September 2019

An evaluation strategy for optimising Aboriginal and Torres Strait Islander health and wellbeing

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

**Introduction**

This submission has been developed by the National Aboriginal Community Controlled Health Organisation (NACCHO) with input from NACCHO Affiliates (state-based peak bodies).

About NACCHO

NACCHO is the national peak body representing 145 Aboriginal Community Controlled Health Services (ACCHOs) across Australia. The primary health care provided by each ACCHO is holistic, comprehensive and culturally competent, initiated and operated by Aboriginal communities through a locally elected Board of Management. Nationally, ACCHOs provide about three million episodes of care per year to about 350,000 people, which includes about one million episodes of care in rural and remote regions.

This submission responds to the five (5) parts of the Indigenous Evaluation Strategy (IES) Issues Paper:

* Co-designing the IES (Parts A and B);
* Implementing the IES (Part C);
* Developing an Indigenous evaluation framework (Part D); and
* Ensuring effective evaluation (Part E).

Overall, it is NACCHO’s view that the evaluation of services affecting Aboriginal and Torres Strait Islander people is in urgent need of reform. There is little evidence that evaluation is being used in the Indigenous Affairs policy cycle. To the extent it occurs, it appears to be done on an ad hoc basis without any strategy, and much of it seems to be ignored. Evaluations are dominated by the private sector who do not have any real relationship with Aboriginal and Torres Strait Islander peoples. As with most Indigenous Affairs policy, there has been no genuine involvement of representatives of Aboriginal and Torres Strait Islander communities in the design or implementation of evaluation strategy.

Negotiating a new whole of government strategy with representatives of Aboriginal and Torres Strait Islander peoples, particularly their community controlled sector, could instigate major reform, based on a formal COAG agreement. What is needed is an agreed and transparent policy, affirmed by COAG so that State and Territory governments are also included, is transparent, lasts ten years and is not disrupted by machinery of government changes if evaluation is going to be able to make a much bigger contribution to improving life outcomes.

A range of recommendations are presented at the end of this submission.

Co-designing the IES (Parts A and B of the Issues Paper)

We agree it is imperative that all providers of services that affect Aboriginal and Torres Strait Islander people and communities engage in the evaluation of service delivery outcomes, due to:

* four in every five dollars spent by the Australian Government in providing services to Aboriginal and Torres Strait Islander people being channelled through mainstream programs and services;[[1]](#footnote-1)
* the expenditure on Aboriginal and Torres Strait Islander people in 2015‑16 (estimated to be $33.4 billion, or $44,886 per person) being about double the rate for other Australians ($22,356);[[2]](#footnote-2) and
* despite the multiple and complex health and wellbeing issues facing Aboriginal and Torres Strait Islander people and communities, health expenditure on Aboriginal and Torres Strait Islander people falling by 2% from 2008-09 to 2015-16, whereas it rose by 10% for other Australians.[[3]](#footnote-3)

For transparency, accountability and funding equity, and to optimise outcomes for Aboriginal and Torres Strait Islander people and communities, it is imperative that the IES be co-designed and agreed with Aboriginal and Torres Strait Islander people, communities and organisations—including national peak bodies, ACCHOs and other Aboriginal community controlled organisations (ACCOs). For continuous quality improvement, embedded in the IES should be the requirement for Aboriginal and Torres Strait Islander people, communities and organisations to be fully involved in its periodical review and agreement to proposed changes.

The current negotiation of the next phase of the Closing the Gap framework, particularly the proposed new Agreement on Closing the Gap, between COAG and the Coalition of Peaks (led by NACCHO) should be used as the model for how to best work together.[[4]](#footnote-4) [[5]](#footnote-5) [[6]](#footnote-6) The Agreement should ultimately include the new evaluation strategy as an agreed schedule and the Indigenous Evaluation Strategy needs to focus on the three priority reforms already agreed to in-principle by COAG, which are:

1. Developing formal partnerships between governments and Aboriginal people on closing the gap at a national, state, regional and local level;
2. Growing Aboriginal and Torres Strait Islander community controlled services; and
3. Improving Mainstream Service Delivery to Aboriginal and Torres Strait Islander.

Overarching principles

A new Commonwealth IES needs to be underpinned by a set of ambitious principles if genuine reform in this important area is to achieved. These principles require that a new IES:

* Recognise the rights of Indigenous people to self-determination;
* Be underpinned by a new public agreement with COAG parties and representatives of Aboriginal and Torres Strait Islander communities, particularly peak bodies, that provides a much better framework for the governance of Indigenous evaluations going forward and secures shared decision making;
* Be led by the Productivity Commission as an independent Commonwealth statutory agency;
* Facilitate more and better evaluations to build a stronger evidence base;
* Ensure Aboriginal and Torres Strait Islander people take the lead in defining what ‘successful’ policies and programs look like; and
* Invest in building the capacity of Aboriginal and Torres Strait Islander organisations in evaluation, learning and improvement – not just funding external evaluations for compliance and funding.

**Implementing the IES (Part C of the Issues Paper)**

There are a number of factors that need to be considered in determining the best approach to evaluating services affecting Aboriginal and Torres Strait Islander people, which include the nature of the program or policy, its stage of implementation and available resources.

ACCHOs are keen to optimise the health and wellbeing of Aboriginal and Torres Strait Islander people and communities. ACCHOs appreciate that to individually and collectively get better outcomes for clients, it is imperative to have a clear understanding of the impacts of their services and programs, strategically plan for the future, build a strong evidence base, and influence the development of government policies and programs. Some larger ACCHOs engage in evaluation extensively—the work of the Institute for Urban Indigenous Health (IUIH) being a case in point. IUIH uses evidence to respond to challenges in the Aboriginal and Torres Strait Islander community controlled health sector by identifying evidence for change, exploring and reframing this evidence and applying this evidence at different levels of policy and practice.

When working with ACCHOs and other ACCOsnumerous approaches work well[[7]](#footnote-7)[[8]](#footnote-8)[[9]](#footnote-9), including:

* developmental evaluation—in which the evaluator is part of the design team to evaluate process as well as outcomes;
* realist evaluation—for determining what works, for whom and in what contexts, recognising that not all policies and programs will achieve desired outcomes in all places and circumstances; and
* participatory evaluation—for drawing on and catering for the feedback of service users.

Economic evaluations can be commissioned internally for self-determination or externally, for the systematic and quantitatively analysis of services’ and programs’ costs and benefits. While economic evaluations do not need to be costly and resource intensive, they often are for many ACCHOs and other small organisations with limited resources. ACCHOs and NACCHO’s Affiliates can be supported with expertise and resources to conduct economic evaluations well.

Less appropriate approaches include randomised control trialsand other experimental designs due to ethical dilemmas of one cohort accessing a service and another cohort not—when all participants require the service.

Regardless of which approach/es are deployed, central should be the privileging of Aboriginal and Torres Strait Islander knowledges and voices, including via yarning and deep listening and giving recognition to histories, cultures and practices—all crucial in evaluating client outcomes.[[10]](#footnote-10)

Challenges and benefits

There are a number of challenges to conducting evaluation. These include: difficulty in different parties coordinating and overseeing evaluation; conflicting evaluation objectives among stakeholders; constraints with time and resources; differences of opinion in what success should look like; how fast outcomes should be achieved; and how it should be measured.[[11]](#footnote-11) [[12]](#footnote-12) Insights into how to best incorporate the knowledge and perspectives of Aboriginal and Torres Strait Islander people and communities in evaluation processes can be gleaned from:

* evaluation in the Australian Public Service;[[13]](#footnote-13)
* the independent Review into the Operation of the Public Governance, Performance and Accountability Act 2013 and Rule;[[14]](#footnote-14)
* evaluation of Aboriginal and Torres Strait Islander programs;[[15]](#footnote-15) and
* the *Delivery and Evaluation of Grant Programmes*.[[16]](#footnote-16)

ACCHOs are the most invested in optimising the health and wellbeing of their clients and do a lot in terms of evaluating and auditing their service delivery. Central to the IES should be the auditing, continuous quality improvement and clinical governance rigour that ACCHOs do so well, to ensure all organisation’s services that affect Aboriginal and Torres Strait Islander people follow suit.

There are specific benefits to ACCHOs, other service providers and government agencies from improving their service delivery. The development of the IES should look to strengthen ACCHOs by assisting them to: build a stronger evidence base; allocate resources for evaluation; increase their capacity for innovation and continuous improvement; enhance service delivery expertise; and build a culture of monitoring and improving performance. In particular, participatory evaluation can assist ACCHOs to collaborate with communities to identify what services are most needed and how to best deliver them.

In relation to ACCHOs, day‑to‑day demands of service delivery detract from efforts to assess the value of those services.[[17]](#footnote-17) Challenges are amplified amidst the limited funding ACCHOs receive to deliver a wide range of services across large regions, including into very remote communities. Accordingly, ACCHOs and other ACCOs should be closely consulted and involved in co-designing and co-producing the IES. ACCHOs and other ACCOs can be guided to strengthen their evaluation approaches, methods and capabilities via skills workshops. With proper resourcing, they can engage in and/or undertake comprehensive evaluations of their services.

Learning from overseas approaches

Successful Indigenous evaluation arrangements in Canada and New Zealand can give us insights into how we might best evaluate services for Aboriginal and Torres Strait Islander people in Australia.

Canada

Canada’s whole of government evaluation arrangements has been found to be working well. Each of Canada’s government departments has an evaluation division that every five years evaluates programs with more than $5 million in annual expenditure for their relevance, effectiveness and efficiency. Department management is required to respond to recommendations from the Canadian Evaluation Society, the Treasury Board Secretariat implements and ensures compliance with the policy, and all reports are published on the department’s website and a central repository.

New Zealand

Positive outcomes are also reported from evaluation practices of Whānau Ora (meaning family‑centred) in New Zealand, which assists families to achieve better outcomes for themselves. Whānau are connected to initiatives to build the capability needed to satisfy family needs and aspirations by three decentralised commissioning agencies, with each commissioning agency undertaking evaluation of their own commissioning activities. The government department funding the Whānau Ora program, Te Puni Kōkiri, evaluates the Whānau Ora program overall.

**Developing an evaluation framework (Part D of the Issues Paper)**

There are numerous frameworks and principles for evaluating policies and programs in Australia that demonstrate good practice that should be drawn upon, including:[[18]](#footnote-18)[[19]](#footnote-19)

* Lowitja Institute Evaluation Framework for Aboriginal and Torres Strait Islander Health; and
* BetterEvaluation.org Ethical Framework for Indigenous Evaluation.

Incorporating Aboriginal and Torres Strait Islander perspectives throughout evaluation should involve:

* evaluations being led and conducted by Aboriginal and Torres Strait Islander evaluators;
* co‑production of evaluation occurring between government agencies, evaluators and Aboriginal and Torres Strait Islander people;
* strengthening the involvement of Aboriginal and Torres Strait Islander organisations and their staff throughout the various stages of data collection and analysis;
* privileging Aboriginal and Torres Strait Islander research methodologies;
* Aboriginal and Torres Strait Islander representation on evaluation steering committees to maintain oversight of process;
* sharing evaluation results to ACCHOs and other Aboriginal and Torres Strait Islander stakeholders; and
* providing a formal process for raising any concerns about the evaluator and/or the evaluation process (e.g. bias or a lack of cultural competence or ethical conduct).

Ethics

AIATSIS’s (2012) and NHMRC’s (2018) ethical guidelines for researchers working with Aboriginal and Torres Strait Islander people and communities are increasingly used to guide ethical conduct in evaluations, but should be adhered to more consistently by all government and non-government agencies. AIATSIS’ ethical guidelines (2012) inform evaluations conducted under the Indigenous Advancement Strategy Evaluation Framework, and most evaluations are subject to ethical review by the AIATSIS Research Ethics Committee. It would be beneficial to build capacity among staff within government agencies, ACCHOs and other service providers to work within ethical review processes. Concepts pertaining to Aboriginal and Torres Strait Islander data sovereignty as outlined in the document Ethical Conduct in Research with Aboriginal and Torres Strait Islander people and communities; Guidelines for researchers and stakeholdersshould be included in the operational aspects of Human Research Ethics Committees (HRECs).

Cultural competency

Cultural competency must be embedded in evaluation practice. This involves building skills, knowledge, behaviours and systems that are required to plan, support, improve and deliver services in a culturally respectful and appropriate manner.[[20]](#footnote-20) However, the extent to which cultural competency and capability are addressed in current evaluation practice varies considerably. Only around half of Australian Government and state/territory health program evaluation reports commissioned between 2007 and 2017 integrated aspects of ‘cultural respect’.[[21]](#footnote-21)

**Ensuring effective evaluation (Part E of the Issues Paper)**

We disagree with the notion put forward in the Issues Paper that ‘it is unreasonable to expect government agencies to comprehensively and formally evaluate every facet of their spending on policies and programs for Aboriginal and Torres Strait Islander people’. We argue that due to a lag in closing the gap, government agencies and service providers must evaluate all aspects of their spending on policies and programs affecting Aboriginal and Torres Strait Islander people. In particular, where funding is directed to services not delivered by ACCHOs and other ACCOs, it is important to evaluate what impact such funding has on outcomes for Aboriginal and Torres Strait Islander people.

ACCHOs require greater workforce development, innovative software and other resources to support evaluation. This is highly dependent on appropriate resourcing, which is currently lacking. In addition, realistic and appropriate lead times for the co-design and co-production of evaluation with Aboriginal and Torres Strait Islander people, communities and organisations should be embedded in the IES.

Data collection and use

International instruments such as the UN Declaration of the Rights of Aboriginal and Torres Strait Islander peoples and the work of national Aboriginal and Torres Strait Islander data bodies should also inform the development of the IES. These bodies include the (now abolished) National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data [NAGATSIHID],[[22]](#footnote-22) and the Maiam nayri Wingara Indigenous Data Sovereignty Collective[[23]](#footnote-23). Special consideration must also be given to upholding Aboriginal data sovereignty when it comes to how and what data are collected, and how data about Aboriginal and Torres Strait Islander people are linked, shared and stored.

Aboriginal and Torres Strait Islander peoples need to have their voice heard and respected in regard to how their data is obtained and used. Although Aboriginal and Torres Strait Islander people not identifying as such makes tracking outcomes over time difficult, the right to self-identify remains the right of the individual and must be protected. Issues associated with identification are problematic.[[24]](#footnote-24) [[25]](#footnote-25) Aboriginal and/or Torres Strait Islander representation in each HREC is imperative.

Great care needs to be taken in developing data governance arrangements in the new IES. It is essential for data governance principles and structures to recognise and accommodate the need for Aboriginal and Torres Strait Islander peoples’ self-determination and community control in all steps of collecting and using data. In practice, this means ensuring the collection and reporting of data pertaining to Aboriginal and Torres Strait Islander people is culturally appropriate, safe, competent and in the best interests of Aboriginal and Torres Strait Islander peoples. Data must be evaluated taking into consideration the unique context of services delivered (including barriers), and the people and communities receiving it. Accordingly, qualitative data (the context or *how* of service delivery) should complement quantitative statistical data.

**Recommendations**

We recommend:

1. That the IES be co-designed and negotiated between COAG and representatives of Aboriginal and Torres Strait Islander communities, particularly national peak bodies, and ultimately included in the new COAG National Agreement on Closing the Gap.
2. That embedded in the IES be the requirement for Aboriginal and Torres Strait Islander people, communities and organisations to be fully involved in its periodical review for changes to be negotiated.
3. That the IES incorporate realistic and appropriate lead times, over a ten year timeframe, for the co-design and co-production of evaluation with Aboriginal and Torres Strait Islander people, communities and organisations.
4. That in developing the IES, the current negotiation of the next phase of the Closing the Gap framework and targets between COAG and the Coalition of Peaks (led by NACCHO) be the platform for securing agreement.
5. That the IES incorporate a set of principles to best evaluate the extent to which services are achieving optimal outcomes for Aboriginal and Torres Strait Islander people and communities, which include:

* the rights of Aboriginal and Torres Strait islander people to self-determination be recognised;
* be underpinned by a new public agreement with COAG parties and representatives of Aboriginal and Torres Strait Islander communities, particularly peak bodies, that provides a much better framework for the governance of Indigenous evaluations going forward and secures shared decision making;
* be led by the Productivity Commission as an independent Commonwealth statutory agency;
* facilitate more and better evaluations to build a stronger evidence base;
* ensure Aboriginal and Torres Strait Islander people take the lead in defining what ‘successful’ policies and programs look like;
* invest in building the capacity of Aboriginal and Torres Strait Islander organisations in evaluation, learning and improvement – not just funding external evaluations for compliance and funding;
* include a transparent 10 year budget reported on annually; and
* ensure government agencies draw upon evaluation evidence when revising policies and programs.

1. That auditing, continuous quality improvement and clinical governance rigour be central to the IES.
2. That the IES look to strengthen ACCHOs by assisting them to: build a stronger evidence base; allocate resources for evaluation; increase their capacity for innovation and continuous improvement; enhance service delivery expertise; and build a culture of monitoring and improving performance.
3. That the IES draw on successful Indigenous evaluation arrangements in Canada and New Zealand that can provide insights into how to best evaluate services for Aboriginal and Torres Strait Islander people in Australia.
4. That incorporating Aboriginal and Torres Strait Islander perspectives throughout evaluation should involve:

* privileging Aboriginal and Torres Strait Islander knowledges, voices and research methodologies;
* evaluations being led and conducted by Aboriginal and Torres Strait Islander evaluators;
* co‑production of evaluation occurring between government agencies, evaluators and Aboriginal and Torres Strait Islander people;
* strengthening the involvement of Aboriginal and Torres Strait Islander organisations and their staff throughout the various stages of data collection and analysis;
* Aboriginal and Torres Strait Islander representation on evaluation steering committees to maintain oversight of process;
* all HRECs to include Aboriginal and/or Torres Strait Islander representation;
* sharing evaluation results to ACCHOs and other Aboriginal and Torres Strait Islander stakeholders; and
* providing a formal process for raising any concerns about the evaluator and/or the evaluation process (e.g. bias or a lack of cultural competence or ethical conduct).

1. That AIATSIS’s (2012) and NHMRC’s (2018) ethical guidelines for researchers working with Aboriginal and Torres Strait Islander people and communities, which are increasingly used to guide ethical conduct in evaluations, be adhered to more consistently by all government and non-government agencies.
2. That, to support their evaluation practice, appropriate resourcing be provided to ACCHOs for greater workforce development, innovative software and other resources.
3. That the development of the IES be informed by the work of national Aboriginal and Torres Strait Islander data bodies.
4. That Aboriginal and Torres Strait Islander data sovereignty be central to the IES.

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