THE NATIONAL HEALTH LEADERSHIP FORUM

Submission (May 2016): Australian National Audit Office (ANAO) Performance Audit of the Indigenous Advancement Strategy

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.

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Introduction

The National Health Leadership Forum (NHLF) welcomes the opportunity to make a submission to the Australian National Audit Office (ANAO) Performance Audit of the Indigenous Advancement Strategy (IAS). The NHLF member organisations each have unique and specific experience and feedback on the IAS and some organisations will provide submissions directly to the ANAO Performance Audit to cover their particular points.

For this reason, the NHLF submission will make broader, principles-based comments on the IAS, in relation to the audit criteria provided by the ANAO.

The NHLF looks forward to continuing its work with the Federal Government and the relevant ministries and agencies to see that Aboriginal and Torres Strait Islander peoples are appropriately supported by efficient, practical and culturally safe health services.

Principles

The NHLF endorses the principles outlined in previous submissions made by the Close the Gap Campaign[1] on the efficacy of the IAS. In particular, the NHLF considers that any Government program, initiative or strategy should be informed by the following key principles:

- ***Partnership***: Shared decision-making between Governments and Aboriginal and Torres Strait Islander peoples and their own representative bodies. Ultimately, Aboriginal and Torres Strait Islander people, through their community controlled organisations, should be at the forefront of the design, implementation and delivery of the services that support them.
- ***Evidence***: Strategies and programs should be informed, designed and established on an evidence base that is well researched.
- ***Quality***: All facilities, goods and services for Aboriginal and Torres Strait Islander peoples, whether delivered by Indigenous specific providers or the mainstream, are measured to be culturally safe and are of the highest quality.
- ***Sustainability***: Strategies and programs should be sustainable in the long-term to ensure continuity, provide surety for service delivery organisations in their planning and to help build capacity.

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[1] Close the Gap Campaign (2015) Submission to the Senate Finance and Public Administration References Committee Inquiry into the impact on service quality, efficiency and sustainability of recent Commonwealth Indigenous Advancement Strategy tendering processes by the Department of the Prime Minister and Cabinet - www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/Commonwealth_Indigenous/Submissions

- ***Empowerment***: Strategies and programs for service should support Aboriginal and Torres Strait Islander peoples taking responsibility for and making decisions about their physical, spiritual, cultural, social and economic wellbeing.
- ***Capacity building***: Strategies and programs should, fundamentally work to build and support Aboriginal and Torres Strait Islander leadership, expertise and capacity.

Based on the principles outlined above, the NHLF has a number of concerns with the design and performance of the IAS. One of the observations of the NHLF is that the IAS seems to lack an overall framework and coherent narrative in relation to the vision and strategic objectives for progressing the health and wellbeing of Aboriginal and Torres Strait Islander people. The aim of streamlining Indigenous programs and services into the five (5) broad program streams is laudable, however, the 5 streams did nothing to bring together a coordinated strategy for driving improvements.

Another significant issue with the management of the IAS has been the failure of PM&C to bring greater integration of work across government. It seems that the managers of the IAS are not connecting the programs with the business, industry, health, education and employment sectors to create a unified purpose of effort to support a holistic approach.

The lack of consultation, and visible Aboriginal and Torres Strait Islander leadership, the speed of implementation and the issues with the tendering process all compounded the underlying problem of a poorly articulated purpose or narrative.

The NHLF offers the following comments on each of the four (4) ANAO audit criteria provided:

1. PM&C has designed the IAS to improve results for Indigenous Australians in the Australian Government's identified priority areas.

The NHLF is supportive of government measures that are designed with the objective of improving health and life outcomes for Aboriginal and Torres Strait Islander people. We recognise that the IAS is an outcomes-focused program intended to more thoroughly support health and social services for Aboriginal and Torres Strait Islander people.

The NHLF also acknowledge that the IAS provided an opportunity to streamline and simplify complex funding and grant arrangements across the Commonwealth Indigenous Affairs portfolio.[2]

[2] Overburden Report (2011) www.lowitja.org.au/lowitja-publishing/C026

With regard to the IAS being designed to reflect the Government's identified priority areas, it may be beneficial to review these priority areas over time, in consultation with appropriate Aboriginal and Torres Strait Islander representatives and organisations. There may also be some benefit in considering how the IAS could better support the Close the Gap targets, which have been an agreed national priority for the past 10 years.[3]

Ultimately, the IAS has so far failed to meet the principles of partnership, sustainability and capacity building. This is an outcome of a lack of real consultation with Aboriginal and Torres Strait Islander peoples.

Consultation on the IAS must be inclusive of Aboriginal and Torres Strait Islander peoples. It must take into account the experiences, knowledge and leadership of Aboriginal and Torres Strait Islander organisations.

The Government should draw upon the expertise of Aboriginal and Torres Strait Islander leaders who have worked on the frontline of Aboriginal and Torres Strait Islander health.

2. PM&C's implementation of the IAS supports a flexible program approach focused on prioritising the needs of Indigenous communities.

The intention to design and implement a flexible program that prioritises the needs of Aboriginal and Torres Strait Islander communities, as intended under the IAS, is to be commended.

However, the initial speed of implementation didn't allow for flexibility in the program and favoured larger organisations with capacity to meet the newly instituted tendering processes.

Based on the previous experience of many Aboriginal and Torres Strait Islander organisations that deliver services, there seemed to be unclear and inconsistent expectations as to what was required to successfully secure service funding through the IAS.

It is essential that the IAS has consistent and transparent processes for its grant assessment. Additionally, it is critical that there is a fair and transparent review process to ensure that any 'flexible program approach' is being applied in an equitable way.

[3] The Close the Gap – Statement of Intent (2008)

Funds should flow as directly as possible to community controlled providers who are best placed to deliver the right services, not those mainstream organisations that are able to write the best bid.

There should be a principle of having Aboriginal and Torres Strait Islander services as the preferred provider of services, unless it can be proved through a clearly articulated framework of assessment that a mainstream provider is better placed to provide the service. Where an Aboriginal and Torres Strait Islander service has not been selected due to an absence of service or due to capacity constraints, there should be a framework in place to help support and grow the capacity of Aboriginal and Torres Strait Islander services to be able to meet that service need in the future.

3. PM&C's administration of grants complies with the Commonwealth Grants Rules and Guidelines, supports the selection of the best projects to achieve the outcomes desired by the Australian Government and reduces red tape for providers.

The NHLF stresses the importance of positive relationships between Commonwealth grant managers and recipients in achieving the mutually agreed program outcomes. Regular communication and clarity around expectations assists manage any risk around deliverables and also provides important support for grant recipients where they may be having difficulties under the terms of the agreement.

The IAS as it is currently managed would benefit from providing further clarity to grant recipients around performance and reporting, in particular with regard to site visits from Commonwealth officers. The funding schedule also needs to be clearer in articulating that site visits are formal milestones connected to payments.

Furthermore, there should be a clearer alignment between the structure and wording of the written performance report template with the overall desire of the Government to hear ‘good news stories’ arising from agreements funded through the IAS.

Regarding competitive tendering, the process has moved away from a community development focus and does not foster communities’ ability to be involved in a co-design process to build their efficacy and draw on their solutions to long standing problems.

On the contrary, the competitive tendering process applied by the IAS dis-empowered communities from being involved in drawing on their own knowledge to create change. It privileged a western knowledge system that required communities to meet selection criteria that were often assessed by professional contract managers with limited community development knowledge or the understanding of the system that would be required to create changed environments.

This was compounded by the short term nature of the original tender that said the IAS would only consider one year submissions, thus creating significant tension and uncertainty and demonstrating a lack of a long term coordinated approach that real change requires.

There needs to be a balance between probity and partnership approaches if we are to empower communities to drive their own solutions, and privileging Indigenous knowledge. The current IAS approach favours large, non-Indigenous organisations that have the resources to write tender documents that meet competitive processes. However, many of these organisations have limited community engagement and rely on partnerships (via sub-contracting after a tender is awarded) with local Aboriginal and Torres Strait Islander agencies to achieve the outcomes they have committed to.

4. PM&C has established a performance framework that supports ongoing assessment of program performance and progress towards outcomes.

The measurements and outcomes for each program area within the IAS are rudimentary and do not adequately measure the outcomes, impact or change in a meaningful way.

There needs to be significant engagement with grant evaluators and organisations to refine the measures to make them relevant and utilise appropriate evaluation methodologies that are based on community needs. The community receiving the service should be the primary voice in evaluating services they receive.

The NHLF calls for a mechanism that provides flexibility in the IAS to scale up existing successful projects outside of the contract negotiation process. There is currently a lack of involvement of Aboriginal and Torres Strait Islander expertise in monitoring performance and assessment of program outcomes.

The IAS does not yet provide meaningful reports that come back to the community to assist them to see both the successes and challenges of their current tendering approaches.

The concept of Continuous Quality Improvement can only happen in an already well-functioning program that is based on the elements and principles outlined above and underpinned by a high quality consultation process where the communication is facilitated both ways.

Finally, with a broad jumble of programs and aims, the IAS lacks a cohesive programme logic. The model that underpins the Government's National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) recognises the centrality of culture and interplay of social determinants and this could be adapted and incorporated more broadly as the basis for the IAS.