

# National Subsidised Spectacles Scheme Evaluation Final Report

March 2023



**NINTONELIMITED**

## Acknowledgements

We acknowledge Aboriginal and/or Torres Strait Islander Peoples as the Traditional Custodians of our land and its waters. Ninti One wish to pay their respects to Elders, past and present, and to the youth, for the future. We extend this to all Aboriginal and/or Torres Strait Islander people reading this report.

The terms 'Aboriginal and/or Torres Strait Islander', 'Aboriginal', 'Indigenous' and 'First Nations' may be used interchangeably throughout this document. Through the use of these terminologies, we seek to acknowledge and honour diversity, shared knowledge and experiences as well as the right of stakeholders to define their own identities.

The evaluation was commissioned by Vision 2020 Australia. This report was researched and written by Dr Dan Tyson, Ninti One Limited.

## Disclaimers

The evaluation has been compiled using a range of materials and while care has been taken in its compilation, the organisations and individuals involved with the compilation of this document accept no responsibility for the accuracy or completeness of any material contained in this document. Additionally, the organisations and individuals involved with the compilation of this document disclaim all liability to any person in respect of anything, and of the consequences of anything done or omitted to be done by any such person in reliance (whether wholly or partially) upon any information presented in this document.

## Our logo story

Our logo is based on the painting 'Two Women Learning', created by Aboriginal artist Kathleen Wallace. Kathleen was born and raised at Uyetye, on the Todd River – her father's homeland. Her mother is from Therirrerte. Her grandfather taught her stories of her culture and land from an early age. 'Two Women Learning', which illustrates how different people hold different knowledge, different parts of the story, and how they are responsible for keeping that story safe and passing on the knowledge.



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## Short forms

Short form	Meaning
<b>ACCHO</b>	Aboriginal Community Controlled Health Organisation
<b>AIATSIS</b>	Australian Institute for Aboriginal and Torres Strait Islander Studies
<b>NACCHO</b>	National Aboriginal Community Controlled Health Organisation
<b>Ninti</b>	Ninti One Limited
<b>NSSS</b>	National Subsidised Spectacles Scheme
<b>SES</b>	Stakeholder Engagement Strategy
<b>V2020A</b>	Vision 2020 Australia

## Executive summary

This Evaluation Report presents the results of the evaluation conducted on the National Subsidised Spectacles Scheme (NSSS), a project implemented by Vision 2020 Australia, in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO), and funded by the Australian Government Department of Health and Aged Care.

### Background

The purpose of the NSSS, running from 2018–2023<sup>1</sup>, was to improve access to subsidised spectacles for Aboriginal and Torres Strait Islander people across the country, spanning all states and territories in Australia. Seven elements were funded, in alignment with the nationally agreed principles for nationally consistent subsidised spectacle schemes for Aboriginal and Torres Strait Islander people.

### The evaluation

Ninti One was engaged by Vision 2020 Australia to conduct the evaluation on the NSSS project, its objectives and intended outcomes, and identify areas for improvements. To achieve this, the evaluation team conducted 25 consultations with key stakeholders from Aboriginal Community Controlled Health Organisations (ACCHOs), eyecare organisations, peak bodies and fund holders, while quantitative analysis was undertaken using five Performance Reports provided by Vision 2020 Australia. This evaluation was undertaken following approval of an Evaluation Plan presented to Vision 2020 Australia in September 2022 and submitted to AIATSIS, with full ethical approval granted by AIATSIS on 23 January 2023.

This evaluation analyses the extent to which the NSSS objectives and associated outcomes are being achieved across a range of contexts. The report is presented in two main sections. The first one presents a description of the evaluation process and how it was conducted. The second section provides analysis, discussion and opportunities to strengthen outcomes. This analysis includes findings drawn from quantitative and qualitative data. The evaluation will inform considerations for achieving a nationally consistent scheme that aligns to nationally agreed principles.<sup>2</sup>

### Key findings

Quantitative data collected from January 2020 to June 2022 indicates that a total of 9,390 spectacles (85% of the target number) were distributed through the NSSS in participating states and territories. By June 2022, South Australia, Tasmania and Victoria had reached between 97–100% of their target and NSW had exceeded their target by distributing 171% of the projected number of spectacles.

For the phase two pilot projects in Western Australia, Northern Territory and Tasmania – which trialled ACCHO-led models of subsidised spectacle supply – service delivery was delayed until 2022 due to impacts of the COVID-19 pandemic. As such, by the end of the evaluation period (30 June 2022), a total of 71 spectacles had been distributed across these sites, representing 2% of the overall target. Given the delays in ACCHO project commencement, comparisons between states or territories with ACCHO pilot sites and those without, do not render meaningful results.

Despite the small window of quantitative data collection from ACCHOs, qualitative data indicates that an ACCHO led approach to service delivery would be embraced by both Indigenous communities and those involved in project delivery. In fact, the majority of interviewees felt that a subsidised spectacles scheme for Aboriginal and/or Torres Strait Islander communities should be community-led as much as is possible. It was suggested that all stages of such a scheme, from design to service implementation, should involve

<sup>1</sup> Although the expectation was for the NSSS to finalise in 2022, several of the pilot-site ACCHOs requested an extension and are still running the project up until February 2023. The final reporting period was extended to be July 2022 – February 2023. Quantitative data after 30 June 2022 was not available for inclusion in this report – a significant limitation to this evaluation.

<sup>2</sup> Optometry Australia, *Principles for nationally consistent subsidised spectacle schemes for Aboriginal and Torres Strait Islander people - Recommended implementation standards*, <https://www.vision2020australia.org.au/wp-content/uploads/2019/06/Optometry-Australia-Principles-for-nationally-consistent-subsidised-spectacle-schemes-Recommended-implementation-standards-FINAL.pdf>, accessed 28 February 2023

Aboriginal organisations and peak bodies. In order to achieve this, the data highlights a need for increased training for First Nations people in the eyecare space.

Qualitative data also indicated that the lack of means testing and Centrelink involvement for service provision under the NSSS increased access to eyecare and vision correction for Aboriginal and/or Torres Strait Islander peoples. Where state and territory-based subsidised spectacle schemes often require documentation and a gap fee for services and/or glasses, the NSSS held less barriers, supporting uptake of services.

Findings indicate that the NSSS Project achieved its purpose under project element 1 of increasing the availability of subsidised glasses to Aboriginal and Torres Strait Islander people across states and territories.

### **Opportunities to strengthen outcomes of a future NSSS**

This evaluation report provides an opportunity to consider and highlight opportunities identified to date that may support improved service delivery and outcomes on any subsidised spectacles scheme into the future.

**Opportunity 1:** Aboriginal and Torres Strait Islander-led co-design and ownership of NSSS.

**Opportunity 2:** Funding should support in-house or visiting eye healthcare specialists, especially optometrists, to ACCHOs.

**Opportunity 3:** Encourage and increase access to more Aboriginal and Torres Strait Islander people to complete tertiary qualifications and receive training to work in the eye-health sector, including as optical dispensers.

**Opportunity 4:** Greater product choice for clients.

**Opportunity 5:** State and territory based subsidised spectacle schemes should be standardised across jurisdictions.

# 1. NSSS background and evaluation purpose

## 1.1. Background

Uncorrected refractive error currently accounts for over 60 per cent of vision loss in Aboriginal and Torres Strait Islander people.<sup>3</sup>

Aboriginal and Torres Strait Islander people often also face greater barriers to accessing treatment than their non-Indigenous counterparts (e.g., cost, remoteness, limited access to culturally-safe services, etc) and thus have lower treatment rates for their uncorrected refractive error compared to other Australians.<sup>4,5</sup>

State and territory governments operate jurisdictional schemes that provide varying levels of access to affordable vision aids for Aboriginal and Torres Strait Islander people to remedy this. These schemes vary in approaches but provide differing, and often limited, impacts on eliminating barriers to access, especially for people living in remote and rural areas.<sup>6,7</sup>

The Commonwealth Government Department of Health and Aged Care has funded Vision 2020 Australia in partnership with the NACCHO to undertake the National Subsidised Spectacles Scheme project to work with state and territory governments, NACCHO Affiliates and select ACCHOs to improve access to subsidised spectacles for Aboriginal and Torres Strait Islander people.

The NSSS project aimed to:

- deliver over 10,000 additional subsidised spectacles for Aboriginal and Torres Strait Islander people nationwide
- negotiate arrangements and allocate funds to state and territory government agencies responsible for administration of existing subsidised spectacles schemes in the Australian Capital Territory, New South Wales, Queensland, South Australia, Tasmania and Victoria
- provide funds to NACCHO Affiliates and/or ACCHOs to engage with their communities to identify current barriers and promote positive changes
- provide funds to select ACCHOs in the Northern Territory, Western Australia and Tasmania to pilot innovative, community-led delivery models to improve access.

<sup>3</sup> Foreman J, Xie J, Keel S, van Wijngaarden P, Sandhu SS, Ang GS, Fan Gaskin J, Crowston J, Bourne R, Taylor HR, Dirani M. The Prevalence and Causes of Vision Loss in Indigenous and Non-Indigenous Australians: The National Eye Health Survey. *Ophthalmology*. 2017 Dec;124(12):1743-1752. doi: 10.1016/j.ophtha.2017.06.001. Epub 2017 Jul 6. PMID: 28689897.

<sup>4</sup> Foreman J, Xie J, Keel S, Taylor HR, Dirani M. Treatment coverage rates for refractive error in the National Eye Health survey. *PLoS One*. 2017 Apr 13;12(4):e0175353. doi: 10.1371/journal.pone.0175353. PMID: 28407009; PMCID: PMC5391052.

<sup>5</sup> Keel S, Foreman J, Xie J, Taylor HR, Dirani M; Medscape. Prevalence and associations of presenting near-vision impairment in the Australian National Eye Health Survey. *Eye (Lond)*. 2018 Mar;32(3):506-514. doi: 10.1038/eye.2017.317. Epub 2018 Feb 23. PMID: 29473920; PMCID: PMC5848296.

<sup>6</sup> Vision 2020 Australia - Position statement on a nationally consistent approach to subsidised spectacle schemes <https://www.vision2020australia.org.au/resources/position-statement-on-a-nationally-consistent-approach-to-subsidised-spectacle-schemes/> (accessed 30 August 2022)

<sup>7</sup> Principles for nationally consistent subsidised spectacle schemes for Aboriginal and Torres Strait Islander people - Recommended implementation standards, Optometry Australia (endorsed by NACCHO and Vision 2020 Australia). [nationally\\_consistent\\_subsidised\\_spectacles\\_schemes\\_for\\_indigenous\\_people.pdf](https://www.optometry.org.au/nationally_consistent_subsidised_spectacles_schemes_for_indigenous_people.pdf) (optometry.org.au) (accessed 30 August 2022)



## 1.2. Purpose of the NSSS evaluation

Ninti One was commissioned by Vision 2020 Australia to conduct an evaluation on the National Subsidised Spectacles Scheme Project, its objectives and intended outcomes, and identify areas for improvements. This chapter provides an overview of the evaluation purpose, scope and focus, and lists the key questions guiding the evaluation.

The evaluation's purpose is to examine the extent to which the NSSS Project objectives and associated outcomes are being achieved. By highlighting key factors that influence the achievement of these objectives and outcomes, the evaluation will also assist the Australian Government to improve future program design and inform consideration of future program funding.

The purpose of the NSSS evaluation is to:

- collate qualitative and quantitative information from the NSSS project, including number of subsidised spectacles delivered, jurisdictional system changes implemented, and community engagement activities undertaken
- capture and describe NSSS project learnings, outcomes and impacts for Aboriginal and Torres Strait Islander people nationwide
- capture the perspectives of Aboriginal communities on the co-design and cultural safety of the project
- recommend key learnings identified through the project to enhance and improve ongoing access to affordable spectacles for Aboriginal and Torres Strait Islander Peoples (e.g. policy, administration, process, pathways, system and funding changes) and, where possible, summarise what would be required to take this forward.

### 1.3. Scope and focus

The **scope** of the evaluation is the NSSS project delivery. The **focus** of the evaluation is examining the effectiveness of the NSSS, by addressing the core areas below:

- outcomes (including whether funded outcomes were achieved, and the nature and extent of implementation of system changes)
- ACCHO and community-led elements (including co-design effectiveness; whether NACCHO and community-led pilots were successful in improving access to subsidised spectacles in WA, NT, and Tasmania; what else is needed to improve access to spectacles)
- key learnings and recommendations (what are the learnings? Are the learnings transferable/generalisable beyond NSSS?).

**The evaluation explored:**

- To what extent has the NSSS project been successful in achieving outcomes, including those at pilot sites?
- How well has the NSSS Project community-led elements strengthened Indigenous peoples' access to subsidised spectacles?
- What are the key contexts/factors that have affected the achievement of NSSS Project objectives, and how can they be used to strengthen impacts through future scheme design and delivery?
- To what extent can the NSSS project help inform other initiatives, policies and programs aimed at ending avoidable blindness and improving Aboriginal and Torres Strait Islander Peoples' eye care?

## 2. Methodology

The NSSS evaluation employed a qualitative and quantitative approach to assess the relative contributions of multiple, hypothesised causal factors which contribute to the outcomes of the NSSS. Although attribution to individual elements of the NSSS ‘ecosystem’, the employment of the general concept of ‘contribution analysis<sup>8</sup>’ provided plausible explanations for how NSSS outcomes were achieved, how the ACCHO and community-led approaches contributed to the outcomes (and how these could be improved), and learnings and observations for the future, and potential for transferability/generalisability beyond NSSS.

The NSSS evaluation brief is specific in terms of evaluation elements, the types of data and information required, the nature and extent of engagement with jurisdictions, ACCHOs and other stakeholders. The evaluation contains:

- measurable variables such as spectacles provided over time
- observable ACCHO and community-led organisational structures (the organisational ‘demographics’ – see Figure 3 below illustrating how ACCHOs have developed a model of Comprehensive Primary Health Care – and how eye care is a natural fit in such a model)
- business processes that can be described both normatively, and in practice. These business processes may change over time – for example, staffing levels, unexpected disruptive events such as COVID-19 (the organisational ‘behaviours’)
- stakeholder perspectives deriving from different roles or actors in the NSSS ecosystem (V2020A, NACCHO, ACCHO, community-led, jurisdictional subsidised spectacle schemes, clients/patients, the ‘subjective observations of organisational ‘demographics’ and ‘behaviours’)
- the design of the NSSS model itself
- other factors.

The overall evaluation approach is a ‘mixed methods’ style that collects and synthesises data from both qualitative and quantitative sources (including primary and secondary data/information types), and formulating observations, advice, and suggestions for transferability indicated by the evaluation findings.

The following diagram (Figure 1) provides an overview of the core components of the evaluation:

- the NSSS evaluation expectations
- the information types required to support the evaluation
- steps of the evaluation processes.

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<sup>8</sup> Contribution analysis is an approach designed to help managers, researchers, and policymakers arrive at conclusions about the contribution their program has made (or is currently making) to particular outcomes. The essential value of contribution analysis is that it offers an approach designed to reduce uncertainty about the contribution the intervention is making to the observed results through an increased understanding of why the observed results have occurred (or not!) and the roles played by the intervention and other internal and external factors - <https://www.betterevaluation.org/methods-approaches/approaches/contribution-analysis>

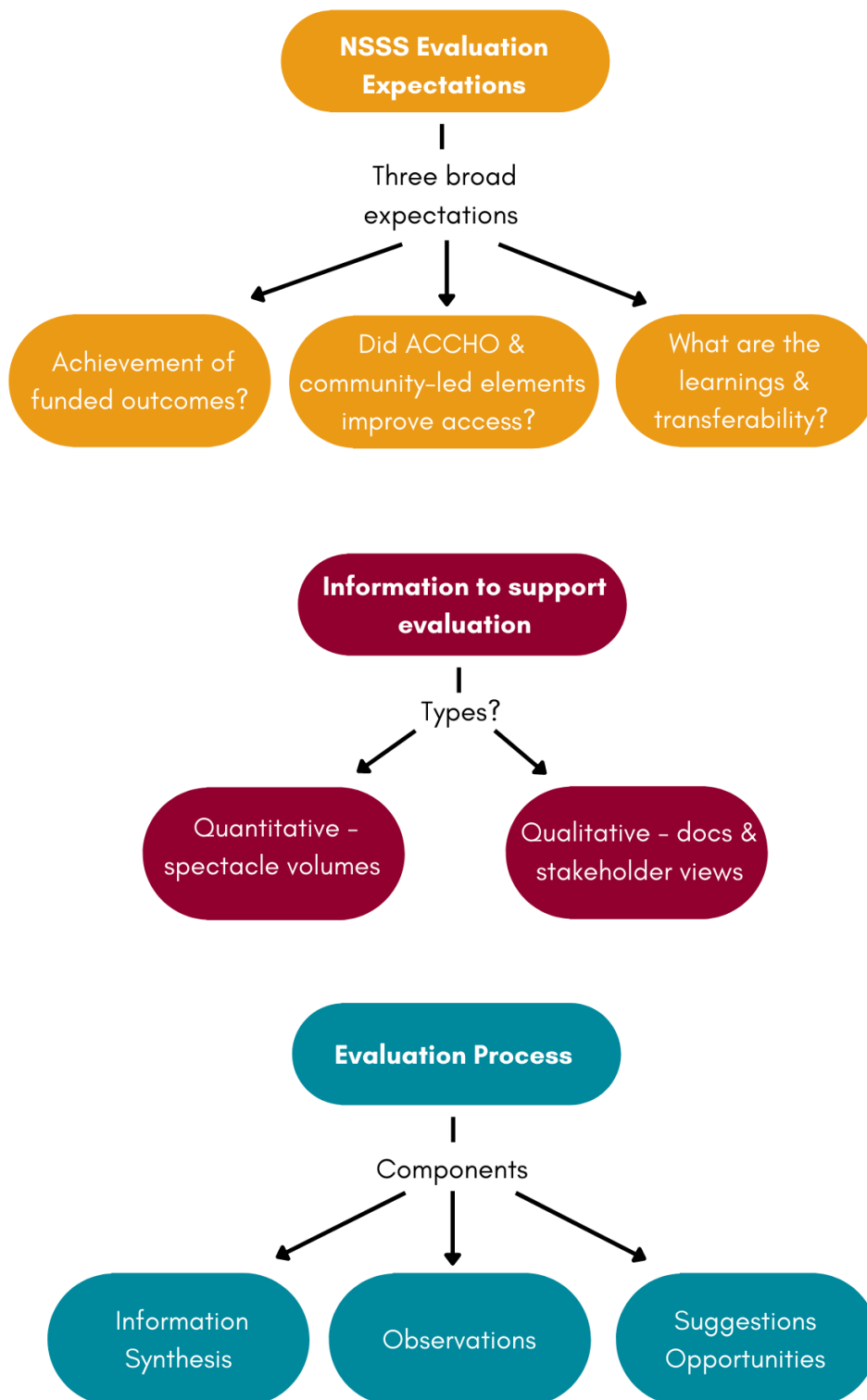


Figure 1: Conceptual schematic: diagram of the core components of the evaluation

## 2.1. Key components of the evaluation

The key components of the evaluation derive from understanding the organisational ‘demographics’ referred to above, the organisational ‘behaviours’ and from this understanding of the NSSS ‘ecosystem’, a guide to the semi-structured questions to be addressed to stakeholders during the consultation stages. The key components are outline in Figure 2 below.

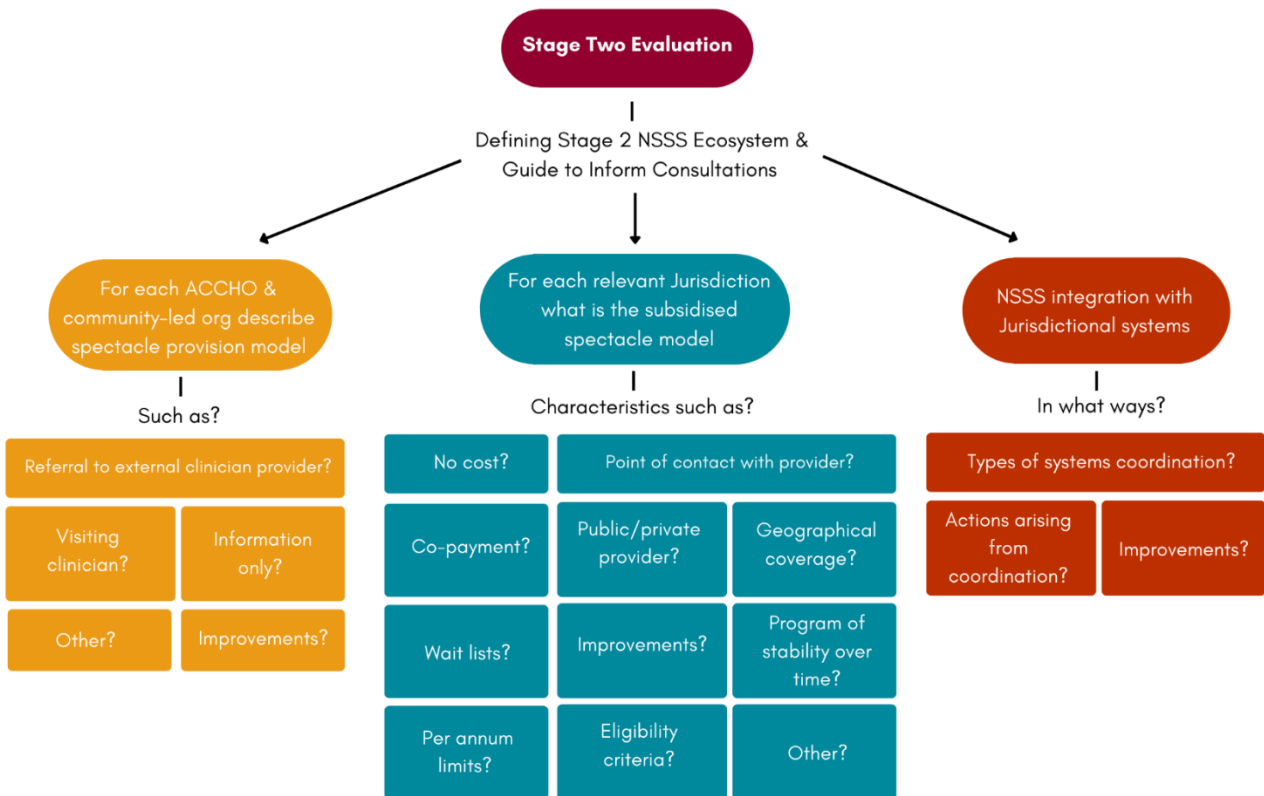


Figure 2: Defining core components of the evaluation to inform consultations

## 2.2. List of stakeholders

This report draws heavily from information gathered through interviews with stakeholders as a primary source for findings. Ninti One conducted 25 consultations with the below Phase 1 & Phase 2 stakeholder groups, outlined in Table 1, 2, and 3 below.

**Table 1: Phase 1 – NSSS Project Management Group stakeholders**

Funder and NSSS Project Management Group stakeholders	Consultation
Australian Government Department of Health and Aged Care (funder)	✓
National Aboriginal Community Controlled Organisation	✓
Optometry Australia	✓
Brien Holden Foundation	✓
The Fred Hollows Foundation	✓
Australian College of Optometry	✓
University of Melbourne, Indigenous Eye Health Unit	✓

**Table 2: Phase 1 – Jurisdictional stakeholders**

Jurisdictional stakeholders	Consultation
Australian Capital Territory Spectacles Subsidy Scheme	✓
New South Wales Spectacles Program, Department of Communities and Justice	✓
New South Wales Spectacles Program, Vision Australia	✓
The Victorian Aboriginal Spectacles Subsidy Scheme (VASSS)	✓
Northern Territory Concession Scheme / NT Seniors Recognition Scheme	✓
Statewide Spectacle and Intra Ocular Assistance Scheme (Tasmania)	-
GlassesSA	-
Queensland Medical Aids Subsidy Scheme	-

**Table 3: Phase 2 – ACCHO and community organisation stakeholders**

ACCHO and community organisation stakeholders	Consultation
Winnunga Nimmityjah Aboriginal Health and Community Services – ACT NACCHO Affiliate	✓
Aboriginal Health & Medical Research Council (AH&MRC) – NSW NACCHO Affiliate	✓
MIWATJ – NT ACCHO Pilot	✓
Brien Holden Foundation NT	✓
Katherine West Health Board <sup>9</sup> – NT ACCHO Pilot	✓
Optometry QLD	✓
Tasmanian Aboriginal Centre (TAC) – TAS NACCHO Affiliate	✓
Victorian Aboriginal Community Controlled Health Organisation (VACCHO) - VIC NACCHO Affiliate	✓
Derbarl Yerrigan Health Service (DYHS) – WA ACCHO Pilot	✓
Optometry WA	✓
South West AMS (SWAMS) – WA ACCHO Pilot	✓
WA Spectacle Subsidy Scheme – WA Department of Health	✓
Aboriginal Health Council of South Australia (AHCSA) – SA NACCHO Affiliate	✓
Geraldton Regional Aboriginal Medical Service (GRAMS) – WA Pilot	-
Queensland Aboriginal and Islander Health Council (QAIHC)	-
CheckUp	-

<sup>9</sup> KWHB also coordinates an eye health service (non-NSSS) with Sunrise Health Service Aboriginal Corporation, and Wurli-Wurlinjang Aboriginal Health Service. All three organisations have headquarters in Katherine and one optometrist is the service provider for the three organisations

## 2.3. Cultural credibility and protocols

A culturally responsive approach to the evaluation required demonstrated cultural credibility in our conduct and the observance of appropriate protocols.

The evaluation team values cultural diversity, innovation, integrity and empathy and respects the cultural authority of Aboriginal and/or Torres Strait Islander peoples.

The Ninti One Aboriginal Knowledge and Intellectual Property Protocol<sup>10</sup> guided the planning, consultation, implementation, and reporting back phases in partnership with stakeholders.

## 2.4. Stakeholder engagement strategy (SES)

Ninti One developed and implemented a SES which ensured that the approach to working with stakeholders was culturally credible and safe. The SES is intended to ensure the effective management of the range of stakeholder contexts, needs, benefits, capacities, and their appropriate levels of contribution, such that the evaluation aims can be met.

**The evaluation process operated within the following parameters:**

- ensuring cultural responsiveness through Indigenous leadership, cultural credibility and cultural safety
- valuing cultural and language diversity, innovation, integrity, empathy and respects the cultural authority of Aboriginal and/or Torres Strait Islander peoples
- adhering to Ninti One Aboriginal Knowledge and Intellectual Property Protocol, which includes recognition that Aboriginal people own their knowledge and that all have the right to information and processes that are transparent, fair and just
- ensuring free, prior and informed consent was gained from each participant.

## 2.5. Engagement approach

Interviewees comprised key stakeholders from organisations, peak bodies and ACCHOs who have been involved in implementing the NSSS project. Participation in the interview was voluntary and respondents were told that they have the option to not answer questions if they would prefer not to do so.

Participants were invited to participate in the evaluation through an introductory email and phone call. To build rapport, interviewees were provided with information about the overall evaluation purpose, the process (including a copy of interview questions ahead of time) and the intended outputs. In addition, there was guidance around the potential outcomes of the complete evaluation.

Being Indigenous was not a requirement of participating in the interview and the interview questions were the same regardless of whether the participant is Indigenous or non-Indigenous. But cultural safety is always at the forefront of all work conducted by Ninti One. All interviews were conducted by an Aboriginal evaluator, with participants offered a NACCHO representative to join the interview, and/or a representative from their own organisation, for support.

Interviews were undertaken through virtual 30-minute meetings and were structured around the key evaluation questions. If the interviewee preferred to yarn or share stories rather than answer structured questions, the interviewer adapted to allow for exploration of themes and issues.

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<sup>10</sup> Orr M, Kenny P, Gorey IN, Mir A, Cox E, Wilson J, 2009 Aboriginal Knowledge and Intellectual Property Protocol: Community Guide. 2<sup>nd</sup> Edition. Ninti One Limited, Alice Springs

## 2.6. Interview questions

To explore the key areas of investigation noted in section 2.1, several evaluation questions were developed. Table 4 lists Ninti One's interview questions for ACCHO and other community organisation stakeholders and Table 5 presents interview questions for Commonwealth, state and territory government and NSSS Project Management Group stakeholders. The full interview guides can be found in Appendix 1 and 2.

**Table 4: Interview Questions for ACCHO and other community organisation stakeholders**

Interview questions	
1.	Can you please provide a brief overview of your role with the National Subsidised Spectacles Scheme? <ul style="list-style-type: none"> <li>• How long have you been in your role?</li> <li>• How does your work on the NSSS fit within the scope of the other work you do?</li> <li>• What information/training around NSSS did you receive to fulfill your role in the scheme? Was it adequate?</li> <li>• What current support do you receive to deliver NSSS?</li> <li>• What has your experience been like in the role?</li> </ul>
2.	How is the NSSS different to other support services you may have delivered?
3.	What are the most positive features of the NSSS model and why?
4.	What are the hardest or most challenging aspects of the service model to implement and why? Can you identify any solution to these challenges?
5.	From your understanding, what are the most important service model features to uphold?
6.	What, if any, issues have you experienced during the implementation phase?
7.	To what extent have these issues been addressed?
8.	Is there any support you require to better implement the NSSS?
9.	Please describe for me how someone is referred to the National Subsidised Spectacles Scheme? <ul style="list-style-type: none"> <li>• When is a referral made?</li> <li>• What happens when you receive a referral?</li> <li>• Who is responsible for handling referrals?</li> <li>• What, if any, timeframes for response exist?</li> </ul>
10.	How do you identify which referrals are appropriate? <ul style="list-style-type: none"> <li>• Are the eligibility criteria clear?</li> <li>• How appropriate are the eligibility criteria?</li> <li>• How do you manage inappropriate referrals you receive?</li> </ul>
11.	What do you believe are desirable characteristics for staff to possess when delivering the National Subsidised Spectacles Scheme?
12.	How easy or difficult has it been to recruit staff who possess these characteristics?
13.	Do you have difficulty attracting and retaining suitable Indigenous people for these positions?
14.	Do you believe you have access to the necessary resources to meet demand for the NSSS?
15.	What do you think are the key barriers to Aboriginal and/or Torres Strait Islander engagement with the NSSS? <ul style="list-style-type: none"> <li>• To what extent can you address these?</li> <li>• How difficult is it to maintain engagement throughout delivery?</li> </ul>
16.	Are there certain groups who might find it hard to access the NSSS? If so, how would the scheme need to change to make it easier?
17.	In your opinion, is there enough general population awareness around the NSSS?

18. How appropriate do you think the scheme is for Aboriginal and/or Torres Straits Islander people in this area?
19. <i>(If it's not that appropriate)</i> What could be changed about the NSSS model to make it more so?
20. To what extent is the scheme culturally appropriate and safe for Aboriginal people and families and why?
21. What are some of the benefits of the NSSS?
22. Who do you think the NSSS is most effective for and why?
23. Are there any stories you can share that showcase benefits of the NSSS? (Without identifying any clients).
24. Are you able to tell us your thoughts about the reporting process?
25. Do you have any ideas about how the National Subsidised Spectacles Scheme could be improved?
26. Is there anything else you would like to tell us about your experiences with the National Subsidised Spectacles Scheme?

**Table 5: Interview questions for Commonwealth, state and territory government and NSSS Project Management Group stakeholders**

Interview questions
1. Can you please provide a brief overview of your role and how this brings you into contact with the National Subsidised Spectacles Scheme? <ul style="list-style-type: none"> <li>• How long have you been in your role?</li> <li>• How does your work with NSSS fit within the scope of the other work you do?</li> <li>• What information/training around NSSS did you receive to fulfill your role in the scheme? Was it adequate?</li> <li>• What has your experience been like in the role?</li> </ul>
2. How well do you believe NSSS has been implemented? <ul style="list-style-type: none"> <li>• Can you identify any solution to these challenges?</li> </ul>
3. What do you think have been success factors in implementation?
4. What, if anything, has been a barrier for implementing the scheme? <ul style="list-style-type: none"> <li>• Getting a contract in place</li> <li>• Agreeing on key performance measures</li> <li>• Establishing relationships with ACCHO service providers</li> <li>• Staffing?</li> </ul>
5. To what extent have these issues been addressed?
6. What do you believe are desirable characteristics for staff to possess when delivering the National Subsidised Spectacles Scheme?
7. How easy or difficult has it been to recruit staff who possess these characteristics?
8. What do you think are the key barriers to Aboriginal and/or Torres Strait Islander engagement with the NSSS? <ul style="list-style-type: none"> <li>• To what extent can you address these?</li> </ul>
9. Are there certain groups who might find it hard to access the NSSS? If so, how would the scheme need to change to make it easier?
10. How appropriate do you think the NSSS is for Aboriginal and/or Torres Straits Islander people?
11. <i>(If it's not that appropriate)</i> What could be changed about the model to make it more so?
12. To what extent is the scheme culturally appropriate and safe for Aboriginal people and families and why?
13. What are some of the benefits of the NSSS?
14. Who do you think the NSSS is most effective for and why?



15. How often do you receive feedback from participating ACCHOs?
16. What are your expectations of feedback from ACCHOs? <ul style="list-style-type: none"> <li>• To what extent are these expectations met?</li> <li>• What would need to change to ensure your expectations are met?</li> </ul>
17. Can you please describe your thoughts on the current reporting process?
18. Do you have any ideas about how the National Subsidised Spectacles Scheme could be improved?
19. Is there anything else you would like to tell us about your experiences with the National Subsidised Spectacles Scheme?

## 2.7. Ethics

Ethical requirements and cultural protocols for the evaluation were guided by the AES Guidelines for the Ethical Conduct of Evaluations, the NHMRC Council's National Statement on Ethical Conduct in Human Research (2007) and the Australian Institute for Aboriginal and Torres Strait Islander Studies (AIATSIS) Code of Ethics for Aboriginal and Torres Strait Islander Research.

V2020A sought ethical approval to undertake the evaluation from AIATSIS. Ninti One supported development of the application and NACCHO provided a letter of support.

Full ethical approval was granted by AIATSIS 23 January 2023 (reference number: EO357-20221025).

## 3. Analysis

### 3.1. Quantitative data

Data contained in five Performance Reports provided by Vision 2020 Australia spanning January 2020 to June 2022 was analysed. It is worth noting that due to COVID-19 impacts, the pilot sites were not able to commence implementation until 2022. This should be taken into consideration when assessing the efficacy of the ACCHO-led pilot sites, and the governance arrangements and project implementation of the NSSS moving forward. Further, several of the ACCHO pilot sites received project extensions until 28 February 2023 which extended the reporting period from July 2022 – February 2023. The lack of available quantitative data from this period is a limitation of the evaluation.

#### Number of spectacles distributed during operation of the National Subsidised Spectacles Scheme

From January 2020 to June 2022, a total of **9,390 spectacles** were distributed through the National Subsidised Spectacles Scheme (NSSS) in participating states and territories.<sup>[1]</sup>

- 190 spectacles were distributed in Queensland in the first 6 months to 30 June 2020; no other states or territories commenced distribution in this time period.
- The greatest number of spectacles (5,122) were distributed in the 6-month reporting period between July and December 2020.

**Table 6: Spectacles distributed by reporting period**

Reporting period	No. of spectacles distributed in reporting period	No. of spectacles distributed by end of reporting period (cumulative total)	% of total target achieved (target = 10,995)
January – June 2020	190	190	2%
July – December 2020	5122	5312	48%
January – June 2021	644	5956	54%
July – December 2021	2731	8687	79%
January – June 2022	703	9390	85%

### Distribution of spectacles by state and territory

By the end of the evaluation period (30 June 2022), 85% of the target number of spectacles had been distributed across all participating states and territories.

Almost half of the overall target (48%) was achieved by 31 December 2020, however, the pace of distribution varied significantly by State or Territory.

- **NSW** and **SA** achieved 100% of their targets by 31 December 2020. NSW exceeded its overall target by the end of the evaluation period, distributing 5,760 spectacles by 31 December 2021 (from an initial target of 3,368).
- **Victoria** met 97% of its target by 30 June 2021, however, its funding was also fully expended by this time meaning it was not able to achieve 100% of its target.
- **Queensland** achieved 71% of its target by the end of the evaluation period (30 June 2022), with unspent project funding totalling \$118,000.
- In the **ACT**, distribution of spectacles did not commence until 2022, and only 26% of the Territory's target was achieved by the end of the evaluation period (30 June 2022).
- **Tasmania** achieved 100% of its initial target by 30 June 2021. An ACCHO-led pilot was subsequently approved in this state with an additional target of 380 spectacles, and distribution had not commenced before the end of the evaluation period (30 June 2022).
- For the ACCHO-led pilot sites in NT and WA, distribution did not commence until the final reporting period in January to June 2022. As such, by the end of the evaluation period (30 June 2022), the **NT** had achieved only 6% of its target and **WA** had achieved 0.3% of its target.

**Table 7: Spectacles distributed by state or territory**

State	No. of spectacles distributed in reporting period					
	Jan – June 2020	July – Dec 2020	Jan – June 2021	July – Dec 2021	Jan – June 2022	Total distributed
<b>ACT</b>	0	0	0	0	40	40
<b>NSW</b>	0	3,559	0	2,201	0	5,760
<b>QLD</b>	190	542	439	530	592	2,293
<b>SA</b>	0	350	0	0	0	350
<b>TAS</b>	0	247	28	0	0	275
<b>VIC</b>	0	424	177	0	0	601
ACCHO-led pilot sites						
<b>NT</b>	0	0	0	0	67	67
<b>WA</b>	0	0	0	0	4	4
<b>TAS</b>	0	0	0	0	0	0

**Table 8: Percentage of overall target reached by state or territory**

State	Target	% of target reached by end of reporting period (cumulative)				
		Jan – June 2020	July – Dec 2020	Jan – June 2021	July – Dec 2021	Jan – June 2022
<b>ACT</b>	152	0%	0%	0%	0%	26%
<b>NSW</b>	3,368	0%	106%	106%	171%	171%
<b>QLD</b>	3,223	6%	23%	36%	53%	71%
<b>SA</b>	350	0%	100%	100%	100%	100%
<b>TAS</b>	275	0%	90%	100%	100%	100%
<b>VIC</b>	622	0%	68%	97%	97%	97%
ACCHO-led pilot sites						
<b>NT</b>	1,208	0%	0%	0%	0%	6%
<b>WA</b>	1,417	0%	0%	0%	0%	0.3%
<b>TAS</b>	380	0%	0%	0%	0%	0%

**Distribution of spectacles at ACCHO-led pilot sites**

Project commencement at ACCHO-led pilot sites in WA, NT and Tas was delayed until 2022 due to the impacts of the COVID-19 pandemic. As such, by the end of the evaluation period (30 June 2022), a total of 71 spectacles had been distributed across these sites, representing 2% of the overall target. Given the delays in ACCHO project commencement, comparisons between states or territories with ACCHO pilot sites and those without, do not render meaningful results.

By 30 June 2022, Katherine West Health Board in the NT had distributed 67 spectacles and Derbarl Yerrigan Health Service in WA had distributed 4 spectacles.

## 3.2. Qualitative data

25 consultations with key stakeholders involved in the NSSS project were thematically analysed and led to the identification of the following key themes.

### 3.2.1. Access

Most interviewees, including those from the pilot ACCHOs, saw the NSSS as delivering on project element 1: 'Increase availability of subsidised glasses to Aboriginal and Torres Strait Islander people.'

Several interviewees commented that more people were getting their eyes tested and were accessing prescription glasses because of the NSSS. One interviewee stated: "I think the NSSS has helped raise the profile of having your eyes tested and getting glasses/spectacles."

It was noted by some interviewees that the NSSS pilot enabled them to distribute more glasses, more quickly, in comparison with state or territory-wide schemes which could take three times as long to be dispensed because of bureaucratic hurdles, such as processing times with Centrelink. It was noted that without these eligibility hurdles – which can require Centrelink or other means-testing documentation, points of ID and signatures from government officials – the NSSS was easier for Aboriginal clients to access. It was suggested that more people were accessing the scheme because of less paperwork and administration.

One interviewee stated that initially they were supporting people who were eligible to still access the NT Concession Scheme, "but then when we got so time limited, with the time that we had, I think it just got shifted to 'All right, everyone that comes into the clinic gets a pair of glasses through the NSSS, otherwise we're not gonna get through the numbers'."

One interviewee commented that there was better uptake of the scheme in regional areas than in metropolitan areas of their state. It was suggested that, with more service providers in metropolitan areas, some people would choose not to access the scheme, whereas in regional areas you have a somewhat "captive audience" with fewer providers or suppliers.

### 3.2.2. Program ownership

A majority of interviewees indicated they felt that ACCHOs should lead service provision. One interviewee encapsulated sentiments held by other participants, stating: "I think it should be delivered through an Aboriginal controlled health services... Simply, it just makes things a lot easier for the community."

In addition, some interviewees felt that program ownership and/or decision-making processes should lie solely with a peak Aboriginal body, such as NACCHO. One interviewee felt that: "there needs to be more Aboriginal and Torres Strait Islander voices... because they are the consumers of this project. A lot of white people and white organisations are making decisions for Aboriginal and Torres Strait Islanders. I get they are specialists in their fields but there's still no voice." Another interviewee noted that the feedback from ACCHOs is that "there is a lack of input from the ACCHO sector. So you have a group of people making decisions without consultation, maybe who are not in the Aboriginal and Torres Strait Islander Health sector."

One interviewee felt that each ACCHO involved in a NSSS should have more flexibility and decision-making control for how their service implements the scheme. In particular, additional initiatives such as NSSS should be integrated with ACCHO and ACCH Primary Care services. One of the main benefits of integration are that other related allied health and medical services such as diabetes management, podiatry, and dietary (all relevant to vision care) are more effective than standalone vision care. Failure to integrate new "special, separately funded" programs is a disincentive for many ACCHOs and sometimes leads to rejection of such programs.

Some interviewees indicated that they would like to see Aboriginal-owned organisations reflected in the supply chain and all elements of a scheme like the NSSS, from service delivery to optical dispensing. As one

interviewee noted: “We should walk away from mainstream orgs that are getting heaps of money that should be going to communities to be controlled.”

### 3.2.3. Cultural safety

Optometrist providers of the NSSS need to ensure that their workers are well informed about the scheme. A couple of interviewees outlined instances where an Aboriginal client has turned up to the provider and they have been turned away or met with confusion or a lack of understanding. One participant commented that for Aboriginal people already hesitant to access a non-Aboriginal service, their hesitancy may not be overcome by the establishment of the NSSS and could create a further barrier to their access to eye health under NSSS.

It was suggested that the community-controlled health sector could provide the care and culturally-safe spaces necessary for service provision, in a way that was not always possible with mainstream providers. One interviewee commented that: “Each ACCHO knows their own community... and we kind of know what works for us and what doesn’t. To me it would make more sense to say ‘ok we can give you funding to provide this many glasses and you can report back on how many glasses you provided at the end of the funding period’.”

One interviewee commented that ensuring the cultural safety of a network of 401 optometrists [across the NSW spectacle scheme, which supported the NSSS] was difficult and they felt that there was not enough time in the pilot to ascertain which optometrists should be used in the program or identify who already has a relationship with the community.

### 3.2.4. Jurisdictional impact and integration

Rolling out the NSSS pilot alongside existing state and territory subsidised spectacle schemes had its complexities, outlined several interviewees. For example, one stated that: “To try and ensure all schemes were ... nationally consistent we had to bring all the states and territories to be at a similar level which is a more difficult task. It has been hard to get to the crux of why states and territories are different and why they don’t necessarily want to align with national principles. All over it has been quite a complex project.”

One interviewee suggested that ultimately a scheme like this should be standardised and then managed at state level as “states won’t want to give up control”. They added that Aboriginal involvement in the scheme should be mandated. Another interviewee suggested that where the NSSS pilot could have lasting impact is in the improvement of state-based subsidised spectacle schemes. It was noted in one interview, for example, that one territory-based program has upgraded its systems and forms, and now collects data on Aboriginality, because of the NSSS pilot.

Several interviewees felt that the NSSS pilot was more effective and less invasive than their existing state-wide schemes as it wasn’t means tested and doesn’t require access to documentation and the payment of a gap fee “which some people can’t afford,” noted one interviewee. One optometrist noted: “In the past, if we were going through the NT Concession and Recognition Scheme, it was quite a slow process. If someone was a current member of the scheme, you would have to submit an authority for approval. That would take anywhere from two to three weeks ... And then we’d have to get it all made up so by the time the person was getting their glasses, it was week six or seven...”

Some interviewees, including those representing ACCHOs, expressed that the NSSS sat comfortably inside their pre-existing eye health and prescription glasses distribution provisions. One interviewee stated: “So we really just slotted it into what we were already doing. There wasn’t anything particularly structural that we changed or did to bring it in.”

Some interviewees, including those representing ACCHOs, felt that the NSSS complimented and enhanced their service provision, and that they were able to reach more Aboriginal people in need of prescription glasses through NSSS. One interviewee stated that: “It just slots in right in with our current model... But he’s [the dispenser’s] now just able to give glasses directly to people who otherwise wouldn’t get them.

Others explained that they needed more time with the pilot, which was delayed by COVID-19, to understand how well the NSSS fits in with their current scheme or service.

One interviewee explained that the NSSS did not enhance their current service provision, and that their current model would be enhanced if they had access to greater spectacle distribution, as demand was drastically outweighing supply.

### 3.2.5. Community recruitment and retention

Several interviewees explained that retaining Aboriginal health workers at times presented a barrier to service provision at pilot sites. It was noted by several interviewees that bolstering an Aboriginal workforce would be a critical element to supporting an Indigenous led and owned scheme. It was suggested that an Aboriginal workforce should be reflected in all areas of the program supply change, noting that the current gap is because “there’s not a lot of skills in that space at the moment”.

Some interviewees explained that clinical staff were overstretched, and that having someone for a longer period of time would be beneficial: “I think if you were to like redesign the project you know and had more time to maybe invest in it getting someone on the ground more regularly or embedded in the health service for a longer period would be good”.

Another interviewee stated: “Like workforce, it’s always an issue of being able to have an adequate workforce to actually be able to administer the scheme. Like people in the clinics, have you know are so busy and they can’t always be thinking about every single program that is being run through the clinics.”

Two interviewees noted that Aboriginal people were working to fill this gap already. One interviewee had recently worked to identify the Australasian College of Optical Dispensing (ACOD) as the only institution at that time in Australia willing to provide a certificate IV for optical dispensing for remote students, whilst another interviewee said that a couple of young people were already training or searching for traineeships to become optical dispensers.

### 3.2.6. Promotion

Social media and other kinds of physical advertisement increased awareness and uptake of the NSSS at pilot sites. For example, one visiting optometrist indicated that “patient numbers had been down”. After posting promotional material on Facebook about NSSS, they were booked out for their next three visits. Another interviewee echoed this sentiment, stating “So the minute it went out on Facebook, I just had the self-referrals coming in.” A different interviewee from an ACCHO said that putting a note up on the noticeboard of the local shop worked well as all community accessed the shop.

Some interviewees indicated that promotion for the NSSS could have been executed better amongst other healthcare professionals, with one stating: “I feel like our clinicians and GPs weren’t very aware of the program and we probably should have promoted that a bit more with them.”

### 3.2.7. Communicare<sup>11</sup>

Overall, ACCHOs, were happy with Communicare as a way to document referrals, visits, glasses dispensed and other aspects of a person’s record. One participant said: “I think it [the way of reporting through Communicare] was good. I think I was able to upload the referral form... into Communicare... So, he's gave us a template and I've just added it into Communicare, so it's digital. So, at the end, I can pull a report on how many letters I've done, match it up, and then we can go from there.”

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<sup>11</sup> The Communicare patient management system is used by many ACCHOs across Australia as a way to document referrals, visits, glasses dispensed and other aspects of a person’s record. Communicare reporting of new services such as NSSS is relatively easy and can be done by the local ACCHO rather than seek amendments by the Communicare support service. Where Communicare is used, the outputs form the basis for reporting to V2020A.

### 3.2.8. Integrated healthcare

Three participants indicated that having Aboriginal clients come to their clinics or centres where other health services were present was beneficial for the client, and sometimes increased their access to the NSSS. One participant spoke to the way the NSSS was bringing people into their integrated health clinic: “[I]t's not just the fact that you get free glasses, but people who otherwise maybe wouldn't have engaged with the clinic are now engaging with the clinic to get other things looked at as well. So, it's an incentive to come to clinic.... Yeah, Diabetes management, foot management and all those sorts of issues that are often linked to eyecare issues.”

The following figure is an example<sup>12</sup> of how the Comprehensive Primary Health Care operates at most ACCHOs. Thus, eye health readily sits within this model of care.

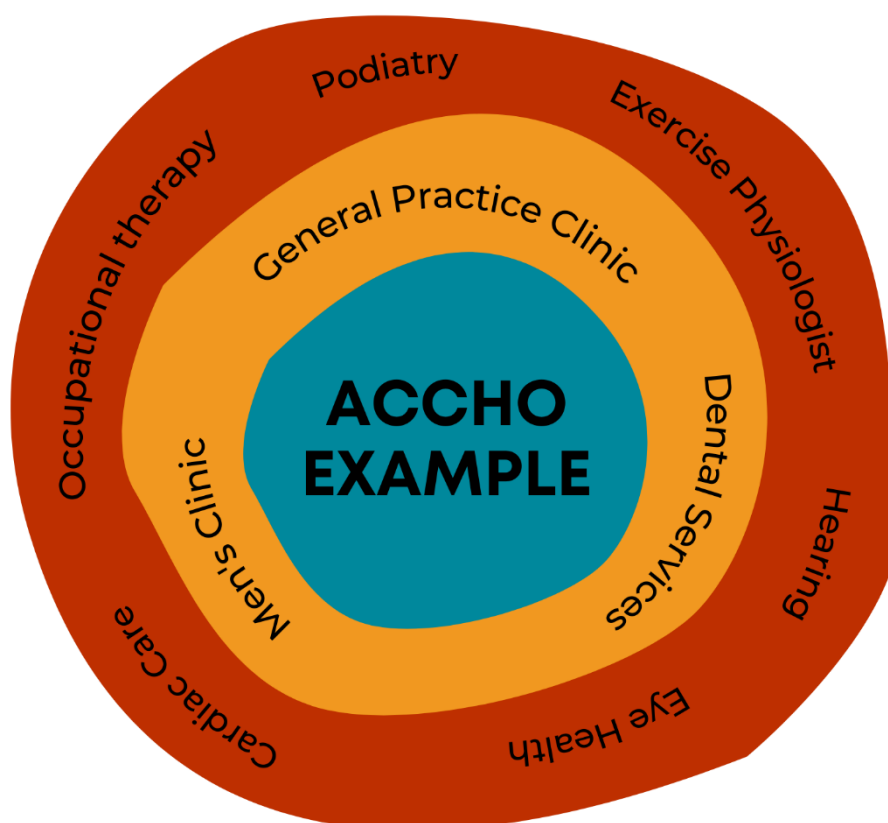


Figure 3: General depiction of ACCHO model of Comprehensive Primary Health Care

### 3.2.9. Product choice

20% of participants indicated that frames available through the NSSS and some state schemes were outdated, did not always fit and were of poor quality. Two of these participants suggested that it might increase uptake if clients had access to a broader range of frames, with one interviewee saying: “If we raise the quality, we will get a higher take-up. So that’s feedback – they don’t like them.” Another interviewee noted that: “During the pilot, we said communities should be able to choose which glasses they want... Choice and control is a really important thing. You don’t necessarily want to be seen having cheap glasses.

<sup>12</sup> This general depiction of the elements of an ACCHO Comprehensive Primary Health Care model is based on the model from **Anyinginyi Health Aboriginal Corporation**, Tennant Creek, Northern Territory.



Some service providers say ‘only these ones within the range.’ We are saying that’s not appropriate, you need to have choice.”

Two interviewees indicated that there are Aboriginal frame dispensers, like Deadly Eyes, that were not included in product choice despite the fact that they are not more expensive than mainstream suppliers and may be preferred by clients. Interviewees also stated that utilising an Aboriginal frame dispenser like Deadly Eyes supported an Aboriginal-owned NSSS. Deadly Eyes does not manufacture spectacle frames – these are sourced from commercial manufacturers.

Another 20% of interviewees indicated that product choice was satisfactory, and that they had not received negative feedback from clients about the choice of frames. For example, one interviewee from an ACCHO stated that: “The choice I thought was pretty good. There were a number of boxes and different brands that they showed to us ... there seemed to be a lot of different choices and I wasn’t thinking that was such a barrier.”

### **3.2.10. Lenses**

One participant indicated that a draw-back of the NSSS scheme only providing subsidised lenses was that for some eye conditions, contact lenses rather than prescription glasses were required to improve vision: “While glasses are a great for, you know, 99% of the population, however, there's a couple of conditions where glasses can't correct vision.”

Some interviewees indicated that it was important that bi-focal, tri-focal, multi-focal, contact lenses and other types of lenses be subsidised so that most people’s needs could be met. One interviewee cited that this breadth of eyewear was being offered under the NT Concession Scheme.

### **3.2.11. Children and young people**

Some interviewees indicated that the eligibility requirements to state and territory-wide schemes for accessing prescription glasses could sometimes mean that children and young people were falling through the cracks, and not accessing services that could both test their eyes and provide them with dispensed glasses. One interviewee confirmed this by stating: “I've had a number of applications rejected for young kids that obviously need and are eligible, they're eligible. We know that, but we can't get the paperwork together for those children.” This posits a strong argument for the lack of eligibility paperwork required for the NSSS, as noted in 3.2.4.

### **3.2.12. Self-referral**

All interviewees who mentioned the self-referral element of the NSSS pilots indicated that it held positive outcomes for access. One visiting healthcare worker described the struggle of reaching everyone needing prescription glasses, especially those in remote communities, and the benefits that self-referral can bring. They said: “We are only visiting, you know, 20 days a year. So there's no way that you can actually see all those people. So people are self-presenting, because they know they're getting the glasses for free, which gives you that opportunity to do their proper diabetic eye check and all of that kind of stuff as well.”

### **3.2.13. Two years wait for new glasses**

It was noted by several interviewees that peoples’ vision can drastically change within a two-year period, and that one pair of glasses in that time would not adequately serve clients’ needs. One participant noted that under the NT Concession Scheme, if a patient’s eyesight changes significantly within that two-year period and the optometrist sights this change, the scheme is able to provide lenses within that two-year period again.

Some interviewees noted that children lose glasses and commented that this is problematic under a spectacle scheme that only provides glasses every two years. Someone suggested that a potential improvement of a national spectacle scheme could include the provision of a spare pair of glasses under the scheme, especially for children.

### 3.2.14. Transport

A number of interviewees indicated that in regional areas, transport to the NSSS-approved optometrist could be costly, and one interviewee suggested that if the optometrist worked through the Aboriginal health service (some of which provide travel for their clients) more clients would have access.

### 3.2.15. Governance

Several interviewees spoke of governance and codesign. For example, one interviewee noted that there is only one Aboriginal person in the Project Working Group. The interviewee felt that the group is too academic and needs to be more reflective of service delivery. Another interviewee commented there have been issues with governance, noted as far back as 2019, and indicated that they are “coming back around to do work on that now. And there will be opportunities then to look at First Nations representation [within project governance]”.

### 3.2.16. Vision 2020 Australia’s information support prior to NSSS implementation

The communication around establishing the NSSS project, including the pilots, was received to varying degrees by interviewees. For example, some interviewees indicated they were not given enough information by Vision 2020 Australia, while others indicated that the number of meetings held was excessive compared with other elements of the NSSS. Other interviewees indicated that they received a suitable number of communications around establishing the scheme.

### 3.2.17. Reporting and operational requirements

One interviewee found fault with the “high reporting requirements for a very small amount of funding” and the back and forward movement of clients and paperwork between optometrists and ACCHOs. One interviewee from an ACCHO suggested that: “What would have worked better for us is being able to access the funds directly and employ or contract our own optometrist to do the service ... then be able to pay for the glasses from there.”

It was suggested by the interviewee that ACCHOs could get a visiting optometrist into the service for ‘eye testing runs’ with the community “rather than having a doctor refer them to another service that they may or may not go to and that may or may not be as culturally appropriate. Even though they did have cultural training, it is not the same thing as being based in the ACCHO.” Similarly, it was noted by another interviewee that if the service was run out of an ACCHO, rather than requiring a visit to an external optometrist, then patients could see several specialists at the same time.

### 3.2.18. Feedback processes

One interviewee noted that the feedback processes that their service implemented for the NSSS pilot were more successful than the phone surveys they had been conducting for the existing state-based scheme. They explained that: “NSW specs has quite a robust phone survey but we’ve never had a lot of success with that. Either people wouldn’t list a phone number, or they didn’t answer the phone. [For NSSS, we posted surveys] out with the glasses. We posted out a reply-paid envelope with them. So, people just had to pop it in and send it back and that was pretty successful.”

### 3.2.19. COVID-19

Several interviewees noted that the professional workforce was at times affected by COVID-19. This included visiting optometrists, who could not make their usual journeys to more regional or remote parts of Australia to service those communities. One interviewee noted that: “Historically, we’ve sent an optometrist from Victoria to do that work in South Australia, which we could not do during COVID because we were not allowed into the state.” Where travel was still possible, some people did not want services entering their communities, due to fears around the transmission of COVID-19.

Some interviewees indicated that COVID-19 had impacted the starting date and subsequent duration of the pilot and suggested that this contributed to an underspend of funds. One interviewee indicated that they wanted to continue the pilot, because there was still a demand for subsidised spectacles: “We have a little bit of an underspend from the pilot and we want to say please, please can we just pre-pay what’s left so that we can keep covering peoples’ glasses until the money runs out.”

### **3.2.20. Funding, expenditure and underspending**

One interviewee noted that the pilot funding was welcomed by ACCHOs as it “filled a lot of gaps. Some organisations were already paying for spectacles with their underspends but now they could use those underspends for other things.”

Another interviewee noted that given how often visiting optometrists are able to travel to remote areas, it was hard for them to spend the complete amount provided by Vision 2020 Australia: “I guess the main thing is that we're finding it hard to spend all the money and I think that's not through a lack of engagement with the scheme, but it's just difficult to give, with the current resourcing that we have and how often the optometrist visits are; it's difficult to give out you know as many glasses as we have funding for.”

## 4. Discussion and recommendations

### 4.1. Outcomes

Quantitative and qualitative data demonstrates that the NSSS achieved its purpose under project element 1 of increasing the availability of subsidised glasses to Aboriginal and Torres Strait Islander people across states and territories. This included increase to access of prescription glasses, including where a person may be ineligible for a state or territory subsidised scheme, and in some cases where a person was eligible for a state or territory subsidised scheme, but came up against barriers in accessing that state or territory-wide scheme.

#### 4.1.1. Key quantitative outcomes

Quantitative data drawn from the five Performance Reports indicates that from January 2020 to June 2022, a total of **9,390 spectacles** were distributed through the National Subsidised Spectacles Scheme (NSSS) in participating states and territories.

Spectacles were distributed through the NSSS in participating states and territories as follows:

- By the end of the evaluation period (30 June 2022), 85% of the target number of spectacles had been distributed across all participating states and territories.
- **NSW** and **SA** achieved 100% of their targets by 31 December 2020. NSW exceeded its overall target by the end of the evaluation period, distributing 5,760 spectacles by 31 December 2021 (from an initial target of 3,368).
- **Victoria** met 97% of its target by 30 June 2021, however, its funding was also fully expended by this time meaning it was not able to achieve 100% of its target.
- **Queensland** achieved 71% of its target by the end of the evaluation period (30 June 2022), with unspent project funding totalling \$118,000.
- In the **ACT**, distribution of spectacles did not commence until 2022, and only 26% of the Territory's target was achieved by the end of the evaluation period (30 June 2022).
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- For the ACCHO-led pilot sites in NT and WA, distribution did not commence until the final reporting period in January to June 2022. As such, by the end of the evaluation period (30 June 2022), the **NT** had achieved only 6% of its target and **WA** had achieved 0.3% of its target.

#### 4.1.2. Key qualitative outcomes

Qualitative data drawn from 25 consultations indicates that the NSSS, including ACCHO-led pilot sites, has contributed to a greater number of Aboriginal and/or Torres Strait Islander peoples:

- Having their eyes tested
- Obtaining prescription glasses
- Accessing other eye-related health and care services through already established ACCHO integrated health systems

Qualitative data indicates that people were likely to access prescription glasses and eye health through an ACCHO-led NSSS pilot site because of:

- Culturally appropriate care where users trust and know ACCHO-workers.

- Fewer identification and documentation requirements for clients when compared with some state and/or territory schemes. Rather than going through external services like Centrelink, ACCHOs could take any required details from patients directly.
- The promotional material that reached clients, namely through social media, including reaching pre-existing ACCHO networks on Facebook and Instagram, and physical advertisements, such as posters in community spaces.
- The price – the NSSS being free was described as a big factor in the increased uptake of prescription glasses and eye-testing amongst Aboriginal and/or Torres Strait Islander peoples, compared with state and territory subsidised schemes that mostly still incurred a cost to the client. Clients often knew they could access free spectacles through the NSSS because of the promotional work done within ACCHO client networks.

These findings exist within a broader alignment to the Optometry Australia nationally recognised principles, including Principle 2 – Enable better access for all Aboriginal and Torres Strait Islander Australians, Principle 4 – Address financial barriers to accessing clinically-required optical appliances, and Principle 5 – Minimise practical barriers to patient and provider participation. They also emphasise the importance of the NSSS being administered through community-controlled organisations, sitting in alignment with Principle 3 – Are implemented through an ongoing process of consultation with Aboriginal and Torres Strait Islander communities.

#### **Aboriginal and Torres Strait Islander inclusion in Governance Arrangements**

Qualitative data demonstrates that a further outcome of the NSSS has been better understanding among project stakeholders of the need to elevate community voice in this space, and increase Aboriginal and/or Torres Strait Islander involvement in a scheme such as the NSSS. Across stakeholder groups, sentiments were shared around the need for greater involvement from Aboriginal and/or Torres Strait Islander peoples in the higher-level thinking and decision-making of the NSSS. A key outcome has therefore been greater commitment from stakeholders to ensure Aboriginal and/or Torres Strait Islander peoples possess ownership over the scheme from program design to implementation. This aligns with the nationally agreed Principle 3, where subsidised spectacle scheme(s) 'Are implemented through an ongoing process of consultation with Aboriginal and Torres Strait Islander communities'.

## **4.2. Community-led elements**

As discussed above, qualitative and quantitative data indicate that the NSSS did increase access to subsidised glasses and eye healthcare for Aboriginal and Torres Strait Islander people. The level to which this was done within a framework of co-design and cultural safety was explored by many key stakeholders during interviews.

One interviewee indicated that there is a lack of ACCHO representation and only one Aboriginal person in the Project Working Group. The interviewee felt that the group is too academic and needs to be more reflective of service delivery. In addition, while the majority of interviewees spoke positively of the work undertaken by Vision 2020 Australia for the NSSS, several felt that program ownership and/or decision-making processes should lie solely with a peak Aboriginal body, such as NACCHO.

Six pilot sites trialled ACCHO-led support and delivery of eyecare services under the NSSS, with some NSSS participating optometrists provided with cultural training. Qualitative data elicited that culturally appropriate delivery of the project was not always present in the provision of the NSSS. This included issues around ascertaining which optometrists already had a relationship with the community and/or should be used in the project. The data also demonstrated there were sentiments that ACCHO-led service provision of a subsidised spectacle scheme for Aboriginal and Torres Strait Islander people would support culturally appropriate service delivery.

Where ACCHOs did not have an optometrist at their service, clients were referred to an external optometrist, who would then invoice the ACCHO. One participant mentioned it would have been more

effective to be able to access the funds directly and employ or contract their own Optometrist to do the service at the organisation. It was suggested this both would have been more culturally appropriate and more accessible for clients. In addition, it was suggested that it would be ideal for ACCHOs involved in the scheme to be able to provide all services in their centre.

### 4.3. Opportunities and recommendations

Through both stakeholder consultation and subsequent qualitative and quantitative analysis, the below opportunities are recommended. These recommendations have been designed to act in parallel, as each are complementary and reliant on the others.

**Opportunity 1: Aboriginal and Torres Strait Islander-led co-design and ownership of NSSS.** This includes the opportunity raised for a national or jurisdictional ‘Eye Network’, where Aboriginal-led and controlled organisations are doing the manufacturing of lenses and frames, as well as implementing the scheme. This would also mean Aboriginal and Torres Strait Islander people sitting on governance bodies and groups for the NSSS, such as working groups or committees.

**Suggested strategy:** Aboriginal and Torres Strait Islander-led and controlled organisations should be involved in all aspects of program management, governance, service design and delivery for a NSSS.

**Opportunity 2: Funding should support in-house or visiting eye healthcare specialists, especially optometrists, to ACCHOs.** This would alleviate some of the organisational bureaucracy inherent in clients moving between two services and the burden placed on clients to travel distances to reach mainstream providers, who may not provide culturally appropriate care.

**Suggested strategy:** A scheme such as NSSS could be funded with explicit allocations for clinical services (both ACCHO-based and visiting), and supply of frames and lenses.

**Opportunity 3: Encourage and increase access to more Aboriginal and Torres Strait Islander people to complete tertiary qualifications and receive training to work in the eye-health sector, including as optical dispensers.** Interviewees raised the concern that there are limited pathways for Aboriginal and or Torres Strait Islander people to train to become optical dispensers given that only one institution, the Australasian College of Optical Dispensing (ACOD), offers distance learning. Optical dispensing and other relevant healthcare worker opportunities should be made available to Aboriginal and Torres Strait Islander people, increasing workforce engagement and control in the sector and in schemes such as the NSSS.

**Suggested strategy:** In conjunction with Optometry Australia<sup>13</sup>, Indigenous Allied Health Australia,<sup>14</sup> the Centre for Eye Research<sup>15</sup>, NACCHO<sup>16</sup>, and potentially, Universities Australia<sup>17</sup>, design and implement a qualification appropriate for Aboriginal and Torres Islander students (e.g. block times at university, on-line, supervision/mentoring by local optometrists).

**Opportunity 4: Greater product choice for clients.** This includes choices relating to the type of frames available for clients, especially where the same frames have been in circulation in some instances for over two decades as part of jurisdictional schemes for subsidised spectacles. This also includes the breadth of lenses available for clients, including bi-focal, tri-focal, multifocal and in some instances contact lenses, especially where spectacles will not cater for the vision impairment.

**Suggested strategy:** Aboriginal and Torres Strait Islander clients should have access to the full range of lenses and frames offered to all clients (subject to an agreed upper cost limit consistent with concessional schemes operated by states and territories).

<sup>13</sup> <https://www.optometry.org.au/>

<sup>14</sup> <https://iaha.com.au/>

<sup>15</sup> <https://mdhs.unimelb.edu.au/engage/partners/research-institutes/centre-for-eye-research-australia-cera>

<sup>16</sup> <https://www.naccho.org.au/>

<sup>17</sup> <https://www.universitiesaustralia.edu.au/>

**Opportunity 5: State and territory based subsidised spectacle schemes should be standardised across jurisdictions.** It was suggested in interviews that if subsidised spectacle schemes are managed by states and territories, there should be standardisation in several areas.

**Suggested strategy:** A key area of standardisation relates to data definitions (i.e. a common data dictionary). In addition to data standardisation, eligibility criteria should be standardised (where possible), models of service delivery should be co-designed, and agreed and co-designed implementation protocols across jurisdictions.

## Appendix 1: Interview Guide for ACCHO and other community organisation participants

### Purpose

Interviews will be targeted consultations with representatives of Aboriginal Community Controlled Health Organisations (ACCHOs) who can provide insight into the National Subsidised Spectacles Scheme (NSSS) project.

Interviews will be undertaken through virtual 30 -minute meetings and will be structured around the key evaluation questions. If the interviewee prefers to yarn or share stories rather than answer structured questions, the interviewer will adapt to allow for exploration of themes and issues identified by participants.

### Participants

The potential participants for interviews will include representatives from ACCHOs that have been involved in implementing the NSSS project. Participation in the interview is voluntary and respondents will be reminded that they have the option to not answer questions if they would prefer not to do so.

Being Indigenous is not a requirement of participating in the interview and the interview questions will be the same regardless of whether the participant is Indigenous or non-Indigenous. But cultural safety is always at the forefront of the work we do – all interviews will be conducted by an Aboriginal evaluator, with participants offered a NACCHO representative to join the interview, and/or a representative from their own organisation, for support. Further, Ninti One has the below framework:

### Cultural Protocols and Principles for Engagement

- To respect and value the voices and experiences of First Nations people, especially Traditional Owners
- To collectively aim to build and maintain trust and respect
- To acknowledge and celebrate success
- To maintain a focus on the future
- The recognition, acknowledgement and importance of Indigenous Data Sovereignty
- To acknowledge and respect the diversity of language and strive to ensure mutual understanding
- To ensure everyone has the right information and processes are transparent, fair and just

### Building rapport and providing context

Participants will be invited to participate in the evaluation through an introductory email and phone call. To build rapport, interviewees will be provided with information about the overall evaluation purpose, the process (including a copy of interview questions ahead of time) and the intended outputs. In addition, there will be guidance around the potential outcomes of the complete evaluation.

### Introductory brief at beginning of the interview

*Thank-you for agreeing to talk with me today about your experience delivering the National Subsidised Spectacles Scheme.*

*I'm interested in hearing about your experience and views of the project, especially regarding barriers and strengths, and whether you believe it is helpful for your clients, and in what ways.*

**Your comments are confidential**—I won't be discussing your comments or naming any individual in our report. Here with me today is [Note taker] who will be taking notes so I can focus on our conversation – are you ok for them to take notes today?



*I can also record this interview and send you a copy, if you would like? I do not require it to be recorded, and I will permanently delete the audio recording once I have sent it to you. Would you like to record our interview?*

*A draft meeting summary of our conversation today will be provided to you for your review and feedback.*

**Do you give your consent to participate in this interview?** (Answer to be recorded on paper as appropriate).

*If you change your mind and want to stop the interview at any point, please let me know.*

**Do you have any questions for me before we begin the interview?**

Thank you

## **Introduction**

**1. Can you please provide a brief overview of your role with the National Subsidised Spectacles Scheme?**

- How long have you been in your role?
- How does your work on the NSSS fit within the scope of the other work you do?
- What information/training around NSSS did you receive to fulfil your role in the scheme? Was it adequate?
- What current support do you receive to deliver NSSS?
- What has your experience been like in the role?

## **About the NSSS Service Model**

**3. How is the NSSS program different to other support services you may have delivered?**

**4. What are the most positive features of the NSSS model and why?**

**5. What are the hardest or most challenging aspects of the service model to implement and why?**

- Can you identify any solution to these challenges?

**6. From your understanding, what are the most important service model features to uphold?**

## **Implementation**

**7. What, if any, issues have you experienced during the implementation phase?**

**8. To what extent have these issues been addressed?**

**9. Is there any support you require to better implement the NSSS?**

## **Referral and Engagement**

*We're interested in understanding the specifics of how people are referred to and selected to participate in the National Subsidised Spectacles Scheme and any during the process.*

**10. Please describe for me how someone is referred to the National Subsidised Spectacles Scheme?**

- When is a referral made?
- What happens when you receive a referral?
- Who is responsible for handling referrals?
- What, if any, timeframes for response exist?

**11. How do you identify which referrals are appropriate?**

- Are the eligibility criteria clear?

- How appropriate are the eligibility criteria?
- How do you manage inappropriate referrals you receive?

#### Resourcing

12. What do you believe are desirable characteristics for staff to possess when delivering the National Subsidised Spectacles Scheme?
13. How easy or difficult has it been to recruit staff who possess these characteristics?
14. Do you have difficulty attracting and retaining suitable Indigenous people for these positions?
15. Do you believe you have access to the necessary resources to meet demand for the NSSS?

#### Engagement

16. What do you think are the key barriers to Aboriginal and/or Torres Strait Islander engagement with the NSSS?
- To what extent can you address these?
  - How difficult is it to maintain engagement throughout delivery?
17. Are there certain groups who might find it hard to access the NSSS? If so, how would the program need to change to make it easier?
18. In your opinion, is there enough general population awareness around the NSSS?

#### Appropriateness

19. How appropriate do you think the NSSS is for Aboriginal and/or Torres Straits Islander people in this area?
20. *(If it's not that appropriate)* What could be changed about the NSSS model to make it more so?
21. To what extent is the program culturally appropriate and safe for Aboriginal people and families and why?

#### Client Outcomes

22. What are some of the benefits of the NSSS?
23. Who do you think the NSSS is most effective for and why?
24. Are there any stories you can share that showcase benefits of the NSSS? (Without identifying any clients).

#### Reporting

25. Are you able to tell us your thoughts about the reporting process?

#### Improvement

26. Do you have any ideas about how the National Subsidised Spectacles Scheme could be improved?

**27. Is there anything else you would like to tell us about your experiences with the National Subsidised Spectacles Scheme?**

*Thank you for your time.*

*The information you have provided will be used to produce a report for Vision 2020 Australia that they will then provide to the Commonwealth Department of Health and Aged Care. The report will not include your name or any identifying information about you. If you would like, I will share a summary of the notes from this interview with you once it is completed.*

*When the evaluation is finished, in February 2023, we will provide a copy of the report which you can keep. Again, thank you for your time.*

## Appendix 2: Interview Guide for project funder and implementation partners

(Commonwealth Department of Health and Aged Care, NSSS Project Management Group and Jurisdictional Stakeholders)

### Introductory brief at beginning of the interview

*Thank-you for agreeing to take part in this interview. Vision 2020 Australia has commissioned Ninti One to conduct an evaluation of the National Subsidised Spectacles Scheme. I'm interested in hearing how the project has been implemented, and your experience and views of the project, especially regarding barriers and strengths.*

**Your comments are confidential**—I won't be discussing your comments or naming any individual in our report. Here with me today is [Note taker] who will be taking notes so I can focus on our conversation – are you ok for them to take notes today?

*I can also record this interview and send you a copy, if you would like? I do not require it to be recorded, and I will permanently delete the audio recording once I have sent it to you. Would you like to record our interview?*

*A draft meeting summary of our conversation today will be provided to you for your review and feedback.*

**Do you give your consent to participate in this interview?** (Answer to be recorded on paper as appropriate).

*If you change your mind and want to stop the interview at any point, please let me know.*

**Do you have any questions for me before we begin the interview?**

*Thank you*

### Introduction

**28. Can you please provide a brief overview of your role and how this brings you into contact with the National Subsidised Spectacles Scheme?**

- How long have you been in your role?
- How does your work with NSSS fit within the scope of the other work you do?
- What information/training around NSSS did you receive to fulfil your role in the scheme? Was it adequate?
- What has your experience been like in the role?

### Implementation

**29. How well do you believe the NSSS has been implemented?**

**30. What do you think have been success factors in implementation?**

**31. What, if anything, has been a barrier for implementing the program? Prompt:**

- Getting a contract in place
- Agreeing on key performance measures
- Establishing relationships with ACCHO service providers
- Staffing?

**32. To what extent have these issues been addressed?**

#### **Resourcing**

**33. What do you believe are desirable characteristics for staff to possess when delivering the National Subsidised Spectacles Scheme?**

**34. How easy or difficult has it been to recruit staff who possess these characteristics?**

#### **Engagement**

**35. What do you think are the key barriers to Aboriginal and/or Torres Strait Islander engagement with the NSSS?**

- To what extent can you address these?

**36. Are there certain groups who might find it hard to access the NSSS? If so, how would the program need to change to make it easier?**

#### **Appropriateness**

**37. How appropriate do you think the NSSS is for Aboriginal and/or Torres Straits Islander people?**

**38. (If it's not that appropriate) What could be changed about the model to make it more so?**

**39. To what extent is the scheme culturally appropriate and safe for Aboriginal people and families and why?**

#### **Client Outcomes**

**40. What are some of the benefits of the NSSS?**

**41. Who do you think the NSSS is most effective for and why?**

#### **Feedback**

**42. How often do you receive feedback from participating ACCHOs?**

**43. What are your expectations of feedback from ACCHOs?**

- To what extent are these expectations met?
- What would need to change to ensure your expectations are met?

**44. Can you please describe your thoughts on the current reporting process?**

#### **Improvement**

**45. Do you have any ideas about how the National Subsidised Spectacles Scheme could be improved?**

**46. Is there anything else you would like to tell us about your experiences with the National Subsidised Spectacles Scheme?**

*Thank you for your time.*

*The information you have provided will be used to produce a report for Vision 2020 Australia that they will then provide to the Commonwealth Department of Health and Aged Care. The report will not include your name or any identifying information about you. If you would like, I will share a summary of the notes from this interview with you once it is completed.*

*When the evaluation is finished, in February 2023, we will provide a copy of the report which you can keep. Again, thank you for your time.*

## Appendix 3: Evaluation of the National Subsidised Spectacles Scheme: Participant Information Sheet for ACCHO and other community organisation participants

**Project Title:** Evaluation of the National Subsidised Spectacles Scheme

**Evaluation Team:** Dr Dan Tyson (**interviewer**), Laura Arnold **or** Kate Wilson (**note taker**), NACCHO representative (**optional – if requested by the participant**)

**Organisation(s):** Ninti One Limited, NACCHO

### What is the evaluation about?

The Commonwealth Department of Health and Aged Care funded Vision 2020 Australia in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO) to undertake the National Subsidised Spectacles Scheme (NSSS) project to work with state and territory governments, NACCHO Affiliates and select Aboriginal Community Controlled Health Organisations (ACCHOs) to improve access to subsidised spectacles for Aboriginal and Torres Strait Islander people.

The aim of this evaluation is to better understand how the National Subsidised Spectacles Scheme is working or not working. The evaluation team will:

1. Collate qualitative and quantitative information from the NSSS project, including number of subsidised spectacles delivered, jurisdictional system changes implemented, and community engagement activities undertaken;
2. Capture and describe NSSS project learnings, outcomes and impacts for Aboriginal and Torres Strait Islander people nationwide;
3. Capture the perspectives of Aboriginal communities on the co-design and cultural safety of the project;
4. Recommend key learnings identified through the project to enhance and improve ongoing access to affordable spectacles for Aboriginal and Torres Strait Islander Peoples (eg. policy, administration, process, pathways, system and funding changes).

### Who is involved in the project?

This evaluation is being done by Dr Dan Tyson who works for Ninti One, in partnership with Vision 2020 Australia and NACCHO. The Ninti One evaluation team will contact you before the interview to see if you would also like a NACCHO representative to be present at the interview. It is optional but we understand if you would feel more comfortable to have a NACCHO representative present.

The evaluation is supported by the Commonwealth Department of Health and Aged Care.

### Why have I been invited to participate?

You have been invited to participate because you work for an organisation that has received funding for involvement in the NSSS project. The time for evaluation activities of the project is covered by these funds. The consultant undertaking the evaluation will ensure the evaluation activities are targeted and efficient and will employ a mix of structured and open-ended questions or yarning.

You can pull out at any time. If you decide you don't want to participate, it won't affect your employment at your organisation.

Please read this information carefully. Please ask questions about anything that you do not understand or want to know more about.

### **What will the researchers do and when?**

Aboriginal consultant, Dr Dan Tyson, will speak with you for around 30 minutes via video-conference (using Zoom or MS Teams) or even over the phone if preferred. We will work with you to find a time that is convenient for you. Dan will ask questions about your experiences with the NSSS, including any benefits and challenges you have experienced interacting with the program. A NACCHO representative will be present (if requested).

Kate Wilson or Laura Arnold from Ninti One will be typing up notes during our time together. If you want to see the notes we make, at the end of our time together, we will organise to send or read them to you. We do not need to record the interviews, but we are happy to record if requested by you and provide you a copy of our conversation. If the session is recorded, we can even provide you with a verbatim transcript if you would like. We will send the recording to you and then delete the recording once you have confirmed you have it.

Discussions with you will happen between September and October 2022.

If you choose to participate, the interview will take around 30 minutes, depending on how much you want to say.

### **What will happen to my information?**

Your information will be used to help us understand how the National Subsidised Spectacles Scheme is working and write a report for the Commonwealth Department of Health and Aged Care. Nothing that identifies you will be included in the report. We will not use your name or any other participants' names in the report. Any stories or information you shared with us will not affect your relationships with Vision 2020 Australia or NACCHO as this research project is separate and independent from the NSSS project.

Any information that can be identified with you will remain confidential. To protect your private information, we will:

- Store consent forms in a locked cabinet at Ninti One's head office at 7 Hackney Rd, Hackney SA 5069. This information will remain confidential – the only people who will have access to your personal information are members of the evaluation team.
- Our notes will be de-identified once we have written our report.
- We will store the notes securely (in a locked cabinet for any hand-written notes, and on our secure server for electronic data —this is a computer system that only the evaluation team can see).
- All project data collected by Ninti One is kept on a secure, password-protected server. We have established strong protocols to ensure the security of any data stored on our server, as well as of any data transmitted through our server to other locations.

The privacy and security of your personal information is important to us and is protected by law. Ninti One collects, holds, manages, and disseminates information in accordance with the Commonwealth Privacy Act 1988 and the Australian Privacy Principles effective 12 March 2014, which cover the collection and management of personal information.



You have the right to request access to the information about you that is collected and stored by the evaluation team. You also have the right to request that any information with which you disagree be corrected.

Ninti One's [Privacy Policy](#) outlines how it will use your personal information – if you require a copy or wish to access your information at any time during the study contact Kate Wilson, Privacy Officer at [Kate.wilson@nintione.com.au](mailto:Kate.wilson@nintione.com.au). Copyright for the final evaluation report (not notes from your time with the researcher) will be owned by Commonwealth Department of Health and Aged Care.

The evaluation team will provide you with a short summary of the evaluation findings at the end of the evaluation in February 2023. If requested, the evaluation team will provide you with a full copy of the final evaluation report.

### **What are the benefits?**

There will be no direct, personal benefits to you from participating in the evaluation. However, your participation in the evaluation will be used to improve the NSSS, which will benefit others in the future with a potential increase in subsidised spectacles for Aboriginal and Torres Strait Islander people nationwide.

### **What are the potential risks?**

We know that taking part in a conversation about the NSSS project could make people feel stressed. If you feel stressed during the time with the researcher, you can tell the researcher and you can choose not to answer some of the questions or to end the time with the researcher. You don't have to give the researcher a reason if you decide not to answer a question or if you want to finish the conversation.

If you would like further information or support after the conversation, the researcher can give you details of organisations or people you can ring.

### **Data storage**

During the project, the data will be stored on our secure server in a project folder that only the people from the evaluation team can see. The information will be kept for seven years. After that, we will destroy it.

### **Culturally restricted information**

We don't expect our time with you to include culturally restricted information. We will not ask you to share information that could be culturally restricted and you can choose what information to share with the person who is talking to you.

### **Inclusion and exclusion criteria**

You have been asked to participate in this study because you work for an organisation who has received direct funding for involvement in the NSSS project. There are no exclusions to participating, unless you choose not to participate or you are under the age of 18 years.

### **Contact**

If you have any questions or are worried about the research, you can contact Kate Wilson, Project Manager, Ninti One at [kate.wilson@nintione.com.au](mailto:kate.wilson@nintione.com.au) or 0432120699.

### **Complaints**

If you have any complaints about this evaluation, you can:

1. Contact Ninti One Limited via email at [kate.wilson@nintione.com.au](mailto:kate.wilson@nintione.com.au)

2. Contact the Executive Director of Research, AIATSIS, 51 Lawson Crescent, Acton ACT 2601 (e) [ethics@aiatsis.gov.au](mailto:ethics@aiatsis.gov.au)
3. Contact the Chair of the AIATSIS Research Ethics Committee, AIATSIS, 51 Lawson Crescent, Acton ACT 2601, (e) [ethics@aiatsis.gov.au](mailto:ethics@aiatsis.gov.au)
4. If you think there has been a breach of your privacy you can write to the Office of the Australian Information Commissioner, GPO Box 5218 Sydney NSW 2001 or call 1300 363 992

**Ethics clearance**

The ethical aspects of this research project have been submitted to the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Research Ethics Committee.

# Evaluation of the National Subsidised Spectacles Scheme: Informed Consent Form

**Project Title:** Evaluation of the National Subsidised Spectacles Scheme

**Evaluation Team:** Dr Dan Tyson (**interviewer**), Laura Arnold **or** Kate Wilson (**note taker**), NACCHO representative (**optional – if requested by the participant**)

**Organisation(s):** Ninti One Limited, NACCHO

1. I understand what this project is about	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. I voluntarily agree to my participation in this study	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. I understand that I can withdraw from the project at any time	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. I understand what will happen to me during the research project as explained to me	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. I agree that the researcher(s) can speak with me for the research	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. I understand that I will not be paid for my participation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. I understand the potential risks and possible benefits of participating in this research as explained to me	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. I understand that the results of this research may be published in a public or other forum	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. I understand that my name and other personal information will not be mentioned in the evaluation report that comes out of this research	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. I understand that all information gathered in this research that is confidential will be kept secure for 7 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. I want the researcher(s) to give me a copy of the Evaluation report that is produced as a result of this research	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. I understand that I will retain any Intellectual Property from my personal interview recordings	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Signatures

Participant to complete:

- I have read this Informed Consent Form and I agree with it.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:**     /     /

**Email (optional – if you would like a copy of this form):** \_\_\_\_\_

Researcher to complete:

- I have described the nature of the research to the Participant, and I believe that he/she understood and agreed to it.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:**     /     /

## Appendix 4: Evaluation of the National Subsidised Spectacles Scheme: Participant Information Sheet for project funder and implementation partners

**Project Title:** Evaluation of the National Subsidised Spectacles Scheme

**Evaluation Team:** Dr Dan Tyson (**interviewer**), Laura Arnold **or** Kate Wilson (**note taker**)

**Organisation(s):** Ninti One Limited

### What is the evaluation about?

The Commonwealth Department of Health and Aged Care funded Vision 2020 Australia in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO) to undertake the National Subsidised Spectacles Scheme (NSSS) project to work with state and territory governments, NACCHO Affiliates and select Aboriginal Community Controlled Health Organisations (ACCHOs) to improve access to subsidised spectacles for Aboriginal and Torres Strait Islander people.

The aim of this evaluation is to better understand how the National Subsidised Spectacles Scheme is working or not working. The evaluation team will:

1. Collate qualitative and quantitative information from the NSSS project, including number of subsidised spectacles delivered, jurisdictional system changes implemented, and community engagement activities undertaken;
2. Capture and describe NSSS project learnings, outcomes and impacts for Aboriginal and Torres Strait Islander people nationwide;
3. Capture the perspectives of Aboriginal communities on the co-design and cultural safety of the project;
4. Recommend key learnings identified through the project to enhance and improve ongoing access to affordable spectacles for Aboriginal and Torres Strait Islander Peoples (eg. policy, administration, process, pathways, system and funding changes).

### Who is involved in the project?

This evaluation is being done by Dr Dan Tyson who works for Ninti One, in partnership with Vision 2020 Australia and NACCHO.

The evaluation is supported by the Commonwealth Department of Health and Aged Care.

### Why have I been invited to participate?

You have been invited to participate because you work for an organisation that has received funding for involvement in the NSSS project. The time for evaluation activities of the project is covered by these funds. The consultant undertaking the evaluation will ensure the evaluation activities are targeted and efficient and will employ a mix of structured and open-ended questions or yarning.

You can pull out at any time. If you decide you don't want to participate, it won't affect your employment at your organisation.

Please read this information carefully. Please ask questions about anything that you do not understand or want to know more about.

### What will the researchers do and when?

Aboriginal consultant, Dr Dan Tyson, will speak with you for around 30 minutes via video-conference (using Zoom or MS Teams) or even over the phone if preferred. We will work with you to find a time that is convenient for you. Dan will ask questions about your experiences with the NSSS, including any benefits and challenges you have experienced interacting with the program.

Kate Wilson or Laura Arnold from Ninti One will be typing up notes during our time together. If you want to see the notes we make, at the end of our time together, we will organise to send or read them to you. We do not need to record the interviews, but we are happy to record if requested by you and provide you a copy of our conversation. If the session is recorded, we can even provide you with a verbatim transcript if you would like. We will send the recording to you and then delete the recording once you have confirmed you have it.

Discussions with you will happen between October and November 2022.

If you choose to participate, the interview will take around 30 minutes, depending on how much you want to say.

### **What will happen to my information?**

Your information will be used to help us understand how the National Subsidised Spectacles Scheme is working and write a report for the Commonwealth Department of Health and Aged Care. Nothing that identifies you will be included in the report. We will not use your name or any other participants' names in the report. Any stories or information you shared with us will not affect your relationships with Vision 2020 Australia or NACCHO as this research project is separate and independent from the NSSS project.

Any information that can be identified with you will remain confidential. To protect your private information, we will:

- Store consent forms in a locked cabinet at Ninti One's head office at 7 Hackney Rd, Hackney SA 5069. This information will remain confidential – the only people who will have access to your personal information are members of the evaluation team.
- Our notes will be de-identified once we have written our report.
- We will store the notes securely (in a locked cabinet for any hand-written notes, and on our secure server for electronic data – this is a computer system that only the evaluation team can see).
- All project data collected by Ninti One is kept on a secure, password-protected server. We have established strong protocols to ensure the security of any data stored on our server, as well as of any data transmitted through our server to other locations.

The privacy and security of your personal information is important to us and is protected by law. Ninti One collects, holds, manages, and disseminates information in accordance with the Commonwealth Privacy Act 1988 and the Australian Privacy Principles effective 12 March 2014, which cover the collection and management of personal information.

You have the right to request access to the information about you that is collected and stored by the evaluation team. You also have the right to request that any information with which you disagree be corrected.

Ninti One's [Privacy Policy](#) outlines how it will use your personal information – if you require a copy or wish to access your information at any time during the study contact Kate Wilson, Privacy Officer at [Kate.wilson@nintione.com.au](mailto:Kate.wilson@nintione.com.au). Copyright for the final evaluation report (not notes from your time with the researcher) will be owned by Commonwealth Department of Health and Aged Care.

The evaluation team will provide you with a short summary of the evaluation findings at the end of the evaluation in February 2023. If requested, the evaluation team will provide you with a full copy of the final evaluation report.

**What are the benefits?**

There will be no direct, personal benefits to you from participating in the evaluation. However, your participation in the evaluation will be used to improve the NSSS, which will benefit others in the future with a potential increase in subsidised spectacles for Aboriginal and Torres Strait Islander people nationwide.

**What are the potential risks?**

We know that taking part in a conversation about the NSSS project could make people feel stressed. If you feel stressed during the time with the researcher, you can tell the researcher and you can choose not to answer some of the questions or to end the time with the researcher. You don't have to give the researcher a reason if you decide not to answer a question or if you want to finish the conversation.

If you would like further information or support after the conversation, the researcher can give you details of organisations or people you can ring.

**Data storage**

During the project, the data will be stored on our secure server in a project folder that only the people from the evaluation team can see. The information will be kept for seven years. After that, we will destroy it.

**Culturally restricted information**

We don't expect our time with you to include culturally restricted information. We will not ask you to share information that could be culturally restricted and you can choose what information to share with the person who is talking to you.

**Inclusion and exclusion criteria**

You have been asked to participate in this study because you work for an organisation who has received direct funding for involvement in the NSSS project. There are no exclusions to participating, unless you do not chose to participate or you are under the age of 18 years.

**Contact**

If you have any questions or are worried about the research, you can contact Kate Wilson, Project Manager, Ninti One at [kate.wilson@nintione.com.au](mailto:kate.wilson@nintione.com.au) or 0432120699.

**Complaints**

If you have any complaints about this evaluation, you can:

1. Contact Ninti One Limited via email at [kate.wilson@nintione.com.au](mailto:kate.wilson@nintione.com.au)
2. Contact the Executive Director of Research, AIATSIS, 51 Lawson Crescent, Acton ACT 2601 (e) [ethics@aiatsis.gov.au](mailto:ethics@aiatsis.gov.au)
3. Contact the Chair of the AIATSIS Research Ethics Committee, AIATSIS, 51 Lawson Crescent, Acton ACT 2601, (e) [ethics@aiatsis.gov.au](mailto:ethics@aiatsis.gov.au)
4. If you think there has been a breach of your privacy you can write to the Office of the Australian Information Commissioner, GPO Box 5218 Sydney NSW 2001 or call 1300 363 992

# Evaluation of the National Subsidised Spectacles Scheme: Informed Consent Form

**Project Title:** Evaluation of the National Subsidised Spectacles Scheme

**Evaluation Team:** Dr Dan Tyson (**interviewer**), Laura Arnold **or** Kate Wilson (**note taker**)

**Organisation(s):** Ninti One Limited

1. I understand what this project is about	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. I voluntarily agree to my participation in this study	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. I understand that I can withdraw from the project at any time	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. I understand what will happen to me during the research project as explained to me	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. I agree that the researcher(s) can speak with me for the research	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. I understand that I will not be paid for my participation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. I understand the potential risks and possible benefits of participating in this research as explained to me	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. I understand that the results of this research may be published in a public or other forum	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. I understand that my name and other personal information will not be mentioned in the evaluation report that comes out of this research	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. I understand that all information gathered in this research that is confidential will be kept secure for 7 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. I want the researcher(s) to give me a copy of the Evaluation report that is produced as a result of this research	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. I understand that I will retain any Intellectual Property from my personal interview recordings	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Signatures

Participant to complete:

- I have read this Informed Consent Form and I agree with it.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:**    /    /

**Email (optional – if you would like a copy of this form):** \_\_\_\_\_

Researcher to complete:

- I have described the nature of the research to the Participant, and I believe that he/she understood and agreed to it.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:**    /    /