DHHS Funded Community Sector Outcomes Purchasing Framework

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Community Sector Relations Unit
Department of Health and Human Services

Tasmania
Explore the possibilities

Acknowledgements

The Department of Health and Human Services' Community Sector Relations Unit engaged ARTD Consultants to help develop this framework.

The framework has been developed in collaboration with:

- A working group of representatives from across DHHS and from the Community Sector Peaks Network
- The Deputy Secretary – Disability, Housing and Community Services
- The Community Sector Relations Unit
- DHHS Program Managers and Funding Agreement Managers
- The Community Sector Peaks Network
- A number of DHHS-funded Community Sector Organisations

The Community Sector Relations Unit would like to thank everyone involved in the development and testing of this Framework.

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1. Background

1.1 DHHS purchasing context

Governments are increasingly adopting a commissioning model for the delivery of health and human services that separates the 'system management', 'purchasing' and 'service delivery' functions.

The Department of Health and Human Services (DHHS) participates in a range of purchasing activities, working with a range of independent service providers, to deliver services aimed at improving the health and well-being of Tasmanians.

The Tasmanian Health Organisations (THOs) have been established as independent health providers in Tasmania and DHHS has developed a range of frameworks to support its system management and purchasing of the THOs.

In the community and human services context, in 2013-14 DHHS provided over $220 million in administered grants funding to approximately 250 Community Sector Organisations (CSOs), delivering over 600 services to Tasmanians in need.

With this level of investment it is vital that there is an open and transparent process to manage and acquit these public monies and ensure they are achieving improvements for the Tasmanian community.

Work is now being undertaken within the Department to align community and human services with this purchaser/provider model and improve purchasing and performance management approaches across DHHS.

1.2 A stronger focus on client outcomes

Consistent with the purchaser / provider model, there is a growing trend internationally and nationally towards commissioning for outcomes. This approach assumes that there is less of a focus on measuring inputs and activities, and more of a focus on measuring the client outcomes resulting from those inputs and activities.

DHHS is further developing its capacity to measure outcomes in a number of ways. A *Partnership Agreement between DHHS, the Department of Premier and Cabinet and the Community Sector* was signed in November 2012 setting out how government agencies and the community sector commit to working together to achieve a shared vision. The overarching goal of the Partnership Agreement is to work together to deliver quality services and improved outcomes to Tasmanians.

DHHS already has in place two frameworks to help monitor of DHHS grant programs. The *Integrated Financial and Performance Framework* sets out the principles and processes for the administration, monitoring and acquittal of grants; and the *Quality and Safety Standards Framework for Tasmania's DHHS Funded Community Sector* outlines the systems and processes

for ensuring that CSOs maintain integrated, effective and sustainable quality improvement processes.

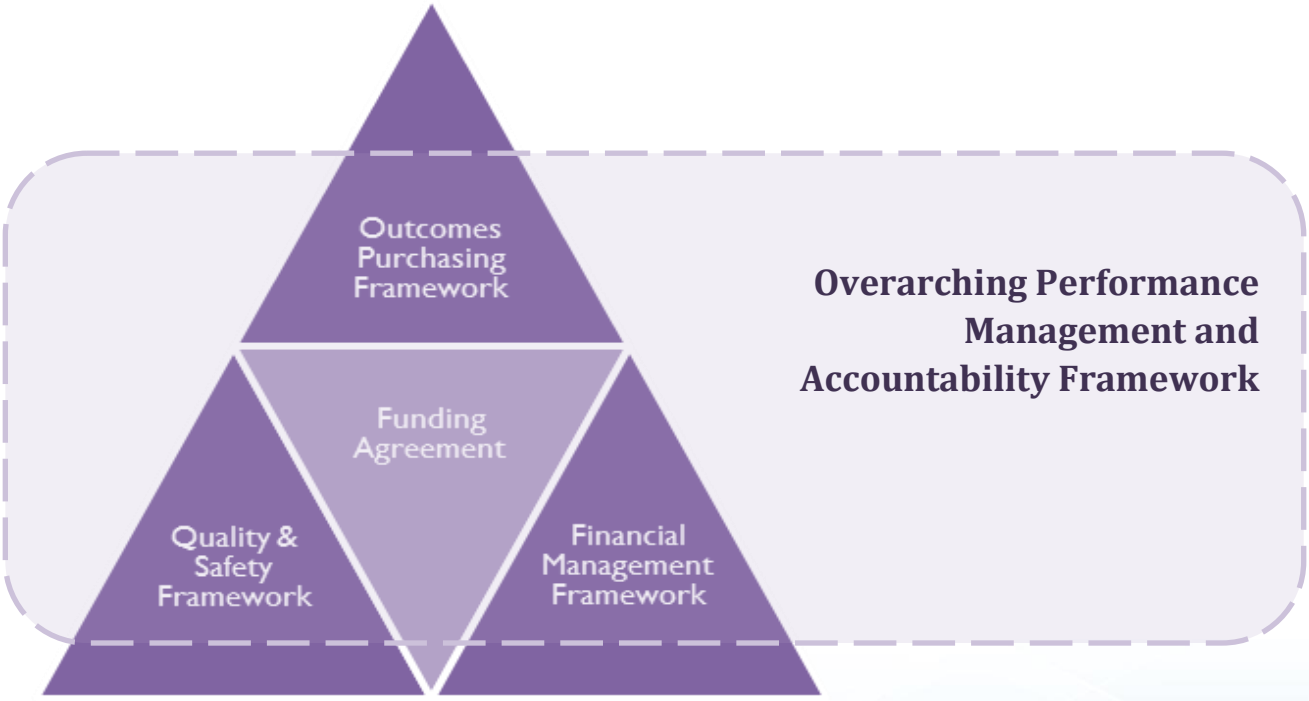
Both of these existing frameworks define DHHS-wide performance and accountability requirements associated with grant funding—and the underpinning systems and processes to monitor, assess and respond to the achievement of these requirements.
However, to date, DHHS has not had a clearly defined or consistent approach to monitoring the achievement of client outcomes associated with grant programs.

The *DHHS Funded Community Sector Outcomes Purchasing Framework* (Outcomes Purchasing Framework) outlined in this document responds to this gap in the current grants management process. The Outcomes Purchasing Framework is intended to complement existing frameworks. Together, all of these frameworks underpin the approach to the commissioning of community and human services by DHHS.

All three frameworks will be supported by a forth overarching Performance Management and Accountability Framework that will bring together the various dimensions of contractual performance. This framework is yet to be developed.

Figure 2 provides an overview of how the Outcomes Purchasing Framework complements other framework documents.

Figure 2: Relationship of Outcomes Purchasing Framework to Other Frameworks



In addition to this, the community sector is undertaking capacity building efforts around outcomes measurement. The social outcomes project, led by TasCOSS and the Community Sector Peaks Network aims to embed social outcomes measurement within program and service development, implementation, reporting and evaluation.

1.3 A stronger focus on co-production and collaboration

In line with the Partnership Agreement between DHHS, DPaC and the Community Sector, there is a strong mutual commitment to collaboration and co-production to achieve improved outcomes for Tasmanians.

This commitment is reflected in the process of developing the DHHS frameworks themselves, with input from representatives of the community sector, and in the way that the frameworks are intended to be implemented.

Co-produced *Commissioning for Outcomes* statements, mutually agreed and negotiated funding agreement performance indicators and targets, and collaborative monitoring processes, are all an integral part of the approach articulated in this Outcomes Purchasing Framework.

1.4 DHHS Outcomes Purchasing Framework

The DHHS Outcomes Purchasing Framework aims to establish a common approach to the commissioning and monitoring of client outcomes across all DHHS program areas that administer grant funding to the community sector.

The Outcomes Purchasing Framework will be used to systematically document what each DHHS program is trying to achieve, the indicators for measuring the achievement of these outcomes and the processes for using this information to improve outcomes.

Once finalised, the framework will be progressively applied so that a consistent and systematic approach to outcomes is in place for all DHHS grant programs and all Funding agreements under these programs.

The Outcomes Purchasing Framework is intended to drive better decisions about allocating government funding in ways that achieve the greatest impact on the health and well-being of Tasmanians. At the program level, this means having a better evidence base about the outcomes actually achieved and a greater focus on opportunities to better leverage the resources and expertise of CSOs to improve outcomes in the future. At the Funding Agreement level, this means ensuring a clear focus for Funding Agreement managers and CSOs on delivering outcomes as well as a more systematic and transparent approach to monitoring and assessing the achievement of outcomes as part of broader performance management arrangements for funded CSOs.

The Outcomes Purchasing Framework was tested with a number of DHHS program areas through workshops in February and March 2014 involving Program Managers, Funding Agreement Managers and funded organisations. The focus of these workshops was on applying the concepts in the Framework to current funding programs to develop examples of Commissioning for Outcomes statements. These preliminary statements are presented in Attachment 1 to illustrate the application of the Framework—although the statements themselves are only indicative and will not be finalised until further consultation is undertaken with relevant stakeholders.

2. Approach to outcomes purchasing

2.1 Aims

The DHHS Outcomes Purchasing Framework aims to:

- Achieve better **outcomes** for the community by promoting an explicit focus in grant administration and management on defining and measuring the changes we are trying to achieve for clients and the community.
- Promote a culture of **shared accountability** for the achievement of outcomes—recognising that the achievement of outcomes is often dependent on factors outside of the direct control of any individual program or any individual service provider. An appropriate outcomes framework should promote evidence-based dialogue between the purchaser and the provider about ways to improve the achievement of outcomes, rather than a narrow-focus on contractual compliance.
- Support a **consistent and straightforward** approach to setting, measuring and improving the achievement of client outcomes in Funding Agreements—by providing clear guidance and tools for the negotiation of performance indicators in Funding Agreement and systematic processes for collecting, reporting and using this information to improve the achievement of outcomes.
- Support a **partnership approach** to working with community sector organisations—including through a process of co-design in applying the elements of the outcomes framework.
- **Minimise regulatory and administrative burden**—by adopting a consistent and streamlined approach to outcomes measurement and reporting. The elements of the framework need to be practical to implement—so that the time and resources invested in data collection and reporting are cost-effective. This requires consideration of issues such as the ease and cost of collecting and reporting outcomes data and the adequacy of systems to process collected information. The framework needs to be flexible enough to cover the vast range of measurement tools and methods that are in use across government and the community sector.
- Promote **evidence-based continuous improvement**—by using outcomes information to continuously review and refine programs to ensure they remain fit-for-purpose and responsive to changing policy and delivery contexts. The provision of timely feedback to funded services and Program Managers is critical to ensure this continuous improvement.

2.2 Principles

The Department's approach to outcomes purchasing will be shaped by the principles outlined below[1].

- Realistic – Expectations about the achievement of outcomes need to reflect the level of resources available and the capacity of the community sector to influence the desired change. Outcome targets in Funding Agreements will be set in consultation with the service provider to ensure they are realistic for the level of funding and the nature of the services the CSO is contracted to deliver.
- Integration –The achievement of desired client outcomes often require changes to other, interdependent, elements of the service system. Outcome targets in Funding Agreements need to recognise the influences outside of the control of both the purchaser (DHHS) and the provider (CSO) which may affect the achievement of outcomes.
- Transparency – Consistent and transparent methods will be used for assessing the achievement of outcomes and responding to performance concerns against clear, agreed performance targets.
- Trust-based – Both DHHS and CSOs will be expected to disclose issues that may impact on the achievement of outcomes in a timely and transparent manner—with a focus on collaboration to resolve issues, and address those within the control of DHHS or the CSO, before considering escalation.
- Recognition – Sustained achievement of outcomes will be recognised and reviewed for lessons to be shared.

[1] Principles are aligned those used in the DHHS Tasmanian Health Organisation Performance Framework where they are appropriate and relevant to the human services commissioning context

2.3 Key terms and concepts

There is often confusion and misalignment of grant management approaches because stakeholders have different understandings and use of key terms and concepts such as outcomes, performance, monitoring and evaluation. While there is no consensus in the literature on the 'correct' terms and definitions, it is important that the DHHS Outcomes Purchasing Framework communicates and applies key terms coherently and consistently.

The key terms and concepts for the DHHS Outcomes Purchasing Framework are:

- **Program** – an initiative or package of initiatives funded by DHHS that is designed to achieve a particular outcome (e.g. specialist homeless services). A **sub-program** is a service-type that contributes to the delivery of that broader program (e.g. intake and assessment, crisis accommodation). Programs and sub-programs form the basis for *Commissioning for Outcomes* statements (usually developed at the sub-program level) and Funding Agreements with CSOs. **Program Areas** are the business units in DHHS that are responsible for the management of funding under that program and any associated Funding Agreements (e.g. Housing Tasmania)

- **Objectives** – a description of the overarching rationale for the program (why resources are allocated or actions are undertaken). A program can have one or more objectives, which do not need to be measurable

- **Outputs** – the specific products or services to be delivered within agreed specifications e.g. case management for 200 high-needs clients impacted by / experiencing mental illness

- **Outcomes** – a measureable description of the product, end-point or change that is trying to be achieved as a result of some action or intervention. Implicit in the concepts of an outcome is that any intervention may result in multiple changes and there may a range of desirable 'intermediate' points prior to the end-point

  In the context of a grants program, these are often labelled as particular types of outcomes:

  – Program outcomes - the set of intermediate changes causally related to the program outputs that evidence indicates need to be achieved in order to achieve the stated program objectives for the clients impacted by the program (e.g. client engagement in setting recovery goals; achievement of client recovery goals; increased client participant in the community)
  – Population outcomes - the ultimate changes for clients and the community that the program contributes to—but the full achievement of which depends on things outside of the direct control of the program (e.g. reduction in unplanned hospital admissions for people with a mental illness)

- **Outcomes hierarchy –** a description of the relationship or logic between the program outputs, program outcomes and population outcomes—often presented as a simple diagram highlighting key causal assumptions. The level of complexity required within an outcomes hierarchy often depends upon its purpose

- **Theory of Change –** is often used where the outcomes hierarchy also captures information about the context, unique assumptions and pre-conditions, and external

factors that impact on the achievement of these outcomes. It refers to the description of how a program is intended to achieve meaningful, positive changes for clients—not simply a description of what the intended change is

- **Monitoring** - Periodic collection and reporting of data items. The type of monitoring activity will vary depending on the purpose—covering
  - Population outcome monitoring – collection and reporting of data items about the underlying context and client need based on agreed population outcome indicators (see below)
  - Program outcomes monitoring – collection and reporting of data items about agreed program outcomes based on program outcome indicators (see below)
  - Other performance monitoring – collection and reporting of data items related to other aspects of performance including performance requirements in the quality and safety and financial reporting.
  - Minimum data set monitoring - collection and reporting of data items based on an agreed minimum set of information about clients and program activities
  - Specific-purpose monitoring - collection and reporting of data items based on an agreed set of information needed to answer key evaluation or research questions

- **Population outcome indicator** - Quantifiable data item that provides a valid and reliable indication of the status or trend for a population outcome—ideally referenced against a baseline. Population outcome indicators are used to assess whether things are improving or deteriorating for the target population—recognising that the status or trend often depends on things outside of the direct control of individual programs and service providers

- **Program outcome indicator** - Quantifiable data item that provides a valid and reliable indication of the achievement of a program outcome—referenced against a benchmark or target that is set to define the expected level of performance. In the context of a grants program, these indicators can be linked to simple questions related to the outcomes:
  - *How much did we do* - compared to the quantity that was expected to be delivered
  - *How well did we do it* - compared to agreed signposts of effective service delivery
  - *Did we achieve what we expected for clients?* – compared to the changes that were agreed as reasonable and appropriate given the level of funding and the nature of the funded activities

- **Evaluation** - Systematic assessment using monitoring data and a range of other information sources to make judgements about the worth or value of the program—covering:
  - Process evaluation - systematic assessment of information to answer key questions related to the establishment and implementation of the project
  - Outcome evaluation - systematic assessment of information to answer key questions related to the outcomes of a program.

3. Elements of the framework

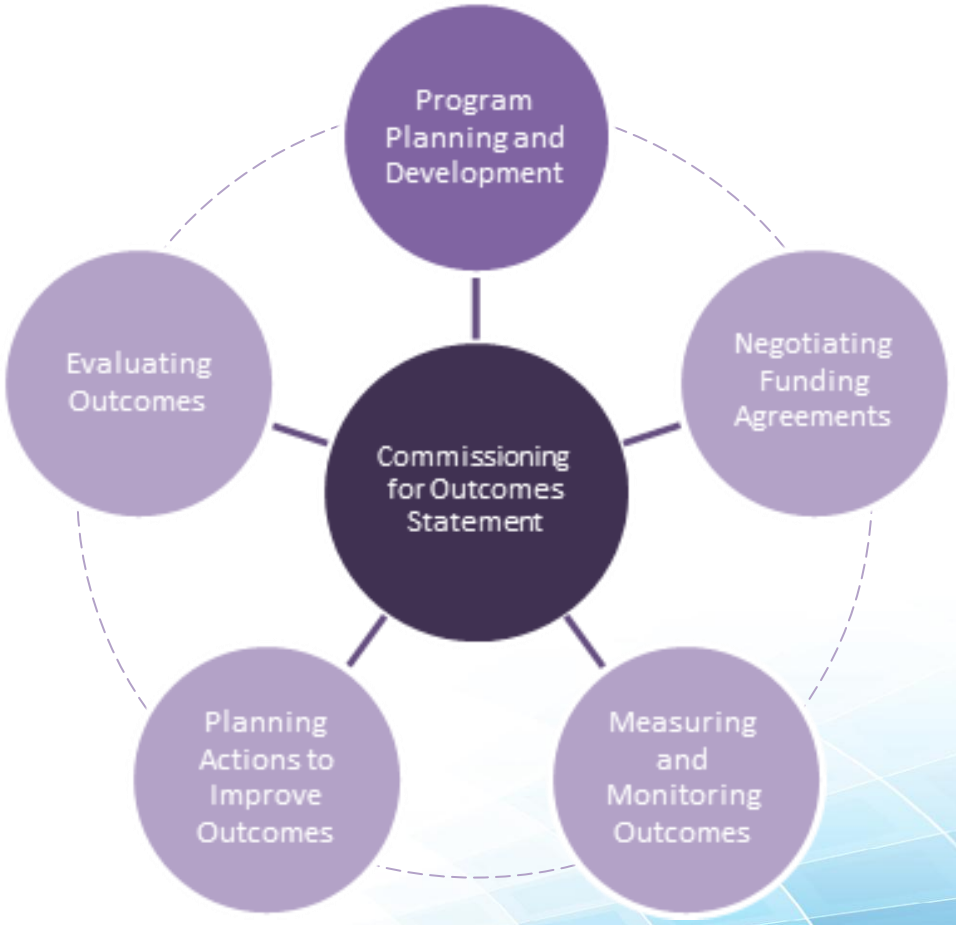
The DHHS Outcomes Purchasing Framework is intended to provide a common reference point for setting and managing the achievement of client outcomes—across all stages of the grant 'cycle' covering planning, contracting, ongoing monitoring and management, acquittal and evaluation.

The framework is structured around *Commissioning for Outcomes* statements that define what client outcomes we are trying to achieve and organising data collection and reporting activities in a way that makes it possible to 'tell the story' of what we have actually achieved.

While development of the *Commissioning for Outcomes* statements are the primary focus of this framework, these statements are intended to be used to promote outcomes-focussed grant management and actions to continually improve outcomes as part of the broader performance management framework—as well as supporting outcomes evaluations as part of broader program planning and reviews (Figure 3).

The methodology for developing *Commissioning for Outcomes* statements is outlined in Section 4 and the approach to applying these statements is outlined in Section 5.

Figure 3: Elements of the DHHS Outcomes Purchasing Framework



4. Commissioning for outcomes

A *Commissioning for Outcomes* Statement has four components:

- Program outcomes hierarchy
- Theory of change
- Population outcome indicators
- Program performance indicators.

Within each DHHS Program Area, the Program Manager is responsible for coordinating the development of a *Commissioning for Outcomes Statement* for each community grants program / sub-program. While led by the Program Manager, this should be done in collaboration with Funding Agreement Managers, CSOs and other key stakeholders.

Draft *Commissioning for Outcomes* statements for each sub-program will be reviewed by the Department's Community Sector Relations Unit prior to finalisation to ensure alignment with the DHHS Outcomes Purchasing Framework.

Indicative examples of *Commissioning for Outcomes* statements for a selection of DHHS sub-programs are presented in Attachment 1.

These indicative examples were developed as part of a series of workshops run in February and March 2014, involving DHHS Program Managers and Funding Agreement Managers and representatives from DHHS-funded community sector organisations.

They can be used as indicative examples for similar service-types; however they should only be used as a starting point for further consideration and consultation.

4.1 Program outcomes hierarchy

While each DHHS program is unique—with specific target groups, theories of change and evidence-based intervention strategies—the outcomes hierarchy developed under the DHHS Outcomes Purchasing Framework is structured in ways that emphasise the common overarching logic of all community programs.

A generic outcomes hierarchy is used as a starting point for the development of all DHHS program outcomes hierarchies—to emphasise the core logic linking program outputs to program outcomes to population outcomes (Figure 4).

Figure 4: Generic outcomes hierarchy

		Generic outcomes domains
Population outcomes		Changes contribute to improvements for the Tasmanian population and / or for the target population and community
Program outcomes	Change	Intended changes are achieved for assisted clients / target groups
	Quality	Services are responsive to the target group and conducive to the achievement of the intended changes for clients
	Outputs	Services are available to targeted clients and communities

The specific outcomes within each of the four levels in the generic outcomes hierarchy will vary from program to program—but similar programs can use 'generic' outcomes as a starting point for developing program-specific outcome statements.

The population outcomes in a program outcomes hierarchy typically relate to the program objectives or the ultimate changes that the program makes a contribution towards. Examples of generic population outcomes include:

- Improved physical health
- Improved mental health / wellbeing
- Improved personal and family safety
- Improved capacity to manage needs independently
- Age-appropriate development

- Improved social networks / participation in the community
- Improved family functioning
- Improved financial resilience
- Participation in education, training and employment
- Safe, affordable housing

The program outcomes in the outcomes hierarchy can be presented in three levels linking outputs (how much did we do) to quality (how well did we do it) to changes for assisted clients (did we achieve what we expected for clients).

At the 'change' level, generic elements of the program logic relate to the intended changes for assisted clients in the target group. For example:

- Improvement in life circumstances in relevant outcome domains (e.g. improved housing; improved family functioning; improved participation in education, employment and training)
- Attainment on individual client goals in relevant goal domains (including changed knowledge and skills; changed behaviours; changed engagement with support services; changed self-reliance to make own decisions).

At the 'quality' level, generic elements of the program logic typically relate to agreed signposts of effective service delivery. For example:

- Clients are satisfied that the service is appropriate and responsive to their individual needs
- Partner agencies (e.g. that refer to or accept referrals from the service provider) are satisfied that the service is appropriate and responsive to clients in the target group
- Services are targeted to priority geographic and target groups
- Agreed service / practice standards are met.

At the outputs level (how much did we do), generic elements of the program logic typically relate to the pattern of clients assisted or services provided against agreed specifications. For example:

- Pattern of clients assisted meets agreed specifications (number, profile)
- Pattern of services / assistance provided meets agreed specifications (volume, type of services).

Figure 5 summarises some examples of generic outcomes at each of the four levels—as a starting point for developing program-specific outcomes hierarchies.

While the final outcomes hierarchy for each DHHS program will be unique, the purpose of using the generic outcomes hierarchy as a starting point is to promote greater consistency and alignment of these hierarchies across the full range of DHHS programs.

At the same, it is important to note that these generic examples are not an exhaustive or prescribed list of outcomes—they should simply be used as guidance for program areas to help start the conversation and adapt the overarching framework to individual program needs.

Figure 5: Generic outcome domains and outcomes

	Generic outcomes domains	Generic outcomes
Population outcomes	Changes contribute to improvements in the target population / community	▪ Improved physical health ▪ Improved mental health / wellbeing ▪ Improved personal and family safety ▪ Improved capacity to manage needs independently ▪ Age-appropriate development ▪ Improved social networks / participation in the community ▪ Improved family functioning ▪ Improved financial resilience ▪ Participation in education, training and employment ▪ Safe, affordable housing
	⬆	
Program outcomes	Changes are achieved for assisted clients / target groups *(did we achieve what we expected)*	▪ Improved life circumstances – in relevant outcome domains ▪ Attainment of individual client goals – in relevant goal domains
	⬆	
	Services are responsive to the target group and conducive to the achievement of the intended outcomes *(how well did we do it)*	▪ Clients are satisfied with the service (against agreed attributes) ▪ Partner agencies are satisfied with the service (against agreed attributes) ▪ Agreed geographic and target group coverage is met ▪ Agreed service / practice standards are met
	⬆	
	Services are available to targeted clients and communities *(how much did we do)*	▪ Pattern of clients assisted meets agreed specifications ▪ Pattern of services / assistance provided meets agreed specifications

4.2 Theory of change

While the development of a program outcomes hierarchy emphasises commonality with similar programs, the documentation of the program theory of change is intended to emphasise the unique assumptions, pre-conditions and contextual factors underpinning the outcomes hierarchy.

The term 'Theory of Change' is used in the program evaluation literature to refer to the description of how a program is intended to achieve meaningful, positive changes for clients—not simply a description of what the intended change is.

While there are a range of different frameworks for developing a theory of change, the 'realist evaluation' approach of Pawson and Tilley[2] emphasises the use of practical descriptions linked to client's circumstances and choices and the context in which services are delivered. In particular

- Programs 'work' by enabling clients to make different choices (although choice-making is always constrained by clients' previous experiences, beliefs and attitudes, opportunities and access to resources)
- Making and sustaining different choices requires a change in participant's reasoning (for example, values, beliefs, attitudes, or the logic they apply to a particular situation) and/or the resources (e.g. information, skills, material resources, support) they have available to them. This combination of 'reasoning and resources' is what enables the program to 'work'
- Programs 'work' in different ways for different people (that is, programs can trigger different change mechanisms for different clients)
- The contexts in which programs operate make a difference to the outcomes they achieve. Program contexts include features such as social and economic structures, organisational context, program staffing, geographical and historical context, and so on
- Some factors in the context may enable particular mechanisms to be triggered. Other aspects of the context may prevent particular mechanisms from being triggered. That is, there is always an interaction between context and mechanism, and that interaction is what creates the program's impacts or outcomes: Context + Mechanism = Outcome
- Because programs work differently in different contexts and through different change mechanisms, programs cannot simply be replicated from one context to another and automatically achieve the same outcomes. Good understandings about 'what works for whom, in what contexts, and how' are, however, portable.

Within the *Commissioning for Outcomes* statement, the emphasis in documenting the theory of change is on highlighting the small set of critical assumptions, pre-conditions and contextual factors underpinning how 'Context + Mechanism = Outcome'– specifically

- What are the key features of the program 'Context'

[2] Pawson, R. and Tilley, N. (1997) *Realistic Evaluation* Sage

- What are the key features of the program 'Mechanism'
- What does evidence / experience tell us about 'what works for whom, in what contexts, and how'
- What does evidence / experience tell us about the critical success factors and barriers to achieving outcomes
- What does evidence / experience tell us about the impact on the target group and the community if the program did not exist.

4.3 Population outcome indicators

Population outcome indicators are quantifiable data items that provide a valid and reliable indication of the status or trend for a population outcome—referenced against a baseline.

The population outcomes indicators for a particular program may be set through formal agreements such as National Partnership Agreements or be an accepted standardised measure used by the Australian Bureau of Statistics or the Australian Institute of Health and Welfare.

As a starting point, examples of generic population outcome indicators are presented in Table 1—linked to the population outcomes in the generic outcomes hierarchy.

Table 1: Generic population outcome indicators

Generic outcomes	Generic population outcome indicators
▪ Improved health and well-being	▪ % <target population> achieving <standardised health / well-being status>
▪ Improved child safety and well-being	▪ % of children in their first year of full-time school who are developmentally on track ▪ % of children and young people reported as at risk of significant harm ▪ % of children and young people in statutory out of home care
▪ Safe, affordable housing	▪ % <target population> who are homeless ▪ % <target population> exiting homelessness who sustain their housing
▪ Participation in education, training and employment	▪ % <target population> participating in <standardised definition of employment, training and education >
▪ Participation in the community	▪ % <target population> participating in <agreed community participation activities>
▪ Improved economic independence	▪ % <target population> who rely on welfare as their main source of income
▪ Improved family functioning / relationships	▪ % <target population> achieving <standardised family functioning measure>

4.4 Program performance indicators

Program performance indicators are quantifiable data items that provide a valid and reliable indication of the achievement of the program outcomes presented in the outcomes hierarchy — referenced against a standard or target that is set to define the expected level of performance.

As a starting point, examples of generic program performance indicators are presented in Table 2 —linked to the program outcomes in the generic outcomes hierarchy.

Table 2: Generic program performance indicators

Generic outcomes	Generic program performance indicators
▪ Improved life circumstances ▪ Attainment of client goal	▪ % clients with improvement in life circumstances— across relevant outcome domains – Physical health – Mental health and well-being – Personal and family safety – Self care and independent living skills – Age-appropriate development – Social networks & relationships – Family functioning – Managing money – Employment, education & training – Housing ▪ % clients achieving their individual goals – in relevant goal domains – Changed knowledge and skills – Changed self-confidence to make own decisions – Changed behaviours (reduced harmful behaviours; increased positive behaviours) – Changed engagement with relevant support services – Changed impact of immediate crisis (e.g. impacts ameliorated)
▪ Clients are satisfied with the service (against agreed attributes) ▪ Partner agencies are satisfied with the service (against agreed attributes) ▪ Agreed geographic and target group coverage is met ▪ Agreed service / practice standards are met	▪ % assisted clients reporting they are satisfied with <service attributes> e.g. responsiveness of the service to individual needs ▪ % partner agencies reporting they are satisfied with <service attributes> e.g. responsiveness of the service to client referrals ▪ % of assisted clients from priority cohorts / locations ▪ Extent to which service meets agreed <program-specific service / practice standards> e.g. % of clients with individual case plans
▪ Pattern of clients assisted meets agreed specifications ▪ Pattern of services / assistance provided meets agreed specifications	▪ Number and profile of assisted clients ▪ Number and profile of service episodes <by program-specific service types>

5. Using outcomes statements

Commissioning for Outcomes statements are intended to inform all stages of the program 'cycle' covering planning, contracting, ongoing monitoring and management, acquittal and evaluation. This section outlines the approach to using *Commissioning for Outcomes* statements for key program management activities.

5.1 Negotiating Funding Agreement outcome indicators

Funding Agreement PIs serve two purposes.

- Firstly, they provide a common, agreed focus for DHHS and CSOs to discuss intended outcomes and the critical success factors and barriers to the achievement of these outcomes. If appropriately selected, the PIs should inform outcome discussions between DHHS Funding Agreement Managers and CSOs funded to deliver specific programs; between Funding Agreement Managers and Program Managers within DHHS and between program staff and management within CSOs.
- Secondly, they provide a transparent foundation for assessing CSO performance as part of the broader DHHS performance management framework—alongside other information about the achievement of quality and safety standards and contractual compliance.

Within each DHHS Program Area, the Funding Agreement Manager is responsible for negotiating the selection of Funding Agreement PIs / targets in collaboration with CSOs.

Given that within some DHHS programs, the scale and focus on service requirements and specifications varies across different Funding Agreements, the actual set of Funding Agreement performance indicators used in any Agreement may vary. However, to ensure a consistent and systematic approach across and within all DHHS programs, the following principles will be used to select Funding Agreement performance indicators.

- Funding Agreement performance indicators should be drawn from the program performance indicators in the program *Commissioning for Outcomes* statement.
- Translating program performance indicators into Funding Agreement performance indicators needs to take account of service provider capacity and available system for supporting data collection and reporting—and ensuring these are reasonable and proportionate to the level of funding.
- The number of PIs used in a Funding Agreement should reflect the scale and focus on funded services. While some PIs might be mandatory for all Funding Agreements, not all program performance indicators have to be used in every Funding Agreement.
- All Funding Agreement PIs require a target or benchmark—that makes clear the threshold against which the achievement of outcomes will be referenced.
- Service providers should be involved in the process of selecting PIs and setting appropriate, realistic and attainable targets / benchmarks.

5.2 Measuring client outcomes

The ability to measure and collate data on client outcomes against Funding Agreement PIs is dependent on having suitable methods, tools and systems in place.

Based on the standard program performance indicators used in the *Commissioning for Outcomes* statements, these methods and tools primarily related to measuring:

- Changes in client's life circumstances (in relevant outcome domains)
- Attainment of individual client goals (in relevant goal domains)
- Client feedback on the responsiveness and quality of the service
- Partner agency feedback on the responsiveness and quality of the service.

While outcomes measurement methods in these four areas may vary across different programs, it is possible to standardise reporting by introducing a common approach to recording client outcomes data—for example by using a standard scale for recording information about

- client's life circumstances (for example on a scale ranging from crisis (1) to stable and sustainable circumstances (5)—in relevant program-specific outcome domains)
- progress in achieving individual goals (for example on a scale ranging from no progress (1) to achievement of goals (5)—in relevant program-specific goal domains)
- client feedback against standard attributes of client satisfaction (for example on a scale ranging from dissatisfied (1) to satisfied (5)
- partner agency feedback against standard attributes of partner agency satisfaction (for example on a scale ranging from dissatisfied (1) to satisfied (5).

Further work is needed to develop generic tools for recording such client outcomes data that can be applied across all DHHS programs. Any generic tool should be simple and be flexible enough to map back to other measurement tools that may already be in use.

5.3 Reporting and reviewing outcomes

As part of existing program guidelines and Funding Agreement requirements, funded CSOs are required to collect agreed information and submit periodic monitoring reports.

Under the DHHS Outcomes Purchasing Framework, a component of the required data collection and reporting will be explicitly linked to the agreed Funding Agreement outcomes indicators. While specific reporting requirements may vary across programs, the following principles will be used when reporting and reviewing outcomes data

- Periodic CSO reports to DHHS will include a specific section on Funding Agreement outcome indicators—presenting
  - data for the period against each PI (compared to the agreed target/benchmark)
  - a brief commentary for each PI on any critical factors that need to be taken into account in assessing the achievement of outcomes

  - a brief summary of any issues that need to be discussed with DHHS to improve the achievement of outcomes

- For each periodic CSO report submitted to DHHS, feedback will be given to the CSO. Where feasible and appropriate, this feedback should include comparative program-wide data
- As part of existing arrangements under the Quality and Safety Standards Framework, the DHHS Funding Agreement Manager will meet with funded CSOs at least once every 12 months to discuss the funding agreement. As well as discussing quality and safety, financial management and other aspects of contractual compliance, progress against outcomes and opportunities to improve the achievement of outcomes will also be discussed at these meetings.
- Outstanding achievement of client outcomes will be recognised and reviewed for lessons to be shared (see Section 5.4).
- A transparent and systematic process will be followed where poor performance is identified—either in relation to the achievement of client outcomes or other performance requirements set out in other frameworks (see Section 5.4).

A draft standard template for outcomes reporting and documenting the assessment of performance is presented in Attachment 2. This will require further testing.

5.4 Planning actions to improve outcomes

A key component of the DHHS Outcomes Purchasing Framework relates to using information about client outcomes to take appropriate improvement actions.

The analysis of Funding Agreement outcomes indicators requires a considered judgement—rather than a simple pass or fail against a target.

The appropriate use of outcome indicators should take account of

- trends over time – is the achievement / non-achievement of the outcome a one-off or does it reflect a sustained trend
- systemic performance – is the achievement / non-achievement of outcomes related to a single PI or is it reflected across a number of PIs
- contextual factors, unforeseen events or systemic barriers that are beyond the control of the CSO that impact on the achievement of the outcome
- the consequences or impact of the achievement / non-achievement of the outcome e.g. the seriousness/severity of non-achievement of the outcome and the speed with which the situation could deteriorate further.
- the appropriateness of the PI targets/benchmarks and the need to adjust them in light of experience.

In this context, using information about client outcomes should involve:

- Identifying critical success factors or barriers to the achievement of intended outcomes—that are relevant for the specific services under the Funding Agreement or the program as a whole.
- Agreeing on and documenting improvement actions that support the achievement of improved outcomes
- Where relevant, gathering further information to more accurately determine whether outcomes are being achieved or not (and in particular whether the non-achievement of an outcome is a performance issue that requires further action)
- Where relevant, following agreed escalation responses to investigate and manage identified underperformance in achieving agreed client outcomes
- Where relevant, following agreed procedures for highlighting and promoting outstanding performance in achieving client outcomes.

The process of planning and implementing appropriate actions to improve performance across all aspects of a funding agreement (including outcomes, quality and safety, financial management and contractual compliance) will be set out in an overarching Performance Management Framework – currently in the early stages of development.

5.5 Undertaking outcomes evaluations

While the analysis of outcomes indicator data provides the basis for ongoing monitoring of client outcomes and planning improvement actions, it does not cover the full range of information needed to make systematic judgements about the worth or value of the program.

Outcomes evaluation combines outcomes indicator data with other quantitative and qualitative data sourced from mixed research methods to answer key evaluation questions related to the outcomes of a program.

While it is beyond the scope of this Framework to outline a comprehensive approach to evaluation, key components in the context of this Framework include

- Annual reviews of the *Commissioning for Outcomes* statement to ensure it remains fit-for-purpose
- Periodic internal program evaluations involving Program Managers, Funding Agreement Managers and CSOs to assess the achievement of program outcomes and to identify opportunities for improving outcomes. The scope and level of formality of these internal evaluations will vary for different programs at different times—but the expectation is that at least once every three years, a formal internal program evaluation will be completed
- Independent program evaluations to validate the achievement of program outcomes and to critically review the cost-effectiveness of the program. DHHS resources for independent program evaluations should be strategically targeted to reflect the emerging policy context and government priorities.

Attachment 1: Commissioning for outcomes statements

PLEASE NOTE

The following attachments are indicative examples of Commissioning for Outcomes Statements for a sample mix of DHHS-funded programs and sub-programs.

These examples have been developed through a series of workshops involving DHHS Program Managers, DHHS Funding Agreement Managers and Community Sector Organisation representatives. The workshops aimed to test the applicability of an earlier version of this Framework to a mix of programs / sub-programs.

They should be used as a starting point for similar programs, but they will require further consultation and may require further nuancing depending on the individual circumstances and context.

Commissioning for outcomes statement

Program Area: **Housing Tasmania**

Sub-program: **Intake & Assessment (Housing Connect - Type 1)**

Sub-program outcomes hierarchy

	DHHS outcomes domains	Program Outcomes	Theory of change
Population outcomes	Changes contribute to improvements in the target population / community	Tasmanians have safe, affordable housing / accommodation People experiencing homelessness or at imminent risk of homelessness quickly return to stable living circumstances	▪ Individuals and families experiencing homelessness, at-risk of homelessness or with housing needs that they can not independently resolve, should be able to go to a single 'Front Door' that helps connect them to the most appropriate service response ▪ Assessments of client need and referrals need to be made quickly and appropriately to mitigate immediate harm and prevent escalation of risks—without undermining the consistency and quality of responses ▪ The focus of intake and assessment is on ensuring clients are well-informed about possible assistance options and their choices—with a focus on supporting choices that will provide a sustainable solution rather than a 'quick-fix' ▪ The role of intake and assessment is to connect clients to the housing and support services that met their immediate needs and reflect their choices ▪ By making timely and appropriate intake and assessment decisions, clients have the best opportunity to access the assistance and support needed to quickly return to stable living circumstances and a sustainable housing or accommodation solution.
Program outcomes	Changes are achieved for assisted clients / target groups *(did we achieve what we expected)*	Clients are connected to appropriate services to met their immediate needs Clients are well-informed about relevant assistance and their choices	
	Services are responsive to the target group and conducive to the achievement of the intended outcomes *(how well did we do it)*	Timely identification of client's immediate needs and the appropriate service response	
	Services are available to targeted clients and communities *(how much did we do)*	Easy access for eligible clients to housing and homelessness assistance	

Outcome Indicators

	Outcomes	Outcome Indicators	Application to Funding Agreement PIs
Population outcomes	Tasmanians have safe, affordable housing / accommodation People experiencing homelessness or at imminent risk of homelessness quickly return to stable living circumstances	▪ Number and proportion of Tasmanians who are homeless ▪ Number of Tasmanians referred or presenting at Specialist Homelessness Services ▪ Number and proportion of Tasmanians in housing affordability stress	-
Program outcomes	Clients are connected to appropriate housing and support services to met their immediate needs Clients are well-informed about relevant assistance and their choices	▪ Proportion of clients using the Intake and Assessment service who were connected to housing and support services to met their immediate needs—by type ○ Crisis accommodation ○ Private rental assistance ○ Application completed for social housing assistance ○ Referral to specialist support	Target for overall proportion of clients whose immediate needs are met—with breakdown by type used to inform partnership discussions about the implications of the mix of responses to presenting client needs
		▪ Proportion of clients using the Intake and Assessment service that report that they are better informed about their choices	Subject to cost-effective collection of client feedback; Dual focus on quantitative and qualitative data – including improvement actions
	Timely identification of client's immediate needs and the appropriate service response	▪ Number and proportion of partner agencies* that report they are satisfied with the quality and responsiveness of the Intake and Assessment service *[* Agencies that refer to or receive referrals from the Intake and Assessment service]*	Subject to cost-effective collection of partner agency feedback; Dual focus on quantitative and qualitative data – including improvement actions
		▪ Proportion of clients from key target groups – ATSI; CALD; Disability; Parolees/Remandees/Ex-prisoners	Targets for key groups set to reflect catchment demographics and shared priorities
		▪ Quality and Safety Framework indicators *(e.g. Proportion of assessments and referrals completed within the target timeframe; Proportion of clients that receive accurate assessments)*	
	Easy access for eligible clients to housing and homelessness assistance	▪ Number of clients assisted by the Intake and Assessment service—by type of assistance	Targets consistent with agreed baselines
		▪ Number of clients – by referral source; by referral destination	To inform partnership discussions about the implications of the mix of referral sources / destinations for the presenting client needs

Commissioning for outcomes statement

Program Area: **Housing**

Sub-program: **Specialist Support Services (Housing Connect - Type 2)**

Sub-program outcomes hierarchy

	DHHS outcomes domains	Program Outcomes	Theory of change
Population outcomes	Changes contribute to improvements in the target population / community	Tasmanians have safe, affordable housing / accommodation People experiencing homelessness or at imminent risk of homelessness quickly return to stable living circumstances	▪ Individuals and families experiencing homelessness, at-risk of imminent homelessness or with complex housing needs, should be case managed to streamline and coordinate the various supports and assistance needed to establish, maintain or sustain safe, affordable housing / accommodation ▪ Effective case management requires working with clients to set and plan realistic and relevant individual goals that address the key issues impacting on their lack of housing stability ▪ The achievement of individual case goals requires strong client engagement, connections with a wide range of partner agencies, and regular reviews of case management arrangements ▪ The focus of the Specialist Support Services is to 'pull together' the required support to provide the best opportunity for assisted clients to establish, maintain or sustain an appropriate housing or accommodation solution—within the constraints of the finite supply of appropriate housing and support options
	⬆		
Program outcomes	Changes are achieved for assisted clients / target groups *(did we achieve what we expected)*	Clients establish / maintain / sustain appropriate housing Clients make progress / achieve their individual case goals	
	⬆		
	Services are responsive to the target group and conducive to the achievement of the intended outcomes *(how well did we do it)*	Clients have realistic and relevant individual case goals and plans that address the key issues impacting on their housing	
	⬆		
	Services are available to targeted clients and communities *(how much did we do)*	Easy access for eligible clients to case management / case coordination needed to establish, maintain or sustain safe, affordable housing / accommodation	

Outcome Indicators

	Outcomes	Outcome Indicators	Application to Funding Agreement PIs
Population outcomes	Tasmanians have safe, affordable housing / accommodation People experiencing homelessness or at imminent risk of homelessness quickly return to stable living circumstances	▪ Number and proportion of Tasmanians who are homeless ▪ Number of Tasmanians referred or presenting at Specialist Homelessness Services ▪ Number and proportion of Tasmanians in housing affordability stress	-
Program outcomes	Clients establish / maintain / sustain appropriate housing Clients make progress / achieve their individual case goals	▪ Proportion of clients assisted to establish, maintain or sustain appropriate housing or accommodation—by type ○ Social Housing ○ Private rental ○ Boarding house ○ Other accommodation	Target for overall proportion of clients achieving a housing outcome—with breakdown by type used to inform partnership discussions about the implications of the mix of responses to presenting client needs
		▪ Proportion of clients assessed as making progress / achieving their individual case goals (recorded in the SHIP data system)	Targets consistent with agreed baselines
	Clients have realistic and relevant individual case goals and plans that address the key issues impacting on their housing	▪ Number and proportion of partner agencies* that report they are satisfied with the quality and responsiveness of the Specialist Support Service *[* Agencies that refer to or receive referrals from the Specialist Support Service]*	Subject to cost-effective collection of partner agency feedback; Dual focus on quantitative and qualitative data – including improvement actions
		▪ Proportion of clients from key target groups – ATSI; CALD; Disability; Parolees/Remandees/Ex-prisoners	Targets for key groups set to reflect catchment demographics and shared priorities
		▪ Quality and Safety Framework indicators *(e.g. Proportion of tenancy support arrangements in place within target timeframe)*	
	Easy access for eligible clients to case management / case coordination needed to establish, maintain or sustain safe, affordable housing / accommodation	▪ Number of clients—by case type	Targets consistent with agreed baselines
		▪ Number of clients – by referral source; by referral destination	To inform partnership discussions about the implications of the mix of referral sources / destinations for the presenting client needs

Commissioning for outcomes statement

Program Area: **Housing**

Sub-program: **Crisis Accommodation (Housing Connect - Type 3)**

Sub-program outcomes hierarchy

	DHHS outcomes domains	Program Outcomes	Theory of change
Population outcomes	Changes contribute to improvements in the target population / community	Tasmanians have safe, affordable housing / accommodation People experiencing homelessness or at imminent risk of homelessness quickly return to stable living circumstances	▪ Individuals and families who are in crisis with nowhere safe to live, need an short-term 'safe haven' to stabilise the crisis and improve their readiness to establish a long-term housing solution ▪ Effective crisis responses require both safe short-term accommodation ('bed nights') and support to deal with client's immediate trauma and needs ▪ This requires working with clients to set and plan the critical action needed to stabilise the crisis (e.g. immediate health needs; family violence orders; material well-being) ▪ The achievement of agreed milestones to stabilise the crisis requires strong client engagement, connections with a wide range of partner agencies, and regular reviews of progress ▪ The focus of the Crisis Accommodation is to ensure that once the crisis is stabilised, clients have the best opportunity to access the assistance and support needed to achieve the long-term housing or accommodation solution.
Program outcomes	Changes are achieved for assisted clients / target groups *(did we achieve what we expected)*	Clients exit crisis accommodation with case management arrangements in place to establish, maintain or sustain appropriate housing or accommodation Clients make progress / achieve agreed actions to stabilise their crisis	
	Services are responsive to the target group and conducive to the achievement of the intended outcomes *(how well did we do it)*	Clients are engaged and agree to the critical action needed to stabilise their crisis	
	Services are available to targeted clients and communities *(how much did we do)*	Easy access to crisis accommodation for individuals and families who are in crisis with nowhere safe to live	

Outcome Indicators

	Outcomes	Outcome Indicators	Application to Funding Agreement PIs
Population outcomes	Tasmanians have safe, affordable housing / accommodation People experiencing homelessness or at imminent risk of homelessness quickly return to stable living circumstances	▪ Number and proportion of Tasmanians who are homeless ▪ Number of Tasmanians referred or presenting at Specialist Homelessness Services ▪ Number and proportion of Tasmanians in housing affordability stress	-
Program outcomes	Clients exit crisis accommodation with case management arrangements in place to establish, maintain or sustain appropriate housing or accommodation	▪ Proportion of clients exiting crisis accommodation with a Specialist Support Service case plan in place to establish, maintain or sustain appropriate housing or accommodation—by type of housing / accommodation at exit	Target for overall proportion of clients achieving a housing outcome—with breakdown by type used to inform partnership discussions about the implications of the mix of responses for exiting client
	Clients make progress / achieve agreed actions to stabilise their crisis	▪ Proportion of clients assessed as making progress / achieving agreed actions to stabilise their crisis (recorded in the SHIP data system)	Targets consistent with agreed baselines
	Clients are engaged and agree to the critical action needed to stabilise their crisis	▪ Number and proportion of partner agencies* that report they are satisfied with the quality and responsiveness of the Crisis Accommodation service *[* Agencies that refer to or receive referrals from the Crisis Accommodation service]*	Subject to cost-effective collection of partner agency feedback; Dual focus on quantitative and qualitative data – including improvement actions
		▪ Proportion of clients from key target groups – ATSI; CALD; Disability; Parolees/Remandees/Ex-prisoners	Targets for key groups set to reflect catchment demographics and shared priorities
		▪ Quality and Safety Framework indicators	
	Easy access to crisis accommodation for individuals and families who are in crisis with nowhere safe to live	▪ Number of clients—by demographic profile ▪ Number of client bed-nights	Targets for total number of clients consistent with agreed baselines
		▪ Number of clients – by referral source; by referral destination	To inform partnership discussions about the implications of the mix of referral sources / destinations for the presenting client needs

Commissioning for outcomes statement

Program Area: **Home and Community Care (HACC)**

Sub-program: **Tasmanian HACC Program**

Sub-program outcomes hierarchy

	DHHS outcomes domains	Program Outcomes	Theory of change
Population outcomes	Changes contribute to improvements in the target population / community	Vulnerable Tasmanians live independently at home for as long as possible with family and community support	▪ The Tasmanian government has responsibility for home and community care services for people under 65 years (and ASTI under 55yrs) ▪ Families and local community members are best placed to support vulnerable individuals that face barriers to living independently at home and are at risk of requiring institutional care ▪ Home and community services are intended to support families and local community members through low-level assistance that ensures the sustainability of care arrangements—without creating a sole dependence on government assistance ▪ Effective HACC assistance should be linked to clearly identified risks and agreed mitigation strategies—that recognise the contributions of government, families and the community. ▪ This requires working with clients, family members and local support and community organisations to set and plan the critical risk mitigation actions (e.g. action to reduce social isolation; improve living skills) ▪ The achievement of shared risk mitigation actions provides the best opportunity to ensure that vulnerable people are able to live independently at home for as long as possible
	Changes are achieved for assisted clients / target groups *(did we achieve what we expected)*	Clients experience reduced risks that impact on their ability to live independently at home	
Program outcomes	Services are responsive to the target group and conducive to the achievement of the intended outcomes *(how well did we do it)*	Clients receive low-level services (and referrals) aligned to agreed risks and the appropriate contribution of the HACC provider Clients (and their family, friends and relevant local support and community organisations) are engaged to assess key risks to remaining at home for as long as possible	
	Services are available to targeted clients and communities *(how much did we do)*	Easy access for vulnerable people to low-level services that ensures the sustainability of family and local community care arrangements	

Outcome Indicators

	Outcomes	Outcome Indicators	Application to Funding Agreement PIs
Population outcomes	Vulnerable Tasmanians live independently at home for as long as possible with family and community support	▪ Number and proportion of Tasmanians under 65 yrs with a functional disability living at home ▪ Number and proportion of Tasmanians under 65 yrs living in institutional care	-
Program outcomes	Clients experience reduced risks to remaining at home for as long as possible	▪ Proportion of clients where identified risk factors have been successfully mitigated to improve their life circumstances—by key risk domains ○ Safety ○ Social isolation ○ Living skills ○ Health and well-being ○ Self-reliance	Target for overall proportion of clients where risks have been successfully mitigated Subject to development of an appropriate tool for assessing and reporting risk identification and mitigation
	Clients receive low-level services that relate to agreed risks (and the appropriate contribution of government assistance) Clients (and their family, friends and relevant local support and community organisations) are engaged to assess key risks to remaining at home for as long as possible	▪ Number and proportion of partner agencies* that report they are satisfied with the quality and responsiveness of the HACC service *[* Agencies that refer to or receive referrals from the HACC service]*	Subject to cost-effective collection of partner agency feedback; Dual focus on quantitative and qualitative data – including improvement actions
		▪ Proportion of HACC support plans that document client referrals and support responsibilities outside of the HACC service	
		▪ Proportion of clients from key target groups – ATSI; CALD; Regions	Targets for key groups set to reflect catchment demographics and shared priorities
		▪ Quality and Safety Framework indicators *(e.g. Proportion of clients accessing services within target timeframe)*	
	Easy access for vulnerable people to low-level services that ensures the sustainability of family and local community care arrangements	▪ Number of clients – by location; by assistance type	To inform partnership discussions about the implications of the pattern of assistance delivered
		▪ Number of clients approved and waiting for a service	

Commissioning for outcomes statement

Program Area: **Children and Youth Services**

Sub-program: **Cottage Care**

Sub-program outcomes hierarchy

	DHHS outcomes domains	Program Outcomes	Theory of change
Population outcomes	Changes contribute to improvements in the target population / community	Children are able to reach their full potential and participate in adult life with strong family and community connections; positive mental health; appropriate participation in education and employment; and civic responsibility	▪ Under the Children, Young Persons and Their Families Act 1997, Child Protection Services have the statutory responsibility for intervening where children are at risk of abuse and neglect. ▪ Where an out of home care placement is required, Cottage Care offers an option of family-like placements where siblings can live together. ▪ Cottage Care is intended to match appropriately trained and supported carers with eligible children ▪ This requires not only creating a stable, family-like environment, but also putting in place care plans with clear individual goals for each child or young person. ▪ Care plans span the entire care period—to support a successful transition at the end of the care period to either independent living or more appropriate alternative care arrangements. ▪ The achievement of individual goals and successful transitions at the end of the care period provide clients with the best opportunity to go on and lead full lives as adults– with strong family and community connections; positive mental health; appropriate participation in education and employment; and civic responsibility
	⬆		
	Changes are achieved for assisted clients / target groups *(did we achieve what we expected)*	Children in Cottage Care are happy and have a positive sense of belonging and identity Children in Cottage Care achieve their individual goals—in key outcome domains of education; health; social / family connections; personal behaviour and responsibility	
	⬆		
Program outcomes	Services are responsive to the target group and conducive to the achievement of the intended outcomes *(how well did we do it)*	Children in Cottage Care live in a stable, family-like environment Children in Cottage Care report that their carers are trusted and are a positive part of their lives Carers report that they receive the training and support needed to deliver Cottage Care	
	⬆		
	Services are available to targeted clients and communities *(how much did we do)*	Cottage Care places are appropriately positioned within the overall Child Protection System	

Outcome Indicators

	Outcomes	Outcome Indicators	Application to Funding Agreement PIs
Population outcomes	Children are able to reach their full potential and participate in adult life with strong family and community connections; positive mental health; appropriate participation in education and employment; and civic responsibility	▪ Number of Tasmanians aged 18-24 years that were previously in out of home care / Cottage Care ▪ Proportion of OOHC/Cottage Care clients o receiving After Care support o reappearing in the criminal justice system o dependent on income support o whose children reappear in the child protection system	-
Program outcomes	Children in Cottage Care are happy and have a positive sense of belonging and identity	▪ Proportion of clients reporting that they o Feel safe o Have a sense of belonging o Have a positive outlook for the future	Subject to development of an appropriate tool and protocols for measuring client experience of living in Cottage Care
	Children in Cottage Care achieve their individual goals—in key outcome domains of education; health; social / family connections; personal behaviour and responsibility	▪ Proportion of clients making progress / achieving their individual goals —in relevant outcome domains o Education o Health o Social / family connections o Personal behaviour and responsibility	Target for overall proportion of clients where progress is achieved Subject to development of appropriate tool for assessing and reporting goal attainment
	Children in Cottage Care live in a stable, family-like environment Children in Cottage Care report that their carers are trusted and are a positive part of their lives Carers report that they receive the training and support needed to deliver Cottage Care	▪ Number of Care Concerns raised—by nature of the concern	No target - focus on partnership discussions about effective resolution of Care Concerns and improvement actions
		▪ Number / Proportion of children whose care placement ended—by reason (planned / unplanned)	No target - focus on partnership discussions about care planning and improvement actions
		▪ Number / proportion of trained carers exiting Cottage Care	
		▪ Quality and Safety Framework indicators *(linked to OOHC standards)*	
	Cottage Care places are appropriately positioned within the overall Child Protection System	▪ Number of children in Cottage Care – by location	-
		▪ Number of carers that are available deliver Cottage Care—by location	-

Commissioning for outcomes statement

Program Area: **Children and Youth Services**

Sub-program: **Advocacy for children and young people in care (Create Foundation)**

Sub-program outcomes hierarchy

	DHHS outcomes domains	Program Outcomes	Theory of change
Population outcomes	Changes contribute to improvements in the target population / community	Children and young people in care have a voice Service systems impacting on children and young people in care are responsive to their vulnerability	▪ Children and young people in care are vulnerable and face barriers to influencing decisions about their lives ▪ Addressing these barriers has a number of dimensions ▪ First, it may be about ensuring that children and young people in care have someone outside of the service system that can speak out on their behalf in a way that represents the best interests of that person (individual advocacy) ▪ Second, it may be about providing opportunities for children and young people in care to connect with one another, be empowered and create change in their own lives (self / peer advocacy) ▪ Third, it may be about influencing service system changes to improve responsiveness to the vulnerability of children and young people in care (systemic advocacy) ▪ Effective advocacy needs to be linked to clear agreement about the scope, focus and type of activities that provide the best opportunity for children and young people in care to have a voice, control decisions about their lives and influence service system change
Program outcomes	Changes are achieved for assisted clients / target groups *(did we achieve what we expected)*	Individual advocacy recipients are better placed to make informed decisions about things that impact on their care arrangements Service system partners better understand the needs and issues faced by children and young people in care	
	Services are responsive to the target group and conducive to the achievement of the intended outcomes *(how well did we do it)*	Advocacy is delivered in ways that reflect the agreed scope, focus and type of advocacy	
	Services are available to targeted clients and communities *(how much did we do)*	Children and young people in care have access to appropriate advocacy	

Children and Youth Services – Advocacy for children and young people in care (Create Foundation)

Outcome Indicators

	Outcomes	Outcome Indicators	Application to Funding Agreement PIs
Population outcomes	Children and young people in care have a voice Service systems impacting on children and young people in care are responsive to their vulnerability	▪ Number of children and young people in care	-
Program outcomes	Individual advocacy recipients are better placed to make informed decisions about things that impact on their care arrangements	▪ Proportion of individual clients reporting that they ○ Better understand their rights / options ○ Are better able to make informed decisions ○ Are more confident in influencing decisions about their life	Subject to development of an appropriate tool and protocols for recording client feedback
	Service system partners better understand the needs and issues faced by children and young people in care	▪ Proportion of partner agencies recognising the contribution of Create Foundation to ○ Promoting a better understanding about the needs and issues of children in care ○ Promoting opportunities for service system improvement	Subject to development of an appropriate tool and protocols for recording partner agency feedback
	Advocacy is delivered in ways that reflect the agreed scope, focus and type of advocacy	▪ Quality and Safety Framework indicators *(linked to contracted milestones and deliverables)*	Agreed targets linked to contracted deliverables
	Children and young people in care have access to appropriate advocacy	▪ Number of children and young people in care participating in advocacy activities – by activity type	Agreed targets linked to contracted deliverables
		▪ Number of advocacy activities –by activity type	Agreed targets linked to contracted deliverables

Commissioning for outcomes statement

Program Area: **Mental Health Services**

Sub-program: **Packages of Care**

Sub-program outcomes hierarchy

	DHHS outcomes domains	Program Outcomes	Theory of change
Population outcomes	Changes contribute to improvements in the target population / community	Tasmanians with a mental illness live well and have a full life—in terms of economic participation; social and community connection; stable housing Tasmanians that utilise clinical inpatient and community mental health services have stable life circumstances over the longer-term	▪ DHHS Mental Health Services delivers care to Tasmanians with a severe mental illness through community teams and inpatient settings ▪ For many clients, the effectiveness of these clinical mental health services is dependent on addressing barriers to stable life circumstances including housing, living skills, engagement and participation ▪ The community sector is well-placed to provide packages of support and care by leveraging community resources and linkages to the full range of community support services ▪ Effective packages of care should be tailored to individual client needs and circumstances—and be linked to clear individual goals that are regularly reviewed with the client ▪ This requires working with clients, family members and local support and community organisations to set and plan goals (e.g. action to reduce social isolation; action to improve living skills) ▪ The achievement of individual goals provides the foundations for improvements in life circumstances and the platform for leading a full life in terms of economic participation; social and community connection; and stable housing
	⬆		
Program outcomes	Changes are achieved for assisted clients / target groups *(did we achieve what we expected)*	Clients have improved life circumstances in relevant outcome domains Clients achieve individual goals in relevant goal domains	
	⬆		
	Services are responsive to the target group and conducive to the achievement of the intended outcomes *(how well did we do it)*	Clients receive tailored, coordinated support that reflects their individual needs and circumstances	
	⬆		
	Services are available to targeted clients and communities *(how much did we do)*	Support packages are available for eligible clients with a mental illness	

Outcome Indicators

	Outcomes	Outcome Indicators	Application to Funding Agreement PIs
Population outcomes	Tasmanians with a mental illness live well and have a full life—in terms of economic participation; social and community connection; stable housing Tasmanians that utilise clinical inpatient and community mental health services have stable life circumstances over the longer-term	▪ Number of Tasmanians with a moderate or severe mental disorder ▪ Proportion of Tasmanians with a moderate or severe mental disorder in ○ Employment, education or training ○ Stable housing or accommodation ▪ Proportion of Package of Care clients readmitted to inpatient clinic care following the commencement of the care package—by length of stay [compared to the period before the commencement of the care package]	-
Program outcomes	Clients have improved life circumstances in relevant outcome domains Clients achieve individual goals in relevant goal domains	▪ Proportion of clients assessed as having improved life circumstances—in relevant outcome domains ○ Housing ○ Independent living ○ Community participation ○ Physical health ○ Employment, education & training	Subject to development of an appropriate tool for reporting changes in life circumstances / goal attainment (using data linked to existing case management tools e.g. Recovery Star; CANSAS)
		▪ Proportion of clients assessed as making progress / achieving their individual goals—in relevant goal domains	
	Clients receive tailored, coordinated support that reflects their individual needs and circumstances	▪ Proportion of clients that report they are satisfied with the quality and responsiveness of Packages of Care in meeting their needs	Subject to cost-effective collection of client feedback (e.g. using the DREEM client Service Assessment Tool); Dual focus on quantitative and qualitative data – including improvement actions
		▪ Proportion of partner agencies* that report they are satisfied with the quality and responsiveness of Packages of Care in meeting the needs of shared clients *[* Agencies that refer to or receive referrals from the service]*	Subject to cost-effective collection of partner agency feedback; Dual focus on quantitative and qualitative data – including improvement actions
		▪ Proportion of clients from key target groups – ATSI; CALD; Regions	Targets for key groups set to reflect catchment demographics
	Support packages are available for eligible clients with a mental illness	▪ Number of clients – by location; by assistance type	To inform partnership discussions about the implications of the pattern of assistance delivered
		▪ Number of clients approved and waiting for a service	

Commissioning for outcomes statement

Program Area: **Population Health**

Sub-program: **Asthma Foundation**

Sub-program outcomes hierarchy

	DHHS outcomes domains	Program Outcomes	Theory of change
Population outcomes	Changes contribute to improvements in the target population / community	Tasmanians with asthma have improved quality of life Tasmanians with asthma maintain effective asthma management practices over the longer-term (take medication; carry medication; have a written asthma action plan)	▪ Poorly managed asthma can have significant negative impacts on individuals and the community—in terms of personal quality of life and their economic productivity and participation in the community ▪ Many individuals with asthma do not use effective asthma management practices—reflecting diverse barriers including lack of awareness and understanding; inadequate life skills; lack of engagement with mainstream health services; and lack of personal support networks ▪ Community-based promotion, information and advisory services are well-placed to leverage resources to reach vulnerable individuals and families ▪ Effective population health services utilise a range of information channels and strategies to promote better awareness and knowledge of asthma management and better individual client capacity to take-up effective asthma management practices—both with high-risk cohorts and organisations and individuals working with high-risk cohorts ▪ Depending on the duration and intensity of the client contact—different information channels and strategies make different contributions to building a client's capacity to adopt effective asthma management practices
	↑		
Program outcomes	Changes are achieved for assisted clients / target groups *(did we achieve what we expected)*	Clients have improved capacity to adopt effective asthma management practices (take medication; carry medication; have a written asthma action plan) Clients have better awareness and improved knowledge of asthma management	
	↑		
	Services are responsive to the target group and conducive to the achievement of the intended outcomes *(how well did we do it)*	Clients have information and resources that are relevant and appropriate for their needs and circumstances Organisations and individuals working with people with asthma have information and resources that are relevant and appropriate for their context	
	↑		
	Services are available to targeted clients and communities *(how much did we do)*	People with asthma have access to information, advice, clinical services and resources	

Outcome Indicators

	Outcomes	Outcome Indicators	Application to Funding Agreement PIs
Population outcomes	Tasmanians with asthma have improved quality of life Tasmanians with asthma maintain effective asthma management practices over the longer-term	▪ Number of Tasmanians with asthma ▪ Proportion of Tasmanians with asthma that maintain effective asthma management practices ○ Take medication ○ Carry medication ○ Have a written asthma action plan	-
Program outcomes	Clients have improved capacity to adopt effective asthma management practices (take medication; carry medication; have a written asthma action plan) Clients have better awareness and improved knowledge of asthma management	▪ Proportion of clients reporting ○ Improved awareness and knowledge of asthma management ○ Improved capacity to implement effective asthma management practices	Subject to development of appropriate tools and sampling protocols for capturing client feedback
	Clients have information and resources that are relevant and appropriate for their needs and circumstances Organisations and individuals working with people with asthma have information and resources that are relevant and appropriate for their context	▪ Proportion of clients reporting satisfaction with the relevance and appropriateness of Asthma Foundation information and resources	Subject to development of appropriate tools for capturing client feedback Dual focus on quantitative and qualitative data – including improvement actions
		▪ Proportion of partner agencies recognising the contribution of the Asthma Foundation to ○ Promoting better community awareness and understanding of asthma ○ Promoting service system improvement to support better asthma management in the community	Subject to cost-effective collection of partner agency feedback; Dual focus on quantitative and qualitative data – including improvement actions
		▪ Proportion of clients from key target groups – ATSI; CALD; Regions	Targets for key groups set to reflect catchment demographics
	People with asthma have access to information, advice, clinical services and resources	▪ Number of clients assisted– by activity type	Agreed targets linked to contracted deliverables
		▪ Number of activities	

Commissioning for outcomes statement

Program Area: **Population Health**

Sub-program: **Family Planning**

Sub-program outcomes hierarchy

	DHHS outcomes domains	Program Outcomes	Theory of change
Population outcomes	Changes contribute to improvements in the target population / community	Tasmanians have improved sexual health Tasmanians have lower rates of unplanned pregnancies and sexually-transmitted infections	▪ Unplanned pregnancies and sexually-transmitted infections can have significant negative impacts on individuals and the community—in terms of personal quality of life and their economic productivity and participation in the community ▪ Many individuals do not adopt safe sexual practices—reflecting diverse barriers including lack of awareness and understanding; inadequate life skills; lack of engagement with mainstream health services; and lack of personal support networks ▪ Community-based clinical, information and advisory services are well-placed to leverage resources to reach vulnerable individuals and families ▪ Effective population health services utilise a range of information channels and strategies to promote better awareness and knowledge of sexual health and better individual client capacity to adopt safe sexual practices and respectful relationships—both with high-risk cohorts and organisations and individuals working with high-risk cohorts ▪ Depending on the duration and intensity of the client contact—different information channels and strategies make different contributions to building client's and organisations capacity to support safe sexual practices
	↑		
Program outcomes	Changes are achieved for assisted clients / target groups *(did we achieve what we expected)*	Clients have improved capacity to adopt safe sexual practices and respectful relationships Clients have better awareness and improved knowledge of safe sexual practices and respectful relationships	
	↑		
	Services are responsive to the target group and conducive to the achievement of the intended outcomes *(how well did we do it)*	Clients have information and resources that are relevant and appropriate for their needs and circumstances Organisations and individuals working with high-risk cohorts have information and resources that are relevant and appropriate for their context	
	↑		
	Services are available to targeted clients and communities *(how much did we do)*	People in high-risk cohorts have access to information, advice, clinical services and resources	

Outcome Indicators

	Outcomes	Outcome Indicators	Application to Funding Agreement PIs
Population outcomes	Tasmanians have improved sexual health Tasmanians have lower rates of unplanned pregnancies and sexually-transmitted infections	▪ Number and rate of unplanned pregnancies—by age cohorts ▪ Number and rate of sexually transmitted diseases ▪ Proportion of Tasmanians that maintain safe sexual practices over the longer-term	-
Program outcomes	Clients have improved capacity to adopt safe sexual practices and respectful relationships Clients have better awareness and improved knowledge of safe sexual practices and respectful relationships	▪ Proportion of clients reporting ○ Improved awareness and knowledge of safe sexual practices ○ Improved capacity to implement safe sexual practices	Subject to development of appropriate tools and protocols for capturing client feedback
	Clients have information and resources that are relevant and appropriate for their needs and circumstances Organisations and individuals working with high-risk cohorts have information and resources that are relevant and appropriate for their context	▪ Proportion of clients reporting satisfaction with the relevance and appropriateness of Family Planning clinical services / information and resources	Subject to development of appropriate tools for capturing client feedback; Dual focus on quantitative and qualitative data – including improvement actions
		▪ Proportion of partner agencies recognising the contribution of Family Planning to ○ Promoting better community awareness and understanding of safe sexual practices ○ Promoting service system improvement to support safer sexual practices in the community	Subject to cost-effective collection of partner agency feedback; Dual focus on quantitative and qualitative data – including improvement actions
		▪ Proportion of clients from key target groups – ATSI; CALD; Regions	Targets for key groups set to reflect catchment demographics
	People in high-risk cohorts have access to information, advice, clinical services and resources	▪ Number of clients assisted– by activity type	Agreed targets linked to contracted deliverables
		▪ Number of activities	

Commissioning for outcomes statement

Program Area: **Disability Services**

Sub-program: **Supported Accommodation**

Sub-program outcomes hierarchy

	DHHS outcomes domains	Program Outcomes	Theory of change
Population outcomes	Changes contribute to improvements in the target population / community	Tasmanians with a disability and their families and carers live well and have a full life—in terms of economic participation; social and community connection; stable housing	▪ For some people with a disability, supported accommodation represents the most appropriate accommodation response for their needs and life circumstance ▪ The community sector is well-placed to provide supported accommodation by leveraging community resources and linkages to the full range of community support services ▪ Effective supported accommodation should be tailored to individual client needs and circumstances—and be linked to clear individual goals that are regularly reviewed with the client ▪ This requires working with clients, family members and local support and community organisations to set and plan goals (e.g. action to reduce social isolation; action to improve living skills) ▪ The achievement of individual goals provides the foundations for improvements in life circumstances and the platform for leading a full life in terms of economic participation; social and community connection; and stable housing
	⬆		
Program outcomes	Changes are achieved for assisted clients / target groups *(did we achieve what we expected)*	Clients have improved life circumstances in relevant outcome domains Clients achieve individual goals in relevant goal domains	
	⬆		
	Services are responsive to the target group and conducive to the achievement of the intended outcomes *(how well did we do it)*	Clients receive tailored, individualised support that reflects their individual needs and circumstances	
	⬆		
	Services are available to targeted clients and communities *(how much did we do)*	An appropriate range of supported accommodation options are available for eligible people with a disability	

Outcome Indicators

	Outcomes	Outcome Indicators	Application to Funding Agreement PIs
Population outcomes	Tasmanians with a disability and their families and carers live well and have a full life—in terms of economic participation; social and community connection; stable housing	▪ Number / proportion of Tasmanians with a disability living in supported accommodation ▪ Proportion of Tasmanians with a disability / living in supported accommodation ○ Participating in employment, education or training ○ Participating in regular social and community activities ○ With a community access package	-
Program outcomes	Clients have improved life circumstances in relevant outcome domains Clients achieve individual goals in relevant goal domains	▪ Proportion of clients assessed as having improved life circumstances—in relevant outcome domains ○ Independent living ○ Community participation ○ Physical health ○ Employment, education & training ▪ Proportion of clients assessed as making progress / achieving their individual goals—in relevant goal domains	Subject to development of an appropriate tool for reporting changes in life circumstances / goal attainment (using data linked to existing case management tools)
	Clients receive tailored, coordinated support that reflects their individual needs and circumstances	▪ Proportion of clients that report they are satisfied with the quality and responsiveness of their accommodation in meeting their needs	Subject to cost-effective collection of client feedback (e.g. developing a standard instrument / protocols for collecting feedback from clients, families, advocates)
		▪ Proportion of partner agencies* that report they are satisfied with the quality and responsiveness of supported accommodation in meeting the needs of shared clients *[* Agencies that refer to or receive referrals from the service]*	Subject to cost-effective collection of partner agency feedback; Dual focus on quantitative and qualitative data – including improvement actions
	An appropriate range of supported accommodation options are available for eligible people with a disability	▪ Number of supported accommodation places – by location; by accommodation type	-

Commissioning for outcomes statement

Program Area: **Community Services**

Sub-program: **Neighbourhood Houses**

Sub-program outcomes hierarchy

	DHHS outcomes domains	Program Outcomes	Theory of change
Population outcomes	Changes contribute to improvements in the target population / community	Well-functioning communities Improved social and economic participation of vulnerable individuals and families	▪ Many disadvantaged communities and vulnerable members of these communities face significant barriers to social and economic participation and contributing to well-functioning communities
Program outcomes	Changes are achieved for assisted clients / target groups *(did we achieve what we expected)*	Improved life circumstances for priority client cohorts / Improved community capacity to address priority needs Improved options and opportunities for priority client cohorts / Improved options and opportunities for building community capacity	▪ Priorities vary from community to community and vary over time—focussing on different local client cohorts (e.g. young people in the Juvenile Justice system) and different community needs ▪ Families and local community members are best placed to ensure sustainable solutions are in place to identify and respond to community priorities—but they often require information, advice and resources to develop and implement solutions
	Services are responsive to the target group and conducive to the achievement of the intended outcomes *(how well did we do it)*	Neighbourhood House priorities reflect community needs Local community organisations and support providers are actively engaged in Neighbourhood House priorities	▪ Community-based Neighbourhood House services are well-placed to leverage local resources to support community members to develop and implement local community projects to address community priorities ▪ Effective community projects require the strong involvement of community members, and the full range of local community organisations and support providers, at all stages
	Services are available to targeted clients and communities *(how much did we do)*	Community members have access to information, advice and resources relevant to community needs	▪ Depending on the nature and duration of community projects — Neighbourhood Houses make different contributions to improving options and opportunities within the community and impacting on the life circumstances of community members

Outcome Indicators

	Outcomes	Outcome Indicators	Application to Funding Agreement PIs
Population outcomes	Well-functioning communities Improved social and economic participation of vulnerable individuals and families	▪ Indicators of community disadvantage o Unemployment rate – by cohort o Rate of child protection reports o Rate of incarcerations o Rate of lifestyle-related disease	-
Program outcomes	Improved life circumstances for priority client cohorts / Improved community capacity to address priority needs Improved options and opportunities for priority client cohorts / Improved options and opportunities for building community capacity	▪ Extent of progress / achievement of community goals in priority projects	▪ Subject to development of appropriate tools for reporting progress / achievement –including for example o Partner agency rating of improved circumstances / community capacity o Partner agency rating of improved options and opportunities o Case studies to illustrate the contribution of the Neighbourhood House o Feedback on systemic issues / barriers limiting the achievement of community goals
	Neighbourhood House priorities reflect community needs Local community organisations and support providers are actively engaged in Neighbourhood House priorities	▪ Proportion of partner agencies recognising the contribution of the Neighbourhood House to o Promoting community involvement in designing and implementing responses in community priorities o Coordinating involvement of local community organisations and supporting providers in addressing community priorities	Subject to cost-effective collection of partner agency feedback (e.g. e-survey administered by TACH – the Neighbourhood House peak) Dual focus on quantitative and qualitative data – including improvement actions
	Community members have access to information, advice and resources relevant to community needs	▪ Number of clients participating in Neighbourhood House activities – by activity type / community project ▪ Number of volunteers supported Neighbourhood House activities– by activity type / community project ▪ Number of activities / community projects – by type	Agreed targets linked to contracted deliverables

Commissioning for outcomes statement

Program Area: **Alcohol and Drug Services**

Sub-program: **Support packages**

Sub-program outcomes hierarchy

	DHHS outcomes domains	Program Outcomes	Theory of change
Population outcomes	Changes contribute to improvements in the target population / community	Tasmanians impacted by alcohol and drug dependence live well and have a full life—in terms of economic participation; social and community connection; stable housing Tasmanians that utilise clinical inpatient and community A&D services have stable life circumstances over the longer-term	▪ DHHS Alcohol and Drug Services delivers care to Tasmanians with A&D dependence through community teams and inpatient settings. ▪ For many clients, the effectiveness of these clinical services is dependent on addressing barriers to stable life circumstances including housing, living skills, engagement and participation. ▪ The community sector is well-placed to provide packages of support and care by leveraging community resources and linkages to the full range of community support services ▪ Effective packages of care should be tailored to individual client needs and circumstances—and be linked to clear individual goals that are regularly reviewed with the client ▪ This requires working with clients, family members and local support and community organisations to set and plan goals (e.g. action to reduce social isolation; improve living skills) ▪ The achievement of individual goals provides the foundations for improvements in life circumstances and the platform for leading a full life in terms of economic participation; social and community connection; and stable housing
	↑		
Program outcomes	Changes are achieved for assisted clients / target groups *(did we achieve what we expected)*	Clients have improved life circumstances in relevant outcome domains Clients achieve individual goals in relevant goal domains	
	↑		
	Services are responsive to the target group and conducive to the achievement of the intended outcomes *(how well did we do it)*	Clients receive tailored, coordinated support that reflects their individual needs and circumstances	
	↑		
	Services are available to targeted clients and communities *(how much did we do)*	Support packages are available for eligible clients significantly impacted by alcohol and drug dependence	

Outcome Indicators

	Outcomes	Outcome Indicators	Application to Funding Agreement PIs
Population outcomes	Tasmanians impacted by alcohol and drug dependence live well and have a full life—in terms of economic participation; social and community connection; stable housing Tasmanians that utilise clinical inpatient and community A&D services have stable life circumstances over the longer-term	▪ Proportion of Tasmanians with harmful levels of A&D consumption ▪ Proportion of Tasmanians with an A&D dependence in ○ Employment, education or training ○ Stable housing or accommodation ▪ Number and rate of hospital admissions related to A&D (all Tasmanians; Support Package clients) ▪ Number and rate of police incidents related to A&D (all Tasmanians; Support Package clients)	-
Program outcomes	Clients have improved life circumstances in relevant outcome domains Clients achieve individual goals in relevant goal domains	▪ Proportion of clients assessed as having improved life circumstances—in relevant outcome domains ○ Housing ○ Independent living ○ Community participation ○ Mental health ○ Employment, education & training ▪ Proportion of clients assessed as making progress / achieving their individual goals—in relevant goal domains	Subject to development of appropriate tool for reporting changes in life circumstances / goal attainment (using data linked to existing case management tools e.g. Recovery Star)
	Clients receive tailored, coordinated support that reflects their individual needs and circumstances	▪ Proportion of clients that report they are satisfied with the quality and responsiveness of Support Packages of Care in meeting their needs	Subject to cost-effective collection of client feedback; Dual focus on quantitative and qualitative data – including improvement actions
		▪ Proportion of partner agencies* that report they are satisfied with the quality and responsiveness of A&D Support Packages in meeting the needs of shared clients *[* Agencies that refer to or receive referrals from the service]*	Subject to cost-effective collection of partner agency feedback; Dual focus on quantitative and qualitative data – including improvement actions
	Support packages are available for eligible clients significantly impacted by alcohol and drug dependence	▪ Proportion of clients from key target groups – ATSI; CALD; Regions	Target for key groups set to reflect catchment demographics
		▪ Number of clients – by location; by assistance type	To inform partnership discussions about the implications of the pattern of assistance delivered

Commissioning for outcomes statement

Program Area: **Alcohol and Drug Services**

Sub-program: **Community education**

Sub-program outcomes hierarchy

	DHHS outcomes domains	Program Outcomes	Theory of change
Population outcomes	Changes contribute to improvements in the target population / community	Tasmanians impacted by alcohol and drug dependence live well and have a full life—in term of economic participation; social and community connection; stable housing Tasmanians that utilise clinical inpatient and community A&D services have stable life circumstances over the longer-term	▪ DHHS Alcohol and Drug Services delivers care to Tasmanians with A&D dependence through community teams and inpatient settings. ▪ The effectiveness of these clinical services is dependent on addressing knowledge, attitudinal and behavioural barriers to the impacts of risky A&D consumption. ▪ The community sector is well-placed to provide community education activities packages by leveraging community resources and linkages to the full range of community networks ▪ Effective community education should be tailored to targeted client cohorts and organisations—and be linked to clear educational goals that can be measured ▪ The achievement of these goals provides the foundations for changes in A&D behaviours in client cohorts and organisations targeted by community education activities
	↑		
Program outcomes	Changes are achieved for assisted clients / target groups *(did we achieve what we expected)*	Changes in A&D behaviours in client cohorts and organisations targeted by community education activities Individual / organisations participating in community education activities achieve individual / organisational goals in relevant goal domains (changed knowledge and attitudes; changes practices)	
	↑		
	Services are responsive to the target group and conducive to the achievement of the intended outcomes *(how well did we do it)*	Community education activities are tailored to individual participant / organisational needs	
	↑		
	Services are available to targeted clients and communities *(how much did we do)*	Community education activities are accessible for targeted client cohorts and organisations	

Outcome Indicators

	Outcomes	Outcome Indicators	Application to Funding Agreement PIs
Population outcomes	Tasmanians impacted by alcohol and drug dependence live well and have a full life—in term of economic participation; social and community connection; stable housing Tasmanians that utilise clinical inpatient and community A&D services have stable life circumstances over the longer-term	▪ Proportion of Tasmanians with harmful levels of A&D consumption ▪ Proportion of Tasmanians with a A&D dependence in ○ Employment, education or training ○ Stable housing or accommodation ▪ Number and rate of hospital admissions related to A&D (all Tasmanians; Support Package clients) ▪ Number and rate of police incidents related to A&D (all Tasmanians; Support Package clients)	-
Program outcomes	Changes in A&D behaviours in client cohorts and organisations targeted by community education activities	▪ Examples of client cohorts / organisations participating in community education activities reporting with changed A&D behaviours	Qualitative case studies
	Individual / organisations participating in community education activities achieve individual / organisational goals in relevant goal domains (changed knowledge and attitudes; changes practices)	▪ Proportion of individuals / organisations participating in community education assessed as making progress / achieving their individual education goals—changed knowledge and attitudes; changes practices	Subject to development of appropriate tool for measuring changes in knowledge, attitudes and behaviours
	Community education activities are tailored to individual participant / organisational needs	▪ Proportion of individuals / organisations participating in community education activities that report they are satisfied with the quality and relevance of the activities	Subject to cost-effective collection of participant feedback; Dual focus on quantitative and qualitative data – including improvement actions
	Community education activities are accessible for targeted client cohorts and organisations	▪ Number of individuals directly engaged in A&D community education activities – by location; by type ▪ Number of organisations directly engaged in A&D community education activities – by location; by type ▪ Number of people receiving general information and advisory	To inform partnership discussions about the implications of the pattern of assistance delivered

Commissioning for outcomes statement

Program Area: **Alcohol and Drug Services**

Sub-program: **Residential rehabilitation**

Sub-program outcomes hierarchy

	DHHS outcomes domains	Program Outcomes	Theory of change
Population outcomes	Changes contribute to improvements in the target population / community	Tasmanians with severe A&D dependence live well and have a full life—in terms of economic participation; social and community connection; stable housing	▪ For some people with severe A&D dependence, residential rehabilitation represents the most appropriate accommodation response for their needs and life circumstance ▪ The community sector is well-placed to provide supported accommodation by leveraging community resources and linkages to the full range of community support services ▪ Effective residential rehabilitation accommodation should be tailored to individual client needs and circumstances—and be linked to clear individual goals that are regularly reviewed with the client ▪ This requires working with clients, family members and local support and community organisations to set and plan goals (e.g. action to reduce social isolation; action to improve living skills) ▪ The achievement of individual goals provides the foundations for improvements in life circumstances and the platform for leading a full life in terms of economic participation; social and community connection; and stable housing
	⬆		
Program outcomes	Changes are achieved for assisted clients / target groups *(did we achieve what we expected)*	Clients have improved life circumstances in relevant outcome domains Clients achieve individual goals in relevant goal domains	
	⬆		
	Services are responsive to the target group and conducive to the achievement of the intended outcomes *(how well did we do it)*	Clients receive tailored, individualised support that reflects their individual needs and circumstances	
	⬆		
	Services are available to targeted clients and communities *(how much did we do)*	An appropriate range of supported accommodation options are available for eligible clients with severe A&D dependence	

Outcome Indicators

	Outcomes	Outcome Indicators	Application to Funding Agreement PIs
Population outcomes	Tasmanians with severe A&D dependence live well and have a full life—in terms of economic participation; social and community connection; stable housing	▪ Proportion of Tasmanians with harmful levels of A&D consumption ▪ Proportion of Tasmanians with a A&D dependence in ○ Employment, education or training ○ Stable housing or accommodation ▪ Number and rate of hospital admissions related to A&D (all Tasmanians; Support Package clients) ▪ Number and rate of police incidents related to A&D (all Tasmanians; Support Package clients)	-
Program outcomes	Clients have improved life circumstances in relevant outcome domains Clients achieve individual goals in relevant goal domains	▪ Proportion of residents assessed as having improved life circumstances—in relevant outcome domains ○ Independent living ○ Community participation ○ Physical health ○ Employment, education & training	Subject to development of appropriate tool for reporting changes in life circumstances / goal attainment (using data linked to existing case management tools)
		▪ Proportion of residents assessed as making progress / achieving their individual goals—in relevant goal domains	
	Clients receive tailored, coordinated support that reflects their individual needs and circumstances	▪ Proportion of residents that report they are satisfied with the quality and responsiveness of their accommodation in meeting their needs	Subject to cost-effective collection of client feedback (e.g. developing a standard instrument / protocols for collecting feedback from clients, families, advocates)
		▪ Proportion of partner agencies* that report they are satisfied with the quality and responsiveness of Residential Rehabilitation in meeting the needs of shared clients *[* Agencies that refer to or receive referrals from the service]*	Subject to cost-effective collection of partner agency feedback; Dual focus on quantitative and qualitative data – including improvement actions
	An appropriate range of supported accommodation options are available for eligible people with a disability	▪ Number of Residential Rehabilitation places – by location; by accommodation type	-

Attachment 2: Outcomes performance report template

[Draft template: subject to testing]

Outcomes information

Funding Agreement Performance Indicator	Reporting period data	Key points to inform interpretation
<Indicator> <Target>	<Completed by CSO>	<Completed by CSO>
PI 1:		
PI 2:		
PI 3:		
PI 4:		
PI 5:		

Outcomes assessment

Summary of achievement of outcomes for the reporting period <brief commentary from CSO>	▪ ▪ ▪ ▪ ▪ ▪ ▪	
Assessment of achievement of outcomes <feedback completed by DHHS Funding Agreement Manager>	▪ ▪ ▪ ▪ ▪ ▪ ▪	
DHHS / CSO Response < completed jointly>	Outcome issue	Action <Details of any agreed actions>
		▪ ▪ ▪ ▪ ▪