

IMPLEMENTING THE
OUTCOMES STAR™ WELL
IN A MULTI-DISCIPLINARY ENVIRONMENT

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Lisa and Sharon have been commissioned by the Salvation Army Melbourne Central Division Research and Advocacy portfolio to undertake two action-research projects. The aim of this first project was to provide a robust implementation strategy for the Outcomes Star™ that would be of use to social service networks within the Salvation Army and other community service organisations. The second project will explore, over time, the use of data from the Outcomes Star™ in professional practice, individual and team supervision, program design, organisational accountability and structural advocacy.

SHORTENED FORMS

APM	Assistant program manager responsible for practice supervision
CM	Case management
JoC	Journey of Change
MI	Motivational Interviewing
OS	Outcomes Star™
SAMIS	Salvation Army Management Information System (case note and data recording system)
TSA CSN	The Salvation Army Crisis Services Network

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INTRODUCTION

State and Federal governments are exploring the use and implementation of outcomes measures in the human services sector in Australia, and pilot studies are being conducted at a number of sites using the Outcomes Star™, one such system for measuring outcomes.

This guide provides services with a practical, change-management approach to implementing the Outcomes Star™ that will ensure quality and consistency. It is designed with two audiences in mind. The first section provides a practical guide to implementation and is designed for **anyone with the project responsibility of implementing the Star** in his or her organisation. The second section provides a more philosophical discussion of the implementation of outcomes measures, in particular the Outcomes Star™. It is designed for **senior managers** and anyone interested in the practice and structural challenges that implementing the Outcomes Star™ might present in an Australian context. The third section describes the lessons learnt from the implementation project undertaken at The Salvation Army Crisis Services Network (TSA CSN) in St Kilda, Victoria. In total, five program areas implemented the Star. Using an action-research methodology, this project iteratively improved the implementation process with each program. While we recognise that every organisation is different, in this guide we attempt to highlight and address the challenges most human service organisations will face in implementing a case-management tool that straddles the areas of practice and accountability.

Implementing Outcomes Star™ can appear to be deceptively simple, and there is a risk that it will be done in a relatively shallow way. By this we mean that completing the Star will be seen as just one more task amongst many that the case manager has to do, as opposed to being a tool that grounds practice or makes concrete an organisation's aspiration to be holistic and client centered.

Embedding Outcomes Star™ so that it acts as an 'anchor point' for a very specific practice ethos is a challenge, but one which staff and clients from TSA CSN have reported as immensely valuable in assisting clients to achieve sustainable outcomes.

What is the Outcomes Star™?

In brief, Outcomes Star™ is both a case-management and an outcomes-measurement tool developed by Triangle Consulting Social Enterprise in the UK. A detailed development history, background and up-to-date information on the various versions of Outcomes Star™ currently available can be sourced from Triangle's website www.outcomesstar.org.uk, and this should be the first point of exploration. As at February 2013, there were 16 Stars available for use.

The underpinning philosophy of the Outcomes Star™ is the 'journey of change', which acknowledges the significance of personal motivation and agency for a service user in achieving sustainable change in their journey towards independence and choice in critical areas of their lives. Each Star has a set of relevant domains. Clients initially identify 'where they are at' in each domain, providing evidence to support their perceptions. This positioning is discussed with, and sometimes challenged by, their worker.

The client and worker then develop a case plan from the areas the client identifies they are motivated to work on. The client and worker review progress by periodically completing review Stars. Analysis of movement within domains over time provides outcomes measurements.

What will your organisation achieve by implementing the Star well?

While there is still much to be worked through at TSA CSN on making use of the data provided by the Star there have been very clear benefits of the implementation process to date at all levels of the operation.

At an organisational level:

- a common approach to case management that is 'whole of person' and client centered
- a common language to discuss practice across programs and disciplines
- a structured approach to Continuous Quality Improvement (CQI), beyond accreditation compliance
- an evidence-based agenda for professional and practice development
- an outcomes measurement tool.

At a program level:

- a common practice language internal to the program
- a common approach for practice supervision
- a 'whole of person' approach to the development of program resources and practice partnerships.

At a practitioner level:

- a clear and consistent framework for working holistically with clients
- a focus on sustainable outcomes, rather than on limited hard outcomes, providing a greater scope for a strengths-based approach to working with clients
- a common language flowing from client engagement through individual supervision, team practice reflection and program reporting, and reinforcing the value of collegial, peer support within teams
- professional development opportunities for staff dealing with unfamiliar domains and recognition of practice wisdom in areas of excellence
- knowledge and skills transferable across disciplines.

For clients within a program:

- the opportunity to define their own reality, identify their own priorities and be accountable to them in the case-management process

- the opportunity to understand their journey in a holistic way, beyond their presenting need, and the interrelationship between different domains in their life, across time
- the time and support to reflect on their strengths, the skills they have learnt and the gains they have made
- improved quality of case management, which is no longer solely reliant on the knowledge of resources and experience of their key worker.

For clients moving across programs or discipline areas using the Star:

- A common topology across Stars provides clients with a consistent approach and understanding.
- For clients moving from one level of support to another, their Star provides them with a way to describe their journey so far to their new key worker, the areas they want to engage with and their priorities in working towards independence and choice.
- For clients returning to a service or engaging with a similar service, a review of their previous Star can assist them in identifying those domains where they have maintained the gains made previously.

Why this guide? Why now?

Triangle Consulting, who developed the Outcomes Star™ in conjunction with St Mungo's in the UK, provide training and significant support documentation via their website on each of their Stars, so why this guide and why now? There are significant differences in the way social services are delivered in the UK and in Australia (ranging from the design of service delivery systems to the length of funded case-management periods with clients), and Triangle's documentation makes certain assumptions that may not be relevant for the Australian context. We are keen to share what we have learned from observing the implementation of the Outcomes Star™ in an Australian service provider.

TSA CSN at St Kilda in inner-urban Melbourne provided a complex, yet typical, Australian multi-disciplinary human service delivery site to explore the challenges involved in implementing the Outcomes Star™ well. The

range of case-managed programs at the site ensured that more than one type of Star would be required, and the differences in the nature of case management in the various programs required each program to contextualise the Star to their environment. While the diversity of programs provided an opportunity to explore the practice challenges staff experienced, these programs exist within an integrated network of facilities, including integrated IT and administration support, which required identifying and resolving practical 'whole of organisation' implementation issues as well. Observing and documenting this implementation process meant that any questions or concerns related to implementation in an Australian context could be fully explored and resolved.

As the human services sector explores the use and implementation of outcomes measures, this guide will provide services with a practical change-management approach to implementing the Outcomes Star™, ensuring quality and consistency. While this guide complements Triangle's resources, it does challenge some of their practice ideas and is provided in order to open up discussion about these issues within an organisation planning to implement the Star across a range of programs.

How to use this guide

This guide has been set out in three sections to assist organisations to engage practically and philosophically with the issues that need to be addressed in the implementation of the Star. The first section is a **suggested implementation plan** based on the experiences at TSA CSN, incorporating the lessons we learnt from the eighteen-month project, meeting observations, staff interviews and management discussions. It is a practical guide designed to support anyone with project oversight for implementing the Star.

The next section describes the **implementation of OS at TSA CSN**, outlining the key goals and principles that have guided the implementation of this tool within the network. Section 3 discusses some of the **issues that became contentious** or that required thinking through in the implementation at TSA CSN. While each organisation will have their own concerns to work through, this section

provides a good starting point to engage senior and middle management in the discussion. Section 3 also discusses the **lessons learnt from the multi-phase implementation** at TSA CSN. Each iteration provided insights on improving the process and focusing energy.

Finally, we provide a set of **resources** that might be of use for an organisation implementing the Star. These are a collection of documents developed by TSA CSN, often at a team level, that assisted in the contextualisation of the Star to a program. These resources may be useful as presented here, although it is probably better to see them as a starting point for a discussion within a team, to be adapted for use in their particular program.

This guide deals with the philosophical and practical issues leading up to and including implementation, and once we've had an opportunity to analyse a reasonable quantum of data, we are planning to publish a second guide in early 2014 that will assist organisations to work through how to use data from the Star and will discuss practice issues that have arisen in working with the Star at TSA CSN.



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SECTION 1: IMPLEMENTATION PLAN

Overview of implementing the Star

The suggested implementation process for a single program implementation covers a seven-month period with three distinct phases:

- an initial two-month organisation-level pre-implementation planning phase
- a three-month program-level implementation phase
- a two-month implementation status reporting and consolidation phase.

For sites **with multiple programs and a dedicated implementation project management resource** we suggest that the first program be allowed to complete at least two months of the implementation phase before commencing pre-implementation planning of the next program, or programs. This allows for valuable lessons from the first iteration – including its initial pre-implementation phase, which contains much of the organisational planning and strategic intent discussions – to be applied in subsequent program implementations.

Below is a concise outline of the implementation plan. A two-page version of the plan is presented in the Resources section with space for taking notes, which may be useful for documenting discussions.

1 Pre-implementation phase – 2 months

- (a) Develop a clear, written statement describing why your program/organisation is implementing the Outcomes Star™.
- (b) Develop or affirm a common case-management framework for your organisation.
- (c) Name and resource a person to oversee the project, and define the governance approach.
- (d) Ensure all senior and line managers attend OS training for managers.

- (e) Ensure line managers discuss the following points and document them in their goals and plans
 - (i) philosophy in practice – the Journey of Change
 - (ii) which Stars to use in each program
 - (iii) when the initial Star and the review Star should be completed for each program
 - (iv) the team's approach to changing documentation (language)
 - (v) OS in supervision – how will this change current practice?
 - (vi) some OS domains may be outside the current range of practice expertise
 - (vii) likely domain resources and practice partnerships that need to be developed
 - (viii) site-level support for program line managers – 'a community of practice'
 - (ix) IT integration – IT data recording, reporting and data management
 - (x) organising the printing of Stars and Guides
 - (xi) document management.

2 Program implementation phase – 3 months

- (a) setting a go-live date – from this date all new and existing clients will have the opportunity to complete a Star
- (b) ensuring worker training and team discussions have been completed (these tasks should be undertaken in the order they are listed here)
 - (i) team discussion about the Journey of Change philosophy in practice
 - (ii) complete OS training designed for the particular Star to be implemented (where possible as a team)

- (iii) team discussion about what implementing the OS will mean in practice, including timing of initial Star and review Stars
 - (iv) complete motivational interviewing training (where possible as a team)
 - (v) team discussion about using motivational interviewing with a client when completing a Star
 - (vi) each worker and a co-worker to role play completing an initial Star and a review Star, using their knowledge of a previous client of the program (complete a minimum of 3 Stars)
 - (vii) team discussion about the initial and review Stars completed in role-play sessions (minimum of 2 sessions)
- (c) program work to be completed by the team
- (i) Star domains to be present in all practice discussions regarding clients
 - (ii) team to develop domain-specific resource directories
 - (iii) team to recognise the workload requirements to complete Stars for all clients (new and existing) from the go-live date
- (d) practice supervisor knowledge and skills to be developed
- (i) challenges of using the Star in practice
 - (ii) clients at 'stuck' stage
 - (iii) clients seeking assistance in unfamiliar domains
 - (iv) working towards consistency in completing a Star
- 3 Implementation status reporting and consolidation phase – 2 months
- (a) Identify clear indicators of implementation status.
 - (b) Instigate formal reporting process.
 - (c) Document and report ongoing practice issues and resolutions to project management and line managers' community of practice.
 - (d) Manage data input and analysis.
 - (e) Review the Star in practice discussion for assistant program managers.

The nuts and bolts – the details of each step of the implementation plan

The following describes each of the implementation steps in detail and should be used by program managers to inform their individual program plans and as a touchstone to ensure time-critical tasks are completed as required. Many of the concepts and ideas discussed in this plan have been informed by findings from the action research implementation project at TSA CSN. (Section 3 provides a detailed discussion of what was learnt and how it informed the development of this implementation plan.) A key philosophy behind this implementation is, wherever possible, to build communities of practice between individuals who have similar roles in the implementation, which supports the idea that challenges, solutions and innovations are shared.

1 Pre-implementation phase – 2 months

- (a) Develop a clear, written statement describing why your program/organisation is implementing the Outcomes Star™

This process provides the senior management team with the opportunity to establish their starting point for implementation. As this starting point has the capacity to shape the implementation, it should not be underestimated. At TSA CSN this involved engaging in a process of developing a common case-management framework that supports and is supported by the use of the OS (see the Resources section for a copy of this document from TSA CSN).

- (b) Develop or affirm a common case-management framework for your organisation

TSA CSN had already completed significant work developing a common case-management framework. This framework was reviewed, strengthened and finalised during the implementation of the Outcomes Star™ at St Kilda (see Resources section).

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- (c) Name and resource a person to oversee the project, and define the governance approach.

The cultural shift involved in implementing the OS well requires a level of oversight that should be resourced. Although this was not formally provided at TSA CSN, the action research project to document the development of the implementation process acted as an oversight. It is estimated for a medium-sized site, such as TSA CSN (with ten program areas and 48 workers affected by this change), that a project oversight resource of 0.2 EFT would have been required. A governance strategy for the project is important as it provides a clear path for information to be shared and concerns to be raised and discussed. The clarity provided by a clear governance strategy can reassure staff that any practice or industrial issues they raise will be heard, considered and resolved. At TSA CSN an existing forum, the Quality Working Group, became the core decision-making and governance space for the project as its membership largely consisted of assistant program managers. The implementation of the Star fitted well within the Quality Assurance agenda as the TSA CSN's focus for the implementation was on improving practice.

- (d) Ensure all senior and line managers attend OS training for managers.

Initially there was no manager-specific training provided by Triangle and it became evident at TSA CSN that it would be beneficial, ensuring managers are cognisant of the size and scope of the changes staff are encountering, as well as the nuts and bolts of using the Star. This training is now offered by Triangle.

- (e) Ensure line managers discuss the points below and document them in their goals and plans

At TSA CSN, 'line-managers' included the program managers and assistant program managers (APMs). The APMs conduct the majority of practice supervision within a program and also oversee implementation tasks as team members complete them. Having a planning discussion between line managers prior to implementation ensures consistency between teams and provides less experienced managers with the opportunity to seek advice from colleagues on how to approach implementation tasks within their team.

- (i) Philosophy in practice – the Journey of Change

What does the Journey of Change mean, how does it differ or not from our current practice and our current understanding of personal change? Implementing this philosophy requires practice to be strengths based and client centered. Does this shift represent a significant change for a team? Discuss this for each team and identify commonalities across programs. What are the key messages for staff?

- (ii) Decide which Stars will be used in each program

Discuss which Star will be most appropriate for each program and why. There are professional development and cost benefits in using fewer Stars, but this needs to be balanced against ensuring that the domains within the Star selected for a program reflect the majority of the clients' life circumstances and experience.

- (iii) Decide when the initial Star and the review Star should be completed for each program

While programs are often funded to work with clients for different periods, there is some benefit in having a discussion at an organisational level about expectations of when an initial Star should be completed with a client and how often a review Star should be completed. TSA CSN found that most clients could complete their initial Star within three weeks of commencing a program. This provided the worker with time to respond to critical presenting needs, do risk assessments and ensure the client is in a space where they can reflect more broadly on their life. Attempting to complete the Star earlier than this often resulted in the client focusing on what they believed the worker wanted to hear. Three weeks also allows a relationship to develop between worker and client, and this helps the client to reflect on what they want to achieve. At TSA CSN it was decided that a review Star would be completed every three months and as part of a client exit.

- (iv) Define the team's approach to changing documentation (language)

What needs to be changed? Who will be responsible for making the changes? What process of consultation will the responsible staff member use with the team about the changes? What timeframe is required for the change? Will these details need to be confirmed within teams? This type of planning can allow for synergies across the organisation, ensuring each team doesn't reinvent the wheel – while still giving them the opportunity to localise the Star to their program.

- (v) OS in supervision – how will this change current practice?

This is a good opportunity for line managers responsible for practice supervision to share current supervision practices and to agree, where possible, on a common approach to using the Star in practice supervision. This cannot be overemphasised. The Star must be central to supervision for the team to use it as the lens through which they understand their practice, the Star's effectiveness, their professional development requirements, and to work through practice concerns with the Star. Having a common approach across the organisation provides a consistency between programs and also provides line managers with a 'community of practice' to further develop collegial support.

- (vi) Some OS domains may be outside the current range of practice expertise

A discussion between line managers about the current range of practice expertise and resourcing (including practice partnerships) on specific domains provides some idea of the scope of professional development that may be required in this area and the planning required. Targeting domain-related training and, where appropriate, bringing programs together for domain-related training could be an efficient and focused approach that supports the cultural change program within the organisation.

- (vii) Identify likely domain resources and practice partnerships that need to be developed

Following on from the previous point, this joint discussion at TSA CSN also provided programs with the opportunity to share domain-specific resource knowledge and approaches.

- (viii) Site-level support for program line managers – 'a community of practice'

As is evident from the points above, consistency in the implementation and problem-solving opportunities require a structure of support for line managers. Formally naming this as a community of practice recognises its value to the organisation and sets the expectation that each member will contribute to the learnings made by this group.

- (ix) IT integration – IT data recording, reporting and data management

The Star is provided in both electronic and paper-based form. At TSA CSN it was decided that the paper-based form would be used with each client. Data from the Star was recorded via SAMIS, the TSA's data and case-management system, using the 'short entry' option (which records the number plotted for each domain at each reading). This required the development of an agreement between Triangle and TSA regarding the use of the Star, and the development of input screens and reporting functions. This has required a significant level of work by TSA, delaying the initial implementation phase by several months, and should not be underestimated in the project plan. TSA programs implementing the OS need to explore the data entry and recording options in SAMIS that best suit their program requirements and reporting. For TSA programs and others who do not use SAMIS, Triangle provides an online version of the Star with reporting capabilities.

(x) Organise the printing of Stars and Guides

Once programs have decided on which Stars will be used within an organisation, bulk printing of the Stars and User Guides should be pre-ordered to ensure materials are available for teams to use during the pre-go-live period of training and team discussions for each program. Stars and guides are available from the Triangle website as free downloadable PDF files. TSA CSN chose to provide each worker with two copies of the User Guide (a single-sided 'worker copy' so they could use the blank page for notes as they became more comfortable with the domains, and a double-sided copy that the client would use when completing or reviewing their Star). Some programs also found it useful to print each domain and its detail page double sided and then laminate them. This provided them with up to ten cards (depending on how many domains a Star has), which workers reported clients found more accessible.

(xi) Document management

Programs within TSA CSN decided that the use of a paper-based Star provided a significant degree of flexibility for clients. Having made this decision, programs then had to formulate a document-management approach for the paper Stars. How would they be stored (scanned or kept as a paper file)? At TSA CSN, case notes and support documents are stored electronically. How would previous Stars be used within practice (possibly printed out from the scanned version, requiring a colour printer)? Discussing these various practical questions at a line-manager level provides an opportunity for working through resource implications for the organisation – does each program require a scanner and a colour printer? What IT resources need to be networked differently if they are to be shared?

2 Program implementation phase – 3 months

(a) Set a go-live date

Take into account the elements listed below, knowledge of the availability of workers to complete the required training and for the team to complete the necessary changes as defined below. From this date all new and existing clients will have the opportunity to complete a Star within a set period of time. The completion of these Stars will be monitored through the supervision and team reflection process. Obviously for newly developed services, which are yet to be working with clients, this process may be shorter but will need to be adapted as required.

(b) Ensure worker training and team discussions have been completed

(i) Team discussion about the Journey of Change philosophy in practice

Identify any existing theory base/s used by workers. What are workers' current understandings of change for an individual in their work? How is sustainable change identified and understood? What implications does the Journey of Change have for existing practice?

(ii) Complete OS training designed for the particular Star to be implemented (where possible as a team)

TSA CSN workers reported that completing this training in teams, rather than attending a general workshop, provided them with a greater opportunity to really explore using the Star in the context of their program.

(iii) Team discussion about what implementing the OS will mean in practice, including timing of initial Star and review Stars

What will need to change practically (forms, etc.)? What will be the challenges that individual workers face? Which domains do workers feel most confident working in now? This is also the place to discuss the timing of a client's initial Star, how often it will be reviewed and the need for an exit Star when a clients moves on.

In some organisations this will be uniform, for others there will be program-level flexibility based on these discussions.

- (iv) Complete motivational interviewing training (where possible as a team)

- (v) Team discussion about using motivational interviewing with a client when completing a Star

How is this different from current practice? Discuss concerns and fears.

- (vi) Each worker and a co-worker to role play completing an initial Star and a review Star, using their knowledge of a previous client of the program (complete a minimum of 3 Stars)

An initial Star and then a review or exit Star should be completed for each client. The aim of this exercise is to provide workers with real-life experience in completing Stars in order to develop their knowledge of the domains and skills in motivational interviewing. Using previous clients, particularly if both workers have knowledge of the client, will enable a worker to fully role-play the completion of the Star. A Star can take up to two hours to complete, so this process will require significant time to be set aside by both workers, and this should be acknowledged and planned for.

- (vii) Team discussion about the initial and review Stars completed in role-play sessions (minimum of 2 sessions)

The aim of these sessions is for workers to experience the value of the Star as a reflective practice tool and to make the shift to using the domain headings as the starting elements for practice reflection. A worker may choose to explore their own reflections on the process of completing the role-play Star, e.g. what implications would it have had for working with this client? How might they have worked differently? What domains, on reflection, would they have focused on? What domains would the client have focused on? What movement would they have seen

between the initial Star and the client's review Star? With the benefit of hindsight, what might they have done differently or what worked really well, as reflected in the movement on specific domains?

- (c) Program work to be completed by the team

- (i) Star domains to be present in all practice discussions regarding clients

At TSA CSN, individual teams developed material to contextualise a Star to their program. For some programs this involved developing information for workers, in others it involved developing information for clients. In each case this process built confidence in the team's knowledge of the Star and how it would be integrated into and shape practice.

- (ii) Team to develop domain-specific resource directories

This is a critical project because it provides all workers with a solid base to work from for each domain. Workers will be confident that they will have a resource directory to consult when a client has identified a particular domain they would like to work in. The directory may have specific contact details, referral information or suggested groups for engaging with. The development of these directories will highlight any practice partnership shortfalls for a program and may become portfolio areas of responsibilities for individual workers. Over time it is likely that these directories may also reflect what resources are available for each of the stages reflected in the Journey of Change, e.g. when a client identifies they are moving from the Accepting Help stage to the Believing stage, it may be appropriate to refer them to different services.

- (iii) Recognise the workload requirements to complete Stars for all clients (new and existing) from the go-live date

How will this be managed? What is the implication for services for this short period of time (usually 2 to 3 weeks)?

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- (d) Practice supervisor knowledge and skills to be developed

Practice supervisors are key to implementing the Star well. Workers need to feel confident that the practice questions they raise in supervision will be responded to and they will be supported as they develop skills in using the Star. Currently, there is no specific training available for practice supervisors. At TSA CSN, APMs have developed their own network for discussing these supervision questions and supporting each other in developing appropriate responses.

- (i) Challenges of using the Star in practice – time, clients with special needs?

In some cases these challenges are real and in others they may constitute a form of resistance for workers who are not feeling confident. Supervisors will need to explore each situation on its merits and work through the issues as presented. Some issues – for example, responding to a client with specific needs that might be affecting their capacity to complete a Star – may well become an excellent discussion point for a team reflection. The key principles here are that every client should be given the opportunity to complete their Star, and that practice challenges are shared and resolved by the team.

- (ii) How to engage and motivate clients at 'stuck' or 'not accepting help' stages to explore these areas in a domain

Exploring these domains in depth during supervision can provide clarity on where a client is at, on the interrelationship between domains and where this client has struggled in the past. Exploring this area during supervision may also highlight professional development needs for a worker. Supervisors need to develop skills that assist them in both supporting and challenging workers.

- (iii) Clients seeking assistance in unfamiliar domains – how do workers respond when they feel they 'don't know'?

Recognising the transition in practice that may be happening for some workers – particularly if they are now being asked to respond to clients in domains that they traditionally have not had practice knowledge in – may require supervisors to provide support, guidance and practical knowledge across any of the domains. The development of the domain resource directories should assist in this, but supervisors may still be required to translate this material into practice for workers who are feeling unsure.

- (iv) Working towards consistency in completing a Star

Consistency in completing a Star comes about through developing a common understanding within a program of what evidence is consistent with each level on the Journey of Change. How do workers use this understanding in discussions with a client using motivational interviewing, while still respecting the client's own understanding of their journey? When a client and a worker disagree on the score for a particular domain, the client's score is recorded, but at CSN the worker is then required to bring this difference to their supervision session for discussion. Not only does this act as a check on any duty of care issues or risks that might arise for the client, it will also assist a worker and supervisor in exploring how motivational interviewing skills might be of use in highlighting a worker's concerns related to the domain for the client. The process of achieving consistency is likely to be ongoing and will happen through team practice reflection sessions and individual practice supervision.

3 Implementation status reporting and consolidation phase – 2 months

How will the organisation understand the progress of the implementation, the use of the Star and the degree to which the Star has become embedded within a program? It is useful to clearly state reporting mechanisms for teams and to work through the nature of support a program area may need after the initial implementation:

- (a) Identify clear indicators of implementation status – these may include data reporting systems or simply checking that all clients have an initial Star completed within a defined period of time.
- (b) Instigate a formal process for reporting the number of completed program Stars to the implementation project manager or overseer. This will provide the organisation with a month-by-month understanding of the number of completed Stars.
- (c) Document and report ongoing practice issues and resolutions to project management and line managers' community of practice
- (d) Manage the data. Is data being recorded in the data management system? Are electronic documents managed appropriately?
- (e) Review the Star in practice – discussion for APMs. Ascertain what is needed to support a worker and a client at the review date. How should setbacks be framed? What was the nature of the evidence provided by a client? Is this a space for reflection on the cause-and-effect relationship and the interconnectedness between domains of a Star?

Post-implementation settling in – finding a place in practice

Following the initial implementation phase it is likely that each program and each worker will develop his or her own nuances in using the Star. To continue to support practice innovation within a program and to ensure consistency in use, it is important to provide workers and teams with the space to explore their use of the Star and to engage the rest of the organisation in what they learn. At CSN this process occurs through the Quality Working Group. The types of things that might be discussed here are:

- Understanding forms of resistance for staff who are not feeling confident either in the decision to implement the Star or in their own capacities. Ensuring that workers have an avenue for raising practice questions is critical. TSA CSN programs – in addition to their own team meetings, reflective practice sessions and individual supervision – have also implemented a Star Feedback Form for workers to identify any concerns and to document their experiences of using the Star (see Resources section for an example). This has ensured that every issue raised can be discussed in light of the original organisational intent to implement a tool that supports the improvement of the quality and consistency of clients' experience of case management.
- Ensuring line managers are using the Star in supervision, that the completed Stars and the domain areas are key discussion points, and that this is reflected in supervision notes. Supervisors should bring practice questions raised in supervision and in team reflection sessions to their peers for discussion.
- How useful is the data? Clearly the OS is helpful in the practice of CM for an individual client, but how useful is the data across a program? While Triangle provides some guidance on the use of the data, agreement at an organisational and program level on the use of the OS data during the post-implementation settling-in phase is important. There are likely to be significant inconsistencies between clients' domain ratings as clients and workers become familiar with the domains and the nature of the evidence supporting each level. Over time, team discussions assist in understanding the nature of evidence for each domain and the stages of change, and the skills and confidence in motivational interviewing grows. It is expected at TSA CSN that meaningful data from a program will emerge approximately six months after the go-live date. At this point it is useful to explore initial Stars and review movement in domains. A follow-up guide to this document will explore how individuals, teams and organisations can interpret and make use of this data.

2

**SECTION 2:
HOW DID TSA CSN
ARRIVE AT THIS
PROCESS FOR
IMPLEMENTATION?**

2

This section provides a detailed discussion of the implementation project at TSA CSN. It explores many of the important philosophical questions that implementing the Star raised for the organisation and discusses the resolutions reached. It is designed to facilitate discussion, raise questions and inform anyone with decision-making responsibility within an organisation contemplating introducing the Star. Each organisation will be different. However, working through many of the questions raised in this section will inform a management team's implementation and provide staff with confidence and clarity on organisational intent and focus.

Setting the scene

TSA CSN at St Kilda is a complex, multi-disciplinary human service delivery site, with a range of case-managed programs, requiring the use of more than one type of Star. Initially the OS was trialled within the Family Violence Outreach program. The feedback from this trial contributed to a decision by senior management to adopt the OS across all case-managed programs within the network. There were a number of phases to the implementation, with most services commencing on 1 September 2012. As at February 2013, the implementation process has been running for 18 months and includes separate implementation processes at five different programs.

Every phase of the implementation process has allowed for reflection and change, ensuring lessons from each program could inform the others. All services other than the Alcohol and Other Drug (AOD) programs had existing case-management approaches. The AOD programs implemented case management and the OS at the same time. Although there are some differences between implementing the OS in new services versus existing programs, the process described in Section 1 is a suggested overlay for all implementations.

Which Star?

The decision about which Star to use in a specific program was made at the program level. Although the use of a single Star across an organisation is appealing from a central organisation, training and data management perspective, if a Star is to be of maximum benefit, its life domains should reflect the areas of most relevance for a given client. The other extreme is to have multiple Stars available within a program. There is some argument for this as many services work with individuals with diverse and complex needs in a single program. While clients from a homelessness service may all be homeless, some may have more pressing issues related to their mental health, others may have issues related to alcohol or drug use, while others may be homeless due to environmental violence in a rooming house. At TSA CSN it was decided to identify a 'best fit' Star for each program. This ensures that the majority of clients within a program are served well by the Star, while also providing the team and the organisation with the capacity to develop a depth of knowledge, practice confidence and the capacity to analyse data for a particular Star in a way that will inform practice discussions, professional development and program design and evaluation.

Three Stars have been implemented at TSA CSN:

- the **Homelessness Star** at Youth and Family Services (Outreach and Refuge) and Interim Outreach support through the Crisis Centre and Access Health
- the **Empowerment Star** at the Family Violence Outreach Program
- the **Drug and Alcohol Star** at the Alcohol and Other Drug network of services (including Streamline referral service, 4Cs drug counselling service and the Home Based Withdrawal Unit.

Implementation task

1(e)ii Decide which Stars to use in each program ¹

HOW DID TSA CSN ARRIVE AT THIS PROCESS FOR IMPLEMENTATION?

Setting goals

When implementing any significant practice change in an operating human service environment – particularly when using an action-research implementation strategy – it is easy to get caught up in the detail of day-to-day practice questions or technical issues. It is important to provide a clear set of goals for the implementation that can be a 'touchstone' for the team to review regularly and ensure there are not unintended consequences of the implementation that negatively affect clients or staff.

At TSA CSN the following goals were identified as important in guiding reflection and decision-making processes during the implementation. They move from broader organisational goals through to program-, worker- and client-specific ideals:

- to do no harm to clients through unintended consequences of the implementation process
- to achieve an integrated common case-management approach and consistent use of the OS across all case-managed programs
- to develop organisational capacity to assess, analyse and use OS data to inform ongoing professional development and areas of practice excellence or innovation.
- to integrate a common case-management (CM) approach, incorporating OS into existing practice, including:
 - adapting current assessment processes, client information and CM practice to reflect the OS approach and life domains
 - adapting relevant program documentation (practice and reporting) to incorporate OS approach and life domains
 - adapting IT systems, including SAMIS (TSA's data and case note system) and document management of scanned paper-based Stars
- to achieve a consistent client experience of CM
- to provide workers with a clear understanding of what is expected in CM
- to develop a consistent but contextualised reflective practice approach integrating the OS and the use of holistic life domains to explore practice challenges.

Setting principles

For these goals to be achieved it was important to establish some principles that would guide action in the implementation and ensure resources are targeted accordingly. Starting from the position of wanting to implement the OS Star well meant thinking through what 'well' might mean. Reflecting back on these principles throughout the project resulted in redefining some elements and shifting existing resources or allocating new resources to achieve better results in some of these areas:

- that people (management, staff, clients and practice partners) understand what OS is about (both philosophy and practice)
- that workers have the opportunity to build practice confidence
- that confidence and 'knowing' comes through doing
- that workers should have authentic practice opportunities, but not 'learn on the clients'
- that there is a cultural shift required in engaging with OS and this may take time
- that key implementation players (at TSA CSN, those with line management supervision responsibilities, generally the assistant program managers (APMs)) would need support
- that messages about what is going on and why are consistent
- that everyone in the organisation must invest time and effort into the implementation and this may stress other aspects of program life
- that the 'nuts and bolts' don't get in the way, or drive the implementation (e.g. IT, printing and document storage).

Although there is no specific task in the suggested implementation plan requiring you to define your implementation principles, discussing some of the elements above in your initial planning at a senior management level may be helpful.

3

**SECTION 3:
KEY LESSONS TO
DRAW FROM THE TSA
CSN EXPERIENCE**

KEY LESSONS TO DRAW FROM THE TSA CSN EXPERIENCE

3

This section draws on the experience of implementing OS at TSA CSN and in particular the things that had to be worked through, as well as the lessons learnt along the way. It is offered to provide other organisations with a starting point for discussions and to hopefully prevent them from expending energy 'reinventing the wheel'.

Be clear about your motivations for implementing Outcomes Star™

Triangle UK suggests the Star both measures and supports the progress of clients in case-managed services. As such the Star provides a unique innovation in human service delivery, because it attempts to equally occupy both the areas of 'practice' and 'accountability'. For this very reason the OS offers great promise of transparency in practice, but if implemented poorly, runs the risk of further entrenching bad practice while not really capturing adequately the gains made by clients with complex needs. The discussion question for any organisation implementing an accountability measure should be: what is it actually measuring, and is the data a reliable representation of reality?

In Australia, funding models based on service outcomes have a poor implementation history. If the example of the Jobs Network is examined, providers selectively worked with people, cherry picking clients most likely to achieve an outcome and parking (choosing not to work with) those with more complex needs and who were often the most disadvantaged (Marston & McDonald 2006; Murray 2006; Productivity Commission 2002; Struyven & Steurs 2005). Accountability mechanisms based on outcomes can lead to workers and organisations consciously and unconsciously softening client target groups to those they are most likely to achieve an outcome with, on minimal resourcing, or reframing short-term successes as sustainable outcomes. Unthinking implementation of accountability mechanisms that hold workers accountable – irrespective of a client's needs and the resources available – may well subvert good practice, because the

focus is on what the worker has achieved rather than where the client started and the distance travelled in case management. This is an important discussion to be had by senior management in an organisation thinking about implementing the OS – why are you doing it? What will be the goals of the implementation of this tool?

An implementation that uses the Star to enable holistic, transparent case management, that provides clear professional development support during implementation and beyond, and that explores and gains agreement on key practice principles underlying the implementation of the Star will be more likely to achieve a reflective, engaged workforce. An implementation that is focused on achieving compliance and the technical capacity of staff to provide accountability data on a program is not likely to significantly improve the reflective practice of an organisation's workforce. Which implementation you get depends on the focus you start with – TSA CSN decided to start with a focus on improving practice.

It could be argued this is a bit of a 'chicken and egg' discussion – if you focus on improving practice you will achieve better outcomes, or if you put in accountability measures then better practice will follow. However, there is often resistance when change is being implemented, even good change. This is a key issue. Change that is framed and resourced as supporting staff to further develop and improve their approach to practice is likely to meet with less resistance than change that is focused on accountability. The beauty of the Outcomes Star™ is that if practice is improved through a holistic focus across the range of domains in a given Star, then a client will take away significant, sustainable gains in their lives – and these gains will be recorded via the Outcomes Star™ data.

Implementation task

1(a) Develop a clear, written statement describing why your organisation is implementing the Outcomes Star™

Honouring the client centeredness of the tool

What does shifting the locus of change to a client mean in practice? The OS, if implemented well, has the capacity to provide clients, workers and supervisors with a transparent account of a client's journey, a clear understanding of the structural and resource barriers that continue to affect a client's journey, and a clear agenda of professional development for individual workers and teams. But the first difficult step is actually shifting the power to define 'reality' from the worker to the client. For a worker, who often feels the weight of responsibility for improving the outcomes for clients, it can be difficult to hold, as equally important, a client's capacity to define their reality (to identify the key issues and areas to work on) and a worker's own experience and knowledge of what is important to focus on to move from A to B. When these experiences are incongruent most human beings tend to fall back on their own understanding of reality. Hence there can be a disconnect between what a worker sees as important to focus on and what a client believes is critical.

The OS is likely to highlight this disconnect because it asks clients to define their reality in each domain and to provide evidence for their understanding of where they are at. Using motivational interviewing skills, the worker will question the evidence and work with the client using the examples provided to reach a shared understanding of where the client is at. While Triangle suggests this is likely to be rare, clearly this could become a space for disagreement between the experience of the worker and the client's view of their reality. How should this be resolved? Triangle suggests in these cases that both the worker's and the client's assessment (using a grading on a domain) be recorded on the paper-based Star and if a data system is being used that the worker's grading be recorded. This seems antithetical to the idea of working with a client towards the goal of them taking responsibility and making changes in key domains in their lives, because it privileges the worker's view over the client's on what is essentially a self-assessment tool. While this was a question for programs using the Homelessness Star at TSA CSN, the issues resulting from this approach were really crystallised for the Family Violence team who had piloted the Empowerment Star. Practice discussions at TSA CSN concluded that only a client's grade would be recorded.

This was important for three reasons. Firstly it supported the underpinning philosophy of the Star and the Journey of Change. Secondly it provided a frank assessment of where the client thought they were at. Thirdly the difference (between a worker's understanding and a client's) was more likely to inform appropriate action on the worker's part. At TSA CSN it was agreed that the difference in assessment provided the worker with a greater insight into the level of engagement of the client and importantly, in a duty of care context, if a client was likely to be at risk. It was agreed within teams that differences in domain assessments should be noted in a client's case notes and discussed within practice supervision or raised with a line supervisor immediately if a worker thought a client was at risk. Supervision could provide guidance on engagement strategies for particular domains, clarity on duty of care issues that may require the worker or agency to act or support a client who has overestimated their capabilities and may suffer some setback – putting this setback into context of the evidence they initially used rather than letting the client believe they have failed.

The decision to record client scores only may have implications for the Star as an accountability tool, but discussions on this at TSA CSN clarified three important elements supporting this decision. Firstly, TSA CSN believes in the capacity of case management as an approach for supporting people in achieving sustainable change in their lives over time. As such it was believed that in working with people effectively, over time, the grading in a particular domain would reflect this change where it had occurred. Secondly, other approaches risked jeopardising the cultural shift to a strengths-based, client-centered approach by reasserting the worker's experience as 'dominant' in the case-management relationship and therefore risked reducing a client's ability to define the areas of work they were most likely to engage in positively. Thirdly, if accountability was the main goal and a worker's grading was all that was to be recorded in the official system, effectively a worker and therefore an agency would write its own data – providing a version of reality that may vary significantly from the experience of the client.

Each organisation will need to work through their position on this issue. Your organisation's position will then inform the following elements of the implementation plan.

KEY LESSONS TO DRAW FROM THE TSA CSN EXPERIENCE

Implementation task

1(e)i *Philosophy in practice – the Journey of Change*

2(b)iii *Team discussion of what the OS will mean in practice*

Understand the nature and size of the change required

TSA CSN underestimated the nature and scale of change the organisation needed to make in implementing OS. The reflection/action process used in the implementation project illustrated the level of change that the organisation was experiencing and more importantly the need to explore practice questions and to allocate resources accordingly. In effect, the implementation of the OS is a significant change-management exercise because it:

- challenges existing practice
- shifts power from case managers to clients
- takes experienced case managers to a place of uncertainty
- places explicit accountabilities on workers and team leaders
- introduces the need to integrate the OS into language and documentation.

Underestimating the scope of the change required in implementing the OS well in your organisation will undermine your organisation's capacity to gain the full benefit of the OS.

Successful implementation means that the OS is embedded in all layers of the organisation: in client-to-worker interactions, in assessment and program documentation, in the direct practice supervision protocols between line managers and workers, in the organisation's internal data analysis and even in program and line manager's work plans.

This level of change requires adequate resourcing to monitor the change process, to identify and resolve legitimate practice issues, and to resource teams to move through periods of resistance. This kind of change requires resourcing and dedicated project oversight (with expectations and accountabilities), e.g. for TSA CSN a 0.2 EFT project-management resource reporting within a practice management quality framework was required.

While the scope of this change was not initially apparent at TSA CSN, it became evident as the project progressed that implementing the OS well was not just about implementing a new tool, it was about making explicit and transparent the culture and practices of individual programs within the organisation.

Case management is an approach to practice that has been developed over a 20-year period in Australia. It has had little of the theoretical work developed for approaches underpinning some elements of social work practice and it would appear that it is still not taught as a subject in its own right in most social work programs offered in Australian universities. And yet it is the core funded human service delivery approach adopted by government and the social services sector. Case management per se doesn't have a dedicated understanding of human nature and individual change, nor is it particularly aligned towards a structural understanding of disadvantage. As a practice it doesn't sit easily within the social work or psychology disciplines, and yet graduates from both these disciplines are employed within case management roles, together with youth workers, AOD workers, family violence workers and many other allied professionals. This means, in the very private space of practice between a worker and a client, case management is often what the worker defines it as. It becomes the 'black box' of practice – a black box from which it is equally difficult to reform poor practice or to elicit examples of innovation in practice.

Within this context, even if an organisation believes it has a shared understanding or philosophy of practice it should use the implementation of the OS as an opportunity to test, make explicit and reinforce this understanding and what it means in practice. In exploring the diversity of approaches to case management across the range of programs at TSA CSN, it became clear that it was useful to develop a common understanding of what the organisation actually meant by the term 'case management', what philosophy of change and learning was relevant to the clients the organisation worked with, what a client could expect from a program offering case management, what a worker could expect of the organisation, and importantly how the work of case management sits within the notion of structural disadvantage.

Implementation task

1(b) Develop or affirm a common case-management framework for your organisation

1(c) Name and resource a person to oversee the project, and define the governance approach

1(e) Develop implementation goals and plan

Recognise and respond to the challenges of putting workers into an uncomfortable space

One of the implications of providing clients with a robust mechanism for identifying the areas in their life where they believe they will have the most agency to achieve sustainable change – and therefore shifting the locus of change to them – is that a worker may not have the capacity, the capability or the resources to work with a client in that domain. This came up within the research interviews for this project, with workers from each program identifying domains that they personally found unfamiliar and therefore more difficult to work with. These varied within a program and across programs and sometimes reflected the worker's own interests. Usually the areas workers had confidence in reflected domains that had historically been privileged within the program and in which they had developed significant expertise and practice knowledge. This was identified as an important area to explore, as it was likely to provide the underlying resistance to implementing the Star for some workers in some programs.

In effect, prior to implementing the Star most workers had existing knowledge and skills crucial for engaging and stabilising clients in critical areas relating to the primary presenting issues of housing, income, legal and health during a client's initial contact with a program. However, the Star provides a holistic understanding of what is required to build sustainable outcomes for a client across a service system, not just within the boundaries of a particular program. Programs targeted at crisis and medium-term interventions should be part of building a plan that will support a client through their journey to independence and choice. Some of the very areas workers identified as difficult for them to engage in, such as 'meaningful use of time' for example, are likely to be critical in laying the groundwork for a sustainable, long-term broadening of choice for a client. There is no reason why some of the early reflective and information work

relating to these areas should not be laid during a client's contact with crisis and medium-term agencies, particularly if they have to identify it as an area of importance that they are willing to engage in.

However, for a worker who already sees themselves as competent in their role as they have engaged with it previously, this process of being taken by a client to a space where they do not feel they have the knowledge to respond can be uncomfortable unless it is acknowledged and planned for. TSA CSN recognised that this was an issue in some of the early iterations of implementation and identified the importance of building in professional development, not just on the theory and mechanics of the Star, but for each of the domains within a Star. This process of developing knowledge and resources across each of the Star's domains used by a particular program team became an important element of a team localising and contextualising their use of the Star.

Implementation task

2(b)iii Team discussion about what the OS will mean in practice

2(c)ii Team to develop domain-specific resource directories

Focus resources, planning and training

The need to align training and implementation, while sounding obvious, does require significant planning in a 'live' service delivery environment. There are two formal training programs suggested by Triangle: OS and motivational interviewing (MI). The experience from TSA CSN suggests clearly that staff who had the opportunity to explore the philosophical underpinning of the OS before engaging in formal OS training benefited more than colleagues who attended the OS training as their only introduction. As such, any program will benefit from a schedule of formal team discussions, interspersed with the formal training programs. These discussion sessions should include:

- separate Journey of Change philosophy information, discussion and reflection team discussion on CM to inform practice
- post-OS training – team discussions on the implications for current practice
- post-MI training – team discussion on how it will be used when working with a client

KEY LESSONS TO DRAW FROM THE TSA CSN EXPERIENCE

- practical issues relating to filling in the Star discussion – the mechanics of bringing the philosophy and practice together.

At TSA CSN, workers reported that, where possible, completing the training as a program team was very valuable. This allowed for many of the discussions to be contextualised directly to their team and improved workers' understanding of the OS in practice. On occasion workers from a program using one Star would attend training in another Star being offered to another part of the organisation (e.g. a family violence worker, who would be using the Empowerment Star, attending a training program for refuge workers, who would be using the Homelessness Star). Workers reported this as particularly problematic. Although each Star has a similar topography, which is disarmingly simple, the value in the training is the reflective space it creates for moving beyond the nuts and bolts of filling in a Star to actually understanding what it means for practice and how it will work as an artefact between worker and client.

Implementation task

2b Ensure worker training and team discussions have been completed

Specific professional development for line managers (team leaders, APMs) is required because they are at the leading edge of the implementation. They provide advice and guidance on practice issues as they arise for the team and individual workers during supervision, and they are also best placed to ensure issues of accountability for completing Stars, consistency in meaning and often lead key discussions on contextualising the Star to a program. This should include:

- using the OS in supervision
- coordinating the contextualisation of the Star to the team (including leading the discussions as outlined above)
- identifying professional development for practice gaps related to specific domains or the need to develop practice partnerships related to specific domains.

The role of the APMs or direct line practice managers as champions of the Star cannot be overstated. APMs need to have the courage to engage in change and to open practice up for reflection. They also need to lead and enable workers in their adoption of the Star. This encourages the team individually and collectively to take ownership of the Star in practice. It also encourages the

team to see implementation or application issues as things that need to be worked through rather than opportunities to subvert the use of the Star. They also need to be able to identify the limits of the Star in practice (the circumstances or client groups where the application of the Star may be inappropriate). Distinguishing between workers' resistance to change and the limits of the application of the Star requires a very thoughtful engagement by all those in a management position. The APMs are at the forefront of this given their position within the organisation as practice supervisors, leaders of teams and members of the management structure.

Implementation task

1(e) Line managers discussions to be held and documented into goals and plans

2(d) Practice supervisor knowledge and skills to be developed

Decide on whether you will run a pilot

Triangle suggests completing a pilot if possible. This usually involves a small program trialling the OS for a period of time and providing the organisation with feedback. This was the process used at TSA CSN. The Family Violence Outreach Program piloted the OS for three months to see if the OS supported the CM process. Many of the questions relating to the usefulness of the OS have been resolved within the sector and the benefits of a pilot within an organisation may now be questionable.

If an organisation has the clear intent of implementing the OS, rather than running a pilot, the experience at TSA CSN would suggest that using an action-research implementation process would be valuable. Choosing a program for the first iteration of the implementation that is likely to provide the organisation with the best level of information on issues or concerns that will probably be common to the organisation will better inform subsequent implementations at other programs. The sorts of considerations that will be important in deciding which program to start with are:

- size – large enough that concerns will mirror other parts of the organisation, small enough that the staff team can be supported well in this first implementation.

- data and reporting – the team should be using common administration systems and reporting mechanisms (their experiences will guide what changes are required for these systems), but a team that has specialised reporting requirements may be negatively affected initially during the implementation and not provide the organisation with relevant, whole-of-organisation issues.
- experience of the team – TSA CSN found that implementing OS in new teams was far more straightforward than in existing teams, probably because practices and team cultures were not entrenched. While choosing a new team for the first implementation may prove easier, there may not be the experience within the team to identify organisational issues relevant to other programs.

The value of having an action-reflection process as part of any multi-program implementation cannot be overstated. Each organisation will encounter different challenges and forms of resistance to change. Building in processes that require all involved to come together and to put practice concerns, technical problems or philosophical concerns on the table for discussion allows people to voice concerns while ensuring that each program continues to move forward with the implementation.

Implementation task

1(e) Line managers discussions to be held and documented into goals and plans

Decide on whether you want a soft or hard implementation

Following the pilot at TSA CSN, a soft implementation approach was trialled for the first programs. By this we mean that only new clients to a program completed a Star and the worker defined when that would happen, and in some cases if it was appropriate for a client to complete a Star at all. The thinking behind this approach was that it would allow workers to become comfortable engaging clients with the Star. Unfortunately this allowed for a very inconsistent engagement from staff. After two months, rather than all workers having found their own level, the more engaged workers were using the Star consistently, while others tended to provide ongoing reasons as to why

Stars could not be completed with clients. This highlighted two important lessons:

- Workers developed confidence through using the Star.
- Programs needed to formally include the OS in their standard supervision process and in their team practice reflection process.

Using these experiences, the implementation process was further adapted to include more significant professional development experiences prior to the go-live date, and to establish that all clients (new and existing) would complete a Star by a specified date. This became known within the service as a shift to a 'hard implementation', because each program implementation from this point set a date to start and a date by which time every client of the service was to have completed a Star (see memo in Resources section). Exceptions to this would be discussed in supervision and any practice-related issues that could not be resolved within supervision would be discussed at team practice reflection. These issues were explored from different angles to ascertain how the worker could be supported in working with the client.

These included discussing:

- client demographic – was there some demographic of clients for whom the Star was not suitable or that required further resourcing?
- worker professional development – did a worker need assistance in developing skills in a particular area?
- program resources – did the circumstances related to a particular client raise program resource issues?
- program practice partnerships – did the issue or concern highlight a need to further develop practice partnerships relating to a specific domain or client demographic?

Practice concerns that could not be resolved at a program level were forwarded to the CSN Quality Working Party for discussion. This group is made up of senior managers and all program APMs. This process ensured that practice questions would receive the full resourcing of CSN in attempting to resolve them.

CONCLUSION / REFERENCES

Conclusion

The process of implementing the Outcomes Star™ at TSA CSN has been enormously beneficial. The eighteen-month process now sees the OS embedded in all elements of the organisation from interactions with clients, practice supervision and team discussions, through to program managers' work plans and organisational-level planning discussions. The OS has given the organisation the confidence to be really open about their case-management practice and provided them with a common language and a firm footing on which to improve the quality of service provision. We hope this guide will provide implementers, staff teams and senior managers of other human services organisations with practical assistance in thinking through their own implementation approach and planning.

While anecdotal evidence from teams and individual services users has confirmed the benefit of the OS in case management for TSA CSN, we are now engaging with TSA CSN in a process of exploring the data the OS provides: understanding what it means for a team and how it illustrates the journey travelled for a service user. Over time we expect this mix of qualitative and quantitative data to provide a rich source of material to explore what elements of practice and resourcing come together to support clients in making long-term, sustainable gains in their lives. Building a common understanding of case management, a common language to explore practice and a common framework for practice has laid the foundation for this next step in the journey. The cornerstone of these foundations has been the Outcomes Star™.

Implementing the Outcomes Star™ well in a human services organisation is not simply about using a new tool to record outcomes. For TSA CSN, implementing the Outcomes Star™ has been an invigorating and renewing experience.

It has required a thoughtful examination and re engagement with the very heart of what they do – support people to live independently and to have choice over their lives. It has required them to examine the power dynamics in their current practice and to engage afresh with the idea that, provided with the right support, people really are the best authors of their own lives.

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R ESOURCES



RESOURCES SECTION:

1 IMPLEMENTATION PLAN

**2 STATEMENT OF INTENTION TO
IMPLEMENT OS AT TSA CSN**

**3 COMMON CASE-MANAGEMENT
FRAMEWORK, APRIL 2013**

**4 MEMO RE MOVING TO 'HARD
IMPLEMENTATION' AND INTERNAL
REPORTING**

5 GUIDES DEVELOPED BY TEAMS

RESOURCE

1

IMPLEMENTATION PLAN

1 Pre-implementation phase – 2 months

- (a) Develop a clear, written statement describing why your program/organisation is implementing the Star.
- (b) Develop or affirm a common case-management framework for your organisation.
- (c) Name and resource a person to oversee the project, and define the governance approach.
- (d) Ensure all senior and line managers attend OS training for managers.
- (e) Ensure line managers discuss the following points and document them in their goals and plans
 - (i) philosophy in practice – the Journey of Change
 - (ii) which Stars to use in each program
 - (iii) when the initial Star and the review Star should be completed for each program
 - (iv) the team’s approach to changing documentation (language)
 - (v) OS in supervision – how will this change current practice?
 - (vi) some OS domains may be outside the current range of practice expertise
 - (vii) likely domain resources and practice partnerships that need to be developed
 - (viii) site-level support for program line managers – ‘a community of practice’
 - (ix) IT integration – IT data recording, reporting and data management
 - (x) organising the printing of Stars and Guides
 - (xi) document management.

Notes:.....
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2 Program implementation phase – 3 months

- (a) setting a go-live date – from this date all new and existing clients will have the opportunity to complete a Star
- (b) ensuring worker training and team discussions have been completed (these tasks should be undertaken in the order they are listed here)
 - (i) team discussion about the Journey of Change philosophy in practice
 - (ii) complete OS training designed for the particular Star to be implemented (where possible as a team)
 - (iii) team discussion about what implementing the OS will mean in practice, including timing of initial Star and review Stars
 - (iv) complete motivational interviewing training (where possible as a team)
 - (v) team discussion about using motivational interviewing with a client when completing a Star
 - (vi) each worker and a co-worker to role play completing an initial Star and a review Star, using their knowledge of a previous client of the program (complete a minimum of 3 Stars)
 - (vii) team discussion about the initial and review Stars completed in role-play sessions (minimum of 2 sessions)
- (c) program work to be completed by the team
 - (i) Star domains to be present in all practice discussions regarding clients
 - (ii) team to develop domain-specific resource directories
 - (iii) team to recognise the workload requirements to complete Stars for all clients (new and existing) from the go-live date
- (d) practice supervisor knowledge and skills to be developed
 - (i) challenges of using the Star in practice
 - (ii) clients at ‘stuck’ stage
 - (iii) clients seeking assistance in unfamiliar domains
 - (iv) working towards consistency in completing a Star

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3 Implementation status reporting and consolidation phase – 2 months

- (a) Identify clear indicators of implementation status.
- (b) Instigate formal reporting process.
- (c) Document and report ongoing practice issues and resolutions to project management and line managers’ community of practice.
- (d) Manage data input and analysis.
- (e) Review the Star in practice discussion for assistant program managers.

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RESOURCE

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STATEMENT OF INTENTION TO IMPLEMENT OS AT TSA CSN

TSA CSN has agreed to implement the Outcomes Star™ across all case-managed programs in the network. The Outcomes Star™ is a case-management support tool that also provides a measure of outcomes via the mapping of 'the distance travelled' for a client across a range of domains. While the use of the Outcomes Star™ as an outcomes-measurement tool will be explored at TSA CSN over time, the goal of its implementation is to improve the quality of case management for clients.

COMMON CASE-MANAGEMENT FRAMEWORK, APRIL 2013

The development of a common case-management framework has been an ongoing project at TSA CSN.

The following document is a culmination of that work and represents contributions from current and past staff as well as external contributors, including Lucy Gray (University of Melbourne), Lisa Harris and Sharon Andrews (RMIT University).

Introduction

The common case-management framework, as outlined in this paper, is a 'capstone' policy framework that defines the common principles and elements of case-management practice across a multi-disciplinary social service delivery network. The paper is located under the vision statement and reflects the mission statements of The Salvation Army (TSA) and the Crisis Services Network (CSN). Sited under this capstone common case-management framework will be the case-management practice and procedures for each social service discipline area.

Context

Case management as a practice framework was introduced into the Victorian Human Services funded sector in the mid-1990s. Initial work was done in defining what good case-management practice looked like in each of the service areas through the SAAP-funded National Practice Principles (National Case Management Working Group 1997). The work of translating case-management principles into practice was done with an ad hoc approach to implementation across the different service sectors, with the inevitable consequence that certain sectors lagged

behind in their adoption of a formalised case-management approach, while other areas worked on the maturing of service delivery, both in practice and accountability. 'Accountability' is used here to refer to accountability of client outcomes, of resource management within organisations and accountability to funding bodies.

The CSN has a significant interest and track record in undertaking research into practice initiatives and reflecting on what are the key factors, resources, skills and workforce capacity required for excellence in practice with vulnerable client populations. The maturing of CSN's practice reflection and research capacity has meant that we are interested in defining a common case-management framework for CSN that will make it easier to reflect, define, capture and share good case-management practice. CSN developed the common case-management framework for practice as it implemented the Outcomes Star™ as the common case-management tool for measuring client outcomes.

Drivers for change

There is a confluence of both internal and external drivers for change in making the development of a common case-management framework a priority for CSN. Those drivers for change are:

- CSN's engagement with the DHS accreditation process, which provides the driver for the continuous quality improvement (CQI) agenda for the broader network. While acknowledging the diversity of service delivery across CSN, the CQI forum – developed within the practice management team – has already put considerable work into identifying standards of good practice, integration of resources, expectations of workforce skill and capacity and how case management outcomes, both 'hard and soft', will be measured.
- The policy move towards a 'One DHS' collaborative model for housing support, child protection, mental health, family violence, disabilities and alcohol/drug services has underscored the shift to a more client-centric, responsive and integrated model of service delivery.
- The move to an 'outcomes based' funding model of accountability, the subsequent push to best define sustainable client outcomes and how to achieve them and what levels of resourcing are required to deliver services for vulnerable population groups.
- The Victorian Government has initiated its Service Sector Reform project, which aims to improve the way government and the community services sector work together to improve the lives of vulnerable and disadvantaged Victorians. The Service Sector Reform project is based on five principles:
 - People are at the center of everything we do.
 - People in need should have access to the right support, provided in a cost-effective way.
 - All parts of the community services system should work together.
 - A skilled workforce is key to a more integrated system and to better client outcomes.
 - Victorians who access our services will be valued, respected and treated fairly at all times. (Department of Human Services 2011)

Purpose of case management

Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's holistic needs through communication and available resources to promote quality and cost-effective outcomes (Case Management Society of Australia 2008).

The primary function of case management is to improve the quality of life for individual clients. This improvement should be measurable and sustainable.

In adopting a case-management approach, CSN assumes that clients with complex and multiple needs will access services from the community and a range of other service providers, and our goal is to achieve seamless service delivery to support an individual or family to achieve independence and choice in their life.

Principles of case management

Commonwealth Department of Health and Family Services case-management principles are as follows:

- Protection of human rights and freedom from abuse
- Confidentiality, privacy and access to personal information
- User rights upheld
- Client self-determination
- Needs-based service delivery
- Non-discriminatory access and non-judgmental support
- Culturally appropriate service provision
- Effective and efficient management
- Duty of care.

The Department of Human Services Standards (2012) describes what the client has the right to expect:

- Empowerment: People's rights are promoted and upheld.
- Access and Engagement: People's right to access transparent, equitable and integrated services is promoted and upheld.
- Wellbeing: People's right to wellbeing and safety is promoted and upheld.
- Participation: People's right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

COMMON CASE-MANAGEMENT FRAMEWORK, APRIL 2013

Equity overlay

CSN staff are required to work with a contextual understanding of structural barriers that affect vulnerable groups in society and acknowledge that this understanding is required to work well with women, people from culturally and linguistically diverse backgrounds and Aboriginal people.

CSN recognises that at the core of working well with Aboriginal people is a recognition of the structural inequality experienced through racism, including the removal and disenfranchisement of Aboriginal peoples from their land, community and, for many, from families. We acknowledge the resilience of Aboriginal peoples in claiming their connection to land, community and family.

What is case management at CSN?

CSN aims to support individuals and families to achieve independence from support services where possible, choice in their lives and meaningful participation in society. CSN recognises that, although clients access services that are often funded around a specific issue, a holistic understanding of a client's life includes a range of domains that are interrelated. While issues within a specific domain may be the reason an individual accesses a service, understanding the interrelationship between life domains requires a holistic focus.

While acknowledging the structural barriers many vulnerable clients experience, the practice of case management at CSN is underpinned by the philosophy that clients are most motivated to work collaboratively to change areas of their life that they have identified as important. Using a holistic, client-centered, strengths-based approach across the range of life domains, workers support people to achieve independence and choice in their lives through the development of skills and knowledge and the provision of resources.

CSN recognises that at its best, case management is developed as a collaborative practice not just between workers and clients, but with the broader service sector as well. Collaborative practice recognises that the combined efforts of service organisations and a pooling of resources can achieve a more joined-up, 'whole of person' response that provides a greater likelihood of people achieving sustainable, long-term goals.

Case managers are expected to act authoritatively, proactively, assertively and as advocates both for and with clients. This responsibility to act sits within a framework of collegial respect within CSN and with our practice partners.

Current research on best practice in case management posits that:

Case management is defined as an intervention that does not simply meet this or that need, but develops a person's capacity to self-manage their own access to any supports they need. (Gronda 2009)

This outcome is achieved through a relationship between the client and the case manager or case-management team which has the qualities of persistence, reliability, respect and intimacy, and which delivers comprehensive, practical and timely support.

Comparative studies have shown that case management is most effective for clients requiring a complex service system response, when:

- it provides direct assistance with practical and specialist support needs
- it is delivered through multidisciplinary teams
- it is recognised and supported as a time- and resource-intensive intervention.

Further to this, there are certain conditions that enable the case-management relationship to deliver beneficial outcomes for people in crisis, including:

- access to income support, housing resources, flexible funds and specialist supports
- individually determined support durations
- case-management staff with advanced assessment, communication and relationship skills and regular practice reflection and supervision.

Organisational support for case management

The CSN is committed to the provision of organisational policy, procedures, resources and training to support staff in the delivery of best practice case-managed services.

Organisational support will be provided through:

- leadership support and resourcing
- documented supervision practice
- reflective practice forums – held regularly
- training and professional development
- practice partnerships and secondary consultations
- the maintenance of flexible resources
- clear program practice documents
- commitment to a collaborative work culture
- clear accountability frameworks
- commitment to research and practice advocacy
- supervision and debriefing.

Common client case-management experience at CSN

Common elements in a client's experience of case management will include:

- Entry/screening – streamlined access and screening. At first contact, services will facilitate access to information or services that a client may require in relation to human services. This means that a staff member contacted will gather information from the individual client to provide one or more of the following responses:
 - provision of basic information
 - referral to a non-DHS service
 - referral to an emergency response (child protection, homelessness, family violence and emergency services)
 - provision of a DHS service that will lead to the next stage of support.
- Assessment – initial needs identification and client streaming. This stage will identify the level of support that may be required.
- Planning – client-directed planning, including comprehensive needs identification. Clients and their families who are referred to 'guided or managed support' will have a comprehensive needs identification at this point, including initial

critical 'triage' support to stabilise, followed by long-term life domain related support. The Outcomes Star™ will be used to support planning for both 'guided and managed support' clients. This tool is intended to engage clients and workers in a conversation to identify goals in relevant life domains and how these goals will be achieved.

- Direct service – targeted service responses. The intensity of assistance provided to clients will vary depending on their support needs and capacity for self-management. Those requiring the highest level of support and/or with the lowest capacity for self-management will be provided with 'managed support'. Those with less intensive support needs and a greater capacity for self-management will receive 'guided support'. Others with lower support needs and a sustained capacity for self-management of their services will be provided with information and tools for 'self-support'.
- Co-ordination – the new DHS model of Services Connect will respond to the unique combination of needs of each individual and family by offering a personalised, multi-disciplinary service response. A service offer may include one or more DHS-delivered or DH/DHS-funded services, plus services offered by other agencies.
- Monitoring and review of case plans – the use of the Outcomes Star™ case-management outcomes-measurement tool will enable review of progress towards achieving agreed goals.
- Outcomes measurement – the common case-management model will use a mix of 'hard' and 'soft' outcomes measures. Hard outcomes will be defined at a program level, as per funding and service agreements. Soft outcomes will be measured via the Outcomes Star™ used within a program.
- Exit planning, case closure and follow-up – clients will complete an Exit Outcomes Star™ with their key caseworker. Clients will be offered the capacity to provide feedback to the service via an exit interview with service management or program feedback form. Clients are provided with detailed transition plans with key contact information should they require further support.

COMMON CASE-MANAGEMENT FRAMEWORK, APRIL 2013

Sources

Case Management Society of Australia (2008), *National standards of practice for case management*, rev. edn.

Department of Human Services (2011), *Human services: The case for change*, <<http://www.dhs.vic.gov.au/about-the-department/plans,-programs-and-projects/plans-and-strategies/key-plans-and-strategies/human-services-the-case-for-change2>>.

Department of Human Services (2013a), *Services Connect evaluation: terms of reference*.

Department of Human Services (2013b), *Standards fact sheet*, <<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/reports-publications/dhs-standards-factsheet>, last updated 05.03.2013>.

Gronda, H (2009), *What makes case management work for people experiencing homelessness?* Evidence for practice, AHURI Final Report No. 127, <http://homelessness.energetica.com.au/dmdocuments/ahuri_final_report_no127_what_makes_case_management_work_for_people_experiencing_homelessness.pdf>

Gursansky, D, Kennedy, R & Camilleri PJ (2012), *The practice of case management: effective strategies for outcomes*, Allen & Unwin, Sydney, Australia.

National Case Management Working Group (1997), *National practice principles in SAAP case management*, Public Affairs, Parliamentary and Access Branch, Commonwealth Department of Health and Family Services, Canberra, Publication number 2041, <http://www.fahcsia.gov.au/sites/default/files/documents/05_2012/practice_principles_case_mgt.pdf>

RESOURCE

4

MEMO RE MOVING TO 'HARD IMPLEMENTATION' AND INTERNAL REPORTING

MEMO

To: All CSN Program Managers and Assistant Program Managers

From: Jen Plant

Date: 16 April 2013

Re: Implementation of Outcomes Star™ Project

The Crisis Services Network (CSN) has, over the last twelve-month period, engaged in a 'soft' implementation process for the adoption of Outcomes Star™ (OS) as the case management outcomes measurement tool. Following on from the findings of the OS implementation processes to date, it is recommended that the Network move to embed the OS tool as a core component of case managers' practice.

To achieve this end I would ask the management teams to ensure that all new and existing case managed clients within their program areas have the opportunity to engage with and complete their first Outcomes Star™ within the next 6 weeks. The review, or second Outcomes Star™, should be offered to clients within a further six-week period – so, about the twelfth week of program support. The Outcomes Star™ should be then reviewed every three months with clients until a final Star is completed as part of their exit from program support process.

CSN organisational expectation on the use of Outcomes Star™ as a core component of the case manager's tools are as follows:

- That case managers raise the idea and language of Outcomes Star™ in their initial briefing to clients on what to expect while receiving support within a program, and seek client consent to participate in research.

- That within the initial two to four week support period a client will be offered the opportunity to engage with and be guided through the Outcomes Star™ process.
- That the client and case managers will review the client's Star at the 10–12 week point of support.
- That the client's Star will be reviewed every three months until case managed support has stopped.
- That the client will update their Star with case managers as part of the client's exit from program support processes.
- That all Outcomes Star™ client data is recorded on TSA SAMIS system in a timely manner.

Please note that any exceptions to clients being offered the opportunity to participate in the Outcomes Star™ case management process must be discussed with line managers in supervision and raised for discussion with the program team to assist in problem solving any practice impediments. Cases where clients who are deemed by the program team to not be able to engage in the Outcomes Star™ process must be brought, by the respective APMs, to the CQI meetings that oversee the implementation of the OS across the Network. This is to ensure all identified barriers to service delivery are discussed and resourced appropriately and, to ensure a standard consistency of practice across the CSN.

Reporting on client Outcomes Star™ data will be incorporated into the monthly reports generated by each program area. This data will form a critical component of the CQI systems analysis process that will inform program development design and resource allocation across the Network.

Regards,
Jen Plant

GUIDES DEVELOPED BY TEAMS

APMs found it useful to adapt material provided by Triangle to initiate discussions within their teams. The first (5a) is an example used within the Family Violence Outreach Program to explore the Journey of Change and how workers might support women at different stages. 5b is a brief worker guide to using the Star. 5c is a feedback form developed by the APMs to ensure any critical issues were picked up for team discussions.

RESOURCE 5A: JOURNEY OF CHANGE STAGES

Please refer to the Salvation Army Crisis Services Network web site for copies of this material.

RESOURCE 5B: WORKER GUIDE

Please refer to the Salvation Army Crisis Services Network web site for copies of this material.

RESOURCE 5C: WORKER FEEDBACK FORM

The purpose of this form is for you to note down any concerns or issues that might arise when you are working with the Outcomes Star™ (OS). No matter is too trivial, as it is important that we, as a team, work through a consistent approach to using the Star in order to support our clients well.

Please provide your APM with a copy and discuss the issue with them. OS practice will continue to be part of your regular team discussions.

Your concern/idea/issue?

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Was there specific client feedback you would like to note?

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A copy of this form will be provided to the OS project research team in order to capture practice questions raised by teams. The research team may contact you if they need further information on the point you have raised.

Worker.....

Program.....

Date

Notes.....

A series of horizontal dotted lines for writing notes, starting from the first line below the 'Notes' header and extending to the bottom of the page.



