

# An Evaluation Framework to Improve Aboriginal and Torres Strait Islander Health

Margaret Kelaher, Joanne Luke, Angeline Ferdinand,  
Daniel Chamravi, Shaun Ewen and Yin Paradies

Centre for Health Policy  
Melbourne School of Population and Global Health  
Report prepared for The Lowitja Institute



## Users Guide

October 2018



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**Lowitja**  
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Australia's National Institute for Aboriginal and  
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## Terminology

Throughout this report, the Indigenous peoples of Australia are collectively referred to as Aboriginal and Torres Strait Islander peoples. The terms *Aboriginal* and *Indigenous* are used when these are used in the original reporting, even when direct quotes are not used.

## Executive summary

**Evaluation has the potential to benefit Aboriginal and Torres Strait Islander people through improved policy and programs. Evaluation also provides opportunities to harness and develop community expertise. However, communities, evaluators and government are concerned that evaluations of programs addressing Aboriginal and Torres Strait Islander health and wellbeing do not always deliver these benefits.**

This project, An Evaluation Framework to Improve Aboriginal and Torres Strait Islander Health, aimed to develop a framework for the evaluation of policies, programs and services for Aboriginal and Torres Strait Islander peoples across Australia.

The project was conducted from September 2016 to December 2017. Activities focused on identifying the extent to which past evaluations delivered benefit to Aboriginal and Torres Strait Islander communities and identifying promising strategies to improve benefits. The project also identified areas where the ability of evaluations to deliver benefits could be strengthened, such as:

- increasing transparency and accountability
- incorporating principles for working with Aboriginal and Torres Strait Islander people into programs
- using ethical frameworks that recognise the responsibilities of all parties in evaluation
- supporting Aboriginal and Torres Strait Islander leadership and ownership at all phases of the program planning and evaluation cycle.

Overall, the project found a high level of recognition of limitations of current practice from a range of perspectives. The will to improve practice was reflected in positive initiatives to address these limitations. However, there was also recognition that systemic change is required to fully implement the changes required to improve the benefits of evaluation for Aboriginal and Torres Strait Islander communities. As an extension of this project, knowledge translation and dissemination components have been developed (including this user's guide).

For further reading and to access the Final Report and Policy Brief, please see here: <https://www.lowitja.org.au/evaluation-policies-programs-services>

PDF version of the Final Report available here: <https://www.lowitja.org.au/page/services/resources/health-services-and-workforce/cultural-safety/Evaluation-Framework>

PDF version of the Policy Brief available here: <https://www.lowitja.org.au/content/Document/PDF/evaluation-policy-brief.pdf>

## How to use this guide

This Users Guide provides a clear provision of the underlying principles that are needed throughout the program planning, design, implementation and evaluation cycle. These principles have been identified as centrally important in underpinning Aboriginal and Torres Strait Islander health and wellbeing programs. The frameworks are not intended to replace existing program logic, or a program's specified evaluation focus. The frameworks exist as a useful tool to better enable the evaluation to benefit Aboriginal and Torres Strait Islander people, and increase the consistency of evaluation principles, as well as the reporting of evaluation principles (issues identified throughout the project). It should be noted that the frameworks are aimed to improve current practice, where many key principles are not reported against and most evaluation reports (70%) are not publicly available. It is anticipated that as practice evolves framework indicators should evolve too. Directions for future practice are included in the full evaluation report.

In this view, this Users Guide will outline the evaluation framework that has been developed, and principles of best practice that underlie Aboriginal and Torres Strait Islander programs and evaluations. The evaluation framework delineates evaluations into two categories: **what to evaluate** and **how to evaluate**



## The evaluation framework

This project developed an evaluation framework to improve benefits to Aboriginal and Torres Strait Islander communities. The framework has two parts. Part A outlines **what to evaluate** and Part B outlines **how to evaluate**:

- Evaluation framework to Improve Aboriginal and Torres Strait Islander Health, Part A: What to evaluate—key principles and indicators of programs
- Evaluation framework to Improve Aboriginal and Torres Strait Islander Health, Part B: How to evaluate—adaptation of the research for a health justice framework.

**Part A** of the framework is a guide to the stated principles of Australian governments for working with Aboriginal and Torres Strait Islander people. The principles, which are described below and include outcomes and indicators, are:

- partnerships with Aboriginal and Torres Strait Islander organisations and communities
- shared responsibility
- engagement with Aboriginal and Torres Strait Islander people and communities
- capacity building of Aboriginal and Torres Strait Islander communities
- equity
- accountability
- evidence based
- holistic concept of health
- cultural competence
- data governance and intellectual property
- capitalising on Indigenous strengths.

These principles should underpin any policy, program or service that aims to improve Aboriginal and Torres Strait Islander health and wellbeing and should be included as part of the evaluations for such initiatives.

**Part B** (shown in Table 1) of the framework shows the tasks that should be completed:

- developing programs to improve Aboriginal and Torres Strait Islander health
- implementing programs to improve Aboriginal and Torres Strait Islander health
- evaluating programs to improve Aboriginal and Torres Strait Islander health
- knowledge translation

**Table 1** also shows who (evaluators, commissioners or program implementers) has predominant responsibility in current evaluation models.

The framework (Parts A and B) seeks to promote accountability around principles for working with Aboriginal and Torres Strait Islander people through evaluation and to ensure that ethical responsibilities in evaluation are allocated to those most capable of performing them.

**Part A: Principles for working with Aboriginal and Torres Strait Islander People**

<b>Principle</b>	
<b>Partnerships with Aboriginal and Torres Strait Islander organisations and communities</b>	
<b>Description</b>	
<p>Partnership and shared ownership between Aboriginal and Torres Strait Islander people, communities, ACCOs, governments and other service providers, which operates at all levels of health planning, delivery and evaluation to engage with communities regarding their goals and priorities for health. Partnership refers to a co-ordinated and collaborative approach through knowledge exchange, information sharing and the pooling of resources, where possible. Effective partnerships ensure Aboriginal and Torres Strait Islander people and communities’ central involvement in designing, planning, development, implementation and evaluation of strategies for better health and wellbeing. Supportive knowledge, skills, behaviours and systems are required to establish relationships and build effective long-term partnerships so that Aboriginal and Torres Strait Islander people and communities can manage and improve their health status through leadership, policy, planning, quality improvement, education and training, funding and service delivery.</p>	
<b>Outcomes</b>	<b>Indicators</b>
<ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander people, communities and ACCOs are respected as partners in program provision and are informed and own the decisions.</li> <li>• Partners work at all stages with local Aboriginal and Torres Strait Islander Elders and leaders as equal partners in design, planning and evaluation to ensure that local cultural expectations are addressed.</li> <li>• External health services partner with local Aboriginal and Torres Strait Islander communities to inform their program, including how such services recruit and retain staff to meet the needs of Aboriginal and Torres Strait Islander communities.</li> <li>• Partnerships with ACCOs and Aboriginal and Torres Strait Islander communities are developed and are sustainable through adequate resourcing and support.</li> <li>• Aboriginal and Torres Strait Islander peoples, organisations and communities’ right to self-determine is recognised and informs program partnership arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage of Aboriginal and Torres Strait Islander representatives on advisory and governance bodies.</li> <li>• Percentage of Aboriginal and Torres Strait Islander organisations represented on advisory and governance bodies.</li> <li>• Strategies to ensure equity in the partnership (e.g. sharing of resources, co-chairing arrangements).</li> <li>• Terms of reference of advisory and governance bodies.</li> <li>• MoUs or other formal agreements documenting partnership.</li> <li>• Strategies for sharing power within partnerships.</li> <li>• Involvement of Aboriginal and Torres Strait Islander people in decision making.</li> <li>• Support for deliberative processes.</li> <li>• Strength of the partnership.</li> <li>• Partnership has achieved its goals.</li> <li>• Processes to identify and address challenges.</li> </ul>

## Principle

### Shared responsibility

## Description

Partnership and shared ownership between Aboriginal and Torres Strait Islander people, communities, ACCOs, governments and other service providers, which operates at all levels of health planning, delivery and evaluation to engage with communities regarding their goals and priorities for health. Partnership refers to a co-ordinated and collaborative approach through knowledge exchange, information sharing and the pooling of resources, where possible. Effective partnerships ensure Aboriginal and Torres Strait Islander people and communities' central involvement in designing, planning, development, implementation and evaluation of strategies for better health and wellbeing. Supportive knowledge, skills, behaviours and systems are required to establish relationships and build effective long-term partnerships so that Aboriginal and Torres Strait Islander people and communities can manage and improve their health status through leadership, policy, planning, quality improvement, education and training, funding and service delivery.

## Outcomes

- Aboriginal and Torres Strait Islander people, communities and ACCOs are respected as partners in program provision and are informed and own the decisions.
- Partners work at all stages with local Aboriginal and Torres Strait Islander Elders and leaders as equal partners in design, planning and evaluation to ensure that local cultural expectations are addressed.
- External health services partner with local Aboriginal and Torres Strait Islander communities to inform their program, including how such services recruit and retain staff to meet the needs of Aboriginal and Torres Strait Islander communities.
- Partnerships with ACCOs and Aboriginal and Torres Strait Islander communities are developed and are sustainable through adequate resourcing and support.
- Aboriginal and Torres Strait Islander peoples, organisations and communities' right to self-determine is recognised and informs program partnership arrangements.

## Indicators

- Percentage of Aboriginal and Torres Strait Islander representatives on advisory and governance bodies.
- Percentage of Aboriginal and Torres Strait Islander organisations represented on advisory and governance bodies.
- Strategies to ensure equity in the partnership (e.g. sharing of resources, co-chairing arrangements).
- Terms of reference of advisory and governance bodies.
- MoUs or other formal agreements documenting partnership.
- Strategies for sharing power within partnerships.
- Involvement of Aboriginal and Torres Strait Islander people in decision making.
- Support for deliberative processes.
- Strength of the partnership.
- Partnership has achieved its goals.
- Processes to identify and address challenges.

## Principle

### Engagement with Aboriginal and Torres Strait Islander people and communities

#### Description

Engagement is based on the acknowledgment of Aboriginal and Torres Strait Islander communities' right to control health and wellbeing programs in their local community and/or region. Engaging with Aboriginal and Torres Strait Islander people, organisations and communities involves their full and ongoing participation in all levels of decision making to ensure active involvement in the design and delivery of programs. Engagement with Aboriginal and Torres Strait Islander community members, organisations and representative structures serves to ensure all policy and activity has their support, and that they have input into the design, monitoring and evaluation of initiatives, programs and services. ACCOs provide unique contributions in delivering holistic, comprehensive and culturally appropriate health care to Aboriginal and Torres Strait Islander communities, and their engagement and involvement are central to improving Aboriginal and Torres Strait Islander health outcomes.

#### Outcomes

- Aboriginal and Torres Strait Islander people, communities' and ACCOs' involvement is embedded within program delivery, structures, policies, procedures and governance.
- Continued engagement and collaboration between Aboriginal and Torres Strait Islander communities, including ACCO sector and government and mainstream service providers.
- Participation of Aboriginal and Torres Strait Islander people and communities in relevant formal advisory and governance bodies.
- Planning of dedicated services for Aboriginal and Torres Strait Islander peoples involves community consultation where Aboriginal and Torres Strait Islander people, communities and ACCOs inform the direction of the program.
- Consultation with local communities is undertaken for all changes, problem solving and improvements, and is respectful of community protocols.
- Aboriginal and Torres Strait Islander people, communities and ACCOs are engaged across the planning, design and implementation stages of a program and its evaluation.

#### Indicators

- Engagement of Aboriginal and Torres Strait Islander people in all phases of the program planning and evaluation cycle.
- Percentage of Aboriginal and Torres Strait Islander representatives on advisory and governance bodies.
- Percentage of Aboriginal and Torres Strait Islander organisations represented on advisory and governance bodies.
- Terms of reference of advisory and governance bodies.
- Increased number of Aboriginal and Torres Strait Islander people engaged in the development of new health services and programs or changes to existing initiatives.
- Number of meetings seeking community input.
- Number and type of mechanisms for engagement of universal health services with ACCOs or Aboriginal and Torres Strait Islander communities.
- Involvement of Aboriginal and Torres Strait Islander people in decision making.
- Support for deliberative processes.

## Principle

### Capacity building of Aboriginal and Torres Strait Islander communities

## Description

Capacity building refers to developing and providing knowledge, skills, resources and systems to support Aboriginal and Torres Strait Islander people and communities to engage in health services design, development, implementation and evaluation. This may involve providing employment or training opportunities and encouragement of Aboriginal and Torres Strait Islander people to take on leadership or management positions, and/or ensuring adequate representation of Aboriginal and Torres Strait Islander communities and organisations on advisory and governance bodies.

## Outcomes

- Aboriginal and Torres Strait Islander people, communities and ACCOs are respected as partners in program provision and are informed and own the decisions.
- Partners work at all stages with local Aboriginal and Torres Strait Islander Elders and leaders as equal partners in design, planning and evaluation to ensure that local cultural expectations are addressed.
- External health services partner with local Aboriginal and Torres Strait Islander communities to inform their program, including how such services recruit and retain staff to meet the needs of Aboriginal and Torres Strait Islander communities.
- Partnerships with ACCOs and Aboriginal and Torres Strait Islander communities are developed and are sustainable through adequate resourcing and support.
- Aboriginal and Torres Strait Islander peoples, organisations and communities' right to self-determine is recognised and informs program partnership arrangements.

## Indicators

- Percentage of Aboriginal and Torres Strait Islander representatives on advisory and governance bodies.
- Percentage of Aboriginal and Torres Strait Islander organisations represented on advisory and governance bodies.
- Percentage of Aboriginal and Torres Strait Islander people recruited and employed.
- Percentage of Aboriginal and Torres Strait Islander people recruited and employed in management or leadership roles.
- Retention of Aboriginal and Torres Strait Islander workforce.
- Increased number of Aboriginal and Torres Strait Islander people engaged in the development of new health services and programs or changes to existing initiatives.
- Investment in training and employment opportunities for Aboriginal and Torres Strait Islander people.
- Aboriginal and Torres Strait Islander recruitment and employment commitments embedded into program planning.
- Aboriginal and Torres Strait Islander staff self-report high levels of employment satisfaction and support.
- ACCOs self-report increased capacity to respond to local health needs.
- Increase in services provided by Aboriginal and Torres Strait Islander people/ACCOs.
- Increase in Aboriginal and Torres Strait Islander people receiving services from Aboriginal and Torres Strait Islander people/ACCOs.

## Principle

### Equity

## Description

A human rights-based approach is about providing equal opportunities for health by ensuring availability, accessibility, acceptability and quality health programs. A human rights approach is not necessarily about more programs, but about better programs through processes that enable Aboriginal and Torres Strait Islander people to participate in all levels of health care decision making. This includes ensuring that programs are physically and culturally accessible, are inclusive of the needs of Aboriginal and Torres Strait Islander people, incorporate Aboriginal and Torres Strait Islander ways of working, and enable Aboriginal and Torres Strait Islander people to achieve equitable health outcomes.

## Outcomes

## Indicators

- Collaborative action taken on the determinants of health, with an emphasis on the social and cultural determinants of health.
- Evaluations of programs include identification of program gaps and development of culturally safe solutions.
- Ensuring that quality health programs are available, accessible and acceptable to Aboriginal and Torres Strait Islander people, communities and ACCOs.
- Programs target and respond to the needs of marginalised persons, including those within the Aboriginal and Torres Strait Islander community (i.e. disability, LGBTQI populations).

- Collaborative process to identify cultural and social determinants of health to be harnessed/addressed by programs.
- Continuity of collaborative processes throughout the program cycle
- Monitoring of cultural and social determinants and health outcomes for Aboriginal and Torres Strait Islander people.
- Improved outcomes for Aboriginal and Torres Strait Islander people and groups from marginalised groups.
- Formal cultural competence processes related to:
  - Personnel recruitment/retention
  - Training/staff development
  - Language access/communication
  - Cultural competence-related grievance/complaints process
  - Community/participant input.
  - Consumer participation/satisfaction regarding cultural competence-related planning.
  - Staff participation/satisfaction regarding cultural competence-related planning.
  - Timely and accurate cultural competence-related data.
  - Review and response to cultural competence-related data.
- Improved outcomes for Aboriginal and Torres Strait Islander people and groups from marginalised groups.
- Audits and monitoring of strategies to promote equity of access among program staff.
- Reliable identification of Aboriginal and Torres Strait Islander participants in program.
- Assessment of barriers to and facilitators of availability, accessibility, acceptability and affordability of the program.
- Administrative and service delivery adaptations tailored to population in service area, including adaptations to improve access to program.
- Equity in program participation.

## Principle

### Accountability

#### Description

Accountability refers to the regular evaluation, monitoring and review of implementation as measured against indicators of success, with processes in place to share knowledge on what works and being responsive to monitoring and evaluation findings. Accountability applies to government, mainstream, and Aboriginal and Torres Strait Islander services and is necessary to understand the intended and unanticipated effects of program and policy implementation. It incorporates transparency in the allocation and use of funding, including the effective use of funds, and adequate and ongoing funding for necessary services, as well as establishing genuine and meaningful planning and services development partnerships with communities.

#### Outcomes

- Program aims are relevant to context and needs of Aboriginal and Torres Strait Islander community.
- Program has the support of Aboriginal and Torres Strait Islander community leaders.
- Aboriginal and Torres Strait community members are kept up-to-date about the progress and outcomes of the program and evaluation.
- Health services have sound quality improvement systems for the identification and communication of health care and cultural issues, and plan and implement improvements in partnership with Aboriginal and Torres Strait Islander staff, consumers and communities.
- Ongoing monitoring, evaluation and quality improvement of all strategies undertaken alongside implementation.
- Program is implemented in the manner planned, with any changes acknowledged and agreed upon.
- Program funders and/or sponsors respond to evaluation outcomes and recommendations.

#### Indicators

- Program aims align with stated Aboriginal and Torres Strait Islander community health needs and priorities.
- Number of Aboriginal and Torres Strait Islander community leaders who endorse the program.
- Number of Aboriginal and Torres Strait Islander organisations that participate in the program.
- Dissemination of information regarding program and evaluation progress and outcomes to the Aboriginal and Torres Strait Islander community is undertaken.
- Mechanisms to measure feedback show that Aboriginal and Torres Strait Islander communities are satisfied with program aims, progress and outcomes.
- Mechanisms to incorporate feedback from Aboriginal and Torres Strait Islander communities are in place.
- Indicators regarding Aboriginal health in service delivery agreements are met or exceeded.
- Program evaluation designed, planned and undertaken alongside program implementation in a co-ordinated approach.
- Process evaluation indicates that strategies were implemented in the manner planned or that changes were acknowledged and agreed upon.
- Response to evaluation from program funders and/or sponsors.

<b>Principle</b>	
<b>Evidence based</b>	
<b>Description</b>	
<p>Evidence-based policy and program approaches are two pronged. First, they involve the incorporation of established evidence into decision making to ensure programs are appropriate and effective and have the best chance of achieving the desired outcomes. Second, an evidence-based approach necessitates a robust process of program evaluation and the integration of evaluation outcomes into policy making and program design.</p>	
<b>Outcomes</b>	<b>Indicators</b>
<ul style="list-style-type: none"> <li>• Ongoing monitoring, evaluation and quality improvement of all strategies implemented.</li> <li>• Evaluation outcomes inform future policy and programs.</li> <li>• A co-ordinated approach is taken to program design and evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation reports are used in the program cycle.</li> <li>• Key learnings are identified and can be used in the next iteration of the program.</li> <li>• Existing evidence base is used in program design.</li> <li>• Recommendations arising from evaluations are taken up in future policy and program design.</li> </ul>



## Principle

### Holistic concept of health

## Description

A holistic approach incorporates an understanding of the NACCHO definition of health as ‘not just the physical well-being of an individual but... the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life’ (NACCHO n.d.). A holistic approach to health recognises not only the physical but also the spiritual, cultural, emotional and social aspects of wellbeing and their role in contributing to health outcomes for Aboriginal and Torres Strait Islander peoples and communities. This includes an understanding of the determinants of Aboriginal and Torres Strait Islander health, including environmental determinants of health such as food, water, housing and unemployment, and social determinants such as education, employment, racism, history of dispossession, and loss of land and heritage. It recognises Aboriginal and Torres Strait Islander peoples’ humanity across the life course.

## Outcomes

- Recognition that for Aboriginal and Torres Strait Islander peoples, health ‘means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole community... [and] is a whole of life view and includes the cyclical concept of life-death-life’ (NACCHO n.d.).
- Recognition and responsiveness to the fundamental link between the health of an individual and the health of his/her family, recognising the complexities and significance of kinship.
- Program strengthens earlier intervention and prevention responses and outcomes across the life course, including for Aboriginal and Torres Strait Islander children, young people and families.
- The service or program has enhanced communities’ functioning and wellbeing.
- Initiative fosters emotional wellbeing within Aboriginal and Torres Strait Islander communities and promotes individual and community resilience.
- Program recognises the humanity of Aboriginal and Torres Strait Islander people.
- Program incorporates a social determinants approach.

## Indicators

- Proportion of Aboriginal and Torres Strait Islander participants who felt the program was holistic.
- Improvement in Aboriginal and Torres Strait Islander people’s experiences of services and programs.
- Program incorporates understanding of the role of the family and community in its planning, design and implementation, such as through the program logic and/or objectives.
- Program incorporates an understanding of the social determinants of health in its planning, design and implementation, such as through the program logic and/or objectives.
- Program incorporates intergenerational approaches.

## Principle

### Cultural competence

#### Description

Cultural competence recognises the diverse cultures and histories of Aboriginal and Torres Strait Islander peoples, the important role of key representative bodies, and local Aboriginal and Torres Strait Islander community-controlled organisations. An approach that incorporates cultural competence aims to deliver health programs that are designed to meet the health needs of Aboriginal and Torres Strait Islander peoples and are delivered in a culturally safe and respectful health environment.

#### Outcomes

- Evidence that cultural competence is embedded in policy and practices consistently throughout health programs.
- All Aboriginal and Torres Strait Islander people, communities and ACCOs are treated with dignity, fairness and respect, regardless of their background and position.
- Communication with Aboriginal and Torres Strait Islander people, communities and organisations is undertaken with the knowledge that cultural differences exist.
- Recognition, protection and continued advancement of the inherent rights and distinct cultures of different Aboriginal and Torres Strait Islander people and communities, each with their own cultural knowledge, worldviews, practices, protocols and traditions with respect to health.
- Policy and program development considers and responds to the cultural needs of Aboriginal and Torres Strait Islander peoples broadly as the first peoples of Australia and locally for the many different Aboriginal and Torres Strait Islander cultures.
- Programs are conducted in environments that support the cultural needs of Aboriginal and Torres Strait Islander people and communities, including the need to support traditional practices.
- Project staff are resourced to provide culturally respectful services to Aboriginal and Torres Strait Islander people and communities through ongoing training, education, mentoring and other developmental experiences appropriate to their roles.
- Ongoing monitoring, evaluation and quality improvement of all strategies implemented for the improvement of cultural capability.
- Programs are provided by services in ways that are meaningful, respectful and safe and provide Aboriginal and Torres Strait Islander people with opportunities to understand their health and treatment options, enabling them access to the best care for their own health.

#### Indicators

- Existence of cultural competence policy.
- Increased capacity of non-Aboriginal and Torres Strait Islander staff to work competently and confidently in roles, with sound understanding of relevant health issues and determinants of Aboriginal and Torres Strait Islander peoples' health.
- Mechanisms to measure and collect feedback from Aboriginal and Torres Strait Islander people and communities.
- The incorporation of cultural knowledge, worldviews, practices and traditions into program resources and outputs.
- New or revised administrative and clinical orientation, staff training and materials regarding Aboriginal and Torres Strait Islander identification and cultural awareness.
- Self-reported cultural security of program.
- Numbers of staff with cultural competency training.

## Principle

### Data governance and intellectual property

## Description

Aboriginal and Torres Strait Islander communities have the right to govern, retain control over, and manage the collection and usage of their own data for their purposes and use in ways that comply with their priorities and practices. This includes data collected or generated by large-scale surveys, data-linkage initiatives, and research and evaluation activities. Appropriate data governance mechanisms ensure that Aboriginal and Torres Strait Islander communities are appropriately consulted about the management and use of such data, that such data are collected and presented in a format that is useful for communities, and that they continue to retain access to and use of the data.

## Outcomes

- Agreements regarding Aboriginal and Torres Strait Islander data governance and intellectual property are negotiated in the initial phases of program and evaluation design. This includes intellectual property rights, data collection procedures, and the retention, access to and management of data arising from the program and evaluation.
- Consultation is undertaken with Aboriginal and Torres Strait Islander communities and organisations before data collection commences.
- Dissemination of information regarding program and evaluation outcomes to the Aboriginal and Torres Strait Islander community is undertaken.

## Indicators

- Agreements are in place reflecting negotiations regarding Aboriginal and Torres Strait Islander data governance and intellectual property.
- Procedures to disseminate program and evaluation outcomes to the Aboriginal and Torres Strait Islander community are in place and followed.
- Mechanisms to ensure proper storage of data and access to data for Aboriginal and Torres Strait Islander communities are collaboratively developed and in place.

## Principle

### Capitalising on Indigenous strengths

## Description

Aboriginal and Torres Strait Islander communities have survived and adapted for thousands of years and, as such, bring many strengths, including unique and valued knowledge, expertise and skills. Appropriate mechanisms need to be in place to identify community strengths and allow communities to capitalise on their strengths.

## Outcomes

## Indicators

- | Outcomes   | Indicators   |
|--|--|
| <ul style="list-style-type: none"><li>• The strengths and expertise of Aboriginal and Torres Strait Islander communities are identified and drawn upon.</li></ul>  | <ul style="list-style-type: none"><li>• Inclusion of Aboriginal and Torres Strait Islander methodologies.</li></ul>  |
| <ul style="list-style-type: none"><li>• The strengths of Aboriginal and Torres Strait Islander communities, their knowledge and skills are acknowledged as legitimate ways of 'knowing' and 'doing' across each stage of the evaluation.</li></ul> | <ul style="list-style-type: none"><li>• Aboriginal and Torres Strait Islander leaders, Elders, program workers and evaluators inform and shape program development.</li></ul>    |
| <ul style="list-style-type: none"><li>• Aboriginal and Torres Strait Islander voices are privileged across all stages of the evaluation.</li></ul>   | <ul style="list-style-type: none"><li>• Aboriginal and Torres Strait Islander leaders, Elders, program workers and evaluators inform and shape evaluation development.</li></ul> |
| <ul style="list-style-type: none"><li>• Recognition that learning is two-way and that the evaluation process can be strengthened by listening to and acting with Aboriginal and Torres Strait Islander communities.</li></ul>                      |  |

## Part B: How to evaluate—adaptation of the research for a health justice framework

**Table: Evaluation framework to Improve Aboriginal and Torres Strait Islander Health**

○ Evaluators

● Commissioners

● Program implementers

### Developing programs to improve Aboriginal and Torres Strait Islander health

- Engage Aboriginal and Torres Strait Islander communities and other stakeholders, such as service providers
- Consider/conduct/share review of epidemiological data/community assessment and other relevant data
- Review data on program effectiveness and previous evaluations
- Ensure program responds to existing or emerging health needs articulated with community
- Ensure program logic is developed and reflects shared agenda
- Establish processes to ensure program's accountability to Aboriginal and Torres Strait Islander community
- Ensure normative expectations that program and partnerships address priority areas for improving health equity identified by community
- Strengthen the capacity of community to participate in priority setting and program development processes
- Strengthen information systems to support priority setting and program development processes
- Establish a knowledge translation plan across the program
- Build ethical requirements, as well as local Aboriginal and Torres Strait Islander community process, into the program at the development stage

### Implementing programs to improve Aboriginal and Torres Strait Islander health

- Set up (long-term) partnerships between program implementers/ACCOs/Aboriginal and Torres Strait Islander community to build capacity around program implementation
- Establish program governance, engaging with partnerships and enabling Aboriginal and Torres Strait Islander leadership (this may occur at multiple levels for some programs)
- Build Aboriginal and Torres Strait Islander capacity to support program implementation through training and employment over the long term
- Implement processes to ensure program's accountability to individuals, families and communities
- Strengthen information systems to provide information on program implementation and effectiveness
- Build Aboriginal and Torres Strait Islander capacity to support information systems through training and employment over the long term
- Create opportunities for ongoing mutual knowledge exchange
- Ensure program funding structure supports capacity building around program implementation and information strengthening

### Evaluating programs to improve Aboriginal and Torres Strait Islander health

- Establish evaluation governance, engaging with program governance and enabling Aboriginal and Torres Strait Islander leadership (this may occur at multiple levels for some programs)
- Establish processes (e.g. MoUs) to ensure evaluation's accountability to Aboriginal and Torres Strait Islander community, including issues of data sovereignty
- Develop knowledge translation/dissemination plan
- Refine program logic and develop evaluation measures to reflect shared agenda
- Create opportunities for ongoing mutual knowledge exchange
- Minimise load/replication of data collection from program implementers/ ACCOs/Aboriginal and Torres Strait Islander community
- Build Aboriginal and Torres Strait Islander evaluation capacity through training and employment over the long term
- Strengthen information systems to provide information on program evaluation
- Build Aboriginal and Torres Strait Islander capacity to support information systems through training and employment over the long term
- Create opportunities for ongoing mutual knowledge exchange
- Ensure program funding structure supports capacity building around evaluation and information strengthening
- Develop institutions to support capacity building around evaluation and information strengthening

### Knowledge translation

- Ensure evaluation accountability processes to Aboriginal and Torres Strait Islander communities are implemented
- Ensure evaluation findings/data are available to participating Aboriginal and Torres Strait Islander communities
- Build capacity around the use of evaluation findings/data in participating Aboriginal and Torres Strait Islander communities
- Ensure program documentation, evaluation briefs, request for tender documentation and evaluation reports are publicly available in perpetuity
- Develop policy/program response to evaluation reports
- Ensure policy/program response to evaluation reports are publicly available in perpetuity
- Identify next steps developing the evidence base around the program

\* Adaptation of the research for a health justice framework (Pratt & Loff 2014)





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