



ourcommunity.com.au



Concurrent Session 2: Using Indicators to Advocate for Policy or Programs

Communities in Control Conference
Melbourne, 14 June, 2009

Presentation by

Dr Gill Westhorp
Research & Evaluation Consultant

Thank for the introduction. I'd just to say that I am living proof that those of us who dropped out of maths at Year 10 in high school can do research and evaluation, can use quantitative indicators, and can in fact use our knowledge developed at the local level to advocate for policy and programs.

What I'd like to do in this session this morning is first of all spend a little bit of time very quickly looking at how one frames an advocacy argument. And I'm going to do that in three slides, and for probably 60% of you it's going to be teaching you to suck eggs. My apologies for that, but I just want to make sure that we're all starting from the same starting point.

I then want to spend much of the time working through an example of advocacy and policy in the intervention area - early intervention, and in fact early years intervention. Over the course of the rest of the presentation I want to look at how advocacy in that area has changed and can change as the nature of the indicators that are available change.

That's going to involve a very quick look at that particular approach to developing evidence or indicators called realist evaluation. So I'll give you the three-slide introduction to realist evaluation and then talk about some of the implications - how you can use different forms of indicators to mount arguments for different stakeholders, and what that means in terms of advocating for policy programs.

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

The word advocacy, what does it actually mean? Amongst my many past lives and past projects, one was to write a series of training and development manuals in relation to advocacy. So I thought everyone knows what it means. But what does it mean?

I went back and found out that the original Latin 'advocare' is variously translated as "to be called to stand beside" or "to be called to give voice". And it raises the issue, I think, about from whose, or from what, perspective it is that we are advocating. When we say we are advocating for a policy or program, from whose perspective are we advocating? Whose position is it that we are putting?

Of course most of the time we're talking about either verbal or written support or argument for a cause or for a policy, the function of being an advocate.

When one frames one's advocacy argument one of the first things to do is to get clear about how it is that you're framing the problem. Is the problem that there are human rights that are being, or are at risk of being, breached? Is it that there are needs that are not being met? Is it that there is an attempt to meet needs but the solution that's being provided is the wrong solution, or is not successful in meeting those needs?

Is the problem that there's a program that's working after a fashion but which could be modified to be made more effective, so the problem is one of program effectiveness? Or is it a problem of cost effectiveness, that what is being done is not the most cost-effective way of offering a solution to the problem?

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

How you frame the problem is of course going to frame the solution that you're offering. And how you frame the solution then determines what evidence and what indicators you're going to need in order to mount that argument.

I'd like to reiterate some of the things that Sue said earlier about knowing who it is that you're mounting that argument for. Because the second step in framing your argument is to be clear about to whom you're making the argument for, what you're making the argument for, and what evidence it is that they are going to find convincing.

Politicians are the ones who will make the decisions about overarching policy frameworks and overall directions. Senior policy makers and bureaucrats in government are the ones who are going to make recommendations to the politicians about the nature of the programs or policies that should be implemented. They're going to have a slightly different set of interests and be interested in slightly different evidence than will the politicians.

If you're advocating to a service provision organisation for a change in the nature of the program or service that they're providing, then they're going to want a different level of information and evidence again.

So be clear about whether you're advocating for an overarching policy framework, or for a change in policy, or for the introduction of a particular program, or for an amendment to a particular program - that determines what decisions it is that the decisionmaker needs to make and therefore what issues they need to take into account, and therefore what evidence, what indicators, you're going to need to offer.

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

So having worked out that you are going to try to mount an argument in response to a particular kind of problem, and assuming that you know to whom you are mounting your argument, and accepting that you've got a sense of what kinds of evidence they're going to need in order to make what kinds of decisions, you can then start looking for what are the kinds of information that you might be able to draw on and thinking about what kinds of indicators you might need.

So if your argument is framed in terms of rights or rights being breached, then one of the sources of information that you might look for is information about, for example, the United Nations conventions which spell out what the rights of various populations internationally agree to be. You might also look for information in legislation that specifies what things are going to be provided. You might look also in policy.

If you're mounting an argument about needs, for example, then you might need indicators about population level statistics, and here I'd like to underline and emphasise what Sue's said about going to the ABS and finding your way through the Census data,.

You might want what I've called comparative statistics. That's slightly different from Sue's concept of differentiating statistics. Comparative statistics is when you're comparing one population with another population. So if you were looking at the employment rates of men and women, for example, or the income rates of one proportion of your local government area's population compared to another, those would be comparative statistics.

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

You might also, of course, get indicators about what the needs are in your community by consulting with them and being able to summarise that information and present it forward.

If, however, your argument is about the effectiveness of a program or a policy then the kinds of information that you're going to need are going to come from different places. They might come from research or from evaluation or from literature reviews about existing research or evaluation.

While you might be looking for quantitative indicators, you might also be looking for qualitative indicators and differentiating indicators as well. Sue used the term "soft indicators" to describe qualitative, and it's a frequently used term. I'd just like to highlight, as somebody who does both quantitative and qualitative research, that soft does not mean easy.

It's not necessarily easier to get hold of good quality qualitative evidence or to synthesise it. But you might get it through interviews, you might get it through focus groups, you might get it through ethnography, when a researcher is immersed in a particular culture or community that they want to develop a much better understanding of. You might do case studies.

Document review, when you look through, for example, the minutes of a community organisation to see when particular decisions were made or what action has been taken in order to put a decision into practice, is another form of qualitative research.

The questions qualitative research answers are 'What' questions like "What is the nature of the problem?" 'How' questions, like "How does this program work?" are more often

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

answered qualitatively than quantitatively. And ‘Why’ questions, like “Why do we think this is a good idea?” are usually answered qualitatively.

Quantitative measures are anything with numbers in it, so surveys, questionnaires, objective – that stands for outcome – measures, are quantitative, and so are the sorts of things that are used as outcome measures for policies and programs - employment rates, or housing rates, or numbers of people who could demonstrate a new skill by the end of a training program. Costs information, when it’s organised in purely financial terms, is a different kind of quantitative data. Quantitative measures answer ‘How much?’ questions – “How much of a problem is this?”, “For what proportion of the community is this a problem?” “How much will it cost for us to run this kind of program?”

Reviews of existing research and evaluation again come in many different kinds. A narrative review is the traditional form of literature review where the reviewer reads a whole lot of research and summarises and synthesises it in words.

Meta-analysis is a particular form of quantitative summary which uses research into a particular area and then using some very clever statistical tricks converts all their outcome indicators to kinds that can be compared, despite the fact that the original research wasn’t usually done in ways that could be compared. Then it adds it up and gives you a total figure across all kinds of X. So if we’ve been running a particular kind of early intervention program and it’s been run 25 times in 25 different communities, we can say that the net impact of that program on average is 10% - which incidentally would be an indicator of a successful program; most programs make between 5% and 15% difference to whatever problem it is that they’re

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

trying to address. So meta-analysis does particular things with statistical data and gives you an on-average kind of answer.

Realist synthesis is the realist evaluation version of how to do a literature review, and it takes a slightly different approach to the literature. Instead of saying, “On average, the program does this,” what it tries to do is work out in what circumstances does this program work, for whom does it work, and how does it work. And so it uses different kinds of approaches to synthesising the literature in order to be able to answer those questions.

What reviews do is tell you answers to questions like, “How common is this? How common a problem across a range of areas is this? How does this solution to that particular problem usually work? Where does this solution work? When does it work, and when doesn’t it?”

This is going to feel at the beginning like a little bit of a digression, but there’s a moral to the story. About 30 years ago a woman called Carol Weiss, who is one of the demigods of evaluation, did her PhD research examining where it was that evaluation evidence was used, and, in fact, how often evaluation evidence was being used in the way that evaluators back then thought it was going to be used. It was called instrumental use. So the object of the exercise was the evaluation would be done, and the decision makers would use the data from that evaluation to refine their decisionmaking to decide to re-fund the program, and so on and so forth.

Rather disconcertingly for evaluators, what she found out is that evaluation data is actually very rarely used in that way.

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

Over the next 20 to 30 years there's been significant research into how evaluation research is actually used. We now know that evaluation research is used internally by programs, and it's used by program funding bodies and by directors and by service providers. And it's used particularly in learning organisations who are seeking to improve constantly what it is that they do and the effectiveness of what they do.

But it's also used externally to the program. So managers of other similar programs use evaluation information to learn how to improve their own programs. Funding and policy bodies use it to figure out what to fund or how to improve the operation of the programs that they operate. Politicians use evaluation findings to amend or reform policies. Social scientists use it to find out what new knowledge there is and to inform their articles and incorporate it into theories about how things work or why things work.

Evaluators use it to profit from the findings – that doesn't necessarily mean financial profit – to inform our own evaluations of other programs and also to learn from the methods of study. It is also used by civil society, that's an American term for people who are participating as advocates or as members of board or as whatever, who use evaluation findings in their advocacy role.

What Carole Weiss discovered when she was looking at instrumental use and what has in fact been discovered since is that evaluation is used in the ways that were originally expected in if the implications of the findings are relatively non-controversial, neither provoking rifts in the organisation nor running into conflicting interests; if the changes that are implied are within the organisation's existing repertoire and are relatively small scale; and if the environment is

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

relatively stable without big changes in leadership, budget, types of clients served or public support. That's a relatively narrow band of circumstances in which evaluation is going to be used in the ways that evaluators originally assumed their findings would be used.

There is a fourth situation that encourages use, too - when a program is in a crisis or paralysis and nobody knows what to do –but the metaphor of evaluation as the deathbed physician is a little concerning.

If you then look at how evaluation is used other than in those circumstances, what you see is it's used by advocates of various different kinds in advocacy settings. So it comes into currency, it comes into use, through professionals and academics and evaluators, and for professionals there you can read any worker in human and community services and the members of the boards for whom they work. And it influences networks of practicing professionals and policy wonks, infiltrates advocacy coalitions, alters policy paradigms, changes the policy agenda and affects belief communities within institutions.

So what that's saying is that evaluation evidence is a tool for advocates of various kinds to be able to use within their advocacy. What I want to do now is work through an example of the ways in which that has happened and can happen.

As I said at the beginning I'm going to use the broad example of early years early intervention. There are of course a number of forms of different approaches to understandings of early intervention, and early years early intervention is a particular subset. It usually targets children

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

aged 0 to – well, insert the number of your choice here, 3, 5 or 8, depending on the policy and the families. It's usually targeted to lower socio-economic status groups.

One of the things that was found twenty to thirty years ago through various different kinds of research and evaluation was that there were common risk and protective factors leading to social problems or less desirable social outcomes across quite a wide variety of those outcomes. The same sorts of risk and protective factors for children aged 0–5 or 0–8 were correlated with outcomes in relation to offending, homelessness, early school leaving, drug and alcohol abuse, teenage pregnancy, unemployment, various kinds of mental health problems, and so on.

Identifying that is using a particular kind of indicator. So they were looking at correlation between the circumstances for children and the outcomes later on in their lives. That's the use of a particular form of indicator.

In the second stage of the advocacy, people started looking into the question of causation, which is different from correlation. Correlation just means that two things go up together, or down together, or as one goes up the other goes down. It doesn't necessarily say that one of them is causing the other.

So in order to move from an understanding that there is a correlation between various indicators of socio-economic disadvantage and all kinds of negative outcomes in later life, one then needed to move forward into looking at causation. That required different kinds of indicators and different kinds of research and evaluation.

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

The other kind of argument, and the other kind of indicator that was used, were basic science research indicators, looking at the development of the human brain in early life. What that did was provide a rationale for why it is that early years early intervention would or could potentially make a difference to outcomes ten, fifteen, or twenty years later. I presume that most of you are familiar with the findings about the way the human brain develops in the first three years of life and the way that what we learn in the first three years of life literally becomes hard-wired into the structure of our brains. If you change what people learn, and that includes social learning and emotional learning as well as cognitive learning, then you change their brains and you change how they interpret the world for the rest of their lives. It is possible to make changes to it after that, but it's harder.

And so there were all kinds of indicators that were pulled together out of that original lot of research to make a case for why it was that there should be early years early intervention.

The next set of research or evaluation indicators that became available were about the outcomes of early years early interventions from efficacy studies.

There are two kinds of evaluation studies, efficacy studies and effectiveness studies. Efficacy studies ask, "Can this work? In the best possible circumstances, can this work?" Effectiveness studies say, "When we take it out of the best possible circumstances and roll it out, does it still work?" Usually efficacy studies show stronger outcomes than do effectiveness studies.

The longest running follow up studies in relation to early years early intervention programs now have children who were 0 – 3 at the time of the intervention who are now forty years old

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic



Communities in Control
One of the 16 Knowledge Centres of:



ourcommunity.com.au

- so there's some quite longstanding research in this area. A wide range of indicators demonstrate that the most effective programs improve school completion rates, improve college and university enrolment, attendance and completion rates, increase employment rates, increase the income levels that people earn later on, and improve their mental health.

They also decrease drug and alcohol and tobacco use. They also defer the age of onset of the use of drugs and alcohol, and that's a critical issue in terms of adolescent brain development. They reduce child abuse and removals from home for child abuse. They decrease delinquency and adult arrests and incarceration rates. You beauty! We'll have a little bit more of that, then.

Those sorts of indicators become powerful arguments to use in advocacy for early childhood programs. Not only that, however - many of those programs I call two-generation programs, because they actually improve things for the parents as well. The most effective programs also often resulted in parents going back to, and completing, high school. They improved parents' employment rates and earnings. They decreased parental arrests for violence, and they decreased parents' reliance on welfare support.

So that was another bunch of indicators. The clue there is about looking for additional kinds of outcomes that your programs might have, other than the immediately intended outcome, and then using that to advocate for your program.

Finally there were a whole lot of indicators about the cost-effectiveness of those programs, because some of them were (relatively speaking) expensive. What they found was that for the most effective programs, for every dollar spent on the program between \$4.00 and \$10.00

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

was saved later in things like decreased welfare costs, decreased costs of jail and those sorts of things. Some of the benefit, too, is in terms of increased earnings and increased taxes paid. Overall, we had a very powerful set of economic indicators there that could be used in advocacy for early years programs.

So at about those points in time we had, using different sets of indicators, (i) an established body of information drawing on basic science, (ii) evidence of need, and (iii) evidence of effectiveness and cost-effectiveness, all being used to advocate for early years programs. And so early years programs were introduced much more widely, including in Australia, and research and evaluation into those programs continued.

I now want to think about a particular program that's called Early Head Start (which is not the same as Head Start). It's a major funding program in the United States. It works with low income families with children aged 0–3. There's a very wide geographic spread of programs in both urban and rural areas, and a wide spread of target populations, so they work with very diverse but always disadvantaged populations.

Some of the services are centre-based. They basically provide high quality childcare plus some support programs for parents. Some of them use a home visiting base, and some of them use a combination of centre-based and home visiting services.

The evaluation that I'm going to talk about very briefly drew on seventeen Early Head Start programs from across America with 3001 families involved (if it had been me, that last family wouldn't have been counted: it would have made the stats so much easier...).

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
One of the 16 Knowledge Centres of:



ourcommunity.com.au

The evaluation used random control methodology. What that means is that for every family that was in the program there was an equivalent control group who did not go through the program. Then the outcomes for the group that went through the program, usually called the program group, were compared with the outcomes for the control group. So there's 1500 families in each of those two groups.

And what they discovered when they did the outcomes evaluation for Early Head Start was that overall there were positive impacts for children and for parents and for home environments across centre based and home visiting and mixed approaches. They found that parents were more emotionally supportive of their children, that they were less likely to spank their children, that they were less detached from their children. Child development outcomes also improved overall.

As with most programs, the overall effect size - that's a measurement of how much difference is this making - was described as modest, with effect sizes of between 10% and 20%. There were some programs, though, that were much more effective. They made a difference of 20% to 50% across a whole range of different outcome indicators. To reflect back on what Sue was saying this morning, if I was in one of those more effective programs, that's the first differentiating indicator I'd be using to answer the question "Why fund my program?" - because it works better than average.

The ones that seem to be working better used mixed approaches. They tended to work with African-American families, and the report wonders whether that worked perhaps because those families were more disadvantaged to start with. We'll come back to that.

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

And then it found that Early Head Start worked best on families with a moderate number of demographic risk factors. A demographic risk factor is another kind of indicator. It's things like being a teenage mum, having a low level of high school education, being in receipt of welfare payments, those sorts of things. They put together a maternal risk index, so they were measuring five factors in relation to the mother of the child, related to income, age, education level, welfare dependency, those sorts of things.

So the five indicators they looked at were being a single parent; receiving welfare assistance; being not in employment, education, or training; being a teenage parent; and not having a high school diploma. What they found was the programs had some significant positive impacts on families with fewer than three risk factors - and the impacts on families with more than three risk factors were actually unfavourable. Previous research suggests, they go on to say, that low income families who have experienced high levels of instability, change and risk may be overwhelmed by the changes that a new program introduces into their lives, even though the program is designed to help.

Where it says there that the outcomes were unfavourable, what it means is that the cognitive development outcomes for the most disadvantaged children were worse than the cognitive development outcomes for the most disadvantaged children who did not participate in the program. Their social and emotional outcomes were also tending to be worse, although that didn't reach statistical significance (for those of you who speak stats).

Now just in case you're thinking, "Oh dear. Well we won't have any more Early Head Start type programs. We'll only use other kinds of early intervention programs, because we already know

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

that early intervention programs that are effective work” you’ll find in fact that when you look further into the evidence base about early intervention programs that there are a whole range of examples where the early intervention program either didn’t work or generated negative outcomes for a particular subset of the families involved. Not the whole program, not on average, but for a particular subset. And in all cases it was the more disadvantaged families where negative outcomes were generated. Even if they didn’t generate negative outcomes, the programs didn’t work. So that didn’t make things better.

And just in case you are now thinking, “Well thank heavens I don’t work in early years programs,” here’s a series of other forms of social interventions where evidence of harm was detected following a social intervention. And it’s not that I’ve gone out and done a massive study on the generation of negative impacts (although it is one of the things I looked at in my PhD) - all these examples are drawn from one book.

And these are all interventions where one would expect that benefits would follow. If you provide social work counselling for problem boys, income maintenance for poor people, financial aid for prisoners as they come out of prison, counselling for prisoners, or intense social and medical services for older people, you would expect positive outcomes. All of those programs had negative outcomes. They did things like increasing offending rates, increasing diagnoses for mental health issues, increasing drug and alcohol abuse, and in the last case increasing earlier death.

And in each of those instances, says Annie Oakley, the woman writing that book, the findings of the research surprised both those who had launched it and the professional groups

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

involved. The research findings appeared counter-intuitive, in the sense that people responsible for the various interventions believed that they were doing good, not harm. For this reason they often found it difficult to take on board the results of the experimental evaluation, seeking other explanations instead - the context of the research, its design, problems with the quality of the implementation of the intervention - which would preserve the possibility that the practice under test did actually work. But in fact the program under test either didn't work or worked differently for the different groups of people who were involved."

Going back to Early Head Start then, the negative impacts that were found for a sub-population of participants - the most disadvantaged participants in Early Head Start - were not explained by differences in the service model, whether or not it was home visiting or centre based. They were not explained by lower access to services, because the people who participated in Early Head Start had more access to services than did those who did not participate. It was not explained by those being the teenage mums. It wasn't explained by those mums being depressed. It wasn't explained by those parents coming from either black American or Hispanic, which were the two major population groups.

And it wasn't explained by the program – this is the thing that most people said when I talked about the research I was doing in my PhD and I was talking to community workers. They said, almost invariably, "The program didn't meet their needs." Well, that may be the case. But the program also didn't meet the needs for the control group, because they weren't going through the program. And yet the outcomes were worse for the people who did go through the

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

program than for those who didn't. So that program not meeting the needs doesn't explain that finally.

I was at the time I first read the Early Head Start outcomes a bureaucrat, about to fund a series of early intervention programs. And I was going to target the most disadvantaged, because I wanted my program to make the most positive benefit that it possibly could.

It left me with somewhat of a policy problem, because here was this overall effective strategy of early years early intervention programs which is sometimes counterproductive for the highest risk group and of course they were one of my primary target groups. And no-one knew why.

What that left me with was a situation where I needed research or where it was necessary for there to be evaluation that would enable us to explore not just whether a program works overall but for whom it works, and why sometimes it doesn't work, and in order to then find out how or why that was the case.

For advocates, it creates a different problem. For advocates you now have that tricky situation of acknowledging that a program that works overall doesn't necessarily work for everyone. You need to frame your advocacy in such a way that you contribute to benefiting those for whom the program will work and avoiding doing further harm to those for whom the program will not work. That's a tricky line for an advocate to tread.

While I said I was a bureaucrat at the time, that's true, but I was also an advocate internally within government and an advocate to other government departments who were actually

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
One of the 16 Knowledge Centres of:



ourcommunity.com.au

going to be inventing early years programs to say, “Warning, warning, warning! Yes I think you should be doing early years programs but be careful about how and for whom because there is evidence to suggest - there are indicators to suggest – that it won’t always work.”

So, a tricky problem. The term ‘realist evaluation’ comes from a book by Ray Pawson and Nick Tilley (Nick was my PhD supervisor). What realist evaluation does is change the outcome evaluation question from, “Does this work?” or, “What works?” to, “What works for whom, in what contexts, and how?”

It assumes that social programs are real and can have real effects, and that those effects can be both helpful and harmful in the same program. It assumes that programs are an attempt to create change. You wouldn’t introduce a new program or a new service within your community organisation if you weren’t trying to make something be different.

Realist evaluation then changes the nature of the assumptions that are made about the program. So instead of saying, “The program causes these outcomes,” it says that the way that programs work is by changing the choices that participants in those programs make, whether the participants are individual participants within a community services program, or organisations that are receiving funding through a particular funding program, or whole communities.

What the program is doing is changing somebody’s choicemaking. But that choicemaking is always constrained. It’s not as if people can just wake up one morning and decide that they’re going to make different decisions and their whole life is going to be different. Their decisions

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

are constrained by their previous experiences, their attitudes, their beliefs, the resources they've got available to them, their expectations, other people's expectations of them, and so on.

And so what Pawson and Tilley say is that programs change decisionmaking by altering the reasoning or the resources that are available to the people who are now making different decisions.

'Reasoning' is a catch-all term for anything that happens inside people's heads – it could mean beliefs, or attitudes, or values, or the logic in use - that sense of reasoning in a particular set of circumstances. Resources could mean information, or skills, or money, or equipment, or social support.

The program provides something. Participants then respond in different ways to whatever it is that's being provided. It's the participant response, not just the program strategy, that determines whether the program works. And because participants respond differently there are in fact a whole series of different outcomes that happen. And so exactly the same program generates different outcomes within its target population.

Realist evaluation then goes on to say that one of the things that determines which sets of program mechanisms – the interactions between the resources that a program provides and the way people respond to that – succeed are things about the context in which the program works. It starts by saying that the context in which programs operate make a difference to

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

outcomes by influencing whether particular mechanisms fire, and/or which mechanisms fire for different subsets of participants.

The things in the context that make a difference might be things about the organisation. If you run the same adult education program in a community centre and a jail, it will work differently because the context in which you're providing it is different.

It might be things about the participants. If you run the same parenting program for men and women does it have the same outcomes? Not usually, no. Parenting programs work differently for mothers and for fathers.

It might be things about program staffing. It might be things about the economic status of the region, things like whether jobs are actually available for the unemployed people to go to once we've retrained them. It might be about geography. It might be about historical context, and so on.

And so realist evaluation tries to get a handle on how is it that programs work, what are the program mechanisms, and what is it about the context that matters to whether or not they can work.

So I was using realist evaluation to try and get a handle on how change has happened in a particular parenting program that I was evaluating. This chart summarises outcome groups. Group 1 had positive outcomes for the parent, for parenting behaviours, for the child and for the parent/child relationship. For Group 2 there were positive outcomes for the parent as a

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic



Communities in Control
One of the 16 Knowledge Centres of:



ourcommunity.com.au

person and their parenting behaviours but there's no information about whether or not there are outcomes for the child or the parent/child relationship.

For Group 3 this was all done qualitatively, through interviews with parents after the program. The parents said that things got better. The service providers who were working with them said no, they didn't, which left me as the evaluator in the unfortunate circumstance of not being able to make a decision about whether or not things worked or not.

In Group 4 - a very small group, but nonetheless there - there were negative outcomes across all four domains.

When I looked at the pattern of outcomes and the division of participants into four groups, I could then look at the different kinds of processes of change that the parents told me had happened in those programs, and I could look at which of those processes of change were named in the interviews by the parents in Group 1. Lo and behold, it's all of them.

In Group 2 they mentioned some of them, but they were none too sure about this one and they were quite sure that that one didn't happen. For Group 3 we've got a much more varied outcome. And for Group 4 none of the intended mechanisms have changed.

That's the analysis from twelve interviews with twelve participants in a small-scale community based program. It is quite possible to do quite sophisticated analysis of how and for whom programs are working, even when you're working on a small scale in a local level in a small community organisation.

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

What realist evaluation tells us is first of all is that single studies are apt to mislead. Repeat single studies tend to produce mixed findings – “This program worked here and then we did it here and it didn’t work. We’ve got mixed findings.”

When a program produces different outcomes either within a program or across programs you need to do a series of studies to find out what those patterns are. And your understandings of those patterns can change cumulatively over time as you do that series of studies. Therefore one of the things that you need to do is to go back and look at the literature.

Realist synthesis is, as I said at the beginning, a particular process for learning from the literature. It builds on those program theories, context mechanism outcome patterns, about what works for whom in what contexts and how. And it can use any previous research that was sound enough to support the conclusions that it reached. So unlike meta-analysis which can only use quantitative research, and only lets it in if it meets certain standards... (in a meta-analysis you can start with 80,000 documents and end up including seven; that’s an awful lot of reading in order to only be able to draw on the results of seven pieces of research) realist synthesis can use any previous research that is of good enough quality to support the findings that it made.

So in my PhD I did a mini-realist synthesis using fifty documents and started building context mechanism outcome patterns about the contexts in which certain kinds of mechanisms were fired in order to create certain kinds of outcomes. Some of these are a bit theoretically based, but it doesn’t actually matter whether you understand the various bits of theory that are implied in here.

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

If you look at the outcome over here of poorer child development outcomes as compared to improved child development outcomes, here we find that both sets of research were conducted with families with high demographic risk, so that's lots of those risk indicators. Both were conducted in families with high rates of mental health issues.

This one was a parent education oriented service. And this one was a relationship based therapeutic model of service. They worked through different processes to generate diametrically opposite outcomes.

So the moral of the story is that there are a range of different kinds of indicators, but that once you get into the more advanced kinds of research and evaluation into programs you discover that complex patterns of outcomes are actually generated. That then raises the question for advocates – “With all this new complexity of understanding that I now have, how do I advocate for whatever policy or program it is that I have been looking into?”

Simplified, the question becomes, “Who needs what information from this more sophisticated understanding that I've now developed?”

It is my argument that different people need different kinds of information because they have different roles to fulfil. Politicians are eventually responsible for the decisions to fund programs. What do they need to know?

Well, firstly, they need to know that early intervention programs can work and that they can make a significant difference and significant improvements to a whole range of different

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

outcome areas, and that they can do so very cost effectively. Your dollar spent reaps significant savings later.

But they also need to know that one size doesn't fit all. They need to know that a whole suite of programs is required so that you can do program matching - so you can fit a program to the participant's needs rather than saying every participant has to fit into this particular program that we're offering.

Policy staff, the bureaucrats that I used to be one of, have to design and administer programs. They design programs and put them up for the senior bureaucrats and politicians to sign off on. Once the programs are approved, the bureaucrats have to administer them. My argument is that they need more detailed information. When they're doing that design work they need to have a bit of a sense of what the broad kinds of policy and program that might work for the target group of interest to us might be. They need a kind of middle level of detail.

System gatekeepers - that's my jargon for the people who make referrals to particular programs; if you're being admitted to hospital and you go in through Accident and Emergency, the doctor and/or nurse who do triage as you enter the hospital is the gatekeeper for that system, and if you go to a community centre and that community centre then says, "There is a range of different services that are available locally and I'd like to suggest that perhaps X might be appropriate," that person is acting as a system gatekeeper - need to know a bit about what kinds of programs are likely to create what kinds of outcomes in order to be able to make those referrals. They need, depending on the nature of the system that they're gatekeeping

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

for and what their role is, assessment instruments that enable them to work out whether the programs on offer are appropriate for that particular person or not.

The service providers need the most detailed information of all, because they're the ones who are going to adapt the program and try and make it appropriate for the needs of the people who end up in their programs.

So – and this is the last bit before I hand over to you for questions, comments, yes buts and oh my God, that's not what I thought I was coming to – what are the implications for advocacy? Well I would argue that first of all you need to be able to match the kind of indicator that you look for to the argument that you're trying to mount. If you're mounting an argument about rights, then look for rights information. If you're arguing about a need for a service, then find the indicators that demonstrate the need for that service in that community.

I would then argue, and in a sense it's underlining and reiterating Sue's point from this morning, that it's a good thing to know the research. And a word of warning - the bureaucrats do, or at least the good bureaucrats do.

So if you're going to a funding body and saying, "We want to mount this kind of program and it's based on the following evidence," then you'd better make sure that you know the evidence. Because if you're wrong, or if you've drawn it from a particular sample and you haven't accounted for the fact that it works differently somewhere else, they might know that - and that's a disadvantage to you if you don't also know the evidence.

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

Don't rely on single evaluations. You might choose the one that gives you a false picture of what the outcomes are likely to be. Check your own assumptions. The moral of the story about showing you those examples of incredibly well intended, well designed, well administered, well run programs that made things worse is "Don't assume that just because your program is well intentioned, well designed and well administered that it will automatically work. You actually have to find out."

And finally, once you've done the finding out of whichever kind of evidence it is, whatever kind of indicators you're using, make sure you match the level of the information or the argument that you're presenting to the right audience. Bear in mind all the time who is it that needs to know what.

That's it. I'm really happy to answer questions.

Would this work in the tourism area?

Have I done anything in that regard? No, not personally. It is possible to apply that kind of analysis about what works for whom in a tourism setting? I would argue absolutely yes. You'd start by segmenting the tourism market that you're looking at and then look at what kinds of either marketing messages or tourism packages or whatever it is attract which particular markets. I think the broad model is probably applicable but I haven't looked at the research.

How do you collect the information in the first place?

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

First of all I'd be working with the community about whether or not they in fact want the information collected and made available in national data sets, because there are some ethical and privacy issues associated with it and it's quite a debate in the community of course.

In the absence of national indicators, there is significant research evidence that's available to you already. So for example gay and lesbian populations are generally speaking about 10% of most populations. And if you're submitting a funding application, for example, that's probably enough detail. And then you can go back and say, "And our community area has a population of X, so the gay and lesbian population is probably 10% of X."

And the other option that's available to you is surveys. You have of course to be careful about how you structure a survey, because for you to be able to generalise from the outcomes of a survey to a broader population you have to have sufficient numbers and it has to be run in the right way.

But it is possible to conduct a survey within a local area which you structure in such a way that the outcomes are representative of the broader group or population, and thereafter you can use your survey results to make your argument.

And if you want to do more than just say "There are X number of...", if you want to say, "Here are some of the particular issues or needs for..." then you might look at doing a survey within the gay and lesbian community about what their issues and needs are but structuring it in such a way that you can then generalise from the outcomes to the broader gay and lesbian population.

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

You're then in a position to go back to your national data set and do comparisons. So if unemployment rates are higher, for example, you'll be able to go back to the national data set and say, "The overall unemployment rate for this age group is X but for gay and lesbian people it's Y."

It's easy enough to convince one department – but we work as consultants to several departments and other agencies. How can we convince all of them together?

I think one of the particular dilemmas is about making recommendations that fit within the scope or mandate of the funding line through which the funds were provided for whatever it is that you're evaluating, because it's not within the power of the people who run that funding line to change the rest of the system within which it fits.

So if you're looking at occupational therapy services within a hospital, for example, then the OT department actually can't change the way casemix funding works, but they can change the bit that's about OTs. So recommendations tend to be structured in such a way that they fit within the authority level of whoever they're writing the report to.

That doesn't mean, incidentally, that we can't also say, "Actually, there are bigger problems here." I think that's a very fair and reasonable thing for consultants to do, even though they are still going to say "Here are the recommendations that fit within the bit that I'm authorised to look at."

The other issue sometimes is about the brief, what brief have the consultants actually been given. If the terms of reference they've been given are 'X' or 'Y' then it's actually unethical

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au

behaviour to go outside that. So it's a bit of a fine line for the evaluator to work, even if they're relatively confident that they're going to get other work from other sources even if that person never employs them again.

Does realist evaluation require ethics committee approval?

It depends on the nature of the evaluation work. In research work, usually yes. In evaluation work [sometimes - I'm not part of a university and I am sometimes required to go for research ethics approval. It depends on the funding program guidelines. And then the next question is often whether or not I'm doing direct evaluation with consumers, or whether I'm obtaining information from service providers, for example. Interviewing service providers often doesn't require research ethics approval; interviewing consumers often - but not always - does. There are certain circumstances where it's much more likely that your project will require research ethics approval, and that's if the consumers are under eighteen or face any disadvantage that makes their situation more vulnerable or the implications of the research or the evaluation potentially more risky.

So if you're working with marginalised populations like the gay and lesbian community or people with disabilities, then the implications are that your research or evaluation can have quite significant impacts on them, and they're vulnerable people anyway, so they're more likely to require research ethics approval.

If quoting from this speech, please acknowledge that it was presented to the 2009 Communities in Control Conference
 Convened by Our Community & Centacare Catholic Family Services, June 2009
www.ourcommunity.com.au/cic

Co-Convened with:



Communities in Control
 One of the 16 Knowledge Centres of:



ourcommunity.com.au