

Evaluation standards and their application to Indigenous programs in Victoria, Australia

The historical and current status of Indigenous people needs careful consideration in designing evaluations of Indigenous-specific programs. In Australia, the evaluator operates in a context arising from past policies of discrimination against Indigenous people and limited current policy moves toward community control and self-determination. Evaluation guidelines and standards exist to provide direction and become particularly valuable in complex project conditions, such as the current evaluation. This paper reflects on guidelines of the Australasian Evaluation Society and standards of the American Evaluation Association (AEA) as they apply to the evaluation of Indigenous programs in Victoria, focusing on our recent experience in the evaluation of Indigenous specific alcohol and drug programs. Particular attention is given to the utility standards of the AEA, given the range of key stakeholders involved in the evaluation. We discuss the consistency of our approach with the utility standards and suggest areas where modification to the standards may be useful, drawing particularly on the modifications to the standards that have been put forward by the African Evaluation Association. In reflecting on the evaluation, we also identify areas for change in future projects involving Indigenous programs.

Evaluation guidelines and standards

Guidelines of the Australasian Evaluation Society (AES) comprise evaluation principles and guidelines for their application. Three areas are involved: commissioning and preparing for an evaluation; conducting an evaluation, and reporting the evaluation results (AES, 1998). The AES recognises that the guidelines must have the capacity to deal with familiar and new issues, with due cognisance that they are subject to change as the need arises.

These guidelines are complemented by guides and standards developed by other professional groups around the world, including the American Evaluation

Lynda Berends

Bridget Roberts



Dr Lynda Berends is Manager, and Bridget Roberts is Research Fellow of the Service System Development and Evaluation Team at Turning Point Alcohol and Drug Centre, in Melbourne, Australia.

Association (AEA) and the Canadian Evaluation Society. In particular, the AES board has endorsed the American Evaluation Educational Program Evaluation Standards (AES, 1998) that have also been used by other evaluation societies (e.g., German Evaluation Society, 2001; African Evaluation Association, (AfrEA), 2002).

How adequate are these guidelines and standards in relation to the evaluation of Indigenous programs in Victoria? While the AES guidelines do not specifically address Indigenous groups from Australia or New Zealand, it is noted that 'account should be taken of the potential effects of differences and inequalities in society related to race ... in the design, conduct and reporting of evaluations. Particular regard should be given to any rights, protocols, treaties or legal guidelines which apply' (AES, 1998, p. 4). Similarly, principles of the American Evaluation Association (AEA Taskforce, 1994) include the evaluator's responsibility to identify and respect participant differences, ranging from culture and religion to age and sexual orientation. Recent efforts by the AEA to address complexities faced by evaluators working across cultures and in diverse communities have identified the relevance of general evaluation standards to these settings, and the need for more specific standards regarding cultural competence (Thomas, 2002).

Having recently conducted an evaluation of Indigenous alcohol and drug programs in Victoria, we were interested in exploring the consistency of our approach with the AEA standards and areas where modifications to the standards may have been helpful. First, a brief description of the evaluation is provided.

The evaluation of Indigenous (Koori) alcohol and drug services

Koori alcohol and drug programs were nominated for evaluation as part of the Victorian Drugs Policy and Services Branch, Department of Human Services' (DHS) ongoing commitment to program monitoring and development. Turning Point Alcohol and Drug Centre, a non-government clinical, research, and training organisation, was commissioned to conduct an independent evaluation of the programs. The evaluation was process oriented, designed to assist in the implementation and refinement of program design and procedure by describing the process of program delivery and the barriers involved (Stufflebeam & Shinkfield, 1985).

Twenty programs were involved: thirteen Koori community alcohol and drug worker programs, that provide a mixture of prevention and treatment, and seven Koori community alcohol and drug resource programs, commonly known as 'sobering-up shelters'. These programs provide short-term accommodation and support for alcohol and drug-affected individuals, as an alternative to police custody. The majority of programs were located at community-controlled organisations, which provide a range of health and other programs. The evaluation commenced in September 2000 and was completed in October 2001.

Initially, the DHS wrote to program staff to inform them of the evaluation, utilising standard terms of reference for process evaluations of alcohol and drug programs. These terms of reference were:

1. To identify the service models in operation and determine the extent to which they operate within general and specific key service requirements of the programs.
2. To determine the extent to which services have met the performance measures and targets shown in their 99/00 Funding and Service Agreement with DHS.
3. To identify innovative practices as well as areas where limitations exist.
4. To identify larger (systemic) issues that impact on service delivery.

The DHS also established a steering committee for the project that included representatives from: peak Koori organisations; Koori and other units of the DHS; regional alcohol and drug program co-ordinators, and the evaluators. The first meeting of this committee focussed on the terms of reference and areas for investigation.

A Koori alcohol and drug program co-ordinator operates from the central office of the DHS and meets regularly with program staff for peer support and professional development activities. The evaluation was discussed at a meeting of this group and participants' generated a list of process and content issues for the project (eg, a preference for qualitative data collection approaches, staffing concerns). Our first task as evaluators was to merge the original terms of reference with suggestions of program staff to ensure a relevant and useful focus for the project.

We commenced an extensive consultation phase involving program staff and the DHS. We met with program workers, discussed the terms of reference and heard about their concerns and views on important areas for the evaluation. An agreement was reached regarding the need for a further meeting with workers. In the interim, we undertook conceptual analysis of the information received from the workers and identified their priorities for the evaluation. We met with the DHS to discuss these priorities and arrive at an agreed focus for the evaluation. We subsequently developed draft terms of reference and evaluation questions that were based on these consultations. Meetings were then held with program workers and with the steering committee, to ensure that both groups agreed upon the terms of reference and evaluation questions. The final terms of reference were:

1. To document the service models in operation.
2. To identify similarities and differences between DHS expectations of services and service delivery, and understand the reasons for differences.
3. To identify larger (systemic) issues that impact on service delivery.

There were twelve evaluation questions:

1. What are the strengths of the services and their workers?
2. What are the differences between working in a Koori alcohol and drug position and an alcohol and drug position in a mainstream organisation?
3. What is the nature of the client group?
4. What does treatment involve?
5. How do services work with other agencies?
6. What services are provided to family/community members?
7. How are prevention/education approaches a part of the Koori Community Alcohol and Drug Worker program?
8. How closely do the expectations of the Department of Human Services and the work undertaken by services match? What are the reasons for differences?
9. What supports are in place for staff supervision and debriefing?
10. What training has been undertaken and what training needs require attention?
11. What are the barriers to service delivery?
12. What is needed to further improve the services provided?

Although program staff originally had some concerns regarding appropriate evaluation methods, there was strong consistency between their expectations and the methods we proposed. We advocated a strong focus on face-to-face contact and qualitative approaches, as these methods have a descriptive focus, rather than pre-imposed structure, and they may be easily adapted to include consideration of the context surrounding programs (Hunter, 1991; Siggers & Gray, 1998). In brief, the method included site visits of one to three days at each location, to observe the program and talk with management, staff, clients, and other key

One area of concern was whether the evaluation would be useful for all program stakeholders and the utility standards of the AEA provide guidance in this area.

stakeholders. Face-to-face interviews were held with key stakeholders who had been recommended by program staff and management, a literature review was conducted, and program documents and monitoring data were analysed. Additional key stakeholder interviews were held with representatives from peak Koori organisations and government policy areas. A total of 221 interviews was held, involving the following stakeholders:

- 109 Koori co-operatives and mainstream auspice agencies, including board members, elders, clients, and management staff

- 75 other treatment and support organisations including other alcohol and drug services, police, welfare agencies, and the Koori community

- 37 organisations that influence policy development including Koori and Government Board members, community elders, clients, management and program staff were involved. Interviews with staff from other organisations included non-Koori specific alcohol and drug programs, the police, and welfare agencies. Koori community members working in a voluntary capacity were also interviewed at some locations. Policy advisors from a range of Koori and mainstream peak body groups, such as the Victorian Aboriginal Community Controlled Health Organisation, the Aboriginal and Torres Strait Islander Commission, and the Koori Health Unit of the DHS, were also consulted.

Strategies to support our competence as evaluators for the project included an extensive review of policy and research literature as well as the establishment of an informal arrangement with noted leaders in the Koori community. One person was particularly instrumental in supporting the project. The community leaders' contribution worked in two ways. First, they provided advice in relation to process issues and, second, they acted as guardians or custodians to the process – supporting the project through informal communication channels that operate in the community. Our experience was similar to that described by Pearson (1993, p. xi), who explains that the key stakeholder operates as “‘sponsor” and “gatekeeper” to the world of others’, facilitating access to the community (Goetz & LeCompte, 1984) and acting as a ‘guide to and translator of cultural mores’ (Fontana & Frey, 1994, p. 367).

Following data collection and analysis, a second round of site visits was held where we provided a verbal summary of findings, accompanied by a plain language written report (for each location). The community co-operatives nominated who would be involved in this part of the process, at some locations it was program staff and at others board members also took part. We encouraged feedback at the meeting or in the few weeks afterward and the reports were subsequently finalised and forwarded to the programs. An overview report, on general trends and systemic issues was also prepared. We organised a meeting, involving co-operative staff and DHS representatives, to review draft recommendations for the report. The report was then sent out to the co-operatives for further review and subsequently finalised.

Utility standards of the AEA

One area of concern was whether the evaluation would be useful for all program stakeholders and the utility standards of the AEA provide guidance in this area. These standards involve seven items that ‘are intended to ensure that an evaluation will service the information needs of intended users’ (AEA, undated, p. 1). Next we discuss the

application of each standard with our experience in conducting the evaluation.

1. Stakeholder identification

Persons involved in or affected by the evaluation should be identified, so that their needs can be addressed.

The Koori alcohol and drug programs are (for the most part) located at Koori community co-operatives, which are designed to represent Koori interests and provide programs that are suited to their needs. In this context, utility standard one needs to be understood as encapsulating community representatives at each program location – usually the elected board members of the co-operative.

The African Evaluation Association (AfrEA, 2002) noted the importance of recognising program beneficiaries as part of utility standard one, as this group is often not represented at organisational level. Key stakeholder ownership of the evaluation was also considered important. The AfrEA version of utility standard one comprised the following:

Persons and organizations involved in or affected by the evaluation (with special attention to beneficiaries at community level) should be identified and included in the evaluation process, so that their needs can be addressed and so that the evaluation findings are utilizable and owned by stakeholders, to the extent that this is useful, feasible and allowed. (AfrEA, authors' emphasis, p. 5)

These examples illustrate the importance of maintaining an open stance regarding who the relevant key stakeholder groups are; as an evaluator taking due consideration of structural arrangements for the programs. It is important not to bring too strong an expectation to the evaluation endeavour that may exclude groups that are very important within the day-to-day operations of the program. The utility standard has scope for all relevant stakeholders to be considered, however it is important the evaluator is aware of the possible influence of preconceived ideas on key groups and that the evaluation study has sufficient flexibility to accommodate change to incorporate groups identified at local level.

2. Evaluator credibility

The persons conducting the evaluation should be both trustworthy and competent to perform the evaluation, so that the evaluation findings achieve maximum credibility and acceptance.

We addressed our competence as evaluators by becoming familiar with the context of program operations through the study of policy documents and literature. Gray, et al (1995) emphasise that Indigenous people should have the opportunity to participate in evaluations of Indigenous programs. It was not practical for us to involve Indigenous people as evaluators, however a key outcome of early efforts to negotiate revised

terms of reference was the development of a trusting relationship between program staff and ourselves. Once our trustworthiness had been established, Koori staff took on a somewhat collaborative approach – working with us during the site visits and providing guidance and information that facilitated our understanding of cultural influences on program operations. Further advantage may have been obtained through having Indigenous people as part of the evaluation team, issues of trust and understandings of cultural influences may not have been as challenging in such circumstances. This utility standard may require modification to include the consideration of having Indigenous people on the evaluation team and/or supporting collaborative approaches for evaluations on Indigenous programs.

3. Information scope and selection

Information collected should be broadly selected to address pertinent questions about the program and be responsive to the needs and interests of clients and other specified stakeholders.

As described previously, a mixed methods approach was used for the evaluation. While most methods were agreeable to all stakeholders, government emphasised the use of service monitoring data from the Alcohol and Drug Information System (ADIS) to inform the evaluation and program staff were nervous about the interpretation of these data. This nervousness resulted from their perspective that the data collection system did not have scope to capture the range of activities involved in program delivery. In addition, resource and skill development issues had impacted on the capacity for accurate data collection at a number of program locations. The ADIS data were summarised and this summary was discussed with program staff during the site visits for the evaluation. This was important, as it provided an opportunity to identify data anomalies resulting from poor recording rather than program inadequacy.

4. Values identification

The perspectives, procedures, and rationale used should be carefully described, so that the bases for value judgements are clear.

The AfrEA (2002) discussions on this standard centred on the fact that more than one value system may be in operation. The AfrEA suggest that the standard should be extended, with the addition of the following statement:

The possibility of allowing multiple interpretations of findings should be transparently preserved, provided that these interpretations respond to

stakeholders' concerns and needs for utilization purposes. (p. 6).

This amendment has resonance with our experience in conducting the Koori evaluation, and has some consistency with existing views on the complexity of Indigenous program delivery in Australia.

Gray, et al., (1995) note the varying perspectives regarding program focus and accountability that may exist between government funding bodies and community-controlled Indigenous organizations, that are based in different value orientations. While the Indigenous organisation may not agree with the operating conditions attached to program funding that are put forward by government, they are left with little choice but to take the funding and agree to the conditions while implementing a program that is more closely aligned to local community needs. While the programs in this evaluation were funded as alcohol and drug specific interventions, the co-operatives often regarded the alcohol and drug program role as being more holistic; dealing with a range of client needs. This posed a challenge for the evaluation in adequately representing government and program perspectives on what was, or should be, being provided. We agree with the modification to the utility standard put forward by the AfrEA (2002) and suggest it may have particular application in multicultural settings, including those where Indigenous cultures exist alongside non-Indigenous cultures.

5. Report clarity

Evaluation reports should clearly describe the program being evaluated, including its context, and the purposes, procedures, and findings of the evaluation, so that essential information is provided and easily understood.

It was important to take note of the context of program operations, a factor that is emphasised for research involving Indigenous people (e.g., Hunter, 1991). The site visits were essential. As with all evaluation efforts, we strived to produce reports that were clear and transparent. The evaluation used oral presentations and discussion in relation to the draft reports and overview, which brought the evaluation findings to the attention of program workers and other staff at the co-operatives. This did not occur in relation to the final overview report for the evaluation. Our experience suggests oral presentations are important and that the target audience extends beyond the program workers and management in the Indigenous context.

6. Report timeliness and dissemination

Significant interim findings and evaluation reports should be disseminated to intended users, so that they can be used in a timely fashion.

As with all projects, the evaluation operated within specific resource and time constraints. Embedded

into the method was a considerable period for consultation at the commencement of the project and regarding the presentation of interim findings. In recognition of the complexity of the evaluation, government was quite flexible regarding the project timelines. Timeliness was regarded as secondary to due process, consistent with the tenet of the AfrEA guidelines, who suggest that 'the "way in which a thing is done" is often considered more important than getting it done "on time and within the budget"' (2002, p. 6). This seems a sensible approach, although pragmatically it may pose problems for both the evaluators and funding body as timelines are extended and resources are exhausted. This is a difficult area to address and somewhat tangential to utility standard number six, which focuses more on the dissemination process. Our experience suggests the need for commentary addressing the point regarding the balance between timeliness and due process.

7. Evaluation impact

Evaluations should be planned, conducted, and reported in ways that encourage follow-through by stakeholders, so that the likelihood that the evaluation will be used is increased.

In our experience, the report format was useful for government but not attractive to program staff or board members. While the reports were presented in plain language and organised around key questions for the project, a more animated or interactive form of presentation may have impacted more (on program staff and other members of the co-operative and community). Other methods of presentation for consideration include a poster display at the co-operative and a presentation of findings at community meetings. While the existing standard is broad enough to cover this approach, it may be beneficial to stipulate the need to tailor modes of presentation to the evaluation audience, with particular reference to minority groups and Indigenous communities. Supporting commentary may clarify these needs in relation to the standard.

Discussion

The utility standards of the AEA (AEA, undated) were certainly relevant to the evaluation of Koori alcohol and drug programs. In some instances, detail

Finally, this analysis of the consistency between the AEA (undated) standards and the Koori evaluation suggests that, whereas the AES has rightly endorsed these standards for evaluation in the Australian context, extra attention to detail is needed when evaluations target Indigenous programs.

on particular issues was required – for example in emphasising the range of key stakeholders involved, the need for flexibility in relation to timelines, and alternative ways of presenting evaluation findings.

The modifications to the standards that have been put forward by the AfrEA (2002) are an

important resource as the association strives to consider such things as the complexity of circumstances (e.g., where stakeholders are not readily accessible) and the multiple value sets that may impact on the interpretation of findings. Their work is a useful reminder of the need for guides that inform evaluators working in multicultural settings.

The resource implications of tailoring standards (and methods) to the evaluation of Indigenous programs may be considerable, as additional time is needed to allow for consultation and appropriate data collection approaches, in addition to the inclusion of efficient methods for dissemination of the findings. A sound understanding of these implications would support effective evaluations that benefit all involved.

Finally, this analysis of the consistency between the AEA (undated) standards and the Koori evaluation suggests that, whereas the AES has rightly endorsed these standards for evaluation in the Australian context, extra attention to detail is needed when evaluations target Indigenous programs. Current efforts of the AEA (Thomas, 2002) together with perspectives from other countries can inform the development of material to supplement the standards, possibly incorporating guidelines for the evaluation of Indigenous programs.

Acknowledgements

This paper is based on an evaluation that was funded by Drugs Policy and Services Branch, Victorian Department of Human Services. We appreciate the support for the evaluation that was provided by key stakeholders linked to the programs, members of the broader Koori community, and at policy level.

Special thanks to Mr Kevin Coombs, who provided valuable advice throughout the project.

References

- African Evaluation Association. (2002). The African Evaluation Guidelines: 2002. www.geocities.com/afreval/documents/aeg.htm: accessed September 2003.
- American Evaluation Association. (undated). The program evaluation standards. (as developed in 1994 by the Joint Committee on Standards for Educational Evaluation) www.eval.org/evaluationdocuments/progeval.html (accessed September 2003).
- American Evaluation Association Taskforce. (1994). Guiding principles for evaluators. www.eval.org/evaluationsdocuments/progeval.html (accessed September 2003).
- Australasian Evaluation Society. (1998). Guidelines for the ethical conduct of evaluations. Canberra: Australasian Evaluation Society. (Also available at <http://www.aes.asn.au/ethics.cfm>)
- Fontana, A., & Frey, J. H. (1994). Interviewing. The art of science. In N. K. Denzin, N. K., & Y. S. Lincoln, Y. S. (Eds.), *Handbook of qualitative research* (pp. 361–376). USA: Sage.
- German Evaluation Society. (2001). German Evaluation Standards. www.europeanevaluation.org/professional_networks (accessed September 2003).
- Goetz, J. P., & LeCompte, M. D. (1984). *Ethnography and qualitative design in educational research*. New York: Academic Press.
- Gray, D., Siggers, S., Drandich, M., Wallam, D., & Plowright, P. (1995). Evaluating government health and substance abuse programmes for indigenous peoples: A comparative review. *Australian Journal of Public Health*, 19, pp. 567–572.
- Hunter, E. (1991). The design and conduct of research into Aboriginal alcohol issues. In A. Duquemin, P. d'Abbs, & E. Chalmers. *Making research into Aboriginal substance misuse issues more effective. Working paper no. 4, National Drug and Alcohol Research Centre*, pp. 27–31. NSW: National Drug and Alcohol Research Centre.
- Pearson, G. (1993). Talking a good fight: Authenticity and distance in the ethnographer's craft. In D. Hobbs, T. May. (Eds.), *Interpreting the field. Accounts of ethnography*, pp. i–xiii. Oxford: Clarendon Press.
- Siggers, S. & Gray, D. (1998). *Dealing with alcohol. Indigenous usage in Australia, New Zealand and Canada*. United Kingdom: Cambridge University Press.
- Stufflebeam, D. L., & Shinkfield, A. J. (1985). *Systematic evaluation*. Boston: Kluwer-Nijhoff.
- Thomas, C. L. (2002). Concept paper. Working in multicultural settings: Need and recommendations to the subcommittee on guiding principles for evaluators. American Evaluation Association. www.eval.org/bdiguide.pdf (accessed September 2003).