Overcoming Indigenous Disadvantage

Key Indicators 2005

Steering Committee for the Review of Government Service Provision
Foreword

The commissioning of this series of Reports, of which this is the second instalment, reflects a new determination by Australian governments to address the root causes of disadvantage, so that in the Prime Minister’s words, we can have an Australia where Aboriginal and Torres Strait Islander peoples:

‘— whether born in a remote community or in one of our cities or regional centres — can grow up and reach their full potential in life.’

The shared goal is for Indigenous people ultimately to enjoy the same standard of living as other Australians — for them to be as healthy, as long-living and as able to participate in the social and economic life of the country. However, as the Prime Minister has also acknowledged, this cannot be achieved quickly or easily, and represents a long-term national commitment. The legacy of past injustices and misguided policies presents a major challenge.

The extent of the challenge in eliminating Indigenous disadvantage remains evident in the data assembled here. While there have been heartening improvements in some indicators since the first Report was released in late 2003, in many areas there have not, and in most the gulf between Indigenous and other Australians remains wide.

That said, there is clearly more going on in Indigenous communities than can be captured by statistics. Our consultations across the country in preparing this Report have revealed many positive initiatives at the local level, often at the instigation of Indigenous people themselves, and involving constructive new relationships with government and private enterprises. Some of these initiatives have been revealed in this year’s Report through case studies and in an array of boxes devoted to ‘things that work’.

A key function of this Report, which distinguishes it from other compilations, is to document outcomes for Indigenous people within a framework that has both a vision of what life should be for Indigenous people and a strategic focus on areas that need to be targeted if that longer-term vision is to be realised. It can therefore provide

* Address at the National Reconciliation Planning Workshop, Canberra, 30 May 2005.
governments with information needed to assess whether their policy interventions are having the intended impacts.

Another important feature of the Report is its concern with outcomes requiring a whole-of-government perspective. It challenges governments to think outside the traditional policy silos, to find solutions that cut across portfolio and jurisdictional boundaries. For example, effective schooling, particularly in the early years, is clearly important to ultimate educational outcomes. But this cannot be disassociated from children’s health, housing or family environment. And this in turn demonstrates the importance of collaborative approaches between governments and Indigenous people.

A number of new initiatives have been undertaken to achieve these ends, including the COAG trials, and it is important that we learn from these. It is also encouraging that most jurisdictions have now taken steps to incorporate this Report’s framework in their own policy development and review processes.

Since the release of the first Report, consultations have been held with many Indigenous people and organisations across the country. Their feedback and advice have been of great value and have influenced the development of this second Report. Of particular importance has been the feedback and input received on the complex issues of culture and governance. I believe some progress has been made in these important areas, but as in other areas of the Report, they need to be seen as a work in progress.

On behalf of the Steering Committee, I extend our appreciation for the continuing cooperation and commitment of all those involved in the preparation of this Report. I record in particular my thanks to Robert Fitzgerald, who took over from me as Convenor of the Working Group overseeing the development of the Report and has been closely involved in consultations. Finally, my thanks to all those who have given generously of their time to engage in the consultations that are so important to the ongoing usefulness of this Report.

Gary Banks
Chairman
July 2005
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<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<tr>
<td>ACER</td>
<td>Australian Council for Educational Research</td>
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<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
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<td>AGD</td>
<td>Commonwealth Attorney-General’s Department</td>
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<td>AHW</td>
<td>Aboriginal health worker</td>
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<td>AIC</td>
<td>Australian Institute of Criminology</td>
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<td>AIEW</td>
<td>Aboriginal and Islander Education Worker</td>
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<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<td>AM</td>
<td>Member of Order of Australia</td>
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<tr>
<td>AMS</td>
<td>Aboriginal Medical Service</td>
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<td>ANAO</td>
<td>Australian National Audit Office</td>
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<td>ARIA</td>
<td>Accessibility and Remoteness Index of Australia</td>
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<td>ATSIC</td>
<td>Aboriginal and Torres Strait Islander Commission</td>
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<td>ATSIS</td>
<td>Aboriginal and Torres Strait Islander Services</td>
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<td>Aust</td>
<td>Australia</td>
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<tr>
<td>CAEPR</td>
<td>Centre for Aboriginal Economic Policy Research</td>
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<td>CAR</td>
<td>Council for Aboriginal Reconciliation</td>
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<td>CCIG</td>
<td>Cherbourg Critical Incident Group</td>
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<td>CDEP</td>
<td>Community Development Employment Projects</td>
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<td>CDHFS</td>
<td>Commonwealth Department of Health and Family Services</td>
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<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>CHINS</td>
<td>Community Housing and Infrastructure Survey</td>
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<td>COAG</td>
<td>Council of Australian Governments</td>
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<tr>
<td>DEST</td>
<td>Department of Education, Science and Training</td>
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<td>DEWR</td>
<td>Department of Employment and Workplace Relations</td>
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<td>Acronym</td>
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<tr>
<td>DHA</td>
<td>Department of Health and Ageing</td>
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<tr>
<td>DMFT</td>
<td>decayed, missing and filled teeth</td>
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<tr>
<td>DSRU</td>
<td>Dental Statistics and Research Unit</td>
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<tr>
<td>ERP</td>
<td>Estimated resident population</td>
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<tr>
<td>FTE</td>
<td>full time equivalent</td>
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<tr>
<td>GSA</td>
<td>Government of South Australia</td>
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<td>GSS</td>
<td>General Social Survey</td>
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<tr>
<td>GWEH</td>
<td>Gross weekly equivalised household</td>
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<tr>
<td>Hib</td>
<td>Haemophilus influenza type b</td>
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<td>HREOC</td>
<td>Human Rights and Equal Opportunity Commission</td>
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<td>ICD</td>
<td>International classification of diseases</td>
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<td>IEP</td>
<td>Indigenous Enterprise Partnerships</td>
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<td>IESIP</td>
<td>Indigenous Education Strategic Initiatives Programme</td>
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<td>ILC</td>
<td>Indigenous Land Corporation</td>
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<td>ILUA</td>
<td>Indigenous Land Use Agreements</td>
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<td>ISS</td>
<td>Indigenous Social Survey</td>
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<td>JJ NMDS</td>
<td>Juvenile Justice National Minimum Data Set</td>
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<td>KHT</td>
<td>Koorie Heritage Trust</td>
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<td>LAECG</td>
<td>Local Aboriginal Educational Consultative Group</td>
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<td>LBOTE</td>
<td>language background other than English</td>
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<td>LFS</td>
<td>Labour Force Survey</td>
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<td>LSAI</td>
<td>Longitudinal Surveys of Australian Youth</td>
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<td>MCATSIA</td>
<td>Ministerial Council for Aboriginal and Torres Strait Islander Affairs</td>
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<tr>
<td>MCEETYA</td>
<td>Ministerial Council on Education, Employment, Training and Youth Affairs</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<tr>
<td>NACCHO</td>
<td>National Aboriginal Community Controlled Health Organisation</td>
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<td>NATSIS</td>
<td>National Aboriginal and Torres Strait Islander Survey</td>
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<tr>
<td>NATSISS</td>
<td>National Aboriginal and Torres Strait Islander Social Survey</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>Tas</td>
<td>Tasmania</td>
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<tr>
<td>UEWI</td>
<td>unlawful entry with intent</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>VET</td>
<td>vocational education and training</td>
</tr>
<tr>
<td>Vic</td>
<td>Victoria</td>
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<tr>
<td>WA</td>
<td>Western Australia</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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Age standardised rates

Age standardised rates enable comparisons to be made between populations which have different age structures. Where possible, direct standardisation is used, in which the age-specific rates are multiplied by a constant population. This effectively removes the influence of the age structure on the summary rate. Where populations are small, or where there is some uncertainty about the stability of age specific death rates, it is more appropriate to use indirect age standardisation.

CDEP

Community Development Employment Projects (CDEP) provide employment and training opportunities to Indigenous people in a range of activities that benefit themselves and their communities. The CDEP scheme comprises community determined and managed activities and organisations.

Core activity restriction (ABS definition)

Self care, mobility and communication are defined as core activities. The ABS defines levels of core activity restriction as follows: mild, where a person has no difficulty with self care, mobility or communication, but uses aids or equipment; moderate, where a person does not need assistance, but has difficulty with self care, mobility or communication; severe, where a person sometimes needs assistance with self care, mobility or communication; and profound, where a person is unable to perform self care, mobility and/or communication tasks, or always needs assistance.

Disability (ABS definition)

A person has a disability if he or she has a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities. These activities include: loss of sight (not corrected by glasses or contact lenses); or an aid to assist with, or substitute for, hearing is used; speech difficulties; shortness
of breath or breathing difficulties causing restriction; chronic or recurrent pain or discomfort causing restriction; blackouts, fits, or loss of consciousness; difficulty learning or understanding; incomplete use of arms or fingers; difficulty gripping or holding things; incomplete use of feet or legs; nervous or emotional condition causing restriction; restriction in physical activities or in doing physical work; disfigurement or deformity; mental illness or condition requiring help or supervision; long-term effects of head injury, stroke or other brain damage causing restriction; receiving treatment or medication for any other long-term conditions or ailments and still restricted; or any other long-term conditions resulting in a restriction.

**Geographic region**

Geographic regions have been derived from the Australian Standard Geographic Classification of Remoteness, developed by the Australian Bureau of Statistics, and refer to the six remoteness area categories:

- major cities of Australia (consisting of the Census Collection Districts (CDs) with an average Accessibility/Remoteness Index of Australia (ARIA) index value of 0 to 0.2);
- inner regional Australia (consisting of the CDs with an average ARIA index value greater than 0.2 and less than or equal to 2.4);
- outer regional Australia (consisting of the CDs with an average ARIA index value greater than 2.4 and less than or equal to 5.9);
- remote Australia (consisting of the CDs with an average ARIA index value greater than 5.9 and less than or equal to 10.5);
- very remote Australia (consisting of the CDs with an average ARIA index value greater than 10.5); and
- migratory regions (consisting of off-shore, shipping and migratory CDs).
Hospital separation  A hospital separation refers to an episode of care, which can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, from acute to rehabilitation). It is also defined as the process by which an admitted patient completes an episode of care by being discharged, dying, transferring to another hospital or changing type of care. For measuring a hospital’s activity, separations are used in preference to admissions because diagnoses and procedures can be more accurately recorded at the end of a patient’s stay and patients may undergo more than one separation from the time of admission. Admitted patients who receive same day procedures (for example, renal dialysis) are recorded in separation statistics.

Indigenous status not stated  Where either a Census form is not collected from people who have been identified during the collection process or where the Indigenous origin question is not answered.

Indigenous  A person of Aboriginal and/or Torres Strait Islander origin who identifies as an Aboriginal and/or Torres Strait Islander.

Non-Indigenous  A person who is not of Aboriginal and/or Torres Strait Islander origin.
Terms of Reference

Mr Gary Banks
Chairman
Steering Committee for the
Review of Commonwealth/State Service Provision
C/- Productivity Commission
Locked Bag 2
Collins Street East Post Office
MELBOURNE VIC 8003

Dear Mr Banks,

I am writing in my capacity as Chairman of the Council of Australian Governments (COAG). As you would be aware, COAG met on 5 April 2002 and agreed to undertake further work to advance reconciliation. A copy of the communiqué from the recent COAG meeting is attached for your information.

COAG agreed to commission the Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSSP) to produce a regular report to COAG against key indicators of indigenous disadvantage. The key task will be to identify indicators that are of relevance to all governments and indigenous stakeholders and that can demonstrate the impact of programme and policy interventions.

The development of the indicators will be progressed in the first instance through discussions at officials level between COAG, the Ministerial Council for Aboriginal and Torres Strait Islander Affairs (MCATSIA) and the SCRCSSP. I understand that the SCRCSSP proposed at its recent meeting to progress this matter through a working group that will include representatives of the COAG senior officials working group on reconciliation and MCATSIA officials. Such an approach is consistent with the COAG decision.

In May 1997, I wrote to your predecessor, Mr Bill Scales, requesting that the SCRCSSP give particular attention to improving indigenous data. The development of the new COAG reconciliation report should not reduce the emphasis on indigenous data that is
now a feature of the annual *Report on Government Services*. This emphasis has helped ensure that indigenous data in mainstream and targeted programmes are as comprehensive and comparable as possible.

I would appreciate further advice from you when the SCRCSSP has completed its work in developing a proposal for the report against indicators of indigenous disadvantage so that COAG members may consider the detail of the proposed approach.

I have copied this letter to the Chairman of MCATSIA and New South Wales Minister for Aboriginal Affairs, the Hon Dr Andrew Refshauge, and to the Minister for Immigration and Multicultural and Indigenous Affairs, the Hon Philip Ruddock MP.

Yours sincerely

(John Howard)
Overview

This is the second Report in a series that has been prepared at the request of the Council of Australian Governments. It aims to provide indicators of Indigenous disadvantage ‘that are of relevance to all governments and Indigenous stakeholders, and that can demonstrate the impact of programme and policy interventions’ (see pp.XVI–XVII). Like the first Report, the focus is on those areas in which governments have the greatest capacity to change things for the better in the short and long term. It is wide ranging in the scope of its reporting and has, as a fundamental premise, that prevention is a far better strategy for reducing disadvantage than ‘fixing up’.

Has anything changed?

In reflecting on the first Report at its release in November 2003, the Steering Committee’s Chairman, Gary Banks, said that the results confirmed the pervasiveness of Indigenous disadvantage. He went on to observe:

   It is distressingly apparent that many years of policy effort have not delivered desired outcomes; indeed in some important respects the circumstances of Indigenous people appear to have deteriorated or regressed. Worse than that, outcomes in the strategic areas identified as critical to overcoming disadvantage in the long term remain well short of what is needed.¹

Eighteen months on, this Report reveals mixed results — in some areas it is able to show improvements, while in others there appears to have been no change or some slippage. However, caution is needed in making comparisons from some data. Whereas a significant amount of data in the 2003 Report were drawn from the Australian Bureau of Statistics’ (ABS) 2001 Census, the 2005 Report has relied largely on the ABS’s 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) results. The results from these two data collections are not comparable.

That said, it is possible to identify some significant areas of improvement.

Among the economic indicators:
- between 1994 and 2002 there were improvements in labour force participation, unemployment, employment and home ownership;

while in the social indicators:
- between 1994 and 2002 there were improvements in post-secondary education participation and attainment, and between 2000 and 2004 in apparent retention rates to year 12, and
- there has been a trend upwards from 1999 to 2002 in achievement against the year 3 writing benchmark.

Areas where outcomes appear to have weakened are:
- victim rates for crime between 1994 and 2002
- from 1999-2000 to 2003-04 for substantiated child protection notifications, and
- imprisonment rates for both men and women, over the period 2000 to 2004.

Many of the indicators show little or no movement. A large gap between Indigenous people and the rest of the population is apparent in all of the headline indicators and most of the strategic change indicators, including those where there has been some improvement.

It is important to note, however, that much of the information, for example the 2002 NATSISS data, comes from a period prior to the adoption of the framework by governments. As such, any outcomes from more recent government interventions would not be showing up as yet. As a rule, the more recent administrative data are also more amenable to comparison, although care needs to be taken in interpreting trends, given the relatively short span of time between the two reports and the identification issues.

Despite these reservations, due to the rich source of data that have been provided by the NATSISS, this Report includes information that could not be reported in 2003, for example, disability and participation in sport, arts and community group activities; while reporting against other indicators (such as ‘access to health professionals’) has been expanded to reflect the importance of primary health care.

Of course it remains true that not everything can get captured in national data. Where improvements are occurring at a community level, for instance, they will not necessarily show up in State or national data. For that reason, more case studies and
boxes on ‘things that work’ have been included in the 2005 Report to provide some indication of the variety of initiatives that are making a difference in many Indigenous communities. Some of these initiatives are producing significant outcomes and serve to demonstrate to both Indigenous communities and governments what might be successful elsewhere.

**How many people**

In the 2001 census, 410 000 people identified themselves as Indigenous out of a total population of nearly 19 million people². Thirty per cent of Indigenous people lived in major cities, 20 per cent in inner regional areas, and 23 per cent in outer regional areas, while 9 per cent lived in remote areas and 18 per cent lived in very remote areas. Less than 1 per cent of the Indigenous population were migratory (see appendix 3).

**Consultations**

Prior to the release of the first Report in 2003, an extensive consultation process took place. The primary purpose of those consultations was to get input to assist in development of the framework. The Australian, State and Territory governments conducted consultations with Indigenous groups and service providers within their jurisdictions. In addition, the Chairman and Secretariat held discussions with a number of Indigenous leaders and organisations, and a range of officials and researchers across the country.

Following release of the Report consultations continued, to obtain feedback about the Report from Indigenous organisations and people, and from governments, on how they are using and implementing it. For the most part, such feedback was positive. The reasoning behind the framework and its diagrammatic representation meant that it was easily explained and generally understood (and broadly accepted) by stakeholders.

**Culture**

The issue most often raised during consultations was whether cultural dimensions of Indigenous wellbeing could be better represented. While there have been no changes to the framework in this Report, it is an area that will need to be revisited in future reports. Nevertheless, reporting on culture has improved over what was reported in 2003. Along with more data and case studies for the key indicators relating to

² Some 770 000 people did not state whether they were or were not Indigenous.
‘Indigenous cultural studies in school curriculum’, ‘participation in organised sport, arts or community group activities’, and ‘access to traditional lands’, the section containing case studies in governance recognises the fundamental importance of culture in the development of good governance arrangements in Indigenous organisations and communities. The two case studies presented — on the Thamarrurr Council in Wadeye in the Northern Territory and the Koorie Heritage Trust in Victoria — both demonstrate (in different ways) the significance of culture in their organisational arrangements and the relationship to their respective communities.

The reporting framework

Figure 1: The framework

Priority Outcomes

- Safe, healthy and supportive family environments with strong communities and cultural identity
- Positive child development and prevention of violence, crime and self-harm
- Improved wealth creation and economic sustainability for individuals, families and communities

Headline indicators

- Life expectancy at birth
- Rates of disability and/or core activity restriction
- Years 10 and 12 retention and attainment
- Post secondary education - participation and attainment
- Labour force participation and unemployment
- Household and individual income
- Home ownership
- Suicide and self-harm
- Substantiated child protection notifications
- Deaths from homicide and hospitalisations for assault
- Victim rates for crime
- Imprisonment and juvenile detention rates

Strategic areas for action

- Early child development and growth (prenatal to age 3)
- Early school engagement and performance (preschool to year 3)
- Positive childhood and transition to adulthood
- Substance use and misuse
- Functional and resilient families and communities
- Effective environmental health systems
- Economic participation and development

Strategic change indicators (see pp. xxxii - xxxiii)

The Report’s indicator framework is depicted in figure 1. At its apex are three ‘priority outcomes’. They reflect a vision for how life should be for Indigenous people that is shared by governments and Indigenous people alike. The outcomes are linked and should not be viewed in isolation from each other. The extent to which these outcomes
are being achieved is indicated through the headline indicators. Given their nature, these could not be expected to change rapidly, or in response to individual policy measures.

Sitting beneath the priority outcomes and headline indicators are seven ‘strategic areas for action’. These are areas where governments and Indigenous people, working together, could potentially make a difference in the shorter term. Each strategic area for action is linked to a set of strategic change indicators. These indicators are designed to tell us where we are making a difference, and alert us to where more attention is needed.

The goal is that improvements in the strategic areas for action will, in time, make it possible to overcome the sources of disadvantage which currently lead the circumstances of many Indigenous people and communities to fall short of the priority outcomes.

### Headline indicators

The first part of the Report focuses on the headline indicators — measures of the major social and economic factors that need to improve if COAG’s vision of an Australia in which Indigenous people come to enjoy the same overall standard of living as other Australians, is to be achieved. These are set out below.

<table>
<thead>
<tr>
<th>HEADLINE INDICATORS</th>
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<tbody>
<tr>
<td>Life expectancy at birth</td>
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<tr>
<td>Rates of disability and/or core activity limitation</td>
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<tr>
<td>Years 10 and 12 retention and attainment</td>
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<tr>
<td>Post secondary education — participation and attainment</td>
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<td>Labour force participation and unemployment</td>
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<td>Household and individual income</td>
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<td>Home ownership</td>
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<tr>
<td>Suicide and self-harm</td>
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<tr>
<td>Substantiated child protection notifications</td>
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<tr>
<td>Deaths from homicide and hospitalisations for assault</td>
</tr>
<tr>
<td>Victim rates for crime</td>
</tr>
<tr>
<td>Imprisonment and juvenile detention rates</td>
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</tbody>
</table>
Some key messages arising out of the data in each area are also included, with references to where more information can be found in the main Report.

**Life expectancy at birth**

This indicator refers to the average number of years a person could expect to live if there was no change to the population’s death rates throughout his or her lifetime.

Life expectancy is an indicator of the long-term health and wellbeing of Indigenous Australians. Among the many factors which can have an influence on life expectancy are levels of income and education, and environmental issues such as lack of clean drinking water or adequate sanitation, which can accentuate health risks, particularly for infants and young children. Other factors which can contribute to lower life expectancy are consumption of tobacco and excessive alcohol, poor nutrition and lack of exercise, to the extent that these are widespread phenomena within the community.

**Box 1.1  KEY MESSAGES**

- On the basis of revised data sets, the life expectancy of Indigenous people is estimated to be around 17 years lower than that for the total Australian population (figure 3.1.1).

- The most recent estimates on a comparable basis indicate that life expectancy at birth is 59 years for Indigenous males compared with 77 years for males in the total population, and 65 years for Indigenous females compared with 82 years for females in the total population (figure 3.1.1).

**Rates of disability and/or core activity restriction**

This indicator reports on two measures of disability based on results from the 2002 NATSISS. The first provides information on the number of Indigenous people 15 years and over who identified as having a disability.

The second measure provides information on those Indigenous people who reported having a disability which resulted in a core activity limitation. The level of core activity limitation may be profound (always needs help or supervision); severe (sometimes needs help or supervision); moderate (has difficulty but does not need assistance); or mild (uses aids to assist with core activities).

Also provided is information on Indigenous people who were admitted to hospital due to injuries or illnesses which may lead to disability or disabling conditions.
Box 1.2 **KEY MESSAGES**

- The proportion of the Indigenous population 15 years and over, reporting a disability or long-term health condition was 37 per cent (102,900 people). The proportions were similar in remote and non-remote areas. This measure of disability does not specifically include people with a psychological disability (figures 3.2.1 and 3.2.2, table 3A.2.1).

- The proportion of the Indigenous population aged 18 years and over in non-remote areas reporting a disability (including psychological) was 49 per cent, one-third of whom (17 per cent) had a core activity limitation (table 3A.2.4, figure 3.2.4).

- After adjusting for age differences, Indigenous people over 18 years in non-remote areas were 1.7 times more likely than non-Indigenous people to report a disability resulting in a core activity limitation (figure 3.2.6).

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**Years 10 and 12 retention and attainment**

Students who stay on at school and complete year 12 are much more likely to undertake additional education and training. In turn, they will have more, and better, employment options.

In the long term, people who have completed secondary or post secondary education are more likely to encourage their children to do the same, so that the benefits can flow from one generation to another.

There has been success in increasing retention rates for Indigenous students in some schools where special programs have been introduced. A greater recognition of Indigenous culture can be an important element in giving students the skills and knowledge they need to ‘walk in two worlds’.

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Box 1.3 **KEY MESSAGES**

- From 2000 to 2004, Indigenous apparent retention rates to year 12 increased from 36 per cent to 40 per cent (figure 3.3.1).

- Nationally in 2004, Indigenous students were half as likely to continue to year 12 as non-Indigenous students (figure 3.3.3).

- Nationally, the proportion of Indigenous students who had commenced year 11 in the previous year who achieved a year 12 certificate increased from 49 per cent in 2001 to 55 per cent in 2002 (tables 3A.3.6 and 3A.3.7).
Post secondary education — participation and attainment

People who have participated in post secondary study have greatly improved employment prospects. They are also more likely to earn higher incomes from their work.

This indicator examines participation at universities, as well as institutes of technical and further education (TAFE). Attending a tertiary institution in itself may not lead to improved employment opportunities and higher income earning capacity. Participation generally needs to be accompanied by success — the attainment or completion of a course of study.

Positive outcomes in virtually all of the strategic areas for action could contribute to better educational achievement.

Box 1.4  KEY MESSAGES

- The proportion of Indigenous people 15 years and over participating in post secondary education increased from around 6 per cent in 1994 to 12 per cent in 2002 (table 3A.4.4).
- From 1994 to 2002, the proportion of Indigenous people with a certificate level 3 or above doubled (8 per cent in 1994 to 16 per cent in 2002) (figure 3.4.3).

Labour force participation and unemployment

Having a job that pays adequately and provides opportunities for self development is important to most people.

It is important to the individual in terms of living standards and self-esteem, and overall wellbeing. It is important also to the family. Children who have a parent who is employed are more likely to attend school and stay on past the compulsory school age. They are also more likely to enter into post secondary education and gain employment.

Unemployment can have a major impact on a number of areas covered in this Report, including poor health and mortality, domestic violence, homelessness and substance misuse.

The labour force participation rate will, to some extent, reflect the limited employment opportunities available to Indigenous people in remote areas, along with the employment opportunities provided by CDEP (that is, measured employment is generally higher in areas where there are CDEP opportunities).
Box 1.5  **KEY MESSAGES**

- Nationally, the labour force participation rate for Indigenous people aged 18 to 64 years has increased from 57 per cent in 1994 to 64 per cent in 2002 (figure 3.5.2).
- From 1994 to 2002 there have been large falls in the Indigenous unemployment rate. Nationally the rate fell from 30 per cent to 20 per cent (figure 3.5.5).
- The age standardised labour force participation rate for Indigenous people in 2002 was just over three quarters of that for non-Indigenous people (figure 3.5.1).
- The age standardised unemployment rate in 2002 was 3.2 times higher for Indigenous than for non-Indigenous people (figure 3.5.4).
- There were over 36 000 CDEP participants at 30 June 2004. CDEP participation significantly reduces recorded Indigenous unemployment rates.

**Household and individual income**

The economic wellbeing of individuals is largely determined by their income and wealth. The extent to which income for Indigenous people is lower than for non-Indigenous people, is a major indicator of differences in material wealth.

By extension, income is also linked to overall wellbeing. Higher income can enable the purchase of better food, housing, recreation and health care. There may also be psychological benefits such as a greater sense of control and self-esteem. Low income can be both a cause and an effect of disadvantage. For example, people with health problems caused by low income may be limited in their ability to work and increase their incomes.

Box 1.6  **KEY MESSAGES**

- In 1994 real gross weekly equivalised household income for Indigenous people was $374, and in 2002 it was $394 (figure 3.6.2).
- In 2002, both household and individual incomes were lower on average for Indigenous than other people (figures 3.6.1 and 3.6.4).

**Home ownership**

Home ownership is an important economic indicator of wealth and saving, and is likely to be positively related to employment and income indicators. Home ownership
provides a secure asset base that can contribute to financial stability and against which people can borrow.

As the consultations revealed, not all Indigenous people aspire to home ownership, especially those in more remote areas and living more traditional lifestyles. Others said home ownership was an important element in improving Indigenous wellbeing. And some Indigenous people said that home ownership was important to them as a tangible connection to the land.

Box 1.7  KEY MESSAGES
- The proportion of Indigenous people aged 18 years and over who were living in a home that someone in their household owned or was purchasing, increased from 22 per cent to 27 per cent between 1994 and 2002 (figure 3.7.3).
- Nationally in 2002, a much lower proportion of Indigenous people (27 per cent) than non-Indigenous people (74 per cent) lived in homes someone in their household owned or was purchasing (figures 3.7.1 and 3.7.2).

Suicide and self-harm

Suicide rates are higher for Indigenous people than other Australians, and particularly for those aged 25 to 34.

Research suggests that Indigenous suicide and self-harm are most common among young men. They are generally associated with alcohol and substance misuse, and interpersonal conflicts (although only 15 per cent of Indigenous people report consuming alcohol at a risky level). Other factors are incarceration, violence and family breakdown. Anxiety and depression are major contributors, particularly among young Indigenous people.

Box 1.8  KEY MESSAGES
- Suicide death rates were much higher for Indigenous people (between 12 and 36 per 100 000 people) than other people (between 11 and 16 per 100 000 people) in 1999–2003, in most states and territories for which data are available (figure 3.8.2).
- Between 2001-02 and 2002-03, the age standardised hospital separation rate (admissions) for intentional self-harm increased for Indigenous people from 2.8 to 3.2 per 1000 people, while it remained the same for other people (table 3A.8.4).
Substantiated child protection notifications

Many Indigenous families and communities live under severe social strain due to a range of socioeconomic factors. Alcohol and substance misuse, and overcrowded living conditions are just some of the factors which can lead to child abuse and violence.

This indicator provides some indication of the extent of abuse, neglect and/or harm to children in the family environment.

The substantiation data refer only to those matters which have been notified and investigated. No credible data exist on actual levels of abuse.

Box 1.9 KEY MESSAGES

• From 1999-2000 to 2003-04 the number of substantiations per 1000 Indigenous children increased in most jurisdictions (table 3A.9.1).
• The rate of children who were subject to substantiated notification was higher for Indigenous than other children in most jurisdictions (table 3A.9.1).

With the cooperation of governments, some Indigenous communities have been successful in developing strategies which have resulted in a marked decline in child abuse.

Deaths from homicide and hospitalisations for assault

The impact of homicide and hospitalisations for assault extends beyond the offender and immediate victim. Families are severely affected, as are the communities in which they live, and the impact may be felt from one generation to another.

Indigenous homicides tend to involve family members, with disputes within families being one of the main factors. Most Indigenous homicide victims are aged between 25 and 44.

Indigenous homicides and assaults are frequently connected with alcohol consumption. A much larger share of Indigenous homicides involved both the offender and victim having consumed alcohol at the time of the offence, compared with non-Indigenous homicides.
Box 1.10  KEY MESSAGES

- In the period 1999 to 2003, in the five jurisdictions for which data are available, homicide death rates for Indigenous people (6 to 23 per 100 000) were at least six times higher than those for other Australians (1 to 3 per 100 000) (figure 3.10.1).
- Nationally in 2002-03, Indigenous people were more than 12 times as likely to be hospitalised for assault as non-Indigenous people (figure 3.10.5 and table 3A.10.9).

Apart from ‘substance use and misuse’, actions in a number of the other strategic areas also have the potential to make a difference by addressing the socioeconomic circumstances which can lead to dysfunctional families and violent behaviour.

Victim rates for crime

Socioeconomic factors are critical determinants of crime. Unemployment, low income, housing overcrowding and substance misuse, are all factors which can lead to violence, particularly in the home.

The Royal Commission into Aboriginal Deaths in Custody recognised that family violence was a major reason for men being in prison. Whereas the focus has often been on how these factors influence the perpetrators of crime, they are just as important when it comes to the victims.

Community-based projects that are run by Indigenous people have been started in a number of places.

- One example in the Northern Territory which is being trialled is family focussed, with the belief that stronger families empower communities to deal with social issues.
- Another example in NSW is the ‘BLACKOUT Violence’ campaign which unites Aboriginal and non-Aboriginal services to address the impacts of violence within inner city and regional Aboriginal communities.
Box 1.11  KEY MESSAGES

- The proportion of Indigenous people who reported being a victim of violence increased from 13 per cent to 23 per cent between 1994 and 2002 (table 3A.11.3).
- After adjusting for age differences between populations, both Indigenous women and men experienced more than double the victimisation rates of other women and men in 2002 (table 3A.11.2).

**Imprisonment and juvenile detention rates**

Over-representation of Indigenous people in the criminal justice system is well documented. Many factors create the conditions which result in Indigenous incarceration. One highly significant factor is that the early involvement of young people in the criminal justice system puts them at much higher risk of being imprisoned as adults.

There is a range of social and economic factors which can be determinants of the high representation of Indigenous people in the criminal justice system.

Box 1.12  KEY MESSAGES

- There has been no improvement in imprisonment rates between 2000 and 2004. Over this period, Indigenous women’s imprisonment increased by 25 per cent and that for Indigenous men by 11 per cent (figure 3.12.1).
- On 30 June 2004, the most serious offence of around one quarter of all sentenced prisoners was ‘acts intended to cause injury’ (figure 3.12.3).
- After adjusting for age differences, Indigenous people were 11 times more likely than other Australians to be imprisoned (table 3.12.1).
- Indigenous juveniles were 20 times more likely to be detained than other juveniles on 30 June 2003 (figure 3.12.4).
STRATEGIC AREAS FOR ACTION

This second part of the Report is concerned with the strategic areas for action and provides information on the strategic change indicators. These have been chosen for their potential to have a significant and lasting impact in reducing Indigenous disadvantage. Some key messages arising out of the data in each area are also included, with references to where more information can be found in the main Report.

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• Infant mortality  
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| Early school engagement and performance (preschool to year 3) | • Preschool and school attendance  
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| Positive childhood and transition to adulthood | • Years 5 and 7 literacy and numeracy  
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• Indigenous cultural studies in school curriculum and involvement of Indigenous people in development and delivery of Indigenous studies  
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**Strategic areas for action** | **Strategic change indicators**
--- | ---
Functional and resilient families and communities | • Children in care and protection orders  
• Repeat offending  
• Access to the nearest health professional  
• Proportion of Indigenous people with access to their traditional lands  
• Participation in organised sport, arts or community group activities

Effective environmental health systems | • Rates of diseases associated with poor environmental health (including water and food borne diseases, trachoma, tuberculosis and rheumatic heart disease)  
• Access to clean water and functional sewerage  
• Overcrowding in housing

Economic participation and development | • Employment (full-time/part-time) by sector (public/private), industry and occupation  
• CDEP participation  
• Long term unemployment  
• Self employment  
• Indigenous owned or controlled land  
• Accredited training in leadership, finance or management  
• Case studies in governance arrangements

**Early child development and growth (prenatal to age 3)**

These are critical years. Providing a child with a good start in life can have a profound effect on their progression through the life cycle. Health and educational outcomes in later life are greatly influenced by the health, growth and development of children in their first three years of life.

A wide range of social, cultural, physical and economic factors can influence the health of children. It is in these early years that they are most vulnerable and where policy action can lead to improvements in the longer term.
Rates of hospital admission for infectious diseases

Infectious diseases range in severity from minor conditions such as the common cold, to serious illnesses such as meningococcal infection and tuberculosis. Some infections that may appear minor can have serious longer term health effects. For example, recurring skin infections such as impetigo (school sores) in some Indigenous communities are linked to acute rheumatic fever.

Most childhood diseases are generally successfully prevented or treated. This indicator examines those infectious diseases which result in children being hospitalised.

Box 1.13  KEY MESSAGE

In 2002-03, the hospital separation rate (admissions) for Indigenous children aged less than four years for infectious diseases (111 per 1000 people) was more than twice the rate for other children (48 per 1000 people) (table 5.1.1).

Infant mortality

The survival of infants in their first year of life is commonly viewed as an indicator of the general health and wellbeing of a population.

While there has been a dramatic decline in infant mortality rates in the past century for all Australians, the mortality rate for Indigenous infants is still significantly higher than for infants in the rest of the population.

The main causes of Indigenous infant deaths are congenital disorders, Sudden Infant Death Syndrome, respiratory and cardiovascular disorders and accidents.

Box 1.14  KEY MESSAGE

Indigenous infant mortality rates in states and territories for which data are available have slightly improved (in some jurisdictions) in recent years. Nevertheless, infant mortality rates for Indigenous Australians in these jurisdictions were two to three times as high as those for the total population (table 5.2.1).
Birthweight

Infants with a low birthweight are more likely to die or have problems early in life. Low birthweight may also have an influence on the development of chronic diseases in adulthood, including diabetes and heart disease.

The birthweight data used in this Report relate only to babies born to Indigenous mothers.

Box 1.15  KEY MESSAGE

The proportion of live births during 1999–2001 with low through to extremely low birthweight was more than twice as high for babies born to Indigenous mothers than for babies born to non-Indigenous mothers (table 5.3.2).

Hearing impediments

Otitis media, the main cause of hearing problem faced by Indigenous children, is characterised by very early onset, persistence and high rates of severity. It can become a chronic disease which Indigenous people carry from childhood into adolescence.

Hearing impediments, if untreated when children are young, may affect their attendance at school, and their capacity to learn and socialise. Accordingly, hearing impediments can have a substantial impact on the future of Indigenous children.

Box 1.16  KEY MESSAGES

- Due to data deficiencies, particularly for the age category 0–3 years, it is difficult to assess nationally the level of ear infections and the extent of hearing loss across Indigenous and non-Indigenous populations.

- In 2002-03, hospital separations (admissions) for suppurative and unspecified otitis media were higher for Indigenous children aged 0–3 years (5 per 1000) than other children in this age group (4 per 1000) (table 5.4.1).

Early school engagement and performance (preschool to year 3)

The extent to which Indigenous children begin formal learning at an early age, attend school regularly, and are healthy, safe and supported by their families and communities, all have a bearing on educational outcomes in the short and long term.
Research shows that the children most likely to have learning difficulties often have nutritional, hearing or other health problems. Poor dental health can cause impaired speech and language development.

**Preschool and school attendance**

Early participation in education provides young children with opportunities to develop socially and may also have a significant bearing on their future educational performance. All the strategic areas have some relevance to achieving good outcomes for young children in education. In particular, parental support in ensuring that young children attend school regularly is very important.

Unfortunately, there are no data available on attendance for the period from preschool to year 3. Participation rates only indicate the number of children enrolled as a proportion of the population group.

**Box 1.17 KEY MESSAGE**

In 2003, national school participation rates for Indigenous five to eight year old children was 87 per cent compared to 93 per cent for non-Indigenous children of the same age (figure 6.1.1, table 6A.1.3).

**Year 3 literacy and numeracy**

The level of achievement in the early years of schooling has major implications for retention and attainment in later years. Children who have already fallen behind in year 3 will have difficulty in progressing through school and are less likely to remain at school beyond the compulsory age. This in turn has implications for employment options and disadvantage in the long term.

Support for Indigenous parents who may themselves have limited education, is a key factor in ensuring that their children are encouraged to do well at school. The Parents and Learning Program (PaL), which has been operating for four years in the Napranum community in Cape York, has resulted in positive outcomes for children and their parents.
Box 1.18  KEY MESSAGES

- There was an increase in the proportion of year 3 Indigenous students who achieved the writing benchmark in 2002 (77 per cent), compared to 67 per cent in 1999 and 65 per cent in 2000 (figure 6.2.5).
- Year 3 Indigenous students in 2002 had significantly lower reading, writing and numeracy achievements than year 3 students overall (figure 6.2.1).

Primary school children with dental caries

Unless treated early, tooth decay may result in pain, infection and destruction of soft tissue in the mouth. School attendance and performance may be affected.

Decayed teeth can cause or contribute to low self-esteem and social wellbeing. Employment and interpersonal relations may be affected. The loss of permanent teeth can lead to eating difficulties along with social isolation.

Box 1.19  KEY MESSAGES

- Indigenous children aged 4–12 years on average had a higher number of teeth with decay than other children where data are available in 2000 (table 6.3.1).
- The proportion of children in need of immediate treatment was also much higher for Indigenous than non-Indigenous children where data are available in 2000 (figure 6.3.1).

Positive childhood and transition to adulthood

The later years of childhood, adolescence and the transition to adulthood are important phases which build upon early child development and education.

What happens in these years can have far reaching consequences. Good educational outcomes for young Indigenous people will enhance their opportunities as adults. Avoiding the criminal justice system may deter them from subsequent imprisonment and a cycle of re-offending.
Years 5 and 7 literacy and numeracy

Research has shown that achievement in years 5 and 7 literacy and numeracy is a key determinant of whether children go on to year 12 and higher education. The lack of basic literacy and numeracy skills also results in poor employment prospects.

Other research has found that low literacy is one of the biggest hurdles to be overcome in improving the health of Indigenous people.

Box 1.20   KEY MESSAGES

- The proportion of year 5 Indigenous students who achieved the reading benchmark increased steadily from 59 per cent in 1999 to 68 per cent in 2002, whereas the proportion remained relatively stable for all students (figure 7.1.3).
- In 2002, the proportion of Indigenous students who achieved the year 5 and 7 reading, writing and numeracy benchmarks was lower than that for all students, (figures 7.1.1 and 7.1.8).

Retention at year 9

For most students, compulsory schooling ends during years 9 and 10. Consultations with Indigenous people revealed that this was a critical time for Indigenous children. Many of those who leave have poor literacy and numeracy skills and this limits their post-school options, including employment opportunities.

Although the data suggest only a two per cent gap between Indigenous and non-Indigenous students, because these data are collected mid-way through the year, they do not reflect the number of children who failed to complete the year.

Box 1.21   KEY MESSAGES

- Over the period 2000 to 2004, the Indigenous retention rate to year 9 was relatively stable (figure 3.3.1).
- In 2003, the retention rate for Indigenous students to year 9 was 97 per cent. In 2004, the retention rate for the same group of students (now in year 10) had declined by 11 percentage points to 86 per cent (figure 3.3.1).
Indigenous cultural studies in school curriculum and involvement of Indigenous people in their development and delivery

The inclusion of Indigenous cultural studies in school curricula is widely regarded (by both Indigenous and non-Indigenous people) as being an important factor in an Indigenous student’s self-esteem and achievement at school. It is important also in increasing the understanding and acceptance of Indigenous people in the wider community. The participation of Indigenous people in the development and delivery of cultural studies is also regarded as highly desirable.

Box 1.22  KEY MESSAGES

- Some schools (primary and secondary) are incorporating Indigenous languages, culture, history and civics programs into their curricula — to improve education outcomes for Indigenous students and to improve all students' knowledge and appreciation of Indigenous people and their culture.
- In 2003, Indigenous teachers and education workers generally comprised a much smaller proportion of school staff than the proportion of Indigenous students (table 7.3.1).

Juvenile ‘diversions’

In some jurisdictions there are diversion programs which allow a young offender to be dealt with outside the traditional court processes. This might involve, for example, a caution or attendance at community and family conferences. Programs vary from one State to another. Diversionary mechanisms in combination with sports and leisure programs can contribute to a reduction in antisocial behaviour and offending.

There are no national data on the extent of juvenile diversions. This section of the Report presents (non-comparable) data from NSW, Victoria, WA, SA and the NT.

Box 1.23  KEY MESSAGE

Although data on juvenile diversions are not comparable between states and territories, a smaller proportion of Indigenous juveniles are diverted than is generally the case for other juveniles.
Transition from school to work

Two approaches are used to analyse the period of transition from school to work. The first is the ‘at risk’ approach, which examines the proportion of people aged 18–24 who are neither in employment nor engaged in study. These people are considered to be ‘at risk’ of long term disadvantage. The second approach looks at outcomes from education.

Box 1.24  KEY MESSAGES

- In 2002, 42 per cent of Indigenous people aged 18–24 years were neither studying nor employed or in the labour force, compared with 13 per cent of other Australians (figure 7.5.1).
- An education attainment of certificate level 3 or above significantly reduced an Indigenous person’s chance of being unemployed (table 7.5.1).

Substance use and misuse

Substance use and, particularly, misuse have the capacity to impact on every aspect of a person’s life. A range of social factors can influence the misuse of substances, such as socioeconomic status, unemployment and poor education. Impacts can have far reaching effects on a person’s quality of life and health, and on those around them. The end result may be a reduction in life expectancy.

Alcohol and tobacco consumption

Cigarette smoking and excessive alcohol consumption are associated with increased illness and morbidity. Apart from the health risks to the individual, high levels of alcohol consumption also contribute to domestic violence, financial problems, child abuse and family breakdowns. In the case of pregnant women, it can also adversely affect the health of new born infants.
Box 1.25  **KEY MESSAGES**

In 2002:

- Over half (51 per cent) of Indigenous people aged 15 years and over were cigarette smokers (table 8.1.1); the rates for both Indigenous men and women in all age groups were similar to those in 1994 (figures 8.1.3 and 8.1.4).

- Around 15 per cent of Indigenous people reported risky alcohol consumption; the rate was higher for Indigenous men (17 per cent) than for Indigenous women (13 per cent) (table 8A.1.4).

- Indigenous people living in remote areas were less likely to consume alcohol (54 per cent) than those in non-remote areas (75 per cent), but the levels of risky alcohol consumption in remote and non-remote areas were similar (table 8.1.3).

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**Alcohol related crime and hospital statistics**

There is a strong association between alcohol and violence, crime and anti-social behaviour. Alcohol consumption can also have many health consequences such as liver cirrhosis, mental illness, cancer, pancreatitis and damage to the foetus among pregnant women.

There are no reliable data on the overall extent of alcohol related crime. Data from police records on alcohol related homicides have been used. Hospital data are also very limited and deal only with admissions to hospital for alcohol related illnesses.

Box 1.26  **KEY MESSAGES**

- In 2002-03, 65 per cent of Indigenous homicides involved both the victim and offender having consumed alcohol at the time of the offence — almost three times the rate for non-Indigenous homicides (figure 8.2.1).

- In 2002-03, Indigenous people (both males and females) were more than four times as likely to be in hospital for alcohol-related mental and behavioural disorders than other people.

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**Drug and other substance use**

Reducing drug-related harm will improve health, social and economic outcomes at both the individual and community level. Illicit drug consumption has played a major role in the involvement of Indigenous people in the criminal justice system. There is a strong connection between domestic violence and drug and alcohol use in Indigenous
communities. The use of substances such as inhalants (for example, petrol and glue) can lead to long-term brain damage, disability or even death.

Box 1.27  KEY MESSAGES

- In 2002, nearly 40 per cent of non-remote Indigenous people had used substances at some time in their lives while 24 per cent had used substances in the previous 12 months (table 8A.3.1).
- The most common conditions for drug-related hospital separations (admissions) were mental and behavioural disorders, poisoning and accidental poisoning (table 8A.3.1).

**Functional and resilient families and communities**

Families and communities are the mainstay of our society. The extent to which they are functional and resilient will have a direct impact on a range of outcomes for Indigenous people. A caring, protective and supportive environment where there are positive health outcomes and cultural awareness are some of the characteristics that are important.

Dysfunctional families and communities can lead to breakdown in relationships and social alienation, physical and mental health problems, amongst others. Ultimately, outcomes in life expectancy, education, imprisonment, violence, employment and income can be affected.

*Children on care and protection orders*

Data on children under care and protection orders show the extent to which some form of legal intervention has been made for their protection. Given that legal intervention is usually a last resort, after other interventions have failed or have proven infeasible, this may provide some indication of the social and cultural stress under which many people in Indigenous communities live.

Not all orders are due to neglect and abuse — in some cases, family difficulties such as a parent being hospitalised or dying may be the reason why a child is placed in care.
Box 1.28  KEY MESSAGE

The rate of children on care and protection orders (for a combination of all states and territories except NSW) was five times higher for Indigenous children (20 per 1000 children in the population aged 0–17 years) than for non-Indigenous children (4 per 1000 children) (table 9.1.1).

NSW could not provide substantiation data for 2003-04 due to the implementation of a new system.

Repeat offending

The cycle of Indigenous imprisonment has severe impacts on families and communities, both in the short and long term. Cycles of intergenerational offending, where children of prisoners commit offences that result in their own imprisonment, is common for Indigenous families. It is important that people who have contact with the criminal justice system have the ability and opportunity to integrate back into the community, lead productive lives, and not re-offend.

The introduction of special courts – for example, the Koori Court in Victoria, the Murri Court in Queensland and the NSW Circle Sentencing Court – has resulted in a reduction in re-offending.

Box 1.29  KEY MESSAGES

• Nationally, there was no improvement between 2000 to 2004 in the proportion of Indigenous prisoners experiencing prior adult imprisonment (figure 9.2.2).
• On 30 June 2004, around four in five Indigenous prisoners had previously been in prison (figure 9.2.2).

Access to the nearest health professional

Access to health services is important in identifying and treating diseases in a timely way. A consequence of lack of access is the high prevalence of diseases such as diabetes and pulmonary diseases. Many such chronic conditions are potentially preventable if treated early. Vaccination can also be effective in the prevention of diseases such as influenza and pneumococcal disease.
Box 1.30  KEY MESSAGE

Indigenous people suffer from markedly higher rates of potentially preventable chronic health conditions than the rest of the population. Hospital separation rates (admissions) for diabetes complications were 8 times higher, and for pulmonary disease 4 times higher than for other Australians (table 9.3.1).

Proportion of Indigenous people with access to their traditional lands

Land is important to Indigenous people both culturally and economically. The aim of this indicator is to show the extent to which Indigenous people have access to their traditional lands. Data for this indicator are based on three items in the ABS 2002 NATSISS, which asked people about:

- recognition of their homelands/traditional country
- whether they currently were living on homelands
- whether they were allowed to visit their homelands.

Box 1.31  KEY MESSAGES

- In 2002, 70 per cent of Indigenous people recognised an area as their homelands or traditional country; 22 per cent lived on their homelands, whereas 47 per cent did not live there but were allowed to visit (figure 9.4.1).
- Indigenous people in very remote areas were more likely than those in other areas to live on their homelands (figure 9.4.1).

Participation in organised sport, arts or community group activities

Taking part in organised sport, arts or community group activities can foster self-esteem, social interaction, and the development of skills and teamwork.

Some of the benefits that might result from early participation in these activities are stronger bodies, the prevention of chronic diseases and improved learning and academic performance. A reduction in substance misuse, self-harm, and crime may also result.
Effective environmental health systems

The conditions in which people live and work have a major influence on their health. Environmental health is about providing safe and healthy living conditions. It depends, among other things, on the buildings in which people live, the water they drink, the safe removal of waste and control of pests. Just as important will be the food they eat, their ability to clean themselves, their clothes and their homes.

Rates of diseases associated with poor environmental health

Hospital admissions data suggest that environmental-based diseases are much more common among Indigenous than non-Indigenous people. Improvements in sanitation, drinking water quality, food safety, disease control and housing conditions are major contributory factors to improving health and quality of life.

Research in Indigenous communities has found that infected secretions from eyes, nose, ears and coughs play a major role in transmitting infectious diseases — especially in overcrowded households. Inadequate waste disposal, leading to a pool of potentially infected material in the immediate living area, is also a major source of infectious disease.

Box 1.33 KEY MESSAGE

Indigenous people had much higher hospital separation rates (admissions) for influenza and pneumonia in 2002-03 (121 per 10 000 people) than other people (32 per 10 000 people) (table 10.1.1).

Access to clean water and functional sewerage

Contaminated drinking water can be a source of sickness and disease. An adequate and reliable supply of water is necessary for personal hygiene as well as washing food, kitchen utensils and clothes. This is important in preventing infectious diseases and
other illnesses. A functional sewerage system prevents contamination of drinking water and food.

**Box 1.34  KEY MESSAGE**

In 2002, nearly all Indigenous households had access to a working toilet and facilities for washing people, clothes and bedding within their homes. However, no information was available on the quality or reliability of communal drinking water and sewerage services to which household taps, showers, sinks, baths and toilets were connected.

**Overcrowding in housing**

Overcrowding in housing can be a significant contributor to poor health, family violence and poor educational performance. The quality and condition of housing can also influence health outcomes.

The housing occupancy standard compares the number of bedrooms with the number of people in a dwelling, to determine overcrowding. However, particularly in larger households, the number of bathrooms and toilets, and the size of kitchens, bedrooms and other living spaces may be as important as the number of bedrooms.

**Box 1.35  KEY MESSAGES**

- In 2002, 26 per cent of Indigenous people aged 15 years and over (72 600 people) lived in overcrowded housing (figure 10.3.1 and table 10A.3.3).
- Overcrowding was most common in very remote areas (figures 10.3.3 and 10.3.4).

**Economic participation and development**

The extent to which people participate in the economy is closely related to their living standards and broader wellbeing. It also influences how they interact at the family and community levels.

This report examines economic development through employment opportunities, influence over land resources, and aspects of education and training that are relevant to the goals of good governance and the capacity to govern.

In addition, two case studies on governance arrangements are presented: the Thamarrurr Council in Wadeye, NT and the Koorie Heritage Trust in Victoria.
Employment by sector, industry and occupation

Having a job leads to improved incomes and standards of living for people and their families. This in turn has a positive influence on health and the education of children. It also enhances self-esteem and reduces social alienation. More broadly, where people are employed, benefits also flow on to the wider community.

The type of employment that people are engaged in may also have an impact on their social and economic wellbeing.

Box 1.36  KEY MESSAGES

- Between 1994 and 2002, Indigenous employment rates increased from 68 to 80 per cent of the labour force, with increases in all age groups (figure 11.1.4). This is attributable to increases in part time employment rather than full time employment (tables 11A.1.3 and 11A.1.4).
- The full time employment rate in 2002 for Indigenous people was much lower than that for non-Indigenous people for both males and females. Nationally, the age standardised ratio of Indigenous to non-Indigenous full time employment was 0.7 (figure 11.1.1).
- Indigenous employment had a significant part time component in 2002. Nationally, the age standardised ratio of Indigenous to non-Indigenous part time employment was 1.3 (figure 11.1.2).
- CDEP participation contributes significantly to the number of Indigenous people who are recorded as employed, particularly in very remote areas.

Community Development Employment Projects (CDEP) participation

The CDEP scheme provides employment and training opportunities to over 36,000 participants. The scheme is designed to provide meaningful employment and training to Indigenous people in a range of activities that can benefit them and their communities.

The scheme can be a stepping stone for Indigenous people into mainstream employment. It can also overcome barriers for low and non-skilled people who would otherwise find it difficult to obtain employment.
Box 1.37  **KEY MESSAGES**

- There were over 36,000 CDEP participants at 30 June 2004. CDEP participation increased with geographic remoteness, ranging from 4 per cent of the Indigenous population in major cities to 45 per cent in very remote areas (figure 11.2.1).
- The CDEP scheme accounted for 8 per cent of Indigenous employment in major cities increasing to 74 per cent in very remote areas (table 11A.2.1).

*Long term unemployment*

People who have been unemployed for long periods generally experience greater financial hardship and lower levels of social attachment. They will also have greater difficulty in finding employment, because of loss of relevant skills, and employers’ perceptions about their ‘employability’.

Long term unemployed Indigenous people are also more likely to be arrested and to have chronic health problems.

Box 1.38  **KEY MESSAGE**

Nationally in 2002, around 8800 Indigenous people aged 18 to 64 years, or 28 per cent of unemployed Indigenous people, were unemployed long term (figure 11.3.2).

*Self employment*

Self employment is one way that Indigenous people can reduce dependence on government welfare and improve self reliance. It also enables them to participate in the economy and improve their economic wellbeing.

Governments have typically emphasised business opportunities at the Indigenous community level rather than for self employment. Projects such as the Indigenous Enterprise Partnerships provide assistance to Indigenous business and foster economic and social development.
Box 1.39  KEY MESSAGES

- There are no recent nationally comparable data that can be reported for the Indigenous self employment indicator other than the 2001 Census data that were published in the 2003 Report.
- These showed that nationally in 2001, Indigenous people were three times less likely than other people to be self employed, increasing to nine times less likely in very remote areas (SCRGSP 2003).

Indigenous owned or controlled land

Ownership and control of land can provide both economic and cultural benefits to Indigenous people. As well as yielding benefits in the form of customary activities (for example, fishing, hunting and gathering) and commercial activities (for example, mining royalties, tourism), Indigenous owned or controlled land can provide them with a place to live. This might be through either individual home ownership or community housing.

Box 1.40  KEY MESSAGES

- Indigenous people obtain a variety of economic, social and cultural benefits from land they own or control.
- Between 2003 and 2004, the area of land where native title has been determined to exist increased by 2 per cent (6800 km²) (figure 11.5.2).
- In this period, the number of Indigenous Land Use Agreements increased from 84 to 130 (figure 11.5.3).

Accredited training in leadership, finance or management

Capacity building for good governance can take many forms. This indicator provides information on Indigenous participation in those mainstream courses which are regarded as particularly useful in developing skills relevant to a capacity to govern. These comprise management and commerce, economics and business law. This is not to imply that students in other courses may not also be well equipped to provide leadership and contribute to good governance.
Box 1.41  **KEY MESSAGE**

In 2003, lower proportions of Indigenous than non-Indigenous university students (9 per cent and 24 per cent, respectively) and TAFE students (39 per cent and 45 per cent) were studying management, commerce, business law or economics (figures 11.6.1 and 11.6.3).

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**Case studies in governance arrangements**

Governance has been closely linked with economic development and disadvantage, because it is a key determinant of the ability of Indigenous organisations and communities to make and implement decisions that achieve outcomes in a sustainable way.

Indicators of good governance are difficult to construct, but case studies can provide useful insights. In this year’s Report two case studies are presented. One is on the Thamarrurr Regional Council in Wadeye, NT. The second deals with the Koorie Heritage Trust in Victoria.
FUTURE DIRECTIONS IN DATA

Notwithstanding some improvements, data for Indigenous people remain deficient in a number of key areas. Some priorities for data development are listed below:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy and causes of death (various indicators)</td>
<td>• Continue work on improving quality and availability of Indigenous data, including changes over time.</td>
</tr>
<tr>
<td>Substantiated child protection notifications; children on care and protection orders</td>
<td>• Develop data collections to better reflect the underlying extent of child protection issues that are not necessarily apparent from administrative data on substantiations, notifications and orders.</td>
</tr>
<tr>
<td>Alcohol and tobacco consumption; drug and other substance use</td>
<td>• Collect regular data comparing Indigenous and non-Indigenous consumption and more robust data by jurisdictional and geographic levels are required.</td>
</tr>
<tr>
<td>Birthweight</td>
<td>• Extend data collections to babies born to non-Indigenous mothers who have Indigenous fathers.</td>
</tr>
<tr>
<td>Hearing impediments</td>
<td>• Collect data to enable the assessment of the true burden of hearing loss and the type and severity of ear infections in the Indigenous population.</td>
</tr>
<tr>
<td>Years 3, 5 and 7 literacy and numeracy</td>
<td>• Collect learning outcomes data to provide timely data by geographic regions.</td>
</tr>
<tr>
<td>Preschool and school attendance</td>
<td>• Collect uniform national data and ensure consistency and comparability of data across geographic regions.</td>
</tr>
<tr>
<td>Primary school children with dental caries</td>
<td>• Expand the availability of comparable data on children’s dental health.</td>
</tr>
<tr>
<td>Juvenile diversions</td>
<td>• Collect comparable national data</td>
</tr>
<tr>
<td>Self employment</td>
<td>• Collect regular data on Indigenous business and self-employment.</td>
</tr>
<tr>
<td>Access to clean water and functional sewerage</td>
<td>• Collect regular data allowing comparison between services in Indigenous communities and those delivered by major utilities.</td>
</tr>
</tbody>
</table>
1 Introduction

In April 2002, the Council of Australian Governments (COAG) commissioned the Steering Committee for the Review of Government Service Provision to:

produce a regular report against key indicators of Indigenous disadvantage. This report will help to measure the impact of changes to policy settings and service delivery and provide a concrete way to measure the effect of the Council’s commitment to reconciliation through a jointly agreed set of indicators (COAG 2002, see appendix 1).

At the same meeting, COAG also agreed to trial a whole-of-government cooperative approach in up to ten communities or regions. The aim of these trials was to improve the way governments interact with each other and with communities, in order to respond more effectively to the needs of Aboriginal and Torres Strait Islander people. One of the COAG trial sites is situated in the remote community of Wadeye (or Port Keats) in the Northern Territory. The local Thamarrurr Council is the subject of a governance case study in chapter 11 of this Report.

The first Report on Overcoming Indigenous Disadvantage: Key Indicators was released in November 2003. It was the subject of considerable discussion and debate amongst Indigenous organisations, governments and public sector agencies, non-government organisations, and many individuals — both Indigenous and non-Indigenous. The report was widely welcomed and generally well received.

This is the second Report in the series. It has been greatly informed by the ongoing discussions and consultations that have taken place. While not everyone agrees with all aspects of the framework or the process, there is widespread agreement about its vision of ‘a society where Aboriginal and Torres Strait Islander peoples should enjoy a similar standard of living to that of other Australians, without losing their cultural identity’ (CAR 2000). The Report has engendered constructive and at times intense debate, and this has served to bring the issues to the forefront in concrete terms. It has broadened the discussion and the potential for coming up with practical solutions to diverse and endemic problems.
1.1 Not just another statistical Report

The key difference between this Report and other statistical reports is that its aim is much more than informational. It has been conceived as a strategic document to assist governments in identifying where the focus for policy attention should be, and to measure over time whether things are changing for the better.

A vast amount of information has been gathered on Indigenous Australians by a range of people and organisations. There is no shortage of detailed reports and academic publications. There are also substantial lists of performance indicators in a number of portfolio areas. They are all valuable, and it is not the aim of this Report merely to replicate what has already been done elsewhere.

COAG has nominated two core objectives for the Report. The first is to inform Australian governments about whether policy programs and interventions are achieving improved outcomes for Indigenous people. The second is that the Report should be meaningful to Indigenous people.

The Report on Overcoming Indigenous Disadvantage therefore needs to be more than a collection of data. Its purpose is both visionary and strategic. The vision is that Indigenous people will one day enjoy the same overall standard of living as other Australians. They will be as healthy, live as long, and participate as fully in the social and economic life of the nation, while maintaining their cultural identity.

This Report is strategic in concept, providing governments with areas of focus for policy effort. The information collected for this Report aims to provide policy makers with a broad view of the current state of Indigenous disadvantage and where things need to change if that vision is to be achieved. The Report provides a practical tool for government agencies to incorporate the indicators in the framework into their strategic policy development, and it encourages agencies to think beyond their existing policy frameworks. In cooperation with Indigenous communities, this Report will be able to track over time where governments have had an impact on Indigenous disadvantage — and where work still needs to be done.

In seeking to provide an overall picture of the state of Indigenous people, the Steering Committee has used data that would be considered imperfect for the purposes of other statistical reports — for example, the data on children on care and protection orders and repeat offending. But the Review has taken the position that, providing it is not misleading, imperfect information is better than none. Moreover, it can lay the foundation for developing better data over time. There is a clear need for improvements in data, if COAG’s objectives in commissioning this Report are to be fully met.
While concentrating on the broad outcomes, the Report is cognisant of the diversity of Aboriginal and Torres Strait Islander cultures and experience; and that disadvantage may come in different forms for urban, regional and remote dwellers.

The Report also has a long-term focus, and recognises that many factors bear on change — no one action is going to eradicate Indigenous disadvantage. A key message from consultations with Indigenous people was that the Report should not imply that the efforts of governments acting alone would be enough to achieve fundamental, long term change. Many said that the drivers of change must include actions on the part of the private sector and, not least, Indigenous people themselves.

1.2 Background

In its response to the Council for Aboriginal Reconciliation’s Report, National Strategies to Advance Reconciliation (CAR 2000), COAG acknowledged the unique status of Indigenous Australians, and agreed that ‘many actions are necessary to advance reconciliation, from governments, the private sector, community organisations, Indigenous communities, and the wider community’ (COAG 2000, see appendix 1). Heads of government committed themselves to a partnership approach, which recognised the contributions that all of these elements could bring to addressing Indigenous disadvantage. Priority actions in three areas were agreed:

- Investing in community leadership initiatives.
- Reviewing and re-engineering programmes and services to ensure they deliver practical measures that support families, children and young people. In particular, governments agreed to look at measures for tackling family violence, drug and alcohol dependence and other symptoms of community dysfunction.
- Forging greater links between the business sector and Indigenous communities to help promote economic independence (COAG 2000, see appendix 1).

These priority actions provide the basis for the priority outcomes that sit at the apex of the Report’s framework (see chapter 2).
The Review

The Steering Committee for the Review of Government Service Provision comprises representatives from all Australian governments and is chaired by the Chairman of the Productivity Commission, which also provides the secretariat.

Up until 2003, the Review’s principal output had been the annual Report on Government Services (the ‘Blue Book’), now in its tenth edition. The Blue Book provides information on the efficiency and effectiveness of, and equity of access to, mainstream services in the areas of education, justice, emergency management, health, community services and housing. It brings together data that provide a national overview of government service delivery. The services covered add up to over $65 billion (or around one-third of total government spending). Over the years, reporting on the delivery of mainstream services has increased although the lack of data in some areas continues to be a barrier to reporting — for example, preschool and school attendance.

Overcoming Indigenous Disadvantage represents a departure from the type of reporting that is in the Blue Book. In his letter to the Chairman of the Steering Committee formally requesting a regular report to COAG against key indicators of Indigenous disadvantage, the Prime Minister noted that the task will be to:

Identify indicators that are of relevance to all governments and Indigenous stakeholders and that can demonstrate the impact of programme and policy interventions (see page xvi).

1.3 The process

The reporting framework focuses on the causal factors that ultimately lead to disadvantage; areas where experience and logic suggest that targeted policies will have the greatest impact. From the outset, it was clear to the Steering Committee that the present task would require a significantly different approach to that of the Blue Book. For one thing, this Report is focussed almost entirely on outcomes from a whole-of-government perspective, rather than the performance of particular government services. And it requires consultations ranging well beyond the governments concerned, in particular with Indigenous people and their representative organisations.

The Working Group

The Report’s development is guided by a Working Group that was set up by the Steering Committee initially to develop the framework for the 2003 Report and
oversee its production. The Working Group comprises representatives from central agencies in all governments, as well as the Ministerial Council for Aboriginal and Torres Strait Islander Affairs (MCATSIA)\(^1\). The Australian Bureau of Statistics and the Australian Institute of Health and Welfare also participate as observers. The Working Group was originally convened by Gary Banks, the Chairman of the Steering Committee and Productivity Commission, and is now convened by Commissioner Robert Fitzgerald.

**The consultation process**

An extensive consultation process was undertaken in developing the framework for the 2003 Report. This involved the Australian, State and Territory governments conducting consultations within their jurisdictions. Officials representing MCATSIA and the Aboriginal and Torres Strait Islander Services also consulted within their organisations. As well, the Chairman of the Steering Committee and head of the Secretariat held discussions with a number of Indigenous leaders and organisations, and a range of officials and researchers across the country. The Chairman also wrote to key organisations and individuals seeking written comments on the framework.

Following release of the 2003 Report, the consultation process continued, but with a different focus. Whereas the earlier consultations had concentrated on the reporting framework, the subsequent consultations have been about the Report itself. These consultations have largely fallen into two categories. The first has involved obtaining feedback from Indigenous people and organisations about the Report; while the second has involved discussions with government agencies about how the Report is being used and implemented.

The Steering Committee adopted an approach to consultations which required the active participation of jurisdictions in the process. Consultations were arranged with the Australian Government, New South Wales, Victoria, Tasmania, the Northern Territory and the ACT. These consultations were targeted at officials in government departments and agencies at all levels of seniority, the purpose being to get the views of the most senior policy advisers right through to the people responsible for delivering programs. Jurisdictions were also asked to arrange consultations with Indigenous organisations and community groups. Feedback obtained during the consultations is included in chapter 2.

\(^1\) Aboriginal and Torres Strait Islander Services was represented on the original Working Group. Since its disestablishment, the Office of Indigenous Policy Coordination within the Australian Government Department of Immigration and Multicultural and Indigenous Affairs is represented on the Working Group.
Individual jurisdictions also conducted their own consultations with government agencies and Indigenous organisations and communities about the Report.

1.4 References


2 The framework

The first two sections of this chapter describe the underpinnings and the structure of the Report’s framework. Knowing how the framework has been constructed is fundamental to understanding how it can assist governments; and fundamental also in making the Report meaningful to Indigenous people.

Section 2.3 provides feedback from the consultations which were conducted following the release of the 2003 Report. These consultations were generally supportive of the approach taken, although some concerns were raised about how culture has been represented in the framework. While the framework has remained unchanged, and thus the cultural indicators have remained the same, following the release of this Report there will be an opportunity to revisit what has been included and how the indicators might change or be improved in the future. In the meantime, there has been a greater focus on culture in this Report with the addition of information that was not available for the first Report and some case studies. In section 2.4, the cultural indicators are explained against the backdrop of the suggestions received from Indigenous people and organisations during the consultations (both before and after release of the 2003 Report).

2.1 The underpinnings

The Council of Australian Governments (COAG) has been clear in its direction that this Report must be useful in informing policy development within jurisdictions. Reports about the performance of governments generally focus on how well they have delivered their services and whether they were on time and on budget. As a rule, they are also agency focussed — education is reported by departments of education, health by health departments — and so on.

While information on the delivery of outputs is valuable, this Report aims to do something different by emphasising the importance of interaction between sectors and between governments, as well as with Indigenous people themselves, in achieving good outcomes. It is predicated on the view that achieving improvements in the wellbeing of Indigenous Australians in a particular area will generally require the involvement of more than one government agency, and that improvements will need preventive policy actions on a whole-of-government basis.
Positive child development and prevention of violence, crime and self-harm

Figure 2.2.1 Framework diagram

Priority Outcomes

Safe, healthy and supportive family environments with strong communities and cultural identity

Positive child development and prevention of violence, crime and self-harm

Improved wealth creation and economic sustainability for individuals, families and communities

Headline indicators

- Life expectancy
- Rates of disability and/or core activity restriction
- Years 10 and 12 retention and attainment
- Post secondary education – participation and attainment
- Labour force participation and unemployment
- Household and individual income
- Home ownership
- Suicide and self-harm
- Substantiated child protection notifications
- Deaths from homicide and hospitalisations for assault
- Victim rates for crime
- Imprisonment and juvenile detention rates
### Strategic areas for action

<table>
<thead>
<tr>
<th>Area</th>
<th>Indicators</th>
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<tbody>
<tr>
<td>Early child development and growth (prenatal to age 3)</td>
<td>- Rates of hospital admission for infectious diseases</td>
</tr>
<tr>
<td></td>
<td>- Infant mortality</td>
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<tr>
<td></td>
<td>- Birthweight</td>
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<tr>
<td></td>
<td>- Hearing impediments</td>
</tr>
<tr>
<td>Early school engagement and performance (prenetool to year 3)</td>
<td>- Preschool and school attendance</td>
</tr>
<tr>
<td></td>
<td>- Year 3 literacy and numeracy</td>
</tr>
<tr>
<td></td>
<td>- Primary school children with dental caries</td>
</tr>
<tr>
<td>Positive childhood and transition to adulthood</td>
<td>- Years 5 and 7 literacy and numeracy</td>
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<tr>
<td></td>
<td>- Retention at year 9</td>
</tr>
<tr>
<td></td>
<td>- Indigenous cultural studies in school curriculum and involvement of Indigenous people in development and delivery of Indigenous studies</td>
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<td></td>
<td>- Juvenile diversions as a proportion of all juvenile offenders</td>
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<td>- Transition from school to work</td>
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<tr>
<td>Substance use and misuse</td>
<td>- Alcohol and tobacco consumption</td>
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<tr>
<td></td>
<td>- Alcohol related crime and hospital statistics</td>
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<tr>
<td></td>
<td>- Drug and other substance use</td>
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<tr>
<td>Functional and resilient families and communities</td>
<td>- Children on care and protection orders</td>
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<tr>
<td></td>
<td>- Repeat offending</td>
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<td></td>
<td>- Access to the nearest health professional</td>
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<td></td>
<td>- Proportion of Indigenous people with access to their traditional lands</td>
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<td></td>
<td>- Participation in organised sport, arts or community group activities</td>
</tr>
<tr>
<td>Effective environmental health systems</td>
<td>- Rates of diseases associated with poor environmental health (including water and food borne diseases, trachoma, tuberculosis and rheumatic heart disease)</td>
</tr>
<tr>
<td></td>
<td>- Overcrowding in housing</td>
</tr>
<tr>
<td></td>
<td>- Access to clean water and functional sewerage</td>
</tr>
<tr>
<td>Economic participation and development</td>
<td>- Employment (full-time/part-time) by sector (public/private), industry and occupation</td>
</tr>
<tr>
<td></td>
<td>- CDEP participation</td>
</tr>
<tr>
<td></td>
<td>- Long term unemployment</td>
</tr>
<tr>
<td></td>
<td>- Self employment</td>
</tr>
<tr>
<td></td>
<td>- Indigenous owned or controlled land</td>
</tr>
<tr>
<td></td>
<td>- Accredited training in leadership, finance or management</td>
</tr>
<tr>
<td></td>
<td>- Case studies in governance arrangements</td>
</tr>
</tbody>
</table>
Essentially, this Report is about looking forward. That is not to negate the circumstances — historical, economic and social — that have created the need for a concentration of policy on Indigenous disadvantage. Rather it seeks to ensure that the conditions are set in place so that the circumstances which are the root cause of disadvantage become the focus of policy attention.

### 2.2 The framework

The indicator framework is depicted in figure 2.2.1. Three priority outcomes sit at the apex of this framework. They reflect COAG’s vision for reducing disadvantage and were widely endorsed by Indigenous people. These outcomes are interlinked and should not be viewed in isolation from each other. The goal is that improvements in the next two tiers of the framework will in time overcome the disadvantage which, at this time, precludes these outcomes for a large number of Indigenous people and communities.

- The first tier (the headline indicators) provides an overview of the state of Indigenous disadvantage. It serves to keep a national focus on the challenge of reducing disadvantage.

- The second tier is of more immediate relevance to policy. It contains seven ‘strategic areas for action’, which can make inroads into headline disadvantage over time. A series of strategic change indicators have been identified which shed light on whether policy actions are making a difference in the strategic areas for action (see below).

Prevention lies at the heart of this framework. It encourages policy makers and service delivery staff to concentrate on actions in the ‘strategic areas for action’ that are causing disadvantage at the headline level. For example, it is predictable that a child who is not performing well at the year 3 literacy and numeracy levels, will probably not be performing well by the time he or she reaches year 12. Indeed, it is likely that this child will already have left school by then. A focus by policy makers on preschool and school attendance, and year 3 literacy and numeracy is, therefore, likely to contribute to improved year 10 and 12 retention rates and, in turn, with university enrolments and employment outcomes. However, to achieve these better overall outcomes, policy actions would be needed not only in the provision of education, but also in other areas of service delivery. A more comprehensive description of the preventive model is contained in the 2003 Report (SCRGSP 2003).
Strategic areas for action

The seven strategic areas for action have been chosen for their potential to have a significant and lasting impact in reducing Indigenous disadvantage.

As noted, in order to achieve better outcomes in these areas, actions of more than one government agency will typically be required. For example, the school system is not the only service area responsible for achieving outcomes in the area of ‘Early school engagement’. This is also affected by such factors as transport availability, housing arrangements, health, and (outside of the service system), parental support.

The diagram at figure 2.2.2 provides an illustration of the multi-causal mechanisms for achieving better outcomes.

Figure 2.2.2  Multi-causality of outcomes for Indigenous people

<table>
<thead>
<tr>
<th>Priority Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 10/12 retention</td>
</tr>
<tr>
<td>Employment</td>
</tr>
<tr>
<td>Tertiary attainment</td>
</tr>
</tbody>
</table>

- Early child development
- Early school engagement
- Environmental health

* Infectious diseases
* Hearing impediments
* Year 3 literacy/numeracy
* Preschool and school attendance
* Overcrowding in housing
* Clean water and functional sewerage

Strategic change indicators

The strategic change indicators have been chosen for their potential to effect change in the headline indicators in the longer term. The indicators are linked to outcomes and not specific policy interventions. That said, some outputs are so closely tied to outcomes that they have been included: for example, water, sewerage, and access to health professionals.

The framework is predicated on the understanding that individual agencies in each jurisdiction will examine their capacity to contribute to improvements in these indicators.

As mentioned in the section on culture, the indicator ‘Participation in organised sport, arts or community group activities’ has moved from the area of ‘Positive childhood and transition to adulthood’ to ‘Functional and resilient families and
communities’. A brief rationale for the choice of each strategic area for action with accompanying strategic change indicators, follows:

*Early child development and growth (prenatal to age 3)*

Providing a child with a good start in life can have a profound effect on his or her passage through the life cycle. Health, growth and development in the first three years, play a critical role in later outcomes. Key indicators are:

- Rates of hospital admission for infectious diseases
- Infant mortality
- Birthweight
- Hearing impediments

*Early school engagement and performance (preschool to year 3)*

Early school engagement is important for establishing a foundation for educational achievement, retention in secondary schooling, opportunities in employment and minimising contact with the justice system later in life. Key indicators are:

- Preschool and school attendance
- Year 3 literacy and numeracy
- Primary school children with dental caries

*Positive childhood and transition to adulthood*

Ongoing participation in school and vocational education encourages self-esteem and a more positive basis for achieving employment. Such participation also assists in avoiding contact with the justice system. Key indicators are:

- Years 5 and 7 literacy and numeracy
- Retention at year 9
- Indigenous cultural studies in school curriculum and involvement of Indigenous people in development and delivery of Indigenous studies
- Juvenile diversions as a proportion of all juvenile offenders
- Transition from school to work
Substance use and misuse

Abuse of alcohol and other substances affects later physical and mental health, family and community relationships, and can result in contact with the justice system. Tobacco use is the greatest single contributor to poor health outcomes. Key indicators are:

- Alcohol and tobacco consumption
- Alcohol related crime and hospital statistics
- Drug and other substance use

Functional and resilient families and communities

Functional and resilient families and communities influence the physical and mental health of adults and children and contact with the justice system. Problems in families and communities can lead to breaks in schooling and education, disrupted social relationships and social alienation. Key indicators are:

- Children on care and protection orders
- Repeat offending
- Access to the nearest health professional
- Proportion of Indigenous people with access to their traditional lands
- Participation in organised sport, arts or community group activities

Effective environmental health systems

Clean water, adequate sewerage, housing and other essential infrastructure are important to physical wellbeing and the health, nutrition and physical development of children. Key indicators are:

- Rates of diseases associated with poor environmental health (including water and food borne diseases, trachoma, tuberculosis and rheumatic heart disease)
- Access to clean water and functional sewerage
- Overcrowding in housing

Economic participation and development

Having a job or being involved in a business activity not only leads to higher incomes for families and communities (which has a positive influence on health,
education of children, etc) it also enhances wellbeing and reduces social alienation. Key indicators are:

- Employment (full-time/part-time) by sector (public/private), industry and occupation
- CDEP participation
- Long term unemployment
- Self employment
- Indigenous owned or controlled land
- Accredited training in leadership, finance or management
- Case studies in governance arrangements

Criteria for selection of strategic change indicators

The criteria used to select the strategic change indicators are shown in box 2.2.1. The first criterion ‘relevance to priority outcomes’ provides the focus. Without exception, all of the indicators need to demonstrate that policy action in that activity would ultimately contribute to achieving results in the priority outcomes.

<table>
<thead>
<tr>
<th>Box 2.2.1 Criteria used to select strategic change indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Relevance to priority outcomes.</td>
</tr>
<tr>
<td>• Actions in the strategic areas for action result in positive outcomes over time in the headline indicators.</td>
</tr>
<tr>
<td>• Meaningful to stakeholders and principally to the Indigenous community.</td>
</tr>
<tr>
<td>• Sensitive to policy interventions and changes in policy settings.</td>
</tr>
<tr>
<td>• Supported by strong logic or empirical evidence.</td>
</tr>
<tr>
<td>• Unambiguous and clear in meaning and interpretation.</td>
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<tr>
<td>• The existence of, or ease of developing, supporting data sets.</td>
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One of the most important is the existence of an underlying theory of causality and the availability of an evidence base. Without strong evidence or logic for the selection of each strategic change indicator, the framework would lose its predictive power, and with it, much of its utility. For the most part, empirical evidence has provided the basis for satisfying this criterion. There were some indicators, however, where even though there was little empirical evidence, the logic and feedback from consultations were considered compelling.
The existence of data sets or ease of developing them is clearly an important practical consideration. In many cases, the selected indicators are a compromise, due not only to the absence of data, but also to the unlikelihood of any data becoming available in the foreseeable future. An example here would be the indicator ‘Alcohol related crime and hospital statistics’ within the ‘Substance use and misuse’ action area. Initially, the preferred indicator, supported by extensive research evidence, was ‘domestic violence’. The lack of reliable data, however, meant that a proxy indicator was needed if this important issue was to be incorporated into the framework.

In some cases, however, an indicator has been included even when the data are not available on a national basis, or are substantially qualified. These are indicators where there is some likelihood that data quality and availability will improve over time. (For more information on data, see section 2.5.)

In two cases where there were no reliable data available (Indigenous cultural studies and governance), the indicators were nevertheless considered to be so important that qualitative indicators have been included in the Report (see section 2.4).

There is also the potential for some data to yield ambiguous results. For example, an increase in notifications of child abuse or neglect does not necessarily mean that there has been an increase in the incidence of such behaviour. Because of its importance, child protection has nevertheless been included in the framework (see sections 3.9 and 9.1).

Not surprisingly, there were numerous suggestions as to what should be included in the framework, and all were assessed against the criteria. For the most part, the indicators which have been included in the framework met most or all of the criteria. They have been broadly accepted by Indigenous people as meaningful, and by governments as relevant to policy actions.

2.3 Feedback from consultations

Following the release of the first Report in November 2003, the Chair of the Steering Committee and the Convenor of its Indigenous Working Group, commenced another round of consultations. The Report and its Overview were distributed widely throughout all Australian governments and Indigenous organisations and communities. Essentially, this consultation round was to obtain feedback on the Report and to explore how the issue of Indigenous governance should be presented and reported in future reports.
Feedback was for the most part, positive. The simplicity of the framework meant that the logic behind it was well understood and accepted. Everyone could understand, for example, that a three year old child with a hearing impairment would be disadvantaged from the very beginning of his or her school years, and as a consequence, more likely to leave school early in later years. This in turn could be detrimental in gaining employment and have a negative impact on overall wellbeing, possibly to the extent of substance abuse and involvement in crime. Importantly, all of those consulted agreed that preventive action (in the example above, during early child development) was an area where governments should focus their interventions.

Apart from the feedback on culture (which is dealt with separately in section 2.4), a number of people expressed concern about the strategic change indicator ‘Access to the nearest health professional’ in the area of ‘Functional and resilient families and communities’. Reporting against this indicator in the 2003 Report focussed on the distance aspect of access. In this Report, information on hospitalisations for potentially preventable health conditions has been included to reflect the importance of primary health care.

There were also many suggestions for additional indicators. While no new indicators have been added to the framework for this Report, it is possible that the COAG may consider some changes in the next Report.

Reflecting the diversity within the Indigenous population, there were different perspectives on some of the indicators, particularly home ownership and those pertaining to land. Nevertheless, the acceptance of these indicators within the framework was widespread.

During the course of the consultations, many people inquired about how governments’ progress in addressing the indicators would be monitored. While the processes for reform and analysis of specific programs and services is beyond the scope of this Report, the implementation measures being adopted by individual governments are contained in appendix 2.

Finally, there were many examples of initiatives that are underway, often at the community level, that are producing some good results. As there is no way of reporting these on a national level (or even in most cases, on a State or Territory level), some have been included in boxes on ‘things that work’ throughout the Report. Amongst other things, these cases are important because they not only illustrate how things can change for the better, they also serve as examples that other communities may wish to draw upon and adapt for their own use.
2.4 Culture

A consistent message that emerges from the consultations with Indigenous people is that the representation of culture in the framework could be improved. Many comments and suggestions for new indicators have been proposed. While there has been no change to the framework for this Report, an attempt has been made to improve the reporting and expand the cultural context through case studies.

One of the messages that came through clearly during consultations on the draft framework back in 2002 and 2003 was that there was no single indicator of culture which could adequately reflect the place of culture in the lives of Indigenous people. Indeed, culture was so important that it was pervasive in every aspect of their lives. The ‘other side of that coin’ is that, where there is a breakdown in culture, (for example, loss of traditional ways or language) the disadvantage is likely to be greater. The recognition by government that programs have been developed through consultation, and that are harmonious with Indigenous culture, is very important in this respect.

The challenge, therefore, was to identify indicators which would best meet the criteria (for example, data availability and amenability to policy action) and would also have widespread relevance to Indigenous people (as opposed to a particular group). Inherent in that challenge was the need to recognise the diversity of Indigenous culture across Australia and the difficulty of capturing it within the framework. Many of the Indigenous people consulted made this point.

Three main categories of potential indicators emerged from the consultations: the practice of culture by Indigenous people; formal recognition of Indigenous culture; and appreciation of Indigenous people by non-Indigenous people.

All of the cultural indicators in the Report are in the strategic areas for action. All of the suggestions for strategic change indicators, including the cultural ones, were tested against the criteria (see box 2.2.1). Whereas all of the suggested cultural indicators passed the test of being ‘meaningful to stakeholders and principally to the Indigenous community’, many were not sensitive to ‘policy interventions and changes in policy settings’, and/or there were no ‘supporting data sets or the potential to develop them’, particularly at a national level. These are essential criteria if the Report is to be an on-going record of whether, and to what extent, government interventions are being successful.

Keeping in mind, therefore, that the Report needs to be contained in size and strategic, a small number of indicators were selected which could be reported against over time either now or in the future. They are outlined below.
Learning about culture

Many Indigenous people stressed that the absence of culturally appropriate curriculum relevant to the Indigenous people in given areas, was one of the reasons why their children were not motivated to attend or remain at school. This was particularly the case in the early and middle years of high school. Furthermore, the capacity for Indigenous cultural studies to impact positively on all young people (Indigenous and non-Indigenous) was heralded many times over. The indicator in the Report is:

*Indigenous cultural studies in school curriculum and involvement of Indigenous people in development and delivery of Indigenous studies.*

Data are limited in this area, and it is desirable that in time more information is collected. Information is included in section 7.3 of this Report on:

- culturally inclusive curricula including some selected case studies
- Indigenous employment in schools for which national data were available on teachers, specialist support staff, and administrative staff in government and Catholic schools.

Participation in Indigenous cultural activities.

Ideas for indicators in this area reflect the diversity of Indigenous culture. The point was made that art and ceremony are generally the markers of a society’s spiritual and cultural strength in a western context, and they are no less important in an Indigenous context. Suggestions for this indicator covered a range of activities, including festivals and cultural events; kinship, hunting, gathering and initiation; sport and recreation; art and ceremony. The indicator in the Report is:

*Participation in organised sport, arts or community group activities*

Although there was little data to report against this indicator in the 2003 Report, there was strong anecdotal evidence that these activities can foster (amongst other things) self-esteem, social interaction, and the development of skills and teamwork. A reduction in juvenile crime was just one of the outcomes that made a compelling case for including this indicator. Unfortunately, no data are available for Indigenous people under the aged of 15 years. Case studies have been included to describe some of the activities that are taking place in various communities.
Data are included in this Report on the:

- proportion of people 15 years and over participating in sport/physical activity
- proportion of people 18 years and over participating in cultural and recreational activities.

One change in this Report has been the shift of this indicator to the area of ‘Functional and resilient families and communities’. This change is in response to feedback received during consultations on the 2003 Report that these activities are of benefit to people of all ages in the community and can contribute significantly to the wellbeing of families and communities (see section 9.5).

**Land**

There was widespread support for the inclusion of land as a cultural indicator. However, many Indigenous organisations and individuals also stressed the importance of land as an economic indicator. From a slightly different perspective, Torres Strait Islanders commented that the sea was more culturally important to them than land, although land was important in economic terms. A number of views (sometimes conflicting) were also reflected about native title.

Although there was unanimous agreement that the recognition of the cultural significance of land needed to be included in the Report, there were no concrete suggestions as to what the indicator should be. On the other hand, there was widespread support for the inclusion of the ownership or control of land as an economic indicator. The indicator in the Report is:

*Proportion of people with access to their traditional lands*

No data were available for this indicator in the 2003 Report, but they have become available for this Report through the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) (see section 9.4). Data reported against this indicator are:

- recognition of homelands/traditional country
- whether currently living on homelands
- whether allowed to visit homelands.

There is also an indicator — ‘Indigenous owned or controlled land’ — in the ‘Economic participation and development’ area (see section 11.5).
Governance and culture

Another aspect of culture related to governance in Indigenous communities and organisations, along with the role of Indigenous people with relevant expertise for a leadership role. Suggestions for indicators included: involvement of Indigenous leaders in decision making and dispute resolution; corporate governance; community cooperation, identity, trust and volunteerism.

There were a number of aspects of Indigenous governance that were raised during the consultations, and culture was intrinsic to all of them. Governance was seen as an issue which had the capacity to affect people at the individual, community and organisational level. The indicator in this Report is:

Case studies in governance arrangements

In its various dimensions, culture will define how governance arrangements are arrived at and operate. On the basis of research and consultations with Indigenous people and organisations, some key determinants of governance have emerged as having universal application. These form the analytical framework for the case studies in chapter 11. They are:

- governing institutions
- leadership
- self determination
- capacity building
- cultural match.

The two case studies presented in this Report are on Wadeye’s Thamarrurr Regional Council in the NT, and Victoria’s Koorie Heritage Trust (see section 11.7).

Other aspects of culture

Other indicators that were raised during the consultations as being significant to culture were:

Language

‘Language’ was the indicator which attracted the most widespread support. This was the case irrespective of whether the consultations were in a remote community or an urban environment. Indigenous language is fundamentally linked with
Indigenous culture and law, and these are intrinsically linked with Indigenous wellbeing. Given the importance of language in a number of respects, the Steering Committee will look at whether an indicator could be developed for future reports.

**Official recognition of Indigenous culture and law**

Official recognition of Indigenous culture by governments and the legal system was raised by a number of organisations. Suggested indicators covered a broad area and included: observance of Indigenous protocols in ceremonies; recognition of Indigenous law and governance; local authorities with cultural advisory mechanisms; and partnerships and memorandums of understanding between Indigenous and non-indigenous people. Some aspects of these suggestions are reflected in the governance case studies in section 11.7 of the Report.

**Heritage management and cultural ownership**

This was clearly an area where past practices had had a profound effect and was a cause of considerable concern. Many Indigenous people and organisations expressed the view that government had a role in ensuring that their cultural heritage was protected and maintained. Once again, there were many suggestions on how to report this indicator which covered a wide range of areas which were beyond the scope of this Report. However, in recognition of the importance of heritage and culture, and the involvement of Indigenous people in managing their heritage, a case study on the Koorie Heritage Trust has been included in section 11.7.

### 2.5 Data issues

The data in this Report are the most recent available, and generally reflect the frequency of the data collections. There are some significant data issues about which readers need to be aware when interpreting data in this Report.

**Interpreting the data**

**Indigenous identification**

Particular limitations arise from variability in the identification of people as being of Indigenous origin, both across data collections and over time. Relevant factors are whether people are asked or choose to identify themselves as Indigenous, and
the restriction of administrative data sets generally to people interacting with the administrative process from which those data are drawn.

This is particularly relevant to interpreting time series data. Where possible, time series data have been included in this Report and these will be expanded in future reports. However, the accuracy of data on Indigenous people depends in part on both their willingness, and the opportunities provided to identify themselves as Indigenous. This can vary across data collections. Progressive procedural improvements (for example, correct application of standards in administrative collections) will improve the level of Indigenous status reporting and recording in those collections, in some cases making trend analysis difficult.

Information about the assumptions underlying the data used for Indigenous population estimates and projections are contained in box 2.5.1. Information about the composition of the Indigenous population can be found in appendix 3 while data limitations are in appendix 4.

Some indicators may also yield ambiguous results due to differences in data collections and propensities to access services. For example:

- different rates of substantiated child protection notifications (section 3.9) across jurisdictions or over time may be a result of different tendencies to report child abuse, rather than differences in its incidence
- different rates of hospitalisation for assault (section 3.10) across jurisdictions or over time may be a result of different propensities to present at a hospital and/or indicate that an injury was caused by assault.

*Interpreting survey data*

The Report draws extensively on data from the ABS 2002 NATSISS, ABS 2002 General Social Survey (GSS) and ABS 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS). The results from these and other surveys are subject to sampling error because they are based on samples of the total population. Where survey data are shown in charts in this Report they include error bars showing 95 per cent confidence intervals, which means that there is a 95 per cent chance that the true value of the data item lies within the interval shown by the error bars. If there is an overlap between confidence intervals for different data items it is likely that there is no statistically significant difference between the results for those items.

Relative standard errors (RSEs) for all survey data included in the Report are shown in the attachment tables referred to in the Report (for example, table 3A.7.2), which are available on the Review website (www.pc.gov.au/gsp). The 95 per cent
confidence intervals shown in the error bars in the charts are equivalent to two
RSEs above and below the estimate. See ABS (2004b) for more information about
RSEs, confidence intervals and tests of statistical significance.

Data on years 3, 5 and 7 literacy and numeracy also include 95 per cent confidence
intervals, which are explained in sections 6.2 and 7.1.

Box 2.5.1 Indigenous population growth

In September 2004, the ABS released a new series of experimental Indigenous
population estimates and projections (ABS catalogue number 3238.0). This publication
contains experimental estimates of the Indigenous population for Australia, states and
territories for 2001; and projections from 2002 to 2009.

Based on assumptions on Indigenous fertility and mortality, and assuming no further
‘unexplained’ growth, that is, growth that cannot be explained by births and deaths
(natural increase), Australia’s Indigenous population could be projected to increase
from 459,000 in 2001 to 529,000 in 2009 (an annual average rate of 1.8 per cent) (‘low
series’ assumptions). Under the ABS ‘high series’ assumptions which include a
component for future ‘unexplained’ growth as experienced between 1996 and 2001,
the Indigenous population is projected to grow to 600,000 in 2009 (or 3.4 per cent
annually).

Under either set of assumptions, the Indigenous population is projected to grow much
faster than the total Australian population (1.2 per cent during 2001-02).

In this Report, the 2001 estimates and ‘low series’ projections from ABS catalogue
number 3238.0 have been used where relevant as population denominators for the
purpose of calculating rates and proportions.

Source: ABS (2004a) unpublished

Disaggregation

The demographic and socio-economic characteristics of the Indigenous population
can vary in terms of both location and age profile. To demonstrate these differences,
some indicators have been broken down by various categories — for example, age
and geographic region — along with the State and Territory breakdowns.

Geographic regions have been derived from the Australian Standard Geographic
Classification of Remoteness, developed by the ABS. Some tables are
disaggregated into major cities, inner regional, outer regional, remote, and very
remote, or collapsed into non-remote (major cities, inner and outer regional), and
remote (remote and very remote).
Most of the indicators in this Report are expressed as rates, or as a proportion of a particular population. This facilitates comparisons between Indigenous and non-Indigenous people, as well as within the Indigenous population itself (for example, males compared to females, or Indigenous people in major cities compared to those in remote areas).

Such analysis will often indicate that Indigenous people are disadvantaged compared to non-Indigenous people. However, the extent of disadvantage may vary between different groups — for example, people in remote areas or young people. Where useful, rate ratios are calculated to, for example, indicate the extent to which Indigenous people in particular age groups or regions are disadvantaged in comparison to non-Indigenous people.

**Age standardisation**

The Indigenous population has a younger age profile compared to the non-Indigenous population. Age standardisation, which accounts for differences in the age structures of populations, enables more realistic comparisons to be made between populations, and in this Report has been applied to relevant data on health, labour market and justice outcomes. Specific data in this Report that have been age standardised include mortality data, hospital data, prisons data, and a range of data drawn from both the 2002 National Aboriginal and Torres Strait Islander Social Survey and 2002 General Social Survey.

**Sources**

The data for this Report have been drawn from three types of sources — census, survey and administrative data. Each has strengths and weaknesses:

- *Census* data: censuses take place every 5 years, with the next planned for 2006. They are generally robust, rich in information and potential for disaggregation. Census tables showing population characteristics are not adjusted for undercount. In 2001, the undercount for the total Australian population was estimated to have been 1.8 per cent. The Indigenous population undercount in 2001 was estimated at 6.1 per cent.

- *Survey* data: such as the NATSISS and the National Health Survey, provide a rich source of data at higher levels of aggregation, for example, national, State and Territory data, with non-remote and remote area disaggregations available. The ABS has introduced a three yearly rolling program of specific Indigenous household surveys, the next being the 2004-05 National Aboriginal and Torres Strait Islander Health Survey, with results due in 2006. These surveys are designed to ensure that core data items are retained for each survey cycle to
enable key data comparisons over time. Data are subject to sample error, especially when disaggregated to a level beyond that the survey sample was designed to accommodate.

- *Administrative* data are frequent (often annual) but are prone to differential levels of coverage of Indigenous identification across jurisdictions. Furthermore, there may be disparities amongst jurisdictions in the definitions used within collections, which can render national comparisons problematic.

### 2.6 References


—— 2004b, *National Aboriginal and Torres Strait Islander Social Survey 2002*, Cat. no. 4714.0, Canberra.

3 Headline indicators

As noted, the three priority outcomes which sit at the apex of this Report’s framework depict wellbeing at the highest level. They are not isolated outcomes, but are interdependent. ‘Positive child development and prevention of violence, crime and self-harm’ are key determinants in the achievement of ‘safe, healthy and supportive family environments with strong communities and cultural identity’. And, without these conditions in place, the potential to achieve ‘improved wealth creation and economic sustainability’ is impaired.
The headline indicators reflect the extent to which this vision is becoming a reality. Generally, improvements in those indicators are only likely to be apparent over the medium to long-term, and then only if there have been effective strategies in place in the ‘strategic areas’ identified in the framework (see following chapters). Nevertheless, small improvements have been identified for some indicators and are described later in this chapter.

As discussed previously, few of the headline indicators are likely to improve solely as the result of a single policy or a single agency. Positive change will generally require action across a range of areas. In keeping with the priority outcomes themselves, there is a strong thread of interdependence in the headline indicators. For example, post-secondary educational attainment is linked to years 10 and 12 retention and attainment; which in turn are linked to household income and victim rates for crime, and so on. Again, improvements in these areas have the capacity collectively to make a positive impact on priority outcomes.

Supporting tables

Supporting tables for this chapter are identified in references throughout this chapter by an ‘A’ suffix (for example, table 3A.2.3). These tables can be found on the Review web page (www.pc.gov.au/gsp). Users can also contact the Secretariat to obtain the attachment tables.

3.1 Life expectancy

Life expectancy is an indicator of mortality and refers to the average number of years a person of a given age and sex can expect to live if current age specific death rates continued throughout his or her lifetime. Life expectancy is a fundamental indicator in its own right. Furthermore, studies have also found it to be highly correlated with employment and overall economic wellbeing (Becker, Philipson and Soares 2003).

Life expectancy is an indicator of the long-term health and wellbeing of Indigenous Australians. Improvements in outcomes across all of the strategic areas of action have the potential to affect on life expectancy.

Disparities in life expectancy can also be influenced by differences in income and education levels. Individuals from lower socioeconomic groups tend to suffer from higher rates of ill health and death, and higher levels of depression, hostility and violence. As well, lifestyle factors can influence life expectancy, such as the consumption of tobacco and excessive alcohol, poor nutrition, and lack of exercise.
Environmental factors can also influence life expectancy. The lack of clean drinking water and adequate sanitation, for example, can accentuate risks to health, particularly for infants and young children. Further, the overcrowding of households can increase the chances of contracting and spreading diseases. Improving the quality and level of access to health professionals and services can have a positive impact on life expectancy through increased early diagnosis of diseases (such as diabetes), effective treatment of chronic diseases and increased levels of preventative care.

Since the 2003 report, the Australian Bureau of Statistics (ABS) has refined the methodology used to calculate Indigenous life expectancies. Differences to reported life expectancies of Indigenous Australians between the two reports need to be interpreted with care.

- The life expectancy data presented in this Report are not comparable to — and replace — previous reported life expectancy estimates for Indigenous Australians.
- While the life expectancy estimates are the best that can be compiled with currently available data, it is not viable to present time-series or trend statistics for Indigenous life expectancies.
- The differences between the new life expectancy estimates and those previously published by the ABS, which were based on analysis of data for the intercensal period 1991 to 1996 and a different method, represent improvements in methods and data quality and do not represent any changes over time in the life expectancy of the Indigenous population.
- Variation in life expectancies between Indigenous males and females and for Indigenous Australians in different states and territories should be interpreted with care as they are sensitive to the demographic assumptions and differential quality of data across jurisdictions. Under its new methodology, the ABS estimates that for both males and females, life expectancy at birth in the Indigenous population is 17.2 years less than in the total Australian population (table 3.1.1, figure 3.1.1). The life expectancy of Indigenous males born between 1996–2001 is 59.4 years compared with 76.6 years for total males born in a similar period (1998–2000), while the life expectancy of Indigenous females is 64.8 years compared with 82 years for total females\(^1\).

\(^1\) The ABS has not produced estimates of total male and female life expectancies for the period 1996–2001. The total population life expectancy data presented are for the period 1998–2000, which is the approximate mid-point of the 1996–2001 period covered by the Indigenous data.
Box 3.1.1  **Key message**

- On the basis of revised data sets, the life expectancy of Indigenous people is estimated to be around 17 years lower than that for the total Australian population (figure 3.1.1).

- The most recent estimates on a comparable basis indicate that life expectancy at birth is 59 years for Indigenous males compared with 77 years for males in the total population, and 65 years for Indigenous females compared with 82 years for females in the total population (figure 3.1.1).

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<th>Table 3.1.1  <strong>Estimated Indigenous life expectancies at birth, 1996-2001</strong>a</th>
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a For Tasmanian and ACT estimates, use NSW/Victorian data.


In both the Indigenous and total populations, females tend to live longer than males. Life expectancies at birth for Indigenous females are currently 5.4 years higher than for Indigenous males. The size of the ‘gender gap’ in the total Australian population is also 5.4 years (figure 3.1.1).
State and Territory breakdowns should be interpreted with care. At present, the ABS can only publish, with confidence, individual jurisdiction Indigenous life expectancy estimates for Queensland and the Northern Territory. In order to produce more reliable estimates, the ABS combines data for Victoria with NSW and SA with WA (giving two pairs of geographically nearby jurisdictions). Due to a combination of data quality and small numbers, estimates have not been produced for Tasmania and the ACT (for these jurisdictions the ABS suggests using the NSW/Victoria estimates) (ABS 2004a).

### 3.2 Rates of disability and/or core activity restriction

Rates of disability and core activity restriction\(^2\) have been selected as headline indicators because they can both have a bearing on, and reflect, the relative wellbeing of a population group. In the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS), the ABS defines a disability or core-activity restriction as:

\(^2\) While the name of this indicator and the charts/tables in the chapter refer to ‘restriction’, in the commentary the preferred term of ‘limitation’ is used throughout.
A limitation, restriction, impairment, disease or disorder, which had lasted, or was likely to last for six months or more, and which restricted a person’s ability to perform everyday activities. Based on this information, some people were identified as having a schooling or employment restriction only, while others were restricted in the performance of one or more core activities such as self care, mobility and communication, which has lasted, or is likely to last, for at least six months and restricts everyday activities (ABS 2004).

Frequently cited predisposing factors of non-genetic disabilities among Indigenous people include higher rates of chronic disease, combined with limited access to early treatment, ongoing problems with some infectious diseases (for example, otitis media, especially among young children), accidents and violence, mental health problems, and substance abuse. These factors tend to be more prevalent in Indigenous communities, where there are higher rates of unemployment, lower levels of income, poorer diet and living conditions, and poorer access to adequate health care (mainly due to geographical remoteness).

Box 3.2.1 Key message
- The proportion of the Indigenous population 15 years and over, reporting a disability or long-term health condition was 37 per cent (102,900 people). The proportions were similar in remote and non-remote areas. This measure of disability does not specifically include people with a psychological disability (figures 3.2.1 and 3.2.2, table 3A.2.1).
- The proportion of the Indigenous population aged 18 years and over in non-remote areas reporting a disability (including psychological) was 49 per cent, one-third of whom (17 per cent) had a core activity limitation (table 3A.2.4, figure 3.2.4).
- After adjusting for age differences, Indigenous people over 18 years in non-remote areas were 1.7 times more likely than non-Indigenous people to report a disability resulting in a core activity limitation (figure 3.2.6).

Since the 2003 Report, nationally comparable data on the prevalence of disability within the Indigenous population have been made available and are reported here. This Report includes two measures of disability from the ABS 2002 NATSISS. The first measure is based on a set of common criteria used to identify Indigenous people aged 15 years and over with a disability in both remote and non-remote areas. This measure does not include people whose only reported disability was psychological (that is, a nervous or emotional condition and/or mental illness requiring supervision).

The second measure includes Indigenous people with a psychological disability in non-remote areas and is directly comparable with criteria used to identify
non-Indigenous people with a disability in the ABS 2002 General Social Survey (GSS). Comparisons between Indigenous and non-Indigenous people are limited to those aged 18 years and over in non-remote areas.

Reported disability rates need to be interpreted with caution. In particular, rates among Indigenous Australians may be underreported:

- Definitions of ‘disability’ and/or ‘long-term health condition’ used by non-Indigenous health professionals might not necessarily be the same as definitions used by Indigenous people.

- The social stigma associated with being labelled as ‘disabled’, especially among Indigenous people with visible physical impairments, can make individuals feel ashamed and embarrassed about their appearance, to the point of avoiding others.

- Research has shown that a person’s perception of their own disability is dependent on their knowledge of available aids and services. This may have substantial impact on reporting rates of disability, particularly when the methodology depends on self reporting (ABS, AIHW and DHFS 1998).

Data from the NATSISS indicate that Indigenous Australians living in non-remote areas report levels of disability which are broadly similar to Indigenous Australians living in remote areas (figures 3.2.1 and 3.2.2).

Figure 3.2.1  **Degree of disability or long term health condition, Indigenous Australians aged 15 years and over, 2002**

*Source: ABS 2002 NATSISS, table 3A.2.1.*
The proportion of the Indigenous population, 15 years and over reporting a disability or long-term health condition was 36.5 per cent (102,900), with similar proportions in remote and non-remote areas (this measure of disability does not specifically include people with a psychological disability) (figures 3.2.1 and 3.2.2 and table 3A.2.1).

In general, Indigenous Australians are more likely than non-Indigenous Australians to report a disability or long-term health condition (figures 3.2.3, 3.2.4 and 3.2.5).
Figure 3.2.3  **Age-standardised proportion of people in non-remote areas with a disability or long-term health condition by type of disability, 18 years and over, 2002 (a)**

![Chart showing age-standardised proportion of people in non-remote areas with a disability or long-term health condition by type of disability, 18 years and over, 2002 (a)].

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**Note:**

(a) Total comprises all people with a disability or long term health condition. Components of this chart will not add to the total as people may have more than one type of disability.

*Source: ABS 2002 NATSISS, table 3A.2.3*

After taking into account the different age structures of the Indigenous and non-Indigenous populations:

- the proportions of Indigenous people in non-remote areas experiencing a disability or long-term health condition (56.6 per cent) was higher than for non-Indigenous people in non-remote areas (40.1 per cent) across all types of disability. It should be noted that ‘disability or long-term health condition’ covers a greater range of conditions than core activity limitation (see figure 3.2.6) and includes persons for whom the disability gives ‘no specific limitation’

- in non-remote areas, Indigenous people are about one and a half times more likely than non Indigenous people to have a physical disability (42.5 per cent and 26.5 per cent respectively)

- in non-remote areas, Indigenous people are over three times more likely to have an intellectual disability (7.5 per cent and 2.0 per cent respectively).
In 2002, the proportion of the Indigenous population aged 18 years and over in non-remote areas, reporting a disability or long term health condition (including psychological) was 49.2 per cent (table 3A.2.4), one third of whom (16.7 per cent) had a core activity limitation (figure 3.2.4).

The proportion of people in non-remote areas with a disability or long term health condition was higher for Indigenous people than non-Indigenous people across all age groups (table 3A.2.4).

The proportion of people in non-remote areas with a disability or long term health condition resulting in a core activity restriction was highest in the 55 years and over age group for both Indigenous people (30.5 per cent) and non-Indigenous people (23.7 per cent) (figure 3.2.4).
Figure 3.2.5  Age standardised proportion of people in non-remote areas with a disability or long-term health condition resulting in a core activity limitation by State/Territory and Indigenous status, 18 years and over, age standardised, 2002\(^a\)

![Chart showing age standardised proportion of people in non-remote areas with a disability or long-term health condition resulting in a core activity limitation by State/Territory and Indigenous status, 18 years and over, age standardised, 2002.](chart.png)

\(^a\) The level of core activity limitation may be profound (always needs help or supervision); severe (sometimes needs help or supervision); moderate (has difficulty but does not need assistance); or mild (uses aid(s) to assist with core activities) (ABS 2004). Since these data are for people in non-remote areas only, they may not be representative of disability rates in the total State or Territory population, particularly in the NT where about 80 per cent of the Indigenous population live in remote areas.

Source: ABS 2002 NATSISS, table 3A.2.5

- After taking into account the different age structures of the Indigenous and non-Indigenous populations, the proportion of people in non-remote areas with a core activity restriction caused by a disability or long-term health condition is significantly higher for Indigenous people than non-Indigenous people in some states and territories (figure 3.2.5).

- Comparisons between States and Territories should be interpreted with care. Data for jurisdictions in which a relatively large proportion live in remote areas (such as the Indigenous population in the NT) may be unrepresentative of the situation for the population as a whole.
In non-remote areas, after taking into account the different age structures of the Indigenous and non-Indigenous populations:

- the proportion of the Indigenous population reporting a disability resulting in a core activity limitation in 2002 was 1.7 times that reported by the non-Indigenous population (21.3 per cent compared to 12.7 per cent) (figure 3.2.6)
- the proportion of Indigenous people reporting a profound degree of disability (4.5 per cent) was more than twice that reported by non-Indigenous people (1.9 per cent) (figure 3.2.6)
- moderate disability is the most highly reported degree of disability for both Indigenous and non-Indigenous people but is still higher for Indigenous people (8.6 per cent) than non-Indigenous people (6.0 per cent) (figure 3.2.6).

Hospital separation rates have been used to illustrate differences between the rates of Indigenous hospital admissions and those of the total Australian population. After accounting for differences in age distributions, hospital separations for Indigenous people are higher than for non-Indigenous people for a range of injuries and illnesses which may be possible precursors to disability or disabling conditions in themselves. The age-standardised hospital separation ratios used in table 3.2.1
below are calculated by dividing Indigenous separations by expected separations. Expected separations are calculated as the product of the all Australian separation rates and the Indigenous population.

More information on the prevalence of diseases in the Indigenous population, can be found in chapter 10 of this report (table 10.1.1), which discusses selected types of infectious diseases associated with poor environmental health, some of which also have the potential to lead to disability. Section 9.3 includes data showing the prevalence of diseases that may lead to long term ill health or disability without early diagnosis and treatment.

Table 3.2.1  **Standardised hospital separation ratios for Indigenous people, 2002-03**

<table>
<thead>
<tr>
<th>Type of separation</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>All causes</td>
<td>2.0</td>
<td>1.9</td>
</tr>
<tr>
<td>Circulatory disease</td>
<td>2.2</td>
<td>1.9</td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td>4.1</td>
<td>2.3</td>
</tr>
<tr>
<td>Rheumatic heart disease</td>
<td>11.8</td>
<td>21.9</td>
</tr>
<tr>
<td>Injury and poisoning</td>
<td>1.6</td>
<td>2.9</td>
</tr>
<tr>
<td>Road vehicle related injury</td>
<td>1.4</td>
<td>1.3</td>
</tr>
<tr>
<td>Other accident</td>
<td>1.7</td>
<td>1.6</td>
</tr>
<tr>
<td>Self-harm</td>
<td>1.9</td>
<td>2.8</td>
</tr>
<tr>
<td>Assault</td>
<td>16.8</td>
<td>6.6</td>
</tr>
<tr>
<td>All respiratory diseases</td>
<td>2.3</td>
<td>1.9</td>
</tr>
<tr>
<td>Infectious pneumonia</td>
<td>4.2</td>
<td>4.1</td>
</tr>
<tr>
<td>Mental and behavioural disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depressive disorder</td>
<td>0.5</td>
<td>0.6</td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td>0.5</td>
<td>0.7</td>
</tr>
<tr>
<td>Substance use disorder</td>
<td>6.0</td>
<td>2.6</td>
</tr>
<tr>
<td>Psychotic disorder</td>
<td>1.6</td>
<td>2.3</td>
</tr>
<tr>
<td>All diabetes</td>
<td>7.4</td>
<td>6.0</td>
</tr>
<tr>
<td>Diabetes as a principal diagnosis</td>
<td>4.7</td>
<td>4.6</td>
</tr>
<tr>
<td>All diabetes except where dialysis is the principal diagnosis</td>
<td>5.9</td>
<td>4.8</td>
</tr>
<tr>
<td>Other causes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung cancer</td>
<td>2.2</td>
<td>1.4</td>
</tr>
<tr>
<td>Tympanoplasty assoc. with otitis media</td>
<td>4.4</td>
<td>2.8</td>
</tr>
</tbody>
</table>

The ratios are indirectly age-standardised by sex, using the Census based estimated resident Indigenous population at 30 June 2001, the hospital separation rates for Australians aged 0–74 years for 2002-03 and the Australian population at 30 June 2002.

Source: AIHW National hospital morbidity database (unpublished), tables 3A.2.7 and 3A.2.8.

- In 2002-03, Indigenous females were 16.8 times more likely to be hospitalised for assault than non-Indigenous females, and Indigenous males 6.6 times more likely than non-Indigenous males (table 3.2.1).
• Rates of rheumatic heart disease were 21.9 times higher for Indigenous males than for non-Indigenous males, and 11.8 times higher for Indigenous females than for non-Indigenous females.

### 3.3 Years 10 and 12 retention and attainment

Analysis of the results from the Longitudinal Surveys of Australian Youth (LSAY) indicates that people who obtain a year 12 qualification are more likely to continue their involvement in further education and training, have better employment prospects and enjoy other social advantages (ACER 2003). Enrolment and attainment data show that Indigenous youth continue to have markedly lower retention and completion rates than non-Indigenous youth and are therefore more likely to have lower employment opportunities.

**Box 3.3.1 Key messages**

- From 2000 to 2004, Indigenous apparent retention rates to year 12 increased from 36 per cent to 40 per cent (figure 3.3.1).
- Nationally in 2004, Indigenous students were half as likely to continue to year 12 as non-Indigenous students (figure 3.3.3).
- Nationally, the proportion of Indigenous students who had commenced year 11 in the previous year who achieved a year 12 certificate increased from 49 per cent in 2001 to 55 per cent in 2002 (tables 3A.3.6 and 3A.3.7).

Results from the Program for International Student Assessment (PISA) 2003 conducted by the Organisation for Economic Co-operation and Development (OECD) revealed that parental levels of educational attainment and parental occupation status have a strong association with student attainment and performance (OECD 2004). Evidence of the interrelationship between student performance and parental factors provides some insight into why Indigenous students have lower retention and completion rates than non-Indigenous students. In 2002, 40.8 per cent of Indigenous people aged 15–49 years who were not in the labour force had ceased schooling before year 10 (ABS 2004).

Another aspect as to why Indigenous students have lower retention and completion rates is whether the learning environment is culturally appropriate. (See section 7.3 regarding Indigenous cultural studies in school curriculum and the involvement of Indigenous people in the development and delivery of Indigenous studies.) Initiatives that have been successful in increasing Indigenous secondary school participation can be found in box 3.3.2.
Box 3.3.2 ‘Things that work’ — increasing secondary school participation

- The Northern Territory has been successful in increasing access to secondary education among Indigenous people by giving high school accreditation to the communities of Maningrida, Kalkaringi, Minyerri, Yirrkala and Elcho Island. In 2003, three students at Kalkaringi completed year 12 in their home community. In 2004, there were five students at Kalkaringi studying years 11 and 12 and this increased to 24 students in 2005.

- In SA, a greater recognition and valuing of Indigenous cultures in the South Australian Certificate of Education (SACE) curriculum has been identified as the reason for increasing the number of Indigenous students completing their SACE. In 2004, 92 Indigenous students completed their SACE compared with 61 Indigenous students in 2003. This represents an increase in the proportion of completions from 46 per cent in 2003 to 53 per cent in 2004.

The ABS 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) collected information on educational outcomes, including the highest year of schooling completed. An analysis of the education data from the 2002 NATSISS compared with the ABS 2002 General Social Survey (GSS) and the ABS 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS) provides further insight into the educational disadvantage experienced by Indigenous people. For example:

- These data show that the proportion of Indigenous people over 18 years of age who had completed year 12 increased from 9.6 per cent in 1994 to 18.5 per cent in 2002 (table 3A.3.9). Despite this improvement, Indigenous people were still far less likely to have completed year 12 than non-Indigenous people in 2002 (18.5 per cent compared with 43.5 per cent) (table 3A.3.8).

- The proportion of Indigenous people over 18 years of age who had completed year 10 increased from 27.6 per cent in 1994 to 30.5 per cent in 2002 (table 3A.3.9). In 2002, the proportion who had completed year 10 or above was lower for Indigenous people (59.2 per cent) than for non-Indigenous people (79.0 per cent) (table 3A.3.8).

- Geographic location has an impact on the level of schooling completed by Indigenous people. Those living in remote areas are less likely to have completed year 12 compared with non-remote areas (13.7 per cent compared with 20.3 per cent) (table 3A.3.10).

- The proportion of Indigenous people who had only competed schooling to year 8 or below (including persons who had never attended school) in remote areas was 37.9 per cent compared with 20.9 per cent in non-remote areas (table 3A.3.10).
• The proportion of Torres Strait Islander people who had completed year 12 was higher (26.1 per cent) compared with other Indigenous people (17.4 per cent) (table 3A.TSI.1).

**Secondary school retention**

This indicator focuses on two important aspects of secondary school education — retention and attainment. Successful completion of year 12 has long been considered a key component to improving the economic and social status of Indigenous people. The apparent retention rate from the commencement of the secondary school system to year 10 and to year 12 measures student progression through to the final years of secondary school. Apparent retention rates estimate the percentage of full time students who progress through secondary school. It is calculated by dividing the total number of full time students in a designated year/level of school education by the number of full time students in the respective cohort group at the commencement of their secondary schooling (year 7 or 8).\(^3\) Retention rates are termed ‘apparent’ because the method of calculation does not take into account impacts of migration and overseas students, and students repeating a year level or moving interstate.

Apparent retention rates do not measure successful completion of secondary school. Attaining a year 12 certificate is particularly important to future employment opportunities.

\(^3\) Students in NSW, Victoria, Tasmania and the ACT commence secondary school in year 7, whereas students in Queensland, SA, WA and the NT commence in year 8.
Apparent retention rates for Indigenous students to both year 10 and year 12 have generally increased over the last five years (figure 3.3.1). The rate to year 10 increased from 83.0 per cent in 2000 to 85.5 per cent in 2004 and the rate to year 12 increased from 36.4 per cent in 2000 to 39.5 per cent in 2004. These rates remain substantially lower than the rates for non-Indigenous students (table 3A.3.1).

In 2004, the retention rate for Indigenous students decreased from 85.8 per cent in year 10 to 61.0 per cent in year 11 (a difference of 24.8 percentage points). By comparison, the rate for non-Indigenous students decreased less dramatically from year 10 to year 11 from 98.5 per cent to 89.5 per cent (a difference of 9.0 percentage points) (figure 3.3.1).

The most significant difference between Indigenous and non-Indigenous retention rates was at the post compulsory years 11 and year 12.
The apparent retention rate is the percentage of full time students who continued to year 10 from respective cohort groups at the commencement of their secondary schooling (year 7/8). Retention rates are affected by factors that vary across jurisdictions. For this reason, variations in apparent retention rates over time within jurisdictions may be more useful than comparisons across jurisdictions. Retention rates can exceed 100 per cent for a variety of reasons, including student transfers between jurisdictions after the base year. The exclusion of part time students from standard apparent retention rate calculations has implications for the interpretation of results for all jurisdictions, but particularly for SA, Tasmania and the NT where there is a high proportion of part time students. Ungraded students are not included in the calculation of apparent retention rates. This exclusion has particular implications for the NT and as a result, Indigenous apparent retention rates may misrepresent the retention of students in secondary schooling in the NT.

Source: ABS (2005); table 3A.3.2.

- Nationally, the apparent retention rate to year 10 for Indigenous students was 85.8 per cent, or 12.7 percentage points lower than the rate for non-Indigenous students (figure 3.3.2).
- Figure 3.3.2 shows that nationally in 2004, 14.2 per cent of Indigenous students had left school before year 10.
The apparent retention rate is the percentage of full time students who continued to year 12 from respective cohort groups at the commencement of their secondary schooling (year 7/8). See notes to table 3A.3.2 for more detail. The exclusion of part time students from standard apparent retention rate calculations has implications for the interpretation of results for all jurisdictions, but particularly for SA, Tasmania and the NT where there is a high proportion of part time students. Ungraded students are not included in the calculation of apparent retention rates. This exclusion has particular implications for the NT and as a result, Indigenous apparent retention rates may misrepresent the retention of students in secondary schooling in the NT.

Source: ABS 2005; table 3A.3.2.

- Nationally in 2004, Indigenous students were around half as likely to continue to year 12 as non-Indigenous students (figure 3.3.3).
- Rates for Indigenous students were considerably lower than those for non-Indigenous students in all jurisdictions except the ACT.

Table 3A.3.5 shows apparent retention rates of full time students who continued to year 12 from year 10. Nationally, Indigenous retention from year 10 to year 12 in 2004 was 45.7 per cent compared with 78.0 per cent for non-Indigenous students.

Secondary school attainment

Educational attainment is the ability to complete the year and achieve graduation. Evidence from a range of sources indicates that successful completion of year 12 is important for future study and work opportunities (ACER 2004). This Report derived attainment data from the Indigenous Education Strategic Initiatives Programme (IESIP) performance reports. The IESIP performance reports collected data on students achieving a year 12 certificate in 2002 as a percentage of students who commenced year 11 in 2001. Data on year 10 attainment is problematic because there is no acknowledged year 10 qualification in some jurisdictions.
Jurisdictions that do issue year 10 certificates generally do so on the basis of attendance at school rather than attainment of an educational qualification.

**Figure 3.3.4 Students who achieved a year 12 certificate in 2002 (as a proportion of students who commenced year 11 in 2001), government and Catholic systems**

- Many Indigenous students leave school before completing year 10, and of those who enter senior secondary years, results show that they are less likely to obtain a year 12 certificate than their non-Indigenous counterparts (figure 3.3.4).
- The proportion of Indigenous students who achieved a year 12 certificate in 2002 was lower than the proportion for non-Indigenous students in all jurisdictions (figure 3.3.4).
- Nationally, the proportion of Indigenous students who attained a year 12 certificate in 2002 was 54.9 per cent compared with 82.3 per cent for non-Indigenous students (table 3A.3.6).

Care needs to be taken when comparing attainment outcomes for Indigenous students over the period 2001-2002 because of the small number of Indigenous students represented.

- That said, nationally, the proportion of Indigenous students who had commenced year 11 in the previous year who achieved a year 12 certificate increased from 49.4 per cent in 2001 to 54.9 per cent in 2002 (tables 3A.3.6 and 3A.3.7).
- The number of Indigenous students attaining a year 12 certificate in 2002 increased from 2001 in all jurisdictions except SA (tables 3A.3.6 and 3A.3.7).
3.4 Post secondary education — participation and attainment

Post secondary education includes education at both universities and technical and further education institutions such as TAFE colleges. Data from longitudinal studies show that people who go on to higher education (universities, colleges of advanced education, and other tertiary institutions) and graduate with a degree or diploma secure full time work and earn higher incomes compared with those who do not (ACER 2004). People who complete a course at TAFE are more likely to be employed after completion of their course than they were before. Those who are already employed are more likely to received a promotion and/or an increase in income after completion of their TAFE course (NCVER 2002).

Participation patterns in higher education indicate that students with higher parental occupation and wealth are more likely to enter higher education, and fewer students in rural areas enter university than those from urban areas (ACER 2002). The effect geographic location has on higher education participation patterns is more pronounced for Indigenous people. There is evidence that Indigenous people in the most remote areas are substantially less likely to participate in higher education compared to Indigenous people in urban areas. In 2002, the proportion of Indigenous people currently participating in post secondary education in major cities was 13.5 per cent compared with 4.6 per cent in very remote areas (table 3A.4.3).

Section 7.5 shows that people with a qualification at the level of certificate 3 or higher are more likely to be employed than those without such qualifications.

Empirical research findings show that students with a strong motivation to learn are also more likely to perform well and are more likely to have educational aspirations beyond secondary school (OECD 2004; Purdie and Corrigan 2004). Improving the literacy and numeracy achievement of Indigenous primary school students (see sections 6.2 and 7.1) has the capacity to impact on higher education participation and attainment.

Box 3.4.1 Key messages

- The proportion of Indigenous people 15 years and over participating in post secondary education increased from around 6 per cent in 1994 to 12 per cent in 2002 (table 3A.4.4).
- From 1994 to 2002, the proportion of Indigenous people with a certificate level 3 or above doubled (8 per cent in 1994 to 16 per cent in 2002) (figure 3.4.3).
Participation in post secondary education will not lead to improved outcomes for Indigenous people unless it is accompanied by success; that is, attainment of a qualification or completion of a course of study. This indicator uses data from the 2002 NATSISS, the 2002 GSS and the 1994 NATSIS to examine the extent to which people over 18 years (1) participate in post secondary education and (2) have attained a particular level of qualification.

The broad types of courses Indigenous people are undertaking at higher education institutions along with load pass rates for vocational education and training (VET) courses and success rates for higher education are also examined.

Notwithstanding the evidence that Indigenous people are less likely to participate in higher education compared to non-Indigenous people, there are grounds for believing that this situation can be turned around. An example of a program that has been successful in preparing Indigenous students for their first year of academic study can be found in box 3.4.2.

**Box 3.4.2 ‘Things that work’ — increasing higher education attainment**

- Many universities have pre-law courses which aim to provide the perquisite skills and encouragement to Indigenous students to enrol in Law School. At the University of WA, for example, to date there have been 27 Indigenous Law graduates. Thirteen of these graduates gained entry through the Aboriginal Pre-law program which commenced in 1994. The majority of others gained entry through the School of Indigenous Studies and used the facilities and support of the tutorial assistance scheme and Law tutor. There are 29 Indigenous students currently enrolled with 13 expected to complete their Law course in 2005 and 2006.

- A program developed in partnership between the Construction Forestry Mining and Energy Union and TAFE NSW is specifically designed for Indigenous people interested in working in the building and construction profession. Run over six to eight weeks, the course leads to relevant licences and tickets in the industry. Two programs have now been run with retention rates of 90 per cent. The majority of graduates are now employed on building projects.

**Post secondary participation**

Data from the NATSISS, GSS and NATSIS on post secondary participation include the number of people who had left school and were attending a technical or further educational institution (including TAFE colleges, business colleges and industry skills centres), or university or other higher educational institutions.
The proportion of Indigenous people aged 15 years and over who had left school and were participating in post secondary education increased from around 6 per cent\(^4\) (around 2 per cent were attending a university and around 3 per cent were attending a technical or further educational institution) in 1994 to 11.5 per cent in 2002 (3.5 per cent were attending a university and 8.0 per cent were attending a technical or further education institution) (table 3A.4.4). These data may include some students undertaking year 12 at technical and further education institutions, however, the number of students of this type is not available from these data.

While NATSISS data comparing Indigenous participation in post-secondary education between 1994 and 2002 is for people 15 years and over, data comparing Indigenous and non-Indigenous participation in post-secondary education in 2002 is for people 18 years and over.

- Nationally in 2002, there was little difference between Indigenous people 18 years and over (10.9 per cent) and non-Indigenous people (11.9 per cent) participating in post secondary education, although there was a significant difference in the types of institutions attended (table 3A.4.1).

- In 2002, young Indigenous people (aged 18–34) were less likely to participate in post secondary education than young non-Indigenous people (table 3A.4.2).

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\(^4\) Participation in education at universities and technical and further education institutions does not add to total participation because the type of institution was not stated by some people participating in post-secondary education.
Figure 3.4.1  Participation in post secondary education by persons aged 18 years and over, 2002\textsuperscript{a}

- Figure 3.4.1 shows that, nationally, non-Indigenous people were 1.8 times more likely to attend a university, while Indigenous people were more likely to attend a TAFE institution, technical college, business college or industry skills centre.

More data on post secondary participation by age and geographic region can be found in tables 3A.4.2 and 3A.4.3.

\textsuperscript{a} Other includes TAFE, technical college, business college, industry skills centre.

In 2003, 12.0 per cent of Indigenous students were enrolled in postgraduate courses compared with 23.8 per cent of non-Indigenous students. Indigenous students were over-represented in enabling and non-award courses at 14.0 per cent compared with 2.6 per cent for non-Indigenous students (figure 3.4.2).

More data on the types of courses Indigenous people are undertaking by State and Territory can be found in table 3A.4.5 and 3A.4.6.

**Post secondary attainment**

One measure of attainment is the proportion of the population that have completed a particular level of qualification. Data from the NATSISS, GSS and NATSIS on the number of people aged 18 years and over who indicated that their highest level of qualification completed was a level 3 certificate or above (that is, post graduate degree, graduate diploma or certificate, bachelor degree, advanced diploma, diploma, and certificate levels 3 and 4) are used to indicate educational attainment.
Between 1994 and 2002, the proportion of Indigenous people with a certificate level 3 or above increased from 8.3 per cent to 16.3 per cent (figure 3.4.3).

Indigenous people were less than half as likely as non-Indigenous people to have completed a post secondary qualification of certificate level 3 or above (table 3A.4.10).

In 2002, a higher proportion of Indigenous people in non-remote areas had attained a post secondary qualification of certificate level 3 or above (19.2 per cent) compared with Indigenous people in remote areas (8.7 per cent) (table 3A.4.7).

More data on post secondary attainment by State and Territory and age can be found in tables 3A.4.7–3A.4.9.

Another measure of attainment is the extent to which people complete or pass the course they are undertaking. This is shown in the VET system as the load pass rate and in the higher education system as the success rate.

The VET load pass rate indicates the extent to which students pass assessment in an assessable module or unit of competency. Load pass rates are calculated as the ratio of hours attributed to students who passed assessment in an assessable module or unit of competency to all students who were assessed and either passed, failed or withdrew. The calculation is based on the nominal hours supervised for each assessable module or unit of competency. Care needs to be taken in comparing data.

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**Figure 3.4.3** Post secondary attainment of certificate 3 or above by Indigenous people aged 18 years and over\textsuperscript{a, b}

\textsuperscript{a} Excludes persons still at school. \textsuperscript{b} The 1994 estimates for the ACT and the NT have relative standard errors greater than 25 per cent and should be used with caution.

because average module durations and standard of competencies achieved by students vary across jurisdictions.

Figure 3.4.4  VET load pass rate, 2003

- The load pass rate in 2003 was lower for Indigenous students compared with non-Indigenous students across all geographic regions (figure 3.4.4).
- The load pass rate for Indigenous and non-Indigenous students in states and territories can be found in table 3A.4.13.

The success rate for higher educational institutions shows similar results to the load pass rate for TAFEs, although the measures are based on different calculations. The success rate is the proportion of units passed within a year compared with the total units enrolled.
Figure 3.4.5 Higher education success rate, 2003a, b

<table>
<thead>
<tr>
<th></th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>68.7</td>
<td>85.3</td>
</tr>
<tr>
<td>Vic</td>
<td>63.2</td>
<td>83.4</td>
</tr>
<tr>
<td>Qld</td>
<td>57.8</td>
<td>82.9</td>
</tr>
<tr>
<td>WA</td>
<td>55.4</td>
<td>82.7</td>
</tr>
<tr>
<td>SA</td>
<td>54.9</td>
<td>82.6</td>
</tr>
<tr>
<td>Tas</td>
<td>60.0</td>
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</tr>
<tr>
<td>ACT</td>
<td>60.6</td>
<td>84.3</td>
</tr>
<tr>
<td>NT</td>
<td>50.8</td>
<td>81.7</td>
</tr>
<tr>
<td>Aust</td>
<td>58.9</td>
<td>83.5</td>
</tr>
</tbody>
</table>

a Success is defined as the student progress rate (SPR), which is the proportion of units passed within a year compared with the total units enrolled. b The success rate shows the ratio of the SPR for Indigenous higher education students to the SPR for all other domestic students.


- Figure 3.4.5 shows that across jurisdictions, there was a substantial difference in the success rate for Indigenous students, and less difference between jurisdictions for non-Indigenous students.
- From 2001 to 2003 there was no clear trend in the success rates for Indigenous students. In each of these years the gap between Indigenous students and non-Indigenous students was similar (tables 3A.4.14–3A.4.16).

3.5 Labour force participation and unemployment

Labour force participation and unemployment have been chosen as headline indicators because of the importance of participation in employment to living standards and overall wellbeing. Being employed leads to improved income for families and communities (which in turn has a positive influence on health, the education of children and so on). It also enhances self-esteem, increases opportunities for self development, influences interaction at the family and community levels and reduces social alienation. Employment is discussed in more detail in chapter 11. The focus of this section is the extent to which people are participating in the labour force or are unemployed.

The labour force is the most widely used measure of the economically active population or the formal supply of labour. It is defined by the ABS as comprising ‘all persons who, during a specified time reference period, contribute to or are
available to contribute to the production of economic goods and services as defined by the United Nations System of National Accounts’ (ABS 2001b). Factors which influence the supply of labour include: population composition and growth; immigration; skill base; health; the willingness of people to work; policies that affect levels of remuneration from work (for example, minimum wages and taxation); income support policies; attitudes to combining work and family responsibilities; retirement; and participation in education and training (ABS 2002).

The labour force measures the number of people contributing to, or willing to contribute to, the supply of labour and, as defined by the ABS, comprises two mutually exclusive categories of population:

- the employed (people who have worked for at least one hour in the reference week, including Community Development Employment Projects (CDEP))
- the unemployed (people who are without work, but are actively looking for work and available to start work within four weeks).

The remainder of the population are not in the labour force. There are many reasons why people may not be in the labour force. They may not wish to work because they are in education, retired, caring for family members or have some other means of financial support. Another reason that is particularly important for Indigenous people is that they could be participating in traditional or customary activities and not be counted in the official labour force statistics. For a discussion of these activities see section 11.5. Alternatively they could be discouraged jobseekers who would like work but are not actively looking for work. A person may become a discouraged jobseeker because they believe that there is not a suitable job in their area, the costs of searching are too great, or they believe that they do not have the appropriate skills or qualifications required (Hunter and Gray 1999). Indigenous people are more likely to be discouraged from looking for work than other Australians (Taylor and Hunter 1998). Jobseeker discouragement can therefore be an important determinant of labour force participation and hence of participation in economic life more generally.

Unemployment limits people’s ability to earn an income and can result in material deprivation and social isolation. There are links between unemployment and aspects of people’s wellbeing. For example, studies generally suggest that unemployment is associated with crime, poorer health, higher risks of poverty and lower levels of social attachment (Borland and Kennedy 1998).

A number of links have also been documented between unemployment and wellbeing in Saunders and Taylor (2002). For example, high levels of unemployment tend to be associated with increased poverty and income inequality.
There is strong evidence of an association between unemployment and poor health and mortality which can be caused by material disadvantage in terms of factors such as poor housing and diet. There are links between unemployment and low life satisfaction, low self-esteem and high levels of anxiety, depression and suicide. The unemployed can feel that they are no longer able to make a worthwhile contribution or they become socially isolated from losing contacts at work or through lack of money to join in leisure activities. There is also evidence to suggest that there is a link between unemployment and family problems. The loss of income, self-esteem and social status for the family can lead to family tensions and conflict which in turn can result in marital separation, homelessness and a range of disadvantages for children growing up in these families. The link between unemployment and wellbeing can be complex and in many of these cases the causation can run in both directions. For example, there is a possibility that poor health or psychological problems will result in unemployment.

Groups with characteristics that are in low demand (for example, those with low levels of educational attainment, limited relevant work experience, or in relatively poor health) are likely to have greater difficulty securing a job at given wage rates than those with more desirable attributes. Conversely, being unemployed is a risk factor for poor health. Moreover, a higher proportion of the Indigenous population live in remote and very remote areas, where there is generally very little economic development and very few employment opportunities, particularly in the private sector.

Poor labour market outcomes have been major factors in the higher poverty levels of Indigenous people (Altman and Hunter 1998). It has also been noted that there are a range of social costs associated with Indigenous unemployment. These include high rates of arrest, low levels of civic engagement and high rates of drinking related offences. Many of these costs spill over onto other members of the household and can be made worse when there are several unemployed people living together (Hunter and Taylor 2002).

There are not only extensive social costs of Indigenous unemployment, there are also significant costs to the Australian economy in terms of output lost, tax revenue foregone and the direct cost of providing income support. These costs have been estimated in 2001 to be around $2.9 billion dollars in terms of lost output, $700 million in lost tax revenue and $1.1 billion in welfare payments (Hunter and Taylor 2002).

The problems associated with unemployment tend to be more pronounced for those who are unemployed for longer periods of time. People who have been unemployed for long periods may experience greater financial hardship, and may have more difficulties in finding employment because of the loss of relevant skills and
employers’ perceptions of their ‘employability’ (see section 11.3 on long term unemployment).

The labour force participation and unemployment data used in this chapter are influenced by the CDEP scheme. The CDEP scheme provides employment and training opportunities to Indigenous people in a range of activities that benefit themselves and their communities. The scheme is designed to provide meaningful employment and training, and enhance economic and social development opportunities for Indigenous people as well as enabling Indigenous communities to manage their own affairs and to gain economic and social equity. The ABS classifies people who participate in CDEP as employed. CDEP participation has a large impact on the labour force characteristics of Indigenous people, especially in remote and very remote areas. Chapter 11 explores this issue in more detail.

**Box 3.5.1 Key messages**

- Nationally, the labour force participation rate for Indigenous people aged 18 to 64 years has increased from 57 per cent in 1994 to 64 per cent in 2002 (figure 3.5.2).
- From 1994 to 2002 there have been large falls in the Indigenous unemployment rate. Nationally the rate fell from 30 per cent to 20 per cent (figure 3.5.5).
- The age standardised labour force participation rate for Indigenous people in 2002 was just over three quarters of that for non-Indigenous people (figure 3.5.1).
- The age standardised unemployment rate in 2002 was 3.2 times higher for Indigenous than for non-Indigenous people (figure 3.5.4).
- There were over 36 000 CDEP participants at 30 June 2004. CDEP participation significantly reduces recorded Indigenous unemployment rates.

The Indigenous data used for this indicator are from the ABS 2002 NATSISS. The non-Indigenous data are from the ABS 2002 GSS. The labour force data from the NATSISS and GSS presented in this Report use either the population aged 18 years and over or the population aged 18 to 64 years. This differs from other ABS labour force statistics which use the population aged 15 years and over. While it is considered that 15 years is the lowest practical limit above compulsory schooling age at which it is feasible and cost effective to measure the participation of young people in economic activity with acceptable accuracy, only data for those aged 18 years and over are available from the GSS.

When comparing Indigenous and non-Indigenous labour force data for those aged 18 years and over, in this Report age standardised data are used to take account of the differing age structures of the Indigenous and non-Indigenous populations.
Where data by age group are being compared the data are not age standardised and are for those aged 18 to 64 years.

**Labour force participation**

The labour force participation rates used in this section are calculated as the number of people who are employed or are available for work (the labour force), who are in the age group of interest, divided by the population in that age group. In general, levels of labour force participation vary through life cycle stages, initially increasing with age as young people move from education and training (often combined with part-time work) into full-time jobs, then remaining relatively high during prime working ages, and then declining towards the years of retirement. For statistical purposes the ABS classifies participants in CDEP as employed rather than as unemployed or not in the labour force. This affects a relatively large number of Indigenous people particularly in remote areas. CDEP participation is discussed in more detail in chapter 11.

**Figure 3.5.1** *Age standardised labour force participation as a proportion of the population aged 18 and over, 2002*

- Nationally, after taking into account the differing age structures of the Indigenous and non-Indigenous populations, Indigenous people aged 18 and over had a labour force participation rate of 52.1 per cent compared to 67.2 per cent for non-Indigenous people (figure 3.5.1).

*Source: ABS 2002 NATSISS (unpublished); ABS 2002 GSS (unpublished); table 3A.5.1.*
Figure 3.5.2 Indigenous labour force participation as a proportion of the population aged 18 to 64 years

Source: ABS 2002 NATSISS (unpublished); ABS 1994 NATSIS (unpublished); tables 3A.5.1 and 3A.5.2.

- Nationally, the labour force participation rate for Indigenous people aged 18 to 64 years increased from 57.3 per cent in 1994 to 64.3 per cent in 2002 (figure 3.5.2). A comparison between Indigenous and non-Indigenous people over the period 1994 to 2002 is not possible as non-Indigenous data for 1994 were not available on a comparable basis.

Table 3.5.1 Labour force participation as a proportion of the population, 2002 (per cent)

<table>
<thead>
<tr>
<th></th>
<th>Indigenous</th>
<th></th>
<th>Non-Indigenous</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Person</td>
<td>Male</td>
</tr>
<tr>
<td>18–24</td>
<td>81.9</td>
<td>54.9</td>
<td>68.0</td>
<td>83.9</td>
</tr>
<tr>
<td>25–34</td>
<td>82.7</td>
<td>53.6</td>
<td>67.3</td>
<td>94.0</td>
</tr>
<tr>
<td>35–44</td>
<td>80.2</td>
<td>59.8</td>
<td>69.4</td>
<td>92.9</td>
</tr>
<tr>
<td>45–54</td>
<td>70.1</td>
<td>50.2</td>
<td>59.8</td>
<td>88.2</td>
</tr>
<tr>
<td>55–64</td>
<td>39.5</td>
<td>34.9</td>
<td>37.0</td>
<td>68.4</td>
</tr>
<tr>
<td>Total 18–64</td>
<td>76.5</td>
<td>53.3</td>
<td>64.3</td>
<td>86.9</td>
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<tr>
<td>AS total 18 and over</td>
<td>62.0</td>
<td>43.2</td>
<td>52.1</td>
<td>75.5</td>
</tr>
</tbody>
</table>

AS=Age standardised.

Source: ABS 2002 NATSISS (unpublished); table 3A.5.1.

- Labour force participation rates for Indigenous people are below labour force participation rates for non-Indigenous people for all age groups for both males and females except for males aged 18 to 24 years and females aged 55 to 64 years where the difference was not statistically significant (table 3.5.1).
In terms of gender differences, both Indigenous and non-Indigenous females are less likely to participate in the labour force than males for all age groups, except for Indigenous males and females aged 55 to 64 years and non-Indigenous males and females aged 18 to 24 years where the difference was not statistically significant (table 3.5.1).

Labour force participation for those aged 55 to 64 years is markedly lower for both sexes than the younger age groups, regardless of Indigenous status (table 3.5.1).

Figure 3.5.3  **Indigenous labour force participation as a proportion of the population aged 18 to 64 years, 2000**

There was little variation in the labour force participation rate for Indigenous people across geographic areas. Participation was highest in major cities and lowest in outer regional areas. Participation rates in the other areas were very close to the national rate (figure 3.5.3). Note that the actual national rate is higher than the age standardised national rate shown in figure 3.5.1.

More detail on Indigenous and non-Indigenous labour force participation rates by State/Territory, age and sex can be found in table 3A.5.1.

**Unemployment**

The unemployment rate, which is the number of unemployed people expressed as a percentage of the labour force, is a widely used measure of potentially underutilised
labour resources in the economy. For most of the disaggregations in this section, the unemployment rate for Indigenous people is above that of non-Indigenous people.

Data on unemployment need to be considered alongside the data on employment in chapter 11. While the unemployment rate for Indigenous people is significantly higher than for non-Indigenous people, Indigenous people who are employed tend to be employed on a part time basis (less than 35 hours during the reference week). Moreover, for statistical purposes the ABS classifies participants in CDEP as employed rather than unemployed or not in the labour force. This accounts for a relatively large number of Indigenous people, particularly in remote areas. CDEP participation is discussed in more detail in chapter 11.

Figure 3.5.4  *Age standardised unemployment rate, aged 18 years and over, 2002*¹

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![Bar chart showing age standardised unemployment rate for Indigenous and non-Indigenous persons in Australia, 2002.](chart.png)

*¹ The ACT estimate for Indigenous persons has a relative standard error greater than 25 per cent and should be used with caution.

Source: ABS 2002 NATSISS (unpublished); ABS 2002 GSS (unpublished); table 3A.5.3.

- After taking into account the differing age structures of the Indigenous and non-Indigenous populations, the national unemployment rate in 2002 for Indigenous people was over three times higher than the unemployment rate for non-Indigenous people (18.1 per cent and 5.6 per cent respectively) (figure 3.5.4).
Figure 3.5.5  Indigenous unemployment rate, aged 18 to 64 years, by states and territories, 1994 and 2002a

From 1994 to 2002 it appears that there have been large falls in the Indigenous unemployment rate. Nationally, the rate fell from 30.0 per cent to 20.3 per cent (figure 3.5.5). This is consistent with overall declines in unemployment that have occurred in Australia throughout the latter part of the 1990s to 2002. A comparison between Indigenous and non-Indigenous unemployment over the period 1994 to 2002 is not possible as non-Indigenous data for 1994 were not available on a comparable basis.

Table 3.5.2  Unemployment rate, 2002 (per cent)

<table>
<thead>
<tr>
<th></th>
<th>Indigenous</th>
<th></th>
<th>Non-Indigenous</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Person</td>
<td>Male</td>
</tr>
<tr>
<td>18–24</td>
<td>28.4</td>
<td>32.0</td>
<td>29.9</td>
<td>13.1</td>
</tr>
<tr>
<td>25–34</td>
<td>21.7</td>
<td>20.8</td>
<td>21.3</td>
<td>4.6</td>
</tr>
<tr>
<td>35–44</td>
<td>19.6</td>
<td>15.8</td>
<td>17.9</td>
<td>4.6</td>
</tr>
<tr>
<td>45–54</td>
<td>12.5</td>
<td>11.4</td>
<td>12.0</td>
<td>4.2</td>
</tr>
<tr>
<td>55–64</td>
<td>10.4</td>
<td>0.3</td>
<td>5.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Total 18–64</td>
<td>20.9</td>
<td>19.4</td>
<td>20.3</td>
<td>5.6</td>
</tr>
<tr>
<td>AS total 18 and over</td>
<td>19.0</td>
<td>16.9</td>
<td>18.1</td>
<td>5.4</td>
</tr>
</tbody>
</table>

AS=Age standardised.

Source: ABS 2002 NATSISS (unpublished); table 3A.5.3.
Overall, within the Indigenous and non-Indigenous populations, males and females tend to have similar rates of unemployment, although there is some variation between age groups (table 3.5.2).

For those aged 18 years and over, among Indigenous males the unemployment rate was 3.5 times higher than for non-Indigenous males and among Indigenous females the unemployment rate was 2.9 times higher than for non-Indigenous females (table 3.5.2).

The likelihood of being unemployed is related to life cycle stages.

The unemployment rate for both Indigenous and non-Indigenous people tends to be highest among young people (those aged 18–24 years). The unemployment rate for Indigenous people aged 18–24 years was 29.9 per cent of the labour force, compared to 12.6 per cent for non-Indigenous people (table 3.5.2). Young people typically have less developed work-related skills and are more likely to be entering the labour force for the first time than older people, leading to higher unemployment.

Relative to the non-Indigenous population, the most disadvantaged group of Indigenous people in terms of the ratio of Indigenous to non-Indigenous unemployment were in the age group 35–44 years, followed by those in the age group 25–34 years, which are the prime ages for people’s work and career development. The ratio of Indigenous to non-Indigenous unemployment was 4.2 and 3.8 respectively for these age groups (table 3A.5.3).

Opportunities for work vary across Australia with the nature and strength of the economic base, the relative growth of industries and skill base of residents (ABS 2001a).
Across geographic regions, the unemployment rate for Indigenous people was highest in inner and outer regional areas at 26.4 per cent and 27.7 per cent respectively. The unemployment rate was lowest in remote and very remote areas, at 15.0 per cent and 6.8 per cent respectively. (Note that in remote and very remote areas, 28.8 per cent and 68.7 per cent respectively of Indigenous people in the labour force participate in CDEP and are, therefore, classified as employed.) A comparison between Indigenous and non-Indigenous people is not possible as non-Indigenous data from the GSS are not available for remote areas (figure 3.5.6).

Outer regional areas had the largest differences in unemployment rates between the sexes, with the female unemployment rate 9.9 percentage points below the male rate. Differences between male and female rates were not statistically significant for the other areas (figure 3.5.6).

### 3.6 Household and individual income

The economic wellbeing of people is largely determined by their income and wealth. Their capacity to own their own home or accumulate other assets will depend upon whether they have sufficient disposable income. The main sources of income are employment, assets and welfare payments. In the absence of data on wealth, the extent to which income for Indigenous people is lower than for non-
Indigenous people is a major indicator of material disadvantage. In addressing this income disparity, all of the strategic areas for action are relevant, from early childhood onwards.

Those who have low incomes are often disadvantaged in terms of factors such as health, life expectancy, education, substance abuse, social participation, crime and violence. Adverse health outcomes and mortality are important examples of the affect that low income can have on people. People who have low incomes, or are socially disadvantaged in other ways, live shorter lives and suffer more illness than those who are well off. In Australia, men and women with lower socioeconomic status, including many Indigenous people, bear a higher burden of disease (AIHW 2004). Income is an important determinant of socioeconomic status. The AIHW has noted that those who suffer the most socio-economic disadvantage were also more likely to suffer from asthma, diabetes, diseases of the circulatory system and arthritis than those who were least disadvantaged (AIHW 2004).

Box 3.6.1  Key messages

- In 1994 real gross weekly equivalised household income for Indigenous people was $374, and in 2002 it was $394 (figure 3.6.2).
- In 2002, both household and individual incomes were lower on average for Indigenous than other people (figures 3.6.1 and 3.6.4).

Low income can lead to financial stress in times of crisis. According to the ABS 2002 NATSISS findings:

… in 2002, just over half (54 per cent) of all Indigenous persons aged 15 years or over were living in households in which the household spokesperson reported that they could not raise $2 000 within a week in a time of crisis. Around one-third (37 per cent) of these Indigenous persons were living in households with Indigenous children under five years of age, and almost two-thirds (64 per cent) were living in households with Indigenous children under 15 years of age.

A higher proportion of people in remote areas reported that, in a time of crisis, they could not raise $2 000 within a week (73 per cent compared with 47 per cent in non-remote areas). In remote areas, 77 per cent of these people were living in households with Indigenous children under 15 years of age. Among people aged 18 years or over, Indigenous people were about four times as likely as non-Indigenous people to report that they were unable to raise $2 000 within a week, in a time of crisis. (ABS 2004)

It is widely acknowledged that the availability of material resources and the income to buy them affect health. The link between income and health occurs through the income level of the country, the income of individuals, and the distribution of income (AIHW 2004). Higher incomes can enable the purchase of health-related
goods and services such as better food, housing, recreation and health care, and may provide psychological benefits such as a greater sense of control. Increasingly, it is also being suggested that less favourable social and economic circumstances can cause anxiety, low self-esteem and social isolation, which in turn can influence health-related behaviours and health itself (AIHW 2004). Low income can be both a cause and a result of these disadvantages, for example, health problems caused by low income can in turn limit a person’s ability to earn income.

Socioeconomic inequalities in mortality have also been observed within the Australian population. A number of studies have shown that Australia has substantial socioeconomic mortality inequalities, with death rates typically being highest among the disadvantaged (Draper et al. 2004). The AIHW and the Queensland University of Technology found that those who had high socioeconomic disadvantage had high death rates (Draper et al. 2004).

This Report examines household and individual income. The Indigenous data used for this indicator are from the ABS 2002 NATSISS. The non-Indigenous data used for this indicator are from the ABS 2002 GSS. NATSISS and GSS data have been used because the detailed household income surveys (the preferred approach to income measurement) are not designed to produce output for Indigenous people.

While income is usually received by individuals, it is normally shared between partners in a couple relationship and with dependent children. To a lesser degree, there may be sharing with other members of the household. Even when there is no transfer of income between members of a household, nor provision of free or cheap accommodation, members are still likely to benefit from the economies of scale that arise from the sharing of dwellings. Notwithstanding the economies of scale, larger households normally require a greater level of income to maintain the same material standard of living as smaller households, and the needs of adults are normally greater than the needs of children.

The household income estimates are therefore adjusted by equivalence factors to standardise the income estimates to take into account household size and composition, and the economies of scale that arise from the sharing of dwellings. The equivalised gross household income estimates can be viewed as an indicator of the economic resources available to each individual in a household. Box 3.6.2 provides more information about the derivation of the income measures used in this Report.
Box 3.6.2  **Derivation of income measures**

Equivalised income is the income of households adjusted for the different income needs of households of different size and composition. An equivalence scale is often used to adjust raw income data to account for the cost of maintaining households and families. These costs, especially housing, are believed to vary with household size and composition, and sometimes the number of employed people in the household and other household characteristics.

The conventional technique of adjusting for the income needs of households with different characteristics is to apply an equivalence scale to the raw household income. The equivalence scale used to obtain equivalised incomes in the 2002 NATSISS was developed for the OECD and is referred to as the ‘modified OECD scale’. The scale gives a weight of 1 to the first adult in the household, for each additional adult (persons aged 15 years and over) a weight of 0.5, and for each child a weight of 0.3. Equivalised household income is derived by dividing the total household income by the sum of the weights for the members of that household. The resulting measure of income is gross weekly equivalised household (GWEH) income, and is the measure used for household income in this Report. For example, if a household received a combined income of $2100 per week and comprised two adults and two children (combined household equivalence points of 2.1) the GWEH income for each household member would be $1000 per week.

It is important to note that while GWEH income refers to household income, it is not a measure of total income for each household. Rather, it is a measure of income for each member in a household which has been adjusted for the size and composition of that household.

*Source: ABS 2003; ABS 2004.*

While for most income analysis, disposable (after tax) income is the preferred basis of income measurement, no attempt is made to adjust for taxes. Nor is any adjustment made for the cost of living. This is particularly relevant for people living in remote areas, where costs for some goods and services are high, and the costs for some are low. For example, the cost of fresh food can be high in remote areas, which has an impact on health outcomes. In contrast, rent in remote areas is, on average, less than half the rent levels experienced in major cities. The availability of affordable housing can also impact on health outcomes.

The income of Indigenous people is generally below that of non-Indigenous people, and there tends to be a higher proportion of Indigenous people with lower incomes, and a lower proportion with higher incomes, compared to non-Indigenous people.
Gross weekly equivalised household income

The measure used in this Report for household income is gross weekly equivalised household (GWEH) income (box 3.6.2). GWEH income calculated for Indigenous people, while adjusting for household size and composition to some extent, may not reflect adequately the household circumstances of Indigenous people, and the data need to be considered with this in mind. For example, Daly and Smith (1995), Gray (1990), and Hunter, Kennedy and Smith (2003) have found that there are substantial differences in family size and composition (structure) between Indigenous households and non-Indigenous households.

- Indigenous people are more likely to live in larger households with large numbers of dependents and smaller incomes.
- Indigenous households are more likely to extend over generations, than non-Indigenous households.
- High Indigenous adult mortality can impact upon household living arrangements.
- Indigenous people are substantially more likely to live in single parent households.
- Indigenous people, especially those living outside the cities, may live in households with resource commitments to their extended families living elsewhere.
- Indigenous households tend to have a large number of visitors, which are not necessarily accounted for in a data collection that takes a snapshot on a particular day, such as the Census.

While equivalised household income is the generally preferred measure for the analysis of people’s income, the different concepts and structures of households where Indigenous people live compared with those where no Indigenous people live can result in income measurement that is not fully reflective of the circumstances for Indigenous household incomes (Hunter et al. 2003).
• Nationally, in 2002 mean GWEH income for Indigenous people was $394 compared with $665 for non-Indigenous people (figure 3.6.1).

• Nationally, mean GWEH income for Indigenous people was lower than for non-Indigenous people for all age groups (table 3A.6.1).

Figure 3.6.2  Indigenous mean real gross weekly equivalised household income\(^a\), \(^b\), \(^c\)

\(^a\) Persons aged 18 years or over. \(^b\) Adjusted for inflation using the Consumer Price Index for the June quarter 1994 and the December quarter 2002. \(^c\) The ACT estimate for 1994 has a relative standard error greater than 25 per cent and should be used with caution.

• There has been little increase in mean real GWEH income for Indigenous people since 1994. Nationally, mean GWEH Indigenous income was $374 in 1994 and increased to $394 in 2002 (figure 3.6.2), however, the difference between these estimates (along with the State and Territory estimates) was not statistically significant. A comparison between Indigenous and non-Indigenous people over the period 1994 to 2002 is not possible as non-Indigenous data for 1994 on a comparable basis were not available.

Figure 3.6.3 Indigenous mean gross weekly equivalised household income, 2002a

![Bar chart showing Indigenous mean GWEH income by geographic region, with the highest in Major Cities and the lowest in Very Remote areas.](chart.png)

a Persons aged 18 years or over.

• Across geographic regions, Indigenous mean GWEH income was highest in major cities, and lowest in very remote areas (figure 3.6.3). A comparison between Indigenous and non-Indigenous people is not possible as non-Indigenous data from the GSS were not available for remote areas.

Household income quintiles are presented in this Report for both Indigenous and non-Indigenous people. The income quintiles used here are groupings that result from ranking all people in the population in ascending order according to their GWEH income and then dividing the population into five equal groups each comprising 20 per cent of the population. The GWEH income quintile boundaries are based on the total population as derived from the 2002 GSS (ABS 2004). These have been applied to both the Indigenous and non-Indigenous populations.
The lowest income quintile contained the highest proportion of Indigenous people, with the remaining income quintiles containing a steadily falling proportion of Indigenous people as the quintile increases. Around 42 per cent of Indigenous people were in the lowest GWEH income quintile, 70.0 per cent were in the lowest two quintiles and 6.4 per cent were in the highest quintile (figure 3.6.4).

More information on GWEH income quintiles by State and Territory are in table 3A.6.3 and by region are in table 3A.6.4.

**Individual income**

The percentage of individuals who have incomes that lie in particular ranges is a measure of material disadvantage. Individual income in this Report is presented in income quintiles. As with the GWEH income quintiles, the individual income quintile boundaries are based on the total population as derived from the 2002 GSS (ABS 2004). These have been applied to both the Indigenous and non-Indigenous populations. Quintiles by State and Territory, age and gender breakdowns can be found in tables 3A.6.5 and 3A.6.6.
Indigenous people were more likely than non-Indigenous people to be in the three lowest individual income quintiles, although the difference between Indigenous and non-Indigenous people for the lowest income quintile was not statistically significant (figure 3.6.5).

The proportion of Indigenous people in particular income ranges varies across geographic areas (table 3A.6.6).

- 2.6 per cent of Indigenous people in very remote areas had incomes in the highest quintile of over $851 per week compared to 10.9 per cent of Indigenous people in the major cities (table 3A.6.6).
- 6.8 per cent of Indigenous people in very remote areas had incomes in the fourth quintile of between $550 and $850 per week compared to 20.4 per cent of Indigenous people in the major cities (table 3A.6.6).
- Indigenous individuals with incomes up to $549 per week were generally more evenly spread across areas (table 3A.6.6).
3.7 Home ownership

Home ownership is an important economic indicator of wealth and saving, and is likely to be positively related to employment and income indicators. Home ownership provides a secure asset base that can contribute to financial stability and against which people can borrow. A home can be passed from one generation to another. Home ownership allows households to build or modify a dwelling to suit their particular needs, something that may not be possible with rental accommodation. Improvements in the strategic areas for action, particularly those relating to education, and economic participation and development, could increase the level of Indigenous home ownership in the future.

During consultations on the indicator framework for this Report, some people suggested that not all Indigenous people aspired to home ownership, especially those in more remote areas and living more traditional lifestyles. (Some Indigenous people move frequently for family and cultural reasons, which may make renting more attractive than home ownership.) Others, including Indigenous people, said that home ownership was an important part of improving Indigenous wellbeing and an essential indicator in the framework. Some Indigenous people said that home ownership was important to them as a connection to the land, particularly in closely settled regions where opportunities for land grants and determinations that native title exists, are unlikely.

Box 3.7.1 Key messages

- The proportion of Indigenous people aged 18 years and over who were living in a home that someone in their household owned or was purchasing, increased from 22 per cent to 27 per cent between 1994 and 2002 (figure 3.7.3).
- Nationally in 2002, a much lower proportion of Indigenous people (27 per cent) than non-Indigenous people (74 per cent) lived in homes someone in their household owned or was purchasing (figures 3.7.1 and 3.7.2).

Data on home ownership in this Report are from the ABS 2002 NATSISS, the ABS 2002 GSS, the ABS 1994 NATSIS and the ABS 1999 Australian Housing Survey. The survey data presented in this Report have been collected and compiled using a different method to the ABS 2001 Census data presented in the 2003 Report. The different data sources yield slightly different results, however, the overall picture of Indigenous home ownership is similar in terms of comparisons between Indigenous and non-Indigenous people and across regions. Survey data showing changes in Indigenous home ownership between 1994 and 2002 are also included in this Report.
Home ownership among Indigenous people was much lower than for non-Indigenous people in 2002 — 27.4 per cent of Indigenous people lived in homes they or someone in their households owned or were purchasing, compared with 73.7 per cent of non-Indigenous people (figure 3.7.1).

A large part of the difference was due to differences in the proportions living in homes fully owned by someone in their household (10.0 per cent for Indigenous people compared with 38.5 per cent for non-Indigenous people).

There was also a large difference in the proportions living in homes someone in their household was purchasing (17.4 per cent for Indigenous people and 35.2 per cent for non-Indigenous people).

The difference can be partly explained by the younger age structure of the Indigenous population, given that paying off a home loan takes a number of years. Home ownership is higher among middle aged and older people. As an older population (table A.1 in the Statistical Appendix), non-Indigenous people would be expected to have a higher rate of home ownership than Indigenous people, all other things being equal.

Data from the ABS 1999 Australian Housing Survey (ABS 2001) show that the likelihood of owning a home increased with age for both Indigenous and non-Indigenous people, although the pattern is stronger for non-Indigenous people. Seventy-five per cent of non-Indigenous household reference persons aged 55 and
owner were owners without mortgages compared to 37 per cent of Indigenous household reference persons aged 55 and over.

Data from the Australian Housing Survey were age-standardised to account for the different age structures of the Indigenous and non-Indigenous populations. On an age-standardised basis, non-Indigenous households were nearly twice as likely to be owners without a mortgage than Indigenous households (39 per cent and 21 per cent respectively). Non-Indigenous households were more likely to be owners with a mortgage (31 per cent) than Indigenous households (22 per cent).\(^5\)

Data from the NATSISS and the Australian Housing Survey are not directly comparable. The Australian Housing Survey excluded households in sparsely settled or remote areas, whereas the NATSISS included remote and very remote areas. A significant proportion (26.4 per cent) of Indigenous people live in remote and very remote areas, (and this is particularly the case in the NT) (table A.6 in the Statistical Appendix). Further, information from the Australian Housing Survey is presented in terms of the characteristics of a household reference person and has been age standardised, whereas information from the NATSISS is presented for all persons in the household and is not age standardised.

---

\(^5\) The Australian Housing Survey (ABS 2001) identified a reference person in each household by asking if each person over 15 was an owner, purchaser or renter of the house, and asking their income and age. The reference person was the person with highest tenure type from owner without a mortgage, owner with a mortgage, renter, other tenure, then the highest income and finally the eldest, until a single reference person was identified. Age standardisation was done according to the age of reference persons. NATSISS data do not identify the person or persons in a household who are the owners or renters of a dwelling, so age standardisation is not feasible.
Figure 3.7.2 Proportion of people aged 18 years and over living in homes someone in their household owned or was purchasing, by State/Territory, 2002\textsuperscript{a}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure3.7.2.png}
\caption{Proportion of Indigenous and non-Indigenous people aged 18 years and over living in homes someone in their household owned or was purchasing, by State/Territory, 2002\textsuperscript{a}.}
\end{figure}

\textsuperscript{a} Being purchased includes being purchased under a rent/buy scheme.  
\textit{Source:} ABS 2002 NATSISS (unpublished); ABS 2002 GSS (unpublished); table 3A.7.2.

- A lower proportion of Indigenous people than non-Indigenous people lived in homes someone in their household owned or was purchasing in all states and territories, although there was some variation between states and territories (figure 3.7.2).

Figure 3.7.3 Proportion of Indigenous people aged 18 years and over living in homes someone in their household owned or was purchasing, by State/Territory, 1994 and 2002\textsuperscript{a}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure3.7.3.png}
\caption{Proportion of Indigenous people aged 18 years and over living in homes someone in their household owned or was purchasing, by State/Territory, 1994 and 2002\textsuperscript{a}.}
\end{figure}

\textsuperscript{a} Being purchased includes being purchased under a rent/buy scheme.  
\textit{Source:} ABS 2002 NATSISS (unpublished); ABS 1994 NATSIS (unpublished); table 3A.7.2.
Figure 3.7.3 shows that the proportion of Indigenous people aged 18 years and over living in homes owned or being purchased by someone in their household increased nationally from 21.5 per cent to 27.4 per cent between 1994 and 2002.

There were statistically significant increases in the proportions of Indigenous people aged 18 years and over living in homes someone in their household owned or was purchasing in SA and the ACT (figure 3.7.3).

Apart from lower income, higher unemployment and a younger age profile, another factor influencing the different rates of home ownership between Indigenous and non-Indigenous people is the significant number of Indigenous people living on communally owned or controlled land. Although some land in regional areas is communally owned, most communally owned land is located in remote and very remote areas. Usually, such land cannot be sold and the land itself cannot be mortgaged. This ensures its continuing ownership by Indigenous people, but means that developments on the land involving home ownership and private sector financing need to be pursued through sub-leasing arrangements. Unlike the United States and Canada, where similar situations arise on Indigenous communally owned land, in Australia the legislative provisions which provide for sub-leasing and private sector financing have yet to be fully explored and used.

Long term leases for home ownership on Indigenous communal land are possible under land tenure arrangements in some states and territories but are not common. One community where it has been tried is Kowanyama in Queensland, where about 85 perpetual leases were registered in the late 1980s. Many of the houses on these leases were close to the end of their life cycles in the 1980s and have deteriorated since then. The Kowanyama Aboriginal Community Council has more recently been taking over the leases in order to replace the houses (Moran et al. 2001). The results from a survey by Moran et al. (2001) of Indigenous people in several communities in Queensland suggested that a range of issues would need to be addressed for home ownership to be successful in Indigenous communities. They also showed that some Indigenous people have enjoyed secure long-term tenure in their rental homes in Indigenous communities.

Most housing on Indigenous communally owned land is owned by Indigenous community or cooperative housing organisations, which rent houses to families and individuals. Community rental housing is different to home ownership by individual households and families, however, it is a communal form of Indigenous ownership and control of housing.
Figure 3.7.4 Proportion of Indigenous people aged 18 years and over living in homes someone in their household owned or was purchasing or living in community rental housing, by geographic region, 2002a, b

- Being purchased includes being purchased under a rent/buy scheme.  
- Community rental comprises those renting from an Indigenous housing organisation, community housing organisation, housing cooperative or church group.

Source: ABS 2002 NATSISS (unpublished); tables 3A.7.3 and 3A.7.5.

- Figure 3.7.4 shows that the proportion of Indigenous people aged 18 years and over living in homes owned or being purchased by someone in their household varied by geographic region in 2002, ranging from 35.8 per cent in major cities to 4.1 per cent in very remote areas.

- Conversely, the proportion of Indigenous people aged 18 years and over living in community rental housing ranged from 77.3 per cent in very remote areas to 5.0 per cent in major cities.
Figure 3.7.5  Proportion of Indigenous people aged 18 years and over living in homes someone in their household owned or was purchasing or living in community rental housing, by State/Territory, 2002\textsuperscript{a}, \textsuperscript{b}

\textbullet\ There was a significant difference in the patterns of home ownership and community rental housing between states and territories (figure 3.7.5).

\textsuperscript{a} Being purchased includes being purchased under a rent/buy scheme.  \textsuperscript{b} Community rental comprises those renting from an Indigenous housing organisation, community housing organisation, housing cooperative or church group.

\textit{Source:} ABS 2002 NATSISS (unpublished); tables 3A.7.2 and 3A.7.4.
The proportion of Indigenous people living in community rental housing has increased nationally between 1994 and 2002, from 18.7 per cent to 24.2 per cent (figure 3.7.6).

Many Indigenous people also live in public housing provided by State and Territory Government housing authorities. Attachment table 3A.7.1 includes data on those living in all forms of housing tenure, including both public and private rental housing. Information on public housing provided to Indigenous people is also included in the annual Report on Government Services (SCRGSP 2005).

### 3.8 Suicide and self-harm

Suicide and self-harm constitute a major social problem in many Indigenous communities. Comprehensive studies have been undertaken investigating suicide in Indigenous communities in NSW and the ACT (Tatz 1999), North Queensland (Hunter et al. 2001; Hunter and Harvey 2002) and the NT (Parker and Ben-Tovim 2001). These studies have found that Indigenous suicide appears to occur in clusters at certain points in time in particular communities, more frequently than in the general population. Evidence from these studies indicate that Indigenous suicide and self-injury are most common among young men, mostly associated with particular patterns of alcohol and substance use, and often preceded by interpersonal conflicts. Indigenous suicides frequently occur in families and communities which
have previously experienced similar losses, and where lifestyles of risk are common.

A study by Hunter (1993), focusing on self-harming among Indigenous people under 35 years of age, also found that younger Indigenous people who had attempted suicide had reported a high level of anxiety and depression. Mental and behavioural disorders, linked with substance abuse have also been suggested as factors than increase the risk of suicide attempts. Suicide and self-harming behaviours are frequent in Aboriginal communities and are associated with alcohol and other mental disorders (Swan and Raphael 1995).

Environmental, sociocultural and economic risk factors can also increase the risk of suicide. Studies have found that young people who had attempted suicide were more likely to come from disadvantaged family backgrounds. These included having parents who were more likely to be substance dependent, to have been imprisoned, and/or have violent tendencies (including sexually and/or physically abusing family members).

Many studies (Tatz 1999; Hunter et al. 2001, Parker and Ben-Tovim 2001; Hunter and Harvey 2002; and Elliot-Farrelly 2004) have suggested that there were significant differences in suicidal behaviour not only between Indigenous and non-Indigenous populations, but also between different Indigenous communities and groups. This indicates that Indigenous suicide is a product of a complex set of factors relating to the historical, cultural and community context. Suicide is inextricably a part of other problems and concerns in many Indigenous communities, such as alcohol, incarceration, violence and family breakdown, which, in turn, are associated with socioeconomic disadvantages.

Unemployment and poor long-term job prospects are considered risk factors for increasing suicide attempts, particularly in rural and remote areas. Young people from disadvantaged family backgrounds are more likely to have no formal qualifications, be unemployed and also have relatively lower income levels.

**Box 3.8.1 Key messages**

- Suicide death rates were much higher for Indigenous people (between 12 and 36 per 100 000 people) than other people (between 11 and 16 per 100 000 people) in 1999–2003, in most states and territories for which data are available (figure 3.8.2).
- Between 2001-02 and 2002-03, the age standardised hospital separation rate (admissions) for intentional self-harm increased for Indigenous people from 2.8 to 3.2 per 1000 people, while it remained the same for other people (table 3A.8.4).
Suicides death rates were higher for Indigenous people (between 15.1 and 41.6 per 100 000 population) than non-Indigenous people (between 10.7 and 15.0 per 100 000 population) in NSW, Queensland, WA and SA in 1999–2003 (figure 3.8.1).

Figure 3.8.2 shows that suicide in both the Indigenous and non-Indigenous populations varies between different age groups.
Figure 3.8.2 **Intentional self-harm (suicide) death rate by age, 1999–2003**a, b, c

### Indigenous

<table>
<thead>
<tr>
<th>Age Group</th>
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<th>WA</th>
<th>SA</th>
<th>NT</th>
</tr>
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<td>35-44</td>
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### Non-Indigenous

<table>
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<th>Age Group</th>
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<th>SA</th>
<th>NT</th>
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<td>All ages</td>
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</tr>
</tbody>
</table>

Data on deaths of Aboriginal and Torres Strait Islander Australians are affected by differing levels of coverage of deaths identified as Indigenous across states and territories. Care should be exercised in analysing these data, particularly in making comparisons across states and territories and between Indigenous and non-Indigenous data. b Data on Indigenous causes of death are not available separately from the ABS for Victoria, Tasmania and the ACT due to a combination of comparatively small numbers and relatively low coverage of Indigenous deaths. c Deaths from intentional self-harm are defined as causes of death with ICD codes X60–X84.

Source: ABS 2003 (unpublished); tables 3A.8.2.

- Suicide death rates varied by age group in 1999–2003, with Indigenous people aged 25–34 having particularly high suicide rates (between 32.8 and 86.6 per 100 000 people) (figure 3.8.2).
Figure 3.8.3  Intentional self-harm (suicide) death rate by sex, age standardised, 1999–2003\textsuperscript{a, b, c}

Males

![Diagram showing intentional self-harm death rates by sex, age, and region for males.]

Females

![Diagram showing intentional self-harm death rates by sex, age, and region for females.]

\textsuperscript{a} Data on deaths of Aboriginal and Torres Strait Islander Australians are affected by differing levels of coverage of deaths identified as Indigenous across states and territories. Care should be exercised in analysing these data, particularly in making comparisons across states and territories and between Indigenous and non-Indigenous data. \textsuperscript{b} Data on Indigenous causes of death are not available separately from the ABS for Victoria, Tasmania and the ACT due to a combination of comparatively small numbers and relatively low coverage of Indigenous deaths. \textsuperscript{c} Deaths from intentional self-harm are defined as causes of death with ICD codes X60–X84.

Source: ABS 2003 (unpublished); tables 3A.8.1.

- Suicide rates for Indigenous males were significantly higher (between 23.7 and 74.0 per 100 000) than those for non-Indigenous males (between 17.3 and 25.4
per 100 000) in the five states and territories for which data are available for 1999–2003 (figure 3.8.3).

- Suicide death rates were also higher for Indigenous females than non-Indigenous females in 1999–2003 in four of the five jurisdictions for which data are available (figure 3.8.3).

Table 3.8.1  **Non-fatal hospital separations for intentional self-harm, 2002-03**

<table>
<thead>
<tr>
<th></th>
<th>Number of separations</th>
<th>Age standardized separation rate (per 1000 people)b</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indigenous</td>
<td>Non-Indigenous</td>
<td>Not stated</td>
</tr>
<tr>
<td>Males</td>
<td>663</td>
<td>10 622</td>
<td>195</td>
</tr>
<tr>
<td>Females</td>
<td>795</td>
<td>16 605</td>
<td>267</td>
</tr>
<tr>
<td>All people</td>
<td>1 458</td>
<td>27 227</td>
<td>462</td>
</tr>
</tbody>
</table>

a Non-fatal refers to records where the mode of separation was not equal to ‘died’. b The rates per 1000 population were directly age standardised using the ABS estimated residential population data as at 30 June 2001. c The non-Indigenous rate includes ‘not stated’ separations.


- In 2002-03, the age standardised non-fatal hospital separation rate for intentional self-harm was higher for Indigenous people — 3.2 per 1000 Indigenous people compared with 1.4 per 1000 non-Indigenous people (table 3.8.1).

- Indigenous females (3.5 per 1000 Indigenous females) had a higher age standardised separation rate for self-harm than Indigenous males (2.9 per 1000 Indigenous males.). The same was true for non-Indigenous females and males (1.8 per 1000 and 1.1 per 1000 respectively).

- Between 2001-02 and 2002-03, the age standardised separation rate for intentional self-harm increased for Indigenous people from 2.8 to 3.2 per 1000 people, while it remained similar for non-Indigenous people (1.5 and 1.4 per 1000 people (table 3A.8.3).

- The increase in the Indigenous separation rate for intentional self-harm between 2001-02 and 2002-03 occurred for both males and females. The rate for Indigenous females increased from 3.1 to 3.5 per 1000 while for Indigenous males, the rate increased from 2.5 to 2.9 (table 3A.8.3).
3.9 Substantiated child protection notifications

This headline indicator was chosen because child abuse and violence against children contribute to the severe social strain under which many Indigenous families and communities live (Keel 2004; Stanley, Tomison and Pocock 2003). In 2003-04, nationally, the rate of Indigenous children who were the subject of a substantiation was three times the rate for other children (excluding NSW, which could not provide substantiation data for 2003-04) (table 3A.9.1).

Child abuse and neglect can be influenced by many factors. A new report produced by the United Nations Children’s Fund (UNICEF) has found that Australia’s Indigenous children were among the most vulnerable to abuse and early death (UNICEF Innocenti Research Centre 2004). This report also identified that the prevalence of alcohol and substance abuse among certain Indigenous adults is one of many factors that may have direct and harmful implications for their children and may also influence substance abuse among young Indigenous people (UNICEF Innocenti Research Centre 2004). A number of studies have found that inhalant abuse, including petrol sniffing, is common among young Indigenous people, for example on Cape York Peninsula (James 2004) and in the NT (Select Committee on Substance Abuse in the Community 2004; Siegel 2003).

Care should be taken in interpreting the substantiation data. The number and rate of substantiations are a proxy indicator because no credible data exist on actual levels of child abuse or neglect. The data collected by community service departments may under-estimate the true extent of abuse or neglect occurring within the community. Furthermore, each State and Territory has its own legislation, policies and practices in relation to child protection, so there are differences between jurisdictions in the data provided.

Children who come into contact with community services for protective reasons include those:

- who have been or are being abused, neglected or otherwise harmed
- whose parents cannot provide adequate care or protection (AIHW 2005).
Before a matter is considered ‘substantiated’ by authorities, the matter must initially be notified and investigated. A notification will be substantiated where it is concluded after investigation that the child has been, is being, or is likely to be abused, neglected or otherwise harmed. The criteria for substantiation vary across jurisdictions. Some jurisdictions substantiate situations where child abuse and neglect have occurred or is likely to occur, while others substantiate situations where the child has been harmed or is at risk of harm, and the parents have failed to act to protect the child (AIHW 2005).

In some instances, increases in notifications (and subsequent substantiations) may be a result of reduced tolerance in Indigenous families and the broader Indigenous community of abuse or neglect of the young. An increased rate, therefore, in these instances will signify an increased awareness and identification of the problem — which is a progression towards a more desirable solution than abuse and neglect occurring in an environment where a community does not have the knowledge, resources and trust in the services available. An increased rate may also be due to improvements in the identification of Indigenous status and an increase in resources in the protection and support area. Alternatively, an increase in notifications without any increase in substantiations may be due to a lack of resources. An example of programs that aim to prevent child maltreatment in Indigenous communities can be found in box 3.9.2.

**Box 3.9.2  ‘Things that work’ — preventing child abuse and neglect**

- The Cherbourg Critical Incident Group (CCIG) was formed by several women from the Wakka Wakka community to deal with the increasing instances of child abuse in their community. The CCIG, Department of Child Safety and police all work together to protect the children in the community by ensuring information is shared and that issues are raised and acted upon accordingly.

The practices used to identify and record the Indigenous status of children in the child protection system vary across states and territories. The data on Aboriginal and Torres Strait Islander children should therefore be interpreted with care. Over the last few years, a number of jurisdictions have introduced measures to improve the identification of Indigenous clients. In some jurisdictions, however, there are a significant proportion of children whose Indigenous status is unknown and this impacts on the quality of the data on Indigenous status (AIHW 2005).
### Table 3.9.1  Children aged 0–16 years who were the subject of substantiations, 2003-04a, b

<table>
<thead>
<tr>
<th></th>
<th>Number of children</th>
<th>Rate per 1000 children</th>
<th>Ratio Indigenous to non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indigenous</td>
<td>Non-Indigenous</td>
<td>All children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Indigenous</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>All children</td>
</tr>
<tr>
<td>NSW</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Vic</td>
<td>700</td>
<td>6 323</td>
<td>7 023</td>
</tr>
<tr>
<td>Qld</td>
<td>1 192</td>
<td>11 481</td>
<td>12 673</td>
</tr>
<tr>
<td>WA</td>
<td>322</td>
<td>599</td>
<td>921</td>
</tr>
<tr>
<td>SA</td>
<td>441</td>
<td>1 499</td>
<td>1 940</td>
</tr>
<tr>
<td>Tas</td>
<td>12</td>
<td>317</td>
<td>329</td>
</tr>
<tr>
<td>ACT</td>
<td>44</td>
<td>441</td>
<td>485</td>
</tr>
<tr>
<td>NT</td>
<td>375</td>
<td>116</td>
<td>491</td>
</tr>
</tbody>
</table>

| a | Each State and Territory has its own legislation, policies and practices in relation to child protection, so there are differences between jurisdictions in the data provided. The data are not directly comparable. b | Rates of children in notifications, investigations and substantiations were calculated as the number of children aged 0–16 years in each category (including those whose age was not stated) divided by the estimated population of children aged 0–16 years at 31 December, multiplied by 1000. For Indigenous children, the June projections for two years were averaged to obtain a population figure for December of the relevant year. c | In 2003-04, NSW was unable to provide full data due to ongoing implementation of a new reporting system. d | Care should be taken in interpreting data from Tasmania due to the low incidence of workers recording Indigenous status at the time of the substantiation. na Not available. |

Source: AIHW (2005); table 3A.9.1.

- The ratio of Indigenous to non-Indigenous substantiation provides a summary measure of the rate of Indigenous children who were the subject of a substantiation compared with the rate for non-Indigenous children (table 3.9.1).

- From 1999-2000 to 2003-04 the number of substantiations per 1000 Indigenous children increased significantly in all jurisdictions except Tasmania and WA (table 3A.9.1). The number of substantiations per 1000 children also increased for non-Indigenous children in all jurisdictions, except WA and the NT where it decreased and Victoria where it remained similar.
Variations in the distribution of types of abuse or neglect across jurisdictions are likely to be the result of differences in the classification of the substantiation as well as differences in the types of incidents that are substantiated (figure 3.9.1).

- The pattern of substantiated abuse and neglect for Indigenous children appears to differ from the pattern for non-Indigenous children in WA, Tasmania and the NT (figure 3.9.1).

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*a* If a child was the subject of a substantiation for more than one type of abuse or neglect, then type of abuse and/or neglect is assigned to the category nearest the top of the list. *b* In 2003-04, NSW was unable to provide full data due to ongoing implementation of the new reporting system.

*Source:* AIHW (2005); table 3A.9.2.
• Across all jurisdictions (except the ACT), sexual abuse was involved in a higher proportion of substantiated allegations for non-Indigenous children than for Indigenous children (figure 3.9.1).

• In Victoria, Queensland, SA, Tasmania, the ACT and the NT, there were more substantiations involving physical abuse, emotional abuse or neglect than sexual abuse when it came to Indigenous children (figure 3.9.1). Notwithstanding these results, there is some evidence to suggest that sexual abuse is under-reported for Indigenous children. A report on child sexual abuse and sexually transmitted infections (STI) by the Health Department of WA in 2001, disclosed that the rates of STI are often higher for Indigenous people than for non-Indigenous people. According to STI notification data in 2000, there were 49 gonorrhoea notifications in the 10–14 year old age group. The crude rate was 562 per 100 000 for Indigenous people compared with 3 per 100 000 for non-Indigenous people. For chlamydia, in the 10–14 age group there were 55 notifications. The crude rate was 562 per 100 000 Indigenous people compared with 5 per 100 000 non-Indigenous people (Health Department of WA 2001).

• For Indigenous children in Victoria and the ACT, emotional abuse was the most common type of abuse substantiated. In Queensland, WA, SA, Tasmania and the NT, the most common type of abuse substantiated was neglect (figure 3.9.1).

3.10 Deaths from homicide and hospitalisations for assault

Deaths from homicide and hospitalisations for assault provides information on the type and extent of violence in Indigenous communities across Australia. It also provides information on the rate of victimisation and offending of Indigenous people, key characteristics of victims and offenders, circumstances leading to homicide and patterns and trends in homicide in 2002-03.

Indigenous people are over represented as both victims and perpetrators in all forms of violent crime in Australia (Memmott et al. 2001). In particular, Indigenous people are far more vulnerable to homicides, both as offenders and victims than are other Australians (AIC 1998 and Mouzos 2001).

The high level of homicides was mostly concentrated among Indigenous residents of remote communities (Martin 1992). The high rate of homicides for Indigenous people are often paralleled by a high rate of assaults. They are also frequently connected with high rates of alcohol consumption and a high incidence of spousal or family violence (Bolger 1991). Indigenous homicide is often embedded within wider patterns of disproportionately high levels of violence and suicide that are
coupled with other factors of disadvantage, such as reduced life expectancy, and lower income, employment and education levels (Memmott et al. 2001).

Box 3.10.1 Key messages

- In the period 1999 to 2003, in the five jurisdictions for which data are available, homicide death rates for Indigenous people (6 to 23 per 100 000) were at least six times higher than those for other Australians (1 to 3 per 100 000) (figure 3.10.1).
- Nationally in 2002-03, Indigenous people were more than 12 times as likely to be hospitalised for assault as non-Indigenous people (figure 3.10.5 and table 3A.10.9).

This section is organised into two parts. The first part uses data from the ABS and Australian Institute of Criminology (AIC) to report on deaths from homicide. The second part uses data from the Australian Institute of Health and Welfare (AIHW) to report on hospitalisations for assault.

Deaths from homicide

The nature and causes of Indigenous homicides differ strikingly from non-Indigenous homicides. Most Indigenous homicides tend to involve family members, with domestic altercation being one of the main motives. Alcohol consumption at the time of the homicide incident by both the victim and offender is much more prevalent in Indigenous homicides compared with non-Indigenous homicides. Furthermore, most Indigenous victims and offenders (nine out of ten cases) tend to be unemployed at the time of the homicide. This parallels the research relating to victims of crime (see section 3.11).

The analysis on homicides below is based on data from the AIC (collected as part of the National Homicide Monitoring Program) and the ABS. The method for collecting homicide data differs between the AIC and the ABS. The AIC data are collected from offence reports of homicide coming to the attention of the Australian police and from coronial records across Australia; while the ABS data are based on information supplied to the Registrars of Births, Deaths and Marriages (who are responsible for registering all deaths in their jurisdiction). One of the main limitations of the AIC data is that the Indigenous status of both the victim and offender is solely identified by the police based on the external appearance of the victim and offender. The ABS’s demographic information, including Indigenous identification, is supplied by the next of kin when registering the death. Also, details of the cause(s) of death are provided by the certifying medical practitioner or coroner. Despite the above limitations, the AIC and AIHW data allow for some detailed examination of the circumstances and characteristics of homicide occurring
in the Indigenous and non-Indigenous populations. Hence they are vital to this report.

Figure 3.10.1 **Homicide death rate, age standardised, by jurisdiction, 1999–2003**

![Homicide death rate chart](image)

- Taking into consideration the different age structure in the Indigenous and non-Indigenous population, in 1999–2003, homicides comprised a higher proportion of Indigenous deaths (between 6.8 and 23.9 per 100 000) than non-Indigenous deaths (between 1.0 and 2.3 per 100 000) in NSW, Queensland, WA, SA and the NT (figure 3.10.1).
Homicide death rates for Indigenous people were particularly high for people in the age groups 25–34 and 35–44 (figure 3.10.2).

Source: ABS (unpublished); table 3A.10.2
Figure 3.10.3 Homicide death rate, age standardised, by sex, 1999–2003

Males

[Bar chart showing homicide death rate per 100,000 population by state and sex, Indigenous vs. Non-Indigenous]

Females

[Bar chart showing homicide death rate per 100,000 population by state and sex, Indigenous vs. Non-Indigenous]

1. Data on deaths of Aboriginal and Torres Strait Islander Australians are affected by differing levels of coverage of deaths identified as Indigenous across states and territories. Care should be exercised in analysing these data, particularly in making comparisons across states and territories and between Indigenous and non-Indigenous data.

2. Data on Indigenous causes of death are not available separately from the ABS for Victoria, Tasmania and the ACT due to a combination of comparatively small numbers and relatively low coverage of Indigenous deaths.

3. Deaths from homicide are defined as causes of death with ICD codes X85–Y09.

Source: ABS (unpublished); table 3A.10.1
In the period 1999 to 2003, in the five states and territories for which data are available:

- homicide death rates for Indigenous males were significantly higher than those for non-Indigenous males (ranging from 8.9 to 25.4 per 100 000 compared with 1.3 to 3.2 per 100 000) (figure 3.10.3).

- homicide death rates were higher for Indigenous females (ranging from 1.6 to 22.2 per 100 000) than non-Indigenous females (from 0.8 to 1.4 per 100 000) in 1999 to 2003 (figure 3.10.3).
Table 3.10.1 *Comparative statistics on Indigenous and non-Indigenous homicides, Australia, 2002-03*\(^a\)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Indigenous homicides</th>
<th>Non-Indigenous homicides</th>
<th>Inter-racial homicides</th>
<th>Total homicides</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>no.</td>
<td>%</td>
<td>no.</td>
<td>%</td>
</tr>
<tr>
<td>Male offender on male victim</td>
<td>11</td>
<td>32.4</td>
<td>163</td>
<td>60.8</td>
</tr>
<tr>
<td>Male offender on female victim</td>
<td>12</td>
<td>35.3</td>
<td>76</td>
<td>28.4</td>
</tr>
<tr>
<td>Female offender on male victim</td>
<td>10</td>
<td>29.4</td>
<td>20</td>
<td>7.5</td>
</tr>
<tr>
<td>Female offender on female victim</td>
<td>1</td>
<td>2.9</td>
<td>9</td>
<td>3.4</td>
</tr>
<tr>
<td><strong>Employment status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim and offender working</td>
<td>–</td>
<td>–</td>
<td>45</td>
<td>16.8</td>
</tr>
<tr>
<td>Neither working</td>
<td>31</td>
<td>91.2</td>
<td>120</td>
<td>44.8</td>
</tr>
<tr>
<td>Victim working and offender not working</td>
<td>3</td>
<td>8.8</td>
<td>59</td>
<td>22.0</td>
</tr>
<tr>
<td>Victim not working and offender working</td>
<td>–</td>
<td>–</td>
<td>44</td>
<td>16.4</td>
</tr>
<tr>
<td><strong>Motive of the killing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic altercation</td>
<td>15</td>
<td>44.1</td>
<td>72</td>
<td>26.9</td>
</tr>
<tr>
<td>Alcohol-related argument</td>
<td>11</td>
<td>32.4</td>
<td>27</td>
<td>10.1</td>
</tr>
<tr>
<td>Other argument</td>
<td>3</td>
<td>8.8</td>
<td>130</td>
<td>48.5</td>
</tr>
<tr>
<td>No apparent motive/unknown</td>
<td>4</td>
<td>11.8</td>
<td>39</td>
<td>14.6</td>
</tr>
<tr>
<td><strong>Victim-offender relationship</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate partners and other family</td>
<td>29</td>
<td>85.3</td>
<td>109</td>
<td>40.7</td>
</tr>
<tr>
<td>Friends and acquaintances</td>
<td>5</td>
<td>14.7</td>
<td>87</td>
<td>32.5</td>
</tr>
<tr>
<td>Strangers</td>
<td>–</td>
<td>–</td>
<td>41</td>
<td>15.3</td>
</tr>
<tr>
<td>Other relationship</td>
<td>–</td>
<td>–</td>
<td>25</td>
<td>9.3</td>
</tr>
<tr>
<td>Unknown</td>
<td>–</td>
<td>–</td>
<td>6</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>34</td>
<td>100.0</td>
<td>268</td>
<td>100.0</td>
</tr>
</tbody>
</table>

\(^a\) Where an offender has been identified. – Nil or rounded to zero.

*Source: Australian Institute of Criminology, National Homicide Monitoring Program, 2002-2003 [computer file]; table 3A.10.6*
Based on AIC data, there were 330 homicide incidents throughout Australia in 2002-03, of which 34 incidents (10.3 per cent) were Indigenous homicides\(^6\), 268 incidents (81.2 per cent) involved non-Indigenous people only, and the remaining 28 incidents (8.5 per cent) were inter-racial homicides (table 3.10.1).

- Out of the 330 homicides in 2002-03, Indigenous persons accounted for 11.8 per cent of the total homicide victims and 17.3 per cent of the total homicide offenders throughout Australia (table 3A.10.5).

- Indigenous females have a higher representation as both victims (38.2 per cent) and offenders (32.3 per cent) of the total Indigenous homicides than non-Indigenous females of total non-Indigenous homicides. In non-Indigenous homicides, females were 31.8 per cent of victims and 10.9 of per cent offenders of the total non-Indigenous homicides in 2002-03 (table 3.10.1).

- The overwhelming majority of Indigenous homicides involved persons who were unemployed at the time of the incident. In 2002-03, 91.2 per cent of both victims and offenders were unemployed at the time of the incident compared with 44.8 per cent of both victims and offenders for non-Indigenous homicides (table 3.10.1).

- Domestic altercation and alcohol-related arguments were given as the main motives for killing in a significant proportion of Indigenous homicide (76.5 per cent) compared with non-Indigenous homicides where the two motives accounted for 37.0 per cent of the non-Indigenous homicides. The main motive in non-Indigenous homicides was other arguments\(^7\) (48.5 per cent) (table 3.10.1).

- Overall, most Indigenous homicides took place in the family environment. In 2002-03, 85.3 per cent of Indigenous homicides took place amongst intimate partners and other family members while 40.7 per cent of non-Indigenous homicide took place amongst these groups (table 3.10.1).

- The use of a knife or other sharp instrument as a weapon accounted for 55.9 per cent of the homicides in the Indigenous population while in non-Indigenous homicides, they accounted for 27.2 per cent (table 3A.1.6).

\(^6\) Indigenous homicides refers to homicides where both victims and offenders of homicide are either Aboriginal and/or Torres Strait Islanders; non-Indigenous homicides refer to homicides where both victims and offenders are not Indigenous but are Caucasian, Asian and Maori/pacific islanders; and Inter-racial homicides where either the victim or the offender is Indigenous (AIC unpublished 2003).

\(^7\) Other arguments refers to argument over money/drugs, revenge, and racial/sexual vilification (hate crimes), sexual gratification, envy, and other motives.
Pattern and trends

Pattern and trends in the characteristics of both victims and offenders is included in this section to enable comparison of the key characteristics of both the victim and the offender and the circumstances that lead to homicide. The trends analysis here is based on four years data since 1999-2000, obtained from the AIC.

Figure 3.10.4 Trends in key factors associated with Indigenous homicide, 1999-2000 to 2002-03

- From 1999-2000 to 2002-03, domestic altercation was the major motive (42.5 per cent) for most Indigenous homicides and continued to be throughout the four year period with little change (figure 3.10.4).
- Most Indigenous homicides involved persons who were unemployed at the time of the homicide. In 2002-03, 91.2 per cent of both victims and offenders were unemployed (figure 3.10.4).
- There has been a decline in the proportion of Indigenous homicides where both victim and offender were drinking from 72.5 per cent in 1999-2000 to 64.7 per cent in 2002-03 (table 3A.10.8).
Hospitalisations for assault

Figure 3.10.5 **Non-fatal hospital separation rates for assault, by sex, 2002-03**

**a** Non-fatal refers to records where the mode of separation was not equal to ‘died’. **b** Data are based on jurisdiction of usual residence. **c** Data were not available for Tasmania or the ACT. **d** Rate per 1000 population was directly age standardised to the Australian population as at 30 June 2002. **e** Hospital separation is the discharge, transfer, death or change of episode of care of an admitted patient. **f** Hospital separations for assault are defined using ICD codes X60–X84.

*Source: AIHW (unpublished); table 3A.10.8; table 3A.10.9.*
• Nationally in 2002-03, Indigenous people were hospitalised for assault at 12.5 times the rate of non-Indigenous people (12.5 per 1000 compared with 1.0 per 1000) (figure 3.10.5 and table 3A.10.9).

• In 2002-03, Indigenous females were 29.6 times more likely to be hospitalised for assault than non-Indigenous females (figure 3.10.5 and table 3A.10.9). Further information on separation rates by states and territories can be found in table 3A.10.10.

### 3.11 Victim rates for crime

Violence and criminal behaviour are part of the cycle of disadvantage. A number of strategic areas for action, including preschool and school attendance, unemployment and housing overcrowding, are factors which can lead to domestic violence and substance misuse. In turn, these lead to violence and other criminal behaviour.

Socioeconomic factors are critical determinants of crime. The ABS 2002 NATSISS demonstrated the interrelationship between victimisation and other areas of social concern. High levels of victimisation were reported by unemployed persons (37.9 per cent) (ABS 2004). Those who reported that they had first been formally charged before the age of 17 years (44.5 per cent) also reported high levels of victimisation (ABS 2004). In 2002, of the 24 per cent of Indigenous people aged 15 years or over who had been a victim of violence in the past 12 months, around one third were living in households with Indigenous children under five years of age (ABS 2004).

**Box 3.11.1 Key messages**

- The proportion of Indigenous people who reported being a victim of violence increased from 13 per cent to 23 per cent between 1994 and 2002 (table 3A.11.3).

- After adjusting for age differences between populations, both Indigenous women and men experienced more than double the victimisation rates of other women and men in 2002 (table 3A.11.2).

The effect that multiple social disadvantage has on Indigenous people ‘as both perpetrators and victims’ of crime was also acknowledged in the 1991 Royal Commission into Aboriginal Deaths in Custody (RCIADIC 1991). Although the Royal Commission into Aboriginal Deaths in Custody recognised that family violence was a major reason for men being in prison, it made no recommendations about strategies for addressing the issue. Some initiatives that have been successful in reducing family violence can be found in box 3.11.2.
Box 3.11.2 ‘Things that work’ — reducing violence in Indigenous communities

- A NSW Inner City Domestic Violence Action Group received the NSW 2004 Violence Against Women Prevention Award for its innovative ‘BLACKOUT Violence’ campaign. The campaign united Aboriginal and non-Aboriginal services to address the impacts of violence on inner city and regional Aboriginal communities. The 2004 campaign utilised the New South Wales Aboriginal Rugby League Knockout as a promotional vehicle by encouraging attendees to wear purple armbands in recognition of their united commitment to reduce violence in Aboriginal communities. Local support and legal workers also distributed purple bags, purple water bottles and other promotional materials to women and their families attending the event.

- In 2000, the NT Government launched the ‘Strong Families, Strong Communities, Strong Future’ project that is currently being trialled with eight Indigenous communities in the Katherine region and Tiwi Islands. The project is family focussed with the belief that stronger families empower communities to deal with social issues. An Aboriginal Family Violence Team supports families that agree to participate in the project by providing ongoing training through workshops, but it is the families that find solutions to family violence. Since the project was initiated there has been increased participation by families in the communities trialled and this had in turn increased the awareness in families for the safety of women and children (Cummings 2005).

There is no national data collection on victimisation reported to police that includes Indigenous status. Tables 3A.11.4 – 3A.11.18 report data for NSW, Victoria and WA based on police records. They are included to give some insight into the level of Indigenous victimisation within these states. The data are not comparable between jurisdictions and are subject to the caveats included in the tables. Data from other jurisdictions have not been published in this Report. In some instances, this is because either there is no Indigenous identifier currently in place or, where data are collected, they are not considered to be of sufficient coverage or quality to publish.

The ABS 2002 NATSISS collected information on victimisation. NATSISS data provide information on violence against the person but not on other types of crime. These data provide sufficient evidence to demonstrate that violence in Indigenous communities and among Indigenous people is disproportionately higher than for non-Indigenous people (figure 3.11.1). An analysis of the victimisation data from the 2002 NATSISS compared with the ABS 2002 GSS and the ABS 1994 NATSIS provides further insight into the violence experienced by Indigenous people.
After taking into account the different age structures of the populations, in 2002:

- Nationally, Indigenous people experienced double the victimisation rate of non-Indigenous people (figure 3.11.1).
- Indigenous men were twice as likely to be a victim of violence than non-Indigenous men (20.9 per cent compared with 10.8 per cent) (table 3A.11.2).
- Indigenous women were more than twice as likely to be a victim of violence than non-Indigenous women (18.3 per cent compared with 7.0 per cent) (table 3A.11.2).
Figure 3.11.2 People aged 18 years and over who were a victim of physical or threatened violence in the last 12 months, 2002

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–24 years</td>
<td>30%</td>
<td>15%</td>
</tr>
<tr>
<td>25–34 years</td>
<td>25%</td>
<td>10%</td>
</tr>
<tr>
<td>35–44 years</td>
<td>20%</td>
<td>5%</td>
</tr>
<tr>
<td>45–54 years</td>
<td>15%</td>
<td>3%</td>
</tr>
<tr>
<td>55 years or over</td>
<td>10%</td>
<td>2%</td>
</tr>
</tbody>
</table>

a In the GSS and non-remote areas of the NATSISS in order for a person to be a victim of physical or threatened violence, the threat must have been made 'in person'.


- Across all age groups, the proportion of Indigenous people who were victims of physical or threatened violence was higher than for non-Indigenous people (figure 3.11.2).
- For both Indigenous and non-Indigenous people, young people aged 18-24 years, were most likely to have been victims of violence (figure 3.11.2).
- Across geographic regions, rates of victimisation for Indigenous people were similar (table 3A.11.1).
- The proportion of Indigenous people aged 18 years or over who were victims of violence increased from 12.9 per cent in 1994 to 23.3 per cent in 2002 (table 3A.11.3).

3.12 Imprisonment and juvenile detention rates

Over-representation of Indigenous people in the criminal justice system is well documented (Woodward 2003). Many factors create the conditions which result in Indigenous incarceration. One factor highlighted by the WA Department of Justice (2002a) is that early involvement of Aboriginal juveniles in the criminal justice system is likely to place them at significantly greater risk of subsequent detention as adults.
There are also social and economic factors which both predispose Indigenous people to offend, and which explain why the criminal justice system focuses upon them (RCIADIC 1991). Putt, Payne and Milner (2005) examined the link between Indigenous male offending and substance abuse and found that alcohol intoxication directly attributed to the cause of ‘the most recent’ crime by many Indigenous male offenders.

Causal factors can be found in all of the strategic areas for action. Imprisonment and juvenile detention rates provide an insight into the level of involvement of Indigenous people in the criminal justice system — to the degree that they show the extent to which Indigenous people are subject to custodial sentencing sanctions imposed by the courts.

In a recent study, Lynch, Buckman and Krenske (2003) reported that Indigenous juvenile offenders were more likely than non-Indigenous juvenile offenders to graduate to the adult criminal justice system and end up in jail. The study found that 86 per cent of Indigenous juvenile offenders entered the adult correction system with 65 per cent serving at least one prison term, compared with 75 per cent of non-Indigenous juveniles offenders who entered the adult correction system with 41 per cent serving at least one prison term.

The 1991 Royal Commission into Aboriginal Deaths in Custody identified links between the formal education system, child welfare practices, juvenile justice, health and employment opportunities as contributors to the disproportionate representation of Aboriginal people in police and custodial facilities (RCIADIC 1991). More recent evidence suggests that 37.1 per cent of Indigenous people aged 25 years or over who had been formally charged had ceased schooling before year 10 (ABS 2004a).

The ABS 2002 NATSISS collected information on Indigenous people who had been incarcerated in the previous five years.
Box 3.12.1 **Key messages**

- There has been no improvement in imprisonment rates between 2000 and 2004. Over this period, Indigenous women’s imprisonment increased by 25 per cent and that for Indigenous men by 11 per cent (figure 3.12.1).

- On 30 June 2004, the most serious offence of around one quarter of all sentenced prisoners was ‘acts intended to cause injury’ (figure 3.12.3).

- After adjusting for age differences, Indigenous people were 11 times more likely than other Australians to be imprisoned (table 3.12.1).

- Indigenous juveniles were 20 times more likely to be detained than other juveniles on 30 June 2003 (figure 3.12.4).

Even though the Royal Commission noted that changes to the operation of the criminal justice system alone will not have a significant impact on the number of Indigenous people entering into custody, there has been some success in the emergence of Indigenous justice practices (box 3.12.2). The changes some jurisdictions have made in justice practices are aimed at making the court processes more culturally appropriate, and to increase participation of Indigenous people in the justice system as bail officers, court staff and advisors.

Box 3.12.2 **‘Things that work’ — Indigenous justice practices**

One effect of the Nunga Courts in SA and the Koori Courts in Victoria is that a higher proportion of defendants attend court on their scheduled day. This has led to reductions in arrests for non-appearance by offenders on bail. These courts have also imposed alternative penalties such as community services or graduated methods of paying fines to overcome the cycle of Indigenous imprisonment for unpaid fines (Marchetti and Daly 2004). (Figure 3.12.3 shows that nationally, in 2004, 10.6 per cent of Indigenous prisoners had been sentenced for offences against justice procedures — including unpaid fines.)

The information in this section on imprisonment and juvenile detention takes account of only one possible aspect of Indigenous contact with the criminal justice system. By their nature, the offences which result in imprisonment or juvenile detention tend to be of a more serious nature. As a result, the data do not address:

- bail refusals

- arrests that do not proceed to court (for example, as a result of diversion or restitution)

- convictions that lead to outcomes that are not administered by custodial facilities (for example, community service orders and fines).
In contrast with imprisonment and juvenile detention, there is currently no national reporting by jurisdictions of police custody data. For Indigenous people, data on police custody (for example, police custody for ‘public drunkenness’) may be explored in future reports.

The data on Indigenous imprisonment are sourced from the National Prisoner Census, the results of which are published by the ABS in the *Prisoners in Australia* publication (ABS 2004b). The census is a count of all prisoners who are held in gazetted adult prisons in Australia, as at midnight on 30 June of each year. People held in juvenile institutions, psychiatric facilities or immigration custody are not included. People under 18 years are treated as juveniles in most Australian courts and are not held in custody in adult prisons, other than in exceptional circumstances. In Victoria and Queensland, ‘adult’ refers to people aged 17 years and over.

The Prisoner Census provides a snapshot of the number of people in prison, and is not representative of the flow of prisoners. The majority of prisoners in the census information are serving long sentences for relatively serious offences, but the flow of offenders in and out of prisons consists primarily of people serving short sentences for relatively minor offences.

For juvenile detention, the data are sourced from the AIC publication *Statistics on Juvenile Detention in Australia: 1981–2003*. These data contain information on the number of young people in the custody of each jurisdiction’s juvenile justice agency on the last day of each quarter. Only those juveniles detained on census night are counted, and as such, it is not necessarily representative of the actual daily average of juvenile detainees in each State and Territory.

While detailed national data are currently available on the number of young people held in juvenile detention centres at the end of each quarter, these detention data only illustrate one aspect of the juvenile justice system. The vast majority of juveniles in the care of juvenile justice agencies are not placed into detention; rather they are placed on community service orders or other types of order (Charlton and McCall 2004).

The need for more representative data on a national basis has been one of the main factors driving the development of the Juvenile Justice National Minimum Data Set (JJ NMDS). However, as the JJ NMDS is still being tested, it is unlikely that it will be at a stage where data can be reported and released for at least two years.

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8 Victoria has a dual track system of adult prison and juvenile detention available for persons aged 17 to 20 years at the time of sentencing, with an option for some young people in this age group to be placed in a senior youth training centre. The juvenile detention option is not available to this age group purely for remand purposes. From 1 July 2005, the age jurisdiction of the criminal division of the Children’s Court in Victoria will increase from under 17 to under 18 years.
Imprisonment

Some data in this section are age standardised. Data issues, including age standardisation are discussed in chapter 2.

Table 3.12.1 Age standardised imprisonment rates per 100 000 adult population, 30 June 2004a

<table>
<thead>
<tr>
<th></th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
<th>Ratio of Indigenous to Non-Indigenousd</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSWb</td>
<td>1 561.9</td>
<td>153.6</td>
<td>10.2</td>
</tr>
<tr>
<td>Victoria</td>
<td>810.5</td>
<td>90.7</td>
<td>8.9</td>
</tr>
<tr>
<td>Queensland</td>
<td>1 203.5</td>
<td>140.9</td>
<td>8.5</td>
</tr>
<tr>
<td>WA</td>
<td>2 358.7</td>
<td>136.6</td>
<td>17.3</td>
</tr>
<tr>
<td>SA</td>
<td>1 218.5</td>
<td>100.1</td>
<td>12.2</td>
</tr>
<tr>
<td>Tasmania</td>
<td>467.2</td>
<td>121.3</td>
<td>3.9</td>
</tr>
<tr>
<td>ACTc</td>
<td>867.8</td>
<td>88.9</td>
<td>9.8</td>
</tr>
<tr>
<td>NT</td>
<td>1 218.7</td>
<td>141.0</td>
<td>8.6</td>
</tr>
<tr>
<td>Australia</td>
<td>1 413.9</td>
<td>126.7</td>
<td>11.2</td>
</tr>
</tbody>
</table>

a The ratio of Indigenous to non-Indigenous imprisonment is calculated by dividing the Indigenous age standardised imprisonment rate by the non-Indigenous age standardised imprisonment rate. b Data for NSW excludes ACT prisoners held in NSW prisons. c Data for ACT includes ACT prisoners held in ACT as well as ACT prisoners held in NSW. d Prisoners with unknown Indigenous status are excluded from the calculation of age standardised imprisonment rates.

Source: ABS (2004b); table 3A.12.3.

- Table 3.12.1 adjusts for age differences between Indigenous and non-Indigenous populations. Nationally, Indigenous people were 11 times more likely than non-Indigenous people to be imprisoned (with an age standardised imprisonment rate of 1414 prisoners per 100 000 adult Indigenous population compared with 127 per 100 000 for non-Indigenous prisoners).
Imprisonment rates in figure 3.12.1 have not been age standardised. Imprisonment rates were age standardised by the ABS for the first time in 2004 (table 3.12.1). The ABS is considering age standardising historical rates for Indigenous and non-Indigenous prisoners in the future.

There has been a moderate increase in the rate of Indigenous imprisonment between 2000 and 2004.

There were 5048 Indigenous prisoners in Australia at 30 June 2004 of whom 79.7 per cent were sentenced prisoners and the balance were on remand (awaiting sentence) (table 3A.12.1). Indigenous prisoners accounted for 20.9 per cent of the prisoner population (table 3A.12.4).
Figure 3.12.2 Rate of imprisonment by gender, 30 June 2004a, b, c

Imprisonment rates in figure 3.12.2 have not been age standardised. Nationally, as at 30 June 2004, Indigenous males were 15 times more likely than non-Indigenous males to be in prison and Indigenous females were 19 times more likely than non-Indigenous females to be in prison (figure 3.12.2). Note that based on crude (non age standardised) rates, the rate of imprisonment of Indigenous people overall is 15 times higher than for non-Indigenous people (compared to 11 times higher based on age standardised rates).

Indigenous prisoners are vulnerable to similar health and wellbeing issues as other prisoners but these may be compounded by their different cultural needs. Female prisoners comprise a small but growing proportion of the Australian prison population (table 3A.12.5) and have specific needs not shared by most
male prisoners, such as being the primary caretaker for young children. Because there are fewer prisons for women, Indigenous females are often detained in centres far from their children and communities (ABS 2004c) and may face communication difficulties. In a recent study of women prisoners in WA, the Justice Department (2002b) found that 14 per cent of the Indigenous women spoke an Aboriginal dialect as their main language.

- The imprisonment rate for Indigenous women increased by 25 per cent between 2000 and 2004, in contrast to an increase of 11 per cent in the imprisonment rate for Indigenous men (table 3A.12.6).
- In 2004, Indigenous women and men were generally younger, both averaging 31 years compared with non-Indigenous women and men (35 years) (table 3A.12.11).

**Figure 3.12.3** Sentenced prisoners by most serious offence, 30 June 2004\(^a, b\)

![Sentenced prisoners by most serious offence](image)

\(^a\) UEWI means ‘Unlawful entry with intent’. \(^b\) Justice procedures refer to offences against justice procedures, government security and government operations.

*Source: ABS (2004); table 3A.12.7.*

- The data in figure 3.12.3 provide a picture of people in prison at a point in time. The majority of prisoners in the annual prisoner census are serving long-term sentences for serious offences. It is acknowledged that an examination of the flow of offenders in and out of prison during the year, would consist primarily of people serving short sentences for lesser offences.
- Of the 4025 Indigenous sentenced prisoners, 26.8 per cent had been sentenced in the most serious offence category of acts intended to cause injury, over twice the proportion of the non-Indigenous sentenced prisoner population (10.3 per cent) (figure 3.12.3).
In contrast, only 1.1 per cent of Indigenous prisoners had been sentenced in the most serious offence category of dealing or trafficking in illicit drugs, considerably less than the non-Indigenous prisoner population (12.4 per cent) (figure 3.12.3).

Table 3A.12.7 shows sentenced prisoners by most serious offence and expected time to serve (mean months). Nationally, Indigenous prisoners were expected to serve shorter sentences than the overall prisoner population in most of the selected offence categories in figure 3.12.3, but were serving longer sentences for sexual assault and theft.

The rate of imprisonment, by age category, is shown in table 3A.12.9, and the mean and median age of prisoners is shown in 3A.12.11. Data by jurisdiction on the proportion of prisoners on remand (or awaiting sentencing) are contained in table 3A.12.13.

**Juvenile detention**

Figure 3.12.4 *Rate of detention, per 100 000 juveniles, aged 10–17 years*a, b

![Graph showing rate of detention](image)

*a Juvenile detention rates differ from previously published rates because they have been revised. Juvenile detention rates for 2000-01, 2001-02 and 2002-03 have been revised using Indigenous population projections based on the 2001 Census of Population and Housing (high series). b All data are taken from the census count at 30 June of the relevant financial year.

Source: Charlton and McCall (2004); table 3A.12.16.

- There was a downward trend in the rate of detention for both Indigenous and non-Indigenous juveniles between 30 June 1999 and 30 June 2002 but the rate increased between 30 June 2002 and 30 June 2003 (figure 3.12.4).
- There were 302 Indigenous juveniles in detention and 338 non-Indigenous juveniles in detention on the 30 June 2003 (table 3A.12.15). The rate of
detention among Indigenous juveniles was 321 per 100,000 population, while the rate for non-Indigenous juveniles was 16 per 100,000 population (figure 3.12.4).

- Indigenous juveniles were approximately 20 times more likely to be detained in June 2003. This is approximately the same ratio as in June 1999.
- The rates per 100,000 population can be highly variable in states and territories with: small populations of Indigenous people; small numbers of people in juvenile detention; and/or small numbers of Indigenous people in juvenile detention. This particularly applies in Victoria, Tasmania, the ACT and the NT.

Figure 3.12.5 Rate of detention, per 100,000 male juveniles, aged 10–17 years, 30 June 2003a, b

• As shown in figure 3.12.5, the rate of Indigenous male juvenile detention per 100,000 juveniles was considerably higher than the rate for non-Indigenous juveniles in all jurisdictions. There were 269 Indigenous males nationally in juvenile detention at 30 June 2003 (table 3A.12.17).

• One of the key findings from the Youth Justice: Criminal Trajectories Project was that Indigenous males were more likely to progress from the juvenile to the adult correction system than non-Indigenous males and all females (89 per cent of Indigenous male juvenile offenders entered the adult system compared with 78 per cent of non-Indigenous male juvenile offenders) (Lynch, Buckman and Krenske 2003).

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a Indigenous rates were calculated by Charlton and McCall (2004) using high series population data provided by the ABS. Any variation in derived rates may be due to the assumptions and limitations of the base population data. b In Victoria and Queensland, ‘adult’ refers to people aged 17 years and over, so some offenders aged 17 years may be held in adult prisons rather than juvenile detention.

Source: Charlton and McCall (2004); table 3A.12.18.
The rates of juvenile detention for Indigenous females are not shown in figure 3.12.5 as there were only 33 Indigenous females in juvenile detention nationally on 30 June 2003. The ACT and the NT had no Indigenous females in detention (table 3A.12.17).

The number and rate of juveniles in detention, by age category, are shown in tables 3A.12.19–3A.12.20. Data pertaining to the proportion of juveniles who were in detention and under sentence (as opposed to being on remand) on 30 June 2003 are available in table 3A.12.21, while data on the number of people in juvenile detention (including those aged over 18 years) are available from table 3A.12.22.

3.13 Future directions in data

Life expectancy

Since the 2003 Report, the ABS has revised its methods for estimating Indigenous life expectancy, (see ABS 2004). This paper describes the process of constructing experimental Indigenous life tables for the period 1996–2001 using a new demographic method, which offers improvement over other indirect methods available for estimating mortality from incomplete data. The ABS advises that the Indigenous life expectancy estimates presented in this paper are the best that can be compiled with currently available data, and are assessed to be suitable for experimental population estimates and projections. However, over-precise analysis of the life expectancy estimates as measures of Indigenous health outcomes should be avoided. In particular, the differences between the life expectancy estimates in this paper and those previously published by the ABS, which were based on analysis of data for the intercensal period 1991 to 1996 and a different method, represent improvements in methods and data quality and do not represent any changes over time in the life expectancy of the Indigenous population.

The ABS is working with the AIHW and the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data to further improve the quality and availability of Indigenous death and life expectancy data.

Rates of disability and/or core activity restriction

The ABS is including a disability related ‘core activity need for assistance’ question in the 2006 Census, which will provide a useful source of both national and small area data on Indigenous and non-Indigenous people with a need for assistance in core activities.
A new Indigenous disability network has been proposed, to promote better understanding of disability among Indigenous peoples, consultation among those responsible for service design and delivery, and cross-border coordination in some areas of Australia. The new network should provide advice to the AIHW and the ABS on Indigenous disability data collection.

**Education, labour force participation, unemployment and income**

In addition to the five-yearly Census, the ABS program of ongoing specific Indigenous household surveys will provide selected education, labour (including CDEP) and income data on a three-yearly cycle.

Improving reporting of year 12 completion rates data by including an Indigenous identifier is important for obtaining nationally comparable data for future reports.

**Substantiated child protection notifications**

The substantiated child protection data have been used to give an insight into the extent of child abuse and/or neglect, and more specifically, the extent of sexual abuse. Even as a proxy indicator of sexual abuse, it is acknowledged that the substantiated child protection data do not adequately address the issue. More work is required in the future on developing the indicator and subsequent data set so that a clearer picture can be gained of the extent of child sexual abuse.

**Victim rates for crime**

In working towards nationally comparable data on crime victimisation by Indigenous status, the police services in the states and territories have formally agreed to provide information on Indigenous status based on the ABS Standard Indigenous Question. This should help to generate more comparable information in future years.

**Imprisonment and juvenile detention rates**

The need for more representative juvenile justice data on a national basis has been one of the main factors driving the development of the Juvenile Justice National Minimum Data Set (JJ NMDS). This data set is currently being implemented, with the first report containing four years of data (2000-01 to 2004-04) due to be released in November 2005.
3.14 References

3.1 Life expectancy at birth


3.2 Rates of disability and/or core activity restriction


3.3 Years 10 and 12 retention and attainment


3.4 Post secondary education — participation and attainment


### 3.5 Labour force participation and unemployment


### 3.6 Household and individual income


—— 2004, *National Aboriginal and Torres Strait Islander Social Survey 2002*, Cat no. 4714.0, Canberra.


### 3.7 Home ownership

ABS (Australian Bureau of Statistics) 2001, *Australian Housing Survey, Aboriginal and Torres Strait Islander Results*, Cat. no. 4712.0, Canberra.


3.8 Suicide and self-harm

ABS 2005, *Causes of Death, Australia*, Cat. no. 3302.0, Canberra.


3.9 Substantiated child protection notifications


Select Committee on Substance Abuse in the Community 2004, *Petrol Sniffing in Remote Northern Territory Communities*, Legislative Assembly of the Northern Territory, Darwin.

Siegel, N. 2003, ‘The interaction between petrol sniffers and bush court in Aboriginal communities’, paper presented at the Inhalant Use and Disorder Conference convened by the Australian Institute of Criminology, Townsville, 7-8 July.


### 3.10 Deaths from homicide and hospitalisations for assault


3.11 Victim rates for crime


3.12 Imprisonment and juvenile detention rates


—— 2004c, *Australian Social Trends, 2004*, Cat. no. 4102.0, Canberra.


Department of Justice 2002a, *Strategic Plan for Aboriginal Services, 2002-2005*, Department of Justice, WA.

—— 2002b, *Profile of Women in Prison*, Department of Justice, WA.


### 3.13 Future directions in data

4 Strategic areas for action

4.1 The rationale

The seven strategic areas for action have been chosen for their potential to have a significant and lasting impact on overcoming Indigenous disadvantage. Their aim is to assist policy makers to focus on the causes of social and economic disadvantage, so that over time, improvements in the headline indicators will be achieved.

None of these areas is portfolio specific, even though their names may suggest otherwise. By way of example, although ‘Early school engagement and performance (preschool to year 3)’ suggests that policy action in the education area is the main focus, in reality, education is only one aspect of what would drive change in that area. The small set of strategic change indicators which have been chosen for that area suggest where the policy focus should be. However, actions in the other areas are also very important. Housing overcrowding, poor nutrition or hearing impediments are just some of the factors that can impact on school attendance and performance.

4.2 Strategic change indicators

For each of the strategic areas for action, a few key indicators have been developed with their potential amenability to government policies and programs in mind. Some aspects of the indicators are outlined briefly below.

Sitting against each strategic area for action are the strategic change indicators which have been selected as critical to overcoming Indigenous disadvantage. They have substantially satisfied the criteria (see chapter 2) especially in relation to having a strong logic or evidence base, and being amenable to policy interventions.

For the most part, these are outcome indicators which are likely to reflect the collective efforts of governments and agencies. Some outputs, however, were seen as being so closely linked to outcomes that they could not be ignored, including: access to water, sewerage, and health professionals.
Although this framework has been developed with a view to reporting quantitative data against each indicator, it is not possible to quantify everything that matters. Key elements of the framework (for example, culture and governance) were not amenable to quantification, but have nevertheless been included in the framework. For these elements, case studies are the prime reporting mechanism. Furthermore, many indicators reported largely using quantitative data also include case studies showing things that work in particular places or organisations.
### 5 Early child development and growth

#### Strategic areas for action

<table>
<thead>
<tr>
<th>Early child development and growth (prenatal to age 3)</th>
<th>Early school engagement and performance (preschool to year 3)</th>
<th>Positive childhood and transition to adulthood</th>
<th>Substance use and misuse</th>
<th>Functional and resilient families and communities</th>
<th>Effective environmental health systems</th>
<th>Economic participation and development</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Rates of hospital admission for infectious diseases</td>
<td>- Infant mortality</td>
<td>- Birth weight</td>
<td>- Hearing impediments</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Providing a child with a good start in life can have a profound effect on their passage through the life cycle. While options and opportunities in the future can be determined at this early stage, so too can barriers.

Early childhood experiences have a significant influence on health and educational outcomes in later life. Research has demonstrated that health, growth and development in the first three years of life play a crucial role in later outcomes. Brain development is at its greatest to the age of three. Deprivation, stress and neglect in these early years can have significant impacts on later childhood and adult health and educational outcomes (see, for example, McCain and Mustard (1999), and Keating and Hertzman (1999)).

Infectious diseases in early childhood can be fatal for young children. Even when they are not fatal they can affect nutrition, growth and mental stimulation at a crucial time when children are developing rapidly. Research has shown that negative stresses in early childhood can adversely affect child development (see McCain and Mustard for examples). Repeated infections can also lead to kidney stones and high blood pressure (DHAC 1999). A range of infectious diseases that result in children being admitted to hospital is reported in section 5.1.
Infant mortality reflects the most serious outcome of disadvantage and illness during pregnancy and infancy (the first year of life). Infants are growing rapidly and still developing immunity to diseases and are more vulnerable to many illnesses and environmental hazards than older children and adults. Section 5.2 reports on the survival of Indigenous children in their first year of life.

Low birthweight has been shown in several studies to be correlated with coronary heart disease and non-insulin dependent diabetes later in life. Small size and disproportion at birth can indicate lack of nutrients or oxygen during particular stages of pregnancy (see Mackerras 1998; Fall et al. 1995; Barker 1995; Barker et al. 2001). Birthweight is also a key factor affecting neonatal mortality (Sayers and Powers 1997). Section 5.3 examines data relating to babies born to Indigenous mothers.

Hearing impediments in Indigenous children are often the result of recurring ear infections. Chronic ear infections and subsequent hearing loss are generally agreed to impair language development and educational achievement (Bowd (2002); Couzos, Metcalf and Murray (1999); and Smith Mackenzie and Hatcher (1995) cited in Couzos, Metcalf and Murray (2001)). A recent study found that school attendance rates were much lower for Indigenous children with chronic ear infections when compared with other children (NACCHO 2003).

Hearing impediments in early childhood may not be diagnosed until children begin to attend school and are unable to hear properly in the classroom. Deafness makes learning much more difficult for children throughout their schooling and later life and is a particular problem for children for whom English is not the first language (NTDE 1999). From the results of a large scale survey conducted in 2001 and 2002, Zubrick et al. (2004) found that:

Recurrent and discharging ear infections, which affected one in eight Aboriginal children in WA, had a very significant impact on rates of hearing loss and on speech, language and learning problems.

Data on hearing impediments are contained in section 5.4.

**Supporting tables**

Supporting tables for this chapter are identified in references throughout this chapter by an ‘A’ suffix (for example, table 5A.1.1). These tables can be found on the Review web page (www.pc.gov.au/gsp). Users can also contact the Secretariat to obtain the attachment tables.
5.1 Rates of hospital admission for infectious diseases

Until the second half of the 20th century, infectious diseases were a prominent cause of death in Australia. Between 1921 and 1995, age standardised death rates from infectious diseases fell from 185 per 100,000 population to 6 per 100,000 (ABS 1997). In 2001, the death rate from certain infectious and parasitic diseases in Australia (total persons, both Indigenous and non-Indigenous) was 8.5 per 100,000 population (ABS 2005).

Infectious diseases range in severity from minor conditions such as the common cold, to serious illnesses such as meningococcal infection and tuberculosis, which can result in death. Disease is caused by organisms such as bacteria, viruses or parasitic worms, and can be transmitted directly (for example, through droplet infection) between people, or from insects and animals to people. It can also be indirectly transmitted (for example, through contaminated food or water) through the environment. Infection can also result from the pathological growth of organisms already present in a person’s body (ABS 1997).

Some infections that may appear minor can have serious longer term health effects. Recurring skin infections, for example, streptococcal pyoderma (impetigo or ‘school sores’) in some Aboriginal communities are associated with the highest worldwide rates of acute rheumatic fever (Currie and Carapetis 2000). Furthermore, the major pathogen of skin infection, group A streptococcus, is also associated with chronic renal failure — a prevalent and highly burdensome condition of Aboriginal adults (Zubrick et al. 2004, p.150).

In Australia, many childhood diseases are generally successfully treated or prevented. The main focus of this indicator is to examine the range of infectious diseases experienced by children that result in a hospital admission.

Box 5.1.1 Key message

In 2002-03, the hospital separation rate (admissions) for Indigenous children aged less than four years for infectious diseases (111 per 1000 people) was more than twice the rate for other children (48 per 1000 people) (table 5.1.1).

A wide range of social, cultural, physical and economic factors influence the health of children. Health initiatives of communities and governments can assist in the prevention of disease and ensuring the health of children. These initiatives include education on the benefits of breastfeeding, good nutrition and sanitation, and in the provision of adequate housing (see chapter 10 for more information on diseases associated with poor environmental health). Preventative health actions taken by
carers of young children (such as dental and immunisation services) can also influence the health of children in both the short and long term. More information on immunisation rates in children and the prevalence of vaccine preventable diseases is included in section 9.3. Section 5.4 includes information on ear infections in children.

Despite overall improvements in the health of most Australian children, significant inequalities still exist. Hospital separation data indicate that Indigenous children under age four have a higher rate of hospital admissions for infectious diseases compared with non-Indigenous children of the same age.

Table 5.1.1 **Hospital separations with a principal diagnosis of infectious diseases, for children aged less than four years, 2002–03**[^a] ^[^b] ^[^c]

<table>
<thead>
<tr>
<th>ICD-10-AM code and description</th>
<th>Separations (number)</th>
<th>Age specific rate (per 1000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indigenous</td>
<td>Non-Indigenous</td>
</tr>
<tr>
<td>Intestinal infectious diseases (A00–A09)</td>
<td>2 085</td>
<td>15 236</td>
</tr>
<tr>
<td>Influenza and pneumonia (J10–J18)</td>
<td>1 307</td>
<td>6 967</td>
</tr>
<tr>
<td>Acute upper respiratory infections (J00–J06)</td>
<td>1 100</td>
<td>13 094</td>
</tr>
<tr>
<td>Other bacterial diseases (A30–A49)</td>
<td>153</td>
<td>1 445</td>
</tr>
<tr>
<td>Whooping cough (A 37)</td>
<td>28</td>
<td>174</td>
</tr>
<tr>
<td>Meningococcal infection</td>
<td>16</td>
<td>199</td>
</tr>
<tr>
<td>Streptococcal septicaemia</td>
<td>22</td>
<td>232</td>
</tr>
<tr>
<td>Pediculosis, acarisis and other infestations (includes scabies) (B85–B89)</td>
<td>106</td>
<td>16</td>
</tr>
<tr>
<td>Viral infections characterised by skin and mucous membrane lesions (B00–B09)</td>
<td>79</td>
<td>1 099</td>
</tr>
<tr>
<td>Varicella [Chickenpox] (B01)</td>
<td>28</td>
<td>289</td>
</tr>
<tr>
<td>Other viral diseases (B25–B34)</td>
<td>286</td>
<td>6 388</td>
</tr>
<tr>
<td>All other diseases</td>
<td>75</td>
<td>451</td>
</tr>
<tr>
<td>All infectious diseases</td>
<td>5324</td>
<td>45769</td>
</tr>
</tbody>
</table>

[^a]: Diseases are classified based on the ICD-10-AM code and description.  
[^b]: Data were not presented for the ACT and Tasmania due to the small number of Indigenous males and females aged less than four (less than 1000).  
[^c]: Age specific rates are as per 1000 people in that age group (non-Indigenous population estimate based on ABS 2002 estimated resident population (ERP) for total population minus projected 2002 Indigenous population).  
[^d]: Separations where Indigenous status was not stated are included in the non-Indigenous rates.

*Source: AIHW National hospital morbidity database (unpublished); table 5A.1.1.*

- The most common types of infectious diseases for both Indigenous and non-Indigenous children aged less than four years were intestinal infectious diseases, influenza and pneumonia, and acute upper respiratory diseases. For all of these common diseases, Indigenous children had hospital separation rates between 1.7 and 3.7 times higher than non-Indigenous children (table 5.1.1).
In 2002-03, the separation rate for intestinal infectious diseases for Indigenous children under four was 2.7 times higher than the rate for non-Indigenous children (43.3 per 1000 compared with 16.1 for non-Indigenous children).

The rate for influenza and pneumonia was 3.7 times higher for Indigenous children under four than for non-Indigenous children (27.2 per 1000 Indigenous children compared with 7.4 per 1000 non-Indigenous children).

The separation rate for bacterial diseases (including whooping cough, meningococcal infection and streptococcal septicaemia) was 2.1 times higher for Indigenous children under four compared with non-Indigenous children (3.2 per 1000 Indigenous children compared with 1.5 per 1000 non-Indigenous children).

Acute upper respiratory infections were the third most common type of infectious disease for Indigenous children under four, who were hospitalised at 1.6 times the rate of non-Indigenous children (22.9 separations per 1000 compared with 13.8 per 1000).

Hospital separation rates for infectious diseases in Indigenous children aged under four fell slightly between 2001-02 and 2002-03 (from 115.4 to 110.7 per 1000). There was little change in rates for non-Indigenous children (from 48.0 to 48.2 per 1000) (tables 5A.1.1 and 5A.1.2). A longer time series would be required to identify any underlying trends.

Data on rates of infectious diseases in children under four years by jurisdiction are shown in table 5A.1.3.
Figure 5.1.1 **Hospital separation rates with a principal diagnosis of infectious disease by children aged less than four years, 2002-03**\(^a\), \(^b\), \(^c\), \(^d\), \(^e\)

- **Males**

  - Indigenous
  - Non-Indigenous

  ![](image1)

  **Females**

  - Indigenous
  - Non-Indigenous

  ![](image2)

\(^a\) Diseases are classified based on the ICD-10-AM code and description.  
\(^b\) Data are based on jurisdiction of usual residence.  
\(^c\) Data were not presented for the ACT and Tasmania due to the small number of Indigenous males and females aged less than four (less than 1000).  
\(^d\) Age specific rates are as per 1000 (non-Indigenous population estimate based on ABS 2002 ERP for total population minus projected 2002 Indigenous population).  
\(^e\) Separations where Indigenous status was not stated are included in the non-Indigenous rates.

*Source: AIHW National hospital morbidity database (unpublished); table 5A.1.3.*

- Across all jurisdictions, the separation rates for infectious disease were higher for Indigenous children (both male and female) aged less than four years than for non-Indigenous children.
Generally, Indigenous males under four had higher separation rates than Indigenous females and non-Indigenous children (figure 5.1.1).

Results from the Western Australian Aboriginal Child Health Survey (Zubrick et al. 2004) undertaken in 2001 and 2002 are outlined below.

- Recurring chest infections affected 12.3 per cent of Indigenous children aged 0–17 years, with infection rates highest in children aged 0–3 years and lowest in children aged 12–17 years. There was no association between infection rates and levels of relative isolation.\(^1\)

- An estimated 8.5 per cent of Indigenous children had recurring skin infections such as school sores or scabies. Children aged 4–11 years were the most likely to have recurring skin infections. The prevalence was 17.6 per cent in extremely isolated areas, more than twice the rate in all other areas.

- An estimated 5.6 per cent of Indigenous children suffered from recurring gastrointestinal infections. Prevalence decreased significantly after 12 years of age and prevalence in extremely isolated areas was twice that in other areas.

- Some 18.1 per cent of Indigenous children had recurring ear infections. Older children aged 12–17 years were significantly less likely to have recurring ear infections (13.6 per cent) than children aged 0–3 years (20.4 per cent) and children aged 4–11 years (19.9 per cent).

- An estimated 9.7 per cent of Indigenous children reported more than one of the above four types of recurring infections, with 6.9 per cent suffering from two types, 2.3 per cent suffering from three types and 0.5 per cent suffering from all four types. Significantly more children in areas of extreme isolation (17.9 per cent) had more than one type of recurring infection than children in less isolated areas.

- An estimated 16.3 per cent of children in households where their primary carer reported financial strain suffered from more than one type of recurring infection, which was significantly higher than the prevalence in households where the primary carer could ‘save a bit now and again’ (8.4 per cent) or could ‘save a lot’ (7.2 per cent). There was no association between recurring infections or ear infections and the primary carer’s educational attainment.

\(^1\) Zubrick et al. (2004) used a different series of geographic region (remoteness) categories than the standard ABS categories used elsewhere in this Report and discussed in chapter 2. Both sets of categories are based on the Accessibility Remote Index of Australia (ARIA). The ABS categories are a widely used version known as ARIA+, whereas the version used by Zubrick et al. (2004) is known as ARIA++, which has been designed to allow greater distinction between locations that are all classified as very remote in the ABS ARIA+ version. The five ARIA++ categories used by Zubrick et al. (2004) are called levels of relative isolation and comprise the categories: none (Perth metropolitan area), low, moderate, high and extreme.
The death rate from infectious and parasitic diseases was higher among Indigenous children (between 17.2 and 72.7 per 10,000 population) than non-Indigenous children (between 8.7 to 11.8 per 10,000 population) in NSW, Queensland, SA, WA, and the NT (the five jurisdictions for which data were available) between 1999–2003 (figure 5.1.2).

5.2 Infant mortality

The rate of infant mortality (the number deaths of children under one year of age per 1000 live births) is commonly viewed as an indicator of the general health and wellbeing of a population. A low infant mortality rate is a major contributor to increased life expectancy for a population. The dramatic decline in infant mortality rates in Australia over the 20th century (the rate of infant deaths decreased from 103 deaths per 1000 live births in 1900 to 4.8 deaths per 1000 live births in 2003) has been associated mainly with the decline of infectious diseases, along with growing preventative health measures and public health programs (ABS 1996 and 2004).

During the first half of the 20th century, a significant share of the decline in infant mortality was associated with improvements in public sanitation and health education. By the 1940s, the development of vaccines and mass vaccination

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2 Infant deaths are usually divided into neonatal (occurring in the first 28 days after birth (0–27 days)) and postneonatal periods (those occurring in the remainder of the first year (28 days to 364 days)).
programs resulted in further gains. Improved medical technology (including improvements in neonatal intensive care) and education campaigns about the importance of immunisation, and more recently, in the case of sudden infant death syndrome, infant sleeping position, have led to further modest declines in infant deaths in the last half of the century (ABS 2004).

The main causes of Indigenous infant deaths are congenital disorders, sudden infant death syndrome, respiratory and cardiovascular disorders, and accidents (ABS 1996).

**Box 5.2.1 Key message**

Indigenous infant mortality rates in states and territories for which data are available have slightly improved (in some jurisdictions) in recent years. Nevertheless, infant mortality rates for Indigenous Australians in these jurisdictions were two to three times as high as those for the total population (table 5.2.1).

At present, estimates of the infant mortality rate among Australia’s Indigenous population are imprecise:

The exact scale of difference between the Indigenous and total population mortality is difficult to establish conclusively, due to data quality issues with Indigenous data and the experimental nature of Indigenous population estimates. Caution should be exercised when undertaking precise analysis of Indigenous mortality and trends in Indigenous data. (ABS 2004)

In the 2003 Report, Indigenous infant mortality data were presented for five states and the NT, as well as for Australia as a whole. In 2004, the ABS reassessed the underlying data used to calculate Indigenous infant mortality (and other demographic statistics), due to concerns of under-coverage (ABS 2004).

The implied coverage of Indigenous deaths, for the period 1999 to 2003, ranges from 95 per cent in the NT, to 45 per cent and 43 per cent in NSW and Victoria respectively. Consequently, in this Report, Indigenous infant mortality data are only presented for NSW, Queensland, WA, SA, and the NT. Data for the other states and for Australia as a whole are not available, due to under-coverage concerns.

The ABS suggests that under-coverage of Indigenous infant mortality is mainly due to under reporting. Although each jurisdiction now asks a standard question pertaining to the Indigenous status of the deceased, it is often left unanswered. In 2003, the Indigenous status of the deceased was not stated for 3 per cent of total

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3 Coverage ratios for Tasmania and the ACT are not calculated due to small numbers.
deaths in Australia. The ACT and Victoria had the highest proportion of not stated responses. Furthermore, the ABS suggests that inconsistent collection of Indigenous data for other purposes (such as surveys and other administrative data) may influence data collected from death certificates (ABS 2004).

Despite their imprecision, the data suggest infant mortality rates among Indigenous people were almost twice those for total persons over the period 2001–2003. Since 1998–2000, Indigenous infant mortality has fallen in NSW, Queensland, WA and the NT (table 5.2.1).

Table 5.2.1  **Infant mortality rate, 1998–2000, 2001–2003**

<table>
<thead>
<tr>
<th></th>
<th>Indigenous</th>
<th></th>
<th></th>
<th>Total Population&lt;sup&gt;c&lt;/sup&gt;</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>People</td>
<td>Male</td>
<td>Female</td>
<td>People</td>
</tr>
<tr>
<td>NSW</td>
<td>11.9</td>
<td>11.7</td>
<td>11.8</td>
<td>9.5</td>
<td>7.6</td>
<td>8.6</td>
</tr>
<tr>
<td>Queensland</td>
<td>15.8</td>
<td>9.0</td>
<td>12.5</td>
<td>13.7</td>
<td>8.6</td>
<td>11.2</td>
</tr>
<tr>
<td>SA</td>
<td>8.4</td>
<td>7.2</td>
<td>7.8</td>
<td>5.3</td>
<td>12.9</td>
<td>9.1</td>
</tr>
<tr>
<td>WA</td>
<td>18.8</td>
<td>14.9</td>
<td>16.9</td>
<td>15.5</td>
<td>16.4</td>
<td>15.9</td>
</tr>
<tr>
<td>NT</td>
<td>20.9</td>
<td>22.1</td>
<td>21.5</td>
<td>17.0</td>
<td>12.5</td>
<td>14.8</td>
</tr>
<tr>
<td>Australia</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
</tbody>
</table>

<sup>a</sup> Based on infant deaths and births over the two three year reference periods 1998–2000 and 2001–2003. Data need to be interpreted with caution as the rates are derived from a relatively small number of deaths and because of the incomplete coverage of Indigenous deaths across jurisdictions. <sup>b</sup> Infant mortality rates are expressed as per 1000 live births. <sup>c</sup> Total includes Indigenous status not stated. <sup>d</sup> Australia total includes Victoria, Tasmania, the ACT and Other Territories. na Not available.


### 5.3 Birthweight

A key indicator of health status is the birthweight of a baby. Infants with lower birthweights are more likely to die or have problems early in life.
Lower birthweight might also have long-term influences on the development of chronic diseases in adulthood, including diabetes and heart disease (Mackerras 1998; Fall et al. 1995). Health risks associated with low birth weight are compounded by high rates of infectious disease and poor infant nutrition among Indigenous infants (Singh and Hoy 2003).

Low birthweight is defined as less than 2500 g. Within this category, babies weighing less than 1500 g are considered as very low birthweight and those less than 1000 g as extremely low birthweight (AIHW 2003). Generally, a higher proportion of female infants are born with a low birthweight compared to male infants. However, female infants tend to do better than male infants of the same weight.

Low birthweight might be a result of being born early (pre-term), although the infant may be within the expected size range for its gestational age. Alternatively the infant may be small for its gestational age (fetal growth retardation). It can also be a combination of these two factors (ABS/AIHW 2003). Mackerras (1998) and Sayers and Powers (1997) identify fetal growth retardation as the main cause of low birthweight among Indigenous babies born in non-remote areas. Conversely, Rousham and Gracey (2002), in a study of Indigenous infants in the Kimberley region of WA, identified pre-term birth as the more likely cause of low birthweight in this rural population.

Predictors for fetal growth retardation and pre-term birth are listed in table 5.3.1. Some predictors cannot be altered (for example, infant sex or race), others may take at least a generation to change (for example, maternal birthweight), while others might be influenced in the short-term (for example, maternal weight or cigarette smoking). Fetal-alcohol syndrome, which is more prevalent in Indigenous than non-Indigenous populations (see chapter 8.1), can also lead to low birthweight. Presence of multiple births can also influence an infant’s birthweight (ABS/AIHW 2003).

Box 5.3.1  Key message
The proportion of live births during 1999–2001 with low through to extremely low birthweight was more than twice as high for babies born to Indigenous mothers than for babies born to non-Indigenous mothers (table 5.3.2).
Table 5.3.1 **Predictors of fetal growth retardation and pre-term birth**

<table>
<thead>
<tr>
<th></th>
<th>Fetal growth retardation</th>
<th>Pre-term</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direct</strong></td>
<td>infant sex, race/ethnic origin, maternal height, maternal height, maternal pre-pregnancy weight, paternal height and weight, maternal birthweight, parity, prior low birthweight infant, gestational weight gain, energy intake, general morbidity, malaria, maternal cigarette smoking, alcohol consumption, and tobacco chewing.</td>
<td>maternal pre-pregnancy weight, prior preterm birth, prior spontaneous abortion, maternal cigarette smoking, in utero diethylstilboestrol exposure, maternal diabetes, urogenital infections, bacterial vaginosis, and placental, cervical or uterine abnormalities.</td>
</tr>
<tr>
<td><strong>Indirect</strong></td>
<td>very young maternal age, socio-economic status (including maternal education)</td>
<td></td>
</tr>
</tbody>
</table>

*Excludes deliveries in women with an underlying chronic illness.*

**Source:** Mackerras 1998.

Factors that may assist in achieving long-term goals of increasing the mean birthweight and reducing low birthweight include:

- increasing attendance for ante-natal care in the first trimester, which would allow for the identification and possible modification of factors that might compromise the mother’s and child’s health (such as smoking). Plunkett *et al.* (1996) found that Indigenous women are less likely than non-Indigenous women to attend early ante-natal care. Increasing attendance may require mitigating existing difficulties in accessing ante-natal care, such as a lack of local facilities or suitable transport, cost, and a lack of availability of culturally accessible programs.

- introducing nutritional assessment and monitoring into prenatal care, with evaluation of their use

- evaluating strategies to improve maternal nutrition by increased weight gain during pregnancy (Mackerras 1998).

Having positive outcomes in perinatal mortality, and low and mean birthweights through better ante-natal care for expecting mothers was supported by a study undertaken by the Nganampa Health Council on people residing in the Anangu Pitjantjatjara Lands in the far north-west of SA (ABS/AIHW 2003).

The analyses in this section are based on data provided by the AIHW National Perinatal Statistics Unit. Each jurisdiction has a perinatal data collection in which midwives and other staff, using information obtained from mothers and from hospital or other records, complete notification forms for each birth. Information on Indigenous people based on hospital records is limited by the accuracy with which Indigenous people are identified in these records (see appendix 3).
Problems associated with identification will result in an understatement of births to Indigenous mothers. The perinatal statistics do not record any information about the father. Therefore, births in the Indigenous population reported here only include those from Indigenous mothers, and do not include births to Indigenous fathers and non-Indigenous mothers. Hence, these figures underestimate the total number of Indigenous babies born in a given period. There are also problems with the reliability of the data from jurisdictions with small numbers of babies born to Indigenous mothers. Caution needs to be exercised when examining data from these jurisdictions.

Table 5.3.2  Birthweight, by live births and fetal deaths, 1999–2001\textsuperscript{a, b}

<table>
<thead>
<tr>
<th>Births to Indigenous mothers\textsuperscript{c}</th>
<th>Live births</th>
<th>Fetal deaths</th>
<th>Total births\textsuperscript{d}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean birthweight (grams)</td>
<td>3 171</td>
<td>1 432</td>
<td>3 149</td>
</tr>
<tr>
<td></td>
<td>no.</td>
<td>%</td>
<td>no.</td>
</tr>
<tr>
<td>Low birthweight (&lt;2500g)</td>
<td>3 241</td>
<td>12.6</td>
<td>255</td>
</tr>
<tr>
<td>Very low birthweight (&lt;1500g)</td>
<td>594</td>
<td>2.3</td>
<td>207</td>
</tr>
<tr>
<td>Extremely low birthweight (&lt;1000g)</td>
<td>276</td>
<td>1.1</td>
<td>181</td>
</tr>
<tr>
<td>All births</td>
<td>25 807</td>
<td>100</td>
<td>342</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Births to non-Indigenous mothers</th>
<th>Live births</th>
<th>Fetal deaths</th>
<th>Total births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean birthweight (grams)</td>
<td>3 382</td>
<td>1 373</td>
<td>3 369</td>
</tr>
<tr>
<td></td>
<td>no.</td>
<td>%</td>
<td>no.</td>
</tr>
<tr>
<td>Low birthweight (&lt;2500g)</td>
<td>42 418</td>
<td>6.0</td>
<td>3 609</td>
</tr>
<tr>
<td>Very low birthweight (&lt;1500g)</td>
<td>7 192</td>
<td>1.0</td>
<td>2 949</td>
</tr>
<tr>
<td>Extremely low birthweight (&lt;1000g)</td>
<td>3 126</td>
<td>0.4</td>
<td>2 583</td>
</tr>
<tr>
<td>All births</td>
<td>706 230</td>
<td>100</td>
<td>4 733</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All births\textsuperscript{e}</th>
<th>Live births</th>
<th>Fetal deaths</th>
<th>Total births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean birthweight (grams)</td>
<td>3 375</td>
<td>1 393</td>
<td>3 362</td>
</tr>
<tr>
<td></td>
<td>no.</td>
<td>%</td>
<td>no.</td>
</tr>
<tr>
<td>Low birthweight (&lt;2500g)</td>
<td>47 740</td>
<td>6.3</td>
<td>4 038</td>
</tr>
<tr>
<td>Very low birthweight (&lt;1500g)</td>
<td>8 200</td>
<td>1.1</td>
<td>3 290</td>
</tr>
<tr>
<td>Extremely low birthweight (&lt;1000g)</td>
<td>3 569</td>
<td>0.5</td>
<td>2 878</td>
</tr>
<tr>
<td>All births</td>
<td>763 635</td>
<td>100</td>
<td>5 349</td>
</tr>
</tbody>
</table>

\textsuperscript{a} Birthweight is collected at birth and includes stillbirths of at least 20 weeks gestation or 400g birthweight.  
\textsuperscript{b} Data are presented in a three year grouping due to small numbers from year to year.  
\textsuperscript{c} Indigenous data relate to babies born to Indigenous mothers only, and exclude babies born to non-Indigenous mothers and Indigenous fathers. Thus, the information is not based on the total count of Indigenous babies.  
\textsuperscript{d} Total births includes 24 births of unknown live birth/fetal death status. As such columns in a given row may not add to total.  
\textsuperscript{e} Includes persons of unknown Indigenous status and data from Tasmania and the ACT (not included in Indigenous and non-Indigenous totals).

Source: AIHW National Perinatal Statistics Unit (unpublished); table 5A.3.1.
The following analyses are based on table 5.3.2. The data on Indigenous babies relate to babies born to Indigenous mothers only, and exclude babies born to non-Indigenous mothers and Indigenous fathers:

- During 1999–2001, there was a total of 763,635 live births in Australia, of which approximately 96.5 per cent were babies born to non-Indigenous mothers and 3.4 per cent were babies born to Indigenous mothers.4
- Of all live births, 6.3 per cent had low birthweight (<2500 g) compared with 75.5 per cent of all fetal deaths (with low birthweight).
- 1.3 per cent of babies born to Indigenous mothers, compared with 0.7 per cent of babies born to non-Indigenous mothers, were fetal deaths.
- Of those foetuses that died, over half — for both Indigenous and non-Indigenous mothers — had extremely low birthweights.
- The mean birthweight of live births was 3171 g for babies born to Indigenous mothers, compared with 3382 g for babies born to non-Indigenous mothers — a difference of 211 g (6.2 per cent).
- The proportion of live births with low birthweight born to Indigenous mothers was more than twice that of non-Indigenous mothers (12.6 per cent compared with 6.0 per cent). Further, the proportion of babies born to Indigenous mothers with very low and extremely low birthweights (2.3 and 1.1 per cent respectively) was higher than for babies born to non-Indigenous mothers (1.0 and 0.4 per cent).

Across jurisdictions, there was little variation in the proportion of live births with low birthweight for babies born to non-Indigenous mothers (table 5A.3.1). Mean birthweights and proportions of low birthweight babies in 1999–2001 (reported here) were similar to those in the 1998–2000 data in the 2003 Report. In general, comparisons of birthweights of babies to Indigenous mothers between states and territories and over time should be interpreted with care.

5.4 Hearing impediments

Hearing impediments are significant public health issues in developing countries and among Indigenous people in developed countries (Boswell et al. 1993, cited in Burrow and Thompson 2003). In Australia, the most common causes of hearing loss among Indigenous people are disorders of the middle ear, specifically bacterial and viral infections leading to otitis media (Couzos, Metcalf and Murray 2001).

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4 Proportions exclude data from Tasmania and the ACT, which accounted for around 4 per cent of total live births during 1999–2001.
Although there are around seven types of otitis media, the types observed among Indigenous people are different from those common among non-Indigenous Australians. Indigenous people are more likely to suffer from acute and chronic supplicative forms of otitis media while otitis media with effusion is a major problem among non-Indigenous people (Burrow and Thomson 2003, Couzos, Metcalf and Murray 2001).

Otitis media in Indigenous children is characterised by very early onset, persistence and high rates of severe disease — resulting in a chronic disease which Indigenous people carry from childhood into adolescence (Leach et al. 1994). In contrast, otitis media in non-Indigenous children typically resolves with age and is rarely seen amongst non-Indigenous children over the age of eight (Boswell and Nienhuys 1995, cited in Burrow and Thompson 2003).

The chronic nature and severity of otitis media in Indigenous people is due to persistent bacterial colonisation which is said to come from poor environmental factors such as overcrowded living conditions and poor hygiene (Coates et al. 2002). This is made worse by inadequate health infrastructure, ineffective treatment and poor nutrition and exposure to passive smoking (Burrow and Thomson 2003).

Although the evidence linking otitis media directly with hearing loss is not necessarily definitive, several papers found Indigenous children to have ear and hearing problems twice as often as non-Indigenous children (Couzos, Metcalf and Murray 2003, cited in Burrow and Thomson 2003). Another paper by Nienhuys, Boswell, and McConnel (1994) found Aboriginal children with bilateral chronic supplicative otitis media experienced significantly worse hearing loss than children with other types of otitis media such as otitis media with effusion.

Nienhuys (1992) asserted that Indigenous children suffer significantly from conductive hearing loss from early infancy due to otitis media; and that their hearing level may not recover fully before adulthood. Hence, he concluded that the fluctuation of hearing level during childhood has implications for children’s auditory and linguistic development. The effect of hearing loss on language, learning and social skills among Indigenous children is also investigated by Smith, Mackenzie, and Hatcher (1995):

> When CSOM [chronic supplicative otitis media] occurs in the first two years of life, the consequent hearing loss is likely to have serious effects on the critical period of a child’s language development, and contribute to delays in school progress (Smith, Mackenzie, and Hatcher 1995, cited in Couzos, Metcalf and Murray 2001).

To a large extent, otitis media is preventable and treatable. A surgical procedure (myringotomy) can be performed to assist in restoring hearing. This is achieved by releasing the fluid that builds up in the middle ear (NSW DoH 2002).
Box 5.4.1  **Key messages**

- Due to data deficiencies, particularly for the age category 0–3 years, it is difficult to assess nationally the level of ear infections and the extent of hearing loss across Indigenous and non-Indigenous populations.
- In 2002-03, hospital separations (admissions) for suppurative and unspecified otitis media were higher for Indigenous children aged 0–3 years (5 per 1000) than other children in this age group (4 per 1000) (table 5.4.1).

Identifying risk factors for otitis media might increase the chances for early prevention and intervention. Some of the possible risk factors are outlined below.

- There is relatively higher bacterial colonisation in Indigenous infants, which is strongly correlated with the onset of middle ear effusion (this tended to occur within the first 12 weeks of life in 66 per cent of Indigenous infants). No correlation is found between colonisation and the onset of otitis media in non-Indigenous infants. Further, once established, it is significantly less likely for an Indigenous infant compared with a non-Indigenous infant to clear the bacterial pathogens. The early bacterial colonisation in Indigenous infants might be linked to the fact that Indigenous communities are more exposed to factors such as a greater number of siblings in an overcrowded household, which increases the risk factors for bacterial colonisation and acute otitis media.

- Some studies have found a link between the early first onset of otitis media and the increased risk of recurrent infections, that is, ‘early and often appears to be the rule’. Indigenous infants tend to have persistent acute otitis media and other ear infections that are rarely resolved.

- Infection of acute otitis media in family members may significantly increase the risk of ear infection, especially in children. Infections through family members relate to family size and also the number of people in a household (overcrowding) which can influence the transmission of the disease.

- Although few studies have evaluated this relationship, malnutrition in Indigenous children might be associated with development of chronic otitis media.

- High rates of smoking within the Indigenous population might contribute to the prevalence of otitis media among Indigenous children.
Box 5.4.2 ‘Things that work’ — health benefits of swimming pools in remote communities

Indigenous children in remote areas suffer from high rates of skin diseases, including pyoderma, which is associated with chronic renal failure, and otitis media. Many Indigenous children also suffer from perforated tympanic membranes and some degree of hearing loss, which can create learning difficulties.

An impact study undertaken in two remote Aboriginal communities following the construction of salt water pools by the WA Government, revealed that the health of the children improved in each community after the pool’s introduction and use. There was a reduction in the prevalence of skin and ear problems. The authors of the study considered that the introduction of the pools could result in long-term benefits, including reducing chronic disease and improving social and educational outcomes.

Source: Lehmann, Child Health Research Institute, Western Australia, cited in ABS and AIHW (2003); Lehmann et al. (2003).

Table 5.4.1 Age specific hospital separations where the principal diagnosis was diseases of the ear and mastoid process, 2002-03

<table>
<thead>
<tr>
<th>Principal diagnosis</th>
<th>Indig. no.</th>
<th>Non-Indig. no.</th>
<th>Not stated no.</th>
<th>Total no.</th>
<th>Indig. per 1000</th>
<th>Non-Indig. per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>People aged 0–3 years</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diseases of external ear</td>
<td>17</td>
<td>215</td>
<td>9</td>
<td>241</td>
<td>0.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Diseases of middle ear and mastoid</td>
<td>444</td>
<td>12 343</td>
<td>710</td>
<td>13 497</td>
<td>9.2</td>
<td>13.5</td>
</tr>
<tr>
<td>Suppurative and unspecified otitis media</td>
<td>239</td>
<td>3 930</td>
<td>178</td>
<td>4 347</td>
<td>5.0</td>
<td>4.3</td>
</tr>
<tr>
<td>Diseases of inner ear</td>
<td>1</td>
<td>23</td>
<td>1</td>
<td>25</td>
<td>0.02</td>
<td>0.02</td>
</tr>
<tr>
<td>Other disorders of ear</td>
<td>26</td>
<td>554</td>
<td>7</td>
<td>587</td>
<td>0.5</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>People aged 4–14 years</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diseases of external ear</td>
<td>32</td>
<td>590</td>
<td>30</td>
<td>652</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Diseases of middle ear and mastoid</td>
<td>732</td>
<td>14 381</td>
<td>937</td>
<td>16 050</td>
<td>5.5</td>
<td>5.4</td>
</tr>
<tr>
<td>Suppurative and unspecified otitis media</td>
<td>202</td>
<td>2 902</td>
<td>149</td>
<td>3 253</td>
<td>1.5</td>
<td>1.1</td>
</tr>
<tr>
<td>Diseases of inner ear</td>
<td>2</td>
<td>38</td>
<td>1</td>
<td>41</td>
<td>0.02</td>
<td>0.01</td>
</tr>
<tr>
<td>Other disorders of ear</td>
<td>28</td>
<td>455</td>
<td>16</td>
<td>499</td>
<td>0.2</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Source: AIHW National hospital morbidity database (unpublished); table 5A.4.1

Hospital separations data only reflect those who access medical services, and have been diagnosed and admitted to hospital for the specified conditions. Therefore, when examining hospital statistics on ear and hearing problems it should be noted that only ear or hearing related illness resulting in admission to a hospital are collected. Cases that result in a visit to a general practitioner or to an emergency department, but do not get admitted to a hospital, are excluded. This is likely to
account for a large share of 0–3 year olds, especially in Indigenous communities, where parents may not be aware of the fact that their children have an ear or hearing problem.

In 2002-03:

- Indigenous children under the age of three years had a higher separation rate for suppurative and unspecified otitis media than non-Indigenous children (5.0 per 1000 compared with 4.3 per 1000) (table 5.4.1).

- although the separation rate for suppurative and unspecified otitis media for children aged four to 14 years is lower than the separation rate for children aged under three years, Indigenous children aged between four and 14 years still have a higher hospital separation rate than non-Indigenous children aged between four and 14 years (1.5 per 1000 compared with 5.4 per 1000).

- Indigenous children aged between four and 14 years had a slightly higher separation rate for diseases of the middle ear and mastoid than non-Indigenous children (5.5 per 1000 compared with 5.4 per 1000).

The Western Australian Aboriginal Child Health Survey conducted in 2001 and 2002 (Zubrick et al. 2004) found that:

- 12.5 per cent of Indigenous children had recurring ear infections with at least one period of discharging ears, a further 9.3 per cent had an isolated case of discharging ears and a further 5.6 per cent had recurring ear infections without rupture of the ear drum. The prevalence of recurring ear infections and at least one period of discharging ears increases with increasing isolation\(^5\) but the prevalence of recurring infection without rupture tends to decrease with increasing isolation.

- The prevalence of abnormal hearing among Aboriginal children aged four to 17 years was 6.8 per cent and did not differ by age or level of relative isolation. There was a very significant association between abnormal hearing and recurring ear infections with discharge (28.3 per cent of children aged four to 11 years with recurring ear infections had abnormal hearing compared with 1.4 per cent of those without ear infections).

\(^5\) Zubrick et al. (2004) used a different series of geographic region (remoteness) categories than the standard ABS categories used elsewhere in this Report and discussed in chapter 2. Both sets of categories are based on the Accessibility Remoteness Index of Australia (ARIA). The ABS categories are a widely used version known as ARIA+, whereas the version used by Zubrick et al. (2004) is known as ARIA++, which has been designed to allow greater distinction between locations that are all classified as very remote in the ABS ARIA+ version. The five ARIA++ categories used by Zubrick et al. (2004) are called levels of relative isolation and comprise the categories: none (Perth metropolitan area), low, moderate, high and extreme.
• The associations between abnormal hearing and an isolated occasion of ear
discharge or recurring infection without discharge were also significant (11.1 per
cent and 9.3 per cent, respectively) for children aged four to 11 years.
• Children aged four to 17 with recurring infections not only had an increased risk
of abnormal hearing but also a significantly greater risk of language problems
and learning difficulties.

5.5 Future directions in data

Hospital admission, birthweight and infant mortality data

A key issue with administrative collections such as hospital records and birth and
death registrations, is the correct identification of Indigenous status. Although
national standards were introduced in 1998 and there have been significant efforts
to improve the identification of Indigenous status in health data, these data can still
be patchy in their quality and completeness.

With mortality data, the NT, WA, SA, and to a lesser extent, Queensland, are
generally considered to have the best coverage of death registrations for Indigenous
people (that is, the number of Indigenous deaths registered, expressed as a
percentage of the number of deaths expected based on Census-based estimates and
projections of the population) than other jurisdictions. The remaining jurisdictions
need to improve the level of registered Indigenous deaths. The ABS and AIHW, in
partnership with State and Territory authorities, are making efforts to improve the
completeness of Indigenous identification in a number of key data collections.

Work on improving identification in hospitalisation data is currently being
undertaken by the AIHW in collaboration with the jurisdictions.

The ABS is working with the AIHW and the National Advisory Group on
Aboriginal and Torres Strait Islander Health Information and Data to further
improve the quality and availability of Indigenous death data (including life
expectancy).

A limitation of birthweight data is that they are based on births to Indigenous
mothers only. Babies born to non-Indigenous mothers, but who have Indigenous
fathers, are not considered in this collection. The collection needs to be improved to
include all babies for whom at least one parent is Indigenous.
The true burden of hearing loss on the Indigenous population is unclear. Comprehensive, up-to-date data need to be collected to enable the assessment of the type and severity of ear infections in the Indigenous population.

The 2004-05 National Aboriginal and Torres Strait Islander Health Survey collected data on type of long-term hearing condition. These data will be available for states and territories, and by remoteness, in 2006.

5.6 References

5 Early child development and growth (prenatal to age 3)


Couzos, S., Metcalf, S. and Murray, R.B. 2001, Systematic Review of Existing Evidence and Primary Care Guidelines on the Management of Otitis Media in Aboriginal and Torres Strait Islander Populations, National Aboriginal Community Controlled Health Organisation (NACCHO) for the Office of Aboriginal and Torres Strait Islander Health, Commonwealth Department of Health and Ageing, Canberra.


NACCHO (National Aboriginal Community Controlled Health Organisation) 2003, *NACCHO Ear Trial and School Attendance Project*, final report to the Department of Education Science and Training, NACCHO, Canberra.


### 5.1 Rates of hospital admission for infectious diseases

5.2 Infant mortality


5.3 Birthweight


### 5.4 Hearing impediments


—— 2003, *The Health and Welfare of Australia’s Aboriginal and Torres Strait Islander Peoples*, Cat. no. 4704.0, Canberra.


6 Early school engagement and performance (preschool to year 3)

The indicators in this chapter of the Report are concerned with some of the factors which create barriers to achievement in the early years of schooling. Actions to improve the outcomes in these indicators have the potential to improve outcomes in the medium and long term for Indigenous children.

Recent international reports have highlighted that high quality early childhood education may contribute to later academic success (OECD 2001, 2004). One of the findings from the Program for International Student Assessment (PISA) 2003\(^1\) was that children who attended preschool for more than a year showed a statistically significant performance advantage in later school achievement over those without preschool attendance (OECD 2004). As no data are available on attendance, participation rates for preschool to year 3 are contained in section 6.1.

International studies have found that children from low-income families are disadvantaged in learning outcomes because parental education levels are lower, which leads to fewer experiences of the kind which use and extend language and mathematics use (OECD 2004; Raban 2000; Wylie 1994, 2001). This relationship between student performance and socio-economic status may explain in part the lower literacy and numeracy achievement of Indigenous primary school students.

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\(^1\) PISA is an initiative of the Organisation for Economic Cooperation and Development (OECD).
compared with non-Indigenous students. Achievements against the literacy and numeracy benchmarks are examined in sections 6.2 and 7.1.

The health status of a child is an important determinant of a child’s capacity to learn. Indigenous school aged children are reported as having ear and hearing problems at twice the rate of non-Indigenous children. This may result in poor attendance at school (see section 5.4). The level of tooth decay and the number of decayed or missing teeth is higher for Indigenous children than non-Indigenous children. Information about the dental health of school aged children is contained in section 6.3.

Ensuring that Indigenous children gain the best educational start as early as possible, attend school regularly, and are safe, healthy and supported by their families and communities, will go a long way to improving educational outcomes.

Supporting tables

Supporting tables for this chapter are identified in references throughout this chapter by an ‘A’ suffix (for example, table 6A.2.3). These tables can be found on the Review web page (www.pc.gov.au/gsp). Users can also contact the Secretariat to obtain the attachment tables.

6.1 Preschool and school attendance

International studies have found that Australia’s Indigenous children have lower school enrolment rates than non-Indigenous children (UNICEF Innocenti Research Centre 2004). When Indigenous children do attend school, they are less likely to have parental support to perform well compared with non-Indigenous children (UNICEF Innocenti Research Centre 2004). Attendance at preschool and school has a significant impact on later academic success but if attendance is erratic then children are unable to reach educational benchmarks (OECD 2004; Schwab and Sutherland 2004). This indicator examines preschool attendance and school attendance for years 1–3.

Box 6.1.1 Key message

In 2003, national school participation rates for Indigenous five to eight year old children was 87 per cent compared to 93 per cent for non-Indigenous children of the same age (figure 6.1.1, table 6A.1.3 ).
Although there have been recent studies which indicate that Indigenous children are less likely to attend school than their non-Indigenous peers (Schwab and Sutherland 2004; Taylor 2004), comparable attendance data for preschool and school students in years 1–3 were unavailable for this Report. Instead, participation rates are presented in this section. The limitation of these data is that a participation rate only reports the number of children enrolled at school (which is compulsory) as a proportion of the children in the community. Participation rates do not reflect whether a child actually attends preschool or school on a regular basis.

Preschool education in rural and remote areas is often unavailable (ANAO 2002; HREOC 2000; NTDE 1999) and this means that children living in these areas are more likely to miss out on early childhood education and lose a valuable opportunity to gain the best educational start in life. The impact of remoteness on preschool and school attendance was not explored in this Report, as data are not available by geographic regions. However, given that a higher proportion of Indigenous than non-Indigenous people live in rural and remote areas, any effect location might have on attendance would probably be more pronounced for Indigenous students.

Notwithstanding the evidence that there are significant shortfalls in attendance of Indigenous children at preschool, some initiatives have been shown to improve preschool and school attendance (see box 6.1.2 for examples).

**Box 6.1.2 ‘Things that work’ — increasing school attendance**

- The ‘no school, no pool’ strategy has been used successfully in many areas throughout Australia to encourage attendance at school.

- A NT Government funded mobile program provides a regular preschool program for Indigenous children three to five years old. The program introduces Indigenous children to the same pre-literacy and numeracy activities that are available to their non-Indigenous peers in urban areas. One of the successful outcomes of the program is increased enrolment and attendance of children in remote schools. In 2002, there were 15 sites with 136 children enrolled and in 2004, there were 232 sites with 244 children enrolled (Liddy 2004).

- The Yapperra Centre in metropolitan Melbourne (Thornbury) is a multifunctional Aboriginal Children’s Service that assists Koori families in the surrounding area to participate in kindergarten. This centre supports over 30 children per day and is linked with childcare services, dental care, immunisation, eye and ear testing and transition to primary school. The all Koori committee of management enables strong links with the local community and promotes a philosophy of strengthening culture and participation.
Preschool attendance

Comparable attendance data for preschool students were unavailable for this Report. The participation rate presented here is an inferior measure of attendance because it is the number of children who were enrolled at preschool in 2003, expressed as a proportion of the relevant population group in the community. It does not measure whether a child was attending preschool sessions on a regular basis.

The number of children enrolled in preschool in 2003 was obtained from the National Indigenous Preschool Census (NIPC). The definition of a preschool program used by the NIPC included sessional kindergarten and pre-primary (year one minus two). Under the NIPC, a preschool is defined as a non-profit organisation registered by the relevant State authority to deliver an approved preschool program. Children enrolled in year one minus one (or pre-year one) were considered to be in primary school rather than preschool. Data on total preschool enrolments by jurisdiction, sector and Indigenous status were available, and in 2003 Indigenous students represented 4.3 per cent of all preschool enrolments (table 6A.1.1). However, there are no specific age group data for non-Indigenous students that could be used as a comparator in table 6.1.1.

Table 6.1.1 Indigenous children enrolled in preschool and participation rate, 2003a, b, c

<table>
<thead>
<tr>
<th></th>
<th>Three year olds(^d)</th>
<th>Four year olds</th>
<th>Five year olds(^d)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>no.</td>
<td>rate (%)</td>
<td>no.</td>
</tr>
<tr>
<td>NSW</td>
<td>920</td>
<td>25.8</td>
<td>1 406</td>
</tr>
<tr>
<td>Victoria(^e)</td>
<td>11</td>
<td>1.6</td>
<td>399</td>
</tr>
<tr>
<td>Queensland(^f)</td>
<td>272</td>
<td>7.9</td>
<td>401</td>
</tr>
<tr>
<td>WA</td>
<td>24</td>
<td>1.4</td>
<td>1 758</td>
</tr>
<tr>
<td>SA</td>
<td>467</td>
<td>71.6</td>
<td>609</td>
</tr>
<tr>
<td>Tasmania</td>
<td>–</td>
<td>–</td>
<td>160</td>
</tr>
<tr>
<td>ACT</td>
<td>3</td>
<td>2.8</td>
<td>25</td>
</tr>
<tr>
<td>NT</td>
<td>372</td>
<td>26.1</td>
<td>903</td>
</tr>
<tr>
<td>Australia(^g)</td>
<td>2 069</td>
<td>17.2</td>
<td>5 661</td>
</tr>
</tbody>
</table>

\(^a\) The participation rate was calculated using ABS 2003 ERP. \(^b\) Enrolment numbers and participation rates are affected by a number of factors when disaggregated by age. Three year old numbers are affected by preschool entrance requirements and availability of preschool places — if there is a shortage of preschool places they are likely to be reserved for children in their year immediately before primary school. Five year old numbers are affected by whether it is possible for children to attend primary school at that age. \(^c\) Preschool enrolments and participation rates reported in this table may include activities not funded by states and territories. \(^d\) A small number of two year olds may be in the three year olds category and a small number of six year olds may be in the five year olds category. \(^e\) The Victorian Government funds a kindergarten year for all children in the year before school entry. The cohort comprises four and five year old children, shown in two separate columns in this table. \(^f\) Queensland students are on average six months younger and have 10 months less formal schooling than their interstate counterparts. \(^g\) Australian totals exclude other territories.

– Nil or rounded to zero.

Source: DEST 2003; ABS 2003 ERP (unpublished); table 6A.1.2.
Table 6.1.1 shows that in 2003, the national participation rate for Indigenous three year olds was 17.2 per cent; for four year olds it was 46.9 per cent; and for five year olds it was 11.3 per cent.

Preschool enrolment numbers for Indigenous children increased from 8729 in 2002 to 9071 in 2003 (table 6A.1.2).

School attendance (year 1 to year 3)

With no attendance data available, participation rates for five to eight year olds have been used because they identify whether there are children in the community who are not enrolled at school. The participation rate does not reflect whether a child actually attends school on a daily basis.

The participation rate is calculated by dividing the number of children who were enrolled at school in 2003 by the number of children in the relevant age group in the community. Care needs to be taken in interpreting the participation rates presented in this section because some estimates of participation were clearly inconsistent, being greater than 100 per cent.

In interpreting these data, readers should note that the age of compulsory schooling differs among jurisdictions. This subtle difference may affect the school participation rate of five years olds. For example, a low five year old school participation rate may indicate poor participation in education or that five year olds are in preschool.

The number of children enrolled in primary school in 2003 was based on the National Schools Statistics Collection (NSSC). The NSSC considered students enrolled in year one minus one (or pre-year one) to be in primary school.

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2 Children in NSW are required to be enrolled in primary school by their sixth birthday but may begin formal schooling if they turn five by 31 July of that year. Compulsory schooling in Victoria begins at the age of five. In Queensland, children must reach their fifth birthday on or before 31 December in the year prior to the commencement of year 1. In WA, it is compulsory for a child to be enrolled at a school in the year that they have turned six. The age of compulsory schooling in SA is six years old. The compulsory schooling age in Tasmania is six years old. Children who turn five years old by 30 April are required to be enrolled in primary school in the ACT. Compulsory schooling age in the NT is five years old.
In 2003, the national school participation rate for five to eight year old Indigenous children (87.1 per cent) was lower than that for non-Indigenous children (93.0 per cent) (figure 6.1.1 and table 6A.1.3).

School enrolment numbers for Indigenous five to eight year olds increased from 41 941 students in 2002 to 42 667 students in 2003 (tables 6A.1.3 and 6A.1.4).

6.2 Year 3 literacy and numeracy

This indicator has been included because students who do not achieve the national literacy and numeracy benchmark standard will have difficulty progressing through school and are less likely to enter higher education (ACER 2004). At this point in a child’s education, his or her future well being and employment prospects may be irrevocably determined. Indigenous primary school students have significantly lower literacy and numeracy achievement than all students.

This section presents nationally comparable learning outcomes data for 2002 for year 3 reading, writing and numeracy. Nationally comparable learning outcomes data for year 3 from 1999 to 2002 are reported in tables 6A.2.1 – 6A.2.30.
Box 6.2.1  **Key messages**

- There was an increase in the proportion of year 3 Indigenous students who achieved the writing benchmark in 2002 (77 per cent), compared to 67 per cent in 1999 and 65 per cent in 2000 (figure 6.2.5).
- Year 3 Indigenous students in 2002 had significantly lower reading, writing and numeracy achievements than year 3 students overall (figure 6.2.1).

In March 1997, national benchmarks for use in reporting years 3, 5 and 7 students’ reading, writing and numeracy performance were developed. These benchmarks describe the nationally agreed minimum acceptable standard in each area of study at particular year levels. That is, a student who does not achieve the benchmark standard will have difficulty making sufficient progress at school.

Care needs to be taken in interpreting the learning outcomes data, because differences in student achievement may sometimes be the result of sampling or measurement error. The publication of confidence intervals with the benchmark results reflects the uncertainty associated with the measurement of student achievement and provides a way of making improved inferences about the achievement of students. The tables reporting benchmark achievement percentages include 95 per cent confidence intervals. To assist with interpretation, a result of 80 per cent with a confidence interval of ±2.7 per cent means that we can say with 95 per cent confidence that 77.3 to 82.7 per cent of the students achieved the benchmark.

There is a range of comparability issues associated with the benchmarks that are being investigated by the Ministerial Council on Education, Employment, Training and Youth Affairs. Work has been endorsed to improve these issues including the benchmarking equating methodology, to implement nationally consistent criteria for defining exempt students and to improve the process for calculating the known forms of error in reporting the national benchmarks. Until work to resolve comparability is completed there will continue to be national comparability issues associated with the benchmark data.

Some examples of initiatives that are producing improved results can be found in box 6.2.2.
Box 6.2.2  ‘Things that work’ — early literacy and parent engagement

- The home-based parent engagement program, Parents and Learning (PaL) is a program that has been operating in the Aboriginal community of Napranum in Western Cape York, Queensland, for four years. PaL is an early childhood program which focuses on early literacy and numeracy and on parents as teachers of their own children. An independent evaluation of the program compared school performance and attendance results for PaL and non-PaL children and found positive outcomes for PaL children and their parents (Matasia, Hanrahan and Senapati 2004).

- The Scaffolding Literacy Program developed at the University of Canberra has improved the literacy levels of Indigenous children at the Kulkarriya Community School on Noonkanbah station in the Kimberley region of WA, and the Salisbury North R-7 School and the Wiltja Annexe of Woodville High School in Adelaide, SA. Scaffolding sessions require students to carefully study one quality written text per term. The text is broken down into smaller parts in a group learning environment until students can think like the writer and imitate language (DEST 2005).

Figure 6.2.1  Proportion of year 3 students who achieved national benchmarks, 2002a, b, c, d

a The achievement percentages reported in this chart include 95 per cent confidence intervals, for example 80 per cent ± 2.7 per cent. b Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies considerably across jurisdictions. Hence, readers are urged to be cautious when comparing results. c Some of the movements in the results over time may have occurred because of State/Territory equating processes, and may not reflect actual improvements in student performance. d The method used to identify Indigenous students and students with a language background other than English (LBOTE) varies between jurisdictions.

Source: Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) (2005); tables 6A.2.8, 6A.2.18 and 6A.2.29.
• In 2002, smaller proportions of Indigenous year 3 students achieved the reading, writing and numeracy benchmarks compared with all year 3 students (figure 6.2.1).

• There was little difference in the proportions of year 3 Indigenous students who achieved the reading (76.7 per cent), writing (77.1 per cent) and numeracy (77.6 per cent) benchmarks (figure 6.2.1).

Reading

Figure 6.2.2  Proportion of year 3 students who achieved the reading benchmark, 2002a, b, c, d, e

- The achievement percentages reported in this chart include 95 per cent confidence intervals, for example 80 per cent ± 2.7 per cent.
- Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies considerably across jurisdictions. Hence, readers are urged to be cautious when comparing results.
- Some of the movements in the results over time may have occurred because of State/Territory equating processes, and may not reflect actual improvements in student performance.
- The method used to identify Indigenous students and students with a LBOTE varies between jurisdictions.
- Table 6A.2.1 provides information on the ages of students and the time they had spent in schooling at the time of testing in each jurisdiction.

Source: MCEETYA (2005); table 6A.2.8.

• Nationally in 2002, the proportion of Indigenous students who achieved the year 3 reading benchmark was 76.7 per cent compared to 92.3 per cent of all students (figure 6.2.2).

• In the NT, the learning outcomes of remote Indigenous students may affect the Territory’s reading benchmark achievement. In remote areas, only 3 to 4 per cent of Indigenous students achieved the national reading benchmark in 1999 (ANAO 2002). The effect of remoteness in other jurisdictions is not known, as data are unavailable.
The proportion of students who achieved the reading benchmark was consistently lower for Indigenous students (around 75 per cent) than for all students (around 90 per cent), (figure 6.2.3).
Writing

Figure 6.2.4 Proportion of year 3 students who achieved the writing benchmark, 2002

a The achievement percentages reported in this chart include 95 per cent confidence intervals, for example 80 per cent ± 2.7 per cent.
b Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies considerably across jurisdictions. Hence, readers are urged to be cautious when comparing results.
c Some of the movements in the results over time may have occurred because of State/Territory equating processes, and may not reflect actual improvements in student performance.
d The method used to identify Indigenous students and students with a LBOTE varies between jurisdictions.
e Table 6A.2.1 provides information on the ages of students and the time they had spent in schooling at the time of testing in each jurisdiction.

Source: MCEETYA (2005); table 6A.2.18.

- Nationally in 2002, the proportion of Indigenous students who achieved the year 3 writing benchmark was 77.1 per cent compared to 93.6 per cent of all students (figure 6.2.4).
- The proportion of Indigenous students who achieved the year 3 writing benchmark in 2002 was lower than the proportion for all students in all states and territories (figure 6.2.4).
Between 1999 and 2002, the proportion of year 3 Indigenous students who achieved the writing benchmark increased from 66.9 per cent to 77.1 per cent (figure 6.2.5).

The proportion of students who achieved the writing benchmark was consistently lower for Indigenous students.
Numeracy

Figure 6.2.6 Proportion of year 3 students who achieved the numeracy benchmark, 2002\(^{a,b,c,d,e}\)

\[\text{Indigenous students} \quad \square \text{All students}\]

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure626}
\caption{Proportion of year 3 students who achieved the numeracy benchmark, 2002\(^{a,b,c,d,e}\).}
\end{figure}

\(a\) The achievement percentages reported in this chart include 95 per cent confidence intervals, for example 80 per cent ± 2.7 per cent. \(b\) Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies considerably across jurisdictions. Hence, readers are urged to be cautious when comparing results. \(c\) Some of the movements in the results over time may have occurred because of State/Territory equating processes, and may not reflect actual improvements in student performance. \(d\) The method used to identify Indigenous students and students with a LBOTE varies between jurisdictions. \(e\) Table 6A.2.1 provides information on the ages of students and the time they had spent in schooling at the time of testing in each jurisdiction.

Source: MCEETYA (2005); table 6A.2.29.

- Nationally in 2002, 77.6 per cent of Indigenous year 3 students achieved the numeracy benchmark compared to 92.8 per cent of all students (figure 6.2.6).
- The proportion of Indigenous students who achieved the year 3 numeracy benchmark was lower than the proportion for all students in all states and territories, except in Tasmania and the ACT, where it was similar (figure 6.2.6).
Figure 6.2.7 Proportion of year 3 students who achieved the numeracy benchmarka, b, c, d, e

- Between 2000 and 2002 the proportion of year 3 students who achieved the numeracy benchmark was consistently lower for Indigenous students (averaging around 75 per cent) than for all students, whose numeracy benchmark achievement level was above 90 per cent.

6.3 Primary school children with dental caries

Dental caries (tooth decay) is caused by acid-producing bacteria living in the mouth and is often caused by a diet of sugary or sticky foods. Unless treated in its early stage, tooth decay may result in pain, infection, and destruction of soft tissues in the mouth (AIHW 2000). It has a significant impact on self-esteem, psychological and social wellbeing, employment, interpersonal relations and quality of life (National Advisory Committee on Oral Health 2004). While tooth decay is fully reversible if treated early, when left untreated, it requires complex and costly procedures to prevent tooth loss (Harford, Spencer, and Roberts-Thomson 2003).
Historically, Indigenous people have had less dental decay due to their traditional diet. As their diet changed to include food rich in fermentable carbohydrates, they have become as much exposed to dental decay risk factors as non-Indigenous people (Davies et al. 1997). This is further exacerbated by limited access to dental health services and lack of preventive measures and education (Harford, Spencer and Roberts-Thomson 2003).

While the dental health of non-Indigenous children has generally improved since the introduction of the School Dental Scheme in 1977 and the addition of fluoride to public drinking water supplies, the dental health of Indigenous children appears to have deteriorated in the last couple of decades (AIHW (1998) and AIHW (1996), cited in Al-Yaman, Bryant and Sargeant 2002; Davies et al. 1997).

Davies et al. (1997) looked into the dental caries experience of patients aged 4–13 years from three backgrounds (Aboriginal, non-Aboriginal and non-English speaking background) for the period of January–December 1992 in the NT. Not only did they find that Indigenous children had significantly more decayed teeth and higher aggregate caries experience than non-Indigenous children, but also they had the worst access to treatment of any group examined in their study. Their finding points to ‘longer periods between visits for dental care, a lack of exposure to community-based preventive measures and problems in service delivery and utilisation for Aboriginal children’.

A paper by Endean, Roberts-Thomson and Wooley (2004) found that the dental health of Indigenous children living in an Indigenous community in the north west of South Australia deteriorated between 1987-88 and 2000. This paper compared the dental health of Indigenous children aged 4–10 years in 2000 with information obtained from the Nganampa Health Council (NHC) Dental Program in 1987.

The above findings are consistent with a paper from the National Advisory Committee on Oral Health (2004) which stated:

... Aboriginal and Torres Strait Islander children...experience about twice as much caries as non-Indigenous children; and their oral health has continued to worsen over recent decades, in contrast to the improvements among their non-Indigenous counterparts.
Box 6.3.1  **Key messages**

- Indigenous children aged 4–12 years on average had a higher number of teeth with decay than other children where data are available in 2000 (table 6.3.1).

- The proportion of children in need of immediate treatment was also much higher for Indigenous than non-Indigenous children where data are available in 2000 (figure 6.3.1).

Dental decay experience is measured as the number of untreated decayed teeth (D), missing teeth (M) extracted due to caries, and filled teeth (F) restored due to caries. It is derived by adding the number of teeth which are decayed, missing or have been filled due to tooth decay, that is $\text{DMFT} = D + M + F$. While DMFT is used for permanent (adult) teeth, $\text{dmft}$ (in lower case) refers to deciduous (infant) teeth and is derived in the same way as DMFT. The indicator $\text{DMFT}=0$ ($\text{dmft}=0$ for infant teeth) refers to caries free teeth and is used to refer to the number/proportion of teeth that are free of decay (Armfield and Roberts-Thomspion 2004).

The data for this indicator are sourced from the Australian Institute of Health and Welfare (AIHW) Dental Statistics and Research Unit (DSRU) annual publication as well as unpublished data from the AIHW. The data scope is limited to the NT and Victoria in most parts. For reporting by regional areas (metropolitan, regional and rural), aggregated data were available for NSW and the NT. Note, however, while the data for NSW and the NT were sourced from AIHW, data for Victoria were obtained directly from the Victorian Government and could not be aggregated with the data from NSW and the NT as they are not strictly comparable.

The first part of this section reports on the dental health of Indigenous children in NSW and the NT. The second part reports on the dental health of Indigenous children in the NT, Victoria and WA separately.

**Children’s dental health in NSW and the NT combined**

Combined data for more than one State or Territory for 2000 are only available for NSW and the NT, whereas in the 2003 Report, combined data for 1999 were available for five jurisdictions (NSW, Queensland, SA, Tasmania and the ACT).

Generally, the dental health of Indigenous children in NSW and the NT is worse than that of non-Indigenous children living in the same jurisdictions. Comparison of the dental health of Indigenous children living in regional and remote areas with those living in metropolitan areas shows little difference. The data for regional and remote areas were aggregated due to small sample size (table 6.3.1).
Table 6.3.1  Mean number of teeth with decay experience for 4–12 year old children, NSW and the NT, 2000^a,b^  

<table>
<thead>
<tr>
<th>Age</th>
<th>Metropolitan Indigenous</th>
<th>Metropolitan Non-Indigenous</th>
<th>Regional &amp; remote Indigenous</th>
<th>Regional &amp; remote Non-Indigenous</th>
<th>Total Indigenous</th>
<th>Total Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean dmft score (for deciduous (infant) teeth)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 years</td>
<td>7.11</td>
<td>5.04</td>
<td>8.10</td>
<td>6.31</td>
<td>7.73</td>
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</tr>
<tr>
<td>5 years</td>
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<td>5.60</td>
<td>5.30</td>
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<td>4.75</td>
</tr>
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<td>5.54</td>
<td>5.17</td>
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</tr>
<tr>
<td>7 years</td>
<td>4.62</td>
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<td>4.67</td>
<td>4.12</td>
<td>4.65</td>
<td>3.63</td>
</tr>
<tr>
<td>8 years</td>
<td>5.38</td>
<td>3.36</td>
<td>4.18</td>
<td>3.76</td>
<td>4.42</td>
<td>3.44</td>
</tr>
<tr>
<td>9 years</td>
<td>3.16</td>
<td>2.84</td>
<td>3.67</td>
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<td>3.40</td>
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</tr>
<tr>
<td>10 years</td>
<td>2.50</td>
<td>2.10</td>
<td>2.23</td>
<td>2.84</td>
<td>2.34</td>
<td>2.25</td>
</tr>
<tr>
<td>11 years</td>
<td>0.80</td>
<td>1.10</td>
<td>1.41</td>
<td>1.39</td>
<td>1.22</td>
<td>1.15</td>
</tr>
<tr>
<td>12 years</td>
<td>0.50</td>
<td>0.47</td>
<td>0.49</td>
<td>0.60</td>
<td>0.49</td>
<td>0.49</td>
</tr>
</tbody>
</table>

Mean DMFT score (for permanent (adult) teeth)  

<table>
<thead>
<tr>
<th>Age</th>
<th>Metropolitan Indigenous</th>
<th>Metropolitan Non-Indigenous</th>
<th>Regional &amp; remote Indigenous</th>
<th>Regional &amp; remote Non-Indigenous</th>
<th>Total Indigenous</th>
<th>Total Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 years</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.10</td>
<td>-</td>
<td>0.02</td>
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<td>5 years</td>
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<td>0.04</td>
<td>-</td>
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<td>-</td>
<td>0.05</td>
</tr>
<tr>
<td>6 years</td>
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<td>0.38</td>
<td>0.24</td>
<td>0.32</td>
<td>0.27</td>
</tr>
<tr>
<td>7 years</td>
<td>0.66</td>
<td>0.73</td>
<td>0.59</td>
<td>0.81</td>
<td>0.65</td>
<td>0.75</td>
</tr>
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<td>8 years</td>
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<td>1.59</td>
<td>1.09</td>
<td>1.34</td>
<td>0.92</td>
</tr>
<tr>
<td>9 years</td>
<td>1.14</td>
<td>1.01</td>
<td>1.62</td>
<td>0.95</td>
<td>1.49</td>
<td>1.00</td>
</tr>
<tr>
<td>10 years</td>
<td>1.58</td>
<td>1.39</td>
<td>2.99</td>
<td>1.35</td>
<td>2.43</td>
<td>1.38</td>
</tr>
<tr>
<td>11 years</td>
<td>1.85</td>
<td>1.78</td>
<td>2.33</td>
<td>2.16</td>
<td>2.26</td>
<td>1.85</td>
</tr>
<tr>
<td>12 years</td>
<td>2.00</td>
<td>2.67</td>
<td>3.01</td>
<td>2.58</td>
<td>2.92</td>
<td>2.68</td>
</tr>
</tbody>
</table>

^a^ Data based on children from NSW and the NT only. ^b^ Data are weighted by State/Territory ERP and within the NT are also weighted by sampling frame (Darwin/other) and time since last visit.  

Source: AIHW Dental Statistics and Research Unit (unpublished); table 6A.3.1.

- Indigenous children aged four to 12 years had a higher mean number of both deciduous (infant) and permanent teeth with decay experience than non-Indigenous children in 2000, based on data from NSW and the NT (table 6.3.1).
- The mean number of deciduous (infant) teeth with decay experience was higher for Indigenous children than non-Indigenous children across all ages from four to 11 years (table 6.3.1).
- The mean number of permanent teeth with decay experience for Indigenous children ranged from 0.32 for six year olds to 2.92 for 12 year olds, compared with 0.27 for six year olds and 2.68 for 12 year olds for non-Indigenous children (table 6.3.1).
- For both Indigenous and non-Indigenous children, the mean number of permanent teeth with decay experience increased with age.
Children in need of immediate treatment in NSW and the NT combined

The AIHW classifies children who are in need of immediate treatment as children with oral pain or infection or the likely occurrence of oral pain or infection within four weeks. These are ‘children requiring treatment for existing pain, dental abscesses, grossly decayed teeth with pulp exposure, avulsed or fractured teeth or life threatening conditions’ (Armfield et al. 2003).

Figure 6.3.1 Proportion of children aged 4–12 years who were in need of immediate treatment with five or more decayed teeth, NSW and the NT, 2000a

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Overall, the proportion of children (Indigenous and non-Indigenous) who needed immediate dental care was highest amongst the younger age groups — it was highest for four year old children (79.6 per cent for Indigenous and 48.2 per cent for non-Indigenous); and lowest for children aged 11 and 12 years (figure 6.3.1).

The proportions of Indigenous children who needed immediate treatment were much higher than the proportions of non-Indigenous children across all age groups — between 1.21 to 2.08 times more Indigenous children needed

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a The data were collected from the School Dental Services in NSW and the NT. Care should be taken in interpreting the data for children aged four years as the data for these children are based on those with dental pain brought to dental clinics. Children aged four years are not in the School Dental Care system.

Source: AIHW Dental Statistics and Research Unit (unpublished); table 6A.3.1.

3 Although this implies that 79.6 per cent of the children brought to Dental Clinics in the NT required immediate treatment, this figure should not be used to extrapolate about the dental health of Indigenous children aged four years. Since children aged four years are not in the School Dental Program but were brought to the clinics suffering severe pain.
immediate treatment than non-Indigenous children (figure 6.3.1 and table 6A.3.1).

- There was little difference between Indigenous children who lived in metropolitan areas and those living in regional and remote areas except for four year olds where 95.1 per cent of children living in metropolitan areas were in need of immediate treatment compared with 73.5 per cent of children in regional and remote areas (table 6A.3.1).

**Dental caries experience of children in the NT**

Combined data for NSW and the NT on some aspects of children’s dental health were presented above. However, more detailed and more recent data, only available for the NT separately, are presented below.

*Figure 6.3.2 Deciduous dental caries experience of children aged 4–12 years in the NT, by Indigenous status, 2001*

![Graphs showing dental caries experience](image)

*Source: Armfield and Roberts-Thomson (2004); tables 6A.3.2 and 6A.3.3.*
• In 2001, Indigenous children had a higher mean number of deciduous (infant) teeth with untreated decay than non-Indigenous children in the NT — 2.2 to 4.8 times higher mean decay scores than non-Indigenous children (figure 6.3.2).

• Indigenous children over the age of six (with the exception of 10 year olds) had a lower mean number of teeth with fillings than non-Indigenous children (figure 6.3.1).

• The proportion of Indigenous children free of caries in their deciduous teeth (dmft=0) was lower than the proportion for non-Indigenous children. For example, for eight year olds, 29.7 per cent of Indigenous children registered in the school dental program had deciduous teeth free of caries compared with 47.4 per cent of non-Indigenous children (figure 6.3.1).

• Indigenous children of all age groups had a higher ratio of untreated deciduous decayed teeth to the total count of decayed, missing, and filled teeth (d/dmft). The d/dmft ratio refers to the proportion of untreated teeth with caries in the population and shows that Indigenous children had a greater unmet need for treatment than non-Indigenous children (figure 6.3.1).
Indigenous children over the age of seven had a higher mean number of permanent teeth with untreated decay than non-Indigenous children in the NT in 2001 (figure 6.3.3).

For children under the age of 12, the mean number of teeth with fillings was the same for both Indigenous and non-Indigenous children, however, the gap widened significantly for children between the ages of 12 and 14 (figure 6.3.3).

The proportion of Indigenous children with caries free permanent teeth (DMFT=0) was lower than the proportion of non-Indigenous children with caries free permanent teeth (figure 6.3.3).

Indigenous children of all ages had a higher ratio of untreated permanent decayed teeth to the total count of decayed, missing, and filled teeth (D/DMFT) than non-Indigenous children (figure 6.3.3).
Dental caries experience of children in Victoria

Data for Victoria were supplied directly by the Victorian Government and are for a different time and are not directly comparable with data for NSW and the NT.

Figure 6.3.4  Average number of teeth decayed or affected by previous decay age 5–12 years, Victoria, January 2001 to December 2003

- Indigenous children in Victoria had a higher average number of both deciduous (infant) and permanent teeth with decay experience than non-Indigenous children from 2001 to 2003 (figure 6.3.4).
- Indigenous children up to the age of ten had a higher mean dmft score than non-Indigenous children.
- At most ages, Indigenous children had a higher DMFT score than non-Indigenous children (figure 6.3.4).

Source: Victorian Government (unpublished); table 6A.3.6.
Children's dental health in WA

The Western Australian Aboriginal Child Health Survey conducted in 2001 and 2002 (Zubrick et al. 2004) showed that in WA:

- 18.6 per cent of Indigenous children had holes in their teeth, with the prevalence lowest for children aged 0–3 years (8.2 per cent), highest for children aged 4–7 years (30.6 per cent) and falling to 24.0 per cent for 8–11 year olds and 13.3 per cent for 12–17 year olds. The prevalence of holes was significantly higher in the Perth metropolitan area (19.3 per cent) compared with areas of extreme isolation\(^4\) (12.3 per cent).

- Almost one in ten (9.3 per cent) Indigenous children were reported to have had a tooth removed because it was bad.

- Carers reported that 27.5 per cent of Indigenous children had had a tooth filled. The proportion of children who had ever had a tooth filled decreased with increasing isolation, from 33.9 per cent in the Perth metropolitan area to 9.2 per cent in extremely isolated areas.

- An estimated 5.5 per cent of Indigenous children had had a problem with sore or bleeding gums, which were significantly more prevalent in children aged 12–17 years (8.0 per cent) than in younger children.

6.4 Future directions in data

Year 3 literacy and numeracy

Indigenous learning outcomes data in future reports will need to be improved through the inclusion of more timely data and breakdowns by geographic regions.

Preschool and school attendance

There has been no improvement in the availability of data since the 2003 Report. Some jurisdictions collect data on attendance rates at all levels (preschool to year 12). However, lack of uniformity across jurisdictions has created a barrier to

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\(^4\) Zubrick et al. (2004) used a different series of geographic region (remoteness) categories than the standard ABS categories used elsewhere in this Report and discussed in chapter 2. Both sets of categories are based on the Accessibility Remoteness Index of Australia (ARIA). The ABS categories are a widely used version known as ARIA+, whereas the version used by Zubrick et al. (2004) is known as ARIA++, which has been designed to allow greater distinction between locations that are all classified as very remote in the ABS ARIA+ version. The five ARIA++ categories used by Zubrick et al. (2004) are called levels of relative isolation and comprise the categories: none (Perth metropolitan area), low, moderate, high and extreme.
national reporting. Jurisdictions also need to improve the consistency and comparability of reporting by geographic regions.

**Primary school children with dental caries**

Data are currently limited to between one and four jurisdictions, depending on the particular data item. There is considerable scope to expand the availability of comparable data on Indigenous children’s dental health so that a national picture can been seen as well as variations geographically and over time.

The 2004-05 National Aboriginal and Torres Strait Islander Health Survey has collected (for persons 2 years and over), information about consultations with dentists: when last visited, place of visit, usual reason for visit. Place and reason are new data items but the others were also collected in 2001. These data will be available for states and territories and by remoteness, in 2006.

**6.5 References**

**6 Early school engagement and performance (preschool to year 3)**


Raban, B. 2000, *Just the Beginning…*, DETYA Research Fellowship Report no 1, Canberra.


**6.1 Preschool and school attendance**


**6.2 Year 3 literacy and numeracy**


6.3 Primary school children with dental caries


7 Positive childhood and transition to adulthood

This strategic area for action reflects the continuing importance of educational outcomes through childhood to early adulthood and ways in which alternatives to detention for juvenile offenders contribute to reducing recidivism.

Literacy and numeracy at years 5 and 7 is an important indicator of continuing progression in learning beyond the early years of schooling and provides a foundation for successful secondary education. Literacy and numeracy are hurdles for Indigenous students and improvements in this area are critical to the achievement of headline outcomes, such as year 10 and 12 retention and attainment. Achievements against the literacy and numeracy benchmarks are contained in sections 7.1 and 6.2.

Whilst the period during which children are moving from primary to secondary school can be difficult for many young people, it can be particularly traumatic for young Indigenous people who have to leave their communities to undertake secondary studies. “Poor preparation, not knowing what to expect, homesickness, distance from family and community support, lack of local support, poor literacy
levels and shame at not succeeding lead many young Indigenous people to drop out” (MCEETYA 2001).

For most students, compulsory education ends in year 9 or 10. Many of the Indigenous students who elect to leave at this point have poor literacy and numeracy skills. They are, as a result, limited in what their options may be for the future. As stressed by many of the Indigenous people consulted, this all too often leads into boredom, despair, substance abuse, and criminal activity. The retention of Indigenous students at this stage in their education is, therefore, one of the potential milestones in breaking the cycle of disadvantage. Data on the retention of Indigenous students at year 9 are reported in section 7.2.

The National Statement of Principles and Standards for More Culturally Inclusive Schooling in the 21st Century (MCEETYA 2000) states that schooling should acknowledge the capacity of all young Indigenous people to learn by providing a curriculum that avoids discrimination; allows Indigenous students the same opportunities as other students while allowing them to be strong in their own cultures; and helps all students to understand and value Indigenous culture and knowledge.

There is a significant body of research that supports the importance of cultural studies in the school curriculum to motivate Indigenous students, increase their attendance and improve their self-identity. Curriculum is one of several factors influencing Indigenous school performance, none of which is sufficient on its own (see Bourke, Rigby and Burden 2000; Harslett et al. 1998; and Purdie et al. 2000).

Compelling also were the arguments put forward by Indigenous people during the consultations, for the need to include Indigenous cultural studies into the school curriculum. Following are three outcomes that were suggested by Indigenous people for including Indigenous content in school curriculum.

- The incorporation of Indigenous studies and Indigenous content in the curriculum makes schooling more relevant to Indigenous students and will lead to better attendance and better educational outcomes for them.

- An improved understanding of Indigenous culture improves the spiritual health of Indigenous students, which leads to better outcomes in areas such health, family and community cohesion, education and employment.

- Teaching Indigenous culture, history and other Indigenous knowledge to non-Indigenous students will help address the racism of some non-Indigenous people that Indigenous people believe is founded on fear and ignorance. It has the additional benefit of generally creating a broader knowledge and understanding of Australian history amongst non-Indigenous Australians.
Some case studies about Indigenous cultural studies and information about Indigenous employment in schools are included in section 7.3.

Diversion programs are not in themselves a panacea, but they have the potential to contribute to a reduction in antisocial behaviour and offending. Once an Indigenous youth has entered the criminal justice system, the chances of him or her being channelled into more constructive activities, is markedly reduced.

Diverting juveniles from detention is an important factor in reducing recidivism. The Royal Commission into Aboriginal Deaths in Custody (1991) found that:

… younger prisoners had a very much higher probability of re-offending than older prisoners … The recidivism rate for Aboriginal juveniles is alarming. These are the next generation of potential deaths in custody, and in no area is it more important to devise and implement effective strategies to prevent imprisonment than it is with respect to Aboriginal children and youths (chapter 23).

It is in everyone’s interest to ensure that juvenile offenders remain outside of the justice system; not simply by being diverted from it after offences have been committed, but by avoiding the circumstances which lead to the commission of the offences in the first place (chapter 30).

Data on diversions have been provided by some jurisdictions in section 7.4.

The transition from school to work is a critical period in which young Indigenous people are most at risk of limiting their future options in life. Those who are not actively engaged in education and training, or employed, are most at risk of long term disadvantage. Section 7.5 examines transition from the perspectives of unemployed 15 to 24 years olds ‘at risk’, and outcomes from education.

**Supporting tables**

Supporting tables for this chapter are identified in references throughout this chapter by an ‘A’ suffix (for example, table 7A.2.1). These tables can be found on the Review web page (www.pc.gov.au/gsp). Users can also contact the Secretariat to obtain the attachment tables.

### 7.1 Years 5 and 7 literacy and numeracy

Achievement of the years 5 and 7 literacy and numeracy benchmarks has been identified in recent studies as having a major effect on participation in year 12 and entry into higher education (ACER 2004). There is also evidence to suggest that school leavers who lack fundamental skills in literacy and numeracy face poor employment prospects (ACER 2004; OECD 2004).
A recent report commissioned by the Fred Hollows Foundation identified low literacy as one of the biggest hurdles when it comes to improving the health of Indigenous people (Schwab and Sutherland 2004). The report also found that in some areas of the NT no Indigenous children achieved the national literacy benchmarks for years 3 and 5 in 2002 (Schwab and Sutherland 2004).

Programs that have been successful in improving literacy outcomes for Indigenous children can be found in chapter 6, box 6.2.2.

**Box 7.1.1  Key messages**

- The proportion of year 5 Indigenous students who achieved the reading benchmark increased steadily from 59 per cent in 1999 to 68 per cent in 2002, whereas the proportion remained relatively stable for all students (figure 7.1.3).

- In 2002, the proportion of Indigenous students who achieved the year 5 and 7 reading, writing and numeracy benchmarks was lower than that for all students, (figures 7.1.1 and 7.1.8).

The Program for International Student Assessment (PISA) is a survey of the reading, mathematical, scientific literacy and problem solving skills of 15 year olds across 41 countries. In 2003, a total sample of 815 Indigenous students (about 6.5 per cent of the Australian PISA sample) participated in the survey. Data on 15 year olds do not reflect literacy and numeracy levels for years 5 and 7 students. Nevertheless, these data do provide another perspective on Indigenous education outcomes (OECD 2004).

While some Indigenous students performed well in PISA mathematical literacy, this was a very small proportion of the overall sample and many more were performing at the lower end of the proficiency levels. Compared with other students, Indigenous students scored around one proficiency level lower in mathematical literacy. Similar results were evident for reading and scientific literacy and for problem solving (OECD 2004).

This chapter presents nationally comparable learning outcomes data for 2002 for years 5 and 7 reading, writing and numeracy. Nationally comparable learning outcomes data for years 5 and 7 for 2002 and previous years are reported in tables 7A.1.1 – 7A.1.29. Background information and issues in relation to national benchmarks for use in reporting on literacy and numeracy were addressed in section 6.2 of chapter 6.

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1 PISA is an initiative of the Organisation for Economic Cooperation and Development (OECD).
Year 5 literacy and numeracy

Figure 7.1.1  **Proportion of year 5 students who achieved national benchmarks, 2002**

- In 2002, a higher proportion of Indigenous year 5 students achieved the writing benchmark (76.4 per cent) than the reading (68.0 per cent) and the numeracy (65.6 per cent) benchmarks (figure 7.1.1).

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**a** The achievement percentages reported in this chart include 95 per cent confidence intervals, for example 80 per cent ± 2.7 per cent.  
**b** Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies considerably across jurisdictions. Hence, readers are urged to be cautious when comparing results.  
**c** Some of the movements in the results over time may have occurred because of State/Territory equating processes, and may not reflect actual improvements in student performance.  
**d** The method used to identify Indigenous students and students with a language background other than English (LBOTE) varies between jurisdictions.

*Source:* Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) (2005a); tables 7A.1.2, 7A.1.6 and 7A.1.11.
Year 5 reading

Figure 7.1.2 Proportion of year 5 students who achieved the reading benchmark, 2002a, b, c, d, e

- Nationally in 2002, the proportion of Indigenous students who achieved the year 5 reading benchmark (68.0 per cent) was lower than the proportion of all students who achieved the benchmark (89.3 per cent) (figure 7.1.2).
Figure 7.1.3 Proportion of year 5 students who achieved the reading benchmark\textsuperscript{a, b, c, d}

- The achievement percentages reported in this chart include 95 per cent confidence intervals, for example 80 per cent ± 2.7 per cent.\textsuperscript{b} Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies considerably across jurisdictions. Hence, readers are urged to be cautious when comparing results.\textsuperscript{c} Some of the movements in the results over time may have occurred because of State/Territory equating processes, and may not reflect actual improvements in student performance.\textsuperscript{d} The method used to identify Indigenous students and students with a LBOTE varies between jurisdictions.

\textit{Source: MCEETYA (2005a); table 7A.1.1.}

- Between 1999 and 2002 the proportion of year 5 Indigenous students who achieved the reading benchmark increased from 58.7 per cent to 68.0 per cent (figure 7.1.3)
- The proportion of year 5 students who achieved the reading benchmark was consistently lower for Indigenous students than for all students.
Year 5 writing

Figure 7.1.4 Proportion of year 5 students who achieved the writing benchmark, 2002\textsuperscript{a, b, c, d, e}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{chart.png}
\caption{Proportion of year 5 students who achieved the writing benchmark, 2002\textsuperscript{a, b, c, d, e}}
\end{figure}

\textsuperscript{a} The achievement percentages reported in this chart include 95 per cent confidence intervals, for example 80 per cent \pm 2.7 per cent. \textsuperscript{b} Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies considerably across jurisdictions. Hence, readers are urged to be cautious when comparing results. \textsuperscript{c} Some of the movements in the results over time may have occurred because of State/Territory equating processes, and may not reflect actual improvements in student performance. \textsuperscript{d} The method used to identify Indigenous students and students with a LBOTE varies between jurisdictions. \textsuperscript{e} Table 7A.1.7 provides information on the ages of students and time they had spent in schooling at the time of testing in each jurisdiction.

Source: MCEETYA (2005a); table 7A.1.6.

- Nationally in 2002, the proportion of Indigenous students who achieved the year 5 writing benchmark was 76.4 per cent compared to 93.6 per cent for all students (figure 7.1.4).

- The proportion of Indigenous students who achieved the year 5 writing benchmark in 2002 was lower than the proportion for all students in all states and territories (figure 7.1.4).
The proportion of students who achieved the writing benchmark was consistently lower for Indigenous students (around 76 per cent) than for all students, whose writing benchmark achievement level was above 90 per cent.
Year 5 numeracy

Figure 7.1.6 Proportion of year 5 students who achieved the numeracy benchmark, 2002a, b, c, d, e

- The achievement percentages reported in this chart include 95 per cent confidence intervals, for example 80 per cent ± 2.7 per cent.
- Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies considerably across jurisdictions. Hence, readers are urged to be cautious when comparing results.
- Some of the movements in the results over time may have occurred because of State/Territory equating processes, and may not reflect actual improvements in student performance.
- The method used to identify Indigenous students and students with a LBOTE varies between jurisdictions.
- Table 7A.1.7 provides information on the ages of students and time they had spent in schooling at the time of testing in each jurisdiction.

Source: MCEETYA (2005a); table 7A.1.11.

- Nationally in 2002, 65.6 per cent of Indigenous year 5 students achieved the numeracy benchmark compared to 90.0 per cent of all students (figure 7.1.6).
- The proportion of Indigenous students who achieved the year 5 numeracy benchmark was lower than the proportion for all students in all states and territories (figure 7.1.6).
Between 2000 and 2002 the proportion of year 5 students who achieved the numeracy benchmark was consistently lower for Indigenous students (around 64 per cent) than for all students, whose numeracy benchmark achievement level was around 90 per cent (figure 7.1.7).

There was no significant difference in the proportions of year 5 Indigenous students who achieved the numeracy benchmark between 2000 and 2002.

Source: MCEETYA (2005a); table 7A.1.12.
Year 7 literacy and numeracy

Figure 7.1.8  Proportion of year 7 students who achieved national benchmarks, 2002a, b, c, d

- In 2002, 71.6 per cent of year 7 Indigenous students achieved the writing benchmark, 65.3 per cent achieved the reading benchmark and 51.9 per cent achieved the numeracy benchmark (figure 7.1.8).
Year 7 reading

Figure 7.1.9  Proportion of year 7 students who achieved the reading benchmark, 2002\textsuperscript{a, b, c, d, e, f}

- The achievement percentages reported in this chart include 95 per cent confidence intervals, for example 80 per cent ± 2.7 per cent.\textsuperscript{b} Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies considerably across jurisdictions. Hence, readers are urged to be cautious when comparing results.\textsuperscript{c} Some of the movements in the results over time may have occurred because of State/Territory equating processes, and may not reflect actual improvements in student performance.\textsuperscript{d} The method used to identify Indigenous students and students with a LBOTE varies between jurisdictions.\textsuperscript{e} Table 7A.1.7 provides information on the ages of students and time they had spent in schooling at the time of testing in each jurisdiction.\textsuperscript{f} In 2002, Victoria assessed a sample of students based on voluntary participation. Data on exempt students was not available. Any comparisons should be done with these factors in mind.

Source: MCEETYA (2005a); table 7A.1.32.

- Nationally in 2002, the proportion of Indigenous students who achieved the year 7 reading benchmark (65.3 per cent) was lower than the proportion for all students who achieved the benchmark (89.1 per cent) (figure 7.1.9).
Figure 7.1.10 Proportion of year 7 students who achieved the reading benchmark\textsuperscript{a, b, c, d, e, f}

- The achievement percentages reported in this chart include 95 per cent confidence intervals, for example 80 per cent ± 2.7 per cent. \textsuperscript{b} Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies considerably across jurisdictions. Hence, readers are urged to be cautious when comparing results. \textsuperscript{c} Some of the movements in the results over time may have occurred because of State/Territory equating processes, and may not reflect actual improvements in student performance. \textsuperscript{d} The method used to identify Indigenous students and students with a LBOTE varies between jurisdictions. \textsuperscript{e} In 2001 and 2002, Victoria assessed a sample of students based on voluntary participation. Data on exempt students were not available. Any comparisons should be done with these factors in mind. \textsuperscript{f} Does not include data from South Australia.

Source: MCEETYA (2005a); MCEETYA (2005b); tables 7A.1.31 and 7A.1.32.

- Nationally, between 2001 and 2002 the proportion of year 7 Indigenous students achieving the reading benchmark was similar. The proportion of all students who achieved the reading benchmark was also similar in 2001 and 2002 (figure 7.1.10).
Year 7 writing

Figure 7.1.11 Proportion of year 7 students who achieved the writing benchmark, 2002\textsuperscript{a, b, c, d, e, f}

- In 2002, the proportion of Indigenous students who achieved the year 7 writing benchmark was lower than the proportion for all students in all states and territories, except for the ACT, where the difference was not statistically significant (figure 7.1.11).
- Nationally, the proportion of Indigenous students who achieved the year 7 writing benchmark was 71.6 per cent compared to 90.7 per cent for all students.

\textsuperscript{a} The achievement percentages reported in this chart include 95 per cent confidence intervals, for example 80 per cent ± 2.7 per cent. \textsuperscript{b} Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies considerably across jurisdictions. Hence, readers are urged to be cautious when comparing results. \textsuperscript{c} Some of the movements in the results over time may have occurred because of State/Territory equating processes, and may not reflect actual improvements in student performance. \textsuperscript{d} The method used to identify Indigenous students and students with a LBOTE varies between jurisdictions. \textsuperscript{e} Table 7A.1.7 provides information on the ages of students and time they had spent in schooling at the time of testing in each jurisdiction. \textsuperscript{f} In 2002, Victoria assessed a sample of students based on voluntary participation. Data on exempt students were not available. Any comparisons should be done with these factors in mind.

Source: MCEETYA (2005a); table 7A.1.34.
Nationally, between 2001 and 2002, the proportion of year 7 Indigenous students achieving the writing benchmark was similar. The proportion of all students who achieved the writing benchmark was also similar over the period (figure 7.1.12).

Figure 7.1.12 shows that for 2001 and 2002 the proportion of students who achieved the writing benchmark was consistently lower for Indigenous students (below 75 per cent) than for all students whose writing benchmark achievement was above 90 per cent.
Year 7 numeracy

Figure 7.1.13 Proportion of year 7 students who achieved the numeracy benchmark, 2002

- Indigenous students
- All students

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a The achievement percentages reported in this chart include 95 per cent confidence intervals, for example 80 per cent ± 2.7 per cent.

b Students who were absent or withdrawn from testing are not classified as assessed students and are not included in the benchmark calculations. The proportion of absent and withdrawn students varies considerably across jurisdictions. Hence, readers are urged to be cautious when comparing results.

c Some of the movements in the results over time may have occurred because of State/Territory equating processes, and may not reflect actual improvements in student performance.

d The method used to identify Indigenous students and students with a LBOTE varies between jurisdictions.

e NSW considers that the year 7 results for NSW are anomalous. The national numeracy benchmark results show that (i) a lower proportion of NSW year 7 students are meeting the minimum numeracy benchmark than are meeting the reading and writing benchmarks. (ii) A lower proportion of students are meeting the numeracy benchmark in year 7 than year 3 and year 5. National benchmarks represent the minimum standard of performance a student must achieve to be able to progress through his/her schooling. The national benchmark results show that NSW students in years 3 and 5 are consistently performing at or above the national average for reading, writing and numeracy. The NSW results for year 7 reading and writing are also fairly consistent with the national average.

f In 2002, Victoria assessed a sample of students based on voluntary participation. Data on exempt students were not available. Any comparisons should be done with these factors in mind.

g Table 7A.1.7 provides information on the ages of students and time they had spent in schooling at the time of testing in each jurisdiction.

Source: MCEETYA (2005a); table 7A.1.36.

- Nationally in 2002, the proportion of Indigenous students who achieved the year 7 numeracy benchmark (51.9 per cent) was lower than the proportion for all students (83.5 per cent) (figure 7.1.13).
- The proportion of Indigenous students who achieved the year 7 numeracy benchmark was lower than the proportion for all students in all states and territories (figure 7.1.13).
7.2 Retention at year 9

This indicator has been included because many Indigenous children are leaving school in years 9 and 10 with poor literacy and numeracy skills and with few or no post-school options or employment opportunities. Some information on methods for calculating retention rates, definitional nuances and issues in relation to geographic classifications were previously addressed in section 3.3.

The Longitudinal Surveys of Australian Youth (LSAY) identified that a dominant factor in early school leaving is achievement levels in literacy and numeracy. Students who had high levels of achievement in literacy and numeracy were far less likely to leave school early than those with low levels of achievement (ACER 2002). Evidence based research has also revealed that the causes of early school leaving include poor school achievement; a student’s interest; poverty; and the quality of teaching staff (Purdie and Corrigan 2004).

The LSAY program found that early school leavers have poor labour market outcomes and that about 20 per cent of Indigenous students in the survey sample had left school by the beginning of year 11. This was over twice the rate for other students (ACER 2000). In 2004, the apparent retention rate to year 10 for Indigenous students was 85.8 per cent compared to 98.5 per cent for non-Indigenous students (see section 3.3).

The ABS 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) demonstrated that educational background may be linked to the extent to which Indigenous people are involved in the criminal justice system. In 2002, Indigenous people aged 18 years and over who had completed school to year 12 (21 per cent), were less likely than those who had completed school to either year 10 (39 per cent) or year 9 or below (42 per cent), to have been formally charged by police at some time in their lives (ABS 2002 NATSISS, unpublished).

Box 7.2.1 Key messages

- Over the period 2000 to 2004, the Indigenous retention rate to year 9 was relatively stable (figure 3.3.1).
- In 2003, the retention rate for Indigenous students to year 9 was 97 per cent. In 2004, the retention rate for the same group of students (now in year 10) had declined by 11 percentage points to 86 per cent (figure 3.3.1).

The years 9 and 10 are critical because these are the years when compulsory schooling ends and Indigenous children are most likely to ‘fall through the net’. The loss may also occur in earlier years. In Queensland, for example, there is evidence
of a much earlier drop out between primary and secondary school which is associated with the need, in some regions, to relocate away from home to attend post-primary school. Some programs that have been successful in encouraging Indigenous students to stay at school can be found in section 3.3, box 3.3.2.

Table 7.2.1 **Apparent retention rates of full time secondary students to year 9, all schools, 2004 (per cent)**

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Non-Indigenous

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<td>99.6</td>
<td>95.3</td>
<td>100.2</td>
</tr>
<tr>
<td>Total</td>
<td>99.2</td>
<td>99.8</td>
<td>100.9</td>
<td>100.8</td>
<td>99.4</td>
<td>101.1</td>
<td>98.8</td>
<td>99.7</td>
<td>99.9</td>
</tr>
</tbody>
</table>

\(a\) The apparent retention rate is the percentage of full time students who continued to year 9 from respective cohort groups at the commencement of their secondary schooling (year 7/8). \(b\) Retention rates are affected by factors that vary across jurisdictions, so variations in apparent retention rates over time within jurisdictions may be more useful than comparisons across jurisdictions. Retention rates can exceed 100 per cent for a variety of reasons, including student transfers between jurisdictions after the base year. \(c\) The exclusion of part time students from standard apparent retention rate calculations has implications for the interpretation of results for all jurisdictions, but particularly for SA, Tasmania and the NT where there is a high proportion of part time students. \(d\) The small number of Indigenous students in some jurisdictions (the ACT and Tasmania) can result in large fluctuations in the apparent retention rates when disaggregated by gender. \(e\) Ungraded students are not included in the calculation of apparent retention rates. This exclusion has particular implications for the NT and as a result, Indigenous apparent retention rates may misrepresent the retention of students in secondary schooling in the NT.

Source: ABS (2005); table 3A.3.2.

- From 2000 to 2004 Indigenous apparent retention rates to year 9 have remained relatively constant (fluctuating between 95.5 and 97.2 per cent) (figure 3.3.1).
- High rates are to be expected because normal year level progression means students in year 9 are generally of an age at which schooling is still compulsory. Rates for Indigenous students, however, were generally lower than those for non-Indigenous students in all jurisdictions except Tasmania and the ACT (table 7.2.1).
- The national retention rate for Indigenous students was 97.2 per cent compared with 99.9 per cent for non-Indigenous students (table 7.2.1).
- In 2002, the proportion of Indigenous people who had competed schooling to year 9 or higher in remote and very remote areas was 62.1 per cent compared with 79.1 per cent in non-remote areas (table 3A.3.10).
7.3 Indigenous cultural studies in school curriculum and involvement of Indigenous people in development and delivery of Indigenous studies

This indicator was included in the framework following the extensive consultations that took place prior to publication of the 2003 Report. Even though data are extremely limited, the importance of cultural studies was emphasised many times over in discussions with Indigenous people and organisations. It is perceived as an important precursor to achievement for all students at school, both Indigenous and non-Indigenous. Indigenous cultural studies are also important in increasing understanding and acceptance of Indigenous people in the wider community.

Approaches to incorporating Indigenous content into the school curriculum vary widely between education systems and between schools. Schools exist in varied contexts and have varying numbers of Indigenous students in their schools and Indigenous people in their local communities. More than a quarter (26.8 per cent) of schools had no Indigenous students in 2004; the remainder had some Indigenous students enrolled (47.2 per cent of schools had 0.1 to 5.0 per cent Indigenous students). In 2.0 per cent of schools, more than 95.0 per cent of students were Indigenous and in 1.1 per cent of schools all students were Indigenous (DEST (unpublished)).

Data for reporting against this indicator are very limited and it is desirable that in time more information is collected. The National Report to Parliament on Indigenous Education and Training, 2001 (DEST 2002) was an important source of qualitative and quantitative information for this indicator in the 2003 Report in the absence of other data. A second, edition, National Report to Parliament on Indigenous Education and Training, 2002 (DEST 2003) provides some further information for this Report. A 2003 edition of the National Report to Parliament had yet to be published at the time this Report was being prepared.

The Department of Education, Science and Training (DEST) collects some limited information and data related to this indicator from Indigenous Education Strategic Initiatives Programme (IESIP) reports completed by individual education systems and schools. A suite of performance indicators has been developed for the Indigenous Education Program (2005–2008) — Supplementary Recurrent Assistance — and through this reporting process DEST will include a measure to encourage more extensive Indigenous involvement in developing and delivering Indigenous studies.
Although there is no systematic collection of data on Indigenous studies in the school curriculum, some examples have been identified and are included in this section.

<table>
<thead>
<tr>
<th>Box 7.3.1</th>
<th>Key message</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Some schools (primary and secondary) are incorporating Indigenous languages, culture, history and civics programs into their curricula – to improve education outcomes for Indigenous students and to improve all students’ knowledge and appreciation of Indigenous people and their culture.</td>
<td></td>
</tr>
<tr>
<td>• In 2003, Indigenous teachers and education workers generally comprised a much smaller proportion of school staff than the proportion of Indigenous students (table 7.3.1).</td>
<td></td>
</tr>
</tbody>
</table>

**Culturally inclusive curricula**

Most states and territories have developed strategies to incorporate Indigenous perspectives across the curriculum. Many have units devoted to developing Indigenous curriculum materials for use within various subjects and at various stages in schooling.

The following case studies boxes 7.3.2 to 7.3.5 are presented as examples of what some schools and education providers are doing to introduce Indigenous culture and perspectives into their curricula. Some case studies demonstrate programs created primarily for Indigenous students to increase their knowledge of their own culture and to improve their motivation to attend and succeed at school, whereas others aim to improve the knowledge and understanding of all students (both Indigenous and non-Indigenous).
Box 7.3.2  Maitland Area School, SA — Narungga language program

Maitland Area School in Maitland on the Yorke Peninsula, South Australia, has 42 Narungga students out of a total student body of 365 from reception to year 12. Most of the students are from the township and the Point Pearce community, formerly a mission station.

In 2001, an Aboriginal student asked his mother why he was not able to learn his native tongue, Narungga. She raised the question with the school community, which was receptive to the idea of introducing the language into the curriculum. The general community embraced the idea too. The school sees the program as a form of reconciliation and acknowledgment of the Narungga people.

By early 2002, teachers at the school had formed a team to discover how Indigenous students could be taught Narungga. They found a local elder who could provide the language content and a program was developed, taught by an Aboriginal education teacher with assistance from the elder.

Students are learning songs from Narungga culture, they welcome visitors to the school in the local dialect and act out stories at performances for neighbouring schools and kindergartens.

Attendance levels for Narungga children have also jumped by 85 per cent to 100 per cent. The school believes there is a clear link between attendance and engagement at the school, and learning outcomes.

Negotiations are under way with local Narungga groups to develop resources, a dictionary and a uniform approach to grammar and spelling to ensure there is consistency between the written and spoken forms of the language. The cultural studies include opportunities for students to produce painted emu eggs, which are sold internationally.

The program is part of students’ studies for the South Australian Certificate of Education.

Box 7.3.3  **Bendigo Senior Secondary College, Victoria — Dare to Lead program**

Bendigo Senior Secondary College is one of six national winners of the Excellence in Leadership in Indigenous Education awards established under the ‘Dare to Lead’ program. This program is administered by the Australian Principals’ Associations’ Professional Development Council on behalf of the Australian Government to foster Indigenous education programs in schools throughout Australia.

A key part of the College’s success involves strengthening the ties between the College and the Indigenous community, particularly through liaison with the Local Aboriginal Educational Consultative Group (LAECG). The college also appointed one of their teachers, as a Koorie Coordinator. Over the past two years, she has initiated a range of cultural activities to promote awareness and understanding of Indigenous culture and has worked directly with Indigenous students.

Some of the activities initiated so far by the College include:

- raising of the Aboriginal flag during National Aboriginal and Islander Day Observance Committee (NAIDOC) Week and Reconciliation Week
- a reconciliation writing competition judged by local community elders
- professional development for staff
- presentations at assemblies, including a performance of the Koorie student dance group
- inclusion of Indigenous perspectives in the curriculum and at College events such as Anzac Day.

In 2004, the College Council approved two amendments to the school’s charter goals, ensuring that the needs of future Indigenous students will be met. The first goal relates to improved processes for the mentoring, transition and retention of Koorie students whilst the second focuses on the establishment of an environment that is culturally welcoming and ‘Koorie friendly’.

In keeping with the goals of the ‘Dare to Lead’ program, the College is committed to a 10 per cent increase in the school completion rates for their Indigenous students.

*Source: Department of Education and Training, Victoria (unpublished).*

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Box 7.3.4  **Eurobodalla Primary School, NSW — language program**

Eurobodalla Primary School at Broulee in south-east NSW is pioneering the introduction of Aboriginal languages as part of the school curriculum. The Dhurga tongue, native to the south coast is set to become the school’s second language. The school already teaches German but as they have a fairly high population of Aboriginal people they decided to revive the language and build on it to teach other people about both the language and culture.

*Source: ABC (2004).*
Box 7.3.5 Discovering Democracy School Materials Project

In 2001, the Discovering Democracy School Materials Project began to develop case studies of good civics education practice for the Discovering Democracy website (http://www.curriculum.edu.au/democracy/case.htm). The aim of the case studies is to demonstrate innovative approaches to civics education in school settings with significant Indigenous populations.

The seventeen school case studies are from both primary and secondary schools in many different parts of Australia and have a range of aims and methods. Many of the programs are designed for both Indigenous and non-Indigenous students to develop greater understanding of Indigenous culture, history and political and civil rights. In developing its program, Port Lincoln High School, SA, acknowledged that:

- Port Lincoln is a diverse community which has a large resident Aboriginal population. Awareness and understanding of issues facing the Aboriginal population is the first step towards promoting improvements in racial harmony at the local level.

At Tennant Creek High School, NT, part of the rationale for the program was to:

- expose students to the major contemporary issues involving Indigenous peoples both in Australia and overseas
- foster analytical thinking, which examines information for accuracy, relevance, reliability, bias, racism and paternalism
- provide greater understanding of Indigenous culture, history and concerns, which will work towards the reconciliation process
- allow Indigenous students an opportunity to use prior knowledge and skills to gain achievement and feel valued within the school context.


Indigenous employment in schools

While no specific data were available on Indigenous teachers teaching Indigenous studies, some data on Indigenous employment in schools have been included to provide information on Indigenous involvement in school education. Indigenous cultural perspectives are important across the curriculum and the presence of Indigenous staff provide positive role models and contribute to bringing Indigenous perspectives to students.

In future years, it is hoped that IESIP reports and other sources may be available to report more extensively on Indigenous involvement in developing and delivering Indigenous studies. DEST has included reference to Indigenous involvement in developing and delivering Indigenous studies as one of its performance indicators.
for its Indigenous Education Programme, which may provide future data on aggregate outcomes.

Table 7.3.1  Indigenous employment in schools

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Indigenous teachers</td>
<td>1338</td>
<td>1360</td>
<td>1456</td>
<td>52</td>
<td>66</td>
<td>72</td>
</tr>
<tr>
<td>Indigenous teachers as a proportion of all teachers (%)</td>
<td>0.8</td>
<td>0.8</td>
<td>0.8</td>
<td>0.1</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Indigenous students as a proportion of all students (%)</td>
<td>4.5</td>
<td>4.7</td>
<td>4.9</td>
<td>1.5</td>
<td>1.0</td>
<td>1.5</td>
</tr>
<tr>
<td>Number of AIEWs in schools</td>
<td>1764</td>
<td>1723</td>
<td>1647</td>
<td>411</td>
<td>477</td>
<td>495</td>
</tr>
<tr>
<td>Ratio of Indigenous students to Indigenous teachers and AIEWs</td>
<td>33</td>
<td>34.5</td>
<td>35.5</td>
<td>21</td>
<td>18.6</td>
<td>27.8</td>
</tr>
<tr>
<td>Number of Indigenous staff in schools including teachers, specialist support staff (including teacher aides and AIEWs), administrative and clerical staff</td>
<td>2962</td>
<td>2951</td>
<td>3055</td>
<td>473</td>
<td>535</td>
<td>552</td>
</tr>
<tr>
<td>Total number of staff in schools including teachers, specialist support staff (including teacher aides and AIEWs), administrative and clerical staff</td>
<td>160 231</td>
<td>126 898</td>
<td>131 772</td>
<td>56 268</td>
<td>46 214</td>
<td>50 671</td>
</tr>
<tr>
<td>Indigenous staff as a proportion of all staff in schools (%)</td>
<td>1.8</td>
<td>2.3</td>
<td>2.3</td>
<td>0.8</td>
<td>1.2</td>
<td>1.1</td>
</tr>
<tr>
<td>Indigenous teaching staff as a proportion of all teaching staff (%)</td>
<td>na</td>
<td>0.8</td>
<td>0.8</td>
<td>na</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Indigenous administrative and clerical staff as a proportion of all administrative and clerical staff (%)</td>
<td>na</td>
<td>3.7</td>
<td>3.6</td>
<td>na</td>
<td>3.5</td>
<td>2.7</td>
</tr>
</tbody>
</table>

AIEWs = Aboriginal and Islander Education Workers. a The number of Indigenous students in Catholic schools is based on the number in all Catholic schools, not just IESIP funded Catholic systems. Staff numbers are those in IESIP funded Catholic systems. b For some states these figures are based on actual numbers and for some others it is based on full time equivalent (FTE). c Figures are not to be considered as nationally reflective because not all states reported on employment in any one year. d Catholic Schools' enrolment data includes some other non government schools including many Indigenous run schools that have greatly influenced the results. e Figure for 2001 includes 140 teacher aides in Queensland who are not classified as AIEWs because they are not placed in identified positions. f Includes school and non school based AIEWs. g Changes in the way staffing in the category 'specialist support staff' was reported by two state departments in 2003 means that it is not possible to provide a consistent picture of change over the period 2002–2003. h Total for government schools in 2001 is less than the sum of numbers for Indigenous teachers and AIEWs because the total Indigenous staff numbers in government schools does not include 140 teacher aides in Queensland not classified as AIEWs. na Not available.

Source: DEST (2002); DEST (unpublished).
In 2000, the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) decided to include an Indigenous identifier for staff in the National Schools Statistics Collection. Collection of these data will commence in 2005 with full implementation expected in 2006. Due to possible sensitivities, the collection of this information will be on a voluntary basis.

Nevertheless, a general indication of the number of Indigenous teachers and Aboriginal and Islander education workers is available (table 7.3.1).

- Indigenous teachers and staff in schools are a much smaller proportion of all teachers and staff than Indigenous students are of all students (table 7.3.1).
- Between 2001 and 2003 there have been increases in the number of Indigenous teachers and other staff in schools. The proportion of Indigenous students in schools has also been increasing.
- The number of Indigenous students is rising faster than the number of Indigenous teachers and Aboriginal and Islander Education Workers (AIEWs), which is causing the number of Indigenous students per Indigenous teacher or AIEW to increase.
- In 2003, 2.9 per cent of executive staff in government education systems and 1.4 per cent of executive staff in Catholic systems were Indigenous (DEST 2003).

DEST (2003) reported that most education providers would like to increase Indigenous employment but that there are insufficient qualified people to fill the roles.

DEST (2003) reported that many education systems have developed a range of courses relating to the education of Indigenous students that are not restricted to cross cultural awareness courses, such as *Aboriginal Perspectives Across the Curriculum, What Works* and *Deadly Ways to Learn*. Most participants in these courses are non-Indigenous.

Table 7A.3.2 shows that 33.6 per cent of AIEWs in government schools and 50.9 per cent of AIEWs in Catholic school systems had completed or were studying towards formal qualifications in 2003. The proportion who had completed or were studying towards formal qualifications has increased since 2001 and 2002 in government schools (24.9 per cent and 28.3 per cent) and remained fairly constant in Catholic schools\(^2\) (50.6 per cent and 53.2 per cent).

\(^2\) Smaller numbers of AIEWs in Catholic systems can mean that small changes in numbers studying or total AIEWs can cause proportions to vary from year to year without necessarily indicating a trend.
Boxes 7.3.6 and 7.3.7 provide information on training of Indigenous teachers and teachers of Indigenous languages in Queensland and WA.

**Box 7.3.6  RATEP — a community based Indigenous teacher education program in Queensland**

The Remote Area Teacher Education Program (RATEP), which began in 1990, is a training and employment program to assist Indigenous community teachers to become registered teachers in the communities in which they live and work. It is a joint initiative of Education Queensland, Tropical North Queensland Institute of TAFE, James Cook University and Indigenous communities. It delivers teacher education and training to Indigenous students in 16 urban, rural and remote centres throughout Queensland.

The program has 142 students, including 85 students enrolled at the Tropical North Queensland Institute of TAFE and 57 students undertaking the tertiary component at James Cook University.

Since 1993, 97 graduates have achieved a university qualification making them eligible for teacher registration and 233 graduates have achieved a Certificate IV or diploma level vocational qualification. Seventy-three of the graduates are still employed in Queensland schools (including 66 in remote areas).

Following a review by Education Queensland exploring the opportunity of using the RATEP model for other occupations, the Queensland Government is considering RATEP for training Indigenous nurses, allied health care workers, child care officers and police.

*Source: Queensland Government (unpublished).*

**Box 7.3.7  Training of Aboriginal language teachers in WA**

In 2004, the sixth intake of the Western Australian Department of Education and Training’s Aboriginal Languages Teacher Training Course graduated. Seventy-seven teachers have completed the course since the program began in 1998.

The Department believes the course is a vital tool in preserving Aboriginal languages and provides career options for Aboriginal language speakers. Aboriginal languages are among the priority languages for the Department and there are increasing numbers of schools wanting to teach Indigenous languages.

To successfully complete the course, trainees complete 20 days of out-of-school training, 18 months of in-school training and three practical in-school assignments.

Most of the participants in the program already taught their local languages in their schools. The course gives them greater skills to add to their expertise in the classroom, enabling them to plan and teach so that they can meet individual student needs. It also gives them the skills to use technology to produce a range of oral, visual and written teaching resources in their own languages.

*Source: ABC (2004).*
7.4 Juvenile diversions as a proportion of all juvenile offenders

Diversion programs allow a juvenile offender to be admonished without the necessity of interaction with traditional court processes (diversionary mechanisms can include cautions and attendances at community and family conferences). Diversionary mechanisms may not reduce the interaction between Indigenous juveniles and the criminal justice system but in combination with sports and leisure programs they can contribute to reducing antisocial behaviour and offending (Morris, Sallybanks and Willis 2003). For example, the NSW Standing Committee on Law and Justice (2000) acknowledged that the support given to Police Citizen’s Youth Clubs (not only by Police but by funding agencies and private citizens) is recognition that sport and leisure have a role to play in diverting young people from offending behaviour.

Programs that increase young peoples’ involvement in sport, arts, or community group activities may reduce the likelihood of Indigenous juveniles having repeated contact with police (Cameron and MacDougall 2000; Mason and Wilson 1988; Morris, Sallybanks and Willis 2003; Randell 2002). This in turn may lead to an improvement in juvenile detention rates and less directly lead to improvements in year 10 and 12 retention, tertiary qualifications and participation, unemployment and suicide and self-harm. Some examples of sport and recreation programs can be found in section 9.5, box 9.5.2

In some states and territories, a decision to divert the alleged offender will be left to the discretion of the individual police officer. Alternatively, as in NSW, an Act of Parliament will govern the process to be followed. In such cases, when the police apprehend a young person, they must first consider whether he or she is entitled to be diverted under the appropriate Act.

There is no national data set on the extent of Indigenous juvenile diversions. The data that are published within this section are from NSW, Victoria, WA, SA and the NT and the focus is on diversions at the police level. The data are not comparable, but have been provided to give some indication of the level of Indigenous juvenile diversions. It is acknowledged that diversions can also be exercised at the court level and this may be explored further in future Reports.

The NSW data are from police records and represent persons of interest (POIs) or alleged offenders who have come to the attention of NSW Police for a recorded criminal incident. Not all crimes have an associated POI. The NSW Department of Juvenile Justice also plays a significant role by administering Youth Justice Conferences, which are the mechanism for juvenile diversions in that State and in
other jurisdictions. The NSW Police data may not reflect the activity of Youth Justice Conferences.

In WA, data on apprehensions describe offences charged by police either via arrest or summons. Not all charges laid by the police are recorded in this system — for example, minor stealing and minor traffic offences are not recorded. In WA, a diversion includes both ‘cautioning’ and ‘referrals’ of juveniles by the police. For the NT, the data refer to apprehension cases rather than individual persons; therefore, a number of cases can relate to one person.

Indigenous status in Victoria, WA and SA is completed on the basis of the attending officer’s subjective assessment of the person’s appearance and is recorded for operational purposes only. In NSW and the NT, police officers actually ask juveniles whether they are an Aboriginal or Torres Strait Islander.

Data from other jurisdictions have not been published within this Report. In some instances, this is because there is no Indigenous identifier currently in place or data are not regarded to be of sufficient size or quality to publish. It is anticipated that in future years a more extensive and comparable set of data will be available from jurisdictions.

Further work in the area of juvenile diversions is being undertaken by the ABS in their development of offender based classifications. This work will pick up on juveniles and, in the future, the collection will have a diversion component that can be reported on. Data on Indigenous juveniles may be reported and released by the ABS next year for some jurisdictions. However, the comparability of juvenile diversion data may be limited because each State and Territory has different criteria for the eligibility of diversion and has different diversion programs.

**Box 7.4.1 Key message**

Although data on juvenile diversions are not comparable between states and territories, a smaller proportion of Indigenous juveniles are diverted than is generally the case for other juveniles.

In the following section where data are presented, no attempt has been made to control for factors which might affect the likelihood of a juvenile being diverted from court by police. These factors include the nature of the offence and the offending history of the young person.
New South Wales

Table 7.4.1  NSW, Juveniles (aged 10-17) diverted by police, 2003a, b, c, d

<table>
<thead>
<tr>
<th>Unit</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of juveniles diverted by police</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young Offenders Act</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth conference</td>
<td>no. 281</td>
<td>929</td>
</tr>
<tr>
<td>Caution</td>
<td>no. 1 508</td>
<td>8 817</td>
</tr>
<tr>
<td>Warning given</td>
<td>no. 2 358</td>
<td>17 070</td>
</tr>
<tr>
<td>Total</td>
<td>no. 4 147</td>
<td>26 816</td>
</tr>
<tr>
<td>Number of juveniles proceeded against by police</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeded against to court</td>
<td>no. 5 469</td>
<td>11 098</td>
</tr>
<tr>
<td>Infringement Notice</td>
<td>no. 1 496</td>
<td>21 679</td>
</tr>
<tr>
<td>Total</td>
<td>no. 6 965</td>
<td>32 777</td>
</tr>
<tr>
<td>Proportion of juveniles diverted</td>
<td>% 37.3</td>
<td>45.0</td>
</tr>
</tbody>
</table>

a This table represents persons of interest (POIs) or alleged offenders who have come to the attention of NSW Police for a recorded criminal incident. Not all crimes have an associated POI. The table only shows POIs whom the police have taken action against. ‘Proceeded against to court’ includes the issue of court attendance notices, charges and summonses. ‘Youth Justice Conference’ shows police conference referrals but excludes court referrals.
b Under the Young Offenders Act 1997 (NSW), when police apprehend a young person they must first consider whether the young person is entitled to be diverted under the Act by way of warning, caution or youth justice conference.
c Excluded from this table were 2029 juvenile POIs whose status was recorded by police as ‘legal process - not further classified’.
d Indigenous status is based on self-identification by the juvenile.

Source: NSW Bureau of Crime Statistics and Research (unpublished); table 7A.4.1.

Table 7.4.1 shows the various legal processes NSW Police can employ against alleged offenders. While ‘infringement notices’ are categorised as a ‘juvenile being proceeded against by police’, the actual infringement notice will not require the juvenile to attend court. This should be considered when viewing the juvenile diversion proportion.

- Indigenous juveniles were diverted at a lesser proportion than non-Indigenous juveniles (37.3 per cent compared to 45.0 per cent).
- The highest number of cautions issued by offence for Indigenous and non-Indigenous juveniles was for theft (table 7A.4.1).
- The proportion of Indigenous juveniles diverted by police increased from 2002 to 2003 (34.1 per cent in 2002 compared with 37.3 per cent in 2003) (tables 7A.4.1 and 7A.4.2).
Victoria

Table 7.4.2 Victoria, Indigenous and non-Indigenous juvenile alleged offenders and cautions

<table>
<thead>
<tr>
<th></th>
<th>Unit</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2003-04</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total juvenile alleged offenders</td>
<td>no.</td>
<td>1 476</td>
<td>19 938</td>
</tr>
<tr>
<td>Juvenile cautions</td>
<td>no.</td>
<td>162</td>
<td>5 873</td>
</tr>
<tr>
<td>Proportion of juveniles cautioned</td>
<td>%</td>
<td>11.0</td>
<td>29.5</td>
</tr>
<tr>
<td><strong>2002-03</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total juvenile alleged offenders</td>
<td>no.</td>
<td>1 424</td>
<td>22 194</td>
</tr>
<tr>
<td>Juvenile cautions</td>
<td>no.</td>
<td>198</td>
<td>6 524</td>
</tr>
<tr>
<td>Proportion of juveniles cautioned</td>
<td>%</td>
<td>13.9</td>
<td>29.4</td>
</tr>
</tbody>
</table>

* Indigenous status is derived from the racial appearance of the offender which is a subjective assessment of the police officer.

Source: Victoria Police (unpublished); tables 7A.4.3 and 7A.4.4.

- Table 7.4.2 shows that the proportion of Indigenous juveniles cautioned by police decreased from 2002-03 to 2003-04 (13.9 per cent in 2002-03 compared with 11.0 per cent in 2003-04). While the proportion of non-Indigenous juveniles cautioned by police remained the same.

- In 2003-04, 11.0 per cent of Indigenous alleged offenders received a caution compared with 29.5 per cent of non-Indigenous alleged offenders (table 7.4.2).

- The highest number of cautions issued in 2003-04 by offence for Indigenous and non-Indigenous alleged offenders was for theft (shop steal) (80 for Indigenous alleged offenders and 2055 for non-Indigenous alleged offenders) (table 7A.4.5).

- In 2003-04, the proportion of Indigenous alleged offenders cautioned by geographic regions was highest in outer regional areas (14.5 per cent). For non-Indigenous alleged offenders, it was highest in remote areas (50.0 per cent) (table 7A.4.7).

Data on the proportion of juveniles cautioned by general offence categories are available in tables 7A.4.3 and 7A.4.4.
## Western Australia

### Table 7.4.3  WA, Distinct juveniles having (formal) contact with police via arrest or diversion, 2001\textsuperscript{a, b, c}

<table>
<thead>
<tr>
<th>Unit</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juveniles apprehended (only) no.</td>
<td>767</td>
<td>1 123</td>
</tr>
<tr>
<td>Juveniles diverted (only) no.</td>
<td>1 567</td>
<td>7 476</td>
</tr>
<tr>
<td>Juveniles apprehended and diverted in the same year no.</td>
<td>503</td>
<td>758</td>
</tr>
<tr>
<td>Total police contact no.</td>
<td>2837</td>
<td>9 357</td>
</tr>
</tbody>
</table>

Proportion of juveniles diverted % 55.2 79.9

\textsuperscript{a} Aboriginality is derived from the WA Police Identity Code field for ethnic appearance. The field is completed on the basis of the attending police officer’s subjective assessment of the person’s appearance and is recorded for operational purposes only. Care should be exercised in the interpretation of these statistics, as a subjective assessment means it is possible that a person attributed to a particular group does not belong to that group. \textsuperscript{b} Data counts number of ‘distinct’ juveniles. This means that where individuals have had multiple contact with police, police count these individuals only once. \textsuperscript{c} In WA, a diversion includes both ‘cautioning’ and ‘referrals’ of juveniles by the police.

**Source:** University of WA (2003); table 7A.4.9.

### Figure 7.4.1  WA, Distinct juveniles having (formal) contact with police via arrest or diversion\textsuperscript{a, b, c}

\textsuperscript{a} Aboriginality is derived from the WA Police Identity Code field for ethnic appearance. The field is completed on the basis of the attending police officer’s subjective assessment of the person’s appearance and is recorded for operational purposes only. Care should be exercised in the interpretation of these statistics, as a subjective assessment means it is possible that a person attributed to a particular group does not belong to that group. \textsuperscript{b} Data counts number of ‘distinct’ juveniles. This means that where individuals have had multiple contact with police, police count these individuals only once. \textsuperscript{c} In WA, a diversion includes both ‘cautioning’ and ‘referrals’ of juveniles by the police.

**Source:** University of WA (2003); table 7A.4.9.
• The WA data show that the use of diversionary processes varies with Indigenous status. In the case of Indigenous juveniles, about half (55.2 per cent) of those formally dealt with by the police were diverted, while the proportion of non-Indigenous juveniles diverted was 79.9 per cent (table 7.4.3).

• These proportions were relatively consistent over the period 1997 to 2001 (figure 7.4.1).

• Alternatively, there are 1.2 Indigenous juveniles formally diverted for every Indigenous juvenile entering the system. For non-Indigenous juveniles, 4.0 juveniles are diverted for every juvenile entering the justice system.

Data on cautions issued by offence type (for males and females) are available in table 7A.4.10. Cautions are only one type of diversion that may be employed by the WA Police. Referrals to Juvenile Justice Teams are another option. More than half of all cautions issued to Indigenous juveniles were for property offences and around 12 per cent were for good order offences (table 7A.4.10).

**South Australia**

Table 7.4.4  **SA, Aboriginal and non-Aboriginal juvenile apprehensions and diversions, 1 January to 31 December 2003**

<table>
<thead>
<tr>
<th></th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total juvenile apprehensions</td>
<td>1 325</td>
<td>4 712</td>
</tr>
<tr>
<td>Participated in diversion</td>
<td>248</td>
<td>1 454</td>
</tr>
<tr>
<td>Proportion diverted</td>
<td>18.7%</td>
<td>30.9%</td>
</tr>
</tbody>
</table>

*a* Aboriginal appearance, derived from police apprehension reports, reflects the opinion of the apprehending officer. *b* Excludes persons where type of action was unknown legal process.

*Source: OCSAR (2003); table 7A.4.12.*

• Table 7.4.4 shows that 18.7 per cent of Indigenous apprehensions received a formal caution compared with 30.9 per cent of non-Indigenous cases.

• The highest number of formal cautions issued by offence for Indigenous and non-Indigenous juveniles was for offences against good order (table 7A.4.13).
Northern Territory

Table 7.4.5  NT, Indigenous and non-Indigenous juvenile apprehensions and diversions, 1 January to 31 December 2003a, b

<table>
<thead>
<tr>
<th></th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total juvenile apprehensions (number)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>790</td>
<td>300</td>
<td>1,090</td>
</tr>
<tr>
<td>Female</td>
<td>146</td>
<td>102</td>
<td>248</td>
</tr>
<tr>
<td>Total</td>
<td>936</td>
<td>402</td>
<td>1,338</td>
</tr>
<tr>
<td>Declined or denied participation in diversion (number)c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>510</td>
<td>146</td>
<td>656</td>
</tr>
<tr>
<td>Female</td>
<td>59</td>
<td>26</td>
<td>85</td>
</tr>
<tr>
<td>Total</td>
<td>569</td>
<td>172</td>
<td>741</td>
</tr>
<tr>
<td>Participated in diversion (number)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>280</td>
<td>154</td>
<td>434</td>
</tr>
<tr>
<td>Female</td>
<td>87</td>
<td>76</td>
<td>163</td>
</tr>
<tr>
<td>Total</td>
<td>367</td>
<td>230</td>
<td>597</td>
</tr>
<tr>
<td>Proportion diverted (%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>35.4</td>
<td>51.3</td>
<td>39.8</td>
</tr>
<tr>
<td>Female</td>
<td>59.6</td>
<td>74.5</td>
<td>65.7</td>
</tr>
<tr>
<td>Total</td>
<td>39.2</td>
<td>57.2</td>
<td>44.6</td>
</tr>
</tbody>
</table>

a Data refers to apprehension cases rather than individual persons, therefore, there may be a number of cases that relate to one person. b Indigenous data are based on self-identification by the juvenile. c Where cases did not result in a diversion, these cases either proceeded to court or were resolved in some other manner (it is not an indicator of the number of matters referred to the courts). Source: NT Police (unpublished); table 7A.4.15.

- Of the total apprehensions (1338) for the period, 44.6 per cent participated in diversion. Of those participating in diversion (597), 61.5 per cent were Indigenous. Of those cases that did not proceed to diversion (741), 76.8 per cent were Indigenous (table 7.4.5).
- The proportion diverted was lower for Indigenous than non-Indigenous juveniles (39.2 per cent compared with 57.2 per cent). For both Indigenous and non-Indigenous juveniles, a greater proportion of females than males were diverted (table 7.4.5).

7.5 Transition from school to work

Transition from school to work reports on the status of Indigenous people’s participation in either the work force or the education/training system. As one of the components of the ‘Positive Childhood and Transition to Adulthood’ strategic areas for action, it identifies those young Indigenous people who are potentially at high risk of long term disadvantage.
Two approaches are used to examine the transition from education to work — the ‘at risk’ and the ‘outcome from education’ approaches. The ‘at risk’ approach examines the number of Indigenous people aged 18–24 years who are not participating in education and training, and who are not employed. These people are considered as being at risk of long term disadvantage. The ‘outcome from education’ approach looks into labour force outcomes for those Indigenous people aged 18 years and over who have achieved a certain level of education.

**Box 7.5.1 Key messages**

- In 2002, 42 per cent of Indigenous people aged 18–24 years were neither studying nor employed or in the labour force, compared with 13 per cent of other Australians (figure 7.5.1).
- An education attainment of certificate level 3 or above significantly reduced an Indigenous person’s chance of being unemployed (table 7.5.1).

**The ‘at risk’ approach**

This approach looks at the participation in the work force and education system of people aged 18–24. It examines the proportion of people in this age group who are neither in full or part time employment, nor in full or part time study.

**Figure 7.5.1 Proportion of 18–24 year olds who were not employed and not studying, by Indigenous status and jurisdiction, 2002**

![Bar chart showing proportion of 18–24 year olds who were not employed and not studying, by Indigenous status and jurisdiction, 2002.](#)

*Not employed comprises people unemployed or not in the labour force.*  
*Source: ABS 2002 NATSISS; table 7A.5.1.*
Generally, the outcomes for Indigenous people are worse than for non-Indigenous people; that is, a higher proportion of Indigenous young people are at risk of long term disadvantage. The data for this indicator come from the ABS 2002 NATSISS and ABS 2002 General Social Survey (GSS) and show the proportion of the population who indicated that they were unemployed or not in the labour force, and were not attending an educational institution (figures 7.5.1 and 7.5.2).

- In 2002, 42.0 per cent of Indigenous people aged 18–24 years were not employed and not studying, compared with 12.6 per cent of non-Indigenous people of the same age group (figure 7.5.1).
- Taking into account the different age structures of the Indigenous and non-Indigenous populations, in 2002, 52.1 per cent of all Indigenous people aged 18 years and over were participating in the labour force, compared with 67.2 per cent of non-Indigenous people (table 7.A.5.4).

A slightly different way of looking at the ‘at risk’ group is to look at the proportions of people who are unemployed or not in the labour force who are studying and not studying (figure 7.5.2).

Figure 7.5.2  Proportion of 18–24 year olds who were not employed, whether studying, by sex, 2002a

<table>
<thead>
<tr>
<th></th>
<th>Indigenous Males</th>
<th>Non-Indigenous Males</th>
<th>Indigenous Females</th>
<th>Non-Indigenous Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per cent of people who were unemployed or not in the labour force</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Studying</td>
<td>Not Studying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indigenous Males</td>
<td>25</td>
<td>75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Indigenous Males</td>
<td>50</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indigenous Females</td>
<td>75</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Indigenous Females</td>
<td>50</td>
<td>50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a Not employed comprises people unemployed or not in the labour force.
Source: ABS 2002 NATSISS; table 7A.5.2.

- Both Indigenous males and females aged 18–24 years who were unemployed were less likely to be studying than non-Indigenous males and females who were also unemployed (figure 7.5.2).
• Indigenous unemployed females aged 18–24 years were less likely to be studying than their male counterparts (17.3 per cent of Indigenous females compared with 24.1 per cent of Indigenous males) (figure 7.5.2).

• Table 7A.5.3 contains data by geographic region on Indigenous people who were not employed and whether or not they were studying.

The ‘outcome from education’ approach

This approach examines the labour force status of people who have and have not achieved a qualification of certificate level 3 or higher. The purpose is to show employment outcomes for those who have attained a certain level of educational qualification.

Table 7.5.1  Labour force participation, employment, and unemployment outcomes by educational attainment, proportion of people aged 18 years and over, age standardised, by sex, 2002

<table>
<thead>
<tr>
<th></th>
<th>Indigenous</th>
<th></th>
<th>Non-Indigenous</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>People</td>
<td>Male</td>
</tr>
<tr>
<td>Labour force as a proportion of the population aged 18 years and over (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with a certificate level 3 or higher</td>
<td>81.0</td>
<td>73.1</td>
<td>77.3</td>
<td>82.0</td>
</tr>
<tr>
<td>Balance of population</td>
<td>57.1</td>
<td>38.3</td>
<td>47.0</td>
<td>69.6</td>
</tr>
<tr>
<td>All people</td>
<td>61.5</td>
<td>43.5</td>
<td>52.1</td>
<td>75.5</td>
</tr>
<tr>
<td>Employed people as a proportion of the labour force (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with a certificate level 3 or higher</td>
<td>91.5</td>
<td>89.4</td>
<td>90.6</td>
<td>97.1</td>
</tr>
<tr>
<td>Balance of population</td>
<td>78.0</td>
<td>81.1</td>
<td>79.4</td>
<td>91.9</td>
</tr>
<tr>
<td>All people</td>
<td>81.0</td>
<td>83.0</td>
<td>81.9</td>
<td>94.6</td>
</tr>
<tr>
<td>Unemployed people as a proportion of the labour force (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with a certificate level 3 or higher</td>
<td>8.5</td>
<td>10.6</td>
<td>9.4</td>
<td>2.9</td>
</tr>
<tr>
<td>Balance of population</td>
<td>22.0</td>
<td>18.9</td>
<td>20.6</td>
<td>8.1</td>
</tr>
<tr>
<td>All People</td>
<td>19.0</td>
<td>17.0</td>
<td>18.1</td>
<td>5.4</td>
</tr>
</tbody>
</table>

Indigenous male and female proportions have relative standard errors (RSE) greater than 25 per cent.

Source: ABS NATSISS 2002; tables 7A.5.4 and 7A.5.5.

3 The ABS defines the labour force as ‘all people who, during a specified time reference period, contribute to or are available to contribute to the production of economic goods and services as defined by the United Nations System of National Accounts’; employed people as those who have worked for at least one hour in the reference week; unemployed people are those who are without work, but are actively looking for work and available to start work within four weeks.
Most people who had attained a certificate level 3 or above qualification were in the labour force (77.3 per cent for Indigenous people and 79.2 per cent for non-Indigenous people) in 2002 (table 7.5.1).

The proportion of people who were in the labour force was higher for those with qualifications of certificate level 3 or above than for all people.

Of those in the labour force in 2002, 90.6 per cent of Indigenous people with certificate level 3 or higher qualifications were employed compared with 96.8 per cent of non-Indigenous people (table 7.5.1).

Indigenous people, with a certificate level 3 or above qualification appear to be nearly three times more likely to be unemployed than non-Indigenous people with a certificate level 3 or above qualification — 9.4 per cent of the Indigenous labour force compared with 3.2 per cent of the non-Indigenous labour force (table 7.5.1). However, the category ‘certificate level 3 or above qualifications’ includes a range of intermediate to advanced qualifications and the gap between Indigenous and non-Indigenous people may partly reflect a lower proportion of Indigenous compared to non-Indigenous people with more advanced qualifications in this category. Care needs to be taken in comparing outcomes for Indigenous and non-Indigenous people with certificate level 3 or above qualifications.

Table 7A.5.6 contains information on employment of people in Community Development Employment Projects (CDEP) and non-CDEP employment by level of qualification.

7.6 Future directions in data

Years 5 and 7 literacy and numeracy

(As for year 3) Indigenous learning outcomes data in future reports will need to be improved through the inclusion of more timely data and data by geographic regions.

The Ministerial Council for Education, Employment, Training and Youth Affairs (MCEETYA) is now collecting learning outcomes data for Indigenous students in year 7 as well as years 3 and 5.
Indigenous cultural studies in school curriculum and involvement of Indigenous people in development and delivery of Indigenous studies

Currently there are very limited data on curriculum and Indigenous staff, with no change in available data since the 2003 Report. MCEETYA is in the process of including an Indigenous identifier for staff in the National Schools Statistics Collection (NSSC).

Juvenile diversions as a proportion of all juvenile offenders

Further work in the area of juvenile diversions is being undertaken by the Australian Bureau of Statistics.

Transition from school to work

Since the 2003 Report, data on young people aged 15-24 years at risk of long-term disadvantage have become available at national and state level through the 2002 NATSISS. The ABS program of ongoing specific Indigenous household surveys will continue to provide selected education and labour data on a three-yearly cycle to report on this indicator.

7.7 References

7 Positive childhood and transition to adulthood


### 7.1 Years 5 and 7 literacy and numeracy


### 7.2 Retention at year 9


7.3 Indigenous cultural studies in school curriculum and involvement of Indigenous people in development and delivery of Indigenous studies


7.4 Juvenile diversions as a proportion of all juvenile offenders


Mason, G. and Wilson, P 1988, Sport, Recreation and Juvenile Crime: an Assessment of the Impact of Sport and Recreation upon Aboriginal and non-Aboriginal Youth Offenders, Australian Institute of Criminology, Canberra.

Morris, L., Sallybanks, J. and Willis, K. 2003, Sport, Physical Activity and Antisocial Behaviour in Youth, Research and Public Policy Series, no. 49, Australian Institute of Criminology, Canberra.


8 Substance use and misuse

Substance use and misuse has the potential to impact on all the headline indicators discussed in this Report. Reducing substance misuse can significantly reduce the level of assaults and homicides and the level of disability, while improving the overall health and wellbeing of a population. A reduction in substance use might also increase educational attainment, household and individual income levels, and reduce crime and imprisonment rates.

This chapter examines patterns in the use of a range of substances including alcohol, tobacco, and other drugs among Indigenous and non-Indigenous people.

Monitoring the consumption of substances such as tobacco, alcohol and other substances is important, as substance misuse can have a direct influence on physical and mental health outcomes. It can also have detrimental effects on families and communities. On the other hand, mental health status can also affect substance misuse behaviours. Studies (Caldwell et al. 2002, Hasin and Grant 2002) have found that prior alcohol misuse/dependence is associated with current depression. Further, acute alcohol consumption also tends to increase the risk of self-harm and suicide attempts (Borges et al. 2004).

Indigenous people generally experience high levels of harm as a result of alcohol, tobacco and other drug use. Research has found that there have been a higher number of deaths and hospital admissions attributable to tobacco, alcohol
Health risk behaviours such as cigarette smoking, excessive alcohol consumption and illicit drug use are particularly prevalent in lower socioeconomic groups. The relative socioeconomic disadvantage experienced by Indigenous Australians compared with other Australians may place them at greater risk of ill health.

A range of social factors influence the use of these substances among Indigenous people. Socioeconomic status, unemployment and poor education have been identified, by both researchers and practitioners, as the most important determinants of tobacco, alcohol and illicit drug use (Rowland and Toumbourou 2004). A poor education (often due to leaving school early) is often associated with reduced employment opportunities, and reduced employment opportunities often lead to a poor income and standard of living.

Conversely, factors such as employment, parenting skills and opportunities for social involvement protect individuals from harmful substance use (Rowland and Toumbourou 2004). Data reported by the Australian Bureau of Statistics (ABS) further demonstrate that factors such as employment and education have protective effects on drug problems in Indigenous people. Lower rates of smoking and alcohol use were observed among Indigenous people who had completed year 12, relative to those who had left school early. Lower substance use was also observed among those who were employed, relative to those unemployed or not in labour force (ABS 1999, 2003).

Supporting tables

Supporting tables for this chapter are identified in references throughout this chapter by an ‘A’ suffix (for example, table 8A.1.1). These tables can be found on the Review web page (www.pc.gov.au/gsp). Users can also contact the Secretariat to obtain the attachment tables.

8.1 Alcohol and tobacco consumption

Cigarette smoking and excessive alcohol consumption are associated with increased morbidity and mortality.

High levels of alcohol consumption can lead to dependence syndrome and alcohol cirrhosis. The use of alcohol by pregnant women can also adversely affect the
health of their newborns (World Bank 2000). Foetal-alcohol syndrome, for example, is more prevalent in Aboriginal infants (GSA 2003).

Apart from directly harming an individual’s health, excessive alcohol consumption at the family and community levels contributes to interpersonal/domestic violence, financial problems, child abuse and neglect, and family breakdown. It also contributes to acute hospitalisation from alcohol related injuries such as falls, traffic accidents, assaults and suicide. In other words, alcohol misuse has impacts which extend to people other than the individual concerned.

There has been a strong causal relationship between tobacco consumption and multiple chronic diseases, including coronary heart disease, stroke, chronic respiratory tract diseases, and pregnancy-related conditions such as low birthweight. Further, passive smoking has been linked with higher rates of respiratory illness, sudden infant death syndrome (SIDS) and asthma in children, and lung cancer and heart disease in adults (DHA 2003).

**Box 8.1.1 Key messages**

In 2002:

- Over half (51 per cent) of Indigenous people aged 15 years and over were cigarette smokers (table 8.1.1.); the rates for both Indigenous men and women in all age groups were similar to those in 1994 (figures 8.1.3 and 8.1.4).

- Around 15 per cent of Indigenous people reported risky alcohol consumption; the rate was higher for Indigenous men (17 per cent) than for Indigenous women (13 per cent) (table 8A.1.4).

- Indigenous people living in remote areas were less likely to consume alcohol (54 per cent) than those in non-remote areas (75 per cent), but the levels of risky alcohol consumption in remote and non-remote areas were similar (table 8.1.3).

In this section, new data on tobacco and alcohol consumption for Indigenous people are sourced from the ABS 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS). As the NATSISS only provides data on Indigenous people, no direct comparisons are possible with tobacco and alcohol consumption by non-Indigenous people in 2002. Data comparing smoking and drinking patterns between Indigenous and non-Indigenous people in 2001 were reported in the 2003 Report.

Data on tobacco and alcohol use for Indigenous people in remote and non-remote areas reported in this chapter are aggregated from data on the five geographical categories of the Accessibility/Remoteness Index of Australia (ARIA). ‘Remote’ includes the ‘very remote’ and ‘remote’ categories. Non-Remote includes the
‘major cities’, the ‘inner regional’ and the ‘outer regional’ categories. Data on each single ARIA category have high standard errors which would limit the usefulness of such data.

Table 8.1.1 Indigenous persons aged 15 years or over: smoker status, by remoteness, 2002

<table>
<thead>
<tr>
<th></th>
<th>Remote</th>
<th>Non-remote</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>’000</td>
<td>%</td>
<td>’000</td>
</tr>
<tr>
<td>Total smokers</td>
<td>41.2</td>
<td>53.3</td>
<td>102.4</td>
</tr>
<tr>
<td>Regular smokers</td>
<td>38.9</td>
<td>50.4</td>
<td>98.3</td>
</tr>
<tr>
<td>Occasional smokers</td>
<td>2.3</td>
<td>2.9</td>
<td>4.1</td>
</tr>
<tr>
<td>Non-smokers</td>
<td>34.1</td>
<td>44.2</td>
<td>102.6</td>
</tr>
<tr>
<td>Total</td>
<td>77.1</td>
<td>100.0</td>
<td>205.1</td>
</tr>
</tbody>
</table>

**Source**: ABS NATSISS 2002 (unpublished); table 8A.1.2.

In 2002:

- over half (50.9 per cent) of the Indigenous population aged 15 or over were cigarette smokers, among which 48.6 per cent were current daily (regular) smokers
- the proportions of occasional or regular smokers for Indigenous people in remote and non-remote areas were similar (table 8.1.1).
Among Indigenous people aged 55 years or over, men were more likely to be regular smokers (40.7 per cent) than women (27.1 per cent), while the proportions of regular smokers across all other age groups were similar (figure 8.1.1).
Regular smoking was most common among Indigenous men aged 35–44 years (58 per cent) and women aged 25–34 years (55.1 per cent) (figure 8.1.1).

Across all age groups, the proportions of regular smokers for Indigenous people in remote and non-remote areas were similar (figure 8.1.2).

Figure 8.1.3  Indigenous persons aged 15 years or over: smoker status by sex

![Graph showing smoker status by sex and year for Indigenous persons aged 15 years or over.](image)

- Includes occasional smokers and regular smokers, where occasional smokers are defined as people who were smoking less than once per day at the time of the interview, and regular smokers at least once per day.

Figure 8.1.4  Indigenous persons aged 15 years or over: smoker status by age

![Graph showing smoker status by age and year for Indigenous persons aged 15 years or over.](image)

- Includes occasional smokers and regular smokers, where occasional smokers are defined as people who were smoking less than once per day at the time of the interview, and regular smokers at least once per day.
Regardless of age and gender, there were no statistically significant changes in the rate of cigarette smokers among Indigenous people over the period of 1994 and 2002 (figure 8.1.3 and figure 8.1.4).

Data on alcohol consumption from the ABS 2002 NATSISS provide information on alcohol consumption and its associated risk of harm. The risk levels of alcohol use are defined by the National Health and Medical Research Council (NHMRC), Australian Alcohol Guideline (2001), which outlines drinking patterns associated with risk of alcohol related harm. The low risk level defines a level of drinking at which there is only minimal risk of harm and, for some, the likelihood of health benefits. The medium/moderate level are those at which risk of harm is significantly increased beyond any possible benefits. High risk drinking levels are those at which there is substantial risk of serious harm, and above which risk continues to increase rapidly.

Data on the relative risk levels of alcohol consumption from the ABS 2002 NATSISS are based on a person’s average daily alcohol consumption, which are derived from a person’s usual daily consumption of alcohol and the frequency of the consumption in the 12 months prior to the survey. A person who consumes a large volume of alcohol once a week could have been reported as having the same risk level as a person who consumes a smaller amount of alcohol on a daily basis.

Measures of the three relative risk levels for alcohol consumption data reported in this section are provided in table 8.1.2.

### Table 8.1.2 Average daily alcohol consumption and associated risk levels

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th></th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of standard drinks&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Volume of alcohol (ml)</td>
<td>No. of standard drinks&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Low</td>
<td>Up to 4</td>
<td>&lt;50</td>
<td>Up to 2</td>
</tr>
<tr>
<td>Moderate/medium</td>
<td>5-6</td>
<td>50-70</td>
<td>3-4</td>
</tr>
<tr>
<td>High</td>
<td>7 or more</td>
<td>&lt;75</td>
<td>5 or more</td>
</tr>
</tbody>
</table>

<sup>a</sup> A standard drink is defined as a full serve of alcoholic beverages containing 10 grams of alcohol, equivalent to 12.5 millilitres (ml) of alcohol, for example, a 375 ml can/bottle of mild strength beer, or a 100 ml glass of wine. All alcoholic beverage containers, by law, state on the label the number of standard drinks they contain.

Source: NHMRC (2001); ABS NATSISS 2002.
Table 8.1.3  Indigenous persons aged 15 years or over: alcohol consumption in the last 12 months, by remoteness, 2002

<table>
<thead>
<tr>
<th>Alcohol risk level</th>
<th>Remote ('000)</th>
<th>Non-remote ('000)</th>
<th>Total ('000)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Low risk</td>
<td>24.8</td>
<td>105.2</td>
<td>130</td>
</tr>
<tr>
<td>Medium risk</td>
<td>7.7</td>
<td>19.3</td>
<td>27</td>
</tr>
<tr>
<td>High risk</td>
<td>5.2</td>
<td>10.5</td>
<td>15.7</td>
</tr>
<tr>
<td>Total drank alcohol</td>
<td>41.4</td>
<td>154.3</td>
<td>195.7</td>
</tr>
<tr>
<td>Did not drink alcohol</td>
<td>35.8</td>
<td>50.7</td>
<td>86.5</td>
</tr>
<tr>
<td>Total</td>
<td>77.1</td>
<td>205.1</td>
<td>282.2</td>
</tr>
</tbody>
</table>

*Includes not stated responses and drinkers for whom risk level could not be determined.

*Source: ABS NATSISS 2002 (unpublished); table 8A.1.4

In 2002:

- around one sixth (15.2 per cent) of Indigenous people aged 15 years or over reported medium/high risk alcohol consumption
- a higher proportion of Indigenous people in remote areas (46.4 per cent) did not drink alcohol compared to those in non-remote areas (24.7 per cent)
- alcohol drinkers in non-remote areas were more likely to consume alcohol at the low risk level (51.3 per cent) compared to those in remote areas (32.2 per cent)
- the levels of medium/high risk alcohol consumption for Indigenous people in remote and non-remote areas were similar (table 8.1.3).
Figure 8.1.5  Indigenous persons aged 15 years or over: alcohol consumption in the last 12 months, by sex and remoteness, 2002

Source: ABS NATSISS 2002 (unpublished); table 8A.1.4.

Figure 8.1.6  Indigenous persons aged 15 years or over residing in non-remote areas: medium/high risk alcohol consumption in the last 12 months, by age, 2002a

Source: ABS NATSISS 2002 (unpublished); table 8A.1.3.

- For Indigenous people living in both remote and non-remote areas, a greater proportion of Indigenous men drank alcohol compared to Indigenous women (figure 8.1.5).
• Indigenous male drinkers in both remote and non-remote areas were more likely to consume alcohol at the risky (medium/high risk) level compared to female drinkers (figure 8.1.5).

• For Indigenous people living in non-remote areas, the rate of risky alcohol consumption peaked at the age of 35–44 years for both men (20.9 per cent) and women (18.9 per cent) (figure 8.1.6).

A report on the social and emotional wellbeing of Indigenous children in WA in 2001 and 2002 (Zubrick et al. 2005) found that, of Indigenous young people aged 12–17 years in WA:

• 35.4 per cent smoked daily for at least a month at some point in their lives

• females were reported to be more likely to have smoked (40.1 per cent) than males (30.7 per cent)

• those who had at least one parent who smoked were almost twice as likely to have smoked regularly compared with those whose parents did not smoke

• 27.2 per cent drank alcohol, of which 45.6 per cent drank to excess (to the point of vomiting)

• both drinking and drinking to excess tended to increase with age in both females and males

• there was little difference in alcohol drinking patterns between males and females aged 12–16 years, but at 17 years of age, a higher proportion of males were drinking alcohol (61.0 per cent) compared with females (43.2 per cent)

• those living in the Perth metropolitan area were more likely to drink alcohol and drink to excess (31.7 per cent and 14.5 per cent) than those in areas of extreme isolation (9.6 per cent and 4.1 per cent).1

8.2 Alcohol related crime and hospital statistics

Research from Australia and overseas suggests there is a strong association between alcohol and violence, crime, and anti-social behaviour. One research study

1 Zubrick et al. (2005) used a different series of geographic region (remoteness) categories than the standard ABS categories used elsewhere in this Report. Both sets of categories are based on the Accessibility Remoteness Index of Australia (ARIA). The ABS categories are a widely used version known as ARIA+, whereas the version used by Zubrick et al. (2005) is known as ARIA++, which has been designed to allow greater distinction between locations that are all classified as ‘very remote’ in the ABS ARIA+ version. The five ARIA++ categories used by Zubrick et al. (2005) are called levels of relative isolation and comprise the categories: none (Perth metropolitan area), low, moderate, high and extreme.
conducted by the NSW and Queensland police services found that high proportions of street offences (for example, offensive behaviour), assault, malicious damage, domestic violence and noise complaints were related to alcohol use (Ireland 1993). Box 8.2.2 includes examples of how alcohol related crime and violence is being addressed in some communities.

According to the Department of Health and Ageing, excessive alcohol consumption has been found to be an important factor in:

- one third of all road deaths in Australia
- 50 per cent of cases of domestic physical and sexual violence
- 40–70 per cent of violent crimes, and 70–80 per cent of night-time assaults
- homicide (affecting 34 per cent of offenders and 31 per cent of victims)
- the problems (linked with violence, crime, vandalism and destruction of property) faced by 15–24 year olds (DHA 2003).

Alcohol consumption is also associated with a variety of adverse health consequences. Adverse effects of alcohol have been demonstrated for many disorders, including liver cirrhosis, mental illness (which might increase the risk of suicide attempts), several types of cancer, pancreatitis and damage to the foetus among pregnant women (WHO 2000).

Box 8.2.1  **Key messages**

- In 2002-03, 65 per cent of Indigenous homicides involved both the victim and offender having consumed alcohol at the time of the offence — almost three times the rate for non-Indigenous homicides (figure 8.2.1).
- In 2002-03, Indigenous people (both males and females) were more than four times as likely to be in hospital for alcohol-related mental and behavioural disorders than other people.
Box 8.2.2  ‘Things that work’

- The most common harm reduction strategy in rural Indigenous communities is the use of night patrols to provide transport to safe locations for intoxicated persons. Qualitative evaluation suggests that people in those communities generally rated the patrols as effective in reducing alcohol related violence and crimes. It was reported that the crime rate in a local shopping mall dropped by 39 per cent after the night patrol service commenced in a rural Indigenous community of Victoria (Rowland and Toumbourou 2004).

- Working together with government agencies, the Indigenous community in Halls Creek, Western Australia, implemented a number of measures to redress the negative influence of alcohol consumption, which had been a problem in the community for many years. These measures included restricting alcohol trading hours, introducing a school education program and Community Development Employment Project (CDEP), expanding technical and further education (TAFE) services and establishing an arts centre. The annual presentations to the hospital related to alcohol and domestic violence decreased compared to the equivalent level of the three months before the intervention. Emergency evacuations as a result of injury also showed a marked decrease (DHA 2001).
Alcohol related crime

There are no reliable data on the overall extent of alcohol related crime. This section draws on alcohol related homicides.

Figure 8.2.1 Alcohol involvement in Indigenous and non-Indigenous homicides, 2002-03a, b, c, d

<table>
<thead>
<tr>
<th>Per cent</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
<th>Inter-racial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both victim and offender drinking</td>
<td>60</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Victim drinking but not offender</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Offender drinking but not victim</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Neither drinking</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

a Homicide includes murder and manslaughter, but excludes driving causing death. b Indigenous homicides are where both victims and offenders of homicide are Indigenous. c Non-Indigenous homicides are where both victims and offenders are not Indigenous, including victims and offenders who are Caucasian, Asian and Maori/Pacific Islanders. d Inter-racial homicides are where either the victim or the offender is Indigenous, including homicides involving: an Indigenous offender and non-Indigenous victim, and non-Indigenous offender and an Indigenous victim.

Source: AIC NHMP (unpublished); table 8A.2.1.

In 2002-03:

- 64.7 per cent of Indigenous homicides involved both the victim and offender having consumed alcohol at the time of the offence (figure 8.2.1)
- in contrast, 23.9 per cent of non-Indigenous homicides involved both the victim and offender under the influence of alcohol at the time of the incident
- where only the offender was under the influence of alcohol in a homicide, the proportion was slightly greater for Indigenous homicides (14.7 per cent) compared to non-Indigenous homicides (11.9 per cent) and inter-racial homicides (7.1 per cent).
Over the 4 year period from 1999-2000 to 2002-03, there were no significant changes in the overall level of alcohol involvement in Indigenous homicides, although there were some variations in the categories of ‘both victim and offender drinking’ and ‘offender drinking but not victim’ (figure 8.2.2).

Data sourced from the Australian Institute of Criminology (AIC) National Homicide Monitoring Program (NHMP) only include alcohol related homicides and no information on offences that do not result in the death of the victim. Other limitations of the NHMP data are discussed in appendix 3.

**Hospital statistics on alcohol-related incidents and deaths**

Both short-term and long-term alcohol misuse can cause harm including illnesses, injuries and deaths. Long term alcohol misuse can cause a series of chronic illnesses (for example, various cancers, liver diseases, and chronic gastritis), and episodes of drinking to intoxication can cause injuries or deaths from violence, falls, road crashes and drowning. Some suicides and strokes may also be attributable to both short and long-term alcohol misuse.

A study by Chikritzhs et al. (2003) on alcohol related harm in Australia between 1992 and 2001 found that:

- at least 40 potentially fatal conditions were caused in whole or in part by alcohol
• an estimated 31,113 Australians died from risky and high risk drinking

• the leading alcohol-related causes of death were alcoholic liver cirrhosis, road crashes, cancers and suicides

• more people died from the acute rather than the long-term or chronic effects of alcohol, reflecting the more common pattern of drinking to intoxication.

Further studies comparing alcohol-caused deaths between Indigenous and non-Indigenous people found that:

• between 1990 and 1997, regardless of sex and region, there were markedly higher rates of alcohol related deaths among Indigenous people than in the remainder of the population (Chikritzhs et al. 1999)

• between 1990 and 2002, young Indigenous people were more than twice as likely as non-Indigenous young people to die from alcohol related causes

• death rates among young Indigenous people had not improved in the previous eight years (Chikritzhs and Pascal 2004).
Table 8.2.1  Hospital separation rates related to alcohol use, 2002-03 (per 1000 population)\textsuperscript{a, b, c}

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>All persons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indigenous</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental and behavioural disorders (F10)</td>
<td>9.2</td>
<td>4.0</td>
<td>6.5</td>
</tr>
<tr>
<td>Acute intoxication (F10.0)</td>
<td>3.5</td>
<td>2.3</td>
<td>2.9</td>
</tr>
<tr>
<td>Harmful use (F10.1)</td>
<td>0.4</td>
<td>0.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Dependence syndrome (F10.2)</td>
<td>2.4</td>
<td>0.7</td>
<td>1.6</td>
</tr>
<tr>
<td>Other (F10.3–F10.9)</td>
<td>2.9</td>
<td>0.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Alcoholic liver disease (K70)</td>
<td>1.5</td>
<td>0.9</td>
<td>1.2</td>
</tr>
<tr>
<td>Accidental poisoning by and exposure to alcohol (X45)</td>
<td>0.3</td>
<td>0.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Intentional self-poisoning by and exposure to alcohol (X65)</td>
<td>0.2</td>
<td>0.4</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Non-Indigenous\textsuperscript{d}</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental and behavioural disorders (F10)</td>
<td>1.9</td>
<td>1.1</td>
<td>1.5</td>
</tr>
<tr>
<td>Acute intoxication (F10.0)</td>
<td>0.5</td>
<td>0.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Harmful use (F10.1)</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Dependence syndrome (F10.2)</td>
<td>1.0</td>
<td>0.7</td>
<td>0.9</td>
</tr>
<tr>
<td>Other (F10.3–F10.9)</td>
<td>0.3</td>
<td>0.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Alcoholic liver disease (K70)</td>
<td>0.3</td>
<td>0.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Accidental poisoning by and exposure to alcohol (X45)</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Intentional self-poisoning by and exposure to alcohol (X65)</td>
<td>0.1</td>
<td>0.2</td>
<td>0.2</td>
</tr>
</tbody>
</table>

\textsuperscript{a} The hospital separation rates (per 1000 population) were directly age standardised to the Australian population as at 30 June 2001. \textsuperscript{b} Hospital separation is the discharge, transfer, death or change of episode of care of an admitted patient (see glossary for a detailed definition). \textsuperscript{c} Principal diagnoses of hospital separations are based on codes of the International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM). \textsuperscript{d} Includes separations where Indigenous status was not reported.

Source: AIHW National hospital morbidity database (unpublished); table 8A.2.2.

Table 8.2.1 shows hospital separation rates related to alcohol use in 2002-03.

- Of four major alcohol related conditions, mental and behavioural disorders was the most common condition for both Indigenous and non-Indigenous people (both males and females).
- Both Indigenous and non-Indigenous males were more likely to be hospitalised for alcohol-caused illness than their female counterparts.
- In all four major alcohol related conditions, the hospital separation rates for Indigenous people were higher than those for non-Indigenous people.
- The rate of hospital separations consisting of Indigenous males suffering from mental and behavioural disorders (9.2 per 1000) was almost 5 times as high as
that for non-Indigenous males (1.9 per 1000); the rate for Indigenous females (4.0 per 1000) was almost 4 times as high as that for non-Indigenous females (1.1 per 1000).

- Acute alcohol intoxication was the most common type of mental and behavioural disorder for both Indigenous males and females, while alcohol dependence syndrome was the most common type of mental and behavioural disorder for non-Indigenous males and females.

- Across all jurisdictions, the hospital separation rates for Indigenous people were consistently higher than those for non-Indigenous people, and the rates for both Indigenous and non-Indigenous males were consistently higher than their female counterparts (table 8A.2.2).

When examining hospital statistics, it should be noted that only alcohol related illnesses resulting in admission to a hospital are collected. The limitations of using hospital statistics are discussed in appendix 3.

8.3 Drug and other substance use

Drug and other substance use is an important indicator. Substance misuse is a contributing factor to illness and disease, accident and injury, violence and crime, family and social disruption, and workplace problems. Reducing drug related harm will improve health, social and economic outcomes at both the individual and community level. A positive impact on this indicator, therefore, will result in a positive impact on a range of other indicators across the various strategic areas for action, and has the potential to influence many of the headline indicators.

In this section, new data on substance use by Indigenous people are sourced from the ABS 2002 NATSISS. No new data on drug use by non-Indigenous people are available for direct comparisons with data on drug use by Indigenous people from the NATSISS.

**Box 8.3.1  Key messages**

- In 2002, nearly 40 per cent of non-remote Indigenous people had used substances at some time in their lives while 24 per cent had used substances in the previous 12 months (table 8A.3.1).

- The most common conditions for drug-related hospital separations (admissions) were mental and behavioural disorders, poisoning and accidental poisoning (table 8A.3.1).
Box 8.3.2 ‘Things that work’

The introduction of alternative fuels with low aromatics in some remote Indigenous communities of the NT has been successful in reducing the incidence of and harm from petrol sniffing. It is believed that aromatics contained in fuels are what give the “high” when sniffed. Alternative fuels with low levels of aromatics and other toxic contents reduce the incidence of sniffing as well as the potential for toxic effects associated with both acute and chronic exposure to aromatic compounds. It has also been recommended that to make it effective in the long term, this strategy needs to be introduced on a regional basis to prevent access to harmful petrol available outside communities. It also needs to be combined with the introduction of sporting and educational activities in remote communities.


In recent years, illicit drug consumption has played a significant role in Indigenous people’s involvement in the criminal justice system. According to the Office of the Status of Women, there is a correlation between domestic violence, and drug and alcohol use in Indigenous communities, with 70 to 90 per cent of assaults being committed while under the influence of alcohol and other drugs (DHA 2003).

The use of other substances such as inhalants (for example, petrol and glue) can lead to serious health consequences, including long-term brain damage, disability or even death. It can also cause social alienation of sniffers, violence and reduced self-esteem (DHA 2003).

In a review of published and unpublished literature addressing petrol sniffing in Australian Indigenous communities, Maclean and d’Abbs (2002) found that petrol sniffing in Indigenous communities was most common among teenage males (although it also occurred among young children and young adults).

Although it is difficult to estimate the prevalence of petrol sniffing in Australia (due to fluctuations within, and variations between, communities), some studies suggested that petrol sniffing was occurring in some remote and urban communities alongside other forms of substance use (Mosey 1997; CDHFS 1998), and the intensity has increased over the 20 years from the 1980s, which has resulted in an increase in morbidity and mortality (Brady and Torzillo 1994). Some studies (Burns et al. 1995; Campbell and Stojanovski 2001) have suggested that, associated with the introduction of alternative fuels and community-based interventions, there had been a reduction in petrol sniffing in some communities where it had been prevalent for a long time (see box 8.3.2 for more information).
Excessive consumption of kava is a concern in some Indigenous communities, as it can lead to health problems such as liver damage and malnutrition. Kava can also have a negative impact on families and communities. Some Indigenous communities have expressed concern that kava consumption is linked to neglecting family and community duties, and spending household income on kava instead of on necessities like food.

Prescription drugs used in combination with other substances such as alcohol can compound the social, physiological and psychological problems faced by people with a mental illness. Through a consultation process with rural Indigenous communities, the Aboriginal Drug and Alcohol Council of SA found that some Indigenous communities were concerned about the misuse of prescription drugs. These communities stated that prescription drugs such as serapax, codeine and panadeine forte were easily accessible by Indigenous people, and that some doctors prescribed these drugs quite freely (DHA 2003).

Data comparing illicit drug use between Indigenous and non-Indigenous people in 2001 have been reported in the 2003 Report (section 8.3, page 8.12).

Table 8.3.1 provides the following information on use of a number of substances (excluding alcohol) by Indigenous people in non-remote areas in 2002.

- As at the time of the interview, 51.4 per cent of Indigenous people had never used the listed substances and 39.8 per cent had used at least one.
- In the 12 months prior to the interview, 23.5 per cent had used at least one of the listed substances.
- Of all types of substances, marijuana, hashish or cannabis resin were the most commonly used drugs (33.9 per cent).
- A higher proportion of Indigenous males had used most of the listed substances than Indigenous females. Females had used tranquillisers/sleeping pills for non-medical reasons more often than men.
### Table 8.3.1  Indigenous persons aged 15 years or over residing in non-remote areas: status of substance use (per cent), 2002a

<table>
<thead>
<tr>
<th>Has ever used substances</th>
<th>Male</th>
<th>Females</th>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain killers/analgesics for non-medical purposes</td>
<td>7.1</td>
<td>6.7</td>
<td>6.9</td>
</tr>
<tr>
<td>Tranquillisers/sleeping pills for non-medical purposes</td>
<td>2.6</td>
<td>4.4</td>
<td>3.6</td>
</tr>
<tr>
<td>Amphetamines or speed</td>
<td>12.2</td>
<td>9.7</td>
<td>10.9</td>
</tr>
<tr>
<td>Marijuana, hashish or cannabis resin</td>
<td>38.6</td>
<td>29.7</td>
<td>33.9</td>
</tr>
<tr>
<td>Heroin</td>
<td>3.5</td>
<td>3.4</td>
<td>3.5</td>
</tr>
<tr>
<td>Cocaine</td>
<td>4.2</td>
<td>3.0</td>
<td>3.6</td>
</tr>
<tr>
<td>LSD or synthetic hallucinogens</td>
<td>8.0</td>
<td>4.5</td>
<td>6.2</td>
</tr>
<tr>
<td>Naturally occurring hallucinogens</td>
<td>7.4</td>
<td>2.6</td>
<td>4.9</td>
</tr>
<tr>
<td>Ecstasy or designer drugs</td>
<td>6.4</td>
<td>3.9</td>
<td>5.1</td>
</tr>
<tr>
<td>Petrol</td>
<td>5.2</td>
<td>2.0</td>
<td>3.5</td>
</tr>
<tr>
<td>Other inhalants</td>
<td>4.7</td>
<td>2.7</td>
<td>3.6</td>
</tr>
<tr>
<td>Kava</td>
<td>4.6</td>
<td>2.4</td>
<td>3.4</td>
</tr>
<tr>
<td>Total used substances</td>
<td>43.3</td>
<td>36.7</td>
<td>39.8</td>
</tr>
<tr>
<td>Has not used substances</td>
<td>48.3</td>
<td>54.2</td>
<td>51.4</td>
</tr>
<tr>
<td>Non-response</td>
<td>7.9</td>
<td>8.9</td>
<td>8.4</td>
</tr>
<tr>
<td>Totalb</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has used substances in last 12 months</th>
<th>Male</th>
<th>Females</th>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain killers/analgesics for non-medical purposes</td>
<td>4.1</td>
<td>4.6</td>
<td>4.4</td>
</tr>
<tr>
<td>Tranquillisers/sleeping pills for non-medical purposes</td>
<td>0.7</td>
<td>2.2</td>
<td>1.5</td>
</tr>
<tr>
<td>Amphetamines or speed</td>
<td>4.9</td>
<td>4.5</td>
<td>4.7</td>
</tr>
<tr>
<td>Marijuana, hashish or cannabis resin</td>
<td>23.0</td>
<td>15.5</td>
<td>19.1</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.5</td>
<td>0.6</td>
<td>0.5</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.5</td>
<td>0.8</td>
<td>0.6</td>
</tr>
<tr>
<td>LSD or synthetic hallucinogens</td>
<td>0.7</td>
<td>0.6</td>
<td>0.7</td>
</tr>
<tr>
<td>Naturally occurring hallucinogens</td>
<td>0.5</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Ecstasy or designer drugs</td>
<td>2.2</td>
<td>1.6</td>
<td>1.9</td>
</tr>
<tr>
<td>Petrol</td>
<td>0.4</td>
<td>0.1</td>
<td>0.3</td>
</tr>
<tr>
<td>Other inhalants</td>
<td>0.5</td>
<td>0.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Kava</td>
<td>0.5</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Total used substances</td>
<td>26.6</td>
<td>20.7</td>
<td>23.5</td>
</tr>
<tr>
<td>Has not used substances in the last 12 months</td>
<td>16.4</td>
<td>15.9</td>
<td>16.1</td>
</tr>
<tr>
<td>Never used substances</td>
<td>48.3</td>
<td>54.2</td>
<td>51.4</td>
</tr>
<tr>
<td>Non-response</td>
<td>7.9</td>
<td>8.9</td>
<td>8.4</td>
</tr>
<tr>
<td>Totalb</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

LSD Lysergic acid diethylamide. a The relative standard errors for some estimates are greater than 25 per cent and should be used with caution. b Totals include people who used a substance but did not state the type of substances used.

According to the report on the social and emotional wellbeing of Indigenous children in WA in 2001 and 2002 (Zubrick et al. 2005), of those aged 12–17 years:

- 29.7 per cent had used marijuana at some time in their lives and 19.6 per cent used marijuana in the 12 months prior to the interview
- marijuana use increased with age, more significantly in males than in females (at 17 years of age, 44.6 per cent of males used marijuana at least weekly compared with 21.1 per cent of females)
- a greater proportion of young people in the Perth metropolitan area used marijuana compared with those in areas of extreme isolation
- 75.5 per cent of those who used marijuana also drank alcohol and smoked regularly.

Based on hospital separations related to drug use in 2002-03 (table 8A.3.1):

- the most common hospital separations related to drug use for both Indigenous and non-Indigenous communities were mental and behavioural disorders, poisoning, and accidental poisoning
- mental and behavioural disorders were the most common conditions for hospital separations among Indigenous people (1.8 per 1000), for which multiple drug and psychoactive substances were the main cause (0.5 per 1000)
- the rates of hospital separations due to all types of drug use for Indigenous people were higher than those for non-Indigenous people.

Data on hospital separations due to drug use were only available from NSW, Victoria, Queensland, WA, SA and NT. Jurisdictional analyses for 2002-03 (tables 8A.3.2–8A.3.7) found that:

- in most jurisdictions (Victoria, Queensland, WA SA and NT), hospital separations related to drug use were generally higher for Indigenous people (both males and females) than those for non-Indigenous people (both males and females)
- Indigenous males in all jurisdictions (NSW, Victoria, Queensland, WA, SA and the NT) were more likely to be in hospital for drug-related mental and behavioural disorders than non-Indigenous males
- Indigenous females in most jurisdictions (Victoria, Queensland, WA, SA and the NT) were generally more likely to be in hospital due to poisoning from various types of pharmaceuticals than non-Indigenous females

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2 See footnote 1.
• in NSW, hospital separations related to drug use for Indigenous males were generally higher than those for non-Indigenous males; the separations for Indigenous females were slightly lower than, or similar to, those for non-Indigenous females

• in the NT, hospital separations due to poisoning and mental and behavioural disorders for Indigenous females were higher than those for non-Indigenous females; the hospital separations due to accidental poisoning for Indigenous and non-Indigenous females were similar

• in Victoria and SA, compared to non-Indigenous people, Indigenous people (both males and females) were more likely to be admitted to hospital due to poisoning from various types of pharmaceuticals.

8.4 Future directions in data

In this Report, new data on substance use (including tobacco, alcohol and illicit drugs) for Indigenous people in 2002 are sourced from the ABS NATSISS 2002, which only provide data on Indigenous people. For this Report, no new data on substance use by non-Indigenous people are available for direct comparisons with data on substance use by Indigenous people from the ABS NATSISS 2002.

The 2004 National Drug Strategy Household Survey conducted by the Australian Institute of Health and Welfare (AIHW) provides data on substance use (including tobacco, alcohol and illicit drugs) but does not provide data by Indigenous status.

There are limited data regarding patterns of drug use. Alternative data sources will need to be explored to include information on drug use by different age groups and the level of drug related crime in the Indigenous population. The AIHW is currently undertaking work to evaluate the different existing data sources that can provide information on substance use among Indigenous people to assess where the gaps are.

Comparable data on changes in substance use over time are only available for tobacco use in this chapter. Comparable time series data on all other substances will be included in future reports wherever possible.
8.5 References

8 Substance use and misuse


8.1 Alcohol and tobacco consumption

ABS (Australian Bureau of Statistics) 2004, National Aboriginal and Torres Straight Islander Social Survey 2002, Cat. no. 4714.0, Canberra
—1995, National Aboriginal and Torres Straight Islander Survey 1994, Cat. no. 4190.0, Canberra


8.2 Alcohol related crime and hospital statistics


### 8.3 Drug and other substance use

ABS (Australian Bureau of Statistics) 2004, *National Aboriginal and Torres Strait Islander Social Survey 2002*, Cat. no. 4714.0, Canberra


9 Functional and resilient families and communities

Strategic areas for action

<table>
<thead>
<tr>
<th>Early child development and growth (prenatal to age 3)</th>
<th>Early school engagement and performance (preschool to year 3)</th>
<th>Positive childhood and transition to adulthood</th>
<th>Substance use and misuse</th>
<th>Functional and resilient families and communities</th>
<th>Effective environmental health systems</th>
<th>Economic participation and development</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Children on care and protection orders</td>
<td>- Repeat offending</td>
<td>- Access to the nearest health professional</td>
<td>- Proportion of Indigenous people with access to their traditional lands</td>
<td>- Participation in organised sport, arts or community group activities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Functional and resilient families and communities are generally seen as being fundamental to the physical and mental health of adults and children. Characteristics of such families and communities may include: a caring, protective and supportive environment; positive health outcomes and cultural awareness.

Ideally, a functioning family and community will provide a supportive and caring environment that acts as a conduit for positive outcomes in (among other things) life expectancy, education, employment and income. Problems in families and communities can lead to breaks in schooling and education, disrupted social relationships and social alienation, having implications for unemployment, alcohol abuse, criminal activity, violence and suicide.

The Commonwealth Attorney-General’s Department’s report, *Violence in Indigenous Communities*, noted that violence towards children is having major adverse consequences for the future of Indigenous families and communities (AGD 2001). The inability of child abusers or neglecters to deal with their problems has
been identified as a contributing factor in the perpetuation of a cycle of abuse. The witnessing and experiencing of violence from a young age has been shown to manifest later in life as being strongly associated with both a desensitisation towards violence, and a predisposition towards violence in one’s own relationships (AGD 2001). In section 9.1, data are presented on Indigenous children who have been placed on care and protection orders.

As intervention by the State in the welfare of a child is indicative of a family that is not functioning well, the same can be said of families and communities where the State intervenes as a result of continued criminal behaviour. There are any number of factors that may influence the extent of re-offending, including: the justice system providing appropriate sanctions and rehabilitative options for the initial offence; the socioeconomic circumstances of the offender (including education and employment); and the ability of families and the community to assist in the offender’s ability to re-integrate back into society. Repeat offending is not only an indicator of families and communities that are not functioning, it also can mean (through imprisonment and detention) that the individual is separated from family and community for potentially long periods. The negative impacts of interaction with the criminal justice system include such things as stigma, alienation and effects on future employment and family relationships (ANCD 2003). Repeat offending is reported in section 9.2.

Indigenous people suffer a variety of physical and mental illnesses. Indigenous health outcomes can be related to a number of different factors — one of which is the access that the community and families have to health care. Primary health care is the first level of contact between the individual and the health system and enables early intervention, case management and non-stigmatising ongoing care for individuals. Primary health care can be critical in terms of early prevention. It can help break the ongoing cycle of suicide, self-harm and alcohol abuse and assist in improving health outcomes such as diabetes and heart disease. Health services can also assist in preventing and responding to child abuse and family and community violence, enhancing maternal and child health services, and providing community education programs (SHRG 2003). A functional family and community, based around appropriate access to health care, can lead to significant benefits in terms of Indigenous wellbeing. Information on the incidence of a number of chronic and preventable conditions are examined in section 9.3.

Many people recognise the cultural significance of land and the sense of ‘connectedness’ that it brings to Indigenous people. The 1991 Royal Commission on Aboriginal Deaths in Custody noted that:

Whilst the particular priorities with respect to land differ between Aboriginal people, they are united in their view that land, whether under the banner of land rights or not, is
the key to their cultural and economic survival as people.....It was the dispossession and removal of Aboriginal people from their land which has had the most profound impact on Aboriginal society and continues to determine the economic and cultural wellbeing of Aboriginal people to such a significant degree as to directly relate to the rate of arrest and detention of Aboriginal people (paragraph 19.1.1).

A feeling of spiritual and cultural belonging will strengthen the family and community. More discussion on ‘culture’ and its linkage to the headline indicators is contained in the discussion on the framework (chapter 2). Survey data on Indigenous people’s access to their homelands and traditional country can be found in section 9.4.

Australian and international research suggests that participation in sport can contribute to physical and mental health, confidence and self-esteem, improved academic performance and reduced crime, smoking and illicit drug use. Indigenous people’s participation in artistic and cultural activities helps to reinforce and preserve their culture, while also providing a profitable source of employment. Section 9.5 provides some information and case studies on the participation of Indigenous people in these activities.

Supporting tables

Supporting tables for this chapter are identified in references throughout this chapter by an ‘A’ suffix (for example, table 9A.2.3). These tables can be found on the Review web page (www.pc.gov.au/gsp). Users can also contact the Secretariat to obtain the attachment tables.

9.1 Children on care and protection orders

As a result of consultations on the 2003 Report, this indicator presents data on children on care and protection orders — regardless of the length of the order. Previously, data on children on care and protection orders for a year or more were reported.

Data on Indigenous children under care and protection orders show the extent to which the State or Territory has made some form of legal intervention for protective reasons. This intervention may be indicative of the social and cultural stress under which many Indigenous communities live. In such conditions, the extended networks that could normally intervene in favour of the child may no longer exist. That said, this indicator also includes data on placement of Indigenous children in out-of-home care in accordance with the Aboriginal Child Placement Principle.
The headline indicator ‘substantiated child protection notifications’ shows those instances where authorities were notified, and subsequently decided, that a child was or could be at risk (see section 3.9). Once a matter has been substantiated, the authorities have a number of options available to them:

- working with the family to address protective issues
- developing networks of support for the child
- monitoring and reviewing the safety of the child
- monitoring and reviewing family progress against case planning goals
- case conferences with agencies providing services to the child
- specialist child-focused therapeutic support (SCRCSSP 2003).

It is important to note that the cultural relevance or responses available to the authorities vary considerably. The services are intended to address the specific issue(s) causing the child protection concern. These services could be provided prior to any court order being granted. Not all substantiations, therefore, will lead to a care and protection order. A care and protection order is a legal intervention for protective reasons. Court orders may be used to enable the relevant agency to undertake activities necessary to resolve the protection issue. The use of court orders could be associated with:

- the speed of response required (that is, an emergency response)
- the family not engaging with the relevant agency over a period of time
- a change of circumstances that increases the risk to the child or young person (SCRCSSP 2003).

A number of children are on care and protection orders for reasons other than abuse or neglect; for instance, where there is an irretrievable breakdown in the relationships in the family or where the parents are unwilling or unable to care for the child. Notwithstanding this, given that the legal intervention is usually a last resort after other interventions have failed or are considered infeasible — care and protection orders may provide some insight into the most serious or long-term instances of child abuse and neglect. These instances could, potentially, reflect the most serious harm and damage to the child and the ability of the family to function.

The type of orders that are classified as ‘care and protection’ include:

- *Guardianship or custody orders*: sought through court or administrative arrangements that have the impact of transferring custody or guardianship
- *Supervision orders* and other finalised orders which give the State or Territory some responsibility for the child’s welfare
• **Interim and temporary orders**: including orders that are not finalised, and care applications.

Care should be taken in interpreting the care and protection data. It is a proxy indicator because no credible data exist on actual levels of child abuse or neglect. The data collected by community service departments may under-estimate the true extent of abuse or neglect occurring within the community.

**Box 9.1.1  Key message**

The rate of children on care and protection orders (for a combination of all states and territories except NSW) was five times higher for Indigenous children (20 per 1000 children in the population aged 0–17 years) than for non-Indigenous children (4 per 1000 children) (table 9.1.1).

Note: NSW could not provide substantiation data for 2003-04 due to the implementation of a new system.

In some instances, increases in notifications (and subsequent substantiations and care and protection orders) may be a result of reduced tolerance of such behaviour in Indigenous families and the broader Indigenous community. An increased rate, therefore, in these instances will signify an increased awareness and identification of the problem – which is a progression towards a more desirable solution than abuse and neglect occurring in an environment where a community does not have the knowledge, resources and trust towards the government to tackle the issues in its current systematic form. An increased rate may also be due to improvements in the identification of Indigenous status and an increase in resources in the protection and support area. Some initiatives that have been shown to prevent or address child abuse and neglect in Indigenous communities can be found in section 3.9, box 3.9.2.
Table 9.1.1  
Children (0–17 years) on care and protection orders, 30 June 2004a

<table>
<thead>
<tr>
<th></th>
<th>Number of children</th>
<th>Rate per 1000 children</th>
<th>Ratio Indigenous to Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indigenous</td>
<td>Non-Indigenous</td>
<td>Total</td>
</tr>
<tr>
<td>NSWb</td>
<td>na</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Victoria</td>
<td>574</td>
<td>4 677</td>
<td>5 251</td>
</tr>
<tr>
<td>Queensland</td>
<td>1 146</td>
<td>3 804</td>
<td>4 950</td>
</tr>
<tr>
<td>WA</td>
<td>583</td>
<td>1 056</td>
<td>1 639</td>
</tr>
<tr>
<td>SA</td>
<td>275</td>
<td>1 180</td>
<td>1 455</td>
</tr>
<tr>
<td>Tasmania</td>
<td>83</td>
<td>551</td>
<td>634</td>
</tr>
<tr>
<td>ACT</td>
<td>53</td>
<td>300</td>
<td>353</td>
</tr>
<tr>
<td>NT</td>
<td>230</td>
<td>115</td>
<td>345</td>
</tr>
<tr>
<td>Australia</td>
<td>2 944</td>
<td>11 683</td>
<td>14 627</td>
</tr>
</tbody>
</table>

a Data on the number of notifications by Indigenous status should be interpreted with care. These data are collected very early in the child protection process and often before the agency has full knowledge of the child’s family circumstances. As a result of this lack of full knowledge and the other inherent difficulties in identifying Indigenous status, these data are not considered to have a high level of reliability. b In 2003-04, NSW was unable to provide full data due to ongoing implementation of a new reporting system. na Not available.

Source: SCRGSP (2005); table 9A.1.1.

- The rate of children on care and protection orders per 1000 children in the population aged 0-17 years was 19.6 for Indigenous children and 3.8 for non-Indigenous children (excluding NSW, which could not provide care and protection data for 2003-04) (table 9.1.1).
- From 1999-2000 to 2003-04 the rate of children on care and protection orders per 1000 children in the population aged 0-17 years increased in all jurisdictions for both Indigenous and non-Indigenous children (table 9A.1.2).

### Placement in accordance with the Aboriginal Child Placement Principle

The Aboriginal Child Placement Principle outlines a preference for placement when Indigenous children need to be placed in out-of-home care. Children who are in out-of-home care may or may not be subject to a care and protection order.

The objective of the principle is to ensure the safety and welfare of Indigenous children and where possible maintain cultural ties by placing Indigenous children with other Indigenous people. According to the Aboriginal Child Placement Principle (NLRC 1997), the following hierarchy or placement preference should be pursued in protecting the safety and welfare of Indigenous children:
• placement with the child’s extended family (which includes Indigenous and non-Indigenous relatives/kin)
• placement within the child’s Indigenous community
• placement with other Indigenous people.

Placing Indigenous children in circumstances consistent with the Aboriginal Child Placement Principle is generally considered to be in their best interests. While it is desirable that children be placed in accordance with the principle, this is one factor among many that must be considered in the placement decision. The way in which the principle is applied in practice is critical to its enhancement of the wellbeing of Indigenous children. Consultations with Indigenous people have highlighted that the safety of the child needs to be paramount in applying this principle. This may mean that on occasions, placement with a non-Indigenous carer is warranted.

All jurisdictions have adopted this principle, either in legislation or policy.

Figure 9.1.1 Placement of Indigenous children in out-of home care, 30 June 2004\textsuperscript{a, b}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure911}
\caption{Placement of Indigenous children in out-of home care, 30 June 2004\textsuperscript{a, b}}
\end{figure}

\begin{itemize}
\item There was no consistent pattern in the placement of Indigenous children according to the Aboriginal Child Placement Principle across jurisdictions (figure 9.1.1).
\end{itemize}

\textsuperscript{a} In 2003-04, NSW was unable to provide full data due to ongoing implementation of a new reporting system. 
\textsuperscript{b} The denominator for calculating the percentage of children placed in accordance with the principle excludes Indigenous children living independently and those whose living arrangements were unknown.

\textit{Source: SCRGPSP (2005): table 9A.1.3.}
9.2 Repeat offending

Recidivism of Indigenous offenders and the impact it has on their families and communities is a significant issue. The NSW Standing Committee on Law and Justice (1999) found that incarceration of one generation impacts on later generations through the continued break down of family structures. It has ramifications for the rehabilitation and employment prospects of individuals, along with the socioeconomic capacity of families to function. Indigenous children are much more likely to have a parent imprisoned sometime during their lives than non-Indigenous children (Standing Committee on Law and Justice 1999).

Box 9.2.1 Key messages

- Nationally, there was no improvement between 2000 to 2004 in the proportion of Indigenous prisoners experiencing prior adult imprisonment (figure 9.2.2).
- On 30 June 2004, around four in five Indigenous prisoners had previously been in prison (figure 9.2.2).

Cycles of intergenerational offending, where children of prisoners commit offences that result in their own imprisonment, is common for Indigenous families (Standing Committee on Law and Justice 1999, 2000; Woodward 2003). Given the extent of Indigenous imprisonment, it is important that those people who have contact with the criminal justice system have the ability and opportunity to integrate back into the community and lead positive and productive lives, which may also prevent the beginning of an intergenerational offending cycle. Some initiatives that have had success in reducing recidivism can be found in box 9.2.2.
Box 9.2.2 ‘Things that work’ — reducing recidivism

- A study of the effectiveness of the adult Koori Courts in Victoria noted that levels of recidivism amongst Koori defendants have been reduced. The Shepparton Koori Court had a recidivism rate of approximately 12.5 per cent for the two years of the pilot program and the Broadmeadows Koori Court’s re-offending rate was approximately 15.5 per cent. Both of these figures were significantly less than the general level of recidivism of 29.4 per cent.

- The NSW Circle Sentencing Court operates as an alternative for Aboriginal adult defendants and has operated from Nowra since February 2002 and Dubbo since August 2003. A total of 92 persons have participated with only four re-offending.

- The Queensland Murri Court established in Rockhampton in 2003 has been successful in reducing the over representation of Indigenous people in the criminal justice system. After operating for 15 months the Murri Court had 79 per cent of offenders not re-offending, and after 18 months 69 per cent of offenders had not re-offended (Hennessy 2005). Murri Courts also operate in Brisbane and Mt Isa.

This section examines data from the ABS 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS); the ABS 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS) and data on prior imprisonment under sentence in a gazetted adult prison, from the ABS *Prisoners in Australia* publication (ABS 2004).

These data need to be interpreted with caution. The NATSISS and NATSIS data only indicate the proportion of Indigenous people who reported having been arrested more than once in the previous five years (some respondents may have been arrested but not necessarily found guilty of re-offending). Others may have re-offended but not been arrested. In addition, prior imprisonment does not measure repeat offending. The following caveats exist with the ABS *Prisoners in Australia* data:

- some states and territories may include episodes on remand as prior imprisonment
- a prior sentence of periodic detention is included as prior imprisonment
- prisoners who have had previous adult imprisonment in another State or Territory may not be counted as having prior imprisonment
- the data do not include arrests that do not proceed to court (for example, as a result of diversion or restitution)
- the data do not include convictions for re-offending that lead to outcomes that are not administered by prisons (for example, community service orders or fines)
• the data only deal with prior imprisonment in an adult prison (juvenile detention is not reported).

As a consequence, the true level of repeat offending is under-represented, as not all offences come to the attention of police, or are recorded by police, or are dealt with within the criminal justice system.

**Figure 9.2.1 Indigenous persons aged 15 years and over arrested more than once in last 5 years**

![Graph showing percentage of Indigenous persons arrested more than once in last 5 years by state and year: 1994 and 2002.](image)


• Nationally, there was no significant change between 1994 and 2002 in the proportion of Indigenous people who reported having been arrested more than once in the last 5 years (figure 9.2.1).

• In 2002, similar proportions of Indigenous people in non-remote and remote areas reported having been arrested more than once in the last 5 years (9.5 per cent compared with 9.2 per cent) (table 9A.2.3).

• The proportion of Indigenous people who reported having been arrested at least once in the previous five years decreased from 9.1 per cent in 1994 to 6.7 per cent in 2002 (table 9A.2.1).

Data on the proportion of Indigenous people who reported having been arrested more than once in the last 5 years in 1994 and 2002 by gender can be found in table 9A.2.2. However it should be noted that the difference was not statistically significant for males or females between 1994 and 2002.
In 2004, nearly four in every five Indigenous prisoners had previously been in prison (figure 9.2.2).

The proportion of prisoners who had prior imprisonment was higher for Indigenous prisoners than non-Indigenous prisoners over the last five years (figure 9.2.2).

For both Indigenous and non-Indigenous prisoners, the proportion of prisoners who have had known prior adult imprisonment has been relatively constant over the period 2000 to 2004 (figure 9.2.2).

The proportion of prisoners who had prior imprisonment was around 77 per cent for Indigenous prisoners and around 53 per cent for non-Indigenous prisoners over the last five years (figure 9.2.2).

Information on rates of imprisonment over the period 2000–2004 can be found in section 3.12. They indicate a trend upwards over this period.
Figure 9.2.3  **Prisoners, by known prior adult imprisonment under sentence, 30 June 2004** 

\[ \text{Indigenous male prisoners} \] \quad \text{Non-Indigenous male prisoners} \\
0 \quad 20 \quad 40 \quad 60 \quad 80 \quad 100 \\
NSW \quad Vic \quad Qld \quad WA \quad SA \quad Tas \quad ACT \quad NT \quad Aust \\
\[ \text{Per cent of respective male prisoner population} \]

\[ \text{Indigenous female prisoners} \] \quad \text{Non-Indigenous female prisoners} \\
0 \quad 20 \quad 40 \quad 60 \quad 80 \quad 100 \\
NSW \quad Vic \quad Qld \quad WA \quad SA \quad Tas \quad ACT \quad NT \quad Aust \\
\[ \text{Per cent of respective female prisoner population} \]

\[ a \] Persons known to have had prior imprisonment under sentence in a gazetted adult prison. A prior sentence of periodic detention is included as prior imprisonment. Some states and territories may also include episodes on remand as prior imprisonment. Prisoners who have had previous adult imprisonment in another State or Territory may not be counted as having prior imprisonment. \[ b \] Data for Tasmania, ACT and the NT and data for Indigenous female prisoners in Victoria and SA were not available for publication but are included in totals where applicable. 

Source: ABS (2004); table 9A.2.8.

- Figure 9.2.3 shows that nationally in 2004, the proportion of Indigenous male prisoners who had had prior adult imprisonment was 77.4 per cent compared with 70.0 per cent for Indigenous female prisoners (70.0 per cent).

- Nationally, 3876 Indigenous prisoners (76.8 per cent of the Indigenous prisoner population) were known to have had prior adult imprisonment. At the same time, 9963 non-Indigenous prisoners (53.1 per cent of the non-Indigenous prisoner
population) were known to have experienced prior adult imprisonment (table 9A.2.8).

Figure 9.2.4 Prisoners with prior imprisonment by most serious offence/charge, 30 June 2004a

- Figure 9.2.4 shows the current most serious offence/charge for which the person has been imprisoned and the proportion of Indigenous and non-Indigenous prisoners in each category. The most serious offence/charge for which the prisoner is serving their current sentence is not necessarily related to any offence/charge for which they may have previously been imprisoned.

- Of those prisoners who are currently in prison for murder, 67.0 per cent of Indigenous prisoners have been in prison previously and 37.8 per cent of non-Indigenous prisoners have been in prison previously (figure 9.2.4).

- In each offence category, the proportion of Indigenous prisoners who have been in prison previously is greater than the non-Indigenous proportion (figure 9.2.4).

- Indigenous and non-Indigenous prisoners currently serving a sentence for offences against justice procedures, compared to the other offences shown, are most likely to have been in prison previously. (figure 9.2.4).

- The greatest divergence between Indigenous and non-Indigenous prisoners in the offences selected was in sexual assault. Of those prisoners who were in prison for sexual assault, 69.8 per cent of Indigenous prisoners had been in prison previously.

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a Persons known to have had prior imprisonment under sentence in a gazetted adult prison. A prior sentence of periodic detention is included as prior imprisonment. Some states and territories may also include episodes on remand as prior imprisonment. Prisoners who have had previous adult imprisonment in another State or Territory may not be counted as having prior imprisonment.

Source: ABS (2004); table 9A.2.11.
previously, compared with 34.5 per cent of non-Indigenous prisoners (figure 9.2.4).

- A more extensive range of offences categories is shown in attachment table 9A.2.11.

Table 9A.2.14 contains data on prisoners with prior imprisonment, by age and gender.

### 9.3 Access to the nearest health professional

Indigenous people, like other Australians, suffer a variety of physical and mental illnesses. Health outcomes depend on many different factors – one of which is access to health services and professionals. Access to health services and professionals can affect outcomes in a range of headline indicators and strategic areas for action including disability and long term health conditions, early child development and growth, substance use and misuse and functional and resilient families and communities.

**Box 9.3.1 Key message**

Indigenous people suffer from markedly higher rates of potentially preventable chronic health conditions than the rest of the population. Hospital separation rates (admissions) for diabetes complications were 8 times higher, and for pulmonary disease 4 times higher than for other Australians (table 9.3.1).

Reporting of this indicator in the 2003 Report focused on discrete Indigenous communities and the following measures of access:

- distance to the nearest hospital
- access to medical emergency air services
- distance to the nearest community health centre
- access to selected health professionals.

Detailed information on services for people living in discrete Indigenous communities was collected in the 2001 Community Housing and Infrastructure Needs Survey (CHINS) (ABS 2002). The CHINS formed the basis for reporting against this indicator in the 2003 Report. The CHINS will be conducted again in 2006. No new CHINS data are available for inclusion in this Report.

During consultations since the publication of the 2003 Report, Indigenous people and health policy makers and program managers within governments have said that
the distance people in discrete Indigenous communities had to travel to health facilities was only one aspect of access to health care by Indigenous people. Indeed to consider access only in relation to distance was to simplify a complex issue. A more comprehensive measure of access to health services and professionals was required that reflected the broader community of Indigenous people.

Indigenous people consulted by the Review both before and after publication of the 2003 Report have said that even in cities and towns where hospitals, clinics, doctors and other health professionals are close to where Indigenous people live and work, they may face cultural, language and racism barriers that reduce their access to health services. On anecdotal evidence, these barriers lead to some Indigenous people not being diagnosed and treated for disease in the early stages, when it is often more easily and effectively treated. Cutcliffe (2004) reported examples of racism and cultural insensitivity in mainstream health services and found that these were not uncommon experiences for Aboriginal people. Some Indigenous people use Aboriginal medical services to obtain health services in an environment in which they feel comfortable, understood and respected.

Some Indigenous people feel more comfortable seeing an Indigenous health professional, however, in 2001, Indigenous people were a smaller proportion (0.9 per cent) of people working in health occupations in Australia than they were of all people (2.4 per cent) (table A.5). For some particular occupations (nurses — 0.8 per cent, medical practitioners/doctors — 0.3 per cent, dentists — 0.2 per cent, and pharmacists — 0.1 per cent) the proportion of workers who were Indigenous was lower than the proportion of all health workers who were Indigenous (0.9 per cent). The only health occupation with a majority of Indigenous workers was Indigenous health workers\(^1\), of whom 93.2 per cent were Indigenous (ABS and AIHW 2003, table A.18). The small proportion of Indigenous people working in most health occupations means that many health services for Indigenous people are provided by non-Indigenous health professionals.

**Use of health services by Indigenous people**

Expenditures per person on health services by type of service provides an indication of the different use of health services between Indigenous and non-Indigenous people. The most recently published data on health expenditure for Indigenous people (AIHW 2001) are for 1998-99. These data are normally published every

\(^1\) An Indigenous health worker is a person who liaises with patients, clients and visitors to hospitals and health clinics and works as a team member to arrange, coordinate and provide health care delivery in Aboriginal and Torres Strait Islander community health clinics (ABS and AIHW 2003 p. 127).
three years but advice from the Australian Institute of Health and Welfare was that more recent data (for 2001-02) had been scheduled for publication at a similar time to this Report but would not be available until after this Report was published.

- Expenditure per person on Medicare and the Pharmaceutical Benefits Scheme (PBS) in 1998-99 was much lower for Indigenous people — around 38 per cent of that for non-Indigenous people for Medicare and 31 per cent for the PBS (AIHW 2001).

- Indigenous people were using secondary/tertiary care at a higher rate than primary health care. Patterns of government expenditure per person in 1998-99 for Indigenous people reflected their relatively higher use of hospital services (both admitted and non-admitted) compared with non-Indigenous Australians. Expenditure on Indigenous people in public hospitals was twice as much per person as expenditure for non-Indigenous people (AIHW 2001).

- Overall expenditure per person on health services was higher for Indigenous people than non-Indigenous people but this would be expected for a population with generally poorer health outcomes and higher cost of delivery due to remoteness (as seen in various other indicators in this Report) (AIHW 2001).

The Western Australian Aboriginal Child Health Survey (Zubrick et al. 2004) was conducted between May 2000 and June 2002. Among other things it provides data on use of health services by Indigenous children in WA.

- Just under half (48.7 per cent) of Indigenous children aged from 4 to 17 years had had contact with a doctor in the six months before the survey.

- The proportion of Indigenous children who had at least one contact with a doctor decreased with isolation\(^2\) from 56.6 per cent in areas of no isolation to 37.1 per cent in areas of extreme isolation.

- Children were more likely to have seen a doctor if they lived close to a doctor or Aboriginal Medical Service (AMS) — 51.4 per cent of children located less than 5 km from a doctor or AMS had seen a doctor in the previous six months compared with 34.5 per cent of children located more than 100 km from a doctor or AMS.

\(^2\) Zubrick et al. (2004) used a different series of geographic region (remoteness) categories than the standard ABS categories used elsewhere in this Report and discussed in chapter 2. Both sets of categories are based on the Accessibility Remoteness Index of Australia (ARIA). The ABS categories are a widely used version known as ARIA+, whereas the version used by Zubrick et al. (2004) is known as ARIA++, which has been designed to allow greater distinction between locations that are all classified as very remote in the ABS ARIA+ version. The five ARIA++ categories used by Zubrick et al. (2004) are called levels of relative isolation and comprise the categories: none (Perth metropolitan area), low, moderate, high and extreme.
• Indigenous children with primary carers who had 13 or more years of education were more likely to have seen a doctor in the previous six months (60.3 per cent) than children whose carers had one to nine years of education (41.2 per cent).

• Indigenous children in isolated areas were more likely to have seen nurses or Aboriginal health workers\(^3\) (AHWs) rather than doctors, than children in less isolated areas. Contacts with nurses ranged from 55.8 per cent in areas of extreme isolation to 14.2 per cent in areas of no isolation. The proportion of children with contacts with AHWs ranged from 36.4 per cent in areas of extreme isolation to 6.4 per cent in areas of no isolation.

• An estimated 20.9 per cent of Indigenous children had visited a dentist in the six months before the survey compared with 56.3 per cent of all children in the 1993 WA Child Health Survey.

• The proportion of Indigenous children who had seen a dentist in the previous six months whose primary caregivers had more than 13 years of education was nearly twice that of those whose carers had one to nine years of education (36.8 per cent compared with 18.8 per cent).

• An AMS was attended by 15.1 per cent of Indigenous children in the six months before the survey. The proportion was highest in areas of high or moderate isolation (25.9 per cent and 17.5 per cent) and lowest in the Perth metropolitan area (9.0 per cent).

• Indigenous children whose primary carer was Aboriginal were more likely to have had contact with an AMS (16.5 per cent) than Indigenous children whose primary carer was non-Aboriginal (6.5 per cent).

• Indigenous children’s use of hospital emergency services was comparable with the general population.

• Indigenous children were more likely to be admitted to hospital than non-Indigenous children.

**Incidence of potentially preventable health conditions**

This section explores preventable illness by looking first at hospitalisations for potentially preventable chronic health conditions and, second, at rates of vaccine preventable health conditions and vaccination rates. There is also another category of potentially preventable acute conditions including dehydration/gastroenteritis, kidney infection, perforated ulcer, cellulitis, pelvic inflammatory disease, ear, nose and throat infections and dental conditions, which are not included in this Report.

\(^3\) Also known as an Indigenous health worker. See footnote 1 in this section for further information.
Hospital separations data may reflect only a fraction of the incidence of particular conditions because people with many health conditions may not be hospitalised and instead treated in a primary care clinic. Some may not seek treatment.

Tables 9.3.1 and 9.3.2 show the much higher hospital separation rates for Indigenous people compared with non-Indigenous people for a range of potentially preventable chronic diseases and for complications of diabetes in particular.

Table 9.3.1  **Standardised hospital separations for potentially preventable chronic conditions, per 100 000 people, by Indigenous status 2002–03**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>rate 456.0</td>
<td>186.3</td>
<td>190.2</td>
</tr>
<tr>
<td>Congestive cardiac failure</td>
<td>rate 577.0</td>
<td>209.3</td>
<td>213.4</td>
</tr>
<tr>
<td>Diabetes complications</td>
<td>rate 6 349.8</td>
<td>752.7</td>
<td>816.7</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary diseases</td>
<td>rate 1 120.5</td>
<td>275.2</td>
<td>282.9</td>
</tr>
<tr>
<td>Angina</td>
<td>rate 613.4</td>
<td>226.5</td>
<td>231.2</td>
</tr>
<tr>
<td>Iron deficiency anaemia</td>
<td>rate 117.7</td>
<td>88.0</td>
<td>88.6</td>
</tr>
<tr>
<td>Hypertension</td>
<td>rate 121.5</td>
<td>31.1</td>
<td>32.3</td>
</tr>
<tr>
<td>Nutritional deficiencies</td>
<td>rate 3.1</td>
<td>0.7</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Total for potentially preventable chronic conditions</strong></td>
<td>rate 8 968.8</td>
<td>1 712.6</td>
<td>1 795.4</td>
</tr>
<tr>
<td><strong>Total separations for all conditions</strong></td>
<td>rate 67 002.6</td>
<td>32 853.0</td>
<td>33 340.5</td>
</tr>
</tbody>
</table>

| Separations for potentially preventable chronic conditions as a proportion of separations for all conditions | % | 13.4 | 5.2 | 5.4 |

* Separation rates are directly age standardised to the Australian population at 30 June 2001.  
* Non-Indigenous includes separations identified as not Indigenous as well as those with a 'not stated' Indigenous status.  
* The Indigenous nutritional deficiencies standardised rate is based on only 20 separations and should be used with caution.  
* The total is not the sum of the individual conditions because diabetes complications overlap other categories.

*Source: AIHW (unpublished).*

- Hospital separation rates for all potentially preventable chronic conditions listed in table 9.3.1 are much higher for Indigenous people than for non-Indigenous people.
- Overall separation rates for potentially preventable chronic conditions were 5.2 times higher for Indigenous than non-Indigenous people. Separation rates for diabetes complications were 8.4 times higher and for chronic obstructive pulmonary diseases 4.1 times higher for Indigenous people than non-Indigenous people.
- Separations for potentially preventable chronic conditions were a greater proportion of separations for all conditions for Indigenous people (13.4 per cent) than for non-Indigenous people (5.2 per cent), which suggests that inadequate
use of primary health care services is a greater contributor to Indigenous hospitalisation than is the case for non-Indigenous people.

Table 9.3.2  **Standardised hospital separations for type 2 diabetes mellitus as principal diagnosis by complication, per 100 000 people, all hospitals, by Indigenous status, 2002–03**

<table>
<thead>
<tr>
<th></th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circulatory</td>
<td>32.4</td>
<td>17.9</td>
<td>18.4</td>
</tr>
<tr>
<td>Renal</td>
<td>177.4</td>
<td>13.5</td>
<td>15.6</td>
</tr>
<tr>
<td>Ophthalmmic</td>
<td>135.6</td>
<td>69.0</td>
<td>70.5</td>
</tr>
<tr>
<td>Other specified</td>
<td>387.4</td>
<td>52.2</td>
<td>56.9</td>
</tr>
<tr>
<td>Multiple</td>
<td>208.2</td>
<td>28.8</td>
<td>31.3</td>
</tr>
<tr>
<td>No complications</td>
<td>31.4</td>
<td>8.1</td>
<td>8.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>975.4</td>
<td>189.6</td>
<td>201.5</td>
</tr>
</tbody>
</table>

*Separation rates are directly age standardised to the Australian population at 30 June 2001.  Figures are based on the ICD-10-AM classification. The codes used were E11.x, where x=2 (renal complications), x=3 (ophthalmic complications), x=5 (peripheral circulatory complications), x=7 (multiple complications), x=8 (unspecified complications), x=9 (without complications), and x=0, 1, 4, 6 (other specified complications).  Results for individual complications may be affected by small numbers, particularly for Aboriginal and Torres Strait Islanders, and should be interpreted with caution.  Although same day admission for dialysis is not normally coded with a principal diagnosis of Type 2 diabetes, the data contain a significant number in several jurisdictions.  Non-Indigenous includes separations identified as not Indigenous as well as those with a 'not stated’ Indigenous status.  Totals include separations for unspecified complications.*

- Hospital separation rates for type 2 diabetes mellitus as a principal diagnosis were higher for Indigenous people than for non-Indigenous people in 2002-03 (table 9.3.2).
- Hospitalisations for renal (kidney-related) complications of diabetes were 13.1 times higher for Indigenous people than non-Indigenous people.
- Data in table 9.3.2 are different to those relating to diabetes in table 9.3.1. Data in table 9.3.1 are for hospital separation rates for all types of diabetes (type 1, type 2 and unspecified) and where diabetes may have been an additional diagnosis and not just the principal diagnosis (it could be associated with other reasons for going to hospital), whereas the data in table 9.3.2 only include type 2 diabetes and only as a principal diagnosis (that is, type 2 diabetes was the main reason for going to hospital). The data in table 9.3.2 are more narrowly specified, hence the separation rates are lower. Table 9.3.2 also includes type 2 diabetes without complications.

Another group of diseases preventable with effective use of health services are the vaccine preventable diseases shown in table 9.3.3.
### Table 9.3.3 Notification or hospitalisation rates of vaccine preventable diseases, Australia, 2000 to 2002\(^a\)

<table>
<thead>
<tr>
<th>Disease Type</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
<th>Incidence rate ratio</th>
<th>Age group</th>
<th>Notification or hospitalisation rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invasive Hib disease</td>
<td>1.2</td>
<td>0.1</td>
<td>9.7</td>
<td>0–4</td>
<td>10.0</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>9.1</td>
<td>3.1</td>
<td>2.9</td>
<td>0–4</td>
<td>37.1</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>7.2</td>
<td>1.6</td>
<td>4.4</td>
<td>15–24</td>
<td>14.1</td>
</tr>
<tr>
<td>Influenza(^d)</td>
<td>49.3</td>
<td>17.1</td>
<td>2.9</td>
<td>0–4</td>
<td>127.3</td>
</tr>
<tr>
<td>Measles</td>
<td>0.2</td>
<td>0.4</td>
<td>0.6</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Meningococcal disease</td>
<td>7.2</td>
<td>3.4</td>
<td>2.1</td>
<td>0–4</td>
<td>50.7</td>
</tr>
<tr>
<td>Pertussis</td>
<td>41.8</td>
<td>46.9</td>
<td>0.9</td>
<td>0–4</td>
<td>89.7</td>
</tr>
<tr>
<td>Pneumococcal disease</td>
<td>44.7</td>
<td>9.9</td>
<td>4.5</td>
<td>0–4</td>
<td>87.0</td>
</tr>
</tbody>
</table>

\(^a\) Notifications (NSW, NT, SA and WA only) where the date of onset was between 1 January 2000 and 31 December 2002, except for pneumococcal disease, which was from 1 January 2001 to 31 December 2002.  
\(^b\) Notifications per 100,000 population (unless otherwise specified), age standardised to the ABS Australian ERP 2001.  
\(^c\) Includes records where Indigenous status was not stated.  
\(^d\) Influenza data are hospitalisations (all states and territories) where month of separation was between 1 July 1999 and 30 June 2002. – Nil or rounded to zero.

**Source:** Menzies, McIntyre and Beard (2004).

- Table 9.3.3 shows that the incidence of common vaccine preventable diseases was higher for Indigenous people than non-Indigenous people for all diseases except measles and pertussis.
- The rate ratio of Indigenous to non-Indigenous disease incidence was highest for *Haemophilus influenzae* type b (Hib) disease (9.7 time higher), followed by pneumococcal disease (4.5) and hepatitis B (4.4).
Table 9.3.4  Proportion of children fully vaccinated at age one and two years, 2003a

<table>
<thead>
<tr>
<th>Vaccine by age</th>
<th>Indigenous status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indigenous</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td>One year old</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>94.0</td>
</tr>
<tr>
<td>DTP</td>
<td>84.8</td>
</tr>
<tr>
<td>OPV</td>
<td>84.1</td>
</tr>
<tr>
<td>Hib</td>
<td>93.0</td>
</tr>
<tr>
<td>MMR</td>
<td>..</td>
</tr>
<tr>
<td>All vaccines</td>
<td>82.2</td>
</tr>
<tr>
<td>Two years old</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>97.9</td>
</tr>
<tr>
<td>DTP</td>
<td>96.7</td>
</tr>
<tr>
<td>OPV</td>
<td>95.2</td>
</tr>
<tr>
<td>Hib</td>
<td>92.9</td>
</tr>
<tr>
<td>MMR</td>
<td>94.2</td>
</tr>
<tr>
<td>All vaccines</td>
<td>90.9</td>
</tr>
</tbody>
</table>

DTP Diphtheria-tetanus-pertussis. OPV Oral polio vaccine. Hib Haemophilus influenzae type b. MMR Measles-mumps-rubella. a 3 month cohorts, age at 30 September 2003, calculated at 31 December 2003. Coverage assessment date was 12 or 18 months after the last birth date of each cohort. Includes data from NSW, Victoria, WA, SA and the NT only. .. Not applicable.


- Table 9.3.4 shows that at two years of age, Indigenous children have higher immunisation rates than non-Indigenous children for most vaccines, although the ‘all vaccines’ rate is slightly lower because although more Indigenous children had been vaccinated against individual diseases, a slightly lower proportion had received all vaccines, compared to non-Indigenous children of the same age.

- Immunisation rates for one year old Indigenous children are significantly lower than for non-Indigenous children (82.2 per cent compared with 91.2 per cent).

Menzies, McIntyre and Beard (2004) suggested that despite similar Indigenous and non-Indigenous vaccination rates at two years, delayed vaccination in Indigenous children (lower vaccination rates at one year old but similar or higher at two years old) may be a factor in higher rates of some diseases in children under two years. Menzies, McIntyre and Beard (2004) reviewed previous studies of immunisation rates, which showed that vaccination rates for Indigenous children in Northern Australia were consistently higher in remote communities than in urban areas (although one study in NSW found the reverse).
As well as vaccination for children, the Australian Government provides free influenza and pneumococcal vaccinations to Indigenous adults aged 50 years and over. Non-Indigenous people aged 65 years and over are provided with free influenza vaccinations. From 1 January 2005, the Australian Government began providing free pneumococcal vaccine to non-Indigenous people aged 65 years and over (previously pneumococcal vaccine had been provided free to non-Indigenous people aged 65 years and over in Victoria only).

- Data from the ABS 2001 National Health Survey show that Indigenous people aged 50 to 64 years were more likely than non-Indigenous people to have been vaccinated for influenza (47 per cent compared with 26 per cent) and pneumococcal disease (20 per cent compared with 3 per cent) (Menzies, McIntyre and Beard 2004).

- For Indigenous and non-Indigenous people aged 65 years and over, vaccination rates for influenza were similar (71 per cent and 75 per cent respectively) but for pneumococcal disease, Indigenous vaccination rates were higher than those for non-Indigenous people (47 per cent compared with 28 per cent) (Menzies, McIntyre and Beard 2004).

- Vaccination against both influenza and pneumococcal disease for Indigenous people aged 50 years and over was higher in remote areas than non-remote areas (75 per cent compared with 45 per cent for influenza and 48 per cent compared with 19 per cent for pneumococcal vaccine) (Menzies, McIntyre and Beard 2004).

The different ages at which vaccines are available free to Indigenous and non-Indigenous people may influence immunisation rates in the two populations.

9.4 Proportion of Indigenous people with access to their traditional lands

Land provides both cultural and economic benefits to Indigenous people, who stressed during consultations for this Report that they value land in both ways. This indicator reflects some cultural dimensions of land.

Indigenous people may not have legal ownership or control of land, or recognised native title rights (included in the economic participation and development strategic area for action), but they may still have some access to their traditional lands. Some may be public land that is accessible to all, or arrangements may have been made with the legal owners for some form of access.
Data for this indicator are based on three items in the ABS 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS):

- recognition of homelands/traditional country
- whether currently lives on homelands
- whether allowed to visit homelands.

The term homelands is used here consistently with the NATSISS question on the topic which used the words ‘homelands/traditional country’. Local terminology used by Indigenous people may vary across different parts of Australia.

**Box 9.4.1 Key messages**

- In 2002, 70 per cent of Indigenous people recognised an area as their homelands or traditional country; 22 per cent lived on their homelands, whereas 47 per cent did not live there but were allowed to visit (figure 9.4.1).
- Indigenous people in very remote areas were more likely than those in other areas to live on their homelands (figure 9.4.1).

The data for this indicator only show whether Indigenous people live on their homelands/traditional country or have access to their homelands/traditional country. The data do not show the control or ownership that Indigenous people have over their homelands/traditional country, their rights to resources found on their homelands or their ability to access particular sites that may be of special significance. Indigenous people’s control or ownership of land and the economic benefits they receive from land are explored further in section 11.5, Indigenous owned or controlled land.

The data used for this indicator are based on Indigenous people’s own understanding of what constitutes their homelands or traditional country, which may vary in different places. Some Indigenous people may live on or visit Indigenous owned or controlled land but they may not consider it to be their homelands or traditional country. Since European colonisation of Australia in 1788, many Indigenous people have moved both voluntarily and involuntarily from their homelands/traditional country. Many Indigenous communities comprise a mix of traditional owners and Indigenous people whose homelands/traditional country are somewhere else.

Some Indigenous people living in cities and towns with a majority of non-Indigenous people may say they live on their homelands (see figure 9.4.1), if the place where they live is part of their homelands/traditional country, even though much of it may be owned or occupied by non-Indigenous people.
Figure 9.4.1 **Proportion of Indigenous people living on their homelands/traditional country or allowed to visit, by geographic region, 2002**

- Figure 9.4.1 shows that, in 2002, 21.9 per cent of Indigenous people in Australia aged 15 years and over lived on their homelands/traditional country and a further 46.2 per cent did not live on their homelands/traditional country but were allowed to visit.

- Those who lived on their homelands/traditional country or were allowed to visit comprised nearly all of the 69.6 per cent of Indigenous people who recognised an area as their homelands or traditional country. A small number of Indigenous people (0.5 per cent) recognised their homelands/traditional country but were not allowed to visit.

- The remainder (30.4 per cent) did not recognise an area as their homelands or traditional country.

- The proportion of Indigenous people living on their homelands/traditional country varied from 43.2 per cent in very remote areas to 8.1 per cent in major cities.

- The proportion of Indigenous people who did not recognise an area as their homelands/traditional country was highest in inner regional areas (40.1 per cent) and major cities (37.5 per cent) and lowest in very remote areas (9.6 per cent).

*Source: ABS 2002 NATSISS; table 9A.4.1.*
Figure 9.4.2  Proportion of Indigenous people living on their homelands/traditional country or allowed to visit, by age, 2002

Source: ABS 2002 NATSISS; table 9A.4.3.

- Figure 9.4.2 shows that the proportion of Indigenous people living on their homelands/traditional country in 2002, increased with age with 25.7 per cent of those aged 55 years and over living on their homelands/traditional country compared with 18.1 per cent of those aged 15 to 24 years.

- The proportion of Indigenous people who recognised their homelands/traditional country increased with age from 61.6 per cent for those aged 15 to 24 years to 76.9 per cent for those aged 55 years and over (figure 9.4.2, table 9A.4.3).
Nationally between 1994 and 2002, the proportion of Indigenous people living on their homelands/traditional country decreased from 29.2 per cent to 21.9 per cent while the proportion of Indigenous people who did not recognise an area as their homelands/traditional country increased from 25.2 per cent to 30.4 per cent. There was no statistically significant difference between 1994 and 2002 in the
proportion who did not live on their homelands/traditional country but were allowed visit (figure 9.4.3).

9.5 Participation in organised sport, arts or community group activities

Participation in organised sport, arts or community group activities can foster (among other things) self-esteem, social interaction, and the development of skills and teamwork. The reduction of boredom and an increased sense of belonging are generally seen as having positive impacts on Indigenous youth.

Participation in organised sport, arts or community group activities has the potential to lead to improvement in many areas of Indigenous disadvantage, including long-term health and physical wellbeing, as well as improving social cohesion in Indigenous communities.

The United Nations Children’s Fund (UNICEF) considers that participation in sport and recreation activities from an early age has the potential to widely benefit individuals and communities (UNICEF 2004) by:

- strengthening the body and preventing disease — regular physical activity helps to build and maintain healthy bones, muscles and joints and control body weight. Physical activity can also help prevent chronic diseases
- preparing infants for future learning
- reducing symptoms of stress and depression — in a recent US study, active children were found to be depressed less often than inactive children (ACF 2002)
- improving confidence and self-esteem — a recent study of seventh-graders found students involved in organised sports reported higher overall self-esteem and were judged by their teachers to be more socially skilled and less shy than students who did not participate in organised sports (Bush et al., 2001)
- improving learning and academic performance — recent studies have found that exposure to play and physical activity can improve attention levels and academic performance in primary school students. Similarly, Barber, Eccles and Stone (2001), reported that high school students who participated in organised sports in year 10 completed more years of schooling and experienced lower levels of social isolation than non-participants
- preventing smoking and the use of illicit drugs — Carinduff (2001) suggests that involvement in sport and recreation has the potential to reduce levels of substance abuse and self-harm
• reducing crime — there is strong theoretical support that participation in sport and recreational activities can deter young people from delinquent behaviour by reason of improvements in self-worth, relief from boredom and increased social control (Cameron and MacDougall, 2000). Mason and Wilson (1988) examined the link between sport and recreation and juvenile crime and concluded that sport and recreation have the ability to play a role in the reduction of offending behaviour, particularly more serious offences.

### Box 9.5.1  **Key message**

Around half of Australia’s Indigenous people aged 15 years and over participated in organised sport or physical activity in the three months prior to the ABS 2002 National Aboriginal and Torres Strait Islander Social Survey (table 9.5.2).

In the 2003 Report, data were unavailable on the participation of Indigenous people in organised sport, arts or community group activities. Although there remains little administrative data on this subject, survey data have since been published by the ABS. Data in this section are sourced from the ABS 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) and ABS 2002 General Social Survey (GSS). They do not, however, provide any information about the activities of children under the age of 15.

In addition, the latter part of this section provides some examples of sports and community programs in operation. A selection of case studies on other sports and community programs was provided in the 2003 Report.

The NATSISS provides information on the nature and level of Indigenous Australians in sport and physical activity (tables 9.5.1, 9.5.2) as well recent involvement in social, community and cultural activities (table 9.5.3).
In 2002, Indigenous people aged 18 years and over (45.6 per cent), were less likely than non-Indigenous people (64.2 per cent) to have participated in sport/physical activity in the previous twelve months (table 9.5.1).

Table 9.5.2 Proportion of Indigenous people, aged 15 years and over participating in sport/physical activity in the previous three months, 2002

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Non-remote</th>
<th>Remote</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Participated in sport/physical activity</td>
<td>48.2</td>
<td>52.1</td>
<td>49.3</td>
</tr>
<tr>
<td>Did not participate in sport/physical activity</td>
<td>51.8</td>
<td>47.9</td>
<td>50.7</td>
</tr>
<tr>
<td>Capacity in which participated in sport/physical activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Player or participant</td>
<td>44.8</td>
<td>49.2</td>
<td>46.0</td>
</tr>
<tr>
<td>Coach, instructor or teacher</td>
<td>7.5</td>
<td>10.1</td>
<td>8.2</td>
</tr>
<tr>
<td>Referee, umpire or official</td>
<td>5.0</td>
<td>9.4</td>
<td>6.2</td>
</tr>
<tr>
<td>Other</td>
<td>4.2</td>
<td>22.1</td>
<td>9.1</td>
</tr>
</tbody>
</table>

Source: ABS 2002 NATSISS; table 9A.5.3.

- At the time of the ABS 2002 NATSISS, 49.3 per cent of Indigenous Australians reported participating in sport/physical activity in the previous three months (table 9.5.2). Indigenous people in remote areas were more likely than those in non-remote areas to have participated in a sport/physical activity.
Further information on the participation of Indigenous people in sporting and physical activities is included in tables 9A.5.1 to 9A.5.4.

Table 9.5.3  **Proportion of people, aged 18 years and over, participating in selected cultural and recreational activities in the previous three months, 2002**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Recreational or cultural group activities</td>
<td>26.4</td>
<td>28.6</td>
</tr>
<tr>
<td>Community or special interest group activities</td>
<td>19.3</td>
<td>21.0</td>
</tr>
<tr>
<td>Went out to a café, restaurant or bar</td>
<td>60.3</td>
<td>55.8</td>
</tr>
<tr>
<td>Visited library, museum or art gallery</td>
<td>18.9</td>
<td>29.4</td>
</tr>
<tr>
<td>Attended movies, theatre or concert</td>
<td>29.6</td>
<td>35.8</td>
</tr>
</tbody>
</table>

*Source: ABS 2002 NATSISS (unpublished); ABS 2002 GSS (unpublished); table 9A.5.6.*

- Indigenous people were more likely to have attended recreational or cultural group activities and community or special interest group activities than non-Indigenous people in 2002 (table 9.5.3). They were less likely than non-Indigenous people to have gone to a café, restaurant or bar and around half as likely to have visited a library, museum or art gallery, or attended movies, theatre or concerts.

Further information comparing Indigenous and non-Indigenous people’s participation in social activities is shown in tables 9A.5.5 to 9A.5.14. Information on Indigenous people’s participation in cultural activities is included in tables 9A.5.15 to 9A.5.18.

The following case studies describe some of the activities that are being undertaken within organisations and Indigenous communities. They demonstrate the benefits for Indigenous people of participating in sport, arts and community group activities (box 9.5.2). There is further discussion on the economic benefits of self-employment such as the Papunya Tula Artists Centre (box 9.5.3) in section 11.4.
Box 9.5.2 ‘Things that work’ — sports, education and communities

*The Athletes as Role Models Tour (NT)*

The Athletes as Role Models Tour - ‘ARMTour’ - involves high profile sportsmen and women touring, communicating and interacting with indigenous youth in remote areas of the Northern Territory. The athletes convey healthier lifestyle messages in culturally relevant ways. This is achieved through demonstrating and participating in skills and initiative exercises, encouragement and positive affirmation alongside open discussion regrading issues relevant to young people. In 2004 over 600 children participated in school based activities, 2000 participants spent time with role models, and over 2500 sporting items were given away to communities and schools in four separate tours.

*Swan Nyungar Sports Education Program (WA)*

The Swan Nyungar Sports Education Program commenced at Balga Senior High School in 2002. It started as a football class for Aboriginal boys from the Swan Education District, with girls introduced to the program in 2003. Sport is the attraction for the students but it aims to increase the number of Aboriginal students at school and improve their success, participation in post-school education and employment prospects. An evaluation of the program’s first year showed a doubling of achievement levels in literacy and numeracy and improvements in educational outcomes, attendance, behaviour and attitudes.

Nyungar values are taught as part of the program, which also has a strong IT orientation, with each student having a computer at school. The Smith Family and the Swan Nyungar Community are involved in operating the program, which has received financial support from Newmont Mining and BHP Billiton.

*The Rumbalara Football and Netball Club (Victoria)*

The Rumbalara Football and Netball Club in Shepparton, began to develop twenty years ago and was accepted into the Central Goulburn Football League in 1997. Cutcliffe (2004) describes the importance of the club to the local community:

… it would do great injustice to Rumbalara to simply describe it as a sporting club. Rumbalara has been the wellspring for revival of Aboriginal identity, self-esteem and expression of the Goulburn Valley Aboriginal community … The club provides a meeting place where Aboriginal people can gather on their own land, in their own facilities and with non-Indigenous people in circumstances that set aside the afflicted mainstream relationships that have so often divided them (p.19).

As well as having numerous senior and age-level sporting teams, the club runs and is affiliated with a number of community programs, including the Healthy Lifestyles program which aims to spread the health and fitness benefits enjoyed by Rumbalara’s members to the wider Indigenous community. Recently the club, in association with the University of Melbourne, established a sports education course.

Continued…
Box 9.5.2  Continued

Clontarf Australian Football Academy (WA)

The Clontarf Australian Football Academy was established in 2000 at the Clontarf Aboriginal College (WA). It is open to students enrolled at Clontarf Aboriginal College, Eastern Goldfields Senior High School (Goldfields Academy), or the Geraldton Senior High School (Mid-West Academy). To maintain their position in the Football Academy participants need to show commitment towards training and the education program. The Academy program operates in and around the school timetable.

In the Academy’s first year of operation, 50 students were enrolled in the College and 15 initially signed up for the football program. By the end of the year, 25 students were involved in the football program and the first XVIII won the top division of the ‘Smarter than Smoking’ cup. In 2001, the College’s first term enrolment grew to 165, 93 of whom commenced training at the Academy.

Source: Newmont Australia (2005); Reconciliation Australia (2003); Simons (2003); Smith Family (2003); WA Government (2002); Cutcliffe (2004); Forehan (2004)

Box 9.5.3  ‘Things that work’ — the Papunya Tula Artists

The Papunya Tula Art Movement began in the early 1970s when a school teacher, Geoffrey Bardon, working at the Papunya community school (around 250 km west of Alice Springs), encouraged some of the local men to paint a blank school wall. The men were then introduced to, and experimented with, western art materials (such as canvas and acrylic paints). They were among the first Indigenous artists to marry western materials with traditional painting techniques derived from body and sand painting, and to portray dreamtime stories.

The Papunya artists established an arts marketing company (the Papunya Tula Artists) in 1972. Papunya Tula is entirely owned and directed by the artists. It currently has 47 shareholders and represents around 90 artists from Papunya and surrounding areas.

The aim of the company is to promote individual artists, provide economic development for the communities to which they belong, and to support and assist in the maintenance of a rich cultural heritage.

Source: http://www.papunyatula.com.au
9.6 Future directions in data

Repeat offending

‘Repeat imprisonment’ is a proxy indicator of ‘repeat offending’ and is currently included in the Report on Government Services.

Police services in the states and territories have formally agreed to include an Indigenous identifier in administrative data collections. A number of jurisdictions have already implemented this and the remainder expect to do so shortly. This is expected to provide national data for the repeat offending indicator within two years.

A study is underway to examine the feasibility of transferring the Police identifier to criminal courts data in all states and territories.

Proportion of Indigenous people with access to their traditional lands

The ABS 2002 NATSISS has provided data for this indicator, which could not be reported in the 2003 Report. Some information will be available to report on this indicator every three years. In addition to the NATSISS, the 2004-05 National Aboriginal and Torres Strait Islander Health Survey will collect information on the level of access of people in non-remote areas to their traditional lands.

Participation in organised sport, arts or community group activities

The ABS 2002 NATSISS provided a useful source of data for this indicator, for which very few data were available previously.

9.7 References

9 Functional and resilient families and communities

ANCD (Australian National Council on Drugs) 2003, Diversion of Aboriginal and Torres Strait Islander Youth from Juvenile Detention: A Report to the Australian National Council on Drugs, Canberra.


### 9.1 Children on care and protection orders


### 9.2 Repeat offending


9.3 Access to the nearest health professional

ABS (Australian Bureau of Statistics) 2002, *Housing and Infrastructure in Aboriginal and Torres Strait Islander Communities, Australia 2001*, Cat no. 4710.0, Canberra.


AIHW 2001, *Expenditures on Health Services for Aboriginal and Torres Strait Islander People, 1998-99*, Cat. no. IHW 7, Canberra.


Menzies, R., McIntyre, P. and Beard, F. 2004, ‘Vaccine Preventable Diseases and Vaccination Coverage in Aboriginal and Torres Strait Islander People, Australia, 1999 to 2002’, *Communicable Diseases Intelligence*, Supplement, June, prepared for the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases, University of Sydney and Australian Institute of Health and Welfare for the Department of Health and Ageing, Canberra.


9.5 Participation in organised sport, arts or community group activities


10 Effective environmental health systems

<table>
<thead>
<tr>
<th>Strategic areas for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early child development and growth (prenatal to age 3)</td>
</tr>
<tr>
<td>Early school engagement and performance (preschool to year 3)</td>
</tr>
<tr>
<td>Positive childhood and transition to adulthood</td>
</tr>
<tr>
<td>Substance use and misuse</td>
</tr>
<tr>
<td>Functional and resilient families and communities</td>
</tr>
<tr>
<td>Effective environmental health systems</td>
</tr>
<tr>
<td>Economic participation and development</td>
</tr>
</tbody>
</table>

- Rates of diseases associated with poor environmental health (including water and food borne diseases, trachoma, tuberculosis and rheumatic heart disease)
- Access to clean water and functional sewerage
- Overcrowding in housing

The conditions in which people live and work have a significant influence on their health. Environmental health depends, among other things, on the buildings in which people live, the water they drink, the food they eat, the air they breathe, their ability to clean themselves, their clothes and their homes, the safe removal of waste, and control of pests.

Water and food borne diseases, tuberculosis and rheumatic heart disease can lead to premature death; and temporary or permanent disability, which affect people’s ability to work, study and engage in family and community activities. Overcrowding in housing and poor water quality and sanitation have been associated with respiratory diseases, urinary tract infections and kidney stones, intestinal worms, trachoma and infectious diarrhoeas (DHAC 1999; Pholeros, Rainow and Torzillo 1993). Social and biological factors also play a role (for example, vaccination with influenza, and nutrition and diabetes for general immunity to bacterial infections). Data on environment related diseases are examined in section 10.1.

Access to clean drinking water is also basic to environmental health. A sufficient and reliable supply of water is needed for drinking, hygienic food preparation and
washing of people, clothes and bedding. Water for drinking must also be of adequate quality. Moreover, sewerage systems must be designed to ensure that sewage does not contaminate drinking water supplies and is disposed of appropriately to prevent contact with people. Access to clean water and functional sewerage requires a combination of both functioning community infrastructure as well as functioning household hardware such as taps, tubs and toilets. Section 10.2 contains information on access to clean water and functional sewerage.

Housing overcrowding also contributes to failure of sewerage systems. Septic tanks, used in many Indigenous communities, can leak or overflow if they are used by more people than they are designed for.

Overcrowding in housing can have negative consequences not only for health, but also for education and family relationships. During consultations on the indicator framework for this Report, many Indigenous people spoke of the effect that overcrowding has on children’s education and how it can lead to family violence. Overcrowded houses are harder to keep clean and may suffer more wear and tear. With large numbers of people in a house, the bathroom, kitchen and laundry facilities may be inadequate for people to wash themselves, their food and kitchen utensils, and clothes and bedding as often as they would like. Washing and cleaning helps to forestall the transmission of infectious diseases (see section 10.2).

**Supporting tables**

Supporting tables for this chapter are identified in references throughout this chapter by an ‘A’ suffix (for example, table 10A.2.3). These tables can be found on the Review web page (www.pc.gov.au/gsp). Users can also contact the Secretariat to obtain the attachment tables.

### 10.1 Rates of diseases associated with poor environmental health

Improvements in sanitation, drinking water quality, food safety, disease control and housing conditions are major contributory factors to improving health and quality of life. Evidence from research in Indigenous communities has shown that infected secretions from eyes, nose, ears and coughs have a major role in transmitting infectious disease — especially in overcrowded households. Further, inadequate waste disposal can lead to a pool of potentially infected material in the immediate living environment and is a major source of infectious disease (Pholeros, Rainow and Torzillo 1993).
Greater proportions of Indigenous people, compared to non-Indigenous people, are thought to be living in inadequate dwellings because of overcrowding, the need for repairs and maintenance, or the poor state of basic utilities (especially in rural and remote areas). Hospital separations data indicate that environmental-based diseases are more common among Indigenous people than non-Indigenous people (table 10.1.1).

The most common diseases associated with poor environmental health in both Indigenous and non-Indigenous communities across Australia are influenza and pneumonia, bacterial disease, acute upper respiratory infections, and intestinal infectious diseases. In 2002-03, there was also an outbreak of meningococcal infection that affected both the Indigenous and non-Indigenous population. Some diseases such as trachoma and acute rheumatic fever continue to exist in Indigenous communities with very few occurrences evident in hospital separation data for the non-Indigenous population.

**Box 10.1.1 Key message**

Indigenous people had much higher hospital separation rates (admissions) for influenza and pneumonia in 2002-03 (121 per 10 000 people) than other people (32 per 10 000 people) (table 10.1.1).

The data used in this section are for hospital separations, which reflect more serious cases of diseases but do not necessarily show overall incidence of disease because many people may not go to a hospital for all treatments. It can also reflect duplication as patients can have multiple admissions for some chronic conditions as well as change in conditions (such as transfer from medical ward to a rehabilitation centre within a hospital) (AIHW 2004). In general, hospital separations may reflect more serious cases. However, a patient in a remote area may be admitted to hospital whereas in an urban area the same patient could be managed as an outpatient.

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1 Hospital separations are defined by the AIHW as discharges, transfers, deaths or changes in care type.
<table>
<thead>
<tr>
<th>ICD-10-AM diagnosis codes and descriptions</th>
<th>Indigenous Male</th>
<th>Indigenous Female</th>
<th>Indigenous Total</th>
<th>Non-Indigenous Male</th>
<th>Non-Indigenous Female</th>
<th>Non-Indigenous Total</th>
<th>Total Australians Male</th>
<th>Total Australians Female</th>
<th>Total Australians Total</th>
</tr>
</thead>
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<tr>
<td>Intestinal infectious diseases (A00–A09)</td>
<td>53.0</td>
<td>52.4</td>
<td>52.9</td>
<td>21.9</td>
<td>23.4</td>
<td>22.7</td>
<td>23.1</td>
<td>24.5</td>
<td>23.8</td>
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<td>Tuberculosis (A15–A19)</td>
<td>1.9</td>
<td>2.9</td>
<td>2.5</td>
<td>0.6</td>
<td>0.5</td>
<td>0.5</td>
<td>0.6</td>
<td>0.5</td>
<td>0.6</td>
</tr>
<tr>
<td>Bacterial disease (A20–A49)</td>
<td>58.6</td>
<td>59.0</td>
<td>58.9</td>
<td>24.3</td>
<td>16.9</td>
<td>20.2</td>
<td>24.9</td>
<td>17.6</td>
<td>20.8</td>
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<tr>
<td>Diphtheria (A36)</td>
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<td>0.2</td>
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<td>Whooping cough (A37)</td>
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<td>0.3</td>
<td>0.4</td>
<td>0.1</td>
<td>0.2</td>
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<tr>
<td>Meningococcal infection (A39)</td>
<td>58.7</td>
<td>58.3</td>
<td>58.7</td>
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<td>25.8</td>
</tr>
<tr>
<td>Trachoma (A71)</td>
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<td>0.7</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<tr>
<td>Acute hepatitis A (B15)</td>
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<td>0.7</td>
<td>0.1</td>
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<td>0.2</td>
<td>0.2</td>
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</tr>
<tr>
<td>Acute hepatitis B (B16)</td>
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<td>1.2</td>
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<td>0.3</td>
<td>0.4</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Scabies (B86)</td>
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<td>24.4</td>
<td>23.1</td>
<td>0.3</td>
<td>0.2</td>
<td>0.3</td>
<td>0.8</td>
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<tr>
<td>Acute rheumatic fever (I00–I02)</td>
<td>1.6</td>
<td>2.8</td>
<td>2.2</td>
<td>–</td>
<td>0.1</td>
<td>–</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Chronic rheumatic heart diseases (I05–I09)</td>
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<td>5.7</td>
<td>4.5</td>
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<td>1.1</td>
<td>1.0</td>
<td>0.9</td>
<td>1.2</td>
<td>1.0</td>
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<tr>
<td>Acute upper respiratory infections (J00–J06)</td>
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<td>36.0</td>
<td>32.8</td>
<td>17.5</td>
<td>14.8</td>
<td>16.2</td>
<td>17.8</td>
<td>15.3</td>
<td>16.6</td>
</tr>
<tr>
<td>Influenza and pneumonia (J10–J18)</td>
<td>128.3</td>
<td>115.2</td>
<td>120.9</td>
<td>36.6</td>
<td>28.0</td>
<td>31.7</td>
<td>38.3</td>
<td>29.6</td>
<td>33.4</td>
</tr>
</tbody>
</table>

*a* Any diagnosis was used to select the infectious diseases (ICD-10-AM (3rd edition) codes A00-B99), principal diagnosis was used to select the other conditions.

*b* Includes separations where Indigenous status was not reported. – Nil or rounded to zero.

*Source:* Australian Institute of Health and Welfare, National hospital morbidity database (unpublished); table 10A.1.1
After adjusting for age differences in the populations, in 2002-03:

- Hospital separation rates for all diseases associated with poor environmental health were higher for Indigenous than non-Indigenous people (table 10.1.1).
- The hospital separation rate for influenza and pneumonia was 120.9 per 10,000 for Indigenous people — 3.8 times higher than for non-Indigenous people (31.7 per 10,000) (table 10.1.1).
- The separation rate for bacterial disease was 58.9 per 10,000 for Indigenous people — nearly three times higher than the separation rate for the non-Indigenous population (20.2 per 10,000).
- The separation rate for intestinal infectious diseases for Indigenous people was more than twice the rate for non-Indigenous people — 52.9 per 10,000 compared with 22.7 per 10,000 for the non-Indigenous population.
- There was an outbreak of meningococcal infection in Australia affecting both Indigenous and non-Indigenous people, however, the separation rate for meningococcal infection among the Indigenous population was 2.4 times that of the non-Indigenous population — 58.7 per 10,000 for Indigenous people compared with 24.5 per 10,000 for non-Indigenous people.
- Indigenous people also have much higher hospital separation rates for chronic rheumatic heart diseases (4.5 per 10,000 compared with 1.0 per 10,000). Acute rheumatic fever appears to be a problem only in the Indigenous population (2.2 per 10,000 people) with very few occurrences evident in hospital separation data for non-Indigenous people.
- Acute upper respiratory infections are a problem for both the Indigenous and non-Indigenous populations, however, it is more prevalent in Indigenous communities — twice the hospital separation rate for non-Indigenous people (32.8 per 10,000 for Indigenous people in 2002-03 compared with 16.2 per 10,000 for non-Indigenous people).
- Scabies is much more common in the Indigenous population than in the non-Indigenous population. The hospital separation rate for scabies in the Indigenous population was 23.1 per 10,000 in 2002-03, which is 77 times higher than the rate in the non-Indigenous population (0.3 per 10,000).
• For the most common environmental based infectious diseases, Indigenous children (0–14 years) and the elderly (65 and older) had higher hospital separation rates than other age groups in 2002-03 (figure 10.1.1). These age groups were also the most at risk in the non-Indigenous population (table 10A.1.1).

• Intestinal infectious disease was most prevalent in Indigenous children in 2002-03 (184.8 per 10 000), while influenza and pneumonia were common amongst the elderly (291.1 per 10 000) (figure 10.1.1).

• Indigenous children were also much more susceptible to outbreaks such as meningococcal disease than non-Indigenous children — meningococcal disease affected 2.7 times more Indigenous children than non-Indigenous children (189.5 per 10 000 for Indigenous children compared with 69.8 per 10 000 non-Indigenous children) (table 10A.1.1).

Since the 2003 Report, hospital separation rates for some diseases such as intestinal infectious diseases, bacterial disease and scabies decreased slightly for Indigenous people; while the rates for acute upper respiratory infections and influenza and pneumonia increased (see below — males decreased while females increased). There were also slight increases in separation rates for trachoma and hepatitis A (table 10A.1.2).

• In 2002-03, the Indigenous hospital separation rate for intestinal infectious disease was 52.9 per 10 000 people compared with 58.2 in 2001-02. For bacterial disease, the separation rate was 58.9 per 10 000 people in 2002-03,
compared with 62.7 in 2001-02. The separation rate for scabies in 2002-03 was 23.1 per 10 000 people compared with 30.0 in 2001-02 (table 10A.1.2).

- Between 2001-02 and 2002-03, the Indigenous hospital separation rate for acute upper respiratory infections increased from 29.3 to 32.8 per 10 000 while the rate for influenza and pneumonia increased from 114.5 to 120.9 per 10 000 (table 10A.1.2).

- Between 2001-02 and 2002-03, the separation rate for influenza and pneumonia decreased for Indigenous males (from 131.0 to 128.3 per 10 000), yet increased for Indigenous females (from 101.1 to 115.2 per 10 000) (table 10A.1.2).

- The separation rate for acute upper respiratory infections increased for Indigenous females (from 29.3 per 10 000 in 2001-02 to 36.0 per 10 000 in 2002-03) while the rate remained almost the same for Indigenous males (table 10A.1.2).
• Death rates from diseases associated with poor environmental health were much higher for Indigenous people than non-Indigenous people in the five states and territories for which data are available.

• Taking into account the different age structures of the Indigenous and non-Indigenous populations, between 1999 and 2003 Indigenous males had much higher death rates from diseases associated with poor environmental health (between 54.1 and 184.9 per 100,000) than non-Indigenous males (between 21.9 and 37.5 per 100,000) (figure 10.1.2).

Figure 10.1.2 Death rates from diseases associated with poor environmental health, age standardised, 1999–2003a

<table>
<thead>
<tr>
<th></th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Males</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td></td>
<td>184.9</td>
</tr>
<tr>
<td>SA</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>WA</td>
<td>200</td>
<td></td>
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<tr>
<td>NT</td>
<td></td>
<td>200</td>
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<tbody>
<tr>
<td><strong>Females</strong></td>
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<td>150</td>
<td></td>
</tr>
<tr>
<td>NT</td>
<td>200</td>
<td></td>
</tr>
</tbody>
</table>

a Care should be exercised when using these data as the rates are based on a small number of deaths.

• The death rates from disease associated with poor environmental health were also much higher for Indigenous females than non-Indigenous females (between 27.3 and 140.2 per 100,000 compared with 16.9 to 30.2 per 100,000).

10.2 Access to clean water and functional sewerage

Access to clean water and functional sewerage is essential to good health. Contaminated drinking water can be a source of sickness and disease. An adequate and reliable supply of water is required for washing people, food, kitchen utensils, and clothes, which is important in preventing infectious diseases and other sicknesses. A functional sewerage system prevents sewage from contaminating drinking water and food, and reduces the risks of infectious diseases. This indicator complements the indicator of rates of diseases associated with poor environmental health.

Box 10.2.1 Key message

In 2002, nearly all Indigenous households had access to a working toilet and facilities for washing people, clothes and bedding within their homes. However, no information was available on the quality or reliability of communal drinking water and sewerage services to which household taps, showers, sinks, baths and toilets were connected.

Most Indigenous people live in cities and towns with common water supply and sewerage systems that serve all those who live there. Services do vary from one town or city to another, but the same services are provided to Indigenous and other people living in any particular place.

The 2003 Report included data on water and sewerage services in discrete Indigenous communities, which allowed some comparisons between communities and with services to the general population. Data are available on water and sewerage services in larger towns and cities in Australia, although comparisons with discrete Indigenous communities are difficult where there are different data sources or collection methods.

The 2001 ATSIC/ABS Community Housing and Infrastructure Needs Survey (CHINS) (ABS 2002) was the primary source of data for this indicator in the 2003 Report, supplemented by data from the enHealth Council (collated by the Bureau of Rural Sciences). Data from the Water Services Association of Australia and the Australian Water Association were used to allow comparisons with water and sewerage services in major towns and cities.
The CHINS was last conducted in 2001. There are no new CHINS data for the 2005 Report. The Australian Government Department of Family and Community Services has commissioned the ABS to conduct the CHINS again in 2006, with results likely to be published in 2007.

The 2003 Report included some preliminary data from an enHealth Council survey of small water supply utilities (including some in Indigenous communities). The enHealth Council has continued its analysis of the data but advised the Review that further results would not be available until after the 2005 Report was published.

The 2003 Report focused on community level drinking water and sewerage services and included measures of the availability and quality of drinking water including restrictions/interruptions and testing, as well as connection to sewerage systems and functioning of those sewerage systems.

In the absence of new CHINS or enHealth Council community level data, the 2005 Report examines access to working water and sewerage facilities within households using ABS 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) results.

Access to working water and sewerage facilities within households is an aspect of housing quality that is also mentioned in section 10.3 on overcrowding in housing. If there are sufficient working water and sewerage facilities in houses, some adverse health effects of overcrowding may be reduced. The data presented in this section indicate the proportion of households with access to working water and sewerage facilities. They do not show whether households have sufficient baths, showers, toilets, washing machines and laundry tubs for the number of people in the household, which may be a problem for large households.

No charts are included for this indicator as access to working household washing and sewerage facilities was not significantly different across states and territories, geographic regions or different forms of housing tenure.

**Facilities for washing people**

- In 2002, 99.0 per cent of Indigenous households had working facilities for washing people. The proportion was similar in most states and territories (tables 10A.2.5 and 10A.2.6).
- The proportions of Indigenous households with working facilities for washing people did not vary significantly between geographic regions or different forms of housing tenure (tables 10A.2.1 to 10A.2.4).
Facilities for washing clothes or bedding

- In 2002, 97.9 per cent of Indigenous households had working facilities for washing clothes and bedding. The proportion was similar in most states and territories (tables 10A.2.5 and 10A.2.6).
- The proportions of Indigenous households with working facilities for washing people did not vary significantly between geographic regions or different forms of housing tenure (tables 10A.2.1 to 10A.2.4).

Access to a working toilet

- In 2002, 98.8 per cent of Indigenous households had a working toilet. The proportion was similar in most states and territories (tables 10A.2.5 and 10A.2.6).
- The proportions of Indigenous households with a working toilet were similar for most geographic regions but were lower in very remote areas (tables 10A.2.1 and 10A.2.2).
- The proportions of Indigenous households with a working toilet were not significantly different between different forms of housing tenure (tables 10A.2.3 and 10A.2.4)

10.3 Overcrowding in housing

As noted in previous sections of this Report, overcrowding in housing can be a significant contributor to poor health, family violence and poor educational outcomes.

Overcrowding in housing is reported here by applying an occupancy standard to data from the ABS 2002 NATSISS. In its own publication of data from the NATSISS, the ABS used the Canadian National Occupancy Standard (see box 10.3.2) to estimate the number of Indigenous people living in overcrowded housing (ABS 2004). Data in this Report are also based on the overcrowding criteria from the Canadian standard.

The data in this Report are not comparable with the overcrowding data presented in the 2003 report which were generated using the Australian Proxy Occupancy Standard (AIHW 2003) and data from the ABS 2001 Census. Furthermore, data from the NATSISS are for Indigenous people aged 15 years and over, which also affects comparability with Census data used in the 2003 Report. Census data include all ages.
To explore the effects of the different occupancy standards and age groups on estimates of Indigenous overcrowding, the ABS has also estimated the number of Indigenous people aged 15 years and over living in overcrowded households by applying the Canadian standard to data from the 2001 Census (table 10A.3.5). The results are similar to those shown in this section using NATSISS data. Therefore, the difference in results between this Report and those in the 2003 Report is almost entirely due to the different occupancy standard used and the restriction of NATSISS results to people aged 15 years and over.

**Box 10.3.1 Key messages**

- In 2002, 26 per cent of Indigenous people aged 15 years and over (72 600 people) lived in overcrowded housing (figure 10.3.1 and table 10A.3.3).
- Overcrowding was most common in very remote areas (figures 10.3.3 and 10.3.4).

Housing overcrowding data are not available from the ABS 2002 General Social Survey (GSS), so no non-Indigenous comparator is available for this Report. (The 2003 Report included comparisons of the proportions of Indigenous and non-Indigenous people living in overcrowded housing using ABS 2001 Census data.) Housing overcrowding data were unavailable from the ABS 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS), so no comparison to 1994 data on overcrowding is possible.

Data presented here are based on the number of residents in households with at least one Indigenous person. A household with one or more Indigenous person may also contain non-Indigenous people. Therefore, data reported for the number of people in overcrowded households may reflect the presence of some non-Indigenous people who live in households with Indigenous people.

There are two major factors that potentially result in a higher incidence of overcrowding in Indigenous households relative to non-Indigenous households:

- differences in Indigenous households (for example, several generations living in one house or the possibility of visitors having ‘right of access’ in some circumstances) (Pholeros, Rainow and Torzillo 1993)
- the influence of climate and culture (in rural areas people may live outside houses rather than inside and the occupancy standard does not allow for verandahs or larger shared living spaces) (Pholeros, Rainow and Torzillo 1993).

The housing occupancy standard used in this section (see box 10.3.2) compares the number of bedrooms with the number of people in a dwelling to determine overcrowding; however, particularly in larger households, the numbers of
bathrooms and toilets, and the size of kitchens, bedrooms and other living spaces may be as important as, or more important than, the number of bedrooms. The ABS 2002 NATSISS only provides data on the numbers of bedrooms as does the ABS Census (the source of overcrowding data in the 2003 Report).

A large household living in a dwelling with sufficient bedrooms would not be overcrowded according to the standard. Conversely, a household with only three or four people (depending on the age and relationships of those people) may be overcrowded if they were living in a dwelling with only one or two bedrooms.

Indigenous people consulted by the Review in many parts of Australia have identified housing overcrowding as an important issue. The housing occupancy standard used in this section has not been developed specifically for Indigenous people, however, no housing occupancy standard used to estimate overcrowding can reflect the housing needs and preferences of all Indigenous people. Indigenous cultures and lifestyles vary widely across Australia, as do climates. The occupancy standard used here will probably reflect the culture and preferences of some but not all Indigenous people.

<table>
<thead>
<tr>
<th>Box 10.3.2 Housing occupancy standard used with ABS 2002 NATSISS data</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is no single standard measure for housing overcrowding. The ABS uses a standard which is sensitive to both household size and composition. Where this standard cannot be met, households are considered to be overcrowded.</td>
</tr>
<tr>
<td>The following criteria were used to assess bedroom requirements:</td>
</tr>
<tr>
<td>• there should be no more than two persons per bedroom</td>
</tr>
<tr>
<td>• a household of one unattached individual may reasonably occupy a bed-sit (that is, have no bedroom)</td>
</tr>
<tr>
<td>• couples and parents should have a separate bedroom</td>
</tr>
<tr>
<td>• children less than five years of age of different sexes may reasonably share a bedroom</td>
</tr>
<tr>
<td>• children five years of age or over of the opposite sex should not share a bedroom</td>
</tr>
<tr>
<td>• children less than 18 years of age and of the same sex may reasonably share a bedroom</td>
</tr>
<tr>
<td>• single household members aged 18 years or over should have a separate bedroom.</td>
</tr>
</tbody>
</table>

---

*Based on the Canadian National Occupancy Standard for housing appropriateness.*

*Source: ABS (2004)*
The number of people living in some households can vary markedly over time as visitors come and go, and families and individuals move from one house to another. Houses may be vacated for periods of time after a resident dies. Pholeros, Rainow and Torzillo (1993) surveyed the household populations and use of houses in the Pipalyatjara community in the north west of South Australia over the course of a year. Some houses had relatively stable numbers of residents, while others had wide variations in numbers. The numbers in one house varied from zero to 32 at various times of the year.

Taylor (2004), in a study of Wadeye and the Thamarrurr Regional Council area in the NT, reported both short-term and long-term variations in the numbers of people living in each house as people moved between houses, to and from outstations, and in and out of the region. There were seasonal movements of people from outstations into the Wadeye town during the wet season. The average number of people per functional dwelling was 16, with one having an average occupancy of 22. Houses in the Thamarrurr region averaged three bedrooms each, giving an average occupancy rate of approximately five people per bedroom.

The quality and condition of housing also influence health outcomes. If a house has sufficient working taps, tubs, showers, toilets, insect screens and protection from the weather it will be much better able to prevent the disease transmission that can occur in crowded households. Even uncrowded houses can lead to poor health outcomes if essential hardware is not working. Some data on access to essential household infrastructure, such as toilets and facilities for washing people and clothes, are included in section 10.2.

The data presented here only show the numbers and proportions of Indigenous people aged 15 years and over living in overcrowded households because the sample for the ABS 2002 NATSISS was people 15 years and over. The number of children in a household was collected as part of the NATSISS and was taken into account in determining whether or not the household was overcrowded but the results are only available and reported for people aged 15 years and over.
Figure 10.3.1 Proportion of Indigenous people 15 years and over living in overcrowded housing, by State/Territory, 2002

- Figure 10.3.1 shows that in 2002, 25.7 per cent of Indigenous people 15 years and over in Australia lived in overcrowded houses.
- The difference between housing overcrowding for Torres Strait Islanders and Aboriginal people in 2002 was not statistically significant (tables 10A.3.1 to 10A.3.3).

Figure 10.3.2 Number of Indigenous people 15 years and over living in overcrowded housing, by State/Territory, 2002

- Based on the Canadian National Occupancy Standard for housing appropriateness.
  Source: ABS 2002 NATSISS; table 10A.3.3.
In 2002, 72 600 Indigenous people aged 15 years and over lived in overcrowded housing (table 10A.3.3).

The number of Indigenous people aged 15 years and over living in overcrowded housing varied between states and territories (figure 10.3.2).

Figure 10.3.3 Proportion of Indigenous people 15 years and over living in overcrowded housing, by geographic region, 2002*a

In 2002, 21 per cent of Indigenous people aged 15 years and over reported that they had experienced ‘overcrowding at home’ as a personal stressor in the previous 12 months. A much higher proportion in remote areas reported this stressor (42 per cent) than in non-remote (13 per cent) (ABS 2004).
• In 2002, 44.9 per cent of Indigenous people aged 15 years and over living in overcrowded housing lived in very remote areas (32 600 out of a national total of 72 600) (table 10A.3.2 and figure 10.3.4).

Figure 10.3.5 Proportion of Indigenous people 15 years and over living in overcrowded housing, by housing tenure, 2002 a, b, c

• Based on the Canadian National Occupancy Standard for housing appropriateness.

Source: ABS 2002 NATSISS; table 10A.3.2.

Source: ABS 2002 NATSISS; table 10A.3.4.
• In 2002, the proportion of Indigenous people aged 15 years and over living in overcrowded housing varied significantly by housing tenure, ranging from 52.4 per cent in community rental housing to 10.1 per cent in houses fully owned or being purchased.

Figure 10.3.6 Number of Indigenous people 15 years and over living in overcrowded housing, by housing tenure, 2002a, b, c

- In 2002, nearly half of the Indigenous people aged 15 years and over who lived in overcrowded housing lived in community rental housing (35 400 out of a national total of 72 600) (figure 10.3.6).

10.4 Future directions in data

Access to clean water and functional sewerage

The ABS, under a funding arrangement with the Department of Family and Community Services (Australian Government) is conducting the Community Housing and Infrastructure Needs Survey (CHINS) again in 2006 following a review of the survey by Aboriginal and Torres Strait Islander Services (ATSIS) in
2004. A reference group of relevant experts was formed to guide development of the 2006 CHINS. Results of the 2006 CHINS are expected in early 2007.

The AIHW, in collaboration with the jurisdictions, collects annual data on Indigenous community housing in the National Reporting Framework for Indigenous Housing data collection. Data on the number of permanent dwellings not connected to water, sewerage or electricity are included in this data collection. Data for the 2004-05 financial year will be available in early 2006.

The enHealth Council survey of drinking water services in small towns conducted in 2003 is yet to be published but should eventually provide a useful source of data on water supplies in both Indigenous and non-Indigenous communities.

It is also hoped that greater information on sewerage services in small towns will be available for future Reports to compare services in discrete Indigenous communities with those for the general population.

**Overcrowding in housing**

Direct comparisons of overcrowding between Indigenous and non-Indigenous people could not be derived from the results of the ABS 2002 NATSISS and General Social Survey (GSS). The 2006 Census will provide a comparable data source on overcrowding for future Reports.

**10.5 References**

**10 Effective environmental health systems**


**10.1 Rates of diseases associated with poor environmental health**


10.2 Access to clean water and functional sewerage

ABS (Australian Bureau of Statistics) 2002, *Housing and Infrastructure in Aboriginal and Torres Strait Islander Communities, Australia, 2001*, Cat. no. 4710.0, Canberra.

10.3 Overcrowding in housing


11 Economic participation and development

The extent to which people participate in the economy is closely related to their living standards and broader wellbeing. For the purpose of this Report, economic participation and development is examined through employment opportunities, influence over land and sea resources, and aspects of education and training which are relevant to the goals of good governance and the capacity to govern.

Many aspects of work affect people’s wellbeing, such as hours worked, job satisfaction and security, levels of remuneration, opportunity for self development, and interaction with people outside the home. Having a job or being involved in a business activity not only leads to improved incomes for families and communities (which has a positive influence on health, education of children etc), it also enhances self-esteem and reduces social alienation.

Some issues associated with unemployment and labour force participation are discussed in section 3.5. This chapter examines in greater detail the types of employment undertaken by Indigenous people, including their participation in...
Community Development Employment Project (CDEP) schemes (sections 11.1, 11.2 and 11.4).

People who have been unemployed for long periods may experience greater financial hardship, and often have more difficulties in finding further employment, because of the loss of relevant skills and employers’ perceptions of their ‘employability’. The extent of long term unemployment is examined in section 11.3.

During consultations, Indigenous people said that land was important to them for a range of economic, social and cultural reasons. The extent to which a parcel of Indigenous owned land yields economic benefits will depend on geographic factors such as climate, soil type and location, the strength of landowners’ property rights, the skills and governance arrangements of landholding bodies, and the aspirations of the Indigenous landowners. Section 11.5 examines data on Indigenous owned and controlled land.

Although there was strong feedback during the consultations that governance should be included in the framework, concerns were raised about the difficulties of finding appropriate indicators of governance that covered the full range of important areas. Further, it was suggested that it would be hard to develop indicators that could be reported consistently with comparable data across jurisdictions. This has been borne out. Data are extremely limited, and even where appropriate Indigenous governance tools have been identified, the inability to report them comprehensively may risk simplifying a complex issue. It may be possible to improve quantitative reporting in future years.

This Report reprises the 2003 Report with a proxy indicator of capacity to govern, using data on participation in accredited training in leadership, finance or management, and in governance courses (section 11.6).

In the final section (11.7) two governance case studies are presented. The first one looks at the Thamarrurr Regional Council in Wadeye in the Northern Territory, and the second one examines the Koorie Heritage Trust in Victoria. These case studies are preceded by a discussion of the framework against which these case studies are reported.

**Supporting tables**

Supporting tables for this chapter are identified in references throughout this chapter by an ‘A’ suffix (for example, table 11A.2.3). These tables can be found on the Review web page (www.pc.gov.au/gsp). Users can also contact the Secretariat to obtain the attachment tables.
11.1 Employment by sector, industry and occupation

Employment is an important indicator of Indigenous economic participation and development. Benefits interrelated with employment include increased income levels, health status and improved education levels leading to enhanced self-esteem and reduced social alienation. A number of issues associated with unemployment and labour force participation are discussed in section 3.5. This indicator examines employment by sector, industry and occupation in more detail.

The type of employment that people are engaged in may have an impact on their wellbeing, in terms of how well they are remunerated and the level of job satisfaction involved. High levels of part time employment could be masking high levels of underemployment. Low levels of private sector employment could indicate low participation in the mainstream economy. High levels of employment in declining industries could mean that Indigenous people are at high risk of becoming unemployed in the future. High employment in certain occupations could indicate low skill levels among Indigenous people and also a high risk of health problems and mortality.

The full time or part time status of those Indigenous people who are employed can be useful as indicators of disadvantage. Some part time workers may be working fewer hours than they would like, implying underutilisation of labour and underemployment. The underemployed are defined as those working part time who would like to work longer hours. During the 1980s and 1990s there have been significant increases in part time employment and underemployment (Hunter 2002).

Underemployment is particularly common among Indigenous employees with 25.3 per cent of male and 19.5 per cent of female workers indicating in 1994 that they would like to work more hours. Underemployment is less prevalent in the rest of the Australian workforce with around 5.8 per cent of the workforce underemployed in 1998. In addition, the Indigenous underemployed worked around 11 hours less a week than Indigenous employees who did not face constraints on the number of hours they worked (Hunter 2002). While these data are dated, they illustrate the disadvantages that Indigenous people face in being able to find appropriate work. The underemployed are also less likely to be working for continuous periods and are more likely to be employed in casual and seasonal jobs (Hunter 2002). Underemployment may increase financial stress arising from low and irregular income. The low number of hours worked by the underemployed can result in annual wage income being little different from welfare income (Hunter and Taylor 2002).

While CDEP employment is beneficial for Indigenous people (see the next section for a discussion of CDEP) there are greater benefits for Indigenous people in being
employed in the mainstream economy in either the private and public sectors. Hunter (2004) has noted that based on Census data there has been a downward trend in Indigenous employment in the private sector as a percentage of total Indigenous employment over the period 1976 to 2001. Conversely, there has been an upward trend in the private sector employment of all Australians over the same period. It is important to view the changes to Indigenous private sector employment in the context of changes to CDEP employment, which has trended upwards over a similar period.

The importance of industries such as agriculture and manufacturing is declining in terms of employment shares in the Australian economy, with other sectors such as the information technology and service sectors increasing. Indigenous people can often be affected by the decline of an industry more than non-Indigenous people. Hunter (2004) has noted that in 1971 Indigenous people were 18.2 percentage points more likely to be employed in agriculture than non-Indigenous people. Between 1971 and 1976 Indigenous employment in this sector more than halved and then declined at a slightly faster rate than for total employment in this sector. By 1991 the proportions of both Indigenous and non-Indigenous employment in agriculture were almost identical. Important areas of decline in Indigenous employment have also occurred in manufacturing while similar but less marked shifts have occurred for the total population (Hunter 2004).

Indigenous males and females are consistently under represented in high skilled occupations such as managers and professionals and over represented in relatively low skilled occupations especially labourers (Hunter 2004). Those people in low skilled occupations usually have lower remuneration and less prospect of secure employment than those in higher skilled professions. Those with low skills are also more susceptible to changes in the economy as they are less able to transfer to other work if they become retrenched and are at greater risk of long term unemployment.

Health and mortality rates can also vary by broad occupational grouping. In one study it was found that, for the period 1998–2000, blue collar workers had higher death rates than workers employed in managerial, administrative and professional occupations (Draper et al. 2004). In a second study, the AIHW found that in 2001, males aged 20–59 years in manual occupations had mortality rates 60 per cent higher than those in non-manual occupations (AIHW et al 2005). These findings are particularly relevant for Indigenous people who are more likely to be employed in manual occupations such as labourers than as managers and professionals.

The employment rates calculated for this section are derived as a proportion of the labour force who are employed either part time (including CDEP) or full time. The Indigenous data used for this indicator are from the ABS 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS). The non-Indigenous data are
from the ABS 2002 General Social Survey (GSS). When comparing Indigenous non-Indigenous labour force data for those aged 18 years and over in this Report age standardised data are used to take account of the differing age structures of the Indigenous and non-Indigenous populations. Where data by age group are being compared, or a comparison between Indigenous and non-Indigenous people is not made, the data are not age standardised and are for those aged 18 to 64 years. The issues surrounding this approach are discussed more fully below and in section 11.2.

Box 11.1.1  Key messages

- Between 1994 and 2002, Indigenous employment rates increased from 68 to 80 per cent of the labour force, with increases in all age groups (figure 11.1.4). This is attributable to increases in part time employment rather than full time employment (tables 11A.1.3 and 11A.1.4).

- The full time employment rate in 2002 for Indigenous people was much lower than that for non-Indigenous people for both males and females. Nationally, the age standardised ratio of Indigenous to non-Indigenous full time employment was 0.7 (figure 11.1.1).

- Indigenous employment had a significant part time component in 2002. Nationally, the age standardised ratio of Indigenous to non-Indigenous part time employment was 1.3 (figure 11.1.2).

- CDEP participation contributes significantly to the number of Indigenous people who are recorded as employed, particularly in very remote areas.

Employment by full time/part time status

Full time employment is defined as 35 or more hours of work in the reference week. Part time employment includes working for one hour or more during the reference week, but less than 35 hours.
Figure 11.1.1 Age standardised full time employment, aged 18 years and over, 2002

- Nationally, after taking into account the differing age structures of the Indigenous and non-Indigenous populations, the ratio of Indigenous to non-Indigenous full time employment rates was 0.7 (table 11A.1.1). The age standardised rates were 45.3 per cent for the Indigenous and 67.2 per cent for the non-Indigenous populations (figure 11.1.1).

Figure 11.1.2 Age standardised part time employment, aged 18 years and over, 2002

- Part time employment is defined as those working for one hour or more during the reference week, but less than 35 hours.

---

\[\text{Indigenous} \quad \text{Non-Indigenous}\]

\[\text{Per cent of labour force}\]

<table>
<thead>
<tr>
<th></th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>ACT</th>
<th>NT</th>
<th>Aust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Non-Indigenous</td>
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</tbody>
</table>

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\[\text{Source: ABS 2002 NATSISS (unpublished); ABS 2002 GSS (unpublished); table 11A.1.1.}\]
• Part time employment is more common for Indigenous people than non-Indigenous people. Nationally, after taking into account the differing age structures of the Indigenous and non-Indigenous populations, the ratio of Indigenous to non-Indigenous part time employment was 1.3 (table 11A.1.1), with age standardised part time employment rates of 36.5 per cent for the Indigenous and 27.2 per cent for the non-Indigenous populations (figure 11.1.2).

Figure 11.1.3 Indigenous employment, aged 18 to 64 years, 2002a

![Graph showing Indigenous employment by geographic area](image)

a Full time employment is defined as 35 or more hours of work in the reference week. Part time employment is defined as those working for one hour or more during the reference week, but less than 35 hours.

Source: ABS 2002 NATSISS (unpublished); table 11A.1.2.

• Total Indigenous employment was highest in very remote areas followed by remote areas and major cities. The lowest rates of Indigenous employment were in regional areas (figure 11.1.3). The high rate of Indigenous employment in remote and very remote areas reflects high rates of CDEP participation (figure 11.1.5).

• Almost two thirds of total Indigenous employment in very remote areas was due to part time employment, while in major cities around a quarter of total Indigenous employed worked part time, again reflecting high rates of CDEP participation in very remote areas (table 11A.1.2).

• A comparison between Indigenous and non-Indigenous employment by sector is not possible by geographic area as non-Indigenous data from the GSS are not available by geographic area.
Nationally, from 1994 to 2002, the employment rate of the Indigenous population increased from 68.1 to 79.7 per cent of the labour force with increases in all age groups (figure 11.1.4). This is consistent with overall increases in employment that have occurred in the total Australian labour force through the latter part of the 1990s to 2002. It also reflects increases in CDEP participation over this period. In 1996 there were 28,422 CDEP places, increasing to 34,182 in 2002 (DIMIA 2004) (see section 11.2 for more detail).

The increase in employment has arisen from increases in part time employment rather than full time employment. Nationally, the rate of full time Indigenous employment was largely unchanged from 1994 to 2002 while the rate of part time Indigenous employment increased by 10.8 percentage points over the same period. The rate of full time Indigenous employment remained largely unchanged in all age groups (tables 11A.1.3 and 11A.1.4).
Table 11.1.1 Employment as a percentage of the labour force, 2002

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–24</td>
<td>33.1</td>
<td>27.3</td>
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<td>25–34</td>
<td>50.2</td>
<td>32.5</td>
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<td>35–44</td>
<td>57.5</td>
<td>36.4</td>
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<td>45–54</td>
<td>63.1</td>
<td>38.2</td>
</tr>
<tr>
<td>55–64</td>
<td>52.6</td>
<td>59.8</td>
</tr>
<tr>
<td>Total 18–64</td>
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<td>34.8</td>
</tr>
<tr>
<td>AS total 18+</td>
<td>52.4</td>
<td>36.2</td>
</tr>
<tr>
<td>Part time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–24</td>
<td>38.2</td>
<td>40.3</td>
</tr>
<tr>
<td>25–34</td>
<td>28.1</td>
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<td>55–64</td>
<td>36.9</td>
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<tr>
<td>Total 18–64</td>
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<td>AS total 18+</td>
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<tr>
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</tr>
<tr>
<td>AS total 18+</td>
<td>80.9</td>
<td>83.0</td>
</tr>
</tbody>
</table>

AS=Age standardised.

Source: ABS 2002 NATSISS (unpublished); ABS 2002 GSS (unpublished); table 11A.1.4.

- Indigenous people had lower rates of full time employment than Non-Indigenous people across all age groups for both males and females, except for females aged 55–64 years. Indigenous males had higher rates of part time employment than non-Indigenous males across all age groups. Indigenous females had higher rates of part time employment than non-Indigenous females for those aged 25–34 years and 45–54 years (table 11.1.1). It should be noted that some differences were not statistically significant for full and part time employment.

- For both Indigenous and non-Indigenous people, males had higher rates of full time employment than females for all age groups, except Indigenous people aged 55–64 years, while females had higher rates of part time employment for all age groups. It should be noted that some of the differences between Indigenous males and females were not statistically significant (table 11.1.1). It should also be noted that for the age group 55–64 years the comparison
between males and females can be problematic because the age group includes males to retirement age while the retirement age for females is 60.

Box 11.1.2 gives a recent example of some positive steps that have been taken to improve Indigenous employment outcomes.

Box 11.1.2 ‘Things that work’ — Ladders to Success Program

The Ladders to Success Program facilitates the transition of Indigenous people into the workforce. The program is for three years and began in 2003 in Shepparton Victoria as a means of addressing the inability of local Indigenous community members to access and be accepted into employment in the area.

The Ganbina Koorie Economic Employment Training Agency undertakes the program in partnership with the Department of Employment and Workplace Relations (DEWR) and the Department for Victorian Communities, who both fund the program, the City of Greater Shepparton and approximately 60 local businesses.

The program focuses on achieving Indigenous mainstream full-time employment in skilled or professional areas. The employment goals of individual jobseekers are identified along with suitable career areas. Clients are then assisted in meeting these goals, assistance can include matching candidates to employers and identifying and providing appropriate training.

The targeted outcomes for the program include:

- Training 150 Indigenous jobseekers through DEWR’s Structured Training and Employment Project including mentoring support, pre-employment training and on-the-job training
- Provision of cross cultural awareness programs for employers
- 100 Indigenous permanent full-time job placements over the project’s life, including 20 in calendar year 2003 and 40 each year thereafter.

In the first year of operation there were 28 placements against a target of 20. In the first 18 months of operation the program achieved 52 work placements with 80 per cent resulting in tenure greater than six months. People assisted have been aged from their teens to 50s and the placements have been across a range of industries.


Employment by public/private sector, industry and occupation

Employment data by occupation and industry are not available from the ABS 2002 NATSISS or ABS 2002 GSS. The most recent available data are from the 2001 Census. The 2003 Report published 2001 Census data for both Indigenous and non-Indigenous employment by occupation and industry.
Nationally, the private sector employed 37.1 per cent of the Indigenous labour force, CDEP employed 21.0 per cent of the Indigenous labour force and the public sector employed 19.8 per cent (figure 11.1.5). More information on CDEP can be found in the next section.

Private sector employment is highest in major cities and inner regional areas and then falls with increasing geographic remoteness. Private sector employment was higher than either public sector employment or CDEP in major cities, inner regional and outer regional areas (figure 11.1.5).

CDEP comprises a significant proportion of Indigenous employment especially in remote and very remote areas. The CDEP estimate for major cities had a relative standard error of greater than 25 per cent and should be used with caution (figure 11.1.5).

11.2 CDEP participation

The CDEP scheme provides employment and training opportunities to Indigenous people in a range of activities that benefit themselves and their communities. The scheme is designed to provide meaningful employment and training, and enhance economic and social development opportunities for Indigenous people as well as enabling Indigenous communities to manage their own affairs and to gain economic and social equity. The original aim of the CDEP scheme when introduced in 1977
was to create local employment opportunities in remote Indigenous communities where the labour market might not otherwise offer employment. Most CDEP organisations continue to be located in regional and remote areas of Australia.

To participate in the scheme, unemployed members of a community or group choose to voluntarily forego their Centrelink entitlements and would, in the absence of the scheme, likely be counted as unemployed or not in the labour force. The Department of Employment and Workplace Relations offers a grant to the CDEP community organisation to enable it to undertake community-managed activities and pay wages to participants.

The CDEP scheme comprises community determined and managed activities and organisations, incorporating:

- over 36 000 participants at 30 June 2004
- around 220 CDEP projects at 30 June 2004
- delivery in a range of remote, regional, rural and urban locations (ATSIC 2004).

Since the CDEP scheme was introduced it has grown in importance as a source of Indigenous employment. It grew slowly at first before expanding rapidly in the mid to late 1980s. In 1981 there were around 1300 CDEP participants and CDEP employment represented 0.8 per cent of the Indigenous population. In 1986 there were around 4000 participants with CDEP employment representing 1.8 per cent of the Indigenous population. The scheme then more than quadrupled in size between 1986 and 1991 resulting in around 18 100 participants with CDEP employment representing 6.8 per cent of the Indigenous population. A second expansion occurred after 1997 which was an expansion in the number of CDEP jobs as a result of participants being increasingly expected to work for their benefit entitlements. In 2001 there were around 35 400 participants with CDEP employment representing 13.5 per cent of the Indigenous population (Hunter 2002b).

**Box 11.2.1 Key messages**

- There were over 36 000 CDEP participants at 30 June 2004. CDEP participation increased with geographic remoteness, ranging from 4 per cent of the Indigenous population in major cities to 45 per cent in very remote areas (figure 11.2.1).
- The CDEP scheme accounted for 8 per cent of Indigenous employment in major cities increasing to 74 per cent in very remote areas (table 11A.2.1).

Indigenous CDEP participation is included as an indicator because of the importance of the scheme in providing employment for Indigenous people and as a
stepping stone for Indigenous people to participate in more mainstream employment. Nationally, CDEP participants represented 13.5 per cent of the Indigenous population in 2002 aged 18 to 64 years or 26.3 per cent of Indigenous employment (table 11A.2.1). Hunter (2002a) has concluded that the CDEP scheme enhances Indigenous labour force participation and appears to overcome established barriers to Indigenous labour force participation. One particular barrier faced by Indigenous people is a lack of skills. Hunter (2002b) has noted that the collapse in the market for low skilled jobs has not adversely affected the Indigenous workforce in areas where the expansion of the scheme has been greatest. While the CDEP scheme has been successful in overcoming barriers for low and non-skilled Indigenous people, it can be a double-edged sword. Hunter (2002b) also observes that the incentive to finish high school could be reduced by the CDEP scheme shielding Indigenous people from the realities of the labour market in terms of the skills that are required.

The CDEP scheme masks Indigenous underemployment. As discussed in the previous section, underemployment is particularly common among Indigenous employees. In addition to this, CDEP scheme workers are about twice as likely to be underemployed as other Indigenous workers, both in urban and non-urban settings (Hunter 2002a).

Figure 11.2.1 Indigenous CDEP participation, unemployment and labour force participation, aged 18 to 64 years, 2002

![Graph showing Indigenous CDEP participation, unemployment and labour force participation, aged 18 to 64 years, 2002](source: ABS 2002 NATSISS (unpublished); table 11A.2.1.)
Of the population aged 18 to 64 years:

- CDEP participation increased with remoteness from 4.1 per cent of the Indigenous population in major cities to 44.8 per cent in very remote areas (figure 11.2.1).

- Conversely, the proportion of the Indigenous population in non-CDEP employment decreased with remoteness from 50.3 per cent in major cities to 16.0 per cent in very remote areas (figure 11.2.1).

- The proportion of Indigenous people who were unemployed ranged from 14.5 per cent in major cities, 16.6 per cent in inner regional areas and 16.5 per cent in outer regional areas to 4.4 per cent in very remote areas (figure 11.2.1).

- The CDEP scheme accounted for 7.6 per cent of Indigenous employment in major cities increasing to 73.7 per cent in very remote areas (table 11A.2.1).

**Figure 11.2.2 Indigenous CDEP participation, aged 18 to 64 years, 2002**a

*a The Tasmanian estimate had a relative standard error of greater than 50 per cent and is too unreliable for general use. The ACT estimate had a relative standard error greater than 25 per cent and should be used with caution.*

*Source: ABS (unpublished); table 11A.1.5.*

- The NT had the highest CDEP participation rate in 2002, with substantial CDEP participation rates also in Queensland, WA and SA (figure 11.2.2).

- Indigenous males were more likely to participate in CDEP than Indigenous females with participation rates of 23.1 per cent and 18.2 per cent respectively (table 11A.1.5).
Information on CDEP participation by age group can be found in table 11A.1.5.

11.3 Long term unemployment

The long term unemployed are defined as people who are without work for a year or more, but who are actively looking for work and available to start within four weeks. Unemployment is a measure of potentially underutilised labour resources in the economy. Studies suggest that unemployment is associated with crime, poor health, high risks of financial hardship and poverty along with low levels of social attachment. For more discussion on the problems associated with unemployment see Chapter 3. The Indigenous data used for this indicator are from the ABS 2002 NATSISS and exclude people who participated in CDEP.

The costs of unemployment become greater for those who have been unemployed long term. Long term unemployed Indigenous people, for example, were more likely to have been arrested and to have a long term health problem than those Indigenous people who had been unemployed for less than a year. Long term unemployed Indigenous people were also less likely to participate socially in Indigenous festivals and carnivals than those Indigenous people unemployed for less than a year (Hunter and Taylor 2002).

Long term unemployment is of particular concern as people unemployed long term have greater difficulties in finding employment because of the loss of relevant skills and employers’ perceptions of their ‘employability’. Watts (2000) found that the chance of becoming employed declines with the duration of unemployment.

It is likely that the extent of unemployment, particularly long term unemployment, is underestimated because of discouraged jobseekers. Discouraged jobseekers are those who would like to work but are not actively looking for work and are discussed in chapter 3. After people have been unemployed for long periods of time they are more likely to become disheartened and believe that there is not a suitable job in their area, or that they do not have the appropriate skills or qualifications required. It is noted in Hunter and Taylor (2002) that attitudes to looking for a job can become less positive among people who have been unemployed for a long period. This means that there is a likelihood of the unemployed, particularly those unemployed long term, dropping out of the labour force.
Box 11.3.1 **Key message**
- Nationally in 2002, around 8800 Indigenous people aged 18 to 64 years, or 28 per cent of unemployed Indigenous people, were unemployed long term (figure 11.3.2).

**Figure 11.3.1 Indigenous unemployment as a proportion of the labour force, aged 18 to 64 years old, 2002**

- Long term unemployment refers to those unemployed for one year or more. 
- Long term unemployment as a proportion of the labour force was rounded to zero for the ACT. 
- For long term unemployment as a proportion of the labour force Victoria, WA, SA, Tasmania and the NT had relative standard errors greater than 25 per cent and should be used with caution. For the total unemployment rate the ACT had a relative standard error greater than 25 per cent and should be used with caution.

*Source: ABS 2002 NATSISS (unpublished); table 11A.3.1.*

- Nationally in 2002, 5.7 per cent of the Indigenous labour force aged 18 to 64 years was unemployed long term (figure 11.3.1).
Nationally in 2002, 28.3 per cent of unemployed Indigenous people aged 18 to 64 years were long term unemployed (figure 11.3.2).

Indigenous males had higher long term unemployment as a proportion of unemployment (31.5 per cent) than Indigenous females (23.8 per cent) (table 11A.3.1).

Information on long term unemployment by age group and geographic region can be found in table 11A.3.1.

11.4 Self employment

Self employment is one way that Indigenous people can reduce reliance on government welfare and improve self sufficiency along with participating in the economy and improving their economic wellbeing. The Indigenous Business Review (2003) noted that the number of Indigenous people who are self employed as a percentage of the labour force is significantly lower than for the rest of the population. Australia’s Indigenous people also lag behind New Zealand’s Maori people significantly in terms of self employment. Those Indigenous people that are self employed tend to be employed in trade and lower skilled occupations such as plant and machinery operators and labourers (Hunter 1999).
There are a number of reasons why Indigenous people have low rates of self employment in Australia. Hunter (1999) has noted that Governments have typically emphasised business opportunities at the Indigenous community level rather than for self employment. Indigenous people often have poor education and training in relation to business enterprises. They can have difficulty accessing capital and infrastructure and there are often limited opportunities in remote areas.

No new data on Indigenous self employment can be reported. Data on Indigenous self employment were not available from the ABS 2002 NATSISS. There are no recent nationally comparable data on Indigenous self employment, other than the 2001 Census data that was published in 2003 Report.

The 2003 Report noted that Indigenous people had lower rates of self employment than non-Indigenous people. In fact, when compared with non-Indigenous people, Indigenous people were more disadvantaged in terms of self employment than they were in terms of total employment. In addition, the difference between the rates of self employment between non-Indigenous and Indigenous people varied significantly across geographic regions. The largest difference was found in very remote areas, where non-Indigenous people are nine times more likely to be self employed than Indigenous people (SCRGSP 2003).

An example of (Papunya) artists engaged in cooperative commercial activities are described in the ‘things that work’ box 9.5.3.

### Box 11.4.1 Key messages

- There are no recent nationally comparable data that can be reported for the Indigenous self employment indicator other than the 2001 Census data that were published in the 2003 Report.
- These showed that nationally in 2001, Indigenous people were three times less likely than other people to be self employed, increasing to nine times less likely in very remote areas (SCRGSP 2003).

In the absence of any new national data on self employment, an Indigenous self employment case study is presented in box 11.4.2.
Box 11.4.2 Case study – Indigenous Enterprise Partnerships

Indigenous Enterprise Partnerships (IEP) aims to foster Indigenous economic and social development, focusing on long term sustainable impacts that help break the cycle of welfare dependency. IEP’s strategy has been to facilitate a network of partnerships between Indigenous and corporate and philanthropic groups. IEP has been operating in Cape York since 2001.

Under the partnerships, Indigenous groups provide the people and physical infrastructure through which corporate and philanthropic resources work. The corporate and philanthropic groups typically provide assistance in developing, for example, feasibility studies, business plans and strategies and submissions for funding. Staff are provided on secondment and often some minimal funding is also provided. Indigenous people may also sometimes have the opportunity to work with these organisations outside Cape York as part of the assistance to gain experience. So far IEP has focused on building enterprises rather than developing employment strategies with existing companies.

Over the last three years IEP has provided assistance to over 80 projects or businesses. The projects fall into two categories, economic development and social development and institutional capacity building projects.

- In terms of economic development projects IEP has assisted in establishing six businesses involving about 40 people across 14 communities. IEP has also provided assistance to 15 existing businesses where it considers that there have been positive results and a further 20 businesses are in incubation. IEP has also assisted five major economic development activities including the Cape York Digital network which now has 20 employees, 150 regular users and 500 registered users, along with the Weipa multi-purpose facility which includes a hostel for 30 children.

- IEP has been assisting seven major social development projects. IEP considers that there have been substantial positive outcomes and progress at an early stage. These projects include, the Boys from the Bush program which works with youth at risk to teach them how to work at an enterprise, and the Cape York youth network which aims to develop young Indigenous people’s leadership skills.

In addition to the benefits from the projects themselves, IEP have identified a number of intangible benefits for Indigenous people arising from economic and social development projects such as improved commercial literacy and Indigenous motivation to participate in business or employment, improved skills, education and training opportunities along with personal development and empowerment gains. Other benefits include building the capacity of Indigenous organisations through factors such as organisational development plans or direct training.

The IEP board has identified a growing demand for IEP style partnerships in other areas of Australia and is actively considering how the model or its principles might be useful outside Cape York.

11.5 Indigenous owned or controlled land

Ownership and control of land can provide both economic and cultural benefits to Indigenous people. Ownership and control of land can allow Indigenous people to live on their land, fulfil cultural and spiritual responsibilities and use it for economic purposes. Land, seas and rivers have provided the economic base for Indigenous people in Australia for thousands of years, yielding plants, animals, water, shelter and other necessities of life.

Indigenous owned or controlled land is included in this Report as an indicator of economic participation and development. However, it is also important in terms of the social and cultural relationships between Indigenous peoples and their land, some of which are explored in section 9.4.

Box 11.5.1 Key messages

• Indigenous people obtain a variety of economic, social and cultural benefits from land they own or control.

• Between 2003 and 2004, the area of land where native title has been determined to exist increased by 2 per cent (6800 km²) (figure 11.5.2).

• In this period, the number of Indigenous Land Use Agreements increased from 84 to 130 (figure 11.5.3).

Fishing, hunting and gathering remain important economic activities for some Indigenous people living on Indigenous owned land. The customary economy could have significant economic value for Indigenous people, particularly in the tropical savannas and wetlands (Altman 2001). Hunting, fishing and collecting of wild resources provide Indigenous people with an affordable source of fresh and healthy food, which they may be otherwise unable to obtain, particularly in remote areas. The yield in food can be of considerable value and is regarded by many Indigenous people and an important economic activity and source of food, not a recreational activity (Altman 2004; Department of Agriculture, Fisheries and Forestry – Australia 2003; Gray, Altman and Halasz 2005).

Some Indigenous people and communities obtain an economic benefit from their land, and rights associated with it, in the form of mining royalties, and from tourism, pastoral, farming and other enterprises.

The extent to which Indigenous people can potentially benefit from market based activities on their land depends very much on the location and nature of that land. Remoteness from markets and population centres adds to the costs of delivering products and services from Indigenous communities. Opportunities to profit from
mining, agriculture and tourism depend, respectively, on the presence of certain minerals, rainfall and soil fertility, and places and activities that appeal to tourists.

Indigenous land at Nitmiluk National Park, near Katherine in the NT, leased back by the NT Government for use as a jointly managed park, has generated benefits for the general community and for Jawoyn people. There are now eight Indigenous rangers (out of 14) and several Indigenous businesses in the park.

Not all people on Indigenous owned or controlled land are traditional owners of the land on which they live. Over the past 200 years, many Indigenous people have moved or have been moved from the traditional country of their ancestors. Traditional land owners may have different rights and may be entitled to greater benefits from land than those who are not traditional owners. The particular rights of traditional owners and other Indigenous residents may vary from one place to another according to the laws under which Indigenous people own or have rights over each parcel of land.

**Land as a basis for negotiation**

Land ownership and recognition of the existence of native title provide a foundation upon which Indigenous people can negotiate agreements with governments and others such as mining companies and pastoralists. These agreements can yield economic and other benefits in the form of monetary payments; support for community services, facilities and infrastructure; employment and training programs and protection of cultural sites. Some agreements have provided substantial benefits for Indigenous people, while others have produced more modest benefits (see O’Faircheallaigh (1995), and Altman and Levitus (1999)). Data on Indigenous Land Use Agreements (ILUAs), a form of agreement established under the *Native Title Act 1993*, are included later in this chapter, although much of the literature and information on native title (including ILUAs) covers legal aspects with limited information on the economic and social benefits to Indigenous people.

The potential for Indigenous people to benefit from commercial activities also depends on the nature of the property rights assigned, the governance and administration of Indigenous landholding and fund management bodies and their ability to negotiate beneficial agreements with outside parties, and the aspirations of Indigenous landholders. Some groups of Indigenous landholders welcome mining and other development, whereas others believe the costs outweigh the benefits. The bargaining power of Indigenous landholders depends on the property, resource and negotiation rights Indigenous people have under law and may also depend on the discretion of governments.
Altman and Smith (1994, 1999) provide some examples of how different approaches have influenced the economic benefits of mining royalties to Indigenous people. Sections 11.6 and 11.7 explore some aspects of governance and capacity building.

The Larrakia Aboriginal Corporation has undertaken the urban land development of the Darla subdivision within the Rosebery suburb at Palmerston in the NT. The grant of the land enabled the NT's acquisition of proposed residential land in the suburb. The agreement enables the Larrakia people to become closely involved in urban development of Larrakia ‘country’, as well as to participate in the growth of the NT. The venture will offer opportunities for Aboriginal employment during construction, as well as provide profits which will be held in trust and re-invested in other enterprises for the benefit of all Larrakia people.

The Lhere Artepe Aboriginal Corporation, representing the Arrernte native title holders in Alice Springs, and the NT Government agreed to release approximately 80 residential lots of land in the Larapinta subdivision. This was the first time that a commercial residential development has been agreed to on native title land inside a municipal area. In exchange for the surrender of native title rights and interests over the land, the Government granted the Lhere Artepe traditional owners a development lease at no cost, with the first stage of land release currently under development by a consortium which has Lhere Artepe as one of the partners.

The NSW Government is currently establishing the Aboriginal Water Trust ($2 million in funding is being made available for the first two years of operation. The Trust will assist the establishment and maintenance of commercially viable Aboriginal businesses and provide advice to Aboriginal organisations on participating in water trading markets. The Trust is complemented by mechanisms in the Water Management Act 2000 (NSW) under which Aboriginal communities are eligible to apply for water access entitlements for cultural purposes and, in some cases, for commercial purposes.

**Living on Indigenous owned land**

As well as yielding benefits in the form of the customary and commercial activities described here, Indigenous owned or controlled land also provides significant economic benefits to many Indigenous people by providing them with land upon which they can live. Individual home ownership on Indigenous owned or controlled land is limited but many Indigenous people live in community housing which has been built on Indigenous land (see section 3.7). Section 9.4 provides some information on the numbers of Indigenous people who live on their homelands or
traditional country (but, as explained in section 9.4, this is not necessarily the same as the numbers of people living on Indigenous owned or controlled land).

Factors influencing the benefits from Indigenous owned or controlled land

Land area alone is an imperfect indicator of the benefits Indigenous people derive from owning land. The commercial value of land varies widely and much of the Indigenous owned or controlled land in Australia is of low commercial value. There are limited data on the extent to which Indigenous people use their land for various economic or other purposes and the benefits they obtain from it.

The Indigenous Land Corporation (ILC) (2003) reviewed the outcomes for Indigenous people from land it had purchased on behalf of Indigenous people between 1996 and 2001. The ILC found that properties provided two types of benefits to Indigenous people:

- **direct** — residence, employment, participation in social, cultural, environmental or commercial activity on property, spiritual in terms of participating in ceremonial and other culturally important activities, such as site maintenance
- **indirect** — political and social in terms of enhancing Indigenous identity and spiritual wellbeing in terms of ownership facilitating connections to land.

The ILC found that on the 146 properties surveyed, 1014 Indigenous people derived a direct benefit either from living there (474 people) or employment (383 Community Development Employment Project (CDEP) employees and 157 non-CDEP employees). Fifty-two per cent of Indigenous groups associated with the properties had social and cultural aspirations and 48 per cent had income or commercial aspirations. Most landholding groups faced barriers to achieving their aspirations including lack of capital, land capacity issues, need for skills and knowledge, and problems with commitment and conflict. In summarising the review, the ILC stated that:

Benefits (or values provided by land) are not dependent upon area or tenure of land held, or by the type of property (small holding, mixed farm, pastoral) or land-based industry (horticulture, grains, dairy, sheep or beef). Rather the key factors were capacity issues such as skills and governance. (General Manager, ILC, pers. comm., 21 January 2005).

Box 11.5.2 presents an example of the economic benefits one Indigenous community in WA obtains from its ownership of land.
Box 11.5.2 ‘Things that work’ — Noonkanbah pastoral property, WA

Noonkanbah is an Aboriginal-owned pastoral property located 200 km east of Derby in the Kimberley region in the north of WA. The property is a pastoral lease of 170 000 ha on the banks of the Fitzroy River, and it contains the Yungngora community of approximately 350 people.

Since 1997, the Department of Agriculture WA has worked with the Aboriginal owners and operators of the property to improve the performance of the business within a partnership arrangement operating under a fee for service contract. In the seven years since the partnership began, Noonkanbah beef sales have increased by 250 per cent.

Productivity improvements have been achieved through a structured and integrated program of learning and skills transfer developed in close consultation with the Noonkanbah company directors and community leaders. Directors have improved their skills in planning and business management and employees have learned skills including stock handling, vaccination, animal welfare and pasture management.

Lessons include the need for:

- partnership, with the Indigenous pastoralist in a leading role
- compatibility with the Indigenous community’s culture with structure determined by the directors of the enterprise
- governance that gives leadership to Indigenous directors and managers who recognise the need for improved skills and training.

Following its implementation at Noonkanbah, the approach has now been extended to other Aboriginal owned pastoral properties in WA under the name, the Indigenous Management Support Project. It is being funded by the Department of Agriculture WA, the ILC and the Indigenous pastoral companies involved. The project received the 2004 WA Premier’s Award for Excellence in Public Sector Management.


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**Measuring areas of Indigenous owned or controlled land**

Land areas and proportions reported for this indicator are for communally owned or controlled Indigenous land. Some Indigenous individuals and families also own land in their own right. Communal owned Indigenous land can be identified from land registers and other sources. However, no data are available on the ownership of land by individual Indigenous people. State and Territory land registers do not contain an Indigenous identifier. The only data on ownership of land by individual Indigenous people are data on home ownership, which are included earlier in this Report under the headline indicator on home ownership (section 3.7).
This indicator reports the area of Indigenous owned or controlled land using data on legal Indigenous land interests from the ILC and data on native title from the National Native Title Tribunal (NNTT). Legal Indigenous land interests refers to land that has been granted, or purchased, by governments for Indigenous ownership, or is held by governments for Indigenous use under various forms of government legislation. It is distinct from native title. Native title is a bundle of rights rather than a form of underlying title, that may in certain circumstances amount to exclusive possession, but often manifests through co-existing rights and interests with the underlying title holder. The NNTT (2002b) defines native title as follows:

Native title is the recognition in Australian law that Indigenous People had a system of law and ownership of their lands before European settlement. Where that traditional connection to land and waters has been maintained and where government acts have not removed it, the law recognises aspects of this as native title. The native title of a particular group will depend on the traditional laws and customs of those people. The way native title is recognised and practised may vary from group to group.

This indicator differs from the indicator of the proportion of Indigenous people with access to their traditional lands (see section 9.4), within the functional and resilient families and communities strategic area for action. The indicator on access to traditional lands recognises that Indigenous people may have access to land that is not under Indigenous ownership or control.

There are various forms of tenure for Indigenous communal lands under various Commonwealth, State and Territory legislation, including reserves, leases, alienable freehold and inalienable freehold. The strongest (and most widespread) form of tenure of Indigenous land is inalienable freehold, which cannot be ‘alienated’ by selling or mortgaging it, so that continuing Indigenous ownership is protected.

Indigenous owned or controlled land is either held by Indigenous communities or held by governments on behalf of Indigenous people. Land held by Indigenous communities is usually owned by an Indigenous corporation, controlled by Indigenous people. Data on Indigenous landholdings by different forms of tenure are reported in tables 11A.5.1 and 11A.5.2. Pollack (2001) and the ILC (2001a–g) explain in some detail the legislative basis and government programs for Indigenous land ownership in each jurisdiction.

**Indigenous owned or controlled land**

The area and distribution of Indigenous owned or controlled land in Australia largely reflect the decisions of governments in the 1970s and 1980s, although some land has been granted more recently, for example, the ILC continues to purchase land for Indigenous people with income earned from the Aboriginal and Torres
Strait Islander Land Fund Account, which was established and funded by the Australian Government.

Figure 11.5.1 *Indigenous owned land as a proportion of the area of each geographic region, January 2005*

- Nationally, in 2005, Indigenous owned or controlled land comprised 15.9 per cent of the area of Australia (figure 11.5.1).
- Indigenous owned or controlled land comprised 21.4 per cent of the land area of very remote Australia in 2005, but 0.1 per cent of the area of inner regional areas and 0.2 per cent of the area of major cities.
- Nearly all (98.6 per cent) Indigenous owned or controlled land is in very remote areas of Australia (table 11A.5.2).
- The bulk of Indigenous owned or controlled land is in the NT (49.2 per cent), WA (29.7 per cent) and SA (16.6 per cent) (table 11A.5.1).
- Indigenous owned or controlled land makes up 44.6 per cent of the NT but less than 0.1 per cent of the area of Victoria and the ACT (table 11A.5.1).
- It is not possible to examine changes in the areas or proportions of Indigenous owned or controlled land since the 2003 Report because corrections to data within the ILC database mean that apparent changes over time may reflect improvements in data quality rather than changes in underlying land areas.
Determinations of native title

The majority of native title applications that have been lodged by Indigenous people are yet to be determined by the Federal Court of Australia.

The type of native title rights recognised in a determination of native title varies according to both the rights and interests under the relevant group’s traditional laws and customs, and the extent to which a government has created or asserted rights that are inconsistent with any claimed native title right. Over time, the courts interpret whether particular acts concerning the land have the effect of extinguishing native title in full or in part. The courts have determined, for example, that granting of freehold title completely extinguishes native title on that land. On the other hand, when a pastoral lease does not give a lessee exclusive possession, native title is only partially extinguished (for further information, see NNTT (2002a, 2003)).

Data are not readily available to compare areas with native title giving exclusive possession of land with areas where native title may have been partially extinguished.

Figure 11.5.2 Determinations that native title exists\textsuperscript{a, b, c, d, e}

\begin{figure}[h]
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\caption{Determinations that native title exists\textsuperscript{a, b, c, d, e}}
\end{figure}

\begin{itemize}
\item In June 2004, native title had been determined to exist in full or in part in 4.7 per cent of the total area of Australia, compared with 4.6 per cent in June 2003
\end{itemize}

\textsuperscript{a} At 30 June. \textsuperscript{b} Areas are based on the geographic extent of the determination area as per the court’s decision. Parts of these determinations may not be included on the National Native Title Register at this time. Where native title has been extinguished within a determination area and it has been possible to map these areas then they have been included in the calculations. \textsuperscript{c} Area for SA includes areas subject to appeal. \textsuperscript{d} Total land areas of states and territories include islands adjacent to the mainland — figures sourced by the NNTT from Geoscience Australia. \textsuperscript{e} Australian total includes Jervis Bay Territory and Commonwealth waters where determinations of native title have been made.

\textit{Source:} NNTT (unpublished); tables 11A.5.3 and 11A.5.5.
The national increase was around 6800 km², with nearly all the increase occurring in Queensland and the NT.

- In 2004, native title had been determined to exist in full or in part in 13.2 per cent of WA but there had been no determinations that native title exists in Victoria, SA, Tasmania or the ACT.

- Most land where native title had been determined to exist in full or in part in 2004 was in very remote areas (99.8 per cent). Native title had been found to exist in 6.4 per cent of land in very remote areas (table 11A.5.4). Table 11A.5.6 shows comparative data on determinations of native title in 2003.

- Tables 11A.5.11, 11A.5.12 and 11A.5.15 show maps of determinations of native title by State/Territory and geographic region.

**Indigenous land use agreements**

Indigenous land use agreements are voluntary agreements about the use and management of land, made between a native title group and other people. Provisions for Indigenous land use agreements were created as a result of amendments to the *Native Title Act 1993* in 1998. Entering into a voluntary agreement avoids the costs and protracted time involved in native title cases contested in the courts. Negotiating voluntary agreements can also require significant resources but usually substantially less than those required for litigation. Hooke (2004) has outlined some of the costs incurred by mining companies in meeting their own costs (and often those of the native title representative bodies representing Indigenous claimants) in negotiating agreements.

**Figure 11.5.3 Number of Indigenous Land Use Agreements**

![Number of Indigenous Land Use Agreements](image_url)

- At 30 June.
- *Source:* NNTT (unpublished); tables 11A.5.7 and 11A.5.9.
The number of registered ILUAs increased from 84 in June 2003 to 130 in June 2004 (figure 11.5.3). Over this same period the area of land subject to ILUAs grew from 239 000 km² to 366 000 km².

In 2004, most of the ILUAs were in Queensland (78) and the NT (33). Other states and territories had small numbers, except for Tasmania and the ACT, which had none.

In 2004, more than half (52.6 per cent) the area of land subject to ILUAs was in Queensland (table 11A.5.7).

Most (91.4 per cent) of the area of land subject to ILUAs in 2004 was in remote and very remote areas (table 11A.5.8).

Figure 11.5.4 and tables 11A.5.13, 11A.5.14 and 11A.5.16 contain maps showing the areas subject to registered ILUAs.

Figure 11.5.4 Registered Indigenous Land Use Agreements by geographic region

Source: NNTT (unpublished); table 11A.5.14.
11.6 Accredited training in leadership, finance or management

Governance is generally seen as a critical issue for capacity development but there are few quantitative data available. This indicator is a proxy indicator of the capacity to govern using data on participation in particular types of training courses. It complements the indicator ‘Case studies in governance arrangements’ which is reported in section 11.7. Training in the fields reported here is a significant component of the capacity building and leadership aspects of governance reported in more detail in section 11.7.

The House of Representatives inquiry into capacity building and service delivery in Indigenous communities acknowledged the argument for “building governance training and monitoring into the design and delivery of every major funding program” (HOR 2004).

While other forms of training are equally valuable, training in the area of leadership, finance or management may provide those who trained in these areas with an understanding of management, governance and the Australian business and government environment. Such training may also be beneficial in enabling Indigenous people to function successfully in both Indigenous and non-Indigenous environments. For the purpose of this indicator, this type of training is represented by the fields of management and commerce, business law, and economics and econometrics.1

Box 11.6.1  Key message

In 2003, lower proportions of Indigenous than non-Indigenous university students (9 per cent and 24 per cent, respectively) and TAFE students (39 per cent and 45 per cent) were studying management, commerce, business law or economics (figures 11.6.1 and 11.6.3).

The focus of this indicator is on accredited training, however, Indigenous people may also undertake non-accredited training in leadership, finance or management, from which they may learn useful skills. A number of universities, colleges and other organisations run courses for Indigenous people on Indigenous leadership. For example, the Australian Institute of Aboriginal and Torres Strait Islander Studies has an Australian Indigenous Leadership Centre which runs two courses. The first is a certificate level course which involved a one week residential in the city or

1 Based on the ABS Australian Standard Classification of Education.
regional locations. It is intended for Indigenous men and women in Indigenous communities who are active in community affairs.

The second is a specialised diploma level course to support leaders aspiring to regional leadership. It is intended for high skilled people who are seen as leaders in their communities. It is anticipated that future reports will contain information about other similar courses and, where possible, graduate outcomes.

This indicator does not report on the overall participation of Indigenous people in post-secondary education, which is covered in section 3.4, ‘Post secondary education — participation and attainment’. Section 3.4 shows that Indigenous people are much less likely than non-Indigenous people to be studying at universities but more likely than non-Indigenous people to be studying at other types of colleges (including colleges of Technical and Further Education (TAFE)).

Figure 11.6.1 Proportion of university students studying management or commerce, business law, economics or econometrics, 2003\textsuperscript{a, b}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure11.6.1.png}
\caption{Proportion of university students studying management or commerce, business law, economics or econometrics, 2003\textsuperscript{a, b}}
\end{figure}

\textsuperscript{a} Management, commerce, business law, economics and econometrics defined as field of education codes, 08,090901, and 0919, from the ABS Australian Standard Classification of Education. \textsuperscript{b} Multi-State refers to the Australian Catholic University.

Source: DEST Higher Education Student Collection (unpublished); tables 11A.6.1 and 11A.6.4.

- In 2003, 9.4 per cent of Indigenous university students were enrolled in courses in management, commerce, business law and economics (including econometrics) compared with 23.8 per cent of non-Indigenous university students (figure 11.6.1).

- A lower proportion of Indigenous university students than non-Indigenous students were enrolled in courses in management, commerce, business law and economics in all states and territories.
• There were 843 Indigenous university students enrolled in courses in management, commerce, business law and economics in 2003 compared with 164,060 non-Indigenous students. Indigenous students comprised 0.5 per cent of students studying management, commerce, business law and economics. Indigenous university students comprised 1.2 per cent of students in all courses (table 11A.6.1).

• The proportion of Indigenous university students enrolled in management, commerce, business law and economics in 2003 was highest in major cities (11.0 per cent, 456 students) and lowest in very remote areas (5.8 per cent, 37 students) (table 11A.6.2).2

Figure 11.6.2 Proportion of Indigenous university students studying management or commerce, business law, economics or econometrics, by sex, 2003a, b

![Chart showing proportion of Indigenous university students studying management or commerce, business law, economics or econometrics, by sex, 2003](chart.png)

- Male
- Female

NSW Victoria Queensland WA SA Tasmania ACT NT Multi-State Total

<table>
<thead>
<tr>
<th>Per cent</th>
<th>0</th>
<th>20</th>
<th>40</th>
<th>60</th>
<th>80</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a Management, commerce, business law, economics and econometrics defined as field of education codes, 08,090901, and 0919, from the ABS Australian Standard Classification of Education. b Multi-State refers to the Australian Catholic University.

Source: DEST Higher Education Student Collection (unpublished); tables 11A.6.1 and 11A.6.4.

• In 2003, there was a higher proportion of male (11.3 per cent) than female (8.3 per cent) Indigenous university students studying management, commerce, business law and economics (figure 11.6.2).

• The number of Indigenous university students studying management, commerce, business law and economics increased by 4.2 per cent from 809 to 843 between 2002 and 2003. Over the same period the number of non-Indigenous university

2 Allocation of students to geographic regions was done using the postcode of the student’s home address.
students studying management, commerce, business law and economics increased by 4.8 per cent from 156 556 to 164 060 (table 11A.6.1).

Figure 11.6.3 Proportion of TAFE students studying management or commerce, business law, economics or econometrics, 2003

- In 2003, 38.9 per cent of Indigenous TAFE students were studying management, commerce, business law or economics compared with 44.8 per cent of non-Indigenous students (figure 11.6.3).
- A lower proportion of Indigenous than non-Indigenous TAFE students were studying management, commerce, business law or economics in all states and territories except in Queensland and the ACT.
- A higher proportion of Indigenous TAFE students were studying management, commerce, business law or economics in major cities (42.8 per cent) than in inner regional, outer regional or remote areas (between 36.2 and 37.3 per cent) (tables 11A.6.2 and 11A.6.5).³

³ Allocation of students to geographic regions was done using the postcode of the student’s home address.
In 2003 nationally, there was a higher proportion of female (46.9 per cent) than male (32.0 per cent) Indigenous TAFE students studying management, commerce, business law and economics (figure 11.6.4).

**Figure 11.6.4 Proportion of Indigenous TAFE students studying management or commerce, business law, economics or econometrics, by sex, 2003**

![Proportion of Indigenous TAFE students studying management or commerce, business law, economics or econometrics, by sex, 2003](image)

**Source:** NCVER (unpublished); tables 11A.6.1 and 11A.6.4.

In 2003 nationally, there was a higher proportion of female (46.9 per cent) than male (32.0 per cent) Indigenous TAFE students studying management, commerce, business law and economics (figure 11.6.4).

**Figure 11.6.5 Proportion of Indigenous TAFE students studying management or commerce, business law, economics or econometrics, 2002 and 2003**

![Proportion of Indigenous TAFE students studying management or commerce, business law, economics or econometrics, 2002 and 2003](image)

**Source:** NCVER (unpublished); tables 11A.6.1 and 11A.6.4.

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11.34 OVERCOMING INDIGENOUS DISADVANTAGE 2005
The proportion of Indigenous TAFE students studying management, commerce, business law and economics was similar in 2002 (38.7 per cent) and 2003 (38.9 per cent) with increases in some states and territories and decreases in others. A longer time series would be necessary to identify any underlying trends.

The number of Indigenous TAFE students studying management, commerce, business law and economics was similar in 2002 (23 775) and 2003 (23 349) as was the number of non-Indigenous students studying in these fields — 601 119 in 2002 and 602 317 in 2003 (table 11A.6.1).

Information on the ages of Indigenous and non-Indigenous students studying management, commerce, business law and economics is included in tables 11A.6.3 and 11A.6.6.

Data from the National Centre for Vocational Education Research on the number of students who are enrolled in certificate and diploma courses in business (governance) and local government (governance and administration) is another indicator of the capacity to govern. Training in local government is particularly relevant for discrete Indigenous communities where Indigenous people and organisations perform many or all of the functions of local government (either as formal local government entities or more informally).

Table 11.6.1 Number of students in selected courses (governance), by Indigenous status, Australia, 2003

<table>
<thead>
<tr>
<th>Training Package</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
<th>Unknown</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGA60100 - Advanced Diploma of Local Government</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>LGA10100 - Certificate I in Local Government Governance (Governance and Administration)</td>
<td>1</td>
<td>26</td>
<td>4</td>
<td>31</td>
</tr>
<tr>
<td>LGA20100 - Certificate II in Local Government Governance (Governance and Administration)</td>
<td>193</td>
<td>72</td>
<td>51</td>
<td>316</td>
</tr>
<tr>
<td>LGA30100 - Certificate III in Local Government Governance (Governance and Administration)</td>
<td>11</td>
<td>112</td>
<td>43</td>
<td>166</td>
</tr>
<tr>
<td>BSB40901 - Certificate IV in Business Governance</td>
<td>122</td>
<td>26</td>
<td>62</td>
<td>210</td>
</tr>
<tr>
<td>LGA40100 - Certificate IV in Local Government Governance (Governance and Administration)</td>
<td>2</td>
<td>209</td>
<td>52</td>
<td>263</td>
</tr>
<tr>
<td>BSB50901 - Diploma of Business (Governance)</td>
<td>26</td>
<td>1</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>LGA50100 - Diploma of Local Government Governance</td>
<td>2</td>
<td>65</td>
<td>31</td>
<td>98</td>
</tr>
<tr>
<td>Courses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51137 - Certificate II in Introduction to Community Governance</td>
<td>145</td>
<td>55</td>
<td>32</td>
<td>232</td>
</tr>
<tr>
<td>51138 - Certificate III in Community Governance Support</td>
<td>1</td>
<td>39</td>
<td>24</td>
<td>64</td>
</tr>
</tbody>
</table>

Source: NCVER (unpublished); table 11A.6.7.
Table 11.6.1 shows that the participation of Indigenous students in some of these courses is significantly higher than that of non-Indigenous students (although only a few hundred students nationally are enrolled in such courses).

11.7 Case studies in governance arrangements

In the 2003 Report, it was noted that a potential source of future case studies would be the collaborative research project on Indigenous governance. This project is being jointly undertaken by the Centre for Aboriginal Economic Policy Research (CAEPR), and Reconciliation Australia in partnership with the Northern Territory and Western Australian governments. While the project has not completed any case studies as yet, it has produced an Annual Report, which provides some useful background on the project’s research so far, including some of the characteristics that are intrinsic to Indigenous governance. The project has adopted a preliminary operational definition of governance:

in which the practice of governance at the local level is deemed to be concerned with the dynamic processes, relationships, institutions and structures by which a group, community or society organise themselves to represent and negotiate their rights and interests, and make decisions about:

- how they are constituted as a group — i.e. who are ‘they’; who is the ‘self’ in self-government
- how they manage their affairs and negotiate with outsiders
- who has authority within their group, and over what
- what their agreed rules are to ensure that authority is exercised properly
- who enforces the decisions they make
- how their decision-makers are held accountable
- what are the most effective arrangements for achieving their goals (CAEPR and RA 2004).

For the purposes of this Report, the above definition has been adopted.

Since publishing the first Report in 2003, we have consulted further with Indigenous organisations and governments to arrive at a framework for reporting case studies.

The term ‘governance’ is of course not only applicable to Indigenous communities and organisations. It is widely used in discussing the management and operation of commercial firms and government organisations. In the Indigenous context, however, our consultations have highlighted that culture has a very significant place. In its various dimensions, culture will define the nature of how governance
arrangements are arrived at and how they operate. This is borne out in the two case studies at the end of this section.

Another clear message from the consultations is that there is widespread agreement that good governance arrangements will have a positive impact on Indigenous outcomes. Furthermore, it is likely that no two sets of arrangements are likely to be the same — each community and organisation will have characteristics that are unique to themselves. Nevertheless, based on consultations with Indigenous people and other experts from a variety of organisations and communities, there are some characteristics which can be identified as key determinants which are essential to the achievement of good governance. They are: governing institutions, leadership, self-determination, capacity building and cultural match. These principles are interdependent — no one principle in isolation would be enough to lead to good governance arrangements.

Furthermore, in some respects they overlap. For example, some of the characteristics of ‘self-determination’ are also found in ‘cultural match’ and so on.

Indigenous people who participated in the workshops on governance indicated their agreement with these broad principles as ones that could have universal application while allowing for the unique cultures of different organisations and communities.

**Governing institutions**

Indigenous community organisations operate within a web of Australian, State, Territory and local government policies, institutions, boundaries and frameworks. They deal with a multiplicity of departments and funding arrangements. These institutional arrangements can facilitate or impede good governance arrangements.

From a broad perspective, greater representation and participation of Indigenous people at all levels of government would enhance responsiveness and legitimacy at the national level. Benefits might be seen in a number of ways, including the manner in which governments develop legislation, design and deliver programs for Indigenous people, and develop and implement appropriate regional governance structures.

Functional Indigenous organisations and communities will largely depend on the extent to which Indigenous people exert control over decision-making — the system under which they operate will largely determine the extent to which this can be achieved. Whereas a number of initiatives are in place that are adapted to the needs and circumstances of particular communities or organisations, these initiatives are
peripheral to the wider systemic issues. Yet they illustrate principles of Indigenous governance which could be extended.

At the community and organisation level, some of the key characteristics of governing institutions are:

- the vision, values, and goals of the institution, and the structures, processes and programs designed to achieve them
- institutional arrangements, including resources such as economic and technical infrastructure, and human resources which enable good governance and the capacity to deliver core business
- legitimacy and authority of those with decision-making power; and accountability of those in positions of responsibility to be transparent about their decision-making, administration and activities
- relationships with Federal and State governments (and in some cases, local governments and/or private sector) and the extent to which there is agreement over autonomy and decision-making
- sound dispute resolution processes which provide fair and effective means of resolving disputes
- strategic thinking — which encompasses a ‘systematic examination not only of assets and opportunities but of priorities and concerns’
- funding arrangements which allow for long-term planning and certainty.

**Leadership**

Leadership has been described as ‘the process through which an individual influences group members to attain group or organisational goals’ (Smillie and Haily 2001). In his 1998 Williamson Community Leadership Program lecture, Patrick Dodson said:

> For Aboriginal leaders, the social and moral obligation that comes with community leadership is life-long. Those who lead, who have authority, must care for and look after those who come behind.

> Leadership is an elusive concept, hard to describe and impossible to prescribe. It is more evident in its absence, so that when leadership is needed, its lack is sorely felt. (Dodson 1998)

Broadly speaking, ‘leadership’ needs to be recognised in both the corporate governance and the community governance contexts. It further needs to be recognised that different leadership models or styles are appropriate for different
community organisations. In that sense, the characteristics outlined below are broad and are not necessarily mutually exclusive.

Leadership is at the heart of community governance and ultimately corporate governance. Formal education is not necessarily an aspect of community leadership. This type of leadership in Indigenous communities involves:

…people who contribute to the community, gain respect and act as role models. This type of leadership is for Indigenous communities to recognise, foster, promote and nurture. (HOR 2004:141)

It is important that Indigenous leaders have demonstrated these attributes at the community level before they can be successful in leading more formal organisations. At the corporate leadership level, most if not all of the following characteristics will be largely dependent upon the level of leadership training and capacity building that has occurred. This list is not exhaustive and there are many more aspects of leadership that also would be desirable in given circumstances.4

- Accountability and administration
- Communication, consultation and representation
- Negotiation, mediation and conflict resolution
- Interacting with authorities at all levels of government
- Integrity
- Strategic policy and evaluation skills
- Cross cultural awareness

Self-determination

Self-determination encompasses a range of issues from human rights and representation to customary law, economic development and land. It is about exploring Indigenous political aspirations and asking, ‘what is it that Indigenous people need?’ (Behrendt 2003). Within that broad meaning, it also has application to governance. The idea of self-determination is intimately linked with that of a people or political community having a right and ability to determine its own priorities and design its own instruments of governance. In this context, it is necessary to differentiate between self-determination and sovereignty (Behrendt 2003).

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4 These characteristics were derived from the content of the Certificate in Leadership program conducted by the Australian Indigenous Leadership Centre.
Noel Pearson make a clear connection between leadership and self-determination:

…the right to Indigenous self-determination, if properly understood is about the right to take responsibility. Self-determination had long been the official nostrum of Indigenous policy but its interpretation in Australian policy was largely confined to its dimension as a legal, political or philosophical right in itself.....It should have been conceived as being about the mundane issue of assuming responsibility for confronting and resolving problems in the daily life of families in communities. (Pearson 2003)

Decision-making models have tended to operate on a centralist policy and ‘service delivery’ approach, rather than devolving decision-making power as much as possible to the community level, and thereby extending the scope of Indigenous power and control over their lives. It may be that a model which contained elements of both approaches would be the most beneficial.

Governance arrangements will vary considerably from one community to another and from one organisation to another. Insofar as there are variations, the following characteristics of self-determination in the governance context would appear to be generally relevant:

- participation and control of decision-making in ways which are culturally legitimate
- capacity for the community to participate actively in the institutions of the community
- development of programs that meet the needs of specific communities, for example, community courts, community policing and Indigenous schools
- flexible funding arrangements that facilitate (and not hinder) the development of appropriate programs at the community level.

**Capacity building**

The Ministerial Council on Aboriginal and Torres Strait Islander Affairs defined capacity as follows:

The knowledge, ability and commitment for individuals, families and organisations to:

- maintain their cultural identity
- interact confidently and effectively with the dominant Australian society
- identify goals
- determine strategies to achieve goals
- work effectively with government and the private sector to access the resources necessary to implement these strategies. (HOR 2004)
It is important to emphasise that capacity building is different from approaches to training or organisational development. It is more holistic, being concerned with the relationships and systems within organisations and functional families and communities. It is about processes of systemic change.

While there is no universally agreed definition of capacity building, the approach being taken in this Report reflects perspectives from a number of people and organisations which are logically consistent and useful for the purposes of this framework. The House of Representatives Inquiry was supportive of the dual public management and community development approaches (HOR 2004).

The public management approach emphasises the need to develop a community’s governance, administration, managerial and leadership structures and skills in order to meet accountability requirements (Gerritson 2001).

The community development approach is concerned with the empowerment of communities so that they can participate in their own policy-making and implementation, in the development of their own effective and culturally informed governance structures, and in developing the skills to take effective responsibility and control over their own issues and futures (Gerritson 2001).

The Department of Family and Community Services has identified the following four elements of community capacity:

- **Commitment**: the community-wide will to act, based on a shared awareness of problems, opportunities and workable solutions
- **Resources**: Financial, natural and human assets and the means to deploy them intelligently and fairly
- **Knowledge**: Having the information or guidelines that will ensure the best use of these resources
- **Skills**: Including the talents, expertise and governance structures and process of individuals and organisations that can be drawn upon to address problems and capitalise on opportunities. (HOR 2004)

The above approaches present various dimensions of capacity building that are broad enough to enable some flexibility in looking at capacity building in different circumstances and communities.

**Cultural match**

The Governance project has identified ‘cultural match’ as an issue that needs to be investigated in terms of its relevance in Australia. Culture match, according to the project is not about ‘cultural appropriateness’. ‘It refers to the degree of “common
ground’’ that can be achieved between the types of governing structures and procedures a group want to develop, and the culturally-based standards and values of its members’. (CAEPR and RA 2004, p. 5)

It is not an appeal to tradition; it is an appeal for legitimacy….In some cases, this may mean Indigenous communities have to rethink their ideas of how to govern and invent new ways that better meet their need. (Cornell and Begay 2003)

Organisations with cultural match would have arrangements that:

- embody values that Indigenous people feel are important
- reflect their contemporary conceptions of how authority should be organised and exercised
- are generated through Indigenous efforts
- have the support of those they govern.

While these elements are important for achieving legitimacy with Indigenous people, it is also essential that the organisation works and that it is able to achieve its objectives. ‘What matters is not that things be done in the old ways. It is that things are done in ways — old or new — that win the support, participation, and trust of the people, and get things done. Some will be old. Some will be new’ (Cornell and Begay 2003).

The following two case studies are set out using the above five categories as a reporting framework. Both have involved consultation with the organisations who have provided material for them, along with comments and suggestions.

**Thamarrurr Regional Council**

The first case study was chosen because it represents an example of a community governance structure that was established over a period of time and which has strong support from its community. It represents an example of a successful collaboration between Indigenous people living in a remote community and the three tiers of government (Federal, Territory and local), to establish a functional regional council.

In March 2004, the Chairman of the Steering Committee visited the Wadeye community to consult with the Thamarrurr Council. Much of what follows flows from the record of that meeting. In addition, the Thamarrurr Council has provided material which has been used extensively throughout this case study, and further information has been provided by Bill Ivory, researcher with the Centre for Aboriginal Economic Policy Research and Reconciliation Australia project.
The region

The ‘region’ (in the broader sense) has services provided by the Thamarrurr Community Government Council and is often referred to as Port Keats. The main town is Wadeye, which is situated 240 kilometres southwest of Darwin and is surrounded by 20 outstations in an area of around 3000 square kilometres. The land is Aboriginal-owned through the Aboriginal Land Rights (Northern Territory) Act, 1976.

Thamarrurr is an isolated community in the Northern Territory, cut off by road for about five months of the year during the wet season. The main access road is mostly gravel, which is subject to deterioration (depending on the availability of government funding for maintenance). When the road is cut, the only option for travel to larger towns is by air, and goods are delivered by barge from Darwin. Both options are substantially more expensive than road transport.

The community

There are 20 clan groups within the Thamarrurr region, and within these groups there are 68 extended family groups which vary in size. Ceremonial groupings define another layer of structure, with each group reliant on others for the performance of ritual obligations. Land ownership and the central place of the extended family and their associated dynamics underlie most relationships and many activities in the community.

The total service population of Thamarrurr is 2373 (Taylor 2004). About 260 people reside on the outstations. By 2023, according to Taylor’s projections, the total population, using current birth rates, will be 3833. This represents an increase of 88 per cent (Taylor 2004). Almost half of the population (46 per cent) is less than 15 years of age.

History

In 1935, a Catholic mission was established on the coast near Port Keats, and shifted three years later to the present site of Wadeye. Before then, the region had been considered hostile to outsiders. For the next fifty years, the mission had a profound influence on the lives of the community’s people, and strong relationships with the Catholic Church endure.

The mission superintendent was the major decision-maker for the community. Gradually, the clan leaders lost their authority and ability to govern a centralised
multi-clan community. During this mission (or superintendent) era, people from other clan areas came to Wadeye to share in the services that were provided, particularly education and health. While these people were considered visitors in the true sense of the word, they could not participate in the decision making process. Various methods of western style governance were attempted from the early 1960s onwards and led to the disenfranchisement of many of the clan groups in the community.

By the 1990s, it had become apparent that a better system, which reflected the interests of all the clan groups, was needed. It was perceived that this new system would share the decision making and the responsibility, particularly when there was conflict over certain issues.

The establishment of the Thamarrurr Council was the product of a process that began in 1994, after the economic and political collapse of the previous Kardu Numida Council. The process culminated in a series of workshops and consultations sponsored by the Northern Territory Government. Their purpose was to ‘explore and give form to a governance structure that could provide both a legal representation of government functions as required by the contemporary world while reasserting and enabling customary residential rights, albeit in a contemporary form’ (Taylor 2004, p. 9). The workshops covered a range of topics, including the Australian Constitution, Australian and Northern Territory legislation, the roles and responsibilities of government entities such as Centrelink, along with business planning, administration and marketing.

**Governing institutions**

One of Thamarrurr’s visions is to ‘give every kid a chance’. On 19 March 2003, the Administrator of the Northern Territory Government approved the formal establishment of the Thamarrurr Council. Thamarrurr is a form of traditional governance and co-operation that existed for many hundreds of years in the past, and re-emerged in about 1996. Thamarrurr means all of the land-owning groups gathering together to agree on a decision. The local people stress that it is not important for whitefellas to understand how Thamarrurr works.

A few days later on the 21 March, the new Council entered into a partnership agreement with the Australian and Northern Territory governments as the Northern Territory COAG Indigenous Communities Coordination Pilots trial site. The purpose of the *Sharing Responsibility Agreement* was to improve the way governments work with the community through less duplication, more cooperation between governments and the local community, and better health, education and other key services. According to the NT Chief Minister, Clare Martin:
In what is a first for the Northern Territory — and I believe the nation — the constitution of Thamarrurr blends customary decision-making and governance with the principles that guide the western democratic system. (Martin 2003)

When asked whether there are any barriers to governance in Wadeye, members of the Council cited lack of knowledge and understanding. They were positive about the ability of the Council to operate well because there had been such extensive consultation about its establishment and the 40 people on the Council — two from each of the clan groups — were all equal irrespective of which group they were representing. They noted that 78 people had signed the Agreement representing all of the clans and all generations ‘so it lasts’. The government signatories were the NT Chief Minister and the Australian Government’s then Minister for Family and Community Services, Senator Amanda Vanstone.

One of the keys to the success of Thamarrurr lies in the time that was given to ensuring its relevance to the Indigenous people in the area.

**Leadership**

In the Wadeye context, there is a strong relationship between traditional leadership and ‘modern’ leadership, insofar as traditional elders provide support and guidance to the emergent ‘modern’ leaders. It is the combination of these different aspects of leadership which has been integral to success.

In terms of leadership as defined earlier in this chapter, Thamarrurr is an example of an organisation where people making decisions have a vision to change things for the wider good; and the ability to mobilise others to achieve better outcomes, especially in education.

The Council has undertaken a number of initiatives to improve leadership within the community. A school leadership group was formed with a view to educating parents about the value and importance of ensuring that children attend school.

From the Council’s perspective, it was all about working together with the Northern Territory Government. The Government’s cooperation was sought in enforcing the truancy provisions of the Child Welfare Act. Where previously the school had been run by non-Indigenous people, in 2001 Indigenous people became involved with leadership in the school. This was a community led initiative. Some of the strategies they put in place were; pinpointing problem areas, having separate classes for bad attendees, and establishing a ‘strong peoples centre’ where difficult or naughty children would be sent so other children would have quality time with the teacher. By 2004, school enrolment had increased dramatically, to the extent that facilities available were insufficient.
Substance abuse has been a major factor in the incidence of crime and violence in the Wadeye community. To address petrol sniffing within the community, the elders made a decision that Avgas would replace normal petrol; and to address alcohol abuse and domestic and community violence, it was decided to make Wadeye a dry area. It would not have been possible earlier for the community to make this decision because it was not a council under the Local Government Act (and therefore could not enact by-laws).

While petrol sniffing is no longer a major problem in Wadeye, marijuana is still a problem. From the Council’s perspective, substance abuse and crime are symptoms of a wider socioeconomic problem. Its approach is to address the underlying issues such as education, economic development and employment.

**Self-determination**

*Maintaining Thamarrurr as being first and foremost for people. Maintaining closeness to the needs and aspirations of people is the foundation of Thamarrurr Regional Council. Failure to maintain this closeness will render Thamarrurr ‘just another whitefeller thing’.* (TRC 2005)

For the people of Wadeye, the past sixty years has seen a growing dislocation between the old and the young; between family groups and landowning groups; between a traditional lifestyle and a lifestyle shaped by contemporary technological advances; between an economic system grounded in mutual familial obligations and one commensurate with a common rate of exchange and legal tender; between traditional political structures that are hereditary and autocratic in nature and contemporary political structures that are, in principle, democratic and egalitarian (TRC 2005).

This dislocation has resulted in people growing less responsible for their lives while hearing the increasing call by government for the people to take a greater role in the direction of their lives.

For the people of Wadeye, the re-emergence of Thamarrurr is their discovering of their right to participate in the process of governance; their exercise of freedom; and their role in the decision-making processes that have their genesis in their history and culture (TRC 2005).

Thamarrurr Regional Council represents the traditional and contemporary merged structure of governance and has provided stability and leadership in many areas. Thamarrurr addresses issues through its policy of normalisation, which aims to deliver the resources and information needed for its people to participate as Australian citizens in the same level of services enjoyed by other citizens of
Australia. In order to achieve that goal, however, significant additional resources would be required, for example, $2.2 million in education alone (Taylor and Stanley 2005).

Following are some of the initiatives that Thamarrurr has arrived at through its process of self-determination:

- responsibility for the delivery of government services, housing and infrastructure development to the Wadeye township and surrounding homelands
- development of key strategic documentation such as business plans
- councillors, residents and staff analyse and respond to the needs of people as they adapt to a changing environment driven by Commonwealth and Territory legislation
- provision of leadership and resources for the people of Thamarrurr to gain greater understanding of their role within a contemporary society and their rights and responsibilities as citizens of Australia
- identification of areas of organisational reform such as establishment of Thamarrurr Development Corporation and a community education information centre
- ongoing evaluation and development of the Thamarrurr Council
- development of a land use agreement through the Northern Land Council with the Land Trust and local land owners (TRC 2005).

**Capacity building**

The support of the NT Government in the development of the Thamarrurr Council and its way of functioning — to empower the community and their capacity to participate in policy-making and implementation — has been a crucial factor in their joint efforts to build capacity in the community.

The Council is attempting to build the capacity of the young people in the community in a number of ways. The primary focus at the moment is on education. During 2004, in conjunction with the school, trial leadership development workshops were conducted with young school men aged 11–14. The lessons and ideas generated from these trials will gradually be incorporated into the mainstream curriculum of the school. The various levels of leadership, including the senior men and women, will be involved in further developing and conducting these activities.

Capacity is also to be developed through mentoring processes, including in areas such as resource management, construction, administration and small business.
The Thamarrurr Regional Council, supported in its day to day operations by Group Training (NT), will oversight training and enterprise development activities. The aim of this initiative is to support current and future employees (and trainees coming out of the educational process) with work experience, employment, training and formal qualifications.

The Council has also held a number of workshops aimed at increasing the knowledge and skills of the community. Their purpose is to gain the necessary intellectual awareness of contemporary legislation, business principles and administration, to ensure the organisation can achieve its aims and objectives.

**Cultural match**

Wadeye was a community with all the hallmarks of being dysfunctional. Confronted by the need to find new ways of self-governance, the Thamarrurr Council emerged. Many changes for the better can already be seen.

This solution to a governance crisis was based on existing customary/traditional structures and therefore has legitimacy. ‘They have decided this is the right way. That’s cultural match’ (Begay and Cornell 2003).

We keep the good and hard blackfella rule — for example the young boys must listen to the old men and the young girls must listen to the old women. Whatever the Council says, we have to obey that law because if we don’t we get into trouble. (Wadeye Council 2004)

The Thamarrurr Regional Council has married cultural legitimacy with contemporary western governance practices and continues to receive support from the community. However, it is a new governance structure which is working in very demanding and complex circumstances, and will require continued support.
Box 11.7.1 Outcomes

- A legitimate, culturally relevant system of governance has developed which is workable over a region of around 3 000 square km.
- Thamarrurr has provided an accountable platform to develop social and economic development programs.
- Council meeting attendance and involvement by local people in community decision making is at a high and intensive level.
- The perception in the community that Thamarrurr is going somewhere has resulted in many people committing themselves in the wider sense, for example, sending their children to school (increase in attendance by about 200 children in 2005 from 2004).
- The marriage of Thamarrurr and COAG has meant that:
  - funding has become available to do more than the basic roads and waste management type of work that councils usually provide in the NT
  - expertise is available in a wider form from NT and Australian governments
  - there is a move towards the ‘central funding’ model whereby governments look at longer term objectives, for example, in health, education and economic progress.

Koorie Heritage Trust

The second case study, the Koorie Heritage Trust was chosen because it represents an example of an organisation of long standing that has developed a governance structure which has served the Indigenous community well in a number of ways. It is an organisation that has continued to grow and diversify while maintaining high levels of accountability to both the Indigenous community and government.

History

Across Victoria at one time there were 38 Indigenous language groups and approximately 150 dialects. Many people needed to speak up to five languages as they traversed the countryside. Some of the original languages and many of the stories have been retained.

Stories covering every aspect of life were passed from generation to generation prior to European settlement. As circumstances changed, new stories were added to

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5 Koorie (also spelt Koori) is a word used by many Aboriginal people from south eastern Australia to describe themselves.
the body of oral history. Many of those stories are still passed on through oral traditions. They are often expressed through art and craft, or they are written as children’s books.

The Koorie Heritage Trust arose out of a series of court cases about the way museums and auction houses sell and handle Aboriginal materials. Its purpose is to ‘protect, preserve and promote the living culture of the Indigenous people of south-eastern Australia’ (KHT undated).

**Background**

The Koorie Heritage Trust was established in 1985 and aims to protect, preserve and promote the living culture of the Indigenous people of south-eastern Australia.

The main programs/activities include:

- a cultural centre comprising
  - gallery spaces for emerging and established Koorie artists
  - a permanent exhibition tracing the history of Koorie people
  - a gift shop
  - a resource library
- an oral history unit, which records Koorie culture and provides a family history service
- an education program (including cross cultural training for government agencies and programs for Indigenous young people).

Planned future directions include a focus on tourism and increasing visitor numbers to the cultural centre, with the aim of increasing income for the Trust and Aboriginal artists, as well as increasing awareness of, and respect for, Koorie art and culture.

The Trust was established following a series of court cases giving Koorie people some control over their ancestral material. The Trust was initially located at the Museum of Victoria, until the relocation of the Museum in 1997. It now operates from its own three story building in the centre of Melbourne.

The Trust employs 25 people, 80 per cent of whom are Indigenous. It has a turnover of $1.6 million a year.
While the organisation serves Indigenous people and advances their cultural and economic interests, in doing so its clientele (for the education programs especially) include non-Indigenous people.

**Governing institutions**

The Koorie Heritage Trust is incorporated under the Victorian *Associations Incorporation Act 1981*. It has a limited membership of 20, and a 20 member board comprising both Aboriginal and non-Aboriginal people. New Trust members and board members are selected by the board. The chair and a majority of the board members must be Aboriginal.

Board members are chosen both for their skills and for their relationships to Indigenous communities in regional and metropolitan areas. Board members come from regional Victoria as well as Melbourne. The majority are Indigenous with the actual number going up and down (but generally, at least 12 of the 20 are Indigenous). Some board members have been selected for their special skills in areas such as finance, the law or fundraising. Board members are unpaid.

Within the Trust there is a separation of broad policy direction and day-to-day management. The board meets monthly and focuses on the broad policy and direction of the Trust. Beneath the board is an executive committee comprising the chair, deputy chair, treasurer and secretary, which meets fortnightly with the chief executive officer (CEO). The executive committee focuses more on operational matters and supports the CEO.

The board is also assisted by a series of other committees:

- human resources committee (dealing with succession planning for the board and the appointment of the CEO)
- development committee (dealing with fundraising)
- audit and risk management committee
- committees for the trust’s major functions
  - oral history
  - curatorial
  - shop
  - education
  - research and ethics.
Most committees comprise one or two board members plus staff members and outside experts. For example, the audit committee comprises the chair, deputy chair, treasurer, CEO, auditor and a former senior financial officer from a major oil company. The shop committee includes the shop manager, shop finance officer and the head of a major retail chain.

The Trust has a comprehensive policy and procedures manual. The Board has a governance manual that guides its operations and also establishes a number of sub-committees of the Board and sets the terms of reference for these committees. The policy and procedures manual covers human resource issues, complaints and other matters. Each unit also has policies in relation to access and usage of materials that the Trust holds.

The connections between the Koorie Heritage Trust and local Koorie communities are managed via the personal and business relationships that board members and staff have with communities, community organisations and individuals (such as artists who exhibit and sell their work through the Trust). Because the Trust is a cultural keeping place, its linkages with the community go beyond simple business relationships.

In contrast to the Thamarrurr case study, the legitimacy of the Koorie Heritage Trust would appear to derive largely from its expertise, rather than from more traditional authority. That said, cultural heritage could not be managed in isolation from the community — connections with the community are essential. Along with the organisational structure of the Trust, its legitimacy is also derived from the support it receives from the community (without which it would not function successfully); and its accountability to the community.

**Funding**

While the Trust is selective in the programs and grants it pursues, managing government funding involves significant administrative and overhead costs, which increase with the frequency with which funding has to be applied for and reported on, and with the number of different grants to be administered. The ATSIS programs required annual funding applications, which are expected to continue under the new arrangements. The transfer of programs from ATSIS to other Australian Government agencies may increase the number of financial reports required, as they were previously included in just one report. The Trust currently has to prepare regular financial reports on 13 different grants.

One of the issues raised by the Trust, central to the organisation’s ability to function efficiently, was the annual funding processes involved in funding services, some of
which have been operating for a number of years. It was suggested that triennial grants procedures or, in some cases, the negotiation of service agreements with communities would be preferable to the requirement to resubmit applications annually. The Trust’s Chief Executive Officer pointed out:

The more paperwork required to submit for them, acquit them and report costs money – has to be paid somehow and as such increases the level of funds directed to administration and decreases the amount of funds available for direct delivery and thus achieving the Trust’s outcomes. It’s all about balance. I am all for accountability, but there needs to be a way of minimising the amount of money directed to administration to ensure that services are delivered where it counts. (Eades 2005)

The Koorie Heritage Trust has good relationships with Victorian and Australian Government agencies and is involved in several Victorian Government advisory committees; for example, developing a partnership with Arts Victoria and the Koorie Business Network, a signed Memorandum of Understanding (MOU) with Tourism Victoria and the State Library, and developing an MOU with the Public Records Office.

**Leadership**

The Koorie Heritage Trust was founded by Jim Berg, a Koorie man with a determination to protect, preserve and promote Koorie culture. He was supported by two non-Indigenous people who shared his vision, the late Ron Castan AM QC and Justice Ron Merkel.

The Trust continues to rely on committed skilled leadership on the board and in the CEO and staff. The human resources committee of the board focuses on succession planning for the board and the appointment of the CEO.

Board turnover is relatively low. Board members have no fixed term and continue for as long as they contribute to the development of the organisation. The Board tries to ensure that there is a gender balance amongst Board members and this is taken into account when appointing new members. Members are spread across age groups, although the focus recently has been to attract younger Board members to ensure continuity of trained and professional people to lead the Trust into the future.

**Self-determination**

The Koorie Heritage Trust differs from many Indigenous organisations, which often have a community membership base and are usually controlled by an Indigenous only board. Consequently, some Indigenous people would not see the Koorie
Heritage Trust as an Indigenous organisation, although they may acknowledge its operational and commercial success and the benefits it brings to Indigenous people.

The Trust sees itself as an Indigenous community organisation, albeit one that operates on a different governance model to some others. However, as the organisation has been functioning well and has been able to achieve its desired outcomes, the model is a proven one. The involvement of non-Indigenous people when necessary has been one of the factors in the Trust’s successful track record. As well as having valuable skills to share, the non-Indigenous Board members have increased the Trust’s networks within the broader community, which in turn have enabled the organisation’s objectives to be achieved.

The Koorie Heritage Trust has developed and follows a formal strategic plan in deciding the directions it will follow and the contracts and grants it will pursue. As an organisation, the Koorie Heritage Trust has sought to diversify its income base to ensure that it is able to follow its own strategic direction without being forced to set its direction at the whim of available funding.

The Trust generates about one third of its annual budget through private fund raising and sales. The remainder of its income is from government grants and contracts. Some activities and programs have received secure ongoing funding from the Victorian Government, other projects have been funded for three to four years. The Trust has also received funding from Aboriginal and Torres Strait Islander Services (ATSIS) for artist support, and preservation and protection of its cultural heritage collection, which since the abolition of ATSIS in July 2004 are now managed by the Commonwealth departments of Communications, Information Technology and the Arts, and Environment and Heritage, respectively.

**Capacity building**

The Trust maintains and improves its own capacity through succession planning for the board under the guidance of the human resources committee, the regular oversight of the CEO by the executive committee and the involvement of board members and outside experts alongside key staff on other committees.

The Trust also employs trainees in various staff positions, which not only equips them to do the work of the Trust, it also gives them skills they can use to find employment elsewhere.

Over the years, the Trust has engaged a large number of trainees. Most recently, five trainees have been engaged, all Indigenous. Some stay at the Trust and others
move on depending on the funding situation at a given time. On average, trainees represent one fifth of the Trust’s workforce.

**Cultural match**

‘Gnokan Danna Murra Kor-ki’— *Give me your hand my friend, and bridge the cultural gap*.6

The motto above expresses the Trust’s belief that through education and promotion, it can raise an awareness and appreciation of the diversity of Koorie culture in south-eastern Australia. The broader goal of reconciliation is pursued within the Trust by having Koories and non-Koories working together from the Board level down.

The Trust interacts directly with Victoria’s Koorie communities. For example, it purchases art from the communities for the Trust’s permanent collection and sale. The Trust discusses exhibitions that are to take place with the communities and produces a newsletter to which people submit their stories.

The Trust also holds many community functions on its premises in the Koorie Cultural Centre. The library is a resource for learning at all levels and supplies information to university students, school students, and researchers.

The Trust, in its efforts to preserve and promote Koorie heritage, embodies the values that are important to the preservation of Indigenous culture and learning. Its ongoing success would not be possible without the efforts, cooperation and support of Victoria’s Koorie population.

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6 This motto is a combination of two Koorie languages.
Box 11.7.2 Outcomes

From a governance perspective:

- The organisation has been functioning for 20 years with a history of continual growth in size and scope of activities.
- The governance arrangements
  - are adaptable to the community’s needs and aspirations
  - focus on capacity building within the Board’s membership and the Trust’s staff
  - have a high level of transparency and accountability
  - incorporate a core of trained Indigenous staff
- Wealth is created in the Indigenous community

From a results perspective:

- The Trust’s major achievement is the establishment of a cultural keeping place that holds the most comprehensive collection of South-Eastern Australian cultural material, including artefacts, paintings, oral histories and books
- The Trust has won many awards, for example, the Sir Rupert Hamer Award for Excellence and Innovation in Records Management for the Koorie Heritage Archive; various awards at the Royal Melbourne Show; the Minister’s Encouragement Award at the 2004 Victorian Tourism Awards; and the Best Learning Award from the Australian Interactive Media Industry for ‘Mission voices’.

11.8 Future directions in data

Employment

Employment data for Indigenous people are sourced from the ABS 2002 NATSISS and for non-Indigenous people they are sourced from the ABS 2002 GSS, although not all of the NATSISS data have a non-Indigenous comparator in the GSS.

In addition to the five-yearly Census, the ABS program of ongoing specific Indigenous household surveys will provide selected education, labour (including CDEP) and income data on a three-yearly cycle. While the annual ABS Labour Force Survey (LFS) has an Indigenous identifier, these data are currently being quality assessed pending release.

There are currently little recently available data on Indigenous self employment other than that in the Census. Along with the other improvements to Indigenous
employment data collection, data need to be regularly collected on Indigenous self employment to allow adequate reporting of this indicator.

**Indigenous owned or controlled land**

Data on the area of Indigenous owned or controlled land are readily available. However, area is an imperfect measure of the value or benefits to Indigenous people of their land. Further work is needed in researching and recording the economic and social benefits from Indigenous ownership and control of land.

### 11.9 References

#### 11.1 Employment


11.2 CDEP participation


11.3 Long term unemployment


11.4 Self employment


11.5 Indigenous owned or controlled land


11.7 Case studies in governance arrangements


KHT (Koorie Heritage Trust), *Koorie Heritage Trust Inc. Cultural Centre Bridging the Cultural Gap*, undated, Melbourne.

Martin, C. 2003, Wadeye agreement signals better times ahead for service delivery, Media Release, 21 March 2003


Appendix 1 — COAG Communiqués

Extract from COAG Communiqué 3 November 2000

ABORIGINAL RECONCILIATION

The Council thanked the Council for Aboriginal Reconciliation for its extensive work and contribution to the nation over the past nine years.

Reconciliation is an ongoing issue in the life of Australians and a priority issue for all governments that will require a concerted and sustained effort over many years. The Council acknowledged the unique status of indigenous Australians and the need for recognition, respect and understanding in the wider community.

The Council agreed that many actions are necessary to advance reconciliation, from governments, the private sector, community organisations, indigenous communities, and the wider community. Governments can make a real difference in the lives of indigenous people by addressing social and economic disadvantage, including life expectancy, and improving governance and service delivery arrangements with indigenous people.

Governments have made solid and consistent efforts to address disadvantage and improvements have been achieved. For example, indigenous perinatal mortality rates have dropped from more than 60 per 1,000 births in the mid-1970s to fewer than 22 per 1,000 births in the mid-1990s. However, much remains to be done in health and the other areas of government activity.

Drawing on the lessons of the mixed success of substantial past efforts to address indigenous disadvantage, the Council committed itself to an approach based on partnerships and shared responsibilities with indigenous communities, programme flexibility and coordination between government agencies, with a focus on local communities and outcomes. It agreed priority actions in three areas:

- investing in community leadership initiatives;
reviewing and re-engineering programmes and services to ensure they deliver practical measures that support families, children and young people. In particular, governments agreed to look at measures for tackling family violence, drug and alcohol dependency and other symptoms of community dysfunction; and

- forging greater links between the business sector and indigenous communities to help promote economic independence.

The Council agreed to take a leading role in driving the necessary changes and will periodically review progress under these arrangements. The first review will be in twelve months. Where they have not already done so, Ministerial Councils will develop action plans, performance reporting strategies and benchmarks.

The Ministerial Council on Aboriginal and Torres Strait Islander Affairs will continue its overarching coordination and performance monitoring roles, including its contribution to the work of the Review of Commonwealth/State Service Provision.

**Extract from COAG Communiqué 5 April 2002**

**RECONCILIATION**

The Council reaffirmed its continuing commitment to advance reconciliation and address the social and economic disadvantages experienced by many indigenous Australians.

The Council considered a report on progress in implementing the reconciliation framework agreed by the Council in November 2000 (will be available at www.dpmc.gov.au/docs/comm_state_index.cfm). The report shows that all governments have made progress in addressing the COAG priorities of leadership, reviewing and re-engineering programmes to assist indigenous families and promoting indigenous economic independence. Ministerial councils have also made progress in developing action plans and performance reporting strategies, although this has been slower than expected.

To underpin the commitment to reconciliation and to drive future work, the Council agreed to a trial of a whole-of-governments cooperative approach in up to 10 communities or regions. The aim of these trials will be to improve the way governments interact with each other and with communities to deliver more effective responses to the needs of indigenous Australians. The lessons learnt from
these cooperative approaches will be able to be applied more broadly. This approach will be flexible in order to reflect the needs of specific communities, build on existing work and improve the compatibility of different State, Territory and Commonwealth approaches to achieve better outcomes. The selection of communities and regions will be discussed between the Commonwealth, States and Territories, the communities and the Aboriginal and Torres Strait Islander Commission and be announced by mid 2002.

The Council also agreed to commission the Steering Committee for the Review of Commonwealth/State Service Provision to produce a regular report against key indicators of indigenous disadvantage. This report will help to measure the impact of changes to policy settings and service delivery and provide a concrete way to measure the effect of the Council’s commitment to reconciliation through a jointly agreed set of indicators.

The Council noted that it would continue to review progress under the reconciliation framework, and that the next detailed report on progress achieved by governments and ministerial councils would be provided to the Council no later than the end of 2003.
Appendix 2 Implementation of the framework

Jurisdictions’ comments

The following jurisdictions provided comments on the implementation of the framework:

Australian Government
New South Wales
Victoria
Queensland
Western Australia
South Australia
Tasmania
Australian Capital Territory
Northern Territory
Australian Government comments

The focus of the Australian Government’s new arrangements in Indigenous affairs is on ensuring effective and coordinated service delivery based on partnerships with Indigenous Australians. These arrangements are built on an integrated whole of government approach at all levels.

Responsibility for strategic direction and high level coordination of policy development and government investment is the responsibility of the Ministerial Taskforce on Indigenous Affairs. The Ministerial Taskforce is responsible for preparation of a coordinated budget process for Indigenous affairs that allows resources to be targeted more effectively as priorities and circumstances change. Currently the Ministerial Taskforce has identified three key priorities which encapsulate the seven strategic areas for action under the Overcoming Indigenous Disadvantage framework:

- **early childhood intervention**, a key focus of which will be improved mental and physical health, and in particular primary health, and early educational outcomes;
- **safer communities** (which includes issues of authority, law and order, but necessarily also focuses on dealing with issues of governance to ensure that communities are functional and effective); and
- **building Indigenous wealth, employment and entrepreneurial culture**, as these are integral to boosting economic development and reducing poverty and dependence on passive welfare

Policy development in the Ministerial Taskforce priority areas is informed by the OID framework, the COAG National Framework of Principles for Delivering Services to Indigenous Australians and advice from a range of sources, including National Indigenous Council.

Coordinated delivery of Australian Government services and programmes to Indigenous Australians is through the thirty Indigenous Coordination Centres (ICCs) in urban, regional and remote locations. The Australian Government is working in partnership with Indigenous communities and families and State and Territory Governments to shape service delivery and respond to community priorities. The partnership is captured through Shared Responsibility Agreements (SRAs) which set out the contributions of each of the partners in achieving change.
SRAs include performance measures to allow all partners to monitor implementation and outcomes. The Office of Indigenous Policy Coordination is developing guidance on the design of SRA performance indicators – for example SRA performance indicators should be simple, readily collectable and relevant to the objectives of the SRA. It is intended that, as far as possible, these local level performance indicators will mirror the strategic change indicators in the OID Reporting Framework.
New South Wales Government comments

“Two Ways Together, the Aboriginal Affairs Plan 2003-2012, is the NSW Government’s a 10 year plan to improve outcomes for Aboriginal people and communities. Through Two Ways Together, the NSW Government has established a framework for coordinating whole of government action across the key national strategic change areas.

Two Ways Together works from the ground up — Aboriginal people working as equal partners with government, deciding what needs to be done at a local and regional level to improve services and deliver real benefits to Aboriginal people. Cluster groups of government agencies and Aboriginal peak bodies have been formed across seven priority areas (Health; Justice; Families and Young People; Culture and Heritage; Economic Development; Education; Housing and Infrastructure). These Clusters have set goals, targets and action plans, consistent with the OID national strategic action areas and report progress biennially against national and state indicators.

The NSW Government’s 2004 Budget provides $40 million in funding over four years for programs that support Two Ways Together. These programs respond to the greatest areas of need identified for NSW in the 2003 OID report and include practical initiatives to reduce incarceration, stop family violence, improve literacy, numeracy and school retention, prevent middle ear infections, increase employment and improve living conditions. In particular they are being put in place, including the following:

- target 2000 children with practical assistance for learning in primary school and continue to support them in high school;
- provide 640 scholarships to assist Aboriginal students in years 9 to 12 to remain in school;
- test over 65,000 children for middle ear infections;
- provide 80 new teaching and nursing positions through Aboriginal cadetships; and
- improve electrical and plumbing safety and functionality in 670 homes.
Other activities being pursued by NSW under *Two Ways Together* include:

The **NSW Aboriginal Justice Plan** which aims to reduce Aboriginal overrepresentation in the criminal justice system and develop safer communities for Aboriginal people. The plan focuses on achieving outcomes negotiated between government and Aboriginal communities, establishing mechanisms to achieve greater cooperation and resource sharing at state, regional and local levels, and developing ways to empower Aboriginal communities to devise local solutions to local problems.

The **Review of Aboriginal Education** conducted by the NSW Department of Education and Training and the NSW Aboriginal Education Consultative Group in partnership with Aboriginal communities will guide the development of a comprehensive state-wide approach to improving Aboriginal education.

The **NSW Languages Policy** — a first for Australia, the policy will assist Aboriginal people and communities across NSW to revitalise traditional languages by utilising and building on existing knowledge, and encouraging the structural changes necessary to implement language projects where communities desire them. The policy further supports the NSW Aboriginal Languages’ Syllabus which enables Aboriginal languages to be taught in NSW schools.
**Victorian Government comments**

The Victorian Government and Victoria’s Indigenous communities have developed the Victorian Indigenous Affairs Framework as a whole of government approach to addressing Indigenous issues.

The framework aims to achieve partnership across government and between government and Indigenous communities with particular emphasis on improving:

- Outcomes for Indigenous people
- Coordination of government programs
- Input and direction by Indigenous communities
- Approaches to service delivery.

The approach reflects the knowledge and understanding that issues facing Indigenous families and communities in Victoria are interconnected, and that new policy and service delivery approaches are required if progress is to be made in overcoming disadvantage.

Five strategic areas for action have been identified:

- Partnerships: Recognising and respecting Indigenous people's right to self-determination expressed through active partnerships with government that involve Indigenous Victorians in the planning, management and delivery of services.
- Land and Culture: Delivering land justice to Indigenous Victorians and protecting Victoria’s Indigenous cultural heritage for future generations.
- Economic Development and Participation: Improving education and training outcomes to facilitate participation and economic development, and facilitating the effective translation of benefits of greater cultural recognition, land ownership and community control into opportunities for business development, employment, and economic independence.
- Family and Community Health and Wellbeing: Developing positive strategies to address individual and community wellbeing that build on the strength of Indigenous culture, and help nurture and develop the wellbeing, knowledge, skills and identity of Indigenous Victorians.
- Improved Justice Outcomes: Addressing injustice and providing a safe and secure environment for Indigenous families and communities to live in.

In 2004 the Victorian Government amended the Constitution to give recognition to Aboriginal people’s connection to the land, and to recognise their contribution to the State. The Government also undertook extensive consultations, led by the Minister for Aboriginal Affairs, with Indigenous communities across the State. A key focus of the consultations has been the further development of the Victorian Indigenous Affairs Framework, and the indicator framework established by the...
Overcoming Indigenous Disadvantage report will be pivotal in measuring the Government’s progress.

In April 2005 the Victorian Government released *A Fairer Victoria*, the Victorian Government’s social policy action plan to address disadvantage and create new opportunities. The plan provides $45.7m over four years to build a new partnership between Government and Indigenous Victorians.

The key initiatives include:

- **The Aboriginal Land and Economic Development Program**, which will establish co-management arrangements in relation to parks and other public land and invest in strategic land acquisition/transfer, as well as develop training programs to build sustainable Indigenous businesses.
- **Stolen Generations Organisation**, a permanent organisation to assist families affected by separation.
- **Lake Tyers Community Renewal**, to empower local residents to take control of their future and build community pride.
- **Giving Children and Families the Best Start**, a strategy which includes a range of services to strengthen support for Aboriginal mothers and children in the early years, establish new Indigenous Family Support Innovation projects and Best Start projects, and establish Aboriginal family restoration programs.
- **Preventing Chronic Disease**, by employing specialist Aboriginal health workers to tackle the disproportionate levels of chronic illness affecting Indigenous Victorians.
- **Better Housing and Community Facilities**, to improve housing options and community facilities for Indigenous people.
- **Promoting Reconciliation** by continuing support to Reconciliation Victoria.

The social policy action plan commits the Victorian Government to changing the way it works with Indigenous communities. This will involve:

- Streamlining Government consultations to reduce ‘meeting fatigue’.
- Introducing single funding agreements with Indigenous organisations.
- Aligning departmental boundaries.
- Developing action plans in partnership with communities to improve outcomes in schools, hospitals and other mainstream services.
- Lifting the governance skills within Indigenous organisations through intensive training and support.
- Establishing a Secretaries group with a charter to improve outcomes for Indigenous Victorians.
Queensland Government comments

The Queensland Government is committed to better integrating its policy initiatives focussing on Aboriginal and Torres Strait Islander people, to ensure that the priority of the initiatives and their relationship to each other is more clearly understood by stakeholders.

The Queensland Government has recently endorsed Partnerships Queensland – an integrated strategic policy framework that establishes a set of goals and strategies to apply to issues affecting Aboriginal and Torres Strait Islander peoples across Queensland.

The Partnerships Queensland policy framework has four key goal areas:

- Strong families, strong cultures
- Safe places
- Healthy living
- Skilled and prosperous people and communities.

There is a close relationship between these goal areas and the priority outcomes of the Overcoming Indigenous Disadvantage framework.

Partnerships Queensland will be supported by a performance framework that aligns, where possible, with the performance management framework described in the Overcoming Indigenous Disadvantage – Key Indicators 2003 report.

Outcomes, response plans and deliverables support the performance framework for Partnerships Queensland. These comprise a hierarchy of inputs, outputs and outcomes intended to assist in focussing efforts and resources on the areas of highest priority for Aboriginal and Torres Strait Islander people.

Outcomes are linked to goal areas by a series of priority action areas. There are seven priority action areas proposed with working titles of

- Healthy outcomes for babies (relating to the 0 – 12 months group)
- Optimal development in childhood (relating to the 13 months – 6 age group)
- Successful childhood (relating to the 7 –14 age group)
- Transition to adulthood (relating to the 15-24 age group)
- Healthy, prosperous and safe adulthood
• Economic security and employment participation
• Cultural strength.

Each priority area is supported by a detailed paper that provides the evidence base, identifies areas of comparative disadvantage (providing headline indicators) and risk factors (providing supporting outcome indicators). Where possible, headline indicators are aligned to the COAG Strategic Change Indicators.

Response plans will be developed to include whole-of-government actions for each priority action area. The range of causal factors involved in each priority action area and the complex inter-relationships between them have resulted in highlighting the causal relationships that address sub-components of some of the strategic areas for action identified in the Overcoming Indigenous Disadvantage report. The emphasis in this report on early intervention and prevention is also evident in the development process for the priority action areas. The process for developing response plans will be in accordance with the COAG National Framework of Principles for Government Service Delivery to Indigenous Australians.

The reporting framework will incorporate indications of achievement against desired outcomes and against indicators. A baseline report addressing key outcome indicators is planned by December 2005.

Reporting timeframes against indicators are expected to vary, depending on the sensitivity of the indicator to short, medium or longer-term change and on the availability and timeliness of data. For many of the indicators, it is unlikely that significant changes will be discernible in the short term and indeed, short-term variations may be misleading. For these indicators, short-term output measures, such as changes in the use and level of services may be more appropriate. Consequently, the first level of reporting required will relate to service delivery. It is proposed that this reporting to Government will be conducted every 6 months and reporting against the outcome indicators will be conducted on an annual basis.
Western Australian Government comments

Background

Western Australia has committed to use the OID Framework to guide the review of strategic policies and programs to achieve better outcomes for Indigenous people.

WA specific data on the headline and strategic change indicators is being used to enable a coherent and consistent framework of reporting, analysis and performance enhancement.

State Strategic Planning Framework

The Government of Western Australia has articulated its future strategic directions in the document ‘Better Planning: Better Services – a Strategic Planning Framework for the Western Australian Public Sector’. This document sets out Government’s vision and goals as well as a number of strategic outcomes.

This clear articulation of goals is being accompanied by a focus on Outcome Based Management.

The Human Services Directors General Group has been given responsibility for overarching strategic priority setting for Indigenous affairs and for addressing Indigenous disadvantage in the State.

The OID Framework will assist in articulating the important relationship between overcoming Indigenous disadvantage and the State’s development and facilitate objective measures of the effectiveness of expenditure in this area.

Priority Initiatives

The OID Framework will be used in developing the evaluation framework for major Western Australian initiatives such as the Implementation Strategy for the Government’s response to the Gordon Inquiry into Family Violence in Aboriginal Communities and also the State Early Years Strategy.
Regional Level Planning

In Western Australia there are now Regional Managers and Indigenous Regional Managers Forums across the State. There is also considerable investment in building effective working relationships with the Commonwealth Government’s Indigenous Coordination Centres. The proposed bilateral Intergovernmental Agreement currently under negotiation will enable managers from both governments to build collaborative regional strategies within a clear strategic framework endorsed by their Heads of Government.

The *OID Framework* provides a foundation for reporting and a description of the areas of priority that are endorsed by both levels of government.

A current example is the WA COAG Trial Site in the east Kimberley region of WA where prototype local profile information has been prepared, based on the *OID Framework*.

Local Level Planning

There is a growing emphasis on building partnerships, coordinating services and developing strategies that are tailored to deliver on the priority outcomes of each community. Place management, community level planning and reporting are therefore elements of management that are becoming increasingly important in Indigenous affairs. In Western Australia it is intended to investigate the use of the *OID Framework* in local level planning.
South Australian Government comments

The *Overcoming Indigenous Disadvantage* report has been used in South Australia as a reference in the development of a reporting framework for the Aboriginal wellbeing target in South Australia’s Strategic Plan *Creating Opportunity*.

The strategic plan sets out important measuring tools, targets and priority actions. Reporting against the strategic plan is designed to measure and track the state’s economic, social and environmental health.

Objective 6 of the Plan, Expanding Opportunity, pays particular attention to Aboriginal wellbeing, namely “*reducing the gap between the outcomes for South Australia’s Aboriginal population and those of the rest of South Australia’s population, particularly in relation to health, life expectancy, employment, school retention rates and imprisonment*”.

Progress towards reducing the gap in these priority areas will be measured by a number of headline indicators including:

- life expectancy of the Aboriginal population in South Australia (compared with non-Aboriginal);
- unemployment rates for the Aboriginal population (compared with non-Aboriginal);
- school retention rates for the Aboriginal population (compared with non-Aboriginal); and
- imprisonment rates for the Aboriginal population (compared with non-Aboriginal).

These headline indicators provide an overview of the state of Aboriginal wellbeing and serve to keep a state focus on the challenge of improving Aboriginal wellbeing. The priority areas and headline indicators are closely aligned with those in the *Overcoming Indigenous Disadvantage* report.
A report will be prepared for Cabinet annually on these headline indicators. The report will also include commentary on selected intermediate indicators that are expected to directly affect the headline indicators in the longer term. For example, improvements in areas such as early childhood development, substance misuse and environmental health have the potential to improve the headline indicator of life expectancy. While it may take some time for improvement in these areas to show up in the life expectancy indicator, they serve as intermediate gauges of progress. The following diagram illustrates the connections.

**South Australia Strategic Plan indicator**

![Diagram](attachment:image.png)

The intermediate indicators are linked mostly to outcomes and not specific policy interventions. The *Overcoming Indigenous Disadvantage* strategic change indicators are being used as a reference in the development of the intermediate indicators for South Australia’s Strategic Plan reporting. The inaugural report for Cabinet using the two tiers of indicators is scheduled for April 2005.

Subsequent to the first report to Cabinet, the Department for Aboriginal Affairs and Reconciliation will explore with agencies the opportunities it provides for policy review and strategy development and improving existing data recording and reporting systems (the future directions in data identified in the *Overcoming Indigenous Disadvantage* report will be used as a reference in this work).
Tasmanian Government comments

CONTEXT

The Tasmanian Government is continuing to work towards better outcomes for Indigenous people in Tasmania as part of its strong commitment to reconciliation.

Tasmania Together

Tasmania Together provides the overarching social, environmental and economic plan for Tasmania within which improved outcomes for the Aboriginal community are an important priority. Ultimately, Tasmania Together is about the Government working in partnership with the broader community to achieve a shared vision of Tasmania by the year 2020.

Under Tasmania Together there are 24 goals supported by 212 agreed benchmarks. Achievements against these benchmarks are charted by an independent Progress Board reporting to Parliament. One of Tasmania Together goals (Goal 10) is specifically targeted at improved outcomes for the State's Aboriginal community. This goal includes 14 benchmarks, a number of which directly relate to the Overcoming Indigenous Disadvantage (OID) Framework. Additionally, a number of mainstream objectives relate to the OID Framework.

PROGRESS

Tasmanian Government Agencies are becoming increasingly aware of the OID Framework and as such are using it in their respective planning processes, policy research, performance reporting and policy development. Examples of this are:

- The Department of Education reports on the education and training strategic change indicators through the Indigenous Education Strategic Initiatives Programme (IESIP) and is using the report to help set targets for programs such as ‘dare to lead’ which aims to raise educational outcomes for Indigenous students.

- The Department of Justice is using the OID Report as an information source in informing policy issues such as family violence, recidivism and substance abuse. The Report was also used as a background to the review of the Aboriginal Justice Program at Risdon Prison.

Work is continuing across Government on developing and improving data collection relevant to the OID Framework.
Aboriginal Land

The Tasmanian Government has recognised for some time that land ownership is a priority for Aboriginal people in Tasmania and central to progressing reconciliation.

On 23 March 2005 legislation to vest 50,949 ha of Crown land on Cape Barren Island and Clarke Island in the Aboriginal Land Council of Tasmania was passed by the Tasmanian Parliament.

Services for Tasmania’s Aboriginal and Torres Strait Islander People

The Tasmanian Government continues to consider service delivery to Tasmania’s Indigenous population in a context of the following:

- Coordination of service delivery at local level;
- Indigenous involvement in program planning and delivery;
- Ensuring services are culturally appropriate; and
- Data collection/performance monitoring.

Local Government Partnership Agreements

The Tasmanian Government is well advanced on a program to negotiate partnership agreements with individual and regional groupings of Councils across the State. As part of the negotiation of each agreement, the Government seeks to promote links between Local Government and the Aboriginal community. The aim is to identify key issues that affect Indigenous people in the municipality and develop strategies to address these. Broadly, they cover:

- Strategies to improve the level of participation of Indigenous people in Local Government;
- Promoting understanding of Indigenous issues in the wider community;
- Sustaining the reconciliation process by encouraging public support and participation; and
- Measures to enhance economic development and employment opportunities for Indigenous people.
The ACT Government has two levels of reporting requirements to advance outcomes for Aboriginal and Torres Strait Islander people of the ACT. These processes include annual reporting on achievements against “Overcoming Indigenous Disadvantage” Key Indicators 2003 Report.

The three priority outcomes under the report are:

- Safe, health and supportive family environments with strong family communities and cultural identity;
- Positive child development and prevention of violence, crime and self-harm; and
- Improved wealth creation and economic sustainability for individuals, families and communities.

The strategic areas for action include:

- Early child development and growth;
- Early school engagement and performance;
- Positive childhood and transition to adulthood;
- Substance use and misuse;
- Functional and resilient families and communities;
- Effective environmental health systems; and
- Economic participation and development.

The outcomes to date include:

- Enhancement of an Indigenous Foster Care Service incorporating a Family Preservation Program and support programme for Aboriginal and Torres Strait Islander Carers;
- Indigenous student leadership and Mentoring Program;
- Expansion of Aboriginal and Torres Strait Islander community housing for low income and the homeless;
- Outreach Workers to co-ordinate the provision of mainstream services for clients with mental health and alcohol and other drug issues;
- Provision of comprehensive hearing testing for infants and children and to develop and provide appropriate treatment, including surgical intervention.
• Provision of cross cultural education across ACT Health;
• Developing and continuing the dual quality data project of health data for the ACT and Commonwealth jurisdictions;
• Expansion of Aboriginal Midwifery program;
• Provision of a dental health clinic based with Winnunga Nimmityjah Aboriginal Health Service in April 2005;
• Establishment of Ginninderra Scholarship Program for four students to study at the University of Canberra (2 in Nursing, 2 Medicine);
• In 2004/05 Act Budget allocation of $1.4 million towards the establishment of an ACT Aboriginal Justice Centre which is in initial scoping phase of the project;
• The launch in August 2004 of the SOCIAL AND CULTURAL PROFILE of Aboriginal and Torres Strait Islander people in Canberra.
Northern Territory Government comments

The Northern Territory Government is the first to enter into a formal agreement with the Australian Government to jointly implement the COAG National Principles for Improved Service Delivery to Indigenous Australians in the Northern Territory.

The Overarching Agreement on Indigenous Affairs between the Commonwealth of Australia and the Northern Territory is designed to focus on a whole of government approach to Indigenous affairs with a focus on outcomes rather than programs. The agreement requires the both Governments to:

- harness and lift the performance of mainstream programs;
- streamline service delivery and increase flexibility
- address jurisdictional overlap;
- negotiate bilateral agreements that, where possible, provide for one level of government having primary responsibility for delivery of a particular service;
- recognise the need to take account of local circumstances;
- strengthen government effort; and
- build partnerships with Indigenous communities based on shared responsibilities.

Under this agreement the Governments have agreed priority action areas, which take into account the priority areas for strategic change developed in the Overcoming Indigenous Disadvantage Report:

1. improving outcomes for young Indigenous Territorians, including through early childhood intervention - a key focus of which will be improved mental and physical health, and in particular primary health, and early educational outcomes:
   - Working together to improve early childhood outcomes
   - Improving access and outcomes in education
   - Supporting the development of emerging Indigenous leaders
   - Streamlining the delivery of welfare services

2. safer communities which includes issues of authority, law and order:
   - Preventing family violence
   - Tackling substance abuse (volatile substances, alcohol, kava and gunga)
   - Providing meaningful activities (sport and recreation)

3. strengthening governance and developing community capacity to ensure that communities are functional and effective:
   - Ensuring effective and legitimate representation
   - Building the capacity of community members
4. building Indigenous wealth, employment and entrepreneurial culture:
   - Ensuring effective training, skills development and job creation
   - Supporting existing and new Indigenous businesses
   - Creating new jobs (including arts and culture)
5. improving service delivery and infrastructure that recognises demographic change and the need to lift the performance of the Governments:
   - Demographic changes — from communities to towns — infrastructure, housing and essential services
     – Expand housing effort
     – Seek strategic solutions to land issues
     – Rationalise essential services delivery in towns and outstations
     – Upgrade and expand communications infrastructure
   - Lifting the performance of the Governments
     – Address jurisdictional overlap through finalising bilateral agreements with Australian Government on service delivery
     – Build skills and awareness within the Northern Territory Public Sector and the Australian Public Service
     – Monitoring and accountability

The agreement sets out accountability arrangements, including joint Ministerial oversight and reporting on progress at annual meetings between relevant Australian and Northern Territory Ministers. It is anticipated that these reports will link to the Overcoming Indigenous Disadvantage framework.

The Government is currently examining implementation of a more systematic approach of identifying key areas of intervention, prior to developing cross agency policy responses to issues. In addition, where possible, all new policies will use the framework as an important part of the accountability mechanism.

As part of the whole of government approach, all new policy proposals with a significant impact on Indigenous Territorians will need to be accompanied by a systematic Indigenous impact analysis, including identifying the links with the Overcoming Indigenous Disadvantage framework.

Individual agencies and advisory groups are also examining ways of applying the framework. For example, the Family and Community Services Advisory Council is currently examining using the framework as a basis for the Report on Territory Families. This is a product of the identified need for a collection of data that describes the status and wellbeing of Northern Territory families (not just Indigenous) and communities.
Appendix 3 Composition of the Indigenous population

Throughout this Report, the term ‘Indigenous’ is used to refer to Aboriginal and Torres Strait Islander peoples, with the exception of references to specific organisations, people or programs.

Figure A3.1  Proportion of the population in each age category, 2001

- The Indigenous population has a significantly different structure to the non-Indigenous population. It tends to be younger, with 39.3 per cent of the Indigenous population being 14 years or under, compared to 20.4 per cent for the non-Indigenous population.

- Moreover, the proportion of the Indigenous population over the age of 75 years is only 0.9 per cent, compared to 5.6 per cent for the rest of the population (figure A3.1).
• The two populations also differ in their geographic distribution. Both Indigenous and non-Indigenous people tend to live predominantly in the major cities and regional areas.

• However, a much higher proportion of the Indigenous population live in remote and very remote areas: 26.4 per cent, compared to 2.0 per cent for non-Indigenous people (figure A3.2).


Source: ABS 2001 ERP; table A.5.
The proportion of the population who are Indigenous also differs across jurisdictions. A higher proportion of the Indigenous and non-Indigenous populations live in NSW than other states (29.2 per cent 33.5 per cent respectively). A relatively high proportion of the Indigenous population also lives in Queensland, WA and the NT (figure A3.3).

**Figure A3.4 Proportion of the population who are Indigenous by State and Territory, 2001**

Source: ABS 2001 ERP; table A.5.

As a proportion of the population within each state and territory, the NT has the highest proportion of Indigenous people (28.8 per cent), with Victoria having the lowest (0.6 per cent) (figure A3.4).

**Figure A3.5 Indigenous population across geographic regions, 2001**

The proportion of the Indigenous population living in different geographic regions also varies across jurisdictions (figure A3.5). The ACT has the highest proportion of its Indigenous population living in major cities (99.8 per cent) and the NT has the highest living in remote and very remote areas (81.2 per cent).

Supporting tables

More information on the composition of population by age and geographic region for both Indigenous and non-Indigenous people can be found in tables A.1, A.2, A.5, A.6 and A.7. These tables can be found on the Review web page (www.pc.gov.au/gsp). Users can also contact the Secretariat to obtain the attachment tables.
Appendix 4 Data limitations

ABS mortality data

Previously published Indigenous mortality data need to be interpreted with caution. Excessively precise analysis based on Indigenous death registrations, Indigenous deaths coverage or projected Indigenous deaths needs to be avoided.

The registration of deaths is the responsibility of the Registrars in individual jurisdictions. It is based on information supplied by a relative, another person acquainted with the deceased, or an official of the institution where the death occurred, and on information about the cause of death supplied by a medical practitioner. Individual Registrars will supply this information to the ABS for compilation into the aggregate mortality statistics for its publications.

Although it is considered likely that most Indigenous deaths are registered, a proportion of these deaths are not registered as ‘Indigenous’. There are several data collection forms on which people are asked to state whether they are of Indigenous origin. Due to a number of factors, the results are not always consistent. The likelihood that a person will be identified in administrative collections as Indigenous is determined by a range of factors, including: who completes the form (for example, a relative or an official); the perception of how the information will be used; education programs about identifying as Indigenous; and emotional reaction to identifying as Indigenous.

Survey data

This Report makes extensive use of data from the ABS 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS), the ABS 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS) and the ABS 2002 General Social Survey (GSS). These surveys provide useful data for many indicators but their accuracy is limited by the number of people interviewed. Sample size also limits the extent to which data can be disaggregated by different factors such as geography, age and sex, particularly for characteristics that are not widespread across the population.
As a guide to readers, survey data in this Report are presented with error bars to show 95 per cent confidence intervals in charts and relative standards errors (RSE) are included in the attachment tables accompanying the Report on the Review website.

**Hospital separations data**

Hospital separations include discharges, transfers, deaths or changes in type of episodes of care. A record is included for each separation, not for each patient, so patients who separated more than once in the year have more than one record in the database. Hospital separations data are from the National Hospital Morbidity Database (NHMD), a national collection of hospital separation records maintained by the Australian Institute of Health and Welfare (AIHW). Health departments in all jurisdictions provide information on the characteristics, diagnoses and care of admitted patients in public and private hospitals to the AIHW.

Data relating to admitted patients are included from almost all hospitals, including public acute and psychiatric hospitals, private acute and psychiatric hospitals, and private free-standing day hospital facilities.

The AIHW and the data providers jointly validate the morbidity database to ensure data quality. When data are supplied using nonstandard definitions or classifications, the AIHW maps them to the National Health Data Dictionary definitions, where possible, in collaboration with the data providers.

**Limitations of the data**

The following should be used to guide interpretation of the hospital separations data.

- Although the National Health Data Dictionary definitions form the basis of the database, the actual definitions used may vary among the data providers and from one year to another. In addition, admission practices and the detail of the scope of the data collections may vary among the jurisdictions and from year to year.

- Each jurisdiction has a demographic structure that differs from other jurisdictions, and factors such as age and Indigenous status can have an effect on the nature of health care delivery amongst jurisdictions. The frequency of particular procedures, for example, can be affected by the demographic composition of the population.

- Although data on separations from the NHMD can reflect an aspect of the burden of disease in the community, they do not usually provide measures of the
incidence or prevalence of conditions. This is because not all people with a type or degree of illness are treated in hospital and there are multiple admissions for some chronic conditions. Also, the number and pattern of hospitalisations can be affected by differing admission practices, and differing levels and patterns of service provision.

- Analysis of hospital morbidity collections for Indigenous people is complicated by difficulties in estimating both the numbers of Indigenous patients admitted to hospital and the numbers in the overall population. Information concerning the numbers of Indigenous patients in hospital is limited by the accuracy with which they are identified in hospital records. Problems associated with identification will result in an understatement of morbidity patterns among Indigenous people. Assessments of the level of completeness of Indigenous identification in hospital morbidity collections are provided annually by each jurisdiction to the AIHW.

**Australian Institute of Criminology (AIC) homicide data**

Limitations of the National Homicide Monitoring Program (NHMP) data, collected by the AIC, are discussed below.

- The data are derived from police records, which depend on the police accurately recording the Indigenous status of the victim and offender. This may involve the police making a subjective assessment based solely on the victim’s or offender’s appearance, which might lead to errors and inconsistencies. Further, as the determination of Indigenous status is mainly based on external appearance, this might not readily identify them as Indigenous. Hence, results reported from this data source might under represent the true extent of Indigenous homicide in Australia.

- Nevertheless, a 1998-99 study conducted by the ABS on assessing the quality of Indigenous status and racial appearance data collected by NSW police indicated that:
  - When racial appearance data were compared with the Indigenous status data asked by the police, the data quality of Indigenous status based on racial appearance was fairly good, but the data quality for Torres Strait Islanders was poor (SCRCSSP 2001, p. 382).

**Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) learning outcomes data**

Factors which limit the national comparability of the benchmark results include:

- *Years of Schooling* - Different starting ages and testing dates across Australia mean that year 3 students have received an average of 3 years and 7 months of
schooling in three jurisdictions, down to 2 years and 7 months in WA. Year 5 students have received an average of between 5 years and 7 months of schooling in three jurisdictions, down to 4 years and 7 months in WA. Year 7 students have received an average of 7 years and 7 months in 2 jurisdictions down to 6 years and 7 months in WA.

- **Average age at testing** - In year 3 average ages range from 9 years 3 months in Tasmania, down to 8 years 2 months in WA. In year 5 average ages range from 11 years 3 months in Tasmania, down to 10 years 2 months in WA. In year 7, average ages range from 13 years and 2 months in Tasmania, down to 12 years and 2 months in WA.

- **Untested students** - Due to different state policies, there are variations in the proportion of students absent or withdrawn from testing (and therefore not included in benchmark calculations). For reading and numeracy, NSW has a rate of around 4 to 6 per cent, while Victoria has a rate around 8 per cent for years 3 and 5 and around 34 per cent for year 7. Other jurisdictions’ rates are between 2 and 12 per cent. MCEETYA has agreed that all states and territories review their guidelines and practices related to exemptions, absences and withdrawals, with a view to maximising the participation of students in literacy and numeracy testing.

- **Coverage of testing** – In NSW, around 94 per cent of government school students and 95 per cent of non-government school students are counted towards the reading and numeracy benchmark results for year 3 students. In Victoria, about 91 per cent of government and 92 per cent of non-government school students are assessed, while in the NT around 83 per cent of government and 87 per cent of non-government school students are assessed. In NSW, around 94 per cent of government school students and 95 per cent of non-government school students are counted towards the reading and numeracy benchmark results for year 5 students. In WA, about 90 to 91 per cent of government and 94 to 95 per cent of non-government school students are assessed.

- **Differences in the Student Body** - Educational achievement is influenced by factors such as socioeconomic status and the disadvantage experienced by Indigenous communities. The results in each jurisdiction will to some degree reflect these factors.

- **Lack of reliability in the benchmark results** - Dramatic apparent improvement in the results brings into question the reliability of the benchmarks.

- **High levels of error** - The relatively small numbers of Indigenous students mean that the error associated with these data is higher than the error associated with ‘all’ students.
Also published by the Review:

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