

Commissioning stronger evaluations of Indigenous health and wellbeing programs: A scoping review of government and non-government Indigenous evaluation commissioning practices

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Purpose Calls for evidence-based Indigenous health and wellbeing policy and practice development have increased over the last few decades. Funded evaluations of health and wellbeing programs provide a vital contribution to generating the evidence required to support these aims. The utility of program evaluations in contributing to this evidence base is often adversely affected by the processes surrounding their commissioning. Despite the importance of commissioning processes to the efficacy of Indigenous health and wellbeing evaluations, to date there are no developed models to support and guide good practice.

Methods This scoping review systematically searched literature from Australia, Canada, Aotearoa New Zealand and the USA to identify government and non-government agencies commissioning practices of

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<https://doi.org/10.1016/j.fnhli.2025.100089>





Indigenous health and wellbeing program evaluations. Through this review, commissioning practices were characterised according to Indigenous good practice principles, and gaps in current knowledge in these practices were identified.

Main findings This review identified three key themes in commissioning practice: power, cultural safety and reciprocity. Through consideration of these principles, five models of current commissioning practice were defined: Indigenous-led, delegatory, co-design, participatory, and top down. The models represent a spectrum of Indigenous engagement, involvement and decision-making in the commissioning process, with Indigenous-led, delegatory and co-design being considered as good practice models, with higher levels of self-determination, power, respect, reciprocity and cultural safety.

Principal conclusions The defining of good practice models of evaluation commissioning provides a vital starting point to assist commissioners, evaluators and service providers in undertaking Indigenous health and wellbeing evaluations that both benefit Indigenous communities and provide much needed evidence to inform policy and commissioning practices. The defining of these models allows for further research into their practical application and opens possibilities for the development of guidelines to support better commissioning practice.

Keywords: Indigenous; Aboriginal and Torres Strait Islander; Evaluation; Commissioning; Policy'

Highlights

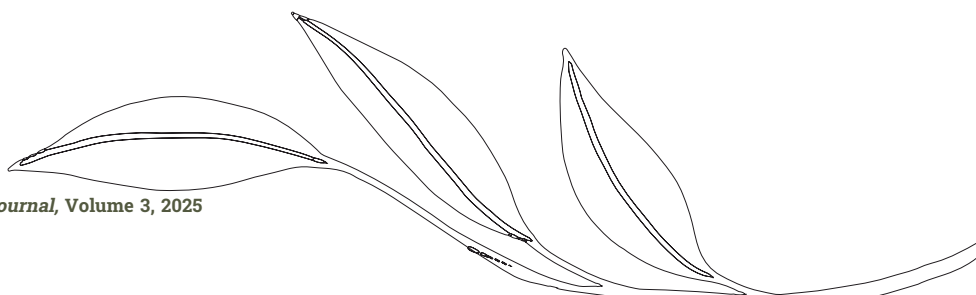
- Indigenous-led, delegative and co-design models of commissioning Indigenous health and wellbeing evaluation commissioning models are good practice.
- Embedding of Indigenous values early is fundamental to good evaluation commissioning.
- Poor commissioning practices negatively impact evaluation outcomes.
- Commissioner cultural capability is vital to good practice commissioning principles.
- Substantive Indigenous engagement across the Commissioning process is imperative.

Introduction

It is well documented that the engagement of Indigenous peoples in the development of health and wellbeing policy, programs and evaluations leads to better outcomes for Indigenous people (Auditor-General 2019; Better Evaluation, 2022; Bowman 2015; Moewaka Barnes 2013; Productivity Commission 2020; Thorpe 2016). Despite the evidence demonstrating the benefits of Indigenous engagement in the policy and program development space, it is not a common or

consistently applied practice. It is for this reason that Indigenous leaders in Australia and other colonised countries internationally¹ have advocated for, and lead, evidence-based health and wellbeing policy development over many years (Dwyer 2004; Head 2010; Larkin 2006; Lowitja Institute 2022; Productivity Commission 2021; Coalition of Peaks 2022; Coalition of

¹Please note, Indigenous will be used in a global context; however, when referring to Indigenous peoples in Australia, the term Aboriginal and Torres Strait Islander peoples will be used.





Peaks 2023), compelled by the lack of progress in closing the health equity gap between Indigenous and non-Indigenous peoples (Thorpe et al. 2016; Blyberg 2020; Bond and Singh 2020; Australian Human Rights Commission 2019; Australian Indigenous Doctors' Association 2018).

This recognised need for Indigenous engagement is backed by the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Articles 18–21 and 23 of the UNDRIP state that Indigenous peoples have the right to act as full and effective participants in the decision-making processes that affect their health, economic and social wellbeing. These calls extend to the commissioning of funded health and wellbeing program evaluations to reflect Indigenous peoples' needs and inequities, priorities and views on program design, delivery and evaluation (Abele 2012; O'Sullivan 2018; Native American Center for Excellence 2010; Truth and Reconciliation Commission of Canada 2015; Ferdinand et al. 2020; Tribal Evaluation Workgroup 2013; Finlay et al. 2021). However, when it comes to the commissioning of evaluations, little is known about Indigenous peoples' engagement, despite decisions by commissioners shaping the evaluations that will be used to inform policy and program.

Decolonising the commissioning of Indigenous health and wellbeing evaluations

Commissioning is the process whereby a stakeholder organisation (government and non-government) contracts and manages an external body to undertake an evaluation (Finlay et al. 2021). Evaluations are commissioned by the program funder or the organisation that has been contracted to provide a service. Organisations commission evaluations when they do not have the capability or capacity to undertake them internally or where an independent

evaluation is deemed critical. Evaluations are commissioned for a range of purposes, including review and monitoring of contracted service provision and to generate evidence that informs policies and programs (Centre for Epidemiology and Evidence 2017; Substance Abuse and Mental Health Services Administration 2023; National Indigenous Australians Agency 2018; Productivity Commission 2020). The commissioning process begins with the evaluation concept, which includes the initial design, the request for quote, the identification of the evaluator, and the ongoing evaluation management (de Laat 2014). At a practical level, commissioning often sets the budget, selects the evaluators, places parameters around the evaluation aims, objectives and methods of data collection, and, importantly, sets the stage for the cultural safety and power dynamics of the evaluation, all of which significantly impact evaluations and their findings. Consequently, how an evaluation is designed and purchased impacts the latter aspects of the process (Finlay et al. 2021; Cargo et al. 2019).

Successful Indigenous health and wellbeing evaluations aim to meet the needs of multiple stakeholders, including commissioners, service providers and, most importantly, Indigenous people as service users (Bryson and Patton 2015; Centers for Disease Control and Prevention 1999). When evaluating Indigenous health and wellbeing programs, Indigenous peoples should be priority stakeholders (LaFrance and Nichols 2008) with their genuine engagement centred throughout all stages of evaluation (from the commissioning to the final report) (Bowman et al. 2015). This centring of Indigenous peoples can be achieved through a process of decolonising commissioning practices and establishing a practice framework rooted in Indigenous methodologies and platforming Indigenous epistemologies. Centring Indigenous voices and





perspectives must also be accompanied by a decentring and deprioritising of Western traditions, to aid in overcoming extant power imbalances and prioritising the Indigenous leadership in commissioning practice (Bainbridge et al. 2015; Kehoe et al. 2022; Mignolo 2018).

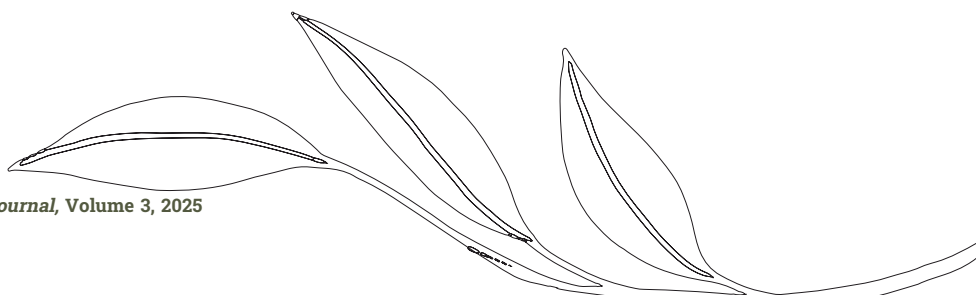
Genuine engagement with Indigenous peoples ensures that the commissioning and delivery of evaluations are conducted in a culturally safe way and the interpretation of the data reflects an Indigenous standpoint. Therefore, the generated findings are of benefit to the Indigenous communities (Finlay et al. 2021). This approach aligns with Indigenous data sovereignty, which at its core centralises Indigenous peoples' perspectives on what data should be collected, why data need to be collected and how data are managed (Lowitja Institute 2021).

An Indigenous-centred approach also aligns with the jurisdictions' human research ethics (and other) documents that describe good practice principles for evaluating Indigenous health and wellbeing programs (Centre for Social Research and Evaluation: Te Pokapū Rangahau Arotake Hapori 2004; National Aboriginal Community Controlled Health Organisation 2018; Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) 2020; Tribal Evaluation Workgroup 2013; Gollan and Stacey 2021). Across the documents there are similarities and differences in good practice evaluation; however, there is no standard approach that has been determined or described. While Indigenous perspectives are core to the critical evaluation documents, what is unclear is how good practice, including Indigenous engagement, is currently considered within the commissioning process. To understand whether good practices are embedded in the commissioning of health and wellbeing principles, the good practice

principles derived from Chandna et al. 2019, Cargo et al. 2019; Kelaher et al. 2018 served to inform the scoping review data extraction and can be found in Table 1.

It is believed that there is no research on commissioning practices for Indigenous health and wellbeing programs. This gap in knowledge makes it difficult for commissioners to apply good practices when tendering for evaluations of Indigenous health and wellbeing programs, impeding the development of an evidence base that could inform policy decisions to improve Indigenous health outcomes. This scoping review was part of a larger study that aimed to identify how government (i.e. federal, state/territory) and non-government (e.g. not-for-profit, corporate, foundation, philanthropic) commissioning practices can better support Indigenous engagement and leadership in the evaluation of health and wellbeing programs in Australia. This scoping review was the first step in achieving the overarching aims of the program of research and sought to understand the documented commissioning practices and models used in Australia, Canada, Aotearoa New Zealand and the USA, to assist with developing good practice approaches in commissioning within Aboriginal and Torres Strait Islander contexts. Subsequent studies included interviews with stakeholders (commissioners, evaluators and service providers) and case studies, where the case was a commissioned evaluation. This scoping review addressed the following objectives:

1. To systematically search the literature to identify government and non-government agencies commissioning practices of Indigenous health and wellbeing program evaluations and characterise commissioning practices according to Indigenous good practice principles.





Power	The commissioned evaluation is delivered in a way that clearly and overtly defines the power dynamics of all stakeholders and the impacts of these dynamics on Indigenous communities, organisations and individuals.
Indigenous engagement	The commissioned evaluation is designed and delivered so that Indigenous communities are engaged prior to the start of the evaluation, during the evaluation or after data collection (i.e. during data analysis/interpretation or during knowledge transfer/dissemination).
Partnership	The commissioned evaluation is delivered in a way that built and maintained partnerships with Indigenous communities and organisations during the commissioning and evaluation process.
Self-determination	The commissioned evaluation is guided by Indigenous self-determination (i.e. led and defined by Indigenous people). Indigenous people's right to self-determination is respected throughout.
Accountability	The commissioned evaluation is delivered in a way that demonstrates that responsibility rested with the community to deliver an evaluation that meets their needs, benefits community and in a culturally safe way.
Cultural safety	The commissioned evaluation is designed and delivered in a culturally appropriate way as defined by Indigenous people. They reflect, and are responsive to, cultural values and protocols, including language protocols.
Cultural capability	All stakeholders in a commissioned evaluation have the cultural knowledge, skills, understanding and sensitivity to undertake the work.
Culturally responsive	All stakeholders in a commissioned evaluation understand and respond to Indigenous cultural protocols.
Respect	All stakeholders in a commissioned evaluation demonstrate respect for participants. Respect for diversity amongst Indigenous peoples and their respective cultural protocols.
Community context	All stakeholders in a commissioned evaluation are designed and delivered with the Indigenous community, are specific to the community's context, and are relevant and responsive to community objectives and needs.
Trust/relationship building	All stakeholders in a commissioned evaluation take the time to develop a relationship with the community and deliver what has been agreed to in a culturally safe way. All stakeholders advocate, when required, on behalf of the community.
Reciprocity	All stakeholders in a commissioned evaluation demonstrated mutuality for participants (i.e. how the work could be undertaken for the benefit of Indigenous peoples).
Community benefit	The benefits of commissioned evaluations are greater than its risks (i.e. the evaluations are beneficial for the participating community). Evaluation projects must be relevant, and findings used in a way that meet Indigenous community needs and priorities.
Hospitality/ generosity	The commissioner fosters hospitality and generosity between all stakeholders to the benefit of Indigenous peoples.
Capacity building	Commissioned evaluations help to facilitate local capacity building.
Two-way learning	All stakeholders in a commissioned evaluation learn from each other's skills and knowledges.

Table 1: Good practice principles (n = 13), code definitions and extraction guidance

2. To review commissioning practices and construct models that represent the range of these practices using Indigenous good practice principles.
3. To identify knowledge gaps in the commissioning of Indigenous health program evaluations.

Methods

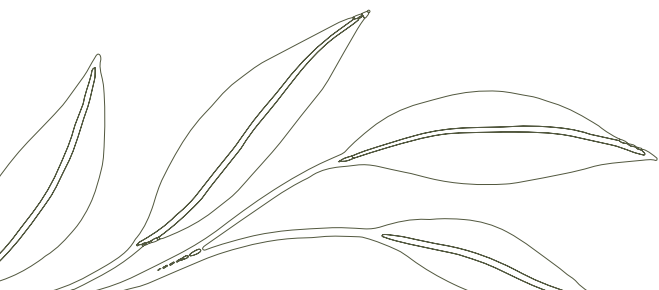
To address these objectives, a scoping review following the methodological framework of [Arksey and O'Malley \(2005\)](#) was conducted, incorporating [Levac et al. \(2010\)](#) recommended enhancements and the PRISMA extension for scoping reviews ([Tricco et al. 2018](#)). The scoping review was undertaken in six stages: (1) identifying the research question; (2) identifying relevant studies; (3) selecting studies; (4) charting the data; (5) collating,

summarising and reporting the results; and (6) consultation. Method-level details of the scoping review can be found in the published protocol ([Finlay et al. 2023](#)).

Stage 1: Identifying the research question

This scoping review was the first step to characterising the commissioning practices of Indigenous health and wellbeing program evaluations. It answered the following question:

What documented practices are used by government and non-government agencies to commission Indigenous health and wellbeing program evaluations, and how are they aligned with Indigenous good practice principles?





Stage 2: Identifying relevant studies

Four databases (Scopus, Proquest, Informit and Google Scholar) and the World Wide Web via the Google search engine were searched to retrieve peer-reviewed and grey literature documents published between 2008 and June 2020. The search was limited from 2008 to 2020 to identify practices that may inform Australia’s ongoing ‘Closing the Gap’ health policy, initiated in 2008, meeting the focus of the broader research grant. The search ended in 2020, with the knowledge that more recent advancements associated with the development of the Productivity Commission’s *Indigenous Evaluation Strategy*, which was released in October 2020 (Productivity Commission 2020), had yet to be widely utilised by commissioners. Therefore, the project team and advisory group determined that it would be inappropriate to include any documents, regardless of type, post-October 2020 because subsequent documents would reflect newer approaches that had yet to be robustly tested. As such, they may not be relevant to the case studies, which all commenced prior to the *Indigenous Evaluation Strategy*, and could have artificially skewed the review findings. The search was also restricted to documents relating to the Indigenous peoples of countries with similarities to Australia in their histories of colonisation and its ongoing impacts.

Four individualised search strings were designed and tailored for the different databases, capturing terms related to ‘Indigenous’, ‘evaluation’, ‘program’, ‘commissioning’ and ‘health’. Table 2 provides the

search terms used in Scopus. Documents were considered eligible for inclusion in the review if they were English-based studies addressing the commissioning of Indigenous evaluations of health or wellbeing programs for Indigenous populations in Australia, Aotearoa New Zealand, Canada or the USA. Additional exclusion criteria included countries other than Australia, Aotearoa New Zealand, Canada and the USA, languages other than English, and publications out of the search date range.

Stage 3: Study selection

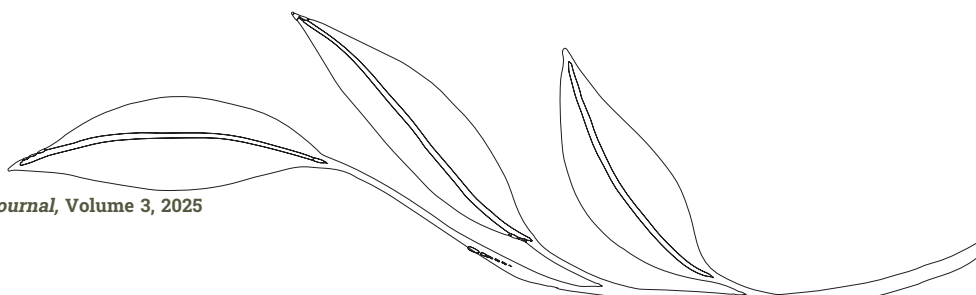
The results from each search were entered into the web-based software platform Covidence (www.covidence.org), and duplicates were removed. Study selection adhered to Levac et al. 2010 enhancement; one Aboriginal team member (SMF) screened all documents for title and abstract and a second reviewer (MC) independently assessed a 10 per cent sample of these documents. Disagreements were resolved via discussion before the two reviewers assessed all documents requiring a full-text review.

Stage 4: Charting the data

Two researchers (SMF and MC) extracted information from the included documents using 13 good practice principles derived from Chandna et al. (2019), Kelaher et al. (2018) and Cargo et al. (2019) (Table 1). An initial list of 21 principles was derived from Chandna et al. (2019), Cargo et al. (2019) and Kelaher et al. (2018). After removing the duplicate principles, the list was reduced to 16. This list was trialled on four documents

Term	Search terms
Indigenous	Indigenous OR "First Nation" OR "First People" OR Aboriginal OR "Torres Strait" OR Maori OR "Native American" "American Indian" OR "Native Hawaiian" OR, "Alaska Native" OR Metis OR Inuit
Commissioning	Commissioning OR contracting OR funding OR purchas* AND NOT food
Health	Health or well\$being
Evaluation and program	Evaluat* OR effective* OR impact OR outcome OR Program OR policy OR policies OR “primary health” OR service OR “public administration”

Table 2: Scopus search terms





by SMF and MC. The research team (SMF, MC, JJ, YR, BF and JAS) engaged in iterative discussion and debate between lead and chief investigators. Further conversation was had with the project advisory group to inform the refinement of the coding categories. The codes were finally reduced to the 13 shown in [Table 1](#). Each document was coded for these principles in NVivo (version 12 Pro) qualitative software (Lumivero, Burlington, MA, USA), with MS Excel (Microsoft, Redmond, WA, USA) used to capture descriptive characteristics, such as country of origin, and document purpose and type. Each researcher led the extraction and analysis of a subset of documents and consulted with the other researcher throughout the coding phase.

Stage 5: Collating, summarising and reporting the results

Extracted data on document characteristics were analysed in MS Excel using frequencies. Each primary document was coded for the 13 principles using the simultaneous coding procedure in NVivo. This coding procedure is appropriate when a segment of text suggests multiple meanings, justifying the use of more than one code ([Saldana 2012](#)). The 13 principles (i.e. sub-themes) were initially grouped by SMF and MC into three higher-order themes: Cultural safety, Power and Reciprocity ([Table 1](#)). Following the initial grouping the high-level themes were discussed with the research team (JJ, YR, BF and JAS). Once agreement was reached with the research team, they were tabled with the project advisory group for further refinement. Through an iterative process and ongoing discussion between two data analysts (SMF, MC), the 13 principles (i.e. sub-themes) were dimensionalised according to their presence/absence. The expression of the principles within the primary documents led to the inductive identification of different commissioning models (Indigenous-led, delegative, co-design,

participatory and top-down). The models were refined through feedback from the research team (SMF, MC, JJ, YR, BF, JAS) and project advisory group.

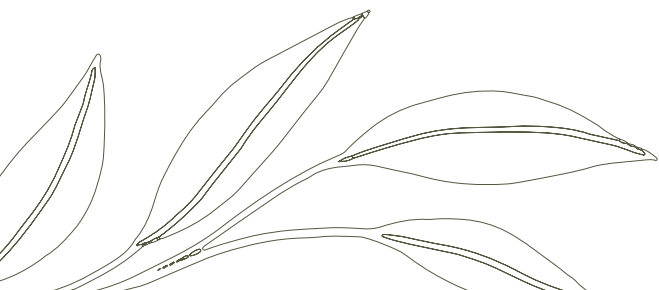
Stage 6: Consultation exercise

The scoping review was guided by an Indigenous-led project advisory group and an Indigenous-led research team, who scrutinised the emerging commissioning models for any potentially overlooked models or dimensions. Details on the composition of the research team and project advisory group can be found in the published scoping review protocol ([Finlay et al. 2023](#)).

Results

[Figure 1](#) summarises the search and retrieval of primary documents included in the scoping review. The search retrieved 1,159 documents through database searching and 20 documents through other sources, of which 146 were duplicates. The remaining 1,033 documents were screened and reduced to 246, followed by a second round of full-text screening, with 39 identified for synthesis. An additional 20 documents were identified by pearl growing or citation mining (of included documents) and through experts (i.e. commissioners, managers and evaluators working in government, private and academic settings) contacted to review the list of included documents and identify any missing documents (see [Supplementary Material](#)).

[Table 3](#) summarises the document characteristics. Most documents were from Australia (49%) and Aotearoa New Zealand (36%), reflecting additional documents identified by expert review (which are Australian or Aotearoa New Zealand-based). Included documents primarily reflected the commissioning of evaluations (44%) or critiques of commissioned evaluations (33%). Most documents were reports



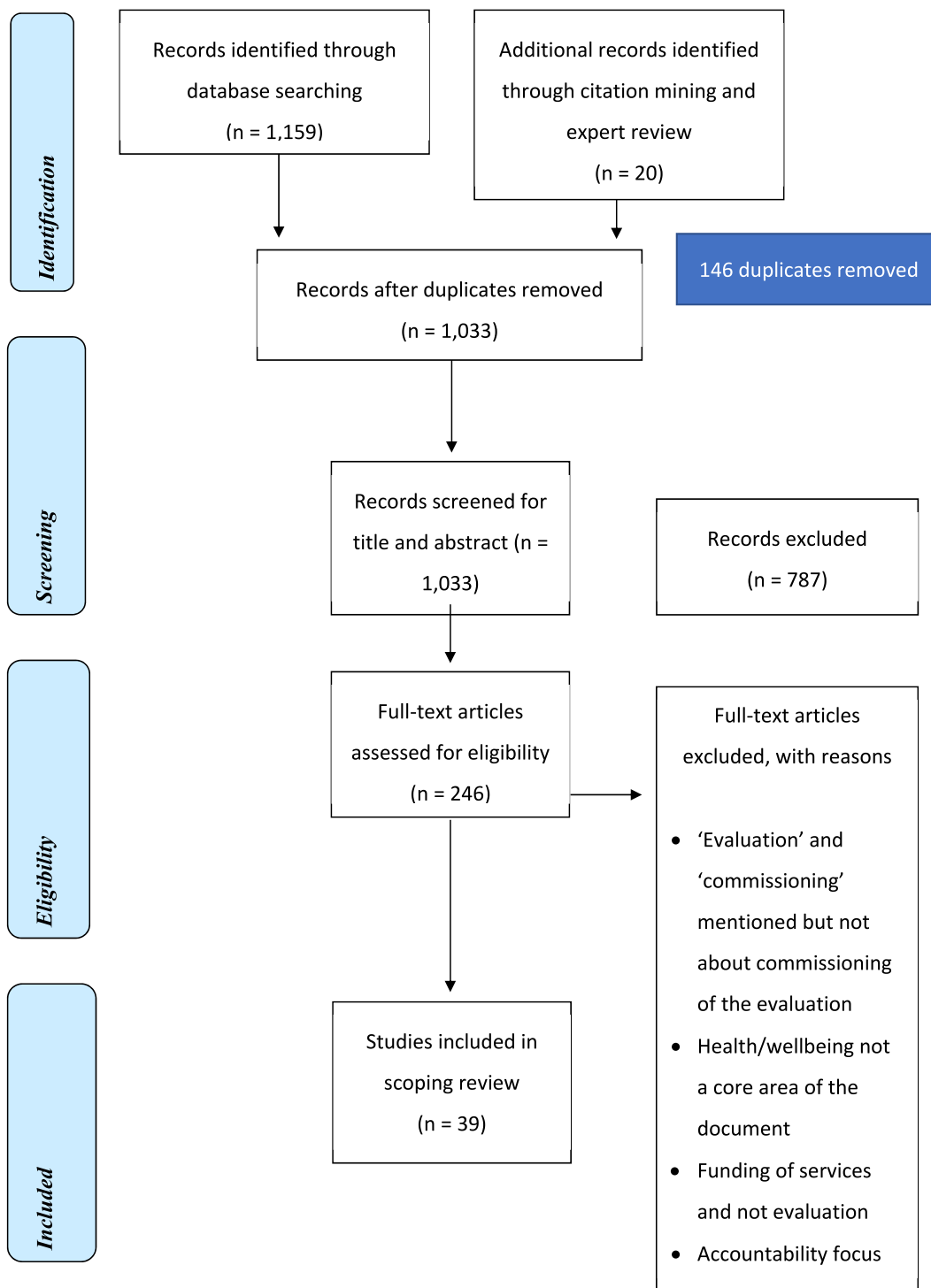
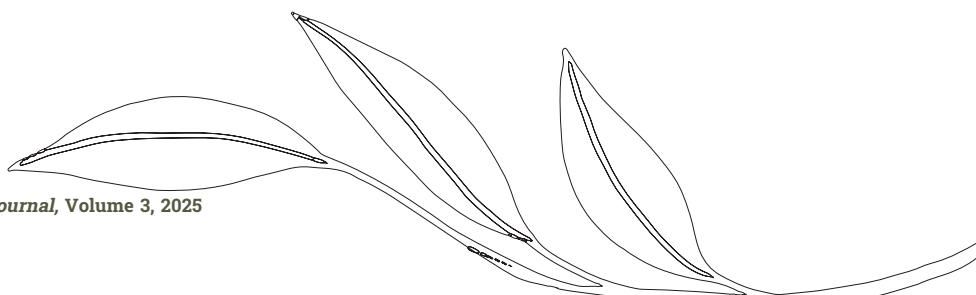


Figure 1: Flowchart of studies included in the scoping review.





	N = 39	%
Country		
Australia	19	49%
Aotearoa New Zealand	14	36%
USA	4	10%
Canada	2	5%
Document purpose		
Evaluation	17	44%
Critique	13	33%
Guidelines	7	30%
Review	2	5%
Document type		
Report	19	49%
Journal	9	23%
Guidelines/guide/framework	5	13%
Submission to government inquiry	4	10%
Media	2	5%
Empirical (data based)		
Yes	20	51%
No	19	49%

Table 3: Characteristics of included documents

(49%) obtained from the grey literature (i.e. Google, Informit and Google Scholar) and based on empirical data.

Summary of commissioning models

The scoping review identified five commissioning models: (1) Indigenous-led, (2) delegative, (3) co-design, (4) participatory and (5) top-down (Figure 2). The models were characterised by three high-order themes: power, cultural capability and reciprocity (Figure 2). Each higher-order theme was aligned with the 13 sub-themes shown in Table 1. Analysis found that some aspects of the models overlap in practice. More specifically, evaluations can align with one model in some stages of evaluation and another model for other stages.

The section below reviews each model according to the themes of power, cultural safety and reciprocity, beginning with the model that is considered to have the most significant attributes. It is important to note that whilst models may have been mentioned across

many documents included in the review, some lacked depth in their explanation, making it challenging to meaningfully incorporate them into the coding process.

Indigenous-led commissioning

The Indigenous-led model is marked by Indigenous leadership and engagement. Of all the models, it most effectively supports Indigenous self-determination and accountability to community. It is the only model that is truly Indigenous-led. That is: the decision-making for the administration and management of the funding, alongside the source of funding, are wholly Indigenous-driven. Although documents support an Indigenous-led approach (Central Australian Aboriginal Congress 2019; Healing Foundation 2015; Hudson 2017; Victorian Aboriginal Community Controlled Health Organisation 2019), this scoping review only identified two Indigenous-led commissioning models: one from Australia (Healing Foundation 2015) and the other from Aotearoa New Zealand (Allport 2014).

Power. The Indigenous-led model is characterised by a high degree of Indigenous leadership, engagement and self-determination (Healing Foundation 2015; Allport 2014). For instance, *Ngāi Tahu*, the principal Māori *iwi* (tribe/nation) of the South Island, administers two rounds of funding annually. A Māori board manages funds, and grant applications are internally reviewed with representatives from the different regions. All evaluation tools and processes are designed by Indigenous peoples, for and with Indigenous peoples. In the Māori context, *Ngāi Tahu* places a strong emphasis on self-accountability with *whānau* and *hapū*: determining what is important to them. Moreover, outcomes are not measured against any ‘pre-conceived “tick boxes”’, and the reporting process is not ‘so hard that people don’t come back, or so hard that people don’t apply’ (Allport 2014).



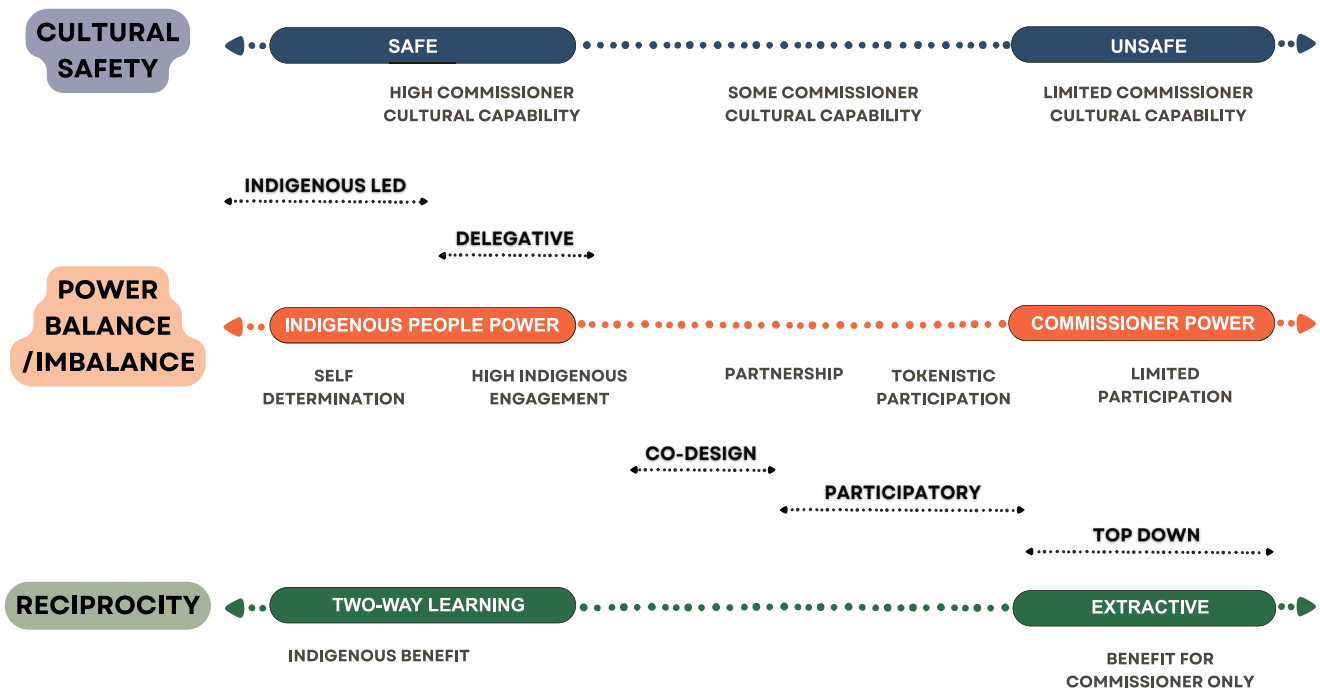
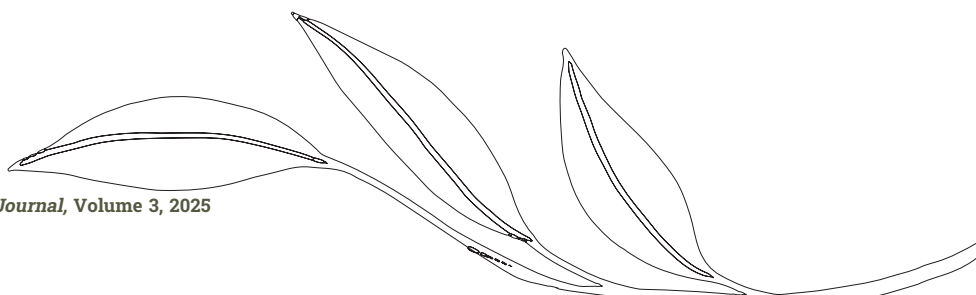


Figure 2: Models mapped against the key themes

Additionally, as highlighted in Allport (2014), the *iwi* nature of the grant engenders grantee accountability to community. Healing Foundation’s approach to the program design, implementation and evaluation of the Our Men Our Healing program was different to the Allport (2014) approach. The Healing Foundation contracted a non-Indigenous evaluation organisation, Social Compass, to guide the evaluation. Guiding the evaluation was a knowledge circle, which included Aboriginal men from the three communities the program was being developed in. Indigenous engagement in the evaluation extended beyond the knowledge circle and included community and relevant government and non-government agencies in the three areas the program was being developed. The power, however, was maintained by the Healing Foundation to ensure that the program and evaluation were culturally appropriate (Healing Foundation 2015).

Cultural safety. An Indigenous self-determined funding scheme provides the foundation for culturally safe initiatives (Healing Foundation 2015; Allport 2014). Culturally capable commissioners make decisions as Indigenous people, with Indigenous people (Allport 2014; Healing Foundation 2015). As outlined in Allport (2014), cultural responsiveness of the fund is linked to *Ngāi Tahu’s* Cultural Strategy, which is based on *kaupapa* Māori (or the Māori way) principles and *Ngāi Tahutanga* aspirations. These principles and aspirations guide all processes of *tikanga* (cultural protocol) funding and support to grantees. Germane to this process is making *whānau* feel valued (respected), building relationships, and supporting *whānau* to undertake their own evaluations (trust/relationship building). Moreover, concerning the community context, the *Ngāi Tahu* fund supports *whānau* to do the things that are meaningful and relevant to them. As outlined in the Our Men Our





Healing report (Healing Foundation 2015), the approach taken to developing and evaluating the program was to frame all aspects of the project ‘in local knowledge and context, cultural authority...’ (Healing Foundation 2015). This approach was seen as ‘critical’ (Healing Foundation 2015) to the program’s success and actioned by co-designing the program with men from each of the three communities.

Reciprocity. For Māori, *manaakitanga* (hospitality, generosity) is the basis of the *Ngāi Tahu*’s relationship with funding recipients through a *kaupapa* Māori way of working. The Healing Foundation approach utilised the same principles (Healing Foundation 2015). *Ngāi Tahu* and the Healing Foundation, as commissioners, build relationships by meeting with applicants/grantees. Through the meetings, capability building opportunities were identified and actioned across the project (Healing Foundation 2015; Allport 2014). The *Ngāi Tahu* fund provides *whānau* and *hapū* with the financial means to achieve their locally identified cultural aspirations (i.e. in a community context). As a result, initiatives are designed to benefit Indigenous peoples, as measured by outcomes identified by Indigenous peoples. As a learning organisation, *Ngāi Tahu* aims to improve their commissioning process by reflecting on what has worked and strengthening their processes.

Delegative commissioning

In the delegative model, commissioners grant agencies (such as Indigenous service providers that deliver programs) authority to manage the evaluation, including selecting an evaluator. Like in the Indigenous-led model, there is strong Indigenous leadership and engagement during commissioning with accountability to the community. Consequently, culturally safe evaluations are supported, and reciprocity is aligned with Indigenous ways of working. However, funding is not Indigenous-sourced;

therefore, there are some expectations from the funder. This review found eight examples of delegative commissioning (Allport 2014; Independent Whānau Ora Review Panel 2018; New Zealand Productivity Commission 2015; Potaka–Osborne et al. 2018; Savage et al. 2018a; Savage et al. 2018b; Wehipeihana et al. 2016; Te Ao Māori News 2019); all were New Zealand-based.

Power. In the delegative model, non-Indigenous primary commissioners delegate decision-making authority and responsibility to Indigenous organisations, who then commission external evaluations or design and conduct internal program evaluations². These non-Indigenous funding bodies included a trust (J.R. McKenzie) and government agencies (e.g. the Ministry of Health) (Allport 2014). Despite a high level of Indigenous engagement and leadership in the contracting and management of evaluations, the delegation of authority and responsibility to Māori commissioners by a non-Indigenous funding body differed. In one case, a regional *iwi* health and social provider was invited to ‘appoint a Ministry of Health approved external evaluator to design and conduct an evaluation that ran alongside the project’ (Potaka–Osborne et al. 2018). In other cases, Māori organisations responded to a government open tender process to administer program and evaluation funding (Savage et al. 2018a; Savage et al. 2018b; Wehipeihana et al. 2016).

Despite Māori organisations having the authority to commission evaluations, they were not autonomous decision-makers (Wehipeihana et al. 2016; Independent Whānau Ora Review Panel 2018). They were accountable to their commissioners; in some

²The term ‘evaluation’ here on in refers to internal or external evaluations of programs.





cases, the primary commissioner retained the final approval for the evaluation funding. This lack of autonomy undermined self-determination. Moreover, the commissioner's expectations of accountability varied (Allport 2014). J.R. McKenzie emphasised self-accountability; applicants with funds exceeding \$100,000 were expected to evaluate themselves against their own goals and aspirations.

For internal evaluations, there were high levels of accountability between the community and the Māori commissioner through results-based performance accountability and narrative reporting (South Island) (Wehipeihana et al. 2016) and, in one example, a tracking framework where the national level outcomes were defined at the local level to benefit *whānau* (North Island) (Wehipeihana et al. 2016). Despite this variation, evaluations were always accountable to the community. For the Waka Hourua Suicide Prevention Community Fund, however, having the Ministry of Health as a contract manager meant that they were ultimately directly accountable not just to the community but also to the government (Allport 2014).

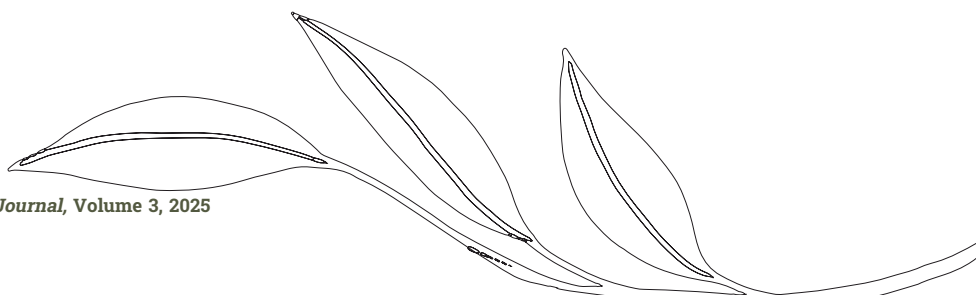
Cultural safety. Evaluations within the delegative model demonstrated a high level of cultural safety. A key driver of cultural safety was the commissioner's cultural capability. Delegating authority to Māori organisations to manage evaluations allowed culturally capable evaluators to be selected based on reputation or a history of collaboration (Allport 2014). All selected external evaluators were Māori-led, and their evaluation approach aligned with *kaupapa* Māori principles and ways of working (Potaka-Osborne et al. 2018; Savage et al. 2018a; Savage et al. 2018b; Wehipeihana et al. 2016). As a result, evaluation approaches were culturally responsive and further engaged the Indigenous community in the conduct of the evaluation. There was a strong ethic of working

within cultural protocols to measure the success of Māori-identified aspirations based on local community context and a sensitivity that *whānau* and *iwi* have different experiences and challenges (Allport 2014). Hence, the evaluations were contextually sensitive and did not come from a one-size-fits-all stance. Trust and respect were reflected in the way the commissioners and evaluators engaged with community; *kaupapa* Māori principles very much guided the relationship-building process (Allport 2014).

Reciprocity. Evaluations within the delegative model demonstrated a high level of reciprocity (Wehipeihana et al. 2016; Savage et al. 2018a; Savage et al. 2018b; Potaka-Osborne et al. 2018). First and foremost, the programs and their evaluations were designed to benefit community. This aligns with the accountability to community, where Māori-identified aspirations and measures of success drove evaluations. Hospitality and generosity were evidenced by commissioners and evaluators following cultural protocols and visiting *iwi/whānau* at their *marae* (meeting place) (Allport 2014). Underlying this, the language within the delegative models relates to empowerment and capability development – building capability so that Māori can achieve their aspirations in the future and be self-determining (Allport 2014). When information was available on learning, it was about reflective learning on the part of the evaluator and the commissioners to improve the commissioning process for community benefit (Allport 2014).

Co-design commissioning

The co-design model reflects a power-sharing arrangement between the commissioner and the Indigenous service provider(s) (whose program is being evaluated), which remains from the design phase to the completion of an evaluation. The co-design model allows a program's aims to meet the needs of Indigenous people and the commissioner.





The power-sharing arrangement gives Indigenous communities and organisations a voice in the evaluation, so that outcomes are likely to be achieved in culturally safe ways, and the evaluation will benefit the community. However, there may be compromises between both sides during the commissioning process. This renders the co-design approach less culturally safe than Indigenous-led or delegative models. While co-design is referenced in 15 documents (Allport 2014; Bailey et al. 2018; Central Australian Aboriginal Congress 2019; Dart 2018; Dreise and Maszurski 2018; Hampshire 2019; Hudson 2017; Katz et al. 2016; O'Campo et al. 2016; Productivity Commission. Better Indigenous Policies: The Role of Evaluation - Roundtable proceedings, 22-23 October 2012, 2013; Productivity Commission 2020; Victorian Aboriginal Community Controlled Health Organisation 2019; Walker and Bigelow 2011; Western Queensland Primary Health 2021; Zavros-Orr and Holden 2018), only three documents include comprehensive examples that align with this research scope (Allport 2014; Bailey et al. 2018; Dreise and Maszurski 2018).

Power. Power is the central theme of co-design. This model ensures that Indigenous peoples have equal power to that of the non-Indigenous commissioner across all project stages, as defined by Indigenous peoples (Allport 2014; Bailey et al. 2018; Dreise and Maszurski 2018; Katz et al. 2016). The power balance extends to the evaluation design, evaluator identification (if an external evaluator is the preferred option), evaluation monitoring, data interpretation and reporting of the results. To ensure a true power-sharing arrangement, the Indigenous community must be adequately resourced to engage in the process.

The Evaluation of the Australian Government's Investment in Aboriginal and Torres Strait Islander Primary Health Care through the Indigenous

Australians' Health Programme is an example of co-design (Bailey et al. 2018). The Australian Commonwealth Department of Health commissioned the evaluation with the intention of adopting a co-design process from the beginning. To achieve co-design, several committees, each with various Indigenous stakeholder membership, were set up.

In addition to the committees, there were several opportunities for Indigenous peoples to be involved in the evaluation, including:

- local evaluation governance
- co-designed tailored evaluation plans
- co-creation sessions.

The purpose of the committees and these opportunities was to create 'explicit processes for working with both Aboriginal and Torres Strait Islander and Western knowledge systems' (Bailey et al. 2018), ensuring a balance of power between the two knowledge systems. Furthermore, the evaluation team established mechanisms to provide adequate resources for Indigenous people to 'participate in the evaluation' (Bailey et al. 2018), thereby facilitating capability building.

Cultural safety. A key driver of co-design is cultural safety. Two-way learning is also vital to the success of co-design as an act of cultural safety (Allport 2014; Bailey et al. 2018). Moreover, when Indigenous peoples engage in the decision-making processes across all stages of a project, the project is more likely to be culturally safe (Dart 2018; Allport 2014; Dreise and Maszurski 2018). The decision-making process needs to include power sharing, which is created by building and maintaining trusting relationships (Katz et al. 2016; Allport 2014; Dart 2018), allowing Indigenous ownership of the evaluation processes and data, which takes





time (Dreise and Maszurski 2018; Allport 2014). The commissioners and evaluators need to be culturally capable to ensure that an evaluation is culturally safe.

Reciprocity. While reciprocity was a key component and a responsibility (Allport 2014) of the researchers of co-design (Bailey et al. 2018), there was a lack of details on how reciprocity was achieved. What is outlined is that it is part of giving back as an act of respect. Bailey et al. (2018) and Allport (2014) identified built-in capability building as an act of reciprocity that was multi-directional (i.e. two-way learning between the stakeholders) (Bailey et al. 2018).

Participatory model

In the participatory model, Indigenous peoples are engaged in some or all stages of commissioning and evaluation, yet the commissioner still retains power. Consequently, the cultural safety of and reciprocity within projects may be compromised.

A broad-ranging model, at one end, closely aligns with the top-down model and, at the other end, co-design. This is mainly determined by the degree to which Indigenous peoples are engaged in commissioning the evaluation. Nevertheless, the commissioner retains decision-making authority, although the provision of opportunities for engagement with Indigenous stakeholders may temper this. As such, the model does not allow for Indigenous partnership or self-determination.

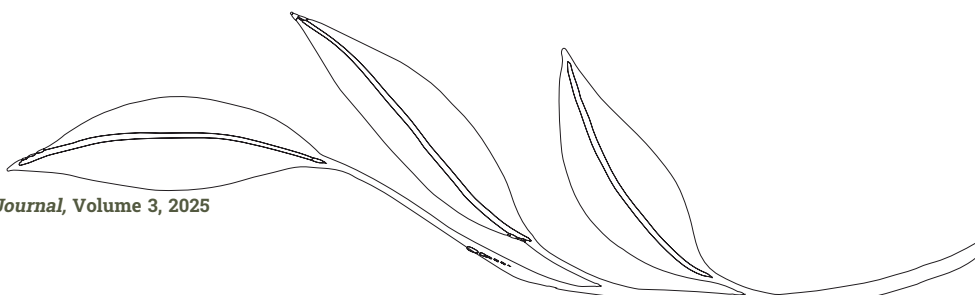
In this model, where there is greater participation with Indigenous peoples, the evaluation tends to be more culturally safe, and there is an expectation of reciprocity with the Indigenous communities. However, the opposite is true for the participatory approaches that are more aligned with the top-down model. This scoping review identified 15 documents that featured a participatory model (Auditor-General

2019; Centre for Epidemiology and Evidence 2017; Grover 2008; Jacob and Desautels 2013; Katz et al. 2016; Lawrence and James 2019; Mossman et al. 2019; Productivity Commission 2013; Productivity Commission 2020; Ragg and Williams 2019; Social Policy and Evaluation Research Unit 2017; Wehipeihana 2019; Wehipeihana et al. 2018; Hudson 2017; Jackson Pulver and Kelly 2019). Amongst these, two examples, from Australia, were found to exemplify the two ends of the participation spectrum (Centre for Epidemiology and Evidence 2017). The Centre for Epidemiology and Evidence (2017) approach more closely aligns with the top-down model, whereas the Jackson Pulver and Kelly (2019) is more closely affiliated with co-design.

Power. Power within the participatory model varies depending on Indigenous peoples' engagement; however, the commissioner always maintains most of the power. In practice, this suggests that regardless of the degree to which the commissioner engages Indigenous peoples (from tokenism through to genuine consultation), the commissioner's needs may remain prioritised. For instance, the evaluation guidelines by the Centre for Epidemiology and Evidence (2017) determines which programs need evaluation and how. The guide (Centre for Epidemiology and Evidence 2017) states that:

...evaluations should foster input and participation among stakeholders throughout the process to enable their contribution to planning and conducting the evaluation as well as interpreting and disseminating the findings. (p.5)

In contrast, Jackson Pulver and Kelly (2019) developed an Indigenous Advisory Group as part of its commissioned evaluation of the engagement strategy. The Indigenous governance structure was designed to provide:





...governance for the substantive components of the evaluation, including advice on protecting Aboriginal cultural property by procuring external expert assistance from an Aboriginal-led social research firm to undertake primary data collection. (Jackson Pulver and Kelly 2019)

The group included Aboriginal people from the Aboriginal peak body, service providers and other Aboriginal people with relevant expertise. Despite the establishment of the group, the commissioner retained the decision-making power (Jackson Pulver and Kelly 2019).

Cultural safety. In this model, cultural safety varies depending on the level of engagement by Indigenous peoples in the commissioning. Many participatory evaluations do not explicitly state cultural safety as a key concern, which more closely aligns with a top-down approach. Meanwhile, for participatory evaluations, which are closer to the co-design model (outlined earlier), Indigenous engagement is key to ensuring cultural safety.

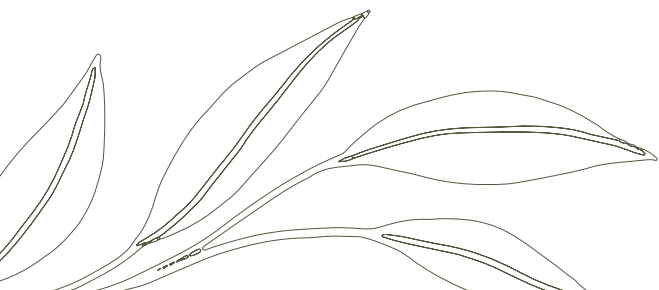
The Centre for Epidemiology and Evidence (2017) does not mention that any of the principles relating to cultural safety should be considered when commissioning evaluations. However, the need to consider these principles may be implied as it refers to relevant Aboriginal and Torres Strait Islander ethical guidelines. Regardless, there are no mechanisms within the guidelines that ensure they are addressed and adhered to (Centre for Epidemiology and Evidence 2017).

This approach is juxtaposed with work by Jackson Pulver and Kelly (2019), which includes an Aboriginal governance structure to ensure cultural safety:

The work of the group was central to discharging the Council's obligations to Aboriginal cultural property and its commitment to compliance with the South Australian Aboriginal Health Research Accord. (p 3)

A key element of ensuring cultural safety is trust and relationships between service providers, evaluators and commissioners (Grover 2008). This model, however, may have culturally unsafe elements, irrespective of how vast the Indigenous engagement is, because, ultimately, the commissioner has the final decision-making power. In their submissions to the Productivity Commission Issues Paper: Indigenous Evaluation Strategy, the Victorian Aboriginal Community Controlled Health Organisation (2019) and Central Australian Aboriginal Congress (2019) both concluded that cultural safety can only be guaranteed through self-determination, which is excluded from this model due to the power being maintained by the commissioner.

Reciprocity. Reciprocity varies depending on the extent of Indigenous engagement. For evaluations using a participatory model that more closely aligns with the co-design model, reciprocity is a consideration. For example, Jackson Pulver and Kelly (2019) detailed how sitting fees were paid to non-government employee members of the Aboriginal Community and Consumer Engagement Strategy evaluation advisory group. The fees were paid to recognise the contribution members made to the evaluation. However, for the participatory approaches that are more closely aligned with the top-down model, the primary motivation for an evaluation is to meet the needs of the commissioner rather than Indigenous peoples' self-identified needs. A top-down approach means that these evaluations typically have minimal benefits to Aboriginal and Torres Strait Islander peoples.





Top-down model

In the top-down model, the commissioner has the authority to make decisions, Indigenous engagement is limited or absent, and the evaluator is accountable to the commissioner. This leads to evaluations that are not culturally safe for Indigenous peoples and where reciprocity is tokenistic or absent. There are two well-documented examples of top-down commissioning from Aotearoa New Zealand (Roorda and Peace 2009) and the USA (Grover 2008). Numerous documents, however, critique the inappropriateness of this model (Roorda and Peace 2009; Central Australian Aboriginal Congress 2019; Chandna et al. 2019; Grover 2008; Hudson 2017; Victorian Aboriginal Community Controlled Health Organisation 2019).

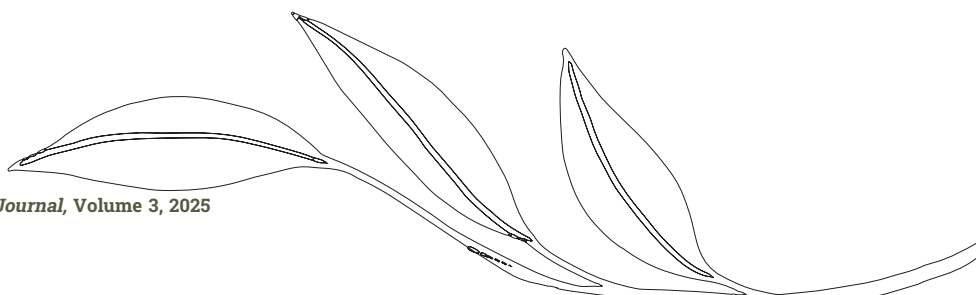
Power. The top-down model is characterised by the absence of, or limited engagement with, Indigenous peoples in commissioning external evaluations contracted by government agencies (Victorian Aboriginal Community Controlled Health Organisation 2019; Zavros-Orr and Holden 2018). Commissioners decide on the evaluation questions and frame the request for quote. They also contract the evaluator and manage the contract. That is, the commissioner sets the stage for the evaluation and has decision-making authority to ensure that the evaluation is conducted according to their evaluation standards and within their timeframes and budget. As the evaluation of a Māori program highlights below, tight timeframes also contribute to limited Indigenous engagement.

Whether Indigenous peoples are engaged during the evaluation depends on the evaluator's working methods. If an evaluator's approach is philosophically aligned with an Indigenous worldview, Indigenous peoples may be consulted through an advisory group to inform the evaluation. However, an evaluator's

intentions to engage Indigenous peoples in the conduct of the evaluation may be limited by commissioner-imposed time and budget constraints (Grover 2008). Even when evaluators attempt to engage Indigenous peoples, their invitation can be met with resistance due to decisions regarding evaluation questions, design and evaluators being made without Indigenous input (Grover 2008). This form of commissioner decision-making authority precludes Indigenous self-determination and the formation of meaningful partnerships. Moreover, self-determination can be undermined when service providers are not given the right to decline to participate in evaluations because participation is a contractual condition.

Some government commissioners of Indigenous evaluations are 'risk-averse' and fixated on 'value for money' to demonstrate accountability for spending public funds. Within the top-down model, some commissioners prefer Western evidence-based programs within Indigenous communities (Grover 2008). Contracted evaluators philosophically aligned with an Indigenous way of working are caught trying to be accountable to the community whilst contractually remaining accountable to the commissioner (Roorda and Peace 2009; Grover 2008).

Cultural safety. Within the top-down model, the commissioner exhibits limited, if any, cultural capability. In the two examples (Grover 2008; Roorda and Peace 2009), the commissioners did contract evaluators whose evaluation approach was philosophically aligned with an Indigenous worldview; however, issues surfaced with both teams. In one case, an evaluator of American Indian descent from an Eastern tribe was appointed to evaluate a West Coast American Indian tribe. The evaluator was considered 'an outsider and some community members [did] not even consider





[her] to be a Native person' (Grover 2008). In the other case (Roorda and Peace 2009), a New Zealand government commissioner contracted a *Pakeha* (New Zealander of European descent) evaluation team, and although they hired two Māori staff, the staff had limited *kaupapa* Māori, which proved problematic for engaging Māori people in the evaluation. In both cases, the evaluators acted as cultural brokers and advocates, and tried to make the evaluation participatory, finding 'work-arounds and innovative, on-the-run solutions' (Roorda and Peace 2009). This brings each evaluation more in line with Indigenous ways of working (i.e. making it culturally responsive). However, the conditions set in motion by the request for quote and contract make this impossible. Commissioners' expectations that contracted evaluations can build relationships and establish trust and respect within time and budget constraints demonstrate a lack of cultural capability.

Reciprocity. In the top-down model, reciprocity between the commissioner and the Indigenous community is absent. Commissioners do not engage with Indigenous people. In addition, commissioner-imposed time and funding constraints can severely curtail the evaluator's ability to demonstrate reciprocity during the evaluation. Within this model, evaluators may be restricted to showing their hospitality through monetary means (Roorda and Peace 2009).

Whilst the provision of a gift card on the surface may appear as an exchange for time and knowledge, it is little more than a token when considering both the disparity of the exchange and community understandings of reciprocity.

The time constraints imposed on the evaluation through the contractual arrangement also limit

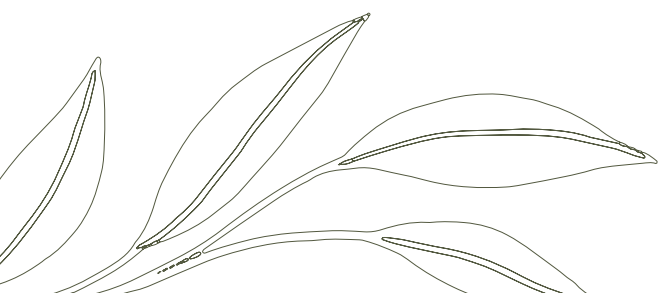
evaluators' abilities to develop Indigenous capability during data collection, analysis and interpretation.

Learning on the part of the commissioner is absent. In contrast, evaluators philosophically aligned with an Indigenous way of working are more apt to envision learning as an ongoing process from reflecting on the mistakes that have been made 'on the part of all concerned to date' (Grover 2008).

Discussion

This scoping review is the first of its kind to develop models based on government and non-government agencies' commissioning practices of Indigenous health program evaluations. On a spectrum from the most to least Indigenous decision-making influence in the commissioning process, the models in this theoretical framework (Figure 2) range from Indigenous-led, delegative, co-design, participatory to top-down. These models were not always discrete. Instead, differences in stakeholder practices at varying stages of the commissioning process often resulted in using more than one model in commissioning a single evaluation. This methodological approach to characterising the models was novel for applying previously identified good practice research and evaluation principles and analysing the data through an Indigenous standpoint theory lens. This approach enabled the authors (as researchers) to assess the Indigenous-led, delegative and co-design commissioning models as good practice. These models allow Indigenous stakeholders sufficient scope to influence who conducts an evaluation and how an evaluation is conducted. The review findings, as discussed below, are significant because there are currently no good practice guidelines for commissioning evaluations.

Across the spectrum of models, the cultural capability of the commissioner stood out as setting the stage for





the power dynamics of the evaluation, how Indigenous peoples were engaged, and the overall cultural safety and reciprocity of the funded evaluation. There has been a tendency for these principles to be viewed in isolation. These findings suggest that these principles are highly dependent; viewing them in isolation may undermine the implementation of complex and dynamic policy processes such as commissioning. Therefore, all principles must be built into commissioning processes to ensure that commissioned evaluations are of benefit to Indigenous peoples.

Good practice models: Indigenous-led, delegative and co-design

Unlike the top-down and participatory models, the Indigenous-led, delegative and co-design models place the Indigenous experience at their theoretical heart and accept Indigenous processes as truth. This allows Indigenous axiology to underpin the commissioning process and communities to have significant input into determining whether services are appropriately delivered for them (Allport 2014). This provision of power moves away from the unethical and unsafe research practices of the past (Smith 2021; Scougall 1997).

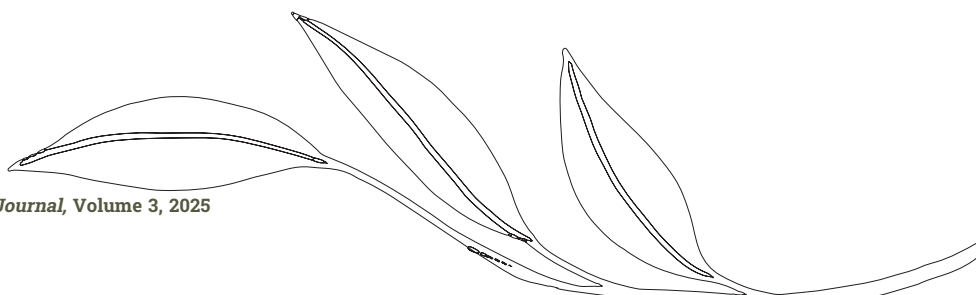
Substantive Indigenous engagement across all stages of the commissioning process (i.e. Indigenous power) is imperative when commissioning Indigenous health and wellbeing program evaluations. This is because they are characteristically 'situated within complex systems and influenced by their social, political, historical, and cultural contexts', meaning that their effectiveness typically relies on their sensitivity to each community's cultural milieu (Maddox et al. 2021; Chouinard and Cram 2019; Gollan and Stacey 2021). Integrating understandings of local circumstances, standpoints and knowledges when commissioning evaluations means that evaluation outcomes are

more likely to consider the values of local Indigenous peoples and their communities (Maddox et al. 2021; LaFrance and Nichols 2008; Maher et al. 2021; Allport 2014). This is particularly important because commissioning practices that do not reflect community context may be inappropriate or culturally unsafe (Maddox et al. 2021), ultimately reducing community participation, subverting methodology and producing less authentic findings (Maddox et al. 2021).

By recognising the importance of the diversity of Indigenous communities, providing opportunities for their meaningful engagement, enabling reciprocity, and incorporating and utilising Indigenous knowledge systems from the inauguration of evaluations, these models support the decolonisation of commissioning processes (Bower et al. 2015; Andersen and O'Brien 2017; Moreton-Robinson 2021). These good practice models go further than de-westernisation and require changes to the terms and conditions by which evaluations are designed and carried out; reflecting much-needed systemic change (Mignolo and Walsh 2018). Nonetheless, the benefits of increased cultural safety, community engagement and reciprocity are also beneficial to commissioners. The presence of these factors (from evaluation conception to evaluation completion) has been documented as a determinant of successful evaluations, which has implications for practice and policy (Better Evaluation, 2022; Auditor-General 2019; Productivity Commission 2020; Bowman et al. 2015). Commissioners providing adequate time and resources for Indigenous engagement were paramount to evaluations providing mutually meaningful data to inform policy and community programming.

Flawed models: Participatory and top-down

As has been illustrated, it is important to understand where the preferred commissioning models for





Indigenous peoples sit within these spectrums of Indigenous engagement. This review found that two models, participatory and top-down, are not in line with good practice in the Indigenous evaluation space because the commissioner maintains the power in both models. While the participatory model included engagement with Indigenous peoples, this engagement was not often genuine or authentic in some, or all, aspects of the commissioning. There was, however, at least some capacity for Indigenous peoples to shape aspects of the evaluation, if not the entire process (Hudson 2017; Wehipeihana et al. 2018; Wehipeihana 2019; Social Policy and Evaluation Research Unit 2017; Ragg and Williams 2019; Productivity Commission 2020; Jackson Pulver and Kelly 2019; Auditor-General 2019; Centre for Epidemiology and Evidence 2017; Grover 2008; Jacob and Desautels 2013; Katz et al. 2016; Lawrence and James 2019; Mossman et al. 2019; Productivity Commission. Better Indigenous Policies: The Role of Evaluation - Roundtable proceedings, 22-23 October 2012, 2013).

However, this review found overwhelming support against a top-down approach to commissioning (Firestone et al. 2020; Zavros-Orr and Holden 2018; Grover 2008), which prioritises the commissioner's needs over those of Indigenous peoples. Not surprisingly, it is the least aligned with good practice principles. Firstly, this model diminishes Indigenous leadership and engagement as the primary driver of a culturally safe and responsive evaluation and privileges control through the commissioner's lens. Commissioners drive the external request for proposals (Thorpe et al. 2016) and the selection of evaluators, even if they are not culturally acceptable to the community (Grover 2008). From their initiation, evaluations are done 'to', 'on' and 'about' Aboriginal people[s] rather than 'with' or 'for' them (Scougall

1997; Katz et al. 2016). The result is that Indigenous peoples are unable to exert agency over decisions surrounding their community (Scougall 1997; Taylor 2003), even where 'consultation' is claimed to have taken place, as the term is used as a tokenistic façade for the power differential (Thorpe et al. 2016). This runs the risk of harming the community (Finlay et al. 2021; Hudson 2017) as it maintains a colonial position and an axis of power that subjugates Indigenous peoples (Maldonado-Torres 2007; Mignolo and Walsh 2018).

Secondly, it silences the knowledge and resolve of community voice(s) (Zavros-Orr and Holden 2018; Scougall 1997), at best allowing for consultation at isolated points in the evaluation rather than genuine engagement as an iterative process (Firestone et al. 2020). The implication of extractive rather than interactive processes like this is that the Indigenous stakeholders who understand the programs (or services) being evaluated are not involved, so evaluations lack the information needed to make them fit for purpose. Instead, they foster 'false narratives about Indigenous people' (Firestone et al. 2020) and diminish the quality and applicability of evaluation results (Firestone et al. 2020; Zavros-Orr and Holden 2018; Allport 2014). Evaluations commissioned in this way equally run the risk of poor coordination, asking the wrong questions, accessing unsuitable data sources and methodological contrariety (Hudson 2017; Finlay et al. 2021; Taylor 2003). Moreover, in failing to allow Indigenous peoples to govern, protect and develop their data, its use and how it is interpreted erodes principles underpinning Indigenous data sovereignty (Griffiths et al. 2021; Lowitja Institute 2021; Maiam nayuri Wingara Indigenous Data Sovereignty Network and Australian Indigenous Governance Institute 2018). These issues may partially explain why there has been limited





improvement in Indigenous health and wellbeing outcomes, despite the degree of funding afforded to this area over the last few decades ([Productivity Commission 2020](#)).

Engaging Indigenous peoples from the start of commissioning

Finally, the literature points to the need to include, and the benefit of including, Indigenous peoples from the commencement of the evaluation process ([Hudson 2017](#); [Scougall 2006](#); [Grover 2008](#); [Allport 2014](#)). The type of evaluation conducted, the level of engagement of Indigenous peoples, and the questions that will be asked are all established during the initial commissioning processes. For instance, Western scientific approaches to evaluation are often favoured in the health arena due to their apparent lack of bias ([Dwyer et al. 2004](#)). However, these types of evaluations lack the benefit of ‘insider’ evaluations, which utilise participant knowledge and project understandings to critically reflect on health and wellbeing projects and to appreciate community nuances ([Dwyer et al. 2004](#); [Innes 2009](#); [Fast and Kovach 2019](#); [Jabiri 2023](#)). This suggests that including local Indigenous perspectives from the point of commissioning will add value through increased understanding throughout the evaluation process.

Implications for practice

The main implication for practice is that commissioners need to better understand good practice Indigenous evaluation principles so that they are correctly embedded into evaluations from their onset. This includes understanding the interplay and limitations of factors like budget, time and building relationships with Indigenous communities and their subsequent engagement. Commissioning evaluations in a culturally safe way from the beginning enables the collection of data that is reflective of both the

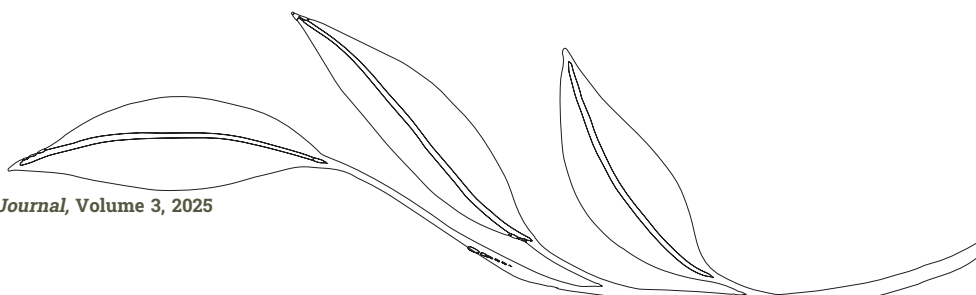
commissioners’ needs and those of Aboriginal and Torres Strait Islander communities. Therefore, the findings will be more robust and can be more effectively used to inform policy and practice. This research raises critical questions about commissioners’ evaluation capacity, alongside their cultural capability. The latter competency (cultural capability) is of particular importance because whilst it is recommended that commissioners adopt a co-design, delegative or Indigenous-led model, this choice ultimately hinges on the cultural capability of the commissioning organisation (or the individuals within it) and their engagement with relevant Indigenous peoples at all stages of the commissioning process.

Implications for future research

There are several documents that seek to improve stakeholders’ evaluation capacity, such as the [National Indigenous Australians Agency \(2018\)](#) and the [Productivity Commission’s Indigenous Evaluation Strategy \(2020\)](#). Whether these documents are utilised by commissioners, or improve their evaluation capability, is unclear; therefore, further research is required. Additionally, further research is needed into ‘good practice’ in Indigenous commissioning and what that will mean for Aboriginal and Torres Strait Islander peoples within a diverse geographical, historical, economic and environmental context. In-depth qualitative research and case studies are necessary to further refine or amend the models and to understand how these five commissioning models are applied in practice.

Limitations

The review had several limitations. Many documents were written in the passive voice, so it was difficult to discern which actor(s) (e.g. commissioners, evaluators, Indigenous organisations) were responsible for making decisions. Documents also did





not explicitly describe dimensions or how they were achieved (e.g. reciprocity in co-design). The lack of clarity in the documents relating to the actors is likely because the review question may have differed from the primary intention of some included documents. It was also apparent that tensions or discomfort were present in some commissioned evaluations and not fully expressed (e.g. co-design, participatory). A safe space needs to be created for these conversations to occur, with the view to strengthening commissioning practice. Finally, the review only considered the commissioning of evaluations of Indigenous health and wellbeing programs, and lessons may be learnt regarding the commissioning of evaluations of Indigenous programs outside the health arena.

Conclusions

Fundamental to good evaluation commissioning practice of Indigenous health and wellbeing programs is to explicitly embed Indigenous values from the inauguration, thereby promoting the empowerment of the Indigenous peoples connected to the evaluated programs. Supporting evaluations of Indigenous peoples, for Indigenous peoples, by Indigenous peoples from their commencement not only serves the empowerment of Indigenous peoples but, from a practical, outcome-based perspective, makes sense. This scoping review reported that five models are utilised in the commissioning of Indigenous health and wellbeing program evaluations. Among the five models, the literature points to Indigenous-led, delegative and co-design models as the closest to good practice, dependent on context. These three models have higher levels of self-determination, power, respect, reciprocity and cultural safety than the latter two models (participatory and top-down), with Indigenous-led at the pinnacle. More research needs to be conducted to understand the models in more detail and what they look like in practice.

Author contributions

J. Judd and M. Cargo conceptualised the study. S.M. Finlay and M. Cargo provided the methodology. S.M. Finlay, S. Kerrigan, H. Simpson and J. Pender provided project administration. S.M. Finlay, M. Cargo and S. Kerrigan collected the data. All authors analysed and interpreted the findings. S.M. Finlay, M. Cargo and H. Simpson wrote the manuscript. All authors reviewed and edited the writing.

Declaration of interests

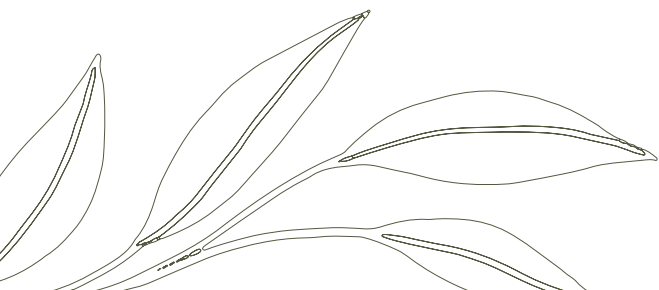
Bronwyn Fredericks is a Senior Editor of First Nations Health and Wellbeing - The Lowitja Journal. Janaya Pender is employed by Lowitja Institute, who oversee the publication of The Lowitja Journal. All other authors declare that they have no known competing interests that could have influenced their work on this paper.

Funding

Summer May Finlay reports financial support was provided by National Health and Medical Research Council. If there are other authors, they declare that they have no known competing financial interests that could have appeared to influence the work reported in this paper.

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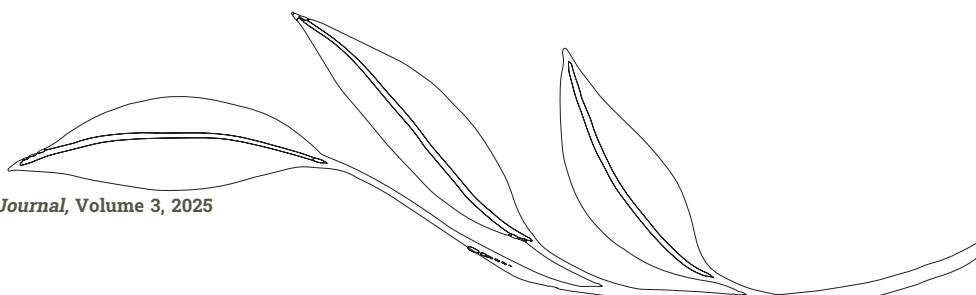
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Supplementary material

Supplementary material associated with this article can be found in the online version at <https://doi.org/10.1016/j.fnhli.2025.100089>.

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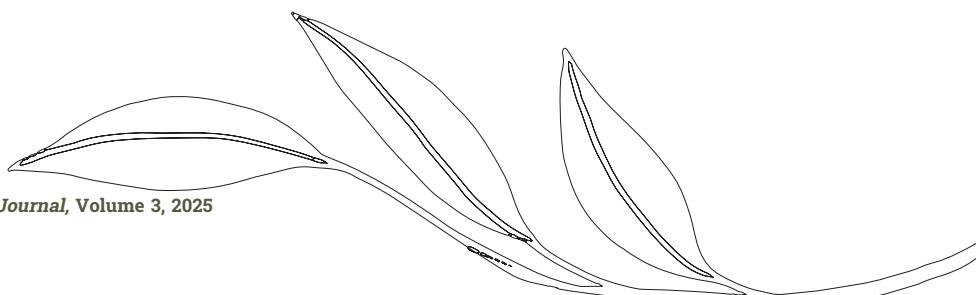


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