



# Kimberley Aboriginal Medical Services Ltd

An Organisation of Aboriginal people, for Aboriginal people; controlled by Aboriginal people.

**August 2020**

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

This submission is developed by Kimberley Aboriginal Medical Services (KAMS). KAMS supports the Commonwealth Government's lead to develop an Indigenous Evaluation Strategy and welcomes the opportunity to provide input.

KAMS is a regional Aboriginal Community Controlled Health Service (ACCHS), providing a collective voice for a network of member ACCHS from towns and remote communities across the Kimberley region of Western Australia.

Today, the KAMS collective represents seven independently incorporated ACCHS – Broome Regional Aboriginal Medical Service, Ord Valley Aboriginal Health Service, Derby Aboriginal Health Service, Yura Yungi Medical Service, Bidyadanga Aboriginal Community La Grange, Beagle Bay Community Aboriginal Corporation and Nirrumbuk Environmental Health Services.

KAMS provides a wide range of regional services to support member ACCHS, with business units including:

- Remote clinical services
- Population health
- Social and Emotional Well Being
- Health Promotion
- Information technology
- Pharmacy support and training
- Corporate services including payroll support, HR, accounting and administrative services
- Accredited health training and education
- Research
- Regional renal services including dialysis

While its major role is in regional advocacy and support for member services, KAMS also provides comprehensive primary health care services in the remote communities of Beagle Bay, Bidyadanga and Kutjungka (Balgo, Mulan and Billiluna communities).

The KAMS regional collective of ACCHS is a major employer in the Kimberley, with Aboriginal people representing more than 70% of its 400+ strong workforce.

KAMS is a member of the Aboriginal Health Council of WA (AHCWA [www.ahcwa.org.au](http://www.ahcwa.org.au)) and of the National Aboriginal Community Controlled Health Organisation (NACCHO [www.naccho.org.au](http://www.naccho.org.au)).

ABN: 67 169 851 861

12 Napier Terrace, Broome WA 6725 PO Box 1377, Broome WA 6725.

Phone: (08) 9194 3200 Fax: (08) 9194 0349 Email: [admin@kamsc.org.au](mailto:admin@kamsc.org.au)

**kams.org.au**





# Kimberley Aboriginal Medical Services Ltd

An Organisation of Aboriginal people, for Aboriginal people; controlled by Aboriginal people.

In support of the proposals submitted by AHCWA and NAACHO, KAMS would like to contribute and emphasize these additional comments:

- 1. Evaluation objectives are often funding and government driven, not the objectives of the community.** To this effect it is not simply improving evaluation principles which is required but commissioning the delivery of Aboriginal health and social services in accordance with community priority and need as opposed to government objectives.
- 2. Outcomes are not instantaneous.** While the move to evidence based service delivery is commendable it must be acknowledged that many programs or services are expected by the Australian Government, or their state counterparts, to evaluate in accordance with funding cycles (generally 1-3 years in duration). It is not possible to assess 'outcomes' in this timeframe. Better evaluation principles need to be met with a commitment by Australian and State governments for longer term funding of programs and services that meaningfully evaluate process, impact and outcomes.
- 3. Data sovereignty and ethics is important.** This is important when considering all evaluations but particularly important when examining the nuanced difference between mixed method evaluations versus research. The National Health and Medical Council (NHMRC) provide some foundational documents to help consider the difference between evaluations and research however this should be clearly identified in the Evaluation Strategy. Data sovereignty and ethical conduct needs to frame any revised approach to evaluation principles and commissioning.
- 4. There is a tension between the for-profit nature of the evaluations KAMS are currently see originating from Australian and State Governments and the building of communities and services to 'own' the evaluation process.** We have seen a spate of evaluations for national Australian Government health projects in which consultants are the evaluators. The competitive market tendering of evaluations pays lip service to Aboriginal involvement in the process but has poor recourse to local capacity building, local contextualization of data and does not contribute to work opportunities for local Aboriginal people.
- 5. Evaluation, quality assurance and quality improvement need to be clearly defined and each accounted for.**
- 6. Evaluation translation and plain language dissemination are important components of ethical and culturally secure evaluation.**
- 7. Applying lessons learnt,** simply generating great quality evaluations is not enough. The space for sharing of these learnings, the receptiveness of government and services to heed the lessons learnt is critical.

ABN: 67 169 851 861

12 Napier Terrace, Broome WA 6725 PO Box 1377, Broome WA 6725.

Phone: (08) 9194 3200 Fax: (08) 9194 0349 Email: [admin@kamsc.org.au](mailto:admin@kamsc.org.au)

**kams.org.au**

