

# **Evaluating Indigenous programs: a toolkit for change**

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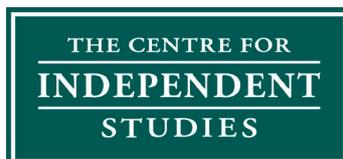
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# **Evaluating Indigenous programs: a toolkit for change**

Sara Hudson

with contributions from  
Carlos Andres Monteverde Salvatierra  
and Eva Christensen



**Research Report 28**

## Related CIS publications

### Research Report

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## Executive Summary

Previous CIS research indicated lack of evaluation of Indigenous programs is a significant problem. Of the 1082 Indigenous programs identified, only 88 (8%) had been evaluated.<sup>1</sup>

Following the release of that research and a Productivity Commission report that also called for more rigorous evaluation of Indigenous programs, the federal government announced it would allocate \$40 million over four years to strengthen the evaluation of Indigenous programs and provide \$50 million for research into Indigenous policy and its implementation.

However, given the average cost of an evaluation is \$382,000, the extra \$10 million a year for Indigenous program evaluations will not go far. To make the most of this additional funding, the government must change the way it evaluates and monitors programs.

Although formal evaluations for large government programs are important, evaluation need not involve contractors. Government must adopt a learning and developmental approach that embeds evaluation into a program's design as part of a continuous quality improvement process.

It is not enough just to evaluate. Government must use the findings from evaluations to improve service

delivery. Unfortunately, many government agencies ignore evaluations when making funding decisions or implementing new programs. A recent audit of the NSW Evaluation strategy found the NSW Treasury and NSW Department of Premier and Cabinet were not using evaluation outcomes to inform and improve practices.

Analysis of 49 Indigenous program evaluation reports found only three used rigorous methodology, and none used what is considered the 'gold standard' of evidence: Randomised Control Trials (RCTs). Overall, the evaluations were characterised by a lack of data and the absence of a control group, as well as an over-reliance on anecdotal evidence.

Particular features of robust evaluations include:

- A mixed method design, which involves triangulation of qualitative and quantitative data and some economic components of the program such as the cost effectiveness/or meta-analysis
- Local input into design and implementation of the program to ensure program objectives match community needs
- Clear and measurable objectives
- Pre and post program data to measure impact

Adopting a co-accountability approach to evaluation will ensure that both the government agency funding the program, and the program provider delivering the program, are held accountable for results. An overarching evaluation framework could assist with the different levels of outcomes expected over the life of the program and the various indicators needed at each level to measure whether the program is meeting its objectives. Feedback loops and a process to escalate any concerns will help to ensure government and program providers monitor one another and program learnings are shared.

Suggestions for policy makers and program funders include:

- Embedding evaluation into program design and practice — evaluation should not be viewed as an 'add on' but should be built into a program's design and presented as part of a continuous quality

improvement process with funding for self-evaluation provided to organisations.

- Developing an evidence base through an accountability framework with regular feedback loops via an online data management system — to ensure data being collected is used to inform practice and improve program outcomes and there is a process for escalating concerns.

Suggestions for program providers include:

- Embedding evaluation into program practice — evaluation should not be viewed as a negative process, but as an opportunity to learn.
- Developing an evidence base through the regular collection of data via an online data management system to not only provide a stronger evidence base for recurrent funding, but also to improve service delivery and ensure client satisfaction with the program.



## Introduction

The first CIS report in this series 'Mapping the Indigenous Program and Funding Maze,' provided quantitative evidence of the lack of evaluation of Indigenous programs. Of the 1082 Indigenous programs identified in our research, only 88 (8%) had been evaluated.<sup>2</sup> This finding was corroborated by the Productivity Commission's 2016 Overcoming Indigenous Disadvantage Report, which found only 24 Indigenous programs had been rigorously evaluated and that there was a "pressing need for more and better evaluation of Indigenous policies and programs nationally if we are to see improvements in outcomes for Aboriginal and Torres Strait Islander Australians."<sup>3</sup>

Following the release of these reports, the federal government announced it would be allocating \$4.5 million in the next financial year to a number of key evaluations of Indigenous programs, including an evaluation of the Community Development Programme (CDP) and RCTs to assess the impact of the Prisoner Throughcare Programme in the Northern Territory and the School Enrolment and Attendance Measure Programme. In early 2017, the federal government announced it will allocate \$10 million a year over four years to strengthen the evaluation of Indigenous programs. According to the government, a formal Evidence and Evaluation Framework will be developed to strengthen the reporting and monitoring of the program evaluations.

In his 2017 Closing the Gap speech, Prime Minister Turnbull reiterated the government's emphasis on evaluation and announced the appointment of an Indigenous commissioner at the Productivity Commission and \$50 million for research into Indigenous policy and its implementation.<sup>4</sup> These announcements suggest the government is finally looking at doing something to address the serious shortfall in evidence. At the same time, the extra \$10 million per year for Indigenous program evaluations will not go far. Analysis of the

AusTender procurement contracts found the average cost of an evaluation is \$382,000.<sup>5</sup> At this price, the additional \$10 million will be enough for only 26 more evaluations of Indigenous programs per year.

The Australian government has for some time been aware of the lack of evidence on the effectiveness of Indigenous programs. However, the challenge is transitioning from awareness to action that will address the knowledge gap. For years, government has claimed to be focused on delivering evidence-based policy, but if this is to become more than just empty rhetoric, government needs to urgently change the way programs and services are funded and delivered.

Although broad scale changes to the service system are probably needed, the focus of this report is how best to measure the effectiveness of current Indigenous programs and then how to use that evidence to improve program design and implementation. Once more evidence is collected, the government will have a much better understanding of what works and what changes are necessary to ensure programs meet the needs of Indigenous people and communities.

This report starts by outlining the case for reform and Indigenous people's frustration at the Indigenous Advancement Strategy, which saw community organisations lose funding for programs they felt were working, while programs and services communities did not want or need were introduced. Next, the report examines why it is important to evaluate programs, and the concept of co-accountability. The findings of a literature review of 111 Indigenous program evaluations/audits/reviews is analysed, including what constitutes a rigorous evaluation and a possible hierarchy of evidence. Finally, recommendations for improvements to practice for both policy makers and program providers is provided.



## The case for reform

There is general consensus that more evidence on the effectiveness of Indigenous programs is needed to improve Indigenous outcomes. However, while there is bipartisan support to conduct evidence-based policy, in practice, policies are often based on ideology instead of practical, evidence-based measures that have been tested and proven to work. Each new government wants to put their own stamp on a particular policy or program. But new policies often recycle failed policies of the past, or throw good programs out with the ‘bathwater’.

“There is a level of frenetic chopping and changing, and policy pulsing, that comes with electoral cycles and as the political pendulum swings from left to right...decision-making in Indigenous policy feels much like a merry-go round—replete with the same old traps and reinvented wheels.”<sup>6</sup>

A case in point is the Community Development Employment Program (see Box 1 overleaf), which has suffered, perhaps more than any other Indigenous program, from political pendulum shifts.<sup>7</sup>

The previous report, ‘Mapping the Indigenous Program and Funding Maze’ found there needs to be a much more rigorous process for allocating funding for Indigenous programs and for making decisions about which programs continue to receive funding.<sup>14</sup> The inquiry into the tendering process for the Indigenous Advancement Strategy (IAS) funding criticised the procedures used by

government and recommended a full internal review by the Australian National Audit Office (ANAO).

The ANAO report found the Department of Prime Minister and Cabinet (PMC) had not implemented the Strategy effectively, and the grants administration processes “... fell far short of the standard required to manage billions of dollars of funding.”<sup>15</sup> In particular, the Department was found to have not:

- assessed applications in line with the guidelines and public information provided by the Department
- met some of its obligations under the Commonwealth Grants Rules and Guidelines;
- kept records of key decisions; and
- established performance targets for all funded projects.<sup>16</sup>

Nor did the Department advise the Minister of the risks involved in implementing the Strategy in such a short time frame. According to the Australian Public Service Commission, such timidity by public servants is reportedly becoming more common, which is a worrying sign, as a well-functioning government is reliant on the provision of free and frank advice to Ministers.<sup>17</sup>

Although a performance framework was established for the Strategy, the framework did not facilitate assessing whether program outcomes had been achieved. This therefore inhibited the Department’s ability to

## Box 1: CDEP to CDP — an example of government failure

**Initial design was a community initiative and focused on community development:** The first CDEP scheme was introduced in 1977 in Bamyili, a remote Indigenous community in the Northern Territory, as an alternative to unemployment benefit payments and as an instrument of community development. Instead of individual income support payments, the money was pooled to fund community development projects and to employ people. Significantly, the scheme was a community initiative rather than a government-designed and imposed program.<sup>8</sup>

**Reiteration of CDEP to expand it into urban and rural areas and for it to be a transition to work program:** In the mid-1980s, CDEP became part of the Aboriginal Employment Development Policy (AEDP) and was expanded into Indigenous urban and regional communities as a transition-to-work program. However, by the late 1990s, issues with the reframing and expansion of CDEP were becoming increasingly apparent. An evaluation of CDEP in 1997 found that at least 33% of CDEP participants did no work.<sup>9</sup> More than half, or 60% of CDEP organisations paid people for home duties and mowing their own lawns. Only about 5% of CDEP participants moved from CDEP to real jobs and more than 40% of Indigenous people on CDEP from remote communities had been on CDEP for five years or more. According to a government discussion paper, CDEP had “become a destination rather than a stepping stone towards jobs.”<sup>10</sup> There were a number of important reasons why CDEP was not meeting its objectives.

- 1) There were few jobs for people to transition to in remote areas.
- 2) There were no incentives to transfer people to mainstream jobs, particularly in remote areas where CDEP funding was used to fund local government, health, education, and policing services.
- 3) There was no recognition of the need to modify the program depending upon location (ie. it may have been realistic to expect it to be a transition to employment program in mainstream areas but not in remote areas where it needed to take a more community development approach and actually create jobs).
- 4) There was not enough accountability of CDEP providers, with no repercussions if participants were paid for doing nothing.

Despite the problems with CDEP, some providers were actually doing a good job.<sup>11</sup> But rather than learning from these success stories and reforming CDEP to ensure the program was meeting its objectives, or assessing whether the program’s objectives were even achievable, the government decided to abolish CDEP; replacing it with the Remote Jobs and Community Program (RJCP) in 2013.

**Remote Jobs Community Program (RJCP) at odds with original intent of CDEP:** Where the original CDEP program had been a community initiative aimed at avoiding the negative repercussions of welfare by pooling community members’ social welfare payments, RJCP was a top-down government-controlled program. Its emphasis was on getting Indigenous people into employment and fining those who failed to meet their activity requirements. Unlike CDEP which had large community support, RJCP failed to resonate with communities and had very burdensome administrative arrangements. The pendulum had swung too far towards a punitive model.

**Rebadged RJCP to CDP:** The unpopularity of RJCP and the high administration costs led the Coalition government to amend the program and change its name to the Community Development Program (CDP). Some people argue the similarity in names between CDEP and CDP was a deliberate ploy to try and get community buy-in. The then Prime Minister Tony Abbott admitted that: “Abolishing CDEP was a well-intentioned mistake and CDP is our attempt to atone for it.”<sup>12</sup>

**CDP:** Along with the name change, the government announced there would be more consultation with communities about what projects and activities they wanted, and less red tape. Despite this, a number of people continue to think the CDP program is too punitive and does not take into account the challenges people living in remote communities face; such as the lack of jobs. A recent report by the Australian National University found 146,000 financial penalties had been applied to 34,000 CDP participants in 2015–16, compared to 104,000 penalties to approximately 750,000 job-active participants in mainstream Australia.<sup>13</sup> It seems the original reason CDEP was established — the lack of a real economy or many job opportunities in remote Indigenous communities — continues to be ignored.

### Lessons to be learnt:

- 1) Before scaling up programs, check if the objectives need to be modified/tailored to different regions.
- 2) Don’t throw the baby out with the bathwater — learn from previous mistakes *and successes* about what does and does not work.

The pendulum swings with CDEP (and its replacements) are illustrative of the failings in going too far in either direction. Too lenient and there tends to be an absence of accountability — as evident in CDEP participants receiving money for doing nothing at all, but too far the other way and approaches tend to be excessively punitive.

To be effective, Indigenous policy initiatives need to adopt a middle ground — where there is accountability and oversight but the need for community involvement and flexibility is also recognised.

“effectively verify, analyse or report on program performance.”<sup>18</sup> The Department had reportedly started evaluating some individual projects but had not adopted an evaluation strategy.<sup>19</sup> A draft evaluation and performance improvement strategy had been developed, and was considered by the Indigenous Affairs Reform Implementation Project Board in July 2014, but the plan was not formally agreed to, endorsed or funded.<sup>20</sup>

Worst of all, however, was that the Department did not document the processes they used when awarding contracts. The widespread awarding of contracts to non-Indigenous organisations meant many Aboriginal organisations had their funding reduced or missed out on funding entirely.<sup>21</sup> Public hearings during the parliamentary inquiry into the IAS were filled with stories of organisations losing funding for programs that had run successfully for decades.<sup>22</sup> An example was the Djarindjin domestic violence shelter on the Dampier Peninsula in Western Australia. The shelter is run by local Aboriginal women and services 50 Aboriginal communities 200 kilometres north of Broome. After their plight attracted considerable media attention, funding for the shelter was reinstated. However, there were many other organisations that were not so fortunate.<sup>23</sup>

The IAS funding process is symptomatic of a deeply flawed system that has led to gaps in programs and services in some areas and duplication and waste in others. Yet, the problems existed before the IAS, as former Northern Territory Co-ordinator General for Remote Services, Olga Havnen documented in her Remote Services Report in 2012:

“There are not only massive pre-existing service gaps but also a serious lack of high quality, evidence-based program and service development...This lack of long-term strategic vision means governments have spread resources as widely as possible in a ‘scatter-gun’ or ‘confetti’ approach. This results in partially funding community initiatives for short periods with no long term strategy for how the positions created or initiatives undertaken will be sustained.”<sup>24</sup>

Soon after the release of this report, Olga Havnen was sacked from her position as Co-ordinator General for Remote Services.<sup>25</sup>

Since there is no strategic oversight, nor a requirement for an evidence base for funding, the number of Indigenous programs has increased over time with no appreciable improvements in outcomes. When the review of programs on the Indigenous HealthInfoNet was done at the beginning of January 2016, there were 2468 programs listed on the website, of which 2024 were Indigenous-specific. Over a year, the number of programs has increased by 383 to 2851.<sup>26</sup>

The way programs are funded through multiple small grants contributes to the growing number of programs. Our research identified at least 30 different Indigenous tobacco cessation programs (see Appendix C). Of these 30 programs, only two had been evaluated: the

national program ‘Tackling Indigenous Smoking’ and the Victorian program ‘Yarning it Up — Don’t Smoke it Up’. The proliferation of tobacco cessation programs is probably due to the way funding is provided under the federal government’s Tackling Indigenous Smoking regional grants program, which provides grants to support locally designed anti-smoking and smoking cessation programs.

A review of Tackling Indigenous Smoking was commissioned by the Department of Health in 2014. The review found evidence that multi-level approaches to tobacco control were the most effective at reducing smoking prevalence in Indigenous Australian communities. At the same time, the review also found a lack of monitoring and evaluating of the programs. Therefore, although the review recommended retaining the flexibility of the funding approach to tailor programs at the local level, it also recommended integrating a reporting and evaluating framework into future iterations of the program to develop a stronger evidence base around effectiveness of the program.<sup>27</sup> Following the review, the Department of Health introduced a revised Tackling Indigenous Smoking program with a budget of \$116.8 million over three years (\$35.3 million in 2015–16; \$37.5 million in 2016–17 and \$44 million in 2017–18).<sup>28</sup>

Despite the increase in the number of Indigenous programs, some communities continue to miss out on essential services. For example, Fitzroy Crossing in East Kimberley suffers from one of the highest incidents of foetal alcohol spectrum disorder (FASD) in the world, but one of the town’s most effective prevention initiatives is in danger of closing. An early learning centre that provides pre-natal and post-natal care to mothers and tuition to parents, as well as childcare, is set to close next year under changed subsidy arrangements that will see it lose \$500,000 from its annual budget of \$1.2 million.<sup>29</sup> Six years ago, when alcohol restrictions were first introduced in Fitzroy Crossing, a study by Notre Dame University noted there were significant gaps in support services in the community. Most damning was the fact that while alcohol restrictions had been introduced to try and combat the epidemic of alcoholism in the town, there was no resident alcohol and drug counsellor or mental health worker. The community was serviced only twice a month by two regional mental health workers from Derby (a town several hours away).<sup>30</sup> These are not isolated, one-off examples, they are endemic to the Indigenous program and service sector.

Mark Moran’s book *Serious Whitefella Stuff* illustrates through a selection of case studies how governments often make decisions without involving local Indigenous people and cut funding to programs without any assessment of their effectiveness, even though there is now widespread recognition of the importance of engaging with local Indigenous people in the design and implementation of programs.<sup>31</sup> According to Fred Chaney: “The system under which we operate is broken, and it is the broken system that we should be evaluating.”<sup>32</sup>



## Why evaluate?

There are many reasons for conducting evaluations of programs. For example: to highlight what is and is not working; to inform decision making about allocation of resources; or to improve service delivery and client satisfaction with a program (see Appendix B for Evaluation Toolkit and a more detailed explanation). Ultimately, evaluation is necessary to ensure government is held accountable for monitoring how organisations are spending taxpayers' money. Yet, there must be **co-accountability** — the organisation receiving the funding must be held accountable for how they have spent the money and whether the program has achieved its desired outcomes, and the government agency must be held accountable for monitoring whether the organisation is meeting its objectives and work with them to improve their practices if they have not. As Australian National University academic Will Sanders has argued: "Government must not prioritise excessive accountability to bureaucrats over accountability to communities." Organisations are accountable to the government agency funding them, but the government is accountable to the community.

Improved accountability, however, does not mean there has to be detailed daily monitoring of the activities of both providers and participants. If there is any lesson to be learnt from the failed RJCP, it is that excessive monitoring can be a huge administrative burden for little gain.<sup>33</sup> There needs to be an appropriate balance between maintaining program fidelity and allowing organisations

a certain degree of flexibility to tailor the program to meet community needs. This approach is different from traditional ideas of accountability, and involves moving away from simply monitoring and overseeing programs to supporting a learning and developmental approach to evaluation.<sup>34</sup>

It is also not enough to just evaluate; government must use the information from evaluations and reviews to improve service delivery.<sup>35</sup> There is considerable evidence to suggest that even when programs have been evaluated, governments have not used the findings to inform funding decisions. For example, according to a report by Olga Havnen, the former Northern Territory Coordinator-General for Remote Services a non-government organisation (not named in report) was contracted to deliver a multi-million dollar program (\$5 million over three years) in five Northern Territory communities.<sup>36</sup> An evaluation of the program mid-term revealed "serious deficiencies" in the way the program was delivered, and the conduct of staff employed by the organisation. Despite the poor findings of the evaluation, the organisation was invited by the federal government to submit a proposal for the continuation and expansion of the program.<sup>37</sup>

Another example is a recent Indigenous health campaign – No Germs On Me – which ran three different television commercials encouraging people to use soap when they washed their hands. Although the evaluation found no

change in participants' beliefs, behaviours or attitudes as a result of the campaign, the evaluators concluded the reach of the advertisement was satisfactory and the campaign was worth continuing.<sup>38</sup>

Every state and territory has some sort of evaluation or data monitoring guideline or strategy (see Table 1). Despite all these strategies and guidelines, a recent audit of the NSW Evaluation strategy by the Audit Office of NSW found the NSW Treasury and NSW Department of Premier and Cabinet were not using evaluation outcomes to inform and improve practices. According to the audit:

"The NSW Government's program evaluation initiative is largely ineffective, as it is not providing sufficient information to government decision makers on the performance of programs. For program evaluation to be effective, agencies should demonstrate they are evaluating the right programs, and the outcomes from completed evaluations should inform advice to the NSW Government on investment decisions."<sup>39</sup>

**Table 1 State and Territory Evaluation Strategies**

	Type of documentation	Key features
<b>NSW</b>	The Centre for Program Evaluation and capability building NSW Government Program Evaluation Guidelines(2016) <sup>40</sup> NSW Evaluation Toolkit 2016	Guidelines are a comprehensive document with best practice principles and links to other websites with other evaluation material.
<b>VIC</b>	Evaluation Step-by-Step Guide (2008). <sup>41</sup> Funded Organisation Performance Monitoring Framework (2017). <sup>42</sup>	Guide is for evaluation contractors — provides four steps for managing an evaluation. Useful material. Performance framework for monitoring funded organisations.
<b>QLD</b>	Queensland Government Program Evaluation Guidelines (2014). <sup>43</sup>	Comprehensive document, similar advice to NSW and Victoria guidelines but better use of diagrams/tables to explain evaluation processes.
<b>TAS</b>	Planning, evaluation and procurement guidelines (Tasmanian Government 2015). <sup>44</sup>	Guidelines are focused on communication and not as comprehensive as other evaluation guidelines. Useful link to Tasmanian Government approach to collaboration.
<b>SA</b>	Managing a Community Organisation Evaluation (Social Inclusion, 2016). <sup>45</sup>	Guidelines directed at community organisations. Website has a series of six steps to follow when conducting or managing an evaluation.
<b>WA</b>	Program Evaluation Unit (PEU) within the Department of Treasury. <sup>46</sup> Program Evaluation website. <sup>47</sup> Program Evaluation Guide, 2015 <sup>48</sup>	Comprehensive guide but with almost identical material as other guidelines, some useful links to other sources though and a helpful program logic table with examples.
<b>NT</b>	Aboriginal Affairs Monitoring, Evaluation and Reporting Framework (MERF). <sup>49</sup>	The MERF contains targets that relevant NTG agencies report to on a monthly basis. Every two months the results are reported to the sixteen Chief Executives of NTG agencies that are members of the Aboriginal Affairs Standing Committee (AASC). Twice a year the results are reported to Cabinet, with the Chief Minister publicly releasing the Framework performance report following Cabinet endorsement.
<b>ACT</b>	ACT Government Evaluation Policy and Guidelines (2010). <sup>50</sup>	Quite a comprehensive document, with similar material to other state/territory guidelines. Useful table on the benefits of evaluation.

## Analysis of program evaluations

Research for our previous report, 'Mapping the Indigenous Program and Funding Maze' identified 1082 current Indigenous-specific programs. Of these:

- 49 were federal government programs;
- 236 were state and territory programs; and
- 797 were programs delivered by non-government organisations (though many of these are funded in part or full by government).

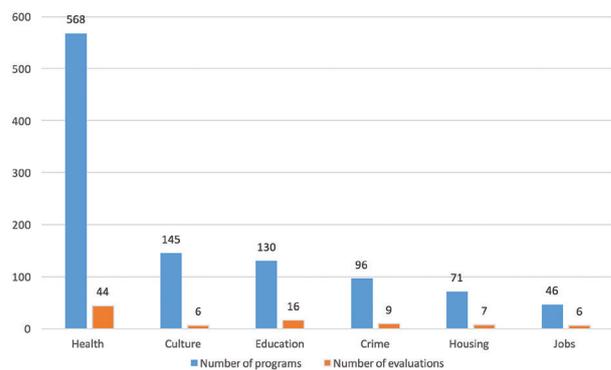
Of the 1082 programs only 88 (8%) were found to have been (or were in the process of being) evaluated.

The largest category of programs were health related programs (n=568) followed by cultural programs (n=145) then early childhood and education programs (n=130) – see Figure 1.

The program category with the highest number of evaluations was health (n=44), followed by early childhood and education (n=16). However, percentage wise, more programs were evaluated under the jobs and economy category (15%) than the other program categories.

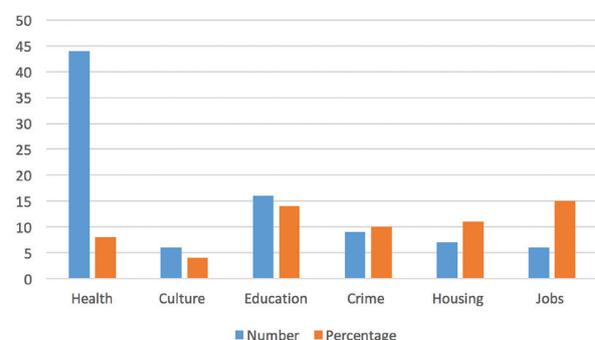
Of the 490 programs delivered by Aboriginal organisations, only 20 were evaluated (4%). The small number of businesses delivering a program (n=6) meant that while there were only two evaluations of Indigenous programs provided by a business, this category had the highest percentage of programs evaluated (33%). Similarly, while only six of the 33 programs delivered by schools and universities were evaluated, this category had the second highest percentage of programs evaluated (23%). Conversely, government and non-Indigenous NGO delivered programs had the highest number of evaluations, n=36 and n=24, but much lower percentages of evaluations as the number of overall programs was higher, n=278 and n=276.

**Figure 1: Number of programs by category and number of evaluations by category**



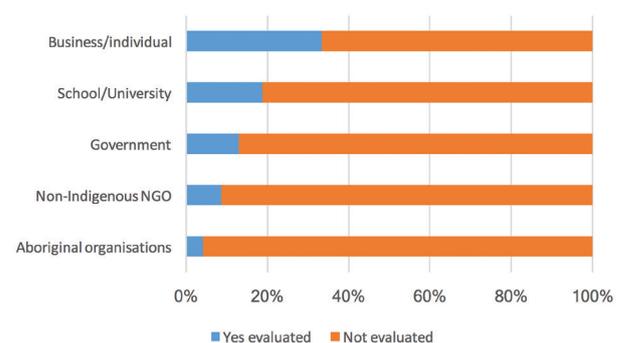
**Source:** Government websites, major philanthropic and NGO websites, and analysis of IAS funding recipients and programs listed on the Australian Indigenous HealthInfoNet.

**Figure 2: Number and percentage of evaluations by category**



**Source:** Authors' calculation based on a review of government, major philanthropic and NGO websites, and programs listed on the Australian Indigenous HealthInfoNet.

**Figure 3: percentage of Indigenous programs evaluated by provider**



**Source:** Government websites, major philanthropic and NGO websites, and programs listed on the Australian Indigenous HealthInfoNet.



## Analysing the evaluations: A hierarchy of evidence

Not all evaluations are equal. Many evaluations are akin to a 'tick box' exercise, with limited data available to measure impact. The primary focus of these types of evaluations appears to be participation in the program, or throughputs, rather than outcomes. A number of program providers seem reluctant to admit the failings of their programs and their evaluation reports read more like exercises in public relations than independent and rigorous analysis. The purpose of conducting an evaluation should be to look at what is and is not working, what some term a 'warts and all' evaluation.<sup>51</sup> However, for many not-for-profits, the pressure not to publish negative evaluations is high, with specific concerns ranging from whether negative publicity will affect funding, to how staff working on the ground may perceive any criticism of the project.<sup>52</sup> Similarly, if the findings of a government evaluation are particularly negative, it is not uncommon for government to insist that the results are not published.<sup>53</sup> Evaluations of government programs are often conducted by the department responsible for funding or delivering the program, and even if an external evaluator is used, their 'independence' is compromised by the client relationship.<sup>54</sup> How much independence can a consultant claim to have when they are reliant on their clients for business?<sup>55</sup> Consultants can sometimes be pressured to frame the results of evaluations in a certain way and to downplay any negative findings. For example, a recent evaluation of the cashless debit card trial, came to some surprising conclusions about the effectiveness of the trial, given the weight of evidence to the contrary.<sup>56</sup>

In determining what constitutes a rigorous evaluation, state and territory evaluation guidelines provide examples of principles of 'best practice'. The NSW Program Evaluation Guidelines contain nine principles of

best practice, these are:

1. Build evaluation into your program design.
2. Base your evaluation on sound methodology.
3. Include resources and time to evaluate.
4. Use the right mix of expertise and independence.
5. Ensure proper governance and oversight.
6. Be ethical in design and conduct.
7. Be informed and guided by relevant stakeholders.
8. Consider and use evaluation data meaningfully.
9. Be transparent and open to scrutiny.<sup>57</sup>

However, having principles and actually applying them are two different things. For instance, although evaluations should be built into the program design, in practice this does not always happen. Often evaluators are asked to evaluate a program after it has been running for a while but when there is no pre-program data or even any uniform collection of administrative data. As a result, the evaluation is not as useful as it could have been if the evaluation and implementation of the program had occurred concurrently.

The second principle, basing your evaluation on sound methodology, also sounds like common sense. Yet although there is generally agreement on a hierarchy of evidence, with meta-analyses of multiple randomised trials at the top (see Box 2), in practice, RCTs of Indigenous programs are very rare. In fact, none of the evaluation of Indigenous programs reviewed in this report used RCT. However as mentioned earlier, the Australian government is starting to invest in the method, with funding for two RCTs of Indigenous programs recently announced.<sup>58</sup>

## Box 2. Proposed Hierarchy of Evidence

Shadow Assistant Treasurer Andrew Leigh's hierarchy of evidence involves six levels, ranging from systemic reviews at the top to expert opinion and theoretical conjecture at the bottom.

1. Systemic review (meta-analyses) of multiple randomised trials
2. High quality randomised trials
3. Systematic reviews (meta-analyses) of natural experiments and before-after studies
4. Natural experiments (quasi-experiments) using techniques such as differences-in-difference, regression discontinuity, matching or multiple regression
5. Before and after (pre-post) studies
6. Expert opinion and theoretical conjecture.

While there is general agreement that RCTs are the gold standard of research evidence, there are some dissenting voices on the exact order of Leigh's hierarchy; for example, whether systematic reviews are a more rigorous methodology than genuine quasi-experimental work.<sup>59</sup> University of Wollongong academic Peter Siminski argues that: "studies relying only on matching or multiple regression are a lower grade of evidence than genuine quasi-experimental work."<sup>60</sup> Quasi-experimental impact techniques are gaining in popularity as they are typically much cheaper, and face less practical barriers to implementation, than RCTs (see Box 3 for an example of some of the challenges in implementing RCTs), though, only one of the evaluations of Indigenous programs reviewed for this report adopted this type of approach. The issue in Australia is that there are few people who have the training required to conduct high quality quasi-experimental work. The fact that RCTs and quasi-experimental evaluations require highly trained practitioners to carry out the evaluations restricts their usage and arguably is a reason why alternative methods of evaluating Indigenous programs should be considered.

It is also important to note that there is a difference between a health or early-childhood intervention and a program. There may be evidence for the benefit of

the intervention but not evidence on how best to deliver that intervention as part of a program. For example, a review of Indigenous health projects in WA found there was a 'disconnect' between the strong scientific evidence for the health interventions and the way the service sector was delivering the health intervention.<sup>61</sup> The success of the program was strongly influenced by the staff's knowledge and familiarity with the interventions they were promoting or delivering. Research on 'implementation science' (how to implement evidence-based research into practice) has found it can take about 17 years for research evidence to be incorporated into health care practices.<sup>61</sup> Program evaluations are also more challenging than measuring the benefit of a particular intervention, as programs to address complex social problems are likely to have multiple objectives.<sup>62</sup>

The underlying reason for conducting evaluations is to improve the delivery of programs and to achieve better outcomes. There is no point in evaluating programs and interrogating the standard of evidence if programs are not designed to use the evidence from evaluations to improve practice. As a result, it may be necessary to reach a compromise between what is considered the 'gold standard' in terms of research evidence and what is practical and achievable given limited resources.

## Box 3. Evaluation of ACT Extended Throughcare Pilot Program

A recent evaluation of the ACT's pilot Throughcare program, conducted by Social Research Policy Centre, has revealed issues with establishing a satisfactory RCT. The evaluation sought to rely on a RCT sample of participants who did not take part in the program, for the period June 2013– June 2016, as the control group. This sample group was 'insufficient' as the number of participants in the program was cited as being 'very high' and therefore there were very few non-participants.

In an attempt to rectify this issue, a sample group was developed from the period 2010–2013, prior to the implementation of the program. This data had differing baseline characteristics and was supplemented with 'before and after custodial episode data' to attempt to account for this.

Another issue with the evaluation was that there was little data on outcomes for Indigenous people. The study highlights that, of the Indigenous male study group, 57.4% returned to custody compared to 38.3% of the control group. For Indigenous females, the figures were 28.6% returning to custody compared with 33.3% of the control group. Figures for recidivism rates were provided by ACT Corrective Services in Productivity Commission's Report on Governments Services (ROGS), but these do not explicitly identify the rates for Indigenous people. This highlights that despite Indigenous people being significantly overrepresented in the prison population, data is lacking on the Indigenous experience and outcomes in the program.<sup>63</sup>

## Productivity Commission's criteria for evidence of 'what works'

In the Overcoming Indigenous Disadvantage Report, the Productivity Commission used a set of criteria to select case studies of programs or services they considered were having a positive impact on improving outcomes for Indigenous Australians.

The criteria used to select the case studies were that the program had:

- Measurable, up to date outcomes
- A reasonable track record of success (though what this means is not defined)
- Support from local Indigenous people who had used, or were affected by, the program; and
- Where possible, include an analysis of costs and benefits.<sup>64</sup>

The rigour in the selection of case studies resulted in only 24 program evaluations being included in the report (though 10 more case studies of promising programs that had not yet been evaluated were also included).

Despite the relatively high number of evaluations of Indigenous health programs, the Productivity Commission found a lack of evidence on interventions to address a range of different health indicators measured in their Overcoming Indigenous Disadvantage report.<sup>65</sup> For instance, they considered that there is currently no evaluated program on approaches that work to reduce smoking or alcohol consumption during pregnancy. Nor is there a published robust evaluation of interventions that contribute to a decrease in the prevalence of tobacco smoking for Aboriginal and Torres Strait Islander people, even though there has been a proliferation of tobacco cessation programs under the federal government's Tackling Indigenous Smoking program.<sup>66</sup> Other gaps in evidence identified by the Productivity Commission included the lack of research and program evaluation on Indigenous school engagement and the absence of evaluations of programs that work to improve home ownership for Aboriginal and Torres Strait Islander people.<sup>67</sup>

The 88 program evaluations identified in our research were compared with the Productivity Commission's evaluations in their Overcoming Indigenous Disadvantage Report. Overall:

- 12 of the Productivity Commission's 24 programs were included in the 88 program evaluations our research identified
- 5 of the Productivity Commission's programs were not Indigenous-specific (a criteria for programs to be included in our research); and
- 7 evaluation reports were added to our literature review (these additional reports did not come up in our initial desk-top review of publicly available program evaluations).

## Our criteria for evaluating the 'evaluations'

In developing a method for ranking the evaluations identified in our research the following scale was used:

- **Weak** — limited methodology reliant on qualitative evidence or a survey with a small sample size, no pre and post data, or only a summary of full evaluation report publicly available
- **Moderate** — a mixture of qualitative and quantitative data, some attempt at triangulation of data (cross verification from two or more sources), some evidence of impact but no pre and post data and no control groups.
- **Strong** — a mixture of qualitative and quantitative data with evidence of triangulation of data. Evidence the program is having an impact through the use of pre and post data or other benchmarking data. The use of experimental design/random control trials/ or control group. Or in the absence of that, evidence the evaluation utilises in addition to triangulation of data and benchmarking one or more of the following: an economic component through either a cost benefit or cost effective analysis or some mention of the financial impact of the program and or meta-analyses — reviews of multiple evaluations.

Some flexibility had to be employed in developing this list of criteria, as none of the evaluations reviewed employed RCTs. Therefore, evaluations were considered strong if they involved triangulation of data and two or more of the following: control group; meta-analyses; and cost effectiveness. This approach to weighting the methodology was based on the Victoria's Department of Treasury and Finance's report 'Guide to Evaluation: How to plan and conduct effective evaluation for policy and programs', which ranked different evaluation data and method types by level of sophistication.<sup>68</sup> The initial identification of Indigenous program evaluation reports was quite broad and included audits and reviews of programs. At the same time, the focus on evaluation excluded some other program reports, such as case studies, Cost Benefit Analysis (CBAs) and Social Return on Investments (SROIs) (see Appendix A for description of CBAs and SROIs). When these were included, a total of 111 reports were identified. These 111 reports were then broken down into five categories, evaluations, audits, reviews, CBAs, SROIs and others (ie case studies). In total, 75 evaluation reports were identified (though some of the programs had an evaluation report and a CBA report in which case only the evaluation report is included in the table below so the program is not double counted).

**Table 2 Breakdown of Indigenous program reports by type**

Category	Evaluation	Audit	Reviews	CBA	SROI	Other	Total
Crime	8			1	1	1	10
Culture	4	1	1	1		1	8
Education	15				2	5	22
Health	41	2	5	1		3	52
Housing/	4	4	2			1	11
Jobs	3				3		7
Transport			1				1
	75	7	9	3	6	11	111

**Source:** Government websites, major philanthropic and NGO websites, and programs listed on the Australian Indigenous HealthInfoNet.

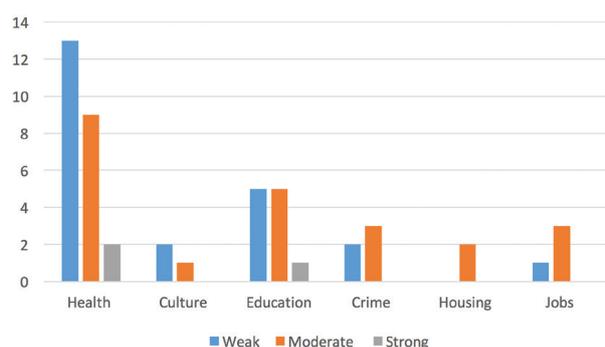
Of the 111 program reports identified in our research, only 71 were reviewed in detail (5 CBA, 6 SROI reports and 60 evaluations/audits/reviews), as the full text of the remaining 40 evaluation reports was not available — see Appendix A for summary tables of our assessment of the evaluation methodology.

In total, only 49 of the 60 program reports, were able to be assessed against the scale (weak, moderate, strong) identified above, as the other 11 were not evaluation reports, but audits or reviews.

Overall our findings identified that:

- 23 evaluation reports had **weak** methodology
- 23 evaluation reports had **moderate** methodology
- 3 evaluation reports had **strong** methodology

**Figure 4: Rating of evaluation methodology of Indigenous programs**



In general, Indigenous evaluations are characterised by a lack of data and the absence of a control group, as well as an over-reliance on anecdotal evidence.

Table 3 highlights the findings of the assessment of CBAs and the criteria used to determine the effectiveness of the methodology used. Overall, few CBAs appear to have measurable objectives, or to identify a range of options and use equity implications. Conversely, good examples of CBA reports tended to consider possible constraints

that could affect the impact of the program and undertake sensibility analysis that considered different scenarios and to change assumptions accordingly.

Table 4 highlights the findings of the assessment of the SROIs. Overall, only 50% of the SROIs appeared to have measurable objectives or to look at the impact of the program in context. In addition, only two of the six SROIs used a discount rate in their methodology. At the same time, while the criteria used to assess the SROI is helpful in terms of evaluating the SROIs, the checklist does not tell the complete story about the quality or depth of the analysis underpinning the measurement of outcomes. For example, there were some SROI reports that did not include all the criteria, but still demonstrated sound analysis.

**Table 3 Analysis of CBA methodology**

Criteria	Yes	No
Measurable objectives	1	4
Identification of options	1	4
Proper quantification	4	1
Sensibility analysis	3	2
Equity implications	1	4
Discount rate	2	3
NPV calculations	4	1

**Table 4 Analysis of SROI methodology**

Criteria	Yes	No
Measurable objectives	3	3
Quantification	6	0
Sensibility analysis	4	2
Inputs/Outputs	4	2
Impact in context	3	3
Discount rate	2	4
NPV calculations	5	1

## Lessons to be learnt

From our assessment of the evaluation methodology the following lessons can be drawn for policy makers and program providers.

**Table 5 Lessons to be learnt about evaluation**

Focus area	Advice
Methodology	<ul style="list-style-type: none"> <li>• It is important to use a mixed methodology and not just rely on qualitative evidence</li> <li>• A case study or review should not be considered less rigorous than an evaluation, in fact some case studies may utilise a more robust methodology than many evaluations</li> <li>• There is potential for biased samples when program participants receive benefits from taking part in the program</li> </ul>
Data	<ul style="list-style-type: none"> <li>• The same standards of data collection need to be upheld in each program location in order for effective comparisons to be made</li> <li>• It can be difficult to measure changes in behaviour if the right administrative data is not available or collected</li> <li>• Program providers need to have strategies for recording and accessing administrative data before the program is rolled out, particularly for a small cohort of program participants where there are potential privacy concerns</li> </ul>
Analysis and reporting	<ul style="list-style-type: none"> <li>• Strong analysis can overcome some of the limitations of a small sample</li> <li>• It is important to take into account the environment programs are operating in, and that some programs may have their impact minimised because they do not have certain authorities</li> <li>• Evaluation reports need to be clear about whether the evaluation is on the framework/service delivery or the impacts/results the program produces, or a combination of both</li> </ul>
Program design and delivery	<ul style="list-style-type: none"> <li>• There need to be effective links between policy and program initiatives</li> <li>• While the general model of a program may be transferable, much of the successful implementation of programs depends on having the right combination of people with the appropriate knowledge and skills</li> <li>• People delivering programs need ongoing training to ensure they have up-to-date information on the evidence available about best practice approaches</li> <li>• Participants are more likely to provide honest feedback on a program when program staff have made an effort to establish positive relationships with them; this is particularly the case when the intervention being delivered by the program is of a sensitive and private nature</li> </ul>

## Examples of successful practices

In addition to the lessons that can be learnt from problems evaluating programs, there were also some examples of good practice. Particular features that made these evaluations stand out from the rest included:

- A mixed method design, which involved triangulation of qualitative and quantitative data and some economic components of the program such as cost effectiveness
- Local input into design and implementation of the program to ensure program objectives matched community needs
- Clear and measurable objectives
- Pre and post program data to measure impact

The following case studies illustrate examples of rigorous evaluation practice and/or successful programs that are regularly monitored and evaluated.

### **Ganbina: evidence rating = strong**

Ganbina was established in 1997 to help improve school and further education completion rates and 'real' job prospects among about 6000 Indigenous people in the Goulburn Valley in Victoria. The program receives no government funding, relying instead on philanthropic and corporate sponsorship for its activities on an annual budget of \$1.4 million. According to Ganbina's Chief Executive, Anthony Cavanagh, "Not seeking government funding is a choice and allows the program to be innovative..."<sup>69</sup>

An independent evaluation by Price Waterhouse Coopers in 2014 found very high Year 12 completion rates (100% in 2014) and high retention rates (over 95%). Ganbina's cost per participant of approximately \$3500 was about half the average spend of other similar type programs. Despite costing less to run, it also had the highest retention rate, gender balance and broadest age group of other comparable programs.

An Impact Assessment was conducted by Social Ventures Australia (SVA) in 2016 to assess the cumulative impact of the program since it was first implemented in 2005.

The methodology used consisted of a desktop review of client data and previous evaluations and data collected on Ganbina and consultation with stakeholders.

The Impact Assessment found Year 11 to Year 12 retention rates increased from 62% in 2009-10 to 73% in 2015-16, which was considerably higher than the rate for Indigenous people in the Greater Shepparton area and national Indigenous rates. Ganbina achieved a 100% success rate for participants who had taken part in the program for five years or more and who were aged between 25-34 years, with all achieving a Year 12 or equivalent qualification.

University participation increased from two Ganbina participants in 2009 to 15 in 2016.

#### **Key features of the program:**

Does not receive any government funding, which has enabled it to adopt a more innovative and cost-effective approach (much cheaper than other comparable programs to run)

Complete transparency with six-monthly reports provided to investors and bi-monthly newsletters that document exactly how much funding has been used on administration and how much is left.

### **Aboriginal Maternity Group Practice Program (AMGPP): evidence rating = strong**

The AMGPP provides free antenatal and postnatal clinical care, to pregnant Aboriginal women. Each client is supported by a team of health professionals during pregnancy and for four weeks after they have given birth. Support provided includes clinical care and cultural, social, and emotional care and support.

The evaluation involved a non-randomised intervention study using data from the Western Australian Midwives Notification System. Methodology used included regression models to analyse data from 343 women (with 350 pregnancies). The analyses included developing historical and contemporary control groups of pregnant Aboriginal women and matching them for maternal age.

Participation in the AMGPP was associated with significantly improved neonatal health outcomes. Babies born to AMGPP participants were significantly less likely to be born preterm 9.1% versus historical controls of 15.9%.

#### **Key features of the evaluation/study:**

Quasi-experimental design involving regression analysis and matched control group to show the impact of the program.

### **Australian Electoral Commission's (AEC) Indigenous electoral participation program: Evidence rating = moderate**

The IEPP program is aimed at empowering Aboriginal and Torres Strait Islander Australians in exercising their right to vote.

The evaluation methodology included: a literature scan and document review; semi-structured interviews with staff; focus groups; case studies with a cross section of communities and analysis of data available from the Queensland and the Northern Territory elections.

The evaluation found variation in the degree to which IEPP's stated objectives and outcomes have been achieved. The evaluation recommended basing future changes to the program on evidence of 'what works', and harnessing the experiences of other government agencies and programs working in an Indigenous context. This includes the adoption of a robust monitoring and evaluation system and routine analysis of performance data.

#### **Key features of the evaluation:**

Methodology was relatively robust and included a Monitoring and Evaluation Framework and triangulation of qualitative and quantitative data. Information on the number of people who participated in interviews/ focus groups was provided and interview guides were provided in appendices. However, it was difficult to identify changes in electoral behaviour as ethnicity was not recorded on the electoral roll or when people vote. Performance data for the program was also not entered uniformly or consistently by States and Territories.

### **Indigenous Community Volunteer (ICV) Program: Evidence rating = moderate**

A case study which incorporated a social and economic impact assessment was conducted by KPMG in 2015.

The ICV program is a registered charity and non-profit community development organisation that matches volunteer's experience and skills with different Indigenous communities needs to help address Indigenous disadvantage. In 2013/14 ICV worked with 169 communities.

Assessment of activities in two communities involved stakeholder consultations and document and data analysis, including assessing the impacts of the activities in economic terms.

The study found there was evidence ICV was invited into communities and involved in discrete, well defined projects, and that volunteers were providing a positive impact and building on existing work that had been done in the community. There was also evidence that ICV had developed positive partnerships with other organisations and were collaborating with them on activities.

#### **Key features of the evaluation and program:**

Study involved triangulation of data from multiple sources, including analysis of economic data. However study only looked at two communities so difficult to extrapolate about overall program impact.

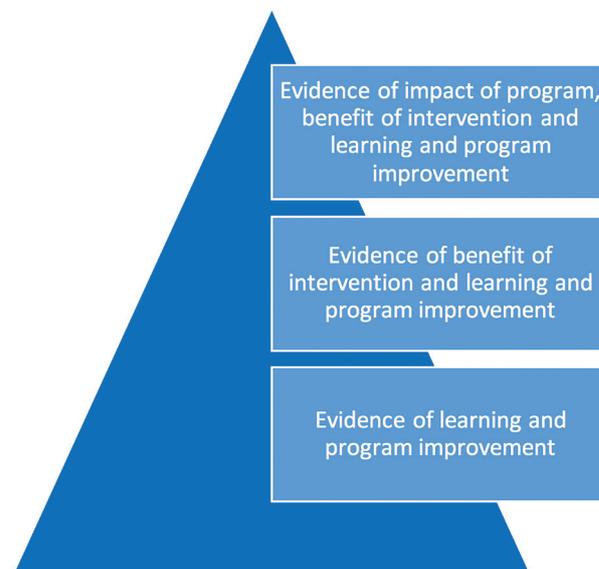
There was evidence of good practice in program design and implementation with volunteers ensuring communities wanted their assistance and only working on discrete well-defined projects in collaboration with other organisations involved in similar activities.

As discussed above, it may be necessary to reach a compromise between what is considered the 'gold standard' in terms of research evidence and what is practical and achievable given limited resources. There is also no point conducting 'rigorous' evaluations, if the evidence is not used. As a result, instead of focusing on having the highest standard of evidence for assessing the impact of a program (such as in RCTs), it may be more practical to consider how to ensure evaluation learnings are used to inform program practice. Figure 4 shows an alternative hierarchy, where the minimum standard is evidence of learnings being applied to improve program outcomes, and the highest level is where there is evidence of the impact of the program and the benefit of the particular intervention in addition to learning and program improvement.

Government departments administering funding may conduct an evaluation to analyse funding distribution and to report on the achievements and impact of the program.<sup>70</sup> However, these types of evaluations can make organisations feel like they have to pass a test in order to continue to receive funding and they may resist the evaluation process as a result. Resistance could be indirect or subtle, such as avoiding or delaying entering program data into databases. There is evidence to suggest organisations are more likely to engage with the evaluation process when it is presented as a learning tool to improve program delivery than when it is presented as a review or audit of their performance.<sup>71</sup> This is particularly the case if they are given the opportunity to provide input into the evaluation plan or framework, so they can see the benefit of the evaluation activities in documenting the impact of the program and contributing to evidence about what works. Evaluation as a learning tool could be considered similar to continuous quality improvement processes in the health sector and usually involves 'reflective practice' to help identify and address issues with program design or delivery (see Appendix B for Evaluation Toolkit which explains reflective practice in more detail).

A reflective practice approach to evaluation relies on a two-way exchange, with the experiences of those on the ground delivering the program being used to inform the ongoing implementation of the program. This is different from a government top-down technocratic approach, which might have strict accountability measures in place, but fails to recognise there may be better ways of delivering the program (see Table 6).

**Figure 5: Evidence of program impact and learnings**



Another way of describing this iterative approach is 'developmental evaluation' — a relatively recent evaluation methodology that seeks to combine the rigour of evaluation with the flexibility and innovation of developmental approaches to social problems. The primary focus of developmental evaluation is adaptive learning to inform the implementation of programs or community development initiatives.<sup>72</sup>

The following text boxes provide examples of programs that have adopted an iterative or developmental approach to evaluation and that have used evaluation findings to improve the program. Neither of these two programs was reviewed as part of the assessment of evaluations as Ability Links NSW is not an Indigenous specific program and The Martu Leadership Program (MLP) evaluation report was only released in April 2017, after the analysis of the evaluations was completed. However, they are included as they provide the best examples of programs where evaluation has been embedded into the delivery of the program and reflective/developmental approach to evaluation is used.

**Table 6 Differences between top-down and bottom-up approaches in program design and evaluation**

	Top-down	Bottom-up
Approach	Technocratic/evaluator as expert	Participatory/community engagement/empowerment
Orientation	Identifying weaknesses, problem or deficit	Strengthening capacity/improving competence
Who defines the issue/need?	Outside agent (government)	Community
Evaluation methodology	Quantifiable outcomes and targets	Pluralistic methods, documenting changes of importance to Indigenous community

Source: Adapted from Laverack, 2000

## **Ability Links NSW and Early Links NSW Evaluation**

Ability Links NSW ('ABNSW') is a program that was developed by the NSW Department of Family and Community Services through extensive community consultation to provide greater flexibility and control in the way services are delivered to people with disability. A concurrent program was developed for children and young people called Early Links NSW ('ELNSW').

ALNSW is staffed by 'Linkers' who work alongside people with a disability or their carer and assists in life planning as well as connecting them to relevant community organisations. The program aims to empower people with a disability to make their own decisions and work towards achieving what is important for them. The program also includes community engagement where Linkers work with community organisations to assist them to improve services and support for people with disability.

ALNSW commenced as a pilot in 2013/14 and was rolled out state-wide from July 2015. ALNSW was designed with evaluation in mind from the very beginning and evaluation processes were therefore embedded in the roll-out of the program. Urbis was commissioned by both ALNSW and ELNSW to evaluate the program over three years from 2013–2016, with Interim Evaluation Reports delivered annually.

The evaluation itself was uniquely designed as a collaborative joint approach, involving extensive participation at a community level (either people with a disability or their carers), staff involved in the program ('Linkers' and managers), and external linked agencies that worked with the program in various ways. Extensive consultations and surveys were undertaken with these stakeholders over a three month period to allow for a comprehensive analysis of the effectiveness of ALNSW's implementation. A key feature of the program was embodying a 'culture of learning'. The annual Interim Evaluation Reports similarly provided an ongoing opportunity to review responses and apply the lessons learnt from the evaluation to the implementation of the program along the way.<sup>73</sup>

## **The Martu Leadership Program (MLP) and the Developmental Evaluation Methodology:**

The MLP has been at the forefront of social and economic development in Indigenous Communities in the Pilbara over the past three years. A recent report by Social Ventures Australia revealed the strengths of a developmental evaluation methodology when assessing the outcomes of such programs.<sup>74</sup>

Focussing on capacity building and governance in the Martu community, the MLP's establishment of a community Leadership Group originally aimed to enhance individualistic leadership skills so that participants could return to impart knowledge and skills to remote communities and Martu companies.

However, the developmental strategy applied by the facilitating Martu organisation, Kanyirninpa Jukurrpa, has enabled the program to evolve in an organic manner that has had wide ranging and unexpected benefits to the community.

The highly adaptive approach, co-designed with the Martu community, allowed the MLP to evolve its strategies, goals and targets based on developments over time.

The most noticeable benefit of this approach is the evolution of the MLP from an individualistic style leadership training course to the creation of a collective Leadership Group that is actively and independently leading change in the Martu community.

Acting on behalf of all Martu, the Leadership Group now works to enhance the capacity and governance capabilities of Martu society by serving as a cohesive actor that has taken on numerous responsibilities. For example, the Leadership Group now provides a platform for Martu to meet and discuss and resolve sensitive social issues in an organised and open manner. The Group has also facilitated dialogues with external stakeholders such as Newcrest Mining to ensure the best social and economic outcomes for the community.

The evolution of the Leadership Group into an empowered body that is actively and independently promoting the Martu agenda on the national stage is a clear example of the benefits of a developmental evaluation approach. Flexible outcomes and community consultation enabled the MLP to evolve in a manner that best suited Martu interests and ultimately gives them greater control of their own development.

The overwhelmingly positive growth of the Leadership Group could not have occurred if the focus had remained on achieving the fixed outcomes originally listed by the MLP. Set targets and objectives are often the cornerstone when evaluating programs, however the success of the MLP demonstrates the unexpected positives that can arise from a more flexible approach.

## **Key Features of the Evaluation/Program:**

The report assesses the importance of viewing Indigenous economic development programs from a more qualitative mindset. It emphasizes the ability of programs to extract unexpected benefits and outcomes by utilising a developmental evaluation approach that enables context based flexibility and adaptability.

Fear of failure can inhibit government from experimenting with different program approaches, but often it is only through this process of trial and error that evidence about what truly works can be collected.<sup>75</sup> Genuine adoption of a 'learning by doing' approach can be a very accountable process, as evidenced by Malaysia's National Transformation Program.<sup>76</sup> Under the Malaysian government's Performance Management and Delivery Unit (PEMANDU) a three-staged approach was developed that enabled initial Action Plans to be regularly updated depending on information received from those working on the ground. A distinctive feature of the PEMANDU was the way in which any implementation issues were dealt with by being 'bumped up' through a series of ascending steps from an email to the relevant managers, to a closed-door meeting with the Minister (see Table 7).

Under this approach, 70% of the initial Action Plans were revised during implementation. However, this did not mean the initial plans were necessarily wrong, as the final plans tended to build on what was in the original Action Plans rather than starting from scratch.<sup>77</sup>

At the same time, while these types of participatory research approaches can allow programs to be adapted to suit local conditions, it should also be recognised that increasing community control over program design and implementation will not necessarily produce a 'perfect' program.<sup>78</sup> According to research conducted by the World Bank, while involving local people can have positive impacts on program outcomes, care is required, as in some instances programs can be controlled by local 'elites' and more disadvantaged members of the community can miss out.<sup>79</sup>

**Table 7 Process for escalation of concerns**

Frequency	Action	Format
Annually	Annual report	Report published: televised address by PM
Once-to-twice per year	'Putrajaya Inquisition'	Meeting chaired by PM to clear any issues not solved in lower meetings
Semi-annually	PM's performance review	Closed door meeting: only PM, Minister and PEMANDU CEO
Monthly to quarterly	Steering Committee meeting	Co-chaired by Ministers, with senior officials from all agencies: principal decision making forum
Weekly to fortnightly	Meeting of technical working group	Problem solving with relevant managers: principal working session
Weekly	Progress report	Emailed, uploaded, available on mobile devices.

Source: Sabel and Jordan, 2015

## Discussion and conclusion

The previous report 'Mapping the Indigenous Program and Funding Maze' recommended that all Indigenous programs must be linked to outcomes and that all organisations must:

- formally account for how the money has been spent;
- provide evidence of the program's impact; and
- assess and report on whether the program is meeting its intended objectives.

This recommendation still stands. However, while large government programs should be subjected to formal evaluation, preferably utilising RCT or quasi-experimental methodology, it would not be an efficient use of taxpayer funding to expect every Indigenous program to be evaluated by external contractors. The NSW Government Evaluation guidelines outline how evaluations should be prioritised based on their "size, strategic significance and degree of risk."<sup>80</sup> This is the correct approach to take, as it is not worthwhile formally evaluating a small program when the cost of the evaluation would outweigh the cost of actually delivering the program. Nor was it our intention in recommending more evaluation to unduly benefit evaluators.

Given that the average cost of an evaluation is \$382,000,<sup>81</sup> the extra \$10 million a year for Indigenous program evaluations will not go far. In fact, it will be possible to formally evaluate only a small proportion of the 1000 or so Indigenous programs the federal government funds. Additional funding to conduct more evaluations is unlikely, given the critical budget situation. The government therefore, needs to move away from traditional evaluation practices involving expensive external evaluators, to approaches that embed evaluation and reflective practice into the delivery of programs.

Our research identified a plethora of small programs (particularly health and well-being programs) currently being delivered by Aboriginal organisations that are not being evaluated. For these small programs, a proper reporting and monitoring framework that allows for reflective practice and continuous quality improvement may be all that is required rather than a formal, independent evaluation (see Evaluation Toolkit in Appendix B for an example of an evaluation framework). At the same time, while it is not economical to evaluate multiple small and disparate programs, it is often community-initiated programs that appear to have the greatest impact.

Unfortunately few evaluations compare community-managed programs with non-Indigenous managed programs to provide evidence on the effectiveness of Indigenous community-led and designed programs.<sup>82</sup> Therefore, there exists the paradox that small scale locally-based programs are less likely to be evaluated,

but when they are evaluated they often have the best outcomes.<sup>83</sup> Yet, problems can arise when government or NGOs try to scale-up and replicate these types of community-initiated programs. If programs are responsive to the needs of individual communities, any metrics recorded may not be readily compiled or compared with those from other programs.

Other researchers have also struggled to find examples of best practice in Indigenous evaluation and program delivery that could be replicated. Mark Moran author of the book *Serious Whitefella Stuff* states he spent 12 months looking for a standard of evidence to sort through the complexity of Indigenous program delivery to find what he calls "the best performers and team players."<sup>84</sup> In examining the evidence base he assessed the following methodologies: "Randomised Control Trials; reverse cross-over (quasi-experimental) design; comparative case study analysis; process tracing; Bayesian analysis and fiscal ethnography." He concluded that too many programs were being implemented for too few people and that as a result it was difficult to find people who had not been "treated" to form a control group.<sup>85</sup>

However, this does not mean government, or anyone involved in the delivery of Indigenous programs, should not evaluate Indigenous programs. Without some sort of evaluation and accountability measures to track what is happening to the money spent on these programs, it is impossible to know whether the lack of progress in improving outcomes is because there is not enough money relative to need, or whether the funding for Indigenous programs and services is being wasted.

Moreover, it is all very well to say that successful programs involve community involvement and buy-in, but how do you achieve this in communities resistant to change? Implementation science is a term increasingly being used to describe the field of study which examines the individual, organisational and community influences surrounding the implementation process of programs and the gaps between research and practice. Unfortunately rigid funding guidelines often prevent flexibility in implementation timelines and innovation in program design and delivery. People, and by extension programs, are not like an assembly line. Cookie-cutter solutions do not tend to work. So while it is vital that government sets objectives for programs, they should not be overly prescriptive in how those objectives are achieved. Where there are national or state-wide programs, there needs to be a balance between maintaining program fidelity and allowing flexibility for local contexts. In this context, a developmental evaluation approach may be helpful, as the main focus of this type of evaluation is understanding the activities of a program and how the program operates in different environments.

## Recommendations

The overarching recommendation of this report is:

**There must be co-accountability** for government funded programs

Organisations receiving funding must be held accountable for how they have spent the money and whether the program has achieved its desired outcomes, and the government agency must be held accountable for monitoring whether the organisation is meeting its objectives and working with them to improve their practices if they have not.

This approach is different from traditional ideas of accountability and involves moving away from simply monitoring and overseeing programs to supporting a learning and developmental approach to evaluation.<sup>86</sup> A two-way, learning by doing approach to evaluation, with regular feedback loops, will help to ensure both government and program providers keep each other honest.

In recognition of this co-accountability, the following table presents recommendations for both policy makers/program funders and program providers.

**Table 8: Recommendations**

Policy makers/program funders	Program providers
Embedding evaluation into program design and practice	
Evaluation should not be viewed as an 'add on' but should be built into a program's design and presented as part of a continuous quality improvement process. Where funding constraints do not allow for an external evaluation, funding should be provided to organisations for self-evaluation.	Evaluation should not be viewed as a negative process but rather as an opportunity to learn. If your organisation does not have the capacity to hire an external evaluator consider hiring a professional evaluator to help with the development of an evaluation framework and for some advice/training in undertaking self-evaluations.
Developing an evidence base	
Regular feedback loops with a process for escalating concerns should be part of the data and monitoring process to ensure data being collected is used to inform practice and improve program outcomes. Develop a co-accountability framework and consider providing funding for an online data management system for data collection which will make it easier for program providers to enter and share data.	Documenting how you have achieved the program's objectives through regular collection and analysis of data is important, not only for providing a stronger evidence base for recurrent funding but also to improve service delivery and ensure client satisfaction with the program. Consider using an online data management system for data collection which will make it easier for staff to enter and share data.
Questions to ask before implementing/delivering a program	
<ul style="list-style-type: none"> <li>• What is the program trying to achieve?</li> <li>• Is the program needed?</li> <li>• Is there community support for the program?</li> <li>• Is there an existing program already addressing a similar need?</li> <li>• What is different about this program?</li> <li>• Who will implement the program?</li> </ul>	<ul style="list-style-type: none"> <li>• Do you think the programs objectives meet the needs of the community?</li> <li>• Do you think the community will support this program?</li> <li>• What is different about this program?</li> <li>• What staff will you need to deliver this program?</li> </ul>
Questions to ask before evaluating a program	
<ul style="list-style-type: none"> <li>• What is the program trying to achieve AND how will you measure whether it is meeting this objective — are the program's objectives measurable?</li> <li>• What type of data are you able to collect to monitor the effectiveness of the program?</li> <li>• Is there existing data (e.g. administrative data/ABS data) that could be used to measure change/impact?</li> <li>• How will you collect the data? — what methodology will be used to collect the information — ie surveys/interviews</li> <li>• Who will collect the data/undertake the evaluation?</li> </ul>	<ul style="list-style-type: none"> <li>• What is the program trying to achieve <b>AND</b> how will you measure whether it is meeting this objective — are the program's objectives measurable?</li> <li>• How will you collect the administration data needed to measure the impact of the program? For example, will there be an online database for staff to add data to, or will they be required to enter program data into an Excel spreadsheet? How could you make this process as streamlined as possible?</li> <li>• How will you show evidence of the program's impact; e.g. will you undertake pre-admission surveys and post-exit surveys of participants in the program?</li> </ul>

## Appendix A

### Evaluation of CBA Programs

The table 9 below analyses appropriateness of the methodology of 5 recent CBAs which specifically measure programs aimed at helping Indigenous people in Australia.

**Table 9 Evaluation of CBA reports\***

Program name	Description	Findings	Measurable objectives	Identification of options	Proper quantification	Sensitivity analysis	Equity implications	Discount rate	NPV calculations
Yuendumu Mediation and Justice Committee	An Indigenous designed conflict mediation system	The project returned economic benefits that exceeded its economic costs, with a benefit cost ratio of 4.3  Full list of assumptions not provided	No	No	Yes	Yes	Yes	Yes	Yes — the aggregate NPV was estimated as \$14,163,000 in 2014 dollars.
Healing Foundation	Establishment of 13 Indigenous healing centres for spiritual healing	The CBA is prospective, the available CBA evidence from similar initiatives indicates the healing centres could return, on average, a benefit to cost ratio of over 4.1  Full list of assumptions not provided	No	No	Yes	No	No	No	No
Australian Indigenous Mentoring Experience (AIME)	A program providing education, training and employment for Indigenous Australians as well as protecting and conserving the environment	For each \$1 spent, \$7 in benefits is generated for the economy  Full list of assumptions not provided	Yes	No	Yes	Yes	No	Yes	Yes — the net benefit of the AIME program in 2012 was \$38 million based on a 7% discount rate (benefits are \$58 million while costs, including costs of education, are \$21 million).

Program name	Description	Findings	Measurable objectives	Identification of options	Proper quantification	Sensitivity analysis	Equity implications	Discount rate	NPV calculations
Opal Unleaded Petrol	Strategy to address petrol sniffing	Base case petrol sniffing benefits of \$53.7 million per annum and base case Opal rollout costs of \$26.6 million, producing a net gain of \$27.1 million. Full list of assumptions provided.	No	Yes	Yes	Yes	No	No	Yes — scenario results range from a net gain of \$4.3 million in the worst case to a net gain of \$50.8 million in the best case.
Working on Country	A program providing education, training and employment as well as protecting the environment	In 2009-10 the budget or book cost of Working on Country was \$41.2 million, however the true cost was found to be between \$34 million and \$32 million. Full list of assumptions not provided.	No	No	No	No	No	No	Yes — the true cost of the program is at least 17 to 23% lower than the book cost.

**Source:** Access Economics, 2006, Allen Consulting Group, 2011, Daly, A. and Barrett, G., n.d., Deloitte Access Economics, 2013, Deloitte Access Economics, 2014, PWC, 2015, KPMG, 2013

\*Some of the programs had an evaluation report and a CBA report

## Evaluation of SROI Programs

Table 10 indicates the methodologies used in a SROI report and analyses six SROI reports that measure the social impact of different Indigenous programs aimed at helping Indigenous people in Australia. The table analyses which methodologies have been included and which have been omitted from each of the different reports. Overall, as SROI is still an evolving field, there is some variability in the comprehensiveness of the methodology used in the reports.

**Table 10: Evaluation of SROI reports**

Program name	Key features	Findings	Measurable objectives	Quantification	Sensitivity analysis	Inputs/ Outputs	Impact in context	Discount rate	NPV calculations
Kanyirninpa Jukurrpa (KJ) Ranger program	Programs include teams of ranger employees, (Return to Country) trips and culture and heritage programs	The SROI ratio equates to 3:1 and estimated \$55m in social value was generated compared with the \$20m investment.	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Helping Hand and Linking Youth	Intensive case management to Aboriginal youth to address the underlying causes of offending	Forecast SROI not actual.	Yes	Yes	Yes	Yes	Yes	No	Yes
Ganbina	Organization working with young Aboriginal people through their school years and beyond, to make sure they get the right education, jobs training and experience, and life skills	An investment of \$1.1m in the 2012 calendar year created \$7.5m of social and economic value, a SROI ratio of 6.7:1 or \$6.70 for every \$1. Cost was approx. \$3,500 per participant in 2012.	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Supply Nation Certified Suppliers	Connects Indigenous owned businesses with opportunities in corporate supply chains.	The SROI was estimated to average \$4.41 for every dollar of revenue, however questionable methodology used.	No	Yes	No	No	No	No	Yes
National Australia Bank: Indigenous Money Mentor	Initiative aimed at building the financial capacity of Indigenous people, through face-to-face practical financial support and access to microfinance	From an annual investment of \$448,000, it was forecast that \$1.89 million will be created in social value in one year.	No	Yes	Yes	Yes	No	No	Yes
NAB/Indigenous Trainees Program	School-based traineeships, and internships for Indigenous Australians to pursue careers in financial services	Forecast SROI ratio for 3 years from 2014. A SROI of 1:2.71 for school-based traineeships and 1:3.14 for fulltime traineeships.	No	Yes	No	No	No	No	No

Source: Ravi, A., 2013, Social Ventures Australia, 2014a, Social Ventures Australia, 2014b, Social Ventures Australia, 2014c, Social Ventures Australia, 2014d, Burton, R. and Tomkinson, E. n.d., EY, 2014, Ravi, A. and Siddiqi, T., 2013

## Summary of Evaluations/Case-studies/Audits

Table 11 Summary of Evaluations/case-studies/audits

Type of program	Name and description of program/form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
<b>1. Crime</b>	<p><b>Circle Sentencing Program (NSW Attorney General's Office)</b> – Evaluation Report (Cultural &amp; Indigenous Research Centre Australia, May 2008).</p> <p>The Circle Sentencing Program aimed to provide an alternative sentencing court for adult Aboriginal offenders that more directly involved Aboriginal people in the sentencing process.</p>	<p>The evaluation methodology primarily adopted a qualitative approach, involving interviews and group discussions with 115 people and a literature review of Australian trends with regard to Indigenous sentencing programs and existing evaluations. There was however some analysis of existing data on Circle Sentencing offenders and Local Court data.</p>	<p>The evaluation found the program met most of its objectives, and that the "general/stakeholder consensus" was that the program was 'culturally appropriate' and a success. However, the report also states that data from the NSW Bureau of Crime and Statistics shows that the program did not have an impact on rates of recidivism, which was one of the main goals. There was also a lack of quantitative data, which was attributed to the program taking place in different places with different data collection methods.</p> <p>Furthermore, in evaluating re-offending, it was found that the Circle groups were more likely to reoffend than the control group.</p>	<p><b>Moderate</b></p> <p>Although the qualitative data was of high quality, there was a lack of consistent quantitative data.</p> <p>Data on victim participation was not collected consistently.</p>
<b>2. Crime</b>	<p><b>Queensland Indigenous Alcohol Diversion Program (QIADP)</b> – a recidivism study (Specialist Courts and Diversion, Legal Services Branch, November 2010).</p> <p>QIADP was a voluntary treatment program for Aboriginal people who have been arrested and appeared in court for alcohol related offences.</p>	<p>Quantitative data was collected from local police sources.</p> <p>Limitations listed included: small sample sizes and a lack of control groups.</p>	<p>Rates of recidivism improved while offenders were participating in the program. However, findings also showed that there was no drop in the severity of reoffending. The mixed results raised questions about the success of the program. Findings were deemed inconclusive.</p>	<p><b>Moderate</b></p> <p>Despite the lack of some quantitative data the data that was used in the report was analysed thoroughly in numerous ways. Analysis included different types of offences and types of crimes committed as well as different time frames. In conclusion, the handling of the data was quite strong, but due to the small sample sizes and lack of control groups, the rating can only be judged as 'moderate'.</p>

Type of program	Name and description of program/ form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
<p><b>3. Crime</b></p>	<p><b>The Tiwi Islands Youth Development and Diversion Unit (TIYDDU) (NT) based in Wurrumiyanga</b> — an evaluation (Stewart et al 2014; CTGCH 2014).</p> <p>The program started in 2003 and consists of a 12-week diversion program for first-time youth offenders from the Tiwi Islands.</p>	<p>Evaluation involved qualitative and quantitative data analysis including interviews, document analysis, observations and analysis of administrative data.</p>	<p>The evaluation found the program was effective in reducing adverse contact between Tiwi youth and the criminal justice system. Individual re-offence data from NT Police for program participants showed that 20% of participants (13 of 65 young people) had contact with the police for alleged offences in the year following commencement with the program — below what would be expected for this population without the intervention.</p>	<p><b>Moderate</b></p> <p>Data was not available for comparisons with youth that did not participate in the program during this time, and further assessment of the outcomes from this program by comparing with a similar group who did not participate would be desirable. School attendance data for individuals were requested but unable to be provided due to confidentiality and small numbers</p>
<p><b>4. Crime</b></p>	<p><b>Yuendumu Mediation and Justice Committee program</b> — CBA report (Daly and Barrett, n.d).</p> <p>The Yuendumu Mediation and Justice Committee program has been operating since 2011 and draws upon traditional Warlpiri dispute resolution and relationship-sustaining practices to strengthen family relationships and develop strategies that promote community safety and address family violence.</p>	<p>The evaluation methodology used a desktop review, interviews with key stakeholders and key documents to identify and value the economic costs and benefits of the Yuendumu Mediation and Justice Committee using an application of Cost Benefit Analysis.</p>	<p>The project was found to have reduced and prevented violence by ensuring conflicts are settled peacefully and quickly. The Net Present Value in 2014 was \$14.1 million with a benefit-cost ratio of 4.3.</p>	<p><b>N/A</b></p>
<p><b>5. Crime</b></p>	<p><b>Marapai Ngartathati Murri Womens Group and Yurru Ngartathati Mens Group Indigenous justice program</b> — evaluation summary (James Cook University, November 2013).</p> <p>The diversionary rehabilitative bail program targets Indigenous offending in Mount Isa, Queensland.</p>	<p>The evaluation involved talking to people who had taken part in the men's and women's groups and other people in the community involved with the program. The report consisted of three pages providing a summary of the evaluation findings.</p>	<p>The findings of the evaluation briefly outlined what was working well with the program, the impact of the program on people and what needed to improve with the program</p>	<p><b>Weak</b></p> <p>Only the evaluation summary was available, so difficult to draw conclusions. Although people reported positive benefits from taking part in the program there was very little evidence of the effectiveness of the program beyond anecdotal evidence.</p>

Type of program	Name and description of program/ form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
6. Crime	<p><b>On The Road Lismore driver education</b> – evaluation report (Lismore Adult Community Education (ACE)).</p> <p>On the Road is a comprehensive driver education program that targets Aboriginal people living in the Far North Coast of NSW. The overall goal of the program is to reduce the over-representation of Aboriginal people living in the Far North Coast of NSW in the criminal justice system.</p>	<p>Literature review.</p> <p>Quantitative: statistics from the ACE enrolment and BOCSAR databases.</p> <p>Qualitative: 18 face-to-face interviews, 5 phone interviews and 5 focus groups with 55 participants.</p> <p>No control group.</p>	<p>The report states that the program has been successful in accessing its target audience and increasing awareness of its available resources.</p> <p>The report also states that there has been a decline in the number of driving offences for the targeted Aboriginal population, however, without an established control group, this cannot be attributed to the program. Furthermore, the lack of routinely collected data in the area (lack of identification of Aboriginality in RTA road crashes) makes it impossible to link improvements to the program.</p>	<p><b>Weak</b></p> <p>The structure of the report is good and there were clear objectives. However, the report is only able to confirm that awareness in the region had been improved on. The core objectives (reducing the number of driving offences and individuals coming into contact with the criminal system) could not be adequately accounted for.</p>
7. Culture	<p><b>Vibe Australia suite of products</b> – evaluation (KPMG, 2013)</p> <p>Vibe Australia is a NFP organisation which aims to improve the well-being of Indigenous people through national communications, media and events services.</p>	<p>Evaluation methodology consisted of: desktop research; a reader survey to readers of Vibe's Deadly Vibe magazine (3,500 were distributed); an online survey; participant survey; focus groups and telephone interviews.</p>	<p>The majority of funding received by Vibe (89%) is expended on program delivery rather than administrative funding. Vibe also generated additional income from corporate entities and as a result Vibe was able to match the federal government's contribution of \$2.3 million to generate \$4.6 for its suite of products. Overall, while there was some variability between the products and integration between products could be improved, the evaluation found they provide value for money and a unique service.</p>	<p><b>Moderate</b></p> <p>The methodology was comprehensive with a range of qualitative and quantitative methods utilised. However, the number of people who responded to the surveys and participated in the interviews was not provided.</p>

Type of program	Name and description of program/ form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
<p><b>8. Culture</b></p>	<p><b>The Yiriman Project (WA)</b> – (Palmer, D, 2013)</p> <p>The Project is a cultural immersion program that consists of trips 'on country', where elders teach young people at risk of offending about their cultural heritage.</p>	<p>Case study/qualitative study. Methodology consisted of:</p> <ul style="list-style-type: none"> <li>• A literature review including an appraisal of media reviews and articles.</li> <li>• Written and verbal feedback from community members</li> <li>• Direct participation and observation from field trips, including extended visits of two months during 2009 and 2010.</li> <li>• Interviews with staff.</li> </ul>	<p>The qualitative study found that the program builds young people's confidence and improves their self-worth, and is considered to have helped curb suicide, self-harm and substance abuse in the participating communities.</p>	<p><b>N/A</b></p>
<p><b>9. Culture</b></p>	<p><b>Indigenous hip hop projects</b> – Evaluation report of Indigenous Hip Hop Projects (Kurongkurl Katitjin, Centre for Indigenous Australian Education and Research Faculty of Education and Arts, Edith Cowan University 2009).</p> <p>The IHHP is a partnership with Beyond Blue to provide workshops that combine Indigenous culture and hip hop to promote confidence and positive self-expression.</p>	<p>Impact evaluation of Indigenous Hip Hop Projects (IHHP) on young people in selected sites in the Kimberley and Pilbara regions of WA.</p> <p>The evaluation was conducted over three stages, using a combination of qualitative methods including questionnaires; one-on-one interviews and focus groups.</p>	<p>The evaluation found that young people appeared to respond well to the health promotion messages of IHHP. There was some recall of the messages relating to depression and self-respect, as well as the key messages of look; listen; talk; and seek help. Young people also expressed "feeling good about themselves" as a result of some of the IHHP activities. However, the evaluation recommended that Beyond Blue should consider programs complimentary to IHHP that specifically target education about depression and anxiety.</p>	<p><b>Weak</b></p> <p>The evaluation sought to use a range of qualitative methods but was let down by a lack of quantitative data and an overreliance on anecdotal evidence.</p>
<p><b>10. Culture</b></p>	<p><b>Our Men Our Healing: Creating hope, respect and reconnection</b> executive summary of evaluation (Healing Foundation, 2015).</p> <p>Our Men Our Healing are three pilot men's healing projects in the remote Northern Territory communities of Maningrida, Ngukurr and Wurrumiyanga.</p>	<p>Evaluation focuses on implementation and early development of the programs. The executive summary did not describe the type of methodology used in the evaluation.</p>	<p>Key program achievements include a reported decrease in the incidence of family and domestic violence and less violence generally in communities. In one community there was a reported 50% reduction in the number of men registered with the NT Department of Correctional Services and a significant reduction in rates of recidivism and reoffending, as well as increased levels of cultural practice.</p>	<p><b>Weak</b></p> <p>Methodology not described and only executive summary available. Program achievements were very positive but more evidence needed to show causality. No control group.</p>

Type of program	Name and description of program/ form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
<b>11. Culture</b>	<p><b>Army Aboriginal community assistance program</b> – audit (Australian National Audit Office (ANAO), 2010)</p> <p>The Army Aboriginal Community Assistance Program (AACAP) aims to develop and upgrade environmental health infrastructure in remote Aboriginal and Torres Strait Islander communities.</p>	<p>Audit – the audit assessed FaHCSIA’s management of AACAP and how the Department monitors the contribution the program is making to the improvement of primary and environmental health, and living conditions, in remote Indigenous communities.</p>	<p>Since 1997, the program has implemented projects in 20 discrete locations covering 35 communities in the Northern Territory, Western Australia, South Australia and Queensland. Overall the audit found the program represented good value for money and that the program was consistent with COAG’s objectives.</p>	<b>N/A</b>
<b>12. Education</b>	<p><b>Animal Management in Rural and Remote Indigenous Communities Inc. (AMRIICC) – Animal Management Worker Program</b> – evaluation report (Regina Hill, Regina Hill Effective Consulting Pty Ltd, August 2014).</p> <p>The project aimed to shift responsibility and capability back into the hands of the local community by employing Aboriginal animal workers (AMWs) to help improve companion animal health and control in those regions.</p>	<p>The type of data was almost entirely quantitative, comprising tables and figures showing the number of jobs/positions created, number of animals treated, how long each person had retained their position/employment.</p>	<p>The report suggests some improvement in skill development, although long-term employment opportunities/occurrences are lacking, mainly due to personal issues (as reported by the participants). It was noted that there were often problems with too little work to actually keep participants busy during the week.</p>	<b>Moderate</b> The data captured seems appropriate and accurate and was reported on a continuous basis.
<b>13. Education</b>	<p><b>AIME Outreach Program</b> – evaluation (KPMG, 2015).</p> <p>The AIME (Australian Indigenous Mentoring Experience) Program was established in 2005. The goals of the program are to improve retention rates of Aboriginal and Torres Strait Islander high school students to year 12 and post school and to connect Aboriginal and Torres Strait Islander students to university and employment.</p>	<p>An independent evaluation was undertaken in 2012 to evaluate the AIME Outreach Program, in comparison to the Core Program. The evaluation included a mixed-method design incorporating: observation of program delivery; interviews with program facilitators, mentors and mentees; review of AIME documentation and a quantitative survey of mentees.</p>	<p>The evaluation found that AIME and AOP are achieving positive results. In its first year of operation, the AOP reached its objective of encouraging better school grade progression rates for Aboriginal and Torres Strait Islander students, compared with the national average. In 2015, AIME connected approximately 5700 high school students with 1900 volunteer university students across 18 Australian universities, in all mainland states and the ACT.</p>	<b>Moderate</b> A mixed-method evaluation design utilised a range of data sources to enable findings to be cross-checked and verified with other data.

Type of program	Name and description of program/ form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
14. Education	<p><b>Let's Start: Exploring Together</b> — final evaluation report (Charles Darwin University, 2009).</p> <p>An early intervention program which aims to help parents and young children deal with emotional issues and challenging behaviour. Therapeutic support is provided to help children's social and emotional development before they start school.</p>	<p>Strong and thorough analysis of both quantitative and qualitative data. Full sources of data attached in the appendix.</p> <p>No control group.</p>	<p>The report states that there were marked improvements in the behaviour of both children and parents. The most improvement was seen in urban indigenous girls and urban non-indigenous boys.</p>	<p><b>Moderate</b></p> <p>The evaluation methodology has a sound framework. However, it does not list the % of participants who completed the entire 12-week program. Rather, it only lists participants who completed 4 or more sessions, which is 43% for Tiwi people, and 10% for urban indigenous people. The original sample size is 110 (of which 47 are non-indigenous) so it is a very small sample pool. In addition, the program was delivered using different methods in the different locations.</p> <p>However, many different types of analysis have been applied in the report, resulting in the moderate rating.</p>
15. Education	<p><b>The national Care for Kids' Ears Campaign</b> — evaluation report (CIRCA, 2013).</p> <p>This program is funded by the federal government under a four-year agreement to improve eye and ear health services for Indigenous people.</p>	<p>The evaluation used the following methodology:</p> <p>Interviews and an online survey with education and health professionals; case studies based on focus groups/interview with parents/carers and a quantitative survey conducted with mothers and female carers of children aged 0-5 years (baseline in July 2011 and follow-up from November 2012 to February 2013), with a sample size of n=200 in each round.</p>	<p>The evaluation found that the Campaign had a positive impact on awareness of ear disease among Aboriginal and Torres Strait Islander communities, including increased knowledge of symptoms and prevention, and increased help-seeking behaviours, as evidenced through a follow-up survey of 200 mothers/carers 18 months after the campaign launch.</p>	<p><b>Moderate</b></p> <p>The methodology was sound, with a baseline survey conducted to measure the impact of the national campaign and a control group. However, potential for bias due to the non-representative nature of the sampling, in particular the choice of locations was not randomised. As a result the findings are not generalisable to the wider target population of Aboriginal and/or Torres Strait Islander mothers and carers of children aged 0 to 5 years in Australia.</p>

Type of program	Name and description of program/ form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
16. Education	<p><b>Australian Electoral Commission's (AEC) Indigenous electoral participation program</b> — evaluation volumes 1 and 2 (AEC, 2012). Volume 2 contains the case studies</p> <p>IEPP program is aimed at empowering Aboriginal and Torres Strait Islander Australians in exercising their right to vote.</p>	<p>Evaluation methodology included: literature scan and document review; semi-structured interviews with staff; focus groups; case studies with a cross section of communities and analysis of data available from the Queensland and the Northern Territory elections</p>	<p>The evaluation found variation in the degree to which IEPP's stated objectives and outcomes have been achieved. The evaluation recommended basing future changes to the program on evidence of 'what works', and harnessing the experiences of other government agencies and programs working in an Indigenous context. This includes the adoption of a robust monitoring and evaluation system and routine analysis of performance data.</p>	<p><b>Moderate</b></p> <p>Methodology was robust and included a Monitoring and Evaluation Framework and triangulation of qualitative and quantitative data. Information on the number of people who participated in interviews/focus groups was provided and interview guides were provided in appendix. However, difficult to identify changes in electoral behaviour as ethnicity not recorded on the electoral roll or when people vote. Performance data for the program was also not entered uniformly or consistently by States and Territories. Lack of preparation, capacity and training impacted on qualitative analysis of Field Officer journals.</p>
17. Education	<p><b>Australian Indigenous Education Foundation (AIEF)</b> — annual report</p> <p>The AIEF is a private, non-profit organisation that provides scholarships to enable Indigenous students to attend private boarding schools. The programs also provide mentoring and career support to encourage Indigenous students to attend University. There are two core programs: the AIEF Scholarship Program and the AIEF Pathways Program.</p>	<p>Annual reports/reviews</p>	<p>In 2015 the number of students attending school and university on AIEF Scholarships exceeded 500 for the first time.</p> <p>School students supported by the program achieved a 93% retention and Year 12 completion rate and 96% of tertiary scholarship students continued or completed their university studies during the year.</p>	<p><b>N/A</b></p>

Type of program	Name and description of program/ form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
<b>18. Education</b>	<p><b>Ganbina</b> — Impact Assessment (SVA, 2016).</p> <p>Ganbina was established in 1997 to help improve school and further education completion rates and 'real' job prospects among about 6000 Indigenous people in the Goulburn Valley in Victoria.</p> <p>Ganbina is unique in that it is 100% funded by corporate and philanthropic foundations.</p> <p>The cost per participant averages \$3,300 a year.</p>	<p>The purpose of the impact assessment was to assess Ganbina's cumulative impact since 2005.</p> <p>The methodology used consisted of stakeholder consultations and interviews, reviewing Ganbina's client data, desktop research on relevant contextual and environmental factors, and data collected on previous evaluations and assessments of Ganbina.</p>	<p>Year 11 to Year 12 retention rates increased from 62% in 2009-10 to 73% in 2015-16 far surpassing the Greater Shepparton Indigenous and national Indigenous rates.</p> <p>All participants aged 25 to 34 years who had been with Ganbina for five years or more had attained Year 12 or an equivalent qualification.</p> <p>University participation increased from two Ganbina participants in 2009 to 15 in 2016.</p>	<p><b>Strong</b></p> <p>A range of data sources was utilised and a review of previous evaluations was undertaken to provide a longitudinal assessment of the program's impact.</p>
<b>19. Education</b>	<p><b>Creative Recovery Pilot Program</b> — an evaluation report (for Department of Science, Technology, Innovation and the Arts, conducted by NSF Consulting, December 2012).</p> <p>The Creative recovery project teaches arts skills to Indigenous people with mental health issues to help improve their emotional well-being.</p>	<p>The methodology was comprised solely of qualitative data: stakeholder consultations, in-depth interviews, participation in the Creative Recovery National Forum and case studies.</p> <p>The evaluation was conducted one month before program completion.</p>	<p>The conclusions were that the pilot project contributed to a "growing body of evidence" that arts-led recovery processes are beneficial for the community. However, due to the evaluation data coming solely from program workers and associated artists, the conclusion is on shaky grounds. There was no data gathered from the wider community.</p>	<p><b>Weak</b></p> <p>Although the evaluation concluded that the program met its objectives, there was no cost-benefit analysis provided, other than measuring success as producing the desired number of events and other programs. In other words, by completing/producing enough programs, it stated that it was a success.</p> <p>The appendices clearly show that the only stakeholders consulted were internal (workers, consultants and others who personally benefitted from the project).</p>
<b>20. Education</b>	<p><b>Indigenous Youth Leadership Program</b> — an evaluation report (Jobs Australia Foundation, prepared by EMS Consultants, October 2011).</p> <p>The program aims to help increase Indigenous young people's leadership skills and for them to become positive role models in their communities. The evaluation covers a period of two years, 2010 and 2011.</p>	<p>There was a broad variety of quantitative and qualitative methods used to evaluate. However, the sample pool is small (22 participants; mentees and mentors).</p> <p>A drawback is that most of the evaluation is based on "self-reporting" — asking the participants questions at the end of the program about their attitudes and feelings of satisfaction.</p>	<p>The evaluation report concludes that the program was a success. However, it is stated that more effort needed to be put into finding appropriate mentors, as many of them were ill-equipped to perform their duties as outlined in the program.</p> <p>While leadership skills were one of the main objectives of the program, not all participants reported that their leadership skills had improved.</p>	<p><b>Weak</b></p> <p>Due to a heavy focus on self-assessment, and no follow up, many of the learned outcomes cannot definitely be attributed to the activities of the program.</p> <p>Examples of the questionnaires were attached as an appendix, but not the answers/data.</p>

Type of program	Name and description of program/ form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
<b>21. Education</b>	<p><b>The Sporting Chance Program</b> – audit report (Office of Evaluation and Audit OEA, Indigenous Programs, 2009 and an evaluation (Lonsdale et al, 2011).</p> <p>The program uses sport and recreation to help improve educational outcomes for Indigenous students</p>	<p>The objective of the performance audit was to assess the performance of academies funded under the Sporting Chance Program and DEEWR's management of the program.</p> <p>The audit did not assess the performance of the program's education engagement strategies component as this part of the program was not introduced until 2008.</p> <p>An evaluation of the Sporting Chance Program.</p>	<p>The audit concluded that the academies' efforts were directed toward achieving intermediate outcomes – that is, helping students to come to school and improving their behaviour and engagement in the classroom. Anecdotal evidence suggested the program had a positive impact on the educational experiences of Indigenous students.</p> <p>Of the 143 schools contacted as part of the evaluation, 87 (61 per cent) participated. School staff considered the program to have a moderate impact.</p>	<p><b>Weak</b></p> <p>As there was limited performance data available, the auditors were unable to comment on the extent to which the academies had improved students' enrolment, attendance, retention and engagement.</p> <p>The evaluation did not include comparison results for schools and students not in the program.</p>
<b>22. Education</b>	<p><b>School Nutrition Program</b> – Stakeholder survey (Dep. Of Employment, Education and Workplace Relations, 2009).</p> <p>The program provides breakfast and/ or lunch to school-aged children from remote communities of the Northern Territory, to help encourage them to attend school and to engage in learning.</p>	<p>Qualitative stakeholder survey only.</p> <p>No control group.</p>	<p>The conclusion of the survey is that of overall satisfaction of the program, as measured by the self-assessment by various stakeholders.</p>	<p><b>Weak</b></p> <p>The data included in the report is purely qualitative. It emphasises statements made by stakeholders (providers, parents, etc) such as 'attendance has improved', however it provides no statistical data as evidence.</p>
<b>23. Education</b>	<p><b>The MoneyMob Talkabout (MMT) program</b> – an evaluation (Garner, S and Pryor, A, 2015)</p> <p>The MMT program was established in 2012 in the Amata, Mimili and Pukatja communities of SA and assists people in remote Aboriginal communities to manage their money. Teams also visit other remote communities in SA, WA and the NT providing services on an outreach basis.</p>	<p>No methodology section provided in report, however methodology appeared to consist of surveys administered through fieldtrips and analysis of program data</p>	<p>The evaluation found that, while many community members still had complex barriers to improving their financial literacy, MMT clients were more likely than non-MMT clients to have developed basic financial management skills.</p>	<p><b>Weak</b></p> <p>Evaluation would have been improved by a detailed methodology section in the report and a discussion on the limitations of the methodology.</p>

Type of program	Name and description of program/ form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
24. Health	<p><b>Growing Strong — Feeding You and Your Baby</b> — evaluation report (Queensland Health, 2009).</p> <p>The program provides information on healthy food to eat during pregnancy.</p>	<p>Quantitative: distribution and promotion of created content.</p> <p>Qualitative: surveys with health workers and client discussion groups.</p> <p>The goal of the evaluation was to evaluate the usage of the Growing Strong resources by health workers and other health professionals throughout Queensland, and to obtain client feedback.</p> <p>No control group.</p>	<p>Good feedback was generally given on the utilisation of the GS material, with 9/10 health workers responding that they had used the materials. Positive feedback was also given on the quality of the materials, and the organisation had 65 individual requests for more resources/materials, mainly from other indigenous-run NGOs.</p>	<p><b>Moderate</b></p> <p>Health worker surveys had a 39% response rate and 69 clients participated in discussion groups.</p> <p>The feedback is analysed thoroughly, however it must be emphasised that the evaluation is on the quality and utilisation of the materials, rather than whether the material made a positive difference amongst recipients.</p>
25. Health	<p><b>EON Thriving Communities Program in Six Kimberley Communities</b> — Evaluation report (KPMG, 2013). A</p> <p>The Edge of Nowhere Foundation (EON) delivers the program to promote healthier lifestyles in remote communities. The Thriving Communities Program is currently being delivered in 16 communities in WA — 13 across the Kimberley region and 3 in the Pilbara.</p>	<p>A process and outcomes evaluation of the program in six remote Indigenous communities. The evaluation used a case study approach to describe the evolution and impact of each of the Program components in all locations.</p> <p>Literature and data review.</p> <p>Stakeholder consultations.</p> <p>Field-visits to five of the six evaluation communities (with wet weather preventing the visit to the sixth community).</p>	<p>The evaluation found EON takes 'a genuine community development approach that values long term engagement over rapid delivery...'. Evidence suggested the program had increased people's knowledge of horticultural and healthy eating. However, the evaluation found that poor local governance and lapses in the administration of councils had made engagement with residents in some communities difficult.</p>	<p><b>Moderate</b></p> <p>Evaluation design was relatively good but community level data was not available for three of the communities.</p>
26. Health	<p><b>Petrol sniffing strategy</b> — an evaluation report (Origin Consulting, 2013).</p> <p>The strategy aimed to reduce petrol sniffing and other types of substance abuse among Indigenous young people.</p>	<p>A Whole of Strategy Evaluation (WOSE) — a high-level strategic review of the implementation of the Petrol Sniffing Strategy (PSS) since its establishment in 2004/05.</p>	<p>Overall, and particularly through the roll out of low aromatic fuel (LAF) and youth services, the PSS has achieved a dramatic reduction in the prevalence of sniffing across much of remote Australia.</p>	<p><b>Moderate</b></p> <p>The focus of the evaluation was on the management and implementation of the PSS and did not assess the current level of sniffing to illustrate impact.</p>

Type of program	Name and description of program/ form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
27. Health	<p><b>Filling the Gap Indigenous Dental Program</b> – final evaluation report (L. Pulver &amp; al, University of NSW, December 2009).</p> <p>‘Filling the Gap’ recruits volunteer dentists to address the chronic shortage of dental professionals available to Indigenous people in northern Queensland.</p>	<p>Literature review.</p> <p>Quantitative data from patient databases.</p> <p>In-person, telephone and group interviews.</p>	<p>The report is very in-depth and analyses the program thoroughly, but in terms of service delivery and outcomes (with what data was available).</p> <p>The report states that the increase in the numbers of indigenous people accessing the services confirm the pressing need for publicly funded dental care in remote locations.</p>	<p><b>Moderate</b></p> <p>Although the report does not utilise a control group/benchmark data to evaluate effectiveness, it does provide a very good overall, and in some areas detailed, analysis of the program, using several different metrics.</p>
28. Health	<p><b>Tri-State HIV/STI Project</b> – Evaluation (Australian Institute for Primary Care, 2004)</p> <p>The project aims to reduce the incidents and impact of sexually transmissible infections on remote Indigenous people living on the borders of South Australia, Western Australia, and the Northern Territory.</p>	<p>This project has been subjected to several evaluations since its implementation in 1994.</p> <p>The most recent evaluation strategy included a quantitative analysis of STI/HIV surveillance data and the surveillance system, combined with a qualitative process evaluation.</p>	<p>Key successes of the program identified were:</p> <p>enhanced integration of sexual health into comprehensive local primary health care delivery; expanded and coordinated active case finding; sustained regional commitment/approaches to STI control; and cross-border standardisation of sexual health procedures. However, more effective links to policy and planning development in the region was needed.</p>	<p><b>Moderate</b></p> <p>Although the evaluation methodology was robust, the model for the program was missing a set of key performance indicators, so that activities could be assessed against objectives.</p>
29. Health	<p><b>Women’s development project</b> – evaluation (Fred Hollows Foundation, 2012)</p> <p>The project aims to increase self-determination among Indigenous women living in East Katherine in the Northern Territory.</p>	<p>Strength-based evaluation methodology.</p> <p>Review of Documentation and Literature.</p> <p>Initial Field Trip and Stakeholder Interviews.</p> <p>Second Field Trip and Stakeholder Interviews.</p>	<p>The evaluation found the program had ‘Increased the self-determination of women in the Jawoyn region’. The most important impact on the women’s self-determination was the establishment of the Banatjarl Women’s Council and the election of office bearers, which formalised the role of the women’s centres in speaking up for women and taking control of issues that affect women in the region.</p>	<p><b>Moderate</b></p> <p>Although the methodology used was sound, as this was the first qualitative evaluation there was no formal baseline information regarding women’s empowerment to draw on.</p> <p>High population mobility meant some of the key women were away from their communities during the time of fieldwork.</p>

Type of program	Name and description of program/ form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
<p><b>30. Health</b></p>	<p><b>Wurli-Wurlinjang diabetes day program</b> —an evaluation (Centre for Remote Health, 2011)</p> <p>The program aims to improve outcomes for clients with Type 2 Diabetes at Wurli-Wurlinjang Health Service by encouraging greater self-management of diabetes.</p>	<p>A program logic was used to help develop an evaluation framework.</p> <p>This framework allowed the program to be evaluated in terms of process, impact and outcome.</p>	<p>The program logic enabled effective evaluation of the program and demonstrated that the program model is basically sound and generalisable to other services. However, a number of issues were identified with the program such as a poor recall system, education sessions that participants were unable to understand, and medication compliance and transport issues.</p>	<p><b>Moderate</b></p> <p>Although an evaluation framework was used there was no discussion on the limitations of the methodology. Participant numbers were also not included.</p>
<p><b>31. Health</b></p>	<p><b>The Victorian Aboriginal Spectacles Subsidy Scheme</b> — evaluation report (Vic. Dep. Of Health &amp; Australian College of Optometry, July 2012).</p> <p>This program provides subsidies to Indigenous Victorians for spectacles and other visual aids.</p>	<p>Quantitative: service delivery data (from databases).</p> <p>Qualitative: service provider interviews, patient stories, community awareness.</p> <p>No control group.</p>	<p>The number of consultations increased by 116% within the first year of operations. Anecdotal evidence from the interviews seems to confirm the increase in demand for the services.</p>	<p><b>Moderate</b></p> <p>The evaluation framework is sound, but in depth comparisons of the level of service provision pre-and post-commencement of the Scheme was not possible as other providers had not been required to identify the Indigenous status of people accessing the Scheme.</p> <p>A key limitation of the evaluation was the amount of service delivery data, including baseline data available to analyse whether the Scheme had achieved its intended outcomes.</p>
<p><b>32. Health</b></p>	<p><b>The Family Wellbeing Program</b> — an evaluation report (Closing the Gap Clearinghouse, 2013).</p> <p>The program aims to help Aboriginal people find new ways to cope with grief and loss. The program is being delivered in 56 sites across Australia.</p>	<p>A synthesis of seven formative evaluations of the program, which involved a total of 148 adult and 70 student participants.</p>	<p>The synthesis found that the program had increased the capacity of participants to exert greater control over their health and wellbeing.</p> <p>There was no evidence presented of positive changes occurring at the broader, community level.</p>	<p><b>Moderate</b></p> <p>Reviewing the seven evaluations allowed for trends over time to be identified. However, some of the methodology of the seven evaluations was limited, for example, for one evaluation the primary source of data was analysis of unedited video footage from a one day reflective workshop for FWB participants.</p>

Type of program	Name and description of program/ form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
33. Health	<p><b>Strong Fathers Strong Families program (SFSF)</b> — descriptive analysis of the program rather than an evaluation (Urbis, 2013).</p> <p>The SFSF program aims to promote the role of Aboriginal fathers and other men in supporting their children and families with a particular emphasis on antenatal care and early childhood.</p>	<p>Descriptive Analysis rather than an evaluation.</p> <p>Document review of program data.</p> <p>Interviews and focus groups with staff, participants and stakeholders.</p>	<p>Participation in the program delivered a number of positive outcomes for men, including increased self-confidence and education and employment opportunities.</p> <p>The report recommended developing a reporting template to capture data against KPIs regularly and consistently. This would also allow sites and the Department to monitor implementation and outcomes across sites, and measure change in participants over time.</p>	N/A
34. Health	<p><b>Good quick tukka: cook it, plate it, share it</b> — evaluation of initial concept (QAHC, no date).</p> <p>The project teaches cooking skills with the aim of increasing the number of meals Indigenous people make at home.</p>	<p>Not a proper evaluation as such, more an evaluation plan.</p> <p>Data primarily came from feedback forms from people who had participated in the project and group interviews.</p>	<p>From the qualitative data collected, there was an increase in knowledge about other cultural cuisines, people's skill level increased and there was a reported increase in confidence and self-esteem.</p> <p>One person found a job working in a kitchen after taking part in the project.</p> <p>Respondents from the group interview stated that they liked the recipes and wanted more sessions, 33% of the participants interviewed had 'cooked more often' and 71% had cooked the recipes again.</p>	N/A
35. Health	<p><b>Balunu Foundation Cultural Healing program</b> — case study (Muru Marri School of Public Health and Community Medicine UNSW, Australia, 2013).</p> <p>The program provides young Aboriginal people with the opportunity to reconnect with their cultural and spiritual identities</p>	<p>Case study used qualitative methods of data collection and analysis, including documentary review, in-depth interviews and participant observation of one of the healing camps.</p>	<p>The program is delivered by a strong team of Aboriginal people who amongst them have a range of experiences, skills and knowledge, and a deep commitment to making the program work. The young participants relate well to the Aboriginal staff who have had similar life experiences to them in the past.</p>	N/A

Type of program	Name and description of program/ form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
<p><b>36. Health</b></p>	<p><b>Ngala Nanga Mai pARent Group</b> – Case Study (Muri Marri School of Public Health and Community Medicine, UNSW and  The pARent Group Program, Sydney Children’s Hospital, n.d.)  The program aims to improve the health of young Aboriginal parents and their children by encouraging parents to take part in educational activities.</p>	<p>The case study/review involved a participatory mixed methods approach and quantitative research processes including analysis of routinely collected program data and the collection and analysis of survey data. Qualitative research processes included focus groups, semi-structured interviews and testimonial data.  Baseline quantitative data was compared with qualitative findings.</p>	<p>Findings suggest parents perceive the program to be valuable for their own personal development as well as their child’s.  The program incorporates important elements of successful programs for Aboriginal and Torres Strait Islander young people, such as creating a safe place and providing opportunities for people to develop their own strengths and skills etc...  The authors argue more funding would enable the program to reach its potential and allow its impacts to be sustained.</p>	<p><b>N/A</b> – however, the methodology used compares very favorably with those used in many of the evaluations. At the same time, a disproportionately large section of the report is spent justifying the methodology used rather than analysing the findings from the research.  Study was also limited due to the lack of robustness in such a small sample size, and that the review only assessed a single point in time. Ideally for an evaluation, measurements would be taken prior to starting (pre-program baseline) and then at regular intervals after commencing in order to detect changes in response.</p>
<p><b>37. Health</b></p>	<p><b>Aboriginal Maternity Group Practice Program (also known as Moort Boodjari Mia)</b> – (Christina Bertilone and Suzanne McEvoy, 2015)  The AMGPP program provides free antenatal and postnatal clinical care, to pregnant Aboriginal women. Each client is supported by a team of health professionals during pregnancy and for four weeks after they have given birth. Support provided includes clinical care and cultural, social, and emotional care and support.</p>	<p>Non-randomised intervention study using data from the Western Australian Midwives Notification System. Regression models were used to analyse data from 343 women (with 350 pregnancies) who participated in the AMGPP and gave birth between 1 July 2011 and 31 December 2012. Methodology included historical and contemporary control groups of pregnant Aboriginal women matched for maternal age.</p>	<p>Participation in the AMGPP associated with significantly improved neonatal health outcomes. Babies born to AMGPP participants were significantly less likely to be born preterm 9.1% versus historical controls of 15.9%.</p>	<p><b>Strong</b>  Regression analysis and matched control group.</p>

Type of program	Name and description of program/form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
<b>38. Health</b>	<p><b>Family Violence Partnership Program (FVPP)</b>— Two evaluations, (Courage Partners, 2005) and evaluation of FaHCSIA</p> <p>Family Violence Programs (Department of Finance and Deregulation, Office of Evaluation and Audit (Indigenous Programs), 2007).</p> <p>Program supports practical, grassroots initiatives to address family violence, sexual assault and child abuse.</p>	<p>First evaluation looked primarily at FVPP, second evaluation looked at FVPP as part of a suite of Family Violence Programs delivered by FaHCSIA.</p> <p>First evaluation involved a document and administrative data review, key stakeholder interviews, ten site visits and interviews/focus groups with participants.</p> <p>Second evaluation involved a literature review (meta review of government reports), consultation with key stakeholders, survey of FaCSIA project managers and program data analysis.</p>	<p>First evaluation found very few projects were directly based on knowledge of documented evidence approaches to dealing with family violence. People did not appear to know about good practice and that some projects were counterproductive, ie risks of a safe house in communities that are not yet ready to manage the challenges involved.</p> <p>Second evaluation found that while there were qualitative and quantitative performance indicators for FVPP projects there was no identified program-wide performance indicators for FVPP.</p>	<p><b>Strong</b></p> <p>Together both evaluations provide a strong evidence base about the effectiveness of the FVPP program. In particular the meta-analysis of documentation, and triangulation of qualitative and quantitative data provided revealing insights about some of the issues with the FVPP program. Utilisation of this information would have enabled significant improvements to the FVPP programs to be made.</p>
<b>39. Health</b>	<p><b>Bumps to Babes and Beyond</b> — evaluation report (by Avrille Burrows, Beverley Allen and Sharon Gorton, December 2014).</p> <p>This program is designed to provide support for young and vulnerable mothers during pregnancy and the first 18 months afterwards. It was a 2 year program.</p>	<p>Literature review, interviews with participants and quantitative data (demographics and surveys).</p> <p>9 mothers participated in the program. At the time of writing the report, a few of them had not yet completed the program as their children were under the 18 month milestone.</p>	<p>The report stated many positive outcomes for the mothers and their babies (lower rates of depression, all babies residing with their mothers, etc.). However, without a control group it is not possible to attribute these findings to the program.</p>	<p><b>Weak</b></p> <p>As a result of low participation, focus group interviews were dropped. Furthermore, some interviews were done by telephone, due to time and/or resource constraints on behalf of the mothers. There is a distinct lack of tying the positive outcomes specifically to the study.</p> <p>There was no control group.</p>
<b>40. Health</b>	<p><b>Deadly Teeth</b> — project report, Phase 1 (Winda-Mara Aboriginal Corp. &amp; Health Promotion Unit at Portland District, May 2012).</p> <p>Program takes a holistic approach to oral health by focusing on oral hygiene and health literacy as well as access to dental services, for families with children aged 0-5 years.</p>	<p>The report does not include a specific methodology section (!).</p> <p>The report lists a literature review, pre and post-program telephone surveys. The emphasis was on the framework itself and resources utilised rather than on measuring outcomes.</p> <p>No control group.</p>	<p>The data collection is very weak and the survey does not ask specific questions related to the program activities and resources given to participating clinics. The only recorded outcome was that the resources given were (1) culturally appropriate and (2) that they would use them again. Very little in the report about actual program activities.</p>	<p><b>Weak</b></p> <p>Mainly data showing whether the dental clinics were utilising the provided resources and anecdotal evidence. Without a control group, it is difficult to assess the success of the program.</p>

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41. Health	<p><b>Deadly Ears Deadly Kids Deadly Communities</b> — evaluation report (J. Durham, L. Schubert &amp; L. Vaughn, March 2015).</p> <p>The program aims to reduce high rates of conductive hearing loss from middle ear disease among Indigenous children.</p>	<p>Literature review, stakeholder interviews (the content of which was independently analysed), community visits and quantitative data from medical records.</p> <p>No control group.</p>	<p>The conclusion is that stand-alone ventures, such as this program, is unlikely to effectively combat CSOM (chronic ear inflammation) as the causes and determinants are varied and interwoven with many other lifestyle aspects. It also highlighted the need for a standardised method of collecting data across clinics.</p>	<p><b>Weak</b></p> <p>The report says data collected from the Deadly Ears ENT clinics “indicated” that the prevalence of CSOM had been reduced, though senior officials from the clinics said they had no data on the prevalence of the disease. Data from other clinics were not included = no control group.</p> <p>An accurate assessment of the overall reduction in the incidence of ear inflammation was not possible, due to the lack of population level data.</p>
42. Health	<p><b>Healthy Weight Program (Living Strong Program)</b> — evaluation report (Queensland Health Promotion Unit, 2005).</p> <p>The program encourages participants to have a healthy lifestyle through good nutrition and physical exercise.</p>	<p>Quantitative participant data analysis and in-depth interviews with key stakeholders.</p> <p>There were baseline measurements available obtained prior to the program.</p>	<p>Post-program outcomes were generally positive as shown through the individual participant screening data and qualitative data. Most participants were ‘at risk’ at the start of the HWP; most reduced their body weight and waist/hip circumferences; and showed some modest positive change in terms of their lifestyle behaviours.</p>	<p><b>Weak</b></p> <p>Despite evidence suggesting that a total of 432 people participated, full screening data was only available for 34 individuals. Furthermore, data from this participant population may not be representative of participants who attended screening sessions or workshops during the 12-month data collection period for this evaluation (!).</p> <p>Comparative effectiveness (as measured against similar programs) was not investigated.</p> <p>The post-program data was collected through questionnaires. Self-reporting in relation to healthier lifestyle choices are always notoriously over-stated, and there was no confirmation of answers by the program workers.</p>

Type of program	Name and description of program/ form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
43. Health	<p><b>Family Violence Regional Activities Program</b> — final evaluation report (by Courage Partners, Morgan Disney &amp; Associates, Success Works, May 2005).</p> <p>This program provides support to grassroots projects aimed at addressing family violence, sexual assault and child abuse.</p>	<p>The purpose of the report was to assess the effectiveness of the program.</p> <p>Quantitative (data analysis of how the program had run up until 2005) and qualitative data (site visits, interviews), conducted in 3 phases.</p>	<p>The conclusion of the report is that more funding is needed and for more integration of programs across regions.</p>	<p><b>Weak</b></p> <p>The report does not offer much data, it only summarises what has worked to date and makes suggestions as to how the program should be carried out in the future (service delivery models, funding models, etc.).</p>
44. Health	<p><b>Aboriginal Tobacco Control Project — Yarning It Up, Don't Smoke It Up</b> — final evaluation report (South Metropolitan Health Service, June 2014).</p> <p>The project involves workshops to help people stop smoking and information sessions to those working in the tobacco cessation field.</p>	<p>Literature review, project reporting (at 6 month intervals), stakeholder interviews and surveys.</p> <p>No control group.</p>	<p>The evidence for program effectiveness was largely descriptive with only a handful of intervention trials. This was in contrast to the established evidence of effective tobacco control programs amongst the general community.</p>	<p><b>Weak</b></p> <p>Despite showing attendances at workshops of almost 5,500 people, data gathered (questionnaires and surveys) shows only numbers of 20-30. The small sample pools prohibit effective analysis.</p> <p>The stated objective of the project was not necessarily to reduce the number of smokers, but rather to raise general awareness of the negative effects. In this sense, the evaluation shows that the program was a success, as the post-workshop surveys show an increase in awareness. However, ?</p>
45. Health	<p><b>Healing program: healthy eating activities (and) lifestyles (for) Indigenous groups</b> — an evaluation (QLD Health for the Healthy Weight Program (HWP, 2004).</p> <p>The HEALInG program is a 10-week healthy eating and lifestyle program, which aims to provide practical and realistic advice to participants.</p>	<p>Evaluation methodology included pre and post program evaluations, though the number of participants who took part in interviews was small, 8 in the first round and 11 in the second.</p>	<p>Overall, the participants liked the program and reporting learning more about nutrition and that their physical activities had increased. However, they reported experiencing difficulty maintaining a healthier lifestyle due to issues in their lives.</p>	<p><b>Weak</b></p> <p>Although there were pre and post interviews with participants the sample size was small and the evaluation primarily relied on qualitative. For example, there was no evidence that participant's health statistics were recorded to verify any reported improvements in physical activity.</p>

Type of program	Name and description of program/form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
46. Health	<p><b>Central Australian Youth Link Up Service (CAYLUS)</b> – stakeholder feedback report (CAYLUS, 2013).</p> <p>This program’s mission is to support community initiatives that improve quality of life, and address alcohol and other drug use issues affecting young people.</p>	<p>Telephone interviews with 39 stakeholders (across 7 remote communities in NT); youth workers, regional staff, etc. No participants interviewed. The questions revolved around the conditions before a program arrived and what kind of services the program delivered. No questions or measurement regarding the effectiveness.</p> <p>No control group.</p>	<p>The report generally supports the services provided by CAYLUS. A large majority of respondents felt that the provision of youth programs was a key program for their communities because it prevented crime, and gave young people more positive ways of spending their time.</p>	<p><b>Weak</b></p> <p>The stakeholders that were interviewed were all professionals working with the delivery of CAYLUS. It was also purely qualitative (and subjective) data. The statements made were not backed up by any quantitative statistics.</p>
47. Health	<p><b>Aboriginal Perinatal Service Expansion</b> – final Evaluation Report (WA Perinatal Maternal Health Unit, February 2008).</p> <p>The project aims to develop and trial a ‘culturally appropriate’ perinatal mental health service framework.</p>	<p>Both qualitative and quantitative methods utilised. A baseline report was developed in 2008.</p> <p>5 KPI’s were identified and results measured for these.</p>	<p>The report lists 4 out of 5 KPIs as having been fully or partially met. The KPIs mainly revolve around increasing awareness for the health unit’s services.</p> <p>Staff turnover during data collection points hampered progress.</p>	<p><b>Weak</b></p> <p>The report states that data collection proved to be a challenge. With sampling techniques and sizes inadequate for conclusive results (i.e. validity, reliability, transferability) and service provider data being initially scarce, finding alternative ways of measuring and reporting outcomes of the HPHM Service became crucial. The researchers had to think outside the confines of their empiricist training and employ methods that were culturally sensitive and flexible.</p> <p>Out of over 1,000 births registered, only 5 mothers completed a post-questionnaire.</p>
48. Health	<p><b>Akeyerre Healing Center</b> – final evaluation report (Charles Darwin University, April 2010).</p> <p>The Angkwerre-iweme (traditional healing) project helps Elders to practise and pass on traditional Arrernte healing in their community.</p>	<p>Literature review.</p> <p>Qualitative: interviews, photographs and videos.</p> <p>No control group.</p>	<p>The report is mainly descriptive of ‘healing’ and ‘healing processes’ in the indigenous sense.</p> <p>The only actual findings are anecdotal quotes from completed interviews.</p>	<p><b>Weak</b></p> <p>None of the original sources (answered interviews, etc.) are attached to the report. The report is mainly comprised of descriptions of the various options that the Healing Center offers (bush trips, cooking classes, etc.) but it fails to explain results.</p>

Type of program	Name and description of program/form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
49. Health	<p><b>Alcohol and Other Drugs — Indigenous Communities Project</b> — final evaluation report (Center for Remote Health, May 2011).</p> <p>The project seeks to reduce substance use and associated harms, among Indigenous communities from the Top End region of the Northern Territory.</p>	<p>Qualitative: stakeholder interviews. Data from communication logs and reports.</p> <p>No control group.</p>	<p>The focus of the report is largely on the “building capacity” and “increasing awareness”. Unfortunately there is no evidence of actual effectiveness in terms of a drop in substance abuse.</p>	<p><b>Weak</b></p> <p>Although the report is generally of high quality, the fact that the evaluation framework lists the 1<sup>st</sup> objective (reducing the number of harms) as “not to be measured” raises serious questions about whether the program was effective or not.</p>
50. Health	<p><b>Jalaris Kids Future Club</b> — evaluation report (M. Haviland, Side by Side Consulting, 2010).</p> <p>The project aims to improve the educational outcomes of Indigenous children by helping them to prepare for mainstream schooling.</p>	<p>Quantitative: attendance statistics (though self-reported by the kids).</p>	<p>The anecdotal evidence makes up the bulk of the findings, with some of it leaning towards support for the program (from parents and other carers).</p> <p>There was a 1% increase in school attendance for the kids involved in the program, but this is based on a small sample size and was self-reported.</p>	<p><b>Weak</b></p> <p>It is highlighted that one of the core data sources was abandoned in the 2<sup>nd</sup> year due to lack of staff and participation. That meant that individual child outcomes could not be measured.</p>
51. Health	<p><b>National Empowerment Program</b> — national summary report (J. Millroy et al., 2014).</p> <p>The project aims to reduce the rate of suicide in Aboriginal and Torres Strait Islander communities through the promotion of social and emotional wellbeing initiatives.</p>	<p>Qualitative: focus group, community feedback, stakeholder interviews.</p> <p>No control group.</p>	<p>The report covers “Stage 1” of the NEP, which focused on identifying the causes for the poor condition of the participating communities. Although the documentation for that is very good, the report does not provide any evaluation of how the 1<sup>st</sup> stage improved the communities.</p>	<p><b>Weak</b></p> <p>The report mainly contains descriptions of the past history and current conditions of the Indigenous communities that participated in the program. It also contains many recommendations on where to go from here. However, there are very few mentions on the outcome of the program.</p>
52. Housing	<p><b>Nyoongar Outreach Patrol Service — Keeping People Safe</b> — evaluation report (John Scougall Consulting Services, March 2012).</p> <p>This program provides social and welfare services to Aboriginal people who are homeless and or affected by alcohol or drugs.</p>	<p>Focus group meetings, surveys, document reviews, literature review, a few meetings with key stakeholders. Mainly qualitative.</p>	<p>The report states that the available evidence suggests that the program is having a positive effect on indigenous youth and street crime. The main conclusion drawn is that the organisation needs more funding in order to expand its administrative capabilities.</p> <p>The surveys were geared towards stakeholder’s perception of the organisation/program.</p>	<p><b>Moderate</b></p> <p>The report stresses that an evidence-based approach was utilised. Program providers keep a database that records the instances. This data is included in the report and is clearly labelled and analysed.</p>

Type of program	Name and description of program/ form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
53. Housing	<p><b>Indigenous Community Volunteer Program</b> — economic and social impact/ case studies (KPMG, 2015).</p> <p>ICV is a registered charity and non-profit community development organisation that matches a volunteer's experience and skills with different Indigenous communities needs to help address Indigenous disadvantage.</p>	<p>Case study (but actually a social and economic impact assessment).</p> <p>Assessment of activities in two communities involved stakeholder consultations and document and data analysis, including assessing the impacts of the activities in economic terms.</p>	<p>Evidence ICV was invited into communities and involved in discrete, well defined projects, and that volunteers were providing a positive impact and building on existing work that had been done in the community. Evidence that ICV had also developed positive partnerships with other organisations and were collaborating with them on activities.</p>	<p><b>Moderate</b></p> <p>Study involved triangulation of data from multiple sources, including analysis of economic data. However study only looked at two communities so difficult to extrapolate about overall program impact.</p>
54. Housing	<p><b>Indigenous Home Ownership Program</b> — audit report (Australian National Audit Office, December 2015).</p> <p>The IHOP is administered by Indigenous Business Australia and aims to help Indigenous Australians into home ownership.</p>	<p>The objective of the audit was to assess the effectiveness of IBA's management and implementation of the IHOP</p>	<p>The ANAO found that IBA's management of the program had been inefficient and lending did not fully align with the program objectives for which IBA is funded. In particular loans were provided to people who would have been able to access loans from mainstream lenders.</p>	<p><b>N/A</b></p>
55. Housing	<p><b>Remote areas essential services program</b> — audit (Office of the Auditor General Western Australia, 2015)</p>	<p>Audit assessed how well the WA Department of Housing delivers power, water and waste water repair and maintenance services to selected remote Aboriginal communities through the Remote Area Essential Services Program. The scope of this audit did not include the provision of all services to all remote communities or their sustainability.</p>	<p>Quality of drinking water often falls short of Australian standards. Testing of wastewater systems was irregular or incomplete between January 2012 and 2014, so Housing could not be sure if they were working effectively.</p> <p>Housing's current arrangements for managing the Program limit its effectiveness and efficiency.</p> <p>The criteria to determine eligibility for the Program have not been applied since 2008 and as a result Housing did not know if the right communities were in the Program.</p>	<p><b>N/A</b></p>

Type of program	Name and description of program/ form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
56. Housing	<p><b>Fixing houses for better health projects (Housing for health)</b> — audit (Australian National Audit Office, 2010)</p> <p>The program is targeted at individual households and aims to promote a healthier living environment by making repairs to homes.</p>	<p>The audit's objective was to assess the effectiveness of FaHCSIA's management for the Fixing Housing for Better Health Program since 2005.</p>	<p>Health related improvements were made to over 2000 houses in 34 communities between July 2005 and June 2009. However, FaHCSIA's program management arrangements did not cater for the collection of data that provided a means of linking improvements made to houses in communities with improvements in health indicators in those same communities.</p>	N/A
57. Jobs and economy	<p><b>Aboriginal Mental Health Worker Program</b> — final evaluation report (G. Robinson &amp; A. Harris, Charles Darwin University, 2004?)</p> <p>The program promotes and supports the role of AMHWs as mental health workers in remote communities.</p>	<p>Stakeholder interviews, site visits (patient file audits, policies and procedure checks), health centre data evaluation.</p> <p>The data is clearly labelled and explained.</p>	<p>The report highlights the difference in reporting and data collection standards across mental health campuses as a key problem for the evaluation. It also cites the high turnover of staff and insecure funding.</p> <p>The focus was on developing a framework for AMH workers.</p>	<p><b>Moderate</b></p> <p>The evaluation report is solid, with very thorough analysis of both the qualitative and quantitative data. There are many suggestions for improvement based on the findings. However, the report also concludes that the emphasis of the report is on program design and service delivery, rather than measuring effectiveness and outcomes.</p>
58. Jobs and economy	<p><b>The Working on Country (WoC)</b> evaluation (Urbis, 2012).</p> <p>The WoC (national) program provides employment and training to Indigenous Australians living in regional and remote Australia to work on Indigenous Protected Areas (IPA) and manage and care for their 'country'.</p>	<p>Methodology involved 18 case studies, a review of program and policy data and documentation and consultations with key departmental personnel.</p>	<p>The evaluation found that the program had a range of economic, social, cultural and environmental benefits. Rangers saw the jobs as 'real jobs' that provided better income and conditions, more interesting work and ongoing employment, compared to the CDEP alternative.</p>	<p><b>Moderate</b></p> <p>A range of qualitative and quantitative data sources were utilized to enable triangulation of data.</p>

Type of program	Name and description of program/form of publication	Type of evaluation/description of methodology	Key findings	Rating of evidence
<p><b>59. Jobs and economy</b></p>	<p><b>Cape York Welfare Reform</b> — evaluation report (Performance and Evaluation Branch FaHCSIA, and independent consultants from the Social Policy Research Centre at the University of New South Wales and academics from the Australian National University, 2012)  The program aims to restore social norms and promote community leadership and economic development in five welfare reform communities: Aurukun, Coen, Hope Vale, Doomadgee and Mossman Gorge.</p>	<p>An implementation evaluation and an outcomes evaluation. Methods included stakeholder interviews in the four communities, document analysis and examination of administrative data relating to education, child protection, housing, crime and employment, as well as the FRC's database.  The evaluation did not include an economic evaluation, although the welfare reform program design report recommended that 'an economic evaluation should assess the cost effectiveness of the interventions.'</p>	<p>The findings of the evaluation were very difficult to interpret and attribute. While the quantitative analysis showed improvements on a number of different dimensions, including school attendance and achievements and reductions in crime, there was no progress in other areas.</p>	<p><b>Moderate</b>  While there was a perception that things were improving in the communities, as evidenced by a social survey, the survey was not conducted in other communities, so it was not clear whether this was part of an overall trend. Many of the benefits to the communities appeared to have arisen from the Alcohol Management Plans, which, although initiated by the Cape York Institute were not part of the reforms, and preceded them by a couple of years.</p>
<p><b>60. Jobs and economy</b></p>	<p><b>Jawun</b> — executive summary of report (KPMG, 7 November 2015).  Jawun is a non-government organisation which places people from companies and government agencies into Indigenous organisations.  Currently operates in nine Indigenous communities across Australia: Cape York; Goulburn Murray; East Kimberley; Inner Sydney; Central Coast; Lower River Murray; North East Arnhem Land and the NPY Lands.</p>	<p>Impact Evaluation.  The evaluation sought to validate Jawun's 'Theory of Change' by conducting surveys and interviews with Indigenous organisations, corporate and government partners and secondees and by analysing available socio-demographic data.</p>	<p>The evaluation found overall assistance offered by Jawun secondees was appropriate and met Indigenous organisation's needs, by strengthening their capacity and by leveraging the expertise of corporate and government partners to support Indigenous led projects. However, the evaluation suggested the model could be improved by better assessing organisations' capabilities and capacity to host secondees effectively.</p>	<p><b>Weak</b>  Only four of the eight Indigenous regions in which Jawun operates took part in the evaluation (Cape York, Central Coast, East Kimberley and Inner Sydney) and only the executive summary of the evaluation is publicly available on Jawun's website.</p>

## Appendix B: Evaluation Toolkit

There are many different reasons for, and benefits in, conducting evaluations (see Table 12).

**Table 12: Reasons for, and benefits in, conducting evaluations**

Agency/ institution	Potential benefits
<b>Government</b>	<ul style="list-style-type: none"> <li>• More efficient resource allocation</li> <li>• Highlights what is and is not working</li> <li>• More informed decision-making</li> <li>• Encourages greater public trust in government</li> </ul>
<b>Service providers</b>	<ul style="list-style-type: none"> <li>• Improved service delivery/client satisfaction</li> <li>• Stronger basis for recurrent funding</li> <li>• Opportunity for continuous improvement processes</li> </ul>
<b>Society</b>	<ul style="list-style-type: none"> <li>• Improved government services</li> <li>• More open and accountable government</li> <li>• Public money used more efficiently</li> <li>• Increased confidence in government</li> </ul>

Source: Adapted from ACT Government Evaluation Policy and Guidelines, 2010

There are also different types of evaluations depending on the stage of a program's implementation and what the evaluation is seeking to measure. Generally speaking, different types of evaluation are used at different stages of a program's implementation. These include:

- **Formative evaluation** — generally used at the design stage of a program and before it is implemented. Can be useful to inform decision-making about whether a program should proceed or not. Types of questions asked at this stage include, what is the problem, is government intervention appropriate, how will we measure success?
- **Process evaluation** — used during the program delivery process. Focuses on processes and what can be done to improve the operation of projects and programs. These types of evaluations are also known as performance evaluations. Questions asked in these evaluations tend to focus on how well an activity been executed, and inputs and output
- **Summative evaluation** — focuses on the outcomes and achievements of projects/or programs — also referred to as outcomes evaluation. Questions asked include: what kind of change has occurred as a result of the intervention?
- **Impact evaluation** — looks at how a program has affected the people participating in the program. Often not available until towards the end of the project and often relies on pre- and post-program data. Similar in many ways to summative and outcomes evaluations

- **Development evaluation** — a non-linear approach, not specific to a particular point in the roll out or delivery of a program. The main focus of this type of evaluation is understanding the activities of a program and how the program operates in a dynamic environment. The principle focus is on learning and feedback rather than achieving a set of predetermined outcomes. Development evaluation also recognises that positive outcomes can sometimes occur unintentionally.

Ideally evaluation should be embedded into program development and implementation. The Queensland Government Program Evaluation Guidelines have adapted the Gibbs Reflective Model to illustrate how evaluation should inform program design and implementation (see Figure 6).

The first step in undertaking an evaluation generally involves having a clear understanding of the outcomes the program is hoping to achieve and how those program outcomes will be measured — what evaluators sometimes call a program logic model or theory of change. However, although these two terms are sometimes used interchangeably they are actually two different approaches. A program logic or logic model seeks to illustrate how the needs or issues the program is seeking to address links with the intended activities outputs and outcomes of the program (see Figure 7).<sup>87</sup>

A theory of change model seeks to link outcomes and activities to explain **how** the desired change will occur and **what** factors contributed to that change. While logic models do not always identify the indicators that will be used to measure whether outcomes have been met or not, theory of change models do. For instance, the program logic for a program that seeks to improve students reading ability would identify the program as an activity and improved reading scores as an outcome, but it would not tell you that students need to attend the program at least three days a week for a minimum of x number of days and that the course material must include a focus on phonics for student's scores to rise. As a result, a program logic model based on an underlying theory of change will have a lot more rigour than one that does not.<sup>88</sup> An evaluation plan or framework sets out the information contained in a program logic model in more detail and generally includes a hierarchy of outcomes from inputs and process outcomes to ultimate outcomes, with key evaluation questions, indicators and potential data sources for each stage ( see Figure 8).<sup>89</sup> A hierarchy of outcomes recognises that change can take time, and that certain outcomes need to be achieved in order to progress to a new level.

Ideally the objectives of the program should be specific, measurable, realistic and relevant to the overall objectives the program is trying to achieve. For example, a specific and measurable objective would be to increase the number of children who enrolled by 10% (from x to y) by a certain date. If a percentage increase is part of a measurable objective then it is important to have baseline data that provides a comparison for assessing program impact. However, although gathering program

**Figure 6: Incorporating evaluation into program development and implementation**



Source: Queensland Treasury (2014).

**Figure 7: Program logic model**



**Figure 8: Hierarchy of outcomes**

	Program logic statements	Key evaluation questions	Indicators	Potential data sources
↑	Ultimate outcome E.g. Indigenous people are able to achieve their goals and improve their quality of life	To what extent has the program contributed to Indigenous people achieving their goals?	Number and percentage of program participants surveyed who report improvements in the quality of their life and their ability to achieve their goals	<ul style="list-style-type: none"> <li>Interviews with people, their families and program staff</li> <li>Longitudinal case studies</li> <li>Quality of life assessment/survey</li> </ul>
	Longer term outcomes E.g. Indigenous people are actively pursuing their goals	To what extent has the program contributed to Indigenous people being more able to determine and pursue their goals?	Level of improvement in people's ability to set their own goals, as reported by Indigenous people, their families and staff	<ul style="list-style-type: none"> <li>Interviews with people, their families and program staff</li> <li>Longitudinal case studies</li> <li>Quality of life assessment/survey</li> </ul>
	Intermediate outcomes E.g. Indigenous people are aware of and access the program	To what extent are Indigenous people accessing the program?	Number and reach of participants	<ul style="list-style-type: none"> <li>Program data</li> <li>Population data</li> </ul>
	Inputs and process outcomes E.g. Support is provided to help Indigenous people identify the steps they need to take to pursue their goals, and appropriately skilled and experienced staff are recruited.	Have staff been recruited within agreed timelines?	Number and percentage of funded services that recruit staff within agreed timeframes	<ul style="list-style-type: none"> <li>Program data</li> </ul>

Source: Adapted from an Urbis evaluation framework, 2014

data can be hard work, it is a myth that access to baseline data is always a problem. There are often existing administrative data sets on health, education and crime statistics that could be used to give a baseline. In addition, while 'data is not the plural of anecdote' a good evaluation involves a mixture of qualitative and quantitative data.<sup>90</sup> Qualitative data assesses people's perceptions of a program and often provide the 'how' for why the program has or has not achieved its objectives.

Broadly speaking there are three main areas of focus when conducting an evaluation to assess whether a program has achieved its objectives:<sup>91</sup>

- Appropriateness
- Effectiveness
- Efficiency

## Appropriateness

Evaluating the appropriateness of a program involves considering whether there is a need for the program, given the social, economic and environmental context and how the program aligns with the government's policies and priorities. Assessments of appropriateness should focus not only on the individual program, but on how the policies underpinning the program and other government policies and instruments interact with each other.<sup>92</sup> In considering the appropriateness of a program, policy makers need to also look at whether there is *a priori* evidence base for the interventions. Questions related to appropriateness to consider before implementing a program are:

- Is the program needed?
- Is there community support for the program?
- Is there an evidence base for the interventions used in the program?
- Is there an existing program already addressing a similar need?
- What is different about this program?
- Who will implement the program?

## Effectiveness

Evaluating the effectiveness of a program involves considering whether it is achieving the set objectives and producing worthwhile outcomes. A key challenge in illustrating the effectiveness of program is having valid measurement in place to determine whether there would have been a difference in outcomes without the program; what some term 'estimating the counterfactual'.<sup>93</sup> However, estimating the counterfactual when it comes to Indigenous programs can be difficult, given the myriad programs in Indigenous communities. Determining the impact of a single program in a particular Indigenous community is virtually impossible because so many programs are being delivered simultaneously. If another community is used as a counterfactual or 'control group' then the community is likely to be already receiving similar programs. Another factor making assessing the impact of programs difficult, is the uniqueness of Indigenous communities. For example, when the Northern Territory Emergency Response (NTER) was evaluated, it was difficult to find comparable communities that could act

as a type of control group, given that the NTER covered so many of the Indigenous communities in the Northern Territory and the varied nature of those communities.<sup>94</sup>

## Efficiency

Evaluating the efficiency of a program involves identifying whether the program represents value for money, how a program's resources are being used to achieve outputs of the desired quantity and quality, and whether the use of the resources could be improved to achieve the desired outcomes.<sup>95</sup>

Economic evaluation identifies, measures and values a program's economic costs and benefits.<sup>96</sup> Two methodological approaches used to measure the effectiveness and efficiency of programs are Cost Benefit Analysis (CBAs) and Social Return on Investment (SROI).

**Cost Benefit Analysis** expresses the costs and benefits of a program in monetary terms and focuses on community-wide rather than individual benefits.<sup>97</sup> Values are aggregated using a discount rate that represents trade-offs between current and future consumption.<sup>98</sup> Then, the discounted costs and benefits are compared using specific criteria. Limitations to the CBA methodology are that the benefits of some programs are very difficult to quantify due to their subjective nature. For instance, when measuring the effectiveness of Indigenous social programs, it can be difficult to place a monetary value on concepts such as social capital, wellbeing, quality of life, and cultural attachment.<sup>99</sup> It is also difficult to quantify causal factors behind flow-on benefits, such as improved health outcomes or decreased crime rates. The CBA methodology can also be limited to 'first round' impacts and as a result indirect effects can be excluded.<sup>100</sup> Another limitation is results can be skewed if an 'improper' rate for discounting future flows is used.<sup>101</sup>

The **Social Return of Investment** methodology originally began as a specialised form of cost-benefit analysis but has grown to incorporate many aspects of evaluation practice, such as qualitative interviews with stakeholders. Like CBAs, SROI methodology places a monetary value on the social impact of an activity and compares this with the costs involved in implementing that activity. However, SROIs place a greater emphasis on the social purpose for activities and how to measure the social impact.<sup>102</sup> Although the SROI approach utilises aspects of evaluation practice it is not a comprehensive evaluation framework.<sup>103</sup> As SROI analysis is specifically tailored to individual organisations it is not always possible to do cross-organisational comparisons. However, a SROI ratio can be used as a benchmark to enable organisations to measure changes in performance over time.<sup>104</sup> One of the biggest issues with the SROI methodology is the tendency for people to misunderstand what the SROI ratio means. SROI is about value, rather than money. The SROI ratio represents the social value created for each \$1 invested, rather than an actual financial return. As a result care needs to be taken with how the SROI ratio is communicated.<sup>105</sup>

## Appendix C: List of Tobacco cessation programs

Name	Provider	Reach	Objectives
<b>Alcohol, tobacco and other drugs program</b>	Tasmanian Aboriginal Centre Inc. funded by the federal government.	TAS	The Alcohol, tobacco and other drugs program, run by the Tasmanian Aboriginal Centre, provides alcohol and other drug (AOD) support to the Aboriginal community across Tasmania.
<b>Apunipima tackling smoking and healthy lifestyle program</b>	Apunipima Cape York Health Council	QLD	The program aims to raise awareness about the impacts of tobacco smoking and to help facilitate smoke-free environments.
<b>Beyond today – it's up to you</b>	Australian Capital Territory Department of Health	ACT	A social marketing campaign to encourage Indigenous Australians in the ACT to stop smoking.
<b>Don't let your dreams go up in smoke</b>	Nunkuwarrin Yunti of South Australia	SA	To encourage young Aboriginal people in Adelaide to share their ideas, stories and videos on smoking and how it is harmful.
<b>Feet first (Thoolngoonj bowirn)</b>	Australian Council on Smoking and Health (ACOSH)	WA	Aims to reduce the amount of people smoking in Kununurra to teach Indigenous people about the harmful effects of smoking.
<b>Good sports program</b>	Australian Drug Foundation	National	To address risky drinking, smoking, obesity and mental health through community sports.
<b>Healthy lifestyle &amp; tobacco cessation program</b>	Central Australian Aboriginal Congress	NT	The program provides services to help raise awareness of chronic disease resulting from smoking.
<b>Heart health 'for our people, by our people'</b>	Derbarl Yerrigan Health Service (DYHS), the National Heart Foundation, Royal Perth Hospital (Cardiology Department)	WA	A cardiac rehabilitation program, concentrating on health, medications, oral health and quitting smoking.
<b>It's your choice, now!</b>	South Eastern Sydney Local Health District	NSW	Encourages young Indigenous people to give up smoking by teaching them new skills and making their own films.
<b>Kick the butt</b>	A partnership between Bunurong Health, Quitline and the Cancer Council.	VIC	Aims to limit the uptake of smoking tobacco within the Southern metropolitan region of Melbourne. Provides a 24 hour hotline, social marketing campaign and advertising on SBS.
<b>Maternal health tackling smoking program</b>	Aboriginal Health Council of South Australia	SA	Aims to reduce tobacco smoking among pregnant Aboriginal women and to increase the birth weight of babies.
<b>No more boondah</b>	Winnunga Nimmitjiah Aboriginal Health Service	ACT	The program looks at what triggers people to smoke.
<b>No more nyumree</b>	Wheatbelt Aboriginal Health Service	WA	This program aims to provide 'culturally appropriate' support to help Aboriginal people stop smoking.
<b>Primary Prevention Capacity Building Project</b>	The Queensland Aboriginal and Islander Health Hub	QLD	This program seeks to develop the capacity for Aboriginal organisations to offer interventions to address high rates of smoking among Indigenous people living in Queensland.
<b>Puyu blaster (Keep it corka)</b>	Aboriginal Health Council of South Australia (AHCSA)	SA	A healthy lifestyle and anti-smoking campaign which seeks to promote local role models to encourage people to give up smoking.

Name	Provider	Reach	Objectives
<b>Quit for new life program</b>	Hunter New England Local Health District	NSW	This program aims to reduce the rate of smoking among pregnant women and their family or household members.
<b>Regional tackling tobacco and healthy lifestyles program</b>	Wuchopperen Health Service	QLD	The aim of this regional program is to reduce the onset and risk of chronic disease developed through tobacco use, poor nutrition and lack of physical activity.
<b>Rewrite your story</b>	Nunkuwarrin Yunti Inc.	SA	This program aims to help people break the cycle of smoking and to quit for good.
<b>Smoking cessation program</b>	Derby Aboriginal Health Service	WA	The Smoking cessation program provides information about services to help people quit smoking, including nicotine patches at no cost to participants.
<b>Stepping Stones AOD Day Centre Ceduna</b>	Aboriginal Drug and Alcohol Council	SA	This program provides free confidential treatment, counselling and referral services for Aboriginal peoples concerned about alcohol, tobacco and other drug issues.
<b>Substance use, social and emotional wellbeing</b>	Katherine West Health Board Aboriginal Corporation	NT	This program focuses on the harmful effects of alcohol, tobacco and cannabis use on Indigenous people in the Northern Territory.
<b>Tackling Indigenous smoking</b>	Australian Drug Foundation	National	This program aims to reduce smoking among Indigenous Australians.
<b>Tackling smoking and healthy lifestyle program</b>	South West Aboriginal Medical Service in Western Australia (SWAMS)	WA	This program aims to tackle chronic disease risk factors including smoking, poor nutrition and lack of exercise, and to deliver community education initiatives to reduce the prevalence of these risk factors in Aboriginal and Torres Strait Islander populations.
<b>The Gnumaries hurt program</b>	Southern Aboriginal Corporation	WA	This program was developed to reduce the uptake and prevalence of tobacco smoking among the Noongar people of the Great Southern region of Western Australia.
<b>Time to quit</b>	Kambu Aboriginal and Torres Strait Islander Corporation for Health	QLD	This program takes a holistic approach to tobacco cessation and provides people with practical suggestions to help them stop.
<b>Tobacco and healthy lifestyles</b>	Ngaanyatjarra Health Service	WA	This program aims to reduce the risk of chronic disease from smoking and other unhealthy lifestyle choices among the Indigenous people living on the Ngaanyatjarra Lands, in Western Australia.
<b>Tobacco cessation team</b>	Victorian Aboriginal Community Controlled Health Organisation (VACCHO)	VIC	This program provides support to the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) member services to develop and implement programs and policies to reduce smoking.
<b>Tobacco resistance and control (A-TRAC) program</b>	Aboriginal Health and Medical Research Council of NSW	NSW	This program aims to reduce smoking rates for Aboriginal people in New South Wales.
<b>Yarning it Up – Don't Smoke it Up</b>	South Metropolitan Population Health Unit	VIC	The project runs workshops to help people quit smoking that aim to be 'culturally appropriate' and non-judgmental.
<b>Young Aboriginal drug and alcohol service (YADAS)</b>	Young Aboriginal Drug and Alcohol Service	TAS	This program aims to provide 'culturally relevant' anti-smoking and drug programs in partnership with other health service providers.

## Endnotes

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