QAIHC
Queensland Aboriginal and Islander Health Council

QAIHC SUBMISSION TO THE Productivity Commission

SUBMISSION

Indigenous Evaluation Strategy

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QAIHC SUBMISSION TO THE PRODUCTIVITY COMMISSION

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Indigenous Evaluation Strategy Issues Paper

About the Queensland Aboriginal and Islander Health Council (QAIHC)

QAIHC was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community-controlled health sector.

Originally established as QAIHF (Queensland Aboriginal and Islander Health Forum), the organisation provided a voice for the community-controlled health sector in Queensland. This organisation was self-funded until 1996, when the Australian Government's Department of Health commenced funding support. QAIHC has experienced considerable growth in membership and the scope of services provided to those members since its establishment.

In 2004, the organisation was reconstituted under the Australian Investment and Securities Commission (ASIC) and assumed its current form as QAIHC.

QAIHC is the peak body representing the Aboriginal and Torres Strait Islander Community Controlled Health Organisation Sector in Queensland at both a state and national level. Its membership comprises of Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) located throughout Queensland. Nationally, QAIHC represents the Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and is regarded as an expert in its field.

As the peak of ATSICCHOs of Queensland, QAIHC wish to express the collective views on behalf of our state-wide members, in response to the Indigenous Evaluation Strategy Consultation.

The purpose of this submission paper is to "*provide information to enable more culturally appropriate, and effective government policies to inform development and evaluation of relevant, strengths-based and community led programs with Aboriginal and Torres Strait Islander people. We contribute as part of our remit towards the elimination of disparities in health and wellbeing experienced by Aboriginal Torres Strait Islander peoples in Queensland, and by extension throughout Australia*".

QAIHC CONTACT REGARDING THIS SUBMISSION:

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1. Opening statement

This response has been drafted from the perspective of the Aboriginal and Torres Strait Islander health services sector. QAIHC would like to thank the Productivity Commission for the opportunity to respond on the Indigenous Evaluation Strategy issues paper and welcome review and reform for better outcomes for our organisation, our member services and the Aboriginal and Torres Strait Islander peoples we serve.

QAIHC and its member services have been involved first hand and observed a range of government evaluation approaches for up to 35 years. Both positive and negative evaluation approaches and outcomes have contributed to decision making about services, programs, projects, policy, funding, systems and research.

QAIHC's member services are leaders in evaluation, with a commitment to continuous quality improvement, which ensures that all aspects of the service are effective, inform decision making and reflect community need. Our member services are community controlled, governed by and responsible to the community they serve, which provides cultural leadership and self-determination.

Meaningful evaluation is unbiased and provides critical analysis of appropriately collected information. Its purpose is to make informed judgements that lead to decisions to improve the effectiveness of programs and/or to inform the outcomes of programs. QAIHC and its members present recommendations intended to further develop evaluation in Australia that is responsive and successful in driving positive results for Aboriginal and Torres Strait Islander peoples now and in the future.

2. Feedback to Key Questions

How can Aboriginal and Torres Strait Islander knowledge, priorities and values be better integrated into policy and program evaluation?

The most effective method of integration of Aboriginal and Torres Strait Islander knowledge, priorities and values into policy and program evaluation is through the active involvement of Aboriginal and Torres Strait Islander Community Controlled Organisations. Consultation, governance and participation at each and every stage of policy formation, program development, implementation and evaluation is crucial.

Approaches to evaluation should not merely be economic, but have a fundamentally practical, realist and participatory focus. The focus of evaluation should be on meeting the self-identified priorities of Aboriginal and Torres Strait Islander people, through consultation with relevant bodies and ATSICCHOs.

Evaluations must consider the value of both outputs and outcomes i.e. reporting on increases in community engagement, building of active community partnerships, and levels of community input. This will enable reporting to demonstrate how these contribute to holistic, broader reaching health and wellbeing outcomes and a deeper cultural understanding for the project.

Evaluation on health outcomes specifically, should recognise the impacts of inter-generational trauma, institutional racism and discrimination that negatively impacts the mental health and social and emotional wellbeing of our peoples.

In order to be effective and respectful, evaluations must be communicated in culturally responsive and relevant ways, and translated into language and layman's terms where relevant.

Evaluations should focus on whether the policy and program is designed suitably to meet community needs, and whether they can be delivered in a timely way to facilitate those needs, taking into consideration cultural and local protocols and requirements.

What principles should guide Australian Government agencies' evaluation efforts?

The Indigenous Evaluation Strategy should be governed by the principles of the United Nations Declarations on the Rights of Indigenous Peoples, primarily the rights of self-determination. In the health

sector context, this demands recognition that ATSICCHOs are distinct and special organisations which provide services needing an evaluation framework that values and upholds the uniqueness of this sector, and involvement in all project phases.

Case study: An example of this is the Indigenous Advancement Strategy (IAS) that requires that providers work closely with Aboriginal and Torres Strait Islander communities in the design and delivery of projects, however it failed to promote and embed Aboriginal and Torres Strait Islander leadership, as appropriate, respectful and preferred model to participation and engagement with mainstream services.

The principles that underpin the National Health and Medical and Research Council's (NHMRC) Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for Researchers and Stakeholders 2018, should be applied in all evaluation efforts. In particular, by demonstrating inclusion of the six core values (Responsibility, Reciprocity, Respect, Equity, Cultural Continuity, and Spirit and Integrity).

The principles of reciprocal learning should consistently be applied to ensure all parties involved clearly understand the evaluation. This dialogue between parties (e.g. government and ATSICCHOs) whereby they assume the role from each other's perspectives includes four components: predicting, clarifying, questioning, and comprehension. This understanding will enable evaluations to be clearly outlined from the beginning of projects, including the aims, scope, method and timelines.

Sufficient time needs to be allowed to build relationships essential to working in a culturally safe and effective way, to enable relevant and useful input into evaluation of programs. This reciprocal learning should be underpinned by an explicit recognition and appreciation of the knowledge, expertise, values and priorities of QAIHC member services who live and work in this sector.

The Indigenous Evaluation Strategy should include principles and guidance around dissemination and release of evaluation findings to participating Aboriginal and Torres Strait Islander organisations. At times, Commonwealth Government Departments impose excessive controls over release of program evaluation.

Case study: Department of Health Integrating Pharmacists (IPAC) within ATSICCHOs to improve chronic disease management evaluation. Project Partners are required to adhere to overly restrictive departmental conditions regarding the release of evaluation findings. Contracts stipulate that any information about the IPAC project cannot be released until approved by the department. This has affected the collegiality of the project partners with the department and raises stakeholder concerns about transparency and the independence of the evaluation.

What should be the priority policy areas for future Australian Government evaluation efforts?

A priority must be ensuring genuine consultation with Aboriginal and Torres Strait Islander peak bodies at early development stages of evaluation design. Stakeholder engagement should assist in planning, incorporating and embedding necessary self-determination and local Aboriginal and Torres Strait Islander cultural values.

The evaluation framework should provide useful information at the service level that is linked to meeting organisational, program and community goals. Evaluation should examine practical and efficient ways to meet clinical service priorities and provide usable recommendations at service levels for making sustainable improvements.

What is the value of evaluation?

There is value in a process that critically examines a program, by collecting and analysing information about a program's activities, characteristics, and outcomes. The purpose of evaluation is to improve effectiveness, and/or to inform programming decisions through **formative or summative** evaluations.

Consultative, structured and reciprocated evaluation, ensures that the needs of Aboriginal and Torres Strait Islander peoples and programs are met. If used responsibly and respectfully, evaluation findings can inform best practice and strengthen continuous quality improvement.

Examples of effective evaluations include those where the community have set priorities for the outcomes of health interventions, determined the desired outcomes, and were aware of the scope and the reasons behind evaluations. Results are also shared respectfully, transparently, and are

understandable. Further, they are communicated in a way which allow the learnings and outcomes to be used to continually develop and build the capacity of the program and sector.

What are the risks of poor evaluations?

The risks of poor evaluation are multi-pronged. Evaluation findings that do not provide useful or accurate information can negatively influence the design and delivery of services as well as resource allocation. The implications can result in outcomes that are incompatible with the needs of community. Poor quality evaluations do not consider the work of ATSICCHOs in advocating and fostering community engagement with a view to improve health and life outcomes.

Ineffective evaluations are not based on whether a particular project meets expressed community needs, but merely concentrates on the delivery of the project outputs. For example, services moved to more convenient central locations for the external operators, imposing onerous travel requirements on consumers to access those services leading to a drop off in demand, whereby giving a contrary appearance of a reduced need.

3. Specific Comments and Recommendations

The Productivity Commission's Issues Paper comprehensively highlights important gaps in current systems and processes used by government departments to evaluate policy and programs affecting Aboriginal and Torres Strait Islander peoples. These gaps include ad-hoc and unsystematic approaches to evaluation often lacking any significant oversight by Aboriginal and Torres Strait Islander representative bodies. Moreover, evaluation is often considered late in program/project development which significantly limits the range of methodologies that can be used. This results in poor quality data informing inadequate evaluations. QAIHC and its members experience this often when non-Indigenous health services are funded to deliver programs aimed at improving Aboriginal and Torres Strait Islander health outcomes.

The Indigenous Evaluation Strategy should include principles that require evaluation plans to be established at the same time as project/program development. Following on from the above, this is identified as an important indicator of evaluation quality in the Productivity Commission's Issues Paper (page 28).

Case study: IPAC project is a tripartite five-million-dollar project with an inbuilt evaluation that is prospective, quasi-experimental, pragmatic, participatory and includes an economic analysis. It includes the National Aboriginal Controlled Community Health Organisation (NACCHO), the Pharmaceutical Society of Australia and James Cook University.

Mainstream programs should require evaluation and accountability to Aboriginal and Torres Strait Islander representative bodies. The Productivity Commission correctly identifies that the vast majority of Australian Government funding towards Aboriginal and Torres Strait Islander services is spent through mainstream programs and services (page 5). Yet, these services are often the least evaluated. The ATSICCHO sector is overburdened by the volume of data and reports it is required to generate in order to inform the evaluation of programs. An average ATSICCHO has 22 program contracts which require reporting against for evaluation and accounting purposes. Such overburden is highlighted in *The Overburden Report* published in 2009 by Cooperative Research Centre for Aboriginal and Torres Strait Islander Health (CRCAH) and Flinders University. More often than not, the information provided by ATSICCHOs is rarely translated into improved support or services for their benefit.

Evaluations should be fit for purpose, not 'one size fits all.' Based on current research in this space, and aligning with QAIHC's view, any and all evaluations should be fit for purpose. Further, the Indigenous Evaluation Strategy should guide this evaluation decision making and prioritisation.

For example, the Closing the Gap's national Key Performance Indicators (nKPIs), performance monitoring and Continuous Quality Improvement (CQI) program, mandated through the Department of Health's Indigenous Australians Health Programme (IAHP) is undertaken by the ATSICCHO sector, and places a heavy, data reporting burden on ATSICCHOs above any other stakeholder.

There is a tendency for the nKPI framework to introduce policy as more and more nKPIs are proposed, without an independent evaluation of their value to ATSICCHOs and to the Australian Government. In this example, if the data being provided to the Australian Government, via the Australian Institute of

Health and Wellbeing (AIHW) aims to measure the quality of care, the measure must be a valid and reliable indicator of the quality of care. If the data is to reflect national activity, it must be a nationally recognised measure. If it pertains to clinical activity, it must be evidence-based. However, these general principles are easily undermined within government departments and the AIHW in the desire for more data. Without the application of these principles, the data created and collated does not effectively provide a picture of what it attempts to measure.

Case study: The nKPI for AUDIT-C tool was developed to report on alcohol-related risky drinking behaviour despite the exclusive use of this tool being inconsistent with NHMRC guidelines. Yet, the Department of Health pushed to make the use of this tool mandatory. This was an example of data needs driving and influencing clinical activity.

Evaluation methodologies should better incorporate Aboriginal and Torres Strait Islander perspectives using appropriate qualitative methods, guided by Aboriginal and Torres Strait Islander representative stakeholders. There are many examples of this occurring [see IPAC case study]. Evaluation timeframes should be extended as developing the most appropriate method and process takes longer than currently expected by government departments. Although a challenge, there is an increasing body of expertise within NACCHO and Affiliates and within certain Universities, to undertake the right type of context-specific program evaluations.

Unrealistic evaluation standards may actually hinder programmatic innovation. Evaluation methodologies should recognise a variety of methods that are context-specific. For instance, it is unrealistic to expect Randomised Controlled Trial (RCT) methodologies if this method is not acceptable nor feasible (page 14). The criteria for feasibility is also context-specific, in that Aboriginal and Torres Strait Islander stakeholder priorities should guide the optimal selection of methods, just as economic considerations do.

Case study: The Medical Services Advisory Committee (MSAC) reporting. There is a tendency for MSAC to expect gold standard evaluation methodology when this may not be feasible, and does not reflect real world outcome and possibilities for generalisation of the policy measure.

The Indigenous Evaluation Strategy can help to reorientate these unrealistic expectations expressed by the Australian Government. Rather, the aim should be to plan early and build the right type of evaluation methodologies within the programs being developed. There are many examples of high-quality evaluation methods being used which have built customised data collection methods so that the program reduces data reporting burdens. Again, the evaluation methods should be fit for purpose.

The Indigenous Evaluation Strategy should identify Aboriginal and Torres Strait Islander data governance protocols as a priority. Data ownership (governance) issues are critical to establishing trust in evaluation methodologies, however these are currently lacking (page 41). The relevant protocols and governance structures need to be developed. Guidance for development can be sought from NACCHO and Affiliates. Whereby appropriate protocols underpin the development of trust in the strategy.

The Indigenous Evaluation Strategy should provide some guidance on new models for undertaking Aboriginal and Torres Strait Islander program evaluations. These models include partnerships between Aboriginal and Torres Strait Islander representative bodies including QAIHC and universities. This partnership model refers to Academic Health Centers as agencies that can combine stakeholder expertise with robust scientific methods to better evaluate programs.

Case study: Tropical Australian Academic Health Centre (TAAHC). The North Queensland region's highly distributed health care system is united through membership of TAAHC, a partnership between five Hospital and Health Services (Cairns and Hinterland, Mackay, North West, Torres & Cape, and Townsville), the Northern Queensland Primary Health Network (NQPHN) and James Cook University (JCU), including the Australian Institute of Tropical Health and Medicine (AITHM). The aim of TAAHC is to use the skills of partner organisations to respond to the health service and program evaluation needs identified by partners and stakeholders.

4. Overarching Recommendations

Recommendation 1

- In developing the Indigenous Evaluation Strategy, greater opportunities for face-to-face consultations should be conducted. One of the greatest criticisms of ineffective evaluation is lack of engagement. We must lead this project as we intend to continue. This can be achieved through further and more effective consultation with QAIHC member services through facilitated group consultation workshops. The current consultation approach limited the amount of possible feedback. QAIHC would be happy to work with the Productivity Commission to support this.

Recommendation 2

- QAIHC and its member services support the role of the Productivity Commission in terms of monitoring agency performance against whilst refining the Indigenous Evaluation Strategy, and potentially conducting evaluations itself.

Recommendation 3

- Embed Aboriginal and Torres Strait Islander leadership, ownership, cultural principles and protocols, and participation at all levels of policy and program design, development, implementation and evaluation.

Recommendation 4

- In delivering evaluation involving Aboriginal and Torres Strait Islander people, relevant peak bodies should be involved in the evaluation co-design.

Recommendation 5

- Mainstream programs that receive government funding for Aboriginal and Torres Strait Islander services, require evaluation accountability to Aboriginal and Torres Strait Islander representative bodies.

Recommendation 6

- Mainstream programs that receive government funding for Aboriginal and Torres Strait Islander services are evaluated to the same extent as the ATSICCHO sector.

5. Conclusion

QAIHC's member services support the role of the Productivity Commission in terms of monitoring agency performance against the Indigenous Evaluation Strategy, refining the Indigenous Evaluation Strategy and potentially conducting evaluations itself.

QAIHC and its members welcome considered thought and improvement in evaluation moving forward. The organisation welcome fairness, transparency, innovation, respect and clarity of intent and purpose. The way evaluation is valued, designed, coordinated and conducted must be considered from a number of perspectives and considerations. This will ensure the best results for Aboriginal and Torres Strait Islander communities short and long term.

QAIHC request that integral to any consultation process regarding this strategy is the ongoing pro-active engagement and consultation with QAIHC and its member services. Such engagement is fundamental to acknowledging and valuing the wealth of knowledge and skills represented in the Aboriginal and Torres Strait Islander Community Controlled health sector.

Member services, some of which have been involved in delivering health interventions and evaluation for up to 35 years, have built relationships, systems, protocols and trust in their communities that is valuable for successful integration of the proposed evaluation framework.

We value and commend this consultation process and look forward to participating in further

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