

# **The Partners for Change Outcome Management System: Supporting PCOMS in Aotearoa New Zealand**

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Report to Wesley Community  
Action on behalf of Methodist  
Mission Aotearoa

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**Partnering for Outcomes  
Foundation Aotearoa**

Leading PCOMS for Effective Change



# Introduction

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**The Partners for Change Outcome Management System (PCOMS) is a unique approach to supporting people who need help to thrive. It gives clients the power to set their own goals and measure their progress, practitioners feedback on their practice, and provides organisations with data to develop and shape effective services.**

The tools are deceptively simple – practical scales which can be used to generate feedback and data. However, implementation can be challenging. PCOMS requires organisations to invest in training and support, practitioners to see feedback from clients as useful, and clients to think about their own lives in different ways.

The interviews with clients, practitioners and managers that informed this report show that when PCOMS is well implemented it is strongly supported. The stories from clients are powerful. They tell of being able to focus on progress, rather than being overwhelmed by a tangle of seemingly insurmountable problems. Practitioners learning to use PCOMS talk of a journey from confusion and self-doubt to focused client interactions that led to profound change.

A number of insights in this report could be described as challenges. They are opportunities to learn and further develop the way PCOMS is implemented in New Zealand. The inclusion of these reflects the values that drive PCOMS – listening, reflecting and making intentional practice changes that drive better outcomes.

# Our approach

This project had two objectives:

- 1. to understand what is needed to support the ongoing implementation of PCOMS in organisations that already use it**
- 2. to provide information and support to people and organisations wanting to use PCOMS**

The approach was based on co-design principles, which use empathy-based interviews to understand people's experiences. The interviews were then mined for insights, which were grouped under a series of themes.

Forty one formal interviews were carried out – 12 with clients, 13 with practitioners and 16 with managers. Additional information was gathered through informal conversations with a small number of staff. Interviewees were drawn from six organisations based in Auckland, Wellington and Dunedin – Wesley Community Action, Problem Gambling Foundation, Vision West Community Trust, Methodist Mission Southern, Lifewise and Relationships Aotearoa. Maori, Pakeha, Pasifika and Asian groups were all represented. All interviews were confidential – apart from anonymous quotes, none of the information gathered has been shared beyond the research team.

Once the insights were developed a small workshop, involving staff currently using PCOMS, was held in Porirua. The aim was to test the insights, set priorities for action and develop some ideas to support the implementation of PCOMS in New Zealand.

The implementation approach is based on the ideas developed and discussed at the workshop.

## The insights

The interviews were analysed and key insights grouped into themes, which are listed below.



### PCOMS can be transformational for clients

When PCOMS was well implemented by confident practitioners, clients were able to make significant changes in their lives. The ability for clients to set their own clear goals and to see their progress was important. Clients and workers became increasingly engaged with the process over time – discussing the reasons and stories behind the ratings and the patterns highlighted by the graphs. This enabled the client and their worker to make sense of what was happening and use feedback to make changes to achieve their goals faster.

**“I remember seeing the graph going along, along, along - then it spiked and I knew my life was settling.”** - client

**“At first I was a bit taken aback. Once I understood what it was about, it made complete sense to me.”** - client

**“I genuinely think it’s good. All social work departments, doctors and community hubs should use something like this.”** - client

**“With the rating scales, even before there’s any change with progress toward the goal, the client is getting clarity. There’s a load lifted off their shoulders - they’re addressing things they’ve been burying their heads about.”** - practitioner

When workers didn’t use the system well, clients disliked PCOMS and didn’t engage with it. They needed to believe their worker cared about them and that their feedback was valued. They also wanted a partnership with their worker that supported them to achieve their goals.

**“My worker said, ‘Can you just fill this out before we start the session?’ Then it was left to one side. Every session he was throwing it out at me, putting it aside and saying, ‘That’s it.’”** - client

## And for staff

Practitioners who felt well supported and confident in their practice were able to use PCOMS effectively and to see results. Many talked of becoming more reflective about their work, the client's voice becoming central to that process, and the value of working intentionally and together toward an agreed goal.

**It's a tool to get your client's voice in the helping relationship - everything else is an offshoot of that." - manager**

**"PCOMS allows me to get a gauge of where people are at - it's like an emotional barometer." - practitioner**

**"My favourite aspect is it gives you (and your client) the ability to pinpoint and discuss a problem. They've done it by using the scales. They've given you the heads-up in a non-verbal way."**  
- practitioner

Practitioners' experience of PCOMS was that although it can take time to explain the scales, they have broad cross-cultural relevance. The Outcome Rating Scale takes a holistic approach to the various domains of clients' life and wellbeing.

**"When I first saw the PCOMS scales they reminded me of Te Whare Tapa Wha - quite simple and holistic." - manager**

**"Some things work for some people but they don't tell us what will work for who. If it's not working, we tend to either pathologise the person or double the dose. Unless you use PCOMS, it's just trial and error." - manager**

Staff said PCOMS had improved client retention, helped them to develop transferable resilience and provided their organisation with high quality feedback.

**"In one of our programmes, the no-shows reduced from 59% to 19% as the result of PCOMS." - manager**

**"I like things that work. The philosophy of getting client feedback in a well-managed, honest way is of value to organisations." - practitioner**

**"Clients are telling us, 'I'm stronger, I never knew I had the answers. I just knew I had problems.' They talk about helping themselves." - manager**

**"When one part of your life improves then other parts do. PCOMS is about developing transferable resilience."**  
- manager

## And it can be transformational for organisations

PCOMS worked best when organisations decided how, where and when it was implemented, what roles individual staff would have in its implementation and how the data would be gathered, monitored and used.

### **Successful implementation had:**

- continuous planning, training, monitoring and review
- on-going support, coaching and supervision
- sound organisational infrastructure, and
- PCOMS-friendly software

There was a predominant view that to succeed, PCOMS needed to be closely aligned with the values of the organisation and deeply embedded in its culture and practice. Staff were more likely to engage with PCOMS when there was explicit commitment and endorsement by the management team.

**“The culture of PCOMS has to come from the CE. It’s not something we do –it’s who we are.” – manager**

**“Staff coming in need to know that this is the way we do things.” – manager**

**“We’re seeing patterns nobody’s seen before.” – manager**

**“PCOMS data is our client base talking to us, en masse.” – manager**

**“You need to ring-fence some business and operational practice principles around it so management know what the deal is from the start.” – manager**

**“It’s a measuring tool – what’s working and what’s not – with the worker, the client and the agency.” – practitioner**

## PCOMS is hard to describe and understand

There was a strong thread, expressed in a number of ways, about the difficulties of understanding what PCOMS actually is. Several practitioners said they didn’t know what the letters stood for, while many others talked of their difficulty grasping the system so they could be confident about using it. Many had “lightbulb” moments, while others simply found ways to ignore it in their practice.

**“I went to the Barry Duncan seminar. I could see the possibility of it, but I didn’t know how on earth we were going to implement it.” – manager**

People talked of the different ways that were available to increase understanding – training, the Heart and Soul book, coaching, webinars, online information and informal support. Different channels worked with different people but the lack of succinct, strong messaging was a barrier for early engagement and often delayed the adoption of the system.

Staff said they learnt best by seeing and hearing from range of different practitioners, who are implementing PCOMS in different contexts, but opportunities to do this were limited.

Stories, videos and hands-on experience helped to build confidence and understanding. Staff liked to watch videos, read online and hear stories and explanations from others doing similar work. Many staff didn’t like or don’t have time for books or webinars. They also wanted a more diverse choice of video clips.

**“The biggest thing that grabbed me was a couple of girls from (another team). They’d moved and I wanted to know why – they were giving out positives and I got inspired.” – manager**

**“We all got the Heroic Client book. No-one read it. I prefer to read online.” – practitioner**

# Tailored and ongoing support is key

Managers, supervisors and practitioners expressed different interests, needs and challenges.

Managers saw the benefits of the system quickly, but for most staff, PCOMS involved a significant change to their thinking and practice. People found it easiest to connect with PCOMS when they understood the rationale. They wanted to know what was in it for them and the people they work with. Developing expertise in the use of PCOMS required regular training, coaching and supervision.

**“We should have had follow-up training - I didn’t realise that.” - manager**

**“The initial training plants the seed - the coaching enables it to grow.”**  
- manager

**“When you’re training, you need to be prepared with examples that are relevant to your reason for service.”** - practitioner

**“With the training, don’t overload it! I’m not responsible for funding - I don’t need to know about that.”** - practitioner

**“I took it home and did it on my kids.”**  
- manager

PCOMS looked simple but it required considerable skill, flexibility and openness for workers to use it effectively. Staff responded best when the basic requirements were clear and they had a range of supports so they learnt as they went along.

Some organisations used several PCOMS-specific KPIs to drive and monitor practice.

**“We give staff all the help they need, while holding the line that this is what we do.”** - manager

**“It needs to be made compulsory but implemented gradually.”** - manager

Staff using PCOMS wanted clarity about practice issues. Some received conflicting messages via various types of training and coaching. A small number had no formal training at all, learning from colleagues instead.

**“There needs to be a forum where staff can continue to ask questions ... you get a lot more pushback if you aren’t able to answer the questions.”** - manager

Practitioners were keen to learn more about how to use the tools to improve their practice. PCOMS was used by a range of workers in many different contexts – prisons, budget advice services, support groups, youth training facilities and community hubs, as well as in one-to-one counselling. Staff wanted to know to what extent the tools could be adapted for different clients and contexts while still retaining validity.

**“I’ve tweaked it, made it fit the role - I still wonder sometimes, if I’m doing it right.”**  
- practitioner

**“When I went to the Barry Duncan training this year, everything I’d struggled with was in the room. He sorted it for me.”**  
- practitioner

## The data is seen as both an opportunity and a threat

Practitioners who were confident with PCOMS used feedback data to adapt the way they worked with each individual client, as well as to reflect on and develop their practice through supervision.

At an organisational level, the data generated from client feedback helped identify patterns and manage staff development and productivity. In some teams it led to significant changes e.g. moving from sporadic, unfocused work with a large number of clients, to intensive, goal-directed work with fewer people. The data also enabled organisations to provide accurate reports about the effectiveness of programmes, services and other initiatives.

**“I tell clients the only way you know you’re being successful is by measuring it.” - practitioner**

**“The biggest change to my work from PCOMS is the reporting - now I’m seeing the narratives and I can talk to the figures.” - practitioner**

**“With PCOMS I can see how clients progress in relation to the reason for service without having to see too much detail” - manager**

However, for some practitioners there was fear that data could be used as a performance monitoring tool. This created anxiety about job security, which in turn led to disengagement from the process.

Some staff said they were unable to be honest with management about their concerns in relation to PCOMS. They were worried that:

- their struggles with PCOMS would be treated as performance issues
- less than perfect scores on the Session Rating Scale (SRS) would lead to them being seen as inadequate
- low scores on the SRS would be judged negatively in the absence of context

**“One of the biggest hang-ups with PCOMS is the HR implications of the SRS.” - manager**

Where the difference between staff development and performance issues was clear to staff, their concerns diminished.

The use of data, and the IT systems in place to support it, was variable.

**“We’re just data gathering in our organisation, we have a huge quantity of client data but it’s not being used yet.” - practitioner**

**“Lots of organisations just practice PCOMS at a low level - they don’t manage it and they don’t utilise it to the full extent. The question is - what’s the point?” - manager**

## Giving and receiving feedback can be challenging

PCOMS is based on the idea that constructive feedback helps people make positive changes. Feedback is actively and regularly sought from clients and is used to inform discussions and strategies.

It took time and skill for workers to create an environment where clients felt OK about giving honest feedback. Some feedback, particularly on the Session Rating Scale (SRS), was challenging for workers.

**“The SRS is great but it’s hard to hear it. You get over yourself. I adjusted my work - I found out I talked too much.”**  
- practitioner

**“I remember the first time I used the SRS with a young person. At the end of the next session he said, “You weren’t organised.” I’ve never forgotten it.”**  
- practitioner

**“I tell clients, it’s OK if it’s low (the SRS) - sometimes it takes a while to get on track. I reassure them.”** - practitioner

Some staff were concerned that due to cultural norms and power dynamics, clients were unlikely to provide honest feedback, particularly in relation to the quality of the relationship or the session.

**“A lot of people don’t want to say how they feel. If you have a piece of paper, it means you can say things.”** - client

**“Your worker may not have meant to make you feel a certain way but the fact is she did, and she needs to know that.”** - client

Just as workers needed to create an environment where feedback is welcomed, management needed to do the same in relation to PCOMS implementation.

Managers also needed to understand that PCOMS exposed staff vulnerabilities in a way which other tools do not.

**“My manager has never done PCOMS with a client.”** - practitioner

Improvement depended on the ability of all staff to create an environment where constructive feedback was welcomed and acted on.

People who prefer a top-down, expert-driven model of social service provision were less likely to engage with it.

**“Some staff get into a vicious cycle of not believing in it, not doing it well and not getting good results - which reinforces them not believing in it.”** - manager

**“It’s about people - clients as people. Unless you’re interested in where they go and what they bring, it’s not for you.”** - manager

**“There’s no point using it if people (clients and staff) don’t want to change.”** - manager

## Supervisors are the lynchpins of good PCOMS practice

PCOMS needed to be integrated into supervision structures so supervisors could actively coach workers in their use of the tools. If the supervisor or manager wasn't fully on board, PCOMS was more likely to be poorly implemented and superficially used.

**“Supervision used to be all one way – the worker bringing their story. But with the graphs, you’re bringing the client into the room.” - manager**

**“My supervisor’s not really into it. I need someone who’s sold on the idea – that would help tremendously.” - practitioner**

**“You’ve got to coach, coach, coach staff to express a deep and meaningful interest in what clients score ..... making meaning of it, valuing it and believing that what they put down matters.” - manager**

**“You need skilled, trained supervisors whose workers are privileging the client’s voice by taking the scales and graphs to supervision.” - manager**

## A community of practice is important

The theme of learning from and being supported by colleagues within organisations also applied between organisations. People enjoyed talking with others, from different agencies and areas of work, about their experiences. Many saw value in a more collaborative approach as a way of supporting and developing PCOMS in New Zealand.

**“At the training, I was inspired by what people in other organisations are doing. Now we’re realising its potential.” - manager**

**“I’m the PCOMS expert in our organisation. What happens to that knowledge if I move on?” - manager**

**“There’s a lack of leadership around PCOMS – we’re all doing it independently up here. We need to know who else is implementing it.” - manager**

**“We need to support each other across agencies, dealing with what comes up and keeping hold of the vision.” - manager**

**“To put all the evolved pieces of PCOMS together, here in NZ, what a wonderful thing that would be.” - practitioner**

**“A New Zealand website would be absolutely fantastic – the key to PCOMS going nationwide. You could de-jargonise it, have a point of reference to check what’s right, hear other people’s stories, learn from their mistakes, have the client’s voice in there .....” - practitioner**

# Ideas

The ideas that emerged through the workshop process were developed by two teams and presented to the whole group. Further discussion then examined the ideas and sharpened the intent.

These ideas were developed in response to two questions which emerged through the insight process.

## 1. How might we challenge resistance to PCOMS within organisations?

- consistent follow-up training
- staff bonuses
- anonymous surveys to explore why people are not engaging
- naming challenges and barriers and asking people for ideas to try
- buddying the confident with the not-so-confident
- one-on-one supervision sessions based on PCOMS

The 3D model developed by this team included an anonymous, confidential survey to find out how staff are feeling about PCOMS and its practice, followed by coaching on issues identified in the survey.

This aligns with the PCOMS process of seeking feedback, setting goals and developing a quality coaching relationship between practitioners and supervisors.

The fit of PCOMS with broader organisational values was also highlighted as important. There was discussion about how to balance this. Is PCOMS simply a tool? Or is it the guiding principle for an organisation?

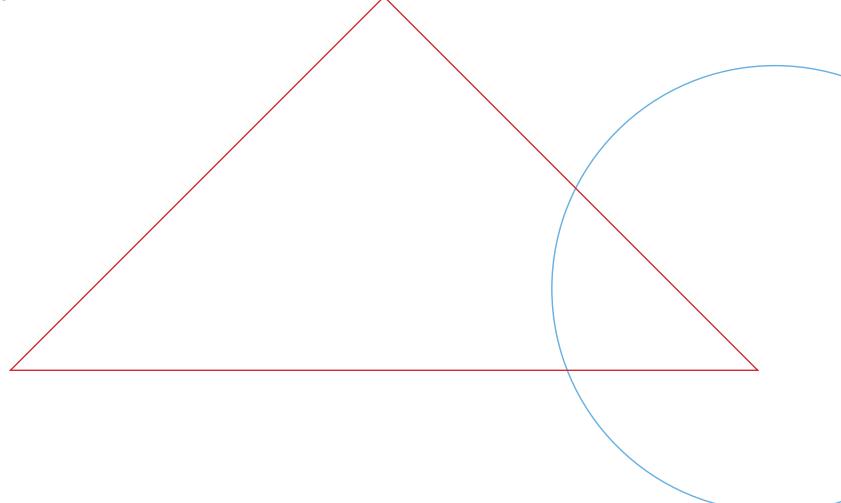
## 2. How might we inspire belief in PCOMS before we start training?

- the real champions are the clients who have made changes in their lives
- we need staff from other teams and organisations sharing positive stories on how PCOMS has worked
- we need to link PCOMS to organisational values and beliefs

In developing their idea, this group acknowledged that there are a diverse range of practitioners working in a wide variety of practices and programmes. They saw a group of workers managing the challenges of implementation and telling stories, about what they are doing, to people who haven't yet engaged. They also had a number of client champions telling their stories of change.

They created a graphic model showing how workers see themselves as experts who bring their expertise to client problems. Some workers are able to reframe their approach and make the transition to handing power to clients, while others struggle.

Solutions generated by the discussion included improved staff selection, more access to coaching, building supervisory capacity and developing a buddy-type mentoring system where staff from one team can work with others.

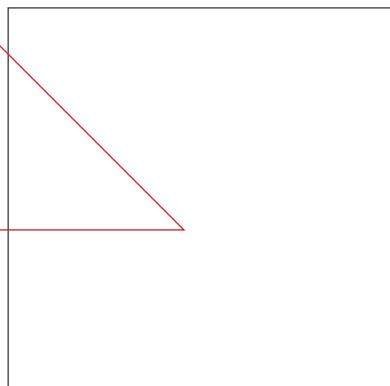


# Implementation - proposed approach

Implementation is an ongoing process. This proposed approach is designed for those already using PCOMS, providing strategies to support continued implementation and development throughout their own organisations. It also provides a solid foundation that enables organisations interested in adopting PCOMS access to information and support that informs implementation plans.

## 1. Develop and promote a clear, consistent story that describes PCOMS

The core story is used as the foundation for all communication about PCOMS. It will inform website content, be used to promote PCOMS in the media, to engage organisations interested in adopting the system and provides a simple explanation that introduces the concepts to staff. It can also be used as the basis of a Q and A document for a wide range of audiences.



## 2. Create a series of video clips to engage different audiences

A series of short, professionally filmed videos, featuring a range of people practising and discussing PCOMS, will provide resources for training and website development. During the interview process, clients, practitioners and managers shared stories about their experience of PCOMS, describing it in ways that were practical and inspiring. Interviewees who have already expressed an interest in taking part in further research for the PCOMS project could be approached to be interviewed for video clips.

## 3. Prioritise the development of the Partners for Change Aotearoa website

A Partners for Change Aotearoa website will provide an accessible channel for consistent and clear information customised for a range of audiences. The landing page would be designed to engage user's attention, using brief audiovisual clips from real people – clients, practitioners and managers – in a series of brief (one to two minute) videos. A series of tabs – About us, About PCOMS, Resources, Our Stories, News and events and Links – would guide visitors to the information most relevant to their needs. Once built, user testing would inform and refine the details of the design. The website would promote PCOMS and build meaning around the New Zealand's version of the PCOMS brand.

## 4. Promote practice excellence and innovation

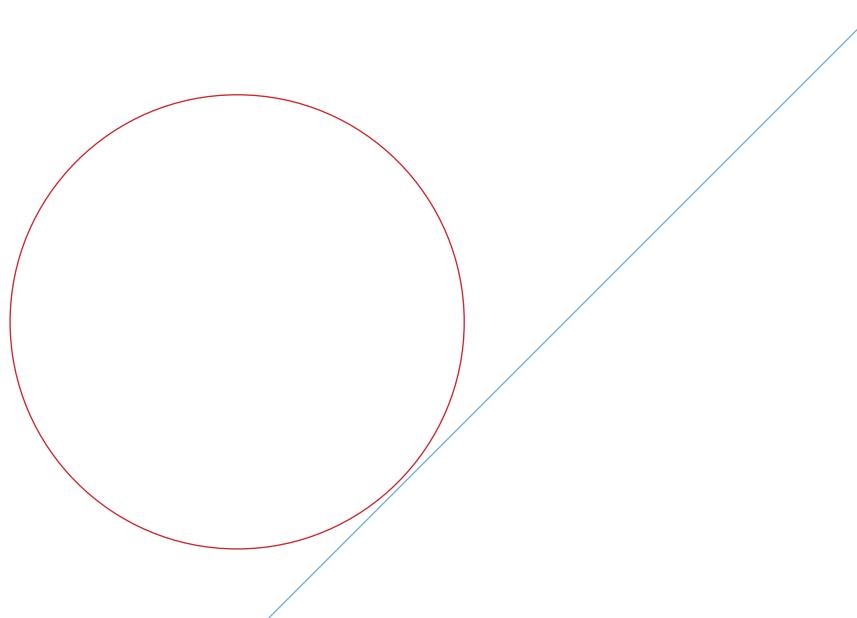
It is recommended Partners for Change, in partnership with PCOMS owner Barry Duncan, explore the following:

- a system for endorsing practitioners and organisations that have demonstrated competence with the PCOMS system
- a system for addressing PCOMS related questions and issues and creating a body of practice knowledge and standards accessible to New Zealand based PCOMS users and their organisations
- accessible, lowcost options for extending the skill, diversity and availability of New Zealand based PCOMS trainers, champions, mentors and supervisors
- partnerships with universities that are using PCOMS as part of their curriculum for example Massey University
- a stocktake of New Zealand developed PCOMS resources, vetted and approved for use by other organisations. The Partners for Change website could be a repository for these resources.

## 5. Develop a community of practice around PCOMS

To promote a community of practice around PCOMS it is recommended Partners for Change Aotearoa develop and circulate the following:

- a map of organisations and individuals that are using PCOMS in New Zealand
- a list of PCOMS resource people such as trainers, mentors, staff with specialist skills, for example PCOMS-compatible IT expertise
- a system for cross-organisational training, support and induction
- a set of implementation packages designed to meet the needs of a range of organisations
- resources for recruiting staff with core attributes that complement PCOMS
- a range of tools and measures designed to incorporate PCOMS as part of contracting, reporting and evaluation activities





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