Creating a burden of evidence to consider the impact of Health in All Policies: A program logic approach

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Abstract

An important part of government efforts to address the social determinants of health is encouraging healthy public policy. To facilitate this, the South Australian (SA) Government has adopted a Health in All Policies (HiAP) approach. The approach was implemented in 2008 and is now being evaluated through research funded by the Australian National Health and Medical Research Council (NHMRC).

Throughout this paper we draw on a case study to show how we are building a ‘burden of evidence’ that supports logically coherent chains of relations between HiAP activities and the intended outcomes. The case study is based on a project that HiAP staff in SA have undertaken with the education sector to increase parental engagement in children’s literacy among lower SES families. We have developed a program logic model to explain how activities undertaken during the project contribute to the short term objective of increasing parental engagement in literacy, and also how these activities link with broader public health evidence that demonstrates connections between literacy and health outcomes. The paper details the activities, processes and actors involved in the project, and highlights how these comprise essential components of implementing HiAP in a way that supports the underlying theory of change.

This paper contributes theory and empirical evidence that can inform political debate about how the impact of government efforts to address the social determinants of health may be evaluated. The work also provides insight into how integrated and coordinated efforts are achieved across government and how the effectiveness of these efforts in progressing shared goals, and achieving sustainable change, can be assessed.

Introduction

The health of a population is influenced by a broad range of social, political and economic factors that interact to shape the circumstances in which people live. These factors, called the social determinants of health, are influenced strongly by the ways that power, money and other resources are distributed at the international, national and local levels (World Health Organization 1986; CSDH 2008; Baum et al. 2013a). As such, addressing the broad range of social determinants requires an integrated response; one that is based on recognition of the strong influence of factors located outside the control of health systems, and that seeks collaboration between sectors to strive for health improvement (De Leeuw and Peters 2014). Recognition of the importance of such integration has led to the development of innovative approaches to promote health and wellbeing within the last few decades (Lawless et al. 2012; Baum et al. 2013a; De Leeuw and Peters 2014). These approaches build upon a long history of theory and conceptual development in the health promotion movement (Baum 2008; Koivusalo 2010); such as the concepts of intersectoral action for health (World Health Organization 1978), healthy public policy (World Health Organization 1986) and joined up government (Mulgan 2005; Mulgan
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2008). Together, these concepts convey the importance of intersectoral work. When applied to health, the principles underlying the concepts reinforce the importance of the health sector working with others, particularly within and across the range of government sectors, to advocate for health, enable health promoting activities and mediate between differing sectoral interests (World Health Organization 1986). An approach that provides a basis for such work at the policy level is Health in All Policies.

Health in All Policies (HiAP) provides a foundation for policy makers from the health sector to work with those in other areas of government to consider the potential health and equity implications of policies as they are developed. The aims of doing so are to ensure positive impacts on population health, wellbeing and equity. The HiAP approach also seeks to identify ways that the inclusion of considerations about health, wellbeing and equity in policy can advance the particular objectives of the collaborating sector/s (Leppo 2008). As such, HiAP is based on the premise that health, wellbeing and equity are shared values, providing resources for furthering goals across all sectors of society (Ståhl et al. 2006).

The Health in All Policies approach was launched as part of the Finnish presidency of the European Union, and it gained currency following an international conference held in Finland in September 2006 (Ståhl et al. 2006; Baum et al. 2013b). The conference, and the accompanying publication (Ståhl et al. 2006), stimulated the development and implementation of HiAP approaches around the world. Health in All Policies approaches have now been implemented in 16 countries; Australia, Brazil, Cuba, England, Finland, Iran, Malaysia, New Zealand, Northern Ireland, Norway, Quebec, Scotland, Sri Lanka, Sweden, Thailand and Wales (Shankardass et al. 2011). Across these countries there are differences in the particular models of implementation that have been applied. For example, in some countries new means of facilitating joined-up government were introduced to facilitate and govern the HiAP approach, whereas in other countries HiAP was integrated within pre-existing structures and processes (Shankardass et al. 2011). Despite the differences, as well as some debate within the academic literature about the extent to which HiAP is a tool of policy development, implementation or action (De Leeuw and Peters 2014), there are some consistent features that characterise a HiAP approach across jurisdictions. In particular, HiAP work is underpinned by the assumptions that health improvement cannot be achieved by the health sector alone and that policy is an important vehicle for achieving health improvement (De Leeuw and Peters 2014). HiAP initiatives are also coordinated primarily by formal structures of government and driven by people inside government. Furthermore, the focus of HiAP work is linked closely to structured government agendas and government priorities rather than being implemented in an unstructured or ad hoc way (Shankardass et al. 2011).

The widespread implementation of HiAP provides an example of work that is being undertaken internationally to further progress towards the important, but elusive, goal of achieving coordinated, integrated action within governments to stimulate social improvement. There is, therefore, increasing interest across academic fields (such as public management, political science and health promotion) in considering how the effectiveness of approaches such as HiAP can be optimised in order to draw broader lessons from these experiences (Kickbusch 2008; World Health Organisation and Ministry of Social Affairs and Health 2013; IPSA 2014). While there
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is a growing, and increasingly rich, literature base that describes how HiAP is being adopted and implemented within diverse settings, to date there have been few theoretically informed evaluations (Shankardass et al. 2014). Recognition of this has led to a call as part of the International Political Science Association World Congress for theoretically informed and empirically driven evaluations of HiAP approaches. Such evaluations are required to provide insight into how integrated and coordinated efforts are achieved across government and how the effectiveness of these efforts in progressing shared goals, and achieving sustainable change, can be assessed (IPSA 2014). This paper explains an approach that is being applied in South Australia (SA) to evaluate HiAP work using the theory of change and the method of program logic modelling. A case study is provided to illustrate how the evaluation team are building a ‘burden of evidence’ to support logically coherent chains of relations between HiAP activities and intended outcomes.

The paper begins with an overview of the SA HiAP approach. The case study of work undertaken between the SA Health and Education Departments through application of the HiAP approach is then presented. Discussion about the evaluation framework that underpins analysis of this case study is interwoven throughout the paper.

Health in All Policies in SA

A Health in All Policies (HiAP) approach was implemented in SA in 2008. In SA HiAP work is linked closely to South Australia’s Strategic Plan (SASP) (Government of South Australia 2010a), which calls for ‘joined-up’ government approaches across departments to achieve specific targets. HiAP priorities are also influenced by the more recent Seven Strategic Priorities of Government (Government of South Australia 2011b). In SA HiAP is mandated by the Department of the Premier and Cabinet, which provides oversight, central governance, commitment and accountability (Government of South Australia 2011a). Since its implementation, the HiAP approach has continually been adapted to South Australia’s changing political context to ensure that it remains relevant and useful (Baum 2013). Until late 2013, the SA HiAP approach was implemented by a core group of staff who worked in a dedicated HiAP unit as part of the Health Department. Part of the work of the staff involved the application of a practical methodology that supports the SA HiAP approach, which is called the Health Lens Analysis (HLA) process (Government of South Australia 2011a; Lawless et al. 2012). Application of the HLA process is now continuing as part of the work of a broader Public Health Partnerships Branch. Efforts are also being made by staff of the Branch to institutionalise the HiAP approach across state Government, expand it to work with local governments, and align it with the implementation of the South Australian Public Health Act (SA Health 2011).

Health Lens Analysis process

The case study presented in this paper is an example of a HLA project. The HLA process is applied in SA to examine the connections between policy and health in a systematic and collaborative manner, with the aim of producing evidence based
recommendations to guide policy strategy (Lawless et al. 2012). The HLA process involves 5 stages.

- **Engaging** with departments across the Government to establish and maintain collaborative relationships as well as to determine mutually beneficial areas for HiAP work to be focused on.
- **Gathering** evidence to clarify the links between health and the work of other departments, and to assess the potential health impacts of particular policy ideas.
- **Generating** policy recommendations and reports that are agreed upon and jointly owned by all partnering departments.
- **Navigating** the recommendations and reports through the Government systems to inform decision making processes.
- **Evaluating** the HLA process to determine its effectiveness.

(Government of South Australia 2011c)

The HLA process and its relationship to the SA HiAP model are shown in Figure 1.

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**Figure 1 South Australian Health in All Policies Model**

![South Australian Health in All Policies Model](image)

(Government of South Australia 2011c)

While systematic, the HLA process is also flexible. This allows it to be adapted to work in different government departments where the focus, scope and order of work may need to be adapted to context (Government of South Australia 2010b; Lawless et al. 2012). The HLA process, and the whole SA HiAP model, is implemented through a 'learning by doing' approach, which involves formal evaluation of, reflection on, and adaptation of HiAP practice as it proceeds (Baum et al. 2013a). The case study will now be presented showing how we have applied the theory of
change and the method of program logic modelling as part of such evaluation efforts to establish a burden of evidence for HiAP.

Case study: Increasing Parental Engagement in Literacy Health Lens Analysis Project

Overview of project

Between 2009 and 2013 HiAP staff collaborated with staff from the Education Department during a HLA Project. The HLA project investigated how parents could be more effectively engaged in the co-creation of literacy rich environments for their children at home and school. Following a range of information gathering activities to identify effective practice, the project involved trailing parental engagement strategies at four schools in SA. These four schools are categorised as being located within areas of low socioeconomic status (SES) and all have culturally diverse school communities and/or a higher proportion of Indigenous Australian (or Aboriginal) students than the SA state average.

Evaluation of the case study

This HLA was selected as one of the instances of HiAP work that would be assessed during an NHMRC funded research project. The NHMRC research is funded from 2012 to 2016 and is focussed on the SA HiAP initiative. It is guided by the central question: “Does a Health in All Policies Approach improve health, well-being and equity?” During the research we are seeking to determine the extent to which HiAP is effective as a method of developing and delivering public policy that modifies the determinants of health in ways that improve population health and/or reduce health inequalities. The aim of the NHMRC research is to move beyond understanding of the local, SA example of HiAP, to produce theories and approaches that are helpful in understanding the broader processes of policy making within government, and how these processes may be linked to eventual outcomes. To this end multiple theories and methodological approaches are being applied during the research. For comprehensive explanation about the framework of the research, as well as the other stages of the evaluation work undertaken in SA, please refer to the paper by Baum et al. (2013).

When selecting this particular HLA project as a case study to be examined during the broader NHMRC funded research we understood that, during the five years of the evaluation, we would not be able to show that an increase in parental engagement and the expected, subsequent, improvement in literacy outcomes would lead to improvements in health, wellbeing and equity. This is an ongoing dilemma in the evaluation of complicated policy initiatives, and a topic that we have addressed in detail within a previous paper (see Baum 2013). HiAP is intended to bring about long term changes at the population level, and because it is implemented in real world

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1 Refer to http://www.flinders.edu.au/medicine/sites/southgate/research/health-equity-and-policy/hiap.cfm for a full list of research questions and overview of the research.
conditions, which include ever changing and often complicated political environments, it is difficult to measure the successes of HiAP work during the life of short-term evaluation projects. Despite the difficulties that these factors present, rigorous evaluation of HiAP approaches is useful both retrospectively and prospectively to understand problems that have emerged in the past, to justify ongoing funding and to plan for, and optimise, future implementation (Walt et al. 2008). Therefore, to make it possible to evaluate the Increasing Parental Engagement in Literacy HLA, we have applied the theory of change approach to lay the foundations for arguments about its anticipated effectiveness at the population level.

The theory of change approach is based on a rigorous and participatory process whereby stakeholders are encouraged to identify the conditions that they believe provided a basis for an initiative to be implemented, and the conditions that they believe facilitate progress towards the intended goals of the initiative. The theory of change approach encourages researchers to then track those assumptions by collecting evidence at a series of stages along the pathway to final intended outcomes (Barnow 2007). Applying the theory of change to map conditions and long term goals provides a causal pathway against which hypotheses and assumptions can be tested about what actions will best bring about the intended outcomes (Center for Human Environments 2006; Barnow 2007). This allows assessment of whether the elements that were assumed to be necessary for an initiative to be effective are present during implementation, allowing theorisation of the likelihood that the intended outcomes will be achieved (Weiss 2000). The processes that we used to generate information about the theory of change that underpins the Increasing Parental Engagement in Literacy HLA are outlined below.

**Process**

**Workshops:** During 2013 two half-day workshops were undertaken with 25 key stakeholders who are involved with the SA HiAP initiative. The workshop participants were drawn from both the Health Department and five other Departments and Agencies that had collaborated with Health staff on HLA projects. The workshops involved group discussion about the long-term goals envisaged through the HiAP approach, as well as the assumptions that underpin these goals. The influence of contextual factors on the implementation of HiAP work was explored as was the impact of the strategies that are applied.

The information collected during the workshops was used to develop a program logic model (also referred to within the literature as a outcomes model, logic model or causal model) (see Baum 2013 for a draft of the model). This model demonstrates the theory of change that underpins the SA HiAP approach. It provides a visual representation of the sequence of elements that are required to be present to allow the HiAP approach to produce its intended outcomes (McCawley 2002; Wyatt Knowlton and Phillips 2013). These elements include the inputs, activities, outputs and outcomes associated with the HiAP initiative, as well as influential contextual factors, and importantly, the assumptions that underlie the expected progression of HiAP work through each element of the model (Wyatt Knowlton and Phillips 2013). Mapping out each element shows what the HiAP initiative is intended to achieve,
how it will do so, and under what conditions. The draft of the model was shared several times with workshop participants as well as other key stakeholders to seek feedback. The model was updated when feedback aligned with findings emerging from other aspects of data collection within the broader research. The model will continue to be updated and refined throughout the course of the NHMRC research to demonstrate the theory of change underpinning the progressive implementation of HiAP in SA. This model was also used to inform the evaluation of the Increasing Parental Engagement in Literacy HLA.

**Document analysis:** Upon commencing examination of the Increasing Parental Engagement in Literacy HLA, 71 documents related to the HLA project were collected and analysed using NVivo 10. The documents included multiple versions of the project proposals, meeting notes, literature reviews, summaries of data collected during the HLA and multiple versions of the interim and final reports as well as the final recommendations. Thematic analysis of the documents revealed information about the aims of the HLA project, the processes that had been applied, the actors involved, the activities that had been engaged in, the outputs produced and the anticipated mid to long term outcomes.

**Interviews:** The document analysis was combined with a series of seven semi-structured, open ended interviews, undertaken during 2013. Six individuals from the Health and Education Departments were interviewed and one staff member from Education was interviewed twice to capture information about ongoing developments. The interviews were audio recorded, transcribed verbatim and analysed using NVivo 10.

The findings from the interviews and the document analysis were used to develop a narrative that outlined the theory of change underpinning the HLA project. More specifically, this involved us:

- mapping and connecting the preconditions that allowed the HLA to be implemented and that informed assumptions about its potential for success;
- identifying the specific activities that were undertaken to produce outputs and desired change in the policy environment; as well as
- drawing on research based evidence to explain how the work undertaken during the HLA was linked to the anticipated long term outcomes of the project (Barnow 2007).

**Generating a program logic model to demonstrate the theory of change:** The program logic model developed to describe the broader SA HiAP approach was then adapted to include information specific to the Increasing Parental Engagement in Literacy HLA. The program logic model for the HLA outlines the theoretical causal pathways linking the assumptions that underpin the HLA to the anticipated population outcomes (refer to Figure 2). In doing so, it provides the basis for a burden of proof that explains how and under what circumstances the efforts of Health and Education staff during this HLA will be effective in producing long term change.
Figure 2 Stages in establishing the causal links

Figure 3 shows the program logic model that we have developed to describe the Increasing Parental Engagement in Literacy HLA. The following sections of this paper describe the theory of change underlying each component of the model.
Figure 3 Program Logic Model of the Increasing Parental Engagement in Literacy HLA Project

**National Smarter Schools Partnership 2008: Prioritised improvement of education in LSES schools**

SA history of social policy innovation (including Thinkers in Residence program) and attention to social determinants and healthy public policy from 1980s, cadre of skilled staff with well-developed understanding of social determinants and intersectoral action in senior positions.

**Assumptions (based on experience and knowledge) underpinning theory of change**

- The social determinants of health lie largely outside the remit of the health sector
- Education is a social determinant of health
- There are strong links between a person’s literacy and their health status
- Education and Health sectors are ‘natural’ partners within Government with strong links between core business

**Strategies**

- Developed a partnership that connected Health, Education, schools and families
- Undertook joint problem/opportunity identification and decision-making
- Utilised governance systems to authorise project focus and connect HiAP work with senior decision makers

**Activities**

- Policy entrepreneurs
- Intermediaries (champions)
- Relationship building and maintenance
- Dedicated HiAP unit and project resources
- Gathering and testing evidence
- Central mandate for action
- Other initiatives
- Accountability and reporting

**Impacts on policy environment**

- Improved understanding of Health and Education staff about links between literacy and health status
- Improved understanding of staff about strategies for improving parental engagement in literacy
- Informed SA Numeracy & Literacy Strategy 2013
- Provided proof of concept
- Personal and collective learning
- Strengthened relationships between Health and Education
- Understanding about processes within each department

**Outputs**

- Project proposal
- Evidence base (literature review/local evidence, formative evaluation)
- Report
- Recommendations at school, regional and system level
- Presentations
- Resources for families

**Outcomes for South Australian Population**

- Increased parental engagement in literacy
- Improved health, wellbeing and equity outcomes within SA population
- Improved literacy outcomes for students
Assumptions that underpin the theory of change

Consideration of the program logic model shown in Figure 3 indicates that the HLA project was based upon several assumptions, which have been drawn from pre-existing knowledge and experience. These assumptions position the HLA project as a response to the knowledge that health outcomes are strongly influenced by a range of social factors outside of the remit of the health sector, thereby necessitating an intersectoral approach. Through application of the theory of change approach we critically examined these assumptions to understand why the HLA could be effective in achieving change at the population level. In doing so, we identified compelling research evidence that shows that efforts to improve literacy can lead to improved health, wellbeing and equity outcomes.

Within the pre-existing body of research, education is consistently recognised as a determinant that has a strong influence on health outcomes. In particular, existing research evidence suggests that education is connected to health by stimulating the development of a range of skills and attributes such as cognitive skills, problem solving skills, self-management ability and health literacy (Zimmerman and Woolf 2014). Education also has a direct impact on individuals’ health behaviours, with adults with higher levels of education being less likely to engage in risky behaviours, such as smoking, and more likely to exhibit health promoting behaviours in regard to diet and exercise (Marmot and Wilkinson 1999; Zimmerman and Woolf 2014). Education also increases an individuals’ economic and social resources, such as providing access to earning power and wealth (Marmot and Friel 2008), as well as having a positive influence on the ability of individuals to seek and connect with social support networks that can provide psychological, emotional and/or financial support (Zimmerman and Woolf 2014).

This evidence positions the education and health sectors as ‘natural’ partners who can achieve mutually beneficial outcomes by working to improve health through enhancing educational outcomes. The potential for reciprocal benefit is reinforced by research evidence that highlights that healthier students learn more effectively and that students who have achieved in education, generally, have better health outcomes (Basch 2011). This means that even if the education sector provides effective policy, curriculum and educators, students who suffer poor health through illness or injury, hunger or depression, or exposure to abuse and violence, are unlikely to learn and perform to their full potential (Kolbe 2002; Basch 2011). Underpinning the focus on links between the core business of health and education is an (often implicit) consideration that informs the HiAP approach, and the projects that stem from it. This concerns the need to avoid health imperialism and to recognise that health, wellbeing and equity are shared values that provide opportunities for progress across the range of government sectors (Kickbusch and Buckett 2010; Krech and Buckett 2010). It is clear that these assumptions informed several of the strategies that were applied in the HLA project to facilitate productive relationships between Health and Education staff, and these will be discussed in further detail later in the paper.
Context and its interaction with the theory of change

The context within which an intervention operates has a considerable impact on its design, its implementation and its potential for success (Pawson and Tilley 1997). As such, consideration of context is vital in understanding why an initiative will work, and under what circumstances it will work (McCawley 2002; Mayne 2012). During the NHMRC research we have examined how the context surrounding the broader HiAP approach has influenced its implementation. Findings from the research have demonstrated that context had a strong influence on getting the HiAP initiative on the policy agenda in SA. In particular, SA’s history of social innovation and the willingness of senior decision makers to support initiatives aimed at addressing the social determinants of health were identified by key stakeholders as important factors in stimulating initial support for HiAP work (see Baum 2013).

Findings from the document analysis and interviews that were undertaken to gather information about the Increasing Parental Engagement in Literacy HLA reinforce the importance of such support within both the Education and Health departments. The support of senior staff within the Government facilitated the establishment of the collaboration and also supported the implementation of the HLA project. The following quotes emphasised that senior staff acted as policy entrepreneurs, and their role in doing so was central to the creation and maintenance of a supportive context for the work.

*We engaged the Director (Education Department) and he was extremely supportive of the project and probably a key person in facilitating our collaboration. He actually was so supportive that he agreed to employ somebody to work on the project.* (Policy officer, Health Department)

*In the early days it was the literacy secretariat in the Department of Education who were really critical in driving it, and they remained key throughout the project.* (Policy officer, Health Department)

In addition to support from senior decision makers, the National Smarter Schools Partnership 2008 provided overarching contextual support for the project. Increasing wellbeing and social inclusion were identified as priorities for the Partnership, as was a focus on improving educational outcomes in low SES schools (Department of Education 2008). These priorities supported collaboration between the Health and Education sectors as well as provided impetus for focusing the project on low SES schools. As well as supporting the collaboration in principle, the Partnership provided impetus for financial commitment from the State Government to projects such as the Increasing Parental Engagement in Literacy HLA. Under the Partnership, the SA Government committed $159.8 million between 2008-2015 to efforts aimed at improving educational achievement in low SES schools (Department of Education 2008).
Consideration of these factors indicates that there were several supportive elements within the context surrounding the HLA project. These provided impetus and support for the initiation of new collaborative work to tackle the social determinants of health that impact on the educational performance of students in SA, and this HLA project was aligned clearly with that aim from the outset.

**Strategies applied to achieve the desired changes**

Strategies represent part of the process through which the desired goals of an initiative can be achieved. As such, understanding how strategies may further progress towards envisaged outcomes is an important part of generating the theory of change (Wyatt Knowlton and Phillips 2013).

Three broad strategies were identified in the overarching program logic model for the SA HiAP approach. Each of these were also applied in this particular HLA to facilitate the implementation of the project and support the staff to stimulate change within the policy environment. The three strategies involved:

- utilising governance systems to authorise the project and connect the work with senior decision makers;
- the development of a partnership that connected Health, Education, schools and families; and
- jointly identifying problems and opportunities as well as engaging in joint decision making.

Health and Education staff used governance systems actively prior to, and during, the project. This involved Health staff seeking contact with senior decision makers, including those who provide central mandate for HiAP and oversee the work, to suggest the idea of a collaboration with Education. During establishment of the collaboration, key policy drivers were also drawn upon to legitimise the work and highlight to senior decision makers that the collaboration was consistent with current government priorities. This resulted in the project being linked to South Australian Strategic Plan target 6.12: by 2010, 93% of students in Year 3 achieve the national benchmarks in reading, writing and numeracy. The potential for a collaboration between Health and Education to contribute to some of the goals identified by the National Smarter Schools Partnership 2008 was also reinforced to senior decision makers by staff from the Education Department. Following this, the central governing committee of the SA Government (Executive Committee of the Cabinet) endorsed education in early life as a priority area for HiAP work on June 8th 2009.

The development of a partnership that connected Health, Education, schools and families made the work possible but also provided the foundation for relationships that would sustain the project throughout its various stages and contribute to beneficial outputs.

*I think at the end of the day the level of collaboration between policy staff worked well but also the professional sharing among the teachers that were involved was strong and they actually came up with really fantastic*
ideas that they then implemented but then they shared with each other as well. (Senior Staff member, Education Department)

Drawing on the partnership, Health and Education staff collaborated early in the life of the project to *jointly identify the focus of the project and to establish joint decision making procedures*. Joint discussions about the desired focus of the project, as well as early literature gathering activities, facilitated the decision to focus the project on developing and trialling parental engagement strategies. This allowed the initially broad foci of the project (on education in early life, low SES schools and literacy), to be condensed into a more manageable focus that would provide a foundation for the subsequent project work. The collaborative discussions also ensured joint ownership of the project and assisted in the identification of opportunities for mutual benefit.

I guess there’s always that dynamic between is it a Health in All project or is it an educational project? Because at the end of the day I really – our ambition was that it could be both and it could actually bring about educational change and improvement realised in the lives of specific kids and families but then talk back to the Health in All parameters of the project as well. (Senior staff member, Education Department)

Facilitating the development and progression of shared goals was the formation of a Project Management Group to guide the project. The Group included members of staff from both the Health and Education sectors with varying levels of seniority (from policy officers and teachers to director level) and other external health and literacy experts. Following definition of the HLA project focus and the co-writing of a project proposal by members of this Group, the plans for the HLA were endorsed by the Chief Executive of Education and the Chief Executive of Health in July 2010.

Later in the project, contact with senior decision makers on the Executive Committee of Cabinet and the newly formed (late 2012) Special Officers Group for the Cabinet Priority area of *Every Chance for Every Child*, was again used. The contact was used to promote the outputs achieved from the project with the aim of increasing awareness of the policy recommendations that had emerged.

The implementation of the three strategies explained above, and the conduct of the associated project work, was mediated by several factors. These include the culture, departmental capacity and the priorities of the Health and Education Departments. Implementation was also shaped by power differentials and relationships between individual policy-makers and the sectors as a whole, political will and resources available (including time) to devote to any particular activity involved in the project. Some of the activities applied during the project were undertaken to compensate for the effect of these factors, to counter the potential threats to success that they may pose, and to build and secure an environment that was supportive of the project.
Activities undertaken during the HLA project

The activities, processes and actors involved in the project comprise essential components of its implementation. These are the components through which the strategies underpinning the HiAP approach become operationalised. As such, the multiple activities that were applied during the project are summarised below to highlight how these actions support the theory of change.

Policy entrepreneurs

As highlighted earlier, key senior staff within the Health Department acted as entrepreneurs for HiAP during the project. The Chief Executive of Health along with staff at Director level promoted the visibility and potential of a HiAP collaboration with Education to staff in the Department of the Premier and the Cabinet as well as to the members of the Executive Committee of the Cabinet. This was identified by key stakeholders during the interviews as being important in garnering support for, and promoting the benefits of, the intersectoral action at the upper levels of Government.

He (Director within Health Department) came on board very early on to help build relationships with the key policy people, to sort of find a location for the project, to find support… He was really a driver I think in the beginning (Senior staff member, Health Department)

Intermediaries (champions)

Several staff within the Health Department also acted as champions for HiAP. Their efforts in acting as champions involved staff waiting for windows of opportunity to initiate the collaboration with Education and to encourage senior decision makers to consider the project. Health staff also acted as leaders during the early stages of the collaboration to provide information about the principles that underpin the HiAP approach and to invite engaged collaboration from Education staff. The leadership provided by Health staff was integral to the success of the early collaboration because it helped Education staff understand the HiAP process and determine the benefits that could be achieved for their Department.

I think the first thing is that they were clear about what they were trying to achieve and they were increasingly sophisticated once we had the opening sort of half a dozen conversations about being able to translate that into an educational setting; that's number one. Number two, I think that the HiAP people were also very good at being able to work with Education around the rhythms of schooling and the rhythms that dictate timelines around those sorts of things. (Senior staff member, Education Department)
As the project proceeded, and Education staff gained confidence with the process, they too became champions for the HiAP approach. This is evidenced by Education staff providing presentations about the projects to colleagues and also at the HiAP Summer School. These presentations served to increase awareness about the HiAP approach and about the mutual benefits that can be achieved. Such processes are considered integral to success in transmitting HiAP ideas and practices within and across sectors.

**Relationship building and maintenance**

The formation of productive working relationships has been integral to the project. From the outset, Health staff were persistent in building the collaborative relationship with Education staff. This involved Health staff initiating early discussions with Education staff about whether a HLA project would be acceptable within the Department. Following formal approval for the project to proceed, the discussions became more regular and consisted of both formal project meetings and well as informal conversations, allowing the partners to get to know each other and understand the work that was being undertaken within their Departments.

Given the collaborative approach applied in the project, time was invested in exploring the diversity between the two Departments as well as the areas of common ground. This practice assisted in identifying areas where confusion had, or may have, developed, such as around department specific uses of terminology. Negotiation was also a key feature of interactions during the project, especially while defining the exact focus on the project and when adapting the HLA process to suit the context and processes of the Education Department.

**Dedicated HiAP Unit and project resources**

Access to a dedicated HiAP Unit was viewed by key stakeholders as a facilitator of this project. The dedicated Unit provided resources to facilitate the project but also provided access to people with skills and expertise who Education staff could draw on to expand their thinking:

> I would imagine that if you didn’t have a dedicated unit to do that then line agencies like Education would go about their business and they’d continue to develop good policies, but without the expertise and the resources of the HiAP Unit they probably wouldn’t think more broadly than the immediate outcomes they’re aiming to achieve. (Senior staff member, Education Department)

Having staff dedicated to working on the HiAP approach also facilitated the progression of the project because HiAP staff could prioritise the project and maintain its momentum. This was particularly useful when the diverse, and often heavy, workloads of Education staff led to periods where they could not work on the project for a period of time. The dedicated Unit, with multiple staff, also allowed the
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project to continue even when the principle staff member coordinating the project went on leave. This was identified as an important factor by Education staff who indicated that even though the project was jointly owned and coordinated between the Departments, if there was not an individual available to drive the process then momentum was lost.

In addition to the HiAP Unit, other resources were also dedicated to the project to facilitate progress. The Education Department funded one full time staff member to act as project manager the first year of the project. The project manager was also a teacher and her knowledge of the Education Department and the education system assisted HiAP staff to navigate the system and liaise with the four schools. This person understood the cultures that operated within the schools, and this facilitated her ability to manage the process effectively. Having a dedicated project manager also provided leadership and the ability to maintain open lines of communication during the early phases of the project. This was particularly important given the involvement of both school staff and public servants. Consistent with the collaborative partnership approach applied as a strategy in this project, after the first year, funding was contributed by Health to extend the contract of the project manager.

The involvement of the principals at each of the four schools in the project, and the maintenance of regular contact with them by the project manager, was identified as important by key stakeholders during the interviews. This facilitated the project by ensuring that principals knew when teachers at their schools needed to be released from usual duties to participate in project related activities.

Project staff were also able to draw advice and services from professional researchers during the project, which was identified by Health staff as enhancing the quality of the evidence gathering and evaluation processes that were applied.

Gathering and testing evidence

Gathering and testing evidence was a central focus within the HLA project. A detailed scan of the relevant literature was undertaken early in the project to collect information about frameworks for parental engagement and collect examples of current policy across several countries. Qualitative research was also undertaken via focus groups to investigate the views of diverse parent groups across the four schools about parental engagement and how they could be more effectively included in their children’s schooling. The focus groups provided rich data on barriers to engagement that were experienced by parents in general, as well as the barriers experienced by particular groups of parents. In addition to the findings of the literature review and the knowledge school staff already held about their communities, this research provided a sound evidence-based foundation for planning the strategies that would be trialled in the schools. The gathering of evidence also reinforced the assumptions underpinning the project, drawing attention to the strong links between health and education, further legitimising the partnership and the project.
Following the initial trial of parental engagement strategies in the four schools, a formative evaluation was undertaken by a professional researcher. The formative evaluation captured the experiences and perspectives of staff members at the four schools regarding the HLA project process, its impacts and the effectiveness of the parental engagement strategies that had been trialled. It also captured the experiences and perspectives of parents at the four schools in regard to the trialled parental engagement strategies. This formative evaluation provided evidence of what had worked well and generated ideas for improving the processes used during future HLAs and during the future implementation of parental engagement strategies in schools. As such, it provided a ‘proof of concept’ that demonstrated that the trialled parental engagement strategies could be effective if they were implemented more broadly. This reinforced the validity of the recommendations that eventually emerged from the HLA project, which advocated broader implementation of parental engagement strategies to facilitate improvements in children’s literacy outcomes.

Central mandate for action

As explained earlier, the central mandate that governs the HiAP approach was used by the actors involved to generate support for the partnership between Health and Education. The central mandate provided endorsement for a project area within which collaborative efforts could be applied. This endorsement was used to support the entry of Health staff into the Education sector. In addition, the central mandate provided staff on the HLA project with access to senior decision makers. This was identified as particularly useful in ensuring that project outputs were recognised within the Government hierarchy.

Other initiatives underpinned by similar principles

Supporting the commencement and implementation of the Parental Engagement in Literacy HLA was the concurrent development of the SA Government’s Children’s Centres. The Children’s Centres were operated by the Education Department with the aim of supporting children and families to achieve optimal learning, health and wellbeing outcomes (Government of South Australia 2013). The Centres provided targeted responses for children who may require additional support in order to assist them in improving their educational and wellbeing outcomes. The existence of these Centres, and the fact that their underlying philosophy already included recognition of the links between health and wellbeing, meant that the ideas introduced by HiAP staff were not foreign to the Education Department. This may have facilitated the entrance of HiAP into the Department and contributed to the common ground that was perceived to exist between Health and Education staff.

Accountability and reporting

Maintaining close and documented links between the HLA and the current policy drivers of the SA Government was a key activity of HiAP staff during the project. As explained previously, the project was aligned explicitly with a SASP target. In addition, when the Seven Strategic Priorities of Cabinet were released, project staff strategically documented how the project, and its aims, would further progress.
towards meeting these priorities. This work included presenting outcomes of the project to the Every Chance for Every Child Cabinet Priority Task Force. The use of governance structures, which involved contact with Department of the Premier and Cabinet staff as well as the Chief Executives of Health and Education, to approve work and promote successes also assisted in demonstrating accountability and in maintaining a supportive, authorising environment for the project.

So the other thing that was a facilitator, I guess, is that we documented how the seven strategic priorities intersect with the health lens analysis, as a result we got invited to go and sit and talk to the Every Chance for Every Child group, and this helped get us some extra support from within and outside the Department. (Senior staff member, Health Department)

**Impacts on broader policy**

The document analysis and interviews with key stakeholders that were undertaken to inform analysis of this HLA indicated that several policy impacts had emerged. These impacts represent the first layer of changes that are required to modify Education sector policy, processes and settings in ways that will provide effective support for increased parental engagement in literacy in low SES schools, thereby supporting the realisation of improved literacy and health outcomes. Examples of the impacts include the following.

- Improved understanding between staff within the Health and Education Departments about how the core business of their Departments is linked, and about the mutually reinforcing relationships between health status and educational outcomes, as demonstrated in some of the earlier quotes. Such understanding may influence future work within the Departments, strengthen relationships and also stimulate future collaborations.

- Improved understanding about strategies for improving parental engagement in literacy emerged for staff from the State Government as well as for staff involved at the regional and school levels.

  *The ultimate results were that we had principals telling us that things changed. They felt their teachers were doing things differently. They could see different results, they could see parents engaging. It was empowering.*
  
  (Senior staff member, Health Department)

Understanding about how to engage parents developed progressively throughout the project. Given that the teachers at the four schools were keen to implement the findings into practice, some teachers started trialing the strategies earlier than was envisaged within the HLA process. This resulted in SA Health staff needing to adapt the HLA process to accommodate the activities of the teachers and to
ensure that the effectiveness of the implementation could be monitored. In this case, maintaining an inflexible project design may have compromised relationships and, therefore, threatened the possibility of success. Adapting the HLA design also assisted Health staff to trial an alternative model of implementation, which was more consistent with the processes applied within Education than Health, providing opportunities for learning about the different processes applied within each Department.

- The work undertaken in this HLA influenced the content of the South Australian Numeracy and Literacy Strategy 2013. Increasing parental engagement is a key focus of the Strategy, and the outcomes of the project contributed to this:

There is quite a similarity with the terminology connected to the literacy and numeracy strategy in terms of family engagement and connecting more strongly around things like being able to provide accessible resources to facilitate literacy and numeracy development that can be borrowed and applied at home. Building up parents’ knowledge of relevant concepts that are appropriate to their kid at a particular year level. Running sessions within schools that enable parents to have a – or more families to have a greater access to the methodologies and the classroom activities and build their own knowledge around those things. I mean they’re woven into the strategy and I think that – you know, that’s where this project did inform the policy direction of the (Education) Department. (Senior staff member, Education Department)

Outputs from the Parental Engagement HLA

The HLA project resulted in a number of tangible outputs, which represent an important element in the theory of change as they facilitate progress towards the envisaged outcomes. The outputs include a project proposal, which, consistent with the collaborative approach underpinning this HLA, outlined the mutually agreed focus and defined the responsibilities of Health and Education for this project. The project also contributed to the evidence base that explains the links between education and health and the value of parental engagement. At the local level, the HLA provided evidence of the needs of the four schools and their communities, as well as assessment of how current systems could be improved. This evidence was drawn upon in the development of recommendations, which seek improvements at the state, regional and school level. Reinforcing, and supporting, these recommendations are the final project report and the report of the formative evaluation. In addition the project has provided the basis for several presentations made by Health and Education staff, as well as the South Australian Premier who launched a DVD that serves as a resource for parents who wish to engage with
content being delivered at the school level. This launch was undertaken as part of a national schools event.

Other examples of resources for families that were produced using evidence gathered during the HLA include the following.

- ‘Literacy show bags’ containing a range of literacy engaging activities that can be carried out at home along with instructions for parents/carers about how to support the activities.
- Family awareness sessions where parents/carers are invited into their child’s classroom at the end of a day so that for 30 minutes the teacher can explain a particular writing task to the parents/carers and demonstrate how they can support their child at home.
- Guidelines for organising weekend family activities at school (such as gardening) where information about literacy activities can be explained to parents who are often reluctant to attend more formal sessions.
- The development of readers that can be taken home by students, which are accompanied by a recording of someone reading the book so that the reading process is modelled for children and their parents.

Summary of the recommendations made

A number of policy recommendations were produced. The recommendations support the development of further work that will facilitate progress towards the intended outcomes of increasing literacy and improving population health and equity by increasing parental engagement. Recommendations were made at school, regional and state levels:

- **School level**- Schools adopt a whole school approach to implementing strategies within three domains of the “Family Engagement in Literacy” model identified during the HLA, apply a Literacy Improvement Model and integrate literacy priorities within their School Improvement Plan.
- **Regional level**- Regions should make parental engagement in literacy a key element of their regional approaches, particularly to build leadership capacity in this area at the regional level. The regions should promote and share effective strategies across leadership teams in schools for facilitating parental engagement.
- **State level**- The Literacy Secretariat should focus on “Family Engagement in Literacy” as a key element of its literacy improvement agenda for 2013, including the development of a professional electronic resource to support the adoption of strategies at the regional and school levels. The Literacy Secretariat should lead the systemic development of support materials for families within the three domains of the “Family Engagement in Literacy” model identified during the HLA. The Office for Schools will have responsibility for overseeing the implementation of these recommendations.
Outcomes for South Australian population

Based on the assumptions underpinning the theory of change, which are informed by pre-existing research evidence and experience, the work undertaken during this HLA is intended to stimulate positive change at the population level. Implementation of the recommendations that have emerged from this HLA is intended to increase parental engagement in literacy. This, in turn, is expected to contribute to improved literacy outcomes for students, and, eventually, lead to improved health, wellbeing and equity outcomes within South Australia. In order for this to occur it is clear that the context surrounding the project will need to remain supportive. In addition, the same factors that supported implementation of the project will be required to support implementation of the recommendations, and the progression of the subsequent work at the state, regional and school level.

The extent to which the policy level impacts and recommendations are translated into further action will influence the extent to which the longer term outcomes of this project are realised. As such, the potential for progress to stall at this point represents a threat within the theory of change underpinning this project.

Conclusion

Throughout this paper we have identified logically coherent chains of relations between HiAP activities and the intended outcomes of improving health, equity and wellbeing at the population level. Creating a burden of evidence by establishing such causal links clearly shows the potential for the HiAP approach to be effective. The research findings described in this paper provide contextualised, and nuanced, insight into what it is about the HiAP approach that will allow it to work, and under what circumstances (Catford 2009). The construction of a plausible model of the theory of change underlying the HiAP approach (Funnell and Rogers 2011) has also allowed us to make explicit the links and pathways between intervention and outcomes, providing the basis for a narrative explaining how and why the activities involved will lead to the expected outcomes in the expected conditions. The practice of generating such a narrative, based on research driven by the theory of change, has broader applications outside of HiAP. The development of such narratives for other complicated initiatives provides the foundations required to track the theory of change throughout the processes underpinning implementation to identify the required elements for success and to ascertain when, if and how these become disrupted or maintained (McCawley 2002). This approach is particularly useful in evaluation of the effectiveness of initiatives that are intended to produce long-term change in complex social environments, which may extend beyond the timeframes of evaluation projects.

Our ongoing application of the theory of change and program logic modelling approach during the HiAP research will allow continued development of the evaluation tools described in this paper. In particular, we will continually revise and update the models in response to changes in political circumstances. Doing so will allow us to reflect upon the impact of such contextual shifts on the theory of change that underpins HiAP work, and, therefore, on the likelihood that the intended
outcomes will be achieved. In addition, we will collect as much information as possible about the outcomes that are produced through HiAP work during the course of the evaluation. We will use this information to attribute outcomes to the HiAP approach, where plausible (Funnell and Rogers 2011). We will also use the information to test the validity of the assumptions that underpin the theory of change by questioning the extent to which the anticipated outcomes have been achieved and by tracing the generation of these outcomes back through the model to consider whether assumptions made about the required elements can be confirmed (Mayne 2012).

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