

AMSANT response to the Productivity Commission Issues Paper: Indigenous Evaluation Strategy

Introduction

AMSANT is the peak body for the Aboriginal community controlled health sector (ACCHS) in the Northern Territory (NT). We have been established for 25 years and have a major policy and advocacy role at the NT and national levels. We have 26 members providing around two thirds of all Aboriginal comprehensive Primary Health Care (PHC) in the NT from Darwin to the most remote regions.

AMSANT recognises the importance of research and evaluation in achieving evidence-based improvement in Aboriginal health and health service delivery. AMSANT works to facilitate effective and appropriate Aboriginal health research, particularly through the provision of advice to the AMSANT CEO and board about research proposals. We have limited capacity to support members with external advice about research and evaluation, and this issue has been identified by our members as an unmet need.

Aboriginal organisations are highly accountable for the funding they receive and the programs they deliver. The NT ACCHSs sector has a strong commitment to Continuous Quality Improvement procedures and the delivery of culturally safe, evidence informed practice. Unfortunately it has been our experience that this is not always the case for government-led programs and services.

AMSANT welcomes the proposal to develop a whole-of-government evaluation strategy to be used by Australian Government agencies in evaluating policies and programs affecting Aboriginal people. It is vital that such a strategy has oversight structures that are independent of government, and so AMSANT supports the Productivity Commission to maintain an ongoing role in conducting evaluations and monitoring agency performance against the Strategy.

However we also note our enduring support for the establishment of a national Aboriginal and Torres Strait Islander body with direct input into the Federal Parliament, in line with the Uluru Statement from the Heart. We envisage that such a body would have a key role in both the development and review of policies and projects relating to Aboriginal people.

In keeping with the issues paper, this submission has identified a series of key principles to underpin an evaluation framework, as well as recommendations for evaluation planning and processes, priority areas for evaluation, and proposals for structures to oversight of the framework.

Principles for an Indigenous Evaluation Framework

AMSANT has identified 10 principles below to underpin a national Indigenous Evaluation Framework. We note that we have relied upon the Lowitja Institute's document *An Evaluation Framework to Improve Aboriginal and Torres Strait Islander Health*, and the NHRMC's *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders*, to inform these principles.

1. Self-determination:

Indigenous Peoples have the right to participate in decision making in matters which affect them, through their own institutions and governance structures. This should include decision-making powers over the design and delivery of programs and services. An Indigenous evaluation framework must take into account the right to self-determination, as described in the *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)*, to which Australia is a signatory.

2. Health and wellbeing as a holistic concept:

For Aboriginal people, health is understood to include not just the physical well-being of the individual, but the social, emotional and cultural wellbeing of the whole community. This has been established in Aboriginal health policy since the development of the *1989 National Aboriginal Health Strategy*, and must be reflected in an Indigenous Evaluation Framework.

3. Cultural safety:

Policies and Programs must reflect respect and regard for the welfare, beliefs, perceptions, customs and cultural heritage of Indigenous peoples of Australia. Evaluations must be culturally intelligible and beneficial to Aboriginal people and must not compromise or endanger their legitimate cultural rights, values and expectations. To achieve this Aboriginal people must be included in evaluation design.

4. Equity:

Access to and funding of programs and services should be equitable relative to need. Evaluations must be designed to ensure that learning and benefits are fed back to increase equity in economic, legal, social and health status for Indigenous people and communities.

5. Partnership:

Indigenous Peoples, communities and organisations are treated as equal partners in government policy and program development and should be involved from the outset. In evaluating the success of a program or policy, the perspectives of the recipients must not be overshadowed by those of the providers. Partnerships in program and service delivery between NGOs and Aboriginal organisations should comply with the *APO NT Partnership Principles*.

6. Capacity building:

The skills, knowledge and resources of Indigenous Peoples, communities and organisations should be grown through programs and policies to support self-determination and improved outcomes. Evaluations must include in their design and implementation, effective, resourced, capacity building strategies for the transfer of knowledge and information related to the evaluation to Aboriginal communities as well as to health services and governments so as to maximise impact on practice and policy development.

Within the ACCHSs sector, all too often evaluation tenders are awarded to large multinational firms which have minimal commitment to developing capacity within ACCHSs. Capacity building should extend to developing skills within ACCHSs and the NACCHO and affiliate network to internally evaluate their own programs or adaptations of external programs which would build on the CQI and research skills that are already at a reasonably advanced level in many ACCHSs. ACCHSs develop their own culturally informed approaches to service delivery/local issues and it is important that this important work is evaluated and shared. An approach based on partnership and capacity building would support ACCHSs to undertake local evaluations which would then enrich broader regional and national evaluation. A funding stream could be developed to support ACCHSs to undertake local evaluation and share the findings with other services. ACCHSs could choose to engage with external evaluators to support this work if needed.

7. Evidence-informed:

Policy, programs and practice must be informed by evidence and support best-practice service delivery. Evidence-based practice should be responsibly adapted to the Aboriginal social and cultural context in which it is being implemented.

8. Accountability:

Processes must be embedded in policies and programs to ensure that government and other organisations maintain accountability for program implementation, service delivery and ultimate outcomes. Often key decisions made by government such as competitive tendering rather than preferentially funding community control, late release and short duration of funding and

restrictive conditions on services, greatly impact on the success of programs. However, government decisions and the effectiveness of the bureaucracy in managing programs including how they are designed and funded are often not scrutinised to nearly the same extent as the services which roll the programs out. During evaluations it is vital that everyone, including evaluators and commissioners of the evaluation, abide by ethical frameworks.

9. Indigenous Data sovereignty:

Indigenous people have the right to the governance, creation, collection, ownership and application of their own data. Evaluations must comply with local cultural protocols and the *National Aboriginal and Torres Strait Islander Health Data Principles*, as well as emerging standards and principles of Indigenous Data Sovereignty.

10. Translation, Transparency and Reciprocity:

Research and evaluation must be relevant and demonstrate that it can deliver tangible benefits to the community and the wider Aboriginal population. The results of evaluations must be fed back to participants and released publically to ensure continued learning and open access to knowledge. A recent review of Indigenous evaluations commissioned by Lowitja found a distinct lack of transparency and feedback with the majority of government commissioned evaluations not being publicly available. Furthermore, there is often little feedback to services.

Priorities for evaluation

The following areas should be considered as priorities for evaluation under a national Indigenous Evaluation Strategy:

- **Evaluating effectiveness of community controlled service delivery**

There is substantial evidence internationally that increasing local community control over service delivery has flow on effects for improved outcomes across a range of areas. For example the ACCHSs model of comprehensive health care has been shown to be more effective than mainstream PHC, achieving comparable outcomes but with a more complex caseload (Mackey et al. 2014). Despite this evidence, government policy and practice still does not adequately support ACCHSs as the preferred provider of PHC to Aboriginal people in many cases. A comprehensive evaluation of the effectiveness and the scope of ACCHS service delivery under this framework could provide the evidence needed to change this position and inform the level of funding and core services and programs needed to have maximum impact. Similar evaluation could be

undertaken in other areas of Aboriginal community controlled service delivery and include evaluation against relevant mainstream service provision.

- **Supporting community controlled organisations to undertake their own evaluations**

Many local organisations and services develop innovative approaches to issues within their own communities. We see this within the ACCHSs sector, when services work within current resourcing, sometimes building on existing continuous quality improvement processes to improve processes and service delivery. However, without any funding to support these activities, there is no capacity to evaluate the impact, write this up and share it. It is AMSANT's experience that community controlled organisations have the local knowledge and innovation to find solutions to local problems. A national evaluation strategy should support this kind of innovation and ensure that important learnings are able to be shared.

- **Tracking the implementation of Royal Commissions, Reviews and Inquiries**

In recent decades there has been an abundance of Inquiries and Royal Commissions directly related to Indigenous Australians that have made recommendations which are yet to be implemented. An evaluation of such inquiries could provide an overarching picture of these recommendations and what action has been taken towards their implementation.

- **Implementation and effectiveness of key policies**

There should be ongoing monitoring and evaluation of key government policies to provide accountability in implementation, and provide opportunity for adaptations to be made accordingly. Policies that should be considered for ongoing evaluation would include:

- National Aboriginal Torres Strait Islander Health Plan (NATSIHP)
- Closing the Gap
- Indigenous Procurement Policy
- Indigenous Advancement Strategy (IAS)
- Indigenous Australians Health Program (IAHP)
- Policies related to the social determinants of health (e.g. remote housing & the community development program)

- **Tracking Indigenous expenditure**

Baseline data on funding provided by Government to Indigenous programs and services should be readily available. Data available through the Productivity Commission's *Indigenous Expenditure Report* has been useful to better understand where Government funds are being targeted and explain why they are failing to meet the 'Close the Gap' targets. For example, there was a 22.5% reduction in spending on Indigenous specific services between 2008-09 and 2015-16, while

spending on mainstream services increased 77.5% over the same period (Productivity Commission 2017). This data should be routinely collected and reported publically on an annual basis.

- **Effectiveness of mainstream programs such as NDIS/Aged care for Aboriginal people**
Evaluations should ask what is needed to make these programs effective and equitable for Aboriginal people.

Planning & conducting evaluations

Consistent with the principles outlined above, the Indigenous evaluation strategy should also provide guidance on the approach to planning and conducting evaluations. Including:

- **Evaluation should be embedded into all policies and programs**
Policies and programs should include evaluation in their design from the start. This can be achieved by including evaluation requirements in grant applications and tender documents, with appropriate time and resourcing allocated accordingly.
- **Aboriginal worldviews and ways of being must be supported**
Evaluation processes should recognise and protect the distinct cultures of different Aboriginal people and communities, each with their own cultural knowledge, worldviews, practices, protocols and traditions.
- **A diverse range of Aboriginal voices should be heard**
Evaluations should, from design, to execution include broad engagement with relevant Aboriginal communities, organisations and leaders. Evaluation plans and processes should include strong Aboriginal governance, clear decision making, and benefit sharing protocols.
- **Evaluation processes should support increased Aboriginal employment**
Evaluation processes should employ Aboriginal people as part of their teams, including in leadership and management roles. Training to support Aboriginal leadership in evaluation will improve benefits to the community both through employment and by improving evaluation itself.
- **Aboriginal research expertise should be utilised and further developed**
Aboriginal research organisations, such as the Lowitja Institute, and Indigenous research practitioners already hold a wealth of knowledge and experience relating to evaluation of Indigenous programs. Evaluations under the national framework should draw from and build on this existing expertise.

- **Knowledge translation should ensure lessons are learnt and effectively communicated**

Evaluation reports and responses to evaluation should be publicly accessible as much as possible, while ensuring the protection of sensitive information. The sharing of information and learnings in a way that is accessible and understandable is essential to ensure uptake of evaluation findings in future decision making.

Structures to support and oversee evaluation

As noted in the introduction to this submission AMSANT is strongly in support of the establishment of a national Aboriginal and Torres Strait Islander body with direct input into the Federal Parliament, in line with the Uluru Statement from the Heart. We envisage that such a body would have a key role in both the development and review of policies and projects relating to Aboriginal people. Consideration should be given to how this framework might integrate such a body in the future.

However until the establishment of a 'voice' to parliament, we support an ongoing role for the Productivity Commission in overseeing the implementation of an Evaluation Strategy. It is important that this mechanism remains independent from Government and could be achieved by establishing an Indigenous Evaluation Council within the Productivity Commission.

References

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