expressing their views, their views are taken into account and they are involved in decision-making processes that affect them.
  
  o SCORE domain mapping: community participation and networks, wellbeing and self-care
  
  o How would we know? Communities with a sense of belonging:
    - Demonstrate tolerance of diversity
    - Participate in community activities
    - Promote interpersonal trust
- **Access to services**
  o SCORE domain mapping: community participation and networks; physical health, mental health
  o How would we know? Communities with access to services:
    ▪ Provide access to early intervention services
    ▪ Have access to/use/satisfaction with services including libraries, maternal and child health clinics, hospitals, family/community centres, preschools, child care, legal services, and counselling)

3.4.5 **CSSA Signature Construct: Improved sense of hope and dignity**
- SCORE outcome domain mapping: wellbeing and self-care, community participation and networks, mental health
- SCORE goal domain mapping: changed confidence to make own decisions, changed impact of immediate crisis, changed knowledge, changed skills, changed behaviours,
  o What would this look like? Individuals with a sense of hope and dignity demonstrate:
    ▪ Resilience
    ▪ Attainment of goals
    ▪ Strengths-based perspective
    ▪ Participation

A visual overview of the recommended outcomes framework is found in Appendix D.
4. Considerations for implementation

4.1 Methodological considerations

The aim of any evaluation is to demonstrate that program participants have benefited in measurable and hopefully lasting ways and that those benefits are—at least partially, if not solely—attributable to the program. Any evaluation needs to be linked with or imbedded in the organisation in a larger iterative system that includes the practices of monitoring, reporting, continuous improvement, and innovation. Reasons for evaluation include:

- Assessing progress on program outcomes and goals;
- Finding opportunities for quality improvement
- Answering questions about efficiency, effectiveness, and impact
- Justifying requests for further support and funding
- Adding to evidence about program effectiveness and ensuring that resources are allocated to what works and not to what’s ineffective.

4.1.1 Wider evaluation context and approaches

The outcomes of evaluations can be motivating catalysts for bringing improvements and innovations to an organisation as well as for highlighting what an organisation is doing well. As these changes and adjustments are made they will, in turn, need evaluating again; in this way evaluation necessarily becomes a cycle of ongoing improvement and evaluation.

Measuring the change that results from program activities can be accomplished in many ways, ranging from relatively simpler methods of internal monitoring to the gold standard of scientifically rigorous, randomised, controlled experimental design. The approaches at the simpler end of the spectrum are generally cheaper and easier to accomplish; however, the stronger and more scientifically rigorous the design, the more confidence organisations can have in the reliability of the findings. The design choice for an evaluation is largely determined by the questions involved as well as the available resources (both monetary and staffing and skills, etc.). Some common evaluation designs include pre- and post-tests, comparison sample, control groups, and randomised sample.

Pre- and Post: In this evaluation design, desired outcomes are measured before the program activities and then at the end of the program (and possibly at milestones along the way) to determine whether the factors relating to the objectives of the program have changed. This design provides a baseline measure, which can also be used to demonstrate the need for the program and the severity of the problem. However, there may be other reasons for the change and this design alone cannot explicitly claim that the change was due to the program activities. To demonstrate this, there must be a way to compare with people who did not receive the program.

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18 For a thorough and basic introduction to evaluation practices and design, see the Australian Institute of Family Studies/Child Family Community Australia website for their series of Evaluation Fact Sheets. http://aifs.gov.au/cfca/pubs/factsheets
19 Australian Institute of Family Studies, 2013, Fact sheet: Evaluation and innovation in family support services.
Comparison sample: In order to claim that the changes to participants were a result of participating in the program—and not, for example, because the changes would have happened over time anyway—organisations must use other groups to compare results. Using a comparison group that does not receive the program services brings an added measure of confidence that the changes can be attributed to participation in the program. Gathering the same data from a comparison group (such as a program waiting list) as the participant group can be a fairly easy way to compare outcomes.

However, adding a comparison sample means doubling the amount of data and analysis. It also still does not guarantee that the changes are attributable to the program. Members of the comparison group may seek help elsewhere in the meantime (in books, other programs, discussions with professionals or acquaintances, for example), which will influence their outcome. In addition, using a comparison group also means delaying services for that group, which may raise ethical concerns for some programs.

Control Groups: Control groups are a kind of comparison sample that go one step further in assuring that the participant group and control group are similar. To establish a control group, all potential participants are randomly assigned to either the control group or the participant group, reducing the possibility that there is something different (for instance, being more highly motivated to get help) about those who are receiving services and those who are not. This design acknowledges that there are often variables on which participants differ that are unknown to the researcher; to address that the selection process makes it equally likely that participants would be in one or the other group by randomly assigning all potential participants to a group. This is regarded as a scientifically rigorous design; if groups differ significantly in their outcomes at the end of the study, organisations can be fairly confident that it was the program activities that prompted the change.

However, control group designs (also known as randomised controlled trial, or RCT) also have some drawbacks. They are often difficult to do in a service environment where ethical concerns may arise in withholding services from those who demonstrate a need. They are also quite expensive to conduct and take a considerable amount of time and effort. Further, not all organisations are ready for such a rigorous experimental design.

4.1.2 Developmental approach: matching method to readiness and need

Organisations may be located on a spectrum of readiness for evaluation. One comprehensive evaluation model, the Five-Tiered Approach (FTA), accounts for this range of readiness and proposes that organisations locate themselves on one of the five tiers. This graduated, developmental approach to evaluation organises evaluation activities on a continuum, “moving from generating descriptive and process-oriented information at the earlier stages to determining the effects of programs later on.”20 The process is designed for consecutive progression so that a program would use the information gathered at an earlier stage to use in evaluation at the next, leading to the “gold standard” tier of a randomised controlled outcome evaluation.

Approaching evaluation in this way has several advantages:

- Programs vary widely by age, size, stage of development, and access to a range of sources
- Evaluation capacities and interests are not static
- All programs should be engaged in evaluation activities
- Ultimately programs must be prepared to measure effects.

Five tiers and their purposes are:

1. Tier One: Needs assessment: collecting and analysis of data about the problem that is being addressed, the community in which it is located, and what is known about the success of interventions. Sets baseline data from which effects may be measured.

2. Tier Two: Monitoring and Accountability: build accurate description of four key program elements: clients, services, personnel, and costs. Description of what services the organisation is providing to whom. Tier Two helps to determine the extent to which the program is being delivered as intended.

3. Tier Three: Quality Review and Program Clarification: Whereas Tier Two describes the status quo, Tier Three assesses the quality and consistency of current program operations such as model standards, program-generated standards, and participant-generated standards (such as client satisfaction). In preparation of an outcome evaluation, Tier Three generates “perceived effects” information from participants, for example. Tier Three investigations are usually looped back to programs so that improvements can be made before outcome evaluations are initiated.

4. Tier Four: Achieving Outcomes: determine program effects or outputs. Tier Four evaluations focus on measuring attainment of short-term objectives. They employ less rigorous research designs and employ fewer standardized measures. Younger programs, programs with goals not easily captured by existing instruments, programs where random assignment is untenable, and programs with limited evaluation budgets can profit from these evaluations.

5. Tier Five: Establishing Impact: seek to establish longer-term effects of generally well-funded, large, well-established programs. Tier Five evaluations often use an experimental design. These efforts take years to complete and are expensive so they are not feasible for most child and family programs.

For the CSSA network, this process of locating organisations at one of the five tiers may help frame the appropriate evaluation design for their programs in the near term as well as outlining a way forward to progress to more rigorous designs in the future.

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4.1.3 Types of data

Data is generally categorized into one of two groups: quantitative data and qualitative data. Because of their complementary strengths and weaknesses, many programs wisely seek ways to incorporate both quantitative data and qualitative data.

**Quantitative data** are numerical and can be analysed through a range of statistical techniques, including percentages, averages, counts, as well as statistically significant relationships between the measured variables. Analysing quantitative data is helpful in determining if the changes detected could have happened by chance or whether they are attributable to participation in your program. A disadvantage of quantitative data is that it cannot capture what you don’t ask nor can it reflect the complexities of participants’ experiences.

**Qualitative data** involve written or verbal responses and are helpful for exploring participants’ experiences outside of the narrower survey questions or quantitative measures. Qualitative methods assist organisations in knowing more about the complexities of their program use and outcomes. They can also explore nuances of a program that might not be captured through other means and can uncover emerging themes that may not yet be on an organisation’s radar. Although qualitative data cannot address some of the inferential statistics that quantitative data can, qualitative data still follow rigorous standards and conform to established procedures and can be analysed using computer programs designed for this purpose.

4.1.4 Data collection methods

Just as it is crucial to match the program to the evaluation design, it is equally important that the method of data collection is appropriate to the type of evaluation. Common data collection methods include surveys and questionnaires, interviews, focus groups, and observation.

**Surveys and questionnaires** are highly structured and intended to gather quantitative (and some qualitative) data. They require advance planning and preparation, particularly if it is necessary to create an instrument rather than use an existing, established one. That process includes deciding on questions, testing and revising before beginning the data collection. Questions in a survey include closed questions, which present the options for answers, open-ended questions, which allow participants to answer a question in their own words, and filter questions, which lead participants to a specific set of questions if applicable to them. Surveys and questionnaires can be used in both quantitative and qualitative analysis.

**Interviews** are less structured means to gather qualitative (and some quantitative) data and give both participants and programs flexibility to ask new questions, follow insights where they lead, and draw out and expand upon feedback from participants. They may be written down in notes or recorded for later transcribing. Semi-structured interviews start with a set of questions in mind, with some adaptability during the interview; in-depth interviews start with topics in mind but have little formal structure as the interviewer uses discretion on where to take the conversation.

**Focus groups** are similar to interviews but expand to gather a group of participants together and make it efficient to collect information from multiple people at once, making this a time-
and money-saving option for data collection. The interactions between the participants can be both a benefit and a drawback. On one hand, their conversation helps develop their insights and perhaps bring topics to the conversation that might not have if they were interviewed separately. On the other hand, participants might be unduly influenced by the opinions of group members, influencing their responses away from their authentic opinions and insights. Also, if there is sensitive information to be shared, participants will be more likely to either withhold the information or adjust it. The facilitator is crucial in ensuring that each member has the opportunity to contribute and that the conversation stays on-topic and respectful.

**Observation** can be a helpful method of gathering data about behaviour that is not biased by the participant’s self-reports, which tend to be vulnerable to the need to be presented in a good light. Organisations can use established instruments to guide observation or, if needed, can develop their own instruments. As with surveys, creating observation instruments should be treated with great care and include pilot testing and revising. Observation can be conducted live (for instance, in a school classroom) or taped and then coded for behaviour later. Data can be quantitative (for instance, counts of how many times a behaviour is observed in a period of time) or qualitative.

### 4.2 Options for measurement techniques

The following provides examples of existing approaches to measurement, categorised according to context: umbrella approaches (organisational or general approaches), person-centred approaches, and specific field approaches. It is not an exhaustive list, rather offers an overview of some of the approaches available to organisations as they make their way from establishing outcomes to measuring them. Please see Appendix E for a matrix overview of the measurement approaches including strengths and weaknesses of each.

#### 4.2.1 Umbrella Approaches

Some approaches are applicable generally to organisations of any size and stage. Theory of Change and Logic Models are approaches which many of the techniques below are based upon. These terms are often used interchangeably however there are differences between the two which are described below. Results Based Accountability can also be classified as an overarching approach as it includes fundamental principles which other approaches utilise. All of the umbrella approaches can be used as standalone techniques.

**Theory of Change**

A Theory of Change (TOC) identifies and defines all steps required to achieve a long-term goal. The steps are defined in terms of outcomes, results, accomplishments, or preconditions. The TOC process hinges upon defining all of the necessary and sufficient conditions required to bring about a given long term outcome. It uses backwards mapping, requiring planners to think back from the long-term goal to the intermediate and then early-term changes that would be required to cause the desired change. The result is a pathway of change which provides a map of the required process to obtain the goals\(^{22}\).

There are six stages to a TOC approach;

1. Identify long-term goals
2. Conduct ‘backwards mapping’ to identify the preconditions or requirements necessary to achieve that goal with explanations of why these preconditions are necessary and sufficient
3. Identify basic assumptions about the context (some TOC approaches may not include this stage)
4. Identify the interventions that the initiative will perform to create the desired change
5. Develop indicators to measure the outcomes to assess the performance of the initiative
6. Write a narrative to summarise the logic of your initiative

A major characteristic of TOC approaches is stipulating *how* and *why* the desired change is expected to happen. This requires justification at each step to explain the hypothesis that something will *cause* something else. Justifying these hypotheses as well as identifying indicators are key differences between TOC and logic models. TOC approaches also tend to be less standardized than logic models\(^{23}\).

Resources: The Center for the Theory of Change provides worked examples and TOC software; http://www.theoryofchange.org/

Program Logic Models

Program logic models (or logic models) set out the resources and activities that comprise a program and describe the changes that are expected to happen as a result. Program logic models are essential to the evaluation process because they visually illustrate the primary elements of a program which comprise all resources, activities, inputs, outputs, outcomes, and impact of the relationships between them. There should be clear, logical links between each stage of the model and clear relationships between activities and intended outcomes\(^{24}\).

In essence, the logic model serves as a roadmap for the program, indicating why the proposed activities, as long as they are implemented as intended, should result in the intended outcomes. Programs and organisations can refer to the model regularly to understand how things are proceeding and where there might need to be an adjustment to the model. It also helps as a tool to clearly communicate across the organisation and to other stakeholders about the goals and activities of the program and helps ensure everyone is on the same page.

A common question about program logic models focuses on their level of detail. Essentially, the level of detail in program logic models should be determined by their intended use and users. There should be enough detail to make it clear what needs to be done and measured in order to demonstrate whether changes occur. It is generally accepted that logic models tend to be less detailed than theory of change models.

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Resources: The United Way format of program logic models is widely used with freely available resources online including logic model templates.

See: http://www.yourunitedway.org/outcome-measurements

Results Based Accountability

Results Based Accountability (RBA), also known as Outcomes Based Accountability, takes desired outcomes and works backward to identify what needs to happen for the end result to occur. To achieve this, questions such as ‘What do we want?’ ‘What will that look like?’ ‘How do we get there?’ are asked to assist the process. RBA uses the desired end results as the grounding for all of the work, including decision making and budgeting. Data resulting from indicators and performance measures are collected regularly and measured against a baseline. This provides information for measuring progress or change and can inform decision making. As there may be a large number of different decision makers within an organisation, data are often required on a large number of different indicators.

There are two parts to RBA which allow it to be used on a variety of levels: Population Accountability and Performance Accountability. Population Accountability is where a community (city/state) is accountable to its families (citizens), whereas Performance Accountability pertains to the managers of an organisation (service providers) being accountable to their customers/stakeholders (service users).

Benefits of RBA:

- A renewed focus on generating program or policy goals and objectives
- New collaborations across constituencies
- Willingness of program managers and other professionals to put themselves on the line
- Development and implementation of useful service-related data systems
- Creativity and innovation in programming
- Acknowledgment of the immediacy of children’s needs

Limitations of RBA:

- Focuses programs on most attainable, rather than the most desirable goals
- Favors objectives that are measurable, even if they are secondary, over objectives difficult to capture that are at the heart of the program
- Rhetoric or measurement may become an end in itself

• May seriously compromise programs’ abilities to undertake necessary process or implementation study
• Often decontextualises the challenges that programs face as they attempt to help clients change

Resources: The Results Leadership Group provides resources and training of RBA in Australia; http://www.resultsladership.org.au/. The Implementation guide for Results Based Accountability can be found at www.raguide.org.

4.2.2 Social Responsibility Based Approaches

Social responsibility takes into account the financial, environmental, and social impacts of decisions and actions an organisation undertakes. The following approaches help organisations understand and account for the impact of their work and recognise that the true social, economic, and environmental value of organisations is yet to be fully understood or adequately reported.

Social Accounting and Auditing

Social Accounting and Auditing (SAA) is about assessing the social value generated by an organisation. Social value within the organisation itself is also included in SAA; that is, internal issues are considered, as well as external.30 SAA involves steps which may be modified depending on the scale of the organisation.31 Upon completing each step a decision is then made to continue (or not) to the next step. Below is the process the Social Audit network provides with pertinent questions at each stage:

1. What difference do we want to make? Ensuring that the vision, mission and values are clear. Ensuring internal objectives are being met. Clarifying the objectives. Identifying stakeholders and key stakeholders.
2. How do we know we are making a difference? Understanding and identifying indicators and outcomes. Confirming the scope and planning the social accounts. Putting the plan into action and obtaining data and the results from consultation with stakeholders.
3. What is the difference we are making? This involves drafting the social accounts – either in basic or advanced format. The data gathered in step two are used to report on performance, impact and key outcomes, comparing them to targets and benchmarks where appropriate.
4. Can we prove we made a difference? This is the audit stage where the draft accounts are tested by the Social Auditor and the panel. The Social Audit statement is completed and signed off, the Social Report finalised and a Summary produced if required.32

SAA requires outcomes to be demonstrated and reported and, where available, encourages the use of actual financial indicators. This approach generates a historical performance of the organisation rather than predict future performance.

Resources: Further information, including a DIY kit for organisations to plan and run a tailored SAA, can be found on the social audit network site; www.socialauditnetwork.org.uk

**Global Reporting Initiative**

The Global Reporting Initiative (GRI) is an international network based organization which creates sustainability reporting framework and guidelines. A main characteristic of the GRI Sustainability Reporting Framework is that it is the result of extensive consultation. The framework and guidelines have been created with reference to a large number of international agreements and norms. GRI indicators were developed to help organizations know what to monitor. The following are the five steps of the framework as provided by Global Reporting Initiative:

1. **Prepare**: internal discussion initiated, especially at management level, to identify the most obvious positive and negative economic, environmental and social impacts.

2. **Connect**: stakeholder input sought on what aspects should be included in the final report.

3. **Define**: The stakeholder input in step two will confirm if the positive and negative aspects identified by the management team in step one are the ones that really matter. This will define the focus of the report and the reasons for the choices should be clear.

4. **Monitor**: Gather the data that will go into the final report.

5. **Report**: The final step involves not only the preparation and writing of the final report, but also important decisions about the best ways to communicate the results of the report. The next cycle starts right here.

Resources: Information regarding the GRI focal point for Australia, as well as the latest guideline manual can be accessed from https://www.globalreporting.org/Pages/default.aspx

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Social Return on Investment

Social Return on Investment (SROI) measures social, environmental, and economic outcomes of an organisation and uses monetary values to represent them. A ratio of benefits to costs is then able to be calculated. For example, a ratio of 3:1 indicates that an investment of $1 delivers $3 of social value.\(^{35}\)

SROI can be tailored to the needs of an organisation. An SROI analysis can concentrate on a specific aspect of the organisation’s work or focus on the social value generated by the entire organisation. It can be conducted as an in-house exercise or, alternatively, may be directed by an external researcher. SROI may be performed retrospectively and based on actual outcomes that have already taken place or forecasted by using predictions of how much social value will be created if the activities reach their desired outcomes.

Carrying out an SROI analysis involves six stages:

1. Establishing scope and identifying key stakeholders. It is important to have clear boundaries about what your SROI analysis will cover, who will be involved in the process and how.
2. Mapping outcomes. Through engaging with your stakeholders you will develop an impact map, or theory of change, which shows the relationship between inputs, outputs, and outcomes.
3. Evidencing outcomes and giving them a value. This stage involves finding data to show whether outcomes have happened and then valuing them.
4. Establishing impact. Having collected evidence on outcomes and monetised them, those aspects of change that would have happened anyway or are a result of other factors are eliminated from consideration.
5. Calculating the SROI. This stage involves adding up all the benefits, subtracting any negatives and comparing the result to the investment. This is also where the sensitivity of the results can be tested.
6. Reporting, using and embedding. Easily forgotten, this vital last step involves sharing findings with stakeholders and responding to them, embedding good outcomes processes and verification of the report.\(^{36}\)

SROI is more prescriptive than SAA, and uses a formal impact map rather than allowing flexibility on use of tools.\(^{37}\)

Resources: Further information can be found at http://www.thesroinetwork.org/
For information regarding training in Australia see http://socialventures.com.au/sroi-training/

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4.2.3 Person-centred approaches

These approaches focus on gathering data from the people involved in the initiative whether it be the service provider or service user or both. Person centred approaches bring program reporting to a human interest level, increasing awareness of program improvement to everyone involved.

Outcomes Star

Outcomes Star is a tool for supporting and measuring change when working with people. There are a number of versions of the Outcomes Star adapted for various client groups such as families, older people, and mental health clients. An Outcomes Star reading is taken by the worker and service user at the beginning of their time with the project. Using the ladders or other scale descriptions, they identify together where on their ladder of change the service user is for each outcome area. Each step on the ladder is associated with a numerical score so at the end of the process the scores can be plotted onto the service user’s Star. The process is then repeated at regular intervals (every three, six or twelve months depending on the project) to track progress. The data can be used to track the progress of an individual service user, to measure the outcomes achieved by a whole project and to benchmark with a national average for similar projects and client groups.38

Resources: Further information can be found at the Outcomes Star website http://www.outcomesstar.org.uk/outcomes-star-home/outcomes-star-australia.html

For information regarding training and obtaining a license in Australia see http://www.anichaconsulting.com.au/

38 Triangle Consulting Social Enterprise Limited (2012) http://www.outcomesstar.org.uk/ Preston Park House, South Road, Brighton, East Sussex, BN1 6SB.
Feedback Informed Treatment

Feedback Informed Treatment (FIT)\textsuperscript{39} uses information gathered from the service user to measure the therapeutic alliances between service provider and service user. The client feedback is obtained from two simple standardized paper and pencil scales. The first measure is the Outcome Rating Scale (ORS) which is a simple four-item measure designed to assess areas of life functioning known to change as a result of therapeutic intervention. The scale is used at the start of every session. Each area of functioning is scored and plotted on a graph to indicate increases or decreases in functioning over time.

The second measure is the Session Rating Scale (SRS) and is used at the end of every session. It aims to measure the therapeutic alliance and the clients’ perception of respect and understanding, relevance of the goals and topic, client-practitioner fit and overall alliance. The SRS is also scored and plotted on a graph to obtain a quantitative measure of the therapeutic alliance between the client and counsellor. The SRS is one of the best predictors of outcome across different types of therapy.

The Feedback Informed Treatment measures provide staff with accurate quantitative data to assist them in decision making regarding the overall effectiveness of therapy and when to continue or terminate therapy. The measures therefore assist clinicians to identify when therapy is ineffective sooner rather than later and to refer to alternative services.

Scott Miller, the creator of FIT states that the three Steps of FIT are:

1. Create a “culture of feedback”
2. Integrate alliance and outcome feedback into clinical care
3. Learn to “fail successfully.”

Resources: For more detailed information and access to graphs a free trial can be requested through https://www.fit-outcomes.com/


Most Significant Change

The most significant change (MSC) technique involves the collection of significant change (SC) stories emanating from the field level. The most significant of these stories are selected by panels of designated stakeholders or staff. SC stories are collected from those most directly involved, such as participants and field staff. Stories are collected by asking a simple question such as: ‘During the last month, in your opinion, what was the most significant change that took place for participants in the program?’\textsuperscript{40}

The designated staff and stakeholders are initially involved by ‘searching’ for project impact. Once changes have been captured, various people sit down together, read the stories aloud and have regular and often in-depth discussions about the value of these reported changes.

\textsuperscript{39} Feedback Informed Treatment (FIT) Manual (n.d) CatholicCare, Diocese of Wollongong.

When the technique is implemented successfully, whole teams of people begin to focus their attention on program impact.41

The ten steps described in the MSC process:
1. Raising interest at the start
2. Defining the domains of change
3. Defining the reporting period
4. Collecting SC stories
5. Selecting the most significant of the stories
6. Feeding back the results of the selection process
7. Verification of stories
8. Quantification
9. Secondary analysis and meta-monitoring
10. Revising the system42


4.2.4 Specific field approaches

The final two approaches are examples of techniques designed for specific contexts which focus on determining a service user’s progress.

**AusTOMS**

The collective name for three different outcome measurement tools, AusTOMS is used in the Australian physiotherapy, speech therapy, and occupational therapy professions. The AusTOMs were developed due to the need for a common or standard therapy outcome measurement tool within Australia and were derived from the United Kingdom’s Therapy Outcome Measures (or TOMs). The domains used to rate outcomes are: impairment, activity limitation, participation restriction, and well-being. These four domains measure changes pre-service and post-service with a level of difficulty scale ranging from zero (the most severe impact on the service user) to five (being no difficulty for the service user). The overall purpose is to capture the changes resulting from therapy provision, meaning that the outcomes proposed during service user admission are typically service provider-defined rather than service user-defined outcomes.43

Resources: Further information can be found from La Trobe University http://www.latrobe.edu.au/health/professional/clinicians/australian-therapy-outcome-measures-austoms

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Goal Attainment Scale
The Goal Attainment Scale (GAS)\textsuperscript{44} enables the service user to identify their own expected goals for service in partnership with the service provider. Once these goals have been identified, a matrix is developed by which the level of goal attainment can be scored after service has been implemented. For example, a score of -2 represents an outcome of less change than expected, 0 (zero) is the expected outcome level (i.e. the service user has reached their expected goal after service implementation), and an outcome of +2 is an outcome of much more than expected. Therefore, use of the matrix allows the service user to identify and score service outcomes according to their own subjective perspective.\textsuperscript{45}

4.3 Considerations for transition approaches and summary

A focus on the “how” of implementation is as important as a focus on the “what” in determining the outcomes. As the Parenting Research Centre puts it: “Without addressing ...organisational and individual challenges as part of a planned, purposeful and integrated implementation strategy, interventions, even effective ones, may not produce the desired effects for parents and children.”\textsuperscript{46}

A continued collaborative approach, based on consultative processes and ongoing conversations across the network, will be important for building ownership for the framework from the grassroots up, for ensuring the outcomes framework is practical and implementable, and for making certain that the framework reflects the nature of the CSSA network’s service delivery approaches.

As one participant in the roundtable sessions noted, developing a network level approach to outcomes is necessarily both aspirational and developmental. On the aspirational side, it will be important to build consensus and momentum around the vision and advantages for building an evaluative outcomes approach into the fabric of the network. Outcome-driven organisations focusing on evidenced-based practice deliver more for their clients and are more efficient and effective organisations. Program and service monitoring systems, sound evaluative practice, and continuous improvement mechanisms provide organisations with the insight and knowledge to reduce effort where it has little impact and increase focus on the things that matter most and really work. Staff who have a clear line of sight to the end outcomes they are achieving—and who are part of the development of systems to help them achieve these outcomes—are more motivated and focused on those common goals that unite their organisation. Communicating and building this vision will be an important aspect of the transition process. Some recommendations as CSSA builds this aspirational vision across the network include:


\textsuperscript{45} Quilliam, C. & Wilson, E. (2011). Literature Review - Outcomes measurement in disability services: a review of policy contexts, measurement approaches and selected measurement tools. Melbourne: Deakin University

• Communicate the vision, the importance, and benefits of a common outcomes framework across the network. Emphasise that it is an iterative process that will take time and might look different in practice in different agencies.

• Invite the network to reflect on the outcomes, especially the signature construct of hope and dignity. Articulate specifics of how that construct can be captured and measured on a local level.

• Begin conversations about the outcomes framework in every agency. *Where do we see ourselves in these outcomes? How are we going to get to where we want to go with these outcomes? What do we want and need to achieve? What specifically needs to be done to achieve the broad outcomes?*

• Develop a transition plan of how to take the network from the current state to the desired state. This project explored and outlined the current state of the network; the next stage will utilize this information to map out the path for getting from here to the desired goal of a fully integrated outcomes framework that works at every level of the network, taking into account the realities of the network diversity as reflected by the survey results.

At the same time this process is necessarily developmental and should be modulated to meet an individual organisation where it is and encourage development toward participation in the outcomes framework. How agencies align with the outcomes framework is something they need to do individually; the model is intentionally broad in order to be inclusive of the diversity across the network. Any transitional steps to implementation need to acknowledge the diversity of CSSA network organisations—diverse in size, focus, and resources and diverse in level of readiness to undertake the evaluation process. Some considerations in the transition:

• Encourage agencies to develop theories of change and project logic models if they do not already have them, which will help individual organisations to identify their process of change and understand how they map onto the common outcomes framework.

• Underscore that, as each agency thinks through how the outcomes framework can support and advance their work, it doesn’t need to be the same methods for everyone. Local nuances and context need to be considered, including remote and Indigenous clients, low literacy areas, etc. Similarly, not all (and perhaps very few) agencies will be ready for the gold standard of outcome data collection, analysis and reporting.

• Leverage across the network, pooling resources and sharing lessons on methods and tools, used already. This could take form in several possible ways, including the creation of a subgroup network of experts/evaluators across the agencies and the formation of working groups on various aspects to advance the agenda over a longer period of time. Working groups could also be created across the network organised by service function, size, and/or stage of readiness for using the outcomes framework.
• Select an agency within the network to develop and pilot a formative evaluation process that could be followed by other organisations in the network. This kind of pilot study would provide a model for others as well as helping to communicate important information about evaluation processes and building capacity within the network to share expertise from early adopters.

We have not recommended specific tools/instruments to apply as more work would need to be done at a local level. This will be part of the next phase and requires a continued iterative process including insights, ownership, and translation to a local level that was begun in this project and will need to continue at all levels and branches of the network.

Best practice design considerations for the CSSA network should include pre- and post-measures, comparison with non-program participants to isolate program effects, and follow-up in order to determine whether participants are able to sustain behaviour change into the future. Best practice methods would include a mix of qualitative insights and quantitative measures, some anonymous/confidential feedback, and the opportunity to gain stakeholder feedback where relevant.

In reality, demonstrating best practice and value for money through consistent, evidence-based outcomes measurement and reporting may be some time off for a number of agencies in the network. Bolstering resources and skills on a collaborative network-wide basis would be a logical and much needed next phase to achieve best practice in an outcomes orientated approach to the delivery of social services.
Appendix A: FSP Footprint of the CSSA Network

The network of 59 Catholic Social Services Australia (CSSA) member agencies provides social services to over a million Australians each year. Federally-funded family support services are delivered in every state and territory by over 30 of these agencies.

Catholic Social Services Australia’s vision for a fairer, more inclusive society springs from an understanding of the fundamental dignity, sanctity and worth of all human life. People flourish when they are part of healthy relationships, families, communities, and societies. The most important measure of success of our community is the degree of dignity, equality and participation that is experienced by all members of society.

CSSA members seek to serve their communities in a way that reflects Catholic Social Teaching, and echo the mission, vision and values of Catholic Social Services Australia. A key measure of the impact of the CSSA network is that people are able to reach their potential and participate fully in the communities within which they belong.

Across the network in 2012-13, Catholic Social Service agencies delivered almost every type of service that is funded under the Family Support Program. The greatest proportion of activity was in the counselling services, followed by education and skills training and family dispute resolution. Over 84,500 clients attended almost 115,000 individual sessions and received more than 123,500 hours of service delivery. Nearly 70,000 clients attended centre-based services and over 32,000 clients received support from an outreach service.

The CSSA network provides support that is accessible and relevant to the Indigenous population, with 2.5% of all clients identifying as Aboriginal or Torres Strait Islander descent. Over 1,700 clients identified as being from a non-English speaking background.

The CSSA network supports individuals and families through a range of challenges. The majority of clients (34,393) approached services for support with relationship issues and for assistance through family separation (23,484). Over 9,000 people sought help for mental health issues.

The CSSA network performs above the national FSP average against most of the key performance indicators and national targets set by the Department of Social Services. Clients reported increased social connection and economic engagement, safer family and community environments and improved family functioning. The vast majority of clients were satisfied with the services.

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47 The CSSA Core Practice Principles for family support services were developed in consultation with member agencies and CSSA’s Mission and Identity Reference Group and reflect Catholic Social Teaching. (More information about Catholic Social Teaching can be found on the CSSA website.)

48 Data from reports provided to Department of Social Services, including the Family Support Program Annual Service Reports and Service Delivery Summaries.

49 On 1 July 2014 the Family Support Program was included in the Families and Communities component of the new Department of Social Services broad-banded programmes.
## Appendix B: Proposed Outcomes and References

<table>
<thead>
<tr>
<th>Key domain</th>
<th>Key construct / drivers</th>
<th>Indicators</th>
<th>Sources</th>
</tr>
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• Australian Research Alliance for Children and Youth (ARACY). (2014). The Nest action agenda: Improving the wellbeing of Australia’s children and youth while growing our GDP by over 7%. Canberra: ARACY  
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<th>• Australian Research Alliance for Children and Youth (2012). A national plan for child and youth wellbeing. A review of the literature. KPGM.</th>
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**Language and cognitive development**


**Literacy and numeracy**


**Parent engagement in learning**

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| Improved family functioning | Loved and safe | Family interactions | • Australian Research Alliance for Children and Youth (ARACY). (2014). The Nest action agenda: Improving the wellbeing of Australia’s children and youth while growing our GDP by over 7%. Canberra: ARACY.  
• Najman, J. M., Behrens, B. C., Andersen, M., Bor, W., O’Callaghan, M & Williams, G. M. (1997). Impact of family type and family quality on child behavior problems: A longitudinal study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36(10), 1357-1365
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<td>Australian Research Alliance for Children and Youth (ARACY). (2014). <em>The Nest action agenda: Improving the wellbeing of Australia’s children and youth while growing our GDP by over 7%</em>. Canberra: ARACY</td>
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## Appendix C: Proposed Outcomes Framework and SCORE mapping

<table>
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<td>Healthy physical development</td>
<td>Engage in learning and academic achievement</td>
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<td>Preventable hospitalisations and injuries</td>
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### Domain Mapping

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<th>Immediate: (Indirect: Increased parental capacity)</th>
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<td>Goal domains: changed knowledge, changed skills, changed behaviours, changed impact of immediate crisis, changed engagement with services</td>
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### Proposed Outcomes Framework

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**Long Term:** Improved child, adult and family wellbeing, Increased economic engagement

**Outcome domains:** education & training, wellbeing and self-care, physical health, mental health, community participation and networks, managing money

**Intermediate:** Improved adult functioning

**Goal domains:** changed knowledge, changed skills, changed behaviours, changed impact of immediate crisis, changed engagement with services

**Immediate:** Increased personal agency, Increased parental capacity

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<td>Perception of child friendliness</td>
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**Long Term:** More cohesive communities

**Outcome domains:** community participation and networks, personal and family safety

**Intermediate:** Improved community functioning

**Goal domains:** Changed community structures, changed knowledge, skills and behaviours for group, changed skills and practices within organisations

**Immediate:** Increased positive community connectedness
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<td>Goal domains: Changed community structures, changed knowledge, skills and behaviours for group, changed skills and practices within organisations</td>
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<td></td>
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<td>Immediate: Increased positive community connectedness, increased personal agency</td>
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<tr>
<td>CSSA Signature Construct</td>
<td>Improved sense of hope and dignity</td>
<td>Resilience</td>
<td>Attainment of goals</td>
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<td></td>
<td>Long Term: Improved child, adult, and family wellbeing</td>
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<td>Intermediate: Improved adult functioning, improved child wellbeing, improved family functioning, improved community functioning</td>
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<td>Immediate: Increased personal agency, stronger family relationships, increased parental capacity</td>
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<td></td>
<td>Outcome domains: wellbeing and self-care, community participation and networks, mental health</td>
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<td></td>
<td>Goal domains: client satisfaction, changed confidence to make own decisions, changed impact of immediate crisis, changed knowledge, changed skills, changed behaviours</td>
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</tbody>
</table>
Appendix D: Overview of outcomes framework

**KEY OUTCOME DOMAINS**

- Improved community wellbeing
- Improved adult functioning
- Improved family functioning
- Improved child health and wellbeing

**MEASUREMENT CONSTRUCTS AND INDICATORS**

- **Improved community wellbeing**
  - Safe neighbourhoods
  - Perception of community safety
  - Access to safe recreation facilities and spaces

- **Improved adult functioning**
  - Parental health and wellbeing
  - Parental education and employment
  - Parental mental health
  - Parental substance misuse
  - Parental self-efficacy

- **Improved family functioning**
  - Loved and safe
    - Family interactions
    - Family social network
    - Positive relationships with parents
    - Family conflict

- **Improved child health and wellbeing**
  - Social and emotional wellbeing
    - Mental health
    - Peer relationships, social competence, optimism, resilience
    - Positive relationships with non-family adults
  - Healthy
    - Healthy birthweight and immunisation
    - Breastfeeding, nutrition, activity and healthy weight
    - Healthy physical development
    - Preventable hospitalisations and injuries
    - Healthy habits
  - Material wellbeing
    - Stable housing
    - Family economic situation
    - Knowledge of essential life skills
  - Access to services
    - Access and use of early intervention
    - Access/use/satisfaction with services

**KEY MEASUREMENT CONSTRUCTS AND INDICATORS**

- **Improved sense of hope and dignity**
### Appendix D: Overview of outcomes framework

#### Improved child health and wellbeing
- Positive parenting: Attachment, responsivity, warm interactions; Communication, role modelling, time/discussion with children; Appropriate structure/monitoring, discipline, routines; Parenting self-efficacy; Contact with non-resident parents
- Learning: Home learning environment; Participation in early education and care and school attendance; Engagement in learning and academic achievement; Language and cognitive development and literacy and numeracy; Parent engagement in learning
- Healthy: Healthy birthweight and immunisation; Breastfeeding, nutrition, activity and healthy weight; Healthy physical development; Preventable hospitalisations and injuries; Healthy habits
- Material wellbeing: Stable housing; Family economic situation; Knowledge of essential life skills
- Achieving goals: Meeting client identified goals
- Sense of belonging: Participation in community activities; Interpersonal trust; Tolerance of diversity
- Access to services: Access to and use of early intervention; Access/use/satisfaction with services

**IMPROVED SENSE OF HOPE AND DIGNITY**
## Appendix E: Measurement Approaches Matrix

<table>
<thead>
<tr>
<th>Approach</th>
<th>Description</th>
<th>Key Concepts</th>
<th>Strengths</th>
<th>Weaknesses</th>
<th>Best suited for</th>
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</thead>
<tbody>
<tr>
<td><strong>Theory of Change (TOC)</strong></td>
<td>Graphic representation of pathway of change showing requirements necessary to achieve goals. Includes explanations of why requirements are necessary and indicators to measure performance of initiative. Uses backward mapping.</td>
<td>Preconditions, outcomes, results, accomplishments, justification, indicators</td>
<td>Evaluates appropriate outcomes at the right time and in the right sequence</td>
<td>Potentially time consuming</td>
<td>Complex initiatives</td>
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<td>Explains why an initiative worked or did not work, and what exactly went wrong</td>
<td>Labour intensive</td>
<td>If requiring rigorous plan</td>
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<tr>
<td><strong>Program Logic Models</strong></td>
<td>Diagrammatic illustration of program showing what it is supposed to do, by whom and how. Uses a cause and effect premise.</td>
<td>Resources, activities, inputs, outputs, outcomes, and impact</td>
<td>Provides easy to understand ‘at a glance’ information.</td>
<td>Doesn’t demonstrate why activities are expected to produce outcomes</td>
<td>Program overviews</td>
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<td>Summarizes a complex theory into basic categories.</td>
<td>Does not always identify indicators</td>
<td>Broad stroke planning</td>
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<td>No training required</td>
<td>Potentially too simplistic to be useful</td>
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| Results Based Accountability (RBA) | Data are regularly collected and reported to address questions of whether results have been achieved. Uses backward mapping. | Results, action experience, plan, indicators, baselines, strategy, budget, accountability, partners | Simple, common sense framework  
Facilitates rapid action  
Provides common language | Choosing appropriate indicators can be difficult  
Does not provide information on why results achieved/not achieved | Program planning; including program start up and improvement planning  
Policy making |
| Social Accounting and Auditing (SAA) | A framework to assess, examine and verify organisations impact on their environment in three ways; social, environmental and financial. | Social value, defining scope, multi-perspective, verifying, transparency | Flexibility in use of social accounting tools, e.g. modified impact map, indicator tree | Labour intensive e.g. requires continual independent auditing  
Limited capacity for benchmarking | Organisations achieving results that cannot be reduced to numbers but can be verified objectively  
Exploring internal issues |
| Global Reporting Initiative (GRI) | Provides principles and indicators for organisations to measure and report their economic, environmental and social performance | Stakeholder inclusiveness, sustainability, materiality, completeness, timeliness, accuracy, reliability, clarity, comparability | Provides common language  
Frameworks continually updated according to feedback | Framework perceived as demanding in terms of time/resources etc | Large scale organisations |
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<tr>
<td>Social Return on Investment (SROI)</td>
<td>Uses money as the common unit of analysis to measure the value of something, regardless if economic, socio-economic or social. Uses a cost-benefit analysis</td>
<td>Ratio, cost-benefit analysis, stakeholder involvement, impact map, changes, value, transparency, verification, indicators</td>
<td>Able to be integrated in existing monitoring and evaluation approaches (does not need be an add-on activity) Can be used to forecast or evaluate</td>
<td>Very specific data e.g. production technology, market price fluctuations, environmental risks, etc. may be required Limited capacity for benchmarking</td>
<td>Organisations who generate or procure social value Developing public policy</td>
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<tr>
<td>Outcomes Star</td>
<td>Uses a Star Chart onto which the service user and worker plot where the service user is on their journey. The attitudes and behaviour expected at each of the points on each scale are clearly defined, usually in detailed scale descriptions, summary ladders or a quiz format.</td>
<td>Model of change, progress, goals, scales, assessment, measurement, collaborative, empowerment, integration</td>
<td>Visual, easy to understand format Works on organisational, program and practitioner level Gathers both quantitative and qualitative info Collaborative i.e. With clinician and service user.</td>
<td>Specific to clients in case-managed services Requires a user license</td>
<td>Organisations providing case management</td>
</tr>
<tr>
<td>Feedback Informed Treatment (FIT)</td>
<td>Uses graphs and scales to collect and measure quantitative information obtained from the service user regarding the therapeutic alliance</td>
<td>Outcome rating scale, session rating scale, quantitative, therapeutic alliance</td>
<td>Simple to understand and straightforward to implement</td>
<td>A quantitative measure of therapeutic alliance only</td>
<td>Organisations providing clinical/therapeutic service</td>
</tr>
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| Most Significant Change (MSC) | Collects stories from people engaged in the programs, most significant stories selected by designated stakeholders to be reflected, discussed, actioned upon | Storytelling, results, anecdotal evidence, changes, stakeholder involvement, regularity, candidness, value | Good means of identifying unexpected changes  
Requires no special professional skills  
Delivers a rich picture of what is happening  
Can clearly identify the values that prevail in an organisation | Can be more time consuming than some quantitative monitoring or evaluation  
Requires environment where participants feel safe to be candid and a culture where it is acceptable to discuss ‘failures’ as well as ‘successes’ | Monitoring focused on learning rather than financial focus  
Organisations with repeated contact between field staff and participants  
Highly customised services to a small number of beneficiaries (e.g. family counselling)  
Bottom-up initiatives that do not have predefined outcomes against which to evaluate |
| Specific Field Approaches | Goal Attainment Scale (GAS) | Uses simple scale to score change of service user relative to pre identified goals. Service user and service provider choose goals for service user collaboratively | Goals, matrix, pre-service, post-service, partnership | Straightforward to use flexibility for goal selection | Requires predicting range of outcomes that the service user may experience as a result of service delivery | Organisations delivering goal based services to service users |

Catholic Social Services Australia Collaborative Approach to Measuring Family Support Outcomes
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<tr>
<td>AusTOMS</td>
<td>Uses international classification of functioning scale to measure service users change over a period of allied health therapy</td>
<td>Impairment, activity limitation, participation restriction, well-being, pre-service, post-service, impact on service user</td>
<td>Very simple and quick to administer</td>
<td>Requires ‘clinical judgment’ so used only by clinician, not service user</td>
<td>Organisations delivering allied health services</td>
</tr>
</tbody>
</table>