Values and service delivery outcomes in the social welfare sector

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Abstract

Over the last twenty years governments have shifted their focus from inputs and processes to outputs and outcomes as a way of ensuring service quality. However, the literature on service quality has long recognised that service quality is not solely dependent on outcomes, but also includes the way in which the service is delivered. The values of those designing and implementing social welfare services can have a significant impact on the way in which those services are delivered. This paper reports on research which examined the values underpinning service design and implementation in a range of social welfare programs. Research findings suggest that focusing solely on outputs and outcomes is not the best way to achieve desired outcomes and ensure high quality service.
Over the last twenty years as ideas about the role of government in the delivery of social welfare services have changed, governments have moved from a focus on inputs and process to a focus on outputs and outcomes as a way of ensuring service quality. For example, Jane Halton, then First Assistant Secretary in the Department of Family Services, describes how a number of reviews of aged care programs indicating quality of care had been compromised by the desire to control inputs led to a shift in policy focus. Input controls were replaced by funding that targeted those in most need of care and outcome standards were developed that defined the care outcomes nursing homes were required to achieve (Halton 1998:93).

It is my belief that an output and outcome focus has directly benefited the clients of the Aged and Community Care program by giving policy a more results-driven, strategic approach (Halton 1998:95).

However the literature on service quality has long recognised that service quality is not solely dependent on outcomes, but also includes the way in which the service is delivered (Parasuraman, Zeithaml and Berry 1985:42-43). Of the six criteria of good service quality identified by Gronoos (1988:13), four are process related (ie attitudes and behaviour; accessibility and flexibility; reliability and trustworthiness; recovery). In articulating his six criteria Gronoos (1988:13) suggests that the criteria be used as managerial principles, hence their relevance to the delivery of social welfare services.

In the social welfare sector, principles (or values) shape every aspect of service delivery, from determining program objectives through to the choice of evaluation methodologies.1 Yet in spite of the ubiquitous nature of values, their impact remains largely hidden behind ideas of professional “best practice” as professional and policy experts determine how client needs are defined and what specific programs should be developed to meet those needs. Social policy-making in western industrialized countries lacks any systematic tool for incorporating “the voices of the poor” into planning and implementation processes. Yet the views and perceptions of those with experience of poverty do not always coincide with those of “professional experts”, particularly on issues relating to needs and how they are to be met (Williams and Popay 1999:159). For example, one of the women interviewed in a study of service providers and clients in the Manchester region of the UK, articulated how her

1 I am indebted to Janet Frith, Senior Manager Family Centre North, Anglicare SA, for this insight.
understanding of the health visitor’s responsibilities differed from the health visitor’s understanding of her responsibilities to her client.

Jackie wanted her baby weighed regularly, even if this meant waking him up. She expected the health visitor to come when the health visitor said she would. She would have liked to have been able to contact her when needed. Most fundamentally though, she wanted the health visitor to listen to her definition of the kind of care needed by her son (Edwards, Oakley and Popay 1999:146 – emphasis in original).

This article reports on research which examined the values (principles) underpinning service design and implementation in a range of social welfare programs. More specifically, the research asked whether the values of those designing the program are the same as those of program participants (clients) and whether this matters in terms of client satisfaction. The article itself comprises four main sections. The second section describes the research methodology. Research findings are discussed in the third section. The article concludes with a discussion of the policy implications.

Research methodology
The research consisted of semi-structured interviews and focus group discussions with staff and participants involved in the following six social welfare programs located in Melbourne, Hobart and Adelaide.

- **Community Contact Service (CCS) (Brotherhood of St Laurence)**
  - Community Contact Officers work in booths in the entrance foyers of the high rise housing estates in Fitzroy and Collingwood. The CCOs regulate access to the building, provide information to residents about government services and become involved in community activities on the estates.

- **Acquired Injury and Home Support Service (Anglicare Tasmania)**
  - The Acquired Injury and Home Support Service (AIHSS) organizes personal support workers for people with spinal and brain injuries and some Home and Community Care clients.

- **Kids Club (Anglicare SA)**
  - Kids Club provides breakfast and activities three days a week before and after school as well as running a school holiday program.

- **Westworks (Anglicare SA)**
Westworks is a salvage and recycling business that provides flexible work options for men living in the Elizabeth West area of Adelaide.

- **Money Minded (Anglicare SA)**
  - Money Minded is a financial literacy program funded by the ANZ Bank which aims to increase financial awareness and literacy. The South Australian program is run out of Anglicare SA Family Centre North in Adelaide.

- **Blokes on Board (Anglicare SA)**
  - Blokes on Board is a group for men which aims to develop informal social supports. Activities centre round fishing trips.

All of the programs were being delivered by an organization associated with a religious values base and all are regarded as successful in terms of meeting program objectives. In looking at successful programs it was assumed that levels of client satisfaction were reasonably high. In all services, with the exception of Anglicare Tasmania’s Acquired Injury and Home Support Service where clients cannot opt out of the service, participation is voluntary, so participation would decline if levels of client satisfaction were low. In all programs, participation was at capacity or increasing. In this way the question about whether value congruence matters in terms of client satisfaction could be tested without having to use measurement scales. That is, value congruence was checked against assumed high levels of client satisfaction. Higher level managers and staff involved in service delivery were asked what values or principles they felt were important in their work or the work of the agency. Their responses were then compared to what participants said they valued about a particular program.

**Findings**

**Staff**

Responses from staff fell into three different types of values; values associated with program outcomes (outcome values), values associated with how those outcomes

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2 Of the six programs, three have been formally evaluated, another conducts regular client surveys and anecdotal evidence about the two newest programs indicates that the programs are meeting program objectives.
were to be achieved (instrumental values) and what I have called underlying ethical values (see Table 1).

**Table 1: Values identified by staff**

<table>
<thead>
<tr>
<th>Outcome values</th>
<th>Instrumental values</th>
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<tbody>
<tr>
<td>• Promoting economic independence</td>
<td>• Flexibility</td>
</tr>
<tr>
<td>• Promoting ability to engage in community life</td>
<td>• Responsiveness/Community driven</td>
</tr>
<tr>
<td></td>
<td>• Build relationships, then worry about outcomes</td>
</tr>
<tr>
<td></td>
<td>• Reliability</td>
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<table>
<thead>
<tr>
<th>Underlying ethical values</th>
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</thead>
<tbody>
<tr>
<td>• You work <em>for</em> clients</td>
</tr>
<tr>
<td>• Clients have choice</td>
</tr>
<tr>
<td>• Participation is voluntary</td>
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</table>

Outcome values were all concerned with economic or social integration. For example, staff talked about the importance of working with people to “develop the strengths, skills and capabilities to become more economically independent” (Schrapel 2007), or giving people the skills and the self-confidence to move into employment (Sammut 2006). Staff believed it was important to assist individuals to become more economically independent because they believed people should have choice about what they want to do with their lives and “the one thing we are pretty sure about is you don’t have any real choice unless you’ve got real income” (Connolly 2007).

When you are more economically independent you are able to make choices about your life. The reality is if you have a limited income and are reliant on government benefits and all the increasing strictures that go with that these days, there are very few choices for people in that position (Schrapel 2007).

In terms of how program aims were to be achieved (instrumental values), “flexibility” or “responsiveness to clients” were identified by staff involved in all six programs. Staff involved in the Kids Club went further saying being flexible and community driven is part of building trusting relationships without which their program would not work. Reliability (never, ever missing anyone’s support) is an important principle for the Acquired Injury and Home Support Service (Clarke 2006).

While the overwhelming majority of responses related to outcome or instrumental values, staff involved in the Acquired Injury and Home Support Service identified
two underlying ethical values (you work for clients and clients have choice) and for staff involved in the Community Contact Officer program, the principle of non-compulsion was very important.

As well as asking staff to identify the values or principles that they felt were important in their work, the research also looked at whether these values are incorporated into program design and implementation (see Table 2).

**Table 2: Values incorporated into program design/implementation**

<table>
<thead>
<tr>
<th>Outcome values</th>
<th>Instruments values</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promoting economic independence</strong></td>
<td><strong>Flexibility</strong></td>
</tr>
<tr>
<td>program activities designed to increase economic capacity (Westworks, CCS, MoneyMinded)</td>
<td>numerous entry points accommodating different needs (Westworks, MoneyMinded)</td>
</tr>
<tr>
<td>provision of physical care so that individual can maintain employment (AIHSS)</td>
<td>adjusting planned programs (Kids Club)</td>
</tr>
<tr>
<td><strong>Promoting ability to engage in community life</strong></td>
<td><strong>Responsiveness/community driven</strong></td>
</tr>
<tr>
<td>program activities designed to create/nurture informal social supports (Kids Club, Blokes on Board)</td>
<td>flexible work options (Westworks)</td>
</tr>
<tr>
<td>provision of physical care so that individual can engage in social/community activities (AIHSS)</td>
<td>move from supply driven to demand driven model (CCS)</td>
</tr>
<tr>
<td><strong>Relationships first, outcomes second</strong></td>
<td><strong>Reliability</strong></td>
</tr>
<tr>
<td>set realistic goals (Kids Club)</td>
<td>if no support workers available, managers provide care (AIHSS)</td>
</tr>
<tr>
<td>activities allow trust to develop between worker and clients (Blokes on Board)</td>
<td><strong>Underlying ethical values</strong></td>
</tr>
<tr>
<td><strong>You work for clients</strong></td>
<td>you work for clients</td>
</tr>
<tr>
<td>recruitment practices</td>
<td>clients control who is selected as personal support worker and clients control what is done in allocated</td>
</tr>
<tr>
<td>management practices</td>
<td></td>
</tr>
<tr>
<td><strong>Clients have choice</strong></td>
<td></td>
</tr>
<tr>
<td>clients control who is selected as personal support worker and clients control what is done in allocated</td>
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</tbody>
</table>
In all cases values identified by staff had been incorporated into program design and implementation. This is not particularly surprising in relation to outcome values, such as promoting economic independence, given that the research only looked at programs which were regarded as successful. Programs are unlikely to achieve program objectives if those objectives are not reflected in program design. However instrumental values and underlying ethical values were also reflected in program design or implementation. For example, instrumental values such as flexibility were reflected in the numerous entry points (Westworks, Money Minded) or staff adjusting planned programs (Kids Club). As Kids Club staff explained:

You could have a talk planned for a parents group but if they want to talk about…something that happened in the community that day, well you put the plan off until next week and talk about what they want to talk about. I think you have to be prepared to do that because it is a unique opportunity to talk about issues that they wouldn’t normally talk to anyone else about – it might be our only chance. And secondly, well they are controlling the agenda (Kids Club staff focus group).

As the above quote illustrates, flexibility is related to responsiveness or being community driven.

I would also say the program needs to give the community space to be itself at times. It can be shoving and shoving, saying, ‘you have to do this, you have to do that,’ well then they will just say, ‘see you later’ (Kids Club staff focus group).

As well as informal mechanisms, such as staff involving children in brainstorming sessions to determine future activities, the Kids Club also has more formal mechanisms to ensure responsiveness with children and parents being members of the program’s reference group.

While responsiveness to community priorities or needs was identified as important within day-to-day program activities, staff believed it was equally important in the planning stage as agency views on community needs are not always accurate.

We were thinking, “92 per cent unemployment [in the public housing estates], people want jobs,” but in fact one of the first things residents wanted addressed on these estates was their safety and the environment. They wanted to live in a clean environment and feel safe about the place that they lived in. And then we found we could start addressing the employment and training and those longer-term sorts of issues (Bovell 2006).
The value or principle that ‘you work for clients’ is incorporated into the implementation of the Acquired Injury and Home Support Service mainly through recruitment and management practices. For example, in its recruitment practices Anglicare Tasmania are looking for people who are respectful of clients and can understand that they are working for someone, not just doing a job that consists of a set of tasks. This sort of understanding is valued above prior experience. In the last twelve months the majority of new staff recruited by Anglicare Tasmania have not worked in the industry before. Anglicare Tasmania also put a lot of effort into creating a work culture based around the principle that ‘staff do what clients want’.

I had a couple of people say one day, ‘oh that person has got challenging behaviour.’ Well the person had a physical disability. I said, ‘no, what you are describing is a person exercising their right to have the services delivered the way they want them delivered’ (Clarke 2006).

The service welcomes complaints and has particular benchmarks. For example, same day response and that response coming from a senior manager; that is someone who can make a decision.

The principle that clients have choice obviously stems from the principle that clients are in control – you work for clients. The two most significant examples of how this value or principle is incorporated into program implementation is clients being able to choose who is recruited onto the personal support team and being able to choose how their allocated support hours are used. When there is a clash between underlying ethical values (client choice) and outcome values (promoting independence), underlying ethical values prevail. So even when staff see clients who choose to make goal oriented plans for how allocated hours are used improve their quality of life, while others do not do so well, they remain committed to the principle of client choice (Clarke 2006). Similarly when there is a tension between what the client wants (for example, continuity of staff involved in providing care) and the needs of staff (more variety, rotation amongst different clients), the wishes of the client take precedence over the needs of the staff (AIHSS staff focus group).

**Clients**

Responses from clients fell into the same three categories as responses from staff (see Table 3).

**Table 3 : what clients value**
<table>
<thead>
<tr>
<th>Outcomes related</th>
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</table>
| Economic outcomes | • learning new skills, gaining a qualification, references, more self-confidence (CCS, Westworks)  
• children get help with homework (Kids Club) |
| Social outcomes | • making friends, mixing with others, being engaged in community activities (Kids Club, CCS)  
• children have male role model (Kids Club) |
| Emotional outcomes | • children are safe (Kids Club)  
• children enjoy the opportunity to be children, have fun, do things they wouldn’t do at home (Kids Club)  
• opportunity to relax and enjoy the peace and quiet (Blokes on Board) |

<table>
<thead>
<tr>
<th>How you achieve outcomes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexibility</td>
<td>• program design takes account of physical limitations (Westworks)</td>
</tr>
<tr>
<td>Continuity/consistency (building relationships)</td>
<td>• participants value staff continuity (Kids Club, AIHSS)</td>
</tr>
</tbody>
</table>
| Responsiveness | • staff respond well in emergencies (AIHSS)  
• clients like fact that senior managers respond to complaints (AIHSS) |
| Reliability | • someone will always turn up (AIHSS) |

<table>
<thead>
<tr>
<th>Underlying ethical values</th>
<th></th>
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</table>
| Control (you work for clients) | • clients don’t like staff who think they know what is best for them or staff who won’t cook their vegetables the way they like them  
• clients value input into review of hours |
| Choice | • clients like the fact that they can choose their personal support worker |
| Respect | • parents like the fact that their children are treated with respect and given responsibilities. They also like the fact that there are clear rules (no fighting) |
| Res for children |  |
| Res for boundaries |  |
| Dignity | • parents like the fact the Kids Club is no longer stigmatized as something for “poor people”  
• Money Minded program not presented as response to welfare issue (low income) or individual inadequacy (inability to budget) |

Like staff, clients valued economic and social outcomes, but unlike staff, tended to identify shorter-term outcomes such as more self-confidence, or learning new skills, which are steps on the way to the longer-term goal of gaining employment and hence becoming more economically independent. Emotional outcomes were clearly important for program participants but, with the exception of the youth workers
running Kids Club who talked about how it is important to give the children the opportunity to be kids for an hour or so, emotional outcomes were not mentioned by staff.

The degree of similarity between client and staff responses was even higher in the case of instrumental values where the same values or principles identified by staff were also identified by clients. The value placed on staff continuity by clients was all about building and maintaining relationships with staff, something that is difficult to do if there is high staff turnover, as parents involved in Kids Club explained.

I mean we only had two workers for so long, then to have another one. I mean it is only recently that I’ve been able to even talk to Anna. Not because of her as a person, because I’ve got so used to having those other two. They knew where I came from.

It is harder for us to open up to new workers.

It really is. And then say Nikki is around and then she goes and it is somebody else and you think, ‘to start all over again’ (Kids Club parents focus group).

The desire for consistency and stability also springs from the often unstable home life of many of the children.

My home life is one minute, they’ve got a father there, but when he is out drinking, you know, on his drinking binges, he’s not there, so it’s just me and there is so much different ideas in the house. When I’m there by myself, I’m easier than their father is and I think that is why they need stability. Coming to a place like this which’s got stability helps them out (Kids Club parents focus group).

In the case of underlying ethical values, client responses were consistent with staff responses and with findings from other studies which asked people with experience of poverty what they want from governments and service providers; that is, dignity, respect, choice and agency - the ability to take control of your life (see for example, Peel 2003; Lister 2004; Shearer and Fox 2004; Saunders et al 2006; Scutella and Sheehan 2006).

**Value congruence and client satisfaction**

As the above discussion of findings indicate, there is clearly a high degree of congruence between the values of staff and those of program participants. A high level of congruence may indicate that clients are simply absorbing or reflecting the values of the organization from which they receive services. However, the fact that differences do exist suggests otherwise. For example, staff might value activities for the opportunities they provide to achieve longer-term goals such as the development...
of informal social support networks, whereas clients may be quite happy with short-
term goals such as getting out of Elizabeth and enjoying a bit of peace and quiet
(Blokes on Board focus group).

It is also clear that value congruence does contribute to client satisfaction, but not all
types of values are equally important when it comes to client satisfaction. I would
argue that congruence in instrumental values is most important for client satisfaction,
closely followed by congruence in underlying ethical values, with congruence in
outcome related values the least important. As noted earlier, staff and clients
identified the same instrumental values, with staff of a number of programs noting
that if values such as flexibility or responsiveness were not incorporated into program
design or implementation, clients drifted away or planned activities never got off the
ground.

Client responses indicate that underlying ethical values are important but not as
important as instrumental values because not all ethical values held by staff are
necessarily valued by clients. For example, the principle of non-compulsion is very
important for the staff involved in the Community Contact Service, but none of the
participants mentioned the voluntary nature of the program as something they valued.
While the number of Community Contact Officers interviewed was not large, this
result is consistent with a much larger study of the Work for the Dole program where
participant dissatisfaction was clearly related to not learning anything, rather than the
compulsory nature of the program (see Nevile and Nevile 2003).

Outcome related values were the least important in terms of client satisfaction as
demonstrated by the fact that some Community Contact Officers enjoyed the program
in spite of the fact that they didn’t know what they wanted to do after the program
was finished, or were not getting exactly what they wanted from the program such as
more English classes or a pathway into working in aged care. In addition, emotional
outcomes were clearly important for clients, yet (with one exception) these outcomes
were not identified by staff.

Constraints to incorporation of values
Clients don’t experience values in the abstract – what makes a difference in terms of client satisfaction is when values are incorporated into program design or implementation. As the above discussion reveals, agencies were able to do this, but there are constraints. The biggest constraint is the way a program is funded. Governments typically fund specific responses to a clearly identified need. Agencies pick up government funded programs and then try to adjust them to fit local needs. Government funding is usually very prescriptive in terms of what can be done with the money provided. Key performance indicators usually focus on measurable outcomes which can have a negative impact on program flexibility and responsiveness. For example, Westworks, the salvage and recycling business in Elizabeth West, an area of Adelaide with a high proportion of long-term unemployed, is able to accommodate a wide variety of different types of engagement because the business generates some of its own income. It is not totally dependent on government funding.

Westworks offers opportunities for people who want work experience so they can move into paid employment. Westworks can also assist people who want to start their own small business or it can assist people to become self-employed contractors by brokering work through its contracting arm. But Westworks also offers space for people who are being case managed or supported by other Anglicare SA services – people with a mental illness or who are dealing with drug and alcohol issues, housing issues, legal issues. These people can deal with their issues but also come and work when and as they are able, at Westworks. While the ultimate outcome is economic independence, there are no timeframes imposed on individuals. In other words, outcome values (economic independence) are subordinate to instrumental values (flexibility, responsiveness to individual needs). Helen Connolly (who started Westworks) is quite clear on this point.

There are a range of different options. The key for me is if someone wants to come in here for the next ten years and cut cords off electrical equipment, that’s OK. There needs to be space for those people…It would be great if people could get off benefits and have some independent income…but if others [can earn] their cigarette money for the week, then that makes a big difference as well (Connolly 2007).

The flexibility Westworks is able to offer contrasts with the Community Contact Service which has similar goals (assisting people to move into employment) and is targeted at a similar client group. However the Community contact Service is entirely
dependent on government funding and participants are only able to remain on the program for thirteen and a half months during which time they receive six weeks pre-employment training and then they work for twelve months as a Community Contact Officer and do a traineeship (Certificate III in community services work). Staff believe that because of the nature of Community Contact Officer work, twelve months is not long enough for participants to get to the point where they can make the transition to mainstream employment.

In some of our other services, where people do cleaning or when they work in the garden, they can really see what they are achieving and they can see how they are building their skills up, very, very quickly. So I think it is easier for them to move on more quickly because their confidence comes much more quickly. But for our guys, because...the work they do is quite slow in many ways – you are talking about building up relationships with people, developing rapport with people – just when they are actually doing that, it is time to move on (Sammut 2006).

But such changes have to be negotiated with the Department of Human Services at the conclusion of the existing service agreement and there is no guarantee that the department will agree.

Prescriptive funding models can also constrain the ability of agencies to respond to community needs. One of the Key Performance Indicators for the Community contact Service is Customer Service which involves (among other things) providing information to residents of the housing estates on behalf of the Department of Human Services and developing information packages for residents and visitors. Because of the low levels of literacy amongst some housing estate residents, staff would like to supplement written material about what services are available with DVDs which would run in the foyer as residents are waiting for the lift. “At the moment, all the flyers that go up for English language training are in English” (Sammut 2006). However, because the CCO program is a training employment program, funding does not cover DVD production and staff have to chase other sources of funding in order to respond to this obvious community need.

For clients of community development programs, continuity of staff was very important to building the trusting relationships necessary for program success. Wages in the social welfare sector are relatively low and the short-term nature of government funding

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3 95 per cent of funding comes from the Victorian Department of Human Services, with the remainder made up of DEST trainee commencement incentives, Job Network outcomes payments and YES subsidies.
contracts (1-3 years are common, 5 years at most) exacerbates the problem of retaining staff. The youth workers who run Anglicare SA’s Kids Club are passionate about their job and aware of the importance of building long-term relationships, but are also aware of the precariousness of their positions.

I think as a worker you feel a bit scared about our job security.

Yeah.

The reality is staff need security as well. If you are on a contract position and you get offered a permanent position in the public service, well, you’ve got your bills, you’ve got your family, so you’ve got to move on. But then that leaves a gap and the next worker has to start from base one again. It’s like starting a new program really (Kids Club staff focus group).

The youth workers at Kids Club are not alone in their concerns. A recent report on workforce development issue in the community services sector in South Australia concluded that “the recent history of short term, project based, funding arrangements have led to the adoption of insecure employment frameworks which militate against efforts of organisations to maintain, develop and grow their workforce in any planned way” (Carson, Maher and King 2007:vi).

Policy implications

No-one would argue with the proposition that governments have a responsibility to ensure that taxpayers money is not wasted; that programs achieve desired outcomes. If outcomes are “the main game” why should governments worry about client satisfaction? Even apart from ethical concerns about treating clients with the dignity and respect that many would argue is a human right, governments should be concerned about client satisfaction because client involvement is often dependent on client satisfaction and desired outcomes will not be achieved if clients do not participate in the program. If participation is compulsory, then I believe governments have an even greater obligation to do what they can to maximize program flexibility and responsiveness.

The major and somewhat surprising conclusion of the research is that congruence in instrumental values is the most important for client satisfaction. In other words, achieving outcomes is, to a certain extent, dependent on the way programs are delivered. This conclusion is consistent with the literature on service quality and while client satisfaction is not exactly the same as service quality, the instrumental

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4 For a discussion of these arguments see Nevile 2007.
values identified as important by staff and clients are essentially the same as the four process-related criteria of good service quality identified by Gronroos.\(^5\) As noted at the beginning of this article, governments shifted their focus from inputs and processes to outputs and outcomes as a way of ensuring service quality. This research suggests that focusing solely on outputs and outcomes is not the best way to achieve desired outcomes and ensure high quality service. In other words, governments need to expand their focus to include instrumental values, most particularly values such as flexibility and responsiveness. This is not to say that governments should build prescriptive process indicators on top of outcome performance indicators, rather governments need to develop performance indicators that recognize and reward flexibility and responsiveness. The fact that instrumental values are most a risk from funding mechanisms further reinforces the need for change.

References


Carson, E., C. Maher and P. King. 2007. *Careers At the Coal-Face? Community Services in South Australia: Workforce Development.* University of South Australia.


Connolly, H. Personal interview, 31 January.


\(^5\) The Attitudes and Behaviour criteria where customers feel those providing the service are concerned about them and genuinely interested in solving their problems highlights the importance of relationships between service providers and clients and the Recovery criteria where customers realise that service providers will immediately take action when something goes wrong equates to the value placed on responsiveness by clients.


