



Jumbunna Institute for Indigenous Education and Research, UTS

LawRight

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Indigenous Evaluation Strategy
Productivity Commission
Locked Bag 2, Collins Street East
Melbourne VIC 8003

To the Chair

Submission to Indigenous Evaluation Strategy Inquiry

Thank you for the opportunity to respond to the Inquiry. This submission is made jointly by LawRight and Fiona Allison, Research Fellow at Jumbunna UTS.

Background

LawRight engaged an independent evaluator (Fiona Allison) in 2017 to evaluate a health justice partnership established in 2014 with Wuchopperen Health Service, an Aboriginal and Torres Strait Islander community-controlled service located in Cairns. The partnership and the independent evaluation are both funded by the Queensland Department of Justice and Attorney-General.

Health justice partnerships (or HJPs) involve collaborative legal and health service delivery. HJPs are designed to respond to the multiple points of intersection between justice and health issues.¹ The HJP in this instance consists of a legal clinic providing legal information, advice and casework run by LawRight at Wuchopperen. QLD's Aboriginal and Torres Strait Islander Legal Service (ATSILS) has recently joined the partnership and also provides legal assistance through the legal clinic.² A legal health check tool has also been developed for the Wuchopperen HJP. Referred to as the 'Law Yarn', the tool is designed to assist those working within the health service (who have no or little legal knowledge) to identify the legal issues of their clients and to communicate about legal needs in a culturally specific way. The Law Yarn builds on LawRight's Legal Health Check (used since 2009 with vulnerable client groups in inter-disciplinary, collaborative care settings) but was designed for use by the stakeholders of the HJP, with and for Indigenous people. The Law Yarn is being evaluated along with all other components of the HJP.

The evaluation commenced in late 2017 and is due for completion in late September 2019. It has been gathering *qualitative data* through focus groups and interviews conducted with partnering organisations, other stakeholder organisations and clients of the legal clinic.³ *Quantitative (statistical) data* has been collected by way of questionnaires completed by clients and Wuchopperen staff, and through a client database (the same database used by all Community Legal Centres (CLCs)).

The evaluation is considering both processes and outcomes of the stated goals of the HJP at Wuchopperen which are to:

- a. Provide best practice, effective, early intervention for the multiple legal needs of vulnerable Indigenous people who would not otherwise access legal assistance;
- b. Build the capacity of health and allied professionals at Wuchopperen to identify and refer the multiple legal needs of their clients;
- c. Develop, use and evaluate culturally safe resources and practices for the delivery of effective legal services;
- d. Improve the health and well-being of clients of the Wuchopperen Health Justice Partnership; and
- e. Share the outcomes and resources developed by the Project with the health and legal assistance sectors.

Whilst HJPs have been increasing in number in Australia over recent years only a handful involve Indigenous community-controlled health and/or legal service partners. The Cairns-based HJP has both (through ATSILS and Wuchopperen), which makes it unique and innovative. Its Indigenous focus requires that more generic HJP principles and practices are adapted to fit within an Aboriginal and Torres Strait Islander community-controlled setting.

¹ As an example, social determinants of health such as access to housing and education or freedom from racism may all have legal elements. Where legal issues arising in these areas are adequately addressed both health and legal outcomes are enhanced. By way of further example, a client presenting to a health or legal service with domestic violence issues is likely to require attention for both health and legal issues.

² Queensland Indigenous Family Violence Legal Service was also previously a partner.

³ A list of partner and stakeholder organisations is provided at the conclusion of this submission.

Considerations about what this adaptation might involve and how to effectively conduct an Indigenous evaluation in this same setting have been a priority for the evaluator.

General comments responding to the Inquiry's Issues Paper include that we are very supportive of increased evaluation of any program or strategy that has the potential to enhance and/or that is squarely aimed at improving outcomes for Aboriginal and Torres Strait Islander peoples. As the Productivity Commission has suggested in its Issues Paper for this Inquiry, we definitely need to build evidence-based knowledge about 'what will work' to improve these outcomes - and, importantly, to act on that knowledge, rather than repeatedly churning out programs or strategies that we (should) know will have little capacity to deliver benefit to Indigenous people (for instance, because they do little to increase self-determination of Indigenous people). There are currently insufficient Indigenous evaluations being conducted. We also support development of an overarching Indigenous Evaluation Strategy that will raise awareness of, encourage and guide good practice in this area – though the utility of this strategy will be wholly dependent on the way in which it is implemented.

A few key learnings from the HJP evaluation about what we perceive to be effective Indigenous evaluation include the following. These learnings might help to inform Inquiry findings related to good practice in the conducting of Indigenous evaluations.

- Upon completion, this evaluation will have been conducted over an 18-month period. This longer time frame has enabled deeper exploration of the challenges and successes of the HJP in question than would have been the case with a shorter-term evaluation. Shorter-term evaluation is much more common practice but longer time frames deliver better evaluations. It ensures, ultimately, that evaluations are more useful both for those commissioning them and for those who are the intended beneficiaries or target groups of the program or strategy being evaluated.

Longer time frames have in this case, for instance, ensured genuine consultation and engagement with Aboriginal and Torres Strait Islander evaluation participants (both clients and Wuchopperen staff). Consultation and engagement take time to do well. Reasons for this include, in this instance, the complexity of the needs of and issues impacting on clients, meaning that more work is involved in ensuring that their input is gathered. Time has also allowed for relationships between those involved in the HJP and in the evaluation to grow, also likely to increase the quality of consultation and engagement. Importantly too, the evaluation has had to time to follow the Law Yarn from its design to its roll out rather than being undertaken at the tail end of this process, of significant benefit to assessing the tool's utility.

- Indigenous perspectives have been prioritised throughout the evaluation. This approach is *fundamentally important* to producing an Indigenous evaluation *of any worth*. These perspectives have informed selection of the evaluator, for example, the processes of evaluation applied, as well as what 'effectiveness' or 'success' means in the context of an Indigenous-focused HJP and how this ought to be measured.

- Indigenous participants have actively contributed to the evaluation and through this have had a say in how the partnership works on the ground. Staff have thought through and then shared their views on whether they see identification of legal issues as part of their role and on the usefulness of the Law Yarn to their work with clients, for instance. Indigenous community member participants (clients of the legal clinic at Wuchopperen) have had the opportunity to learn from each other through evaluation focus groups; to share stories about legal problems they and others in their community experience and how these problems have been resolved in this instance through the HJP; and to provide valuable information on how others in the community might be able to access an initiative that has worked well for them. Through these conversations, Indigenous knowledge *has been drawn upon* extensively: both as lived experience, including of clients (and encompassing their experiences of problematic access to justice), and through the expertise of Indigenous front-line health workers directly engaging with the community they work with. The conversations have also *built upon* existing knowledge, empowering Aboriginal and Torres Strait Islander people by increasing awareness of, for instance, legal issues and links between law and justice.

- The evaluation has had the enormous benefit of (i) developing its methodology and framework and (ii) being conducted with guidance by a Torres Strait Islander LawRight staff member (Donnella Mills), who is also connected with Wuchopperen as a leader in her community. This connection was not only essential to brokering the partnership between the legal and health services to begin with, it has also offered much to the evaluation. As examples, this staff member was able to advise on best local practice (including practice that adheres to cultural protocol) in terms of engagement with Indigenous participants in the evaluation. She was also able to facilitate this engagement, linking the evaluator with Elders sitting on the Wuchopperen Board. She has collaborated on development of the tools and questions used in the evaluation, and on identifying indicators of effectiveness of legal clinic outcomes used in analysis of client database statistics (see below). *All* Indigenous-focused evaluations ought to be sufficiently resourced to work in this way, particularly where not led or conducted by Indigenous evaluators.

- The client database we have drawn quantitative data from is not Indigenous-specific. It is used across all CLCs. As such, we have had to revise its fields to include indicators of effectiveness of HJP outcomes that reflect Indigenous perspectives of the same. As an example, outcomes to be measured in the evaluation now include indicators such as strengthening of cultural determinants of health (strengthening of cultural and community connection); feeling heard and validated in a culturally capable way; and addressing racism and social exclusion based on race. These (positive) justice and access to justice outcomes have been identified as important measures within an Indigenous-focused HJP evaluation context. As the database was

not set up with these fields to begin with, client files have had to be manually scanned to gather the relevant data. This speaks to the importance of thinking through and building into a database - or otherwise establishing at the outset of a program or strategy - indicators that are likely to be of use in assessing effectiveness from an Indigenous perspective.

- It has been important to rely on both qualitative and quantitative data within the evaluation. Though statistics tell an important story about whether a project is working well, quantitative data has its limitations. Information that complements or explains quantitative data is captured through detailed conversations with Indigenous participants. The HJP is about so much more than numbers of clients coming through the door of the legal clinic or numbers of advices provided to these clients, for instance. What works at the legal clinic, for instance (and in part) is the time taken by the lawyer to build client-lawyer relationships. This is vital, given the lack of trust many Aboriginal and Torres Strait Islander people have of the law and due to the complexity of their needs, but will not be adequately reflected in numbers of clients or of advices. Qualitative data, in this instance, has provided important information about the quality of interaction between lawyer and client. Relationships are so key to HJPs in general. Qualitative data, once again, gives some indication of the value of placing an HJP within an Aboriginal community-controlled setting, a space in which community feels safe to share their stories and to access health and legal assistance. This is, again, not measurable through quantitative data. Qualitative data is also important as it ensures that Indigenous voices are heard.
- Finally, best practice also involves providing feedback on evaluation outcomes to all Indigenous participants and key Indigenous stakeholders, as well as publication of findings more widely so as to ensure others can draw benefit from evaluation findings. This will be the approach taken in this instance, as far as is possible and appropriate.

Conclusion

Thank you for the opportunity to respond to this timely Inquiry. Please do not hesitate to contact us further for more details.

HJP partner organisations

- **LawRight** – community legal centre with programs based in Brisbane and Cairns
- **Wuchopperen Health Service** – a community-controlled health service in Cairns
- **Aboriginal and Torres Strait Islander Legal Service** – state-wide Indigenous legal service, whose largest office is in Cairns

Stakeholder organisations

- **Health Justice Australia** – national body working with legal and health services to build HJPs through development of resources, research and advocacy