"This is a post-peer-review, pre-copy edited version of an article published in Evidence & Policy. The definitive publisher-authenticated version Graycar, Adam (2007) Public Policy: core business and by-products, Evidence and Policy, Vol. 3, No 4, 567-575. is available online at: http://dx.doi.org/10.1332/174426407782516475"
“Its so obvious”, people often tell me, that we can reduce diabetes by encouraging physical activity among school children, or by reducing advertising for junk food during children’s television programs.

As a simple public servant I would say, of course its so obvious, but the health authorities who will, in our bizarre public administration, reap the financial benefit of a reduction in the incidence of diabetes, (or a reduction in the projected growth of diabetes) don’t run the school curriculum and thus can’t program in physical activity, nor do they regulate advertising content.

“Its so obvious”, people often tell me that local councils should keep footpaths in good condition so that old people don’t slip and fall, and thus drive up hospital costs and increase the average bed stay. As a simple public servant I would say, of course its so obvious, but daily hospital bed costs are not the issue that keeps local councillors awake at night - its not their core business.

There is evidence to show that climate change is exacerbated by agricultural and industrial practices, yet those working on environmental and alternative energy programs don’t have responsibility for agricultural or industrial output.

There is substantial evidence to show that the greatest health benefits to the community are likely to result from encouraging those who are sedentary to exercise more, but the exercise infrastructure and programs are not likely to come from the health authorities, nor are they the ones to incorporate physical activity into everyday life.

The other night I was watching an early episode of the political show The West Wing, and it started with the US Surgeon General giving a radio interview in which she was saying marijuana was not necessarily or obviously as harmful as other illicit drugs; not addictive like tobacco; doesn’t lead to major cognitive impairment like alcohol; doesn’t lead to erratic violence like crystal meth; doesn’t create dependency like heroin. The interview went on with the Surgeon General saying it doesn’t diminish sexual functioning; it doesn’t cause family violence; and it isn’t apparently linked with cancer or cardio-vascular disease.

One of the President’s minders Josh was listening to the interview and stormed up the corridor and burst in as soon as the Surgeon General had finished, and he yelled - you’re making the President look soft on drugs - you had no right to
say those things, this will undermine our tough on drugs position. He suggested she send her resignation to the President.

She said she was discussing the evidence, and as Surgeon General she was not only entitled to discuss the medical evidence, but obligated to do so. Furthermore, she said, law enforcement hasn’t made any impact on drug use, and the prisons are full of people who have used small amounts of marijuana. This was just too much for the minder who looked at her, and slowly said “That’s not your jurisdiction”

She was talking about evidence - I know its only the movies - but she was talking about evidence that (a) the political people did not want to hear, and (b) was outside her jurisdiction - she was a doctor, and was told she had no right to talk about the justice system.

As a state bureaucrat, issues of jurisdiction, evidence and domain used to fill my day.

Let me give some simple examples of jurisdiction and domain, all tinged with hopes of prevention and better outcomes.

If education departments spent more on truancy detection and prevention, there would be a benefit for juvenile justice agencies, and down the track for correctional departments. However, education departments have more pressing expenditure and program needs than elevating truancy as a top expenditure area - they’re busy enough meeting the needs of kids who turn up, without having to worry too much about the kids who don’t turn up.

Similarly, as I said earlier, if education spent more on physical activity programs and nutrition, there would be a benefit to health expenditure in the long term.

Planting of roadside verges with suitable vegetation can provide corridors along which wildlife can travel, thereby increasing biodiversity – but such plantings are unlikely to be a high priority for the Roads agency - plants on roadside verges are not their main game.

If our Environmental Protection Agencies put a lot of effort into licensing control of discharges by manufacturing industries into our rivers there would be a benefit to our water agencies who would have much lower treatment costs.

A question we need continually to ask is “Who owns the problem?” Who owns truancy? Who owns affordable housing? Who owns roadside vegetation? Who
owns child abuse? Problem can be seen differently by different players thereby making it hard to reach agreement, sometimes, on what the problem is.

What we have from these examples is a mixed bag of interventions where sometimes the money spent by Agency A benefits Agency B, or sometimes a minor by-product, something that is not the main game of Agency A, benefits or hinders Agency B.

Believe it or not, in this enlightened age, that’s very tough bureaucratically.

Here is an example of all these issues rolled together - a exploration of Nurse-Family Partnerships. There was a famous randomised controlled trial in the United States conducted by David Olds and his colleagues to establish the effectiveness of a nurse visitation program to pregnant women, most of whom were young, poor and single.

During the visits the nurses promoted improvements in the mothers’ and family members’ behaviour – for example.
- better nutrition and less use of cigarettes, alcohol and other drugs during pregnancy
- recognising signs of their children’s illnesses
- playing with the children in ways that promote emotional and cognitive development, and
- helping the women to build supportive relationships with family members and friends.

What did the evidence show?

The programs not only resulted in higher birth weight babies but also reduced the risk that these babies will suffer abuse or neglect.

Moreover, at the 15 year follow-up, compared to children in the control group, children born to women visited by a nurse had:
- considerably fewer arrests
- considerably fewer convictions
- considerably fewer probation violations
- fewer sexual partners
- less illicit drug usage
- fewer cigarettes smoked per day
- less alcohol consumption
- better educational outcomes
This program is cited as one of the most effective crime prevention programs, yet at its inception crime prevention was not on the radar. Preventing crime was not one of the proposed hypotheses, the nurses doing the visiting had no knowledge of nor professional interest in crime prevention, and the health agencies would not have spent, nor would not have wanted to be seen to be spending their money on crime prevention. Crime prevention was not the core business of the home nursing program, and crime prevention was a by-product.

The evidence showed that the home visiting worked - policies in Australia and in other countries have since been modelled on this intervention, and several programs are now in operation.

Often there is evidence clearly demonstrating that ‘prevention is better than cure’ and that if we spend a dollar here, we will save X dollars down the road, and improve peoples’ lives significantly. There have been numerous research studies and evaluations demonstrating this. In many fields research has identified actions to prevent later problems - crime prevention, illness prevention, salinity prevention.

However prevention activities are usually only a small part (if any part) of an agency’s defined core business

I’ve never heard anyone say that we should not strive for the best evidence base upon which to build public policy. In Australia we spend tens of billions of dollars on health, justice, education, community services and other areas of public policy, and we always feel that we could have done better and achieved better outcomes. Sometimes we do pretty well, sometimes we get it wrong.

However, the things that work best in crime reduction are not things that are in the justice policy or practice domains. The safest communities are not those with the most police, the strongest locks, the most or toughest jails. They are those with the best social capital, the strongest families, the best urban layouts, the best product design, the best educated kids, the greatest civility.

Likewise the healthiest communities are not those with the best or cheapest pharmaceutical drugs and the most wonderful high-tech surgical procedures, but those with good water, good housing, clean agriculture, good recreational facilities, fewer processed foods, low rates of smoking and substance abuse etc.

The most sustainable societies are those that implement renewable energy sources, establish marine parks, conserve biodiversity, set quota system for fishing etc.
What is notable is that the things that work best are often by-products of another policy or practice domain. They are often not the core business of the agency that reaps the benefit.

Within the public sector budgets are tight, and focus is on core business and not much else. What the is valued is achievement of core targets, not something woofy like helping another agency achieve a result, especially if it is likely to yield results way down the track.

And as I said when talking about *The West Wing* - there are issues of domain. Working through the domains shouldn’t be too hard. We have New Public Management, we talk a lot about whole of government or joined up government - we have Inter-Departmental Committees - we have the Commonwealth’s Connecting Government report, and in of South Australia there is an integrated State Strategic Plan - Tasmania has an integrative *Tasmania Together* program. They all champion breaking down the silos and enhancing the domains.

Understanding how to get the most out of one domain, and how to build supportive partnerships with other domains is the difficult task confronting us. It is one of the hardest issues in public policy. It is both a conceptual and strategic issue, having good theories and ideas and the ability to turn policy into practice within a framework that works. It involves understanding how to build partnerships, how to co-operate, how to co-ordinate and how to collaborate. These are sometimes very different activities and require different recipes.

Sometimes there is a domain shift. Responding to the use of illicit drugs, for example, has been a key feature of the criminal justice domain, in that it was seen primarily in terms of law violation, but in recent years has moved into the health domain, and the responses are seen as coming in terms of rehabilitation and treatment. But drug taking in the workplace is in the occupational health and safety or industrial relations domains, while driving under the influence of illicit drugs is in the transport policy domain.

Things move from one domain to another if there is public consensus about their location, but often the knowledge base upon which the issue is built is different in different domains.

We don’t prevent well for the long term - even though we have lots more data and better knowledge - we have a ton of evidence on prevention, and it keeps growing. Notwithstanding our issues of capacity and willingness, prevention is not routine in our policy world, and by-products are not always seen as valuable because we are trapped by:

- Jurisdiction/domain
We might be able to toss around some speculative solutions

1  **Elevate the ownership of the problem and the responsibility for the solution.**

We’ve had examples of elevating ownership of a problem - problems with water through the National Water Commission - food regulation through Food Ministerial Council, National Competition Policy - though that has reached its use-by date. We tried in ATSIC (Aboriginal and Torres Strait Islanders Commission), but there was significant implementation failure - but there are numerous possibilities for us to consider.

We could seek to enhance our federalism and underpin co-operative federalism with sound knowledge. Another pathway is strengthening the relationship between government and academia - to show the benefits of early intervention, and to show that knowledge from different domains can be integrated, and to show that rigorous evaluation can build a firm base for future policy.

2  **Expand the timescale**

Accept that in some areas an investment today won’t produce a result tomorrow - and not for some time - long after the tenure of the current and following government. Perhaps quarantine some money for long term results - (with an elevated ownership of the problem) and develop interim performance measures rather than rigid or unattainable outcomes.

3  **Develop more budget flexibility**

- Promote and accept multilateral budget bids
- Encourage budget pooling
- Focus on outcomes and not outputs
- Have more flexible, but still rigorous measures for agency performance

I started by saying that the scriptwriter in *The West Wing* saw domains pretty clearly and wrote a script based on clear and unambiguous jurisdiction. I have suggested that to achieve better public policy we need to blur jurisdiction, elevate ownership and lengthen timelines.

So, does real life follow the movies, or do the movies reflect real life?