

# **Shifting sands: articulating a new relationship between funders, funded agencies and evaluation**

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## **Abstract**

Many forces shape evaluation in human services. Increasingly, evaluation is an explicit expectation of program funding. Evaluation has the potential to inform judgements of the value and return from the investment of public monies and to inform future investments and program initiatives. With at least one notable exception, this potential is poorly realised, with funding programs being much more rigorous in selection processes than in learning from the successes and challenges of previously funded initiatives. The current obsession with short-term investments in 'new and innovative' projects is seen to devalue the learning that occurs within project teams, agencies and service systems, and the process of formalising that learning through project evaluation. Drawing on recent trends in funding initiatives for families and children, the paper describes how the development of an overarching research and evaluation framework harnesses the knowledge that is generated through the implementation of policy and contributes to broader system learning.

## **Introduction**

This paper explores mechanisms that aim to strengthen the links between:

- research
- policy development and implementation
- resource allocation - processes whereby resources are allocated to particular projects/ programs, monitoring and accountability processes
- project evaluation – the process of making a judgement about the return from the investment of resources
- evaluation of policy/ policy implementation (eg program evaluation)

in an iterative way, whereby evaluation feeds back into a review of policy, policy implementation and future resource allocation

This paper draws on six years experience of undertaking research and evaluation in primary health care settings in South Australia. My interest in this area, however, stems from my experience as a recipient of a Foundation SA Health Promotion Scholarship whilst a postgraduate student within the Department of Public Health at Flinders University.

## **A funder's perspective**

Foundation SA and its counterparts in Victoria and West Australia (VicHealth and HealthWays, respectively) were statutory bodies, funded by the introduction of a levy on tobacco products and charged with the responsibility to reduce the reliance on the revenue gained from advertising tobacco products. This was achieved in part, by Foundation SA sponsorship of sporting and cultural events. In turn, sponsored bodies were asked to display stop smoking and other health promotion signage. Over time, the provision of healthier food choices and non-smoking venues became an integral part of sponsorship requirements.

As part of the scholarship, I had an opportunity to work with a small team that had administrative responsibility for health promotion funds of \$0.5M per annum. My task was to evaluate the level of satisfaction with the grant process, amongst successful and unsuccessful applicants. The evaluation also documented the perceptions of grant recipients re the contractual and performance management processes of the funding body. The evaluation had a strong practical focus and I was able to make recommendations to a Ministerial appointed Health Advisory Group.

As part of this process I had an opportunity to observe the multiple and rigorous processes associated with the assessment of applications and subsequent decisions concerning the allocation of funds. Subsequent to my placement with Foundation SA as a student, I had an opportunity to work with the Foundation SA health team in a paid capacity. It was in this role that I began to question how the funding body could better respond to and utilise the learning that was evident in the project reports that were submitted by funded agencies as part of the grant expectations.

### **Funder commissions review of ‘demonstration project’ funding**

My first ‘case study’ describes how a funding body came to work with a research and evaluation unit and how that nexus between funding and evaluation contributed, at least in a small way, to a clearer articulation of the aims of particular funding streams and better mechanisms to support funded projects to achieve both program and project aims and objectives, and make their learning more accessible to others.

SACHRU was contracted by Foundation SA to provide a summative evaluation of projects funded under the Local Health Promotion Demonstration Initiatives (LHPDI) stream. As the name suggests, these were demonstration projects, often adopting community development and less mainstream approaches, and requiring a not insignificant investment of funds there was an added impetus to gain an outsider/consultant’s perspective on the value of these initiatives.

SACHRU assessed each funded project against the selection criteria for the LHPDI funding stream. The selection criteria were utilised as a proxy measure in the absence of stated objectives for the funding program. Selection criteria required that projects:

- are a pilot project
- focus on disadvantaged groups
- adopt a community development approach
- address local health needs
- multi-sectoral

In assessing how well projects demonstrated the criteria, the evaluation was able to identify whether the aims of the particular funding stream were realised, as well as provide an appraisal of the overall value of the LHDPI program.

SACHRU also agreed to summarise each project and undertake an appraisal of the project evaluations as reflected in their original funding proposals and final reports. The appraisal of the project evaluations considered a) the appropriateness of goals, objectives, strategies and indicators of success, and b) how evaluation data has been collected and used to address the indicators and provide evidence as to whether objectives have been achieved.

The summary report of the first round of funded projects assessed by SACHRU revealed:

- few reports contained sufficient information for similar projects to be developed elsewhere
- limited interpretation/ application of community development (participation in planning, decision making, evaluation) and multi-sectoral (little collaboration, shared ownership)
- lack of understanding of language of evaluation – real impact on capacity to identify what worked and what didn't and why
- objectives/ strategies changed in the doing – reasons not given, lack of significance attached

A review of the summary of projects funded in the subsequent round revealed significant changes to the processes associated with funding/ grant administration.

1. Assessment criteria – clearer emphasis on demonstration model

Assessment criteria include 'capable of being a demonstration project' – clearer intent for members of assessment panel.

2. Guidelines, information resources

Guidelines for applicants and information about planning and evaluation were unchanged. This included a glossary of evaluation terms to assist organisations to address both process and impact evaluation.

3. Clear statement about the purpose of the funding program and role of evaluation

Successful applicants were sent information about the evaluation reporting requirements. This stated that evaluation reports were important because LHPDI projects were intended as models for others to follow.

4. A planned approach to evaluation

Funded agencies were asked to submit an evaluation plan within three months of the receipt of funding (previously applicants asked to describe what data would be collected for evaluation, but not how this would be done).

5. Expanded role for the research and evaluation unit

SACHRU was asked to assist individual projects with their evaluations (at request of project staff), in addition to providing a summative assessment of specific funding streams.

Grant recipients were recommended to seek advice from SACHRU early on in the project about writing evaluation plans, and to consult with SACHRU before writing the final report. Each project was to allocate funds (up to \$1,000) towards evaluation of their projects.

#### 6. Close monitoring, consistent reporting format

Projects were required to submit interim reports every three months. A brief proforma was given. The final report, due three months after completion, was required in two parts. Part A requested information about the background to the project, strategies, time lines, project advisory group, budget, **evaluation methods and results**, implications for health promotion and how the findings will be disseminated. Part B recorded statistical information about population reached, media coverage, publications, community involvement, structural changes and changes in the target group.

#### 7. Enhanced dissemination

Funded agencies were encouraged to submit details of their project, any resources that were produced and agency contact details to the Health Education and Promotion database<sup>1</sup>.

### **Commissioning of evaluation support and program review as accepted practice**

In 1997 I became an evaluator with the South Australian Community Health Research Unit (SACHRU). At that time, evaluation was commissioned by three main groups:

1. the Strategic Policy & Planning Branch of the South Australian Health Commission (later to become part of the Department of Human Services)
2. Foundation SA, (which later changed its name to Living Health)
3. Agencies, government and non-government, for whom evaluation was an explicit requirement of project funding – State, Commonwealth or

As part of the Primary Health Care Initiatives and Primary Health Care Advancement Programs, the SAHC adopted a similarly comprehensive approach to evaluation.

The SAHC was able to:

- support funded agencies to undertake project evaluation (through purchasing an evaluation consultancy service from SACHRU)
- enhance the capacity to document project outcomes against objectives in a systematic way (SACHRU was funded to assist projects in the development of a formal evaluation plan; staff utilised a standard objective-driven approach to evaluation)
- influence the documentation of project outcomes through the requirement that the SAHC ‘sign off’ on project evaluation plans

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<sup>1</sup> HEAPS was developed in 1985 and funded by the Australian Department of Health & Aged Care until the end of 1997. A private company has maintained the HEAPS database since 1998. In the mid-90’s it was an evolving and dynamic electronic resource. It’s current utilisation is unclear. Most entries appear to be dated. I was unable to sort and view records by date. Many of the fields within each record are empty, limiting the capacity to identify projects that have been adequately evaluated, for example.

- consolidate learning across projects through commissioning a review of all PHCIP and PHCAP projects
- seek recommendations about future directions to enhance program goals at system and service levels

I had begun to appreciate the synergy that was possible when policy implementation (through program funding) was accompanied by project and program evaluation that sought to review and consolidate the learning that was achieved through praxis.

### **Changing contexts for health promotion evaluation: local and federal**

In my 6 years as an evaluator (1998-2004), however, budgetary constraints saw less health promotion and primary health care funding generally in South Australia. The demise of Living Health (the name given to the former Foundation SA) and the conclusion of the PHCIP and PHCAP programs meant that SACHRU and the Department of Human Services no longer had a common interface around evaluation.

True, SACHRU conducted its training programs year after year with the intent of building the capacity of practitioners to undertake their own evaluation. Nevertheless, SACHRU's role in program evaluation had barely begun.

At a national level, I became aware of health program evaluation on a much grander scale. As an evaluator, I read about the national evaluation of the youth suicide prevention program with keen interest, eager to know what approaches were being adopted to harness learning across diverse communities and methodologies. I copied excerpts from the Youth Suicide Prevention Bulletin and ordered the Evaluation Series (5 volumes). This was impressive!

More recently, I have perused copies of the Stronger Families Learning Exchange (SFLEX) bulletins produced by the Australian Institute of Family Studies (AIFS) as part of the evaluation consultancy for the Stronger Families and Communities Strategy.

'Now this', I reflected, recognising the format immediately, 'is an effective strategy for information dissemination and shared learning across funded initiatives'. For project staff who may have been unsettled by the core commitment to Action Research as an approach to evaluation, the Bulletin contained scholarly articles and practical applications to help project staff understand the approach.

### **A contemporary approach to program and policy evaluation**

The Australian Government Department of Family and Community Services (FaCS) Stronger Families and Communities Strategy (SFCS) employs a number of coordinated strategies to support learning across systems, projects and individual workers. These strategies include:

- funding a national, longitudinal research project – the Australian Longitudinal Study of Children
- funding further development of the Australian Early Development Index (AEDI) and its implementation across a sample of communities

- contracting the development of a national evaluation framework for SFCS<sup>2</sup>
- contracting of a national evaluation provider
- providing resources for sector development around evaluation (eg SFLEX; Clearinghouse)

### **Australian Longitudinal Study of Children**

*Growing Up in Australia* is the Longitudinal Study of Australian Children funded by the Australian Government Department of Family and Community Services as part of its Stronger Families and Communities Strategy. The study aims to examine the impact of Australia's unique social and cultural environment on the next generation and will further understanding of early childhood development, inform social policy debate, and be used to identify opportunities for early intervention and prevention strategies in policy areas concerning children.

*Growing Up in Australia* will explore family and social issues, and address a range of research questions about children's development and wellbeing. Its longitudinal structure will enable researchers to determine critical periods for the provision of services and welfare support and identify the long-term consequences of policy innovations.

### **Australian Early Development Index (AEDI)**

The Early Development Index measures child outcomes on each of five developmental domains. The EDI was developed in Canada and has been validated and refined in the Western Australian context. The EDI comprises a teachers' checklist that is completed in the child's first year of formal full-time schooling.

EDI results will be aggregated at a community level, involving children in all schools in a particular area. It is expected that 60 communities will participate across a 3 year period. Results will be geographically mapped along with Census Data to illustrate patterns of vulnerabilities and strengths in how children are developing by the time they reach school age.

Results will be shared with schools and communities. In this way, the information can be used to review existing services and supports for families, children and communities and inform planning of supports and interventions that will enhance school readiness – ie children's capacity to be successful once they reach school.

The Centre for Community Child Health, Melbourne is conducting the project in partnership with the Telethon Institute for Child Health Research, Perth.

### **A national evaluation framework for the SFCS**

The stated objectives of the national evaluation of the SFCS are to:

- Contribute to the evidence base about what works and why

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<sup>2</sup> The evaluation framework for the Stronger Families and Communities Strategy was developed by the Collaborative Institute for Research, Consulting & Learning in Evaluation (CIRCLE) at the Royal Melbourne Institute of Technology (RMIT).

- Inform social policy interventions (formative and summative aspects)
- Compare the SFCS to similar policy initiatives at national and international levels

Program logic provides the conceptual framework for the national evaluation. In essence, program logic says we should be guided by what we know about the mechanisms by which interventions might plausibly be expected to affect health.

The evaluation of the SFCS is guided by three principles:

- Build on existing reporting requirements
- Evaluation framework & supporting materials as resources for projects/ organisations
- Responsive to emerging issues

Finally, the national evaluation is to incorporate three levels of analysis:

- Data from funded projects
- Case studies of clusters of projects (around a single issue)
- Case studies of specific projects or communities (geographically & socially defined – place and space)

### **National evaluation provider**

The Australian Institute of Family Studies (AIFS) was the successful tenderer.

### **Sector development**

AIFS is supporting sector development through:

- Stronger Families Learning Exchange (SFLEX) Bulletin – periodic, features ‘news from the projects’ and scholarly papers, for example rigor in action research
- Clearinghouse - central point of access to relevant research

So, what does this mean for those of us who work at the micro level – predominantly evaluating individual projects. There are several key messages:

- If funders are serious about policy evaluation, resources and supports for learning must also be available at this level
- Baseline measures of community attributes (eg school readiness) can be recorded in ways that are useful to stakeholders at various levels – policy, planning, service provider and community levels – and allow comparisons over time and across communities and interventions
- Understanding the interactions between biology and environment in child developmental outcomes in ways that can inform policy, demands resources and rigor that are best met at system level
- Implementing policy requires learning at many levels. At the local level, experiential learning features heavily. There are numerous mechanisms that can be used to support this learning. Personal, responsive, timely and highly relevant learning tools are most effective.

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