OVERVIEW

Key points

- This report measures the wellbeing of Aboriginal and Torres Strait Islander Australians, and was produced in consultation with governments and Aboriginal and Torres Strait Islander Australians. Based on 2011 Census data, as at June 2011, around 3 per cent of the Australian population (approximately 670 000 people) were estimated as being of Aboriginal or Torres Strait Islander origin.

- Outcomes have improved in a number of areas, including some COAG targets.
  - The gap in life expectancy narrowed from 11.4 years to 10.6 years for males and from 9.6 years to 9.5 years for females from 2005–2007 to 2010–2012.
  - Mortality rates for children improved significantly between 1998 and 2012, particular for 0<1 year olds, whose mortality rates more than halved (from 14 to 5 deaths per 1000 live births). In addition, the proportion of low birthweight babies has decreased.
  - The proportion of 20–24 year olds completing year 12 or above increased from 45 per cent in 2008 to 59 per cent in 2012-13.
  - The proportion of 20–64 year olds with or working towards post-school qualifications increased from 26 per cent in 2002 to 43 per cent in 2012-13.
  - The proportion of adults whose main income was from employment increased from 32 per cent in 2002 to 41 per cent in 2012-13, with a corresponding decrease in the proportion on income support. Increasing proportions of employed people were in full time and managerial positions.

- However, there has been little or no change for some indicators.
  - There was virtually no change in the proportions of students achieving national minimum standards for reading, writing and numeracy from 2008 to 2013.
  - Relatively high rates of family and community violence were unchanged between 2002 and 2008, and there was little change in alcohol and substance use and harm over time.
  - Relatively high rates of disability and chronic disease have not changed.

- Outcomes have worsened in some areas.
  - The proportion of adults reporting high/very high levels of psychological distress increased from 27 per cent in 2004-05 to 30 per cent in 2012-13, and hospitalisations for intentional self-harm increased by 48 per cent over this period.
  - The adult imprisonment rate increased 57 per cent between 2000 and 2013. Juvenile detention rates increased sharply between 2000-01 and 2007-08, and fluctuated since at around 24 times the rate for non-Indigenous youth.

- Change over time cannot be assessed for all the indicators — some indicators have no trend data; some indicators report on use of services and change over time might be due to changing access to services rather than changes in the underlying outcome (for example, child protection rates); and some indicators include related measures that have moved in different directions (for example, children's hospitalisations for injury and disease have increased but death rates have decreased).

How have trends in outcomes over time been assessed?

The figure on the next page summarises changes in outcomes over time. The following approach was taken to assessing change over time:

- The key consideration was change over time in outcomes for Aboriginal and Torres Strait Islander Australians NOT the gap to non-Indigenous Australians. It is important to acknowledge improvements in outcomes for Aboriginal and Torres Strait islander Australians, even if improvements for non-Indigenous Australians mean that the gap has not narrowed.

- Change has been assessed by comparing the latest available data to the earliest available data for each indicator in this report. Therefore, the time period may be different for different indicators.

- If apparent change was not statistically significant this was recorded as no change.

- The focus has been on the main measure/s identified for each indicator. Supplementary measures for some indicators may show different trends.

- No trend has been identified where it is not clear whether an observed change in the main measure is positive or negative, or where improvements to data collections have created a break in series.

Results have been summarised into the following five categories:

- **progress** — where the main measure for an indicator shows outcomes for Aboriginal and Torres Strait Islander Australians improving over time

- **no significant change** — where the main measure for an indicator shows no meaningful change in outcomes for Aboriginal and Torres Strait Islander Australians

- **regress** — where the main measure for an indicator shows a decline in outcomes for Aboriginal and Torres Strait Islander Australians

- **data gap** — where no suitable trend data are available (this does not include indicators where improvements to data collections have created a break in series, which are labelled 'unclear')

- **unclear** — where it is not clear whether an observed change in the main measure is positive or negative, or where improvements to data collections have created a break in series. Results should be considered in the light of the contextual material in the relevant section of the report.

There are 52 indicators in this report. However, one indicator (5.4 Case studies in governance) is not designed to include quantitative measures.

Overcoming Indigenous Disadvantage:
Key Indicators 2014 — trends in national outcomes

COAG targets and headline indicators

COAG Targets		Headline Indicators	
✓ 4.1	Life expectancy	✓ 4.7	Post-secondary education — participation and attainment
✓ 4.2	Young child mortality	— 4.8	Disability and chronic disease
? 4.3	Early childhood education	✓ 4.9	Household and individual income
— 4.4	Reading, writing and numeracy	? 4.10	Substantiated child abuse and neglect
✓ 4.5	Year 12 attainment	— 4.11	Family and community violence
? 4.6	Employment	✗ 4.12	Imprisonment and juvenile detention

Strategic areas for action

Governance, leadership and culture	Early child development	Education and training	Healthy lives	Economic participation	Home environment	Safe and supportive communities
5.1 — Valuing Indigenous Australians and their cultures	6.1 ∞ Antenatal care	7.1 ∞ Year 1 to 10 attendance	8.1 ? Access to primary health care	9.1 ✓ Employment by full time/ part time status, sector and occupation	10.1 ✓ Overcrowding in housing	11.1 — Alcohol consumption and harm
5.2 ∞ Participation in decision making	6.2 ✓ Health behaviours during pregnancy	7.2 ∞ Teacher quality	8.2 ? Potentially preventable hospitalisations	9.2 ✓ Indigenous owned or controlled land and business	10.2 ? Rates of disease associated with poor environmental health	11.2 — Drug and other substance use and harm
5.3 ∞ Engagement with services	6.3 ? Teenage birth rate	7.3 ∞ School engagement	8.3 ✓ Potentially avoidable deaths	9.3 ✓ Home ownership	10.3 ✗ Access to clean water and functional sewerage and electricity services	11.3 ∞ Juvenile diversions
5.4 Case studies in governance*	6.4 ✓ Birthweight	7.4 ✓ Transition from school to work	8.4 ✓ Tobacco consumption and harm	9.4 ✓ Income support		11.4 — Repeat offending
5.5 ∞ Indigenous language revitalisation and maintenance	6.5 ? Early childhood hospitalisations		8.5 ? Obesity and nutrition			11.5 ∞ Community functioning
5.6 ∞ Indigenous cultural studies	6.6 ? Injury and preventable disease		8.6 ∞ Oral health			
5.7 ? Participation in community activities	6.7 ✓ Ear health		8.7 ✗ Mental health			
5.8 — Access to traditional lands and waters	6.8 ✓ Basic skills for life and learning		8.8 ✗ Suicide and self-harm			

✓ The main measure has shown progress
— No significant change
✗ The main measure has shown regress
Data Gap
? Results are unclear
*Not applicable (case studies only)

Number beside indicator refers to section numbers in main report.
Code for each indicator determined using criteria on previous page.

Overview

What is the Overcoming Indigenous Disadvantage report?

The Overcoming Indigenous Disadvantage (OID) report measures the wellbeing of Aboriginal and Torres Strait Islander Australians. It is the sixth report in a series commissioned by all Australian governments, designed to measure progress in overcoming the disadvantage faced by many Aboriginal and Torres Strait Islander Australians. It complements a range of other reports on aspects of Indigenous policy (see figure on following page).

The OID report is produced by the Steering Committee for the Review of Government Service Provision, which is made up of representatives of the Australian Government and all State and Territory governments, and observers from the Australian Bureau of Statistics and the Australian Institute of Health and Welfare. The Steering Committee is chaired by the chairman of the Productivity Commission (see page iii for a list of members), and is supported by a Secretariat from the Productivity Commission.

The Steering Committee is advised by the OID working group, which is made up of representatives of the Australian Government, all State and Territory governments, the Australian Bureau of Statistics, the Australian Institute of Health and Welfare and the National Congress of Australia's First Peoples (see page iv for a list of members).

The information in the OID report can be used to examine the nature of disadvantage experienced by Aboriginal and Torres Strait Islander Australians and can help inform the design of policies. However, the report is not designed to evaluate specific policies or programs and, except for the COAG targets (which were agreed by all governments), the report does not include targets.

The OID report has several elements:

- this overview, which summarises the report's key messages
- the main report (available electronically), which provides the evidence base supporting the report's framework, and more detailed information on outcomes
- attachment tables (available electronically), which expand on the data used in the report.

National reports on Aboriginal and Torres Strait Islander Australians

Report on Government Services Indigenous Compendium
Requested by **COAG**

Produced by **SCRGSP**

Frequency **Annual**

Purpose: Performance of (mostly mainstream) government funded and/or provided services to Indigenous Australians.

Indigenous Expenditure Report

Requested by **COAG**

Produced by **SCRGSP**

Frequency **Biennial**

Purpose: Assist governments to understand levels and patterns of expenditure on services that relate to Indigenous Australians.

National Indigenous Reform Agreement Performance Report
Requested by **COAG**

Produced by **CRC**[a]

Frequency **Annual**

Purpose: Independent assessment of Australian Government and State and Territory government progress towards the six Closing the Gap targets, and associated performance indicators.

The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples: an overview

Requested by **AIHW**

Produced by **AIHW**

Frequency **2-3 yearly**

Purpose: A comprehensive statistical overview of topics important to the health and welfare of Indigenous Australians.

Overcoming Indigenous Disadvantage
Requested by **COAG**

Produced by **SCRGSP**

Frequency **Biennial**

Purpose
The nationally recognised set of indicators on the wellbeing of Australia's Indigenous peoples.

Content
Strategic framework of outcome indicators, whole of government perspective to achievement of agreed priority outcomes.

Aboriginal and Torres Strait Islander Health Performance Framework Report

Requested by **CHC**

Produced by **AHMAC** (summary policy report) & **AIHW** (detailed analysis)

Frequency **Biennial**

Purpose: Measures health outcomes, determinants of health and health system performance.

Closing the Gap Clearinghouse Publications
Requested by **COAG;** Produced by **AIHW** in collaboration with **AIFS**

Frequency **Regular**

Purpose: The Closing the Gap Clearinghouse publications synthesise research and evaluation evidence about what works to overcome Indigenous disadvantage. The Clearinghouse provides a single point for gathering and disseminating reliable information to underpin policy development in Indigenous affairs.

Closing the Gap – Prime Minister's Report
Requested by **Prime Minister**

Produced by: **PM&C**[b]

Frequency **Annual**

Purpose: Prime Minister's report to Parliament on progress against the six Closing the Gap targets and developments in Australian Government Indigenous policies and programs.

Abbreviations: **ABS** Australian Bureau of Statistics. **AHMAC** Australian Health Ministers Advisory Council. **AIFS** Australian Institute of Family Studies. **AIHW** Australian Institute of Health and Welfare. **COAG** Council of Australian Governments. **CHC** COAG Health Council. **CRC** COAG Reform Council. **PM&C** Department of the Prime Minister and Cabinet. **SCRGSP** Steering Committee for the Review of Government Service Provision.

[a] The CRC was responsible for producing the NIRA report until 30 June 2014. The May 2014 Commonwealth Budget gave the Department of the Prime Minister and Cabinet an ongoing role in monitoring performance under National Agreements. [b] The Closing the Gap report was previously produced by the Commonwealth Department of Families, Housing, Community, on behalf of the Australian Government.

How were Aboriginal and Torres Strait Islander Australians involved in the OID report?

Aboriginal and Torres Strait Islander Australians were actively involved in producing this report:

- the report had its origins in a recommendation of the Council for Aboriginal Reconciliation in 2000

- Aboriginal and Torres Strait Islander individuals and organisations from cities and regional and remote areas across Australia participated in consultations and information sessions during the development of this and previous editions of the report

- the National Congress of Australia's First Peoples is a member of the working group that advises the Steering Committee on the content of the report

- a wide range of Aboriginal and Torres Strait Islander organisations and experts reviewed relevant sections of the report, and are acknowledged in the introduction to each section of the main report

- Aboriginal and Torres Strait Islander Australians contributed to a key development in this Report — a broadening of focus from *overcoming disadvantage* to *improving wellbeing*. The report framework has been amended to highlight new indicators that focus on outcomes that Aboriginal and Torres Strait Islander Australians said are important to them (see 'Changes for this edition of the report' for details).
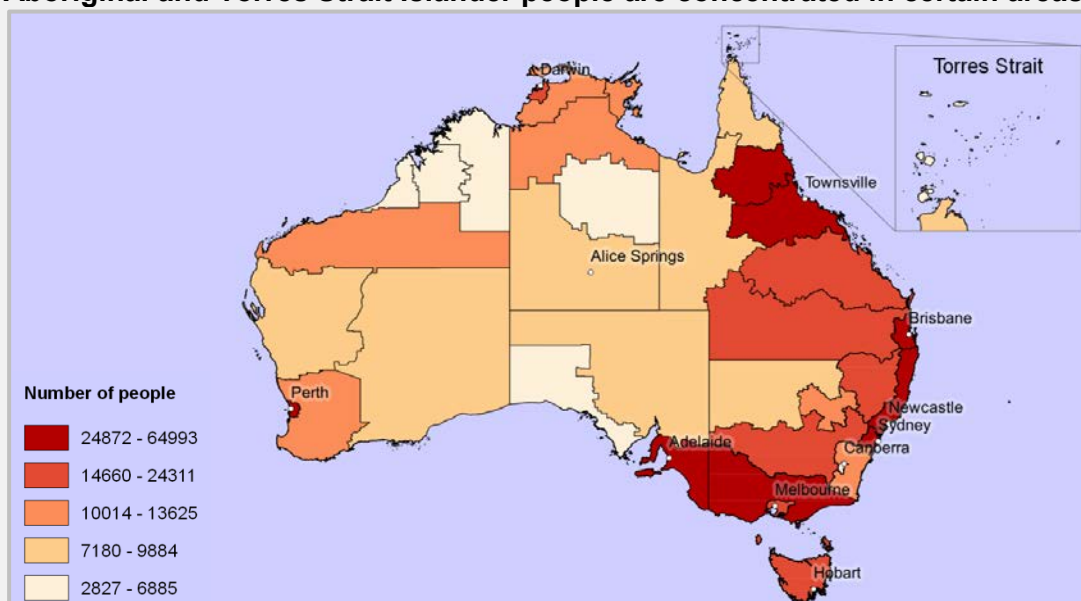
Understanding Indigenous disadvantage

Some Aboriginal and Torres Strait Islander Australians experience little or no disadvantage compared with non-Indigenous Australians (although available data suggest that this is a relatively small group). However, other Aboriginal and Torres Strait Islander Australians are highly disadvantaged, and outcomes can vary markedly by geography, age, sex and other socioeconomic factors.

To understand the information in this report, it is important to consider the factors that have affected the outcomes being measured. Disadvantage may have both immediate social and cultural determinants, and deeper causes. Many readers will be familiar with much of the history of Australia's Indigenous peoples since European settlement, and will be conscious of the importance of seeing the information in this report in the context of that history. The main report includes a brief summary of the historical context, and an extensive list of additional sources providing a range of views on how historical events may have affected the contemporary lives of Aboriginal and Torres Strait Islander Australians.

Aboriginal and Torres Strait Islander Australians demographics

Based on the most recent national Census, as at 30 June 2011, an estimated 670 000 people identified as Aboriginal and/or Torres Strait Islander Australians. This was 3 per cent of the estimated total Australian population of 22 340 000 people. In 2011, an estimated 606 000 people (90 per cent of the 'Indigenous' population) were of Aboriginal origin only, 38 100 people (6 per cent) were of Torres Strait Islander origin only and 25 600 people (4 per cent) were of both origins.

Aboriginal and Torres Strait Islander people are concentrated in certain areas[a,b]

a The estimated Aboriginal and Torres Strait Islander population by Indigenous regions at 30 June 2011. **b** The legend is not continuous as there are no regions with numbers in between these five categories.

At 30 June 2011, large proportions of the Aboriginal and Torres Strait Islander population lived in NSW (31 per cent), Queensland (28 per cent), WA (13 per cent) and the NT (10 per cent). The largest proportions of non-Indigenous people lived in NSW (32 per cent), Victoria (25 per cent) and Queensland (20 per cent).

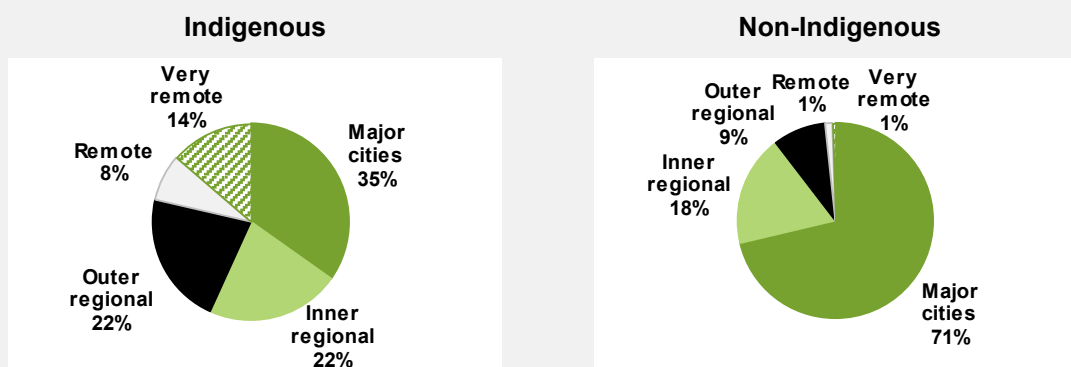**Proportion of population by State and Territory, 30 June 2011**

Sources: ABS 2013, Estimates of Aboriginal and Torres Strait Islander Australians, June 2011, Cat. no. 3238.0.55.001; ABS 2014, Estimates and projections, Aboriginal and Torres Strait Islander Australians 2001 to 2026, Cat. no. 3238.0.

Remoteness is a key variable for some outcomes

Most Aboriginal and Torres Strait Islander Australians lived in major cities or regional areas as at 30 June 2011 (35 per cent in major cities, 22 per cent in inner regional areas and 22 per cent in outer regional areas). However, significant proportions lived in more remote areas (8 per cent in remote areas and 14 per cent in very remote areas). Less than 2 per cent of non-Indigenous Australians lived in remote plus very remote areas.
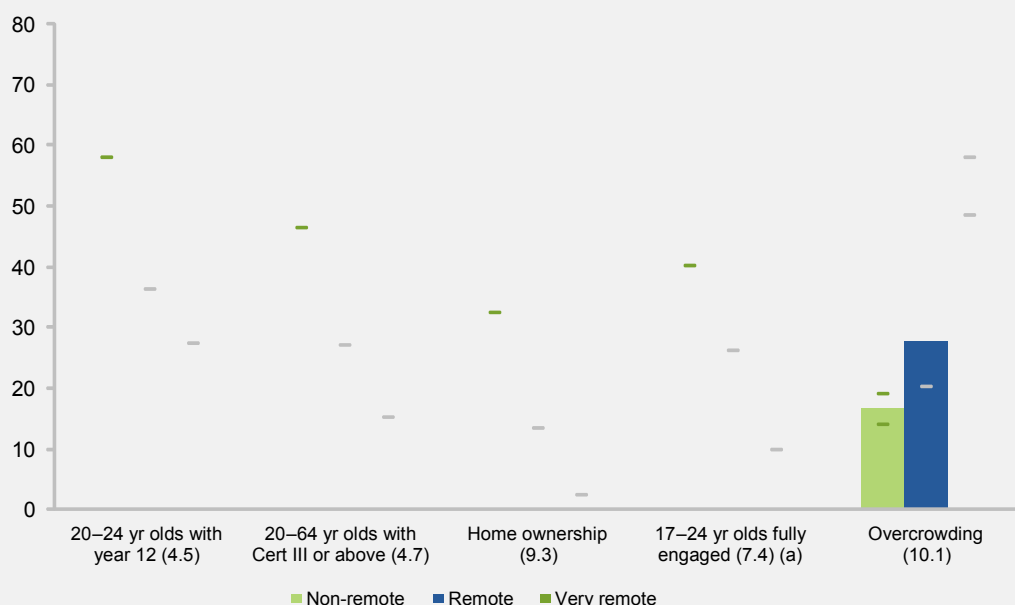
Proportion of the Australian population by remoteness area, 30 June 2011

Source: ABS 2013, Estimates of Aboriginal and Torres Strait Islander Australians, June 2011, Cat. no. 3238.0.55.001.

For most indicators that can be disaggregated by remoteness, outcomes for Aboriginal and Torres Strait Islander Australians worsen as remoteness increases.

Selected outcomes for Indigenous people by remoteness, 2012-13

a Fully engaged in post-school education, training and/or employment.

Sources: See main report: Year 12 — section 4.5; Cert III or above — section 4.7; Home ownership — section 9.3; Youth fully engaged — section 7.4; Overcrowding — section 10.1.

Why is so much of the information reported at the national level?

This report measures outcomes for Aboriginal and Torres Strait Islander Australians, often at the aggregate (national and State and Territory) level. It is important to have an aggregate picture of outcomes, because Aboriginal and Torres Strait Islander Australians are over-represented among Australians facing disadvantage, and this disadvantage appears more persistent over time and across generations. The indigenous peoples of countries with similar colonial histories to Australia, such as Canada, the United States of America and New Zealand, also experience high rates of disadvantage. A focus on what is happening at the aggregate level is important, to help ensure the underlying causes of Indigenous disadvantage are being addressed.

However, the Steering Committee acknowledges that the outcomes measured in this report can vary markedly by geography, age, sex, employment and other factors. Throughout the report and in the attachment tables, outcomes are presented by remoteness and other relevant characteristics wherever possible. In addition, the analysis of multiple disadvantage in chapter 13 explores many of the complex factors that contribute to disadvantage.

There are particular differences between Aboriginal Australians and Torres Strait Islander Australians. The small number of Torres Strait Islander people makes reporting difficult, but available data are presented in chapter 12 of the main report and summarised in this overview in the section on 'Outcomes for Torres Strait Islander people'.

The OID indicator framework

The OID report is based on a framework of indicators that aim to measure the wellbeing of Aboriginal and Torres Strait Islander Australians. The framework is based on evidence about the underlying causes of disadvantage, and the positive factors that contribute to wellbeing.

At the top of the framework, three closely linked priority outcomes reflect a vision of how life should be for Aboriginal and Torres Strait Islander Australians. These priority outcomes have been endorsed by Aboriginal and Torres Strait Islander Australians and by governments.

It is difficult to measure progress against such broadly stated outcomes. So the framework includes two layers of measurable indicators.

- The first layer of indicators is made up of the six Closing the Gap targets agreed by Australian governments, and six headline indicators developed by the Steering

Committee. These indicators measure important high level outcomes, which typically require coordinated, long term action to achieve significant progress.
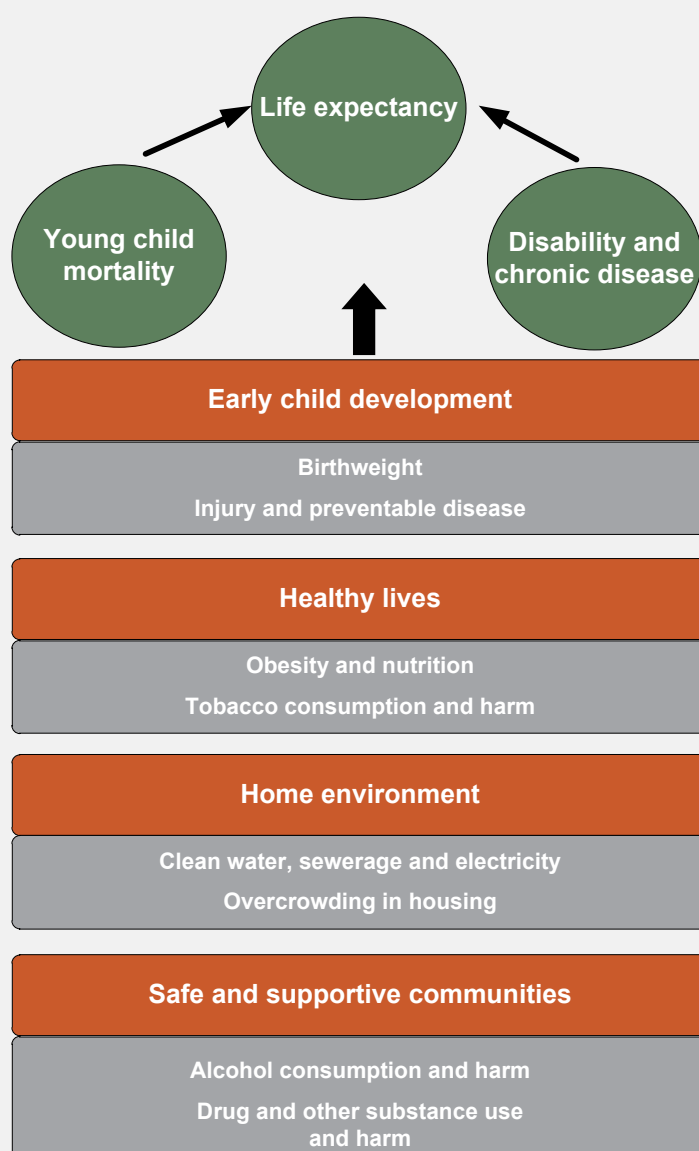
- The second layer of indicators measure shorter-term outcomes in seven strategic areas. Evidence shows that targeted action in these areas is needed in order to achieve the COAG targets and headline indicators.

The logic behind the framework is that, over time, improvements in the strategic change indicators will lead to changes in the COAG targets and headline indicators, demonstrating progress toward the priority outcomes.

As illustrated in the diagrams below, coordinated action across strategic areas is usually required to achieve better outcomes. And conversely, sometimes a single, well-targeted action can lead to improvements across many strategic areas.
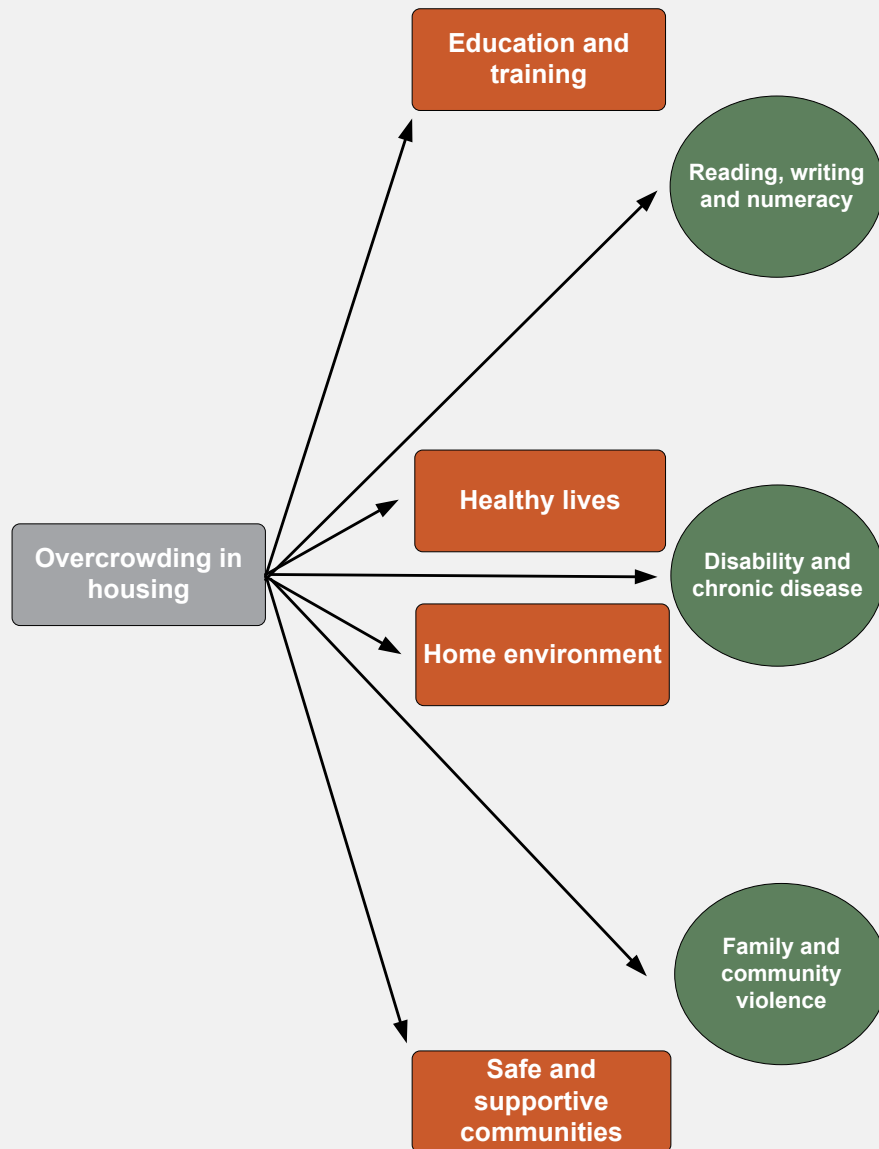
Disadvantage can have multiple causes

The COAG target of 'Life expectancy' is linked to the 'Young child mortality' target and the 'Disability and chronic disease' headline indicator. In turn, these outcomes are influenced by outcomes such as 'Birthweight' and 'Injury and preventable disease' in the 'Early child development' strategic area for action, and 'Obesity and nutrition' and 'Tobacco consumption and harm' in the 'Healthy lives' strategic area. But actions in these areas must be supported by actions to address outcomes such as 'Access to clean water and functional sewerage and electricity' and 'Overcrowding in housing' in the 'Home environment' strategic area, and 'Alcohol and drug consumption and harm' in the 'Safe and supportive communities' area. Other social determinants of health in the education and employment areas must also be addressed.

Life expectancy

Young child mortality

Disability and chronic disease

Early child development

Birthweight

Injury and preventable disease

Healthy lives

Obesity and nutrition

Tobacco consumption and harm

Home environment

Clean water, sewerage and electricity

Overcrowding in housing

Safe and supportive communities

Alcohol consumption and harm

Drug and other substance use
and harm

Some actions can have multiple effects

Reducing overcrowding can affect outcomes in the 'Education and training', 'Healthy lives', 'Home environment' and 'Safe and supportive communities' strategic areas, and can contribute to the COAG target of 'Reading, writing and numeracy' and the headline indicators of 'Disability and chronic disease' and 'Family and community violence'. Other influences are also important but there is sufficient evidence for education, health and justice departments to be concerned about housing issues.

Changes for this edition of the report

The indicator framework has evolved over time. Following the 2011 OID report, the Steering Committee agreed to an independent review of the report. After broad consultation with Aboriginal and Torres Strait Islander Australians and organisations,

governments and academics, the review found a general desire for more 'strengths-based' reporting and for more visible engagement with Aboriginal and Torres Strait Islander Australians.

The Steering Committee developed a set of proposed responses to the review and conducted further consultations before introducing the following changes:

- an increased focus on 'strengths-based' reporting and Aboriginal and Torres Strait Islander concepts of wellbeing (see particularly the renamed 'Governance, leadership and culture' strategic area)

- increased engagement with Aboriginal and Torres Strait Islander Australians in all phases of the reporting process, including:

  – inviting the National Congress to join the OID Working Group that advises the Steering Committee

  – seeking the advice of Aboriginal and Torres Strait Islander organisations and experts on report content.

Detailed information about the independent review and the Steering Committee's responses is available on the Review website (www.pc.gov.au/gsp).

Things that work

Not everything can be reported using indicators. This report includes many 'things that work' — case studies of actions that are making a difference for Aboriginal and Torres Strait Islander Australians. Several of these case studies are drawn from the Closing the Gap Clearinghouse, established by COAG to gather information on what works to overcome Indigenous disadvantage.

Potential case studies were assessed against a set of formal criteria to ensure they genuinely contribute to improved outcomes. However, formal evaluations of Indigenous programs are relatively scarce. In order to provide a range of examples, the Steering Committee has also included some promising programs that have not undergone rigorous evaluation — such case studies are clearly identified in the report.

The Clearinghouse identified the following high level factors that underpin successful programs:

- flexibility in design and delivery so that local needs and contexts can be taken into account

- community involvement and engagement in both the development and delivery of programs

- trusting relationships

- a well-trained and well-resourced workforce, with an emphasis on retention of staff

- continuity and coordination of services.

The Clearinghouse factors are closely aligned to the success factors identified by the Steering Committee in previous editions of the OID report:

- cooperative approaches between Aboriginal and Torres Strait Islander Australians and government — often with the non-profit and private sectors as well

- community involvement in program design and decision-making — a 'bottom-up' rather than 'top-down' approach

- good governance — at organisation, community and government levels

- ongoing government support — including human, financial and physical resources.

Government acting alone is unable to overcome Indigenous disadvantage. Meaningful change also requires continuing involvement and action by Aboriginal and Torres Strait Islander Australians themselves, with support from the private and non-profit sectors and the general community.

4   COAG targets and headline indicators

The six COAG targets and six headline indicators are high level social and economic outcomes that must improve in order to achieve the priority outcomes. Numbers beside each indicator refer to section numbers in the main report.

These indicators are often closely inter-related and positive change will generally require action across a range of areas. In addition, most of these high level indicators are likely to take some time to improve, even if effective policies are implemented.

4.1   Life expectancy

Closing the Indigenous life expectancy gap within a generation (by 2031) is a COAG target.

Life expectancy is a broad indicator of a population's long-term health and wellbeing.

✓

From 2005–2007 to 2010–2012:

- life expectancy at birth for Aboriginal and Torres Strait Islander Australians increased from 67.5 years to 69.1 years for males and from 73.1 years to 73.7 years for females.

- the gap between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians narrowed from 11.4 years to 10.6 years for males and from 9.6 years to 9.5 years for females.
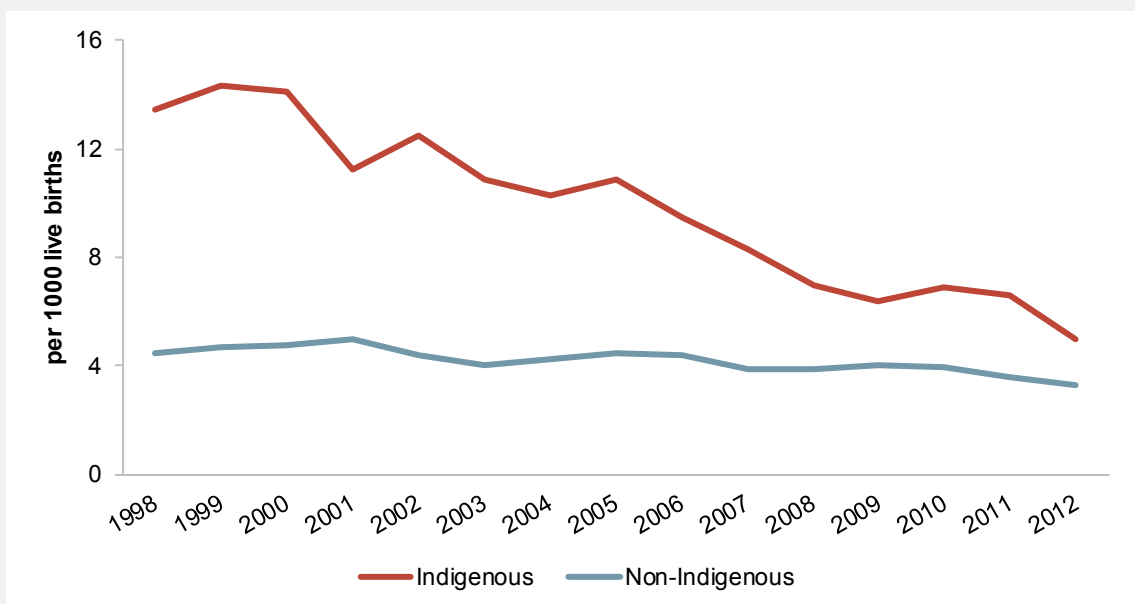
4.2　　　　Young child mortality

Halving the gap in mortality rates for children under five within a decade (by 2018) is a COAG target.

Young child mortality (particularly infant mortality) is a long established indicator of child health and the physical and social environment.

✓

From 1998 to 2012, there was a significant decline in mortality rates for Aboriginal and Torres Strait Islander children aged 0–4 years (from 217 to 146 deaths per 100 000 population), with the greatest decrease in the infant (0<1 year) mortality rate (from 14 to 5 deaths per 1000 live births).

Infant mortality rates, 1998 to 2012[a,b]

a Small numbers of Indigenous infant (0<1 year old) deaths contribute to variability in the reported rates. **b** Totals here include NSW, Queensland, WA, SA and the NT. These five jurisdictions have sufficient numbers of Indigenous deaths for reporting purposes.

Source: Figure 4.2.3 in the main report.

4.3   Early childhood education

Ensuring all Indigenous four year olds in remote communities have access to quality early childhood education within five years (by 2013) is a COAG target.

High quality early childhood education can provide children with a head start, and is associated with enhanced literacy, numeracy and social skills, and improved school completion.

?

In 2013, for Aboriginal and Torres Strait Islander children in the year before full time schooling:

- 74 per cent were enrolled in preschool
- 70 per cent were attending preschool, with attendance highest in remote/very remote areas (75 per cent).

This compares to 91 per cent enrolment and 89 per cent attendance for non-Indigenous children.

Results for this indicator are unclear as improvements to the collection mean there is no comparable time series.

Things that work

Families as First Teachers (NT) is a promising early learning and parenting support program, operating in 21 remote Indigenous communities since mid-2011. Preschool enrolments increased in half the sites surveyed and 95 per cent of parents were satisfied with the program and felt more skilled and able to support their child's learning and development (box 4.3.3).

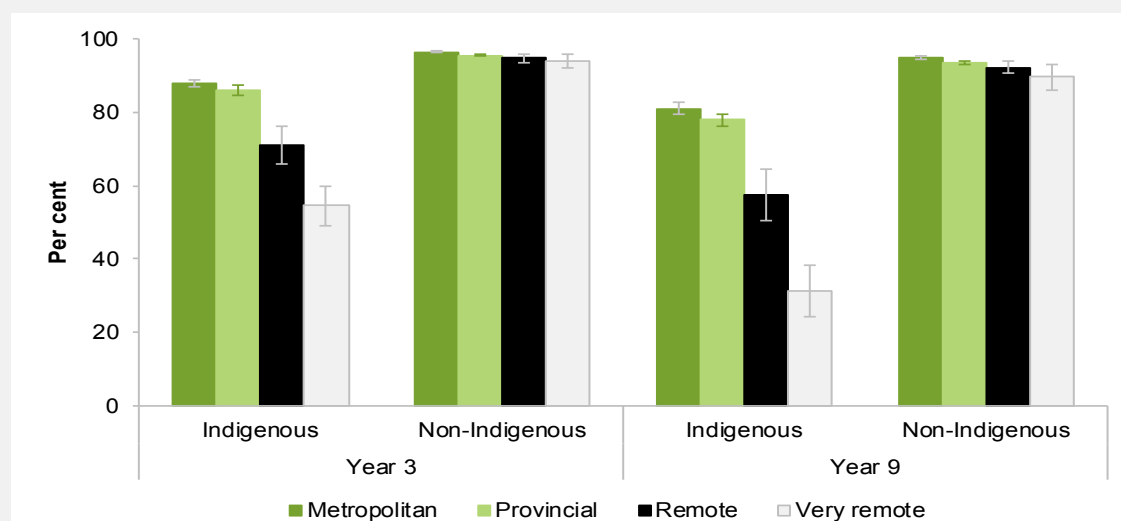## 4.4   Reading, writing and numeracy

Halving the gap for Indigenous students in reading, writing and numeracy within a decade (by 2018) is a COAG target.

Improved literacy and numeracy levels can improve social, educational and employment outcomes.

Across all subjects and year levels, the proportion of Aboriginal and Torres Strait Islander students achieving national minimum standards was lower than the proportion of non-Indigenous students, and declined as remoteness increased.

Between 2008 and 2013, the proportion of Aboriginal and Torres Strait Islander Year 3 students achieving national minimum standards for reading increased slightly, but there was no change for numeracy. There was no change for reading or numeracy for those in Years 5 and 7, no change for reading in Year 9 and a decrease for numeracy in Year 9.

Proportion of students achieving at or above the national minimum standard for reading, by remoteness area, 2013[a,b]

a Exempt students were not assessed and were deemed not to have met the national minimum standard. **b** Error bars represent 95 per cent confidence intervals for within year comparisons. These error bars should be not be used for across year comparisons.

Source: ACARA (unpublished) National Assessment Program — Literacy and Numeracy: Achievement in Reading, Writing, Language Conventions and Numeracy, various years; tables 4A.4.25 and 34.

Things that work

The **Cape York Aboriginal Australian Academy Initiative** (Qld) is a pilot program operating in primary schools in Coen, Hope Vale and Aurukun. Early evaluations found general agreement amongh school staff and most parents that student literacy is improving (box 4.4.3).

4.5   Year 12 attainment

Halving the gap for Indigenous 20–24 year olds in year 12 or equivalent attainment rates by 2020 is a COAG target.

Students who complete year 12 or equivalent are more likely to go on to further education and training, have better employment options, and have improved economic and social wellbeing.

✓

The proportion of Aboriginal and Torres Strait Islander 20–24 year olds completing year 12 or equivalent or above increased from 45 per cent in 2008 to 59 per cent in 2012-13. For non-Indigenous Australians, the proportion remained between 86 and 88 per cent.

Things that work

The national **Australian Indigenous Mentoring Experience** program was established in 2005, with university students mentoring Aboriginal and Torres Strait Islander students in years 7 to 12. A 2012 evaluation found that the program was effective in strengthening school and post-school aspirations, sense of engagement, and sense of identity. Outcomes for mentored students were better than the national average (box 4.5.3).

4.6   Employment

Halving the gap in employment outcomes between Indigenous and non-Indigenous Australians within a decade (by 2018) is a COAG target.

Being employed directly improves social and economic wellbeing, and contributes to improved outcomes for individuals, families and communities.
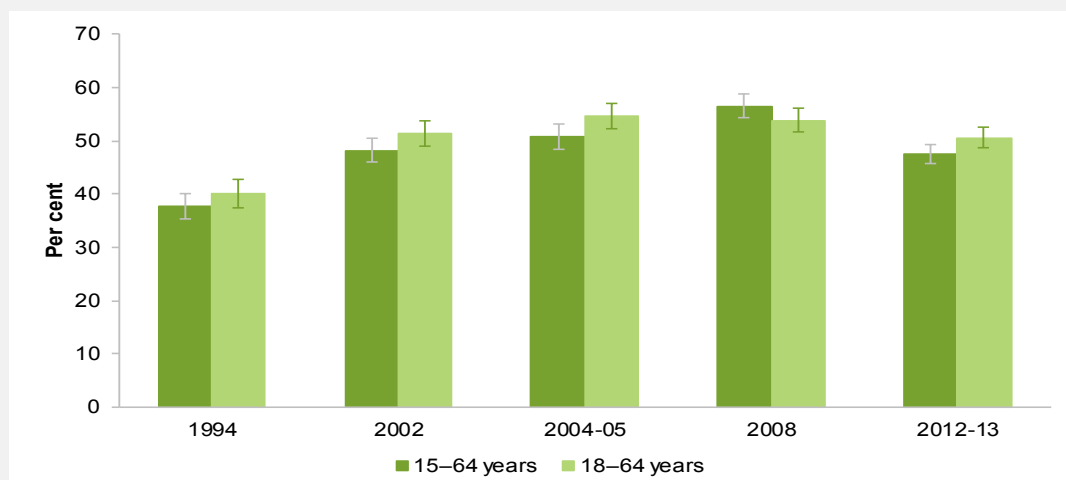
?

The employment to population rate for Aboriginal and Torres Strait Islander 15–64 year olds increased from 38 per cent in 1994 to 54 per cent in 2008, before decreasing to 48 per cent in 2012-13 (potentially because of changes to the CDEP program).

Data on the employment to population ratio for non-Indigenous 15–64 year olds are available from 2004-05. The rate increased from 74 per cent in 2004-05 to 77 per cent in 2011-12.

Data for this indicator are difficult to interpret due to changes over time to the Community Employment Development Projects (CDEP) program.

Indigenous employment to population rate, 1994 to 2012-13[a]

a Error bars represent 95 per cent confidence intervals around each estimate.

Source: Figure 4.6.1 in the main report.

Things that work

The national **Working on Country** program provides employment and training opportunities to assist Aboriginal and Torres Strait Islander Australians in rural and remote areas to undertake work in natural resource management. In May 2012 there were over 690 rangers. A 2011 evaluation found that the rangers saw the jobs as 'real jobs' that provided better income and conditions, more interesting work and ongoing employment, than the CDEP alternative (box 4.6.4).

The **Aboriginal Workforce Development Centre** (WA) has assisted over 900 Aboriginal job seekers into employment and over 450 into training linked to employment opportunities. A formative evaluation in 2012 reported early positive employment outcomes (box 4.6.4).

4.7   Post-secondary education — participation and attainment

People with a skilled vocational or higher qualification are more likely to be employed that those without. Other potential benefits include a positive influence on health outcomes and inter-generational flow-ons.

✓

In 2012-13, 43 per cent of Aboriginal and Torres Strait Islander 20–64 year olds had a Certificate level III or above or were studying, a 17 percentage point increase from 2002. The gap between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians remained steady around 24–25 percentage points over the period.
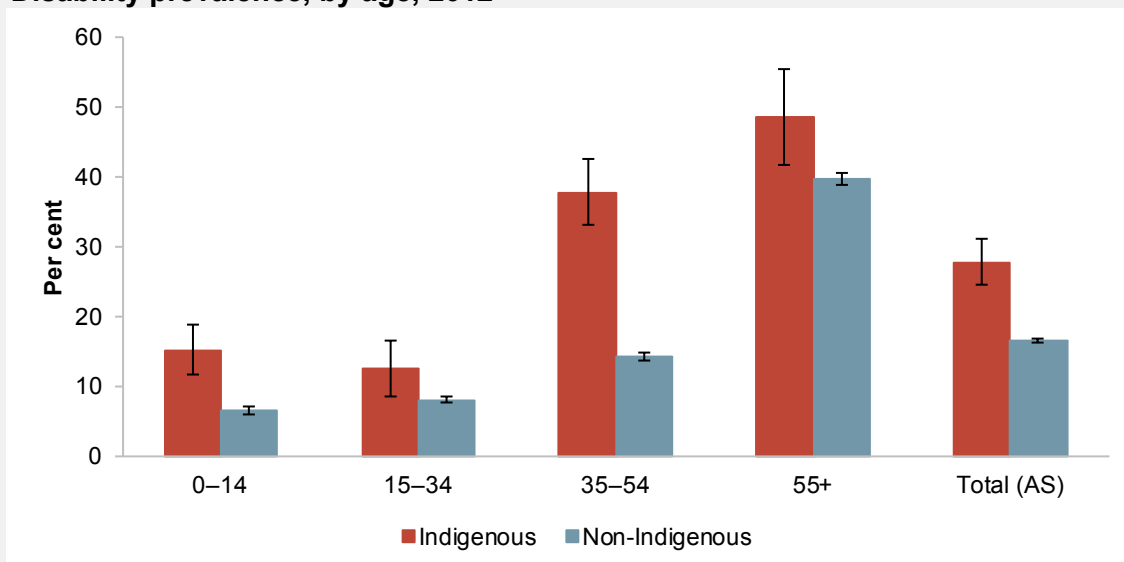
4.8   Disability and chronic disease

High rates of disability and chronic disease affect the quality of life of many Aboriginal and Torres Strait Islander Australians. Disability can affect other outcomes, by creating barriers to social interaction and reducing access to services, education and employment.

—

In 2012, the overall rate of disability among Aboriginal and Torres Strait Islander Australians was 23 per cent, little changed from 21 per cent in 2009. After adjusting for differences in population age structures, the rate for Aboriginal and Torres Strait Islander Australians was 1.7 times the rate for non-Indigenous Australians.

Disability prevalence, by age, 2012[a,b,c]

a Error bars represent 95 per cent confidence intervals around each estimate. b The data do not include people in very remote areas. c AS = Age standardised rate.

Source: Figure 4.8.1 in the main report.

4.9 Household and individual income

Income levels provide an indicator of material advantage, and are an important determinant of socioeconomic status.

✓

After adjusting for inflation, median real equivalised gross weekly household (EGWH) income for Aboriginal and Torres Strait Islander Australians increased from $385 in 2002 to $492 in 2008, but did not change significantly between 2008 and 2012-13 ($465). In 2011-12, non-Indigenous median EGWH income was $869.

Things that work

The **MoneyMob Talkabout (MMT)** program (SA) assists people in remote Indigenous communities to develop basic financial management skills. A 2013 evaluation found that MMT clients were more likely than non-clients to have developed basic financial management skills (saved money, able to access bank account in emergency, know bank balance) (box 4.9.3).

The **MPower program** (Qld) operates in four Cape York communities and assists individuals and families to meet basic material needs, develop financial literacy and build assets, through saving and money management. Membership in the program ranged from 70 to 100 per cent across the communities. A 2012 evaluation found the program improved money management and assisted with budgeting and saving (box 4.9.3).

4.10 Substantiated child abuse and neglect

Adverse experiences in childhood can have lifelong impacts, affecting the ability of the child to regulate their own behaviour and to build trusting relationships with others.

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Child protection substantiations for Aboriginal and Torres Strait Islander children increased from 30 per 1000 children in 2009-10 to 38 per 1000 children in 2012-13. The rate of Aboriginal and Torres Strait Islander children on care and protection orders increased from 11 per 1000 children in 2003-04 to 49 per 1000 children in 2012-13. Over this period, substantiations and orders for non-Indigenous children were around 3–6 per 1000 children.

Data for this indicator are difficult to interpret, as increases in substantiations and orders might reflect a mix of changes in laws and policies relating to mandatory reporting, increased propensity to report, increased services and/or an increase in prevalence.

4.11   Family and community violence

Family violence has a significant impact on the short- and long-term health and welfare of individuals, families and communities.

In 2008, around 23 per cent of Aboriginal and Torres Strait Islander adults reported being a victim of physical or threatened violence — similar to the rate in 2002. After adjusting for differences in population age structures, this was 2.2 (in 2002) and 1.8 (in 2008) times the rate for non-Indigenous adults, reflecting an increase in the non-Indigenous rate over this period.

Things that work

The **Alice Springs Domestic and Family Violence Outreach Service** (NT) provides targeted support to women experiencing domestic and family violence. In 2012-13, almost 400 women were assisted, with around 80 per cent identified as Aboriginal. A 2012-13 evaluation found that all of the 19 women interviewed reported their safety had improved. Almost half of the women who had previously used the crisis accommodation services had not used crisis accommodation since receiving outreach services (box 4.11.3).

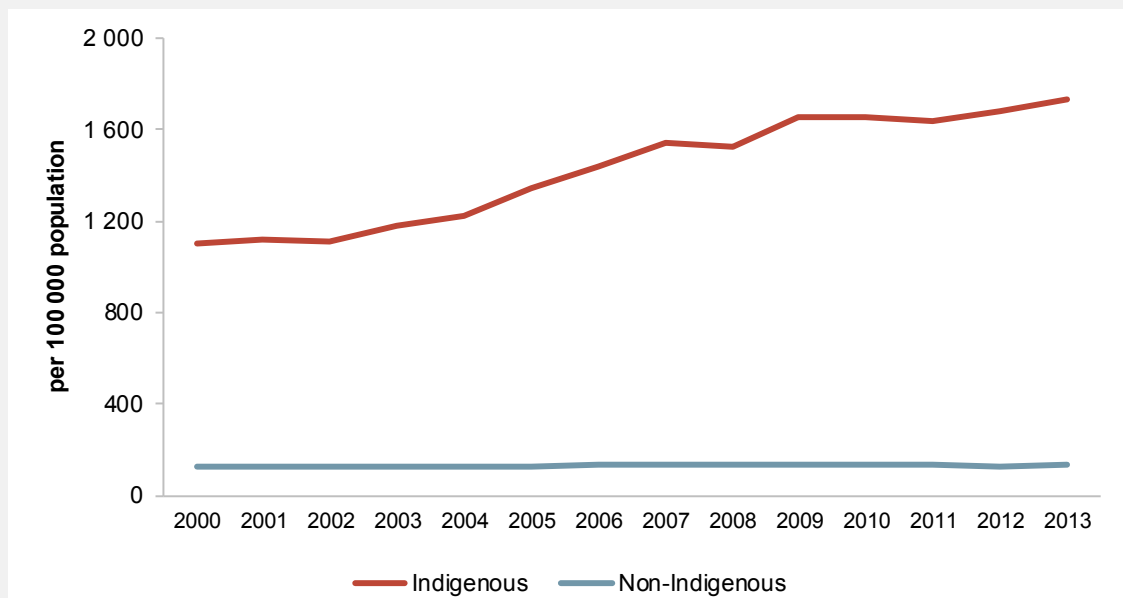## 4.12 Imprisonment and juvenile detention

Imprisonment has a heavy social and economic impact. High rates of imprisonment remove adults from their roles caring for the next generation, and can lead to the 'normalisation' of incarceration among community members.

✕

In 2013, after adjusting for differences in population age structures, Aboriginal and Torres Strait Islander adults were imprisoned at 13 times the rate for non-Indigenous adults. From 2000 to 2013, the imprisonment rate for Aboriginal and Torres Strait Islander adults increased 57 per cent, while the non-Indigenous rate remained fairly constant, resulting in a widening of the gap.

The daily average detention rate for Aboriginal and Torres Strait Islander youth in 2012-13 was 365 per 100 000 10–17 year olds, around 24 times the rate for non-Indigenous youth. Aboriginal and Torres Strait Islander detention rates increased sharply between 2000-01 and 2007-08, then fluctuated with no clear trend to 2012-13.

Age standardised adult imprisonment rate as at 30 June, 2000 to 2013

Source: Figure 4.12.2 in the main report.

Strategic areas for action

The following sections summarise the key messages and 'things that work' for each strategic area for action. Much more information can be found in the main report. The strategic areas deliberately do not mirror typical government service areas. In some cases (such as healthy lives, or education and training), a specific service area can be expected to play a major role but, in all strategic areas, more than one government agency is relevant to achieving better outcomes. Conversely, sometimes a single, well-targeted action by one agency can lead to improvements across many strategic areas.

5 Governance, leadership and culture

Effective governance and leadership, and recognition of culture, play essential parts in the social and economic development of Aboriginal and Torres Strait Islander Australians, and influence virtually all indicators in the framework. Governance refers to the way the members of a group or community organise themselves to make decisions that affect themselves and others, and includes both Aboriginal and Torres Strait Islander governance and government governance. Leadership is important to the development of a strong governance culture, and there are specific cultural aspects to Aboriginal and Torres Strait Islander leadership.

5.1   Valuing Indigenous Australians and their cultures

Culture is a key aspect of Aboriginal and Torres Strait Islander wellbeing — both knowledge and practice of culture by Aboriginal and Torres Strait Islander Australians, and respect for that culture among the wider community.

In 2012, four out of five general community respondents regarded Aboriginal and Torres Strait Islander culture (81 per cent) and history (85 per cent) as important, and half (50 per cent) reported feeling personally proud of the culture, all similar to responses in 2008.

Things that work

Reconciliation Action Plans (RAPs) are formal reconciliation commitments undertaken by organisations, promoted by Reconciliation Australia. Reconciliation Australia found that RAP organisations are more likely to be proud of, and trust, Aboriginal and Torres Strait Islander Australians and their cultures, and to take action to support reconciliation (box 5.1.3).

National Indigenous Television (NITV) is a free to air channel that aims to inform, entertain and educate Aboriginal and Torres Strait Islander and non-Indigenous audiences. Indigenous radio and television help to sustain language and culture; provide a vital channel of news and information for Aboriginal and Torres Strait Islander Australians; and have the potential to provide better communication between Aboriginal and Torres Strait Islander and non-Indigenous Australians. A positive 2009 review resulted in continued Australian Government funding to the broadcaster, which was supported by a 2010 review that also made a number of recommendations to enhance the broadcaster's operations (box 5.1.3).

5.2   Participation in decision making

Participation in decision making is a key element of self-determination, which in turn is a critical part of governance. Participation includes both wanting to participate, and feeling that one can.

Data gap

As at 30 June 2014, 13 members of parliament across Australia identified as being Aboriginal and Torres Strait Islander. Parity of representation with population share is mixed across jurisdictions.

There are no data available on Aboriginal and Torres Strait Islander Australians wanting to, and feeling that they can, participate in decision making.

Things that work

The **Australian Electoral Commission's Indigenous electoral participation program** is aimed at empowering Aboriginal and Torres Strait Islander Australians to exercise their right to vote. A 2011 evaluation found that the program's early results were positive, that it 'has a significant role to play in addressing the barriers to participation of Indigenous people in democratic processes' and made a number of recommendations to improve the program's performance (box 5.2.3).

5.3   Engagement with services

Positive engagement with services is critical to improve outcomes for Aboriginal and Torres Strait Islander Australians. Engagement covers both access to services and the culturally appropriate delivery of services.

Data gap

In 2008, 30 per cent of Aboriginal and Torres Strait Islander Australians aged 15 years and over reported problems accessing services in the previous 12 months, with this proportion highest in very remote areas (48 per cent).

There are no time series data available on problems accessing services and no comparable times series data on communication with service providers. It is anticipated that time series data will be available for the next report.

Things that work

The **Anyinginyi Health Aboriginal Corporation's Eye Program** (NT) is a promising program that coordinates optometrist and eye specialist visits, and runs culturally appropriate clinics in the Tennant Creek and Barkly region. Program successes over 2007–2008 included:

- an increase from 7 to 78 days of services offered each year

- an increase from 52 to 82 per cent in clients receiving custom made spectacles

- improved continuity of care, which gained respect from patients and community members (box 5.3.3).

5.4   Case studies in governance

Good governance contributes to the success of organisations and of government engagement with Aboriginal and Torres Strait Islander Australians.

Since 2006, the Indigenous Governance Awards (IGA) have recognised successful organisations that contribute to positive social and economic outcomes for Aboriginal and Torres Strait Islander Australians.

Research has identified six determinants of good governance that apply to Aboriginal and Torres Strait Islander organisations and communities, and governments:

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

There is no trend category for this indicator, which is based on qualitative case studies.

Things that work

The **NPY Women's Council** (2012 IGA Winner — incorporated organisations) is a major provider of human services in the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara lands. The Council's accomplishments include banning take-away alcohol sales at Curtin Springs roadhouse and the introduction of non-sniffable Opal fuel in Central Australia (box 5.4.2).

The **Yiriman Project** (2012 IGA Winner — non-incorporated projects and initiatives) takes young people and elders on trips back to country 'to immerse them in the stories, songs and knowledge that are their cultural heritage.' Outcomes include the healing of young people as they walk on country, and meaningful employment that values and maintains culture (box 5.4.3).

The **Cape York Welfare Reform** (Qld) aims to change social norms and behaviours across the areas of social responsibility, education, housing and economic opportunities. The 2012 CYWR evaluation report found that 'overall there is clear evidence that the wellbeing of residents in the four CYWR communities has improved over the CYWR years. Crime rates are down, infrastructure and services have improved, school attendance has risen or been maintained at high levels, and people appear happier. In no major dimension have outcomes deteriorated in these communities' (box 5.4.5).

Note: The winners of the latest round of IGAs were announced on 30 October 2014, too late for inclusion in this report.

5.5   Indigenous language revitalisation and maintenance

Language is an important cultural signifier for many Aboriginal and Torres Strait Islander Australians, and plays a significant role in the promotion of resilient communities.
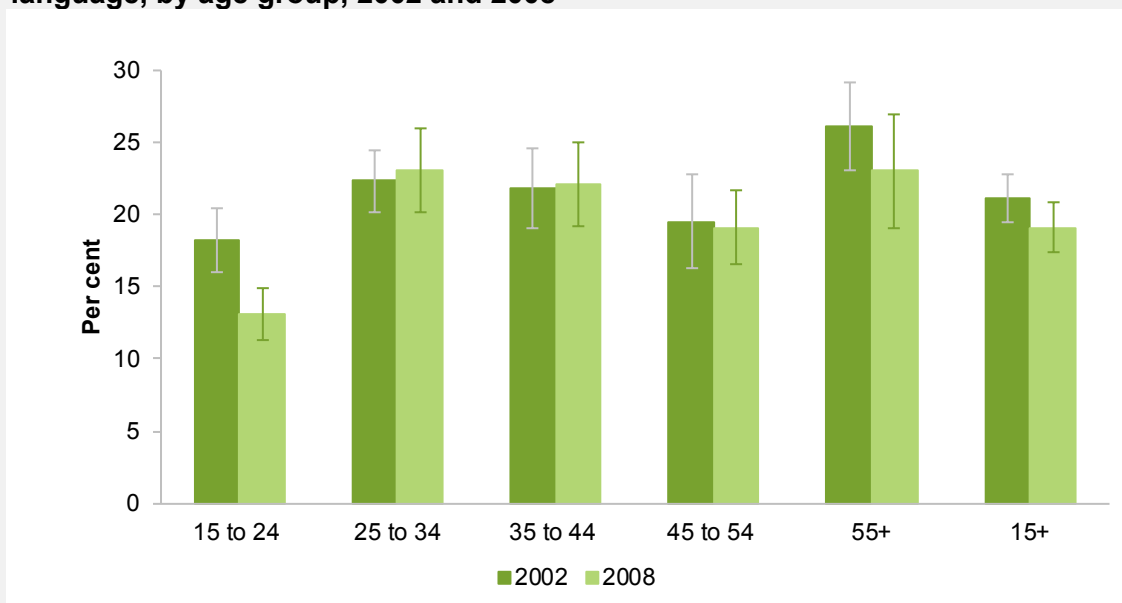
Data gap

In 2008, for Aboriginal and Torres Strait Islander Australians aged 3 years and over:

- 11 per cent were learning an Indigenous language, with the proportion highest for the youngest age group (19 per cent for 3–14 year olds)

- 17 per cent spoke an Indigenous language, with the proportion highest in remote plus very remote areas (49 per cent).

There are no time series data on learners (measure for revitalisation) and only limited time series data for speakers (measure of maintenance). It is anticipated that time series data will be available for the next report.

Proportion of Indigenous people aged 15 years and over speaking an Indigenous language, by age group, 2002 and 2008[a,b,c]

[a] People whose main language spoken at home was an Aboriginal or Torres Strait Islander language were not asked whether they were learning an Indigenous language. [b] Error bars represent 95 per cent confidence intervals around each estimate. [c] Data were not collected for persons under 15 years in 2002.

Source: Figure 5.5.3 in main report.

5.6 Indigenous cultural studies

Cultural studies can enhance educational achievement for Aboriginal and Torres Strait Islander students, as well as educate all students about Indigenous peoples and cultures.

Data gap

In 2008, almost two-thirds (65 per cent) of Aboriginal and Torres Strait Islander 5–24 year olds reported being taught Indigenous culture as part of their study. (No data are available for non-Indigenous Australians.)

There is no main measure for this indicator. Data are reported on supplementary measures around students taught Indigenous culture as part of their studies and the proportion of Aboriginal and Torres Strait Islander school staff.

Things that work

The **Deadly Ways to Learn project** (WA) aims to promote parity of esteem between Standard Australian English and Aboriginal English. Teachers and Australian Indigenous Education Officers work together to develop two-way teaching practices that enhance literacy levels among Aboriginal students in the participating schools. An early evaluation (2003) found that the project led to more inclusive teaching practices among all participating teachers , and that students' writing and reading scores (English as a second language) exceeded agreed targets by 50 per cent (box 5.6.3).

5.7 Participation in community activities

There is a positive association between Aboriginal and Torres Strait Islander Australians' involvement in sporting and cultural events and a range of socioeconomic indicators, including improved mental wellbeing.

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Between 2002 and 2008, the proportion of Aboriginal and Torres Strait Islander Australians aged 15 years and over attending cultural events decreased (from 68 to 63 per cent), while the proportion participating in sport and recreational activities increased (from 49 to 57 per cent).

Results for this indicator are unclear as one measure (participation in sport and recreational activities) has shown progress while the other measure (participation in cultural events) has declined.

Things that work

The **Coonamble Sports Mentoring Program** (north-west NSW) aims to teach life skills to 12–18 year old males, through sports-based mentoring by adults at local sporting clubs. Although the program is small scale, and has not yet been independently evaluated, a 2009 review found that, in the first year of the project, the 15 participants showed 'increased social, emotional and relationship development' and 'skills and motivation to achieve their goals'. Reports from school coordinators in the following year stated that 14 participants either remained in school or gained employment in the following year, 'a figure previously unheard of in this area' (box 5.7.3).
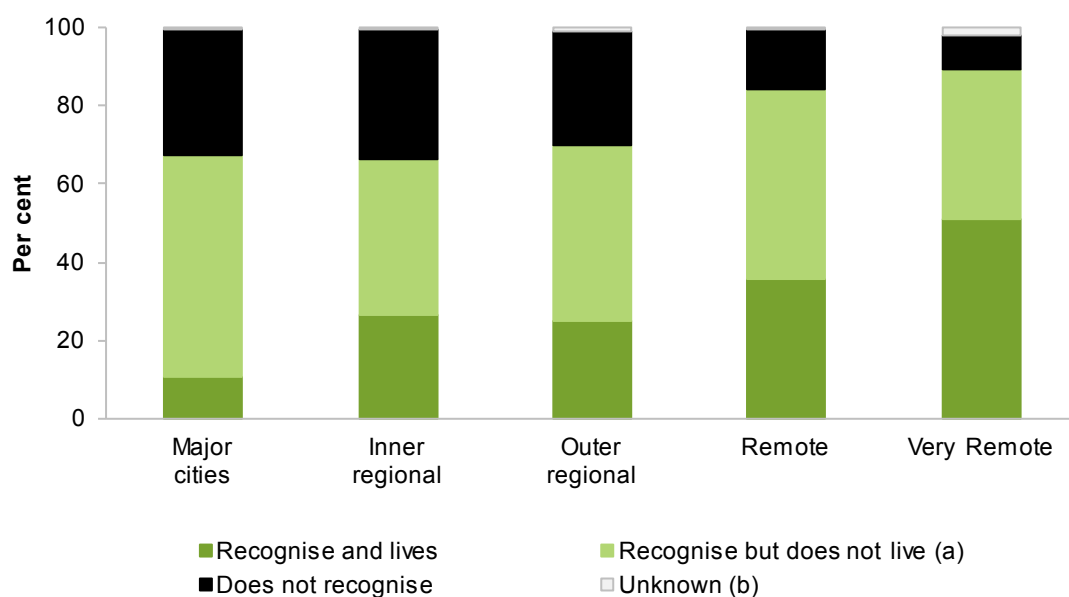
5.8　　　Access to traditional lands and waters

Aboriginal and Torres Strait Islander Australians report that they derive physical, spiritual, emotional and cultural benefits from their connection to country. Access to traditional lands and waters gives an indication of Aboriginal and Torres Strait Islander Australians' connection to country and, for some, is associated with improved health outcomes.

In 2012-13, 72 per cent of Aboriginal and Torres Strait Islander adults recognised traditional homelands, and under 1 per cent reported not being allowed to visit homelands.

In non-remote areas, recognition of homelands decreased from 71 per cent in 1994 to 60 per cent in 2004-05, before increasing to 68 per cent in 2012-13. There was no significant change in remote areas from 2002 (86 per cent) to 2012-13 (88 per cent). (Earlier data are not available for remote areas.)

Proportion of Indigenous people aged 18 years and over who recognise and live on homelands/traditional country, by remoteness area, 2012-13

a Includes respondents that did not know if they were allowed to visit homelands or not. **b** Includes people who refused to answer, or who provided 'don't know' or 'not stated' responses.

Source: Figure 5.8.1 in the main report.

6   Early child development

Providing children with a good start can have a long lasting effect on the rest of their lives. This early stage can open up opportunities for the future — but can also create barriers that prevent children achieving their full potential. Poor maternal health, growing up in households with multiple disadvantage, or having poor access to effective services can affect children's development, health, social and cultural participation, educational attainment and employment prospects. The indicators in this strategic area focus on the early drivers of long-term wellbeing or disadvantage.

6.1   Antenatal care

Antenatal care provides expectant mothers with information and early screening that can identify and help manage issues that may affect birth outcomes.

Data gap

Fifty per cent of Aboriginal and Torres Strait Islander women who gave birth in 2011 attended at least one antenatal visit in the first trimester. Time series data are limited but gaps in antenatal care attendance rates narrowed in some jurisdictions between 2007 and 2011.

In 2011, after adjusting for differences in population age structures, Aboriginal and Torres Strait Islander mothers attended their first antenatal visit later in pregnancy than non-Indigenous mothers and attended less frequently.

Nationally comparable time series data are not currently available for this indicator but are anticipated to be available for the next report.

Things that work

The **Aboriginal Midwifery Access** program (ACT) provides culturally appropriate midwifery services to parents and newborns, and has encouraged more Aboriginal women to visit midwives at an early stage of pregnancy. A 2011 evaluation found the service was a benchmark program for parents and newborns (box 6.1.3).

The promising **Bumps, Babies and Beyond** program (Mildura, Victoria) supports parents, particularly mothers, to develop positive interactions with their babies, improve connectedness to support networks, reduce depression and anxiety, and assist development of secure parent/child attachments. The success of the program has been recognised at a local and State level, resulting in an invitation to present at the World Association for Infant Mental Health International conference (box 6.1.3).

6.2 Health behaviours during pregnancy

The health behaviours of women during and after pregnancy can be important for the wellbeing of the women and their children.

✓

Nationally (excluding Victoria) the proportion of Aboriginal and Torres Strait Islander mothers who smoked during pregnancy decreased from 55 per cent in 2005 to 51 per cent in 2011. In 2011, after adjusting for differences in population age structures, the smoking rate for Aboriginal and Torres Strait Islander mothers was four times the rate for non-Indigenous mothers.

Things that work

The **Aboriginal Maternal and Infant Health Service** (NSW) has improved health outcomes for Aboriginal mothers and babies by providing culturally appropriate maternity care, including secondary programs on mental health, drug and alcohol, and Quit for Life Smoking cessation in pregnancy. A 2012 evaluation found an increase in women receiving antenatal care before 20 weeks gestation, and a reduction in pre-term births (box 6.2.3).

The **Stop Smoking in its Tracks** project (NSW North Coast) is a promising program that has led to a reduction in smoking, through incentives and intensive counselling, education and support. The completion rate for the trial was 86 per cent (19 women), with 84 per cent of the participants making a quit attempt and 42 per cent not smoking at 36 weeks (box 6.2.3).
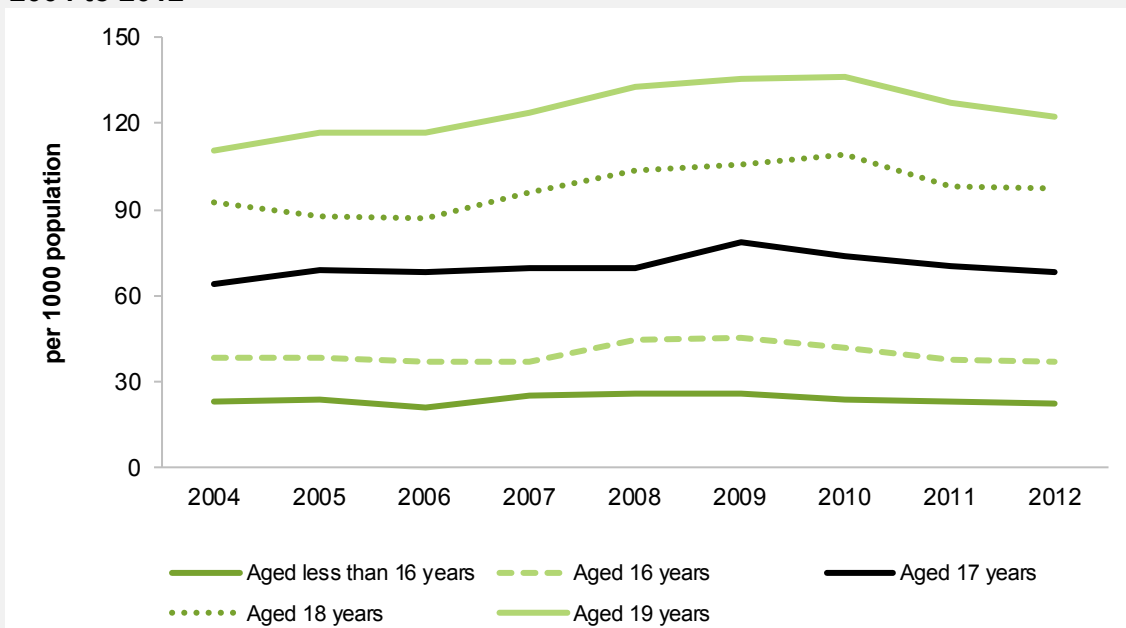
6.3 Teenage birth rate

Teenage births are associated with poorer educational and employment outcomes for the mother, which in turn influence outcomes for the child.

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The teenage birth rate for Aboriginal and Torres Strait Islander mothers increased from 65 births per 1000 population in 2004 to 77 births per 1000 population in 2009, before decreasing to 68 births per 1000 population in 2012. The non-Indigenous rate was consistently lower but followed a similar trend, increasing from 13 births per 1000 population in 2004 to 15 births per 1000 population in 2008, before decreasing to 13 births per 1000 population in 2012.

Results for this indicator have fluctuated over time with no clear trend.

Rate of births to Indigenous females aged 15–19 years, by single year of age, 2004 to 2012

Source: Figure 6.3.1 in the main report.

Things that work

The **Ngala Nanga Mai PARenT Group Program** (La Perouse, NSW) facilitates access to health care for young Aboriginal parents and their children, with improvements reported in mental health, wellbeing and social connectedness. A 2011 evaluation found that, between 2009 and 2012, 94 participants attended the group at least once, with 31 participants regular attendees. Twenty-five participants enrolled in higher education, and at least five participants gained full time employment with support from the program (box 6.3.3).

6.4 Birthweight

Low birthweight babies have a greater risk of dying in their first year, and can have more health problems in later life.

✓

In 2011, 11 per cent of Aboriginal and Torres Strait Islander mothers had low birthweight babies, compared with 5 per cent of non-Indigenous mothers.

For available jurisdictions (NSW, Victoria, Queensland, WA, SA and the NT), the proportion of Aboriginal and Torres Strait Islander mothers who had low birthweight babies decreased from 12 per cent in 2000 to 11 per cent in 2011.

Things that work

The national **Healthy for Life** program focuses on continuous quality improvement in maternal health, child health and chronic disease, with measured increases in birthweight for participating Aboriginal Community Controlled Health Services. An evaluation found that, over the year to June 2008, there was a decrease in the proportion of low birthweight babies and an increase in the proportion of high birthweight babies. More recent data found an increase in the proportion of normal birthweight babies from 82 per cent in 2007-08 to 84 per cent in 2010-11 (box 6.4.3).

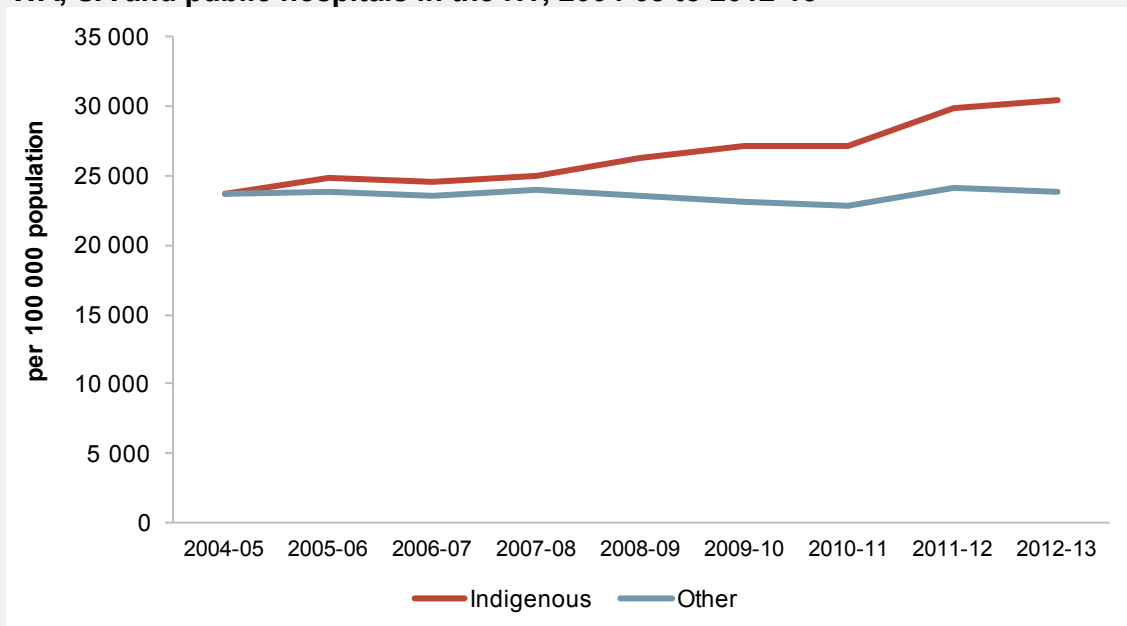## 6.5   Early childhood hospitalisations

Hospitalisation data provide a broad indicator of the scale of significant health issues. However, a high rate of hospitalisation may also indicate lower access and use of primary health care, as many hospital admissions could be prevented if more effective non-hospital care were available and used.

?

From 2004-05 to 2012-13, (for NSW, Victoria, Queensland, WA, SA and the NT combined), the hospitalisation rate for Aboriginal and Torres Strait Islander 0–4 year olds increased from around 23 700 to 30 400 per 100 000 population. Rates for other children remained relatively stable around 23 800 per 100 000 population, leading to a widening of the gap.

Results for this indicator are difficult to interpret, as an increase in hospitalisations may indicate improved access to services rather than an increase in prevalence of underlying conditions. It is important to consider the leading causes, duration and frequency of children's hospitalisations.

Hospitalisation rates for children aged 0–4 years, NSW, Victoria, Queensland, WA, SA and public hospitals in the NT, 2004-05 to 2012-13[a]

a 'Other' includes non-Indigenous children and children for whom Indigenous status was not stated.

Source: Figure 6.5.1 in the main report.

6.6　　　　　Injury and preventable disease

Many hospital admissions can be prevented if effective non-hospital care is available and used.

?

Between 2004-05 and 2012-13 (for NSW, Victoria, Queensland, WA, SA and the NT combined), potentially preventable hospitalisation rates increased for Aboriginal and Torres Strait Islander 0–4 year olds (from around 14 700 to 16 600 per 100 000 population) and decreased for other children (from around 10 800 to 9900 per 100 000 population), leading to a widening of the gap.

From 2003–2007 to 2008–2012 (for NSW, Queensland, WA, SA and the NT combined), the potentially preventable death rate decreased for both Aboriginal and Torres Strait Islander children (from 42 to 36 deaths per 100 000 population) and non-Indigenous children (from 16 to 11 deaths per 100 000 population), with little change to the gap.

The two main measures for this indicator have moved in opposite directions over time — an increase in the hospitalisation rate and a decrease in the death rate.
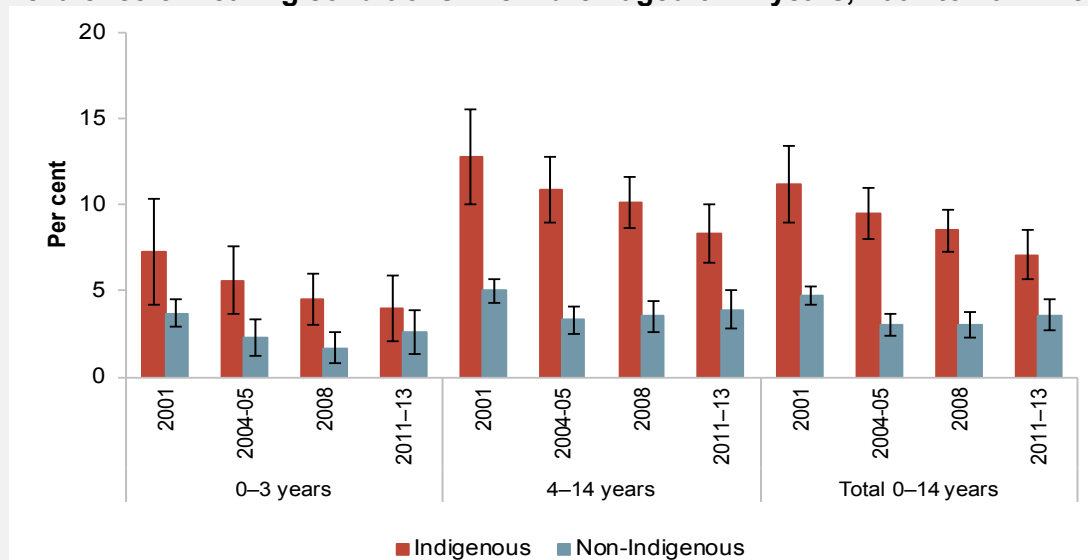
6.7　　　Ear health

Ear infections can become a chronic disease leading to hearing impediments, and can affect children's capacity to learn and socialise.

✓

The proportion of Aboriginal and Torres Strait Islander 0–14 year olds with a hearing condition decreased from 11 per cent in 2001 to 7 per cent in 2012-13. However, this rate is still twice the rate for non-Indigenous children.

Available data indicate that, between 2004-05 and 2012-13, hospitalisation rates for Aboriginal and Torres Strait Islander children for ear and hearing problems:

- increased for 0–3 year olds from 7 to 10 per 1000, while the rate for other children declined slightly to 12 per 1000 population

- increased for 4–14 year olds from 5 to 7 per 1000, while the rate for other children declined slightly to 5 per 1000 population.

Prevalence of hearing conditions in children aged 0–14 years, 2001 to 2011–13[a,b]

a Error bars represent 95 per cent confidence intervals around each estimate. **b** The 2011–13 reference year includes data for Aboriginal and Torres Strait Islander Australians from the 2012-13 AATSIHS. Data for non-Indigenous Australians are from the 2011–13 AHS (for the period 2011-12).

Source: Figure 6.7.1 in the main report.

6.7 (continued)

Things that work

The national **Care for Kids' Ears** initiative aims to increase awareness of ear disease and hearing loss in Aboriginal and Torres Strait Islander communities. An evaluation over the two years to June 2013 found the campaign had a positive impact on awareness of ear health. Those exposed to the campaign were more likely than those who weren't to identify at least one prevention action unprompted and were more likely to have their children's ears checked in the last 12 months when they did not have any signs or symptoms (box 6.7.3).

6.8   Basic skills for life and learning

Young children who are well nurtured do better in school and develop the skills needed to be productive and responsible adults.

✓

From 2009 to 2012, the proportions of Aboriginal and Torres Strait Islander children classified as developmentally 'on track' increased across all domains of the Australian Early Development Index (from 48–61 to 57–65 per cent). These proportions remain lower than those for non-Indigenous children (between 75–84 per cent) but the gap has narrowed across all domains since 2009 (between 1 and 6 percentage points).

Things that work

The national **Home Interaction Program for Parents and Youngsters** (HIPPY) provides home tutors to work with parents from disadvantaged backgrounds for two years, to support children to transition to school. A 2011 evaluation found that the program had early positive outcomes for parents and children. Outcomes for parents, included increased confidence to teach the child and talk to teachers, improved parenting skills, better relationships with children, connectedness with other parents; knowledge of school's requirements; awareness of the child's skills and abilities, and pride in the child's achievements. Early positive outcomes for children included improved familiarity and confidence with school work (box 6.8.3).

7   Education and training

Education and training is a life-long activity, from learning and development in the home through to more formal settings of school education, vocational education and training and higher education. Education and training can help strengthen communities and regions both economically and socially, and there are strong links between higher levels of education and improved health outcomes.

7.1   Year 1 to 10 attendance

In May 2014, COAG agreed to a target to close the gap in school attendance between Aboriginal and Torres Strait Islander children and non-Indigenous children within 5 years. Detailed measures are yet to be determined.

Regular school attendance is important to achieving core skills, such as literacy and numeracy.

Data gap

In 2013, within individual school sectors within a State or Territory, Aboriginal and Torres Strait Islander students generally had lower attendance than non-Indigenous students, and this difference was larger in year 10 compared to year 5.

Nationally comparable data are not currently available for this indicator but are anticipated to be available for the next report.

7.2   Teacher quality

Teacher quality is considered the most important 'in school' influence on student educational outcomes.

Increasing the number of Aboriginal and Torres Strait Islander teachers could help foster student engagement and improve educational outcomes for Aboriginal and Torres Strait Islander students.

Data gap

There is currently no nationally agreed measure of teacher quality.

In 2013, Aboriginal and Torres Strait Islander Australians made up a much lower proportion of teachers than students (around 1 per cent of teachers and 5 per cent of students for both primary and secondary schools).

There is currently no nationally agreed measure of teacher quality. Mapping the professional and personal capability dimensions of teaching is complex.

7.3   School engagement

Attendance alone is not enough to ensure improved educational outcomes.

Data gap

Research suggests that school engagement is made up of three main elements: attendance, interest and motivation/effort.

There is no nationally agreed definition of school engagement. Further work is required to develop measures and data sources.

Things that work

The national **Sporting Chance Program** aims to improve educational outcomes for Aboriginal and Torres Strait Islander students through school-based Sports Academies in secondary schools, and Education Engagement Strategies for primary and secondary school students. A 2010 evaluation found that school staff considered that the program was having a moderate (positive) impact on school engagement (although the degree and nature of improvement varied between schools) (box 7.3.2).
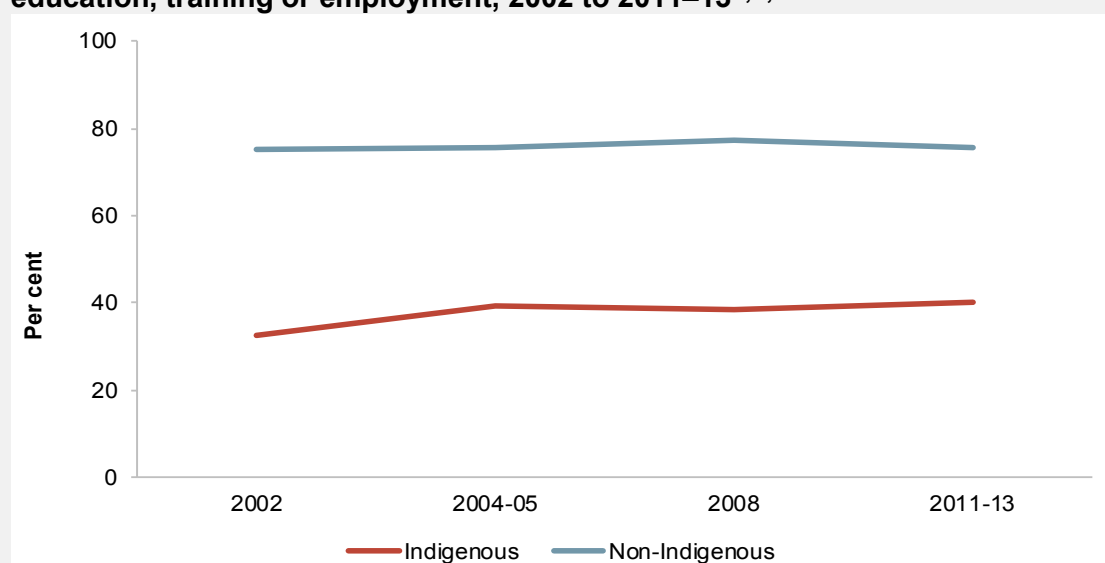
7.4   Transition from school to work

Young people who do not successfully make the transition from education to work are at risk of long-term disadvantage.

✓

The proportion of Aboriginal and Torres Strait Islander 17–24 year olds participating in post-school education, training or employment increased from 32 per cent in 2002 to 40 per cent in 2012-13. The non-Indigenous rate was stable (75 per cent in 2011-12), leading to a narrowing of the gap.

Proportion of people aged 17–24 years who are fully engaged in post-school education, training or employment, 2002 to 2011–13[a,b,c]

a Data exclude people enrolled in secondary school. **b** Relative standard errors and 95 per cent confidence intervals should be considered when interpreting these data, and are available in table 7A.4.2. **c** The 2011–13 reference year includes data for Aboriginal and Torres Strait Islander Australians from the 2012-13 AATSIHS. Data for non-Indigenous Australians are from the 2011–13 AHS (for the period 2011-12).

Source: Figure 7.4.2 in the main report.

8   Healthy lives

Health outcomes directly affect the quality of people's lives, including their ability to socialise with family and friends, to participate in the community and to work and earn an income. Physical health outcomes are affected by the living environment, access to and use of health services, and lifestyle choices. Health risk behaviours, such as smoking and poor diet, are strongly associated with many aspects of socioeconomic disadvantage. Mental health issues are affected by a complex range of medical issues, historical factors, the stressors associated with entrenched disadvantage and drug and substance misuse.

8.1   Access to primary health care

Primary health care services allow for the early detection and treatment of illness, active management of chronic conditions and use of prevention programs.

Access to services is a complex concept, involving sufficient supply of services and the ability and willingness to use them (which may be influenced by affordability, location and perceptions of the services).

?

The proxy measures of access to primary health care in this report give mixed results. For example:

- the proportion of Aboriginal and Torres Strait Islander Australians reporting their health as excellent or very good decreased from 44 per cent in 2008 to 39 per cent in 2012-13

- the proportion of Aboriginal and Torres Strait Islander adults reporting not seeing a GP/specialist in the previous 12 months fell from 19 per cent in 2001 to 14 per cent in 2012-13. This decrease was largest in remote areas (from 30 per cent to 16 per cent).

There is no single measure of access to primary health care and the proxy measures reported have shown different trends over time.

8.2 Potentially preventable hospitalisations

Potentially preventable hospitalisations are an indirect measure of adequate primary health care. In many cases, hospital admissions can be prevented if more effective non-hospital care is available, either at an earlier stage in disease progression or as an alternative to hospital care.

?

In 2012-13, after adjusting for differences in population age structures, hospitalisation rates for potentially preventable conditions were higher for Aboriginal and Torres Strait Islander Australians than for non-Indigenous Australians:

- for chronic conditions, more than four times the rate

- for acute conditions, more than twice the rate

- for influenza and pneumonia, more than 3 times the rate and for other vaccine preventable conditions almost 6 times the rate.

There are currently no national time series data due to improvements in coding of selected diseases over time.
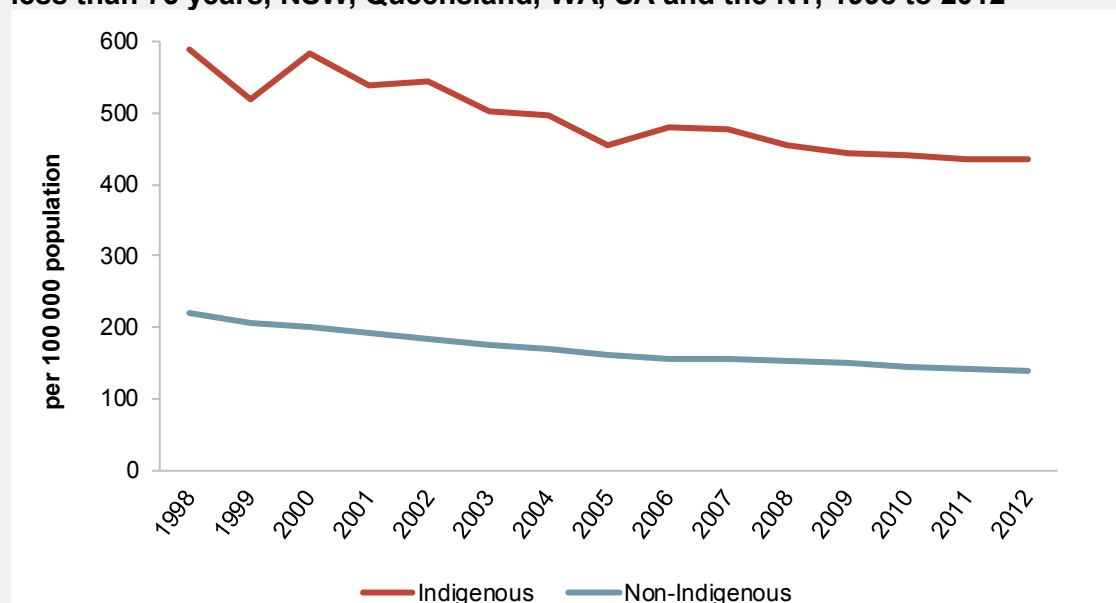
8.3 Potentially avoidable deaths

Reducing potentially avoidable deaths is a key contributor to life expectancy. Potentially avoidable deaths can be reduced through changes to lifestyle health behaviours and access to effective primary prevention, early intervention and appropriate medical treatment.

✓

For the period 2008–2012, three-quarters of Aboriginal and Torres Strait Islander deaths were potentially avoidable (7079 out of 9438 deaths), compared with two-thirds of non-Indigenous deaths (112 076 out of 169 111 deaths).

Between 1998 and 2012, for available jurisdictions and after adjusting for differences in population age structures, mortality rates from potentially avoidable deaths declined at a greater rate for Aboriginal and Torres Strait Islander 0–74 year olds than for non-Indigenous 0–74 year olds, and the gap narrowed from 368 to 298 deaths per 100 000 population.

Age standardised mortality rates for potentially avoidable deaths for people aged less than 75 years, NSW, Queensland, WA, SA and the NT, 1998 to 2012ᵃ

a Data are reported for NSW, Queensland, WA, SA and the NT only. These five jurisdictions are considered to have adequate levels of Indigenous identification in mortality data. They do not represent an Australian total.

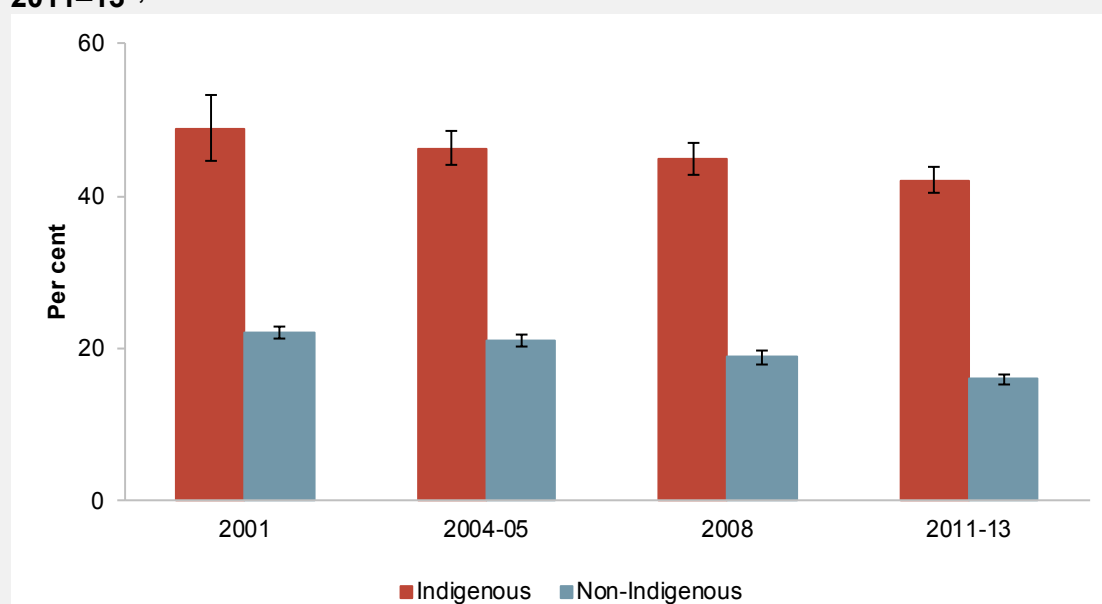*Source*: Figure 8.3.1 in the main report.

8.4 Tobacco consumption and harm

Among Aboriginal and Torres Strait Islander Australians, tobacco use is the leading risk factor contributing to disease and death. It is often associated with other lifestyle health risk factors, such as excessive alcohol consumption and poor diet.

✓

Between 2001 and 2012-13, the proportion of Aboriginal and Torres Strait Islander adults who were current daily smokers decreased from 51 per cent to 44 per cent. There was a similar decline for non-Indigenous adults from 2001 to 2011-12, with the gap relatively stable around 26 percentage points.

Age standardised rates of current daily smokers aged 18 years and over, 2001 to 2011–13[a,b]

[a] Error bars represent 95 per cent confidence intervals around each estimate. [b] Current period data for Aboriginal and Torres Strait Islander Australians are from the 2012-13 AATSIHS. Data for non-Indigenous Australians are from the 2011–13 AHS (for the period (2011-12).

Source: Figure 8.4.1 in the main report.

8.5 Obesity and nutrition

High body mass and physical inactivity are significant risk factors for poor health outcomes, including cardiovascular disease, Type 2 diabetes, and some musculoskeletal conditions and cancers.

?

In 2012-13, 69 per cent of Aboriginal and Torres Strait Islander adults were overweight or obese. After adjusting for differences in population age structures this was 1.2 times the proportion for non-Indigenous adults in 2011-12.

Trend results are difficult to interpret as the measurement of body mass (BMI) has improved over time.

8.6   Oral health

Oral health contributes to overall health and wellbeing. Two of the most frequently occurring oral diseases are tooth decay and periodontal disease. Both are preventable and, with early treatment, curable.

Data gap

In 2008, 32 per cent of Aboriginal and Torres Strait Islander 0–14 year olds were reported as having teeth or gum problems, and 35 per cent had not visited a dentist in the previous 12 months. 'Waiting time' (32 per cent) and 'cost' (21 per cent) were the most common reasons for not visiting a dentist. Comparable data for non-Indigenous children are not available.

In NSW (2007) and SA, Tasmania and the NT (2008), 29 to 43 per cent of Aboriginal and Torres Strait Islander 5–10 year olds had no decayed, missing or filled baby teeth, compared with 48 to 60 per cent of non-Indigenous children.

Nationally comparable time series data on tooth decay are not available.

8.7   Mental health

Mental health is essential to the overall health and wellbeing of individuals, and includes both mental illness and overall mental wellbeing. Mental wellbeing can be affected by a broad range of factors, including domestic violence, substance misuse, physical health problems, incarceration, family breakdown and social disadvantage.

✕

In 2012-13, almost one-third of Aboriginal and Torres Strait Islander adults (30 per cent) reported high/very high levels of psychological distress, an increase from 27 per cent in 2004-05.

After adjusting for population age structures, the proportion of Aboriginal and Torres Strait Islander adults experiencing high/very high psychological distress in 2012-13 was almost three times the proportion for non-Indigenous adults in 2011-12.
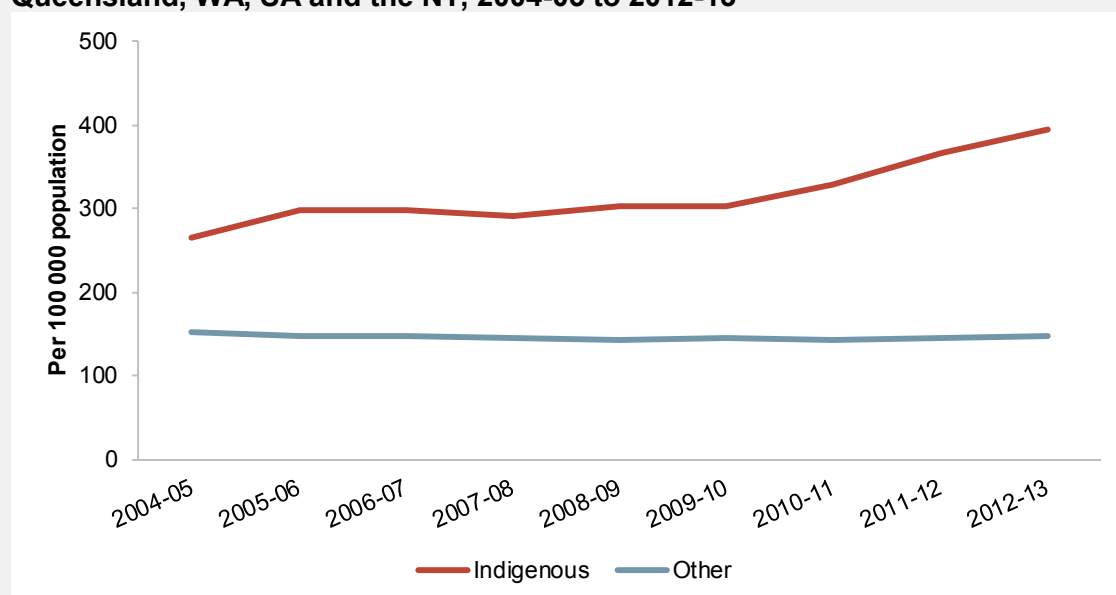
8.8　Suicide and self-harm

Mental illness is the largest risk factor for suicide, with psychological distress often being the final factor leading to spontaneous acts of self-harm. Suicide by Aboriginal and Torres Strait Islander Australians is also influenced by complex factors relating to social disadvantage and a history of trauma and grief resulting from past dislocation and mistreatment.

✕

After adjusting for differences in population age structures:

- the suicide death rate for Aboriginal and Torres Strait Islander Australians in 2008–2012 was almost twice the rate for non-Indigenous Australians

- the hospitalisation rate for intentional self-harm for Aboriginal and Torres Strait Islander Australians increased by almost 50 per cent from 2004-05 to 2012-13, while the rate for other Australians remained relatively stable.

Age standardised hospitalisation rates for intentional self-harm, NSW, Victoria, Queensland, WA, SA and the NT, 2004-05 to 2012-13[a]

a 'Other' includes hospitalisations where Indigenous status was recorded as non-Indigenous or not stated.

Source: Figure 8.8.2 in the main report.

Things that work

The **Yiriman Project** (WA) takes young people, accompanied by elders, on trips back to country, to immerse them in the stories, song and knowledge that are their cultural heritage. This builds young people's confidence and improves their self-worth, and is considered to have helped curb suicide, self-harm and substance abuse in the participating communities. A 2010 qualitative study of the program found that it contributed to healing of young people as they walk on country, provided an opportunity to develop and assert culture, language and bush skills, and created meaningful employment that valued and maintained culture (box 8.8.3 and section 5.4).

9 Economic participation

Participation in the economy can significantly influence living standards. Having a job can lead to improved incomes for families and communities, and also enhance self-esteem and reduce social alienation. Long-term reliance on income support is correlated with the disadvantages that accompany low socioeconomic status.

9.1 Employment by full time/part time status, sector and occupation

The type of employment undertaken can affect rates of pay, job satisfaction, security and opportunities for advancement.
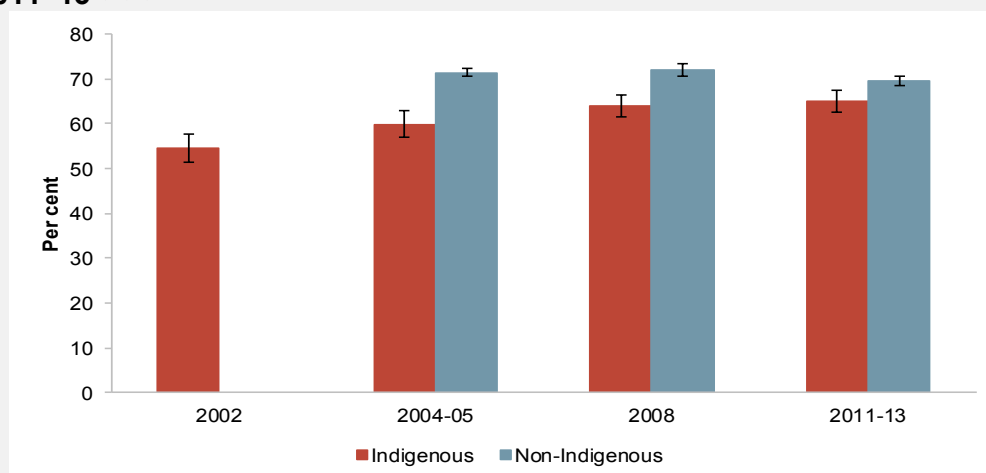
Employment data are influenced by the CDEP program. CDEP participants were counted as employed in official statistics. The phasing out of the program means that some people previously on CDEP (and counted as employed) are now counted as unemployed.

✓

For employed Aboriginal and Torres Strait Islander Australians:

- the proportion aged 18–64 years in full time employment increased from 54 per cent in 2002 to 65 per cent in 2012-13, around 5 percentage points from the proportion for non-Indigenous Australians (70 per cent in 2011-12)

- the proportion aged 15–64 years in professional or managerial positions increased from 16 per cent in 2001 to 20 per cent in 2011, while the proportion of non-Indigenous Australians increased from 33 to 35 per cent.

Proportion of employed people aged 18–64 years in full time employment, 2002 to 2011–13[a,b,c,d]

a Includes CDEP employment. **b** There is no non-Indigenous comparator available for 2002. **c** Error bars represent 95 per cent confidence intervals around each estimate. **d** The 2011–13 reference year includes data for Aboriginal and Torres Strait Islander Australians from the 2012 13 AATSIHS. Data for non-Indigenous Australians are from the 2011–13 AHS (for the period 2011-12).

Source: Figure 9.1.1 in the main report.

9.1 (continued)

Things that work

The **Mossman Gorge Centre** (Qld) is a promising program that offers residential training facilities to increase Aboriginal and Torres Strait Islander employment. After one year of operation, 90 per cent of staff were Aboriginal and Torres Strait Islander Australians. A residential training facility for up to 20 students was built adjacent to the Centre. In 2012-13, 21 out of 29 students in a 20-week Certificate II in Hospitality graduated, and 15 students were placed into employment at the Centre and elsewhere (box 9.1.3).

9.2   Indigenous owned or controlled land and business

Ownership and control of land and business can provide a range of social and economic benefits, including increased income and employment.

✓

Indigenous Land Corporation data show that, in April 2014, Aboriginal and Torres Strait Islander Australians collectively owned or controlled 16 per cent of land in Australia, with most of this land (98 per cent) in very remote areas.

Nationally in 2013, native title had been determined to exist in 21 per cent of Australia (up from 5 per cent in 2004) and registered Indigenous Land Use Agreements covered 24 per cent of Australia.

The different forms of reported land tenure overlap and cannot be added together.

Things that work

Indigenous Landholder Services (WA) is a promising program that focusses on technical support, governance development and business management mentoring, to increase economic benefits to Aboriginal pastoral and agricultural producers. In the six months to June 2014, 72 properties gained sufficient capability and independence to reduce the need for ILS assistance, and three properties reached independence (box 9.2.3).

The national **Supply Nation** program assists Indigenous businesses with Certified Supplier status to enter into commercial relationships with large corporations and agencies. A post-implementation review of its predecessor program found that the concept was achieving success. Supply Nation currently works with 274 certified Indigenous suppliers and 141 member organisations (box 9.2.4).

9.3   Home ownership

Home ownership, although not an aspiration of all Aboriginal and Torres Strait Islander Australians, is an important indicator of wealth and saving. Home ownership also provides security of tenure and allows control over living arrangements.

✓

The proportion of Aboriginal and Torres Strait Islander adults living in a home owned or being purchased by a member of their household increased from 22 per cent in 1994 to 27 per cent in 2002 and 30 per cent in 2012-13. The proportion for non-Indigenous Australians decreased from 74 to 72 per cent between 2002 and 2011-12 (earlier data are not available).

9.4   Income support

Aboriginal and Torres Strait Islander Australians are overrepresented in the Australian income support system. Although income support can provide a valuable safety net, recipients usually fall within the lowest income groups, with associated disadvantages.

✓

From 2002 to 2012-13, the proportion of Aboriginal and Torres Strait Islander 18–64 year olds whose main source of income was employee income increased from 32 per cent to 41 per cent, with corresponding decreases in the proportions on government pensions/allowances (from 50 to 46 per cent) and CDEP/other cash income (from 15 to 5 per cent). The proportion of non-Indigenous Australians whose main source of income was employee income fluctuated over this period with no clear trend (62 per cent in 2011-12).

10   Home environment

Better environmental health is especially beneficial for children's physical and emotional wellbeing. Safe and healthy living conditions are influenced by the homes in which people live, the water they drink and the safe removal of waste.

10.1   Overcrowding in housing

Better, less cramped living conditions are linked to positive effects on health, education and family relationships.
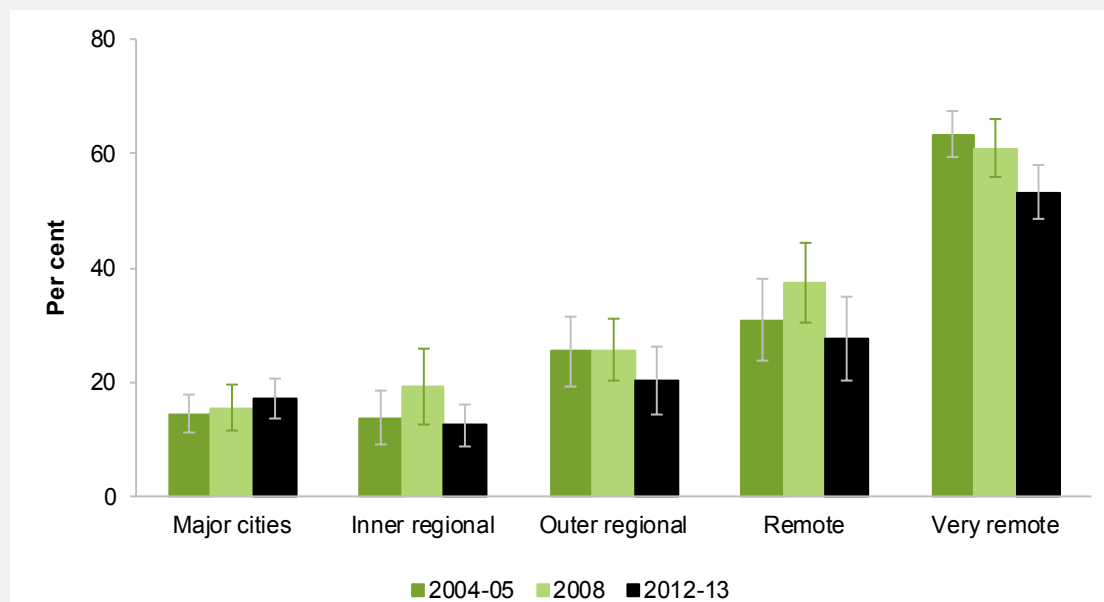
Cultural and social factors influence the way housing is used by different peoples. This indicator emphasises the adequacy of housing to the preferred household composition — not household composition on its own.

✓

The proportion of Aboriginal and Torres Strait Islander Australians living in overcrowded households decreased from 27 per cent in 2004-05 to 23 per cent in 2012-13, including a decrease in overcrowding in very remote areas (from 63 to 53 per cent).

The proportion of Aboriginal and Torres Strait Islander adults reporting overcrowding as a stressor halved from 21 per cent in 2002 to 10 per cent in 2012-13.

Proportion of Indigenous people living in overcrowded households, by remoteness, 2004-05 to 2012-13[a,b]

[a] Households requiring at least one additional bedroom, based on the Canadian National Occupancy Standard for Housing Appropriateness. [b] Error bars represent 95 per cent confidence intervals around each estimate.

Source: Figure 10.1.2 in the main report.

10.2 Rates of disease associated with poor environmental health

Sanitation, water quality, food safety, disease control and housing conditions all contribute to public health. However, many rural and remote Indigenous communities struggle to achieve the basic level of environmental health that has been achieved for the rest of the population.

?

For NSW, Victoria, Queensland, WA, SA and the NT combined, from 2004-05 (2008-09 for intestinal infectious diseases) to 2012-13, Aboriginal and Torres Strait Islander Australians experienced higher rates of hospitalisation than other Australians for all selected diseases.

For NSW, Queensland, WA, SA and the NT combined, from 2003–2007 to 2008–2012, the death rate for Aboriginal and Torres Strait Islander Australians from diseases associated with poor environmental health decreased by 20 per cent, but was still 1.7 times the non-Indigenous rate in 2008–2012.

The two main measures for this indicator have moved in opposite directions over time — an increase in the hospitalisation rate but a decrease in the death rate.

Things that work

The **East Arnhem Scabies Control Program** (NT) was established in early 2011. An evaluation in 2011–2013 found positive results (a 44 per cent decrease in total recurrences), although the generalisability of the results may be limited by the small sample size. Despite this limitation, the Central Australian Rural Practitioners Association Standard treatment manual (2014) has been updated to feature the program's model of care (box 10.2.3).

10.3 Access to clean water and functional sewerage and electricity services

Communities need a clean, adequate and reliable supply of water for drinking, cooking and washing; a functional sewerage system to prevent sewerage from contaminating drinking water and food; and access to a reliable electricity (or gas) supply for cooking, refrigeration, and running household appliances.

✕

The proportion of Aboriginal and Torres Strait Islander households living in houses of an acceptable standard (including structural issues and working facilities) decreased from 83 per cent in 2008 to 78 per cent in 2012-13.

Data on access to water, sewerage and electricity services in discrete Indigenous communities are relatively old and with limited time series.

11 Safe and supportive communities

Safe and supportive families and communities provide a resilient, caring and protective environment, promoting a range of positive outcomes. However, problems in families and communities can contribute to disrupted relationships, social alienation, alcohol and drug misuse and family violence.

11.1 Alcohol consumption and harm

Alcohol is a major risk factor for Aboriginal and Torres Strait Islander wellbeing and a significant contributor to violence in Aboriginal and Torres Strait Islander communities.

According to self-reported alcohol consumption by Aboriginal and Torres Strait Islander adults in 2012-13:

- 20 per cent reported exceeding lifetime alcohol risk guidelines (the main measure for this indicator). This was similar to the proportion in 2004-05, and after adjusting for differences in population age structures, was similar to the proportion for non-Indigenous adults in 2011-12

- 23 per cent reported not consuming alcohol in the previous 12 months. After adjusting for differences in population age structures, this was 1.6 times the rate for non-Indigenous adults

- 57 per cent reported exceeding single occasion risk guidelines in the previous 12 months. After adjusting for differences in population age structures, this was 1.1 times the rate for non-Indigenous adults.

Things that work

The **Fitzroy Crossing Liquor Restriction** (Kimberley region, WA) restricted the supply of alcohol into the community. A 2008–2009 evaluation involving interviews and police data found positive effects on domestic violence, public violence and antisocial behaviour, and an increase in families purchasing food and clothes (box 11.1.3).

11.2   Drug and other substance use and harm

The misuse of legal drugs and substances and use of illegal drugs can have major negative effects on individuals, families and communities. The use of illicit drugs contributes to illness and disease, accidents and injury, violence and crime, family and social disruption, and workplace problems.

According to self-reported substance use by Aboriginal and Torres Strait Islander adults in 2012-13:

- around half (47 per cent) of adults in non-remote areas reported having never used illicit substances, similar to the proportions in 2004-05 and 2008.

- 23 per cent reported use of illicit substances in the previous 12 months, a decrease from 28 per cent in 2004-05, but not statistically significantly different to 26 per cent in 2002.

Things that work

OPAL fuel (a low aromatic fuel) was introduced in the NT and WA to reduce petrol sniffing. It has contributed to reductions in associated antisocial behaviour, offending and contact with the criminal justice system. An evaluation in 2008 found that the prevalence of sniffing had declined in 17 out of 20 sample communities (and the number of communities with no petrol sniffing increased from two to nine) (box 11.2.3).

11.3　　　Juvenile diversions

Diversions, such as police cautioning and conferencing, prevent young people from entering or continuing in the formal criminal justice system.

Diversions are swift and economically efficient processes, and can reduce stigmatisation and contact with other offenders.

Data gap

Across jurisdictions, diversion rates for Aboriginal and Torres Strait Islander young people aged 10–17 years are around one-half to two-thirds those for non-Indigenous young people, and have remained relatively unchanged over recent years.

Nationally comparable data are not currently available.

Things that work

Ignite Basketball (WA) aims to divert young people from the Armadale to Perth train lines and Northbridge on Saturday nights, as a way of reducing crime and antisocial behaviour. This promising program hosts basketball games and provides psychological support and counselling. Over 360 young people are registered in the program, with approximately 85 per cent identifying as Aboriginal and/or Torres Strait Islander. Since the inception of the program, the number of youth being detained in the Northbridge precinct has decreased from 102 in 2009 to 27 in 2013 (box 11.3.3).

The **Regional Youth Justice Services** (WA) is a promising program that focuses on the diversion of young people from formal justice processes, through the provision of advice and support, youth bail options, in-court assistance and supervision of community based orders. The program was initially trialled in Kalgoorlie and Geraldton. The number of police cautions in Kalgoorlie increased by 41.4 per cent and the number of police and judge referrals to a Juvenile Justice Service team in Geraldton increased by 82 per cent (box 11.3.3).

11.4　　　Repeat offending

Repeat offending and re-incarceration are significant contributors to the over-representation of Aboriginal and Torres Strait Islander Australians in the youth justice and criminal justice systems.

On 30 June 2013, 77 per cent of Aboriginal and Torres Strait Islander prisoners had a known prior imprisonment, compared with 51 per cent of non-Indigenous prisoners. These proportions have remained relatively unchanged since 2000.

In 2011-12, Aboriginal and Torres Strait Islander young people returned to youth justice supervision at between 1.3 and 1.5 times the rate of non-Indigenous young people. (This is the first year for which data are available for this measure.)

Things that work

The **Magistrates Early Referral into Treatment** drug diversion program (NSW) is a tailored, case management program that diverts adult defendants in local courts with demonstrable drug problems to an intensive three-month drug treatment program. Aboriginal and Torres Strait Islander defendants make up around 18 per cent of the program. A 2009 evaluation found that, compared with similar defendants who did not participate in the program, completion of the program reduced reoffending by 12 per cent over a two-year follow up period (box 11.4.3).

11.5 Community functioning

For many people, individual wellbeing is closely tied to the wellbeing of their community as a whole.

Data gap

Community functioning scores are based on Aboriginal and Torres Strait Islander perspectives.

In 2008, median (middle) community functioning scores were similar across sex and geographic location for children aged 0–14 years and for those aged 15 years and over, reflecting consistent experiences of community functioning.

There are no time series data for this measure as 2008 was the first year of full reporting. Time series data are anticipated for the next report.

Things that work

The **Family Wellbeing Program** (northern Australia) is a cultural healing program that aims to enhance participants' capacity to deal with day-to-day stresses and to help others. It uses a group format, in which the experiences of the facilitators and participants are the main learning resource. A 2010 review of seven formative evaluations of the program concluded that it increased the capacity of participants to exert greater control over their health and wellbeing (box 11.5.3).

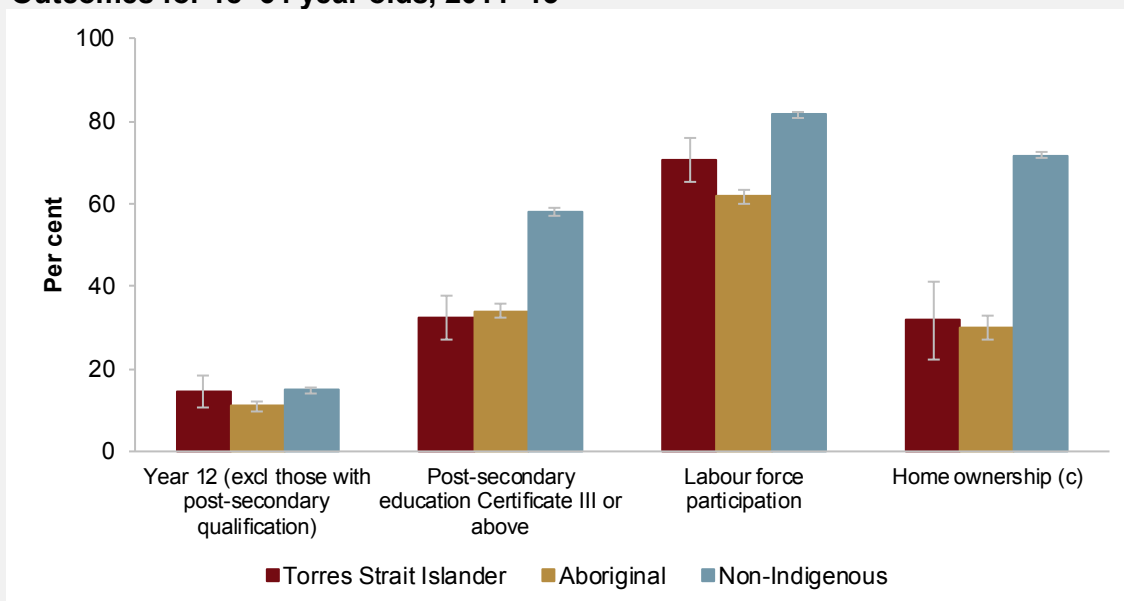# 12   Outcomes for Torres Strait Islander people

Torres Strait Islander people are a culturally distinct group of Indigenous Australians. The relatively small number of Torres Strait Islander Australians limits the ability to report separately on outcomes, but data are available for some indicators.

Outcomes for Torres Strait Islander people

Available data suggest that outcomes for Torres Strait Islander Australians are similar to those for Aboriginal Australians for: year 12; post-secondary education; home ownership; personal income; and self-assessed health status.

Labour force participation rates for 18–64 year olds in 2011–13 were higher for Torres Strait Islander Australians (71 per cent) than for Aboriginal Australians (62 per cent), although still lower than for non-Indigenous Australians (82 per cent). The unemployment rate was similar for Torres Strait Islander Australians (20 per cent) and Aboriginal Australians (19 per cent), but was lower for non-Indigenous Australians (4 per cent).

Outcomes for 18–64 year olds, 2011–13[a,b]

[a] Error bars represent 95 per cent confidence intervals around each estimate [b] The 2011–13 reference year includes data for Aboriginal and Torres Strait Islander Australians from the 2012-13 AATSIHS. Data for non-Indigenous Australians are from the 2011–13 AHS (for the period 2011-12). [c] Age range is 18 years and over.

Source: Chapter 12 in the main report; tables 9A.3.2, 12A.1.1, 12A.1.2 and 12A.1.4.

13   Multiple disadvantage

Different aspects of disadvantage often seem to occur together — for example, poor education appears to be linked with poor employment outcomes, and both are linked with low income. The main report presents information on the associations between different aspects of disadvantage and an overview of recent research into factors associated with the disadvantage experienced by many Aboriginal and Torres Strait Islander Australians.
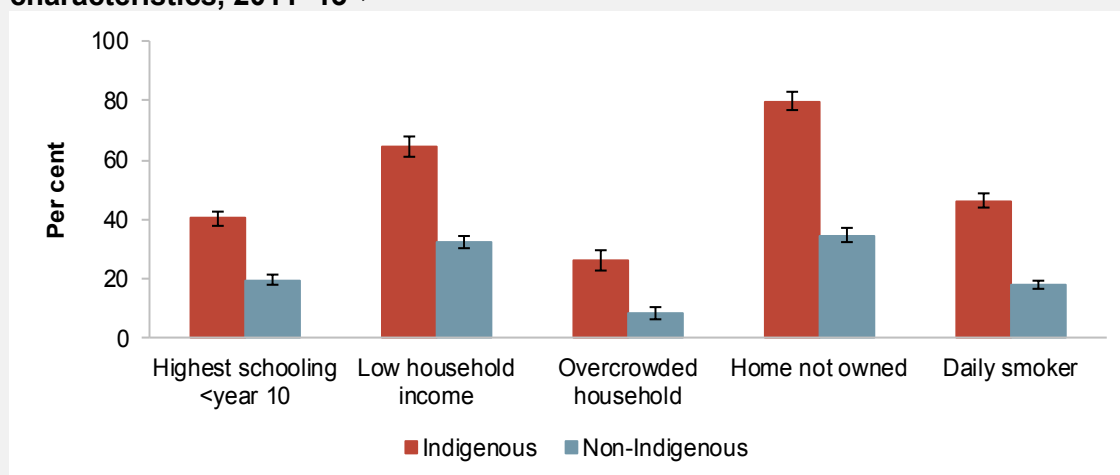

Multiple disadvantage

Associations between indicators of disadvantage

If people who experience one type of disadvantage also experience another kind of disadvantage, the two aspects of disadvantage may be linked or associated in some way. Analysis in the main report found that rates of multiple disadvantage are higher for Aboriginal and Torres Strait Islander Australians than for non-Indigenous Australians.

The example below shows that Aboriginal and Torres Strait Islander Australians who are not in the labour force are more likely than non-Indigenous Australians who are not in the labour force to experience other disadvantages.

People aged 15–64 years not in the labour force — associations with selected characteristics, 2011–13[a,b]

[a] Error bars represent 95 per cent confidence intervals around each estimate. [b] The 2011–13 reference year includes data for Aboriginal and Torres Strait Islander Australians from the 2012-13 AATSIHS. Data for non-Indigenous Australians are from the 2011–13 AHS (for the period 2011-12).

Source: Figure 13.1.2 in the main report.

Recent research into factors associated with disadvantage

The main report summarises recent research by the Centre for Aboriginal Economic Policy Research (CAEPR) and the Telethon Kids Institute.

Future directions in data

All Australian governments have agreed that improvement of data on Aboriginal and Torres Strait Islander Australians is a high priority, and there have been improvements in many data sources since the first OID report in 2003. However, there are still some key data gaps.

Indicator	Data priority
Life expectancy and mortality	Continue work on improving Indigenous mortality (deaths) data, to inform estimation of life expectancy by jurisdiction/remoteness. (Recognising the data limitations in jurisdictions with relatively small Aboriginal and Torres Strait Islander populations.)
Substantiated child abuse and neglect	Collect data on the underlying extent of child protection issues.
Participation in decision making	Collect data on the preferred measure of 'wanting to, and ability to' participate in decision making.
Indigenous cultural studies	Develop a measure and data source for this indicator.
Teacher quality	Develop a measure and data source for this indicator.
School engagement	Develop a measure and data source for this indicator.
Tobacco, alcohol and drug and other substance use and harm	Collect regular, comparable data on Aboriginal and Torres Strait Islander and non-Indigenous consumption by jurisdiction and remoteness.
Access to traditional lands and waters	Expand the availability of data on reasons why people do not identify with or recognise homelands. Collect data on access to traditional waters.
Oral health	Expand the availability of comparable data on tooth decay.
Juvenile diversions	Develop and collect nationally comparable data.
Self-employment and Indigenous business	Collect data on Indigenous business.
Access to clean water and functional sewerage and electricity services	Collect regular data allowing comparison between services in Indigenous communities and those delivered by major utilities.