



Submission to the Productivity Commission  
Indigenous Evaluation Strategy Issues Paper

August 2019

## INTRODUCTION

The National Health Leadership Forum (NHLF) is the national representative body for Aboriginal and Torres Strait Islander peak organisations who provide advice on health. Since its establishment in 2011, the NHLF brings together senior Aboriginal and Torres Strait Islander health leaders to consider and consult on the health policies for Australia's First Peoples.

The NHLF formally supports the Productivity Commission's establishment of the role of Indigenous Policy Evaluation Commissioner and the appointment of Romlie Mokak as the Commissioner. This role will be critical in establishing the true investment and benefit of Australian Government funding to and for Aboriginal and Torres Strait Islander Australians.

The NHLF welcomes the opportunity to comment on the Productivity Commission's issues paper regarding the development of an Indigenous Evaluation Strategy.

## RESPONSE TO ISSUES PAPER

1. The NHLF supports the opening statement within the Issues Paper (p1) that  

'Too often, evaluations of key Indigenous reforms have been of limited usefulness for Indigenous people and policymakers. The evidence about what works, including for whom, under what circumstances, at what cost, and why, remains scant' (Empowered Communities 2015, p. 90).
2. Accordingly, the NHLF advocates that all funding allocations, both direct and indirect, that are stated to affect Aboriginal and Torres Islander Peoples are included in any future evaluation strategy. Only one in five dollars of Australian Government funding for services that affect Aboriginal and Torres Strait Islander people is given to Aboriginal and Torres Strait Islander service providers. This compounds the need for accountability, funding equity and optimising value for money among mainstream service providers. More 'Aboriginal services' money should go to the community-controlled health sector and other Aboriginal and Torres Strait Islander organisations to keep Aboriginal health in Aboriginal hands.
3. Furthermore, the priority for the Commission should be to review existing funding arrangements to determine to what extent the funding recorded as affecting Aboriginal and Torres Strait Islander Peoples has been delivered and what their impact has been. The priorities of a review should be:
  - a) The indirect funding of programs and policies which are intended to affect Aboriginal and Torres Strait Islander Peoples.

- b) The direct funding of programs and policies to non-Indigenous organisations which are intended to affect Aboriginal and Torres Strait Islander Peoples.
  - c) Evaluating direct funding to Indigenous organisations should be the lowest priority, as the burden of accountability on these organisations already exceeds that required of non-Indigenous organisations.
4. It is vital that the Productivity Commission, through an Indigenous Evaluation Strategy (IES), can analyse the return on investment of organisations funded to deliver programs and services that are stated to benefit Aboriginal and Torres Strait Islander Peoples. The IES must be enabled to scrutinise funding equity<sup>1</sup> and outcomes, as well as the wider design and implementation of policies and programs that affect Aboriginal and Torres Strait Islander Peoples.
  5. The NHLF supports an IES that is centred on a principles-based evaluation framework (p4). This framework should be underpinned by the United Nations Declaration on the Rights of Indigenous Peoples, which mandates the involvement of Indigenous Peoples as equal partners in priority setting and decision-making regarding policies and programs that affect them. Such a principles-based framework will require policy makers to learn new ways of policy design and implementation, which will ensure it is able to be implemented to its full capacity and enabled to affect necessary required changes.
  6. Cultural determinants of health should be at the centre of the IES. That is, the Commission needs to embed into its framework the body of work on cultural determinants of health undertaken for the second implementation plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (NATSIHP).
  7. The successful implementation of the IES framework will benefit from mandating the adoption of the above principles and empowering the Commissioner to undertake the required level of evaluation.
  8. An IES should clarify and provide transparency of the relationship it will have regarding the activities/work of institutions such as the Australian Institute of Health and Welfare, the Australian Bureau of Statistics, research reporting mechanisms that exist within the health and medical research sectors.
  9. Funding for evaluations should be clearly identified and separate from policy/program funding activities. In addition, an IES should adopt a *continuous quality improvement (CQI)* process regarding policy design and implementation as this would assist with changing government focus from processes to outcomes.

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<sup>1</sup> Fair and impartial funding allocations based on need for Aboriginal and Torres Strait Islander peoples.

Over time, this will strengthen a focus on addressing needs and providing positive outcomes, while continuing to monitor appropriate administration processes.

10. Using a CQI approach also captures quantitative and qualitative information over time. Collating and analysing this information will in turn support a timelier identification, maintenance and expansion of those policies and programs that are making a positive difference.
11. The IES must cover all Australian Government funding of 'mainstream programs' and Indigenous-specific programs that directly and indirectly state to affect Aboriginal and Torres Strait Islander Peoples. This broad scope means that increased funding will be necessary (p16-18) to support evaluation processes, to allow individual organisations to play a meaningful role in the process, and to obtain a true understanding of the impact of policies and programs on Aboriginal and Torres Strait Islander Peoples. Such funding will need to incorporate appropriate support to funding recipients rather than increasing the reporting burden. Only when there is equitable investment in an evaluation process will it be possible to assess the effectiveness and fairness of policy and any associated funding allocation.
12. All funded programs should have embedded accountability mechanisms and be aligned to the outcomes of a *Closing the Gap* process and the arrangements under a new *National Indigenous Reform Agreement*. Doing so will increase the accountability of Australian Government agencies and positively impact their funding decision making and program arrangements. It may also support a more substantive whole-of-government approach.
13. The NHLF particularly acknowledges the negative effects of institutional racism on Aboriginal and Torres Strait Islander Peoples. Institutional racism has also created inequitable allocations whereby non-Indigenous organisations have been given preference over Aboriginal and Torres Strait Islander organisations to deliver programs and services. The Productivity Commission is urged to address this inequity by incorporating an institutional racism metric to enable the measuring, monitoring and reporting of institutional racism within non-Indigenous organisations that receive Commonwealth funding for the provision of services to Aboriginal and Torres Strait Islander Peoples. As part of the IES, this metric should also be applied to government agencies who allocate program funding.
14. The development of a future IES must be co-produced, if not led, by key organisations at the national level such as the Lowitja Institute, or for example at the jurisdictional level the ACT Aboriginal and Torres Strait Islander Elected Body (ATSIEB), or by community controlled organisations such as the Institute for Urban Indigenous Health (IUIH) in Queensland. Co-design processes should be

demonstrated in policy design and implementation process that targets Aboriginal and Torres Strait Islander peoples. Developing the IES in partnership between government and Aboriginal and Torres Strait Islander service providers builds on the work of the COAG Joint Council arrangements and complements the United Nations Declaration on the Rights of Indigenous Peoples.

15. The IES must include the requirement that evaluation commissioners and evaluators undertake cultural safety and responsiveness training. This requirement must be a key principle of the IES as it is intrinsic to ethical conduct. Evaluators must have the skills and knowledge to examine the benefits or harm from policies and programs affecting Aboriginal and Torres Strait Islander Peoples. Similarly, accreditation assessors for health service standards who do not have the requisite skills and knowledge will not be able to assess health services if they themselves do not understand the standards that relate to Aboriginal and Torres Strait Islander health.
16. The above requirement complements the principle of cultural competence noted within the Issues Paper (p27) which references the Lowitja Institute Evaluation Framework for Aboriginal and Torres Strait Islander Health. Embedding cultural safety and responsive practice into policy making and evaluation processes would also complement the work being undertaken to embed cultural safety and expectations of behaviour within the regulation and accreditation of health professionals. These expectations on health professionals are equally valid for policy makers, especially those that design and/or implement policy affecting Aboriginal Torres Strait Islander Peoples.
17. Finally, the NHLF member organisations (Appendix A) each have unique and specific experiences and views regarding an evaluation strategy and some organisations will provide submissions directly to the Commission to cover their viewpoints.

**National Health Leadership Forum Membership**

1. Aboriginal and Torres Strait Islander Healing Foundation
2. Australian Indigenous Doctors' Association
3. Australian Indigenous Psychologists' Association
4. Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
5. Indigenous Allied Health Australia
6. Indigenous Dentists' Association of Australia
7. The Lowitja Institute
8. National Aboriginal and Torres Strait Islander Health Workers' Association
9. National Aboriginal and Torres Strait Islander Leadership in Mental Health
10. National Aboriginal Community Controlled Health Organisation
11. National Association of Aboriginal and Torres Strait Islander Physiotherapists
12. Torres Strait Regional Authority

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