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# 12 Drawing on powerful practitioner-based knowledge to drive policy development, implementation and evaluation

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### **Abstract**

Policy makers often have difficulty implementing the principles of evidence-based policy in the real world. It is important to construct policies that are not only consistent with evidence but also draw on practitioners' experience and are well integrated with the structure of the communities they serve. To determine the foundations of successful policies we must engage with the successful practitioners operating in the field. In this paper I describe four examples of the use of evidence to support practitioner-led action.

## **12.1 Introduction**

In this paper I want to come at the topic of institutionalising an evidence-based approach to policy development and implementation from a slightly different angle than most of the other papers. I am not going to disagree with the importance of evidence, or with the importance of attention to the standards of evidence used.

If I have a straw person I would like to attack, however, it is not the waste and damage poor evidence and poorer motives can inflict on an unsuspecting public. Others have made that case very well. Rather, it is the opposition too glibly assumed between good evidence and the real world of professionals and the communities in which their services (and our evidence) either work or not.

I would like to discuss this by doing a couple of things. First, I want to discuss a couple of case examples, drawn both from previous lives and from my current role

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at the Australian Government Department of Education, Employment and Workplace Relations (DEEWR).

In all of these I will argue that a commitment, not just to evidence, but to professional engagement — that is, to a direct relationship with the professionals whose life is the evidence — marks out these examples. It is not enough to assert the importance of evidence, as if the nature of evidence itself is unproblematic. It is also important to be clear about whose evidence, what evidence and evidence for what purpose.

Finally, I would like to consider this message in relation to the new structures of our federalism and to the Australian Government's ambitious Indigenous policy agenda, to 'close the gap'.

My key message is that a good evidence base alone does not guarantee good policy. A convincing evidence base will not redeem policies that are poorly integrated with the contexts of the communities they are developed to serve. To replicate successful reforms, we must engage with successful practitioners to isolate the specifics that underpin success and to harness them to the task.

Over years working across Commonwealth, State and Territory roles in health, welfare and education, I have observed an impressive commitment to evidence among my colleagues. And I have seen this both empower and inhibit action. I have even seen a commitment to evidence posited as a strategy to contain or even exclude 'professional interests'. We have all witnessed instances of an obsession with questions of technical evidence paralysing action or maybe even providing cover for an unwillingness to act.

## **12.2 Some reflections on evidence-based knowledge and evaluation**

The Blair government is sometimes credited with reviving the idea that policy making 'should be better informed by research and evidence over the ... conviction approaches of the Thatcher and Reagan eras' (Sanderson, quoted in Althaus et al. 2007). The *Modernising Government* white paper in 1999 focused on the capacity of the public service to 'to ensure that policies are strategic, outcome focused, ... and robust' (United Kingdom Cabinet Office 1999).

However, nearly a decade later, the 2007 report *Analysis for Policy: Evidence-based Policy in Practice* asserts that many policy makers find evidence-based policy difficult to practise, in the context of expectations for quick decision making, poor

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understanding of the relative merits of different forms of evidence and difficulty in mapping evidence to the ‘real world’ of policy implementation (GSR 2007). In Australia we face our own, as well as these common, challenges.

First, even when we know what works, it is difficult to put this knowledge into practice on a wider scale. The difficulties with replicating the successes in improving education outcomes for Aboriginal kids at Cherbourg State School in Queensland are related not only to the question of ‘What works?’ but also to the related questions — ‘How does it work?’ and ‘Why does it work?’ Sustainability and scalability are always key questions and are not answered simply by knowing that a specific intervention works. In the federal context, building this knowledge can be difficult, as the government with the greatest scale and reach is largely not responsible for direct service delivery.

Second, while commitment to evaluation has improved, evaluation is still often left to the end of the policy-making process, and we too rarely engage practitioners in the development and assessment of evaluation outcomes.

Third, this exclusion is exacerbated by the time pressures and the largely confidential reality of Cabinet government.

### **12.3 Utilising a practitioner-based knowledge to inform policy**

I want to turn now briefly to outline four examples of evidence being used either to draw on or support practitioner-led action. The first two are from community health, and both are related to Aboriginal health and wellbeing.

The first is in improving the performance of the primary health sector in the management of adult metabolic and cardiac disease in remote communities. These largely syndromic diseases account for a huge proportion of the excess mortality suffered in those communities.

In this first case, a continuous quality improvement model known as ABCD (standing for Audit of Best Practice in Chronic Disease) was built on the basis of the 1999 Northern Territory Preventable Chronic Diseases Strategy (Australia’s first). It involved:

- gathering data on performance across a number of annual cycles, eventually in each of more than 40 remote clinics
- analysing the performance of each clinic individually against a very specific set of performance standards

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- working with practitioners at a clinic-by-clinic level to make key adjustments to service provision to improve each clinic's performance against these measures
  - returning to each clinic over a number of annual cycles.

A 2007 article in the *Medical Journal of Australia* reported success: improvements in primary health care provision and closer adherence to best practice and small improvements to overall health outcomes in the same year that the Northern Territory first recorded an improvement in adult Aboriginal (female) life expectancy and a decline in the mortality from three of six major causes, sufficient to contribute to a closing of the gap (Bailie et al. 2007; NT DHCS 2007; Thomas et al. 2007).

The value of the CQI (continuous quality improvement) approach is that it offers more than functional evaluation, as it actually integrates with both the values and the day-to-day reality faced by staff.

In my second example, I worked with a group of colleagues to consider a cross-sectoral model for primary health care for Indigenous children, focusing not just on health but also on social outcomes. There is substantial evidence that antenatal, family and social environments all contribute to children's social, developmental and cognitive capacities, for good and bad, and to their long-term health outlook.

Accordingly, the report tries to 'envisage a service system where the boundaries between the service silos and professions are substantially dissolved and new service forms for Australian Indigenous families can be developed.' The rich knowledge base is, however, not enough. It is now relatively well known but does not generate change. So we spent the last third of our report on the question of change.

We identified two options for cross-sectoral reform: a pragmatic approach to reform for the three professions, based on linking up services by upskilling workers in cross-sectoral skills; and a more radical approach, based on integrated early childhood service centres. We wanted to look at how our proposed reform process could be developed 'across the different jurisdictions and settings where Indigenous families live and in all services, not just those led by an exceptional clinician, manager or community leader'. It was clear that professional buy-in was the key rate limiter. Government silos are a problem and we did not underestimate them. But getting the professions to loosen up would require more than a Head Office instruction.

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## 12.4 The impact of practitioner-based knowledge on the DEEWR productivity agenda

I want to turn now to two examples from DEEWR. DEEWR's agenda impacts on all Australians across the life course. The broadness of this agenda ensures that DEEWR's work relates to a significant range of practitioners across the states and territories, in the community sector and industry.

I will give two examples.

Most commentators would identify the Government's macro response to the global recession as an example of well-based policy — indeed, of Australia's policy advisers being leaders in the clarity of their reading of the evidence and the impact of their advice. However, a similar effort to explore the complex data on local labour markets has also informed Government's approach to the impact of the global recession on regional labour markets.

Early on, DEEWR was asked to analyse current labour market indicators and evidence from previous downturns. The department identified 20 priority regions hardest hit already, badly affected in previous downturns or with exposure factors predicting further deterioration (that is, those most likely to experience high unemployment and long-term unemployment). 'Local employment coordinators' have been engaged in these regions to help drive local responses to unemployment — supported by the \$650 million Jobs Fund.

For this paper, the interesting point is the energy with which both administrative and local knowledge was able to be added to the standard Australian Bureau of Statistics data sources to address the need. The eventual database constructed by DEEWR analysts ranged from statistical data with strong validation among forecasters to local intelligence from DEEWR state and regional network staff and has proven very robust as it is continually updated and reviewed.

The department's role in the development and implementation of the Council of Australian Governments' early childhood agenda has also involved close collaboration and partnership with experienced, domain-specific experts. The international evidence demonstrates that government investment in early childhood interventions for disadvantaged young children and for young children in general is more effective than interventions that come later in life (Heckman and Masterov 2007; McCain and Mustard 1999).

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In response to this evidence, the Government has committed to both a quality agenda, in collaboration with the States and Territories, and to a service extension/integration agenda, including early learning and care centres and child and family centres — different forms of integrated models. These reforms are based on strong international evidence (Wise et al. 2005). We are also, however, taking steps to improve our own Australian evidence base. The national rollout of the Australian Early Development Index (AEDI) was announced in the 2008-09 Budget.

This is a population-based measure of child development, which enables local communities and schools to assess how children in their catchments are developing by the time they reach school age. As Peter Dawkins's paper outlines, the Victorian Best Start program provides another good example of Government intervening by providing local data to empower local alliances of professionals and community leaders to take their own action to improve outcomes for children in their own localities.

I want to finish with a brief reflection on the current coincidence of reform imperatives: reform of our federal–state architecture, and a number of specific and challenging social policy objectives — closing the gap with Indigenous Australians and mitigating the impacts of the global recession on vulnerable local labour markets, among others.

How will these fit together? Is there a collision of priorities here? Will we default back to the old ways of input control, as have previous governments? I want to make three comments.

First, let us not kid ourselves about the power of input control. The levers we all grew up with were rarely, if ever, used and tended to focus us on the wrong things. Certainly, there is no sign that they did a lot to close the gap.

Second, no-one should underestimate the resolve of the current Australian Government regarding the measures that have been agreed in the new style of partnership agreements between the Commonwealth and the States and Territories.

This is elsewhere referred to as the 'transparency agenda'. The Government is unashamed about pursuing transparency agendas in a number of policy areas, consistent with its focus on outcomes, while also respecting the room for the States and Territories to move in implementation. Terry Moran's presentation yesterday to this forum made that clear.

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And, of course, transparency is for all of us — for professionals in the field but also for all of us in government. From this perspective, the question is not about reform commitment. It is about whether we are having the right discussions, informed by the powerful evidence and with evidence gathered in a way which itself prompts practice improvement.

My contention is that the debate about closing the gap will not be about which level of government talks to the professionals, the practitioners and the communities. It will be about the substance of what they have to tell us and how, together, we respond to the challenges and opportunities richly embedded in their evidence.

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