

Success Case Method: Uses and Adaptation in New Zealand Housing Evaluation

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Introduction

The Success Case Method (SCM) has become very popular in evaluation circles despite its relative newness. The aim of this paper is to describe our experiences in adapting certain aspects of the methodology for the Housing New Zealand Corporation (Housing New Zealand) initiatives – the Home Ownership Education and Support initiative and the Healthy Housing programme (Healthy Housing). We describe what happened in each evaluation and compare the evaluation processes to reflect on the nature and worth of SCM.¹

The SCM is used to find out quickly and easily which parts of an initiative work well enough to be left alone, or built on and extended, which parts need revision and which should be abandoned. The method seeks to understand why things worked and why they did not. Practitioners of this approach create a model of what defines success, seek out the best and the worst stories from an initiative, and document the experiences captured in them. The stories are corroborated and backed up with evidence to confirm their veracity – “A success story is not considered valid and reportable until we are convinced that we have enough compelling evidence that the story would ‘stand up in court’...if pressed we could prove it beyond a reasonable doubt” (Brinkerhoff 2003:20).

The core questions of the SCM approach are:

- what is really happening?
- what results are being achieved?
- what is the value of the results?
- how can it be improved?

There are a number of steps that define the SCM evaluation process:

¹ A more comprehensive account of the use of the success case method in these evaluations is contained in ‘Success Case Method: Uses and adaptations in New Zealand evaluations’ presented to the Australasian Housing Researchers’ Conference, Adelaide, June 2006.

- focusing and planning a Success Case study
- creating an impact model that defines what success should look like
- designing a survey that identifies best and worse cases
- interviewing and documenting success cases
- communicating findings.

Matching programme and evaluation approach

The two programmes evaluated were the Home Ownership Education and Support initiative and the Healthy Housing Programme. The following section briefly describes the programmes, the purpose of the evaluations and the rationale for using an adapted SCM.

Home Ownership Education and Support initiative

The New Zealand Housing Strategy “Building the Future” (2005) sets out the Government’s priorities for housing and a programme of action for the sector over the ten year period 2005 – 2015. The strategy consists of seven areas of action, one of which is homeownership. While New Zealand’s home ownership level is high by international standards, home ownership rates are falling.

The Home Ownership Education and Support initiative aims to assist people, through education courses and support services, to make informed decisions regarding home ownership. People interested in home ownership are assisted to plan for and take the actions needed to get a loan, buy a house and sustain home ownership.

The SCM was chosen as it is a method that explicitly focuses on programme improvement (what works, what does not and why) and, in doing so, also provides robust information on programme outcomes (difference made by the programme). The focus on ‘what works and for whom’ is particularly important for Housing New Zealand. A new home ownership programme was recently introduced and Housing New Zealand planned to feed the findings of the evaluation into the development of the new programme.

The SCM evolved from evaluating workplace training programmes. This has a fit with the adult education components of the Home Ownership initiative. Brinkerhoff’s examples of applications of the method provide frameworks for evaluating adult training programmes and practical lessons learnt. The SCM also had a fit with the information-giving style of the initiative’s providers and participants, i.e. using stories to describe people’s experiences to understand what happened.

Healthy Housing programme

Healthy Housing was launched in January 2001. It aims to reduce the risks and rates of housing related diseases, conditions and injuries, and improve wellbeing for Housing New Zealand tenants, particularly children, in areas with a high level of overcrowding.

Like the SCM, Healthy Housing placed great importance on stories. Healthy Housing implemented housing interventions to reduce overcrowding, linked families with health services in ways that enabled families to construct stories of positive change and this led to them taking more control of their lives. The outcomes evaluation recorded and analysed the families’ and service providers’ stories of success. The design and tendering processes leading up to contracting out the evaluation provided opportunities to match the philosophy of Healthy Housing with the evaluation approach.

What we did, what happened and reflections

Both evaluations needed to modify the SCM. Table One illustrates the steps taken to evaluate the Home Ownership Education and Support initiative and Healthy Housing. This is followed by a discussion of the similarities and differences in the application of the SCM to these two evaluations.

Table one: Experience and reflections of using SCM: a comparison of two evaluations

SCM stages	Home Ownership evaluation	Health Housing evaluation
Focusing and Planning	<p><i>What we did and what happened</i></p> <ul style="list-style-type: none"> ♦ Met with organisational stakeholders to ensure that SCM would provide the information they required and to gain their confidence in its use. ♦ Senior manager responsible for the programme changed during the course of the evaluation. New manager would have liked more quantitative results. <p><i>On reflection</i></p> <ul style="list-style-type: none"> ♦ Staff changed and so did organisational needs and expectations. However, we had documented original information needs. Had we not done this, we could have had dissatisfied stakeholders. The experience raised the question: “how much evidence is enough?” The answer was situational, i.e. related to the particular needs and confidence of the organisation and evaluators. 	<p><i>What we did and what happened</i></p> <ul style="list-style-type: none"> ♦ Collaborative process to decide on use of SCM. This approach was determined as a good methodological fit. ♦ Connection between research and practice discussed. ♦ Purpose and design of evaluation developed collaboratively using an evaluation crosswalk. ♦ Preset sample size – 30 households. <p><i>On reflection</i></p> <ul style="list-style-type: none"> ♦ The strong fit between SCM and the programme strengthened internal stakeholders’ commitment to the evaluation process. ♦ Given that the programme was so obviously successful, the evaluators focussed on how to document this success in the most robust way possible.
Creating an impact model	<p><i>What we did and what happened</i></p> <ul style="list-style-type: none"> ♦ Conceptual impact model was developed. This was based on intervention logic, adult education literature and grounded experience (interviews with key programme personnel and providers). <p><i>On reflection</i></p> <ul style="list-style-type: none"> ♦ Process of developing the impact model assisted with stakeholder understanding and buy-in to the evaluation. 	<p><i>What we did and what happened</i></p> <ul style="list-style-type: none"> ♦ Linked intervention logic, housing frameworks and guidelines with methodology through the evaluation crosswalk. ♦ Research and practice. ♦ Developed a sample selection criteria collaboratively and from parallel research.

SCM stages	Home Ownership evaluation	Health Housing evaluation
Identifying best and worst cases	<p><i>What we did and what happened</i></p> <ul style="list-style-type: none"> ♦ Selected a random sample of participants to survey. ♦ Used a telephone survey to allow participants to self identify whether they had experienced success. ♦ We asked providers to identify those they considered to have used the programme ‘successfully’. ♦ Low response rate. ♦ Small group emerged. ♦ Small number of non-success identified. <p><i>On reflection</i></p> <ul style="list-style-type: none"> ♦ Our survey questions were too complex. ♦ Survey responses and scoring did not pick up subtleties; sometimes a ‘success’ turned out to be a mix of success and non success. Non-successes became partial successes. ♦ Allowing providers to identify ‘success’ cases meant that we had a greater perspective of success. ♦ With such a small number of non success cases we were limited in our ability to explore the experience of those who did not find the information useful or had not successfully used the information. 	<p><i>What we did and what happened</i></p> <ul style="list-style-type: none"> ♦ Provider workshop used to select houses. ♦ Selection criteria derived from discussions about the intervention logic. ♦ Survey developed (survey based on what happened and the need for evidence from participants). ♦ Providers also interviewed as a means of triangulation and to add system views. <p><i>On reflection</i></p> <ul style="list-style-type: none"> ♦ Housing New Zealand’s administrative data provided a useful context within which to understand households selected as success cases.

SCM stages	Home Ownership evaluation	Health Housing evaluation
In-depth investigation of success and failures	<p data-bbox="427 297 783 327"><i>What we did and what happened</i></p> <ul data-bbox="427 342 906 1066" style="list-style-type: none"> <li data-bbox="427 342 906 432">♦ Separate in-depth interview schedules developed for success and non success cases. <li data-bbox="427 450 906 517">♦ List of possible evidence of change developed. <li data-bbox="427 535 906 775">♦ We continued to carry out a full interview regardless of their ‘success’ status out of respect for people sharing their stories; the ‘richness’ of their information; the investment of resources that had gone into the interview; the small number of available respondents. <li data-bbox="427 792 906 1066">♦ We became increasingly uncomfortable seeking evidence and in some cases did not do this. This was related to the personal nature of the issues we were exploring. We also felt uncomfortable asking to speak with others to corroborate change as we felt this indicated a lack of trust in what respondents were telling us. <p data-bbox="427 1126 571 1155"><i>On reflection</i></p> <ul data-bbox="427 1171 906 1738" style="list-style-type: none"> <li data-bbox="427 1171 906 1507">♦ The interview and evidence process is the point at which we started to deviate from the SCM. We have yet to conclude whether this resulted from a lack of familiarity and confidence with the method; a result of our training and conditioning as researchers/evaluators; an intuitive recognition that all the information we were given was valuable for addressing the evaluation aims. <li data-bbox="427 1525 906 1738">♦ Evidence requirement for SCM approach did not fit easily with this programme. This may be because our programme is about people’s personal circumstances, whereas Brinkerhoff’s evaluations are primarily about workplace training programmes. 	<p data-bbox="932 297 1287 327"><i>What we did and what happened</i></p> <ul data-bbox="932 342 1394 499" style="list-style-type: none"> <li data-bbox="932 342 1394 371">♦ Participants invited to take part. <li data-bbox="932 389 1394 456">♦ Up to three separate interviews with participants took place. <li data-bbox="932 474 1394 499">♦ Interviews with key providers. <p data-bbox="932 1126 1075 1155"><i>On reflection</i></p> <ul data-bbox="932 1171 1394 1529" style="list-style-type: none"> <li data-bbox="932 1171 1394 1361">♦ There was congruence between the tenants’ stories and those of the Healthy Housing team. This was surprising as there are often gaps between the views of the service provider and programme recipients. <li data-bbox="932 1379 1394 1529">♦ The health and social issues facing families were so complex that they could not be used to identify success and non success households in the way we had anticipated.

SCM stages	Home Ownership evaluation	Health Housing evaluation
Analysis	<p><i>What we did and what happened</i></p> <ul style="list-style-type: none"> ♦ Used a combination of thematic analysis and Bob Williams’ analysis framework (Williams, 2006) to analyse all the interviews. <p><i>On reflection</i></p> <ul style="list-style-type: none"> ♦ We remain unclear how Brinkerhoff approaches analysis. ♦ All the interviews were a source of ‘rich’ information. We have yet to conclude whether our adoption of a traditional thematic approach represents a lack of familiarity and confidence with the SCM or an intuitive recognition that all the information we had gathered was valuable. ♦ We were also conscious that, despite having sought acceptance of the method, our stakeholder audience would lack confidence in analysis based on only a small number of stories. We anticipated comments such as “we’ve spent x\$ and we got only five stories!” 	<p><i>What we did and what happened</i></p> <ul style="list-style-type: none"> ♦ The stories, the survey information and checklists brought together. Stories were analysed thematically using Nvivo. Rest of survey data collated. ♦ The summary story created an impact profile for the whole programme rather than for each success case study of a household. ♦ The impact profile for the programme was used to test the programme logic. ♦ Used crosswalk to test aims. <p><i>On reflection</i></p> <ul style="list-style-type: none"> ♦ Despite reporting the impact profile at the programme level, the small number of case studies meant care had to be taken to maintain confidentiality when reporting findings.
Communicating Findings	<p><i>What we did and what happened</i></p> <ul style="list-style-type: none"> ♦ Produced a ‘traditional’ evaluation report which included quotes from respondents and used one success story to illustrate key findings. ♦ Presented results to providers. ♦ Prepared information about findings for evaluation participants. 	<p><i>What we did and what happened</i></p> <ul style="list-style-type: none"> ♦ Produced evaluation reports. ♦ Presented results to key stakeholders. ♦ Peer reviews.

Discussion

Both evaluations demonstrated that the SCM is a valuable approach for community based programmes implementing housing solutions. The value of the approach was demonstrated despite the differences in the way it was applied by the two evaluation teams. Further, we have illustrated that the SCM is a robust evaluation methodology applicable in a variety of settings.

Similarities and Differences

While the two evaluations applied the SCM quite differently, they also had a number of features in common as is evidenced in table one. These included the evaluation purpose (programme improvement and/or development), evaluation within a community setting, a high level of stakeholder buy-in and participation (particularly in defining ‘success’), and use of a range of analytical processes and reporting tools. The differences included the reason each evaluation team chose the SCM, how success cases were identified, the ease with which evidence was able to be obtained, and the reporting approaches.

While the team evaluating the Home Ownership Education and Support initiative applied the SCM as conscientiously as possible, the team evaluating the Healthy Housing programme stuck faithfully to the underlying philosophy but varied the methods. Each evaluation departed from Brinkerhoff’s approach in two ways:

- Both teams discovered that the cases were often a mix of success and non-success, rather than purely one or the other, and continued to interview and include these cases in the evaluations
- Neither team used Brinkerhoff’s ‘impact profile’² (Brinkerhoff, 2003) for reporting results of the evaluations at a household level.

We surmise that these departures were partly a result of the evaluations applying the SCM in a community rather than an organisational setting. The reality was that people had a mix of ‘success’ and ‘non success’. Perhaps in an organisational setting this mix of success is less evident because there is a narrower definition of ‘success’ based on performance indicators. The researchers’ identified rich learning in these stories and felt it was important to honour the research relationship that had been developed. Individual impact profiles at a household level were not used to ensure anonymity and confidentiality.

We also surmise these departures were a reflection of our organisational realities. The continued use of mixed success cases reflected budgetary constraints for the evaluations, timing and investment realities. An evaluation report based only on impact profiles of households would not have met the needs of the reporting stakeholders.

Success of our adaptation and application

Despite these departures, we have concluded that the two evaluations are methodological applications of the SCM. As with many new approaches it is critical to test the strength of the model. Varying the methods in a number of ways and yet still sticking to the underlying philosophy is one way of testing the validity of the approach. The evaluations have illustrated

² Brinkerhoff’s name for a success case study.

that the SCM is a robust model that stands up to adaptation. Further, this paper demonstrates that the SCM is robust enough to be applied in quite different community settings.

The use of the SCM was successful with both our organisational and community stakeholders. In the following discussion we reflect on our use of the SCM.

Why did the Success Case Method work so well?

Brinkerhoff developed the SCM in organisational settings. The evaluations of the Home Ownership Education and Support initiative and Healthy Housing successfully transferred the use of the SCM into community settings that are culturally diverse. Working in a community setting involves greater complexity than working in a single organisation. Particularly, the number and range of views of the world increases.

We used the evaluation standards of propriety, utility, accuracy and feasibility to assess the success of this transfer and the evaluations themselves.

In New Zealand, *propriety* includes the extent to which the Treaty of Waitangi is taken into account. An evaluation that fulfils the standard of propriety needs to promote partnership with Maori and other community groups. It needs to encourage participation in the evaluation and provide protection in terms of anonymity and confidentiality. The evaluation should also protect in the sense of benefiting Maori and other community groups.

With regard to anonymity and confidentiality, the evaluation of Healthy Housing found that reporting information about individual households that were successful would have breached New Zealand's Privacy Act (1993). In order to protect Maori and Pacific households, therefore, success at the programme, rather than the household, level was the focus of reporting for both evaluations.

With regard to participation, the SCM is easily understood by people without a research and evaluation background. The story approach of the SCM was a strength with both community (and organisational) stakeholders. Stories, especially success stories, are the basis of Healthy Housing's intervention approach. Maori, Pacific and other community participants often communicate via sharing stories about their lives and experiences. Stories bring evaluation findings 'alive' to managers and Ministers.

The process for developing the success model actively encouraged seeking a range of stakeholders' views. Stakeholder groups also participate in explaining why cases are successful thereby making the reasons for success explicit.

The requirement to have explicit criteria for assessing success and a range of reasons for success allows programme managers, policy makers and others to see how the results have been generated. The way the conclusions link to the information on which they are based is explicitly modelled. When the SCM is used in conjunction with other research approaches its *accuracy* and robustness are evident.

With regard to *utility* and *feasibility*, government agencies undertake the bulk of evaluation in New Zealand. Some evaluations tell us what is already known rather than add value that can be used in programme improvement, policy development and business cases for future funding. Some evaluations adopt a deficit approach that is less than helpful in a government agency setting. They may provide recommendations for actions that will address perceived

shortcomings, but it is often unclear how these recommendations have been derived and what the consequences of implementing them will be. The SCM begins to address these issues.

Conclusion

On reflection, both evaluations have demonstrated that the SCM is a valuable evaluation approach for community based programmes implementing housing solutions. The value of the approach was demonstrated despite the differences in application of the two evaluations. Further we have illustrated that the SCM is a robust evaluation approach applicable in a variety of settings.

The SCM is refreshing because of the questioning and reflection that provides new perspectives on information for policy development and business cases as well as suggestions for programme improvement. Using the SCM means that when barriers to success are considered, they are examined with the intention of exploring how they could be made into successes. They are also examined for what can be learnt and kept in mind when developing programmes, policies and business cases. The SCM can provide results that contribute new information to a body of knowledge.

References

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