

Elevating evaluation: practical insights for supporting systems transformation

AES2024 Conference

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Today's presentation

1. Introduction
2. Overview of the program we evaluated
3. Key challenges which required an evaluation 'pivot'
4. How we re-orientated the evaluation to deliver robust and practical findings

Purpose: provide a tangible example of how we re-orientated a 'traditional' program evaluation to inform broader reform considerations for the Victorian mental health system

Cube Group presenters



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Overview of the 'program'

- In-home treatment for older adults
- Alternative to hospitalisation
- Operational since early 2000s
- Place-based approach to program delivery

The evaluation

- Implementation and effectiveness focus
- Mixed methods approach including secondary analysis of program data
- Lived experience embedded in team

Key challenges

- Accessing program data
- Aggregated nature of data available

Implication: Data limitations meant that 4 key evaluation questions could not be comprehensively answered

How we pivoted: re-orientating the evaluation

✓ Open lines of communication

✓ Proactive management

✓ Mapping of data to KEQs

✓ Presenting clear options for the evaluation



Evaluation question	Lines of enquiry	Indicators	Data available	Data gaps / limitations or considerations	Strength of evidence
4 To what extent has the program been consistently delivered as intended across the state?	4.1 Has the program been implemented as intended?	<ul style="list-style-type: none"> Comparison of program's establishment to implementation plan Comparison of program delivery to program requirements Comparison of partnership model in line with program requirements Documentation of programs' activities and performance Program has been delivered to intended timeline Extent to which staff training has been conducted in line with program requirements 	Program documentation Models of care provided by services. Stakeholder insights	<ul style="list-style-type: none"> Absence of comprehensive information about operations from inception to current date (i.e. service level implementation plan, timelines, original budget bid and briefs, staff training.) No KPI data available in relation to readmission; #people seen daily; admission to/ from in-patient from program 	
	4.2 Has the program been delivered to its intended timelines?	<ul style="list-style-type: none"> Documentation of historic account and timeline of the programs Comparison to program plans 	Project plans Program documentation 2009 pilot evaluation findings	<ul style="list-style-type: none"> Limited historical information and project plans. Cube suggests removal of this LOE – as refers to historic program implementation (i.e. the pilot) with significant gaps in knowledge post 2009 Evaluation. 	
	4.3 Is the program appropriately resourced?	<ul style="list-style-type: none"> Analysis of program spend against budget Extent to which the program has appropriately skilled and trained multi-disciplinary specialist teams Extent to which there are sufficient staff numbers to operate the program 	High-level funding information FTE information provided through interviews and survey with services.	<ul style="list-style-type: none"> No service level budget or acquittal information No consistent FTE quantitative information; reliance on qualitative feedback from services 	

- Strong evidence (5 segments filled)
- Mostly strong evidence (4 segments filled)
- Moderate evidence (3 segments filled)
- Weak evidence (2 segments filled)
- Very weak/no evidence (1 segment filled)

What the re-orientation meant for the evaluation

1. KEQ emphasis on sustainability and future considerations for the program
2. Agile approach to additional data collection
3. Data and evaluation considerations

KEY TAKEAWAYS

Data limitations are common

Reflection and transparency is key

Taking opportunities to think broader

Flexibility can support an expanded evaluation focus

Questions?