

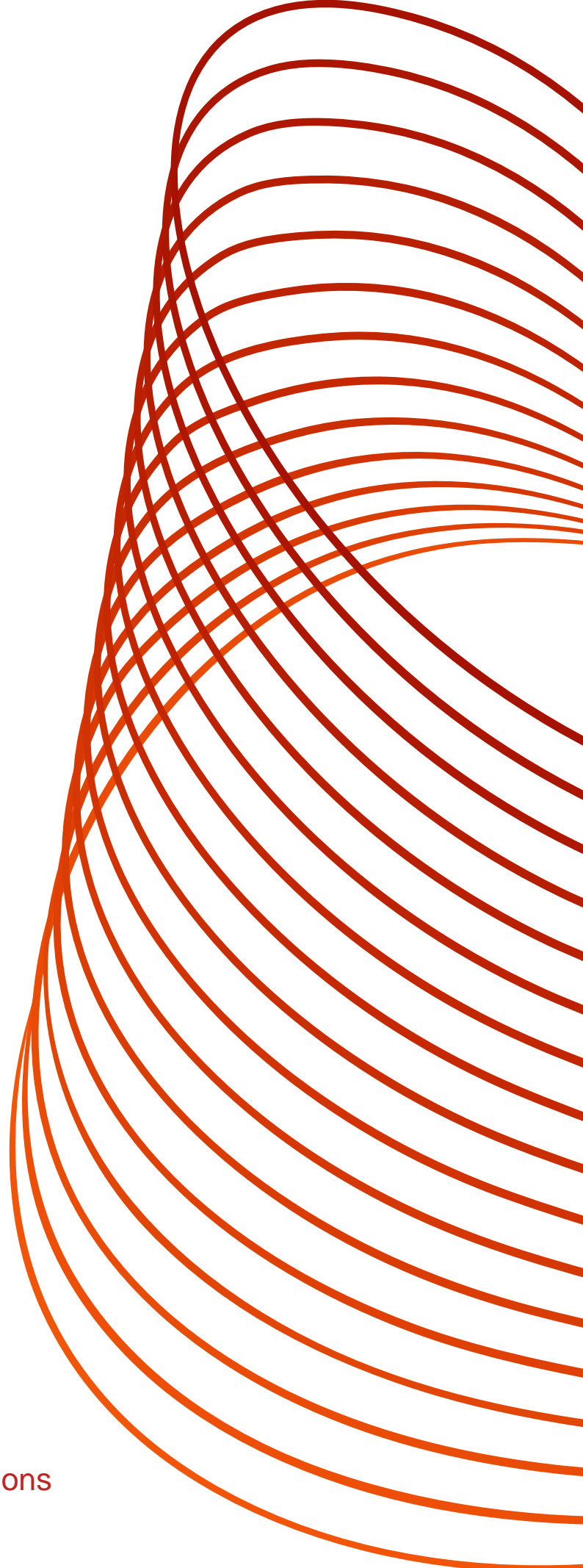
# VERSO

## Therapeutic Residential Care System Development: Outcomes Measurement Framework



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# Therapeutic Residential Care System Development: Outcomes Measurement Framework

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# Therapeutic Residential Care System Development: Outcomes Measurement Framework



## Context

### Project Purpose

*This project has a clear focus on supporting the planned re-commissioning of the residential care system in NSW.*

Project activities will provide FACS project teams with resources to undertake re-commissioning within the required timeframe.

### Project Objectives

The project objectives are to:

- Develop a new intensive and evidence based therapeutic residential system embracing:
  - Existing residential services: Residential Care, Intensive Residential Treatment Program, Therapeutic Secure Care programs, Supported Independent Living, Supported Family Group Home
  - Entry into residential services
  - Exit pathways and programs including connection with preservation initiatives/services
  - Connections with Health, Justice and Education
- Develop an evidence guide to assist potential funded services to demonstrate capacity to deliver proposed models of care, and inform:
  - Self-assessment regarding readiness and capacity to meet the revised model structure and requirements
  - Development of a sector capacity building strategy

### Definition of Therapeutic Care

FACS, ACWA and residential care providers have developed the following definition of therapeutic care:

*Therapeutic Care for a child or young person in statutory OOHHC is a planned, team based and intensive approach to the complex impacts of abuse, neglect and separation from families and significant others. This is achieved through the provision of a care environment that is evidence driven, culturally responsive and provides positive, safe and healing relationships and experiences to address the complexities of trauma, attachment and developmental needs.*



## Outcomes Measurement

### Purpose

The Australian Research Council for Children and Young People describe outcomes and their purpose as:

*... the effects of a program or service on a participant or participants during or after their involvement in that program or service. Measuring outcomes has multiple benefits and provides information that measurement of input (what was invested) and output (what was produced). Importantly output measurement can provide information about the effectiveness of a program or service (how well something was done). Outcome measurement supports evaluation of program effectiveness which can provide the basis for organisational change and improvement. It may also help COs attract support and funding: programs that are able to measure and demonstrate the link between outcomes and community level impacts are of more interest to funders including government.<sup>1</sup>*

### Objectives

Outcomes measurement can be conceptualised as addressing three distinct levels:

- At the client level, specifically, what outcomes are being delivered for each client?
- At the provider level, specifically, what outcomes are being delivered for clients by each distinct provider? Provider outcomes are an aggregation of client outcomes that may be (fully or partially) attributed to the interventions by each provider.
- At the system level, specifically, what outcomes are being delivered across the service system? System outcomes are essentially an aggregation of outcomes at the client and provider level.

Effectively meeting the outcomes measurement needs of each of these three distinct levels is a key objective of the proposed outcomes framework.

### Principles

Provision of out of home care in NSW occurs in the context of the NSW *Children and Young People (Care and Protection) Act 1998* (CYP(CP)A). The future outcomes framework should reflect and be consistent with the objects of this legislation. Specifically, the objects of the CYP(CP)A are described in s.8:

*(b) that all institutions, services and facilities responsible for the care and protection of children and young persons provide an environment for them that is free of violence and exploitation and provide services that foster their health, developmental needs, spirituality, self-respect and dignity, and*

*(c) that appropriate assistance is rendered to parents and other persons responsible for children and young persons in the performance of their child-rearing responsibilities in order to promote a safe and nurturing environment.*

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<sup>1</sup> Australian Research Alliance for Children and Young People (2009). *Measuring the outcomes of community organisations*, Canberra, ARACY

# Therapeutic Residential Care System Development: Outcomes Measurement Framework



## Quality Assurance Framework

The recently developed NSW statutory out-of-home care Quality Assessment Framework (QAF) aims to bring consistency and focus to data collection and reporting, acknowledging that

*The interrelation between outcomes and the complexity of measurement and analysis requires a holistic view of the system. A characteristic of a complex adaptive system is that complexity arises from the interaction and relations of its elements. This fact must be acknowledged throughout the whole quality improvement process, in order to identify relationships between provided services and outcomes. A systemic perspective on quality improvement minimises policy resistance and increases the likelihood of bringing about a focused organisational culture.<sup>2</sup>*

The QAF guides providers regarding an array of tools that may be beneficial for considering outcomes for children and young people and to manage assessments. Section 3 of the QAF states “The QAF is an organising framework or structure setting out what ‘should’ be attended to in order to improve outcomes for children in OOHC... The QAF does not define the ‘how’ – the specific way this will be achieved. Instead, the QAF will allow each individual agency to map its own pathway to achieving these goals in response to the particular needs of the children and young people they care for.”<sup>3</sup> Within the current arrangements there is no evidence that consistent and reliable outcome measures for children and young people as promoted by the QAF are being achieved.

To move from good assessment tools and practices to an outcomes measurement framework requires an appreciation of the distinction between these two ideas. This clarification is explored throughout this document.

## Structure of this Document

This document proposes an *outcomes measurement framework* which will form a key component of the *Evidence Guide to assist providers to demonstrate delivery of the models deliverable*.

The document includes discussion and analysis of the following evidence guide components:

- A program logic
- Current methodology and reach
- Defining outcome measures
- Data collection
- Outcome measures application

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<sup>2</sup> Parenting Resource Centre and University of Melbourne (2015). NSW statutory out-of-home care: Quality Assurance Framework–Section 2: Narrative review, Melbourne, p 27

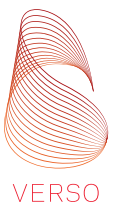
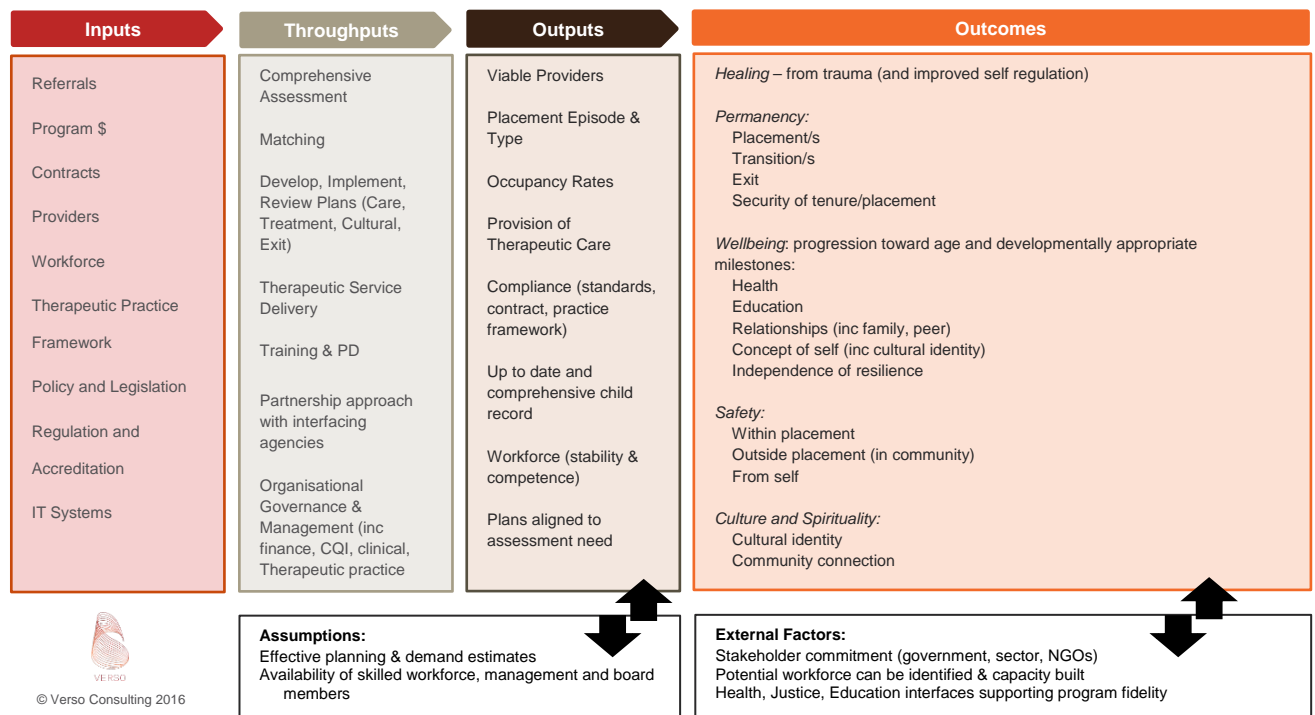
<sup>3</sup> Parenting Resource Centre and University of Melbourne (2015). NSW statutory out-of-home care: Quality Assurance Framework–Section 3: The quality assurance framework, Melbourne, p 2

# Therapeutic Residential Care System Development: Outcomes Measurement Framework



## Program Logic

The program logic diagram below summarises the intended direction for the new NSW therapeutic residential care system:



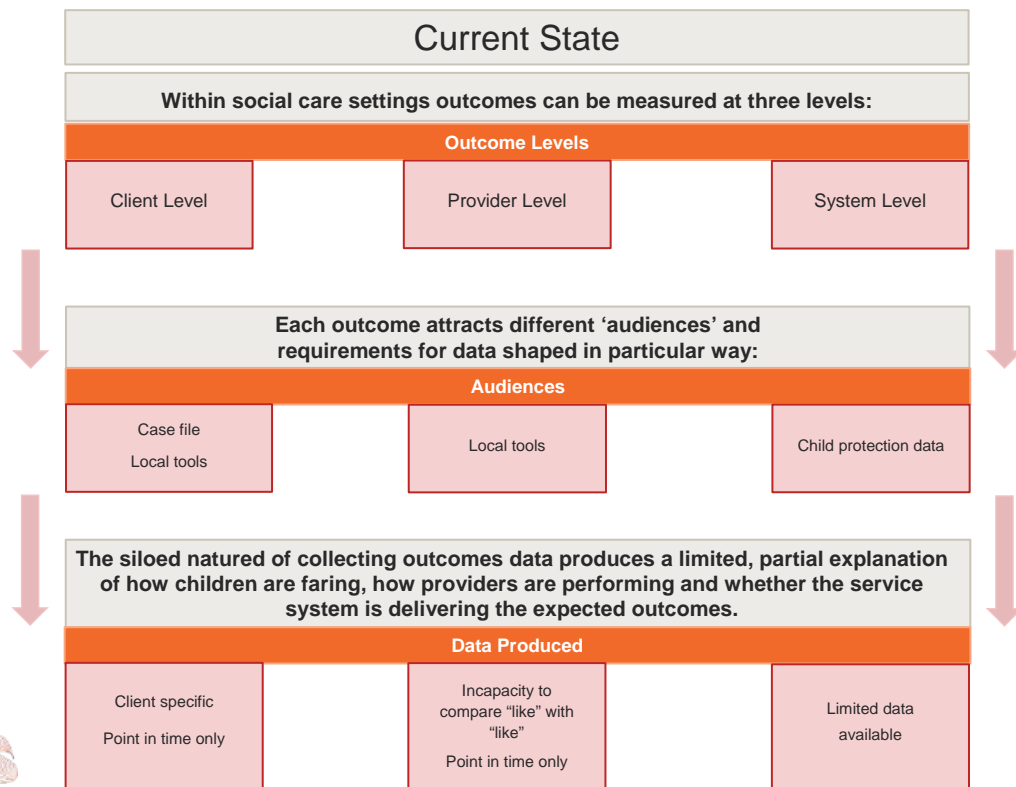


## Current Methodology and Reach

Under current arrangements a range of data is utilised to measure performance. These include case files, local tools that may be specific to the provider and child protection data. This data has evolved incrementally and results in only limited capacity and to understand what outcomes are being produced at client, provider and system levels.

In the current state, obtaining robust, credible outcomes data, at client, provider and system level is not possible. The absence of outcomes data has negative consequences for caseworkers, providers and Government. While there are pockets of good data produced at all outcome levels, this has yet to be integrated and systemised to enable comprehensive system-wide reporting.

The current methodology is summarised in the diagram below:



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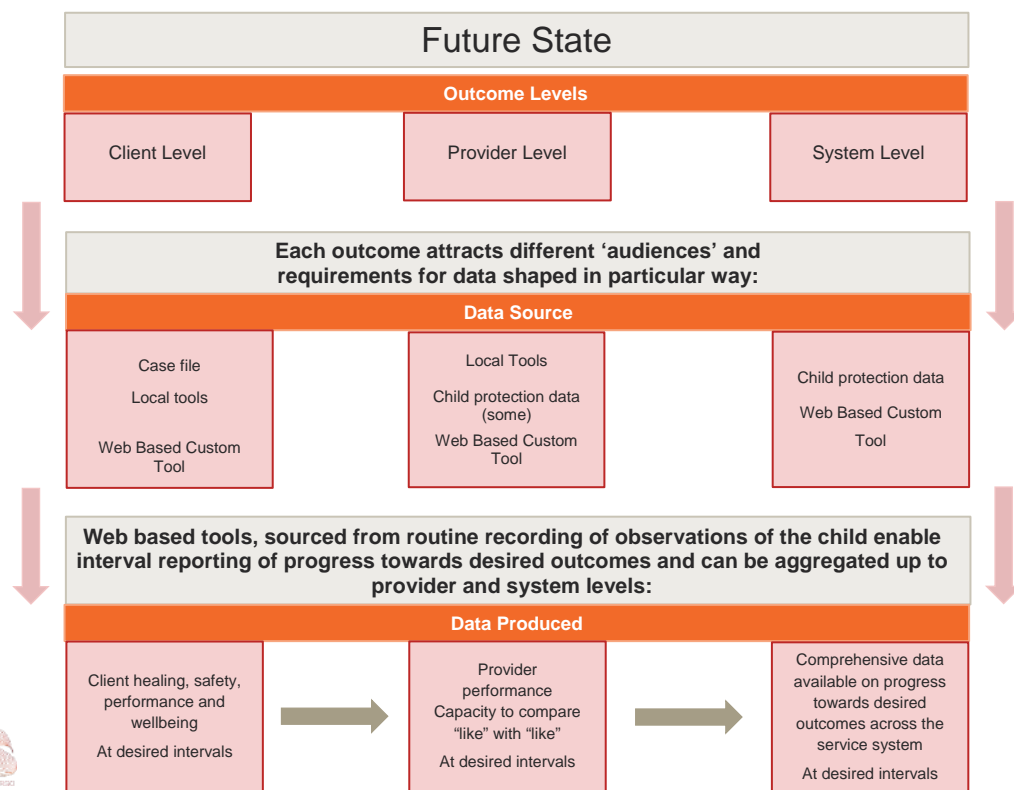
## Future Methodology and Reach

In the future state robust, credible outcomes data at client, provider and system level is available.

It is proposed that existing approaches to outcomes measurement are significantly strengthened through the introduction of custom web based tools. Key demographics and observations of a child's behaviour are routinely and regularly entered into the web based tools by the child's carers. This enables case workers, clinicians and supervisors to have access to a detailed picture of the child's progress across the desired outcome domains to develop over time.

Providers and Government have real time access to data to examine the impact of intervention and how well clients are faring towards expected outcomes.

This will enable comprehensive reporting at the desired level of intervention – client, provider or system-wide. The proposed future methodology is summarised in the diagram below:



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## Defining Outcome Measures

A suite of five outcome domains is suggested:

- Healing
- Permanency
- Wellbeing
- Safety
- Culture and Spirituality

The specific needs of Aboriginal children, children from culturally and linguistically diverse backgrounds and children with a learning and/or physical disability need consideration in each outcome domain. The construction of the indicators in each outcome domain also needs to have regard to the child's age, stage of development, gender and sexual identity.

### Healing

**Healing refers to the process associated with recovery from trauma.**

Indicators of successful healing that can be measured include:

- Positive sleep patterns
- Positive behavioural and social patterns
- Absence of drug and alcohol abuse
- Positive physical and mental affect
- Positive peer relations

### Permanency

**Permanency relates to the stability of the child's care arrangements.**

Indicators of permanency that can be measured include:

- The child's connection to their primary caregiver
- The child's connection to family, siblings and extended family
- The child's connection to community, school and friends
- The child's capacity to make new connections



## Wellbeing

**Wellbeing refers to the child's overall wellbeing.**

Indicators of child wellbeing that can be measured include:

- Health and physical development
- Active participation in learning
- Family and social relationships
- Emotional and behavioural development
- Self-care skills
- Opportunities for play, leisure, recreation and positive peer-group attachments

## Safety

**Safety includes the provision of basic care, protection from harm including self-harm and suicide ideation and mitigation of opportunities for harm.**

Indicators of safety that can be measured include:

- Absence of harm incidents
- Safe care, school and social environment

## Culture and Spirituality

**Culture and spirituality in the case of children from Aboriginal and culturally diverse background includes the strength of connection to their community of origin.**

Indicators of positive cultural and spiritual experiences that can be measured include:

- The child's sense of identity, including Aboriginal identity or other cultural identity
- Connections to and participation in the child's culture and language
- Connections to and participation in the child's community
- Opportunities to practice chosen faith



## Data Collection

The approach to this Outcomes Measurement Framework is sensitive to the context described in the QAF narrative:

*OOHC agencies operate in complex circumstances with a scarcity of resources. Their staff often have limited training and qualifications. The measures and approaches used must work within these limitations (constraint optimisation)... In order to increase the effectiveness of the Continuous Quality Improvement (CQI) process and maximise the return from monitoring activities, outcome indicators that build on reliable and valid measures should be used where available... this minimises the risk of measurement error and enhances the likelihood of identifying areas for development.<sup>4</sup>*

### Principles

Data collection arrangements will be consistent with the NSW Data and Information Custodianship Policy.<sup>5</sup>

### Options

As discussed earlier, a web based custom tool to routinely record daily observations of children in therapeutic residential care is recommended. Verso is familiar with the use of the HoNOSCA tool and the Brann Likert tool although other tools may be suitable. Appendix one provides a short description of the HoNOSCA and Brann Likert tools and how they map against the proposed five outcome domains.

Options for sourcing a custom tool are through:

- Internal procurement
- External procurement

## Outcome Measures Application

### Audiences

There are three key audiences for outcomes data in the future NSW therapeutic residential care system:

#### Client Level

The client level audience includes care and caseworkers, clinicians and supervisors involved in the care of the child. They require detailed information on the impact of their intervention and whether positive client trajectories and outcomes are being achieved.

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<sup>4</sup> Parenting Resource Centre and University of Melbourne (2015). NSW statutory out-of-home care: Quality Assurance Framework–Section 3: Quality Assurance Framework, Melbourne, p 15

<sup>5</sup> NSW Government, 2013, NSW Data and Custodianship Policy. Accessed 20 June 2016 at <https://www.finance.nsw.gov.au/ict/sites/default/files/NSW%20Data%20and%20Information%20Custodianship%20Policy%20v1-0.pdf>

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## Provider level

Provider level audiences include program managers, Chief Executive Officers and Boards and departmental contract managers. These audiences require detailed information on provider outcomes performance compared to expected benchmarks.

## System Level

The system level audience includes Government, the Department and oversight bodies. These audiences require information to understand service system performance, inform strategy, service design, service planning and future investment

## Benchmarking

Through the deployment of a web based tool benchmarking is possible at the client level, provider level and system level, and potentially capacity to benchmark against outcomes achieved in other jurisdictions.

## Ongoing Curation and Stewardship

As custodians of the data, FACS, in consultation with users, is responsible for conforming to the standards described in the NSW Data and Custodianship Policy.

Curation, or stewardship of the outcomes framework is a separate role involving a focus on maintaining the scientific integrity of the tools and instruments used and to oversight interpretation of the data.

Expert knowledge by recognised clinicians should be engaged from outside FACS to participate in future stewardship arrangements. This will give confidence to stakeholders that the ongoing maintenance and development of the outcomes framework has an independent and scientific evidence base. The need for continual refinement is noted in the QAF supporting documentation:

*It is also essential to acknowledge that quality improvement is a dynamic continuous process. Perceptions of appropriate QA techniques, treatments and service provision are not static – they change over time. Consequently, QA must not be limited to static comparatives. Rather, it should be an ongoing process, accompanied by continuous learning and change. Results from data analysis, evidence from research and other relevant information need to be translated into usable formats that help stakeholders continuously assess and adapt the system, and deliver the best services and outcomes for clients.<sup>6</sup>*

## Interpretation and Analysis

Interpretation and analysis of data produced through the proposed outcomes framework should be guided by advice developed through the stewardship arrangements.

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<sup>6</sup> Parenting Resource Centre and University of Melbourne (2015). NSW statutory out-of-home care: Quality Assurance Framework–Section 2: Narrative review, Melbourne, p 27



## Appendix 1: Use of psychological tools in therapeutic residential care settings

Verso has recent experience in the use of psychological tools in therapeutic residential care settings. Two tools that have been deployed in a Victorian residential care setting are the Health of the Nation Outcome Scales - Child and Mental Health, (HoNOSCA) and the Brann Likert tool.

### Health of the Nation Outcomes Scale

#### Background<sup>7</sup>

In 1993 the UK Department of Health commissioned the Royal College of Psychiatrists' Research Unit (CRU) to develop scales to measure the health and social functioning of people with severe mental illness. The initial aim was to provide a means of recording progress towards the Health of the Nation target 'to improve significantly the health and social functioning of mentally ill people'. HoNOSCA is now a widely used routine clinical outcome measure used by many jurisdictions, including Australia.

Health of the Nation Outcome Scales for Children and Adolescents was developed for children and adolescents (under the age of 18) in contact with mental health services. The use of HoNOSCA has been fully supported by the Department of Health and was employed in the Audit Commission survey of child and adolescent mental health services in 1998.

The HoNOSCA is a comprehensive outcome measurement system that is gaining use internationally (Brann 2010; Gowers, Harrington, Whitton, Beevor, et al. 1999; Gowers, Harrington, Whitton, Lelliott, et al. 1999; Hanssen-Bauer et al. 2010; Brann et al. 2001) and has been validated for use in child and adolescent mental health service (Bilenberg 2003; Brann et al. 2001). It comprises thirteen core scales (rated between 'No Problem' to 'Severe Problem' over a 5 point scale) which address behaviours, symptomatology, disability, and social functioning (Gowers, Harrington, Whitton, Beevor, et al. 1999; Gowers, Harrington, Whitton, Lelliott, et al. 1999). The scales address the following areas:

- Disruptive/aggressive/antisocial behaviours
- Emotional symptoms
- Over-activity/concentration
- Peer relationships
- Non accidental self-injury
- Self-care
- Substance misuse
- Family relationships
- Scholastic/language skills
- School attendance
- Non-organic somatic symptoms

The scales are completed after routine clinical assessments in any setting and have a variety of uses for clinicians, researchers and administrators, in particular health care commissioners and providers. The scales were developed using stringent testing for acceptability, usability, sensitivity, reliability and validity, and have been accepted by the NHS Executive Committee for Regulating Information Requirements for entry in the NHS Data Dictionary. The scales also form part of the English Minimum Data Set for Mental Health.

<sup>7</sup> Based on information from the Royal College of Psychiatrists.  
<http://www.rcpsych.ac.uk/traininpsychiatry/conferencetraining/resources/honos/generalinformation.aspx>

# Therapeutic Residential Care System Development: Outcomes Measurement Framework



HoNOS tools are now being introduced into Payment by Results (PbR) commissioning arrangements to measure the outcomes delivered by services.

## Instrument Application

The instrument is generally applied during the initial client assessment and at the end of the intervention. For clients in longer term care settings the instrument can be applied at intervals to monitor progress. Data is entered by a mental health professional often in conjunction with other professionals and carers who are working with the client. In some cases the client may also assist with the completion of the instrument.

The Royal College of Psychiatrists state the benefits of the tool are:

*Clinicians can build up a picture over time of their service-users' patterns of response to interventions and events that might not be easy to achieve without measurement. If ratings are incorporated into care plans then objectives can be quantified. Managers can examine differences between outcomes between different teams and interventions on similar service-user groups. Commissioners can move from a purely activity/structure approach to a more rational purchasing model involving health gain.<sup>8</sup>*

## Brann Likert

The Brann Likert Scales includes a number of scales and questions designed to allow the extraction of relevant information by TRC staff from the young person's file and through recording daily observations of the child. The information sought includes information about:

- Injury and harm including details of incident reports
- Connectedness to family and carers
- Connectedness to school and community,
- Residential stability of placements
- Connection to culture
- Physical health
- Education and learning
- Social and emotional development
- Positive sense of self
- Healthy lifestyle and risk taking

The scales are administered within a Therapeutic Residential Care (TRC) setting by the Therapeutic Specialist attached to the unit and/or through a web based collection of daily observations.

## Potential Interface and Alignment with the Proposed Outcome Domains

There is a high level of alignment between the five proposed outcome domains and the data generated from the HoNOSCA and Brann Likert instruments. The table below provides a small selection of examples of questions from each instrument and how these align with each of the five outcome domains.

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<sup>8</sup> Op cit

# Therapeutic Residential Care System Development: Outcomes Measurement Framework



Outcome Domain	HoNOSCA	Brann Likert
Healing	<p>Was the young person restless, overactive, cannot stay still for long?</p> <p>Does the young person have a good attention span; see chores or homework through to the end?</p> <p>Was the young person considerate of other people's feelings?</p>	<p>To what extent did the young person have problems with family life and relationships during this period?</p> <p>What was the client's quality of sleep last night?</p> <p>Does the young person think things out before acting?</p>
Permanency	<p>To what extent did the young person have problems with family life and relationships during this period?</p> <p>To what extent did the young person's parents and carers show a lack of knowledge about the child's difficulties during this period?</p>	<p>What was the overall quality of contact between young person and family today?</p>
Wellbeing	<p>Is the young person often unhappy, depressed or tearful?</p> <p>Is the young person generally well behaved, usually does what adults request?</p>	<p>Was the client suspended, excluded or expelled for any cause during this week?</p> <p>What is the young person's sense of self today (self-esteem, self-concept)?</p> <p>To what extent did the young person have problems with over-activity, attention or concentration</p>
Safety	<p>To what extent did the young person have problems with non-accidental self-injury?</p>	<p>Is there evidence of the young person's risk taking today?</p> <p>Is there evidence of self-harm in this shift?</p> <p>Is there evidence of alcohol, substance or solvent misuse (taking into account age and general societal norms)?</p>
Culture and Spirituality	-	<p>What was the strength of the young person's connection to their cultural community during this week?</p>