Access and Equity: Evaluation Summary

Office of Multicultural Affairs, Department of Prime Minister and Cabinet Access and Equity Evaluation Summary Canberra, Australian Government Printing Service, 1992.

Prime Minister's Foreword

My Government seeks to build an Australia which is fair, strong, prosperous and united in its purpose and outlook. This goal can only be achieved if governments deal with all Australians in an even-handed manner. It is particularly important that equality of opportunity and equity in outcomes are pursued in all programs and services delivered by government agencies to the public.

My Government is, therefore, firmly committed to ensuring that all Australians, irrespective of their race, culture, religion or language, are able to benefit equitably from the resources it manages on behalf of the community. To facilitate equitable sharing and participation, the Government adopted the Access and Equity Strategy in 1985 for implementation throughout the Australian Public Service.

The Government decided to evaluate the Strategy in 1991-92 and I now welcome the findings and conclusions of this Evaluation Report. It demonstrates that the Access and Equity Strategy has been a constructive step in building a better, fairer Australia, the kind of Australia which we want for ourselves and our children. It found that the Strategy improved service delivery, particularly to those clients of non-English speaking background. It shows that Public Service managers have responded to the challenge of diversity by changing their attitudes and adjusting policy and program development and delivery of services.

The Evaluation's findings also see room for improvement. The language barrier, and to a lesser degree other barriers, continue to inhibit access to services and equity in program outcomes for many fellow Australians. In particular, the extension of the Strategy in 1989 to include Aboriginal and Torres Strait Islander peoples has yet to produce significant results. This is therefore one group targeted for special attention to further improve Access and Equity in public programs.

This Evaluation Report provides a range of sound recommendations. My Government endorses the Report and its recommendations. The Access and Equity Strategy is an effective public policy response to the challenges of our culturally diverse society. It will continue to be implemented with vigour by Commonwealth departments and agonies.

P J Keating

Preface

The Office of Multicultural Affairs within the Department of the Prime Minister and Cabinet is responsible for developing, implementing, reviewing and reporting on the performance of the Commonwealth Government's Access and Equity Strategy.

In the second half of 1992, OMA concluded a major cross-portfolio Evaluation of the Access and Equity Strategy's impact on all Commonwealth Government departments and agencies.

This booklet is intended to provide a comprehensive but concise summary of the findings of the Evaluation and the Recommendations they gave rise to. It is aimed at a general audience. Further information can be found in the Evaluation Report and in the associated Companion Volume of Evaluation Research, both available through the

Commonwealth Government Bookshop.

Dr J R Verrier
Assistant Secretary,
Equity and Community Relations Branch office
of Multicultural Affairs
November 1992.

Terms of Reference

The 1986 Access and Equity (A&E) Strategy, extended in 1989, covers all residents of Australia who may face barriers of race, culture, religion or language, including Aboriginal people and children of parents with non-English speaking backgrounds (before July 1989 it related to immigrants only). The Strategy seeks to ensure that these people have:

• equal life chances and enjoy equitable access to and an equitable share of the resources which the Commonwealth Government manages on behalf of the community;

• the opportunity to participate fully in society and in the decisions which directly affect them.

Against this background and taking into account program management and budgeting and other reviews of government programs, the 1991 Evaluation of Implementation of A&E Strategy shall:

(1)   as its central focus, assess the impact of the Strategy on all those who should benefit from it;

(2)   assess the effect of the Strategy on relevant Commonwealth agencies and their programs and services both at the policy development and delivery levels;

(3)   assess program effectiveness (including cost effectiveness) and efficiency in terms of the Strategy in achieving goals;

(4)   assess whether the Strategy as a whole and the specific A&E requirements, continue to be the best available mechanisms to implement A&E policy in Commonwealth funded

programs;

(5)   in making these assessments consider:

(a)   the purpose, scope and rationale for the Commonwealth A&E policy;

(b)   the range available A&E implementation strategies and methods used by the Commonwealth, State/Territory and local governments in Australia;

(c)   scope for improvement of A&E performance in Commonwealth programs which have potential for major impact on the A&E target group.

(6) report on whether the Strategy has achieved its A&E goals and recommend as to the changes needed to advance further the A&E policy.

The Access and Equity Strategy

Access and Equity (A&E) is a concept, a principle and a policy given practical management content by a Strategy. The Strategy began as a policy response to service provision for people of non-English speaking background (NESB) in 1985. In 1989 it was extended to include all groups who may face barriers of race, religion, language or culture including Aboriginal and Torres Strait Islander peoples.

A&E is not about providing special services to migrants but about providing equal access to government services for all residents of Australia who may face barriers of race, culture, religion or language, including Aboriginal and Torres Strait Islander peoples and children of parents with non-English speaking backgrounds. It is about the rights and entitlements all should expect to enjoy.

A&E policy represents aspects of the principle of universalism in the delivery of government services. It recognises that, while services may be universally applicable, they may not be equally

accessible if they are uniformly designed and delivered. The A&E Strategy seeks to overcome any barriers of language, culture, race and religion which impede the delivery of government services to all residents.

The mechanism by which the Strategy is implemented consists of eleven Requirements to assist departments address all who face particular barriers to access.

The Government decided in 1989 that there should be a comprehensive Evaluation of the impact of the Strategy in 1991.

The concept of Access and Equity has evolved in tandem with the increasing variety of Australia's migrant intake. The Government's response passed through phases of assimilation, integration and finally multiculturalism. Policy on Aboriginal and Torres Strait Islander peoples also passed from assimilation to self-management and self-determination, including identification of Torres Strait Islanders.

As part of multicultural policy the issue of mainstream sensitivity to migrant needs came to the fore. The Galbally Report of 1978 adopted the principle that the needs of migrants should, in general, be met by programs and services available to the whole community but that special programs and services - known as ethno-specific services - were necessary at that time to ensure equality of access and provision.

To strengthen Government efforts, in 1985 the A&E Strategy was inaugurated. All portfolios were required to produce a three-year A&E Plan which identified obstacles to access and to equitable access. In March 1987 the Office of Multicultural Affairs (OMA) was established as a division of the Department of the Prime Minister and Cabinet. OMA was given the responsibility for coordinating and monitoring the Strategy. As already stated, in 1989 the Strategy was strengthened and expanded.

The Evaluation found that A&E had not so far been adequately defined. It can be defined as 'a policy to ensure that equitable access to government programs and services by all members of the Australian community is not impeded by barriers related to language, culture, race or religion'.

At the root of the logic of the A&E policy was not only a concern for equity but also a concern for efficiency. It reflected a government commitment to ensuring that public institutions and agencies provide effectively for all members of society.

The Strategy's role in relation to departments is to encourage them to design their programs to ensure that they reach the entire range of potential clients. The Strategy's focus, therefore, is on measures to be taken by departments to adjust their mainstream policy and program design and delivery to provide equitable access for the broadest possible range of clients.

A&E relates to other Commonwealth services and reforms. Migrant settlement programs and the concept of A&E are closely related. English language training shows that settlement programs work to skill individual migrants so that they themselves may overcome what would otherwise be barriers to access. The A&E Strategy takes up where settlement programs leave off.

Ethno-specific or non-mainstream services have been held to have an important role to play because language and cultural requirements may prevent migrants from seeking assistance from general services. It has been concluded that specialist organisations do not marginalise their clientele and the continuation of these ethno-specific agencies should not be seen as contravening the objectives of the A&E Strategy.

A&E is a key component of the Government's Social Justice Strategy (SJS). The SJS addresses factors of disadvantage such as inadequate income, gender, race or disability. A&E focuses on a specific aspect of social justice. It is concerned about whether, if a service exists, there are barriers to its use.

Equal Employment Opportunity (EEO) initiatives have a longer history than does the A&E Strategy and have similar goals, but they are one-dimensional since they are limited to the workplace.

The A&E Strategy includes Aboriginal and Torres Strait Islander peoples. In March 1990 the Aboriginal Affairs portfolio was reorganised and the Aboriginal and Torres Strait Islander Commission (ATSIC) established. ATSIC has a statutory coordination role with respect to the activities of other Commonwealth bodies that affect Aboriginal and Torres Strait Islander peoples and a function of monitoring the effectiveness of programs including programs conducted by bodies other than ATSIC. The A&E Strategy is an important means by which Aboriginal and Torres Strait Islander peoples, living in urban, rural and remote areas of Australia, gain equitable access to, and a fair share of, government programs and services.

The issue of whether the A&E Strategy needs strengthening by legislation was canvassed during the Evaluation.

The Evaluation Methodology

The Evaluation methodology is linked to the Program Logic of the A&E Strategy. From the Program Logic the Terms of Reference (TORs) and methodological framework were developed. OMA worked in close consultation with the Department of Finance and other experienced evaluators. The Evaluation was overseen by an interdepartmental Steering Committee and carried out by a Task Force in OMA.

The Evaluation sought to investigate the impact of the A&E Strategy on clients, to assess its impact on relevant Commonwealth agencies and to review the Strategy as a mechanism for implementing A&E policy.

Certain exclusions and limitations were imposed on the Evaluation. For example, A&E in Commonwealth-funded but State-delivered programs was excluded from the scope of the Evaluation, although some of the research

touched on the issue.

The Evaluation made use of a wide range of research techniques because of the complexity and breadth of the issues to be studied. The TORs required measurement of impact on both clients and departments.

Fifteen projects were ultimately commissioned for research. To obtain clients' views, five studies of Access and Equity in selected localities were commissioned including one Aboriginal study. Among other research were studies focused on particular programs and some dealing with particular Access and Equity Requirements such as the Evaluation of ethnicity data collection.

Two surveys were commissioned to obtain a greater breadth of understanding of the knowledge, views and practices of the officers who were directly responsible for policy development, program design and actual service delivery to migrants - a survey of Senior Executive Service (SES) officers and a survey of counter staff in NSW.

Community consultation was an extremely important part of the Evaluation. Material from past consultations was reviewed and a consultancy was established to conduct twenty Australia-wide regional community consultations with members of ethnic communities. OMA's Bilingual Community Network (BCN) complemented this by reaching small groups which might be outside the first consultancy network. A pamphlet was distributed to increase awareness of the Evaluation process. The Evaluation also called for public submissions. Small grants were made to umbrella organisations to conduct consultations in the course of preparing their submissions.

Thirty or so Commonwealth instrumentalities, including departments, contributed to the Evaluation's information base on their own A&E activities. OMA's role was independently assessed by a consultant. Efforts were made to establish what administrative or delivery costs attached to the implementation and

maintenance of A&E measures. Departments were asked for their perceptions of the Strategy.

The Evaluation operated under a number of limitations. There was no benchmark measurement undertaken before the Strategy was introduced. Further, the Strategy was only part of a total picture of change in the period 1985-91. Although with these limitations change could not be assessed in a scientific or systematic manner, it was hoped sufficient baseline data would be generated to assist in any subsequent Evaluation of the Strategy.

The Impact on Clients

The overall conclusion was that clients reported improvement and progress as a result of the A&E Strategy. It was recognised that the Strategy had brought about improvements in language and information services and some betterment in cross-cultural interaction.

However, barriers remained. There were a number of examples of these. In language services interpreters were often not available or used inappropriately. Staff did not always seem to be trained in the use of the Telephone Interpreter Service.

Cultural barriers existed on both sides of the counter. Certain cultural attitudes originating in home country practices could have a negative impact on interaction. Heightened staff sensitivity was not universal, particularly when dealing with Aboriginal and Torres Strait Islander clients. Locational factors made access to services difficult.

Race and religious barriers did not appear to be very marked, except in the case of Aboriginal and Torres Strait Islander peoples and Muslim women.

Mechanisms to assist Access and Equity had variable success. It was recognised that agencies had made considerable effort to disseminate information through translated material. However many clients showed a preference for other media, particularly radio.

A successful mechanism was intermediaries, who played an important role in assisting people to access both information and their entitlements. Consultative mechanisms encountered difficulties. They could not always target suitable representatives and found difficulty in tapping grassroots opinion. Widespread participation by target group members for the purpose of Access and Equity is not a feature of agencies' practice.

In addition to general barriers to Access and Equity, a number of groups experienced particular difficulty. All felt they required special measures to enable them to achieve equitable access to government services.

While their numbers are smaller the barriers to Access and Equity faced by Aboriginal and Torres Strait Islander peoples are far greater than for other groups. They relate not merely to structural impediments but to historical and cultural factors. It was found that cultural constraints meant that Aboriginal and Torres Strait Islander peoples tended to use services less than other Australians.

New communities were also found to be under-utilising services. The reasons were various, such as reluctance to deal with government, failure to acquire information, language barriers related to small numbers in some language groups.

The research showed that many women remain especially vulnerable and isolated. They were unable to access information due to language barriers or to access services due to cultural barriers.

Other segments of the population facing particular barriers were the aged and youth. In addition certain areas, such as recently developed housing estates and remote rural localities, pose a significant challenge for Access and Equity.

Effect of the Strategy on Agencies

The impact of the A&E Strategy on individual departments and agencies has not been consistent. There is also considerable variation from central to regional offices within agencies and from region to region.

Service departments and agencies which have dealings with the public at large and deliver programs and services have the best understanding and appreciation of A&E issues and measures. Policy departments experienced the most difficulty in finding meaningful and practical applications for the Strategy.

There is an almost universal perception that A&E only has relevance to program and service delivery activities targeting the general public.

It was found that there is still a way to go for the A&E Strategy to permeate the core of corporate cultures and practices. However there is evidence of A&E values, objectives and performance monitoring becoming increasingly visible in corporate plans, annual reports and other publicly available corporate literature.

The SES survey showed that virtually all respondents, and their departments and agencies, have been positively influenced by the Strategy. In relation to counter staff, however, 54 per cent have not heard of the Strategy. It was shown that A&E awareness and implementation amongst counter staff was highly dependent on the level of commitment of the office manager.

The A&E Strategy was designed to be 'top down'. It has not, however been effective in filtering down to APS staff at the client interface. Central Office policy and attitudinal gains are not always transformed into good A&E practice at the service delivery end.

OMA's 1990 published A&E Revised Requirements and Guidelines are, to all intents, the Strategy. The impact of the eleven A&E formal Requirements on departments has been varied.

The level of compliance with the Requirement to review, monitor and evaluate services, programs and policies to take account of A&E objectives has been poor and patchy, though a small number of departments appear to be performing well.

The Requirement to collect ethnicity data has been complied with only to a certain extent, and emphasis has been on collection rather than utilisation. There has been little standard presentation of data as laid down in the Ethnicity Data Guidelines and cross-agency comparison is difficult.

Overcoming linguistic barriers through the provision of a variety of language services has been a major focus of the Strategy and is where the most visible signs of progress have been made.

The provision of appropriate cross-cultural training is a problematic issue. Departments which have significant dealings with the general public recognise its importance. There is a need for more research into what constitutes a culturally sensitive service.

The participation Requirement needs to be distinguished from the Requirement for consultation. Where participation in decision-making and advice to government is involved, generally departments and agencies find it difficult to demonstrate any concerted effort to recruit representatives of A&E target groups to the various bodies designed for community participation in government processes.

The Requirement which places together the development of appropriate information mechanisms and of consultative mechanisms needs to be separated. Two quite different sorts of activity are involved.

Those departments and agencies with a high rate of client contact were found to have well-established multilingual information programs.

This A&E Requirement had made a significant impact, although it was judged the time had come to consider the relative effectiveness of particular mediums.

Concerning consultation, the broad finding was that consultation mechanisms are inadequate, particularly for special groups.

Provision for legislative change was seen as too prescriptive an approach.

Despite shortcomings, triennial A&E Portfolio Plans have had possibly the most impact of all the formal Requirements in establishing and raising an A&E profile in departments and agencies. The impact of the Plans was highest at Central Office level. Nevertheless, the Plans had significant shortcomings.

It was considered that annual reports and program performance statements are a useful and high profile vehicle for reporting A&E progress and achievements, but they do not offer opportunity for adequately addressing the issues involved.

The Requirement to review existing arrangements for Commonwealth funding of services provided by State/local governments and non-government organisations would have had more impact if it had clearly placed an obligation on all funding departments and agencies to incorporate A&E provisions in their contracted arrangements with other organisations.

Departments and agencies were not able to demonstrate that they had significantly addressed A&E issues in internal audits. There is a clear need for recognition in the audit area that A&E goes to the heart of the efficiency and effectiveness of program and service delivery.

OMA has been a catalyst and conscience for A&E related issues. Its major impacts have been to raise the visibility of A&E, reinforce A&E planning and reporting structures, and provide community groups with a focal point to pursue cross-portfolio A&E concerns. It has also had a

formulating role, laying down principles and guidelines.

Costs, effectiveness and efficiency

The Evaluation aimed to assess the cost to departments and agencies of implementing the A&E Strategy and how efficient and effective the application of those resources has been in relation to achievement of the Government's A&E objectives. It also aimed to assess how efficient and effective the A&E Strategy itself has been.

From 1985 the A&E Strategy was regarded and declared to be cost-neutral. Managers were to design and deliver programs to accommodate diversity in a multicultural Australia, within budget. Any costs which might have been incurred were not identified in departmental expenditure. This created a great deal of difficulty in the costing aspect of this Evaluation.

This deficiency of the costings database, added to the poor response to the ethnicity data collection requirement, meant that the Evaluation had to rely more on qualitative rather than quantitative assessments of cost-benefits, or of assessments of efficiency and effectiveness unrelated to budget allocation per se.

A number of attempts were made to assist departments to identify A&E costs. Guidelines for costing were issued, followed by revised guidelines (Costing Guidelines II). The latter identified three categories in which costs should be measured: Category I, the cost of administering the A&E Strategy per se, including such activities as the cost of developing the three-year A&E Portfolio Plans; Category II, the additional cost of delivering programs and services to people who face barriers to access, which includes all A&E measures regardless of whether they are directly attributable to the Strategy or have simply been absorbed by it; Category III represents the additional cost of delivering programs and services to the expanded A&E target groups

announced in 1989.

Data on costs incurred under the A&E Strategy from 1986-87 to 1990-91 was requested from thirty-two departments and agencies. Significant differences and misunderstandings in the interpretation of the revised costing guidelines and the wide variety of formatting differences of returns made it impossible to create an A&E Costing Database to make cross-portfolio comparisons and provide a standardised total cost to the Commonwealth of each of the three categories identified in the revised guidelines.

There were some significant costs indicated, but there is no means of telling whether this expenditure would not have been incurred in any case. Information relating to Categories II and III lacked consistency and comparability, but Category I was more promising. The conclusion could be drawn that, in terms of activities identified such as the preparation of A&E Plans, the costs of administering the Strategy are relatively small when compared to the total level of Commonwealth Budget outlays.

It was not possible to gather enough well-founded data to draw conclusions about the costs of the A&E Strategy itself. It was concluded that the costs are marginal. Enough evidence emerged, however, to demonstrate conclusively that the implementation of A&E (that is, the provision of services designed to accommodate diversity) does cost and cost significantly.

In relation to efficiency and effectiveness it was concluded that, as a consequence of the data shortcomings, it is not possible to make a standard assessment of the efficiency and effectiveness of the Strategy.

What has been achieved as a direct result or consequence of the Strategy alone is not demonstrable. Few departments acknowledged that initiatives taken in the area of the specific Requirements and guidelines have occurred solely as a result of the implementation of these. The general position appears to be that

initiatives taken arise from wider program management concerns and have served to support and reinforce the Requirements. It is possible to form the view that the A&E outcomes are being achieved for reasons other than the influence of the guidelines.

The role of OMA was independently assessed. It was concluded that much of the effectiveness of the Strategy was dependent on the role of OMA. OMA not only provided a catalyst for significant progress on A&E issues in many departments and agencies and a prod for at least some action in most others, but also practical guidance, advice and support. Much of the credit for OMA's success is because it is a functional division of the Department of the Prime Minister and Cabinet and well placed to influence and bring comprehensive perspectives on issues to the attention of top decision-makers in government organisations. It also plays an effective regional role and a role on behalf of ethnic communities.

Nevertheless, responsibility for the implementation of the A&E initiatives rested clearly with departments and agencies. Their commitment was and is essential to effective progress.

Further, assessment of the relative efficiency and effectiveness of the Strategy depends upon access to ethnicity and other relevant data. The failure to collect - or use - ethnicity data is one very significant failure of the A&E regime and one point on which it must be judged to have been ineffective.

The conclusion is that, in sum, the A&E Strategy has been more effective than it has been efficient.

Conclusions

The conclusion of this Evaluation is that, between 1985 when it was announced as Government policy and 1992 when this Evaluation was completed, progress was made towards achieving Access and Equity (A&E) goals and that the A&E Strategy made a

significant contribution to that end. The Evaluation concludes that while the causal links between the Strategy's impact and initiatives taken to advance A&E objectives cannot always be demonstrated, the Strategy created a consciousness among managers and a climate conducive for them to occur. It also concludes that the impact of the Strategy was variable on both clients and departments but that the net effect on the part of clients was to improve their access to services delivered by the government, while for departments and agencies, the Strategy acted as an additional stimulus for change in the way they deliver services.

In relation to clients, while it was recognised that the Strategy had brought about improvements in language and information services and some betterment in cross-cultural interaction, it was acknowledged that barriers remained. In language services interpreters were often not available or used inappropriately, media used for information dissemination not always appropriate and cultural barriers of various sorts persisted.

A major finding of the A&E Evaluation was that the application of all the Requirements equally to all departments and agencies, or to all programs within a department or agency, was inappropriate on account of the different roles they play and functions they perform. This accounted in large part for the variable response to the A&E Requirements. One objective of the proposed refined A&E regime is to encourage greatest focus on those programs in those places for those people for whom the application of A&E principles is likely to make the most difference - and the most cost-effective difference.

The Evaluation also found that there was a failure to understand at what points and to what degree the A&E Strategy applies to departments and agencies, particularly those traditionally regarded as policy or commercially oriented and so, apparently, outside its orbit. There was also a failure to understand how the Strategy relates to the Government's Social Justice Strategy. The Program Logic illustrates the relationship

between the Social Justice and Access and Equity Strategies. The Office of Multicultural Affairs (OMA) will prepare an *A&E Guide for APS Managers* to assist them assess to what degree the following recommendations apply to their operations and how they should put them in place.

The Evaluation found that A&E training, including cross-cultural training, was limited. It concluded that, while the value of cross-cultural training in particular was generally increasingly recognised by APS organisations, there was a lack of methodological certainty in endeavours.

Another key finding of the Evaluation was that managers were not using the tools already available to them as a consequence of the range of management reforms of the 1980s to fulfil their A&E implementation obligations; nor were they adequately assisted to do so. As a result, A&E was inclined to be considered as an added 'extra' and therefore as an additional resource cost managers often felt too hard pressed to meet.

One key objective of the refined A&E Strategy indicated in the recommendations below is to encourage departments and agencies to take primary responsibility for their own application of A&E principles. Another is to encourage them to integrate into their central management machinery those of the recommendations which they judge will best meet their needs; that is, to capitalise on the existing structures and arrangements of the program management and budgeting environment to fulfil their A&E implementation obligations. The recommendations below relating to A&E reporting requirements and training, for example, or to planning, Evaluation and monitoring, are designed to fit in this way.

Another finding of the Evaluation was the critical role that the existence of a central coordinating agency played in acting as a catalyst, a consciousness-raiser, a policeman and a watchdog on the A&E Strategy and that, had this role not been played, there would not have been the same amount of progress that is

generally agreed to have been made in the implementation of the A&E Strategy. At the same time, another finding was that this role was sometimes intrusive into departmental autonomies and, as such, a resource cost. The recommendations that follow are therefore designed to retain a role for a central agency but to change its nature to focus on the provision of the kinds of practical assistance such as that envisaged in the *A&E Guide for APS Managers* and in the identification of appropriate A&E related training.

The role of a central agency would also focus on the provision of practical assistance to headquarter agencies to add to the gains that have been made in A&E appreciation at head offices by extending it to the regions. A key finding of the Evaluation was that while progress had been made, albeit patchily, in head offices - and that the attitude of managers was critical to any understanding of A&E on the part of their staff - much less had been achieved in the regions, at the coalface where it is in many ways most immediately needed (i.e. at the client end of the delivery of services).

Another key finding of the Evaluation was that the barriers to A&E were inclined to be more marked, more common and more resistant to erosion in the case of Aboriginal and Torres Strait Islander peoples. That is, that the barriers Aboriginal and Torres Strait Islander peoples face - and particularly the cultural barrier - while superficially apparently the same, were in fact different in degree if not in kind. The conclusion that emerges from this finding is that the explicit inclusion of Aboriginal and Torres Strait Islander peoples in the A&E Strategy with its extension in 1989 has yet to make its mark. Particular attention will therefore need to be paid to the provision of services to Aboriginal and Torres Strait Islander peoples and include their own expertise appropriately applied to the problems in the successor A&E regime.

In the recommendations that follow which envisage a more focused application of the Strategy, Aboriginal and Torres Strait Islander

peoples fall into the category of high priority target group. Given that A&E principles require that mainstream programs and services be designed to accommodate the needs of all those entitled to them and that the onus to do so is on the service provider, the particular needs of those who face barriers must be assessed and taken into account. The nature of Commonwealth funding of Aboriginal and Torres Strait Islander programs and services, the majority of which necessarily target the needs of the rural and remote, depends upon the successful application/design of mainstream services to accommodate the general needs, particularly of urban Aboriginal and Torres Strait Islander peoples.

For more than two decades, there has been debate about both the place and the provision of ethno-specific services. This Evaluation found, on the one hand, that the consequences of ethno-specific provision could include an excuse for mainstream providers not to adjust their programs for particular target groups; that is to presume that those cases in the 'too-hard basket' could, would or should be provided for elsewhere. On the other hand, the findings of this Evaluation also support the Review of Migrant and Multicultural Programs and Services (ROMAMPAS) evidence that, in some cases, ethno-specific provision is the most cost-efficient means to provide a service to some sectors of the population experiencing barriers to access. As such, ethno-specific provision should not be considered as necessarily impermanent or apart from the mainstream. Moreover, the important role played by intermediaries is to a considerable extent related to the ethno-specific networks.

The quality of the data base to assist assess equitable access and, therefore, the appropriateness of certain services is critical. Also critical is cooperation and coordination between departments and agencies responsible for the delivery of programs and services so that the greatest efficiency gains can be made in this resource costly business. This Evaluation found that the Requirement to collect ethnicity data and, if collected, to use it appropriately, was that

which was least well met. It also found that, although beginning to emerge as an issue, the extent of cooperation and coordination between departments and agencies was surprisingly limited, even in those in which, otherwise, A&E was judged to be working well.

Economies could be achieved, for example, by the more common use and common funding of already established interpreter services and consultative forums and also the community workers currently principally funded under the Department of Immigration and Ethnic Affairs' (DILGEA) Grant in Aid Scheme.

The costs question is naturally contentious in a resource constrained environment. The Evaluation found that A&E does cost. However, it also found that all of A&E does not cost. That is, if managers design their programs and services to suit the marketplace of a diverse Australia in the first place, the result will be both more efficient and effective - and cost-effective.

However, to provide accessible services equitably for those who face what this Evaluation has found to be the most persistent barriers to access (namely language for a number of groups and culture for some others) is often a considerable additional cost. And so, paradoxically, is effective A&E implementation because it is likely to increase the client base. Managers need to factor these costs into routine budgeting so that it is transparent and accountable in the usual way. The *A&E Guide for APS Managers* will include advice on how to cost A&E implementation.

The A&E policy has its roots in assumptions about equity. Whatever the extent of resources, all are entitled to an equitable share. The A&E Strategy puts the onus on public service managers to play their part to ensure that this is so. In order to do so more efficiently and effectively, the A&E Strategy Evaluation takes account of a number of recommendations of the *Royal Commission Into Aboriginal Deaths in Custody* for this review. The recommendations of the A&E Evaluation are presented below.

Recommendations

(The Recommendations appear in the order which is suggested by the Terms of Reference for the Evaluation of the Access and Equity Strategy)

Revised Access and Equity Requirements

1. That revised A&E Requirements be adopted to reflect the findings of this Evaluation and the focus of future Access and Equity implementation be as follows:

a) **Planning:** incorporate A&E objectives into corporate planning and all relevant program and service delivery planning;

b) **Evaluation and Audit:** incorporate A&E performance into all relevant internal and external Evaluations and audits;

c) **Performance Indicators:** collect and utilise data relevant to A&E planning, implementation and Evaluation, including ethnicity and costs data;

d) **Public Accountability:** provide information on A&E performance in annual reports, program performance statements and to OMA for an annual A&E report to the Prime Minister for tabling in Parliament;

e) **Language Services:** implement measures to overcome communication barriers for clients and potential clients who do not speak, understand, read or write English well;

f) **Staff Training:** ensure staff at all levels are sensitive to client diversity and its implications for policy formulation and program design and delivery;

g) **Consultation:** consult with client

target groups, their advocates and intermediaries on program design, delivery and the effectiveness of A&E measures;

h) **Participation:** ensure equitable participation of representatives of A&E target groups in government advisory and review bodies and processes;

i) **Funded Programs:** address A&E accountabilities in programs funded by the Commonwealth and delivered by State or local government and community or private organisations; and

j) **Coordination:** ensure efficiencies are achieved through interdepartmental cooperation and coordination on A&E matters such as shared consultative and information strategies.

Language Barrier

2. All Commonwealth departments and agencies recognise that language remains the key A&E barrier to accessing Commonwealth programs and services for a significant proportion of the public and, to overcome this barrier, note the particular importance of access to professional interpreters and take other appropriate measures.

Staff Practices

3. Departments and agencies note the recommendations of the parallel review of the Linguistic Availability/Performance Allowance (LAPA) and their potential to maximise the linguistic skills of staff cost effectively in an A&E context.

4. Departments and agencies optimise the use of bilingual and bicultural staff by mechanisms such as:

(a) conducting surveys/audits of language other than English of all staff and establishing departmental registries of

available language resources;

(b) maximising participation in the LAPA scheme;

(c) facilitating amongst staff the retention and upgrading of language skills through study assistance and accreditation;

(d) designating public contact positions requiring specific bilingual and/or bicultural skills where there is a very high component of A&E target clients; and

(e) adopting strategies to persuade managers that the use of bilingual staff assists in removing barriers to information flows and, therefore, improves the quality of decision-making without detriment, in most cases, to the efficiency of the decision-making process.

5. Where appropriate bicultural and bilingual staff are not available through normal recruitment channels and where the presence of such staff is necessary to overcome A&E barriers, departments and agencies make special provision to recruit officers with bilingual and bicultural skills.

6. The competencies being developed by the Joint Australian Public Service (APS) Training Council incorporate a range of specific elements relating to government policies and practices, including A&E. Prior to endorsement of these competencies by the National Training Board, OMA and the Aboriginal and Torres Strait Islander Commission will be included as part of the consultation process.

Translating and Interpreting Service

7. Departments and agencies recognise and use the Translating and Interpreting Service (TIS) (notwithstanding the cost-recovery principle) as the key agency responsible for delivery of professional translating and interpreting services

across the APS.

8. TIS be enhanced by:

(a)   DILGEA undertaking a higher level of promotion of TIS services to departments, agencies and other clients, particularly in remote localities, including understanding of the operation of the cost recovery principle;

(b)   departments and agencies budgeting for translating and interpreting services on the basis of current usage of TIS services and anticipated additional demand generated by planned A&E measures;

(c)   DILGEA taking a more direct role in training APS staff in effective use of TIS; and

(d)   consideration should be given to the addition of Aboriginal and Torres Strait Islander languages.

9. Departments and agencies develop, where necessary, their own specialised supplementary translating and interpreting services, including for Aboriginal and Torres Strait Islander languages.

Multilingual Information and Referral Services

10. Departments and agencies, and in particular smaller service agencies, recognise that certain sectors of the Australian community continue to lack knowledge and understanding of government processes, programs and services and, as appropriate, take a more active role in providing information in other languages about their programs through:

(a)   development and marketing of multilingual telephone information services;

(b)   greater use of multilingual radio, press

and television in addition to multilingual literature (pamphlets etc.);

(c)   greater use of intermediaries and providing them with appropriate training opportunities and information about processes, programs and services;

(d)   funding the incorporation of specialist information modules into existing training such as labour market training courses and English as a Second Language (ESL) courses (including those ESL courses that focus on specific subject matter for well-defined target groups); and

(e)   consultation and participation processes.

Consultation and participation

11. Departments and agencies recognise that consultation with client groups and participation by them in government processes are the most effective means of ensuring a consumer focus, effective marketing of programs and a positive public image. In consultation with Aboriginal and Torres Strait Islander peoples, departments also consider the implications of the *Aboriginal and Torres Strait Islander Act 1989* and bear in mind that Regional Councils are to act as the advocates of the interests of Aboriginal and Torres Strait Islander peoples in a region.

Consultation with Client G roups

12. Departments and agencies take further steps to ensure a proper level of consultation with their A&E targeted clients through:

(a)   further development of their own consultation mechanisms both at central and regional office levels;

(b)   cooperative endeavours with other agencies which have appropriate consultative mechanisms in place, for example peak bodies;

(c) consultations with A&E client groups on the effectiveness of A&E measures within individual programs and service delivery areas; and

(d) use of OMA's Bilingual Consultants Network for direct consultation with A&E clients.

Participation by Client G roups

13. Departments and agencies take steps to increase A&E groups' representation on bodies responsible for policy development, service design and delivery and review of decisions through:

(a) actively seeking nominations from community peak bodies for appointments to a full range of advisory bodies, boards and review panels;

(b) advertising vacancies on such bodies in the ethnic community press;

(c) targeting a proportion of vacancies to members from A&E target groups;

(d) seeking appointment advice from the Aboriginal and Torres Strait Islander Commission, DILGEA, OMA and other relevant bodies; and

(e) using data management systems designed to coordinate information relating to Commonwealth bodies and the people appointed to them; for example, the 'Appoint' system developed by the Department of the Prime Minister and Cabinet (PM&C).

Access and Equity Training

14. Departments and agencies recognise the key role of training at all levels for implementation of A&E and take appropriate steps to ensure that their officers are trained to:

(a) understand the A&E Strategy (the

concepts, objectives and practice);

(b) utilise A&E concepts and tools, such as ethnicity data collection and cross-cultural communication techniques, in policy development, program design and delivery; and

(c) be culturally sensitive in public contact work.

15. Departments and agencies have as a primary training goal the integration of A&E related training into mainstream training and the identification of areas which need to be targeted for specialist training. OMA, in collaboration with the Public Service Commission (PSC), the Aboriginal and Torres Strait Islander Commission and other selected departments and agencies, is to develop a cross-portfolio framework/strategy for training of all APS officers in this context. OMA will play an initial developmental, promotional and advisory role and thereafter will provide expertise on A&E issues at both the national and regional levels as required.

16. As an interim measure (and in response to the particular need identified in the Evaluation to make more impact at the client interface), over a six-month period, OMA, with the full cooperation and assistance of departments and agencies, will design and conduct an initial campaign of information seminars for APS managers responsible for operations at the regional and local levels.

Funded programs

17. Departments and agencies address A&E accountabilities in programs and services which are funded for delivery through other organisations such as State, Territory and local government authorities and community or private sector organisations, through instruments such as program contractual arrangements, memorandums of understanding or formal guidelines.

18. Departments and agencies be responsible for

monitoring the implementation of A&E in such programs and services.

Planning, evaluation and monitoring

19. Departments and agencies direct greater attention to implementation of the Strategy at the regional and, in particular, at the client interface levels.

Planning

20. The preparation of triennial A&E Plans be left to the discretion of departments and agencies.

21. Departments and agencies be required to address their key A&E objectives in their corporate plans.

Evaluation and Review

22. Departments and agencies be required to review implementation of A&E measures in their annual reports and program performance statements.

23. Departments and agencies direct greater attention to Evaluation and review of outcomes through:

(a)   development of A&E indicators including indicators relating to Aboriginal and Torres Strait Islander peoples and other performance measures for individual programs; and

(b)   incorporation of A&E standards into any relevant Evaluations and review activities.

24. Department of Finance continue to encourage departments and agencies to include A&E components into appropriate Evaluations and provide relevant advice and training on conduct of such Evaluations including the development of performance information.

25. A second cross-portfolio Evaluation of the

A&E Strategy be commenced in early 1997 to report to Government in 1998.

Ethnicity Data Collections

26. The *National Guidelines for the Collection of Ethnicity Data* be revised (in consultation with State and Territory governments, the Australian Bureau of Statistics and the Privacy Commissioner) to provide for selective collection of ethnicity and Aboriginal and Torres Strait Islander data and performance information for planning, reporting, Evaluation and review purposes.

27. In order to improve the monitoring of program utilisation (outputs) in A&E target groups at program and service delivery area levels and track staff trends, departments and agencies establish for program and area managers direct access to ethnicity and other relevant data through:

(a)   utilisation of Australian Bureau of Statistics (ABS) Census data to develop demographic profiles for areas serviced by regional/local offices;

(b)   compilation of a register of relevant departmental data collection systems; and

(c)   providing easy access to data collection systems for policy developers, program designers and program and area managers.

28. OMA, in cooperation with ABS and the Bureau of Immigration Research (BIR), extend advice to key service delivery agencies on the development of systems to assist regional managers with ethnicity data collection and utilisation, including for Aboriginal and Torres Strait Islander peoples.

29. OMA and BIR, as part of the activity associated with their joint support of the Multicultural and Immigration Information System database, create a register of relevant Commonwealth departments and other data

collection systems which will contribute to an ethnicity statistics collection system which is as accessible and comprehensive as possible.

Monitoring and Audit

30. OMA prepare an annual consolidated A&E review report to the Prime Minister for tabling in Parliament before the end of each calendar year.

31. Departments and agencies collaborate closely with OMA in the development of the above report which is to be based on:

(a)   departmental and agency corporate plans, annual reports and program performance statements;

(b)   departmental and agency A&E performance statements against the relevant recommendations in this Evaluation provided annually to OMA by the end of each financial year; and

(c)   a number of studies focussing on A&E issues in selected programs.

32. As a matter of standard practice, the Australian National Audit Office take note of A&E objectives in planning its audits.

Meeting Access and Equity costs

33. Departments and agencies recognise that while the administrative costs of implementing the A&E Strategy are minor, some aspects of the delivery of programs and services accessibly and equitably to all those entitled to them are significant. Departments and agencies also recognise that these costs be accommodated in mainstream budget planning where it is more efficient and effective to adjust the mainstream than to provide ethno-specific services.

34. When planning for program and service delivery, departments and agencies, and in particular smaller agencies, allow for costs associated with their A&E obligations,

including:

(a)   implementing A&E measures such as language services, information strategies and training; and

(b)   meeting additional demand for programs and services generated by increased access and equity.

35. OMA include in the *A&E Guide for APS Managers* the costing guidelines that emerged from the experience of this Evaluation.

36. Departments and agencies monitor and record expenditures associated with achieving A&E objectives for planning, Evaluation and review purposes and report it in annual reports and program performance statements subject to advice from the Department of Finance on methodologies.

Cross-portfolio management and coordination

37. That to assist it in its overall coordinating, supporting and monitoring role in A&E, OMA has available to it the particular expertise, advice and support of those departments and agencies with policy responsibility for specific target groups (for example, the Department of Health, Housing and Community Services - DHHCS - in relation to people with disabilities), and that these departments and agencies advise on appropriate standards for and the actual application of A&E principles in these areas.

38. An inter-departmental A&E Advisory Committee be established to address A&E strategic issues, in particular, the creation of effective lateral links between service providers including the scope for common provision of services. The Committee will also disseminate information, obtain feedback and coordinate implementation of the Strategy at the Central Office level.

39. This inter-departmental A&E Committee, serviced by OMA, be composed of representatives from PM&C, PSC, the

Department of Employment, Education and Training (DEET), DILGEA, the Department of Social Security (DSS), DHHCS and the Aboriginal and Torres Strait Islander Commission, with representation from one other non-service delivery department on a rotating basis and observer status for other departments and agencies as required.

40. OMA Regional Coordinators' initiative of State/Territory and regional A&E Committees be established, or continue to function, in each State and Territory with representation at regional manager level from OMA, DEET, DILGEA, DSS, DHHCS, the Australian Taxation Office, the Aboriginal and Torres Strait Islander Commission and others as required.

41. OMA prepare and disseminate A&E information and guidelines, including advice on how particular A&E Requirements apply to different departments, and/or programs to departments and agencies. In particular, OMA prepare and publish an *A&E Guide for APS Managers* for distribution to departments and agencies and actively promote the revised A&E framework.

Other initiatives

42. The PSC, in the context of its development of an Equal Employment Opportunity (EEO) strategic plan for the APS for the 1990s, examine:

(a)   options for the employment and advancement in the APS of people of non-English speaking background and Aboriginal and Torres Strait Islander peoples; and

(b)   how EEO policies and practices relate to A&E strategies.

43. The Commonwealth consider:

(a)   formal extension of the A&E Strategy to all statutory authorities and Government Business Enterprises;

(b)   initiating, coordinating and establishing mechanisms for information sharing, including on best practice, between the Commonwealth, State, Territory and local governments on A&E policies and practices;

(c)   establishing a community-based consultative committee to provide feedback on A&E implementation; and

(d)   examining formally the role of law in social change and the logic of an umbrella regime linking A&E, Equal Rights and Racial Vilification Legislation.