
9 Evaluating Indigenous programs and policies: communicating the outcomes

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Abstract

Communicating evaluation findings effectively to policymakers is key to improving Indigenous policy and service delivery. This paper begins by discussing the role of the Australian Institute of Health and Welfare in informing the policy community, service providers and the public with a special focus on its work on Indigenous health and welfare Information. This is followed by a description of its work on the Closing the Gap Clearinghouse — an online resource providing evidence on what works to overcome Indigenous disadvantage across the Council of Australian Governments building blocks. The final section focuses on the challenges of getting input from policymakers and communicating key messages effectively to them and other stakeholders.

9.1 Introduction

This paper will draw upon the experience of the Australian Institute of Health and Welfare (AIHW) to provide information about Indigenous health and welfare policies and services.

In this paper we will be discussing:

- the unique and privileged role that the AIHW has been given to report on health and welfare matters
- the focus that the AIHW has placed on health and welfare outcomes for Indigenous people, with attention also to measuring and reporting on the effectiveness of services provided to Indigenous people

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- the range of mechanisms used by the AIHW to provide this information to the general community, and key stakeholders, including the policy community and service providers
 - the particular role played by the Closing the Gap Clearinghouse — a joint venture of the AIHW and the Australian Institute of Family Studies (AIFS), funded by all Australian governments under a national partnership agreement
 - our experience with the innovative presentation of information, to better convey key messages for a range of stakeholders.

9.2 The role of the Australian Institute of Health and Welfare

The AIHW is a major national agency, established under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. Our aim is to produce authoritative information and statistics to promote better health and wellbeing.

The AIHW is an independent statutory authority, with a management board comprising independent and government members. This governance arrangement supports our role in receiving sensitive data from a range of sources, including all governments, and our objective reporting of information across the health and welfare domains.

Data are the core resource of the Institute. In doing our work, we collaborate closely and have effective data partnerships with many experts from around Australia, including the Australian Bureau of Statistics, governments at all levels, specialist government agencies, including the Productivity Commission, universities, research centres and non-government agencies. Our work includes the establishment of data standards and reporting on data quality, in addition to the reporting of information. There is a focus on the reporting of relevant, comparable data and making data available for a wide range of purposes. Increasingly, the AIHW is undertaking value-added analysis and research that utilises the very rich information holdings we manage, including through expert data linkage and modelling.

Over the past year, the AIHW produced around 150 reports, including detailed information collections on population health, disease occurrence, perinatal data, hospital data, drug and alcohol use and treatment services, mental health services and homelessness and housing services. The AIHW also draws this information together biennially in two separate reports, *Australia's Health* and *Australia's Welfare*, that provide a comprehensive review and compendium of health and

welfare in Australia. We contribute information for national performance reporting, including through the Council of Australian Governments (COAG) Reform Council, the Report on Government Services and the National Health Performance Authority.

Our robust, transparent reporting of health and welfare information means that:

- the community can understand what its significant contribution to the cost of health services actually buys in terms of health services and welfare services and related outcomes
- health and welfare systems and governments become more accountable to the community, and health and welfare policy becomes better informed and can be tested against outcomes
- clinicians and health and welfare service managers can make better decisions, which will improve the effectiveness, efficiency and outcomes of health and welfare services
- Australia's international reputation for high-quality health and welfare services can be demonstrated.

Within effective governance arrangements, including legislation, robust privacy practices and good relationships with data providers, the AIHW regularly provides researchers with access to its data holdings. An established, well-respected ethics committee process manages requests for sensitive information.

9.3 AIHW's Aboriginal and Torres Strait Islander Health and Welfare work program

Since the initial establishment of the Aboriginal and Torres Strait Islander Health and Welfare Unit at the AIHW in 2003, the AIHW Indigenous work has expanded and diversified.

The work of the Social and Indigenous Group covers health, community services and educational data in an integrated manner. In addition, it is an AIHW policy that all reports should contain relevant information on Indigenous Australians if data quality permits.

The AIHW has a very wide ranging work program in this area, including the following:

- Consolidated reporting of the health and welfare of Aboriginal and Torres Strait Islander people through the on-line Indigenous Observatory is updated regularly,

with a summary overview report produced every 2–3 years (AIHW 2011b). The 2011 observatory, for example, covered topics such as demography, housing, chronic disease, mortality and life expectancy, eye health, access to services and homelessness. The next overview report is expected to be released in 2014. The Indigenous Observatory provides a focal point for improving and using information on Indigenous health and welfare.

- Performance reporting against the National Aboriginal and Torres Strait Islander Health Performance Framework presents data on some 70 measures canvassing health status and outcomes, determinants of health and health systems performance. This information has been published every two years since 2006 (AIHW 2011a). The national and jurisdictional reports are used to inform policy analyses and planning, and to monitor program implementation.
- The AIHW reports on the prevalence and chronicity of conditions found in children as a result of the Australian Government Northern Territory Emergency Response (NTER) Child Health Checks Initiative, and on follow-up service delivery. The data have shown high prevalence rates for dental, audiology and skin problems that have needed extensive follow-up and treatments (AIHW and DoHA 2008, 2009; AIHW 2012b). The findings have led to a more targeted approach in the provision of needed services. The creation of dental, audiology and ear, nose and throat data collections has meant that the number of services provided, the extent of follow-up, the types of services provided and changes in health outcomes for these children following service delivery can be monitored.
- The AIHW has worked on improving the quality of information and methodological approaches. One of the major obstacles to collecting accurate information on Indigenous Australians is an under-identification of Indigenous people in many data sets. In order to improve the quality of data at the collection phase, the AIHW has produced the national best practice guidelines for collecting Indigenous status in health data sets (AIHW 2010). Work on assessing the level of under-identification in key data sets is being undertaken by the AIHW, with the resultant correction factors being applied to these data sets to improve monitoring of the closing the gap between Indigenous and non-Indigenous Australians. The two main projects currently under way are, first, assessing the level of under-identification in hospital data through an audit process and, second, using data linkage to assess the level of under-identification in mortality data (AIHW 2012a). Data linkage guidelines specific to linking data on Indigenous Australians were produced in collaboration with the Australian Bureau of Statistics (AIHW and ABS 2012).
- The AIHW has addressed gaps in existing information, with recent attention on enhancing perinatal data and key performance indicators for Indigenous-specific primary health care services.

An example of some of our analytical work is modelling the likely impact of COAG health and other initiatives in closing the gap in life expectancy between Indigenous and non-Indigenous Australians. This work, known as the ‘trajectories’ study, assesses the outcomes of individual health initiatives in order to predict their combined impacts on life expectancy. This draws on scientific evidence of the effectiveness of such initiatives and epidemiological evidence on the relationship between, for example, reductions in smoking rates, disease prevalence, and mortality rates.

Our experience in communicating the outcome from Indigenous policies and services is to first have the evidence that can be reported. The Closing the Gap Clearinghouse is an essential mechanism for collecting, improving and disseminating the evidence.

9.4 The Closing the Gap Clearinghouse

The Closing the Gap Clearinghouse was established by COAG as an online resource to bring together evidence on what works to overcome Indigenous disadvantage. The functions of the Clearinghouse are delivered by the AIHW in collaboration with AIFS.

Purpose

The primary purpose of the Clearinghouse is to make available, in one place, the results of work being carried out to overcome Indigenous disadvantage across the seven COAG building blocks: early childhood, schooling, health, economic participation, healthy homes, safe communities, and governance and leadership that underpin the six COAG targets relevant to closing the gap between Indigenous and non-Indigenous Australians in health, early childhood, education and employment. The Clearinghouse seeks to provide a rigorous assessment and synthesis of evidence on programs and interventions that have been evaluated and have been shown to be effective. The search strategy for the Clearinghouse focuses on evidence from Australian interventions with a priority on Indigenous-specific research. Programs and interventions in countries with Indigenous populations with some similarity to Australia’s, such as New Zealand, Canada and the United States are also within the scope of the Clearinghouse’s work, as are programs and interventions across the total populations of those countries.

The Clearinghouse’s primary audiences are policy-makers and service providers. Its activities are overseen by a board which provides strategic directions and advice.

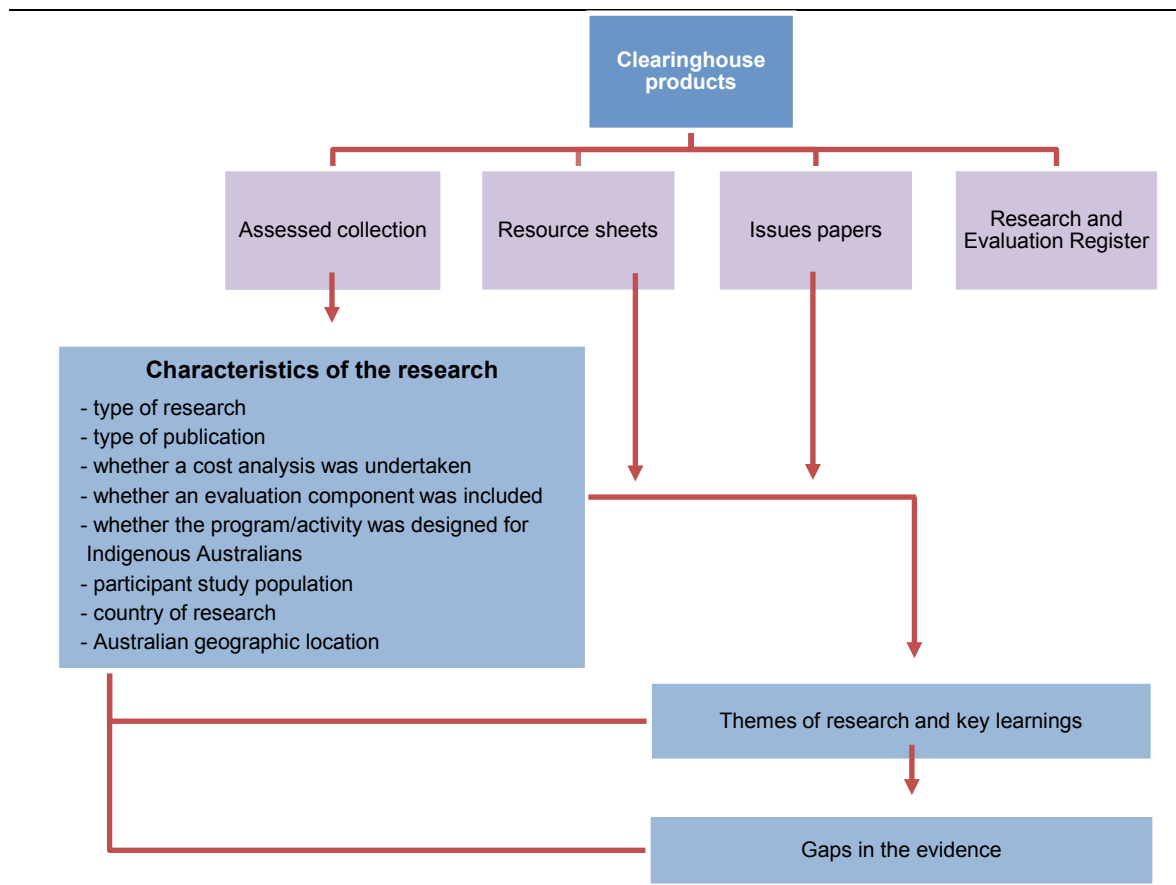
The board approves the annual work program. A Scientific Reference Group comprised of academics with subject-matter expertise, provides technical advice. A panel of Indigenous and non-Indigenous subject-matter experts assists the Clearinghouse to assess evidence as well as to write on topics agreed to by the board and nominated by jurisdictions. To assess and label the evidence in selected research and evaluations, the Clearinghouse developed a practical, formal assessment process with guidance from the Scientific Reference Group and Clearinghouse Board. To develop the assessment tool, a variety of existing standards and frameworks were reviewed. The tool has three sections: common issues, methods, and results and conclusions. Subject specialists are commissioned to review identified material, and label the evidence using the tool. The results of the assessments are synthesised and summarised in the assessed collection, along with information on what works, and why.

Key learnings and gaps in the evidence

An annual paper synthesises the evidence, showing key learnings and gaps in the evidence across all Clearinghouse resources and it points to recurring or cross-cutting themes. The analytical framework used to identify gaps is shown in Figure 9.1. The analytical framework includes:

- analyses of themes and key learnings for each building block using material in issues papers and resource sheets, as well as through qualitative analysis of items in the assessed collection
- an outline of the characteristics of the assessed collection, including research type, type of publication, study population, country and location of the research
- identification of gaps in the evidence (AIHW and AIFS 2011, 2012).

Figure 9.1 Analytical framework for the analysis of evidence on what works to overcome Indigenous disadvantage, 2010–11



9.5 The Clearinghouse collections

General collection

The general collection is a compilation of material broadly related to the COAG targets and building blocks drawn from AIHW and AIFS library collections. This includes published and unpublished papers, reports and other literature.

There were 4952 items housed in the Closing the Gap Clearinghouse’s online general collection. Most items in the general collections were in the health building block, followed by the early childhood and safe community building blocks (Table 9.1).

Table 9.1 General collection by building block

<i>Building block</i>	<i>General collection</i>			
	<i>30 Sep 2011</i>	<i>31 Dec 2011</i>	<i>31 Mar 2012</i>	<i>29 Jun 2012</i>
Early childhood	1427	1422	1454	1471
Economic participation	926	933	943	943
Governance and leadership	183	185	199	203
Health	1776	1791	1819	1843
Healthy homes	589	589	600	610
Safe communities	1415	1422	1453	1459
Schooling	750	759	776	787
Total	4769	4793	4899	4952

Note: Items in the general collection are counted against more than one building block, so items add to more than total number of items in the collection.

Assessed collection

The entries in the assessed collection have been reviewed by subject specialists who have completed comprehensive assessments of items in the collection using a tool prepared by the Clearinghouse. Each assessment identifies the type of research and considers the quality and strength of evidence, its adaptability to the Indigenous context and implications for overcoming Indigenous disadvantage.

There were a total of 602 items of evaluations and research in the assessed collection. The COAG building block for schooling contained the highest number of items (140), followed by the health (94) and safe communities building blocks (92). The majority of items in the assessed collection have been assigned to a single building block (518 or 86 per cent). Less than 2 per cent were assigned to three or more building blocks (Table 9.1).

Table 9.2 shows analysis of data in the assessed collection by type of research, and building block. Just over a third of the assessed collection related to studies involving quantitative analysis with a comparison group, with an additional 35.7 per cent involving quantitative analysis without a comparison group. Just over 20 per cent involved qualitative analysis and 10 per cent were literature reviews. This varied by building block, with a higher proportion of quantitative studies in the schooling, early childhood and health building blocks.

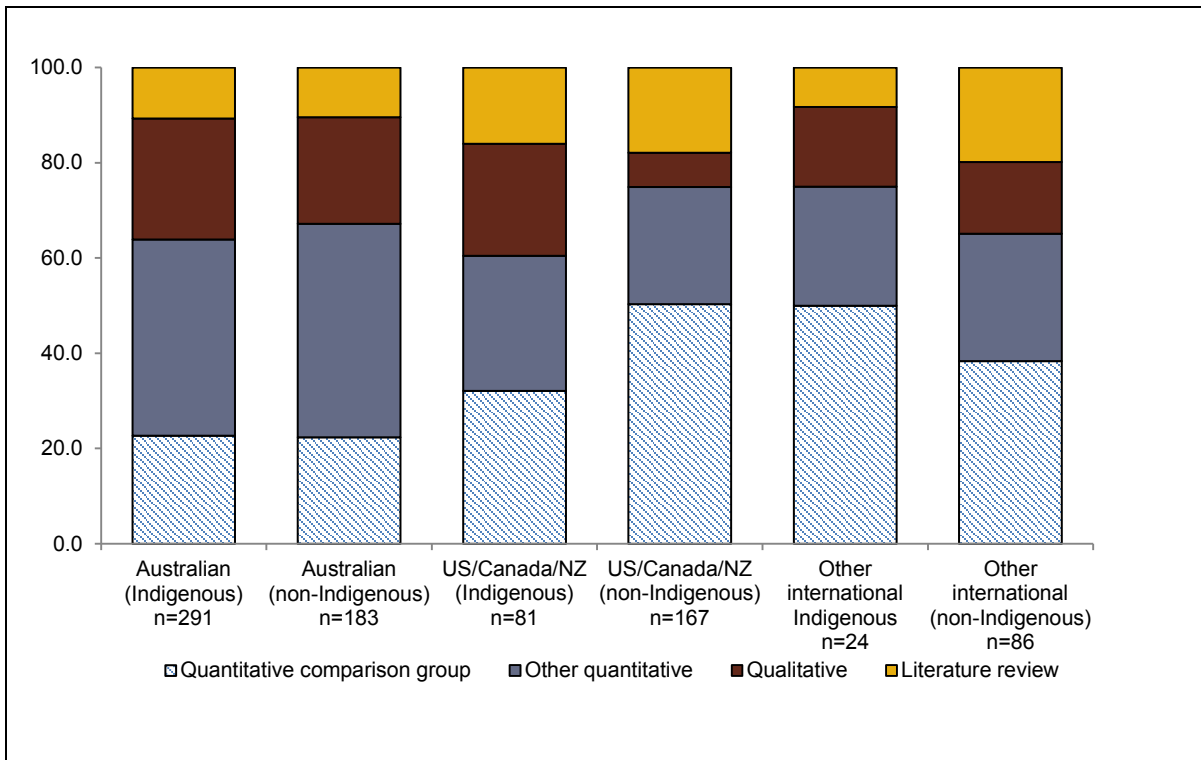
Table 9.2 Assessed items by type of research, 30 June 2011

<i>Building block</i>	<i>Quantitative comparison group</i>		<i>Other quantitative</i>		<i>Qualitative</i>		<i>Literature review</i>		<i>Total</i>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Early childhood	38	43.7	29	33.3	12	13.8	8	9.2	87	100.0
Schooling	69	49.3	45	32.1	16	11.4	10	7.1	140	100.0
Health	33	35.1	37	39.4	15	16.0	9	9.6	94	100.0
Economic participation	28	32.2	40	46.0	15	17.2	4	4.6	87	100.0
Healthy homes	9	17.6	25	49.0	13	25.5	4	7.8	51	100.0
Safe communities	23	25.0	28	30.4	22	23.9	19	20.7	92	100.0
Governance and leadership	7	13.7	11	21.6	29	56.9	4	7.8	51	100.0
Total	207	34.4	215	35.7	122	20.3	58	9.6	602	100.0

Figure 9.2 shows analysis of the assessed items by participating populations, country where the research was carried out and type of study. The highest number of items in the collection involved Indigenous Australian participants (291), followed by non-Indigenous Australians (183). This is an outcome of the hierarchy of research strategy for the Clearinghouse and the lack of sufficient evaluations of Indigenous specific programs. The research strategy for the Clearinghouse was to focus on evaluation of programs delivered to Indigenous Australians followed by evaluations of programs delivered to non-Indigenous Australians if not enough evaluations were found for programs delivered to Indigenous Australians. The same strategy was used for the evaluation of programs in New Zealand, Canada and the United States.

All studies had a mix of quantitative, qualitative research and literature reviews. While most of the assessed studies (83 per cent) had an evaluation component, only 20 per cent had a cost-effectiveness analysis.

Figure 9.2 Assessed items by country and Indigenous status and research type, at 30 June 2011 (per cent)



Note: Items have been counted for each population included in the research.

Source: AIHW and AIFS 2012.

During the assessment of evidence on what works to overcome Indigenous disadvantage, it became clear that many programs across all the COAG building blocks were implemented in Indigenous communities. A high proportion of those programs were not rigorously evaluated and it was not possible to identify which programs worked and which did not work. The cost of doing evaluations was often not built into program budgets and timetables, so many programs or interventions had either low-cost, partial or no evaluations.

Some evaluations were disregarded because they were not considered ‘high-quality’ evaluations. For an evaluation to be judged ‘high quality’, it must include hypothesis creation and testing, data collection, appraisal of the data quality, data processing and data synthesis, and its findings must have been disseminated.

However, a number of experts argue that high-quality evaluations can still come from observational studies, case studies, field visits, experts and lay knowledge and reports on interventions (often called ‘realist synthesis’ — see CSDH 2008; Pawson *et al.* 2004). The Clearinghouse is actively considering how to synthesise valuable evidence and findings from a range of studies, reports and assessments which, on normal standards applied to medical research, would not be captured.

Research and Evaluation Register

The Research and Evaluation Register is a list of government commissioned research and evaluations relevant to Indigenous Australians. Its aim is to promote cooperation and to avoid duplication across agencies and jurisdictions.

The Clearinghouse is constantly updating the Research and Evaluation Register, which currently contains 701 items. As shown in Table 9.3, the health building block has the largest number of items (371), followed by safe communities (171) and schooling (160). It should be noted that items can be counted in more than one building block.

Table 9.3 Items on the Research and Evaluation Register, September 2011 to June 2012

<i>Building block</i>	<i>No. of items on the Research and Evaluation Register</i>			
	<i>30 Sept 2011</i>	<i>31 Dec 2011</i>	<i>31 Mar 2012</i>	<i>30 June 2012</i>
Early childhood	116	121	122	126
Schooling	147	147	150	160
Health	353	357	361	371
Economic participation	136	136	140	148
Healthy homes	116	116	118	120
Safe communities	154	155	158	171
Governance and leadership	77	77	80	80
Cross cutting	12	12	13	13
Total	650	655	662	701

Note: Table does not add to total as items can be counted against more than one building block.

Of the 701 items in the Research and Evaluation Register on 30 June 2012, 271 (39 per cent) were publically released. Those items were analysed by building block and also by topic or theme within each building block. Items were publically available across each of the seven building blocks, with health (80) and safe communities (65) having the most items publically available (Table 9.4).

Table 9.4 Research and Evaluation Register publically released items by building block, 30 June 2012

<i>Building block</i>	<i>Number released</i>	<i>Total on the register (by primary building block)</i>	<i>Per cent</i>
Early childhood	23	53	43.4
Schooling	26	101	25.7
Health	80	280	28.6
Economic participation	29	77	37.7
Healthy homes	19	35	54.3
Safe communities	65	114	57.0
Governance and leadership	18	28	64.3
Cross cutting	11	13	84.6
Total	271	701	38.7

Within each building block, the publically released items were allocated to a number of themes. In the schooling building block, the major theme was education/teaching strategies. In health, it was disease and mortality, while for healthy homes, it was service delivery. The building block for economic participation contained three main themes: employment strategies, workforce participation, and geography, demography and mobility. The safe communities' building block had two clear themes: justice system involvement and child welfare and protection.

Issues papers and resource sheets

Issues papers are comprehensive systematic reviews of topics relevant to the Clearinghouse building blocks that examine Indigenous and non-Indigenous Australian and international research. Resource sheets address particular problems, such as anti-tobacco programs or access to early childhood services. The topics of these are chosen by the board after input from jurisdictions. All issues papers are written by subject-matter academics. Resource sheets are written by subject-matter specialists and Clearinghouse staff.

Box 9.1 shows a summary of key strategies that were found to be effective in improving employment outcomes for Indigenous Australians. Figure 9.3 illustrates the significance changes in Indigenous employment between 1994 and 2008.

Box 9.1 Economic participation — key strategies

Increasing human capital through education and training.

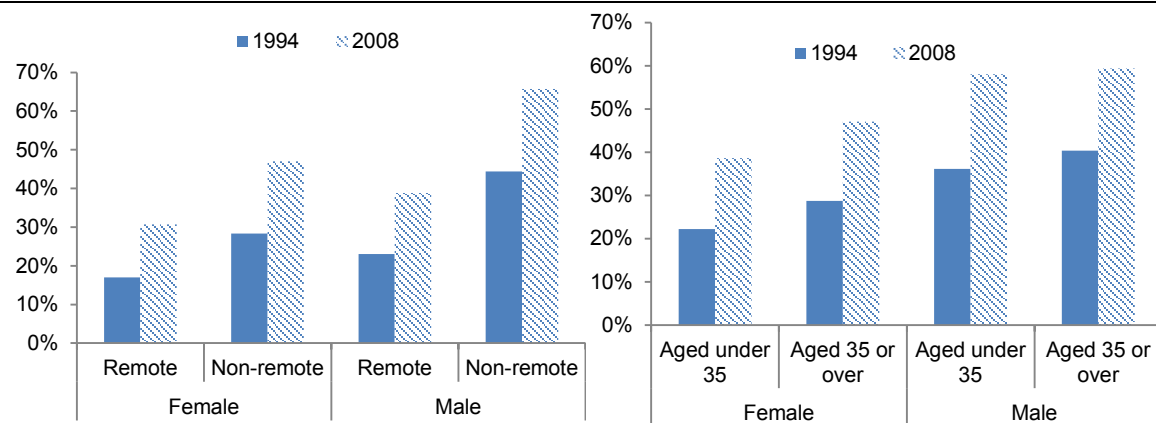
Pre-employment assessment and customised training and non-standard recruitment strategies.

Multiple support mechanisms to improve retention.

Intensive assistance, including counselling, work experience, financial, referrals to jobs and wage subsidies assistance.

A strong macro economy.

Figure 9.3 Non-CDEP Indigenous employment by geographic remoteness, age and sex, 1994 and 2008



Sources: Gray *et al.* 2012; Gray 2012; NATSIS 1994; NATSISS 2008.

Up until September 2012, the Clearinghouse had published three issues papers and another four had been commissioned. It had also published 17 resource sheets, with an additional 13 at various stages of preparation. Resource sheets and issues papers on early childhood, schooling and health building blocks have accounted for just over 50 per cent of the Clearinghouse publications (Table 9.5).

Table 9.5 Issues papers and resource sheets published and in preparation, September 2012

<i>Type of research</i>	<i>Issues papers</i>	<i>Resource sheets</i>	<i>Total</i>	<i>Percentage</i>
Early childhood	2	4	6	16.2
Schooling	2	4	6	16.2
Health	0	8	8	21.6
Economic participation	1	4	5	13.5
Healthy homes	0	2	2	5.4
Safe communities	1	6	7	18.9
Governance and leadership	1	2	3	8.1
Total	7	30	37	100

What works to overcome Indigenous disadvantage: Key learnings and gaps in the evidence

Each year the Clearinghouse produces a report that synthesises the evidence from the assessed collection, the issues papers and resource sheets. The Clearinghouse has been able to identify a number of common principles that are critical if programs and interventions are to work, and some key reasons why programs and interventions do not work. Below are some examples from a number of building blocks.

What works

- Adequate resourcing and planned and comprehensive interventions — for example, a systematic approach with appropriate funding arrested the escalating epidemic of end-stage kidney failure, reduced suffering for Indigenous people and saved resources (Baker *et al.* 2005)
- Community involvement and engagement — for example, in the alcohol and substance abuse programs the key success factors were strong local leadership, strong community-member engagement, appropriate infrastructure and the use of a paid workforce to ensure long-term sustainability (Gray and Wilkes 2010)
- Respect for Indigenous languages and cultures — for example, the school readiness programs were successful because they respected different learning styles in different cultures (Dockett *et al.* 2010)

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- Commitment to doing projects with, not for, Indigenous people — for example, the New South Wales Count Me In Too numeracy program (Box 2) found that contextual learning was successful and critical, professional development for teachers was essential, effective relationships were vital and Aboriginal community acceptance was essential for on-going success (Perry and Howard 2003)
 - Development of social capital — for example, the Communities for Children initiative highlighted the importance of a collaborative approach to maternal and child health, child-friendly communities, early learning and care, supporting families and parents and working together in partnership (Sorin and Markotsis 2008)
 - Recognising underlying social determinants of health and welfare status — for example, the Longitudinal Study of Australian Children demonstrated the influence of financial disadvantage on school readiness (Smart et al. 2008)
 - Recognising that issues are often complex and contextual — for example, the relationship between neighbourhood conflict, housing standards, high rental costs and frequent house moves and school attendance (Bridge et al. 2003).

Box 9.2 An excerpt from the Clearinghouse assessed collection on the ‘Count Me In Too’ Indigenous program

The Count Me In Too Indigenous (CMITI) program was introduced into five primary schools in New South Wales during 2001 and provided an opportunity for teachers, Aboriginal educators, parents and communities to develop a local program of numeracy development. The program was the extended Schedule for Early Number Assessment (SENA), which provided a useful way for listening to Aboriginal children and learning about how they undertake certain mathematical problems. Adapting the SENA and the activities in the program to meet the local needs of Aboriginal children and their communities increased the potential for learning in a meaningful and relevant way.

Those schools who have managed to get their resources and programs organised around the approaches of CMITI have developed enthusiastic and coherent teams of educators. Those who involved their Aboriginal communities have achieved continuing success for their students in terms of learning outcomes.

The evaluation of the CMITI program found that contextual learning was successful and critical, professional development for teachers was essential, effective relationships were vital and Aboriginal community buy-in was essential for ongoing success (Perry and Howard 2003).

What doesn't work

- ‘One size fits all’ approaches — for example, residential treatment for alcohol and other drugs dependency is generally not more effective than non-residential treatment. However, evidence indicates that residential treatment is more effective for clients with more severe deterioration, less social stability and high relapse risk (Gray and Wilkes 2010).
- Lack of collaboration and poor access to services — for example, successful interventions require the integration of health services to provide continuity of care, community involvement and local leadership in health-care delivery and culturally appropriate mainstream services. These steps help to ensure the suitability and availability of services, which can thereby improve access by Indigenous Australians (Gray and Wilkes 2010; Rowley *et al.* 2000).
- Interventions without local Indigenous community control and culturally appropriate adaptation — for example, evidence indicated external imposition of ‘local dry area bans’ (where consumption of alcohol is prohibited within a set distance of licensed premises) was ineffective and only served to move the site of public drinking, often to areas where the risk of harm was greater (Gray and Wilkes 2010).
- Short-term, one-off funding, piecemeal interventions, provision of services in isolation and failure to develop Indigenous capacity to provide services (Helme and Lamb 2011; Gray and Wilkes 2010) — for example, a one-off health assessment with community feedback and an increase in health service use was unlikely to produce long-term health benefits and improvements. An ongoing focus on community development and sustained population health intervention are needed (Gracey *et al.* 2006).

9.6 Clearinghouse products—communication strategies

While the Clearinghouse focuses to a considerable extent on collecting, assessing and improving the evidence, equally as important is the relevance of that evidence to policymakers and how results are communicated so that they are understood by the people who need to act on the evidence.

A key challenge for the Clearinghouse is to obtain a better match between the research that government wants and what researchers produce. Edwards (2010) summarised the multiple steps involved in this complex relationship between research use and public policy: what is meant by research use, the forms that it can take, the factors that might affect it, and the relative merits of different research

strategies. One of the suggested mechanisms to ensure that Clearinghouse products are policy relevant is through a forum or workshop involving policy-makers, authors and service providers. This allows early input from all parties to identify how governments can use the research and the key issues from all perspectives.

Box 9.3 An excerpt from the Clearinghouse resource sheet ‘Pathways for Indigenous school leavers to undertake training or gain employment’

What works

Enhancing the potential productivity of the Indigenous workforce by facilitating training and education is the policy most likely to be effective. Accordingly, it is important to first overcome barriers to Indigenous participation in education and training. The recognition of diverse and distinct cultural and social life experiences of Indigenous school-leavers is crucial.

There are good theoretical reasons to expect that Indigenous input is imperative for all activities aimed at increasing indigenous participation in programs and hence their effect. This principle holds for schools, university/VET sectors and labour market programs. The evidence on outcomes is consistent with the benefits of Indigenous participation in program design, but the existing evaluations are largely descriptive.

Among labour market programs, wage subsidy programs are consistently identified as having the best outcomes for Indigenous job seekers (Hunter 2010).

Many of the communication strategies that the AIHW uses more generally across its range of products have been adopted by the Clearinghouse; for example, free access to information, crisp presentation of information and drawing out of key themes and messages for a range of audiences, through a range of communication approaches.

All Clearinghouse products are published on-line and are accompanied by media releases highlighting key messages. They all have a simple summary message, using the headings: ‘What we know’, ‘What works’, ‘What doesn’t work’ and ‘What we don’t know’ (Box 9.3 illustrates the ‘What works’ section of Resource sheet no. 2). This has been an important branding for the Clearinghouse.

During the first two years of its operation, Clearinghouse staff publicised its role, functions and expected outputs through jurisdiction visits and at conferences.

In 2012, the Clearinghouse instigated a series of public seminars to make key messages more accessible by providing a forum for discussion among academics, policy-makers, Clearinghouse staff and other interested parties. The Clearinghouse seminars are thematic, and are conducted in different capital cities across Australia. The seminar sessions include a panel of publication authors, a government

representative and a member of the Clearinghouse staff. The first of these seminar series focused on two topics: ‘Increasing Indigenous employment rates’ (Gray *et al.* 2012) and ‘Strategies to enhance employment of Indigenous ex-offenders after release from correctional institutions’ (Graffam and Shinkfield 2012). Over 140 people attended the seminar in Canberra, which included representatives from government departments (Commonwealth and Australian Capital Territory) as well as participants from non-government organisations. Two additional seminars on the same topics, held in Adelaide and Brisbane, were also well attended.

Clearinghouse staff and authors are also encouraged to present key findings at conferences and relevant forums as well as having Clearinghouse booths at these forums. The Clearinghouse has a quarterly newsletter and continues to promote subscriptions to e-newsletters at presentations and conferences. Currently, there are 4111 subscribers to e-newsletter. The Clearinghouse continues to assist the public with their enquiries through the Helpdesk (email and telephone).

One key question in this type of work is how to maximise the impact of Clearinghouse evidence on policy development. This is a complex question. Decision-making is a complex process and evidence is not the only factor contributing to policy-making.

One of the continuing key challenges for the Clearinghouse is to ensure that government departments provide the Clearinghouse Research and Evaluation Register with relevant research and evaluations, noting that this is generally not an issue with academic and independent research. As noted above, an additional key challenge is how to ensure that policy-makers can better explain what sort of evidence they need to make policy and how they can be assisted to use the evidence, understanding its limitations. An ongoing challenge for the Clearinghouse remains consideration of the best way for research results to be disseminated and communicated to the policy community, as well to Indigenous people and the general community.

9.7 Conclusions

This paper describes the focus that the AIHW has placed on health and welfare outcomes for Indigenous Australians, concentrating on the measurement of the effectiveness of services provided to Indigenous people. The mechanisms used by the AIHW to provide this information to the general community and key stakeholders, including the policy community and service providers, are also described.

The paper emphasises the particular role played by the Closing the Gap Clearinghouse, that is a joint venture of the AIHW and AIFS, funded by all Australian governments under a national partnership agreement.

The broader AIHW experience with innovative presentation of information is a work in progress. It necessarily includes consideration of the range of information needs and information preferences across the wide stakeholder audience. The Clearinghouse has been able to benefit from the innovative approaches adopted across the AIHW.

References

- AIHW (Australian Institute of Health and Welfare) 2010, *National Best Practice Guidelines for Collecting Indigenous Status in Health Data Sets*, Cat. no. IHW 29, AIHW, Canberra.
- 2011a, *Aboriginal and Torres Strait Islander Health Performance Framework 2010: Detailed Analyses*, Cat. no. IHW 53, AIHW, Canberra.
- 2011b, *The Health and Welfare Of Australia's Aboriginal And Torres Strait Islander People, an Overview Report*, Cat no. IHW 42, AIHW, Canberra.
- 2012a, *An Enhanced Mortality Database for Estimating Indigenous Life Expectancy: A Feasibility Study*, Cat no. IHW 75, AIHW, Canberra.
- 2012b, *Northern Territory Emergency Response Child Health Check Initiative: Follow-up Services for Oral and Ear Health*, final report, August 2007 – June 2012. Cat. no. DEN 223. AIHW, Canberra.
- and Australian Bureau of Statistics 2012, *National Best Practice Guidelines for Data Linkage Activities Relating to Aboriginal And Torres Strait Islander People*, AIHW Cat. no. 74, AIHW, Canberra.
- and AIFS (Australian Institute of Family Studies) 2011, 2012, *What Works to Overcome Indigenous Disadvantage: Key Learnings and Gaps in the Evidence*, produced for the Closing the Gap Clearinghouse, AIHW, Canberra and AIFS, Melbourne.
- and Department of Health and Ageing 2008, *Progress of the Northern Territory Emergency Response Child Health Check Initiative: Preliminary Results from the Child Health Check and Follow-up Data Collections*, Cat. no. IHW 25, AIHW, Canberra.
- — 2009, *Progress of the Northern Territory Emergency Response Child Health Check Initiative: Update on Results from the Child Health Check and Follow-up Data Collections*, Cat. no. IHW 28, AIHW, Canberra.

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- Baker, P., Hoy, W. and Thomas, R. 2005, 'Cost-effectiveness analysis of a kidney and cardiovascular disease treatment program in an Australian Aboriginal population', *Advances in Chronic Kidney Disease*, vol. 12, issue 1, pp. 22–31.
- Bridge, C., Flatau, P., Whelan, S., Wood, G. and Yates, J. 2003, *Housing Assistance and Non-shelter Outcomes: Final Report*, Australian Housing and Urban Research Institute, Melbourne.
- CSDH (Commission on Social Determinants of Health) 2008, *Closing the Gap in a Generation, Health Equity through Action on the Social Determinants of Health*, Final report of the Commission on Social Determinants of Health, World Health Organisation, Geneva.
- Dockett, S., Perry, B. and Kearney, E. 2010, *School Readiness: What does it Mean for Indigenous Children, Families, Schools and Communities?* Issues Paper No. 2 produced for the Closing the Gap Clearinghouse, Canberra, AIHW, Canberra and AIFS, Melbourne.
- Edwards, M. 2010, 'In search of useful research: demand and supply challenges for policy makers', *Public Administration Today*, issue 24, pp. 56–64.
- Gracey, M., Bridge, E., Martin, D., Jones, T., Spargo, R.M. and Shephard, M. 2006, 'An Aboriginal-driven program to prevent, control and manage nutrition-related "lifestyle" diseases, including diabetes', *Asia Pacific Journal of Clinical Nutrition*, vol. 15, no. 2, pp. 178–88.
- Graffam, J. and Shinkfield, A. 2012, *Strategies to Enhance Employment of Indigenous Ex-offenders after Release from Correctional Institutions*, Resource sheet no. 12, produced for the Closing the Gap Clearinghouse, AIHW, Canberra and AIFS, Melbourne.
- Gray, D. and Wilkes, T. 2010, *Reducing Alcohol and other Drug Related Harm*, Resource sheet no. 3, produced for the Closing the Gap Clearinghouse, AIHW, Canberra and AIFS, Melbourne.
- Gray M. 2012, 'What works to increase Indigenous employment?', Closing the Gap Clearinghouse seminar presentation, 19 March 2012, Canberra.
- Gray, M. Hunter, B. and Lohoar S. 2012, *Increasing Indigenous Employment Rates*, Issues Paper no. 3, produced for the Closing the Gap Clearinghouse, AIHW, Canberra and AIFS, Melbourne.
- Helme, S. and Lamb, S. 2011, *Closing the School Completion Gap for Indigenous Students*, Resource sheet no. 6, produced for the Closing the Gap Clearinghouse, AIHW, Canberra and AIFS, Melbourne.

-
- Hunter, B. 2010, *Pathways for Indigenous School Leavers to Undertake Training or Gain Employment*, Resource sheet no. 2, produced for the Closing the Gap Clearinghouse, AIHW, Canberra and AIFS, Melbourne.
- Pawson, R., Greenhalgh, P., Harvey G. and Walshe K. 2004, *Realist Synthesis: An Introduction*, ESRC Research Methods Programme Papers no. 2, University of Manchester, United Kingdom.
- Perry, B. and Howard, P. 2003, *Report on the Count Me In Too Indigenous Project during 2002*, New South Wales Department of Education and Training, Professional Support and Curriculum Directorate, Sydney, NSW.
- Rowley, K.G., Daniel, M., Skinner, K., Skinner, M., White, G.A. and O’Dea, K. 2000, ‘Effectiveness of a community-directed “healthy lifestyle” program in a remote Australian Aboriginal community’, *Australian and New Zealand Journal of Public Health*, vol. 24, no. 2, pp. 136–44.
- Smart, D., Sanson, A., Baxter, J., Edwards, B. and Hayes, A. 2008, *Home-to-School Transitions for Financially Disadvantaged Children: Final Report*, The Smith Family, Sydney.
- Sorin, R. and Markotsis, J. 2008, *Building a Solid Foundation for School: A Communities Approach*, Australian Research Alliance for Children and Youth, Perth.