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Administration Manual
Measuring Outcomes in Services and Supports (MOSS) tool:
A means to assess the outcomes of person-directed goals

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SCOPE
For People with a Disability
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INTRODUCTION

The Measuring Outcomes in Services and Supports (MOSS) tool is an instrument for setting person-directed goals and evaluating the outcomes associated with services and supports. It measures self-rated 1) performance and 2) satisfaction levels prior to the delivery of a service and then again following service delivery. In this way, the tool allows for tracking changes in association with a service or support.

The MOSS was developed initially for use in the context of disability services, specifically at the level of therapy and psychology services. Through the course of its development it has become evident that the tool has application to a broader range of service environments and as such it has been reconfigured to have a much broader application.

A key tenet of the tool is that it is person directed. That is, it allows for measurement of outcomes as identified by persons with a disability or service recipient, from their perspective. The tool has been developed primarily for use with adults with disability including people with communication and/or learning difficulties. It also has application for use when the 'client' is a group of people or an agency (e.g., when practitioners are providing services to a community organization).

The background to the tool is described in Quilliam and Wilson (2011). This publication also provides a systematic review of selected measurement instruments against a set of criteria. These criteria relate to the type and level of outcome that is the focus, person-directedness, sensitivity, accessibility, ease of administration, and the extent to which tools allow for identification of enablers and barriers to goal attainment. This publication also sets out the set of criteria the MOSS tool was designed to meet. These are summarised in Table 1.
Table 1: Criteria for developing the MOSS tool (from Quilliam and Wilson, 2011).

1. Focus on outcomes, rather than outputs or processes;
2. Enable a broad range of outcome types to be named and measured. These include outcomes generated as a result of service provision from different services and across professional disciplines (at least including psychology, physio-, occupational- and speech-therapy), as well as a wide range of outcome types and levels across life domains (beyond diagnosis or clinical outcomes);
3. Measure person-defined outcomes (i.e. those identified by persons with a disability). Here, the tool also needed a compatibility with goal oriented/defined interventions;
4. Use indices of measurement that enable the person with a disability to rate the level of their performance and their satisfaction with this, in relation to nominated goals or outcomes (pre- and post-service);
5. Be able to capture participation outcomes as well changes to the environment that facilitated these;
6. Be sensitive to small changes for individuals;
7. Be brief and easy to use (through design and implementation characteristics) for people with disabilities;
8. Based on self-report by people with disability, rather than proxy or 'expert' reporting, which would enable the subjective experience of the individual to be captured;
9. Be accessible (with and without verbal support by practitioner) to people with a wide range of disabilities particularly including people with intellectual disabilities;
10. Be able to be administered by Scope staff (therapy and psychology practitioners) within their existing time and workload allocations;
11. Require low amounts of time allocation for data analysis;
12. Clearly identify the respective perspectives of the person with a disability, the service provider/practitioner, others in the person's life, in relation to outcomes achieved and the factors influencing this;
13. Identify barriers to outcomes;
14. Identify enablers to outcomes.
DEVELOPMENT OF MOSS

The MOSS tool has been developed by Scope, a major Victorian disability service provider. The tool is part of a set of measures developed by Scope for the evaluation of client outcomes across a range of life domains and service contexts and draws from an outcomes measurement framework developed by Wilson (2006). Comprising the first of these tools, the MOSS is focused on measuring the outcomes of services and supports for adults with a disability.

The MOSS has seen significant development work to date. The tool's development has been guided by the literature and the concurrent experience of practitioners (psychologists, speech pathologists, occupational therapists, physiotherapists), service managers and researchers who comprised the steering committee for this project. The group proposed an initial version of the MOSS, developed according to the criteria outlined in Table 1. The tool was trialed in 2006-2007 through Scope's Barwon and North West Therapy and Psychology teams. In line with an action-research approach, the piloting of the tool within these services revealed a number of areas for strengthening of the tool and consequently a number of improvements to the tool were made. One improvement was the addition of a set of purpose-designed pictorial scales to improve accessibility and allow for greater self-directed reporting of outcomes by people with a range of communication and cognitive abilities. Other improvements were more streamlined layout and removal of replicated or redundant information fields, serving to reduce administrative burden. It is this post-pilot iteration of the MOSS tool that is the subject of this administration manual.

Currently, there is a larger scale trial under way at Scope whereby requests for therapy or psychology services for adult clients are subject to evaluation using the most recent version of the MOSS tool. Initial findings suggest that the modifications made to the tool following from the pilot study have been effective in bringing the tool closer to achieving the benchmarks outlined in Table 1. The MOSS tool is also being used in other service settings (e.g., community capacity building contexts).

Our rationale for disseminating the tool at this stage of its development is that there has been an increasing number of requests for use of the tool, both within Scope and across the sector. This partly reflects the fact that there is a paucity of relevant outcome measurement tools currently available in this field. This has necessitated the development of an administration manual in order that users have guidelines in the administration, scoring and interpretation of the tool. Additionally, as it is a new tool, the researchers are keen to make the tool available to the sector in the anticipation that data regards the useability, resourcing, resonance, specificity, reliability and validity of the tool will be shared with the principal researchers. From this, we can identify areas for further refinement of the tool. Acknowledging that at this point in the tool's development its measurement properties are not established, users of the tool are advised to interpret results based on the use of the MOSS tool cautiously.
ADMINISTRATION, SCORING AND INTERPRETATION

The MOSS was developed for practitioner-assisted self-reporting by people with a range of abilities. Information is developed in line with easy English principles based on the input from speech pathologists and following piloting with people with disabilities. The wording of the tool is designed to aid comprehension, avoid bias in responding, as well as to allow for application across a range of service and support contexts (e.g., therapy, disability services, community inclusion). The tool avoids unnecessary verbal and written requirements in order to minimise administrative burden on the part of the respondent as well as the administrator. Each of the tool’s parts (pre- and post service parts) can be completed in 15-20 minutes.

ADMINISTRATIVE CONSIDERATIONS

Person centred goal setting:

The development of goals is pivotal to the MOSS tool. The tool relies on a person centred goal setting approach where the person with a disability or service recipient and the people who care about them take the lead in deciding what is important to them. Practitioners support the process, not by being the experts on the person but experts in the process of problem solving with others. Drawing from the literature, in broad terms the principles underpinning person centred goal setting include:

- The person with a disability or service user has the right to exercise control over of their own life;
- The person with the disability directs the goal and planning;
- The practitioner’s role is to facilitate, tailor and provide a flexible response to the individual goals and needs of the person with a disability;
- The process aims to maximise the choice and independence of the person with a disability;
- Consideration and respect for the role of other people who are significant in the life of the person with the disability is given;
- The practitioner’s role is to strengthen and build capacity in the person/people and others who are significant to the person with a disability; and
- The process documents goals in the person’s ‘own words’.
There are numerous goal setting frameworks that lend themselves to this process. In the instance of the MOSS tool's pilot study, the Five Column Approach developed by St Lukes was used. Other frameworks include Person Centred Approach and SMART Goal Setting. Information regarding these frameworks is presented in Appendix 1.

Remember, goals should be set from the person with a disability's perspective. To the greatest extent possible, the person should direct the goal setting and answer the questions about performance and satisfaction. If the person with the disability has support from others when identifying their goals, this needs to be clearly noted in the documentation. Further information regarding the role of support people in providing information is provided below.

Communication:

Communication is important. Everyone has a 'voice' and can be heard when others listen carefully. Some people find it difficult to use speech or to understand what is said to them. They may rely on forms of non verbal communication such as body language, ways of behaving and sounds to express their views. This requires careful listening by the practitioner. It is important to ascertain:

- How the person best communicates with others;
- Who should be involved to support the person with their communication; and
- Whether the person uses a communication aid and what is the best way to support them to use these.

Pictorial Scales:

There are three pictorial scales provided in the MOSS tool. These have been developed so as to allow the tool to be accessed by a wider range of people with disabilities, including those with a range of communication and cognitive abilities.

Diagram 1 presents the first scale. In using this scale, items are presented in two consecutive levels. First, respondents are asked to indicate whether they feel the goal is being performed 'well' or 'poorly' (there is also the option of responding neutral). If they answer 'well', they are asked a follow up question; 'very well' or 'a little well'. If they answer 'poor' they are asked a follow up question; 'very poor' or 'a little poor'. Using this format, respondents need only consider and respond to two choices simultaneously. A two-choice format is considered less burdensome and provides higher test-retest reliabilities than response formats that involving more choices (Hanson, Scogin, Welsh, & Karpe, 2004; Lindsay & Mitchie, 1988). Respondents require only a reliable yes/no communication strategy (e.g., glancing up for "yes" and down for "no").
Importantly, some people with disabilities may prefer to not use the pictorial scales and express their responses using a more preferred method (e.g., verbally, augmentative and alternative communication system, gestures, sign). Additionally, it is important to acknowledge that even with the availability of pictographic scales, some people may still have difficulty accessing the MOSS tool. Individuals in this circumstance may require additional tailoring of the tool or reliance on a proxy reporter who is familiar with the person with the disability and is able to report from the person's perspective.

The two alternative scales are presented in Diagram 2 and 3 respectively.
Role of Support People:

Where information is required from a support person, the support person should be someone who is familiar with the person with a disability. They should be willing to provide information from the perspective of the person with a disability and represent the person’s ‘best interests’. Where there is a sensitive or contentious issue relevant to the service request, this should be noted. Sometimes, third parties (e.g., service providers) may identify a goal on behalf of a person with a disability. In this instance, the person who is subject of the request (or advocate) should be consulted and should consent to the request for service.

ADMINISTRATION

The MOSS tool is used to collect information at two stages in the delivery of support services.

- Pre Service: at the beginning of a service or provision of support;
- Post Service: at the conclusion of a service or provision of support

The MOSS can also be used at intervals during service provision to monitor changes over time.

Steps:

Pre Service administration

1. Meet with the person or persons with a disability who is/are the subject of the request for service.
2. Complete initial interview using the prompts and data fields on the initial interview template.
3. Use a person centred goal or action setting process to identify the persons context, concerns, strengths, resources, goals and steps.
4. Record goals and steps in the space provided. A separate record sheet should be used for every goal.
5. Record the a) performance of and b) satisfaction with the goal. Use the same scale for both performance and satisfaction indices.
Post Service administration

1. Meet with the same person or persons from whom pre service information and ratings were obtained.
2. Record the a) performance of and b) satisfaction with the goal. Use the same scale used at the pre service phase.
3. Record the persons, other people's, and therapist's responses to the semistructured interview questions (see below).

PERFORMANCE AND SATISFACTION

The MOSS tool measures the domains of performance and satisfaction. Performance and satisfaction are defined in the following way:

**Performance** the extent to which a person executes a given act in one or more areas (e.g., social, occupational) of functioning. Respondents are asked "How well/good or how poor/bad does it work for you?" or a derivative of this question.

**Satisfaction** the extent to which a person is satisfied, fulfilled or gratified with their performance, as defined above. Respondents are asked "How happy or unhappy are you with how it works?" or a derivative of this question.

The MOSS tool provides a number of ways for asking respondents about their goal performance and satisfaction. This means that questions and prompts can be selected to match the context. In some situations there will be a clear difference between performance and satisfaction. In other situations the response may be similar or the same.

THE SEMI-STRUCTURED INTERVIEW

The semi structured interview makes up the final part of the MOSS tool. It is completed at the post service rating phase. There are three sets of questions configured for (1) the person who is the focus of the service or request, (2) the person's support people, such as family members or carers, and (3) the practitioner who has delivered the service. Questions and prompts for the person, support people and practitioners are provided in the MOSS tool. These questions aim to identify the enablers and barriers to goal attainment. Through capturing information about enablers and barriers, an understanding of the factors that mediate goal outcomes for individuals can be gained.

SOCRING AND INTERPRETATION

The MOSS tool captures quantitative as well as qualitative data.

Quantitative data emerges from responses to the pictorial scales. Respondents provide a rating of perceived performance and satisfaction along a 5-point scale. A person's score can be compared at pre- and post-servicing phases and analysed for positive, negative or neutral change. There is no pre-determined cut-off
score for the MOSS tool for determining significance of change. In some instances responses may be summed to create an aggregate score for a group of individuals, such as when using the MOSS tool as a whole-of-service evaluation or research instrument.

Qualitative data is captured at the level of the goal, the pre servicing interview information, and the post servicing information relating to outcome enablers and barriers. Thematic or content analysis can provide valuable information about key themes that exist in this data. For example, an analysis of enablers and barriers can help to qualify the factors that mediate success in goal attainment. This data can inform service improvements at an individual or a whole-of-service level. There are numerous procedures for performing a thematic or content analysis (see for example, Miles and Huberman, 1994).

ABOUT THE MOSS TOOL

STRENGTHS AND LIMITATIONS OF THE TOOL

Strengths

- Founded on a range of principles reflective of best practice in disability services including client directedness, person centeredness, goal-orientedness and outcomes measurement;
- Emerges from a desire to demonstrate evidence for the effectiveness of services and supports to inform practice, policy and research;
- Developed with input from an expert committee that includes therapy, psychology, service management, consumer, and research representation, and following from a literature and instruments review (see Quilliam & Wilson, 2010);
- Designed with accessibility, administrative ease, and multidisciplinary/multisetting application in mind; and
- Provides a new instrument for measuring the outcomes of person-directed goals associated with services and supports, where such measures are decidedly lacking;

Limitations

- The measurement properties of the tool are largely not established, implying that users should interpret results of the MOSS with caution;
- Despite an effort to make the MOSS tool as accessible as possible to people with a range of abilities, the instrument may still prove difficult for some people to access, particularly people whose disabilities are more profound in nature; and,
- Some service contexts and scenarios may not avail themselves to the use of the MOSS tool, in which case other outcome measure instruments will need to be considered.
USES OF THE TOOL

Practitioners: Practitioners can use the MOSS tool to develop objectives in collaboration with the people they are supporting and for monitoring the progress of intervention goals. Practitioners and their clients can use information collected through the tool to reflect on the factors that have facilitated or impeded the successful achievement of a goal. Practitioners can use MOSS data in conjunction with data from other assessments, such as other goal setting instruments or clinical assessments.

Services: Services can use the MOSS tool to monitor and evaluate whole-of-service outcomes as part of their evaluation framework. The tool can capture information at either the outcomes level (the impact of the service on a group) or the process level (ways in which program services and goods are provided) (Quillam & Wilson, 2010).

Research: Researchers can use the MOSS tool to collect outcomes data in a structured and objective way. To date, the authors have analysed data numerically in terms of self-rated levels of performance and satisfaction, thematically in terms of key enablers and barriers, and through a categorisation of therapy goals against the International Classification of Functioning, Disability and Health (ICF) areas (function, activity, environment), the Scope Outcomes Framework (Wilson, 2006) and the Victorian Department of Human Services (DHS) Quality Framework (DHS, 2010).

FUTURE DIRECTIONS

As the MOSS tool is new, the researchers are keen to make the tool available to the sector. It is hoped that data regards the useability, resourcing, resonance, specificity, reliability and validity of the tool will be shared with the principal researchers, which will inform future iterations of the tool. In particular, the researchers are keen to receive feedback regarding the accessibility of the MOSS to people with different levels of ability and its application in different service and support contexts (including non-disability focussed service contexts).

CONTACT

For further information you can contact the researchers: mosstool@scopevic.org.au

REFERENCES


**APPENDIX 1**

**The Five Column Approach**

(From St Luke's Innovative Resources: http://www.innovativeresources.org/)

The Five Column Approach (developed by Bernadette Glass) employs a strengths-based approach where the emphasis is on the person's ability to be their own agents of change by creating conditions that enable them to control and direct the process of change.

<table>
<thead>
<tr>
<th>Feelings &amp; Issues</th>
<th>Strengths &amp; Exceptions</th>
<th>Resources</th>
<th>Steps &amp; Plans</th>
<th>Picture of the Future/Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current concerns</td>
<td>When do things work well?</td>
<td>Who can help?</td>
<td>What steps can lead to the goal being achieved?</td>
<td>How the future will look</td>
</tr>
</tbody>
</table>

**Questions that can establish the plan**

- What do you do well?
- What happen before the difficulties arose?
- What other resources do you have that might be helpful?
- Given the resources, what can you do now to reach your goals?
- Who can help?
- What can we ask them to do?
**Person Centred Approach**

(From The Learning community for Essential Lifestyle Planning: www.elpnet.net/)

The Person Centred Approach has five skills and seven tools which can be used for goal setting and attainment with the person with a disability.

<table>
<thead>
<tr>
<th><strong>SKILLS</strong></th>
<th><strong>TOOLS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate 'what is important to' from 'what is important for' and find a balance between them.</td>
<td>A simple grid for recording what is learned.</td>
</tr>
<tr>
<td>Define the roles and responsibilities of those who are paid to support.</td>
<td>Look at core responsibilities, where to use judgement and creativity.</td>
</tr>
<tr>
<td>Getting a good match between those who paid and those who use the service.</td>
<td>A table to record learning and techniques to structure learning.</td>
</tr>
<tr>
<td>Learning, using and recording how people communicate. (especially with people who do not communicate with words)</td>
<td>A chart to record the learning and a structured way to use the chart.</td>
</tr>
<tr>
<td>Supporting 'meaningful' learning.</td>
<td>A. Sorting what is working and what is not working from the perspective of the person and those around the person.</td>
</tr>
<tr>
<td></td>
<td>B. Using 4 questions to quickly and effectively record the current learning</td>
</tr>
<tr>
<td></td>
<td>C. Using a learning log to record what is working and not working.</td>
</tr>
</tbody>
</table>

**SMART Goal Setting**

(e.g., http://www.projectsmart.co.uk/smart-goals.html)

SMART is an acronym which defines goal setting. Whilst the approach does not necessarily emerge from the person centred literature, it nevertheless has application in this field. Goals can be defined under the headings of SMART.

S = specific, significant, stretching

M = measurable, meaningful motivational

A = attainable, achievable, agreed upon, acceptable.

R = realistic, relevant, reasonable, rewarding

T = time based, timely, tangible, trackable.