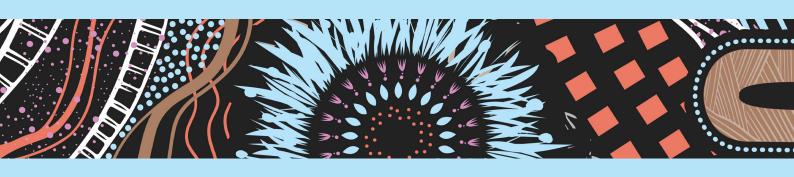# Indigenous evaluation: best practices for social and emotional wellbeing and suicide prevention

Tom Calma, Rama Agung-Igusti, Tony Kiessler, Rod Little, Rod Reeve and Kate Derry

Indigenous evaluation: best practices for social and emotional wellbeing and suicide prevention

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Summary

What we know

Evaluation can play a critical role in shaping effective decision-making and strengthening the evidence base for policies, programs and investments in First Nations social and emotional wellbeing, mental health, and suicide prevention. Yet, despite billions of dollars spent annually on First Nations programs, fewer than 10% have been formally evaluated – and even fewer have used culturally appropriate methodologies (Hudson 2016). Fear or uncertainty about how to conduct effective evaluations can be a barrier, highlighting the importance of accessible and culturally relevant frameworks and principles.

The Closing the Gap (CtG) framework recognises that improving the lives of First Nations peoples requires outcomes that place life promotion and holistic wellbeing at the centre. Racism and colonisation remain structural determinants of poor health outcomes, so any meaningful solution must be grounded in self-determination, cultural revitalisation and healing families – not just service reform. Therefore, evaluation must value First Nations knowledges and lived experience, both from a cultural perspective and as valid and necessary forms of evidence.

Best practices in Indigenous evaluation move beyond narrow performance measurement. When implemented effectively, evaluation becomes a mechanism not only for community empowerment and accountability but also for continuous, sustainable improvements, aligned with the broader goals of health equity and sustained wellbeing. Strengthening evaluation practice is essential to ensure that knowledge generation is grounded in community benefit and accountability.

What works

Evaluation that supports meaningful outcomes for First Nations peoples must be grounded in self-determination, cultural safety and community leadership. Effective and authentic engagement that goes beyond tokenistic consultation is central to addressing the low number and variable quality of evaluations involving First Nations communities. Building respectful long-term relationships enables evaluations to be relevant, empowering and aligned with what local communities value.

First Nations-led evaluation approaches are critical. These approaches centre Indigenous ways of being, knowing, valuing and doing, affirming the right of communities to define success and shape how it is measured. Evaluations must consider the entire program cycle – from policy conception, through implementation, to long-term impact – through the lens of community priorities and lived experiences. This includes engaging communities in identifying outcomes that matter to them; designing culturally relevant indicators; and determining how success is assessed and reported, ensuring evidence-based adaption and learning.

For suicide prevention, it is particularly important to move beyond narrow, individual-level mental health outcomes. Evaluations must address the broader structural and cultural determinants of health and reflect the holistic, interconnected domains of social and emotional wellbeing (Gee et al. 2014). Community partnership and power-sharing are essential at every stage to ensure that evaluations do not simply describe problems but actively contribute to healing, preventing further harm and promoting life.

Evaluation is often undervalued in academia compared with research, despite its vital role in real-world impact, particularly in Indigenous and regional contexts. Although evaluation supports capacity-building for both organisations and research teams, it remains underdeveloped in many settings. Evaluation findings must be used to drive progressive, evidence-based improvement. Programs should be adapted over time in response to what evaluations uncover, rather than viewing evaluation as a static or compliance-driven task. The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) outlines best practice criteria for evaluation that include First Nations ownership, community leadership, genuine consultation and co-design, cultural responsiveness, capacity-building, and continuous learning through evaluation and evidence-based adaptation.

What doesn't work

Evaluation approaches that are punitive, deficit-focused or lacking cultural safety do more harm than good. These methods often pathologise communities (that is, view them as psychologically or medically abnormal), fail to capture strengths and reinforce negative stereotypes, thus undermining trust and reducing any long-term beneficial impact. Evaluations driven by the priorities of funders or policy makers, rather than by those of communities, often reinforce top-down performance management and are disconnected from lived experience, contradicting the intent of CtG partnership reforms, which call for shared decision-making and accountability.
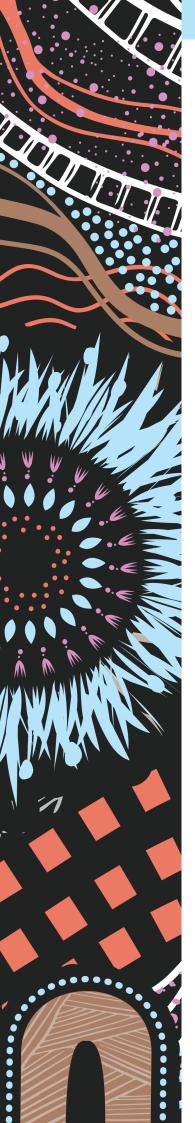
Short-term, fragmented approaches to evaluation that are one off, reactive or disconnected from broader learning cycles fail to support constructive, progressive improvement. When evaluation is seen as an end point rather than as an ongoing process of reflection, adaptation and growth, it cannot contribute meaningfully to improved and sustainable outcomes. These approaches can not only miss opportunities to strengthen programs but also damage relationships and perpetuate the very inequities they seek to address.

What we don't know

There are rapidly evolving spaces within the realm of social and emotional wellbeing measurement, Indigenous data sovereignty, and knowledge sharing that remain under-explored. These areas are critical to advancing effective evaluation and to ensuring that First Nations perspectives lead decision-making processes.

The search strategy employed for this review did not capture internal unpublished evaluations, which could potentially offer some of the most valuable, powerful and insightful data for understanding the real impact of programs and interventions. Deficits in understanding these broader impacts on families and communities can further centre 'clinical treatment' approaches (rather than inclusive wraparound cultural support) and may not just lessen recovery, but also cause further harm. This gap highlights the need for more comprehensive and inclusive strategies to accessing and sharing knowledge.

As well, there are still significant barriers to the widespread implementation of First Nations-led evaluation practices and processes. Overcoming these barriers requires ongoing efforts to address structural challenges and resource limitations produced within a context of institutions shaped by dominant Western world views and a resistance to adopting self-determining cultural approaches and knowledges. A key way forward is resourcing and capacity-building to support communities to lead and sustain their own evaluations.

1

Introduction

1   Introduction

The issue

Evaluation plays a critical role in shaping effective decision-making and strengthening the evidence base for policies, programs and resources that support First Nations social and emotional wellbeing, mental health, and suicide prevention. However, a mapping exercise conducted in 2016 found that, despite billions of dollars being spent on Indigenous programs nationally, fewer than 10% of these had been evaluated and few used culturally appropriate methods to assess effectiveness (Hudson 2016). Traditionally, evaluation has been framed around funder and policy maker priorities, often reinforcing top-down performance management rather than meaningful accountability to, and partnership with, First Nations peoples and communities (Finlay et al. 2023; Watego et al. 2025). Despite strong rhetoric by governments in favour of shared responsibility, engagement and partnership, these principles have not been applied well in evaluation practice (Luke et al. 2020). Engagement with and uptake of First Nations-specific evaluation resources have also been limited, with barriers to their implementation requiring further investigation (Vine et al. 2023).

Effective and authentic engagement – going beyond consultation – with First Nations peoples and communities is the key to remedying the problematic number and quality of First Nations evaluations (Kelaher et al. 2018). The need for First Nations-led approaches to evaluation that uphold self-determination, centre community and reflect First Nations ways of being, knowing and doing is being increasingly recognised (Maddox et al. 2021). Encouragingly, in the last 20 years, there has been a measurable increase in the number of culturally informed health and wellbeing evaluations (Vine et al. 2023). A shift towards understanding and embedding First Nations-led evaluation practices and processes will not only improve the impact of policies and programs but also enable First Nations communities to exercise greater agency in determining what works.

A meaningful First Nations evaluation strategy must extend beyond conventional government-driven accountability measures. Watego and colleagues (2025) argue that evaluation must assess the full program cycle – from policy conception, through implementation, to long-term impact – through the lens of First Nations peoples' and communities' lived experiences and definitions of success. Holistic conceptions of health and life promotion, rather than death mitigation, need to be at the centre of First Nations mental health and suicide prevention initiatives; this approach moves away from deficit-based narratives and instead fosters holistic social and emotional wellbeing (Dudgeon et al. 2021; Moran et al. 2024).

The urgency for improved evaluation practices is underscored by key national policy initiatives – including the *National Agreement on Closing the Gap* (Coalition of Aboriginal and Torres Strait Islander Peak Organisations 2020) – that emphasise the necessity of evidence-informed action and the need for buy-in and power-sharing by decision-makers to improve outcomes for First Nations peoples. The need to walk and work together is essential to ensure that evaluation frameworks are not only culturally safe and meaningful but also capable of driving safe, sustainable outcomes for individuals, families and communities that save lives and heal families.

The approach

The purpose of the AIHW Indigenous Mental Health and Suicide Prevention Clearinghouse (IMH&SP Clearinghouse) is to contribute to this paradigm shift by enhancing understanding of social and emotional wellbeing and holistic health, thereby improving the ability to assess and evaluate the approaches, outcomes and impacts of various mental health and suicide prevention interventions and strategies. By moving toward First Nations conceptualisations of holistic health, the Clearinghouse aims to support policies and programs that respond to cultural, social and historical determinants of health, including racism, self-governance and community-led solutions.
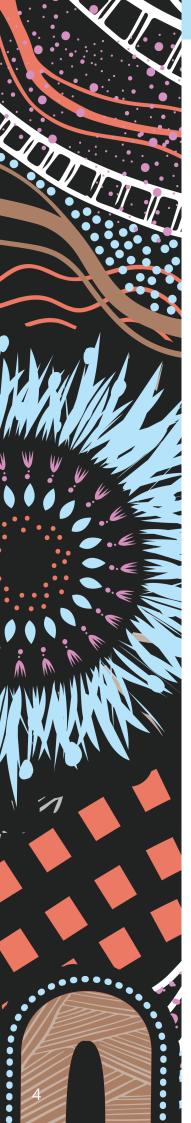
This paper reviews evaluations of initiatives related to social and emotional wellbeing, mental health, and suicide prevention with Australian Indigenous peoples and communities that have been published since the establishment of key Indigenous evaluation frameworks. Specifically, it aims to:

- identify best practices in evaluating social and emotional wellbeing, mental health, and suicide prevention initiatives, in alignment with principles identified in established Indigenous evaluation frameworks
- examine key issues, including barriers and enablers of best practice evaluation, and investigate overarching strategies and approaches to best practice evaluations
- identify gaps in evaluation practices and propose recommendations to strengthen future approaches.

Best practice Indigenous evaluation frameworks emphasise the core principles of:

- community involvement and governance
- evaluation purpose and relevance
- methodological rigour, aligned with Indigenous paradigms
- data ownership and sovereignty
- outcomes and impact defined by communities
- ethical standards and cultural safety
- utilisation and knowledge sharing in accessible and culturally appropriate formats.

Together, these principles represent a shift away from extractive and deficit-based approaches toward a model of evaluation based on best practices in Indigenous research that are relational, reciprocal and transformative.

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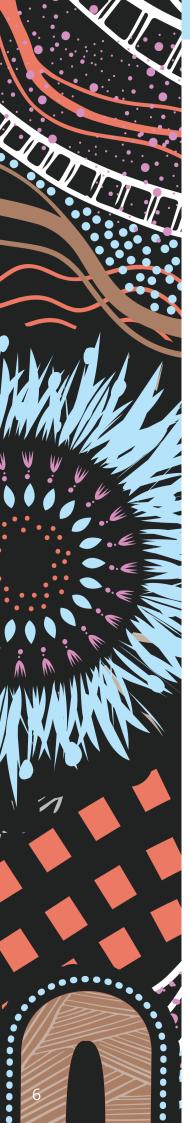
Background

2   Background

First Nations peoples have long advocated for the right to define, lead and evaluate the policies and programs that impact their lives. Historically, however, evaluation has often been used as a colonial tool of surveillance and control rather than empowerment – frequently serving the interests of funders and governments, with disregard for First Nations ways of knowing, being and doing (Productivity Commission 2020). This legacy of extractive and externally driven evaluation has contributed to deep mistrust in the process, with limited accountability to the communities being evaluated and few mechanisms for ensuring cultural safety or community benefit.

Yet, culturally safe and community-led evaluations of programs and services targeting First Nations peoples are increasingly being recognised as essential to improving social and emotional wellbeing, mental health, and suicide prevention outcomes (Dudgeon et al. 2016; Maddox et al. 2021). Such evaluations prioritise Indigenous self-determination through co-design and participatory methods, uphold cultural protocols, and are underpinned by long-term relationship-building (Dudgeon et al. 2018). Importantly, they move beyond simply measuring outcomes to actively contributing to healing and sustained improvements in First Nations holistic health and wellbeing.

Effective First Nations evaluation requires an ontological and epistemological shift – this means evaluation must be grounded in First Nations world views and relational ways of being and doing. Importantly, evaluation must be 'by, with, and for First Nations peoples' – not simply 'about them', transforming both process and purpose (Maddox et al. 2021; Williams and Shipley 2023). Where standard evaluation often privileges objectivity, generalisability and short-term outcomes, First Nations evaluation is relational, values-based and focused on long-term impact and community benefit (Dudgeon et al. 2018; Williams and Shipley 2023). It prioritises healing, cultural identity, community self-determination and wellbeing, and intergenerational strength. Different methodologies are often used as ways to draw out deeper insights, context, and build a better understanding of the social, cultural and political dimensions that impact First Nations peoples and communities (Nakata 2007; Williams and Shipley 2023). The differences, however, are not merely methodological – they are decolonial, speaking to questions of power, sovereignty and justice (Smith 2012; Walter et al. 2021).

3

Key issues

3   Key issues

The challenges to implementing strong Indigenous evaluation are well documented. They include:

- historical legacies and current realities of colonisation, which marginalise Indigenous ways of knowing, being and doing and create powerful inequities in how knowledge is created and valued; see Smith (2012)

- understanding complex determinants and contexts such as racism, structural inequity and intergenerational trauma, which shape wellbeing and mental health – see AIHW IMH&SP Clearinghouse papers: *Intergenerational trauma and mental health* (Darwin et al. 2023); *Racism and Indigenous wellbeing, mental health and suicide* (Truong and Moore 2023); and *Beyond evidence-deficit narratives in Indigenous suicide prevention* (Dudgeon et al. 2021)

- lack of cultural safety, capacity and resourcing in commissioning and evaluation processes, which often centre mainstream priorities, indicators and definitions of success.

Key concepts

Best practice

There is also growing momentum for change. Major policy developments, including the *National Agreement on Closing the Gap* (Coalition of Aboriginal and Torres Strait Islander Peak Organisations 2020) and the *Indigenous Evaluation Strategy* (Productivity Commission 2020), call for a fundamental reimagining of how evaluation is done. In this context, First Nations-led organisations such as the Lowitja Institute and the CBPATSISP have articulated what best practice looks like in evaluation. The CBPATSISP outlines criteria that include First Nations ownership, community leadership, community consultation and co-design, cultural responsiveness, capacity-building, and continuous learning through evaluation and evidence-based adaptation.

Best practice in First Nations evaluation includes a shift in what is valued and measured and, importantly, defines success from a First Nations perspective. For example, the seminal *Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project* (ATSISPEP) (Dudgeon et al. 2016) demonstrated that evaluations focused on First Nations suicide prevention must go beyond individual-level mental health outcomes to assess the broader structural and cultural determinants of health and the interconnected domains of social and emotional wellbeing, engaging the community in decision-making throughout the entire process.

Social and emotional wellbeing, mental health, and suicide prevention

Social and emotional wellbeing is a holistic, multi-dimensional concept that reflects First Nations understandings of health. It encompasses mental, physical, cultural and spiritual wellbeing, as well as the strength of relationships with family, community and Country (Department of the Prime Minister and Cabinet 2017; Gee et al. 2014). Social and emotional wellbeing is not synonymous with mental health – it is broader, and resists the deficit framing and individual focus common in clinical and mainstream models. Social and emotional wellbeing recognises that wellbeing is shaped by and encompasses collective and relational dimensions of health that are central to First Nations world views.

It acknowledges the ongoing harmful impacts of colonisation and racism but does not define people by their trauma. Instead, it affirms strength, resilience and the importance of restoring and maintaining balance across multiple domains. It is a decolonising approach to wellbeing that centres First Nations knowledges and lived experiences, and calls for collective, culturally grounded and self-determined responses to healing and health.

Similarly, Indigenous suicide prevention is best understood not only as the mitigation of risk or harm, but also as a process of cultural revitalisation and strength. The ATSISPEP emphasises several key success factors, including community ownership and control, cultural integration, community development approaches, early intervention, healing and postvention, and holistic and intersectoral strategies. These factors reflect the intrinsic connection between suicide prevention and social and emotional wellbeing. In many community contexts, the terms are used interchangeably, highlighting that suicide is not simply a mental health issue, but a social and cultural one, rooted in the ongoing impacts of colonisation, racism and intergenerational trauma. Equally, approaches that ignore these social and cultural interrelationships for a singular clinical lens, risk compounding these adverse impacts. See also the AIHW IMH&SP Clearinghouse papers *An overview of Indigenous mental health and suicide prevention in Australia* (Martin et al. 2023) and *Indigenous self-governance for mental health and suicide prevention* (Groves et al. 2022).
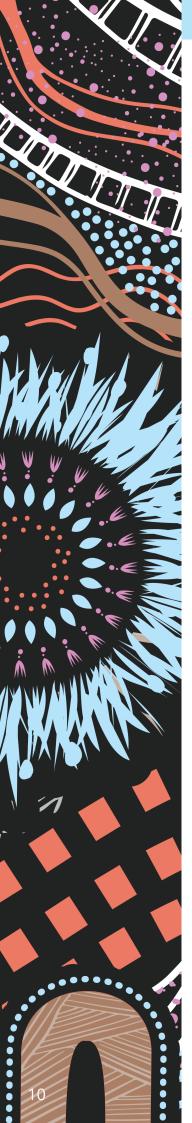
Strong evaluations are essential to understand the theory of change underlying social and emotional wellbeing programs – what kinds of supports and conditions are needed to enable effective prevention, recovery and healing, harmony, and flourishing – and what optimal First Nations social and emotional wellbeing looks like. Strong evaluations are also essential to challenge deficit discourses and affirm First Nations peoples' rights to lead the change in their own lives and communities.

Recent reviews of social and emotional wellbeing programs and interventions demonstrate that successful programs create the right supports for First Nations peoples and communities to recover, heal, grow and flourish. Murrup-Stewart and colleagues (2025) attribute improved wellbeing to increases in self-awareness, emotional intelligence, resilience, coping mechanisms, self-confidence, hopefulness and empowerment, knowledge and skill development, strong identities, roles, and a sense of belonging and connection. A review by Summerton and Blunden (2022) showed that culturally grounded interventions that facilitated connections to culture and community:

- improved mood
- strengthened cultural identities and increased cultural understanding
- increased empowerment and self-esteem
- decreased suicide attempts, self-harm incidences, psychological distress, drug use and criminal behaviours.

Importantly, impacts from successful programs and interventions include key systems-level changes, such as supporting self-determination by establishing mechanisms for greater community control, and by developing resources, systems and processes for better supported workforces (Bainbridge et al. 2018; Dudgeon et al. 2014). These changes would contribute to greater cultural safety and, more broadly, to appropriateness of programs and services in the community, though it is recognised that broader impact can be complex to capture within the limited scope of many evaluations (Bainbridge et al. 2018; Canuto et al. 2024; Dudgeon et al. 2014; English et al. 2021; Gupta et al. 2020).

Strong social and emotional wellbeing of First Nations peoples and communities (through connections across domains, and the transformation of systems that contribute to the cultural, political, historical and social determinants) encompasses self-determination, cultural revitalisation and a focus on both healing and the intergenerational transfer of cultural and community strengths and knowledge.

4

Policy context

4   Policy context

Ethical guidelines

Ethical requirements are a necessary step in protecting First Nations peoples and communities from harm by evaluators and researchers. The legacy of extraction and exploitation of research on First Nations peoples and communities must be recognised and confronted to create an ethical and equitable approach moving forward. It is therefore critical that the demand for First Nations evaluations be balanced against the imperative for evaluators to meet the necessary local and regional ethical requirements. Two seminal guides talk to the ethical requirements for evaluations involving First Nations contexts:

- *AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander research* (Australian Institute of Aboriginal and Torres Strait Islander Studies [AIATSIS] 2020)

- *Ethical conduct in research with Aboriginal and Torres Strait Islander peoples and communities: guidelines for researchers and stakeholders* (NHMRC 2018).

To improve evaluation practice, ethical frameworks must clearly delineate the responsibilities of all parties in evaluation and articulate the requirements for culturally safe evaluation. The ethical guidelines listed above are described further in Appendix A.

Social and emotional wellbeing, mental health, and suicide prevention frameworks

Three central frameworks guide First Nations social and emotional wellbeing, mental health, and suicide prevention strategies. These have been thoroughly discussed in previous Clearinghouse publications and are also described in Appendix A:

- *Gayaa Dhuwi (Proud Spirit) Australia* [GDPSA] *Declaration, Framework and Implementation Plan* (Gayaa Dhuwi (Proud Spirit) Australia Ltd 2025)

- *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (2025–2035)* (Department of Health and Aged Care 2024)

- *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing (2017–2023)* (Department of the Prime Minister and Cabinet 2017).
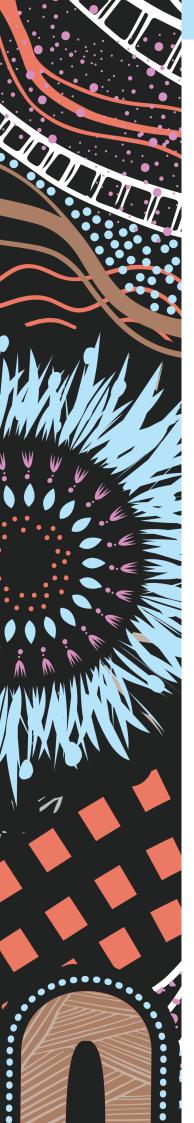
These frameworks align with mainstream policies, particularly the *National Agreement on Closing the Gap* (Coalition of Aboriginal and Torres Strait Islander Peak Organisations 2020) which promotes data sovereignty, accountability and community-led initiatives. Collectively, these policies influence First Nations evaluation by emphasising best practice evaluation methods, values-based targets and outcome measures, First Nations leadership, and data ownership in program design and assessment. This approach ensures that evaluation practices are culturally safe and that they effectively meet the needs and priorities of First Nations individuals, families and communities.

First Nations evaluation frameworks

The review of the literature presented below identifies and assesses relevant articles guided by the following 5 First Nations Evaluation frameworks and strategies:

- *An Evaluation Framework to Improve Aboriginal and Torres Strait Islander Health* (Kelaher et al. 2018)
- *First Nations Cultural Safety Framework* (Australian Evaluation Society 2021)
- *Indigenous Advancement Strategy Evaluation Framework* (National Indigenous Australians Agency 2018)
- *Indigenous Evaluation Strategy* (Productivity Commission 2020)
- *National Agreement on Closing the Gap* (Coalition of Aboriginal and Torres Strait Islander Peak Organisations 2020).

These frameworks, described further in Appendix A, provide culturally responsive and rigorous principles and criteria for evaluating not only the relevance, effectiveness and impact of evaluation initiatives but also their fidelity to First Nations perspectives and priorities. This approach ensures a focused yet comprehensive analysis of best practices, challenges and opportunities for strengthening evaluation in this context.

5

Methods

5   Methods

Rapid review

Search strategy

A systematic rapid review approach was used to synthesise current evidence for evaluations for social and emotional wellbeing, mental health, and suicide prevention with First Nations populations in Australia, and to find recent examples of best practice First Nations evaluation. The literature search protocol was developed by the authorship team in consultation with a librarian from the University of Western Australia. This review seeks to answer the following question: *How are best practice principles applied to evaluations for SEWB* [social and emotional wellbeing]*, mental health, and suicide prevention programs, services and interventions for First Nations peoples and communities in Australia?*

Data sources

We searched 4 electronic databases: MEDLINE, PsycINFO, Scopus and Informit Indigenous. We also scanned for grey literature searching for AIHW Indigenous Mental Health and Suicide Prevention Clearinghouse, Australian Health*InfoNet*, Better Evaluation Best Practice Project, and CBPATSISP. The search was conducted between 24 February and 2 March 2025.

Study selection

Using a systematic approach, reviewer (K.L.D.) searched each database using a predefined set of keywords and search strategy. The results of the database searches were imported and collated using Excel.

A second reviewer (R.A.I.) independently assessed the full corpus, with 100% agreement between the 2 reviewers. Once full texts were accessed, the 2 reviewers (K.L.D. and R.A.I.) worked together to review full texts. Any discrepancies were resolved by discussion to reach consensus. The inclusion and exclusion criteria were as follows:

- publicly accessible peer review or grey literature articles

- published from January 2017 to December 2024 (January 2017 coincides with the end date of the literature search for the Lowitja Evaluation Framework. The advancements associated with the First Nations Evaluation Frameworks published between 2018 and 2021 will therefore be captured in this review).

- focused on evaluating social and emotional wellbeing, mental health, or suicide prevention programs or services (excluding reviews or studies that are sector-based research on broader experiences rather than targeted evaluations, including protocols)

- Aboriginal and/or Torres Strait Islander populations in Australia, written in English (excluding studies that are targeted at mainstream populations, but include Indigenous cohorts).
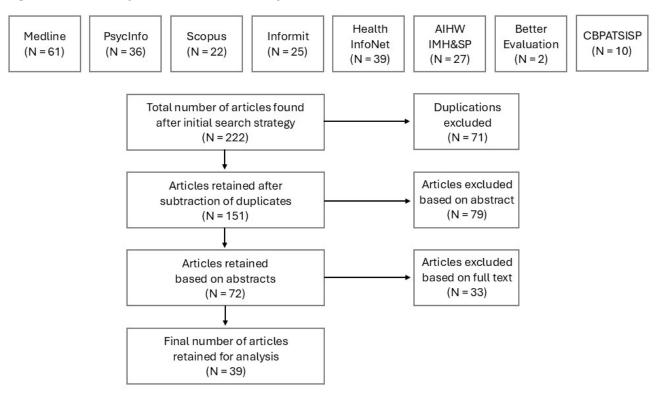
The search terms used were Australia and (Aboriginal or Torres Strait Islander or Indigenous or First Nation) and (policies or policy or program* or service* or intervention* or pilot or trial or project) and (wellbeing or well-being or SEWB or mental health or holistic health or suicide*) and evaluation.

Data extraction and quality assessment

Two coders (K.L.D. and R.A.I.) independently reviewed the selected studies and extracted data accordingly (see Figure 1). The data were entered into an Excel spreadsheet with the following headlines: Citation, Year, Abstract/Summary, Location, Sample/Participants, Program/Policy/Intervention, Study design/Methods/Findings, Domain A, Domain B, Domain C, Domain D, Domain E, Domain F, Domain G, and Quality Assessment Score.

The two coders (K.L.D. and R.A.I.) evaluated each study using an Indigenous Evaluation Framework Data Extraction Tool that was developed based on the 5 guiding strategies and frameworks described in Section 4 and Appendix A. The guiding frameworks provide culturally responsive and rigorous criteria for evaluating the relevance, effectiveness and impact of initiatives, as well as their alignment with First Nations perspectives and priorities. This approach ensures a focused yet comprehensive analysis of best practices, challenges and opportunities for strengthening evaluation in this context.

Figure 1: Summary of data extraction spreadsheet

Across the 5 guiding frameworks, principles and their practice, examples were reviewed for similarities and differences, creating overarching domains. Practice examples from each framework's principles then informed appraisal criteria for each domain. There was strong alignment across the frameworks (see Table 1). The domains are described below:

- **Domain A: Community Involvement and Governance** emphasises meaningful involvement of First Nations peoples in all stages of evaluation, from design to dissemination. It supports community-led governance, respect for cultural protocols, and active engagement with Aboriginal community-controlled organisations. Evidence includes First Nations leadership, community consultations, community researchers, formal agreements, and capacity-building strategies that demonstrate power-sharing and recognition of community authority.

- **Domain B: Evaluation Purpose and Relevance** ensures that evaluations are grounded in community-identified priorities, with clear purpose and relevance to First Nations peoples and communities. This includes feedback cycles to affirm information, increase inclusivity and trust and ensure clarity around expectations. It values records of community involvement in shaping evaluation focus and alignment with strength-based approaches. Evaluations must be integrated into cycles of policy, program design and evidence-informed decision-making, and support learning and service improvement – not compliance. Government and funded organisations are accountable for ensuring evaluations inform First Nations policy and planning at local, regional and national levels, delivering tangible benefits for communities.

- **Domain C: Methodological Rigour** prioritises culturally responsive, evidence-based and participatory evaluation methods that are fit for purpose. It emphasises the integration of Indigenous methodologies – such as yarning and storytelling – and the use of mixed methods when appropriate. Sufficient time must be allocated to build trust, ensure personal and cultural safety, and collect meaningful data. Methodological transparency and robust data collection and analysis are key. Although independence is important, relationality is also valued – taking the time to develop relationships and trust. Rigour also includes flexibility and adaptability, recognising that place-based methods generate meaningful evidence to inform real-world policy.

- **Domain D: Data Ownership and Sovereignty** upholds the rights of First Nations peoples to own, control, access and possess their data, in line with Indigenous data sovereignty principles. Evaluations should include clear agreements on data governance and sharing, and on intellectual and cultural property, and ensure that findings and data are shared back with communities in respectful and useful ways.

- **Domain E: Outcomes and Impact** focuses on evaluating change through a holistic lens grounded in First Nations concepts of health and wellbeing. It prioritises community-defined success; the integration of First Nations ways of being, knowing and doing; and a focus on long-term impact rather than on narrow outcome measures.

- **Domain F: Ethical Standards and Cultural Safety** ensures that evaluations are conducted with integrity and with respect for and accountability to First Nations peoples. This means seeking approval from First Nations-specific ethics bodies where relevant, commenting on and embedding cultural ethics protocols, and actively addressing cultural safety and racism.

- **Domain G: Utilisation and Knowledge Sharing** focuses on ensuring that evaluation findings are transparent, accessible and actionable. This includes making findings publicly available and returning them to communities in culturally meaningful and understandable ways – through presentations, visual storytelling, community reports and yarning – as well as ensuring evidence-based adaption for the future. Evaluations should include clear, community-aligned recommendations, and support their implementation, so that they meaningfully inform future policy and program design.

The domains were then used to evaluate each article. Descriptors were assigned to each domain (3 = fully meets criteria, 2 = partially meets criteria, 1 = does not meet criteria, 0 = no evidence provided). A total score was allocated to each article by summing the score of each domain. The quality of all domains should be high for the article to be considered high quality.

Table 1: Indigenous Evaluation Framework Data Extraction Tool

Strategies and frameworks	Australian Evaluation Society 2021	Productivity Commission 2020	Closing the Gap 2020	LOWITJA 2018	National Indigenous Australians Agency 2018
Domain A: Community Involvement and Governance	Decision-making Respect Leadership and expertise	Centring First Nations peoples' perspectives, priorities and knowledges	Priority reform 1: formal partnerships Priority reform 2: building community control	Shared responsibility Partnerships Engagement	Fit-for-purpose
Domain B: Evaluation Purpose and Relevance	Benefit	Useful	Priority reform 3: transforming government organisation	Accountability	Integrated Timely
Domain C: Methodological Rigour	Time Adaptability	Credible		Evidence-based	Evidence-based Independent
Domain D: Data Ownership and Sovereignty	Sovereignty Intellectual and cultural property	Ethical	Priority reform 4: shared access	Data governance and intellectual property	
Domain E: Outcomes and Impact	Know and understand the truth Diversity and uniqueness		Priority reform 3: transforming government organisation	Equity Capacity-building Holistic concept of health Indigenous strengths	Impact focused
Domain F: Ethical Standards and Cultural Safety		Ethical	Priority reform 3: transforming government organisations	Cultural competence Ethics	Ethical Respectful
Domain G: Utilisation and Knowledge Sharing		Transparent	Priority reform 4: shared access		Transparent

Results of data synthesis

The 39 articles included evaluations of 21 programs, 4 services, 9 system-based approaches, 3 psychological interventions, 1 curriculum and 1 app:
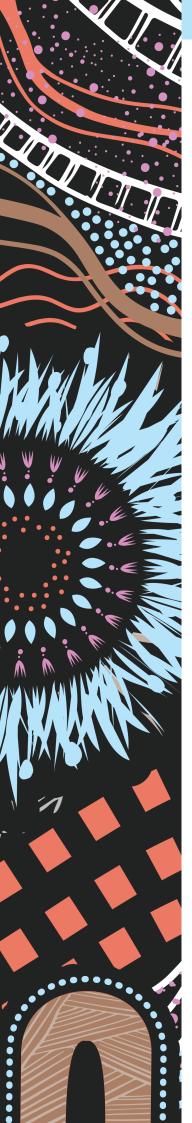
- On average, 4.88 evaluations were identified each year, ranging from 0 in 2018 to 9 in 2024.

- Evaluations were spread across jurisdictions (n=5 New South Wales, n=5 Victoria, n=9 Queensland, n=7 Western Australia, n=2 South Australia, n=1 Australian Capital Territory, n=5 Northern Territory, n=7 national).

- The majority were mixed methods – 56%, with 25% employing qualitative methods and 19% quantitative.

- Most articles investigated Aboriginal and Torres Strait Islander adults, with n=1 focusing on men only, n=2 focusing on women, and n=6 focusing on youth.

- Overall, Domain B had the highest average score (M=2.53; SD=0.73). The domains with the lowest average scores were Domain D (M=0.76; SD=1.17) and Domain G (M=1.53; SD=1.27).

Eleven articles with a total score of 18–21 were selected as case studies of best practice First Nations evaluation. These are discussed in Section 6 and Appendix B. The remaining articles were examined in the context of the evaluation framework to investigate the gaps in current evaluation practices, and barriers and enablers to best practice evaluation of social and emotional wellbeing, mental health, and suicide prevention initiatives for First Nations peoples and communities. These are discussed further in Section 6. Key considerations and challenges for evaluation were identified and used to inform recommendations in Section 8.

Ethical considerations

This review reviewed only publicly available materials; therefore, ethical approval from a Human Research Ethics Committee was not required. This review adheres to the NHMRC and AIATSIS Ethical Guidelines described in Section 4. The research team translated the review findings to influence evaluation practices for the benefit of First Nations communities, including presentations and workshops with Aboriginal community-controlled organisations, commissioners, evaluators, conferences and seminars.

6

Programs and initiatives

6   Programs and initiatives

Eleven best practice First Nations evaluation case studies were identified in the review process. These are described in further detail in Appendix B.

Case studies of best practice First Nations evaluation

Example 1 – The Seedling Group (2023)

This developmental evaluation explored the work of the Aboriginal and Torres Strait Islander Lived Experience Centre and its National Network. Co-created by a First Nations-led team, the evaluation was grounded in trauma-informed participatory practice and supported culturally safe storytelling and yarning. A culturally grounded analysis method, 'thought ritual', was used to interpret narratives. The evaluation:

- fostered healing through collective reflection
- protected cultural knowledge through First Nations governance
- returned findings through community gatherings and flexible, accessible formats
- modelled ethical evaluation practice through shared authorship and control of First Nations knowledge.

Example 2 – Lee and colleagues (2022)

This protocol supports participatory systems modelling with First Nations communities to strengthen culturally grounded approaches to mental health evaluation. It embeds First Nations governance and community control across all stages and uses culturally relevant methods, including yarning and ganma. The framework is adaptable across different sites, supporting local priorities. The protocol supports data sovereignty and co-analysis, with an emphasis on shared ownership and practical application to policy and systems reform.

Example 3 – Knight and colleagues (2024)

This evaluation used a multi-method approach to examine how the ATSISPEP influenced suicide prevention systems and commissioning. It combined a scoping review, a survey of Primary Health Networks, and interviews with key stakeholders across the country. Led by First Nations researchers, the evaluation focused on producing actionable insights. Findings were shared in accessible visual formats and presented nationally to support translation into policy and commissioning practices.

Example 4 – Haora and colleagues (2023)

This protocol outlines a participatory evaluation of Birthing on Country models in 2 locations. Grounded in First Nations governance and knowledge systems, the study uses a prospective cohort design, drawing on yarning, clinical records, costing and stakeholder reflections. The protocol supports First Nations data sovereignty and includes strong ethical processes and shared decision-making. Mixed methods allow for co-creation of knowledge through culturally responsive analysis and dissemination.

Example 5 – Farnbach and colleagues (2019)

This study outlines an evaluation approach embedded within a broader implementation project assessing a social and emotional wellbeing screening tool in First Nations primary health care. The design used grounded theory and realist methods, co-developed with First Nations researchers and services. It explored how social and emotional wellbeing screening aligned with holistic care and cultural safety. The approach aimed to support continuous improvement and ensure screening processes were meaningful and responsive to community needs.

Example 6 – Nolan and colleagues (2024)

This evaluation assessed the value of the Family Wellbeing program in Yarrabah (Queensland) using a Social Return on Investment framework. Initiated and led by First Nations partners, it integrated qualitative data and cost analysis to develop a locally grounded benefits framework. The evaluation was shaped through workshops with program facilitators, aligned with community-defined values and informed by principles of empowerment and community-defined value. Findings were returned in accessible formats to support advocacy and inform funding and program decisions.

Example 7 – Kelly and colleagues (2022)

This evaluation assessed outcomes at The Glen, a First Nations residential alcohol and other drug service. It used a benchmarking approach to compare within-treatment change with that of broader service cohorts. The evaluation was co-designed with The Glen, with staff contributing to analysis and co-authorship. The findings showed strong clinical improvements, particularly in psychological distress; they offer a replicable model for evaluation and continuous improvement in First Nations alcohol and other drug services.

Example 8 – Arumugam and colleagues (2024)

This evaluation reviewed the first holistic prison health service in the Australian Capital Territory to be led by an Aboriginal Community Controlled Health Organisation. It used a mixed-method design, combining clinical data and staff interviews to assess whether prison-based care aligned with community standards. Guided by Aboriginal community control, the evaluation focused on cultural safety, continuity of care, and community-responsive service delivery. Findings informed service refinement and supported the case for expansion into other jurisdictions.

Example 9 – Dudgeon and colleagues (2023)

This evaluation design supports the implementation of a pilot social and emotional wellbeing model across Aboriginal Community Controlled Health Services (ACCHSs). It is informed by an Aboriginal participatory action research (APAR) methodology that was co-designed with ACCHS staff; it is supported by governance groups and aligned with social and emotional wellbeing principles. The mixed-methods approach includes clinical data, systems assessment, interviews, document review and client journeys. The evaluation prioritises ethical and culturally safe engagement and supports First Nations data governance through collaborative analysis and localised case studies. Findings will be returned to services in tailored formats to support reflection and service improvement.

Example 10 – Jones and colleagues (2024)

This First Nations-led protocol outlines the evaluation of a trauma-integrated perinatal care model for First Nations families. Using participatory action research (PAR), the evaluation embeds co-design in governance, implementation and analysis. A mixed-methods approach combines the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) and CFIR (Consolidated Framework for Implementation Research) frameworks to assess feasibility and impact. Data include interviews, administrative linkage and cost auditing. Dissemination is planned through accessible formats (including creative outputs, community forums and a public knowledge portal), ensuring accessibility, cultural resonance and practical value to communities and services.

Example 11 – Williams and Ragg (2024)

This evaluation explored how Birthing on Country models were delivered in practice. It used a strength-based, qualitative approach to document experiences of families, midwives and service staff. Data were gathered through interviews and yarning, with an emphasis on trust, cultural safety and continuity of care. Findings were used to support reflection, learning and local decision-making within each service. The approach reflected strong cultural governance and prioritised place-based, community-led insights.

7

Key issues

7   Key issues

Drawing on the rapid review, and other relevant literature, this section discusses key issues within First Nations evaluations relating to social and emotional wellbeing, mental health, and suicide prevention. The following issues are described in turn:

- meaningful community involvement, governance and partnerships
- independence of evaluators
- engaging First Nations methodologies and approaches
- outcomes that reflect First Nations concepts and understandings
- ethical evaluation as culturally safe evaluation
- data sovereignty
- capacity-building, and continuous learning through evaluation and evidence-based adaptation.

Meaningful community involvement, governance and partnerships

Involving First Nations peoples and communities in evaluation processes can contribute to cultural safety for participants, cultural appropriateness of tools and approaches, and alignment with community needs and imperatives (Cargo et al. 2019). Without strong First Nations leadership and governance, evaluation risks 'program duplication, poor coordination, harming the community, asking the wrong questions, accessing the wrong data sources, and methodological unfeasibility' (Finlay et al. 2021:150).

Levels of involvement, however, range from negligible to substantive. While consultation can be an important form of engagement, it can be tokenistic if principles of self-determination do not drive processes that establish strong First Nations governance and partnerships, and when power is not negotiated and shared (Luke et al. 2020). Involvement can also be tokenistic if it is restricted to specific tasks, such as developing measurement tools, rather than being authentically embedded throughout an evaluation process. In their scoping review of culturally informed evaluations, Vine and colleagues (2023) found that while all 57 of their reviewed studies mentioned some level of community engagement (which was a key search term), only 24 included First Nations peoples or community in the evaluation development or process, and only 15 used a First Nations-specific evaluation tool, guideline or framework. Other reviews have noted that many evaluations minimally describe the process of community involvement or consultation (Murrup-Stewart et al. 2019).

To ensure meaningful community involvement, governance and partnerships, First Nations frameworks for ethical evaluation – such as the 'Ngaa-bi-nya Aboriginal and Torres Strait Islander framework' (Williams 2018) and the 'Lowitja Evaluation framework to improve Aboriginal and Torres Strait Islander health' (Kelaher et al. 2018) – can be drawn on, which centre self-determination as necessary for ethical evaluation (Luke et al. 2020). A systematic review by Maddox and colleagues (2021) identified the following 8 principles for community-relevant First Nations health service and program evaluations that were socially, culturally and scientifically excellent:

- Principle 1: Adopting First Nations-led or co-led approaches is vital to balance power relationships by prioritising self-determination.

- Principle 2: The evaluation team should include local First Nations community members.

- Principle 3: First Nations community knowledge and practice should be foundational.

- Principle 4: Evaluations must be responsive and flexible to meet the needs of the local community.

- Principle 5: Evaluations should respect and adhere to local First Nations protocols, culture, wisdom and language.

- Principle 6: Evaluations should emphasise reciprocity, shared learnings and capacity-building.

- Principle 7: It is important to build strong relationships and trust between and within researcher teams, evaluators and communities.

- Principle 8: The evaluation team must acknowledge community capacity and resources by investing in time and relationships.

Meaningful community involvement also requires:

- regular and transparent knowledge sharing and communication with the First Nations community or relevant First Nations governance and advisory bodies

- knowledge translation and dissemination to ensure First Nations peoples and communities directly benefit and engage with the products and outputs of evaluation.

Many of the reviewed evaluations did not report any mechanisms for knowledge translation and sharing with the community. Some evaluations provided details of points of engagement, or ongoing knowledge sharing as part of their participatory processes or governance mechanisms; however, knowledge translation activities specific to community were largely absent.

Independence of evaluators

Independence is a key principle of many evaluation frameworks. Independent evaluators can be an external evaluation team, or an internal evaluation team that does not share responsibility for program design and/or implementation. Independence can lead to credible and objective evaluation findings that support evidence-based decision-making.

Funders should account for independent/external evaluation in contracts to ensure continued improvement of policies and programs. However, it is important to recognise that key to independent evaluation are strong processes that guide governance, rather than whether evaluators are internal or external to an organisation. For example, external evaluators may be influenced by the fear of losing ongoing contracts if a negative evaluation report is produced (Better Evaluation n.d.). Participatory approaches to evaluation, in contrast, may include members of an organisation who are involved in the design, implementation and delivery of an evaluated program, centring local knowledge, and building capacity while still ensuring credible findings.

In the context of First Nations evaluations, strong trust-based relationships are not only important – but also foundational. These relationships often develop over time through sustained, respectful engagement. External evaluators may already have established connections with communities, organisations and individuals through previous projects, and these existing relationships can

be critical to enabling culturally safe and effective evaluations. Where such relationships do not yet exist, it is essential that evaluations allocate the time and resources required to build them. Relationship-building is not an optional add-on; it is a necessary condition for ethical, culturally grounded and impactful evaluation practice. In the authors' collective experience, evaluations that are funded and led by community organisations are the most valuable and impactful. They reflect the priorities, knowledge systems and ways of working that matter most to the community, and align with the principles we outline across the domains.

There is also a need to recognise the importance of programs and organisations to build capacity for First Nations peoples to engage in their own evaluation. This reflects an orientation to continuous quality improvement and ongoing cycles of reflection and action that seek to strengthen processes and outcomes. This might entail relationships with evaluators' evaluation approaches that emphasise participation and capacity-building, such as PAR. Such approaches can further support Indigenous data sovereignty; the internal capacity for evaluation then shifts away from evaluation as punitive to a key embedded tool for program and service improvement.

Engaging First Nations methodologies and approaches

Centring First Nations ways of knowing, being and doing within approaches to evaluation not only contributes to ethical and culturally safe evaluation, but also strengthens the quality and relevance of data collected. The lived experiences and journeys of healing or recovery from mental ill-health, self-harm and suicide are necessary to inform best practice approaches.

However, in a systematic review of literature assessing social and emotional wellbeing programs, Murrup-Stewart and colleagues (2019:174) found that '… no study completely used Indigenous methodologies, and there was extremely limited evidence of the use of Indigenous methodologies in any program design or evaluation of outcomes'. Similarly, in the present review, while many evaluations included qualitative approaches, which are considered culturally appropriate, further consideration toward employing First Nations methods and approaches are less evident. Yarning (Bessarab and Ng'Andu 2010) is one approach that was included in a number of evaluations; however, it is important to recognise that yarning is not just a data collection method that can be employed within a non-Indigenous evaluation framework – it needs to be situated within a process that centres First Nations perspectives and understandings (Kennedy et al. 2022). Yarning is often reported without further detail on how it was engaged (Kennedy et al. 2022), and there is a risk that it represents only mainstream approaches to qualitative interviewing, but with First Nations peoples. There are some good examples of First Nations approaches to evaluation, such as the Ngaa-bi-nya Evaluation Framework (Williams 2018) and APAR (Dudgeon et al. 2020); however, there is perhaps less familiarity or comfort with engaging First Nations approaches to analysing data, or First Nations approaches for collecting and analysing quantitative data.

Although First Nations methodologies and approaches are becoming more recognised, many evaluators (including the Australian Centre for Evaluation) continue to demand so-called 'gold standard' Western approaches for measuring effectiveness, which often conflict with First Nations ways of knowing, being and doing. This reflects a broader issue within the scientific paradigm, where Western approaches are still privileged, and alternative epistemologies and methodologies are marginalised, with the growing literature on best practice for Indigenous research ignored

(Smith 2012; Williams and Shipley 2023). To support culturally safe research and evaluation, a shift toward epistemic pluralism is needed – one that creates space for the legitimacy and coexistence of First Nations decolonising methodologies (Moran et al. 2024).

Outcomes that reflect First Nations concepts and understandings

Documenting the right outcomes is crucial for effective evaluation. Evaluation designs must incorporate outcomes that align with First Nations concepts and understandings of holistic health. However, even when concepts such as social and emotional wellbeing are identified as outcomes, the frameworks and tools used often fail to capture them adequately. This creates a tension between mainstream tools, considered evidence-based and best practice, and those that more accurately reflect First Nations knowledges and practices (Gupta et al. 2020; Williams and Shipley 2023). For instance, the Kessler-5 and Quality of Life instruments are widely used tools to measure psychological distress or wellbeing; although validated for First Nations peoples, they often serve as a deficit measure for social and emotional wellbeing. Yet, neither captures the complex, holistic and interrelated nature of social and emotional wellbeing, which spans multiple domains and determinants (Bulter et al. 2019).

Developing measures specific to social and emotional wellbeing has been a priority for years. It is increasingly recognised, however, that such a complex construct is difficult to capture through a single tool. Some tools measure distinct components of social and emotional wellbeing (Gee et al. 2025), but the challenge remains to ensure these tools are grounded in First Nations perspectives, culturally validated, and appropriate for the context of evaluation (Le Grande et al. 2017; Newton et al. 2015). Recognising the diversity of First Nations cultures also means acknowledging that 'one size does not fit all' (Australian Evaluation Society 2021). A review by Luke and colleagues (2020:8) found that '... even when a holistic concept of health was present, it was not well interpreted', and evaluators often redefined the concept, replacing holistic health with dominant social determinants or individualised mental health measures.

Measuring clear and appropriate outcomes is essential for building robust evaluation findings. However, these outcomes must be assessed holistically, encompassing all dimensions of social and emotional wellbeing – both the domains and determinants of health – and considering both individual and relational aspects of healing. This includes using community-defined success indicators and recognising First Nations ways of being, valuing, knowing and doing (Kelaher et al. 2018). Incorporating these elements helps to avoid reducing outcomes to clinical measures, enabling more culturally relevant, safe and accurate assessments (Butler et al. 2019; Newton et al. 2015).

Impact, particularly in the context of social and emotional wellbeing, mental health, and suicide prevention, is often harder to measure. Impact can extend beyond the immediate scope and time frame of a program and may not be fully understood until much later (Australian Evaluation Society 2021; Gee et al. 2014). Therefore, impact should not be conflated with outcomes. Evaluations should focus on capturing the broader transformative impact, especially at multiple levels – policy, social, cultural, community, family and individual. This includes the critical roles of capacity-building, capitalising on First Nations strengths, and strengthening community control, as well as influencing policy and social factors (Kelaher et al. 2018).

While documenting the long-term impact of a program can be difficult, especially when evaluations are time limited and focus on specific stages of a program's life cycle, it is essential not to overstate immediate outcomes. Particularly in the context of social and emotional wellbeing, mental health, and suicide prevention, impact may not be fully understood until much later, and should not be reduced to short-term results. Evaluations must make a clear distinction between outcomes and impact, ensuring that the long-term impact is not conflated with early outcomes.

Ethical evaluation as culturally safe evaluation

Almost all of the reviewed evaluations reported securing approval through a Human Research Ethics Committee (HREC). (This included national- and state-based HRECs; First Nations-specific HRECs, such as through the AIATSIS; or institutional HRECs, as part of universities or government institutions.) Few of the evaluations specifically identified or described adherence to First Nations-specific ethical frameworks, such as the NHMRC (2018) or AIATSIS (2020) frameworks. Many of the reviewed evaluations provided minimal description of ethical consideration in the evaluation design, and most of those that did describe broader ethical considerations did not encompass cultural safety or trauma-informed approaches. Evaluators need to understand the importance of detailed reporting of considerations taken to ensure cultural safety, and a recognition that more is required than standard approaches to ethical research and evaluation practices. Furthermore, it must be instilled that ethical evaluation is not a given once HREC approval is received, but a continuously negotiated process that needs to be supported through strong First Nations and community governance, as well as through practices of critical reflexivity for non-Indigenous evaluators (Walker et al. 2014).

A recent systematic review of Indigenous social and emotional wellbeing research in primary health care by Farnbach and colleagues (2018) found that, while many studies included actions aligned with the NHMRC's (2003) *Values and ethics: guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research*, few explicitly engaged with the framework or reported how its principles were enacted. This highlights an ongoing disconnect between ethical approval and meaningful ethical practice, mirroring the discourse on cultural competence and cultural safety, and highlighting the need for more transparent, culturally grounded reporting that supports learning and accountability across the sector.

Data sovereignty

Indigenous data sovereignty is:

> … the right of Aboriginal and Torres Strait Islander peoples, communities and organisations to maintain, control, protect, develop, and use data as it relates to us. Indigenous Data Sovereignty describes how the rights of Indigenous peoples, our experiences, values and understanding are developed and reflected in any data and information gathered about us, our communities and our knowledges (Lowitja Institute 2023).
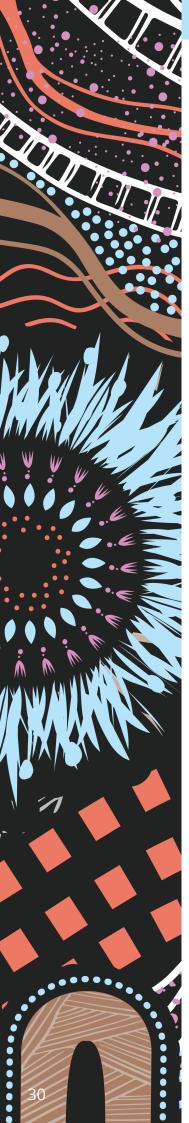
While Indigenous data sovereignty has been recognised as both supporting self-determination and ensuring the safe and respectful use of First Nations data, how it is implemented in research and evaluation is a long-standing concern, albeit a rapidly evolving space. Very few of the reviewed evaluations reported addressing principles of Indigenous data sovereignty. Of those that did, few details were provided on how it was operationalised.

There are many challenges relating to enacting Indigenous data sovereignty, such as communities and community-controlled organisations having appropriate infrastructure to store and manage data, or the issues of maintaining confidentiality of qualitative data. First Nations organisations and/or communities currently face many barriers in resourcing their own research and their own sovereign data frameworks. Still, it was encouraging to see conceptual frameworks being operationalised, and community ownership being explicitly discussed and written into research collaboration agreements.

Indigenous data sovereignty emphasises the right of First Nations peoples to govern the collection, ownership and use of data, viewing data as both a cultural and economic asset. Despite the rise of Big Data and Open Data, First Nations communities remain largely excluded from decision-making processes surrounding data, perpetuating their marginalisation. Walter and colleagues (2021) highlight the challenges posed by Big Data and advocate for Indigenous data sovereignty as a means to counter these risks and create pathways for collective benefit. Current data systems fail to account for First Nations world views and data needs, limiting equitable access to the benefits of data-driven advancements.

Speakers at the 2025 Global Indigenous Data Sovereignty Conference, hosted in Canberra on 1-3 April, acknowledged a significant implementation gap but highlighted ongoing dialogue with government agencies and the potential of Closing the Gap (CtG) to offer a new approach (see Recommendation 2 from the Productivity Commission's *Closing the Gap review report* [Productivity Commission 2024]). A Data Sovereignty Policy Partnership will be established to further this agenda.

It is extremely difficult to get non-Indigenous institutions (government, not-for-profit organisations and the private sector) to cede any ownership of the data they collect from First Nations peoples. The monopoly on decision-making and resource scarcity within the funding evaluations of government agencies must change to address the historical injustice of extractive data collection, interpretation and ownership processes. Excluding Indigenous communities from knowledge creation and data ownership remains a power imbalance that must be corrected, as emphasised by Maggie Walter at the close of the 2025 Data Sovereignty Conference, who demanded genuine partnership and a permanent seat at the decision-making table.

8

Overarching strategies, approaches and best practice

8 Overarching strategies, approaches and best practice

Examples of best practice across domains

Domain A: Community Involvement and Governance

To ensure meaningful and impactful community involvement and governance, co-design and co-creation must be genuinely built into all steps of an evaluation process to guide evaluation design, identification of outcomes, designing and selecting of tools and measures – even the analysis and dissemination of findings. This means establishing or engaging with strong governance and advisory mechanisms. For example:

- Dudgeon and colleagues (2023) report engaging with the evaluated pilot program's governance committee, comprising ACCHSs and the Western Australian peak body for ACCHSs
- Farnbach and colleagues (2019) and The Seedling Group (2023) report engaging with advisory groups
- Lee and colleagues (2022) report engaging with a reference group.

While these mechanisms may be structured and titled differently, what is important is the extent they have to guide the evaluation process.

Other points of community involvement include involvement of community co-researchers within APAR approaches (Dudgeon et al. 2023) or, in the case of Kelly and colleagues (2022), involving program staff in evaluation design and data collection. There were also examples of formal partnerships with Aboriginal Controlled Community Organisations (ACCOs) and communities (Arumugam et al. 2024; Haora et al. 2023; Kelly et al. 2022; Nolan et al. 2024). This approach further embodies approaches to evaluation that centre self-determination, as partnerships constitute a commitment to power-sharing. While other mechanisms can be effective, evaluators still ultimately control how much power they invest in them.

Domain B: Evaluation Purpose and Relevance

Evaluation that is purposeful and relevant has clearly defined objectives that align with community priorities, including identifying which programs need evaluation, and what evaluation questions need to be asked. Best practice examples include evaluations that build on projects that have emerged from strong community need and have established strong governance – for example, the review by Knight and colleagues (2024) of the uptake and influence of the ATSISPEP findings and recommendations across Primary Health Networks. This review built on the ATSIPEP's strong grounding in community governance and engagement, and clearly directed its objectives toward policy impact.

Best practice evaluation purpose is driven from the ground up, rather than from the top down, and is cautious of the practice of cladding, where projects are presented as being community led when they have not genuinely emerged from community priorities, or where the involvement of Indigenous peoples or communities is merely symbolic and does not reflect real control or influence.

Domain C: Methodological Rigour

Methodological rigour requires using the right tools and approaches to collect robust and quality evidence. This includes using culturally appropriate methods and First Nations methods for data collection and analysis. Yarning was a key method adopted across many of the best practice evaluations (Dudgeon et al. 2023; Haora et al. 2023; Lee et al. 2022; The Seedling Group 2023). Lee and colleagues (2022) also identified Dadirri (Ungunmerr-Baumann 1988) – an approach to inner deep listening – and Ganma (Muller 2012) – an approach to 2-way knowledge sharing – as First Nations methodologies within their evaluation approach.

Many First Nations methodologies can be considered to be qualitative approaches; however, Lee and colleagues (2022) also reported they would engage in nayri kati (Walter and Anderson 2013) as a First Nations quantitative methodology. This approach entails generating data through a First Nations lens, reframing data in terms of success, privileging First Nations voices, bringing multiple perspectives into the data conversation, and challenging assumptions and stereotypes. The Seedling Group (2023) also engaged 'thought ritual' – '… an Indigenous data analysis tool that is a hybridisation of ancient oral cultural practice and contemporary thought experiment, grounded in First Nations protocols of communal knowledge production that are aligned with principles of complexity theory' (Yunkaporta and Moodie 2019). Participatory approaches such as APAR (Dudgeon et al. 2023; Lee et al. 2022) and PAR (Haora et al. 2023) have also been recognised as strong methodological approaches that embed First Nations community involvement within the evaluation process.

Domain D: Data Ownership and Sovereignty

As described in Section 3, principles of Indigenous data sovereignty were not often included in the reviewed evaluations; furthermore, when they were included, how they were enacted was not well described. Both Kelly and colleagues (2022) and Arumugam and colleagues (2024) described that Indigenous data sovereignty was enacted through their partner ACCOs owning the data. For Arumugam and colleagues (2024), data were collected through the ACCOs Electronic Medical Record System and were managed and stored through their systems. The Seedling Group (2023), who facilitated yarning circles with the Indigenous Lived Experience Centre (ILEC), stated that:

> … all of the information in this report remains the property of the ILEC. Indigenous intellectual property is collectively owned, including legal rights to protect that property. This includes cultural knowledge and cultural heritage, including that held in oral history. To protect against quotes and stories being used out of context, please contact ILEC for permission to reproduce any part of this document (The Seedling Group 2023:8).

Lee and colleagues (2022) recognised the need to address concerns relating to Indigenous data sovereignty and outlined a process for establishing agreements with First Nations leadership and governance to:

> … acknowledge their authority over the data and discuss management, use, and dissemination of research data whilst still acknowledging respect for confidentiality. This will not only increase transparency of the Program evaluation process, but it also allows opportunities to openly ask critical questions related to data management (Lee et al. 2022:7).

The model of data governance in the Mayi Kuwayu study (Nolan et al. 2024) is a strong example of the implementation of data sovereignty in research and evaluation.

Domain E: Outcomes and Impact

Meaningful evaluation requires outcome and impact measures that are appropriate and that capture the constructs they seek to represent. Importantly, outcomes and impact should reflect what is considered important for First Nations peoples and communities. The Seedling Group (2023), for example, documented outcomes such as healing and empowerment, while Haora and colleagues (2023) documented cultural safety, and cultural connection and identity.

It is also crucial to recognise the value in process evaluations that explore model fidelity before moving on to examine outcomes. As noted in Section 3, while it is important to measure First Nations conceptions of wellbeing such as social and emotional wellbeing, there are challenges in using quantitative measures to do so. As stated previously, many evaluations document social and emotional wellbeing outcomes through deficit-focused tools that measure mainstream mental health constructs such as depression and psychological distress.

The Seedling Group (2023) and Dudgeon and colleagues (2023) also provide good examples of evaluations that sought to document outcomes at multiple levels: for the former, this entailed individual, community and policy levels; for the latter, this entailed client, workforce, service system and governance levels. Dudgeon and colleagues (2023) also developed a Systems Assessment Tool to measure the delivery of social and emotional wellbeing services, adapting an existing tool for systems and processes assessment into an social and emotional wellbeing framework.

There should also be an emphasis on documenting impact, including indirect changes, and the results of community capacity-building and strengthening. However, it is noted that there can be challenges to documenting this when evaluations are not resourced adequately or given time to fully capture impact evidence.

Domain F: Ethical Standards and Cultural Safety

For First Nations evaluation to be ethical it must also ensure cultural safety in its approaches. The Seedling Group (2023) and Jones and colleagues (2024) both explicitly recognised the need for cultural safety and a trauma-informed approach. Farnbach and colleagues (2019) and Dudgeon and colleagues (2023) both provided detailed descriptions of ethical processes, including considerations toward cultural safety. For example, Dudgeon and colleagues (2023) describe the use of male and female community co-researchers to ensure gender options available for yarns with First Nations clients of social and emotional wellbeing services, as well as providing an option of a First Nations interviewer. They also describe the reflexive practices of members of the non-Indigenous evaluation team members as part of ensuring individual practice aligns with cultural safety principles. Knight and colleagues (2024) explicitly identify the Indigenous Research Excellence Criteria (NHMRC 2022) and Harfield et al. (2020) Aboriginal and Torres Strait Islander Quality Appraisal Tool to have guided their approach to designing ethical evaluation. Nolan and colleagues (2024) identify the Lowitja Institute's Research for Impact Tool and Introduction to Indigenous Knowledge Translation online course as useful resources.

Domain G: Utilisation and Knowledge Sharing

Key considerations for knowledge utilisation and sharing are, foremost, for knowledge produced to benefit First Nations peoples and communities and lead to stronger outcomes – and for findings to be accessible to not just the broader public but also, specifically, the First Nations communities involved in the evaluation. This also entails findings to be shared in accessible and culturally appropriate ways, and for reports to include recommendations that are actionable and that align with community priorities. Evaluation outputs often include a final report to the commissioning body or organisation or, when conducted through a university, may include the publication of journal articles or academic presentations. Assuming that these are sufficient for community benefit misunderstands ethical responsibility.

Community reports and present-back forums are an essential part of sharing knowledge back to a community. Furthermore, direct capacity-building efforts or activities to address evaluation recommendations, as part of the evaluation process, embody a best practice approach to knowledge utilisation. Across the best practice examples, community reports and in-person report-backs were clearly identified as a key approach (Dudgeon et al. 2023; Kelly et al. 2022; Knight et al. 2024; The Seedling Group 2023). Jones and colleagues (2024) and The Seedling Group (2023) also included a communication plan to clearly specify stakeholders and outline how findings would be disseminated. As well, some evaluations also described communication of evaluation findings throughout, as part of ongoing engagement and involvement with community or relevant organisations (Dudgeon et al. 2023; Lee et al. 2022; The Seedling Group 2023).

An additional critical aspect of evaluation is program adaption, based on evaluation findings and data, both within program teams and more broadly across communities. Effective evaluation should not only assess outcomes but also identify areas where change is necessary, facilitating learning within the project or program itself. This cycle of adaptation ensures that programs remain relevant and responsive. A practical example is the approach used by The Seedling Group (2023), where evaluation findings were used to adapt local health initiatives, leading to the inclusion of culturally specific resources and activities that were more effectively received by community members. Another example comes from Knight and colleagues (2024), where the evaluation of a suicide prevention program prompted a shift in focus from generalised mental health messages to more tailored, community-specific strategies, based on feedback from both participants and local stakeholders. This ongoing process of learning and adaptation ensures that evaluations are not simply a one-off activity but an integrated, iterative part of continuous improvement within communities that ensures sustainable outcomes and long-term community benefit.

Gaps and limitations

There are important limitations to this review. Firstly, the inclusion of protocols in the search strategy are likely to have captured aspirational processes and adherence to evaluation principles that may not fully align with how the evaluation evolved in real-world contexts. In practice, evaluations may differ significantly from the protocol depending on the extent to which community involvement, power-sharing and other principles are actively implemented.

Secondly, as noted above, many evaluations that occurred in Australia during the specified time were not captured in this review, because they were not formally published or made publicly accessible. Therefore, we are primarily reviewing published academic papers that are largely studying government-funded programs where the government is an important stakeholder. The lack of transparency in unpublished evaluations limits accountability, making it difficult to draw comprehensive conclusions about how First Nations evaluation principles are being implemented nationally. While the evaluations available to the public are encouraging, there remains a significant gap in understanding the broader landscape of evaluations that remain internal to organisations and government bodies. These unpublished evaluations may offer the most valuable and insightful data, especially those documenting the authenticity of government partnerships and power-sharing commitments.

Finally, the process of commissioning evaluations requires further exploration. While the *Indigenous Evaluation Strategy* (Productivity Commission 2020) calls for strengthening these capabilities, the current understanding of how commissioning influences the evaluation process remains underdeveloped. Finlay (2021) highlights the importance of enhancing the cultural and evaluation capability of public servants involved in the commissioning process.
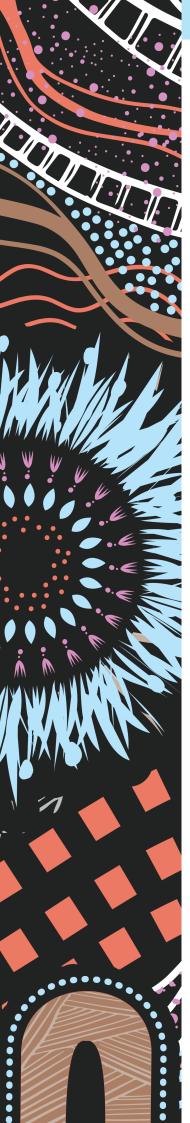
Recommendations for further research

To address the need for power-sharing, as identified in the Close the Gap Review Report (Productivity Commission 2024), there is a continued need to develop our understanding of best practice Indigenous evaluation, and how these practices differ from mainstream evaluation methodologies. A fundamental shift in values and principles is essential to transforming knowledge and behaviours. As Watego and colleagues (2024:279) assert, 'Ultimately, evaluation alone cannot change things. However, revising evaluation principles and processes has the potential to enact change at the policy and program level, and bring policy actors' focus towards supporting self-determination'. By continuing to embed Indigenous values and principles in evaluation frameworks, we can foster greater self-determination and enhance the meaningful involvement of First Nations communities in shaping their futures.

In our review, 2 key principles were notably under-represented: 'Utilisation and Knowledge Sharing' and 'Data Ownership and Sovereignty'. More work is needed to ensure that the findings of evaluations are actively shared with the communities involved, for their direct benefit. Knowledge sharing must go beyond the formal reports intended for commissioning bodies; it must be inclusive, culturally responsive and actionable for communities. Most importantly, knowledge produced from evaluation should directly inform how programs and services are delivered. For this reason, evaluation approaches that are oriented to capacity-building and continuous learning and improvement are essential to ensuring benefit to community and embodying principles of self-determination. Further, 'Data Ownership and Sovereignty' remains a rapidly evolving space. This principle requires strong partnerships with governments but can be bolstered through bold, frontline evaluation practices and impactful publications that centre Indigenous voices in the data and decision-making process.

The current review is one contributor to the ecosystem that complements a large body of so-called 'grey literature'. A critical next step is the identification and inclusion of unpublished evaluations, whether conducted by First Nations communities or government organisations. Such evaluations can provide a more comprehensive understanding of the current evaluation environment, offering richer insights into the practices and challenges that are not publicly visible. Action 7 of the *Indigenous Evaluation Strategy* (Productivity Commission 2020) calls for all evaluation reports to be published in full, or at least summarised, in an Indigenous Evaluation Clearinghouse. This initiative would be an important step in ensuring greater transparency, accountability and the continued commitment of government to the priority reforms under the National Agreement on Closing the Gap.

Finally, we look forward to the ongoing implementation of the Productivity Commission's *Indigenous Evaluation Strategy*, including the establishment of an Indigenous Evaluation Office, Council and Clearinghouse, as well as an independent review of the strategy itself. These developments will contribute to building the capacity for truly transformative evaluation practices that support First Nations self-determination, flourishing cultures, and high levels of social and emotional wellbeing.

9

Conclusions

9   Conclusions

Evaluation can play a vital role in strengthening accountability, informing policy and improving the lives of First Nations peoples. In the context of social and emotional wellbeing, mental health, and suicide prevention, evaluation must move beyond performance metrics to become a tool for self-determination, harm reduction, recovery and healing, and life promotion. This review highlights that culturally responsive, Indigenous-led evaluation is not just best practice, it is essential to ensuring programs are effective, ethical and meaningful to the communities they are designed to serve.

This review surmised that effective approaches were underpinned by First Nations governance and genuine co-design across all stages of evaluation. Best practice examples:

• demonstrated methodological rigour

• used First Nations methodologies, such as APAR

• addressed data sovereignty

• displayed partnership and reciprocal relationships with Aboriginal community-controlled organisations

• prioritised cultural safety and ethical standards.
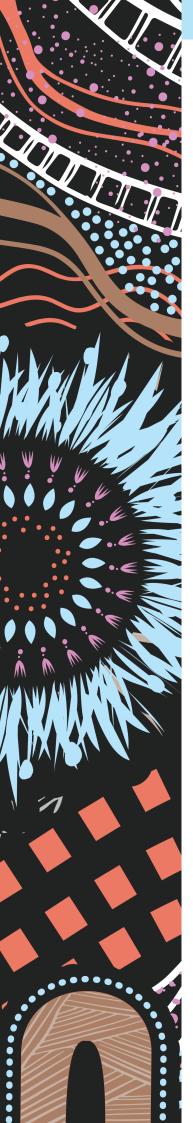
Outcomes were meaningful and measured across multiple levels, and knowledge sharing included reports, presentations and adaptive implementation. These evaluations centred self-determination and embedding learning throughout the process.

Key issues included a need for greater community involvement, capacity-building and culturally grounded methodologies. Evaluators should adopt ethical frameworks and engage First Nations-led processes, ensuring self-determination, cultural safety and data sovereignty. Evaluation tools must align with First Nations peoples' holistic health and social and emotional wellbeing, avoiding deficit- and individual-based conceptualisations of health. By prioritising relationship building, evaluations can ensure sustainable impact and facilitate long-term change in communities.

The review also identified areas where more work is needed. Despite the importance of evaluation, most First Nations programs in Australia have not been rigorously or appropriately evaluated. There remain significant barriers to implementing Indigenous-led evaluation, including lack of resourcing, workforce capacity, structural racism and policy constraints. Furthermore, internal or community-led evaluations – which are arguably the most powerful and insightful – are often unpublished or excluded from the evidence base. The field would benefit from:

• stronger support for transparency and accountability

• data sovereignty

• development

• dissemination of social and emotional wellbeing based evaluation tools, and mechanisms to embed evaluation as a process of learning and adaption rather than compliance.

In summary, the future of First Nations mental health, wellbeing, and suicide prevention depends not only on what is delivered, but also on how we assess, learn from and improve that work. Evaluation must be reimagined as a relational, community-driven and culturally grounded practice that honours the lived experiences, strengths and aspirations of First Nations peoples and communities.

Appendixes

Appendix A

Table A1 summarises the information available on (and links to) the policy and frameworks in Section 4 of this paper.

Table A1: Description of policies and frameworks

Name	Details	Key recommendations	Implementation
NHMRC Ethical Guidelines for Research with Aboriginal & Torres Strait Islander Peoples (NHMRC 2018)	A national framework developed by the NHMRC to ensure ethical research with First Nations peoples. It is guided by Indigenous perspectives and supports culturally safe, community-led research. *Keeping Research on Track II* is a companion guideline that provides practical advice for implementing these ethical principles.	The guidelines emphasise 6 core values: Spirit and Integrity, Cultural Continuity, Equity, Reciprocity, Respect, and Responsibility. They require research to be First Nations-led, community-engaged and respectful of Indigenous data sovereignty. Ethical evaluation frameworks must align with these values.	Widely used in research ethics review, but challenges remain in ensuring meaningful First Nations leadership and adherence to the core values in practice. Greater accountability and capacity-building for First Nations-led research are needed.
AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research (AIATSIS 2020)	A national framework developed by the AIATSIS to ensure ethical, culturally safe research with First Nations peoples. The framework is based on 4 core principles: Indigenous self-determination, First Nations leadership, Impact and value, and Sustainability and accountability. The *Guide to Applying the AIATSIS Code of Ethics* provides practical steps for implementation.	The principles require clear responsibilities from researchers to engage and collaborate with communities in meaningful, transparent ways and to uphold First Nations rights, knowledge systems and governance. The code stresses the importance of First Nations leadership throughout the research and evaluation process, as well as respecting First Nations data sovereignty, and prioritising community engagement and benefit.	The code is increasingly applied in research ethics and funding requirements, but challenges persist in fully adhering to the principles and responsibilities. Strengthening First Nations leadership in governance and ensuring comprehensive accountability are key for effective implementation.

(continued)

Name	Details	Key recommendations	Implementation
National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing (2017–2023) (Department of the Prime Minister and Cabinet 2017)	A national framework guiding culturally responsive mental health and social and emotional wellbeing services for First Nations peoples. This renewed 2017 framework was intended to guide and inform First Nations mental health and wellbeing reforms at a national level. It was developed by the Australian Government in collaboration with First Nations stakeholders.	Emphasises a holistic, strength-based approach to mental health and social and emotional wellbeing. Outcome 1.2 highlights culturally safe, community-led services. Outcome 4.1 (Strategy 2) calls for rigorous evaluation of new and expanded services. Outcome 4.2 (strategies 5 and 7) emphasises First Nations-led monitoring, accountability, and data sovereignty to improve system performance and service quality.	Integrated into some mental health programs, but concerns remain about inadequate funding for First Nations-led evaluations. Calls for stronger First Nations leadership in monitoring frameworks and alignment with First Nations understandings of social and emotional wellbeing. Framework renewal and Implementation Plan are forthcoming.
National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (2025–2035) (Department of Health 2024)	A national strategy developed by the Australian Government in partnership with the GDPSA and with First Nations communities to guide suicide prevention efforts from 2025 to 2035. It prioritises First Nations leadership, cultural safety and holistic approaches.	Priority 6 (Evidence and Data) ensures all suicide prevention activities are culturally informed and evidence-based. It emphasises First Nations data sovereignty, regional accessibility of data, and the development of governance frameworks for First Nations-led evaluation and research. It aligns with Priority Reform 4 of the National Agreement on CtG.	Not yet implemented. Implementation Plan is forthcoming. Success depends on sustained funding, First Nations-led governance, and cross-system partnerships to strengthen data sovereignty, evaluation and policy development.
Gayaa Dhuwi (Proud Spirit) Australia (GDPSA) Declaration (2015) and Framework and Implementation Plan (2025)	A national framework guiding First Nations-led social and emotional wellbeing and mental health policy. The 2015 Declaration set foundational principles, with the 2025 Framework and Implementation Plan operationalising these through First Nations leadership, cultural responsiveness and self-determination.	Theme 3 (Best Evidence) emphasises First Nations-led evaluation, integrating social and emotional wellbeing outcome measures with clinical metrics. It calls for First Nations governance in mental health and suicide prevention evaluation, ensuring that Indigenous-defined success indicators inform service quality, policy and evidence bases.	The declaration has influenced policy, but full implementation of social and emotional wellbeing based outcome measures remains limited (although the Implementation Plan has only just been released). Challenges include inadequate First Nations-led evaluation frameworks and the dominance of clinical measures in mainstream mental health systems.

(continued)

Table A.1 (continued): Description of policies and frameworks

Name	Details	Key recommendations	Implementation
National Agreement on Closing the Gap (Coalition of Aboriginal and Torres Strait Islander Peak Organisations 2020) and Review of the National Agreement on Closing the Gap – Study Report (2024)	A national policy aimed at reducing health disparities between First Nations peoples and non-Indigenous Australians. The 2024 Review assessed progress and recommended structural reforms to improve outcomes, including Target 14 addressing social and emotional wellbeing through suicide prevention.	The Review outlined 4 priorities: Power sharing, Indigenous data sovereignty, Reforming government systems and culture, and Strengthening accountability. It emphasised integrating social and emotional wellbeing and suicide prevention as a core outcome and called for First Nations leadership in evaluation, service delivery and policy development.	Progress has been slow, with persistent gaps in social and emotional wellbeing and suicide prevention. A priority policy partnership for social and emotional wellbeing was formed in 2022. Challenges include insufficient power sharing, data access issues and bureaucratic resistance to systemic reform. Stronger First Nations-led accountability mechanisms are needed.
Indigenous Evaluation Strategy (Productivity Commission 2020)	National framework guiding evaluation of policies and programs affecting First Nations communities, developed by the Productivity Commission. Emphasises First Nations leadership in evaluation, culturally responsive methodologies, and accountability in policy outcomes.	The overarching principle of the strategy is centring First Nations peoples, perspectives, priorities and knowledges. This principle is also the lens through which the other principles – being credible, useful, ethical and transparent – should be interpreted. These principles frame how agencies should plan and conduct evaluations and how evaluations will be assessed.	Some agencies have adopted the strategy, but inconsistent application and lack of dedicated funding for First Nations-led evaluation remain challenges.
First Nations Cultural Safety Framework (Australian Evaluation Society 2021)	A national framework ensuring cultural safety in evaluation practices, developed by the Australian Evaluation Society. Focuses on First Nations-led evaluation, self-determination, culturally appropriate methods, and ethical engagement.	Ten equally important and complementary principles to support culturally safe evaluation are described: Sovereignty, Know and understand the truth, Diversity and uniqueness, Time, Decision-making, Respect, Adaptability, Leadership and expertise, Benefit, Intellectual and cultural property.	Increasing uptake in evaluation practice, but more capacity-building and institutional commitment are needed.
Indigenous Advancement Strategy Evaluation Framework (National Indigenous Australians Agency 2018)	Framework guiding evaluations of programs, under the Indigenous Advancement Strategy, developed by the National Indigenous Australians Agency. Promotes culturally appropriate evaluations, First Nations governance, and transparency in reporting program outcomes.	The framework describes a set of best practice principles that all evaluations are guided by: relevant (integrated, respectful), robust (evidence based, impact focused), credible (transparent, independent, ethical), and appropriate (timely, fit-for-purpose). These provide a benchmark to aspire toward, and are a gauge for assessing the performance of the framework itself.	Used in some evaluations, but concerns remain about top-down approaches and limited First Nations-led evaluations.

(continued)

Table A.1 (continued): Description of policies and frameworks

Name	Details	Key recommendations	Implementation
An Evaluation Framework to Improve Aboriginal and Torres Strait Islander Health (Kelaher et al. 2018)	Developed by the Lowitja Institute to guide health program evaluations through Indigenous-led, culturally safe approaches. Advocates for strength-based, community-driven evaluation, First Nations data sovereignty, and long-term impact assessments.	The framework outlines 11 principles: Partnerships, Shared responsibility, Engagement, Capacity-building, Equity, Accountability, Evidence based, Holistic concept of health, Cultural competence, Data governance and intellectual property, Capitalising on First Nations strengths. These principles should underpin any Indigenous policy, program or service and should be included as part of the evaluations for such initiatives.	Used in some health evaluations, but broader adoption is needed for systemic change.

Appendix B

Table B1 provides a summary of information covered on programs and initiatives in Section 6 of this paper.

Table B1: Description of programs, associated evaluations and their outcomes

Example 1	Program details		Evaluation	Evaluation details		Findings
The Seedling Group (2023) **Evaluation of the Aboriginal and Torres Strait Islander Lived Experience Centre and National Network Interim Report November 2023**	Location(s)	National	Developmental evaluation, yarning and virtual yarning 'The ILEC is committed to supporting strengths within the Indigenous community to build self-determination for all Indigenous Peoples. This includes recruiting Indigenous businesses, listening to Indigenous voices, seeking guidance and support from Indigenous knowledge holders and respecting Indigenous Knowledges (IK).' (The Seedling Group 2023 p. 11)	Location(s)	National, evaluation by The Seedling Group	1. The program has been healing/therapeutic for network members whether meeting online or in person; however, there are major benefits to meeting in person. 2. Change to programs and practice has been seen mainly at the grassroots level, and policy change has been slow (suggestion from the Literature Review and its refresh). 3. It is community reaching in to take something it can use. Network members have grown their knowledge and bravery and are taking necessary new skills back into the community where they are supporting others. This is how national change can happen. 4. There are conflicting feelings about the direction and progress of the National Network. Despite yarning in detail about its mission, members remain unclear about what it is. Although it came together organically and is true to Indigenous ways of knowing, being and doing, members do want structure, purpose and process outlined in a framework. 5. It is lots of different things to different people at different times. The National Network has agency. 6. The evaluation process has served as a feedback loop. It has highlighted the necessity for a process of listening, following up and checking on the function and purpose of the network itself.
	Participants	Aboriginal and Torres Strait Islander peoples with lived experience of suicide meet monthly (26 monthly yarns with >200 attendances)		Participants	Members of the National Network	
	Duration	September 2019 to November 2023		Duration	Feedback collected from 4 gatherings in 2022–2023	
	First Nations specific	Yes		First Nations specific	Yes	
	Focus	Indigenous Lived Experience Centre (ILEC) and the Indigenous Lived Experience Network (National Network)		Focus	Network members' journey, not meant to be an audit of functions or deliverables	

(continued)

Example 2	Program details		Evaluation	Evaluation details		Findings
Lee et al. (2022) **An evaluation study protocol to strengthen a comprehensive multi-scale evaluation framework for participatory systems modelling through Indigenous paradigms and methodologies**	Location(s)	National	Mixed-methods, APAR, a comprehensive multi-scale evaluation framework is applied Highly relevant with clearly stated objectives and scope that also reflect community needs	Location(s)	National	Focus on supporting evidence-based policy and funding decision-making to improve broad youth mental health outcomes, including youth engagement in education and employment. The current framework seeks to understand: (i) feasibility (of participatory systems modelling [PSM]) (ii) value (of the PSM process) (iii) change and action/impact (what changed or was actioned as a result of the PSM process) (iv) sustainability (are the changes and actions of the PSM processes sustained over time), with PAR principles embedded to support improvements of the PSM process through more equitable strategies.
	Participants	Age/Gender/Other characteristics		Participants	Up to 55 participants will be included per participating site	
	Duration	5 years		Duration	Sufficient time will also be allocated to work with Indigenous leadership and governance	
	First Nations specific	Yes		First Nations specific	Yes	
	Focus	Youth mental health Program aims to enhance social and emotional wellbeing		Focus	Alignment with social and emotional wellbeing framework and Indigenous Evaluation Strategy	

(continued)

Table B1 (continued): Description of programs, associated evaluations and their outcomes

Example 3	Program details		Evaluation	Evaluation details		Findings
Knight et al. (2024) **Uptake and influence of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project**	Location(s)	National, 7 sites	Mixed-methods Scoping review, Survey, Interviews Engaged Indigenous research methods and methodologies; decolonising approaches	Location(s)	National, 7 sites	The findings outlined in this review demonstrate the widespread uptake and influence of the ATSISPEP report findings and recommendations across Primary Health Networks and First Nations suicide prevention policy and practice at local, state and national levels. This review identifies where implementation has been successful and provides solutions to overcome barriers to implementation by directing Primary Health Networks and peak Aboriginal bodies to areas where uptake can be increased. It also offers strategies for the CBPATSISP to support and facilitate Primary Health Networks' implementation, and activities related to suicide prevention outlined in the ATSISPEP report, and proposes recommendations to be presented to the Australian Government responsible for the ATSISPEP's funding.
	Participants	Age/Gender/ Other characteristics		Participants	Primary Health Network staff at NSPT sites	
	Duration	National suicide prevention trials (NSPT), 2016 to 2020		Duration	(e.g. pre, post and 2-month follow-up)	
	First Nations specific	Yes		First Nations specific	Yes	
	Focus	What works in First Nations community-led suicide prevention		Focus	Uptake and influence of ATSISPEP findings; use and application of ATSISPEP tools and resources	

Example 4	Program details		Evaluation	Evaluation details		Findings
Haora et al. (2023) **Developing and evaluating birthing on country services for First Nations Australians**	Location(s)	North Brisbane, Qld; Nowra, NSW	Mixed-methods, prospective birth cohort study in 2 settings, comparing outcomes for women having First Nations babies with historical controls Community-based, PAR, process, impact and outcome evaluation	Location(s)	North Brisbane, Qld; Nowra, NSW	Our analysis of feasibility, acceptability, clinical and cultural safety, effectiveness and cost will use data including: (i) women's experiences collected through longitudinal surveys (3 time points) and yarning interviews (ii) clinical records (iii) staff and stakeholder views and experiences (iv) field notes and meeting minutes (v) costs data.
	Participants	Pregnant women and families		Participants	Recruited in third trimester, 2 follow-up surveys approx. 2 and 6 months	
	Duration	Framework endorsed by the Australian Government in 2016		Duration	Five years, 2018–2022	
	First Nations specific	Yes		First Nations specific	Yes	The study includes a process, impact and outcome evaluation of this complex health services innovation.
	Focus	Services offer women and families integrated, holistic maternity care		Focus	Maternal, infant and family health and wellbeing	Women's experiences, perinatal outcomes, costs and other operational implications will be reported for communities, service providers, policy advisors, and for future scale-up.

(continued)

Table B1 (continued): Description of programs, associated evaluations and their outcomes

Example 5	Program details		Evaluation	Evaluation details		Findings
Farnbach et al. (2019) **Process evaluation of the Getting It Right study and acceptability and feasibility of screening for depression with the APHQ-9**	Location(s)	National	Process evaluation using grounded theory approaches Semi-structured interviews with primary health care staff from services participating in the Getting It Right survey were triangulated with feedback (free text and elicited) from participants	Location(s)	National	This research has shown that the Getting It Right study – which found that the APHQ-9 screening tool for depression was valid for use for and by Indigenous peoples – was conducted predominantly as outlined in the study protocol and that the APHQ-9 was well accepted by the primary health care staff and participants and is considered acceptable and feasible to use. The non-consecutive recruitment that occurred sometimes at 2 services did not appear to result in biased samples at either service.
	Participants	10 services took part in the Getting It Right study		Participants	Primary health care staff (n = 36), community members (n = 4), participants (n = 500) from the 10 services	
	Duration	2014–2016		Duration	May 2015 to November 2016	
	First Nations specific	Yes		First Nations specific	Yes	
	Focus	Determining the validity and acceptability of a depression screening tool		Focus	Staff perceptions of cultural validity	

(continued)

Example 6	Program details		Evaluation	Evaluation details		Findings
Nolan et al. (2024) **Utilising existing data for a pilot social return on investment analysis of the family wellbeing empowerment program**	Location(s)	Yarrabah Qld	Collaborative mixed-methods approach	Location(s)	Yarrabah Aboriginal community, Qld	Results indicate that for every Australian dollar of investment in delivering family wellbeing between 2001 and 2021 in the Yarrabah Aboriginal community, A$4.60 of benefits were produced for participants and the community. The return is expected to be higher if important community and cultural impacts of the program were included in the monetisation. Four overarching themes of impact for family wellbeing were identified: health, wellbeing, and culture; education and employment; families and connectedness; and self-determination and empowerment. Indicators for measurement were listed within each theme along with the data source, and the approach to measurement (e.g. monetise, qualitative, or quantify). The largest benefit of family wellbeing in Yarrabah is through the reduced prevalence of suicide in the community, representing approximately half (A$8.67 million) of monetised benefit captured.
	Participants	5,000 participants	The analysis was undertaken across 4 stages, including a literature review to identify impacts and create a theory of change	Participants	Use of existing extrapolated data	
	Duration	Workshops have been delivered within the community for nearly 20 years		Duration	2001 and 2021	
	First Nations specific	Yes	Co-design of an impact framework	First Nations specific	Yes	
	Focus	Aboriginal family wellbeing empowerment	A targeted literature review to inform impact quantification and attribution	Focus	Pilot Social Return on Investment analysis	
			Calculation of the Social Return on Investment results			

(continued)

Table B1 (continued): Description of programs, associated evaluations and their outcomes

Example 7	Program details		Evaluation	Evaluation details		Findings
Kelly et al. (2022) **Evaluating an Aboriginal community controlled residential alcohol and other drug services**	Location(s)	Central Coast NSW	Benchmarking; quantitative evaluation The program is 3 months initially, with an option of a longer stay in the transition program which enables residents to stay for another 6–12 months focusing on training, employment and housing needs.	Location(s)	The Glen, an AOD residential treatment service that is managed by the Ngaimpe Aboriginal Corporation	Results from the present study showed that people accessing The Glen demonstrated both statistically and clinically meaningful change in their wellbeing during their stay. This was identified at both 30 and 60 days, with effect sizes in the medium to high and high ranges across both measures of wellbeing (i.e. quality of life and psychological distress). The benchmarking exercise demonstrated that meaningful improvements in wellbeing were at the very least equivalent to other non-ACCO residential AOD services. The study provides further support for the important role that ACCOs play in supporting Indigenous people in their recovery.
	Participants	Male-only alcohol and other drugs (AOD) residential treatment service		Participants	Indigenous and non-Indigenous participants (n = 775) between 2010 and 2019	
	Duration	The Glen has been in operation since 1994		Duration	Collected at intake, 30 and 60 days during the person's stay	
	First Nations specific	No		First Nations specific	Yes	
	Focus	Supporting recovery and wellbeing		Focus	Measures of wellbeing (i.e. symptom distress and quality of life)	

Example 8	Program details		Evaluation	Evaluation details		Findings
Arumugam et al. (2024) **Preliminary evaluation of a novel Aboriginal community-controlled prison health service for First Nations people.**	Location(s)	ACT adult prison	Mixed-method approach The quantitative arm described health status and health care engagement of enrolled detainees and included a comparison of preventive health measures with the Winnunga community-based service. A qualitative arm involved focused, semi-structured interviews with Winnunga staff members who worked at the prison service	Location(s)	Winnunga Nimmityjah Health and Wellbeing Service	Health needs among detainees were skewed towards mental illness and substance use. The provision of primary and preventive health care was comparable to or better than the community-based service. Qualitative analysis of staff interviews identified 4 themes: provision of holistic and community-led care, workforce constraints, access to opioid agonist treatment, and challenges working within a correctional facility. Winnunga was the first Aboriginal Community Controlled Health Organisation (ACCHO) to deliver holistic health care to First Nations people in an Australian prison. This evaluation highlights the service's achievements and provides recommendations for improvement and expansion.
	Participants	First Nations peoples in prison		Participants	61 detainees enrolled (from 168 requests), with 92% identifying as Aboriginal	
	Duration	Service commenced in 2019		Duration	1 January 2019 to 31 December 2020	
	First Nations specific	No		First Nations specific	Yes	
	Focus	Provision of primary and preventive health care in a prison setting		Focus	High-quality, culturally safe health and wellbeing services	

(continued)

Table B1 (continued): Description of programs, associated evaluations and their outcomes

Example 9	Program details		Evaluation	Evaluation details		Findings
Dudgeon et al. (2023) **Evaluating a social and emotional well-being model of service piloted in Aboriginal community-controlled health services in Western Australia**	Location(s)	Western Australia, 5 sites across regions	Mixed-methods An APAR methodology will be undertaken which calls for Indigenous leadership and governance, capacity-building of community co-researchers and engagement in reflexive practice	Location(s)	Western Australia	The evaluation will take a mixed-methods approach to data collection, including at each pilot site, yarns with up to 5 clients engaging with social and emotional wellbeing services; qualitative interviews with up to 5 service providers at each site, and up to 5 key knowledge holders from stakeholders, including funders and commissioning bodies; the collection of clinical data; facilitated discussion using the social and emotional wellbeing Systems Assessment Tool; and document analysis and cost-estimation. Analysis will be guided by a client journey mapping framework, and data will be collectively analysed through a socioecological framework to understand the connections and inter-relatedness between client outcomes and experiences, social and emotional wellbeing team and service provider experiences, service systems and governance structures. Case studies will provide contextual and place-based insights toward how the pilot was implemented, the impacts and emerging outcomes.
	Participants	Clients of social and emotional wellbeing ACCHO services in 5 pilot sites across regions		Participants	5 sites across regions	
	Duration	The evaluation will span December 2022 to March 2025		Duration	(e.g. pre, post and 2-month follow-up)	
	First Nations specific	Yes		First Nations specific	Yes	
	Focus	WA ACCHO social and emotional wellbeing model of care		Focus	Formative development of the pilot, and the processes, impacts and emerging outcomes related to implementation	

(continued)

Example 10	Program details		Evaluation	Evaluation details		Findings
Jones et al. (2024)	Location(s)	Rural Victoria	Mixed-methods approach	Location(s)	Rural Victoria	Components include:
Trauma-aware, healing-informed care to improve support for Aboriginal and Torres Strait Islander families –implementation and evaluation study protocol	Participants	50 stakeholders	Community-based PAR	Participants	Approximately 200 women who have given birth over the study period	(1) a trauma-aware, healing-informed training and resource package for service providers
			Multi-component program implemented in large rural health service			(2) trauma-awareness resources for parents
						(3) organisational readiness assessment
	Duration	January 2021 to December 2026		Duration	The program will be implemented in a large rural health service in Victoria, Australia, over 12 months	(4) a database for parents and service providers to identify accessible and appropriate additional support
			Will implement a program of strategies that promote a whole-of-service behavioural shift in the approach to perinatal care by building the capacity and confidence of service providers to support families			(5) piloting safe recognition and assessment processes.
	First Nations specific	Yes		First Nations specific	Yes	Implementation and evaluation activities have been co-designed in collaboration with the local community and service organisations to strengthen power sharing, impact and acceptability, relevance and operational feasibility.
	Focus	Co-designed over 4 years to improve awareness, support, recognition and assessment of trauma		Focus	Evaluation will assess feasibility, acceptability, cost, effectiveness and sustainability	

Table B1 (continued): Description of programs, associated evaluations and their outcomes

Example 11	Program details		Evaluation	Evaluation details		Findings
Williams and Ragg (2024) **Investigation into healthcare provision for Aboriginal people in Victorian prisons**	Location(s)	Public prisons in Victoria	Mixed-methods System investigation We examined the following questions: To what extent does health care provided in Victorian prisons:	Location(s)	Dame Phyllis Frost Centre, the Melbourne Assessment Prison and Ravenhall Correctional Centre	Justice Health did not demonstrate a strong understanding of health from an Aboriginal perspective, of the provision of culturally responsive health care and of factors impacting the health of Aboriginal people in prison. The Government needs to work with Aboriginal community representatives to implement an Aboriginal-designed and Aboriginal-delivered model of health care for Aboriginal peoples in prison. This needs to include evaluation and assessment with an Aboriginal lens as to its cultural responsiveness. It needs a qualitative focus on user experiences and on health outcomes. Ultimately, we found a system that is failing to meet the needs of Aboriginal peoples and is not ensuring their best health outcomes.
	Participants	Aboriginal peoples in Victorian prisons	A) meet the needs of Aboriginal people?	Participants	Aboriginal peoples in 3 Victorian prisons, key Aboriginal organisations and community representatives	
	Duration	Ongoing	B) ensure the best health outcomes for Aboriginal people?	Duration	May 2023	
	First Nations specific	Yes		First Nations specific	Yes	
	Focus	Culturally safe health care	C) ensure access to health care that is culturally safe, continuous, and of an equivalent standard and quality to that which is available to people who are not in prison?	Focus	Recognising the need for Aboriginal peoples' experiences and ideas to be at the heart of this investigation	

Acknowledgements

Abbreviations

ACCHO	Aboriginal Community Controlled Health Organisation
ACCHS	Aboriginal Community Controlled Health Services
ACCO	Aboriginal Controlled Community Organisation
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
AIHW	Australian Institute of Health and Welfare
APAR	Aboriginal participatory action research
ATSISPEP	Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project
CBPATSISP	Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention
CtG	Closing the Gap
GDPSA	Gayaa Dhuwi (Proud Spirit) Australia
HREC	Human Research Ethics Committee
ILEC	Indigenous Lived Experience Centre
IMH&SP	Indigenous Mental Health & Suicide Prevention
NHMRC	National Health and Medical Research Council
NIAA	National Indigenous Australians Agency
NSPT	National Suicide Prevention Trials
PAR	participatory action research
PSM	participatory systems modelling

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This paper reviews Australian literature on Indigenous evaluation in social and emotional wellbeing, mental health, and suicide prevention. It highlights best practices, challenges, and the need for culturally safe, community-led approaches. Emphasising Indigenous governance and data sovereignty, it calls for evaluations that are empowering, independent, and grounded in lived experience.

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Stronger evidence,
better decisions,
improved health and welfare