



Submission to the  
Productivity Commission Issues Paper  
*Indigenous Evaluation Strategy*  
August 2019

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## Executive Summary [see text for details]

- A. Congress welcomes the development of a whole-of-government evaluation strategy to be used by Australian Government agencies to evaluate policies and programs affecting Aboriginal and Torres Strait Islander people, and commends the Productivity Commission for an Issues Paper that provides an excellent summary of the key issues to be considered in the development of such a strategy.
- B. Aboriginal organisations are already highly accountable for the funding they receive and the programs they deliver. The evaluation strategy should therefore focus on evaluating government programs and policies, in order to account for public expenditure to address Aboriginal disadvantage and to contribute to the development and implementation of evidence-informed policy.

## Principles for an evaluation framework

- C. The evaluation strategy must take into account the right to self-determination, as established under international agreements to which Australia is a signatory, including the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP).
- D. The evaluation strategy should also explicitly recognise the holistic definition of health that is fundamental to Aboriginal culture, and which should form a key principle against which programs and policies should be evaluated.
- E. Aboriginal values and priorities should be central to any evaluation strategy for programs and policies affecting Aboriginal people, and should include the following concepts:
  - the holistic definition of health (see above);
  - community control;
  - culturally responsive;
  - shared responsibility;
  - partnership and engagement;
  - capacity-building;
  - equity accountability;
  - being evidence informed.

### Conducting evaluations of policies and programs

F. Consistent with these principles, the whole-of-government evaluation strategy for policies and programs should provide guidance on the conduct of evaluations, including:

- supporting Aboriginal ways of being;
- ensuring diverse Aboriginal voices are heard;
- knowledge translation;
- Aboriginal employment;
- using Aboriginal research expertise; and
- planning for evaluation.

### Priorities for evaluation

G. The following priorities for evaluation should be considered as part of the development of the National Indigenous Evaluation Framework:

- describing the effectiveness of the ACCHS model;
- evaluating the impact of major administrative changes;
- evaluating the implementation of Inquiries' recommendations;
- evaluating of the implementation of key policies; and
- collecting and publishing annual data on Indigenous expenditure.

### Structures to guide evaluation

H. The evaluation strategy should include recommendations for a national body through which Aboriginal and Torres Strait Islander people can participate in policy making and review and evaluate the effect of government policies and programs, as recommended by the Uluru Statement from the Heart.

I. The evaluation strategy should also establish a National Indigenous Evaluation Council, to:

- ensure future policies and programs are evaluable, with a clear policy or program logic and identified SMART goals from their inception;
- identify future priorities for evaluation of government policies and programs affecting Aboriginal and Torres Strait Islander people; and
- advise on the conduct of such evaluations (method, scope, knowledge translation etc.)

## Background

1. Central Australian Aboriginal Congress (Congress) is a large Aboriginal Community Controlled Health Service (ACCHS) based in Alice Springs. We are one of the most experienced organisations in the country in Aboriginal health, a national leader in primary health care, and a strong advocate for the health of our people. Since the 1970s, we have developed a comprehensive model of primary health care that includes:

- multidisciplinary clinical care;
- health promotion and disease prevention programs; and

- action on the social, cultural, economic and political determinants of health and wellbeing.
2. Congress delivers services to more than 16,000 Aboriginal people living in Alice Springs and remote communities across Central Australia including Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg), Wallace Rockhole, Utju (Areyonga), Mutitjulu and Amoonguna.
  3. We have a strong commitment from the Board of Directors and throughout the organisation to Continuous Quality Improvement, culturally responsive evaluation and evidence-informed practice.
  4. Unfortunately, such commitment is rarely matched by government in the design and implementation of policies and programs affecting our people. In particular, the lack of robust, high-level evaluation of government policies and programs has contributed to the poor design and implementation of measures to address Aboriginal disadvantage. This has undermined the effectiveness of government investment and contributed to a situation where few of the government's own 'Close the Gap' targets are on track to be met.
  5. Congress therefore welcomes the Productivity Commission's role in developing a whole-of-government evaluation strategy to be used by Australian Government agencies to evaluate policies and programs affecting Aboriginal and Torres Strait Islander people. We commend the Commission for producing an *Issues Paper* that provides an excellent summary of the key issues of evaluation in the Aboriginal context, and which identifies many important questions that an evaluation strategy will need to address.
  6. We are unable to respond to all the questions in the Issues Paper. Instead, we identify what we see as some of the key principles that should underlie the development of the Evaluation Strategy; some practical considerations for evaluation in the Aboriginal context; and some priorities for policy and program evaluation that could contribute to more effective, better targeted government investment in the future.
  7. Our focus throughout is on evaluating *government* programs and policies, not on evaluating *Aboriginal organisations* and their services (although many of the principles we identify below would apply in either case). Aboriginal organisations are highly accountable for the funding they receive and the programs they deliver [1]. Governments, however are only infrequently held to account for their actions to address Aboriginal disadvantage, although the Senate Review of the implementation of the Indigenous Advancement Strategy tendering processes [2] and the Productivity Commission's *Indigenous Expenditure Report* [3] are positive examples in recent times.
  8. The failure of Australian government at all levels and all political persuasions to properly address Aboriginal health and wellbeing demands a change in

approach. 'Turning the telescope around' to focus on government action rather than on what Aboriginal organisations and communities are doing, is essential to developing and implementing evidence-informed public policy that provides value for money for the expenditure of public funds, and to supporting an approach driven by a commitment to quality improvement rather than ideology and political rhetoric.

## Principles for an evaluation framework

9. The development of a whole-of-government evaluation strategy for policies and programs affecting Aboriginal people must take into account the right to self-determination, as described under international agreements to which Australia is a signatory, including the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP). We endorse the summary of these rights contained in the Productivity Commission's Issues Paper (page 3).

10. In addition, the evaluation strategy must take account of the holistic definition of health that is fundamental to Aboriginal culture. For Aboriginal people, health goes beyond narrow medical definitions, to include ideas of self-determination and of relationship to the land:

*"Health" to Aboriginal peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity [4].*

11. Health is therefore all encompassing, including not just the physical well-being of the individual, but the social, emotional and cultural well-being of the whole community, and is founded on social justice and equity.

12. We recognise the recent work of the Lowitja Institute in developing an *Evaluation Framework for Aboriginal and Torres Strait Islander Health* [5]. Drawing on and adapting their work, we recommend the following values and priorities as central to any evaluation strategy for programs and policies affecting Aboriginal people:

- **A holistic concept of health** (see above). Does the policy or program support the Aboriginal view of health? Does it support tackling the social and cultural determinants of health?
- **Community control**. Does the policy or program recognise Aboriginal community control as a reflection of Aboriginal people's right to self-determination? Does it prioritise services delivered through Aboriginal community controlled organisations and recognise their greater effectiveness in delivering outcomes?

- **Culturally responsive.** Does the policy or program support cultural responsiveness and cultural security of service delivery? Does it promote a positive view of Aboriginal social and cultural life?
- **Shared responsibility.** Does the policy or program recognise the responsibility of governments to work with each other in a way that ensures effectiveness (e.g. by preventing cost-shifting and duplication)? Does it support Aboriginal community controlled health services to address health and wellbeing?
- **Partnership and engagement.** Are Aboriginal leaders, communities and organisations involved at all stages in the co-design, implementation, and evaluation of a policy or program? Does the policy or program itself promote Aboriginal ownership and leadership?
- **Capacity-building.** Does the program or policy support Aboriginal people to take leadership roles and develop their skills? Does it support non-Aboriginal people and agencies to develop the skills to work effectively in Aboriginal Australia?
- **Equity.** Does the policy or program encourage equity of access relative to need for Aboriginal people and communities? Does it contribute to 'closing the gap'? Does it recognise and effectively address the specific needs of groups within the Aboriginal community (for example, children, Elders, those with disabilities, those in remote areas or for whom English is a second language)? Does it promote equity in terms of reducing the high proportion of Aboriginal people living in poverty (which currently accounts for between one third and one half of the life expectancy gap in the Northern Territory [6])?
- **Accountability.** Does the policy or program include processes by which governments and other organisations are accountable for its implementation and results – both to the Aboriginal community and to the broader public (e.g. through the regular provision of publicly available data to be used to track the effects of policies or programs)?
- **Evidence-informed.** Is the policy or program founded on good evidence, responsibly adapted to the Aboriginal social and cultural context in which it is being implemented? Is there a clear program logic with defined, measurable projected outputs and outcomes over a clear timeframe which would enable the program or policy to be evaluated? Does it support best-practice service delivery e.g. through Aboriginal community controlled health services?

## Conducting evaluations of policies and programs

13. Consistent with these underlying principles, the whole-of-government evaluation strategy for policies and programs should provide guidance on the conduct of evaluations, including:

- **Supporting Aboriginal ways of being.** Evaluation methodologies need to be appropriate to encourage Aboriginal ownership and input. Critical to this is Aboriginal leadership within evaluation processes and ensuring that there is adequate time and resources to build relationships as a foundation for participation. Qualitative as well as quantitative methods should be supported to ensure that the voices of Aboriginal people are heard (see next point).
- **Ensuring diverse Aboriginal voices are heard.** Any evaluation of policies or programs affecting Aboriginal people must include the views and experiences of Aboriginal community members, leaders, and organisations and reflect the diversity of Aboriginal Australia with respect to gender, remoteness, culture, age, disability, sexuality etc.
- **Knowledge translation.** Conducting an evaluation by itself is not enough – effective evaluation means ensuring that evaluation findings are made usefully available to Aboriginal communities and organisations, to government, and to other agencies in order to inform action. This means designing evaluation in such a way that findings can be shared and validated with the Aboriginal community and organisations and making it accessible to those who could benefit from it.
- **Aboriginal employment.** Evaluation processes should include Aboriginal people on the evaluation team, wherever possible in leadership roles.
- **Aboriginal research expertise.** Evaluations should draw on the experience of Aboriginal research organisations such the Lowitja Institute to design, conduct or guide evaluations.
- **Planning for evaluation.** Policies or programs should include evaluation in their design from the start, with appropriate resources and timeframes, recognising the additional costs and time that may be required for effective evaluation in Aboriginal Australia. Policies and programs must be able to be evaluated which means ensuring that they have a defined program logic and have measurable goals set during their design.

## Priorities for evaluation

14. The following priorities for evaluation should be considered as part of the development of a national evaluation strategy.

**a. Describing the effectiveness of the ACCHS model**

There is substantial evidence about the increased effectiveness of ACCHSs in delivering a holistic and comprehensive range of primary health care services to Aboriginal communities, and the health outcomes that result (a copy of a Congress paper containing this evidence accompanies this submission). Despite this, government has yet to unequivocally prioritise directing health service funding through ACCHSs rather than through non-Indigenous organisations which do not have the same record of effective service delivery.

In order to resolve this issue, a robust and comprehensive study is required of the expected clinical outcomes and impact on social determinants of health at a regional, jurisdictional and national level if comprehensive primary health care model was resourced and implemented through ACCHSs. This would be best done by evaluating the specific impact of the best-practice ACCHS model in different parts of the country in urban, regional and remote areas.

Such a study would also help to inform the level of funding and core services and programs needed to have the maximum impact on outcomes to 'Close the Gap'.

**b. Evaluating the impact of major administrative changes**

A number of major policy changes over the last twenty-five years have had important and (we believe) positive effects on the delivery of health services to Aboriginal communities and health outcomes for Aboriginal people. However, these are yet to have been properly evaluated such that the key lessons can be learned from them. They include:

- the introduction of the Framework Agreements in Aboriginal health and the State and Territory based collaborative, needs based planning Forums (from the late 1990s);
- the impact of the introduction of section 100 of the National Health Act 1953 has had on access to PBS medicines in remote areas since 1 July 1998;
- the introduction of access to MBS billing on 1 July 1996 for services to Aboriginal communities;
- the benefits of having funding and administrative responsibility for Aboriginal health with the Australian Government Department of health since 1995 compared with administrative arrangements that health as part of a general Aboriginal Affairs portfolio; and

- the impact of whole-of-population public health strategies that benefit Aboriginal people such as population level alcohol supply reduction measures and tobacco control measures

**c. Evaluating the implementation of existing Inquiries' recommendations**

Over the past several decades, there have been numerous Inquiries and Royal Commissions that have made recommendations directly relevant to the health of Aboriginal and Torres Strait Islander Australians. Many of these recommendations have yet to be implemented. An evaluation of such recommendations (which were accepted, which have been successfully implemented) could include at a minimum:

- Royal Commission into Aboriginal Deaths in Custody (1991)
- Bringing Them Home report (Human Rights and Equal Opportunities Commission, 1997)
- Little Children are Sacred (Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, 2007)
- Royal Commission into the Detention and Protection of Children in the Northern Territory (2017)

**d. Evaluating the implementation of key policies**

The evaluation of the 1989 *National Aboriginal Health Strategy* concluded that it was never implemented [7]. This is unfortunately a common reality in the world of government programs and policies which have the avowed aims of addressing Aboriginal and Torres Strait Islander disadvantage. Key government policies – such as the existing National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) – should therefore have ongoing monitoring and evaluation processes built into them from the start to provide confidence that they are being implemented, and to allow adaptation where necessary.

**e. Collecting and publishing annual data on Indigenous Expenditure**

From 2001, there were a series of reports by the Australian Institute of Health and Welfare on the expenditure on health services for Aboriginal and Torres Straits Islander people [8-12]. These produced ground-breaking data which revealed that, for example, for every \$1 of the MBS spent on non-Aboriginal people in 1995/96 there was only 27 cents spent on Aboriginal people, and for every \$1 of the PBS there was only 21 cents spent. This data exposed the myth that large amounts of funding had been allocated to Aboriginal health but was ineffective and laid the groundwork for government to provide improved access to the MBS for Aboriginal people and the PBS through Section 100 and other initiatives.



After many years of no expenditure reports, the data made available through the recent Productivity Commission *Indigenous Expenditure Report* has provided a significant opportunity to track the expenditure of all Australian Governments on Aboriginal and Torres Strait Islander people [3]. Such data is invaluable in evaluating the performance of government in addressing Aboriginal and Torres Strait Islander disadvantage and explaining the failure to meet the 'Close the Gap' targets. For example, the data reveals that in real terms non-hospital health expenditure for Aboriginal and Torres Strait Islander people fell 2% from \$3,840 per person in 2008-09 to \$3,780 per person in 2015-16, while expenditure on non-Indigenous people rose by 10% over the same period. This data should be routinely collected and publicly reported annually.

## Structures to guide evaluation

15. In line with the Uluru Statement, Congress advocates for the establishment of a national Aboriginal and Torres Strait Islander body with direct input into the Federal parliament, with:
  - the power to provide independent review of all policies relating to Australia's First Nations, and
  - the power and resources to monitor, review and report on implementation of past and present recommendations of key national inquires and current and future policy commitments by government.
16. Such a body therefore provides a national method by which Aboriginal and Torres Strait Islander peoples can participate in policy making and review and evaluate the effect of government policies and programs.
17. In the meantime, in order that Aboriginal expertise can continue to inform the implementation of a National Indigenous Evaluation Strategy, the Productivity Commission should establish a National Indigenous Evaluation Council, made up of representatives from the Aboriginal community controlled health sector, other Aboriginal organisations, Aboriginal research organizations (the Lowitja Institute) and other expertise as needed to:
  - ensure future policies and programs are evaluable, with a clear policy or program logic and identified SMART goals from their inception;
  - identify future priorities for evaluation of government policies and programs affecting Aboriginal and Torres Strait Islander people; and
  - advise on the conduct of such evaluations (method, scope, knowledge translation etc.).

## References

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6. Wilson, T., Y. Zhao, and J. Condon, *Limited progress in closing the mortality gap for Aboriginal and Torres Strait Islander Australians of the Northern Territory*. Australian and New Zealand Journal of Public Health, 2019. **43**(4): p. 340-345.
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