# Helping families in the 'too hard basket': lessons from evaluation on building and maintaining interagency cooperation

Lisa Simone (Southern Suburbs Integrated Case Management Project)
Alan Owen and Peter Samsa (Centre for Health Service Development,
Australian Health Service Research Institute, University of Wollongong)
Tim Farland (Institute of Public Administration Australia)

Presenter: Kathie Clapham, Professor of Indigenous Health

AES Conference Adelaide, August 30, 2012





#### Overview

- The Southern Suburbs Integrated Case Management project
- Methods for evaluating a relatively small, but strategic, system-level intervention
- Lessons about the intervention
- Lessons for evaluation practice

# Southern Suburbs Integrated Case Management

Five suburbs South of Wollongong NSW with high rates of social disadvantage, public housing estates, etc

Small scale – max of 10 families at any one time

23 families in total - 8 are Aboriginal



### **Origins of SSICM**



- ◆ Literature scan showed its origins were unusual the call for better integration came from the bottom up and was not prompted in reaction to a natural disaster or a child murder!
- Council and Police approached Central Agencies in 2007.
   Project ran as a 'pilot' from September 2009 for 3 years as a planned 'system' intervention.
- ◆ Used high level management involvement through the NSW Regional Coordination Program and Senior Officers' structures – so as not to be captured by any single Department and to give a voice to Local Govt and to NGOs.



#### Structure



- ◆ Tiered governance and support structure held together by the paid Coordinator: Steering Committee, Allocation Panel, Teams & Family Support Workers per each family
- ◆ Partners: Wollongong City Council, NGOs thru the Illawarra Forum, Centrelink, NSW Departments -Health, Community Services, Housing, Police, Education, Juvenile Justice, Corrective Services, Ageing and Disability and Premier and Cabinet.
- ◆ No additional resources for staff and management time – no brokerage funds for the families



#### **Aims**



- Project could not expect to demonstrate outcomes for families – numbers are small and timelines for change are long
- ◆ Common characteristics of intergenerational disadvantage, frequent users of support services for: mental health, child protection, DV, crime prevention, drug and alcohol, gambling
- ◆Minimalist expectation was agency *flexibility* to reduce the complexity of the families' encounters with multiple agencies
- ◆The aim was *local system change* by a focus on the families with the most complex needs, who are likely to be in any single agency's 'too hard basket'
- ◆ Create interagency more *flexible* systems and methods and work out ways to make them *sustainable* not additional front-line resources to avoid *dumping*

# Methods for evaluating a relatively small, strategic and system-level intervention

Mixed methods case study similar to the Service Integration Project in Queensland (Keast et al. 2004) and many others...

Triangulation of data through interviews, observation, surveys, focus groups, and reviewing documentation.





### **Evaluation Strategy**

- ◆ Evaluation data collected over ten-months from February 2010 to November 2010, to help evaluation to be built in by Coordinator thereafter.
- ◆ Support the Steering Committee and Coordinator, inform Central Agencies, stay well out of the way on the ground!
- ◆ Developmental provide analysis and evidence from the literature and current practice review and local data to inform the design and methods and show where the project fits within in the crowded 'integration' space
- ◆Put together with recommendations to guide the next stages, keep emphasising the *system level* aims

#### Lessons about the intervention

Everyone is keen to integrate everyone else!

Keep the 'laws of integration' in mind so as to manage expectations



#### Results



- Guidelines, templates, selection criteria, common needs assessment and coordination procedures
- ◆ TAFE-based training program and video to address wide dissemination and high staff turn-over
- Raised profile and influence of NGOs a space to challenge the Departments
- Some evidence of benefits for some families
- Next steps will be implementing the 'family case management' model in Kiama and Nowra – differently resourced and more focus on child protection

# Lessons for evaluations of small interventions on 'wicked problems'

Tailor the evaluation approach to the scale of the project – provide analysis and design advice – stay in the background - build in evaluation methods and tools to evolve over time



#### Lessons



- ◆When the problem is 'wicked', the aim of evaluation is to help clarify the intervention, use simple descriptive methods so as not confuse the participants.
- ◆Support for the interagency space requires legitimacy from the top-down through central agencies – to avoid single agency capture
- Changing agency cultures and workers' decision-making being challenged by the NGOs – needs long-standing local goodwill
- ◆A system level intervention about bending rules and being flexible in carefully selected cases can be hard for middle management to understand not helped by turn-over





#### Limitations for evaluators

- ◆The resources for small wicked problems are meagre
- SSICM evaluation resources were \$20k for first year
   only so the focus should be on clear documentation
- ◆Best to stay with design and analysis roles if possible as data collection is costly and ideally done in-house
- ◆It helps if there is some back-up from a 'pro bono' culture where salaries are already paid as part of a bigger program of teaching and research
- ◆It helps if a small project can form part of an institution's or agency's corporate memory and regional responsibilities





### The recommended solutions persist – some even survive regime change

Effective intensive case management for this client group ultimately requires a whole-of-government commitment and response — one that is able to unite the relevant agencies and overcome service system boundaries and program limitations. This should be driven through an authoritative central agency such as the Department of Premier and Cabinet, ideally supported by a dedicated Minister and Cabinet Sub-Committee.

NSW Commission of Audit Final Report 2012: Expenditure. S 5.7 Intensive support for multiple and complex needs families p119



#### **Useful References**



Keast R,. Mandell M., Brown K. and Woolcock G. (2004) *Network Structures: Working Differently and Changing Expectations* Public Administration Review, 64 (3): 363-371

Kodner D (2009) All Together Now: A Conceptual Exploration of Integrated Care Healthcare Quarterly, 13 (Sp): 6-1

Leutz W (1999) Five laws for integrating medical and social services: lessons from the United States and the United Kingdom. Milbank Quarterly, Vol.77, pp.77-110

NSW Commission of Audit (2012) *Government Expenditure* Final Report 4 May 2012 (Section 5.7 Intensive support for multiple and complex needs families pp 117-1200)

Pluye, P., Potvin, L., and Denis, J. (2004). *Making public health programs last: Conceptualizing sustainability.* Evaluation and Program Planning, 27: 121-133.

Rittel H and Webber M (1973) *Dilemmas in a General Theory of Planning* Policy Sciences, 4, 155-169.





#### **SS ICM Evaluation Report and Contacts**

http://ahsri.uow.edu.au/chsd/projects/ssicm/index.html

Australian Health Services Research Institute <a href="http://ahsri.uow.edu.au/index.html">http://ahsri.uow.edu.au/index.html</a>

lisasimone@bigpond.com aowen@uow.edu.au psamsa@uow.edu.au Tim@Farland.com