



Stronger Communities Outcomes Measurement Update, June 2023



BELIEVE IN GOOD

Suggested citation: Susanto, J., (2023). Stronger Communities update, June 2023. The Salvation Army: unpublished.

© The Salvation Army Australia, Policy, Research and Social Justice Department, 2023
No part of this report may be reproduced by any means without written permission from the Research and Outcomes measurement team (Johana.susanto@salvationarmy.org.au)

Table of contents

Our commitment to inclusion	1
Abbreviations.....	1
Executive summary	2
Significant milestones.....	2
Stronger Communities collective outcomes.....	3
Knowledge sharing with partners and community sectors.....	4
Next steps.....	4
Introduction	5
Stream update (July 2022-June 2023).....	6
Update and next steps: Streams piloting outcomes measurement (OM).....	6
Update and next steps: Streams that have incorporated OM in business-as-usual (BAU)	8
Conclusion	8
Appendix A: Streams outcomes summary.....	9
Appendix A.1: AOD pilot Outcomes measurement.....	9
Appendix A.2: Doorways emergency relief Outcomes measurement FY2021-22.....	12
Appendix A.3: Family Violence pilot Outcomes measurement.....	14
Appendix A.4: Moneycare outcomes measurement FY2021-22.....	17
Appendix A.5: Homelessness outcomes measurement – Lived experience consultation.....	18
Appendix A.6: Youth pilot outcomes measurement.....	20
Appendix B: The Salvation Army outcome domains and definitions.....	22
Appendix C: Overview of Stronger Communities project stages and dependencies.....	23
Bibliography	25



Our commitment to inclusion

The Salvation Army Australia acknowledges the Traditional Owners of the land on which we meet and work and pay our respect to Elders past, present and future.

We value and include people of all cultures, languages, abilities, sexual orientations, gender identities, gender expressions and intersex status. We are committed to providing programs that are fully inclusive. We are committed to the safety and wellbeing of people of all ages, particularly children.

Vision

Wherever there is hardship or injustice Salvos will live, love and fight alongside others to transform Australia one life at a time, with the love of Jesus.

Mission

The Salvation Army Australia is a Christian movement dedicated to sharing the love of Jesus.

We share the love of Jesus by:

- Caring for people
- Creating faith pathways
- Building healthy communities
- Working for justice

Values

Recognising that God is already at work in the world, we value:

- Integrity
- Compassion
- Respect
- Diversity
- Collaboration

We commit ourselves in prayer and practice to this land of Australia and its people, seeking reconciliation, unity and equity.

Learn more about our commitment to inclusion: salvationarmy.org.au/about-us

The Salvation Army is an international movement, and our mission is to preach the gospel of Jesus Christ and to meet human needs in his name without discrimination.



Abbreviations

AOD: Alcohol and other drugs

BAU: Business-as-usual

CSI: Centre for Social Impact

FV: Family Violence

n: total sample number

OM: Outcomes measurement

SAMIS: Service and Mission Information System (The Salvation Army's client database)

SIMNA: Social Impact Measurement Network Australia

Executive summary

The Stronger Communities Outcomes measurement (OM) project aims to determine how The Salvation Army Australia is progressing in achieving its mission and vision to 'transform Australia, one life at a time with the love of Jesus'.

This project is led by The Salvation Army Research and Outcomes measurement team (hereafter referred to as 'the research team') in partnership with frontline services and SAMIS (client database) team. As part of this project, measurement and reporting tools are developed to provide visibility of progress and outcomes reported by community members across diverse Salvos services.

These outcomes are mapped to the relevant funding bodies' outcome frameworks and to the four outcome domains of The Salvation Army (see [Appendix B: The Salvation Army outcome domains and definitions](#)). Mapping individual outcomes across the four overarching domains enables The Salvation Army to understand how many people have been transformed by its services, individually and collectively, and what this impact looks like.

The outcomes data collection and reporting tools also provide a mechanism to capture feedback and service experiences of community members, and for frontline staff and managers to attend to feedback and areas of improvement in a timely manner.

This report outlines the progress of Stronger Communities project from July 2022 to June 2023 and the collective outcomes of key streams for FY2021-22.

Significant milestones

In December 2022, the research team was awarded runner-up for the [Excellence in Social Impact Measurement Award](#), by Social Impact Measurement Network Australia (SIMNA), for outcomes measurement projects that demonstrate best practice in Australia and meet international impact measurement standards and principles.

The team was recognised for its work towards the national Doorways emergency relief Outcomes measurement project, which is now in its third year of measuring outcomes as part of its regular operations.

Moneycare financial counselling services, which have been implementing outcomes measurement since FY2019-2020, continued to utilise the outcome findings to inform their practice, advocacy, and service improvement/innovation. The Moneycare OM pilot was the national winner of the 2018 Changemaker SIMNA Award, in recognition of its innovative and systematic efforts to measure impact.

Significant milestones were also achieved between July 2022 to June 2023 for the implementation of Stronger Communities project for the following streams:





- **Alcohol and Other Drug (AOD) and Youth services:** Completed pilot and progressing towards national implementation of OM into BAU.
- **Doorways case work:** Started the national implementation of Outcomes measurement into BAU operations.
- **Family violence (FV) services:** Completed the national pilot and will partner with the Centre for Social Impact (University of Western Australia) for the next stage of FV OM. Whilst the piloted indicators were able to measure progress, we found that one of the indicators will need to be modified or replaced to better fit the unique situation of victim-survivors when they first access FV services.
- **Homelessness services:** Completed national consultation with people with lived experience of homelessness, including a three-day yarning with First Nations people in Darwin, NT. The valuable insights and feedback from those with lived experience will be used to refine the logic model, prioritise outcomes for measurement and guide the development of service feedback.



Stronger Communities collective outcomes

The collective outcomes from streams that have piloted or implemented outcomes measurement during FY2021-22 are outlined in Table 1. More details about the individual stream outcome indicators and findings are outlined in [Appendix A](#), and [Appendix B](#) provides information about The Salvation Army outcome domains.

Table 1: Stronger Communities collective outcomes for key streams FY2021-22* Proportion of respondents who reported positive progress or outcomes after engaging with services in FY2021-22:

 Life circumstances	 Individual capability	 Social connectedness	 Wellbeing & spirituality	
(Stronger Communities outcome domains)				
71% (n=2668)	66% (n=1575)	60% (n=2010)	86% (n=2786)	Moneycare
96% (n=1068)	93% (n=1061)	67% (n=491)	93% (n=1035)	Doorways emergency relief
50% (n=819)	62% (n=1096)	61% (n=1096)	56% (n=1096)	AOD (Pilot)
59% (n=22)	47% (n=17)	59% (n=22)	82% (n=22)	FV (Pilot)
55% (n=66)	59% (n=66)	58% (n=66)	62% (n=66)	Youth (Pilot)
73% (total)	72% (total)	61% (total)	80% (total)	

Note: Respondents with positive progress or outcomes are defined as clients with higher outcome scores at the end of service engagement in comparison to intake, and/or those who agree/strongly agree that target outcomes were achieved at exit, for at least one of the outcome indicators. Different outcome indicators may be used for each stream. Clients' participation is voluntary, and some clients may choose not to complete all outcomes indicators, resulting in different total sample number (n) for each domain and stream.

Knowledge sharing with partners and community sectors

The research team is committed to sharing and exchanging our learning and knowledge within The Salvation Army, community services and evaluation sectors. Regular knowledge-sharing with frontline services and advocacy team has increased the organisation's capability to use evidence to inform service delivery, advocacy, and outcomes measurement/evaluation practice.

Externally, knowledge-sharing has contributed towards increasing the partner organisations and the sector's capability to implement best-practice outcomes measurement. It also provides opportunity for The Salvation Army to advocate for data collection and reporting practices that are meaningful, practical, culturally appropriate and trauma-informed. During FY2022-23, we continue to receive requests from partners organisations to share about The Salvation Army outcomes measurement strategy, methods, journey, and findings.

Key knowledge sharing events from FY2022-23:

- Hatchery's Measuring and Evaluating Social Outcomes Conference, July 2022
- Regular sharing with the Department of Social Services about emergency relief and financial counselling OM
- Sharing with community partners such as Baptist Care and Suicide Prevention Australia
- Sharing international movements of The Salvation Army, such as, such as to the Singapore, Malaysia, and Myanmar research department in June 2023
- Data Catalyst network presentation

Next steps

The research team continues to work with frontline services to build and embed outcomes measurement into BAU. This includes training frontline services on how to administer OM tools and use outcomes findings to inform their daily practice, as well as the annual comprehensive analysis of clients and outcomes data to evaluate overall service effectiveness and accessibility. From July 2023, the research team will start the analysis of outcomes data for FY2022-23 for AOD, Doorways emergency relief and case work, youth services and Moneycare.

Additionally, the research team is currently finalising the Homelessness stream's outcomes measurement framework and will start the national pilot in the second half of 2023.

The next stage of FV OM will be conducted in partnership with CSI to leverage their recent success in validating outcomes indicators for victim survivors of FV. Both research and frontline teams will continue to centre the voice of people with lived experience in the design of OM and evaluation frameworks.

Introduction

The Stronger Communities project aims to ascertain how The Salvation Army is progressing in achieving its vision to 'transform Australia, one life at a time with the love of Jesus'. Outcomes measurement and reporting tools are developed to provide visibility of progress and/or desirable outcomes reported by community members because of their engagement with Salvos services. To the left, figure 1 provides the overview of the development of outcomes measurement framework for The Salvation Army.

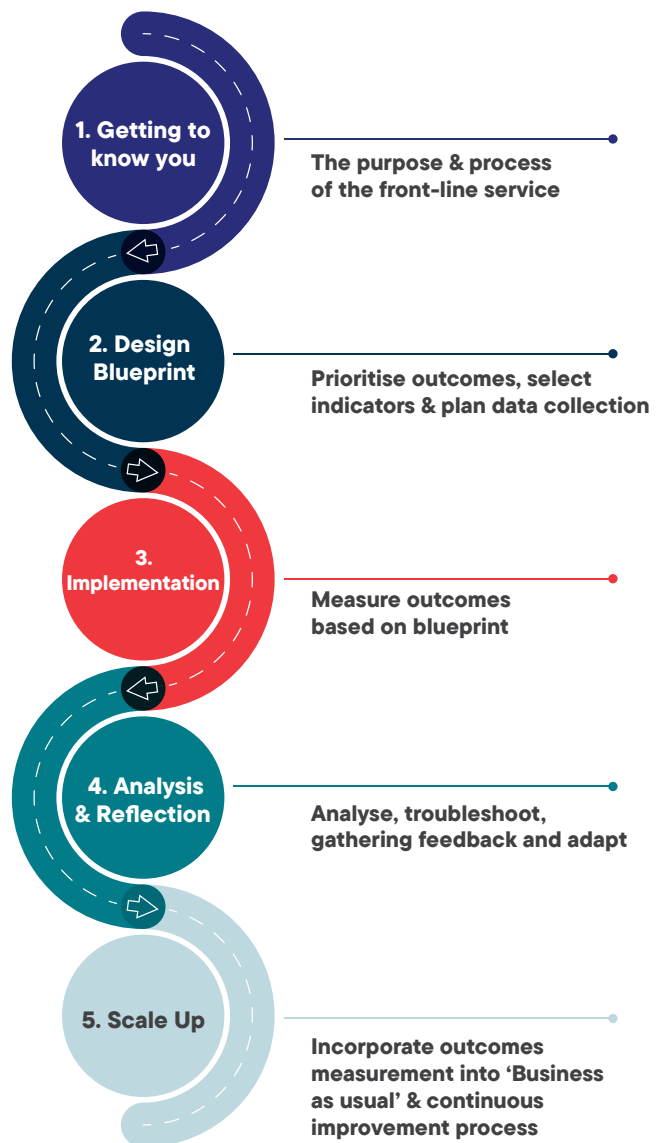
The following streams are the key focus of the Stronger Communities project:

1. Alcohol and Other Drugs (AOD)
2. Doorways: (a) emergency relief and (b) case work services
3. Family violence (FV)
4. Homelessness
5. Moneycare financial counselling services
6. Youth services

After the framework is piloted, it is incorporated into each stream's BAU at a national level. Outcome dashboard reports are also developed and embedded in the client database for frontline workers and managers to allow timely access and use of outcomes data.

At the end of the financial year, the research team will conduct comprehensive clients and outcomes analysis for participating streams (see [Table 1 for Stronger Community collective outcomes](#)). This report provides an overview of the Stronger Communities Project for these streams as of June 2023 and the collective outcomes of key streams for FY2021-22. For more information about the Stronger Communities outcome domains and The Salvation Army outcomes journey, please see [Appendix B](#) and [Appendix C](#) respectively.

Figure 1: Developing OM framework at The Salvation Army



Note: OM frameworks and tools have also been implemented on smaller-scale programs such as the Family Place Logan, the Positive Lifestyle program, Townsville Indigenous Youth Resilience and Leadership program, emergency disaster assistance, youth transitional support service and some youth educational/life-skills workshops. OM framework is also under development for Indigenous COACH Mentoring program, Family Violence Carinya Therapeutic program, and Youth Drive for Life program. However, their outcomes are currently not included in the Stronger Communities outcome scorecard or report.

Stream update (July 2022–June 2023)



Update and next steps: Streams piloting outcomes measurement (OM)

Table 2 (next page) summarises the progress for streams that are piloting outcomes measurement. The scale and scope of pilots differs based on a stream's readiness, circumstances and resources to implement outcomes measurement.

AOD – This stream has its national pilot. The findings indicate that most people accessing the pilot centres made meaningful clinical progress in improving or maintaining desirable outcomes. Participants reported reduced substance use during treatment for the most common drugs of concern such as alcohol, stimulants, cannabis, and opioids. The pilot also suggested that the selected outcomes and indicators were appropriate and able to provide evidence of the stream's impact. The services are now moving towards national implementation of OM as part of their BAU. (Please see [Appendix A.1: AOD Pilot Outcomes measurement](#) for more information).

FV – The national outcomes measurement pilot for this stream has been completed and the findings suggested that whilst the chosen OM indicators have met the technical criteria of measurement and able to measure progress of desirable outcomes, one of the indicators might not be most suitable for administration at intake. This indicates the need to modify or replace this indicator to better meet the unique situation of victim survivors when they first access services. The research team has identified prospective indicators and is partnering with the CSI and the owner to test and validate the indicators at a national level. For more information, please see [Appendix A.3: Family Violence pilot Outcomes measurement](#).

Youth – The pilot, now complete, showed that statistically significant improvement was observed in all priority outcomes, with largest improvement observed on the employment, training and education (23%), housing (22%) and health and wellbeing outcome (16%). The pilot suggested that the selected outcomes and indicators were appropriate and able to provide evidence of the stream's impact. Feedback on OM tools and processes resulted in minor improvement prior to national implementation of OM. The services are now moving towards national implementation of OM as part of their BAU. (Please see [Appendix A.6: Youth pilot Outcomes measurement](#) for more information).

Homelessness – The team recently concluded an extensive and inclusive, trauma-informed national consultation with people with lived experience of homelessness, including a three-day yarn with First Nations people in Darwin, NT. This consultation, which included 55 participants, aimed to understand lived experience within homelessness sector across the nation, including participants' expectations about services, perspectives of the impact of receiving support, and the enablers and barriers to achieving desirable outcomes. This feedback informs The Salvation Army national Homelessness outcomes framework, logic model and service feedback questionnaire. Currently the research team is finalising the national logic model, outcomes prioritisation, indicators selection, and preparing for the national pilot.

For more information about lived experience, please see [Appendix A.5: Homelessness OM – Lived experience consultation](#).

Table 2: Overview of progress for key streams that are piloting outcomes measurement as of June 2023

	Homelessness	FV	AOD	Youth
Step 1: Getting to know services				
Introduce project to key stakeholders	✓	✓	✓	✓
Finalise project proposal	✓	✓	✓	✓
Complete service mapping	✓	✓	✓	✓
Map client's journey	✓	✓	✓	✓
Complete literature review	✓	✓	✓	✓
Run logic model workshop/consultation	✓	✓	✓	✓
Step 2: Design blueprint				
Finalise logic model	80%	✓	✓	✓
Decide on priority outcomes	80%	✓	✓	✓
Develop outcome measurement tools & reports	20%	✓	✓	✓
Step 3: Pilot implementation				
Integrate outcome tools & report to client database and/or survey platform		✓	✓	✓
Develop FAQ & training materials	20%	✓	✓	✓
Run pilot training for implementation		✓	✓	✓
Pilot data collection and monitoring		✓	✓	✓
Staff feedback on tools, reports, and processes		✓	✓	✓
Step 4: Pilot analysis and reflection				
Analyse outcomes data (all pilot sites)		✓	✓	✓
Write outcomes report		✓	✓	✓
Revision of logic model, outcomes framework and processes		✓	✓	✓
Step 5: National implementations				
Assess readiness & capacity for national scale-up & BAU			80%	✓
Integrate tools, reports & processes into BAU			✓	✓
Develop national communication & engagement strategy			✓	✓
Develop toolkits and resources for national implementation			✓	✓
Run national training for implementation			50%	80%
Commence national data collection & monitoring			50%	✓
Analyse national outcomes data				
Write national outcomes measurement report				
Feedback & revision on national tools, reports, & processes				

Update and next steps: Streams that have incorporated OM in business-as-usual (BAU)

In this reporting period, the Doorways emergency relief outcomes measurement was runner-up at the [SIMNA Excellence in Social Impact Measurement Award](#), which is awarded to outcomes measurement project that promotes best practice and leads by example in Australia, and has been proven to meet international criteria as specified in [social value international](#). The FY2021-22 outcomes analysis and report have been completed and discussed with the emergency relief team to inform practice and advocacy (Please see [Appendix A.2: Doorways emergency relief Outcomes measurement FY2021-22](#) for more information).

SIMNA judge's feedback:

'This is a very good example of how a project team and internal research team can collaborate together on developing a Theory of Change, data collection and reporting system together to meet the needs for the clients, staff, management and the wider sector ... and the fact the Doorways team has revised service delivery to allocate more resources for relationship building and the development of community activities.'

This sort of feedback loop is exactly what we are wanting to see more of in the sector. Great work!

'The large scale of data that the service engages is commendable and produces informative insights around ER [emergency relief] during a particularly interesting time (COVID), making this research applicable beyond the organisation.'

Doorways case work outcomes measurement has been expanded nationally from October 2022 to coincide with the launch of the new national Doorways model. Prior to this time, the framework has been implemented as BAU in ACT, NSW, and Queensland.

Moneycare outcomes data analysis and report for FY2021-22 has been completed and shared with Moneycare leadership and frontline team. The findings were similar to previous years findings and adds into the body of evidence of the impact of financial counselling services in supporting community members experiencing financial hardship, particularly in increasing their financial resilience, reducing psychological distress and improving holistic wellbeing. For more details, please see [Appendix A.4: Moneycare Outcomes measurement FY2021-22](#).

The FY2022-23 Doorways emergency relief, case work and Moneycare clients and outcomes data extraction and analysis will commence shortly, with individual annual reports estimated to be released around January to February 2024.

Conclusion

Outcomes data and service feedback provide valuable information that allows services and organisations to know what works well, what could be improved, and potential barriers to achieving desirable outcomes. This information promotes continuous learning, innovation, and evidence-informed advocacy. Salvos streams that have incorporated OM into their practice have continued to demonstrate increased capacity to collect and use outcomes data to inform their service delivery, innovation, funding, and advocacy at local, states/territories and national levels.

During this reporting period, all streams are progressing well in their Stronger Communities OM journey. In FY2023-24, four streams (AOD, Doorways, Youth, Moneycare) have incorporated OM into their BAU at a national level, and two streams (Homelessness, FV) continue to refine their OM framework and tools. Through the Stronger Communities OM project, The Salvation Army will be able to track progress and leverage resources to help achieve the vision to 'transform Australia, one life at a time with the love of Jesus'.

Appendix A: Streams outcomes summary

Appendix A.1: AOD pilot Outcomes measurement

The Salvation Army AOD services are designed to respond to a range of needs and severity in relation to AOD use, and to serve diverse, marginalised, and vulnerable population groups. The services aim to prevent and reduce harm for individuals and the wider community, and to support the reduction and cessation of use of substances.

As part of the Stronger Communities project, a national AOD logic model was developed to reflect

the AOD model of care and service provisions. Outcomes were then prioritized for measurement, and their indicators and measures were selected based on literature review and best practice in indicators development (See Table 3 below). Outcomes data was collected by AOD case workers during the period from 1 July 2021 to 30 June 2022 at intake, review, and exit, resulted in matched data from 1,096 participants (49.9% of all participants).

Table 3: Overview of domains, indicators, and measures for The Salvation Army AOD stream

	Indicators	Measures
Individual capabilities	Reduced substance use	ATOP (Multiple items depending on type of substances used)
		SURE domain: drinking and drug use part 1 (3 items)
		SURE domain: drinking and drug use part 2 (3 items)
	Improved life skills	SURE domain: self care (5 items)
Life circumstances	Housing and income	SURE domain: material resources
	Employment	ATOP (2 items)
	Education	ATOP
	Housing	ATOP (3 items)
	Safety	ATOP (3 items)
	Criminal activity	ATOP
Wellbeing and spirituality	Harm minimisation	ATOP (2 items)
	Improved mental health	ATOP
	Improved physical health	ATOP
	Improved quality of life	ATOP
	Flourishing spirituality	SURE domain: outlook on life (3 items) Adapted from PWI
Individual capabilities	Connected with support services	WHO-QOL (2 items)
	Increased satisfaction with personal relationships	SURE domain: relationships
Individual capabilities	Satisfied with service experience	Service satisfaction from Moneycare & Doorways outcomes survey
	Personal impact, suggestions for service improvements	Service satisfaction from Moneycare & Doorways outcomes survey

The findings showed that at the end of support period, the majority of participants had successful clinical outcomes:



68% of participants with high use and 69% of participants with low use achieved successful clinical outcomes in reducing alcohol use (n = 336)



81% of participants with high use and 86% of participants with low use achieved successful clinical outcomes in reducing stimulant use (n = 172)



45% of participants with high use and 67% of participants with low use achieved successful clinical outcomes in reducing cannabis use (n = 61)



62% of participants with high use and 100% of participants with low use achieved successful clinical outcomes in reducing opioid use (n = 14)

Most participants also reported improvements in their health and wellbeing:



76% of participants who categorised their physical health as 'poor' at baseline and 86% of participants who categorised their health as 'good' at baseline, reported successful clinical outcomes (n = 668)



70% of participants who rated their psychological health as 'poor' at baseline, and for 81% of participants who rated their psychological health as 'good' at baseline, reported successful clinical outcomes (n = 687)



77% of participants who rated their quality of life as 'poor' at baseline, and 81% of participants whose baseline rating was 'good', reported clinically successful outcomes (n = 678)



Participants reported a significant increase in their satisfaction with their spirituality or religion – 35% of participants said they were satisfied or very satisfied with their spirituality or religion at baseline, and this number had grown to 43% at exit

The majority of participants also gave a positive rating of their experience with AOD services, including satisfaction with services received, feeling better able to deal with the issues they sought help for, and their intention to use the service again, if needed. Open-ended feedback provides insights on the impact that AOD services have had in their life.

"I feel that I now have the tools to cope better with challenging situations, furthermore, I am thinking clearer. I have a more positive outlook on life."

Male, 26-35 years old, Queensland

"My mental health, my spiritual health, my physical health, my connection with other people have all improved greatly."

Female, 36-45 years old, Queensland

The national AOD OM pilot demonstrates that the selected outcomes and indicators were appropriate and able to provide evidence of the stream's impact. The services are now moving towards national implementation of OM as part of their BAU.

Case study — AOD

James* is a 44-year-old man who admitted himself to a Salvation Army residential treatment program for alcohol and occasional marijuana use. He was experiencing mental distress and suicidal ideation following the deaths of his mother and one of his sisters. He reported struggling to deal with life and trying to numb everything by drinking and sleeping. He was unemployed and living in a bed and breakfast, but that living situation had deteriorated due to his increased drinking.

James' support worker helped him attend medical appointments, counselling sessions and explore housing options. Although he was sometimes reluctant to attend group and one-on-one sessions, James learned about mindfulness and grounding techniques to support his mental health and past trauma. The worker also organised a weekly swim and coffee where they could conduct work in a more normal and relaxed environment. Over the course of treatment, James reconnected with his living sister and began to repair their relationship. His worker also referred him for a No Interest Loan Scheme (NILS) to pay for a removalist and new car battery.

During treatment, James experienced panic attacks and recurring nightmares related to past trauma and PTSD. While he wanted to seek medication for these episodes, the case worker helped James learn about other mindfulness techniques. James began to talk about plans for the future and pursuing a career as a tutor.

James reported that the program was a great learning curve and an eye opener. He spent time reflecting on his life and struggles and was able to use the observations of others within the centre to inform his own development. On exit, James no longer felt the need to drink to numb his feelings and was using some of the many different techniques he learnt at the centre. He reported that he has gained great insight into why he should not give up and has found a new lease on life. James moved into his new home and began an aftercare program.

According to his outcomes measurement results, James achieved successful clinical outcomes in reducing his alcohol consumption and improving his physical health. His overall Substance Use Recovery scores also increased from 27 to 52, suggesting recovery from alcohol and drug dependence.

* Name changed to protect privacy

Appendix A.2: Doorways emergency relief Outcomes measurement FY2021-22

Doorways emergency relief assistance supports people and families experiencing financial crisis with material and financial assistance and referrals to local support services that address their underlying cause of crisis. The annual national emergency relief Outcomes measurement project provides valuable insights on how emergency relief has helped individuals and families, referral pathways, and the quality of services provided to Australian communities.

In the FY2021-22, a total of 107,249 people accessed Doorways emergency relief services. Outcome survey was offered via SMS between 15 December 2021 and 25 July 2022 to randomly selected 7,690 people who received emergency relief assistance across ten waves of distribution. 1,140 emergency relief recipients (15% response rate) completed the survey across all states and territories.

The most reported outcomes were the ability to provide food for participants and their families (95%), followed by managing debts (41%), paying utilities (40%), transport cost (38%), medical expenses (32%), family costs like baby products, childcare, school uniforms or school fees (28%) and rent or mortgage (27%). Over a third of participants (35%) reported that emergency relief assistance helped them maintain their utilities or phone connection and about one in four (26%) reported that the assistance has helped to avoid eviction. No differences in outcomes were found between First Nations and non-First Nations people.

Most participants also reported the assistance helped improve their wellbeing and resilience.

Assistance had the following impact:



Reduce stress and anxiety (91%)



Feel more hopeful about the future (87%)



Feel more satisfied with your life as a whole (86%)



Bounce back quickly after hard times (85%)

The majority of participants that received referrals to other services reported that these services were appropriate to their situation, and over half of these participants had connected to the referral services.

For participants that had not connected to the referral services, 41% indicated that they plan to in the future and 46% indicated barriers to accessing these services, such as health conditions, unsure how to connect, no access to transportation, or lack of money.

Participants reported a high level of service satisfaction, both on the phone and at the centre – They felt welcome, respected, and understood. We also piloted the use of Net Promoter Score (NPS) that we have adapted for social services. The NPS score was ‘excellent’, with 70% of participants identified as promoters (score 9 to 10 on a 0 to 10 scale). The thematic analysis of open-ended responses showed why most participants scoring highly on NPS score – the unconditional positive regard from staff (e.g., felt heard, loved, understood; safe, warm, welcoming, and non-judgemental) and trust in organisation (reliable, provided helped when needed) were shared as key reasons of high service satisfaction levels and inclination to recommend The Salvation Army Doorways emergency relief services to other people in need of financial and material assistance.

“Extremely caring, very welcoming, and best of all, they did not judge my current situation. Thank you kindly. A credit to human nature, at its very best.”

Male, 52 years old

“I honestly believe without the help of the Salvos, my partner, my 1-year-old son and myself would not have been able to get through the hard times as far as the cost of living is concerned, mainly buying food and having petrol in the car.”

Female, 39 years old

Case study – Doorways emergency relief

Audrey* is a single mum who is raising her son in the suburbs of Adelaide. Like most parents, she has always wanted to give her son the best possible start to life, but making this dream a reality has always been extraordinarily difficult. When Audrey was younger, she was diagnosed with a psychiatric condition that has since prevented her from gaining paid employment despite always wanting to work to provide for her family. For many years now, she has had to rely on the Disability Support Pension to make ends meet, but with the ever-rising cost of living, she has found it increasingly tough to cover even the most basic living expenses, like housing, utility bills, food, and clothing. Even more troubling, her limited financial situation has often prevented her from seeking essential medical treatment when needed.

Understandably, Audrey says that beyond looking after her and her son's health, one of the greatest challenges of the past 12 months has been managing her family's financial hardship. But this has been rather difficult to do as she is always left with very little disposable income after paying for housing costs and, like many other Australians on government support payments, she is currently living below the poverty line. Because of this, Audrey is often not able to afford many of the things that are essential for a decent standard of living, such as a washing machine, furniture in a reasonable condition, a personal computer or laptop, or a motor vehicle. She also cannot afford many of the things that contribute positively to wellbeing, like getting together with friends or family to share a weekly meal or going on an annual family holiday. When faced with a shortage of money, Audrey has had to ask for financial help from friends or family, pawn or sell things she owns, and ask for assistance from welfare or community organisations.

In April 2022, Audrey called The Salvation Army's Doorways emergency relief service on the phone to ask for some assistance as she had recently experienced a temporary increase in her basic living expenses. To assist with this immediate financial crisis, the emergency relief worker was able to provide Audrey with a Foodbank voucher, which she collected from her local Salvation Army centre and then redeemed at her nearest Food Hub on groceries and free vegetables, fruit, and bread. Audrey said the Salvation Army workers on the phone and at the centre made her feel welcomed, respected, and understood her issues, and she was very satisfied with the service she received. Moreover, when she spoke to the Salvation Army, she was also suggested some additional financial and mental health support services to help with her situation. She said these recommendations were both appropriate and relevant and she has since connected with these additional services.

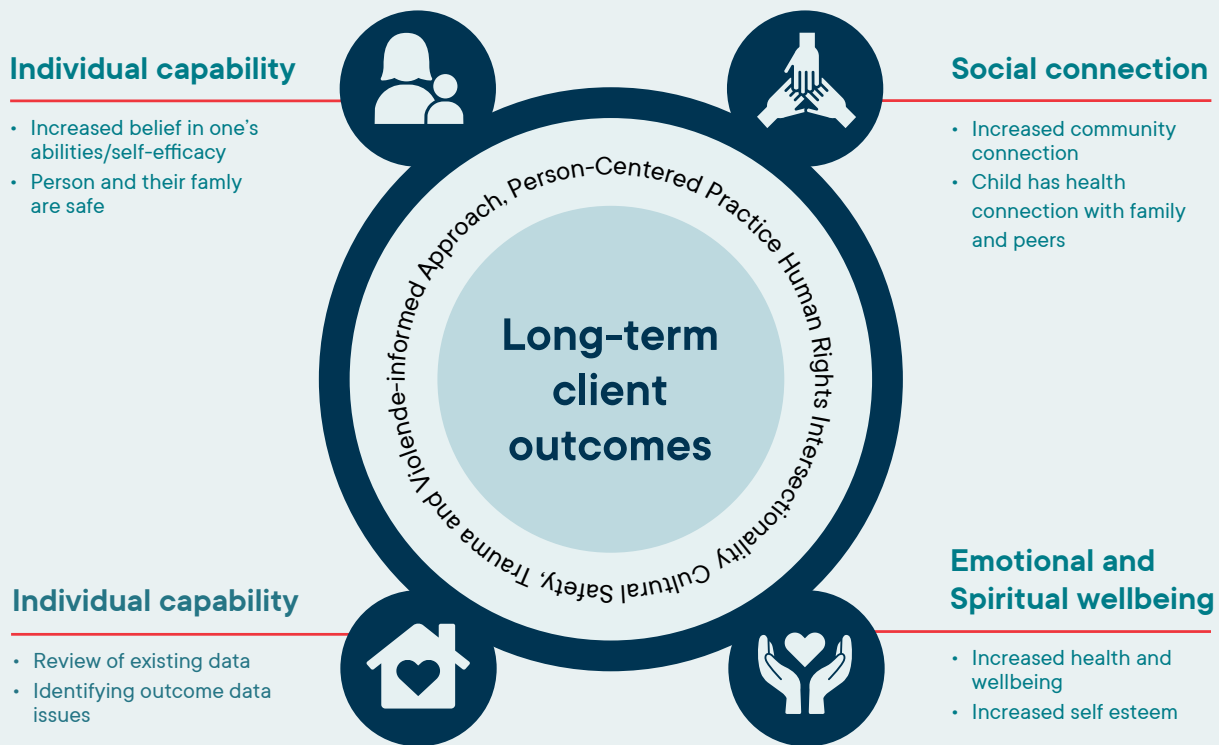
When asked to reflect on the impact of the emergency relief assistance on her life, Audrey said it helped her to provide food for her and her son and it significantly reduced her stress and anxiety and made her feel a lot more hopeful about the future. She said she is extremely thankful for the Salvation Army and is extremely likely to recommend our work to someone who needs a similar service.

“So thankful for God, His amazing grace, constant unending mercy and unconditional never ending infinite love! The Salvation Army is a fantastic, effective, and generous ministry and a real-life example of God's heart and intention.”

* Name changed to protect privacy

Appendix A.3: Family Violence pilot Outcomes measurement

The Salvation Army developed and piloted the national OM framework for its Family Violence (FV) stream. The Framework was developed by the research team in consultation with the FV leadership team and staff, and six victim-survivors and advocates. The framework was also informed by the latest literature, FV model of care and funders outcomes reporting requirements. The resulting framework was designed to measure the impact services have on victim-survivors' lives, using a trauma-informed, client-focused, and culturally safe approach. Figure 2 below illustrates priority outcomes for national FV services.



The OM tool consists of two parts:

1. Two internationally-recognized outcome indicators:
 - The Personal Wellbeing index (PWI), a validated tool quantifying overall wellbeing
 - The Measure of Victim Empowerment Related to Safety (MOVERS) tool developed specifically for FV victim-survivors, which has been used throughout the United States and Europe
 - These indicators are designed to be used by case workers with clients at intake and exit (review survey is available for longer cases)
2. A set of service evaluation questions are offered at exit, but clients can offer their feedback at any time anonymously via online survey or directly to centre workers

Notes:

International Wellbeing Group (2013). Personal Wellbeing Index: 5th Edition. Melbourne: Australian Centre on Quality of Life, Deakin University <http://www.acqol.com.au/instruments#measures>

Goodman, L. A., Cattaneo, L. B., Thomas, K., Woulfe, J., Chong, S. K., & Smyth, K. F. (2015). Advancing domestic violence program evaluation: Development and validation of the Measure of Victim Empowerment Related to Safety (MOVERS). *Psychology of Violence*, 5(4), 355–366. <https://doi.org/10.1037/a0038318>

The OM tool above was trialled in five national FV service centres between late 2021 and early 2023. In total, 108 clients (24%) participated in the pilot, including 22 participants who completed matched surveys (i.e., completed a baseline and an exit survey).

Notable positive improvement in average group PWI scores were observed between baseline and exit when comparing matched survey results and when comparing scores of all participants who completed a baseline survey and all participants who completed an exit survey (i.e., unmatched results).

Some positive progress in average group scores was also noted in the MOVERS matched survey results between baseline and exit, particularly in the internal self-efficacy score. Participants who completed more than half or all their case goals showed greater improvement in PWI and/or MOVERS scores.

Participants who were engaged longer with services also showed greater improvement with MOVERS scores. All participants agreed that the service was inclusive, and most participants reported positive experiences with staff and services.

To date, client feedback has been positive. Client response to question – What was the greatest positive change that happened for you while being supported by this service?

'I was helped to get on the department of housing list to find a house. I was moved into a transitional house, so I was able to get my daughter back in my care. I have made lifelong friends. I was helped getting a course and into TAFE.'

Client response to question about FV services – 'In what ways could this service improve to provide a better service in the future?

'I couldn't possibly suggest anything. Everyone has been amazing, and the services were great.'

Feedback about the tool found that whilst PWI was found to be simple and easy to use by workers and clients, the MOVERS tool presented limitations due to long questions, limited translations (Spanish only), some questions not being action-orientated, and less clarity on case planning utility. This suggests that whilst the chosen OM measures have met the technical criteria of measurement and were able to capture progress of desirable outcomes, MOVERS may not be the most appropriate measure for national FV service. Thus, finding a new measure is required to better meets the unique situation of FV services and clients, particularly at intake.

Therefore, the research team conducted further literature review and identified several new OM tools that have been tested or validated within Australian family violence services. In particular, the research team identified a tool, the Life Matrix, that was developed by Zonta House (FV specialists services, Western Australia) and validated by the CSI (University of Western Australia). The Life Matrix has the potential to meet the technical requirements, as well as solve issues identified in the national FV service OM pilot. In the next stage of FV OM, The Salvation Army is partnering with the Centre for Social Impact and Zonta House to leverage on their success in developing and validating Life Matrix and other indicators for FV services.

Case study – Family violence

Sophia* has been a victim of AOD-related FV her whole life. Due to intergenerational disadvantage, her son, **Aaron***, has also become a victim. They escaped to an emergency accommodation facility after household violence escalated and Sophia fell pregnant. Sophia and Aaron were settled into a Salvos refuge and provided with immediate assistance – food vouchers, a phone, clothes, emotional support, and assistance booking medical and child advocacy appointments. With case worker help, Sophia was able to complete lengthy administration tasks and attend appointments, which were made arduous by the lack of personal identification documents and previous financial abuse. The support enabled her to navigate Centerlink issues, court requirements, and a birthing plan.

Case workers also arranged safety measures, baby clothes and nappies, a ‘buddy bag’ for Aaron filled with toys and school supplies and access to fun family events. Sophia’s application for Salvos transitional housing was completed and fast-tracked, and furniture and kitchenware were arranged. She settled into her unit within days of going into labour. The changes she experienced during her stay in the refuge saw improvements in all areas of wellbeing, notably questions about how satisfied she felt with her future security, spirituality, what she was achieving in life, and feeling part of community.

* Names changed to protect privacy

Appendix A.4: Moneycare outcomes measurement FY2021-22

In FY2021-22, Moneycare supported 12,648 individuals through 52,000 financial counselling sessions. Amongst cases closed in this financial year, 49% participated in Moneycare OM resulting in 2,972 matched sample (i.e., those completed both baseline and exit outcome questionnaire).

Most individuals presented to Moneycare for financial reasons (95%), including half (51%) that presented with debt-related issues. Other common presenting issues were money management (26%), health (23%), employment (21%), and financial hardship or unexpected expense (16%). 1 in 14 (7%) were impacted by accommodation issues and 1 in 20 (5%) were affected by family violence.

The Moneycare OM results demonstrated statistically significant improvements for all outcomes. After engagement with Moneycare, the proportion of participants facing difficulty with:



Economic resources reduced by 33 percentage points (pp), from 81% at intake to 48% at exit



Financial knowledge and behaviours reduced by 16 pp, from 20% at intake to 4% at exit



Social capital reduced by 30 pp, from 62% at intake to 37% at exit

Additionally, Moneycare OM analysis also found that:



The proportion of respondents with possible serious mental health issues were reduced by 17 pp (from 30% at intake to 13% at exit)



The proportion of respondents with 'below normative' wellbeing scores (PWI scores below 50) reduced from 39% at intake to 22% at exit

The Moneycare OM service feedback from 3,844 clients also found that almost all respondents (99.6%) had an overall positive review of Moneycare service, and most clients were able to manage their situation better (88%) and had their financial situation improve (77%) because of Moneycare.

These findings demonstrate the effectiveness of Moneycare financial counselling in supporting people experiencing financial hardship, and Moneycare's contribution towards increasing their financial resilience, reducing psychological distress, and improving holistic wellbeing. For more information, please see report summary and full report.

Case study – Moneycare

At age 65, **Nellie*** found herself without a home. Four years earlier, suffering from depression and anxiety, she took a redundancy package from her full-time employer thinking the money would stretch until she was eligible for the age pension. But the money was quickly spent. She became reliant on three credit cards, compromising her lifestyle and rental property to limit her debts.

By early 2023, Nellie was living out of her car, staying with friends and family, and had a debt of over \$30,000. That's when she approached Moneycare. Requesting assistance filing for bankruptcy, she soon learned it was not her only option. Moneycare was able to arrange one full and two partial credit card debt waivers. Nellie felt instant relief. The outcome left her with repayments that were affordable and a sense of responsibility for her debts. She now has a fixed address and is getting her life back on track.

"Thank you so very much for all you have done to help me during this painful time of financial stress ... The results you have achieved over my dire circumstances are just outstanding ... I so appreciated your professionalism and expertise on top of your respectful non-judgemental attitude. You clearly bring 'client service excellence' ... It really has been all to marvellous for words."

*Name changed to protect privacy

Appendix A.5: Homelessness outcomes measurement – Lived experience consultation

The main purpose of these consultations is to learn from those with lived experience of homelessness to understand their views on the changes individuals and their families hope to achieve when accessing homelessness services, and their service expectations. Across 22 consultations, 55 community members who were currently experiencing or had experienced homelessness and had utilised homelessness services in Australia participated in semi-structured focus groups (45% of the consultations) or individual interviews (55%). To ensure consistent yet comprehensive data on client and service outcomes, each consultation adopted a standardised structure that included predefined guiding topics and questions, including:

- Outcome identification – “What changes do you think a person could see in their own life or situation after getting support from homelessness services?”
- Outcome definition – “What does [the outcome] look or feel like for you?”
- Outcome prioritisation – “How important do you think it is for homelessness services to support people [to achieve the outcome]? Can you explain why it’s important?”
- Barriers and facilitators – “What do you think gets in the way for people to [achieve the outcome], even with support?” What do you

think helps people to [achieve the outcome] when they get support?”

- Service expectations – “What do you think a good service or support should be like? Can you tell me why you think it should be like that?”

Participant ages ranged from 21 to 68 years, with an average age of 45 years. Among the participants, 59% identified as female, while 41% identified as male. Nearly one third of the participants (31%) had an Aboriginal and/or Torres Strait Islander cultural background. Participants were currently residing in every state or territory where The Salvation Army provides homelessness services, including NSW (10% of the total sample), Queensland (16%), Victoria (6%), SA (12%), WA (14%), Tasmania (18%), and the NT (25%).

The participants included individuals with diverse experiences of homelessness at various stages of their journey – from those currently without a home to others who had now secured permanent housing and were advocating for others in similar situations. About 80% of participants experienced multiple periods of homelessness and 51% had experienced episodes of homelessness lasting six months or longer.

Client outcomes

Across every state and territory, community members identified four priority client outcomes. These included improvements in the following domains:

- Housing – Community members hope to secure and maintain a housing arrangement that is affordable, safe, stable, suitable, and of quality, i.e., housing arrangements that are within their financial means, ensure personal and physical safety, offer the security of tenure, meet their specific needs (e.g., close to services and public transport), and contain well-maintained living spaces that meet basic standards of comfort and cleanliness
- Safety – Community members hope to establish and maintain a sense of personal safety and security, including living in conditions where they are free from physical harm, abuse, or violence in any form
- Social connection – Community members hope to enhance their social connections, fostering a stronger sense of belonging and support through rebuilding existing relationships, forging new bonds with individuals and community, and developing peer networks with those in similar circumstances
- Mental health – Community members hope to improve their mental health and emotional wellbeing, aiming for reduced symptoms of depression and anxiety, and diminishing harmful substance use

In addition to these outcomes, community members also identified hopes for improvements in the following domains:

- Physical health – Community members hope to improve their overall physical health
- Empowerment – Community members hope to improve their self-efficacy and resilience, empowering them to navigate and thrive amid challenging circumstances
- Work, education, and training – Community members hope to access and maintain suitable paid work, education and/or vocational training
- Independence – Community members hope to improve their skills for independent living, mastering tasks like grocery shopping, cooking, and financial literacy
- Material resources – Community members hope to access essential material resources, including meals and clothing, as well as basic amenities, including showers, toilets, and storage facilities
- Connection to culture – Community members hope to strengthen their cultural connections, especially for First Nation members' connection to Country
- Financial resources – Community members hope to seek to access income and financial including government support payments, emergency relief, or No Interest Loan Schemes
- Legal – Community members hope to obtain essential identification documents crucial for accessing support services
- Spirituality – Community members hope to deepen their spirituality

Service outcomes

Across every state and territory, community members identified two broad priority service outcomes. These included service outcomes in the following domains and subdomains:

Person-centred care:

- Individuality – Community members hope that services prioritise and address their unique needs, ensuring personalised and adaptable support
- Choice – Community members hope to exercise choice and agency within the service
- Voice – Community members hope to feel heard and valued within the service
- Respect – Community members hope to be treated with respect, dignity, without judgment, and with unconditional positive regard at all times

- Empowerment – Community members hope services empower them with the knowledge they need to make informed decisions and actions aimed at improving their situation
- Collaboration – Community members hope to be actively engaged in the planning of their care
- Holistic – Community members hope that services consider the whole person, addressing their housing, material, psychological, and interpersonal needs

Inclusive:

- Diversity – Community members hope that services are inclusive, safe, and appropriate for community members from diverse cultures, languages, religions, abilities, dietary requirements, and sexuality and gender identities and expressions
- First Nations communities – Services are culturally inclusive, safe, and appropriate for Aboriginal and/or Torres Strait Islander community members
- Families – Services are inclusive, safe, and appropriate for families with children
- Pets – Services are accommodating of community members with pets

In addition to these outcomes, community members also identified hopes for service delivery in the following domains:

- Safe – Community members hope that services delivered in a safe and secure environment that fosters a sense of safety for all
- Referral pathways – Community members hope that services provide them with appropriate and individualised referrals to other services and programs that cater to their specific needs and circumstances
- Positive relationship with service – Community members hope to develop a positive and trusting bond with staff and the service
- Consistent care – Community members hope that services provide consistent and ongoing support when needed and aim to limit the number of times they have to retell their story

Appendix A.6: Youth pilot outcomes measurement

The Salvation Army Youth services offer an integrated suite of targeted programs engaging with young people aged 12 to 25 years across Australia on their journey to independence. Support includes housing and homelessness, driver training, education, employment and training, social and community activities, specialist therapeutic responses and youth justice programs. The youth OM project aims to measure the changes experienced by young people as a result of accessing Salvos youth services. This project is a collaborative effort between the research team, youth services and the SAMIS department.

A national logic model was created to reflect the Youth national model of care and operations, and five key outcomes were prioritised for measurement — Housing; Employment, education and training; Relationships; Social inclusion and participation; Health and wellbeing.

A total of 520 young people were eligible to participate in the pilot, resulting in 147 (28%) participants, including 66 (12.7%) participants with matched baseline and endline data.

Analysis of the matched sample showed that statistically significant improvement was observed in all outcomes. Largest improvement was observed on the Employment, training and education (23%), housing (22%) and health and wellbeing outcome (16%). The outcomes data analysis also found that (n=66):



68% of young people had housing outcomes improve while 21% remained stable and 11% declined



60% of young people had relationship outcomes improve while 8% remained stable and 32% declined



64% of young people had health and wellbeing outcomes improve while 7% remained stable and 29% declined



59% of young people had employment, training and education outcomes improve while 10% remained stable and 31% declined



56% of young people had social inclusion and participation outcomes improve while 19% remained stable and 25% declined

During pilot, feedback sessions were conducted with frontline staff to capture what works and what could be improved with the youth OM framework. Staff also passed on feedback from young people about youth OM. This feedback has been incorporated to improve youth OM, and this project is now moving towards a national implementation to provide ways to capture the impact of youth services to young people.

Case study – Youth (Kalgoorlie-Boulder Youth Crisis Accommodation service)

Alan* grew up in Kalgoorlie after moving from overseas. After his mother passed away, he had a semi-regular relationship with his stepdad until he was kicked out of home. Alan had a long history of substance abuse which led to violence. Upon presenting to The Salvation Army youth services, Alan disclosed issues resulted from substance misuse and unhealthy relationships.

Kalgoorlie-Boulder Youth Crisis Accommodation service (KBYCA) provided Alan a safe and stable place to stay and supported him to achieve his personal goals by providing intensive case management support. Some key personal goals achieved included:

- Removing himself from his negative friendship group
- Help to abstain from drugs and alcohol completely
- Gaining and maintaining part-time employment
- Obtaining important ID documents such as Learners driver license, tax file number etc.

At the end of his six-months stay, an exit plan was developed collaboratively as Alan transitioned out of KBYCA. He has since successfully secured medium-term accommodation. Alan's improvement was captured in the Youth OM survey which includes the Personal Wellbeing Index. Early on in Alan's service engagement, he scored 35 points out of 100, by the time he was ready to leave, his score improved to 79 points. He also made positive progress to his employment check spacing education, relationships, and housing outcome indicators.

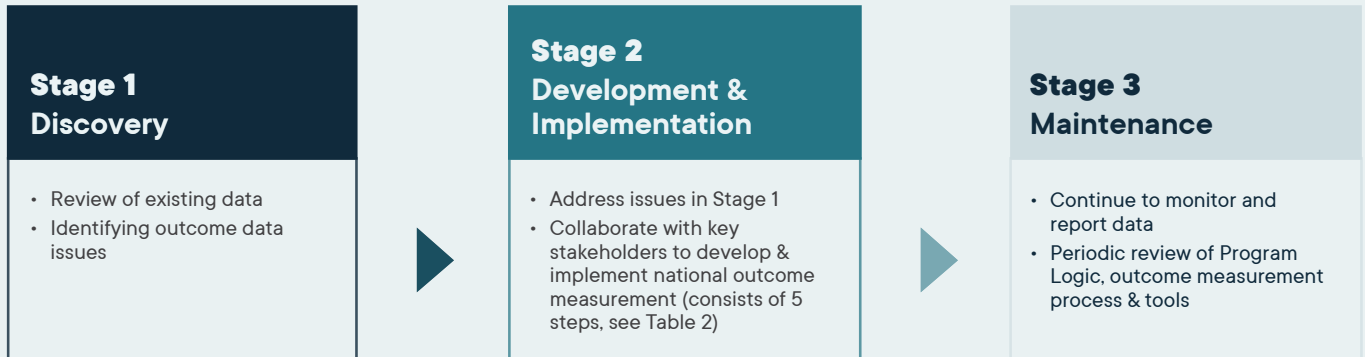
* Name changed to protect privacy

Appendix B: The Salvation Army outcome domains and definitions

Wellbeing & spirituality	<p>Wellbeing means in a state of being well, feeling satisfied and contented. Wellbeing and spirituality domain is multidimensional and holistic in nature, encapsulating many different aspects of life such as physical and mental health and wellbeing, spiritual wellbeing, life satisfaction, sense of meaning or purpose, happiness and flourishing in life.</p>
Individual capability	<p>Individual capability are personal attributes, attitudes, competency, and behaviours that help people to function reasonably well in life and act constructively when dealing with stressful events or hardships, which enable them to achieve or maintain greater independence and wellbeing for themselves and their family.</p> <p>This domain includes but not limited to:</p> <ul style="list-style-type: none">• Skills, knowledge, and competency• Coping strategies, resilience• Personal traits, attitudes, outlook in life and mindsets• Social functioning skills and life skills• Self-advocacy• Self-efficacy
Life circumstances	<p>Life circumstances are the circumstances and environments in which people live, which impact directly on their health and wellbeing and their ability to mitigate stressful events and hardships.</p> <p>These circumstances include:</p> <ul style="list-style-type: none">• Living conditions e.g., housing (affordability, quality, tenancy, overcrowding), locality• Economic resources e.g., ability to meet basic needs (food, housing, health, transportation etc), safety nets (e.g., basic insurance, savings for rainy days)• Income and employment e.g., secure employment, living wage• Education e.g., opportunities for learning, education status, school attendance, school engagement• Safety e.g., neighbourhood safety, family safety (e.g., in non-domestic violence relationship)• Transportation e.g., own private vehicles, access to public transport, travel time to work and to key services (e.g., health etc)
Social connectedness	<p>Social connectedness is the degree and quality of connections and interactions between a person with their significant others, family, friends, and their community, that contribute towards the person's wellbeing and enable them and the society to function effectively, including during times of hardships. Healthy social connections at individual and community levels provide people with emotional and material supports in times of need, and opportunity to share knowledge and information, in order to flourish in life and to reduce or rebuild from the negative impact of stressful events and hardships.</p> <p>This domain includes, but is not limited to, social supports, social networks, reciprocity, sense of belonging, social engagement and participation, social cohesion, social capital, and community resilience.</p>



Appendix C: Overview of Stronger Communities project stages and dependencies



Stage 1: Discovery

Stage 1 aims to discover the gaps and potential issues in developing and implementing a national outcome measurement process for each key stream. It was found that majority of key streams did not have a standardized national data or system that allowed for immediate development and implementation of outcome indicators and reporting system.

Stage 2: Development and pilot implementation

Stage 2 aims to:

- Address gaps and issues identified in Stage 1
- Develop and pilot standardized indicators and outcomes reporting system
- Integrate the national outcomes indicators into the client data collection system (SAMIS) that satisfy requirement of funding bodies and The Salvation Army

The steps taken under stage 2 are outlined in Figure 1 check page number and edit here if needed. Each key stream progress differently in stage 2 depending on the complexity of services, readiness for outcomes measurement and progress with their national data alignment.

Stage 3: Maintenance/BAU

Stage 3 (Maintenance) aims to finalise the integration of OM and reporting into BAU for key streams at a national level. Once a key stream progress to this stage, minimal changes are expected to the tools and the implementation

processes. Where possible, automatic SAMIS outcomes reports will be made available to frontline staff and managers, so they could access and use this information in timely manner for continuous improvement and to celebrate achievement with community members.

The research team will also conduct annual outcomes analysis and reporting for key areas, as well as reviewing the program logic and outcomes framework periodically. Outcomes from key streams will be summarised in the Collective Scorecard for each financial year. Stage 3 will also look at the possibility of standardising outcomes categorisation across key streams, where quantitative analysis will be applied to develop definition for meaningful positive, no change and negative outcomes.

During the transition to a national organisation in 2017, The Salvation Army commenced the pilot outcomes measurement project across 39 Moneycare centres in ACT, NSW, and Queensland. This pilot project was designed to test the overall outcomes measurement implementation strategy that has been embedded into Stage 2 of the Stronger Communities project.

The pilot involved a series of consultations with Moneycare frontline staff to develop a program logic, outcomes measurement indicators and tools. Being one of the first organisations to develop and implement a comprehensive outcomes measurement process, the pilot won the 2018 Changemaker SIMNA Award in recognition of its innovative and systematic efforts to measure impact. As Moneycare was one of the first program to pilot outcomes measurement, it is now has progressed

the furthest in the Stronger Communities journey, where outcomes are now collected as part of Moneycare BAU and reported to frontline team and key funding bodies regularly. Annual outcomes findings and recommendations have also been regularly presented and discussed in annual national Moneycare managers meeting for service improvements and for celebration of achievements.

Project dependencies

1. The outcomes measurement framework is developed based on the current service delivery model and funding reporting requirements for each key stream. Future changes on the model and/or reporting requirement may lead to revision of outcomes tools. On some occasions, the revised tools may need to be piloted before being embedded into BAU. Therefore, some parts of Stage 2 may need to be repeated on a smaller scale.
2. Project timeline is drafted based on SAMIS (The Salvation Army client database) team's availability to embed outcome tools and reports in SAMIS. Currently, most SAMIS team resources are dedicated to the development of a national database and the national data alignment project, which may delay some aspects of the Stronger Communities project.
3. Timeline is also drafted based on availability of the research team to deliver the project, where it is assumed that the number of staff dedicated to the project will be maintained until 2025.
4. Currently, some centres or services still utilise external client databases due to various reasons (e.g., contract requirement). The Salvation Army is working on transitioning these services into using SAMIS as their primary client database. It is important to note that the delay in this transition may impact the project timeline and stream readiness for implementing national outcomes measurement.
5. Any major changes to the service delivery model and management, as well as service accreditation, may also delay Stage 2 of the project. However, once the stream progress to Stage 3, it is expected that management changes and accreditation would have minimal effect to the outcomes measurement and reporting process.



Bibliography

de Vet, E., Rintala, J., Lensun, L., Loo, J., Taylor, E., and Susanto, J. (2023). The Salvation Army's National Family Violence Stream Outcomes measurement Pilot Report. The Salvation Army Australia.

de Vet, E., Tan, S., Loo, J., and Susanto, J. (2023) Moneycare Outcomes measurement Annual Report: July 2021 - June 2022. The Salvation Army Australia

Lee, Q., Loo, J. M. Y., & Susanto, J. (2023). Youth services outcome measurement report (Year 2022). The Salvation Army Australia.

Scott, E., Head, A. (2023) AOD services Outcomes measurement Pilot Report (FY2021-2022). The Salvation Army Australia.

Verrelli, S., Hendrickson, B., Taylor, E., & Susanto, J. (2023). National Homelessness Outcomes Measurement Project: Lived Experience Consultations. The Salvation Army Australia.

Xu, H., and Scott, E. (2022). Doorways Emergency Relief: National Outcomes measurement (FY2021/2022). The Salvation Army Australia.





Stronger Communities update, June 2023
Prepared by the Research and Outcomes measurement team