

Impact measurement and client wellbeing

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Client Wellbeing Pilot Final Report

“How do we know if what we’re doing is helping people?”

Executive summary

It’s the question community organisations seeking to help their clients’ change their lives have to ask themselves every day. This is quickly followed by, “How do we measure that impact and aggregate the results to show how much difference the whole organisation is making?”

- As part of grappling with these questions Mission Australia commenced an impact measurement pilot to better understand how our services contributed to clients’ journeys towards independence. The pilot was designed to inform funders and donors on program outcomes and Mission Australia on the effectiveness of its services.
- In order to do this, Mission Australia conducted the Client Wellbeing Pilot to test whether a client wellbeing measurement approach could be used in various service settings as a proxy for assessing clients’ progress to independence and whether our services are demonstrating positive outcomes for clients.
- The Client Wellbeing Pilot utilised a survey which was mainly comprised of the Personal Wellbeing Index (PWI). The PWI was chosen as it is recognised as a valid and reliable tool to measure wellbeing. Furthermore, extensive testing of over 100 measurement tools showed the PWI to be relatively easy to implement and meaningfully interpret within Mission Australia. Subsequently, practical indicators were incorporated in a survey which was measured over repeat waves and combined with administrative data.
- The Mission Australia Client Wellbeing Pilot was implemented in two Commonwealth Government funded programs – Stream 4 Job Services Australia (JSA) jobseekers and Personal Helpers and Mentors (PHaMs) community mental health program clients during 2014/5. The utility of the pilot relied on developing sound outcomes hierarchies and a theory of change as well as collaboration across teams.
- Mission Australia saw significant improvements for the PHaMs clients across a range of wellbeing domains after eight months in the program including

standard of living, future security, health and achieving in life. Significant improvements were not seen in the wellbeing of JSA Stream 4 jobseekers. Generally JSA participants remained at the same levels of wellbeing after six months.

- Whilst this pilot was limited in scope, it does indicate that a strengths-based, holistic service models like PHaMs can be effective in supporting clients in achieving independence. Conversely, in programs with contract constraints and single focus outcomes which limit the capacity to provide intensive holistic supports, significant improvements in client wellbeing were not seen.
- As Mission Australia continues to roll out wellbeing measurement to other service models we will be able to see how we best assist clients on their journey to independence and seek continuous service improvement through ongoing reflection. The pilot will inform Mission Australia on appropriate service design, performance and outcomes measures as we work to our goals of reducing homelessness and strengthening communities.
- As funders and donors increasingly seek demonstration of program outcomes and are moving to outcomes based payments, Mission Australia’s wellbeing measurement pilot may provide a model for broader application to community sector contracting and evaluation.



Recommendations

- Find the right measurement tool for the purpose required. Over a number of years many tools were tested for suitability; this pilot considered the Personal Wellbeing Index (PWI) the most appropriate fit for Mission Australia.
- An evaluation framework needs to be in place in order to measure impact and outcomes, including a theory of change, outcome hierarchies and program level logics.
- Data collection systems and expertise need to be in place to ensure data can be collected and validated. These require investment, but without these we cannot measure our outcomes.
- To improve wellbeing and independence service models which are flexible, offering wrap around services and are recovery based produce positive outcomes as seen in this pilot with respect to PHaMs.
- Some prescriptive service models may not be effective in improving client wellbeing. In this pilot, the PWI did not help us answer the question whether jobseekers in JSA Stream 4 achieved positive outcomes measured against placement into employment or training.
- Involving service level staff in both the design and implementation stages is a critical component of success in terms of data collection and service improvement.



Background

Mission Australia is a non-denominational Christian community service organisation that has been helping people to regain their independence for over 155 years.

A good quality of life is closely associated with independence, which includes the ability to achieve one's potential and the opportunity for social and economic participation. Our service experience tells us that the factors behind a loss of independence are different for each individual and the paths to regaining it can be complex. Mission Australia has developed a theory of change and outcomes framework, which includes outcomes hierarchies for each of our service streams. Together, these show how the outcomes Mission Australia services achieve contribute to higher-level outcomes for clients and the wider community. For program specific program logics and hierarchies, see Appendix C.

An intensive literature review was undertaken to identify suitable indicators and measures which could be used across our services. These measures act as proxies for indicators of independence. The Mission Australia Client Wellbeing Pilot was implemented in two Commonwealth Government funded programs – Stream 4 Job Services Australia (JSA) jobseekers and Personal Helpers and Mentors (PHaMs) community mental health program clients during 2014/5.

The Personal Helpers and Mentors service (PHaMs) is a non-clinical recovery-focussed support service for people experiencing mental health issues. It is funded by the federal Department of Social Services (formerly FaHCSIA) and Mission Australia delivers services in 11 locations across metro, regional and remote areas in NT, NSW, SA, VIC and TAS. Each PHaMs client receives flexible case management support for an unlimited amount of time. A typical period of case management would be between 6-12 months. Goals set and achieved by PHaMs clients vary based on a client's individual recovery needs.

Job Services Australia (JSA) is a Government funded network of organisations that is contracted through the Department of Employment (formerly the Department of Education, Employment and Workplace Relations) to deliver employment services to unemployed jobseekers on Government income support payments and employers. JSA providers cover over 1,000 sites across Australia delivering Job Services Australia.¹

For the purposes of this pilot we only considered those job seekers who were in Stream 4. Stream 4 clients are those that are assessed as having the most barriers to employment, often they experience multiple barriers such as poor literacy and numeracy as well as mental health barriers to employment. Non vocational support and interventions include Skills for Education & Employment (SEE) courses, parenting courses and personal development. Interventions also focus on addiction and counselling services, homelessness and mental health.



1. Formally Department of Education, Employment and Workplace Relations (DEEWR).

Purpose

The aim of the pilot was to enhance our understanding of the impact we were having through delivering interventions to improving wellbeing (as described below), and ultimately to measure clients' journeys towards independence.

Additionally, the pilot was used to develop and test performance measures so that practitioners could reflect on how well they were doing.

The method used to develop and reflect on performance measures was informed by a Results Based Accountability™ approach. The pilot was also designed to inform funders and donors on program outcomes and Mission Australia on the effectiveness of its services.

Primary purpose

To measure clients' journeys towards independence using the Mission Australia Client Wellbeing Survey.

Secondary purpose

To enhance understanding across Mission Australia of how to undertake credible outcome measurement and the implications of this for staff, clients and funders.

Tertiary purpose

To capture clients' wellbeing at three points to enhance our understanding of the role of interventions in improving wellbeing.

Mission Australia and Client Journey to Independence

Mission Australia believes a good quality of life is closely associated with independence, which includes the ability to achieve individual potential and the opportunity for social and economic participation. Important components of this are positive social relationships, respect and dignity, and the ability to exercise choice. To develop a stronger understanding of what this means for our clients, we reflected on Mission Australia's strategic goals, program logics and service models. We found that self-efficacy and optimism, confidence and fulfilment, and participation and inclusion were common themes across all of Mission Australia activities.

Mission Australia developed a series of frameworks and instituted a logical framework approach which forms part of our understanding of outcomes, as well as a methodology to

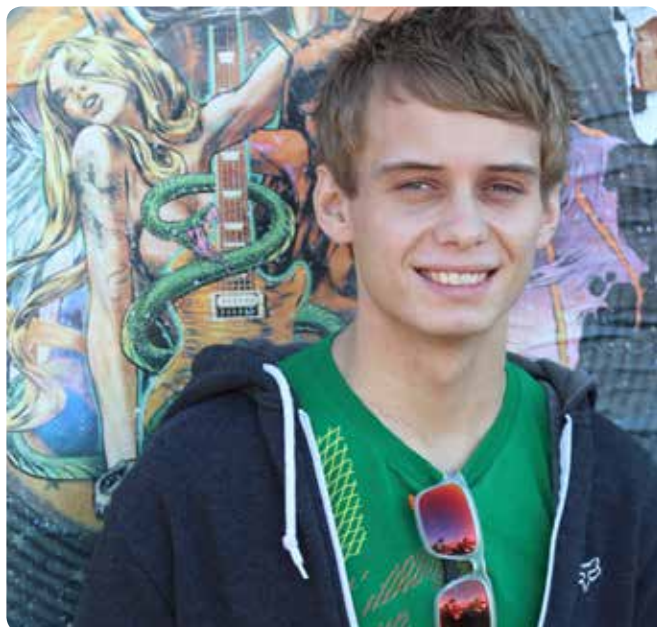
The theory of change articulates the desired impact we hope our clients achieve through our services. The theory lays out all the necessary inputs, activities and outcomes needed to achieve the specified goal. These are not just program goals, but also goals of the organisation with different departments and areas of the organisation working together to achieve the goals.

measure against these. Our services use program logics which map expected behavioural change at the program level.

This theory sets out the assumptions and explanations as to how to achieve independence and more importantly how we understand it which opens up the discussion of how we then evaluate our activities and understand our impact. These assumptions explain both the connections between early, intermediate and long term outcomes and the expectations about how, which and why proposed interventions will bring the expected changes in the clients.



Purpose (cont)



Much research was considered on what independence means and for Mission Australia taking a strengths based approach was important, rather than a deficit approach. This saw common themes emerging such as the ability to achieve one's potential and the opportunity to participate fully in life. Important components of this are positive social relationships, respect and dignity, as well as the ability to exercise choice.

Critically, for independence to be experienced there are three pillars that our theory rests on, these are:

Self-efficacy and optimism

Confidence and fulfilment

Participation and inclusion

The literature also told us that independence was experienced through stages or transitions; and throughout a person's life course. To achieve independence all people need support and commonly, this comes from their family, friends, neighbours and communities. Assistance needed may be intensive and short-term or continuous. For those people requiring long-term support, independence means having some degree of choice and control over the type of assistance they access. The occasion where support is needed often coincides with a period of transition or change, for example a change in living arrangements, moving through childhood into adolescence and adulthood, or a change in financial circumstances.

Importantly, there are occasions when support from family, friends, neighbours and communities cannot be realised; as for some people, their needs are complex or they may live away from their families and, long-term, they require a greater degree of support. Several circumstances lead people to seek assistance from outside of their immediate support networks, including a breakdown in family relationships, social stigma, isolation or complex needs that require specialist support services. Such support needs to provide assistance towards the progressive realisation of goals and the achievement of milestones, whilst empowering and building resilience in people. To achieve this Mission Australia's work adheres to some key principles. These include:

- **Prevention:** if you can prevent problems either early in life or as soon as they occur then the need for services is often shortened. Prevention strategies aim to positively influence behaviour and reduce risk.
- **Advocacy and Client Voice:** Mission Australia recognises that to achieve independence more than service provision is required. Our ability to influence and determine positive outcomes also stems from our ability to advocate on behalf of disadvantaged people.

Purpose (cont)

- Evidence based practice: means that we learn from our practice experience and share what works to deliver the best outcomes for our clients. In turn, this helps us to employ active engagement strategies that raise the rate of participation in and completion of, programs by people identified as likely to benefit.
- A common theme in our case management approach is the participatory inclusion of clients in identifying the service supports that they require. We ensure that our seamless service delivery process is client driven, and spans the boundaries of the service and organisation.
- A commitment to fostering community development drives much of our work and in its broadest sense, can be understood as the planned evolution of all aspects of community wellbeing, including economic, social, environmental, cultural and spiritual aspects.

Through providing support programs and services to individuals, families and communities we aim to increase their self-efficacy and optimism; confidence and fulfilment as well as their participation and inclusion and consequently their independence.



Evaluation at different levels of organisational strategy

	Inputs, Outputs & Activities		Outcomes		Impact
Organisational strategies	Early intervention and prevention	➔	Self-efficacy and optimism	➔	Independence
	Advocacy and client voice		Confidence and fulfilment		
	Evidence based best practice and case management		Participation and inclusion		
Evaluation methods	Input and output measurement using existing administrative systems	➔	Development of indicators	➔	Data analysis and reflection in theory of change and practice
			Consultation with service and organisational staff		Reporting back to stakeholders and practitioners
			Lessons from previous pilots		
			Mission Australia Client Wellbeing Survey Pilot		

Methodology

Development and selection of measures

From this, measurable indicators were developed to quantify client progress. During 2011/12 Mission Australia piloted over 100 outcome measures from sources such as the Australian Bureau of Statistics (ABS), Household Income and Labour Dynamics in Australia Survey (HILDA) and World Health Organisation (WHO), and the Personal Wellbeing Index (PWI) to get an understanding of which measures were effective in capturing change and which could be easily implemented and analysed.

From this experience we learnt that we needed to keep the process of capturing the data simple for both staff and clients: the administration had to be easy for the staff to understand; the tool easy for clients to complete; and the measurements meaningful for the service providers. When reviewed, many of the tools piloted, whilst validated, were not appropriate across the complexity of the organisation. Once wellbeing was recognised as an appropriate proxy, Mission Australia decided that the Personal Wellbeing Index (PWI) best met our criteria as it captures clients' subjective opinions on 'your life as a whole', 'your health', 'standard of living', 'achieving in life', 'feeling part of the community', 'future security' and 'spirituality', which all relate to our understanding of independence (Cummins & Lau 2005). To capture information more particular to our client group we added single item measures for housing, financial security and health.

The Personal Wellbeing Index (PWI) was deemed the most appropriate measure to meet the needs of the organisation whilst being able to measure against the core components of Mission Australia's theory of change. This index was chosen as it has been used in Australia for the past 12 years and has been used internationally in over 50 countries. Over this time it has been shown to be a valid and reliable measure of subjective wellbeing. It also has been used by the sector in similar contexts including an evaluation of the Youth Connections

program undertaken in 2014 and a Benevolent Society 2013 evaluation of its PHaMs services.

For Mission Australia the concept of wellbeing is important as it considers the multidimensional nature of being human, capturing people's feelings and real experience in a direct way which measure self-reported happiness and life satisfaction (Conceicao and Bandura ND). Subjective wellbeing is important as it is about the experiences of the individual and does not include objective conditions such as wealth.

Other performance measures and data collection techniques were developed in consultation with key program staff. Different approaches were used to overcome the practical issues associated with consulting geographically dispersed service staff. In the PHaMs programs consultation occurred at the site level via program staff who validated measures and sought input from clients. There was also a clear synergy between Mission Australia's expected outcomes and those specified in the PHaMs contract, which added validation to the final measures chosen. In the JSA services, discussions were held with managers around the expected outcomes and the appropriateness of the measures.

In developing the performance measures, PHaMs required the addition of a Mission Australia Caseworker Survey. For the JSA pilot, comprehensive data already collected for service reporting was deemed sufficient.

To measure progress over time, as the literature suggested, we would expect to see an improvement in wellbeing after 3 months of an intervention. By surveying clients on intake (Wave 1) and again at follow up 3-4 months later (Wave 2) it was hoped that we would be able to measure any improvement in outcomes. This approach enabled us to standardise the data collected across groups and provide a robust picture of what is happening as clients' access services. After the first two waves a decision was made to include a further wave of data collection.

Training

For both service streams, training was provided to all service and program managers who were responsible for the data collection. This was either done through a workshop

2. The PWI is continually evaluated by the International Wellbeing Group using data from over 50 countries. It has been shown to have construct validity (it's seven domains uniquely contribute to one stable construct of wellbeing); convergent validity (correlated with similar measures); reliability (produces similar measures over time).

Methodology (cont)

or webinar where they were trained in the data collection method and research ethics, as well as the Mission Australia Client Wellbeing Survey. Managers were then tasked with the implementation of the pilot at site level.

Sampling

The Wave 1 sample frame included all new PHaMs clients over a three month period (May - July). For JSA clients the sample frame was all new Stream 4 jobseekers, or those newly placed into an employment, education, or training outcome during the same time period. The Wave 2 and Wave 3 sample frame included clients who had completed the survey in Wave 1, excluding those who had exited the service, or were unable to complete the follow up surveys for reasons beyond our control (e.g. serious illness, death, incarceration).

Consent and ethics

The pilot underwent an organisational ethical review and was deemed as low risk. An information sheet and consent form in plain language was written for clients prior to undertaking the survey.

It was mandatory for staff to offer the Mission Australia Client Wellbeing Survey to all new clients as above, however client participation was voluntary.

Staff were also informed not to offer the survey to clients who they felt were psychologically or emotionally unable to answer the questions or those clients where there was a risk of causing distress. Informed consent was sought by providing clients with a consent and information form explaining their rights not to participate and that they could

withdraw at any time. Data was de-identified at collection and no identifiable data was made available.

Data collection

PHaMs program managers were responsible for rolling the pilot out across services, with data being collected by program managers and caseworkers. In JSA sites employment advisors had the responsibility of offering the survey to those eligible.

An online version of the Client Survey was developed and made available to all service staff, as well as a paper version, which could be completed and manually entered by Mission Australia research staff. An online version of the Mission Australia Caseworker Survey was also developed and made available to all PHaMs service staff.

Wave 1 data collection commenced in April 2014 and Wave 3 survey data collection finished in March 2015. Timings for data collection were determined by individual sites with a three month window between each wave of data recommended.

Analysis

Data captured from the client surveys, caseworker surveys and administrative sources were combined on the basis of service client ID.

Due to the longitudinal nature of the research and to ensure comparability of findings there was a need to base wave-on-wave comparisons on data gathered from the same matched set of clients.



Resources/Tools (See Appendices C and D)

Tools: Personal Wellbeing Index (PWI)

Subjective wellbeing is known to be a relatively stable construct at the population level (i.e. it doesn't fluctuate or change much over time). This is because people tend to 'self-regulate' their wellbeing – in other words, we try to manage it so that it is stable – a solid level of wellbeing is something we all tend to seek. Notably, if circumstances are particularly difficult (i.e. if someone doesn't have housing, is being abused, etc.) then that self-managing mechanism is compromised and lower levels of wellbeing result. In situations such as this, the PWI is a particularly sensitive instrument and if we address such circumstances we might reasonably expect the PWI to pick up on improved levels of wellbeing.

The PWI encompasses the constructs of satisfaction with the following domains: standard of living; health; achieving; relationships; safety; community; future security. It also includes a stand-alone question on satisfaction with life as a whole.

The survey participants are asked to rate their satisfaction with these domains on a scale of 0-10. The scores on these seven domains are averaged to form a single composite personal wellbeing score that is standardised onto a 0-100 point scale, where 0 is completely dissatisfied and 100 is completely satisfied.

The following guidelines are given by the developers of the index for the interpretation of individual subjective wellbeing scores as measured by the PWI:

70+ points: 'Normal': A person is likely to be experiencing a normal level of wellbeing.

51-69 points: 'Challenged': Personal wellbeing is likely to be challenged / compromised.

<50 points: 'High-risk': Very low personal wellbeing / strong likelihood of depression.

In Australia, the average PWI is approximately 75.

Tools: Other Self-Reported Outcome Measures

The survey tool also included some single item questions to ensure that all domains in Mission Australia's outcomes hierarchy were properly covered. To achieve this we added questions from the HILDA survey and Longitudinal Survey of Australian Children (LSAC) and the WHO Quality of Life (WHOQOL) to monitor the progress of our clients.

PHaMs Only Measures

PHaMs program managers took part in defining appropriate performance measures as part of a training workshop. The measures developed were shared with other PHaMs staff to validate and shortlist. As well as being validated by case workers, the measures were validated by peer workers and clients. Some of the measures were already included in the client survey. However, a questionnaire for case workers was developed to capture data on any remaining measures.

The caseworker survey collected their opinions on the participant in terms of how they were faring across a range of indicators (such as managing daily living tasks, connection with community and engagement with appropriate support services for their recovery needs).

Administrative Data

Administrative systems were used to match the responses with the demographic profile of the clients, and JSA performance measures. The justification for this was to keep the survey anonymous and to examine the functionality of our systems in undertaking this work. This administrative data was used to match the demographic profile of the clients entering the service in comparison to the client intake over the same period to ensure representativeness of the responses. In the PHaMs pilot the Mission Australia Client Information Management System was used and for the JSA pilot the Mission Australia Client Records Management System was used.

Key lessons from the pilot: implementing outcomes measurement



Lesson 1: Consider what is already known (within and outside the organisation)

Before developing outcomes indicators, Mission Australia developed sound outcomes hierarchies and a theory of change (See Appendix C). It is on these frameworks that the outcome indicators and measures rest. This highlights the importance of allocating time and resources upfront to comprehensively understand high level organisational goals, and those of the programs. Mission Australia allocated time and resources into conducting thorough research of existing national and international measurement tools, as well as piloting these tools. This was important to the success of this pilot. The tools were:

- Suitable for measuring the outcomes within our outcomes hierarchies and theory of change;
- Able to be implemented using collection methods which were practical for our client groups; and
- Reliable and valid, and had normative data. This provided confidence in the data and was crucial when interpreting findings.



Lesson 2: Outcomes measurement is collaborative

The pilot required internal resources from a number of teams and across different business units at all stages of development and implementation.

The project was guided by a Committee of the Mission Australia Board and managed by Mission Australia's research and evaluation team. The responsibilities of the research team included:

- Developing outcome hierarchies and theory of change;
- Developing outcome indicators and measures;
- Identifying and implementing collection methods;
- Monitoring response rates;
- Merging, validating, analysing and interpreting data; and
- Reporting findings in ways which were accessible for different stakeholders.

The pilot also required close collaboration with Mission Australia's Community and Employment services teams.

Additionally, a group of program managers were trained in the fundamentals of performance measurement. Through this approach, input from caseworker managers and clients was incorporated into the development of meaningful performance measures.

Program managers also provided advice on the tools and methodology and their agreement was sought before implementation. This ensured that the tools and methodology chosen were practical and meaningful. For example, caseworker managers identified that adaptations needed to be made to the data collection method for PHaMs clients as paper versions were preferred to online. Caseworkers and employment advisers invited clients to participate in the Survey, obtaining informed consent and following up with clients in Wave 2 and Wave 3. Staff were trained and supported in the collection of survey data. Additionally, information management systems were required to extract administrative data and provide the research team with advice on the database systems at regular intervals.

The analysis, interpretation and reporting of data was a collaboration between service design, delivery staff and the research team. Utilising the skills and knowledge of both research and service staff meant that the information reported back to stakeholders was meaningful and robust, and provided a strong evidence base to inform practice.

Many staff were trained and supported to undertake this pilot and there was positive feedback from different levels of services staff. The capacity of the research team and the other teams involved increased over the course of the pilot. Staff involved became engaged with the concept of measuring outcomes rather than just outputs and there was very positive feedback as to how this could be used when working in an outcomes funding environment as well as for performance improvement.



Lesson 3: Gain a better understanding of client journey by repeating measures across time

Mission Australia utilised a repeat measures design for measuring outcomes, in which the same cohort of participants were measured over three waves. This type of research design allowed us to look at average improvement over time, as well as explore individual differences between participants in their journey towards independence.

Key lessons from the pilot: implementing outcomes measurement (cont)

Although a repeat measures design allows a better understanding of change over time, participant attrition is a greater concern than for cross-sectional research.

There was some degree of attrition wave-by-wave. At Wave 1, 46% of new PHaMs clients participated in the Client Wellbeing Survey. Of these participants, 39% completed a Client Wellbeing Survey in all three waves. At Wave 1, 12% of eligible JSA Job Seekers participated in the Client Wellbeing Survey. Of these participants, 6% completed a Client Wellbeing Survey in all three waves.

Mission Australia believes that the initial response rates and attrition between the two programs was due to a number of factors:

- The PHaMs service model requires staff to provide more intense support to fewer clients than the JSA model. This may have resulted in more opportunity for staff to follow up with clients about the Survey.
- As the PHaMs program is much smaller than the JSA services, staff were able to be provided with additional training and support. This highlights the importance of collaboration with service design and delivery staff.
- The final wave of JSA collection was during the Christmas period as well as in a period of significant organisational change including lodgement and announcement of the employment services tender. This likely made it difficult to contact some participants, as well as reducing staff resources available to follow up with participants.

Further lessons about the practicalities of repeat measures survey designs were:

- User-friendly, comprehensive database systems greatly improve the ability to identify eligible participants and incorporate administrative data collected over time. This can be particularly important in collecting data about clients' participation in other program streams (such as in JSA) before the survey period.
- It is important to collect survey data as clients exit a program. We were only able to collect data from clients who continued to be part of the program at follow up waves. Although an improvement in outcomes for those who continued the program can be shown, the outcomes for clients who exited is unknown. If clients have 'exit planning' then a final survey should be offered at this point.
- Ideally, follow-up surveys would be undertaken several months after a client has completed a program. This would enable information on the sustainability of the program interventions.
- Increased sample sizes and reduced attrition would provide a better understanding of the journeys of specific groups such as those of ATSI and CALD backgrounds, those with disability; and those of different genders and age groups.



Lessons learnt from the finding: Mission Australia's Theory of Change



Finding 1: At intake many clients have very low wellbeing and barriers to independence

The pilot results show that both the JSA and PHaMs clients had very low wellbeing on entering our services. From the final complete datasets:

- Almost all PHaMs participants had a PWI score which placed them in the 'high risk' category (as above).
- Half of JSA participants had a PWI which placed them in the 'high risk' category, and a further quarter had a PWI score which placed them in the 'challenged' category.

Clients also reported very low levels across the other measures of self-esteem, control and coping. Health, housing and finances were also all poorly reported against (see Appendix A).



Finding 2: Service models which align with theory of change showed improvements in client outcomes

PHaMs

Mission Australia saw significant improvements for the PHaMs clients across a range of domains and self-reported measures after eight months in the program (see Appendix A). Most PHaMs clients (88%) experienced an increase in wellbeing as measured by the PWI over the eight months. For PHaMs clients the average change in PWI was 16, which moves them to the cusp of the 'challenged' category (as above).

Domains where PHaMs clients showed the most improvement were 'Standard of Living', 'Future Security', 'Health' and 'Achieving in Life'. Greatest improvements in these domains occurred in the first four months and continued to remain at improved levels over the following four months although at a much slower rate which enforces the need for early intervention when problems arise.

The pilot results suggest that the PHaMs service model delivers outcomes consistent with Mission Australia's theory of change and that the service model and its delivery contribute to clients' journeys to independence. The PHaMs service model aims to:

- Increase access to appropriate support services;
- Increase personal capacity, confidence and self-reliance;
- Increase ability to manage daily activities; and
- Increase community participation (both social and economic).

The PHaMs program which offers a recovery service that takes a strengths based approach was found to be effective in supporting client wellbeing and paths to independence. It is expected that similar programs will also support client wellbeing and paths to independence.

JSA

However, significant improvements were not seen in the wellbeing of JSA Stream 4 jobseekers (See Appendix B).

This may be attributed to the less flexible contract and funding constraints that limit the capacity of employment advisers to provide holistic and intensive supports for a cohort that faces multiple barriers. The JSA service model is designed to broker employment outcomes for job seekers and works best for job ready participants and is not focussed on improving wellbeing. Program providers are measured and remunerated by employment outcomes and performance is measured by a star ratings system.

It could be argued that providing opportunities for Stream 4 jobseekers for employment, education and training is a mechanism for improving wellbeing. In this pilot, Mission Australia did not see significant improvements in the wellbeing of jobseekers who were placed in employment, education or training. However, Mission Australia was not able to follow-up with jobseekers after they had exited the program to determine if employment, education and training had an impact on their wellbeing in the longer-term. Further investigation would be needed to ascertain whether the JSA model is delivering the kind of outcomes that more disadvantaged jobseekers need to achieve independence in the longer-term.

Lessons learnt from the finding: Mission Australia's Theory of Change (cont)

Challenges

The pilot presented a number of challenges to Mission Australia:

- As Commonwealth and State Governments move to outcomes based payments and measurement for program delivery, there is no common set of indicators being used. One purpose of the pilot has been to use this as an iterative process with government in tender and program design.
- Mission Australia has a diverse range of programs and services and the modified PWI approach was adapted to measure how effective our case management interventions have been in improving client independence. Mission Australia's current strategic plan has set organisational goals of reducing homelessness and strengthening communities and our further work on impact measurement will need to include additional indicators to measure outcomes against these goals.
- The timing of the pilot meant that it was being conducted when the JSA system was under review in preparation for a new contract in 2015 and the pilot was not completed before the Government released the Employment Services 2015 tender. While the results of the JSA pilot are certainly valid, it is not clear to what extent the results will be replicated (for good or bad) in the new jobactive model which commences on 1 July 2015 because there have been changes to the service model. While we were not in a position to draw on the final results to inform the new employment services model, Mission Australia did argue on the basis of preliminary finds and other research for the new model to provide greater flexibility to employment advisors who case manage jobseekers with multiple barriers to employment within an outcomes payment framework. Some flexibility has been added into the new model, but a further PWI analysis of jobseekers in the new system would be needed to determine if it achieves the same outcomes. Mission Australia will not be providing jobactive services from 1 July having entered a joint venture with Providence Services Corporation to create a new entity, Mission Providence, to provide employment services. As such, we will not be conducting further PWI analysis of employment services at this stage.
- Governments and donors expect service providers to allocate program funding to front line service delivery and Mission Australia and other providers have limited resources to develop outcomes measurement systems with the requisite IT platforms. Mission Australia has funded the pilot from existing resources, but resource constraints present a barrier to broader roll out.



How we are using outcomes measurement to inform practice

Mission Australia's Strategic Plan commits the organisation to delivering evidence-based integrated services to achieve the goals of reducing homelessness and strengthening communities. The Plan also commits Mission Australia to delivering more relevant and effective services and integrating client outcomes across core services.

Mission Australia staff reported significant value in understanding and reflecting on client outcomes. Where site results were reported and reflective practice undertaken, service improvements have been identified and implemented. The results are being used for continuous quality improvement in our services and the pilot will be continued in selected PHaMS sites to inform the design of a model for the roll out of the NDIS.

For example, in one pilot PHaMS site they placed a focus on the measure around participant connection to their family and friends. They recognised that their participants find it difficult to maintain positive connections with family and friends. The service felt that this presented an opportunity to create awareness of mental health issues and also allowing those close to participants find out more about PHaMS program and what they do by introducing regular BBQ events as an opportunity for participants to bring a family member or friend along with an aim to foster the relationship but also to create awareness of mental health.

The Client Impact Pilot will be used to inform a review of an outcomes measurement framework across Mission Australia for reducing homelessness and strengthening communities. The framework to be used will include assessment of a number of measurement tools appropriate to funder requirements and service type. Guiding principles will be applied as follows:

- Prioritise the relevance to practice of measurement and reporting of outcomes. This includes allowing flexibility of tool choice (to ensure the most appropriate tool to the service setting); coaching and support for service staff in using the tool; and embedding outcomes measurement into practice;
- Be flexible to accommodate different tools for outcomes measurement, either mandated or preferred by funders or in different service settings; or new or emerging tools to ensure currency of the approach over time; and
- Be efficient and cost effective to rollout and maintain good communications with the services.



Conclusion

Mission Australia's Client Wellbeing Pilot has been validated as a useful tool to measure and inform client journeys to independence in programs where clients receive wrap-around intensive supports, such as in the PHaMs program.

The findings of the pilot indicated that where a program has a narrow focus and a constrained delivery model such as in the Job Services Australia model, this tool is not well adapted to demonstrating service model outcomes. Where programs such as JSA do not focus on wellbeing as an outcome the tool may not be appropriate and MA will need to consider how the intended outcomes fit with the theory of change and goals of the organisation, as well as how they can be most effectively measured.

The pilot has provided a useful check on the effectiveness of targeted services in achieving client independence and will inform Mission Australia service development and practice. The pilot will also help inform the organisation as to what services it should and shouldn't be delivering.

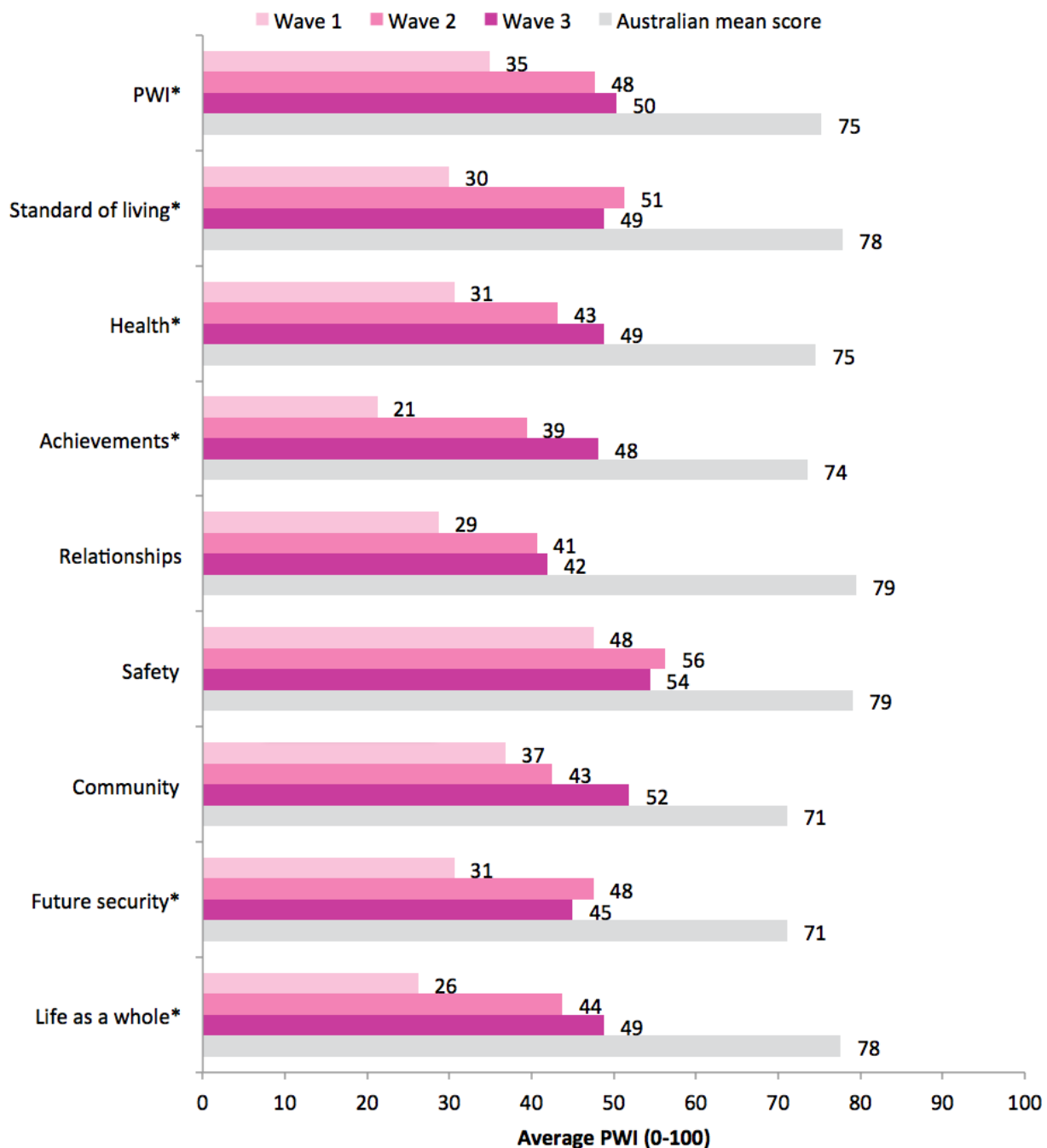
Further enhancements of the tool will be required to measure organisational goals of reducing homelessness and strengthening communities.

The pilot provides the basis of a framework to measure and assess client impact across Mission Australia's core services and will assist in developing a staged rollout of outcomes measurement and performance across service streams.



Appendix A: PHaMs results

PHaMs participants: Change in average PWI

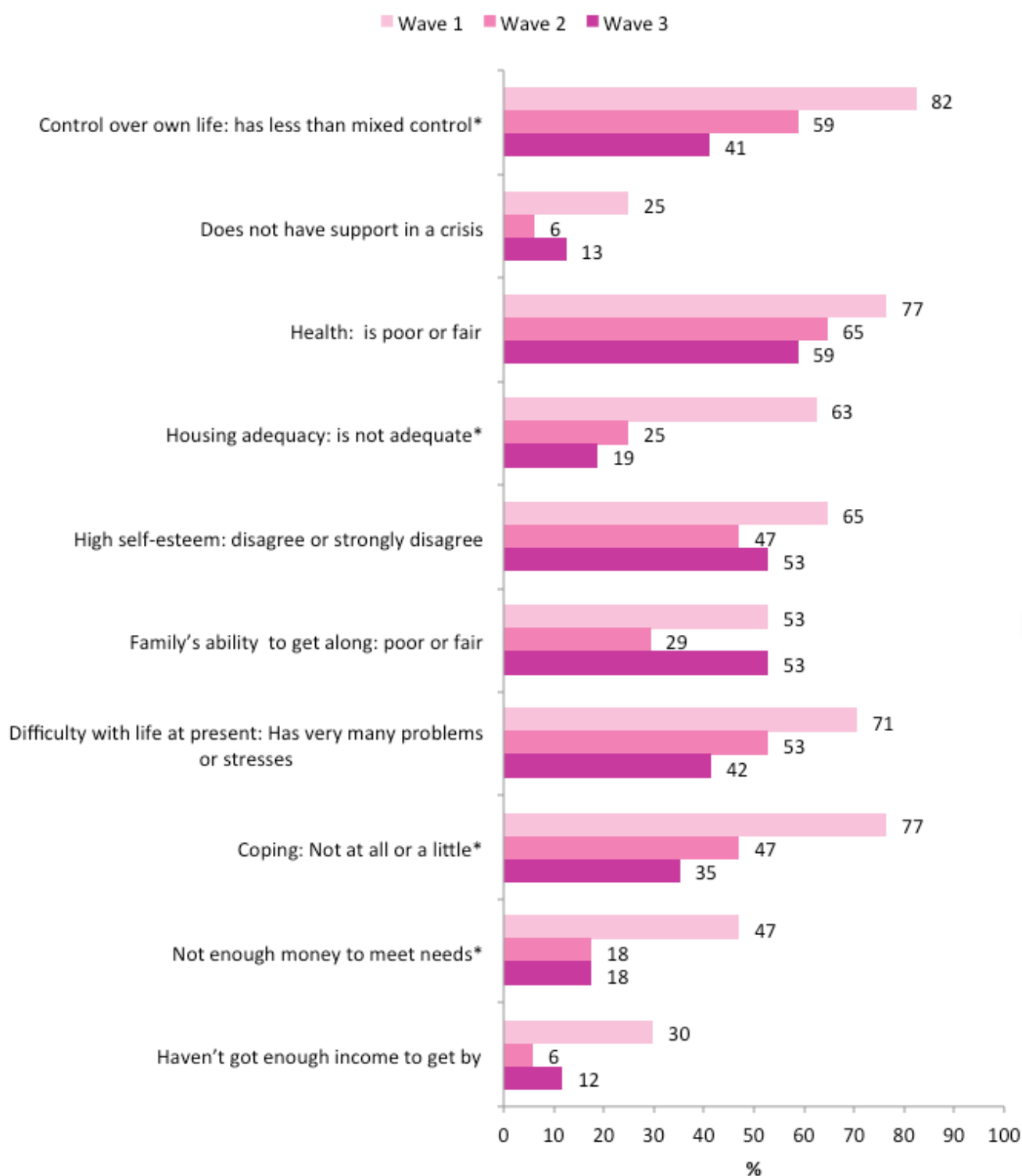


* Statistically significant change

Note: Declines between Wave 2 and Wave 3 were not statistically significant

Appendix A: PHaMs results (cont)

PHaMs participants: Change in proportion self-reporting poor outcomes

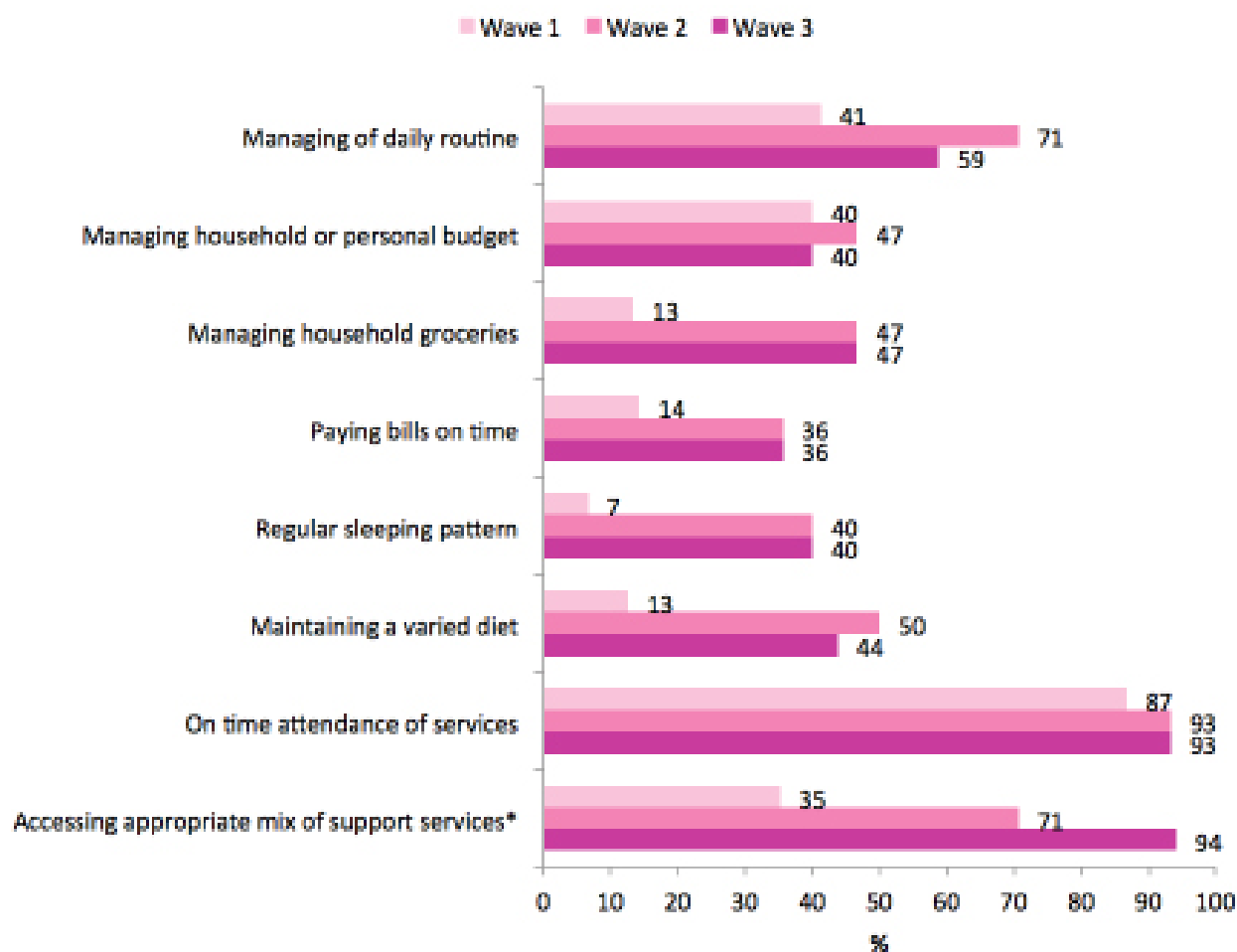


* Statistically significant change

Note: Declines between Wave 2 and Wave 3 were not statistically significant

Appendix A: PHaMs results (cont)

PHaMs participants: Change in proportion with positive caseworker assessed outcomes

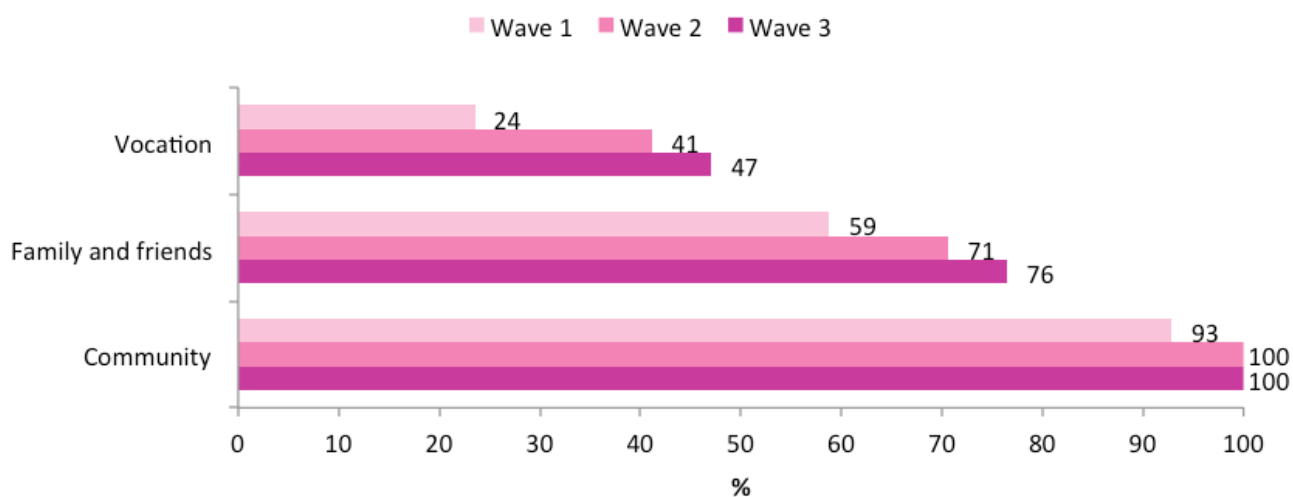


* Statistically significant change

Note: Declines between Wave 2 and Wave 3 were not statistically significant

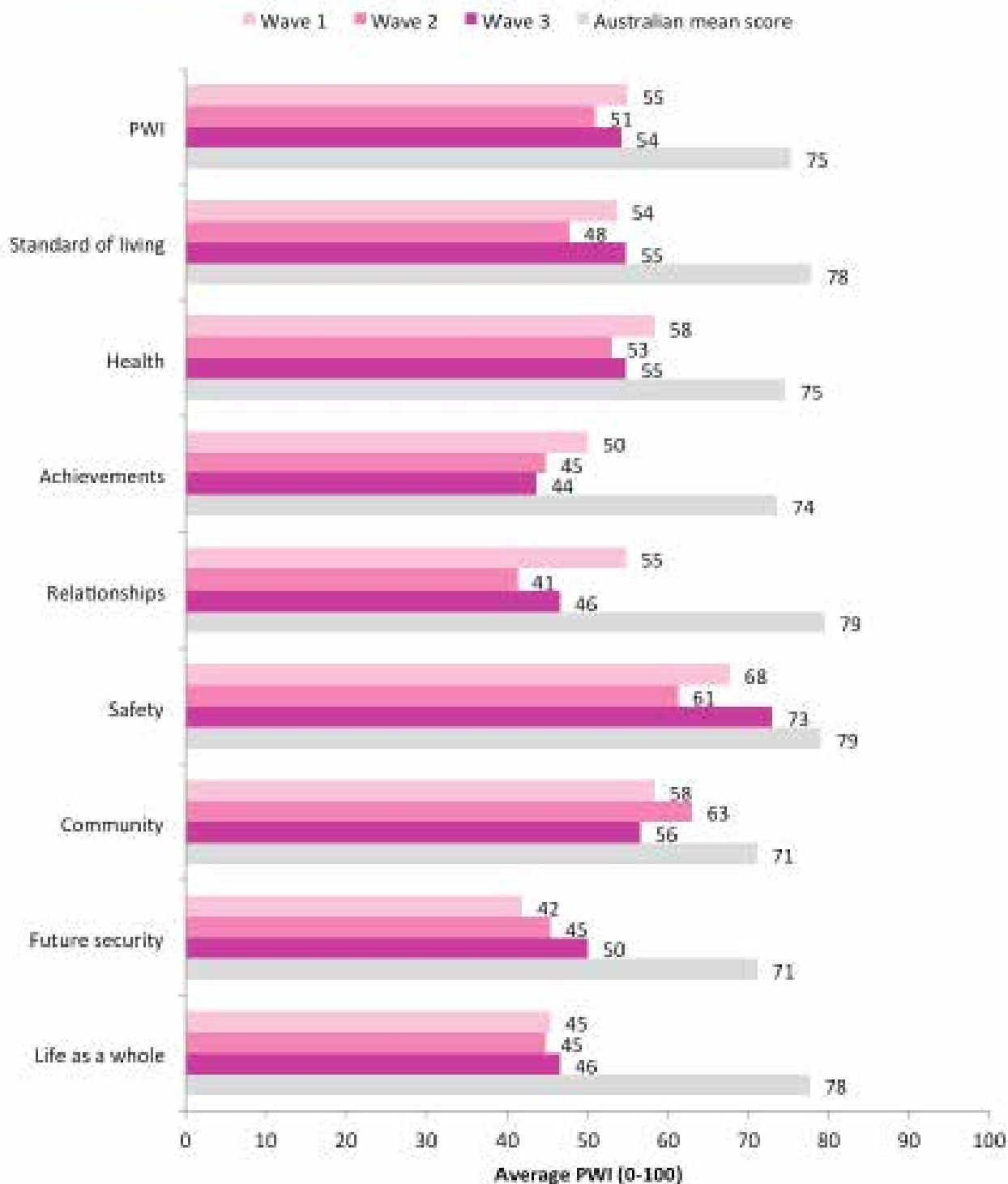
Appendix A: PHaMs results (cont)

PHaMs participants: Change in proportion with sustained connections as assessed by caseworker



Appendix B: JSA results

JSA participants: Change in average PWI

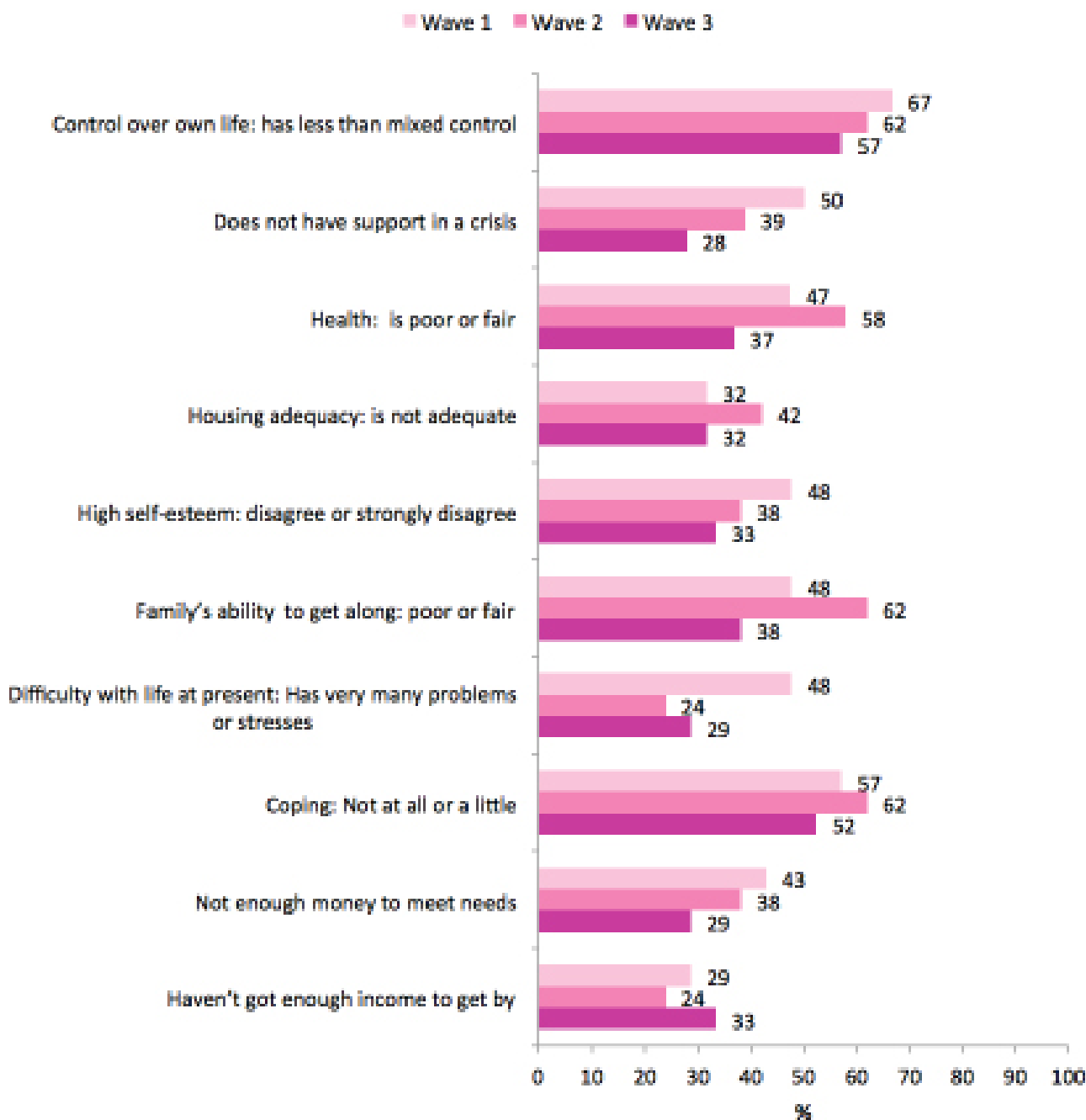


* Statistically significant change

Note: Declines between Wave 2 and Wave 3 were not statistically significant

Appendix B: JSA results

JSA participants: Change in proportion self-reporting poor outcomes



* Statistically significant change

Note: Declines between Wave 2 and Wave 3 were not statistically significant

Appendix C: PHaMs program logic



Service Description: Personal Helpers and Mentors (PHaMs) is a recovery focussed program that aims to increase the opportunities for improved functionality and independence for people whose lives are severely affected by mental illness. Participants need to be over 16 and undergo a functional assessment to be eligible.

PHaMs Objectives	PHaMs Indicators	Measures (via MACSIMS)	Short Term Outcomes	Extended Outcomes
To support participants to increase their personal capacity and self-reliance	1. Personal Capacity Percentage of clients who show improved interpersonal relationships and skills	1. Personal Capacity <ul style="list-style-type: none"> Percentage of clients who show improved relationships with family, friends and other people Percentage of clients who show improved social connectedness Percentage of clients who show enhanced interpersonal skills 	<ul style="list-style-type: none"> Client has access to information and support to improve interpersonal and social skills Client has access to information on possible social opportunities Client has received collaborative services and support to maintain their mental health 	<ul style="list-style-type: none"> Client has developed a reliable personal support system – family, friends, peers Client has improved interpersonal and social skills Client has participated in social activities occasionally Client has shown an enhanced capacity to apply coping skills
To support participants to increase their social and community participation	2. Community Participation Percentage of clients who show improved socialisation and participation in the community	2. Community Participation <ul style="list-style-type: none"> Percentage of clients who have commenced employment Percentage of clients who have commenced vocational training Percentage of clients with an increased level of community and civic participation 	<ul style="list-style-type: none"> Client has access to information on employment resources and support Client has access to information on vocational training courses Client has access to information on community activities Client has access to information on government and voting processes 	<ul style="list-style-type: none"> Client has developed a resume and has participated in job search activities Client has increased confidence to select and apply to attend vocational training Client has participated in community activities occasionally Client has participated in relevant civic processes as needed
To support participants to access appropriate support services at the right time	3. Independent Living Percentage of clients who show improved independent living skills	3. Independent Living <ul style="list-style-type: none"> Percentage of clients who show improved ability to manage daily and household tasks Percentage of clients who show improved transport and travel skills Percentage of clients who show an enhanced knowledge and awareness of self-care 	<ul style="list-style-type: none"> Client has support and resources to manage daily and household tasks Client has improved skills in travel planning and use of transport Client's self-care skills have improved 	<ul style="list-style-type: none"> Client has been able to manage daily and household tasks independently Client has been able to plan and execute travel and use of transport independently Client has gained independent ability for self-care

Employment Services Outcomes Heirarchy

Vision/
ultimate
outcome:

In a fairer Australia...

People who are able to work are:

Communities are:

Contribute
to:

Community-
level
outcomes:

Mission
Australia
service-
level
outcomes:

People who are able to work are:										Communities are:	
Work ready	Developing and achieving	Connected and participating	Experiencing economic wellbeing	Healthy	Appropriately housed	Safe	Inclusive and cohesive	Supported and resourced			
People have capacity to seek out and participate in employment	People are skilled and can maintain secure and rewarding employment	People are confident and feel positive about themselves	People can access formal and informal supports	People understand the benefits of work	People can afford the essentials of life	People can experience satisfactory physical and mental health	People have affordable housing appropriate to their needs	People feel safe in their homes and communities	People feel a sense of belonging and connection to their community	Communities offer local job and self-employment opportunities	
People have improved capacity to seek and find appropriate employment (e.g. job search skills; labour market awareness)	People are enhanced capacity to identify and pursue career pathways that match individual preferences	People have improved self-efficacy and resilience	People have stronger social and employment networks and family connections	People have increased awareness of the financial, social and intergenerational benefits of work	People have improved ability to manage personal finances and financial pressures	People have increased ability to manage physical and mental health-related barriers	People can access and retain suitable housing/ accommodation	People experience improved personal and cultural safety	People have increased opportunity to engage positively with community	Communities provide high quality secure employment	Increased community engagement in the creation of local job opportunities
People have improved personal and job readiness (e.g. communication; problem solving; motivation)	People have relevant vocational skills and qualifications		People have increased awareness of the financial, social and intergenerational benefits of work		People have financial support while training and/or seeking employment				Businesses and services work together to meet individual and community needs	People can access affordable services to support employment (e.g. legal, transport, childcare, etc)	
People have sufficient language literacy, numeracy and technology skills	People have increased capability to maintain employment										

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WHO Quality of Life-BREF (WHOQOL-BREF)



**Mission Australia helps
people regain their
independence - by
standing together with
Australians in need,
until they can stand for
themselves.**

Contact us

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