Are You Being Served?

Towards More Responsive Public Services

John McTernan

Adelaide Thinker in Residence 2011 - 2012

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Prepared by John McTernan,
Global expert on public service leadership

Adelaide Thinker in Residence 2011–2012

Government of South Australia

Department of the Premier and Cabinet C/O PO Box 2343 Adelaide SA 5001

www.thinkers.sa.gov.au

The Bureaucratic Tank. Made up of filing cabinets.
It crushes human beings and leaves a trail of paper behind it.

"There are people who say, 'If music's that easy to write, I could do it.'

Of course they could, but they don't."

John Cage

Premier's Foreword
Message from the Premier

South Australians deserve a high-performing public service. This is why I recently launched the Government's Public Sector Renewal Program, which aims to change the way in which we deliver services to the community – to make us more innovative, more efficient, and more effective.

The work of John McTernan through the Thinkers in Residence program has been a welcome contribution to the improvement of the South Australian public sector.

John has reminded us that the continual improvement of our services is an opportunity shared by all public sector employees, that South Australia has every reason to aspire to excellence in service delivery, and that the benefit to our community will be significant if our aims are achieved.

John's residency was about people. He met with many hundreds of frontline public servants while in South Australia. He challenged us to reflect on the purpose of the public service.

John's report reminds us that people are the centre of what we do – the patients in our health care system; the students in our education system; the families in our community.

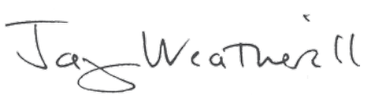
John's work has influenced the way in which we deliver services online. He has raised the profile of the work that is happening within the Government to effect this change. Success stories such as the YourSAy website and the community's uptake of the EzyReg smartphone application have set solid examples for us to follow.

How our departments respond to John's report is important.

For example, improving the way in which our schools communicate with families forms a significant part of the Government's Every Chance for Every Child priority.

Ensuring that patients are at the centre of our health care system is a fundamental challenge that we must continue to pursue – and SA Health has committed to doing so.

I thank John for his contribution to South Australia through his residency. His report will serve as a resource to guide public service improvement in years to come.



Jay Weatherill
Premier of South Australia

About the Thinker

John McTernan is a global expert on public service leadership, working with governments in the UK, Europe, South America, Australia and Iraq.

John ran the UK Civil Service Top Management Program (TMP), educating leaders from the public service, the private sector and the third (NGO) sector. He developed this program to align the development of leaders within the public sector with the Public Service Reform Agenda of the Blair Government. As head of the Policy Unit for the Scottish government he initiated a program of benchmarking their public services, against best in class globally.

He has worked in a number of key public policy areas. As Chair of Education in the London Borough of Southwark, John led the creation of an education service of over 100 schools. For over a decade he has worked with health service leaders across the UK, working on leadership and service improvement. In the Downing Street Policy Unit he worked on housing and cities policy, which led him to work with the Victorian State Government on these issues.

He has worked widely with the public, private and voluntary sectors. He was a Director of the London Docklands Development Corporation and Director of Operations for Carlton TV Productions.

He is a skilled communicator who has written extensively on public sector reform and was a columnist for The Scotsman and the UK Daily Telegraph.

Partners in the Residency: Department of the Premier and Cabinet; SA Health; Department for Education and Child Development; The Australian Centre for Social Innovation; Integrated Design Commission; and the Department for Planning, Transport and Infrastructure.

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Summary of recommendations

The delivery of effective and efficient public services is the hallmark of good government, yet as private sector standards rise there needs to be an equivalent increase in the quality of public service and increasing confidence and respect between the public service and the public.

Pressures on budgets require public services to do more with their existing resources at a time of escalating costs, especially in the health sector. Public service systems need renewal and reform if they are to respond to the contemporary challenges of an ageing society, new technology, greater educational demands, climate change and the need to deliver fair, high quality services to the broad society. The public is looking for a new deal.

The South Australian Government has a long-term commitment to improving its services to its citizens. This residency was an extension of five major initiatives in the Government's reform agenda.

The Social Inclusion Unit has been consistently researching and delivering new forms of government services to socially excluded groups of citizens since 2003.

The work of Adelaide Thinker in Residence Geoff Mulgan on social innovation in 2008 broke new ground in promoting innovation in broad social service delivery, and that work continues strongly, led by The Australian Centre for Social Innovation.

The 2009 State Reform Agenda unlocked a vigorous effort across the public sector in the critical areas of skills, sustainability, ageing, early child development and city design.

The 2010 High Performing Public Sector initiative, with its aim to improve the way the public sector is organised and managed, is underway.

The award-winning sa.gov.au online site has put the citizen first in the delivery of government information, now delivering better quality information to citizens from a citizen perspective, rather than a government agency perspective.

Building on this sustained effort to improve the delivery of government services, this residency examined how to build mutual confidence and respect between the public sector and the public, as the state evolves new services and new ways of delivering services to meet changing needs.

Whole-of-Government

1.1 State and celebrate the purpose of public service overall, and department by department

1.2 Foster a culture that empowers citizens and government to jointly own the problems that need to be solved

1.3 Establish a comprehensive state-wide approach to the development of 21st Century public service leadership

1.4 Reduce internal red tape, eliminating disproportionate reporting mechanisms and provide all staff with an avenue to suggest innovation and red tape reduction

1.5 Implement a state-wide e-government strategy for the redesign of services and processes to remove burdens on the public service, business and the public. Use an Open Data approach to increase transparency, accountability and collaboration by allowing the public to design innovative ways to use government data and encourage the development of internal and external service sector

1.5.1 Build a suite of common tools for key government activity areas and mandate their use as the preferred approach to the activities they support, including:

- sa.gov.au
- open data to encourage co-production
- a whole-of-government engagement and consultation tool
- a managed directory of Government for citizens
- a managed directory of community resources for citizens

1.6 Commit to open government by:

- Recognising co-production initiatives as a means of empowering citizens to play a role in key service delivery
- Establishing an open data standard policy and fund a central body to enable agency participation and commercial discovery of the data both internally and externally

1.7 Implement a consistent, whole-of-government approach to community participation

1.8 Encourage public servants to innovate through:

- Empowering employees to collaborate and share ideas through online tools that cross agency, division and departmental boundaries
- Rewarding, raising awareness of and sharing innovative ideas cross-government
- Educating staff to recognise the differences between mandatory behaviours (e.g. ethical behaviour, fiscal responsibility) and accepted practices that create barriers to efficiency in government
- Establishing an innovation fund to enable cross-agency collaborations that support a repetitive approach to excellence in service design and delivery

Health and ageing

2.1 Establish an "ageing in all policy" approach in South Australia

2.2 Celebrate the achievement of adding years to life by developing positive language in reference to ageing – remove negative descriptors (e.g. the "burden of ageing")

2.3 Implement a framework for the care and management of patients with dementia in **the acute hospital environment**. This framework should be developed using successful national and international models, for example; the Wicking Dementia Research and Education Centre (Tasmania) and the University of Stirling Dementia Services Development Centre (UK)

2.4 **Establish an across–sector workgroup to jointly develop a care and management pathway for people with dementia entering and transitioning between health sectors and services.**

2.5 **Develop and support a true quality focus to address the core issues which impact caring for older people in South Australia's acute hospitals (from tertiary training/education institutions into the workplace).** Successful quality improvement programs and resources such as The Advisory Board Company, Studer Group or Planetree, should be researched and utilised to address:

- Reinstating the fundamentals of care ("back to basics")
- The processes for patient assessment, discharge and transition and implementing a pilot for new practice in a metropolitan hospital ward
- A model for communication and multi-disciplinary engagement across sector
- Supporting a Quality agenda by
  - Developing a qualitative simulation series for students in tertiary training/education institutions
  - Increasing the proportion of hands-on training for nursing students in our health and hospital services
  - Implementing e-innovations and redistribution of tasks to reduce the burden of administration on nurse leaders to assist them "back to the bedside"
  - Reviewing the safety and quality agenda for hospitals to include measures for caring for the person, ensuring accountability for these measures
  - Including quality assessment as a component of staff performance reviews and professional development across acute hospital services, ensuring accountability for these measures

2.6 Establish a joint partnership approach between Central Health and Local Health Network leaders to develop and drive the culture and care that SA Health aspires to, addressing:

- Purpose above everything
- Consistent outcomes for the patient, not uniformity of service
- Incentivising outcome, not activity
- Clarity re the delegation of authority

Education

3.1 Ensure consistent support for family engagement in their child's education

3.1.1 Develop a suite of publications for parents setting out how best to support their child's learning throughout their schooling

3.1.2 Schools to inform parents at the beginning of each term of curriculum areas, and enrichment activities parents could supply

3.1.3 Expand the role of educators to include community engagement and community development as important responsibilities of successful schools and educators

3.2 Exploit the full potential of the newly integrated Department for Education and Child Development

3.2.1 Use social worker expertise to drive preventative work in schools with a focus on community engagement, social entrepreneurship – addressing neglect by creating systems to address issues at a school community level

3.3 Create a department that is committed to continuous improvement in service delivery, cut departmental red tape and eliminate disproportionate reporting mechanisms

3.4 Create a culture of conceptually sound policy development and evaluation:

- Ask what is the problem?
- What are the facts and do we have them all?
- What are the solutions and do we have them all?
- What are our values and which solution best fits our values?
- What is our plan for Implementation?
- Monitor for impact not compliance and feedback evaluation into policy development.
- Give equal weight to every element of the policy development cycle

3.5 Develop an integrated communications strategy

3.5.1 Embed professional communications at all levels of the department

3.5.2 Ensure communications are an integral part of policy development from the start

3.5.3 Ensure the department communicates with accessible language

3.5.4 Encourage the use of social media to regularly communicate to families what is being taught in schools

Introduction

When I was visiting Port Augusta, I went out to Wami Kata Old Folks Home, an Aboriginal specific service situated in Davenport Community. It's a flexible aged care facility for older Aboriginal people in Port Augusta and surrounding towns including the Pitjantjatjara Lands.

Visiting any aged care facility is a difficult thing to do because you're intruding on other people's lives; I almost feel diffident when I go in. But there's a great officer in charge there; she took us in and through the TV room quite briskly to save interrupting people using the room at the time.

They have a huge outdoor area with a sheltered patio, and when you stand at the French windows looking out you have a panoramic view of the Flinders Ranges, looking incredibly beautiful. It was one of those crisp winter days in July, so not a hot day but a comfortable temperature. All around you could see how really well kept this whole place was. Somebody cared about the garden in the way that you would about the garden in your own home. This was a home, not a facility.

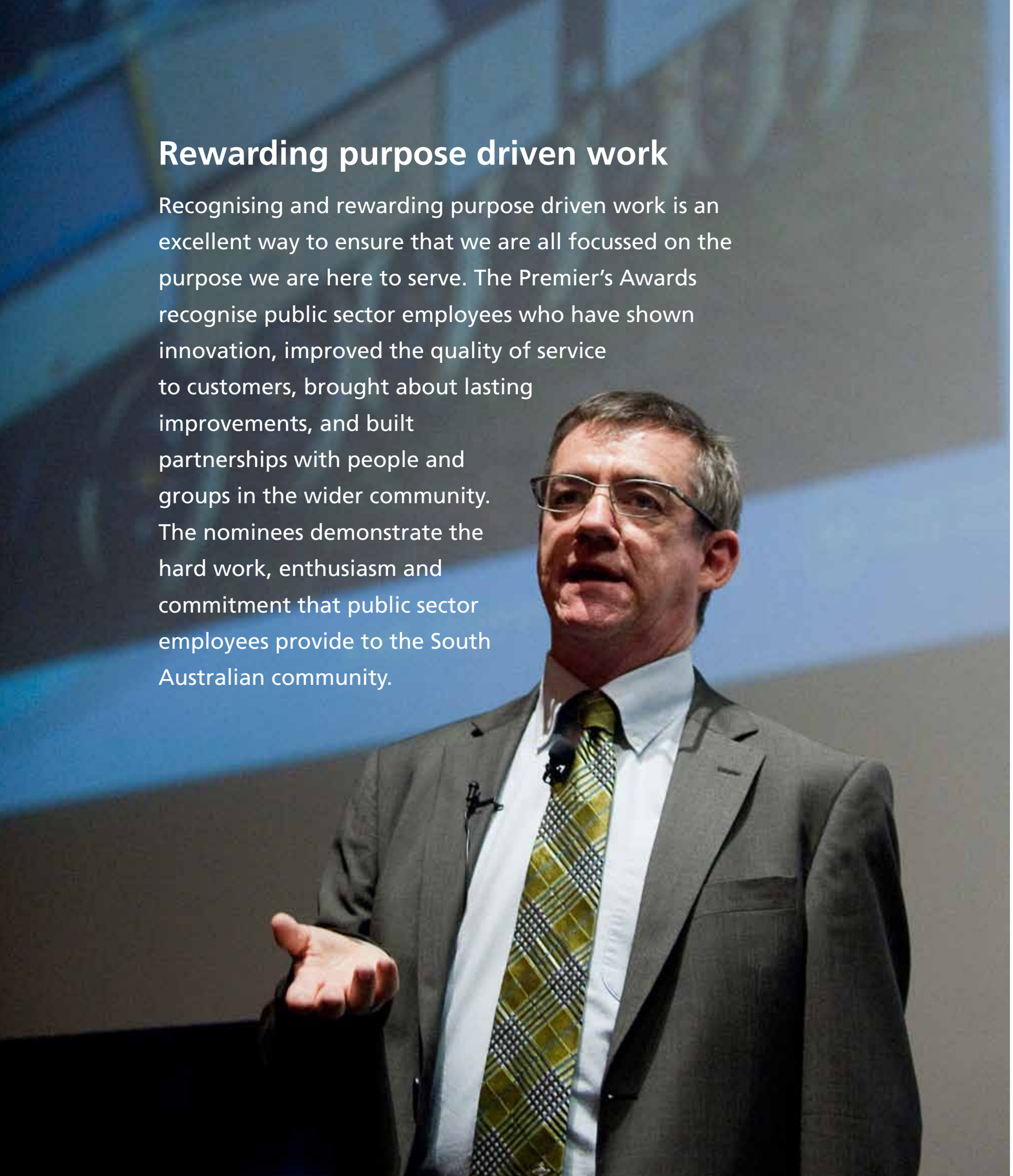
In the middle of the patio there was a fire with huge smoking logs and the smell of the smoke hanging in the air. Very old and frail elders, many of them in wheelchairs and many of them not able to do very much at all sat in various places around the fire.

I asked the officer in charge about this and she said, "Well, we got it installed because most of our residents have lived much of their lives around fire and smoke. Shouldn't they have that now when they're here? Shouldn't it be part of their experience?"

I thought, that's a great answer because that's actually what serving the public is about. The officer in charge didn't think she'd done anything exceptional; she was just doing her job.

It's one of the few times in my life I've had a spiritual experience in a public service setting. How much care, how much love and how much attention to the details that matter had gone into this set-up? And how modestly and matter-of-factly the officer in charge described what she had achieved. This wasn't for her; it was for the people she was serving; the Public service at your service.

This report sets out approaches in health, education and across the whole-of-government that could be the enablers that make best practice common currency.



Rewarding purpose driven work

Recognising and rewarding purpose driven work is an excellent way to ensure that we are all focussed on the purpose we are here to serve. The Premier's Awards recognise public sector employees who have shown innovation, improved the quality of service to customers, brought about lasting improvements, and built partnerships with people and groups in the wider community. The nominees demonstrate the hard work, enthusiasm and commitment that public sector employees provide to the South Australian community.

Chapter 1: Whole-of-Government

Purpose

How do you change organisational culture? That is at the core of the public service improvement challenge. And I think the answer is: you have to focus on purpose. To paraphrase Gordon Brown, great public service organisations exist for great public purposes. Think about Big Tobacco. It can convince its employees that marketing lung cancer is a great purpose.

Then think about government, which actually does have great public purposes. In education, and in care for older people. In health care more generally. In road safety. In public housing. In working with families and children, and communities. In delivering disability care.

Everywhere you go in government there are great public purposes, but they are not driven through the organisation as the point of their existence, and as the reason people are working in them. One worker I met described to me her best experience of working in government as when she joined the public service 20 years ago in the Department of Veteran's Affairs. She said that when she worked there she knew who she was working for. She was working on behalf of the veterans. That allowed her to cut through any distractions. The purpose was clear – and it was empowering.

It's a good question for any government department. An Education Department does not exist so that there can be a Chief Executive. A Health Department does not exist so that there can be a Health Minister. They are a means to an end, not an end in themselves. And the end is the maximum educational opportunity for children and young people. It's the health of the people. As the slogan on the old Southwark Town Hall where I was once a councillor says: 'The Health of the People is the Highest Law.'

That sense of who public services are working for, that sense of purpose, is the first thing that should be driven through right down to front-line staff.

Values

The second question around purpose, which is just as important, is the question of values. These are central, and in health care people will tell you the values are clear. They are encoded in the Hippocratic Oath – which often summed up by the phrase 'first do no harm'. A powerful injunction. One that functions as a mirror – in which to reflect on your actions - and a lamp – to illuminate the way forward.

Public service values don't exist in a vacuum. There are competing demands on government, seeking the allocation of resources across time – investing in the young or the old; building for the future, or consuming now – across space - investing in the city or the regions, in one suburb or another. And so on. There will always be priorities – and in a democracy these will be determined by politics.

Margaret Thatcher when she was British Prime Minister had a Policy Unit whose first question to any policy proposal was "Is there a more market oriented way of doing this?" For a neo-liberal, it's a brilliant question. It cuts through, and simplifies. Similarly, you can ask "Is there a way of doing this which delivers more social justice." In the end, the values of a government, its political values, its philosophical values, need to come together.

The question is – does each department know how to sum up their purpose and their values? And when they have done so, as with SA Health, have they ensured that every member of staff down to receptionists and cleaners understand it? If your intention is to re-organise around the principle and practice of patient pathways then you need everyone who works with the department to understand the proposition and how their work relates to it. Can departments be sure that values and purpose aren't simply widely distributed and just as widely ignored mission statements, and booklets. Can they say: "Look, we live our values. We don't just laminate them".

The High Performance Framework

The High Performance Framework (HPF) is designed to ensure a culture of high performance and continuous improvement in the public sector. South Australian Government Agencies use the HPF to conduct a formal four-step review of their performance every three years and identify specific areas for improvement.

Culture of Compliance

Tom Peters, the American management guru, famously said: "Most employees are motivated, energetic, committed, enthusiastic, and loyal….except for the 8 hours a day they work for you."

Whenever that is quoted managers always give a laugh of recognition, acknowledging that too many systems drive out of staff the desire to change things. Every organisation has its stories. In the old, pre-computer BBC unless you got the precise complex abbreviations right for senior management then memos would be returned unread.

Laughable. Except, you can't go far in government without finding similar examples. The office, for example, where a letter which is sent for signature will not be signed unless it's got six carriage returns between "Yours sincerely" and the name of the signatory, if not it will get sent back for the extra carriage returns to be inserted.

If you want innovation and entrepreneurship within the public service, then you have to take a lead. So, my proposition is that government should aim to reduce the red tape internally with as much vigour as it reduces the burden of red tape on business and the public.

Targets for reducing internal red tape, unnecessary bureaucratic regulation, unnecessarily disproportionate regimes for "managing risk", would free up hundreds of days' work every month that are currently tied up in ridiculous compliance.

Elements of this exist already; Premier Weatherill has made an appeal for the public service to identify egregious examples of over-bureaucratisation. The next step is to institutionalise it with appropriate High Performance Frame Work Goals of cutting departmental red tape and eliminating disproportionate reporting mechanisms based on bench-marking best-practice. Together with a powerful internal campaign that gives public servants a licence to challenge the way they work, and supported by a programme for stimulating innovation, (such as the Department for Families and Communities (DFC) 'Bright Sparks' initiative which would be able to action reforms), productivity gains would rapidly emerge. Big and little ones.

e-Government

A comprehensive approach to e-government would build on the success of the sa.gov.au model, examining the possibilities of using a range of channels for delivering government services, creating a platform for across the board transformation.

A systematic approach to online service redesign would drive the redesign of services and processes to remove the red tape burden on the public service internally and on business and the public. By incorporating – and responding to - consumer feedback, it would improve the effectiveness of services and identify and address potential community hurdles.

Adopting an Open Data framework to increase transparency, accountability and collaboration would allow the digitally literate public to design innovative ways to use government data. It would also stimulate and support service sector entrepreneurs while providing opportunities for SA to lead the nation in online service design and potentially develop revenue streams servicing other states. The synergies with the roll-out of the National Broadband Network are obvious.

Risk

Of course, rules and compliance matters – if you are managing real risks. Where have we got to when a toilet in Adelaide Airport has a sign, over the toilet bowl, saying 'Not Drinking Water." Now, risk is real. Airports handle substantial risks incredibly safely, day in, day out. However, there's a point where those in charge of risk management start inventing risks to mitigate. The same safety culture gone mad that has issued instructions to staff on how to safely clean an electronic whiteboard: "First, find a pair of goggles…"

Of course, there are good reasons, not just in hospitals, but in other services, for managing risk. You do want people to manage risk in child protection. And in surgery, you do want surgeons and the team to count the number of instruments on the side before they start the operation and count them at the end. Now, on the face of it, it seems odd that you have to tell surgeons to do this, but all the international evidence says that if you count instruments before and after an operation, fewer instruments get left sewn up inside patients.

But risk becomes a barrier to change – particularly the risk of failure. Clearly failure isn't really the problem. The real problem is the unwillingness to measure the cost of current failure and the cost of not doing the things that you would be able to do if you released resources by doing things properly. In the end, it is much more expensive to do things badly than it is to do things well.

Risk becomes a shield behind which to hide, when many of the best stories in the public service are about the importance of incremental change. The South Australian public service has substantial documents about its ethics, how it works, and what its values are. Buried inside them is a beautiful line that talks about "a commitment to continuously improving the quality of the services that we provide". If this commitment was taken seriously then there would be immense potential to improve public services.

Conversation

Anybody who's ever tackled a difficult problem understands that to communicate, you need to understand where other people are. And you need to engage in a conversation if you want to move people. The key thing is understanding that a conversation isn't just waiting for your turn to speak. Large organisations, government included, are very good at one way communication. But the world we now live in, enabled by the internet, is that the public expect two-way communication. Email is a powerful return path and the public expect you to reply to their response. On the face of it, it sounds as though e-engagement will just generate far more bureaucracy. But the reality is that investment upstream in a proper conversation with the public will end up in deeper rooted support for a policy initiative.

Because one of the paradoxes of public administration is that most people most of the time actually love public services. The evidence? The fact – known to governments large and small – that whenever you try and close down a service or a service point like a library, or a small school – the community turn out in force. And they are extremely vocal and well organised.

There is a real wellspring of energy there. A pride, a passion, an energy that is only encountered as a negative force when governments try to change things. At the core of successful communications, and engagement, is understanding that and tapping into that energy.

Your Say

The online consultation hub at www.saplan.org.au/yoursay was established as an outcome of the 2010-11 update of South Australia's Strategic Plan. It provides a central place for online government consultations to occur, with bright graphics, easy-to-use discussion forums and customisable URLs. Government agencies are able to host their online consultations on the website which provides a way of encouraging the community to engage in a conversation with government agencies in an accessible way.

Communication

One challenge, known to all communications professionals is being brought too late into an issue. This starts with a view that communications is an addition when the real work has been done. It's compounded by a belief that communications is separate from other activities. So for policy it is just the gaudy wrapper to gain attention for work when completed, rather than something integral. In reality, communication should be a key responsibility for many staff, not just those in specific communications teams. Policy staff should be encouraged to consider the communication of their policies as a central part of the policy development process and plan for this early by engaging with relevant communications staff.

This will mean that communication will be designed to promote the purpose of a policy and engage with clients – and potential clients – using the widest range of media from free-to-air television and radio to print, digital and social media. And also that it is accessible to the target audience including the use of plain English and – where possible – images as well as text.

Where this is supported by a social media policy that develops, nurtures and engages with communities of interest during the policy development and implementation process – identifying issues, developing policy approaches, assessing delivery, and supporting feedback and evaluation – it will lead to strengthened community engagement by providing opportunities for the community to participate in conversations with government.

Policy development and community engagement

A vicious parody of government policy making is to describe it as 'decide and defend'. That is not true, but it reflects a problem that arises when we assume that we all share a common understanding of what a problem is when we analyse something. That is just not true anymore – if it ever was. So the starting point of policy development needs to be – 'do we agree on precisely what the problem is?' Only then can you proceed to policy approaches to tackle the problem. There will almost always be more than one way to tackle any given problem. This raises a core difficulty with consultation – there is often a confusion at the heart of propositions. Is government asking for a consensus or simply asking for consent? These are two very different things.

And you're dealing with a very highly educated country. One in which deference of any sort has completely disappeared. And one in which everybody in Australia has got two personal researchers - Google and Wikipedia. So, in the end you need to be clear: this is the problem, these are the facts, this is the way we're going to analyse it, and this is what we're going to do.

21st Century leadership

Communicating values and purpose have always been central to leadership. But 21st Century leadership has additional demands. One thing that has to be jettisoned is the "Great Man" theory of history (and it is invariably a man in the telling). One person doesn't change an organisation. Modern leadership is distributed. Leaders can make a cultural difference, and you can see that immediately when a Chief Executive changes – when there's suddenly a new mood and a new way of working is allowed. In the long run that works, if their model of leadership is one of distributed leadership. They model the leadership that they want others to model themselves. And it goes through the organisation,so it's partly about 'being' the change.

It's also, significantly, about modern communication skills. You cannot be a successful leader today if you cannot communicate. Not simply with the print media or television and radio. But actually to engage with the full suite of media, and the channels you can now use.

The government leaders of today and tomorrow should be developed so that they have the capabilities, the abilities, the capacities that are needed in modern leadership. There are disparate leadership programmes across the public service in South Australia. There should be a whole of government approach to this and a comprehensive program that means that the police and the teachers and the social workers, and other leaders are trained together and share an approach. Ideally, this would involve key private sector partners, charities, NGOs and major non-state public service players such as the universities.

Recommendations:

1.1 State and celebrate the purpose of public service overall, and department by department

1.2 Foster a culture that empowers citizens and government to jointly own the problems that need to be solved

1.3 Establish a comprehensive state-wide approach to the development of 21st Century public service leadership

1.4 Reduce internal red tape, eliminating disproportionate reporting mechanisms and provide all staff with an avenue to suggest innovation and red tape reduction (including Myth busting – identify and dispel examples of public service cultural urban myth that are used to prevent innovation)

1.5 Implement a state-wide e-government strategy to drive the redesign of services and processes to remove burdens on the public service, business and the public; together with an Open Data approach to increase transparency, accountability and collaboration by allowing the public to design innovative ways to use government data and encourage the development of internal and external service sector

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- Establishing an innovation fund to enable cross-agency collaborations that supports a repetitive approach to excellence in service design and delivery

Chapter 2: Health and Ageing

Background

Since the beginning of the twentieth century average life expectancy in Australia has increased by more than 30 years. In 1970, the average life expectancy was 68 for men, and 74 for women. Since then we've added approximately ten years of life to both men and women which is a great achievement that should be celebrated.

Circumstances are changing where people can now look forward to 20, 30 or even 40 years of life after ceasing formal work. We need to better understand how we can support people to be healthy and independent to enjoy these years and importantly, ensure that the social, economic and intellectual contributions that older people make are not lost.

By 2056, approximately one in four South Australians will be 65 or older and the number of people aged over 85 will approximately double, leading to greater demand for care and assistance.

The health system, indeed all of society has to address the impacts of an ageing population on our workforce. Greater intervention and support is required from public services to manage the complexities of care for older people, and eventually for many, dementia.

Our services and the dedicated people who deliver them are fundamentally good however, the standard of care can be compromised by ambiguous service/agency boundaries and issues of communication and information sharing; these have to be resolved in order to provide the right mix of services to maintain quality of life, dignity and independence.

Reframing our Perspective

On average 40% of total patients across major and general South Australian hospitals are people in the age range of 65-85 years. Therefore, it would be practical to reframe our perspective of what the acute hospital is, seen from the perspective of the client. It is in many ways a geriatric service co-located with other services.

Hospital works well in acute medical crisis if the problem is clear, but it falls down with condition differentiation (including co-morbidities,

competing conditions, disability, impaired mobility, dementia), trying to place older people particularly, in the right 'patch' and prioritising each part of their essential care.

This complexity can see people 'fall through the gaps' leading to premature discharge with people often requiring re-admission back to hospital.

Generally, the system fails to manage the older person as a whole i.e. the full range of conditions and appropriate and timely progressive care within and outside of the hospital. As a casual observer it seems that everyone can identify the issues but the 'system' keeps reproducing itself and repeating the same problems.

If we're able to view the purpose of the acute hospital through a different perspective then perhaps we can begin to rethink how we deliver services. Is it uniformity of services or better outcomes that we want? Should we be incentivising activity or the outcome?

There is also a prior challenge. Presentation to hospital is often preceded by a crisis in the community and the hospital perceived as a safety net. The underlying question is how to avoid the crisis and prevent issues escalating to the point that requires hospitalisation.

"Imagine what could be different if we were to reconceptualise our view and utilisation of the acute hospital for older people and reframe our perspective of the older person." John McTernan

"Traditionally services for older people have had a low profile and consequently there's little capacity or confidence to make decisions and have the necessary conversations around resources and the up-skill and maintenance of the workforce caring for the older person." Dr Robert Prowse, Senior Geriatrician, RAH

Health and positive ageing

The overlap of health care and ageing is arguably one of the biggest challenges facing governments around the world today. But properly considered, healthy ageing is also one of the greatest opportunities. The wealth of experience, the wisdom of our elders is a huge resource to tap into, yet it needs an enabling framework.

Adding years to life was the great social achievement of the last century; adding life to years, gerontologists say, is the great social challenge of this one.

The success of government services particularly in the area of health is dependent on organisational responsiveness and the effectiveness of leaders to support the changes and resources required to shape an exciting new future for health and ageing.

A new culture of service is required across Health which runs with the key themes of relationship, respect and new opportunities through a more integrated and flexible approach to health and allied service delivery.

Popular perceptions of ageing are generally negative and often summed up in the casual use phrase like the "burden of ageing". The reality is it's a huge achievement, indeed it's estimated that the increase in longevity in the last century is the equivalent of the cumulative gains between the Bronze Age to the beginning of the 20th century.

The 30 years of extra life we gained in the last century was because of choices our society made due to the welfare state; because of clean air acts; because of health and safety at work; because of decent diets; and because of rising prosperity.

Australia should be proud of what it's done for its fellow Australians.

So, shouldn't we eliminate words like "burden" and other negative ways of talking about ageing? How we talk about people frames how we treat them, and it's conceivable that older people might feel that the message from some health services is, "It's your fault you're old and sick, be grateful for your treatment!"

"The older person has a history; they have a past, a present and a future. Often this is forgotten, almost like people don't see the person attached to the physical issue."

Loueen Bainger, Consumer Representative, OPCN

Ageing in all policies

The primary challenge of transforming policy in tune with an ageing population is not only for SA Health but for government as a whole. If ageing policy is thought to be the responsibility of the Department for Health and Ageing, then ageing is increasingly perceived as a problem. A deficit model is imposed; older people have something wrong with them, how can we fix it?

The portfolio changes that have combined health and ageing should positively influence the delivery of all major services for older people through a much more streamlined, linked-in and comprehensive service approach. It will be good for service delivery, but the new Department for Health and Ageing has to be a powerhouse which drives a consideration of ageing through the whole of government. Ageing in all policy is paramount in the development of an age friendly society and an age friendly city, which Alexander Kalaché unpacks more in his residency; it has to be at the heart of all that we do.

Older people are "Golden Citizens"

I'm always fascinated to hear the reasons why people do what they do. I was rightly inspired in a meeting early on in the residency by an SA Health Geriatrician and Director of Aged and Extended Care Services at the Queen Elizabeth Hospital, Associate Professor, Renuka Visvanathan.

Renuka's passion and consideration for older people developed in Malaysia where she grew up. She spent some time explaining to me about the cultural differences between western and Malaysian society, and primarily how a King's idea became the peoples' passion filtering down to every level of Malaysian society, heralding older people as "Golden Citizens."

Older people in Malaysia now attain the highest level of societal respect and deference where their lifelong experiences, knowledge and wisdom are recognised and valued.

It's a mandate that's been carried forward over the course of many years and has now become an inherent part of Malaysian society, it's recognised by every citizen of Malaysia and it's one of the values they live by.

Dementia

The configuration between health and social services becomes a substantially greater challenge with the rising incidence of dementia. Dementia is now the single biggest cause of disability in older Australians in those aged 65 years or older. The number of South Australians with dementia is projected to more than double by 2050.

One in four people over the age of 85 has dementia. It's already core business for aged care and impacts every part of the health and social services system across Australia. With the numbers increasing, this is a challenge for all public services.

Dementia is already an issue touching many families and communities and is often more appropriately treated in a social care setting. Treatment in a hospital setting is not either a good or lasting option, generally because of acute medical issues, bed pressures and limited resources.

There are a wide range of dementia support services available in the community but not enough knowledge in the acute sector about what's available; it's confusing to health care providers across-the-board, the patients and their families.

An inclusive plan is needed to address the growth of dementia that encompasses Residential Care, primary health and social services, the acute hospital and families.

There should be a joint approach to developing a care pathway for people entering and transitioning between services and sectors which must address; timely diagnosis and management; the escalating stages of dementia and proper management of these; maintaining a healing environment and dignity in care; and making our hospitals safer places for people with dementia.

However, yet again, when there is a crisis in the community, the hospital is the safety net and the 'system' continues in the way it always has. Specialised staff and training in our hospitals is crucial to deliver the right kind of care that adequately meets the complexities of health care for older people who have dementia. Improvement in our service in regard to the treatment and care of patients with dementia and their families must be addressed across the continuum of care starting with tertiary training and education of our nursing, allied health and medical students.

If there was ever a situation ripe for motivating change in our approach and developing positive language about ageing, then it's here.

Consumer involvement

The health component of this residency particularly focussed on the dynamics of frontline service delivery for older people across acute hospital settings and community health services.

It became evident over the course of the residency that the opportunities for joint partnering and using the potential of relationship and contribution with both consumers, consumer representatives and also within SA Health services for older people is developing.

SA Health has been largely successful in identifying the potential of Statewide Clinical Networks across the public health sector which maximises the process of consultation and the involvement of health professionals and consumers across specific areas of clinical specialty.

The work of the Clinical Networks includes the development and implementation of statewide service plans in a range of specific specialty areas such as The Health Service Framework for Older People 2010 (HSF4OP). The HSF4OP has formed the foundation of this residency with a key focus on person, purpose, quality and strong leaders in partnership across health services and across sector, working for the health and wellbeing of older people in South Australia.

The advice and experience of the Older People's Clinical Network and its consumer representatives throughout the residency has been crucial in revaluing the core components of frontline intra and interagency health service delivery, where focus should be to reinforce a culture of compassion and humanising care. There is a strong case for entrenching the consumer representatives, by making one of them a co-chair.

A Director in SA Health was describing to me her best experience of working in government when she joined the public service and the Department of Veterans' Affairs, more than 25 years ago. She said, "When you worked for the Department of Veterans' Affairs you knew exactly who you were working for." It's a statement profoundly simple, yet as public servants we get lost in the bigger picture and forget that government actually does have great public purposes. It's up to every one of us to drive this through our organisation and remember that our organisation doesn't exist so that there can be a Chief Executive, or so that we can fund hospitals, but that we're working hard for the right group of people, health consumers.

Pathways, transitions, and boundaries

SA Health is being re-designed around the care pathways of patients rather than around the services within the hospitals. This is a challenge for the system, but it's one step on-route to patient-centred services. The biggest challenge is to facilitate a smoother transition for elderly people returning to their homes after a period in hospital.

SA Health aims to support an integrated, seamless and coordinated care pathway for older people considering there are often multiple parties providing care for one person. Despite the development of specific policy in this area, translation of policy into practice at the service delivery end is inconsistent, it's fraught with workarounds and it's largely unsuccessful.

Commonly expressed across hospital settings, the issues overall are linked back to failing communications and collaboration across clinical settings, across disciplines and across the public and private health sectors.

The acute system is fragmented to the point where people are unwilling to work in a cross functional team. One clinician summed it up as, "too many 'ologists' and not enough generalists to cross the boundaries of care." It breaks-down continuity and patient management, blurs the lines for decision making and often leaves the patient 'in limbo' between assessments, treatment, services or between sectors.

There is a disconnect between the hospital and the community, the boundaries regarding what are health and what are social welfare issues are unclear and confusing, and there is no clarity or consistency about the mechanisms or processes to successfully move patients between services, sectors or back home with the appropriate medical support.

As an inpatient, assessment is performed by multiple parties and a lot of these are repetitive and purposeless; there appears to be duplication in the system but still a lot of unmet needs. A primary assessment should be made in one place at an agreed stage of the patient journey, and additional detail only added to enhance treatment.

Additionally, patient discharge is often contradictory. Poorly planned or early discharge only transfers cost to other services and is often the reason of readmission back to hospital. But on the opposite, other patients who are at 'zero risk' are holding up beds because they're waiting on assessment for a package to go home.

We get very good at doing 'our bit' in the process of assessment, transition and discharge but overall, the process fails for the patient when looking at it from beginning to end.

"We get good at doing our bit in the process, but the journey for the patient fails, when looking at it from beginning to end."

John McTernan

"The system does not reflect the importance of integration of services on the outcome. If there's a breakdown in one component of care which affects the patient's journey, then overall the pathway didn't work. This is the patient's perspective."

Sue Jarrad, Consumer representative, OPCN

"Patient management guidelines lead the health system to ensure patients get the right care, but if you don't fit, such as aged care, you become a silo."

Associate Prof Chris Zeitz, TQEH

A story - safe transitions

Some of the most insightful meetings I had were with the consumer representatives of the Older People's Clinical Network; Sue, Loueen and Lee, all who have first-hand experience in caring for an elderly family member or loved one.

A story was shared of an elderly mother with dementia among other conditions. She was moved between services and sectors to a private facility where she had x-rays taken, but on completing the work, the treating radiographer took her back to the waiting room and told her she could return home.

After many hours of searching she was found by the Police sitting in the gutter on a busy metropolitan roadway at 10:30pm; confused, crying and totally broken because she wasn't able to find her way back home to a place she lived many years ago.

Obviously there were orders in place for her safe return home/to care but a dreadful breakdown in communication and inexcusable failure of a professional to cross the boundaries of service and ensure this patient had a safe passage home.

Our service isn't simply over because we've treated the patient; we have a duty of care to help this person to the next stage and we must make the time to care.

Care in the System

Ironically, one of the greatest challenges for health and human services is simply, to treat people like people. Over the course of the last 30 years or more, the acute sector has transitioned from a caring model to a model of managing illness. There are many reasons for this including the pressure of time and budgets, and the need to maintain throughput and free-up a bed. Budget driven KPIs and priorities may ambiguously align with the overall mission of the organisation but commodifies health care rather than cultivate service excellence, ownership and humanising care.

The increasing complexity of medicine and the boundaries of specialisation mean that full treatment is often provided by a range of doctors and nurses rather than one or two. With multiple parties sharing management of a patient, staff become less clear about their responsibilities to the point where there is no clear or measurable accountability regarding inadequate caring for patients. But at the heart of accountability is an individual who is someone's mum, someone's granny, someone's sister, or someone's friend who needs to be treated as a whole person.

Humanising care means placing care for the individual at the heart of service provision and tackling some fundamental leadership issues which impact staff behaviour, service and staff performance, and ultimately the culture of an organisation. It's clear that the way systems are run can make good people produce poor outcomes.

No matter what business or sector, a prescriptive approach to management and service delivery discourages confident leadership, accountability, flexibility and empowerment. Instead, a 'blame culture' develops and creates a downward spiral of behaviour.

SA Health leaders have a responsibility to engage employees, stakeholders and communities to achieve in the areas of performance, trust and developing value and worth as partners in health care.

At all levels, medical and nursing staff that feel powerless to make even the small changes in their environment or working life are prevented from becoming high performing in their professional sphere. It's important to remember that people act up or down according to the level of trust and information you afford them.

This is matched by a powerlessness, or passivity on the part of the patient. Patients are often an unequal partner in their own care with decisions being made for them; historically it's always been done this way. It's about taking the conversation to a different place, clinicians moving away from talking about the patient, to talking to the patient. Patients need to learn how to ask the right questions and medical, nursing and allied health staff should help them on that journey. A pathway, particularly an unfamiliar or complex one often needs a guide.

So much is written around the theory and provision of quality health care. As an organisation we can develop a model for the design and process of an activity but the outcome can only be as good as the person who delivers it, and the result can only be truly assessed by the person who receives it.

Quality 'caring' is about satisfying the person, not the service; it's entirely individual, it's flexible, it's compassionate; it's intuitive, it's nurturing and healing. We need to get back to basics, back to purpose and reinstate the fundamentals of 'caring'.

At both ends of the spectrum, practical 'hands on' nursing for both tertiary nursing students and for nurse leaders has progressively diminished. As a nurse leader your capacity to be a role model or rightly inspire the next generation of nurses is limited if your work largely takes you away from the bedside.

Technical capabilities can be taught, but it's essential that health service and tertiary institutions develop the personal qualities of their staff and students to ensure that these fit the culture and care that the organisation aspires to.

"There's a culture in the public service which in a sense constantly reinforces looking after the system, not looking after the public."

John McTernan.

"We know that there is an argument for addressing health service culture and care in the system, but no one has ever really gathered evidence or established any clear accountability regarding the inadequate caring of patients."

Di Rogowski, Director of Nursing, RAH

"The system looks at quality with an accounting or financial perspective; our measure of quality isn't quite right."

Assoc Prof Chris Zeitz, TQEH

"What is it about the culture of organisations that makes good people do bad things?"

John McTernan

"We can't forget that we are only here because of the patient and 'caring' for them is every bit as important as addressing their complex health needs."

Sinéad O'Brien, Executive Director, SA Health

"There is something missing; we need to rekindle the concept that the public sector is a place to be proud to work in and there is no reason why it cannot be exciting, dynamic, responsive and innovative; lets restore the badge of pride to the public sector."

Assoc Prof Geoff Hughes, Director, Emergency Department, RAH.

"Why can't we have more empathy as health professionals? It's ironic that we'd consider systemising with a checklist to ensure that professionals take time to care and ask 'human' questions."

John McTernan

A story - stepping out of the machinery

Early on in the residency I met with a group of General Managers, Directors of Nursing, Clinicians and workforce representatives from the Royal Adelaide and Queen Elizabeth Hospitals. This meeting unexpectedly 'turned the tide' for the remainder of the residency, not just for the Health component but from a whole of government perspective in regard to purpose and culture.

It's transforming when people openly share about issues that are both confronting and personal in respect to a tangible loss of purpose, an issue either seldom or never talked about in professional domains.

There is a point that we all need to step 'out of the machinery' of our role and for a time forget the competing pressures of budget, KPIs and HR to name a few. For acute hospital leaders this means physically stepping back onto the ward and reassessing the value of establishing the fundamentals of caring for people; treating people like people, the measure of which is not only appreciated in dollars and cents, but in patient safety, patient satisfaction, and the restoration of purpose to all levels of health workers, nurses and professionals who are caring for people.

Health Leaders

There is a strong sense of ethos across acute hospital geriatric services in South Australia, where parties have the same aspirations despite the differences in service operations. Strong leaders and a team vision are developing but the idea of conformity provokes issues of service and professional rivalry.

Leadership in the acute hospital setting generally assumes a defensive position since there is little clarity around the delegation of authority and decision making. No one knows the limits, no one wants to run the risk of making a mistake, and consequently leaders are not empowered to make decisions.

Medical and nursing leaders must be engaged in decision making regarding changes or reform which will affect frontline service delivery. It is the responsibility of central executive to endorse a new attitude, whereby medical and nursing leaders can assume a permissive approach to frontline management and service delivery to maximise the best outcomes for the patient, in contrast to the service.

Essentially, health leadership across Central Office and the Local Health Networks must develop a joint partnership approach in order to drive a conceptual shift which puts purpose above everything, realises the difference between uniformity versus consistency and re-establishes the fundamentals of caring.

"Conceptual change is successful when both clinicians and administration heads are working in partnership. Even if the department's guidelines are good, if they're not developed locally, they won't be owned by the service."

Associate Professor Craig Whitehead, Chair OPCN

"People act up or down to the level of trust you afford them."

John McTernan

Consumers

In reality, the patient's journey starts with the patient and their recognition of early warning signs. Empowering people to make choices and to challenge aspects of their own health care and treatment starts well before they reach the acute hospital.

Health services are getting better at generalist and multidisciplinary care to address lifestyle choice and providing the right information and education to support behaviour change and self-management.

We now need to look further upstream at the 65+ age group and consider ways that we can contribute to improving lifestyle, health and wellbeing. We also need to engage with the 50+ age group who are supporting parents through transition into aged care and who need to understand what they should be doing to invest in their own independence in coming decades.

We need to start asking the questions around how we tap into community and consumer knowledge; how we use that to develop new ways of working; strategies for early intervention; heeding the early warning signs; navigating complex systems; and how consumers can activate their own care, rather than waiting until crisis point.

Ultimately, health professionals should engage more profoundly with families, after all they do so much of the work and do the best job in providing care that is meaningful and proactive for older family members. At its best, the family is a high performing and effective team which is based on caring and trust. Partnering with them, harnessing the energy and directing it, is the basis of co-production and self-management. Families can do this successfully provided they receive the right resources and knowledge.

"There's real potential for co-production between the hospital and older people. Traditionally the older generation is accepting of "Dr Knows best" because this is the way it's always been. There's a definitive history of service that we can improve to accommodate a continuous education of older patients and consumers to develop their capacity to engage equally in conversation with the clinician."

Shelley Horne, Director, SA Health

"There's so much caring in the health system, whether it's health care or it's caring for older relatives or younger relatives, it's done for free. Hundreds and thousands of ordinary people are doing extraordinary things because they love their parents, or they are good neighbours, or nieces, or nephews, or uncles and aunts. They're being human and it's so important for us not to take that out of the system by monetising it, but it's important to use this as an example of how we need to treat people in our health services."

John McTernan

A joint effort

The Health partners and all of the clinicians, geriatricians, nurses, health professionals and executives we met with talked openly about across sector issues, providing real stories and experiences which proved to be the sustenance of this residency.

There were a number of key people and organisations who supported purpose and culture as core to their work as health care providers;

- The consumer representatives on the Statewide Older People's Clinical Network; Sue Jarrod, Loueen Bainger and Lee Sando
- The staff and residents of Wami Kata Old Folks Home
- From Country Health Local Health Network; Ms Helen Chalmers, Chief Operating Officer; the staff of Port Augusta and Whyalla Hospitals
- Sinéad O'Brien, Executive Director, Health System Development, SA Health
- The Statewide Older People's Clinical Network; with particular thanks to Chair of the Network, Associate Professor Craig Whitehead - Regional Clinical Director for Rehabilitation and Aged Care, Southern Adelaide Local Health Network.
- The Central Adelaide Local Health Network, Executive Group; including the General Managers and Directors of Nursing.
- Associate Professor Renuka Visvanathan, Director Aged and Extended Care Services, Queen Elizabeth Hospital
- Dr Bob Penhall, Director, Department of Geriatric Services and Rehabilitation Medicine, Royal Adelaide Hospital
- Dr Robert Prowse, Senior Geriatrician, Department Geriatric and Rehabilitation Medicine, Royal Adelaide Hospital
- Associate Professor Geoff Hughes, Director Emergency Department, Royal Adelaide Hospital
- Faizal Ibrahim – Coordinator of the Dignity in Care Program, Queen Elizabeth Hospital
- Associate Professor Chris Zeitz, Co-Director, Division of Medicine, Queen Elizabeth Hospital
- Dr Jeff Faunt, Senior Geriatrician and Head of General Medicine, Royal Adelaide Hospital
- Elizabeth Dabars, Chief Executive Officer, Australian Nursing and Midwifery Federation (SA Branch)
- School of Nursing, University of South Australia – Adelaide and Whyalla Campus'.
- The Executive representing the Central Adelaide Local Health Network- The Queen Elizabeth and Royal Adelaide Hospitals
- The Health and Community Services Complaints Commission
- Domiciliary Care SA
- Aged and Community Services

Recommendations:

2.1 Establish an "ageing in all policies" approach In South Australia

2.2 Celebrate the achievement of adding years to life by developing positive language in reference to ageing - remove negative descriptors; e.g. the "burden of ageing"

2.3 Implement a framework for the care and management of patients with dementia in the acute hospital environment. This framework should be developed using successful national and international models, for example; the Wicking Dementia Research and Education Centre (Tasmania) and the University of Stirling Dementia Services Development Centre (UK)

2.4 Establish an across-sector workgroup to jointly develop a care and management pathway for people with dementia entering and transitioning between health sectors and services

2.5 Develop and support a true quality focus to address the core issues which impact caring for older people in South Australia's acute hospitals (from tertiary training/education institutions into the workplace). Successful quality improvement programs and resources such as The Advisory Board Company, Studer Group or Planetree, should be researched and utilised to address:

- Reinstating the fundamentals of care ("back to basics")
- The processes for patient assessment, discharge and transition and implementing a pilot for new practice in a metropolitan hospital ward
- A model for communication and multidisciplinary engagement across sector
- Supporting a Quality agenda by:
  - Developing a qualitative simulation series for students in tertiary training/education institutions
  - Increasing the proportion of hands-on training for nursing students in our health and hospital services
  - Implementing e-innovations and redistribution of tasks to reduce the burden of administration on nurse leaders to assist them "back to the bedside"
  - Reviewing the safety and quality agenda for hospitals to include measures for caring for the person, ensuring accountability for these measures
  - Including quality assessment as a component of staff performance reviews and professional development across acute hospital services, ensuring accountability for these measures

2.6 Establish a joint partnership approach between Central Health and Local Health Network leaders to develop and drive the culture and care that SA Health aspires to, addressing:

- Purpose above everything
- Consistent outcomes for the patient, not uniformity of service
- Incentivising outcome, not activity
- Clarity re the delegation of authority

Chapter 3: Education

Parents as educators

Education is a joint endeavour between schools and parents. Any parent, whether of a five year old or a fifteen year old, can tell you that even the simplest of tasks – getting their child to school on time – isn't as easy as it seems. But it's the enrichment activities that really count, the support that parents give to learning. Parents read to their kids, parents make sure their kids do their homework. They raise money for the school. They are the pillars of the school community.

But so often, parents do this without the full range of resources they should have. Parents can be good educators of their children, but how much better would they be if they were able to access all the education resources our society has – up to date thinking on what they could do to help with their child's learning and development. Not one size fits all, but produced in a variety of forms and formats, so that parents could choose their own level of interest.

As important as the information that parents can choose to consume themselves is the information that they receive from the school directly about their children's learning. Teachers should inform parents of what their children will be learning, and how they can support them. A simple task. This is not about prescribing uniformity in how children are taught in schools, it is simply that there is a need to engage parents. And by providing resources that reflect new teaching methods it will encourage parents to support their children's learning. Parents as partners.

It's done by lots of teachers already but it's not uniform. Sharing with the parents and the pupils what they're going to be studying over the next term, allows them to invest in the extra work that's needed, and it makes a real partnership. A simple task, with a substantial pay off, if it were followed by all schools, and not just a few.

Taken together these would be the basis for a powerful campaign within the sector around parental/community engagement. Engaged parents and innovative, teachers working together to drive up standards.

Using social media is an easy and inexpensive way to improve communication with families. Mediums like Facebook should be used regularly to keep families in the loop on what is being studied in the school.

There's a real energy out in the community. The trick is to tap into it. But there are unecessary obstacles. One parent I met was failed by formal education, but she was drawn back when her children started to go to kindy. There was a really good programme being run by the Department for Education and Child Development (DECD), called *Learning Together*, which got her back into education. She stuck to it, and is now at TAFE studying to be a paramedic. This is a real success story, and she showed me one of the booklets from the course she embarked on – the one that brought her back into formal education. It was called 'Dispositions for Learning.'

Using plain Language

'Dispositions of Learning' – a great programme, but the very pedagogical language is a huge barrier to understanding and enrolment. The words we use should be a bridge to understanding and involvement, not a roadblock.

Most full-time educators love words and love reading. That is how they became professionals and it is how they operate. The jargon of the trade becomes second nature. But a very large number of the people they are working for – the parents – consume information very differently and they want information in the simplest way, the shortest way, the shortest route. According to Google, Australia has the highest penetration of smart-phones of any country in the world. And the majority of phone packages include Facebook. That is a huge new channel, being carried around in people's pockets. It's possible to check your rego in South Australia using a government smartphone app, so why can't parents use it to access the information they really need about\schools and related services?

Clear communication is critical

Now, DECD does have a sophisticated web presence. The problem is the mismatch between the material produced and the intended audience.

There are international standards for analysing how complicated language is to understand – readability indexes. If you look at the DECD website there is plenty of information for parents. One of their first questions – before they enter the system – is how to choose a school. There is detailed information online about that. If you cut and paste that and run it through an online readability index you discover that you need the reading age of a graduate to understand it fully. And that is information explicitly written for parents. The culture of the profession is so strong that its language permeates all the communications of the department.

It's not that education professionals can't write straightforwardly. They do it all the time – but mainly in private and personal capacities, in texts and emails. It's a skill to write simply and clearly, it's a skill that we can learn, just as living inside a department, a profession, made them unlearn it.

Most of the time, most people working in a bureaucracy – public or private – pay too little attention to language. It's someone else's task. And in a way that's true. Communications is a profession. One of the mistakes it is easy to make in an education department is that because you teach writing you can write for the public. But an English teacher on secondment does not make a good press officer, any more than a great press officer should teach English in a high school. There is a need to ensure the professionalization of communications through the department. That is not sufficient, but it is necessary.

The next step is to integrate communications with policy and operations throughout the department. Thinking about language should start when you think about an action – whether it is delivery of existing services or the development of new ones. And at the heart of it is the importance of agreeing on the meaning of what we are doing or trying to communicate first. So much poor communication rests on a mistaken assumption of a shared understanding. Once we agree what we want to say we can identify the language we need to use – and vary it according to the channels we are using to reach the audiences we want to address. And we need to ensure a feedback loop – an evaluation of our success in achieving our aims.

Evaluation

Evaluation is central to the effective functioning of DECD, not simply because it invests large amounts of public money, but it develops a substantial number of policies and new initiatives to achieve its purpose. The question is how well is that money invested? To answer that, a culture of comprehensive policy development and evaluation is needed.

> ***"The true measure of success is not compliance but impact."***
>
> John McTernan

What is the problem that is being addressed? Truancy? Teen pregnancy? Literacy? What do we know about the current situation – the benchmark – and what more can we establish? What are the range of possible solutions? What is best practice interstate? What is the international evidence? What are our values – professionally – and what are the values of the government? Which solution best fits those?

If that is a comprehensive, if not exhaustive assessment of policy formulation, how do we judge success? We evaluate. But that can mean two very different things. We can evaluate implementation – and that has value, we need a plan and we need to be sure that we execute it. The problem is when evaluation against the implementation is all that we do. Then evaluation becomes a matter of compliance. Yet, the policy was developed to address a specific problem, or set of problems. The true measure of success is not compliance but impact. Has the policy achieved the outcomes it was intended to? Has it fallen short or are there unexpected benefits? That is an evaluation that can feedback into policy formulation, and can lead to policy re-design.

The moral? Give equal weight to every element of the policy development cycle.

Purpose

Of course, the biggest new policy development in DECD is the very creation of the new department; bringing together services to create a continuity of provision. The department creates great opportunities to draw together separate professions to work on solving common problem, sharing resources and expertise. The synergies are obvious. And the ambition has been well spelt out by Keith Bartley, Chief Executive, DECD, in the 2011 De Lissa Oration, and pithily summed up by Minister Portolesi as the ambition that no child be left behind.

Internally, there has been a lot of investment in management to integrate the two departments – and professions – which are being brought together. There is an obvious core purpose – the continuity of care for all children. Yet, though it is central to both education and social work, it requires active buy in from different sectors in the new department to establish an integrated approach.

The biggest potential gain is in strengthening the preventative arm of the department. The best schools – and the principals and teachers within them – already excel at community development. This provides a strong platform for raising standards in schools.

But that community development focus can have a powerful preventative role too. One school had teachers who noticed that some children were habitually late, so working together parents and teachers organised carpooling, and shared use of the school minibus to provide transport to certain families to get their children to school on time. In another, the observation that some children weren't fed before school led to the creation of a breakfast club. Great initiatives, but of necessity piecemeal because they were driven by, and from, the school. Now the potential of integrating social workers into DECD is that their expertise in spotting the symptoms of problems before they emerge can be integrated more systematically into schools. So the community leadership and community development role of educators can become more effective in prevention rather than merely reaction.

Leadership

In the end, leadership responsibility for the success of the new department doesn't just sit on the shoulders of the Chief Executive or the Minister. Leadership responsibility is distributed throughout the system and everyone in DECD needs to lead in the context in which they operate. They have to know and live their values and distribute them through the areas for which they are responsible. Nowhere is that more important than in schools.

We know that school Principals have a massive impact on the quality of schooling. But the demands on leadership are now greater than simply educational. Of course, a principal has to lead teaching and learning in the school, and develop themselves and their staff and manage the school. Yet school leadership now demands an ability to lead innovation, manage change and drive improvement; skills that need to be developed during a career. Community leadership is a critical ability and schools have a substantial footprint in their suburbs – with many one of the largest employers.

This is not only relevant to current Principals, but the next generation. There'll always be people who push themselves forward, and they do that very successfully. But how many people are there, out in the system, who'd be great leaders if only they were encouraged, if they were asked, if somebody developed them and mentored them? There is a real need to invest in the next generation of leaders.

Recommendations:

3.1 Ensure consistent support for family engagement in their child's education

3.1.1 Develop a suite of publications for parents setting out how best to support their child's learning throughout their schooling

3.1.2 Schools to inform parents at the beginning of each term of curriculum areas, and enrichment activities parents could supply

3.1.3 Expand the role of educators to include community engagement and community development as important responsibilities of successful schools and successful educators

3.2 Exploit the full potential of integrated Department for Education and Child Development

3.2.1 Use social worker expertise to drive preventative work in schools with a focus on community engagement, social entrepreneurship - addressing neglect by creating systems to address issues at a school community level

3.3 Create a department that is committed to continuous improvement in service delivery and cut departmental red tape and eliminate disproportionate reporting mechanisms

3.4 Create a culture of conceptually sound policy development and evaluation:

- Ask what is the problem?
- What are the facts and do we have them all?
- What are the solutions and do we have them all?
- What are our values and which solution best fit our values?
- What is our plan for Implementation?
- Monitor for impact not compliance and feedback evaluation into policy development.
- Give equal weight to every element of the policy development cycle

3.5 Develop an integrated communications strategy

3.5.1 Embed professional communications at all levels of the department

3.5.2 Ensure communications is an integral part of policy development from the start

3.5.3 Ensure department communicates with accessible language

3.5.4 Encourage the use of social media to regularly communicate to families what is being taught in schools

Conclusion

To sum up what I want people in public service to do is to always ask themselves the question: who is this for? And then ask: can we make it better?

And with those two as motors there will be the beginning of a culture of public service in which continuous and continual improvement is embedded – a virtuous circle, working for the public interest.

It sounds simple, but then as Ronald Reagan once said "It's not easy but it is simple".

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