More than Evaluation: adding value to the evaluation process by negotiating, information sharing, relationship building and capacity development.

Nea Harrison Manager of External Projects CRCAH, Diane Walker, Capacity Development Officer CRCAH, and Carol Watson Planning and Evaluation Consultant, CRCAH.

Introduction

This presentation describes evaluation work the Cooperative Research Centre for Aboriginal Health (CRCAH) has undertaken over the last four years that has optimised the evaluation benefits for commissioners and participants. It explores how CRCAH evaluators facilitated the uptake of evaluation findings through continuous feedback, using it as a stepping stone to improved policy, planning and program implementation. It also illustrates how incorporating information sharing sessions as part of the methodology for data collection increases participants understanding of the use and benefits of evaluation.

The evaluators present three case stories illustrating this process of 'adding value' to the evaluation process by negotiating, relationship building, capacity development and information sharing. The case stories include a review of a trial project in Aboriginal and Torres Strait Islander communities for an Australian Government department, a review of the implementation of an Aboriginal workforce development project for a State Government and a process evaluation of a health promotion project targeted at Aboriginal children for a charitable organisation. In each case, the evaluators were invited to extend the evaluation by using the results to assist with program strengthening including planning for program and policy implementation and improvements.

It was possible to extend the evaluation beyond the original contract terms because the CRCAH (the evaluators' employer) specifically promotes knowledge transfer and capacity building. The evaluators were therefore able to develop an on-going relationship with the project commissioners and take on a role of 'critical friends'. There are, however implications when working this way, including some challenges in extending evaluation into planning for program improvement and organisational and individual capacity development. Challenges include maintaining an 'outsider' stance, being flexible, being able to provide ongoing information and skills training and being opportunistic with regard to utilisation of findings. This way of working is more costly for both commissioners and evaluators; it takes more time and requires a mutual

commitment to relationship building. However the tangible benefits include actively engaged commissioners and participants and greater use of results for improved policy, programs and planning.

The Cooperative Research Centre for Aboriginal Health (CRCAH)

The CRCAH is a national partnership of Aboriginal Health Services, government departments and universities with an interest in Aboriginal health. As part of the CRCAH, Aboriginal organisations, health policy makers, planners, researchers and service providers work together to develop a broad research program directed by Aboriginal people (See the end of the paper for a list of partners). The CRCAH provides a neutral and culturally safe environment for collaboration. Its research development approaches put Aboriginal people in control of the research, strengthens partnerships, builds trust and paves the way for robust research projects (Brands and Gooda 2006, p32). The aim is practical improvements in service and policy and the greater capacity of Aboriginal people to carry out or direct health research and evaluation. CRCAH processes emphasise collaboration not competition, and ensure that 'projects are scrutinised not only for scientific validity but feasibility and relevance in the Aboriginal context' (Street, Baum and Anderson, 2008, p1).

Ethical practice is fundamental to the way research and evaluation is conducted under the CRCAH banner. Ethical practice requires that Aboriginal and Torres Strait Islander peoples are participants (as stakeholders, research participants and researchers) in any evaluative research that involves them. They should have full knowledge and understanding of what the evaluation is and what benefits and risks may result from it. Good ethical practice with Aboriginal and Torres Strait Islander communities should involve capacity-building and professional development for Indigenous participants. (Shibasaki and Stewart 2003, p 3-4)

Case stories

The following three case stories briefly describe evaluations conducted for an Australian government department, a state government department and a charitable organisation. From these stories we draw out the activities undertaken by the CRCAH evaluators to add value through negotiating, relationship building, information sharing and capacity building.

The following quote reflects the philosophy guiding the evaluations: Learning is the key to both implementation and evaluation. We evaluate to learn, and we learn to implement. Evaluation is a method of inducing learning within an organisation geared for implementation (Pressman, J and Wildavsky, A, 1984, p xviii).

Case Story 1: Evaluation of the design phase of the Longitudinal Study of Indigenous Children

The first case story describes a process evaluation of a strategy to engage Aboriginal and Torres Strait Islander people in participating in an Australia-wide research project, the Longitudinal Study of Indigenous Children (LSIC) or 'Footsteps in Time'. The Study is managed by the LSIC Unit within the Department of Family, Housing, Community Services and Indigenous Affairs (FaHCSIA). The evaluation commissioners were very definite that the purpose of the evaluation was to inform the ongoing development of the study's community engagement strategy that was being trialled in remote and urban Indigenous communities. The engagement strategy was complex with a number of interlinking activities. LSIC Team members believed (and there was

evidence to support this belief) that meaningful engagement of communities was crucial for the successful recruitment and retention of the sample children and their families. They were open to learning about what worked well, what did not and what could work better.

The CRCAH tendered for the project for a number of reasons: the research topic itself had relevance to several CRCAH priority areas; the way the research was to be conducted was congruent with CRCAH's philosophy and aim; FaHCSIA is a partner organisation and the evaluation had a very immediate and specific use. (It was notable that the tender specified that the tenderer should subscribe to the ethical standards of the Australasian Evaluation Society.)

Negotiating and relationship building

From the beginning it was agreed that the evaluation would provide ongoing feedback to LSIC staff as the evaluation progressed. Learning about how the strategy was working took place as it was being implemented. We were aware that the LSIC Team had a great deal invested in the engagement strategy and that a high level of trust and credibility was necessary for information to be taken on board by them. Good relationships were vital to successful feedback. The CRCAH project manager was one of the evaluators and she had the opportunity to establish a sound working relationship with LSIC staff over the first six months of the project. Once the evaluation began in the second half of the year, CRCAH contracted an external evaluator who also worked at developing credibility and a relationship with the LSIC Team.

Information sharing

Early in the evaluation process, it was agreed that the evaluation reports would be 'in confidence' reports, specifically for the LSIC Team. The results would be reported as 'achievements', 'issues' and 'lessons learned'. We provided verbal briefings via teleconference or in person regularly as results became known. This ongoing sharing of information meant that when results indicated that some activity was not working well, adjustments could be made if possible.

Capacity building

The LSIC engagement strategy centred around Community Liaison Officers (CLOs) who were local Indigenous people with a key role in explaining the LSIC research to the Trial communities, preparing the communities for the researchers and organising the research participants. In order to get their views about a number of engagement activities we conducted a two day evaluation workshop with the CLOs. As the CLOs had never participated in an evaluation before and were anxious about the process, we used the workshop as a capacity building opportunity to explain the role of evaluation for LSIC and to use a number of methods to gather data, all of which were described to the CLOs. We negotiated with them how the information would be used and presented a record of the workshop to them for their use. The CLOs reported that they had never participated in such a process before, they really enjoyed it and they learned a lot about the Trail and about evaluation.

Uptake -were the results of the evaluation utilised?

Following the evaluation we were asked to facilitate the two day strategic planning workshop for the LSIC team. As part of this process LSIC Team members clarified their values and the first value listed was 'learning'. Throughout the two days there was convincing evidence that Team members had taken on the results of the review and were incorporating the 'lessons learned' into their planning for the national Study. Importantly, in this evaluation there was the 'personal factor' at work – an identifiable group of people who cared about the results of the evaluation (Patton, 1986).

Case story 2: Evaluation of the NSW Aboriginal Mental Health Worker Training Program

The second case story covers a review of the first year of implementation of a workforce development strategy. The Aboriginal Mental Health Worker Training Program was rolled out in the regional and rural Area Health Services in NSW in 2006/7. The evaluation was commissioned by Mental Health and Drug and Alcohol Office in NSW Health and its purpose was to improve the implementation of the first phase and to inform the roll out of the second phase in the urban Area Health Services. The focus of this process evaluation was on the factors affecting implementation and identifying sound practices that led to successful implementation. The evaluation commissioners were very aware that simply allocating funding for a program and even providing certain levels of support did not guarantee implementation according to the recommended guidelines (Owen and Rogers, 1999).

Relationship building

We were well known to the commissioners as the CRCAH had previously been contracted to document the Training Program when it was initially implemented in Greater Western Area Health Service and to produce a resource manual for the Program. We had also acted in a state-wide coordination role until a Coordinator was employed. We had intimate knowledge of the Program and a good relationship with Program staff developed over a two year period. From a CRCAH point of view, this Program addressed its priority areas of social and emotional wellbeing, capacity building and Aboriginal workforce development and was the first collaborative project undertaken in NSW.

Negotiating the evaluation

From the beginning of the Program, the commissioners planned for an evaluation at the end of the first year of the roll out. The commissioners approached the CRCAH to conduct the evaluation because of our involvement in the documentation and implementation of the program. They trusted us to provide an honest assessment of Program status in each locality in such a way that the results could be immediately utilised. The evaluation was planned collaboratively with a small steering group. They were keen that changes be made to enhance implementation as issues were identified.

Information sharing

Information sharing occurred at several levels. For example, during interviews with Mental Health staff at the sites employing a Trainee Aboriginal Mental Health Worker, we provided feedback about how the team was doing relative to the recommended guidelines and to other teams. We also provided additional information and support to address specific issues around recruitment, implementation and support. If there were issues raised that needed attention at the state level, we took these to the steering group.

Uptake -were the results of the evaluation utilised?

We observed the results being discussed and changes being made. The evaluation report was designed to be a resource for future implementation. It documented sound practices. We presented the findings at a workshop for Mental Health staff who will be responsible for implementing the Program in the urban areas. As a postscript to the evaluation, the CRCAH was contracted to develop a tender brief for a longer term evaluation of the AMHWTP to track its outcomes over three years.

Case story 3: Evaluation of the Starlight Children's Foundation NT Captain Starlight program

The third case story describes an evaluation of the Starlight Children's Foundation's Captain Starlight Program pilot in regional and remote communities of the Northern Territory. Captain Starlight's work in the NT involves group activities with children attending healthy children's clinics in Alice Springs and Yirrkala and the spin off activities conducted with the schools and child care centres. In other parts of Australia Captain Starlight entertains sick children in hospital. The Starlight Children's Foundation wanted to determine the acceptability and impact of Captain Starlight and obtain suggestions for improvement. The Foundation sought information to guide future planning for their activities in the NT.

Negotiating the evaluation

Initially the Starlight Foundation approached the CRCAH to seek advice about the best way to engage with Aboriginal groups and other organisations in the NT. Discussions resulted in a plan to evaluate the acceptability and success of their Captain Starlight pilot program and to conduct a roundtable to help them plan their future NT work.

The CRCAH hosts industry roundtables to bring together people from Aboriginal organisations, governments and other services to talk about the key things they would like research to help them with in relation to a particular area. The roundtable is facilitated in a way that creates a safe environment for all participants, and ensures that the voices of Aboriginal people are strong in the setting of priorities for research and planning. It also helps build relationships between different sectors, who often do not get the chance to come together to talk about their common goals in such a collaborative way.

CRCAH worked with the Starlight Children's Foundation to develop an evaluation plan that met their needs. This early planning gave us the opportunity to incorporate ethical principles into the evaluation design. For example site visits were organised to coincide with the Captain Starlight's visits to minimise disruption to the health services and community members. Informal interaction and observation methods were used to collect information from families.

Relationships Building and Information Sharing

We gave informal feedback to Captain Starlight during the field visits and provided formal feedback to the commissioners via teleconference after every site visit. Providing regular briefs gave us the opportunity to share insights, build the relationships and learn more about their information needs.

Following the evaluation the CRCAH hosted an industry roundtable for the Starlight Children's Foundation to help them plan their future NT activities. The presentation of the evaluation findings was the starting point for the roundtable discussions.

The CRCAH saw a roundtable as a means to assist the Starlight Children's Foundation build relationships with other organisations involved in providing services for children in the Northern Territory. The CRCAH used its networks and knowledge to ensure that the right people were brought together to provide good quality advice, that reflected the realities and needs of services working with children in both remote and urban areas. The Roundtable participants provided validation for the work of the Starlight Foundation in the NT.

Capacity Building

The CRCAH ensures that capacity building is incorporated into all of its funded research and its own staff development. This evaluation provided as a good opportunity for one of its Indigenous staff members to be mentored by a colleague to gain experience in evaluation in a positive, comfortable environment. It was a small, short term project. It provided the opportunity to learn about some the aspects of evaluation, including a variety of information gathering and sharing methodologies (not just written reports).

Uptake -were the results of the evaluation utilised?

The Starlight Foundation reported that they have used the evaluation findings and the outcomes of the roundtable to inform their Northern Territory Program plan for the next 5 years.

Challenges and Constraints

There are always challenges and constraints when undertaking any evaluation. However it has been our experience that when working within Aboriginal and Torres Strait Islander contexts it is essential to plan carefully to ensure that the evaluation is conducted in a respectful way that in no way harm informants and communities. Evaluators need to gain an understanding of the culture within which the evaluation is being undertaken, to identify the benefits and risks of providing information for the evaluation and managing the potential tension between commissioners' priorities and informants or community expectations and aspirations.

Negotiating the evaluation

A key challenge during the negotiation phase for us is ensuring agreement with the commissioners that the evaluation methodology enables the CRCAH priorities and principles to be upheld. The CRCAH works towards sustained improvement in Aboriginal Health through strategic research and development. This is achieved through facilitating good ethical practice, strengthening Aboriginal participation and ensuring the transfer of learnings to improve policy or service delivery.

It is important for us to communicate clearly to people contributing to the evaluation as well as commissioners about what can and can not be provided as part of an evaluation. Remote and disadvantaged communities are generally starved of services and evaluation provides an opportunity for people to speak to the program designers and managers. We have found that people are very keen to keen to talk to evaluators in the hope that their message will be passed on to decision makers and hope that the evaluation will result in increased services and support.

Information sharing

Each of the case stories involves people with a high level of personal and professional commitment to their projects. People who work in marginalized areas often battle to get support and recognition, and seek support and affirmation from an evaluation. The challenge we face is how best to frame the information in a way that it is heard. We have found that effective information sharing requires an understanding of the program and service environment and the stakeholders' beliefs and values. The information needs to be framed with the people who will be receiving it in mind, particularly when information may be confronting or challenging. If it isn't done sensitively there is no hope of uptake.

When giving less than positive feedback on a program or program activities we have a 'no surprises' policy. Provision of regular informal and formal feedback enables issues to be taken on

and maintains relationships. We have found that a positive relationship means that people are more likely to receive information in a positive way no matter what the content is.

Relationship building

As evaluators we find we need to building good relationships with both commissioners and informants but at the same time maintain an independent stance. It can be a challenge to maintain the 'critical friend' role and provide considered and objective advice when the steering group, for example, begins to see you as part of the team. While this can have benefits with regard to results utilisation, it can make it more difficult to provide critical feedback. If we thought information may be harmful or not have positive impact we have either censored it or found other ways to relay the information to be relayed (for example through trusted informal channels).

Capacity Building

In two of the three case stories the evaluation work involved organisational capacity building; strategic planning based on the evaluation findings and preparation of services to host a trainee. Two involved individual capacity development in evaluation processes and practice.

The challenges include being clear about the level of capacity building that is possible within the evaluation process and making time to effectively build capacity as planned. With the Captain Starlight evaluation we negotiated time and resources to undertake the capacity building with the commissioners at the start of the process, however we did not develop a mentoring plan.

The challenge was making time for the mentoring process to occur. We did not write up a training plan at the beginning and this meant that real time was not put aside to discuss the evaluation process. I did get stuck on a couple of the areas of the evaluation process including collating information and understanding the parameters of the evaluation and the report. But on a positive note I realised that some of my existing skills and knowledge were very useful in evaluation work.

Time constraints

Time constraints can limit effective evaluation practice. Good practice requires time: time to build relationships and time to conduct research in a culturally appropriate way. It takes time to work around the pressured environments in which some programs are being implemented. It takes time to build trust with people who have sometimes had less than satisfactory experiences with research and evaluation processes; and time to ensure that a range of people have the opportunity to provide input. We believe it is essential to negotiate time to take account of these factors, 'keep everyone in the loop' and to feed back the outcomes of the evaluation to informants as well as the commissioners.

A final word

In this paper we have shared some observations and experiences we have had working as part of the CRCAH. We hope that people find the information useful. For more information on the work of the CRCAH see http://www.crcah.org.au/

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The CRCAH has 12 core partners. They are Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS), Central Australian Aboriginal Congress, Charles Darwin University, Danila Dilba Health Service, Department of Health and Ageing (Commonwealth) (DoHA), NT Department of Health and Community Services (DHCS), Flinders University, La Trobe University, University of Melbourne, The Menzies School of Health Research (MSHR), The Queensland Institute of Medical Research (QIMR), and University of Queensland. The CRCAH also has six associate partners. they are: Aboriginal and Torres Strait Islander Services (ATSIS), Batchelor Institute of Indigenous Tertiary Education (BIITE), The Department of Community Development, Sport and Cultural Affairs, NT Department of Employment, Education and Training Department of Families, Australian Department of Community Services and Indigenous Affairs (FaCSIA) and the Telethon Institute of Child Health Research (ICHR).