**Attachment B**



Evaluation Strategy

Indigenous Health Division

Indigenous Australians’ Health Program

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# Introduction

This Evaluation Strategy aims to support evaluation in the Indigenous Health Division (IHD) to help improve programme delivery and to inform evidence-based policy.

The Evaluation Strategy provides a framework for evaluations that relate to the Indigenous Australians’ Health Programme (IAHP). It outlines objectives, principles and approaches to evaluation.

The accompanying [Evaluation Guide](http://sharepoint.central.health/divisions/IHD/Policies%20and%20Procedures/Evaluation%20Guide.docx?Web=1) provides practical advice on how to plan, design and manage evaluations in the IHD.

# Objectives of the IHD Evaluation Strategy

The evaluation strategy is intended to:

* Foster a culture of evaluative thinking.
* Monitor and inform improved programme implementation and policy development.
* Streamline evaluation activity to improve efficiency.
* Examine the effectiveness of the IAHP on a holistic basis so that we can understand how different parts of the programme work together and identify how to make improvements.
* Inform the evaluation of the [Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-23](http://www.health.gov.au/natsihp).
* Build evidence of what works to improve health outcomes to complement the [National Continuous Quality Improvement (CQI) Framework](http://www.health.gov.au/internet/main/publishing.nsf/content/cqi-framework-atsih).
* Focus on making sure what we learn can be shared and applied.
* Support accountability to parliament and the public.
* Support consultation with stakeholders to drive changes at the national, regional and local level.

# Purpose of evaluation

## What is evaluation?

Evaluation assesses how well a programme, policy or strategy is working. It is done for many reasons, including as a way of gathering information to help decision makers decide whether a programme should be supported or as a way of improving delivery.

## Why evaluate?

If we do not evaluate we have no way of knowing if a programme is working and how to improve it. Evaluation can play an important role in improving services and outcomes as a way of guiding better decision making, improving resource allocation, building credibility and building public trust.

Evaluation is a key part of the policy cycle and should be used at various stages. To be most useful evaluation needs to happen at the start of designing policies and throughout programme implementation.

## What is the link between evaluation, research, monitoring and performance reporting?

Evaluation looks at available research and uses many of the same tools as research (such as surveys and focus groups). The purpose of research is often to test a theory and produce generalisable findings that contribute to knowledge. In contrast, the purpose of evaluation is to determine the quality, merit and effectiveness of a programme or model.

Evaluation is complemented by ‘monitoring’ which aims to provide regular feedback through key indicators relating to programme implementation and performance. Evaluation can also be used to support performance reporting for accountability

# Key issues and challenges

There are a number of challenges associated with evaluation:

* Evaluation findings are not always clear. They are often limited by the available data or report a mixed bag of successes, near misses and failures.
* It can be difficult to measure and tie changes in health outcomes to the work of programmes.
* Ensuring that evaluations give Government information that feeds into shorter term priorities and at the same time looking at what is happening over the longer term.
* Ensuring that the knowledge we are gathering over time is easily accessible to inform decision making, policy development and improve practice.

# Policy and legislative context

The evaluation strategy has been developed to serve the needs of a number of key reforms.

## Indigenous Australians’ Health Programme

The Indigenous Australians’ Health Programme (IAHP) aims to improve the health of all Aboriginal and Torres Strait Islander people through a variety of activities focused on local health needs as well as targeted responses to particular health issues and activity across the life course. The IAHP consolidates funding for Indigenous health.

## National Aboriginal and Torres Strait Islander Health Plan

The [National Aboriginal and Torres Strait Islander Health Plan 2013-23](http://www.health.gov.au/natsihp) provides a long-term evidence-based policy framework for Aboriginal and Torres Strait Islander Health to reduce health inequality. The [Implementation Plan](http://www.health.gov.au/natsihp) outlines the actions to be taken by the Australian Government and other key stakeholders, including monitoring and evaluation.

## Public Management Reform Agenda

The Public Management Reform Agenda (PMRA) seeks to improve resource management and decision making by placing a greater focus on planning and performance. The reforms are primarily being implemented through the Public Governance, Performance and Accountability Act 2013 (PGPA) which requires Commonwealth entities to measure and assess performance (Section 38).

The [Commonwealth Performance Framework](http://www.finance.gov.au/resource-management/performance/) provides guidance on planning, evaluating and reporting activities with a focus on improving the quality of non‑financial performance information.

# Our approach to undertaking evaluations

## Types of evaluation

### Strategic evaluations

The consolidated IAHP funding provides an opportunity to take a more strategic and agile approach to evaluation to better target policy interventions to improve health outcomes.

Holistic evaluations measuring the effectiveness of key elements of the IAHP will be undertaken through a rolling series of evaluations based on particular themes. This approach will support streamlined evaluation activity and reduce the reporting and consultation burden.

### Initiative specific evaluations

A few evaluations of specific initiatives will still take place in circumstances where there is a particular policy requirement.

# Key principles

## Build on existing knowledge

* Review and integrate findings from previous evaluations and research to identify gaps in knowledge. Design evaluations to fill these gaps.

## Concurrent evaluations

* Design and carry out evaluations alongside programme implementation to inform refinements and improvements. Aim to establish evaluations at the beginning of a project.

## Theory based evaluation

* Develop programme theories to show how the programme is supposed to work to meet its objectives. Programme theories are a good way to help evaluations understand how the programme has been implemented and what could be changed to improve effectiveness. Programme theory can also be useful in programme design, implementation and refinement.
* An overarching [programme logic](http://sharepoint.central.health/divisions/IHD/Policies%20and%20Procedures/IAHP-programme-logic.pdf?Web=1) and theory of change has been developed for the IAHP. The programme theories of individual initiatives and themes are to be informed and shaped by it.
* Refer to the [Evaluation Guide](http://sharepoint.central.health/divisions/IHD/Policies%20and%20Procedures/Evaluation%20Guide.docx?Web=1) for information on how to develop programme theory.

## Develop a linked suite of evaluations

* A rolling series of evaluations based on key themes complemented by evaluations focused on specific topics to build a more comprehensive body of knowledge.

## Minimise reporting burden & consultation fatigue

* Make the best possible use of existing data (i.e. administrative and programme data) to reduce reporting burden.
* Streamline and consolidate evaluation and other activities under the IAHP to reduce consultation fatigue for Indigenous communities.

## Knowledge utilisation

* Support the translation of evidence into practice through the timely sharing of key messages to stakeholders at all levels to inform programme implementation and policy development.
* All evaluation designs should include explicit plans and budgets to support knowledge utilisation. This responsibility is shared across the Division.

# Standards

When managing or undertaking an evaluation it is important to ensure that certain quality standards are met.

The [Program Evaluation Standards](http://www.eval.org/p/cm/ld/fid%3D103) (American Evaluation Society) have been endorsed by the Australasian Evaluation Society (AES) and cover the areas of utility, feasibility, propriety, accuracy and accountability of evaluation.

## Data

Existing data sources should be used where possible to minimise reporting burden. The collection of any new data needs to address the requirements of the Governments’ Deregulation agenda and policy. Refer the [Australian Government Guide to Regulation](https://www.cuttingredtape.gov.au/handbook/australian-government-guide-regulation).

### Data collections

#### Key national data collections and surveys

The ongoing reports against the [Aboriginal and Torres Straits Islander Health Performance Framework](http://www.dpmc.gov.au/indigenous-affairs/publication/aboriginal-and-torres-strait-islander-health-performance-framework-2014-report) provide a useful overview of the key national data collections and surveys to monitor progress in Aboriginal and Torres Strait Islander health outcomes, health system performance and the broader determinants of health.

#### Health services monitoring data

There are three main data collections for monitoring the service delivery of PHC organisations funded under the IAHP:

* The [Online Services Report](http://www.aihw.gov.au/publication-detail/?id=60129548237) (OSR) provides administrative information on staffing, clients, and episodes of care.
* The [National Key Performance Indicators](http://www.aihw.gov.au/publication-detail/?id=60129546941) (nKPIs) provide data on process and outcome indicators for chronic disease prevention and management, and maternal and child health.
* The [Northern Territory Aboriginal Health Key Performance Indicators](http://www.nt.gov.au/health/ahkpi/) (NT AHKPIs) monitor Aboriginal Primary Health Care organisations in the Northern Territory.

### Data Management

Data should be managed in accordance with relevant policies and controls.

* The AHMAC endorsed [National Aboriginal and Torres Strait Islander Health Data Principles](http://www.aihw.gov.au/nagatsihid/) which aim to guide and improve the use of information relating to the health of Aboriginal and Torres Strait Islander people. [[1]](#footnote-1)
* [The Privacy Act](http://www.oaic.gov.au/privacy/privacy-act/the-privacy-act) (1988) and state and territory privacy laws in relation to the collection, storage and use of identifiable information.

#### Requests relating to nKPI, OSR and NT AH KPI data

The [Data Management Plan](http://intranet.central.health/intranet/wcms/publishing.nsf/Content/indigenous-data-management-plan) (DMP) documents the approved business processes for handling data requests for access to information that is available from organisations that are funded by the Australian Government to deliver primary health care and related services. The aim of the Plan is to ensure that the data release protocol is in line with legislative responsibilities and reduces risks when handling sensitive information.

## Ethics

Refer to the [Guidelines for the Ethical Conduct of Evaluations](file://central.health/dfsuserenv/Users/User_22/muglij/Downloads/aes-guidlines10.pdf) (AES) for guidance on ethical behaviour and decision making in evaluation.

Refer to the [Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research](http://www.nhmrc.gov.au/guidelines-publications/e52)(NHMRC) for guidance on ethical research in Aboriginal and Torres Strait Islander communities.

# Prioritising evaluations

It is not feasible, cost effective or appropriate to evaluate every programme or activity. To understand if we are achieving results, good quality evaluative monitoring may be sufficient.

The three main things that should be taken into account when deciding what to evaluate are:

* Importance in terms of Indigenous specific investment – size of investment, significance of problem being addressed, alignment with Government priorities.
* Importance of evaluating – strength of available evidence, need to evaluate, interest, degree of innovation.
* *Which evaluation expenditure will be value for money* – evaluability, capacity for quality evaluation to make changes happen.

Refer to the [Evaluation Guide](http://sharepoint.central.health/divisions/IHD/Policies%20and%20Procedures/Evaluation%20Guide.docx?Web=1) for a prioritisation assessment tool.

# The importance of knowledge sharing

A successful evaluation is not just about a quality final evaluation report. If evaluations are to be meaningful it is important to engage stakeholders throughout the evaluation process and to build a body of knowledge.

Communication at the end of an evaluation can be less important than communication during the evaluation. Those stakeholders most affected by evaluation findings (especially service providers, peak bodies and state and territory governments) are usually closely tuned in to the discussion of draft reports and are often involved in workshops that are designed for purposes such as consultation, data collection or data interpretation. This is appropriate as these stakeholders are frequently the most knowledgeable about the programme or the problem it is trying to fix.

Ideally, stakeholders should be participating in every step of the evaluation: in articulating the theory of change, in defining the approach, in identifying methodologies and benchmarks and in interpreting the data and drawing conclusions.

Changes that result from evaluation may begin before a report is finalised because stakeholders are already responding to the issues and ideas that have emerged. ‘Formative evaluation’ is deliberately designed to take account of and make use of this dynamic by accompanying and informing programme implementation.

When thinking about knowledge exchange it is important to understand possible barriers to change. These might include stakeholder interests, political imperatives, institutional inertia or funding uncertainty.

## Knowledge sharing strategy

To ensure that the department benefits from its evaluations it is important to ensure that fit‑for‑purpose evaluation communication processes are followed:

* Where appropriate, knowledge will be disseminated across the wider Department and the APS more broadly along with external stakeholders.
* Where useful findings or lessons are identified during the evaluation process, they will be the subject of knowledge sharing, particularly with programme owners and those delivering initiatives on the ground.

There are a number of potential methods that may be employed to ensure that the findings and recommendations from the IAHP evaluation are used to effect change (refer to the [Evaluation Guide](http://sharepoint.central.health/divisions/IHD/Policies%20and%20Procedures/Evaluation%20Guide.docx?Web=1)).

# Governance

Clear authority, commitment and leadership to drive a strong, responsive culture of evaluation and performance improvement across the Department, Government and community organisations is an important part of the strategy.

## Internal

### Within the Division

The Evidence and Evaluation Section (EES) has overarching responsibility for the Evaluation Strategy and oversight of evaluation activity for the IHD. EES also has responsibility for managing the theme based evaluations. The Assistant Secretary of the Evidence and Strategy Branch has overall responsibility for the Evaluation Strategy.

EES will manage the Evaluation Strategy in close consultation with the Division. This will include liaison with relevant areas, as well as broader communication through the Divisional Leadership Group and Divisional Forums. The Divisional Governance Board will monitor the Evaluation Strategy.

Programme areas are responsible for ensuring that programme accountability requirements are met and that the design of specific initiative evaluations are undertaken in close consultation with EES. This will ensure consistency and alignment with the evaluation strategy and themed based evaluations. EES will provide high level advice and guidance on any proposed evaluation under the IAHP including the design, terms of reference, approach to market and deliverables.

### Evaluation Centre of Excellence

The Evaluation Centre of Excellence, Performance Accountability and Evaluation Branch in the Research, Data and Evaluation Division, provides advice and guidance on evaluation across the Department.

## External

Relevant expertise will be sourced to undertake evaluations to ensure independent and quality deliverables. For example, a health economist may be engaged to undertake an economic evaluation.

Relevant advisory bodies and committees will be used to provide advice and consult on the implementation of the evaluation strategy. For example, the OCHRE Streams Advisory Group (OAG) may be consulted on data issues. National Health Partnership Forums may be used to engage with peak bodies and state governments.

Advisory arrangements will be developed to provide technical advice and reflect the range of interests among stakeholders and the community.

# Resources

There are a wide range of resources available to assist with evaluation design and implementation. Some key resources are outlined below.

* Better Evaluation: an international collaboration to improve evaluation practice by sharing and generating information about options and approaches - [betterevaluation.org](http://betterevaluation.org/)
* Australasian Evaluation Society: a member based organisation to improve the theory, practice and use of evaluation across Australasia. The website includes resources, consultant directory and professional development - [www.aes.asn.au](http://www.aes.asn.au/)
1. National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data (NAGATSIHID), 2006, *Data principles* [↑](#footnote-ref-1)