

He Kakano Presentation: Marion Blake CEO Platform

This presentation is called how do we measure social inclusion and really it could also be called how do you measure citizenship. When that becomes the question it brings the issues into focus for all of us how do we understand our responsibility and rights as citizens that from a rich and full perspective that enables people to interact in their own right which does not diminish the rights of others.

We are all trying to affect change in one way or another, and for many people this takes the form of direct action and this has formed the foundations of the many community organisations that are collectively called *The NGOs* in New Zealand. Many of these community organisations were begun because a group of citizens got together out a sense of outrage, or compassion, or because they cared enough to provide something that wasn't being provided or would never be provided by the state or was being provided badly. The uniting motivation could be a shared experience, spiritual belief, common ideals of social justice, concern or fierce activism.

Through the work Platform has undertaken in the sector we estimate there are about 350 non-government organisations and about 86% of these are non profit community organisations that are contracted, using health funding, to provide a diverse range of activity in the field of mental health and addiction. The system of health delivery in NZ operates within a sophisticated and complicated matrix of medical, political, social and financial imperatives. Through successive reorganisations we have developed more and more complex ways of organising, funding managing, delivering, contracting monitoring and talking about our health and disability services.

Over the last 10/15 years with the creation and expansion of a market economy within the health and social sector vigorous competition to provide services for vulnerable people has become perfectly acceptable behaviour, and in fact appears to be encouraged.

We have seen community agencies contracted as social health businesses and with that contractual relationship comes all the paraphernalia, language, process, monitoring, compliance etc imported from the commercial production market and overlaid in social care agencies. Many community orientated organisations now deliver social justice via a framework of contract deliverables and compliance. How to measure the usefulness of their activity is a critical next step and will require some rethinking of what we are buying and in turn what we are reporting. Community contractors are used to reporting information about the numbers of clients seen (or that really useful one how many people slept in the beds) To date the information that is required to be collected is historical, disjointed numbers that are sent away regularly to Health pac and is never seen or used again. Whilst there are many flaws with this system the lack of usefulness in telling what is happening and what is working is where I would like to focus.

A key dilemma when looking for outcomes in the community sector is that the activity is usually the whole package, that is working together with the

client, possibly their family, housing, employment, it is support and advocacy and encouragement for the person to engage with and be included in their community and take the roles that citizens do.

Most of the community organisations that are really making a difference to people lives in NZ have embraced the notion years ago that people with experience of mental illness will not be assisted in their recovery journey by just providing a bed night. These are the organisations that are trying new ways, actively supporting people to find and keep jobs, their own homes, build and maintain relationships. These are the innovators.

It seems that like no other time diversity and innovation is being sought and encouraged. Innovation is the catch phrase used by governments, universities, health systems, arts, sports, and business. Innovation is hot, so hot it has developed its own 'science' and probably more than one university is already running a masters programme. Every second job advert in Saturdays Dominion Post or NZ Herald invites you to "lead an innovative team to achieve quality outcomes".

The definitions of innovation vary some identify sometimes it is new ideas and others describe innovation as looking at the same thing through different lens and then doing it differently. Given the cumbersome nature of many of the world's health systems internationally they appear to have simultaneously adopted innovation as a rallying call.

Innovation feels exciting; it is a word of hope, new beginnings, refreshing and driving need to do things differently.

The other side of this discussion is how can you measure innovation, how can we quantify success? Is it working? Is it worth it? How you know what you are doing is working or even making a difference? What are your outcomes, outputs?

Many of the traditional methods of evaluation or measurements of efficacy depend on independence, and require measurement regimes that rely on consistency, repetition and often separation.

Our default around measuring success is using numbers and numerical data.

Margaret Wheatley in Leadership and the New Science talks of modern management's addiction to numbers, the taking frequent pulses of organisations, programmes and agencies with surveys, monthly progress checks, quarterly reports, yearly evaluation. We use this data to build our understanding of normal and we act as if the information we need is out there and we just need to find the right lens or expert to get it. We treat information as if it is a 'thing'.

She describes the importance of staying aware to the realisation that no form of measurement is neutral. Every act of measurement loses more information than it gains. So how can we ensure that we obtain sound information to make intelligent decisions? How can we remain open to the information we lost when we went looking for the information that we got?

Wheatley says We believe we live in a society that can define normal she talks about how we are continuing to making lists and charts that do not

capture experience, she suggests we are bewildered Sharman performing rituals that have raised planning to the highest of priest crafts, looked to numbers to describe our economic and physical health.

So I am left in this place of tensions that emerge where innovation that I imagine as a wild unruly experimental kind of abstract meets evaluation which is linear, relies on consistency, repetition of measurement.

The history of mental health is littered with tools that have measured the efficacy of a myriad of treatments. During the 1920s convinced that mental illnesses were the product of chronic infections based on sepsis that poisoned the brain the surgical approach to psychosis was promoted. In his book *Madhouse- A tragic Tale of Megalomania and Modern Medicine* Andrew Scull reveals the long suppressed scandal of American psychiatrist Dr Henry Cotton who was responsible for the removal from thousands of psychiatric patients teeth, tonsils, bowels, intestines, stomachs, spleens, ovaries, fallopian tubes, colons resulting in the death of hundreds and maiming of thousands of people. This was work that was backed up with analysis of results that enabled him to use the data to report recovery rates of 85% recovery from insanity, and this data that was used to convince the State of New Jersey that the treatments would save money.

Contracted NGOs in New Zealand have a variety of accountabilities this might be a local governance group, contact monitoring, and the emerging role of the Charities Commission. Internationally the last few years have seen the rise of conservative funded agencies such as NGO Watch and the Institute of Public Affairs in Australia that regularly raise questions as to the legitimacy, accountability and transparency of third sector agencies. We are therefore operating in an increasingly aware environment where NGOs are seen as both the solution and the problem. Community agencies do have a special place in society and funders require accountability for the investment they make in these organisations. Internationally there is an emerging interest in frameworks for managing non linear, multiple goal seeking organisations that move away from restrictive compliance or financial reporting of information. In *Getting to Maybe; How the World is Changed* (2006) and also in journal articles in the *Non Profit Quarterly* Michael Quinn Patton describes what he is calling developmental evaluation. Using this type of evaluation integrates creativity and critical thinking involving long term partnering relationships between the evaluators and the innovators it is designed to be congruent with and nurture developmental, emergent and innovative transformative processes. Quinn is making a call to help people to learn to think evaluatively as this can make a more enduring form of evaluation. He suggests training in systems and complexity science for leaders across government and non government agencies.

Measuring the activity of the community sector is now a key area of enquiry by governments and there is research and discourse attempting to understand, quantify and explain and evaluate the range scope and volume of

this activity. Community agencies want to know that they are making a difference.

I believe like many others that this is a pivotal time where social change has moved from the margins into the mainstream and this requires recognising and inhabiting the complexity of this. Many community agencies are flexible and capable of providing opportunities for people with experience of mental illness and addictions to be involved in the community and actively claim their citizenship role with pride. It is timely that in this environment we use our creative energy to engage and collaborate with each other and demonstrate that we are effective in our ability to run great organisations in an inclusive community in NZ.

So what do we need to do?

- Build alliances of collaboration with like minded agencies to address the systemic challenges we face as we create new ways of understanding community support and inclusion for all people in our complex social environment.
- Assist communities to take acts of citizenship and get involved in governance in mental health services and expect service users to take acts of citizenship and get involved in community governance.
- Build pathways for leaders with experience of mental illness to move from activism in reform of mental health services to reform of communities.
- Support organisations to collect information that they can use to understand impacts/benefits/changes that their activity has had and assist them to use evaluation and targets that are coherent with their environment.
- Support developmental evaluation as a form of reflective practise that involves ongoing data collection and assessment to help policy makers adapt their decisions.
- Experiment with what networked organisations could look like; is there the capacity for agencies to collaborate with some of the common functions of information collection, outcome measures, evaluation pilots and data reporting to funders through some sort of hub arrangement?
- Don't just gather information share it and use it and train people to use the information they already have.
- Encourage NGOs to be active in supporting the development of peer support workers to guide the application of the self assessed consumer outcome measure.

Our challenge now is to remember our roots as social activists in a context where dependency upon government funding can see our autonomy and role as change agents compromised. Contract deliverables mean that compliance becomes our mantra and outcomes our activity rather than the measurement that is critical to growth, substance and understanding what is going on around us and how our actions are affecting others.

I would like to conclude with a suggestion from Meg Weatley – that of dethroning measurement from its Godly position to reveal the false God it has become and offer measurement a new role that of helpful servant. Measurement that gives the kind and quality of feedback that supports people to step forward with their desire to contribute, learn and achieve.