



Aboriginal Health Council

of South Australia Ltd.

our health, our choice, our way

Submission to the Productivity Commission's Indigenous Evaluation Strategy Issues Paper

Introduction

We thank you for the opportunity to make this submission in response to Indigenous Evaluation Strategy Issues Paper.

To ensure a consistent approach across our Sector, the Aboriginal Health Council of South Australia Limited (AHCSA) has partnered with the National Aboriginal Community Controlled Health Organisation (NACCHO) in forming our response. We note that NACCHO have developed a national submission that provides a detailed response to each section of the Productivity Commissioners (PC) issues paper.

AHCSA supports NACCHO's position and recommendations as described within their submission and that their paper should be referenced when taking our recommendations into consideration. AHCSA's paper will be concise and reference only South Australian specific recommendations.

AHCSA acknowledges NACCHO's response, the PC Issues Paper, along with the experience of the Indigenous Productivity Commissioner, Romlie Mokak, is comprehensive.

For your reference, please see NACCHO's recommendation list (attachment A).

Aboriginal Health Council South Australia (AHCSA)

Formed in 1981, the Aboriginal Health Council of South Australia (AHCSA) is the peak body of South Australian Aboriginal community-controlled health services (ACCHS). AHCSA's membership consists of one metro ACCHS, ten rural/remote ACCHSs and one substance misuse service.

Our primary role is to be the 'health voice' for all Aboriginal people in South Australia. We achieve this by advocating for the community and supporting workers with appropriate Aboriginal health programs based on a holistic perspective of health. AHCSA is a membership-based peak body with a leadership, watchdog, advocacy and sector support role, and a commitment to Aboriginal self-determination.

The Board of Directors and the Secretariat collectively form AHCSA which enables culturally appropriate and targeted approaches to program and service delivery. The role of the Secretariat is to undertake work directed by the Board on which all member organisations are represented.

AHCSA constitutional objectives are:

1. Operate as the peak body for Aboriginal health in South Australia
2. Provide support to Members to improve health outcomes for all Aboriginal people of South Australia, promoting and advancing the Community's commitment to physical, social and emotional wellbeing and quality of life
3. Provide support to Members to build their capacity to create a strong and enduring Aboriginal Community Controlled Health Sector and contribute to improving the capacity of mainstream health services to respond appropriately to the health needs of the Aboriginal Community within South Australia
4. Provide and deliver chronic disease care services and programs
5. Contribute to the development of a well-qualified and trained Aboriginal health sector workforce.

For more information about AHCSA, please see: <https://ahcsa.org.au>

PART A - Overarching concepts

OBJECTIVES OF THE INDIGENOUS EVALUATION STRATEGY (reference page 2)

AHCSA Recommendations

1. Clarity needs to be given as to what extent the model that currently exists for the evaluation bodies such as the Health Performance Council (HPC) and the Australian Institute of Health and Welfare (AIHW) and whether they will work in conjunction or separate to the new Strategy or whether this is just specific to Commonwealth programs. Consideration needs to be given to ensuring consistency and avoiding duplication so that funding is not diluted by several agencies evaluating programs and policies.
2. Aboriginal people are best resourced to provide culturally appropriate services to Aboriginal people, community and programs. Due to our ability to provide good governance, Aboriginal organisations must take the lead when evaluating Aboriginal programs.
3. AHCSA supports any framework that is consistent with the United Nations Declaration on the Rights of Indigenous Peoples.

WHAT IS AN INDIGENOUS EVALUATION STRATEGY (reference page 4-5)

AHCSA Recommendations

1. Co-design is imperative, along with evaluation being embedded at conception. It should align with outcomes, rather than activities, that show the strengths of Aboriginal partnerships. Evaluations should be supported by appropriate funding and resources to collect data rather than diluting the funding required to deliver the project.
2. AHCSA agrees with the main components of the IES, however we strongly support the implementation of an Aboriginal governance structure be included as a main component of the overall strategy. Such a structure would provide a cultural lens, flexibility and ensure ethical practices. An example of such a structure is AHCSA's Aboriginal Health Research Ethics Committee (AHREC) which is utilised for research projects. This platform could be adapted to meet standards for ethical/culturally appropriate evaluation practices.
3. To create consistency where data is often misinterpreted there needs to be allowances for:
 - A control group that can be attributed to the program and not just a random outcome, and
 - Data needs to be quantitative, qualitative, statistical and analytical.

Note that our definition of co-design is for Aboriginal people, communities and/or organisations to have equal say in the design, refresh, implementation, monitoring and evaluation.

For more information about AHCSA's Aboriginal Health Research Ethics Committee (AHREC), please visit: <https://ahcsa.org.au/research-overview/ethical-review-ahrec/>

WHO AND WHAT IS COVERED BY THE STRATEGY (reference page 5)

AHCSA Recommendations

1. All programs and/or policies that affect Aboriginal people should be evaluated under the same sets of principles/framework.
2. All evaluation reports are transparent and publicly available.
3. A removal of a 'top down' approach by government in relation to evaluation. In our experience, Aboriginal organisations and/or communities often provide feedback to evaluators and/or governments about the appropriateness, process, timeframes, etc. of evaluations, however this is repeatedly ignored due to bureaucracy. There are many circumstances of evaluations whereby results have been skewed to meet the needs or political views of the government. Adding an Aboriginal Governance Structure, as described earlier within this report, would ensure that evaluations achieve a balanced outcome of pros and cons.

PART B - Government policies and programs affecting Aboriginal and Torres Strait Islander people

GOVERNMENT POLICY AND PROGRAMS AFFECTING ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE (Reference page 6-12)

We have no further contribution to this point.

PART C - Evaluation concepts and practice

EVALUATION CONCEPTS AND PRACTICE (reference page 14-15)

AHCSA Recommendations

1. Clarity should be given as to why the evaluation is taking place and ensure there is an understanding of the differences between research and evaluation.
2. Regardless of the model we need to ensure flexibility to contextualise the strategy, as one size does not fit all. In a practical sense this takes into account remoteness, geographical distances, accessibility and affordability.
3. If the program is specific to a jurisdictional area then the corresponding Aboriginal Peaks' must be involved.
4. The Indigenous Productivity Commissioner should have accountability to ensure an Aboriginal lens is applied.
5. Terminology regarding experimental design and undertaking randomised control trials fits within a research framework rather than evaluation. The Indigenous Productivity Commissioner needs to clarify the purpose to ensure the correct activity is deployed.

WHAT ARE THE BENEFITS COSTS AND CHALLENGES OF EVALUATION (reference page 16-18)

AHCSA Recommendations

1. The Sector must be funded to improve capacity to collect and maintain appropriate data to ensure a client-focused outcome approach.
2. Build the ability to have data sovereignty to showcase Aboriginal people rather than discriminate or racially vilify.

CURRENT EVALUATION PRACTICE (reference page 18-22)

AHCSA Recommendations

1. Building empowerment and trust via co-design and commissioning based on health outcomes and patient experience.
2. Currently, the environment is evaluated ad-hoc due to capability, resourcing and funding. To counteract, we endorse NACCHO's recommendations.

LESSONS FROM INTERNATIONAL EXPERIENCE (reference page 22-23)

We have no further contribution to this point.

PART D - Developing and Indigenous evaluation framework

DEVELOPING AND INDIGENOUS EVALUATION FRAMEWORK (reference page 24-28)

We have no further contribution to this point.

PLANNING EARLY FOR EVALUATION (reference page 28-29)

AHCSA Feedback

Evaluation within small scale projects is undertaken utilising program budgets. This information is used to report project milestones and/or acquit project funding rather than for commissioning new projects. Large scale program evaluations are often driven by the agency after the completion of the program as a mechanism to justify costly programs with inconsistent statistical findings.

INCORPORATING INDIGENOUS KNOWLEDGES, PERSPECTIVES, AND PRIORITIES INTO EVALUATION
(Reference page 29-31)

We have no further contribution to this point.

INDEPENDENCE AND OBJECTIVITY (reference page 31-32)

AHCSA Recommendations

1. Under the framework the process should be ethical and transparent, therefore the level of independence should not pose an issue. Any conflicts of interest should be declared and where possible minimised.

ETHICAL CONDUCT (reference page 32-33)

We have no further contribution to this point.

CULTURAL CAPABILITY AND RESPECT (reference page 33-34)

AHCSA Recommendations

1. We have potential in South Australia to learn from other states that have made advancements in this area and ensure a nationally consistent approach to developing a model that is flexible, dependant on geographical locations and acknowledges cultural diversity i.e. Mandated Cultural Competency.

USING APPROPRIATE APPROACHES, METHODS AND DATA (reference page 34-35)

We have no further contribution to this point.

TRANSPARENCY AND ACCOUNTABILITY (reference page 35-36)

We have no further contribution to this point.

PART E - Ensuring effective evaluation

ENSURING EFFECTIVE EVALUATION (reference page 37)

We have no further contribution to this point.

AN APPROPRIATE PROCESS FOR DETERMINING EVALUATION PRORITIES (reference page 37-38)

AHCSA Recommendations

1. Principles that favour measures which aim to decrease or eliminate inequity, promote inclusiveness of diversity and establishing environments that are supportive of all people.
2. The social justice principles seek to recognise and address health outcomes, such as incidence and prevalence of disease and death rates and the factors that influence health, for example, socioeconomic status, environment and cultural factors.

INSTITUTIONAL AND OTHER REQUIREMENTS FOR SUPPORTING EFFECTIVE EVALUATION (reference page 38-39)

We have no further contribution to this point.

PROTOCOLS TO COLLECT, LINK AND SHARE DATA TO AID EVALUATION (reference page 39-41)

We have no further contribution to this point.

PROCESSES TO IDENTIFY AND TRANSLATE IMPORTANT KNOWLEDGE FROM EVALUATION (reference page 41)

AHCSA Recommendations

As outlined in Part A above, in relation to an Aboriginal governance structure:

1. Produce a set of guidelines as a benchmark for all programs with co-design from conception.
 2. For the Indigenous Productivity Commissioner to be a member of the Aboriginal governance structure
- In relation to evaluation reports:
3. Produce, publish and make publicly available, upon consent, all evaluations.

EFFECTIVE COMPLIANCE AND MONITORING ARRANGEMENTS FOR THE STRATEGY (reference page 41-42)

We have no further contribution to this point.

A PROCESS FOR REVIEWING AND REVISING THE INDIGENOUS EVALUATION STRATEGY (reference page 42)

AHCSA Recommendations

1. When co-designing the strategy ensure that you include appropriate cultural outcomes which can measure the performance during implementation (rather than just at completion) and then review programs against those measures at multiple points across the program's life.
2. The co-design of guidelines for the Aboriginal governance structure would ensure the outcomes are appropriate and meet strategy objectives.
3. The review and revising of the guidelines (implemented using governance principles) would test the overall success of the strategy.

APPENDIX A

Full list of NACCHO recommendations

We recommend:

Part A Overarching concepts

1. That at the heart of all aspects of program and service evaluation be improving life outcomes of Aboriginal and Torres Strait Islander people and communities.
2. That additional funding be allocated to ACCHOs and other Aboriginal and Torres Strait Islander community controlled organisations to engage in quality, consistent evaluation of their services.
3. That in consultation and co-production with Aboriginal and Torres Strait Islander people, communities and service providers—the IES be based on components of community control, adequate funding, funding for service provision, and prevention and early intervention.
4. That greater funding be allocated to Aboriginal and Torres Strait Islander community controlled service providers to deliver services to Aboriginal and Torres Strait Islander people and communities.

Part B Government policies and programs affecting Aboriginal and Torres Strait Islander people

5. That the co-production demonstrated in Joint Council arrangements be a model for future partnerships between government and Aboriginal and Torres Strait Islander people, communities and organisations (including ACCHOs) in the development of the IES.
6. That the development and implementation of the IES consider the impacts from the legacy of colonisation, recent social influences and government programs and life events experienced by Aboriginal and Torres Strait Islander people and communities.

Part C Evaluation concepts and practice

7. That regardless of approaches and methods used, evaluation of services affecting Aboriginal and Torres Strait Islander people take an Indigenous-specific approach that prioritises self-determination and centralises Aboriginal and Torres Strait Islander knowledges and perspectives.
8. **That Federal and state/territory government consistently and comprehensively consult with and draw upon the knowledge and perspectives of Aboriginal and Torres Strait Islander people and organisations in co-production of policy and program design and evaluation.**
9. That Federal and state/territory government better enable ACCHOs and other Aboriginal and Torres Strait Islander organisations to strengthen their evaluation capability through the development and implementation of the IES through:
 - a. making approaches and methods consistent but to also factor in individual organisational contexts and capacity; and
 - b. providing skills workshops and additional, adequate funding to enable comprehensive evaluation to take place.
10. That the Australian Government base its emerging IES on what works well in engaging Indigenous peoples in the evaluation design and implementation processes in Canada and New Zealand.

Part D Developing an Indigenous evaluation framework

11. That the IES be based on principles of: Aboriginal and Torres Strait Islander community control; cultural competency; comprehensive and holistic service delivery; trust with and reach into rural and remote communities; prevention and early intervention services; and continuous quality improvement.
12. That the development and implementation of the IES draw upon:
 - a. the new ethical guidelines being developed by AIATSIS; and
 - b. the frameworks and principles for evaluation policies and programs developed by Lowitja Institute, DPMC Indigenous Advancement Strategy and Better Evaluation.
13. That the IES comprehensively incorporate Aboriginal and Torres Strait Islander knowledges, priorities and perspectives through consultation with Aboriginal and Torres Strait Islander communities across Australia.
14. That the Australian Government look to reduce its overall consultation costs in urban, rural and remote Aboriginal and Torres Strait Islander communities as it develops the IES by commissioning and adequately funding ACCHOs—who already have reach into and rapport with these communities—to spearhead the consultation.
15. That AIATSIS' research ethics guidelines be adhered to in the development and implementation of the IES, and be consistently and fully adhered to by all government and non-government agencies as they develop, implement and evaluate policies and programs affecting Aboriginal and Torres Strait Islander people.

16. That the capacity of staff in government agencies, ACCHOS and other service providers be built in regards to following ethical review processes embedded in AIATSIS' research ethics guidelines and in the new IES.
17. That ACCHOs and/or NACCHO's eight Affiliates (state/territory peaks bodies for ACCHOs in their state/territory) assist with developing the cultural capability of evaluation commissioners and practitioners and their respect for Aboriginal and Torres Strait Islander culture, knowledges, history and values.

Part E Ensuring effective evaluation

18. That Aboriginal and Torres Strait Islander voices, perspectives and views be privileged in developing the IES and throughout its continual review and updating.
19. That government agencies evaluate all facets of their spending on policies and programs affecting Aboriginal and Torres Strait Islander people.
20. That funding currently given to non-Aboriginal and Torres Strait Islander community controlled organisations to deliver services affecting Aboriginal and Torres Strait Islander people and communities should go to Aboriginal and Torres Strait Islander community controlled organisations.
21. That non-Aboriginal and Torres Strait Islander community controlled organisations be held accountable for the money they spend on service deliver that affects Aboriginal and Torres Strait Islander people.
22. That evaluative culture, capability and capacity be developed in ACCHOs, other Aboriginal and Torres Strait Islander community controlled service providers and government agencies by increasing funding for the training and equipping of service delivery staff and for innovative software and other resources.
23. That consideration be given to avoiding any further reporting burden on ACCHOs and other Aboriginal community controlled service providers.
24. That at least one Aboriginal and/or Torres Strait Islander representative be involved in each Human Research Ethics Committee when an evaluation pertains to services affecting Aboriginal and/or Torres Strait Islander people and/or data.
25. That Maiam nayri Wingara Indigenous Data Sovereignty Collective and NACCHO be consulted where new arrangements may risk Aboriginal and/or Torres Strait Islander data being identifiable.
26. That concepts pertaining to Aboriginal and Torres Strait Islander data sovereignty, as outlined in *the document Ethical Conduct in Research with Aboriginal and Torres Strait Islander people and communities; Guidelines for researchers and stakeholders* be included in the operational aspects of Human Research Ethics Committees.
27. That the development of the IES protect Aboriginal and Torres Strait Islander data sovereignty rights and principles via consultation with Aboriginal and/or Torres Strait Islander peoples and/or organisations.