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# **PARTNERS FOR CHANGE OUTCOME MANAGEMENT SYSTEM**

Evaluation of PCOMS use in statutory  
social work

September 2019



**ORANGA  
TAMARIKI**  
Ministry for Children

# EVIDENCE CENTRE

## TE POKAPŪ TAUNAKITANGA

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The Oranga Tamariki Evidence Centre works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand's children, young people and their whānau.

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# EXECUTIVE SUMMARY

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*The Partners for Change Outcome Management System* (PCOMS) is a behavioural health outcomes management system that was designed for counselling and other therapeutic services. PCOMS uses two brief, 4-item scales which clients complete at the beginning and end of each session before discussing them.

The Oranga Tamariki four site trial evaluation focused on the feasibility and effectiveness of using PCOMS in statutory social work with children and families/whānau in New Zealand. In particular, the evaluation addressed the following seven agreed Key Evaluation Questions:

1. What, in practice, is working more or less well with PCOMS, and why?
2. What supportive factors and obstacles have been encountered during implementation?
3. Is PCOMS appropriate for use with Māori?
4. What is the evidence that Oranga Tamariki short and medium term PCOMS outcomes are likely to be realised?
5. Has the PCOMS trial produced unintended outcomes (positive or negative)?
6. How might the implementation of any second and larger trial be refined or improved?
7. To what extent is the use of PCOMS within statutory social work in Aotearoa New Zealand: (a) desirable (worth doing), (b) feasible (possible) and (c) usable (practical), and why?

The evaluation was conducted over the period 14 May to 14 December 2018. As well as undertaking face-to-face interviews with 15 staff from across the four participating sites (and one regional manager), the evaluation incorporated: a literature scan; a review of Oranga Tamariki PCOMS documentation; findings from an Oranga Tamariki PCOMS survey; and Oranga Tamariki administrative data held on the Better Outcomes Now (the developer's) website.

The evaluation's overall summary findings were that:

1. Despite training and support from National Office, almost all interviewed social workers participating in the trial reported struggling with PCOMS. For most, any early post-training enthusiasm soon waned and they reported not liking using it.
2. PCOMS usage by client volumes appeared to be well below expected levels and with possibly one exception, no-one on the trial consistently and fully used PCOMS as an engagement and measurement and feedback tool as intended. At the time of the evaluation interviews most had stopped using PCOMS altogether. PCOMS was not fully implemented as planned.
3. For intake and assessment social workers in particular, PCOMS was deemed by them to be inappropriate for use with parents; in part this was because they were focused on the immediate safety of the child. Effecting change with parents was thought a separate professional role.

4. However some staff did, to varying degrees, find PCOMS valuable as an engagement tool with children and young people, and a reasonably large proportion of young people who had used the tool were reported to have liked it.
5. The trial generated little evidence to suggest that adopting PCOMS across Oranga Tamariki operations would meaningfully achieve any of the outcomes that some of the randomised-controlled trials have found in other settings. However, in relation to the Oranga Tamariki strategic objectives, there may still be value in using PCOMS as part of a broader practice development initiative on working directly with children and young people.

### **Evaluative judgement on PCOMS use**

The PCOMS trial was not fully implemented as planned. This limits any overall evaluative judgements on the future use of the tool by Oranga Tamariki.

On the one hand there has been insufficient implementation to be able to fully assess PCOMS appropriateness for use in the statutory social work sector in New Zealand. However, on the other hand, most social workers not liking or making much use of PCOMS is of itself an important finding. Despite many of the social workers reporting that they found some value in using PCOMS, most participating in the trial, for a range of reasons, were not as engaged with PCOMS as had been anticipated. In particular, intake and assessment social workers deemed that PCOMS was not appropriate for use in statutory social work in general, or for their role in particular, and so in some of their eyes PCOMS was never 'implementable' as planned anyway.

The statutory social work context (in Aotearoa New Zealand) is very different to those in which PCOMS conventionally operates and this evaluation has identified a range of significant challenges. This evaluation found that PCOMS worked best as an engagement and feedback tool with young people, and suggests a continued focus on young people (and, initially at least, not child protection investigations), and on a non-compulsory basis, could still be worthwhile. However, the very essence of PCOMS is that it is systematically used across the board.

The trial evaluation also suggests that Oranga Tamariki would probably need to set more achievable and realistic PCOMS short and medium term outcomes (goals); in particular the prospect of PCOMS generating resource and cost savings seems unlikely. It remains an open question as to whether reduced benefits would outweigh the time and effort (and costs) involved, or whether it would be sufficient to be more client centred; able to evidence hearing the voice of the child, and able to demonstrate some positive change in the lives of children and young people individually and across teams, sites, and the country.

A more limited implementation of PCOMS within Oranga Tamariki with a focus on young people may be considered desirable and worth doing as it would demonstrate broad support for evidence-informed programmes and practices, value the experiences and views of its clients (and practitioners), and draw on this New Zealand-generated evidence about its applicability to this particular context.

With a second larger trial that addressed and tested some of the areas that did not go well in the first trial, as well as trying to overcome some of the obstacles, this evaluation evidence potentially suggests that implementing PCOMS is feasible. Better engagement with supervisors, practice leaders, and site managers would be crucial, along with focusing on building on success and developing practice.

While understood to be a relatively low cost and not particularly expensive as international social work interventions and programmes go, a fair amount of time and effort has been expended on the PCOMS trial. The evidence suggests implementing PCOMS in Oranga Tamariki could potentially be done, but precisely how much value PCOMS would deliver to Oranga Tamariki remains an unanswered question. At the very least, it is recommended that the organisation review the objectives that it had for PCOMS as a stand-alone initiative, and determine whether there are other means by which those objectives could be achieved.

What might be more desirable, feasible, and usable, would be to further trial PCOMS as part of a broader practice development initiative on working directly with children and young people, where use of PCOMS can be integrated with other practice initiatives that are also in development. Finally, based on these evaluation findings, we suggest exercising caution in considering any future PCOMS trial or implementation of PCOMS in this context.

# INTRODUCTION

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This report is an evaluation of the Oranga Tamariki four site trial of the Partners for Change Outcome Management System (PCOMS). Widely used overseas, PCOMS is reported to be a user-friendly tool that measures and improves client outcomes through the systematic use of client feedback. In the context of recent legislative changes the introduction of PCOMS was also seen as a potential means of contributing towards strengthening the 'voice of the child' and supporting more meaningful engagement to improve outcomes in all work with children and families/whānau across Oranga Tamariki.

The evaluation focuses on the feasibility and effectiveness of using PCOMS in statutory social work with children and families/whānau in Aotearoa New Zealand, and PCOMS implementation and early outcomes including PCOMS success at improving Oranga Tamariki client engagement and service delivery. In particular, the evaluation addressed the following seven agreed Key Evaluation Questions:

1. What, in practice, is working more or less well with PCOMS, and why?
2. What supportive factors and obstacles have been encountered during implementation?
3. Is PCOMS appropriate for use with Māori?
4. What is the evidence that Oranga Tamariki short-term and medium term PCOMS outcomes are likely to be realised?
5. Has the PCOMS trial produced unintended outcomes (positive or negative)?
6. How might the implementation of any second and larger trial be refined or improved?
7. To what extent is the use of PCOMS within statutory social work in Aotearoa New Zealand: (a) desirable (worth doing), (b) feasible (possible) and (c) usable (practical), and why?

Undertaken by Dr Iain Matheson (Matheson Associates Limited), the evaluation was carried out over the period 14 May to 14 December 2018; originally the evaluation was due for completion by 30 September 2018, but as some individuals had previously withdrawn from PCOMS, and take-up by others had generally been slower and more limited than anticipated, the evaluation timeframe was extended to allow sites more time to use and become familiar with the PCOMS tools.

In terms of the structure of the report, following a brief discussion on the background to the project and the methodology used, most of the report is devoted to discussing six of the Key Evaluation Questions in turn, before summarising those findings in addressing a seventh and overarching Key Evaluation Question on the extent to which the use of PCOMS within statutory social work in Aotearoa New Zealand is worth doing, possible, and practical.

# BACKGROUND

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## The Partners for Change Outcome Management System (PCOMS)

Co-developed by Dr Barry Duncan (now CEO of Better Outcomes Now) and Dr Scott Miller (2004), PCOMS is a behavioural health outcomes management system that was designed for counselling and other therapeutic services. The development of PCOMS was inspired by Michael J. Lambert's research on the use of consumer feedback during the therapeutic process.

*PCOMS embraces two known predictors of ultimate treatment outcome. Time and again, studies reveal that the majority of clients experience the majority of change in the first eight visits... Clients who report little or no progress early on will likely show no improvement over the entire course of therapy, or will end up on the drop-out list. Monitoring change provides a tangible way to identify those who are not responding so that a new course can be charted. A second robust predictor of change solidly demonstrated by a large body of studies, is that taken-for-granted old friend, the therapeutic alliance. Clients who highly rate their partnership with their therapists are more apt to remain in therapy and benefit from it. (Duncan & Sparks, p.58)*

In use across all 50 US States and twenty countries (Better Outcomes Now, n.d.), PCOMS uses two brief, 4-item scales. The Outcome Rating Scale (ORS) is designed to monitor therapeutic outcomes, and is given to the client at the beginning of each session (Miller & Duncan, 2004). The ORS focuses on what has happened for the client between sessions and provides an early warning system for clients at risk of a negative outcome. All social workers (including an FGC Co-ordinator) and managers participating in the trial are licensed as users of Better Outcomes Now (BON), which is the PCOMS web application.

The (graphed) results are to be discussed in a transparent manner in order to promote collaboration between client and 'therapist' (or counsellor, case manager or other) in planning the next step, and in particular when there has been no progress. The second form, the Session Rating Scale (SRS), monitors how the session has gone for the client, and is given at the end of each session (Bringhurst, Watson, Miller, & Duncan, 2006; Duncan et al., 2003; Miller & Duncan, 2004). The SRS is designed to measure the 'therapeutic alliance' given its importance in leading to positive treatment outcomes.

PCOMS is administered using either an iPad (with an automatic upload to the BON website) or a printed form (manual upload to the BON website). Several overseas studies have found that using PCOMS to measure and understand client progress and their alliance experience can support better engagement and service delivery (better treatment effects; better client retention and cost effectiveness); in one meta-analytic review the use of PCOMS resulted in a three and a half times more likelihood of achieving reliable change and half the likelihood of deterioration during treatment services (Lambert & Shimokawa, 2011).



Early use of PCOMS was largely in or with:

- Adults;
- Couples and individuals;
- Non-indigenous populations;
- Short-term treatment cycles;
- Voluntary cases;
- Structured contact – involving regular pre-scheduled office or telephone meetings;
- Therapists settings;
- Couple counselling and psychotherapy;
- Single agency use; and the
- United States.

In research undertaken with the involvement of the developers, the ORS demonstrates: moderate to high reliability (Bringhurst et al., 2006); moderate retest reliability (Bringhurst et al., 2006; Miller et al., 2003); and a moderate concurrent validity (Bringhurst et al., 2006).

Since the above, while there appears to have since been little specific use by statutory social work agencies, PCOMS has continued to develop and can now also be seen as being used in or with:

- Other countries and ethnicities (with ORS and STS available in multiple languages);
- Children (there is a version of the ORS for children aged 6-12 years) ;
- Family groups;
- Some statutory and court settings e.g. mental health, and addictions; and
- A wider range of professional backgrounds and organisations.

## Oranga Tamariki PCOMS trial

The Oranga Tamariki project plan summarises the planned trial as follows:

*We will test PCOMS in statutory services. What can we learn about using an evidence based tool that ensures that the voice of the client is privileged (children, young people and parents/caregivers) in our action with them. PCOMS ensures that attention is paid to the key predictors for good outcomes: engaging with children and young people and their families, obtaining their theory of change, including it in a plan, and soliciting real time ongoing feedback regarding whether this is of benefit or not. Children, young people and families are able to take back agency in their future, workers are empowered to facilitate that and the organisation benefits from data about effectiveness. PCOMS is consistent with the MVCOT cultural framework and practice framework... We will test PCOMS in statutory processes at intake assessment, FGC, c/yp in care, and in Youth Justice (Investing in Children Programme, 2017).*

Led out of the Office of the Chief Social Worker (OCSW) the Oranga Tamariki PCOMS trial ran until 31 October 2018 and included:

- a comprehensive project plan;
- detailed logic model;
- series of information and training events;
- briefings for Site Managers, Supervisors, and Practice Leaders;
- ongoing national and site support from New Zealand's only PCOMS accredited trainer and the OCSW (individual or site contact on a regular basis; support via email or phone call, and weekly teleconference/videoconference were also offered); and
- consultation with and some direct training input from the PCOMS co-developer Dr Barry Duncan.

Sites and individual social workers determined which children (aged 10 or over), young people, and families/whānau were to trial the use of PCOMS. At the time of the evaluation, PCOMS was being trialled by 22 social workers, senior practitioners, supervisors, practice leaders and site managers (and excluding its more recent use in Taranaki/Whanganui) in:

- Manurewa;
- Waitakere;
- Dunedin; and
- Central Otago.

It is important to recognise that Oranga Tamariki has embarked upon the most significant legislative, policy and practice changes in statutory social work since the enactment of the Children, Young Persons and Their Families Act 1989. The PCOMS trial ran at a time when the culture of the new organisation, and associated expectations of staff, was fast evolving.

# METHODOLOGY

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## Evaluation design

The evaluation used a mixed methods sequential explanatory design. As understanding the experiences of trial participants was always going to be central to the evaluation, qualitative data was the priority; the quantitative and qualitative analysis and findings were integrated during the interpretation stage.

## Data collection and analysis methods

### Literature scan

A literature scan, including books, journal articles, websites and grey literature, was undertaken. In addition to *On Becoming a Better Therapist: Evidence-based Practice One Client at a Time*, by Barry Duncan (2014), and the material on the [www.betteroutcomesnow.com](http://www.betteroutcomesnow.com) website, other key texts included:

- PCOMS Document (SAMHSA, 2017);
- Report (Partnering for Outcomes Foundation Aotearoa, n.d.);
- Report (Connect+Co, 2016) (unpublished version of above with appendices); and
- Various book chapters and articles (for example, Anker, Duncan, & Sparks, 2009; Bohanske & Franczak, 2010; Bringhurst et al., 2006; Cooper, 2013; Duncan et al., 2003, 2006; Duncan & Sparks, 2016; Lambert & Shimokawa, 2011; Low, 2012; Manthei, 2015; Miller & Duncan, 2004; Miller et al., 2003; Reece, Norsworthy, & Rowlands, 2009; She et al., 2018).

Based on recommendations by Superu the scan also reviewed evidence based and systematic review websites relevant to statutory social work. These included:

- Campbell Collaboration;
- Cochrane Library;
- California Evidence Based Clearing House for Child Welfare;
- Crime Solutions;
- Office of Juvenile Justice and Delinquency Prevention;
- Blueprints; and
- Investing in Children Programme materials.

## Documentation

The evaluation also reviewed the following Oranga Tamariki documents:

- Oranga Tamariki PCOMS Pilot Plan July 2017 (11 August 2017, v.1\_2\_1);
- Oranga Tamariki PCOMS Logic Model (10 October 2017, v.3);
- Oranga Tamariki PCOMS 2-pager guidance (7 February 2018);
- Oranga Tamariki PCOMS PowerPoint presentation for Managers and Practice Leaders (undated);
- Oranga Tamariki PCOMS Training day PowerPoint presentation (19 Feb 2018, modified version);
- Oranga Tamariki PCOMS 23 May 2018 workshop presentation slides from Barry Duncan; and
- Oranga Tamariki Core Practice Standards (undated).

## Survey

The PCOMS online survey of Oranga Tamariki staff attending PCOMS training (n = 52), was designed by the Oranga Tamariki Evidence Centre, and administered before the commencement of the evaluation. The survey was run twice, (November 2017, and April/June 2018) and achieved a response rate of 42% (noting that some of those who had attended the training were no longer using PCOMS and so on that basis may have chosen not to respond). Material was provided for the evaluation in the form of Survey Monkey output presentational data, as well as a consolidated Excel spreadsheet. Analysis was limited to presentational graphics.

## Administrative data

For Oranga Tamariki PCOMS administrative data, access was provided to the PCOMS BON website. BON does not allow for raw data to be downloaded and externally analysed, and so the use of descriptive statistics was not practical. Outcomes Rating Scale (ORS) summary report screens in relation to each client, social worker, team, or Oranga Tamariki overall, were available.

## Interviews

Face-to-face semi-structured interviews were held with 15 Oranga Tamariki social workers, supervisors and managers from across all four sites. In association with Oranga Tamariki, individuals were selected on the basis that they were best placed to help the evaluators address the key evaluation questions. Therefore, those who had made little use of PCOMS (or had stopped using it altogether) were under-represented.

The Oranga Tamariki Evidence Centre undertook an ethics review of the developed Participant Information Sheet and consent form. The consent form ensured that it was clear that the participation of social workers in the evaluation was entirely voluntary, and that what they said in their interviews would be treated confidentially, and any information that might individually identify them would not be included in the report without their agreement. They were also told that it could be possible for an informed person to deduce who had said a particular thing.

Oranga Tamariki also approved the developed interview guide. When approached, all 15 prospective participants agreed to take part and all made themselves available for interview on their respective agreed date and time. All interviewees signed a consent form.

## Evaluation limitations

Some of the limitations identified in relation to this study are listed as follows:

1. This was a small-scale evaluation, which limits somewhat the ability to generalise.
2. The questionnaire includes some responses from Tauranga social workers; The Tauranga site subsequently ceased their involvement with the PCOMS trial. This reduced the overall sample size.
3. Several of the social workers appear to have had little experience of actually using PCOMS at the time that they were surveyed, and this may have impacted upon their responses.
4. While a large proportion of the social workers who were involved in the PCOMS trial were interviewed as part of the evaluation, as with all qualitative interviews the experiences and views of those interviewed are not necessarily representative of all others.

# 1: WHAT IS WORKING WELL?

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*What, in practice, is working more or less well with PCOMS, and why (KEQ1)?*

## Oranga Tamariki evaluation data collection and analysis

### Documentation

#### *Working well*

- The comprehensive logic model demonstrates that Oranga Tamariki had a clear understanding of how PCOMS was meant to work in a statutory social work context (logic model); and
- Used by social workers across a range of specialist teams in different parts of the country including one or more:
  - Care and protection social worker (intake & assessment);
  - Care and protection social worker (care);
  - Care and protection social worker (youth);
  - Caregiver liaison social worker;
  - FGC Co-ordinator; and
  - Youth justice social worker.

#### *Working less well*

- High level of attrition amongst social workers including all in Midlands, most in Dunedin, and some in Waitakere (survey distribution list);
- Original target was as high as 400 cases to use PCOMS with 15-20 users using PCOMS for every second case (project plan);
- Some aspects of the overall pilot (trial)/scaling plan (Investing in Children Programme, p. 7) appear not to have happened, or were less developed than perhaps was required. For example:
  - “supervisors being given the opportunity to opt-in”;
  - “the co-design process to select clients for each participant in Care and Protection and Youth Justice”;
  - “staff participants access ongoing peer and supervisor support at site for case management and for PCOMS particularly, links and face to face weekly/as required”; and
  - “qualitative inquiry for staff comparing using PCOMS vs not using for new cases” or in other words, practitioners using research to enhance their learning about their practice and PCOMS.

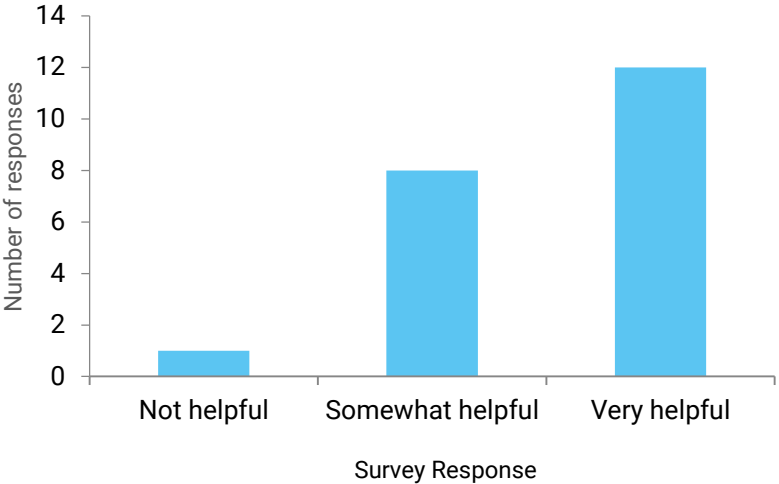
- “Regarding the data, it is of course incomplete. Very little data are there. Half of the open cases have only 1 meeting and another fourth are invalid scores” (personal correspondence from Dr Barry Duncan, PCOMS co-developer, 2nd September 2018).

Survey

Working well

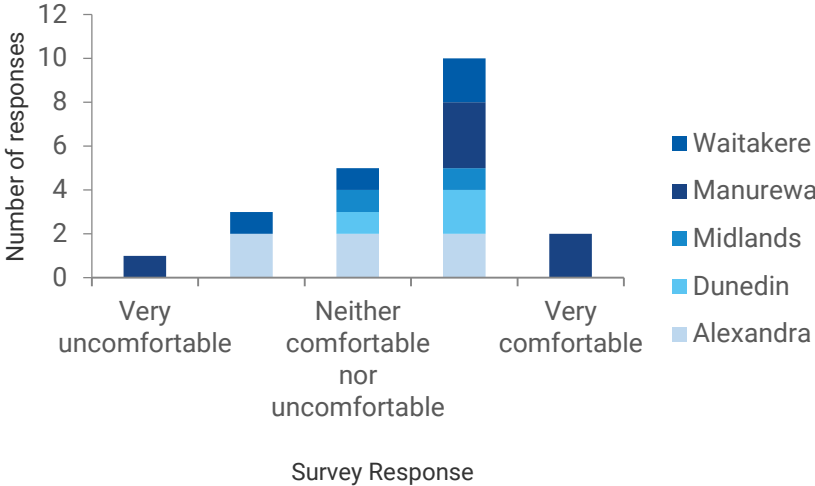
- Positive response to the PCOMS training and information from the 22 survey respondents (see Figure 1). The majority of those responding to the online survey reported that they found the session ‘very helpful’ and with only one respondent stating that it was ‘not helpful’.

Figure 1: How helpful was the PCOMS information and training session?



- Figure 2 shows that a slight majority of survey respondents stated that they felt either ‘comfortable’ or (to a lesser extent) ‘very comfortable’ using the PCOMS tool with Oranga Tamariki clients.

Figure 2: Do you feel comfortable using the PCOMS tool with Oranga Tamariki clients?



## Administrative data

### *Working well*

- 22 practitioners and managers currently feature on the BON website.
- For cases with 2 or more meetings, there has been an increase of 7.6 points from a first meeting average of 24.8 (out of 40) to a last meeting average of 32.4 (BON website); these changes are described on the BON website as indicating substantial 'clinically significant change'.

### *Working less well*

- Only 80 of the 400 hoped for cases were uploaded onto the BON website. Furthermore, while PCOMS may have been used entirely appropriately to gain client feedback during initial sessions, for many of these uploaded cases no second or subsequent session appears on BON (and in a few cases no initial session either). In terms of BON's national Oranga Tamariki statistical reporting, only 14 cases are included (as well as excluding cases where no second (or first) session is recorded, cases with a score of 32 or over are also excluded as these self-assessments are deemed to be unreliable).
- A sample of Session Outcome Scale (SRS) scores were reviewed; most were 9 or 10 (out of 10) suggesting that the social workers were deemed to be excellent, clients did not feel able to be truthful, and/or clients did not fully understand what was being asked of them.
- Little new information has appeared on the BON website since June.

## Interviews

### *Working well*

- Office of the Chief Social Worker project management implementation, training and information sessions, and ongoing on-site and email support (providing information and answering questions), largely welcomed across sites; use of modelling and accompanying social workers on home visits in Central Otago was particularly welcomed.
- One team had administrative support on getting the data uploaded onto the BON website; staff found this very helpful; graph print-outs were easily produced for social workers.
- All interviewees had used PCOMS, and most were able to cite some examples of where use of PCOMS had provided at least some value.
- Most interviewees, and in particular those whose roles involved a lot of direct work with children and young people such as care, youth (care and protection) and youth justice social workers reported that they had had some success in their use of PCOMS.
- Most children and young people were reported to have responded positively to the tools, and the Outcome Rating Scale (ORS) in particular as an engagement tool. For one social worker PCOMS was a tool that could "actually be used with young people, and they like measuring it up, and they can actually visually mark it...I reckon that this is a good tool for [planned sessions with] teenagers". However, use with young people with intellectual disabilities could be challenging.



- Some users have been quite creative in how and who they use the instruments with (see section 5 for some examples), although there could sometimes be a trade-off between the use of context-specific or more tailored questions, and the use of PCOMS as an objective measurement tool of progress over time.

### *Working less well*

- There were some differences reported in the amount and nature of training that social workers received; in particular some reported that for various reasons they received two hours rather than the full day training course.
- The trial has experienced a high attrition rate (including the whole Tauranga team and most of those in Dunedin) which can impact upon those continuing its use.
- Intake and assessment social workers reported that they were very reluctant to use PCOMS during child protection investigation visits (or uplifting children) as they deemed it highly inappropriate, and insensitive. Given the heightened state of stress of most clients in such circumstances, they also considered use of PCOMS to be impractical in and would offer little or no value as clients would: not be able to 'think straight', be suspicious about how such information might be used against them, and/or would just tell the social worker what they thought they wanted to hear. Most intake and assessment social workers either felt pressurised to use it in such circumstances and did so very reluctantly, or just did not do so.
- Intake and assessment social workers also reported that many of their visits to families were one-off visits in which child abuse was not substantiated and there was no further contact. One intake and assessment social worker who had made comparatively significant use of PCOMS and impressed as having tried hard to make it work for her, reported that using the tools in such circumstances was just a waste of everybody's time.
- Despite having a lot of success with the tool, another social worker whose role involved a lot of direct work with young people reported that she had to mainly limit its use to planned sessions in the office or at their home; it wasn't really possible to formally use it when seeing young people outside of the office or on a home visit, in the car, or on the street.
- To support the trial, Site Managers, Supervisors, and Practice Leaders were asked to:
  - Enquire – ask staff how they're doing
  - Encourage – allow them the space to ensure they access support, attend support sessions and communicate any issues/ requests
  - Email/phone – contact the OCSW team with any concerns/blocks for staff using it.
- However, with some exceptions there appears to have been limited supervisor support, little or no reflective discussion of PCOMS in supervision (although possibly not a trial requirement), and PCOMS team/user discussions not viewed as particularly frequent or valuable. Similarly, and again with some exceptions, there also appeared to be limited management involvement or use of PCOMS (again, possibly not a trial requirement). Some management comment on PCOMS future was cited by a few as impacting upon their motivation to continue to use it.

- Workers tended to use the paper version rather than the iPad version. In part because of this, the graphs were rarely shown to clients. One social worker who enjoyed using the iPad version of PCOMS was very much the exception.
- While more PCOMS data was collected than the BON website would suggest, uploading the data onto the website was widely seen as time consuming.
- Some confusion around the use of the Child Outcome Rating Scale (CORS), and who to use it with, was reported by some.
- Attributing it to the power differential between them and their clients, several interviewees talked of their difficulties in generating meaningful data and conversations with the SRS. As described, clients also appeared to base their assessment on whether they 'liked' the social worker, rather than on how useful they had found the session.
- With possibly one exception, no-one is consistently and fully using PCOMS as an engagement AND measurement AND feedback tool as intended.
- No instances were reported where a client who was not deemed to be making progress, was provided with an alternative social worker.
- Most social workers did not like using PCOMS and by the time of the evaluation interviews (September 2018) most of those interviewed had already stopped using it.

## Synthesis and evaluative judgement

In terms of what went well, both the logic model and high-level project planning are deemed to have been strong, and the survey responses on the training and how comfortable social workers felt about using PCOMS with their clients, were both encouraging; more broadly, these and other survey responses also reflect positively on project set-up. Most, but not all, interviewees were very happy with the leadership and ongoing support from the Office of the Chief Social Worker. PCOMS was used in a variety of ways and practitioners who did a lot of direct work with young people got the most out of it.

However, while PCOMS implementation looks deceptively simple, it is a major undertaking, and even more so for use in our untested statutory social work settings. There perhaps needed to be clearer and stronger supervisor, practice manager, and site manager, engagement; this would have in turn allowed for the Office of the Chief Social Worker to take a more strategic overview and spend less time on day-to-day site implementation issues. However, perhaps because of an apparent or perceived insufficient and ongoing 'managerial curiosity' about the experiences and views of participating social workers and their clients, there was also some confusion about whether the purpose of the trial was to determine IF, or HOW, Oranga Tamariki was going to roll-out PCOMS.

As it is, the trial cannot be deemed to have been fully implemented as planned. While apparent from the interviews that more PCOMS use occurred on paper than the 80 cases recorded in BON, this is unlikely to have been sufficient to improve implementation.

Despite (or potentially because) practitioners have used PCOMS in a variety of sometimes creative ways, with possibly one exception no-one has consistently used PCOMS as an engagement *and* measurement *and* feedback tool, as intended. There has been little use of the BON website since

June 2018, and at the time of the interviews (September 2018) some social workers reported that they had already stopped using PCOMS altogether.

## 2: SUPPORTIVE FACTORS AND OBSTACLES?

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*What supportive factors and obstacles have been encountered during implementation (KEQ2)?*

### Oranga Tamariki evaluation data collection and analysis

#### Literature scan

#### *Supportive factors*

- (Impetus behind) establishment of Oranga Tamariki and new legislation (although the degree of concurrent change is also an obstacle).
- While mainly used in Anglo-American countries (e.g. US, Canada, Australia and New Zealand), PCOMS is also used in some non-Anglo-American countries (e.g. Norway and China) (Better Outcomes Now, n.d.).
- Barry Duncan and/or R. Jeff Reese (Better Outcomes Now Director of Research, and Professor at the University of Kentucky) as part of various research teams, now have published findings from six randomised-controlled trials (RCTs) that support the efficacy of PCOMS with individuals (2), couples (2) and groups (2) (Duncan & Reece, 2015; She et al., 2018); they also have similar published findings from three other research studies using different methodologies (She et al., 2018).
- On the basis of its use in couple counselling, PCOMS was designated as an evidence-based practice by the Substance Abuse and Mental Health Services Administration's (SAMHSA) and was listed as such on their National Register of Evidence-based Programs and Practices website. Based on four studies (two co-authored by the co-developer Barry Duncan), PCOMS was deemed to be effective on the basis of two measures – 'therapeutic progress' and whether those in couple counselling 'remain intact' as a couple.
- As PCOMS is not a Manualised Evidence-supported Treatment (MEST) e.g. Treatment Foster Care Oregon, Functional Family Therapy and Triple P, it is capable of being applied to a range of client groups and settings (Duncan, 2014).
- The establishment of Partnering for Outcomes Foundation Aotearoa (<http://www.pcoms.nz>) provides important infrastructure and support for use of PCOMS in New Zealand.,
- Through training site support, and New Zealand research evidence (The Partnering for Outcomes Foundation Aotearoa, n.d.), being able to harness the implementation experiences of New Zealand NGOs, and lessons learnt.

## Obstacles

- PCOMS has not been the subject of a systematic review by either the Cochrane Library or the Campbell Collaboration, and aside from SAMSHA’s National Register of Evidence-based Programs and Practices website above (the website has since shut down), does not seem to appear on any other evidence-based websites (that are of most relevance to statutory social work agencies e.g. the California Evidence Based Clearing House for Child Welfare, Crime Solutions, Office of Juvenile Justice and Delinquency Prevention, Blueprints, or Investing in Children).
- In terms of independent PCOMS RCTs, the findings from four recent studies published in 2012, 2016 (2) and 2017 (She at al., 2018), as well as a fifth (Rise, Eriksen, Grimstad, & Steinshekk, found “mixed or non-significant feedback effects” (p. 2). However, a more recent Norwegian RCT (Brattland, 2018) did find that use of PCOMS was effective. This appears to also have been an independent study; while the article includes an acknowledgement to Scott D Miller the co-developer of PCOMS, for lending his “support, experience, and wisdom to this project” (p.1), he is not listed as an author.
- No literature has been identified on the use of PCOMS in a statutory social work child welfare setting.

## Documentation

### *Supportive factors*

- The ongoing availability and support of Barry Duncan (developer), the New Zealand PCOMS trainer and Oranga Tamariki National Office personnel.

### *Obstacles*

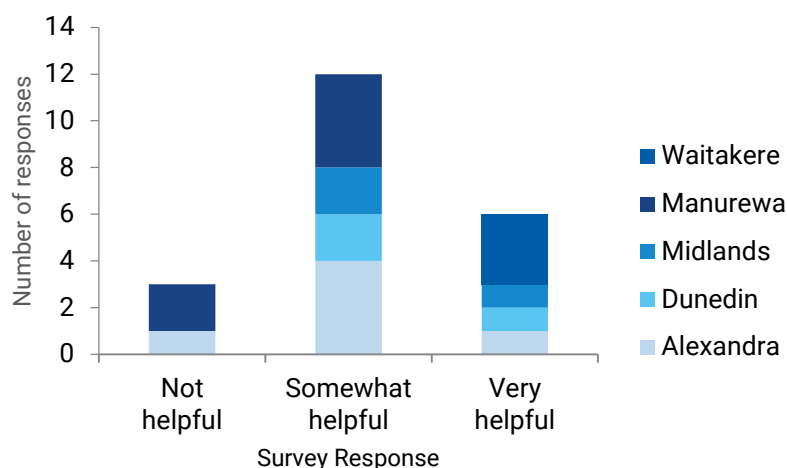
- Major concurrent organisational change.
- The absence of regular reporting to a national reference group in the logic model or project plan over the course of the trial was a likely obstacle.

## Survey

### *Supportive factors*

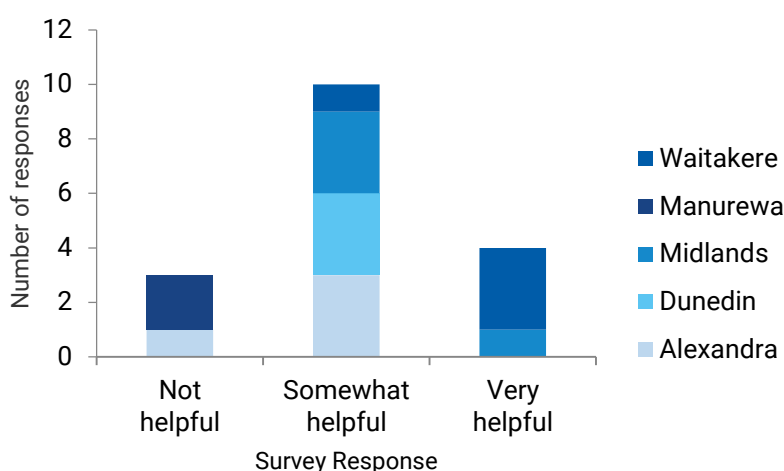
- Following their training, the vast majority of survey respondents reported that they thought that PCOMS would be ‘somewhat helpful’ or ‘very helpful’ for statutory social work (see Figure 3).

[Figure 3: How helpful do you think PCOMS will be for statutory social work?](#)



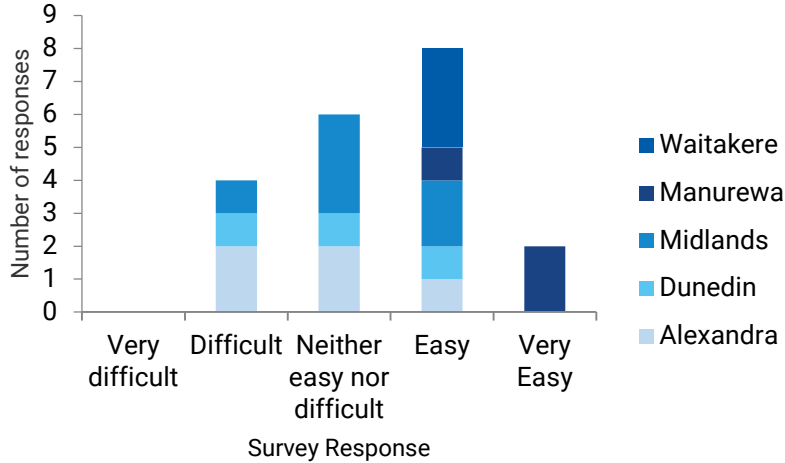
- Echoing the above in relation to the extent to which respondents thought that PCOMS would be helpful in supporting them in their (own particular) role, again the vast majority reported that they thought that PCOMS would be 'somewhat helpful' or 'very helpful' (although noting that four respondents who answered the more general question on statutory social work, chose not to respond to this question in relation to their own particular role) (see Figure 4).

Figure 4: How helpful do you think PCOMS will be for supporting your role?



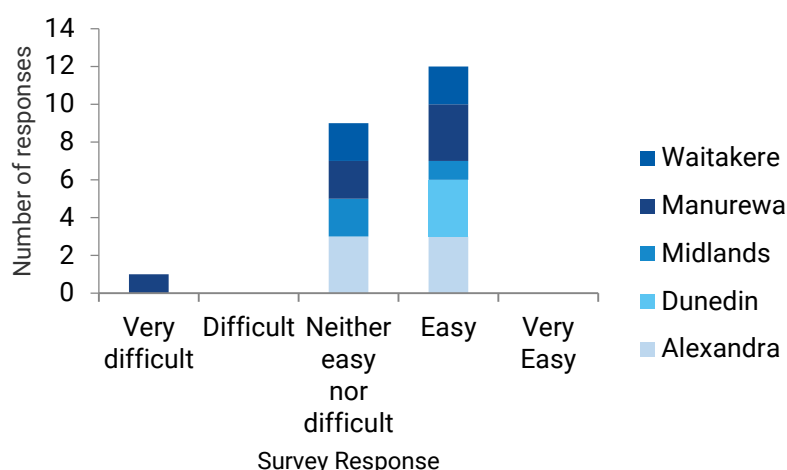
- Just over half of survey respondents reported that it would be 'easy' or 'very easy' for them to use the PCOMS tool with clients, and only four answered that it would be difficult.

Figure 5: How easy or difficult do you think it will be for you to use the PCOMS tool with clients?



- Similarly, a small majority thought that clients would find the PCOMS tool easy to use; only one thought that they would find it 'very difficult' (or 'difficult') (see Figure 6):

Figure 6: How easy or difficult do you think clients will find it to use the PCOMS tool with clients?



## Obstacles

- That BON could not incorporate any comments disappointed some respondents: “It may be best to have narrative recording somewhere in the system. So the person coming next will be aware of what was previously discussed, what are things already tried and note things that are effectively working” [sic].
- That BON is a stand-alone web application was challenging for some too: “One of the difficulties, is logging it into the system [sic], bringing up the webpage and signing in, and doing the graph. It would save time to attach this as a case note into CYRAS (survey respondent). Similarly, for another respondent, being standalone also means that the PCOMS language and terminology are not consistent with the Practice Framework or Supervision Standards.
- Some of the ORS tool wording might be confusing for young people: “It is maybe best to change some of the wordings [sic] of the tool to the level of young people.”

## Administrative data

### Obstacles

- In its efforts to demonstrate effectiveness, the use of terms such as ‘effect size’, ‘reliable change’, and ‘clinically significant change’, and the display of supporting data on-screen, would, depending upon their education and professional background, likely have been off-putting to some users.

## Interviews

### Supportive factors

- At a high level, most interviewees saw some synergy between PCOMS, new Oranga Tamariki legislation, and the new organisation’s values and ethos.
- One worker was already aware that they needed to strengthen the ‘voice of the child’ component of their work, and so involvement in the PCOMS trial was timely.



- One interviewee had a professional interest in Solution Focused Brief Therapy and thus a strong psychotherapeutic orientation.
- Some social workers had a preference for the CORS over the ORS i.e. the child-friendly version that used smiley faces. However, as the CORS looked 'babyish', in use with young people it could be tricky to determine which version individual young people were likely to respond best to.

### *Obstacles*

- Major concurrent organisational change and consequently other demands on everybody's time.
- While the process for site selection was voluntary in that regional and site managers were only invited to participate in the trial once they had expressed an interest in pursuing PCOMS, several participating social workers feeling that, despite any reservations, they had little choice but to use PCOMS, was seen as an obstacle.
- Interviewees were strongly of the view that its use should not be compulsory; even the interviewee who presented most enthusiastically about PCOMS expressed the view that the use of this tool should be voluntary rather than mandatory (as she said, like the current status of the Signs of Safety 'Three Houses' tool), and as such only be used for selective cases where it was deemed appropriate and likely to add value.
- Despite the largely positive response to information and training sessions, using PCOMS in practice was much harder than most had expected. By the time of the evaluation interviews, most interviewees indicated that they did not really feel confident or competent in its use.
- While some social workers had found using PCOMS a useful engagement tool with children in care, that face-to-face contact might only take place every eight weeks, was seen as a barrier and not how the tool was originally designed.
- Some users had little familiarity with using data, and particularly quantitative data, to enhance their practice.
- Some of the PCOMS language and terms used on the BON website were considered by some to be difficult for clients to understand or were otherwise unhelpful, for example 'interpersonally', 'episode' and 'rater'; for some the website was also hard to navigate and some were not necessarily sure that their data had been entered correctly. None of the interviewees reported any strong sense of ownership towards the data that they had collected and of those who did regularly go to the BON website, most felt that they got little or no value from using it.
- One interviewee pointed out that while the Outcome Rating Scale (ORS) was a four item questionnaire, it was not always seen by young people in this way; some struggled with the 'socially' domain (work, school, friendships) in particular and sometimes had very different responses in mind for 'education' than they did for 'friends'; being asked to combine what were for them very different concepts into an overall rating, could be rather unsatisfactory for both them and the usefulness of the PCOMS measure.

- A similar issue was raised by others in relation to the ‘interpersonally’ domain as young people sometimes asked whether the social workers wanted to know about their relationships with their parents, family/whānau, non-kin foster carers, or others. For those in care in particular providing an ‘overall score’ that somehow summarised both a relationship with a birth family/whānau (that they might be desperate to return to), and non-kin foster carers (that they might hate being with), could be baffling for young people.
- In terms of low use of iPads, a range of reasons were offered; feeling less ‘tech-savvy’ than others, experiencing technical issues, thinking that children and young people preferred the paper version (although others thought the opposite), iPad being damaged, and one not carrying an iPad anyway.
- Several social workers talked, to various degrees, about feeling pressurised to use PCOMS despite having reservations about the appropriateness of its use in their setting, with their role, or in particular situations. Some also reported that they felt that their practice experience was not sufficiently recognised in how their concerns about PCOMS use were handled. Several said that they soon lost any early enthusiasm for PCOMS, and for some being part of the trial was not the positive, or the ‘mutually mana-enhancing’, experience that they had expected.
- Conceptually, several social workers (mainly at one site) commented on their disappointment that there was no way to support the client’s score with, or link to, a narrative account of their ‘story’ or even just provide some written commentary. One interviewee also said that she would have liked to have seen the evaluators get a clear picture of the young people and their whānau that PCOMS was used with.
- All intake and assessment social workers strongly expressed a view that PCOMS was not appropriate for use in child protection investigations. Some also stated that engaging with families/whānau to effect change was not part of their job, and that they were not involved in a ‘therapeutic alliance’ with them.
- Outside of the training and information events, few if any professional conversations appeared to take place between social workers across PCOMS trial offices, on what was being learnt about using the tool in a statutory social work setting.
- No instances were reported where a client who was not deemed to be making progress, was provided with an alternative social worker.

## Synthesis and evaluative judgement

- There is already strong overseas research evidence that PCOMS can be effective in some settings. However, in an article on their own recent PCOMS RCT, Brattland and colleagues (2018) described the results from the ten RCTs to date (there are now 12 including their own) as being “mixed” (p. 3).
- The establishment of Oranga Tamariki and its vision and values, the new legislation, the evidence-base that underpins PCOMS, the establishment of the Partnering for Outcomes Foundation Aotearoa, the ongoing support of both Barry Duncan (developer) and Robyn Pope (New Zealand trainer) and the survey capturing that the social workers involved in the

PCOMS trial were relatively positive across a range of measures, were all important supportive factors.

- However, the trial also faced numerous obstacles which largely related to 'fit'. Perhaps the most important obstacle, raised by the intake and assessment social workers, was that PCOMS did not in their view 'fit' with their professional role, as effecting change with families/whānau was fundamentally not part of their job. Other aspects of poor 'fit', were the lack of a child welfare research evidence base, the language that PCOMS uses, PCOMS' solely quantitative orientation being off-putting to some, and the role of social workers in the trial and how they were engaged; several soon lost any early enthusiasm for the trial. However, perhaps the most significant obstacle was uncertainty at a more concrete level about how this change would or could fit in with other known and unknown organisational changes that were underway.

# 3: APPROPRIATE FOR MĀORI?

*Is PCOMS appropriate for use with Māori (KEQ3)?*

## Oranga Tamariki evaluation data collection and analysis

### Literature scan

- In terms of information on the cultural appropriateness of PCOMS, both the ORS and the SRS are available in te reo Māori (as well as English, these are also available in Samoan, Tongan, Chinese, Korean and 23 other languages).
- No literature was identified on use of PCOMS with either Māori or other indigenous peoples. Perhaps surprisingly, the Partnering for Outcomes Foundation Aotearoa (n.d.) research report on supporting the use of PCOMS in New Zealand includes no explicit discussion on the use of PCOMS with Māori. However, the report does state that the PCOMS scales “have broad cross-cultural relevance...and... the Outcome Rating Scale takes a holistic approach to the various domains of clients’ life and wellbeing” (p. 3); the report also goes on to draw a parallel between the four item PCOMS Outcome Rating Scale (ORS) and the four domains of Mason Durie’s (1998) Te Whare Tapa Whā health model with the following quotation: “ When I first saw the PCOMS scales they reminded me of Te Whare Tapa Whā – quite simple and holistic”. While they may both be simple and holistic, Te Whare Tapa Whā encompasses four domains (or cornerstones or sides) that when aggregated reflect an individual’s overall state of wellbeing. Durie’s (1998) four domains use specific Māori definitions and are derived from an explicit Māori cultural worldview of wellbeing. While the ORS is also structured into four components of wellbeing (or three with the fourth being an overall rating), the similarities beyond that as shown in the following table are limited:

**Table 1: Comparison of ORS Items and Te Whare Tapa Whā Domains**

	Outcomes Rating Scale (ORS)	Te Whare Tapa Whā
1	Individually (Personal wellbeing)	Taha tinana (Physical health)
2	Interpersonally (Family and close relationships)	Taha wairua (Spiritual health)
3	Socially (Work, school, and friendships)	Taha whānau (Family health)
4	Overall (General sense of wellbeing)	Taha hinengaro (Mental health)

- However, in the recent Chinese RCT (She, 2018), Barry Duncan and colleagues found that PCOMS can be effective outside of North America and Europe: , “...until this study it was unknown whether the feedback effect could be replicated in a non-Western culture”.(p. 10).

## Documentation

- Recognising the importance of the appropriateness for Māori, the Oranga Tamariki PCOMS logic model proposed that a Māori trial perspective (Kaupapa Māori evaluation lens) would be adopted. However, any issues in relation to use with Māori do not feature in the Oranga Tamariki PCOMS project plan.

## Survey

- The survey did not include any questions about use with Māori. The appropriateness (or not) of PCOMS for use with Māori was also not included by survey respondents in any of their open ended answers.

## Administrative data

- The BON website does not capture information on ethnicity, and so contained no information on use with Māori.

## Interviews

- On the premise that several of the social workers on the PCOMS trial would be Māori (and the subsequent addition of the appropriateness of PCOMS with Māori as a Key Evaluation Question), a Māori evaluator was engaged to undertake these interviews. However, at the time of the evaluation only one Māori social worker was part of the PCOMS trial. This social worker (and two others) was interviewed about her experiences of using PCOMS by the Māori evaluator, and demonstrated a clear understanding of PCOMS as a practice enhancement tool. Her use of PCOMS with two young people was reasonably positive in that she felt that it did lead to some other ‘ways of talking’, and also prompted client self-reflection and insight. However, as she felt that she already had strong engagement skills, she did not feel that PCOMS offered sufficient added-value and she had ceased using it. Furthermore, on the basis of her experience in using the tool, while she thought that it would work well in therapeutic settings, in her view there would be situations where PCOMS would not be suitable (for use with Māori) and especially when whānau were in care, or on the Oranga Tamariki front line; similarly there would also be a lot of whānau who irrespective of there being te reo Māori versions of the tool, would not agree to use it anyway. Overall, she was concerned that there is absolutely no cultural component to it.
- In terms of other social workers, most had used PCOMS with Māori, without difficulty (although it should be noted that 39% of the cases loaded onto the BON website were from a site with a low proportion of Māori clients i.e. Central Otago).
- Some other social workers also expressed a view that PCOMS was in their view not, or less, appropriate for use with Māori. One suggested that PCOMS with its clinical orientation, was inconsistent with the strong Māori focus seen in the organisation’s practice models and developing culture.

- While not in relation to Māori, one interviewee also felt that use of the SRS with Pacific People's in particular was (likely to be) particularly problematic as historically and culturally they had perhaps tended to be more deferential to government representatives.

## Synthesis and evaluative judgement

The evidence from this evaluation on whether PCOMS in an Oranga Tamariki context is appropriate for use with Māori is very limited. Only one Māori social worker participated in the trial, and beyond her interview, very little evidence was forthcoming from the other data collection methods. While the Māori social worker has provided some valuable comment that is grounded in actual experience of using of PCOMS, this Key Evaluation Question could not be comprehensively addressed.

# 4: PCOMS OUTCOMES LIKELY?

*What is the evidence that Oranga Tamariki short-term and medium term PCOMS outcomes are likely to be realised (KEQ4)?*

## Oranga Tamariki evaluation data collection and analysis

### Documentation

- The PCOMS logic model short-term and medium-term outcomes are shown below in table 2.

Table 2: Oranga Tamariki PCOMS short-term and medium-term outcomes

	Short term outcomes	Medium-term outcomes
Clients	<ul style="list-style-type: none"> <li>Consider their views taken into account, they are involved in decision-making, and that this influences how social workers respond</li> <li>Consider they are more involved in their own 'treatment' and are more engaged in the social work process</li> </ul>	<ul style="list-style-type: none"> <li>Engage more in decision-making and treatment planning</li> <li>Complete social work plans and achieve personal goals</li> <li>Aware they have been able to identify and achieve their own goals, with social work support</li> <li>Less likely to be escalated in the system, or re-referred and more likely to self-refer for help</li> <li>Improve resilience and wellbeing levels</li> </ul>
Social worker	<ul style="list-style-type: none"> <li>Become more engaged and actively want to show how they work with clients and hear their voices</li> <li>Attune more to social work requirements, client aims and motivations</li> <li>Improve communication with clients and other Oranga Tamariki staff</li> </ul>	<ul style="list-style-type: none"> <li>Utilise tool for reflection and professional development</li> <li>Empowers social workers, now open to "successful failure"</li> <li>Seeing clients isn't process driven, greater focus on outcomes (and not KPIs)</li> </ul>
Organisation	<ul style="list-style-type: none"> <li>Problems are highlighted earlier and greater flexibility introduced</li> <li>Social investment approach based on evidence of client preference and utility</li> <li>Cost savings based on more effective and efficient service delivery</li> <li>PCOMS data provides insights on need and risk</li> <li>PCOMS aligns with and supports practice frameworks, such as Te</li> </ul>	<ul style="list-style-type: none"> <li>Increase mentoring and supervision practice</li> <li>Cost and resource savings</li> <li>Improve ability to deliver on organisation promise and values, in addition to legislative requirements</li> </ul>

Toka Tumoana



- The Oranga Tamariki PCOMS trial project plan includes the following two summaries of the evidence base in relation to PCOMS outcomes:
  - “An independent meta-analysis of the RCTs revealed that individuals using PCOMS had a 3.5 times greater chance of achieving reliable change and a 50% less likelihood to deteriorate” (p. 10); and
  - “Return on Investment: Studies have shown that PCOMS reduced: total program cost by 10% to 35%; length of stay on programme by 40% to 50%; and cancellation and no-show rates by 40% and 25%, respectively” (p. 11).

## Literature scan

- The basis of the first of the above claims is the previously mentioned Lambert and Shimokawa (2011) meta-analysis; commissioned by the American Psychological Association and drawing on three randomised-controlled trials (RCTs), this meta-analysis did indeed find that using PCOMS resulted in a three and a half times greater likelihood of achieving reliable change as compared to treatment as usual (TAU), and half the likelihood of deterioration during treatment services. The three RCTs were based in a US university counselling centre with students, a US graduate training clinic with trainee therapists, and a Norwegian community family counselling clinic. As the authors conclude across all three studies: “when the odds of reliable improvement over the odds of not achieving reliable improvement were compared across groups, the results indicated that those in the feedback group had 3.5 times higher odds of experiencing reliable change, while having less than half the odds of experiencing deterioration” (p. 76).
- The second claim above, on return on investment, comes from a ‘case example’ by two agency managers on their 5-year organisational ‘client-directed outcome-informed’ (CDOI) implementation process (CDOI is an earlier and overlapping term for PCOMS which has been used by both Scott Miller and Barry Duncan). This case example is from a book chapter entitled Transforming Public Behavioral Health Care: A Case Example of Consumer-directed Services, Recovery, and the Common Factors, by Bohanske and Franczak (2010). While the authors also cite figures from another agency that are incorporated in the above sentence and do draw on some other examples, a detailed examination of ‘return on investment’ is not a core focus of the chapter, and the discussion is specific to the authors’ contexts. Bob Bohanske is currently listed on the Better Outcomes Now website as one of their BON Project Leaders and Certified Trainers.

## Survey

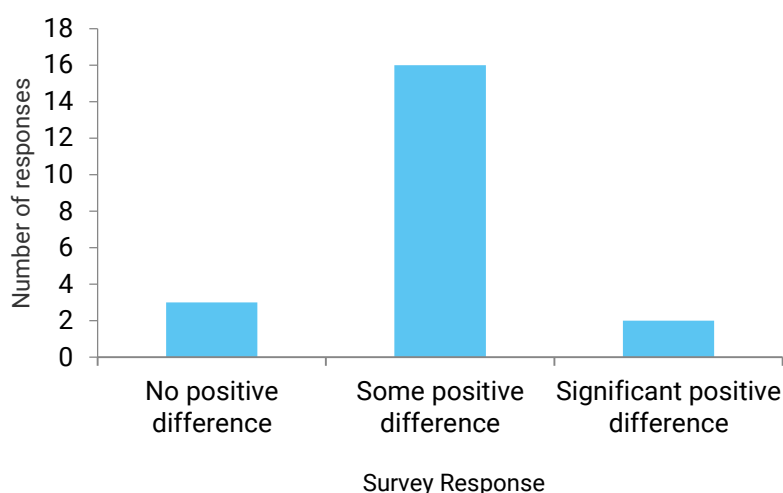
- From the survey undertaken with PCOMS training participants prior to the commencement of the evaluation, almost all respondents as shown in table 3 expressed a view that PCOMS would be either 'somewhat helpful' or 'very helpful' in improving client engagement.

Table 3: Survey responses on PCOMS and client engagement, participation and service delivery.

How helpful do you think PCOMS will or won't be at improving client	Not helpful	Somewhat helpful	Very helpful
engagement (building a long-term relationship)?	4	11	7
participation (encouraging client involvement)?	3	10	9
service delivery (providing a consistent and effective service)?	4	11	7

- However, in terms of whether PCOMS would make a positive difference to client outcomes, respondents were more cautious (see Figure 7):

Figure 7: Do you think PCOMS will make a positive difference to client outcomes?



## Administrative data

- There was little or no evidence from the BON website that Oranga Tamariki short-term and medium term PCOMS outcomes are likely to be realised.

## Interviews

- There was little or no evidence from the interviews that Oranga Tamariki short-term and medium-term PCOMS outcomes are likely to be realised.
- Very few social workers have used PCOMS on a regular basis with any of their clients.

## Synthesis and evaluative judgement

With the trial not being fully implemented as planned, the likelihood of the Oranga Tamariki achieving their short-term and medium term PCOMS outcomes are lessened. In those teams where implementation has been more fulsome, the trial has generated little or no evidence that PCOMS could or should be used for all face-to-face contacts with all Oranga Tamariki client contacts. Consequently, drawing upon the evidence from the BON website and the interviews, it does seem reasonable to conclude that positive PCOMS outcomes in statutory social work for clients, social workers, and the organisation, are likely to be more modest, and possibly significantly more modest, than in more 'conventional' PCOMS settings. For example, "cost savings based on more effective and efficient service delivery", is one of the short-term goals PCOMS identified in the Oranga Tamariki logic model, while the project plan infers that by using PCOMS, Oranga Tamariki could potentially reduce "program cost by 10% to 35%; [and] length of stay on programme by 40% to 50%" (p. 11). This evaluation has generated no evidence to suggest that adopting PCOMS would result in any resource or cost savings, let alone on a scale inferred above, or indeed any of the other identified organisational outcomes (which are largely dependent upon first meeting client and social worker outcomes).

However, while no clients were interviewed as part of this evaluation, the social worker interviews do suggest the possibility that for a few young people at least, the two short-term PCOMS client-related outcomes may have for them been realised i.e.

- their views taken into account, they are involved in decision-making, and that this influences how social workers respond; and
- they are more involved in their own 'treatment' and are more engaged in the social work process.

## 5: UNINTENDED OUTCOMES?

*Has the PCOMS trial produced unintended outcomes (positive or negative) (KEQ5)?*

Commonly, the implementation of new programmes leads to unintended consequences or outcomes that were not planned for or anticipated. Such consequences or outcomes may be either positive or negative, although this may depend upon context, circumstances, and individual perspectives.

### Oranga Tamariki evaluation data collection and analysis

#### Administrative data

- While all uploaded ORS scores in relation to a social worker, team/site or Oranga Tamariki nationally, are aggregated on the BON website, in terms of any concerns about management potentially misusing SRS data for performance management purposes, the latter uploaded scores are not, and can only be viewed at the level of each individual client session.

#### Interviews

- Concerns about Oranga Tamariki management using SRS data for performance management purposes did not emerge from the interviews.
- Most interviewees recognised that PCOMS could potentially be helpful in engaging children and young people in particular
- While the organisation's trialling of PCOMS has the intention of helping to ensure that social workers are client-centred, respectful of the views of clients, and responsive, the highly structured nature of the tool could have unintended consequences. For example, one social worker reported using the ORS with a 13 year old girl in care; the question about family/whānau triggered an emotional response which was seen as very unhelpful.
- A few interviewees were particularly negative about PCOMS, the need for it, its relevance to statutory social work, and the trial.
- While possibly more of a reflection of the creative and diverse ways of using PCOMS than unexpected outcomes per se:
  - Two practitioners described sharing PCOMS data with others in both FGC and Youth Court processes both verbally and in written form; and
  - One practitioner described using the Outcome Rating Scale (ORS) as the overall framework for their planned eight weekly contacts with children and young people; this was considered a useful way to plan time and focus.
- The trial also involved three individuals in more specialist roles. Having used it, one reported that PCOMS was simply not appropriate for use in their particular setting. A second specialist working in a different setting, found it to be a very useful engagement tool for use on an annual basis. The third specialist worker, in a different setting again, also found PCOMS useful as an engagement tool, although less so in relation to measurement and feedback.

## Synthesis and evaluative judgement

It is difficult to entirely disentangle the PCOMS trial from the wider organisational changes within Oranga Tamariki, and how social workers view those changes. Some interviewees were particularly negative about the tool, and in some respects PCOMS and the implementation challenges that were faced, can also be seen as a microcosm of the larger scale changes that the organisation has embarked upon.

On a more specific unintended outcome, a few young people were reported to have had an unhelpful, or in one case an 'adverse', reaction to the use of the tool. This may or may not be a reflection of social worker confidence and competence in the use of PCOMS that can be addressed through professional development and supervision. However, while comparatively minor and certainly not widespread, the possibility of adverse reactions of any kind is nonetheless an important finding.

# 6: IMPLEMENTATION OF ANY SECOND AND LARGER TRIAL?

*How might the implementation of any second and larger trial be refined or improved (KEQ6)?*

## Oranga Tamariki evaluation data collection and analysis

### Literature scan

- The Saskatchewan Ministry of Health (in a Canadian province with a population less than a quarter of New Zealand) has 120 trainers for their implementation programme ([www.betteroutcomesnow.com](http://www.betteroutcomesnow.com)); highlights the importance of locally-based trainers and support.
- Stronger alignment with the PCOMS ten-point implementation readiness checklist (Duncan, 2014); as well as training, a particular focus upon leadership, infrastructure, and supervision.
- “Supervisors are the lynchpins of good PCOMS practice” (Partnering for Outcomes Foundation Aotearoa, n.d., p. 7).
- Being part of a “community of practice is important” (Partnering for Outcomes Foundation Aotearoa, n.d., p. 7).
- Greater recognition that “giving and receiving feedback can be challenging” (Partnering for Outcomes Foundation Aotearoa, n.d., p. 8).
- The need for a stronger focus on social worker engagement in PCOMS and the trialling process: “If the [...social worker] doesn’t authentically value clients’ perspectives and believe that they should be active participants, PCOMS will fall flat. In addition, without therapist investment into the spirit of partnership of the feedback process, little gain is likely to happen. It’s not enough to flick the forms in the face of the client – the feedback must be used and allowed to influence the work” (Duncan & Sparks, 2016, p. 65).

### Documentation

- Supervisors being given the opportunity to opt-in (Investing in Children Programme, p. 7);
- “Co-design process to select clients for each participant in CP and YJ” (Investing in Children Programme, p. 7);
- Strengthened focus on “staff participants access ongoing peer and supervisor support at site for case management and for PCOMS particularly, links and face to face weekly/as required” (Investing in Children Programme, p. 7); and
- Opportunities for “qualitative inquiry for staff re comparing using PCOMS vs not using for new cases”. (Investing in Children Programme, p. 7).

## Administrative data

- A review of the BON data suggests that future users would need to develop a better and more detailed understanding of how PCOMS and the BON website worked, with a strengthened focus upon client engagement on the use of PCOMS, effective administration of instruments, timely and accurate uploading of data (paper version), and utilising quality data to understand and enhance practice and outcomes

## Interviews

- Having users opt-in because they are interested in whether and how PCOMS could enhance the quality of their practice and client outcomes;
- Do not use PCOMS during child protection investigations; find who it works with and how – build upon success;
- Ensure that social workers, supervisors and managers have sufficient time and capacity to meaningfully and effectively trial and become proficient in the use of PCOMS or indeed any new system; three interviewees cited the Tuituia assessment framework as a further example of where this needed to happen;
- Ensuring that all users receive comprehensive training with follow up as required;
- Ensuring that the views of participating social workers on their use of PCOMS are valued and listened to; such trials need to be mana-enhancing;
- Further exploring the appropriateness of PCOMS for use with Māori;
- More clarity on the nature and parameters of any such trial; and
- A stronger focus upon individual, team, site, regional, and national learning.

## Synthesis and evaluative judgement

Any second trial could incorporate a number of lessons learnt from this trial. As well as perhaps more clarity on trial purpose and the better harnessing of ongoing individual, team, and organisational learning, particular attention could be paid to practice development, the ongoing role of supervisors and managers, and the availability of local as well as national trial support.

The evidence from this evaluation would suggest that success would be more likely if teams can opt-in to PCOMS, agree with supervisors on its use with specific cases rather than across the board, and incrementally build upon success with a focus, initially at least, on direct work with children and young people.

# 7: OVERALL EVALUATIVE JUDGEMENT ON PCOMS USE?

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*To what extent is the use of PCOMS within statutory social work in Aotearoa New Zealand: (a) desirable (worth doing), (b) feasible (possible) and (c) usable (practical), and why (KEQ7)?*

As previously stated, as the PCOMS trial cannot be deemed to have been fully implemented as planned, this places some limits on the nature of any overall evaluative judgements on future use of the tool by Oranga Tamariki.

This also presents something of a dilemma. On the one hand there has simply been insufficient implementation to be able to fully assess PCOMS appropriateness for use in the statutory social work sector in New Zealand. However, on the other hand as previously discussed, most social workers not liking or making much use of PCOMS is of itself an important finding. Despite many of the social workers reporting that they found some value in using PCOMS, most participating in the trial, for a range of reasons, were not as engaged with PCOMS as had been anticipated. In particular, intake and assessment social workers, deemed that PCOMS was not appropriate for use in statutory social work in general, or their role in particular, and so in some of their eyes PCOMS was never 'implementable' as planned anyway.

So does the evaluation's evidence suggest that PCOMS is still worth doing? The statutory social work context (in Aotearoa New Zealand) is very different to those in which PCOMS conventionally operates. This evaluation has identified a wide range of significant challenges. This evaluation found that PCOMS worked best as an engagement and feedback tool with young people, and suggests a continued focus on young people (and, initially at least, not child protection investigations), and on a non-compulsory basis, could still be worthwhile. However, the very essence of PCOMS is that it is systematically used across the board with most, if not all, cases.

The evaluation of the trial also suggests that Oranga Tamariki would probably need to set more achievable and realistic PCOMS short and medium term outcomes (goals); in particular the prospect of PCOMS generating resource and cost savings seems unlikely. Would such reduced benefits outweigh the time and effort (and costs) involved, or would it be sufficient to be: more client centred; able to evidence hearing the voice of the child, and able to demonstrate some positive change in the lives of children and young people individually and across teams, sites, and the country, be sufficient?

A more limited implementation of PCOMS within Oranga Tamariki with a focus on youth may also be considered desirable and worth doing because it demonstrates the organisation's broad support for evidence-informed programmes and practices, values the experiences and views of its clients (and practitioners), and draws on this New Zealand-generated evidence on its applicability to its particular context.

Does the evidence from the evaluation suggest that implementing PCOMS is feasible? With a second larger trial that addressed and tested some of the areas that did not go well in the first trial,



as well as trying to overcome some of the obstacles, potentially yes. Better engagement with supervisors, practice leaders, and site managers would be key, along with focusing on building on success and developing practice.

Does the evidence suggest that implementing PCOMS in Oranga Tamariki is practical? While understood to be a relatively low cost and not particularly expensive as international social work interventions and programmes go, a fair amount of time and effort has been expended on the PCOMS trial. It could potentially be done, but precisely how much value PCOMS could deliver to Oranga Tamariki remains an unanswered question. At the very least, it is recommended that the organisation review the objectives that it had for PCOMS as a stand-alone initiative, and determine whether there are other means by which those objectives could be achieved.

What might be more desirable, feasible, and usable, would be to further trial PCOMS as part of a broader practice development initiative on working directly with children and young people, where use of PCOMS can be integrated with other practice initiatives that are also in development. Finally, based on these evaluation findings, we suggest exercising caution in considering any future PCOMS trial or implementation of PCOMS in this context.

# CONCLUSION

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This PCOMS trial evaluation report describes findings in relation to the seven Key Evaluation Questions that were developed and agreed with Oranga Tamariki. More broadly, the evaluation's overall findings were that:

1. Despite training and support from National Office, almost all interviewed social workers participating in the trial reported struggling with PCOMS. For most, any early post-training enthusiasm soon waned and they did not like using it.
2. PCOMS usage by client volumes appeared to be well below expected levels and with possibly one exception, no-one on the trial consistently and fully used PCOMS as an engagement and measurement and feedback tool as intended. At the time of the evaluation interviews most had stopped using PCOMS altogether. PCOMS was not fully implemented as planned.
3. For intake and assessment social workers in particular, PCOMS was deemed by them to be inappropriate for use with parents; in part this was because they were focused on the immediate safety of the child. Most felt engaging with parents to effect change was a separate professional role.
4. However some staff did, to varying degrees, find PCOMS valuable as an engagement tool with children and young people, and reportedly a reasonably large proportion of young people who had used the tool liked it.
5. The trial generated little evidence to suggest that adopting PCOMS across Oranga Tamariki operations would meaningfully achieve any of the outcomes that some of the randomised-controlled trials have found in other settings.

While recommendations are not provided, a decision on whether to go ahead with a second and larger stand-alone trial should be considered very carefully in the light of the evaluation's findings. Alternatively, a further trial of PCOMS as part of a broader practice development initiative on working directly with children and young people, where use of PCOMS can be integrated with other practice initiatives being developed, might be more desirable, feasible, and usable. Overall, however, caution needs to be exercised in the consideration of any future PCOMS trial or implementation of PCOMS in this context.

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