

## Goals and objectives

This chapter shows why it is important that goals and objectives be set in all health and welfare programs, describes their importance for planning and co-ordination at the government level and for the guidance of service organisations, and illustrates why they are necessary for evaluation. A description of the current unsatisfactory situation regarding the setting of goals and objectives in the community is given, followed by a discussion about the resources that may be required to improve this situation.

### Definitions

For the purposes of this report, goals are defined as *broad statements of intent*. Objectives are *statements of specific intent that describe target groups or desired achievable results within specified time frames*.<sup>1</sup>

Objectives can be divided into three separate categories: *structure, process* and *outcome*. Mr J. Martins, Acting Director of the Policy Analysis and Special Projects Unit of the Health Commission of New South Wales, has described each of these categories for health services. Similar considerations apply to welfare services. The descriptions given by Mr Martins are:

The structure—

or the setting in which people and the health services provided exist, with:

- (i) Physical structures, facilities and equipment.
- (ii) General organisational features.
- (iii) Administrative organisation.
- (iv) Staff organisation.
- (v) Finance, costs and related aspects of organisation.
- (vi) Geographic factors.

The process—

or the way in which people receive the services provided, with given characteristics of use of the service provided including:

- (i) Extent to which screening and case-finding activities are carried out.
- (ii) Diagnostic activities.
- (iii) Treatment.
- (iv) Consultation and referral.
- (v) Co-ordination and continuity of care.
- (vi) Staff turnover.
- (vii) Staff absenteeism.
- (viii) Use of health services by providers.
- (ix) Client complaints.
- (x) Compliance or non-compliance with health and illness management program.
- (xi) Knowledge about health and illness in general, and any current illness in particular.
- (xii) Changes in knowledge or behaviour expected after prior exposure to medical care.
- (xiii) Volume of care provided.

The outcomes—

or the measurement of the ultimate result of the interaction between people and the services being provided expressed in terms of:

- (i) Health outcomes, including changes in morbidity and mortality in general, and in relation to specific groups of people and diseases, life expectancy and restoration of physical and social functioning.
- (ii) Satisfaction of the clients and providers with the structures, process and health outcomes.<sup>2</sup>

Outcome objectives are the most important consideration. Process and structure objectives outline what should happen and the conditions needed to enable the outcome objectives to be achieved to the fullest possible extent. All objectives should be clearly defined and measurable.

### **Importance of setting goals and objectives**

Goals and objectives need to be set for three main reasons:

1. to assist in the general planning and co-ordination of the health and welfare system;
2. to provide guide-lines for health and welfare workers at the service level;
3. to make adequate evaluation possible, by enabling decisions to be made about what to monitor, and by serving as a reference point to permit a judgment about the success or failure of what has been attempted.

### **Goals and objectives to assist in planning of services at government level**

The setting of goals and objectives would provide a rationale for the planning and co-ordination of services at government level. Clear statements of intent by both government and services would enable planners to determine the relevance of service objectives to government goals and give the process of resource allocation a rational direction. Without such goals and objectives, planning becomes completely reactive,<sup>3</sup> with resources being allocated in a piecemeal, non-directed fashion.

Goals and objectives enhance the co-ordination of services by enabling planners to identify and quantify the resources available in a particular location to meet a specific need. New services may then be located where there are deficiencies and where they will not overlap with existing services. For example, several services may have facilities to meet the needs of migrants but, unless each sets and announces objectives directed to helping migrants, planners may be unaware that proposed services will overlap.

### **Goals and objectives to serve as guide-lines at service level**

Government goals function as guide-lines for services by providing an outside reference point for the establishment of service objectives. Without such goals, services may not know the roles that they are expected to fulfil in the total complex of the health and welfare system. In such a circumstance, it may be impossible for them to state clear objectives.

At the service level, there is a belief that bureaucratic decisions about funding are sometimes arbitrary.<sup>4</sup> The existence of government goals makes it more difficult for funds to be suddenly withdrawn without any rational reason. The measure of security thus given to health and welfare workers enhances the quality of their work. The existence of government goals also provides services with a rationale on which submissions for funds may be based.

Objectives in services function as guide-lines for health and welfare workers. They give direction to daily activities and enable rational decisions about the allocation of resources to be made. They are essential for the efficient and effective operation of every health and welfare service.

One witness felt that there was a specific disadvantage in setting objectives for the guidance of agencies. He stated his support for setting objectives but added that they may have constricting effects on service delivery.<sup>5</sup> However, this might not be a problem if multiple objectives were set. These should be stated in order of priority and constantly reviewed and adapted in the light of changing need, knowledge and political pressures. This matter is discussed later in the chapter.

### **Importance of objectives to evaluation**

Objectives are essential to evaluation because they enable decisions to be made about the type of data to be collected. For example, if reduction of the incidence of trachoma in the Aboriginal population by half within two years is set as an objective, data identifying the results achieved by treatment programs become essential.

Objectives also serve as reference points to enable judgments to be made about the success or failure of what has been attempted. Without them, it is impossible to gauge whether any advancement has been made.

Not all witnesses agreed on the value of stated goals and objectives for evaluation. Mr M. Chadwick, Chief Executive Officer of the Royal Tasmanian Society for the Blind and Deaf, stated that it was possible to evaluate without clearly identified goals. When asked whether success or failure could be judged without the setting of goals, he added that it was possible to identify it by the service delivery to the client and the client's response to that service delivery.<sup>6</sup> Service delivery and the client's response should play an important part in evaluation. However, they are really only measures for use in the assessment of process, and very little else. Of themselves, therefore, they are not sufficient for the assessment of the total service.

Mr D. Oakley, Director of the Victorian Children's Aid Society, said that stated goals were of crucial importance<sup>7</sup> but added that an experienced person could evaluate without goals and objectives 'on the basis of his experience, knowledge and general intuition'.<sup>8</sup> The Committee does not agree with this view. While experience and intuition may be valuable in assessing the efficiency, or process, of an organisation, they cannot assess effectiveness. An overall assessment of the effectiveness of a service must be made against stated goals. Further, assessment 'on the basis of . . . experience, knowledge and general intuition' in fact calls on a set of assumed professional values and goals.

Mr P. Jenkins, First Assistant Secretary in the Community Division of the then Department of Environment, Housing and Community Development, said that he thought goals were necessary but expressed some reservations about limiting the evaluation to the stated objectives alone, because often programs have unforeseen effects which may be missed if goals and objectives are the only considerations.<sup>9</sup> A similar point was made by Mr W. Bruen, Acting Assistant Director-General, Health Service Research and Planning Branch No. 1, Commonwealth Department of Health, who has until recently directed the Evaluation Section within that Department.<sup>10</sup>

The Committee appreciates the argument put forward by these two witnesses. While evaluation should be concerned primarily with measuring against stated objectives, unpredicted results should be watched for and considered in the overall evaluation report.

Mr P. J. Lanigan, Director-General of the Department of Social Security, thought that it was sufficient to evaluate against very broad, non-specific goals:

I believe that having regard to our datum point which is the legislation itself and the general consensus, although a tacit consensus, in the community of what the legislation is aiming at, there is sufficient conception of what the Act is trying to do which can be evaluated from the point of view of whether we are doing it efficiently and effectively or whether we are doing things at greater expense than we need to accept.

As long as we do not try to be too specific in defining our objectives we can assume broad, underlying objectives of the legislation, and we can evaluate by reference to them.<sup>11</sup>

The Committee disagrees with this view for three main reasons. Firstly, if objectives are too broad, and are not stated, it is almost impossible to decide what is to be monitored; hence, adequate evaluation cannot take place. Secondly, there is no reference point against which a judgment of success or failure can be made. Thirdly, 'tacit consensus' is not as prevalent as Mr Lanigan supposed. He gave us an example of it as the general understanding in the community of what the pension legislation is doing. He believed this understanding was extensive.<sup>12</sup> However, when the Committee asked a number of witnesses what the goals of the age pension were, the most definite replies elicited were to the effect that the pension was for income maintenance and/or the maintenance of a decent standard of living.<sup>13</sup> The Committee believes that it would be almost impossible to conduct an adequate evaluation against these goals. Several witnesses experienced in administration and cost transfer programs said that they had no idea of the goals of the age pension legislation.<sup>14</sup>

### **Flexible goals and objectives**

To enable a service to remain flexible, it is important that multiple objectives be set. They permit a compromise between many possible views of the functions of a particular service and enable the service to be made more comprehensive. These multiple objectives should be listed in order of priority.

Changes in need in the community, changes in political policies and advances in knowledge should be constantly monitored by all health and welfare services. Objectives should be updated continually in the light of these changes.

### **Current situation regarding goals and objectives in Australia**

#### *General impressions of goal setting in Australia*

The health and welfare sector, both government and non-government, has a number of subliminal goals. It hopes to meet and satisfy needs by providing or improving access to equitable, effective and efficient services. As a contribution to the national political debate, it states propositions and makes policy offers as a basis for response by the political process. It is concerned with other less generally identified aims. It provides employment for a significant percentage of the workforce. This sector also offers prestige, and access to power and self-esteem. The non-government health and welfare organisations also have an important consumer advocacy role and provide much of the informed criticism of the activities of the government health and welfare sector.

However, the Committee believes that the setting of goals and objectives in Australia has not developed sufficiently. Our view was supported by Mr R. B. Lansdown, Secretary of the then Department of Environment, Housing and Community Development, who has been in a position to observe the overall situation.<sup>15</sup> However, there has been some encouraging progress toward the setting of goals and

objectives on an adequate scale. Dr B. Hennessy, First Assistant Director-General in the Policy and Planning Division of the Commonwealth Department of Health, told the Committee that goals and objectives were just beginning to be set but were yet too vague.<sup>16</sup> Mr Bruen, speaking of the efforts of the Department's Evaluation Section to encourage health services to set objectives, said: ' . . . we rarely get to the stage beyond where broad aims are set'.<sup>17</sup>

Many of the witnesses who appeared before the Committee said that the organisations that they represented did have objectives.<sup>18</sup> However, most of the objectives stated in response to questioning were so broad as to be not useful for evaluation<sup>19</sup> or were merely implicit.<sup>20</sup> Some were stated in broad terms of seeking to provide a service.<sup>21</sup>

The first report of the Task Force on Co-ordination in Welfare and Health attempted to identify objectives of various government programs.<sup>22</sup> However, many of the objectives identified were process objectives, and vague, unmeasurable outcome objectives, such as those of the Institute of Family Studies:

The Institute is to conduct research into factors affecting marital and family stability in Australia with the object of promoting and protecting the family and to advise and assist the Attorney-General in the making of grants and their employment.<sup>23</sup>

The objective of 'promoting and protecting the family' is certainly not an adequate outcome objective that could be used for evaluation.

Another example of lack of appropriate standards was given during a meeting of Senate Estimates Committee D in April 1977. Dr N. A. Elvin, Superintendent of Woden Valley Hospital in the Australian Capital Territory, was asked by Senator Peter Baume to state the objectives of the hospital. The substance of the reply was that the hospital exists to heal the sick.<sup>24</sup> This is not an operational objective that could be used for evaluation.

### *Goal setting in the government sector*

The importance attached to the setting of goals and objectives varies markedly between Commonwealth departments. The then Department of Environment, Housing and Community Development was aware of the need to set goals and objectives, and stated in its submission that one matter which must be central to the evaluation process is:

- the examination of program goals, including the original formal goals, informal goals which have developed in practice over time, and possible future goals.<sup>25</sup>

In contrast, the Department of Social Security attaches little importance to the stating of clearly defined goals. As quoted earlier, it holds a view that broad underlying objectives are sufficient for evaluation.<sup>26</sup> As already stated, the Committee disagrees with this view.

The declared attitudes of some State Governments have impressed us. Concerning the importance of establishing goals and objectives, Dr H. Gwynne, Senior Medical Officer, Division of Health Services Research, Health Commission of New South Wales, told the Committee:

I think high priority should be given to try to build into our organisations some program of evaluation whereby they can evaluate their own activities, set objectives, define their targets, set standards and define procedures that will maintain the quality of services. They can identify the target of population, find out whether they are reaching it and can set budget limits.<sup>27</sup>

The South Australian Government, for example, has taken action to incorporate stated goals in legislation. Section 7 of the Community Welfare Act, 1972 contains the following provisions:

Without limiting in any way the operation of this Act, it is declared that the objectives of the Minister and the Department, in the administration of this Act, include the following—

- (a) to promote the well-being of the community by assisting individuals, families and sections of the community to overcome social problems with which they are confronted and to promote the effective use of human resources and the full realization of human potentialities;
- (b) to promote the welfare of the family as the basis of community welfare, to reduce the incidence of disruption of family relationships and to mitigate the effects of such disruption where it occurs;
- (c) to assist voluntary agencies engaged in the provision of services designed to promote the well-being of the community;
- (d) to collaborate with other Departments of Government whose activities directly affect the health or well-being of the community;
- (e) to establish, promote and co-ordinate services and facilities within the community designed to advance the well-being of children and young persons;
- (f) to collaborate with agencies engaged in the provision of assistance to those in need or distress and to promote rationalization and co-ordination of the assistance provided for those persons;
- (g) to promote research into problems of community welfare and to promote education and training in matters of community welfare;
- (h) to promote generally an interest in community welfare.

While this is a very broad statement of goals, it does at least give those administering the Act some idea of what they are trying to achieve. The Committee believes that this practice of identifying goals in health and welfare legislation should be adopted by all governments.

A number of witnesses were asked whether they were aware of any government goals. Almost all replied that they were not.<sup>28</sup> One reason for this could be that goals that are set in the government sector are not communicated to other sectors. However, the Committee believes that the main reason for this lack of knowledge is that there have been very few instances in which adequate goals have been established at government level. This view was enunciated by several witnesses who worked at program level.<sup>29</sup>

It should be noted that the need for setting objectives for health and welfare programs at the federal level was emphasised in 1975 by the Royal Commission on Australian Government Administration:

We need to increase the extent to which Parliament is asked to legislate the goals and purposes of such programs, the guidelines within which they should be implemented, and the processes of evaluation and review.<sup>30</sup>

It appears that very little has been done by the Federal Government to satisfy this need.

#### *Resources available for the setting of goals and objectives*

At least two government instrumentalities offer practical assistance in setting goals and objectives. The Policy and Planning Division of the Commonwealth Department of Health publishes an occasional monograph series of papers in the general field of

health care delivery research, planning and evaluation.\* The first paper in the series was produced in April 1978. It discusses evaluation against established goals and objectives; and one section deals with the aims of services and discusses the types of objectives that could be adopted in health care organisations.<sup>31</sup>

Within the Policy and Planning Division is the Evaluation Section, one of the stated functions of which is 'to provide advice and assistance to health service projects seeking to evaluate their services'.<sup>32</sup> The Section could provide invaluable advice, and we hope that health service organisations will be prepared to consult it when attempting to set goals and objectives.

The Health Commission of New South Wales also provides resources to assist agencies in setting goals and objectives. It has produced a 'Community Health' series of six booklets which set out seven broad goals for community health services that reflect the policies of the Commission. Under these seven goals, the series outlines objectives and strategies that health workers and planners might use to achieve their goals. Four organisational objectives are proposed: (a) services; (b) programs and facilities; (c) area responsibility; and (d) management.<sup>33</sup> These are concerned mainly with structure and process objectives. When asked by the Committee why there was not a fifth category dealing with effectiveness (or outcome) of services, Dr Gwynne replied:

I think that effectiveness is a very difficult issue to get at. I said earlier that the only absolutely conclusive way of getting effectiveness is by some sort of randomised controlled trial of about two to five years. We are talking about an expensive process.<sup>34</sup>

The Committee does not accept this statement as necessarily true of all evaluations of effectiveness. Other more simple, relatively inexpensive methods of determining effectiveness are available. The setting of outcome objectives is an essential part of evaluation and the Committee urges the Health Commission of New South Wales to provide agencies with additional guide-lines for the setting of such objectives.

### Summary and conclusions

It is important to set goals and objectives for three main reasons:

1. to assist in the general planning and co-ordination of the health and welfare system;
2. to provide guide-lines for health and welfare workers at the service level;
3. to make adequate evaluation possible, by enabling decisions to be made about what to monitor, and by serving as a reference point to permit a judgment about the success or failure of what has been attempted.

At present, the extent of the setting of goals and objectives in the community is inadequate for the purposes of either planning or evaluation. There are almost no government goals in health and welfare, and very few departments state adequate objectives either for sections within departments or for programs that they operate. Nor, for most non-government organisations and the programs that they administer, are there precise operational objectives. When objectives do exist at the service level, they are usually either implicit or so broad as to be incapable of being used for evaluation purposes.

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\* The Department invites anyone wishing to receive these papers to contact the Assistant Director, Regional Planning and Resource Allocation Section, Policy and Planning Division, Department of Health, P.O. Box 100, Woden, A.C.T.

## Recommendations

### The Committee recommends:

1. That the Commonwealth and each State Government, in association with the non-government sector and consumers, declare in writing, clearly and publicly, (a) broad strategic goals for its health and welfare programs, and (b) precise and testable objectives for each program in which it is involved, either directly or as a funding authority; and that, in the Commonwealth sphere, the Social Welfare Policy Secretariat, if necessary, be charged with the planning, oversight and implementation of these proposals.
2. That all governments state clearly, in relevant legislation, their goals for health and welfare initiatives.

### REFERENCES

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2. J. Martins, The Evaluation of Community Health Services (address to the First Annual Seminar of the Australian Public Health Association, Melbourne, 24–25 October 1974).
3. *Transcript of Evidence*, p. 1664.
4. *Transcript of Evidence*, pp. 1813, 2281.
5. *Transcript of Evidence*, p. 1663.
6. *Transcript of Evidence*, p. 1637.
7. *Transcript of Evidence*, p. 2163.
8. *Transcript of Evidence*, pp. 2172–3.
9. *Transcript of Evidence*, p. 1871.
10. *Transcript of Evidence*, p. 1391.
11. *Transcript of Evidence*, pp. 1091–2.
12. *Transcript of Evidence*, p. 1088.
13. *Transcript of Evidence*, pp. 1621, 1661, 1730, 2074, 2227–8.
14. *Transcript of Evidence*, pp. 1207, 1690, 1813.
15. *Transcript of Evidence*, p. 1874.
16. *Transcript of Evidence*, p. 1393.
17. *Transcript of Evidence*, p. 1391.
18. *Transcript of Evidence*, pp. 527, 1086, 1191–4, 1284, 1390, 1430, 1480, 1522–3, 1602, 1659, 1907, 1922, 2109, 2223, 2246.
19. *Transcript of Evidence*, pp. 1393–4, 1522–3, 2164, 2246.
20. *Transcript of Evidence*, pp. 527, 953, 1086, 1430, 1922.
21. *Transcript of Evidence*, pp. 1397–8, 2223.
22. Task Force on Co-ordination in Welfare and Health, *Proposals for Change in the Administration and Delivery of Programs and Services* (First Report) (Canberra, 1976), Attachment E.
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24. Senate, *Hansard: Estimates Committees D, E and F* (28 April 1977), p. 110.
25. *Transcript of Evidence*, p. 1849.
26. *Transcript of Evidence*, p. 1092.
27. *Transcript of Evidence*, p. 2045.
28. *Transcript of Evidence*, pp. 1154–5, 2123, 2161, 2229.
29. *Transcript of Evidence*, pp. 1662, 1730, 2293.



30. Royal Commission on Australian Government Administration, *Towards Rational Administrative Structures for Health and Welfare Services in Australia* (Report of the Health-Welfare Task Force) (Canberra, 1975), pp. 99-100.
31. Commonwealth Department of Health, Policy and Planning Division, *Evaluation of Community Health Services: A Guide and Discussion Paper* (Monograph Series No. 1) (Canberra, 1978), pp. 3-5.
32. *Transcript of Evidence*, p. 1305.
33. *Transcript of Evidence*, p. 1951.
34. *Transcript of Evidence*, p. 2068.