



AUSTRALIAN MEDICAL
ASSOCIATION
ABN 37 008 426 793

T | 61 2 6270 5400
F | 61 2 6270 5499
E | info@ama.com.au
W | www.ama.com.au

42 Macquarie St Barton ACT 2600
PO Box 6090 Kingston ACT 2604

AMA submission to the Productivity Commission on the draft Indigenous Evaluation Strategy

Indigenous.evaluation@pc.gov.au

The Australian Medical Association (AMA) welcomes the opportunity to provide a brief submission to the Productivity Commission on the draft *Indigenous Evaluation Strategy* (the Strategy). Evaluation is a critical component of the policy cycle as it provides a valuable insight to the merit and worth of policies and programs and informs future policy directions. The AMA supports the intention of the draft Strategy to embed evaluation in policy development processes across all Commonwealth departments, with the objective of delivering better outcomes for Aboriginal and Torres Strait Islander people through better informed policy decisions.

For too long, we have seen crude tick and cross approaches as a prominent method of reviewing policies and programs in Aboriginal and Torres Strait Islander affairs, rather than thorough evaluation and careful consideration of findings to drive continuous quality improvement. This was certainly the approach for the *Closing the Gap* initiative over the past decade where annual 'on track' results were lauded (despite no thought as to how services and outcomes might be further improved) and 'not on track' results greeted with dismay (rather than examining the adequacy of resources, the effectiveness of services, the actual reason for lack of progress and remedial action taken). This ultimately resulted in limited progress against the targets being achieved.

The purpose of conducting evaluations is to use their findings to improve policies and programs to deliver better outcomes. For many years, the AMA has been concerned that this seldom happens with policies and programs targeted at Aboriginal and Torres Strait Islander people. An evaluation framework is best conceptualised as part of a real planning process that specifies the aims and how they are going to be achieved. Evaluation planning needs to be embedded from the very beginning of planning processes. In this respect, the *National Aboriginal and Torres Strait Islander Health Plan* has had limited usefulness to date due to the absence of clear funding commitments and actual implementation.

The Strategy, if appropriately implemented, will provide useful guidance to Commonwealth departments in planning and conducting evaluations. However, the proposed actions and principles outlined in the Strategy will require a major shift in the culture and processes of Commonwealth departments, and significant time and resources will be needed to ensure that agencies are equipped with the required skills and expertise.

It is also important that governments redirect funding for evaluation from non-Indigenous organisations towards Aboriginal and Torres Strait Islander organisations that can achieve better outcomes for their clients. Currently, evaluations are dominated by the private sector who do not have any real relationships with Aboriginal and Torres Strait Islander people and communities. Aboriginal and Torres Strait Islander organisations should be prioritised to conduct evaluation activities and specific, appropriate levels of funding for evaluation should be provided.

The AMA supports placing the perspectives, priorities, and knowledge of Aboriginal and Torres Strait Islander people at the centre of the Strategy, and it must be ensured that all Commonwealth departments are bound by this principle in practice. The AMA acknowledges that the perspectives of Aboriginal and Torres Strait Islander people vary across the country and that evaluations of policies and programs will differ between program areas and locations. This is something that must be recognised by Commonwealth departments when conducting evaluations, and it must be acknowledged that these differences are beneficial to evaluations.

The AMA hopes that the objective of the Strategy is successfully achieved and that it is broadly applied across Commonwealth departments. The addition of formal implementation requirements may bolster the implementation of the Strategy across agencies. To ensure the objective of the Strategy is achieved, governments must genuinely move toward focusing on policy outcomes and effectiveness, and view evaluation as a means of continuous quality improvement. Without this, the cycle of producing reports and strategies that result in no real change will continue, and the much higher levels of chronic disease and mortality rates among the Aboriginal and Torres Strait Islander population will remain.

Recommendations

The AMA makes the following recommendations:

- The Strategy would benefit from the addition of formal implementation measures to ensure its successful uptake by all Commonwealth departments.
- The Strategy must ensure that all departments follow a continuous quality improvement process regarding policy design and implementation to assist with a shift in government focus from processes to outcomes.
- In planning new policies and programs, the Strategy must ensure that all departments allocate appropriate levels of funding for evaluation and that this is separate from funded program activities.
- The Strategy must acknowledge that evaluation methods will differ between program areas and locations to fit local contexts. The Strategy must also encompass a process for intervention if evaluations yield poor results.

22 JULY 2020