Criminal justice evaluation and performance monitoring

Guideline 7: Case studies

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Introduction

This guideline provides practical guidance on how case studies can be used to enhance evaluation and performance monitoring. This guideline is designed for service providers, program managers, and policymakers who want to use case studies to strengthen evaluation efforts and communicate findings in an engaging, narrative-driven format.

What is a case study?

A case study involves intensive study of one 'unit', to help develop an in-depth and interconnected understanding of the situation. However, it can be difficult to generalise from the findings. The subject of your case study (the 'unit') can include people, families, groups, places or sites, programs, events, or countries.

Why use case studies?

Case studies are often used in evaluations to highlight examples where processes have worked very well and as intended, as well as demonstrating where they have not worked well. Case studies help tell the 'stories' of people involved in a program. For this reason, we recommend that they be presented in a narrative form (see Table 1 for examples).

As service providers, it is only natural to want to highlight success, rather than areas for improvement. But case studies where processes have ***not*** worked as well can highlight areas for learning and development.

What data should services use to create a case study?

Case studies can involve both qualitative and quantitative data, but often focus on qualitative information (see Heckenberg, 2011). Case studies draw on multiple sources of evidence, to provide different perspectives on the same unit. Common sources of data that can be used to create a case study include:

- case file data,
- the reflections of case managers and other staff who had contact with the client,
- surveys completed by the client, and
- interviews/reflections from the client themselves (see B – What is evaluation?).

It is important to ensure that the client has provided consent for their information to be used for the purpose of creating case studies and other evaluation activities (see Guideline 2).

Case study research is strengthened, when it is underpinned by a data collection framework that is used consistently across cases (see template at **Appendix** A – and feel free to adapt this to the requirements of your service).

What is an appropriate unit of analysis for a case study?

Throughout this guideline, we refer to individual clients as the primary focus of a case study, but case studies can also been used to describe specific activities or events that may occur as part of a service,[1] entire programs[2] or groups of individuals.[3]

How can services protect client anonymity?

One of the benefits of case studies is that they can provide rich details about clients and their engagement with your service. However, this needs to be balanced against the need for client anonymity and any relevant legal obligations (e.g., where documents may need to be subpoenaed).

Case studies should *not* include information that could lead to the client being identified by other agencies/organisations or the community. This can include things like the client's name, address and date of birth, as well as their:

- place of work or where they went to school,
- specific health conditions, and
- affiliation with any community groups or organisations (e.g., if they are a member of a particular sporting club).

Concerns about identifying clients through case studies are particularly relevant in a small jurisdiction like the ACT.

You can still describe the client or provide information about their case, but certain information should be provided in vague terms or in higher-level categories, to minimise the likelihood of identification. For example, instead of saying the client is 35 and has been diagnosed with narcissistic personality disorder, you could refer to them as being in their 30s and diagnosed with a personality disorder.

Sometimes, it may also be necessary to change the client's gender, to protect their confidentiality (for example, if there is only one female participant in a program). If you do this, it should be noted in your case study.

What is a composite case study?

To further protect client identity, without sacrificing detail[4] we encourage you to consider using **composite case studies**. Composite case studies blend the details from two or more clients and present this as a single case study. To prepare a composite case study, you can use the following steps:

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[1] A Morgan et al. (2018). *Reducing Crime in Public Housing Areas through Community Development: An Evaluation of the High Density Housing Program in the ACT Reducing Crime in Public Housing Areas through Community Development*. Australian Institute of Criminology.
[2] A Cowell et al. (2004). 'The Cost-Effectiveness of Criminal Justice Diversion Programs for People with Serious Mental Illness Co-Occurring with Substance Abuse: Four Case Studies' *Journal of Contemporary Criminal Justice*, 20: p. 292.
[3] B Weaver (2010). *Offending and Desistance: The Importance of Social Relations*. Routledge.
[4] M Duffy (2010). 'Writing About Clients: Developing Composite Case Material and Its Rationale' *Counseling and Values*, 54(2): p. 135.

1. Identify the focus – what are you trying to communicate? (e.g., efficacy of the service, in bringing about a particular outcome for clients; a particular implementation barrier etc).
2. From your client base, identify specific clients who include characteristics relevant to this focus.
3. Draw the most important information from each client that supports this focus.
4. Construct a coherent narrative, using the information you have extracted from each of the clients.
5. Construct the composite demographic details of the case, using the details of each of the clients included in the case study.

If you use composite case studies, it is important to note this, when describing the case study (i.e., 'this case study was developed using composite materials').

Case study example – ACT Drug and Alcohol Sentencing List[5]

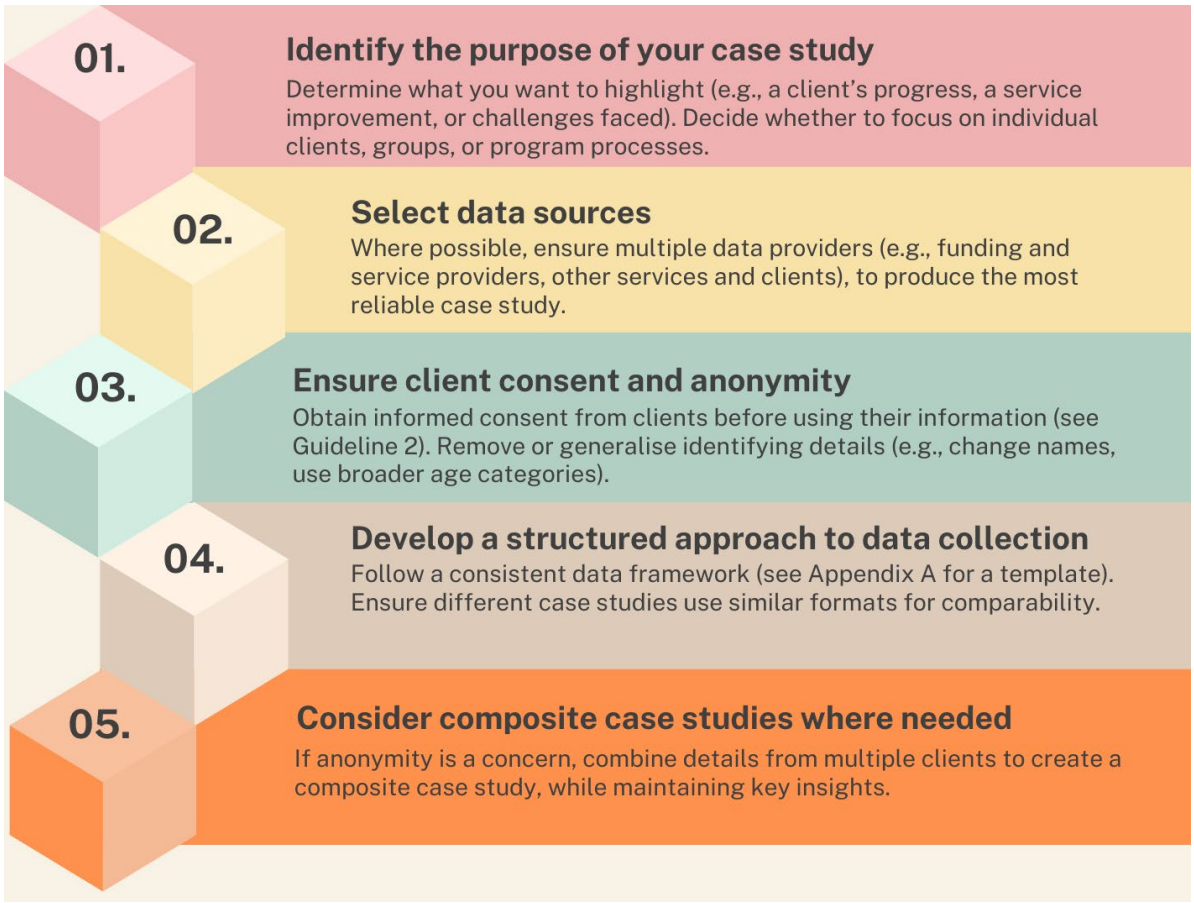
The process and outcome evaluation of the ACT Drug and Alcohol Sentencing List (DASL) used brief case studies, to illustrate the diversity of backgrounds and challenges of DASL participants, as well as their progress and development on the program. The following is adapted from one of these case studies:

> Mr S was in his late thirties at the time of sentencing. He had experienced a somewhat difficult childhood, including abuse from his father, who had a drinking problem. He was now living with his parents and enjoyed going to the gym. He was keen to re-enter the workforce, but knew he would have to prioritise his commitments under the DASL program first.
>
> He began drinking and using heroin in his teen years. He used heroin daily for many years, but was no longer using it by the time he entered DASL. He had also stopped using amphetamines, marijuana, cocaine and tobacco. He continued to drink to excess, especially on the weekend. He has attended residential rehabilitation programs on four occasions, but has tended to relapse. He was discharged from the most recent attempt, due to multiple breaches.
>
> Mr S experiences depression and anxiety, but is in good physical health. He has previously had a gambling issue, but has now paid his debts.
>
> At the end of data collection, Mr S had recently progressed from Phase 1 to Phase 2 (there are three phases in the program, before a person graduates).

The report also included an in-depth case study of a DASL graduate, 'Matthew'. This was included, to demonstrate the different outcome indicators used in the evaluation and show the complex and dynamic journey participants go through. For this case study, all of Matthew's reports from his time on the program were analysed, with content summarised as positive, negative or general updates. A progress score between one and seven, corresponding to negative and positive progress respectively, was then determined, based on this information. A brief qualitative summary was also prepared for every three months of Matthew's reports, noting consistent or significant themes, and outlining his overall progress. The qualitative summaries formed the basis of a timeline contained in the report, while the progress scores were reflected in a graphical representation of his time on the program. The case study also drew on two interviews with Matthew: one towards the beginning of his order and one immediately after graduation. This case study provided an opportunity to consider each of the outcome indicators used in the report in a real-world context.

[5] M Rossner et al (2022). *ACT Drug and Alcohol Sentencing List: Process and Outcome Evaluation Final Report*. ANU.

What are some next steps services can take?



Appendix A: Case study template

Data item	Notes
Description of the client at time of entry into the service: (e.g., age, gender, Indigenous status	
How was the client referred into the service?	
Why was the client referred to the service? What were their primary presenting needs?	
How did the client feel about the service initially? Were they interested, disengaged, belligerent etc?	
How motivated was the client to [insert whatever outcomes are appropriate for your service] at time of being referred?	
What activities did the client participate in?	
Who did the client work with?	
What was the client's engagement in the service like? Did it change over time? Did they participate in some activities but not others etc	
Did the client's attitude to the service change over time?	
Were there any key events that happened while they were participating in the service? (e.g., relationship issues, employment changes)	
What changes, if any, were observed for the client, as a result of the program?	
What do you think worked well for this client?	
What do you think didn't work so well?	
What contextual factors, if any, contributed to the changes observed for this client?	
Were there any barriers to the client achieving positive outcomes?	
Data sources (e.g., observations, surveys, conversations with service staff etc)	