

PART FOUR

THE CHALLENGE OF EVALUATION FOR AUSTRALIA IN THE FUTURE

The task of evaluation will not be easy. There are many obstacles to surmount. Some of these are specific and may be overcome by direct action. They include lack of data, of standards and of national goals, and the unsatisfactory manner in which funds are allocated. The recommendations of this report are designed mainly to overcome these obstacles.

However, there are more nebulous obstacles which also hinder evaluation activity in Australia. These are concerned mainly with attitudes toward evaluation. It is perceived as threatening by many health and welfare organisations and is given low priority by almost all of them. We cannot make concrete recommendations designed to remove these obstacles. We can only urge all organisations to examine the benefits of evaluation and to make concerted efforts to conduct some form of evaluation within their own fields of responsibility.

This report acknowledges that worthwhile evaluation activity occurs in Australia. It also sets out the major deficiencies that have been found, and calls for remedial action.

Constraints and opportunities

A central thesis of this report is that evaluation activity in Australia is inadequate in amount and inferior in quality. In this chapter, we explore some reasons why this situation exists, we describe some useful evaluation activities that have been or are being undertaken, and we offer some suggestions for the solution of problems.

Analysis of the reasons why evaluation activity in Australia is unsatisfactory is an important prerequisite for proposals for remedial action. Present evaluation in Australia is unsatisfactory for at least the following ten reasons:

1. Evaluation is threatening.
2. There is a lack of national goals.
3. Necessary data either do not exist or are not accessible.
4. There is a lack of defined standards.
5. The present funding mechanisms do not encourage evaluation.
6. The way in which Parliament functions does not encourage evaluation.
7. Evaluation requires considerable resources.
8. Evaluation has not been seen as necessary.
9. There is no tradition of evaluation in Australia.
10. Converting theory into practice has been difficult.

In the sections that follow, each of these factors is examined in detail.

Evaluation is threatening

No one enjoys licence tests or examinations of one's professional competence, for the consequences of failure are distressing or costly. Each such examination is stressful and threatening because of consequences that could follow adverse findings. Evaluation of health and welfare activity is no different. It has threatening connotations for whoever is delivering or is responsible for the service or program being examined. It is as threatening for a government department to be assessed by the Auditor-General or the Public Service Board as it is for a non-government welfare agency to be evaluated or for a doctor to submit his activities to review by his peers.

Although government departments have little cause for concern about loss of resources as a consequence of evaluation, non-government organisations do have this fear, and it was a constant theme in the evidence given to the Committee. Primary concern related mostly to the likelihood of funding cuts if an organisation were shown to be ineffective. The Rev. I. Ellis, Director, St John's Homes for Boys and Girls, Melbourne, referred to fear of evaluation, and stated:

Primarily it is a fear about funding . . . in Victoria, because of the subsidy system, the voluntary homes are very heavily dependent upon government subsidies. Their very survival depends on the maintenance of their existing subsidy system. Any suggestion that Government might evaluate their program is very threatening indeed.¹

The Australian Council of Social Service Inc. (ACOSS), in a paper submitted to the Committee, commented:

One other significant response to program evaluation which ACOSS has found it necessary to investigate can be described quite simply as *fear*. Fear, we have found, is very much at the basis of some agencies' resistance. Fear is a response which is usually evident when there is some present danger. In the case of welfare agencies responding to the possibility of program evaluation, fear is the response that is manifest when evaluation is seen to be linked to the cutting of program funds.²

The fate of the Good Neighbour Councils shows that there may be sound basis for this fear. The Galbally report on migrant services and programs reviewed the work of the Councils and recommended that 'funds previously allocated to the Good Neighbour Councils . . . be directed to other community programs over a two-year period'.³

However, in most cases, this fear is irrational. Evaluation is used primarily to improve programs, not to cause the withdrawal of funds. Our view is supported by ACOSS:

It must be recognised that fear is not necessarily, or always, a rational response. Program evaluation need not lead to fund cuts and welfare organisations, far from losing from the experience, may in fact stand to gain: for example, a better, more sound welfare program; a smoother, more efficient management system; a clearer, more appropriate set of goals.⁴

Organisations, including the larger ones, that do not rely on government funding might fear that public contributions to appeals could be reduced if evaluation were unfavourable. Pastor Bruce Price, Director of Communications, Victorian Conference, Seventh-day Adventist Church, pointed this out to the Committee when he said:

Large organisations have to watch their public image very jealously. They look upon each other as a threat because they are dependent on the public for moneys.⁵

Reduction or withdrawal of funds is not the only danger that is feared. Evaluation is also perceived as a threat to reputation and self-esteem. This threat is felt equally within government and non-government organisations. There is a great deal of suspicion that an evaluation study will be used to criticise the individual health or welfare worker. Mrs J. Moran, Member of the Executive of the Psychiatric Rehabilitation Association, Sydney, illustrated this point:

. . . they begin to see evaluation as a criticism. For instance, they know that they are striving to do their best but they know that possibly there are elements that they could do better. I believe the threat comes when they are possibly not willing to share those elements in which they feel they could do better.⁶

How should organisations respond to the threats inherent in evaluation activity? Unhelpful responses include refusing to allow external evaluation⁷, invalidation of evaluation reports⁸ and failure of agency staffs to support internal assessment activity.⁹ These responses to a perceived threat may be understandable, but they are certainly not acceptable. As discussed in Chapter 1, any service using public funds—that is, funds obtained either from government sources or from public appeals—has a social obligation to be accountable for those funds. Ongoing evaluation provides the only adequate means of ensuring accountability. Any attempt to evade evaluation, because the threat to ego or funds is perceived as being too great, shows a reluctance to be accountable.

A number of techniques that help to lessen the threat which evaluation poses were described to the Committee. Particular management techniques can be used to emphasise the benefits rather than the threats, and to make these benefits known to all who participate in or could be affected by the exercise. The purpose of an evaluation

study should always be fully explained in order to allay suspicion and minimise speculation. Mr G. Brewer, Senior Research Officer of the Brotherhood of St Laurence, explained the procedures that he used to alleviate anxiety about evaluation. Speaking of a particular service, he said:

. . . we have spent some time with the persons operating that service to explain the object of the research and the expectations we have of it. Also, we will engage with them in dialogue about the research design so that they may influence that. I think that is one way of alleviating the threat.¹⁰

In the final analysis, no procedure can completely eliminate the threats inherent in evaluation activity. One would be ill advised to assure an organisation that no threat will arise, because, as Mr I. McAulay, Deputy Director of the Department of Youth and Community Services in New South Wales, explained to the Committee:

. . . one might put in an evaluation saying that there is no function for that particular operation. If we say there is no threat, our credibility is threatened.¹¹

Lack of national goals

Australia has no adequate set of national health and welfare goals clearly stated and attracting broad support. There is an urgent need for government statements of policy on the elimination of malnutrition and hunger, on the provision of adequate housing, on minimum adequate income security, and on many other goals.

Such national goals, if articulated, would allow new and more predictable principles of funding and would also encourage the development of evaluation guidelines. They would also make consultation and co-operation between consumers and administrators easier, particularly in regard to programs in progress and agreements for new initiatives.

National goals are discussed more fully in Chapter 5.

Lack of data

Necessary data for monitoring or assessment may not exist or may be unavailable—including, for example, data necessary to establish levels of unmet need, census data, social indicators or information specific to one organisation anxious to examine its own activities. A full discussion on need and data appears in Chapters 4 and 7.

Lack of standards

The lack of standards for both provision and performance in the community inhibits the process of evaluation. A full discussion on the standards that are required and the resources that will be needed to set such standards is to be found in Chapter 6.

Present system of funding

The present system of funding does nothing to encourage accountability. Funds are given to organisations, often without any clear statement of purpose and without any information about the efficacy of the services concerned. Records sufficient to show the Auditor-General that funds have not been misappropriated are generally all that is required.¹²

The submission presented to the Committee by the Department of Social Security in 1976 states:

The usual principle is that the national government subsidises the actual suppliers of assistance in kind for the provision of particular services. Most of these subsidy programs are formulated so that eligible organisations have a right to the particular subsidy which they

are in effect able to use as they wish. This lack of contractual arrangement between Department and recipient organisation means that the Department has only weak control over the effective use of departmental subsidies on such aspects as the quality of service or the geographical distribution of services. The absence of contractual arrangement also means that evaluation other than headcounts and basic physical standards is difficult, if not impossible.¹³

At a public hearing held in 1978, the Department claimed that this situation had changed. On that occasion, the Committee was told:

... there has been a greater movement towards expectations for agencies to provide a certain quality of service and also in the geographical distribution of those services.¹⁴

It is most unsatisfactory that departments have only weak control over the effective use of departmental subsidies.

Present functioning of Parliament

Another reason for the lack of evaluation in the health and welfare sector is that Parliament does not operate always in a logical manner. It sometimes lacks information that is essential to enable it to respond sensitively to the problems of the health and welfare sector. It is not sufficiently energetic in publicising or setting out disadvantages suffered by susceptible groups. It has failed to learn from previous inquiries such as that which, in 1973, reported on a community health program for Australia¹⁵ and those conducted by the Royal Commission on Australian Government Administration, Bailey and Holmes (see Table 2.1, pages 27-9). It too often ignores opportunities to consult with those likely to be affected by, or those likely to implement, programs. It has not yet solved the problems presented by a federal system of government. And it moves slowly to provide essential backup legislation (such as freedom of information legislation) needed to perform effective evaluation.

Resources required for evaluation

The Committee was told that the process of evaluation is significantly inhibited by the fact that considerable resources are required. Several witnesses who worked at government level considered that most services had limited resources and that the directors of those services would be wary of investment in a process that promised them uncertain benefits.¹⁶

It is true that evaluation will consume resources. It is difficult to estimate the appropriate proportion of the total budget that should be allocated to it. One United States study suggested that a reasonable allocation is likely to range from 0.5 per cent to 2 per cent of the total program budget.¹⁷ Someone must meet this cost. Therefore, the Committee commends to governments the proposal that funds to assist evaluation be included in funding for health and welfare projects.

Many organisations do not have staff with the skills necessary for evaluation studies. According to the Rev. J. Davoren, Secretary of the Australian Catholic Social Welfare Commission, it would be rare to find an administrator to whom such a task could be delegated.¹⁸

At present, some governments have, within departments, sections that advise organisations about evaluation methods—for example, the Evaluation Section within the Commonwealth Department of Health.

Evaluation is said by some to be not worth the resources that it consumes. Mr A. S. Colliver, First Assistant Director-General, Social Welfare Division, Department of Social Security, told the Committee that it was a matter of concern that the large numbers of small grants invested in evaluation over recent years had not been terribly

productive in improving the administration of social programs.¹⁹ This concern is well founded. The present reliance largely on one-off, ad hoc evaluation studies (see Chapter 2) does not lead to cost-effective procedures. The Committee agrees with Mr A. Kelly, Executive Member of the Queensland Council of Social Service, who said that 'evaluation in the short, sharp burst . . . is really ineffective'.²⁰ However, there is evidence that, when evaluation is conducted properly, there are large cost benefits. For example, the ratio of benefit to cost for social research—equivalent to evaluation—in health and welfare programs in the United States was reckoned by one observer to be well over 100 : 1 (see page 14).

Evaluation has not been seen as necessary

There is widespread feeling among health and welfare workers that evaluation is unnecessary. This feeling was described by several witnesses representing umbrella agencies. Ms Julia Hayes, Executive Director of the Council of Social Service of the Australian Capital Territory, told the Committee that well-established welfare organisations consider that, if they are delivering a service which is in demand and which appears to be satisfying its clients, there is really no need to enter into any detailed analysis of its effectiveness and accountability.²¹ Ms E. Cox, Director of the Council of Social Service of New South Wales, felt that organisations perceived evaluation as 'a lot of bureaucratic mumbo jumbo'²², and Mr I. Yates, Secretary-General of the Australian Council of Social Service Inc., believed that many people saw evaluation as a 'frill'.²³

Another reason why evaluation is given such low priority in the health and welfare field is that it is not a direct 'helping' activity. Mr Davoren stated that the responsibility for collecting data falls on the clerical staff, who cannot rely on the full co-operation of the staff actually delivering the service. He considered that this happens because the importance of the data-collecting activity is not appreciated and it is believed that the time of the service delivery staff should be utilised in 'helping'.²⁴

What Mr Davoren describes is a very limited view. While 'helping' may be a satisfying activity for the health and welfare worker, it will waste resources unless the activity is effective. The only way to determine effectiveness is to evaluate. While the managers of health and welfare services continue to attach much importance to process and very little to outcome, they run the risk of using their resources in a non-directed, wasteful manner and achieving little.

No tradition of evaluation in Australia

As there is no tradition of evaluation in Australia, there is some reluctance by both government and non-government health and welfare services to undertake a task that is new and relatively unproved. The Committee appreciates the trepidation felt when venturing into something new. However, we believe the benefits to be gained from evaluation are worth the effort.

Difficulties in converting theory into practice

Another problem in evaluating health and welfare services arises in converting subjective concepts to operational terms. Mr Davoren states:

There are very few instruments for measuring the effectiveness of work done in the welfare field. It will be appreciated that welfare covers a very wide area of activity and is concerned with the well-being of particular members of society. What well-being means and how well it has been restored or achieved in a particular instance is very hard to measure and to express in quantitative terms.²⁵

In the health area, similar problems are faced. Professor Stephen Leeder, Professor of Community Medicine at the University of Newcastle, has indicated the problem presented by the enormous number of criteria that exist in the health field:

—the quality of care provided in general practice with its rich variety of diagnostic and therapeutic challenges is comprised of hundreds, if not thousands, of little things within the doctor's personality, his knowledge and experience, his problem-solving skill, the characteristics of his receptionist, the personality and compliance of the patient, the surgery furnishings and the weather, to name but a few.²⁶

With such a huge range of criteria to choose from, it is difficult to determine which most effectively measure progress toward the broad outcome goal of improved health.

The evaluation of health and welfare services can never be a purely objective exercise. The evaluator must be selective in what he looks at. He has to choose from a host of aspects of a service those which he can evaluate. Laurence Lynn, Jr, Assistant Secretary of Planning and Evaluation in the United States Federal Department of Health, Education, and Welfare, writes:

The choices . . . and values of the researcher often guide the decisions to at least some degree. Evaluation is much more of an art than a science, and the artist's soul may be as influential as his mind. To the extent that this is true, the evaluator becomes another special interest or advocate rather than a purveyor of objectively developed evidence and insights, and the credibility of his work can be challenged.²⁷

Problems arise when organisations reject unfavourable evaluation studies because they believe—or wish to believe—that the researchers are biased.

Though problems arise in the search for appropriate measures for evaluation, they are not serious enough to serve as a valid reason for not evaluating. Our view is supported by Avedis Donabedian, a notable writer on evaluation methods, who states:

The search for perfection should not blind one to the fact that present techniques of evaluating quality, crude as they are, have revealed a range of quality from outstanding to deplorable. Tools are now available for making broad judgments of this kind with considerable assurance.²⁸

Evaluation methods were examined in other respects in Chapter 8.

Positive developments in evaluation

Notwithstanding the situation so far described in this report, some organisations have demonstrated a growing willingness and capacity to evaluate. Despite deficiencies in data, resources and skills, some organisations have been able to 'plug in' to what is available for service evaluation.

Most organisations undertake some level of appraisal of their various parts or functions. Most of these appraisals, though they may be valuable, would not constitute evaluation. They may involve no more than head counts, resource mapping or a range of non-specific activities that produce a feeling of worth simply because they have been undertaken, regardless of their outcomes.

Many organisations undertake establishment and methods surveys designed to ensure either that a staff position carries appropriate qualifications and duties or that forms are written up and communication facilities maintained efficiently. Organisations such as the public services have put substantial resources into this area. Though this does represent evaluation activity, evidence before the Committee indicates that its value as an evaluation mechanism is greatly limited by lack of standards and objectives (see pages 66–8 and 75–6).

It would certainly be true that the great majority of organisations exercise much care in overseeing their financial operations. Expenditures are often rigorously scrutinised. Much effort and, sometimes, considerable resources are applied to ensuring that financial accountability is of a high order. Governments may even audit non-government organisations. This is an important and necessary function but it may not constitute evaluation.

Many organisations, particularly those with professional staff, have, or are developing, organisational forms that allow for feedback from, or even participation by, staff at all levels. This can provide for very useful appraisals of an organisation's activities.

Some organisations, in the main those which receive substantial government funding or which have tight government regulation, are subject to inspection. Inspectors or social workers may visit such organisations to appraise the services that they provide. However, these visits are infrequent and rarely amount to anything more than a survey of relatively mechanical functions, structures and activities. This inspection function may even take the form of requiring organisations to supply returns of information to some central authority.

The need for more systematic evaluation of health and welfare services has been realised only recently. While there have been substantial developments, there is, as yet, no set body of concepts, methods or experience for organisations to draw upon. With this in mind, it is easy to understand that the development of evaluation in health and welfare programs is only in the pilot-experimental-educative phase. This phase is bringing to light a number of positive evaluative factors. These include:

1. the existence of some external evaluation activities;
2. an acceleration in the gathering of information, including data on resources and need;
3. increasing cognisance of the need to be responsive to clients;
4. peer review proposals;
5. increasing use of pilot and experimental programs.

The Australian Council of Social Service established an Evaluation and Accountability Task Force in March 1977. The general objective of the Task Force is 'to facilitate a commitment and ability on the part of the non-government welfare organisations to evaluate their social welfare programs'. It also has a number of more specific objectives, including consultation with organisations implementing evaluation, liaising with government on matters of evaluation, and publishing papers on evaluation and accountability. The Task Force had been involved in some fourteen 'low key consultations' to February 1979.²⁹

There are a number of continuing evaluation activities which receive scant attention but which are vital to the status of health. These are the environmental monitoring activities. Various government authorities monitor water and air quality, radiation safety and control, housing quality, noise in industry, and various other environmental aspects. Programs enforcing standards in these areas are important preventive health measures, and continual monitoring of these programs is an important evaluative activity.

There are also evaluated services in the communicable diseases area—for example, the smallpox immunisation program. While not all programs are proved effective—for example, the incidence of venereal disease is increasing despite control measures—the impact of programs is being documented more fully and more effectively.

Until recently, we did not know what services were provided, let alone what were needed. Even now, this information is not complete, but basic information needed for evaluation is being gathered increasingly. The activities of the erstwhile Hospitals and Health Services Commission have given us some kind of inventory of health manpower and a first indication of available health facilities. State health commissions also are developing inventories of services. Councils of social service are endeavouring to document services in the non-government sector.³⁰ Individual organisations are collecting information on the scale and frequency of service provision. There is evidence (see Chapter 4) that numbers of organisations are endeavouring to come to grips with the task of identifying and measuring need. Some organisations are measuring service utilisation to obtain information that can be useful in a number of ways. These information processes are significant steps in the development of evaluation programs.

Some organisations are endeavouring to be more responsive to the people who receive service from them. The mid to late 1960s saw the 'participation ideology' gain popularity. In this approach, clients participate in the identifying of their own needs. Feedback from clients can then be used as one performance indicator.

Some organisations are also demonstrating efforts to be more responsive internally to external pressures to evaluate and be self-critical. Several years ago, the Federal Minister for Health announced that he would give the Australian Medical Association three years to make some moves toward peer review and would then judge whether or not they had been sufficient. There is now some evidence that the AMA is moving slowly in this direction in response to the pressures imposed on it by government.³¹ On 9 February 1979, the Minister announced a Health Program Grant of \$50 000 to the Association to assist in establishing a Peer Review Resource Centre.³² The centre will foster peer review initiatives by medical and other professions, health authorities and individual institutions. It will also provide training and advice and develop proposals for peer review in hospitals.

The Australian Council on Hospital Standards operates a hospital accreditation program, which is essentially a peer review system.³³ It should be acknowledged that in this case rewards are associated with accreditation.

The Australian Medical Association and the Australian Council on Hospital Standards, together with the Australian Hospital Association, have produced a useful publication, *Guidelines to Clinical Review*, to 'assist those who wish to formalise the peer review process in a way which is objective, non-threatening, easily administered and adaptable'.³⁴

The use of demonstration or pilot projects is increasing,³⁵ and this also is encouraging. Such projects demonstrate growing acceptance of experimentation and assessment, and rejection of the concept of organisational self-perpetuation.

While the measures described above do not necessarily amount to vigorous evaluation, they do indicate some progress. They demonstrate that, given stimulus, opportunity and resources, some organisations have started to evaluate themselves by processes of both internal and external evaluation, and have gained satisfaction and reward from these processes. Pressure or the prospect of reward may have been used, but it is to be hoped that evaluation will come to be seen as an essential part of programs in health and welfare.

However, what is occurring at this stage is little more than an ideological, educational, experimental movement based on a search for adequate motivation and also adequate tools for evaluation.

Efforts to train professionals are also being made in order to provide the skills necessary for effective evaluation in the health and welfare fields. During 1978, seminars and conferences were held at the University of New South Wales, the Canberra College of Advanced Education and other institutions, and within the Commonwealth Public Service.

Summary, conclusions and recommendations

The major factors that inhibit evaluation in Australia are:

1. perception of evaluation as a threat;
2. lack of national goals;
3. lack of data;
4. lack of defined standards;
5. the present inappropriate system of funding;
6. the present inappropriate functioning of Parliament;
7. the magnitude of the resources required for evaluation;
8. failure to see evaluation as being necessary;
9. lack of an evaluation tradition in Australia;
10. difficulties in converting theory into practice.

These obstacles to evaluation are not insurmountable. Program managers must accept that they have a social obligation to evaluate their services, even though the task may not be easy and the evaluation may seem threatening.

In spite of the difficulties that have appeared, there have been some positive developments in evaluation. Some level of appraisal—which may be valuable but which would not reach the level of evaluation—occurs in most organisations, and some have moved toward formal evaluation. Various government authorities monitor environmental and health situations. An increasing amount of data required for evaluation is being collected, and pilot programs in evaluation have been launched. Increasing emphasis is being placed on the training of professionals in the necessary evaluative skills.

The Committee concludes, however, that evaluation in Australia is still only in the initial stages and that more resources and effort must be devoted to the task. Therefore, in order to encourage evaluation activity, **we recommend:**

1. **That, in future, Commonwealth funding for any health or welfare organisation be contingent on a written agreement by the organisation that it will conduct ongoing evaluation of a quality that is approved by both the organisation and the Government; and that State Governments be encouraged to follow a similar practice.**
2. **That each State Government ensure that, within its Public Service, there is a section that will provide advice for organisations which wish to evaluate their own services.**

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