

Overcoming Indigenous Disadvantage

Key Indicators 2016

Overview



Produced by the
Productivity Commission for the
Steering Committee for the Review
of Government Service Provision



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Publication enquiries

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The Steering Committee welcomes enquires and suggestions on the information contained in this report. Contact the Secretariat by phone: (03) 9653 2100 or email: gsp@pc.gov.au

Photographs

PLEASE NOTE: Aboriginal and Torres Strait Islander people should be aware that this publication may contain images of deceased people.

The Steering Committee thanks the Yiriman Project; Department of Agriculture and Food WA; Indigenous Landholder Services Organisation; the AIME Program; Mossman Gorge Centre; Victorian Aboriginal Child Care Agency; Care for Kids' Ears, Department of Health; Kimberley Aboriginal Law and Cultural Centre and the Family Wellbeing Program for providing the photographs reproduced in this report. No inference is intended that the people or communities shown are the subject of any issues raised in the report.

Cover photos

Clockwise from top left: Image of Walmajarri woman Julia Mayarn Lawford, photo taken by Janelle White, courtesy of Yiriman Project; Image of Kevin Barron, Yallalie Farm in Dandaragan WA, photo taken by Mark Chmielewski, courtesy of the Department of Agriculture and Food WA; Photo courtesy of the AIME Program; Photo taken by Secretariat staff, Gab Titui Cultural Centre, Thursday Island, Queensland.

This report generally uses the term 'Aboriginal and Torres Strait Islander Australians' to describe Australia's first peoples and 'non-Indigenous Australians' to refer to Australians of other backgrounds, except where quoting other sources.

Contents

Steering Committee	iii
Acknowledgments	iv
Key points	1
Key points 2016 — trends in national outcomes	
Overview	
What is the Overcoming Indigenous Disadvantage report?	4
Understanding Indigenous disadvantage	6
The OID indicator framework logic	9
Changes for this edition of the report	12
COAG targets and headline indicators	13
<i>COAG targets</i>	
Life expectancy	13
Young child mortality	14
Early childhood education	14
Reading, writing and numeracy	15
Year 1 to 10 attendance	15
Year 12 attainment	16
Employment	17
<i>Headline Indicators</i>	
Post-secondary education – participation and attainment	18
Disability and chronic disease	18
Household and individual income	19
Substantiated child abuse and neglect	19
Family and community violence	20
Imprisonment and juvenile detention	20
Strategic areas for action	21
Governance, leadership and culture	21
Early child development	27
Education and training	32
Healthy lives	34
Economic participation	39
Home environment	42
Safe and supportive communities	44
Outcomes for Torres Strait Islander people	47
Measuring factors that improve outcomes	48
Future directions in data	49

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This report was produced under the direction of the Steering Committee for the Review of Government Service Provision (SCRGSP). The Steering Committee comprises the following current members:

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The Overcoming Indigenous Disadvantage Working Group undertakes the development and production of the Overcoming Indigenous Disadvantage Report under the auspice of the Steering Committee. The Working Group comprises the following members:

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Dr Nicholas Biddle (Centre for Aboriginal Economic Policy Research, Australian National University)

Dr Kyllie Cripps (Indigenous Law Centre, University of New South Wales)

Mr Jason Glanville (Australian Indigenous Governance Institute)

Ms Heron Loban (Griffith University)

Dr Karen Martin (Griffith University)

National Health Leadership Forum

Reconciliation Australia

Ms Lynette Riley (University of Sydney)

Dr Felecia Watkin Lui (James Cook University)

Working Group on Aboriginal and Torres Strait Islander Environmental Health

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. Around 3 per cent of the Australian population are estimated as being of Aboriginal or Torres Strait Islander origin (based on 2011 Census data).
- Outcomes have improved in a number of areas, including some COAG targets. For indicators with new data for this report:
 - Mortality rates for children improved between 1998 and 2014, particularly for 0<1 year olds, whose mortality rates more than halved (from 14 to 6 deaths per 1000 live births).
 - Education improvements included increases in the proportion of 20–24 year olds completing year 12 or above (from 2008 to 2014-15) and the proportion of 20–64 year olds with or working towards post-school qualifications (from 2002 to 2014-15).
 - The proportion of adults whose main income was from employment increased from 32 per cent in 2002 to 43 per cent in 2014-15, with household income increasing over this period.
 - The proportion of adults that recognised traditional lands increased from 70 per cent in 2002 to 74 per cent in 2014-15.
- However, there has been little or no change for some indicators.
 - Rates of family and community violence were unchanged between 2002 and 2014-15 (around 22 per cent), and risky long-term alcohol use in 2014-15 was similar to 2002 (though lower than 2008).
 - The proportions of people learning and speaking Indigenous languages remained unchanged from 2008 to 2014-15.
- Outcomes have worsened in some areas.
 - The proportion of adults reporting high levels of psychological distress increased from 27 per cent in 2004-05 to 33 per cent in 2014-15, and hospitalisations for self-harm increased by 56 per cent over this period.
 - The proportion of adults reporting substance misuse in the previous 12 months increased from 23 per cent in 2002 to 31 per cent in 2014-15.
 - The adult imprisonment rate increased 77 per cent between 2000 and 2015, and whilst the juvenile detention rate has decreased it is still 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 service use, and change over time might be due to changing access rather than changes in the underlying outcome; and some indicators have related measures that moved in different directions.
- Finally, data alone cannot tell the complete story about the wellbeing of Aboriginal and Torres Strait Islander Australians, nor can it fully tell us why outcomes improve (or not) in different areas. To support the indicator reporting, case studies of ‘things that work’ are included in this report (a subset are in this Overview). However, the relatively small number of case studies included reflects a lack of rigorously evaluated programs in the Indigenous policy area.

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 2016 — trends in national outcomes

COAG targets and headline indicators

COAG Targets		
✓	4.1	Life expectancy
✓	4.2	Young child mortality
?	4.3	Early childhood education
?	4.4	Reading, writing and numeracy
—	4.5	Year 1 to 10 attendance
✓	4.6	Year 12 attainment
?	4.7	Employment

Headline Indicators		
✓	4.8	Post-secondary education — participation and attainment
—	4.9	Disability and chronic disease
✓	4.10	Household and individual income
?	4.11	Substantiated child abuse and neglect
—	4.12	Family and community violence
✗	4.13	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 <small>DG</small>	6.1 Antenatal care ✓	7.1 Teacher quality <small>DG</small>	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 <small>DG</small>	6.2 Health behaviours during pregnancy ✓	7.2 School engagement <small>DG</small>	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 Transition from school to work ✓	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 <small>DG</small>
5.4 Case studies in governance*	6.4 Birthweight ✓		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 <small>DG</small>	6.6 Injury and preventable disease ?		8.6 Oral health <small>DG</small>			
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
- DG 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.
Timeframes for trend assessment differ across indicators.

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 seventh 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 (the Steering Committee), 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^a

Indigenous Expenditure Report

Requested by **COAG**
Produced by **SCRGSP**
Frequency **2-3 yearly**

Purpose: Assist governments to understand levels and patterns of expenditure on services that relate to Aboriginal and Torres Strait Islander Australians.

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 Aboriginal and Torres Strait Islander Australians.

Overcoming Indigenous Disadvantage

Requested by **COAG**
Produced by **SCRGSP**
Frequency **2-3 yearly**

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

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

National Indigenous Reform Agreement Performance Report

Requested by **COAG**
Produced by **CRC/PC^b**
Frequency **to be determined**

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

Closing the Gap – Prime Minister's Report

Requested by **Prime Minister**
Produced by: **PM&C**
Frequency **Annual**

Purpose: Prime Minister's report to Parliament on progress against the seven 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.

AIHW Australian Institute of Health and Welfare. **COAG** Council of Australian Governments.

CRC COAG Reform Council. **PC** Productivity Commission. **PM&C** Department of the Prime Minister and Cabinet.

SCRGSP Steering Committee for the Review of Government Service Provision.

^a Includes ongoing report series as at November 2016.

^b The CRC was responsible for producing this report until its cessation on 30 June 2014. COAG requested the PC to complete the assessment report in respect of the 2013-14 reference year.

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 the 2014 edition that continues in this edition — a broadening of focus from *overcoming disadvantage* to *improving wellbeing*. The report framework was amended in 2014 to highlight new indicators that focus on outcomes that Aboriginal and Torres Strait Islander Australians said are important to them.

Understanding Indigenous disadvantage

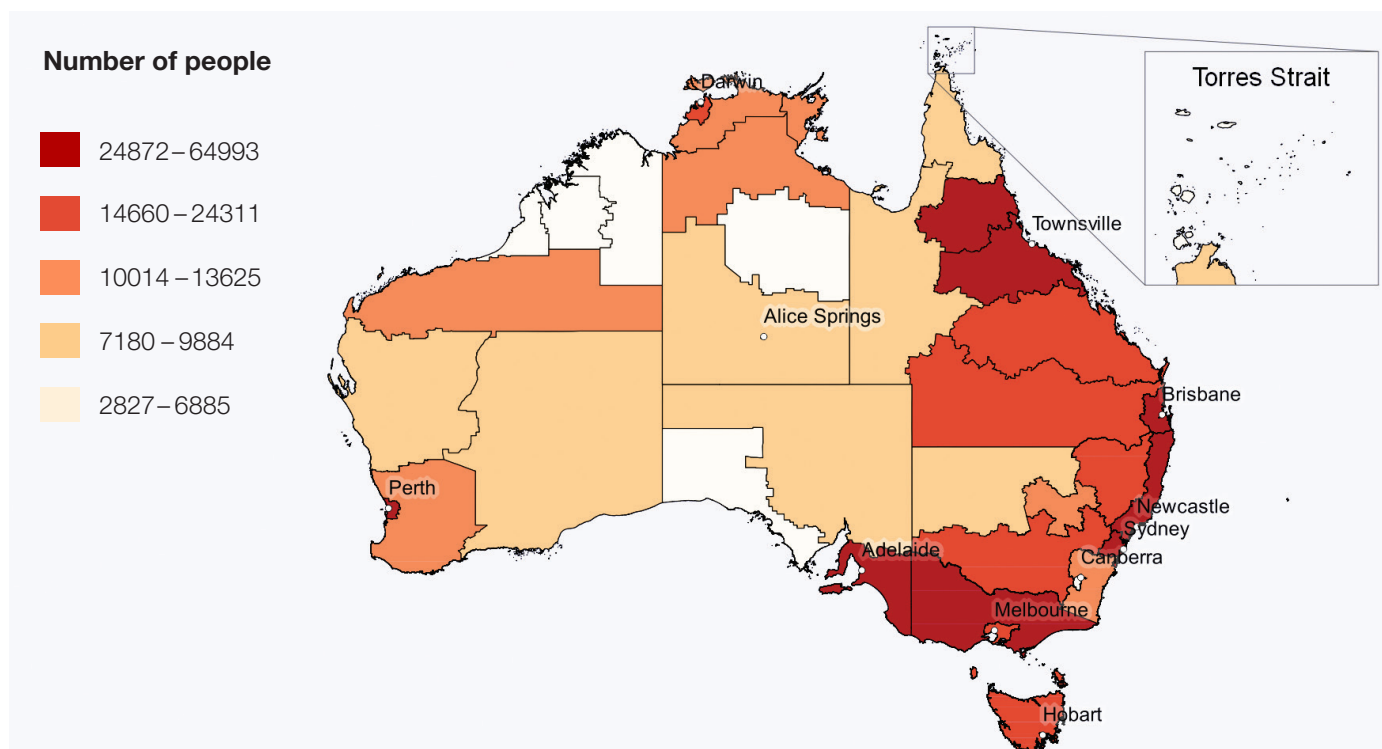
Some Aboriginal and Torres Strait Islander Australians experience little or no disadvantage compared with non-Indigenous Australians (although available data suggest that this is a relatively small group). However, other Aboriginal and Torres Strait Islander Australians are highly disadvantaged, and 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 Aboriginal and Torres Strait Islander 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 available national Census data, 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. 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. Data from the 2016 Census are anticipated to be available in 2017.

Aboriginal and Torres Strait Islander people are concentrated in certain areas^{a, b}



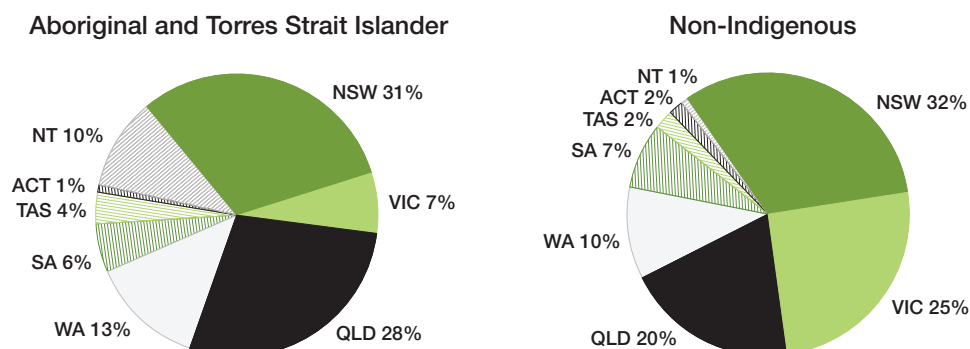
^a The estimated Aboriginal and Torres Strait Islander population by ABS Indigenous regions as at 30 June 2011.

^b The legend is not continuous as there are no regions with numbers in between these five categories.

Source: ABS 2014, *Estimates and projections, Aboriginal and Torres Strait Islander Australians 2001 to 2026*, Cat. no. 3238.0.

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

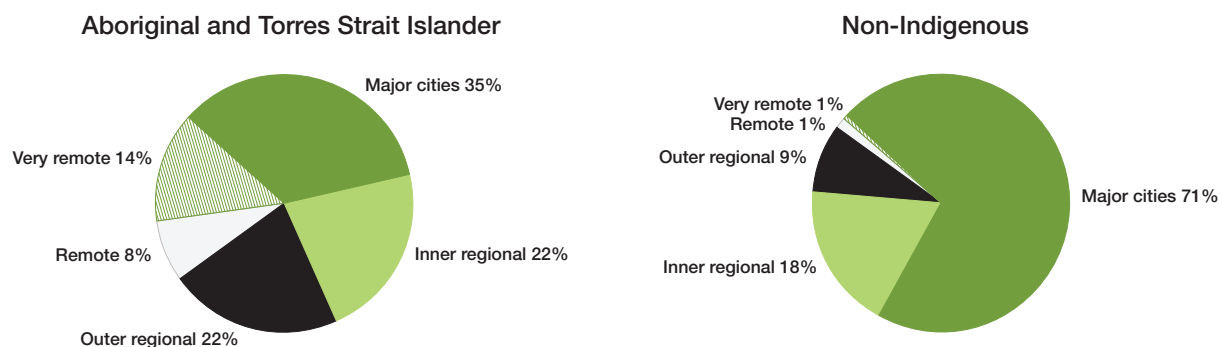


Source: ABS 2013, *Estimates of Aboriginal and Torres Strait Islander Australians, June 2011*, Cat. no. 3238.0.55.001; ABS 2014, *Estimates and Projections, Aboriginal and Torres Strait Islander Australians 2001 to 2026*, Cat. no. 3238.0.

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 or very remote areas.

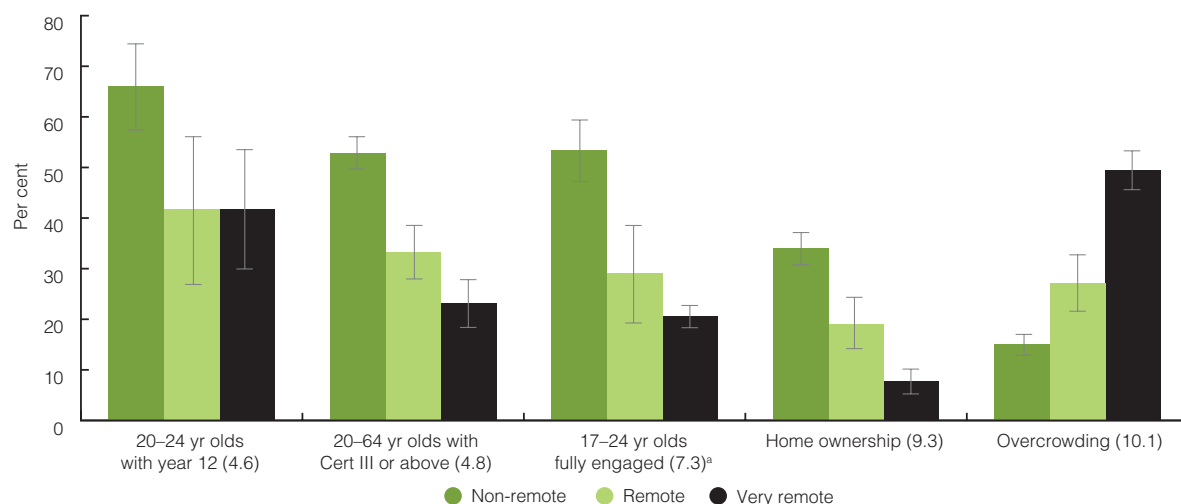
Proportion of the Australian population by remoteness area, 30 June 2011



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

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

Selected outcomes for Aboriginal and Torres Strait Islander people by remoteness, 2014-15



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

Source: See main report: Year 12 — section 4.6; Cert III or above — section 4.8; Youth fully engaged — section 7.3; Home ownership — section 9.3; 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 in chapter 13 explores the interaction of many of the factors that contribute to improved outcomes.

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 logic

The OID report is based on a framework of indicators that aim to measure the wellbeing of Aboriginal and Torres Strait Islander Australians (see chapter 2 in the main report for the details on the complete framework). 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 seven 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.

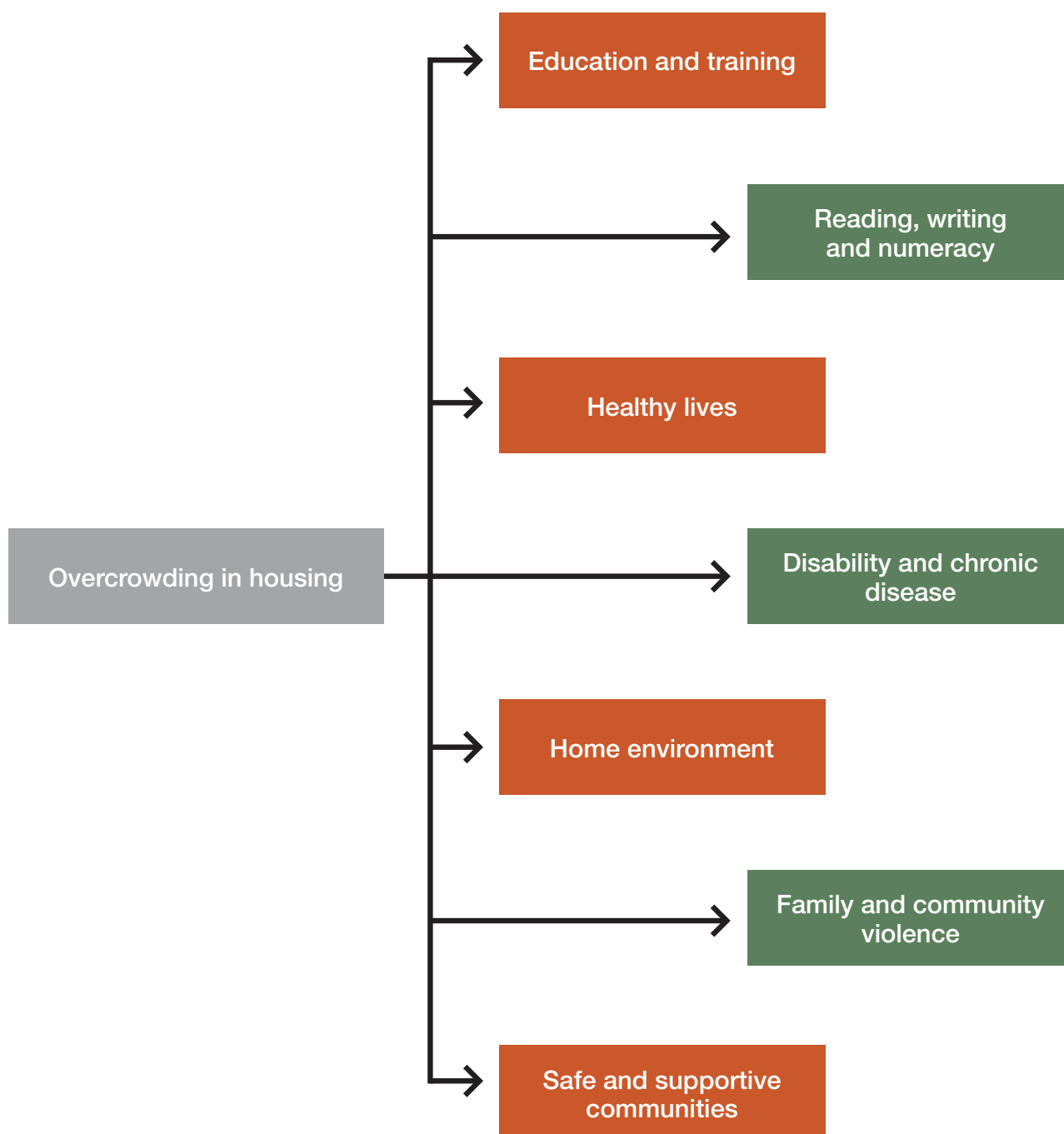
Disadvantage can have multiple causes

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.



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 for the 2014 OID report:

- an increased focus on 'strengths-based' reporting and Aboriginal and Torres Strait Islander concepts of wellbeing (see particularly the 'Governance, leadership and culture' strategic area)
- increased engagement with Aboriginal and Torres Strait Islander Australians in all phases of the reporting process.

A further change for the 2016 report is the renaming and refocussing of chapter 13 from 'Measuring multiple disadvantage' to 'Measuring factors that improve outcomes'.

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 a number of 'things that work' — case studies of actions that are making a difference for Aboriginal and Torres Strait Islander Australians. A subset of case studies are included in this Overview.

Case studies were sourced from the Closing the Gap Clearinghouse, jurisdictional input through the Steering Committee and its advisory group (the OID working group), and research undertaken by the Secretariat.

Potential case studies were assessed against a set of formal criteria to ensure they genuinely contributed to improved outcomes. However, formal evaluations of programs for Aboriginal and Torres Strait Islander Australians 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. More detail on the case studies (including criteria for inclusion in this report) can be found in chapter 2 in the main report.

The Closing the Gap 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.

COAG targets and headline indicators

The seven 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.

COAG targets are covered in sections 4.1 to 4.7. Headlines indicators are covered in sections 4.8 to 4.13.

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.



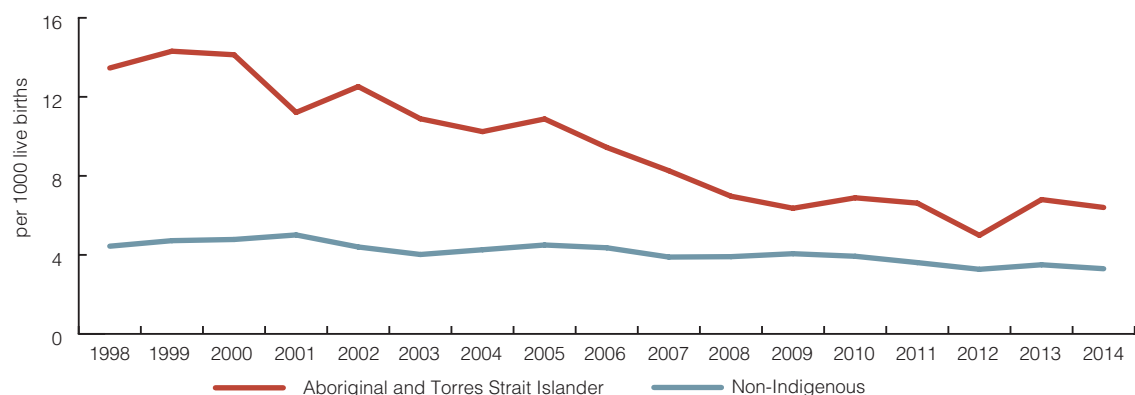
4.2 Young child mortality

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 2014, there was a significant decline in mortality rates for Aboriginal and Torres Strait Islander children aged 0–4 years (from 217 to 159 deaths per 100 000 population), with the greatest decrease in the infant (0<1 year) mortality rate (from 14 to 6 deaths per 1000 live births).

Infant mortality rates, 1998 to 2014^{a, b}



^aSmall numbers of Aboriginal and Torres Strait Islander infant (0<1 year old) deaths contribute to variability in the reported rates. ^bTotals here include NSW, Queensland, WA, SA and the NT. These five jurisdictions have sufficient levels of Aboriginal and Torres Strait Islander identification and numbers of deaths for reporting purposes.

Source: Figure 4.2.3 in the main report.



4.3 Early childhood education

Ensuring 95 per cent of Aboriginal and Torres Strait Islander four year old children are enrolled in early childhood education (by 2025) 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 2015, for Aboriginal and Torres Strait Islander children in the year before full time schooling:

- 87 per cent were enrolled in preschool
- 80 per cent were attending preschool.

This compares to 97 per cent enrolment and 93 per cent attendance for non-Indigenous children.

Results for this indicator are unclear as the current method for deriving rates does not account for different starting ages for preschool and primary school which affects accuracy of the results. It is anticipated that a new method will be available for the next report. Data in this report are not to be used for assessment against the COAG target.

Things that work

Families as First Teachers (NT) is a promising early learning and parenting support program, rolled out to 21 remote Aboriginal and Torres Strait Islander communities from 2009. A 2011 study found 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 (see box 4.3.3 in the main report for further detail).



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.

Comparing 2008 and 2015, the proportion of Aboriginal and Torres Strait Islander students achieving national minimum standards increased for Years 3, 5 and 7 for reading, and for Years 5 and 9 for numeracy. However, volatility in the data means conclusions drawn from comparisons should not be interpreted as consistent improvement over time.

Nationally, rates for Aboriginal and Torres Strait Islander students declined with increasing remoteness, while there was little variation for non-Indigenous students.

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

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. An early evaluation found that whilst it was not possible to conclude for the available data whether the Initiative had an impact on student learning, there was general agreement among school staff and most parents that student literacy was improving. The Queensland Department of Education and Training is working with the Aurukun community to implement recommendations from a 2016 review by the Department focused on improving schooling outcomes.

Quick Smart was established in 2001 for students in years 5–8 who are at/below national minimum standards in literacy or numeracy. A 2012 evaluation of the numeracy program reported improved numeracy outcomes for Aboriginal students equivalent to, and in some cases better than, those for non-Indigenous students.

ABRACADABRA is an interactive computer tool developed in Canada, designed to help teach basic literacy skills to young children. An evaluation undertaken in the NT from 2008 to 2010 demonstrated improvements in awareness of English language sounds and early literacy skills.

See box 4.4.4 in the main report for further detail on these case studies.



4.5 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 (by 2018).

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

In 2015 (similar to 2014), the overall attendance rate for Aboriginal and Torres Strait Islander students was 84 per cent, compared with 93 per cent for non-Indigenous students.

Nationally, the attendance rate for Aboriginal and Torres Strait Islander students declined with increasing remoteness, while there was little variation for non-Indigenous students.



4.6 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 62 per cent in 2014–15. For non-Indigenous Australians, the proportion remained similar (88 per cent in 2014–15).

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 (see box 4.6.3 in the main report for further detail).



Photo courtesy of MoneyMoB Talkabout.



4.7 Employment

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

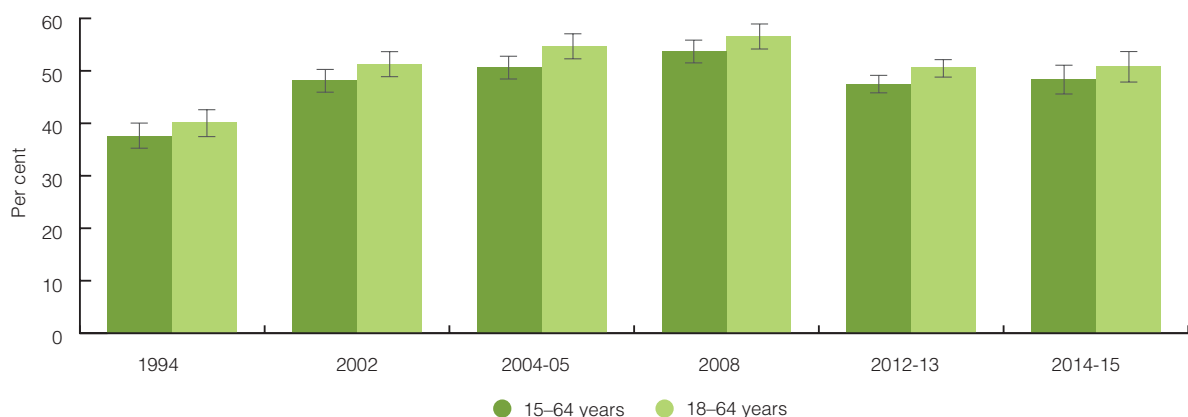
Being employed directly improves social and economic wellbeing, and contributes to improved outcomes for individuals, families and communities.

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 (similar to 2014-15), potentially partly driven by changes to the CDEP program.

Data 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 before decreasing to 75 per cent in 2014-15.

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

Aboriginal and Torres Strait Islander employment to population rate, 1994 to 2014-15^a



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

Source: Figure 4.7.1 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 2016 there were over 777 FTE ranger positions. 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, compared to the CDEP alternative (see box 4.7.4 in the main report for further detail).



4.8 Post-secondary education — participation and attainment

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

The proportion of Aboriginal and Torres Strait Islander 20–64 year olds with a Certificate level III or above or studying increased from 26 per cent in 2002 to 47 per cent in 2014–15.

The gap between Aboriginal and Torres Strait Islander and non-Indigenous Australians remained steady around 23–25 percentage points over the period.



4.9 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 in 2012.

In 2014–15, hospitalisation rates for all chronic diseases (except cancer) were higher for Aboriginal and Torres Strait Islander Australians than for non-Indigenous Australians (ranging from twice the rate for circulatory disease to 11 times the rate for kidney failure).

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 regions. Successes in 2007–2008 included an increase in the services offered (from 7 to 78 days per year) and the number of custom made spectacles for clients (from 52 to 82 per cent) (see box 4.9.3 in the main report for further detail).



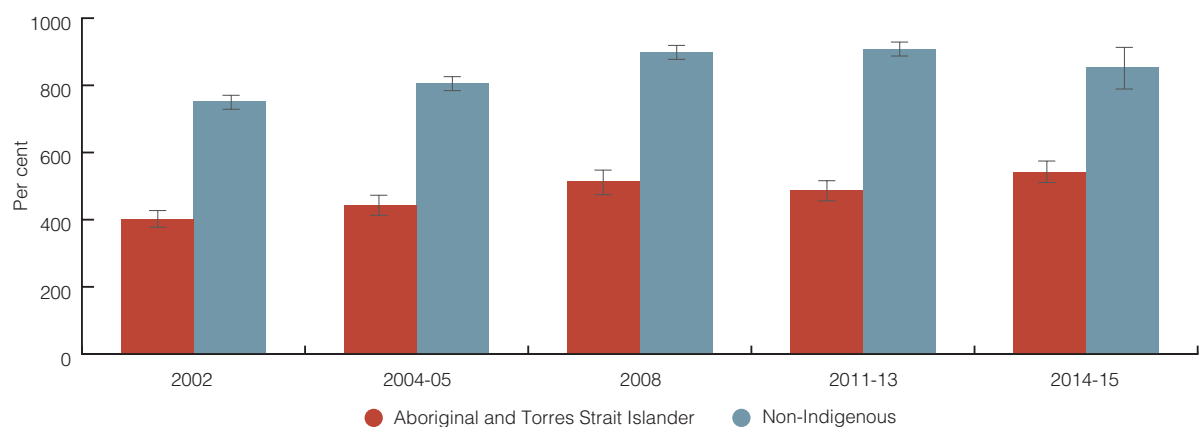
4.10 Household and individual income

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 \$402 in 2002 to \$542 in 2014-15.

This increase represents a narrowing of the gap from \$349 in 2002 to \$316 in 2014-15 (non-Indigenous median EGWH income in 2014-15 was \$852).

Median equivalised gross weekly household income, 2002 to 2014-15 (2014-15 dollars)^a



^aError bars represent 95 per cent confidence intervals around each estimate.

Source: Figure 4.10.1 in the main report.

Things that work

The **MoneyMob Talkabout (MMT)** program (SA) assists people in remote Aboriginal and Torres Strait Islander 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).

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. In late 2015, 662 community members had accessed the program 6504 times. A 2012 evaluation found the program improved money management and assisted with budgeting and saving.

See box 4.10.3 in the main report for further detail on these case studies.



4.11 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.

Child protection substantiations for Aboriginal and Torres Strait Islander children increased from 30 per 1000 children in 2009-10 to 40 per 1000 children in 2014-15 (more than 6 times the rate for non-Indigenous children in 2014-15).

The rate of Aboriginal and Torres Strait Islander children on care and protection orders increased from 21 per 1000 children in 2004-05 to 58 per 1000 children in 2014-15 (more than 9 times the rate for non-Indigenous children in 2014-15).

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.



4.12 Family and community violence

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

In 2014-15, around 22 per cent of Aboriginal and Torres Strait Islander adults reported being a victim of physical or threatened violence — similar to rates in 2002 and 2008.

After adjusting for differences in population age structures, this was 2.5 times the rate for non-Indigenous adults in 2014-15.

Things that work

The **Alice Springs Domestic and Family Violence Outreach Service** (NT) provides targeted support to women experiencing domestic and family violence. In 2014-15, around 490 women were assisted. 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 (see box 4.12.3 in the main report for further detail).



4.13 Imprisonment and juvenile detention

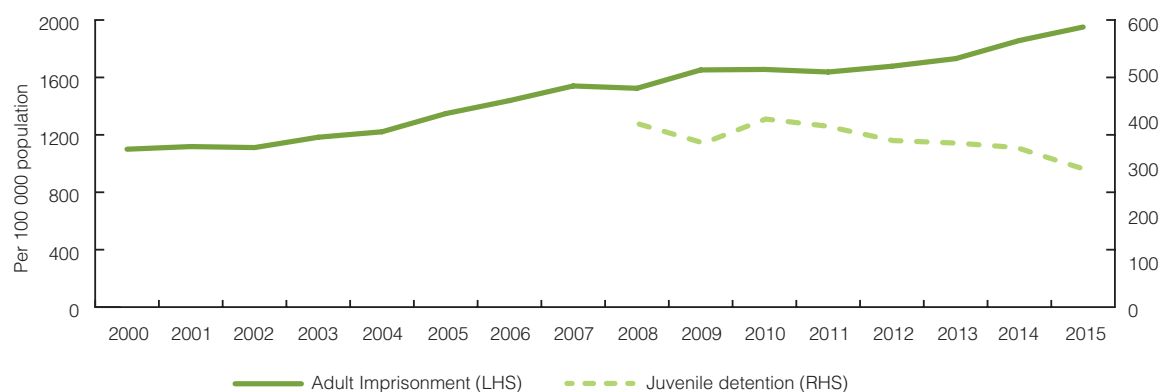
Imprisonment has a heavy social and economic impact. High rates of imprisonment can lead to the 'normalisation' of incarceration among community members.

From 2000 to 2015, the imprisonment rate for Aboriginal and Torres Strait Islander adults increased 77 per cent — the non-Indigenous rate remained fairly constant until 2013, before increasing by 15 per cent over the last 2 years.

In 2015, 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.

The daily average detention rate for Aboriginal and Torres Strait Islander youth decreased from 2007-08 to 2014-15 (from 416 to 349 per 100 000 10-17 year olds), but remains around 24 times the rate for non-Indigenous youth.

Aboriginal and Torres Strait Islander adult imprisonment rate and juvenile detention rate, 2000 to 2015^a



^a Adult imprisonment rate is calculated as at 30 June and is age standardised (scale on left side of chart). Juvenile detention rate is the daily average for each financial year (scale on right side of chart).

Source: Figures 4.13.2 and 4.13.3 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.

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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 2014, four out of five people regarded Aboriginal and Torres Strait Islander culture (80 per cent) and history (83 per cent) as important, and over half (57 per cent) reported feeling personally proud of the culture.

Time series data are not available due to extensive revisions to the main data source for the most recent reporting period. It is anticipated that time series data will be available for the next report.

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. In 2015, there were 658 organisations that had created a RAP since 2006, an increase from 590 in 2014 (see box 5.1.3 in the main report for further detail).

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.

As at 30 June 2016, 16 members of parliament across Australia identified as being Aboriginal and Torres Strait Islander (an increase from 13 at 30 June 2014). 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 that is important to them.

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 Aboriginal and Torres Strait Islander Australians in democratic processes' and made a number of recommendations to improve the program's performance (see box 5.2.3 in the main report for further detail).

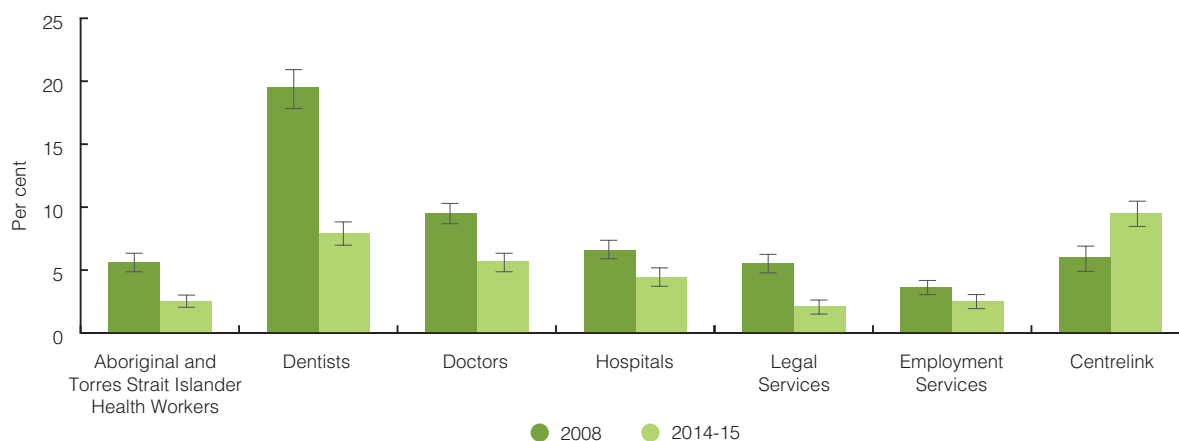


5.3 Engagement with services

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.

The proportion of Aboriginal and Torres Strait Islander Australians aged 15 years and over that reported problems accessing services in the previous 12 months decreased from 30 per cent in 2008 to 24 per cent in 2014-15. Difficulty with access was higher in remote areas compared to non-remote areas (33 per cent compared to 22 per cent).

Aboriginal and Torres Strait Islander people aged 15 years and over who reported problems accessing services, by selected services, 2008 and 2014-15^a



^aError bars represent 95 per cent confidence intervals around each estimate.

Source: Figure 5.3.1 in the main report.

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 **Waltja Tjutanku Palyapayi Aboriginal Corporation** (2014 IGA Winner — incorporated organisations) is a family resource centre and is an initiative of women leaders from Central Australian communities. It supports communities to address economic disadvantage and ensure local voices are heard (see box 5.4.2 in the main report for further detail).

The **Marruk Project** (2014 IGA Winner — non-incorporated projects and initiatives), connects members of its local community in the northern Victorian town of Swan Hill, using performing arts to strengthen culture and create opportunities for elders, young people, artists and cultural leaders to get to know each other by sharing their histories (see box 5.4.3 in the main report for further detail).

Girringun Aboriginal Corporation (2014 IGA Highly commended — incorporated organisations) represents traditional owners in part of coastal north Queensland. It works to promote traditional cultures, support traditional owners and has social and economic programs including land and biodiversity management and an art centre. (see box 5.4.4 in the main report for further detail).

Muntjiltjarra Wurrugumu Group (2014 IGA Highly commended — non-incorporated projects) based in Wiluna, WA, provides a voice at the decision making table and aims to address barriers to communication between the Aboriginal community, government agencies and industry (see box 5.4.5 in the main report for further detail).

Kimberley Aboriginal Law and Cultural Centre Cultural Governance Program (WA) aims to support cultural governance across the Kimberley. A 2014 evaluation in the Ardyaloon community showed the importance of working in cooperation with local Aboriginal law and culture to successfully repatriate sacred objects and remains in a culturally appropriate way (see box 5.4.6 in the main report for further detail).

Note: The winners of the latest round of IGAs were announced in November 2016, 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.

In 2014-15, similar to 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)
- 16 per cent spoke an Indigenous language, with the proportion highest in remote plus very remote areas (50 per cent).



Image by Deon Van Den Berg, courtesy of Victorian Aboriginal Child Care Agency.

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 Aboriginal and Torres Strait Islander peoples and cultures.

In 2014-15, consistent with 2008, around two-thirds 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

Reconciliation Australia's Narragunnawali: Reconciliation in Schools and Early Learning (Narragunnawali) is a promising program that supports schools and early learning services nationally to develop environments to foster knowledge and pride in Aboriginal and Torres Strait Islander histories and cultures. An evaluation is currently underway, with initial reports focused on identifying education services less engaged with reconciliation, for program focus (see box 5.6.3 in the main report for further detail).

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 physical, social and emotional wellbeing.

Between 2002 and 2014-15, 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 59 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.



Image courtesy of Transition Support Services (Department of Education and Training).

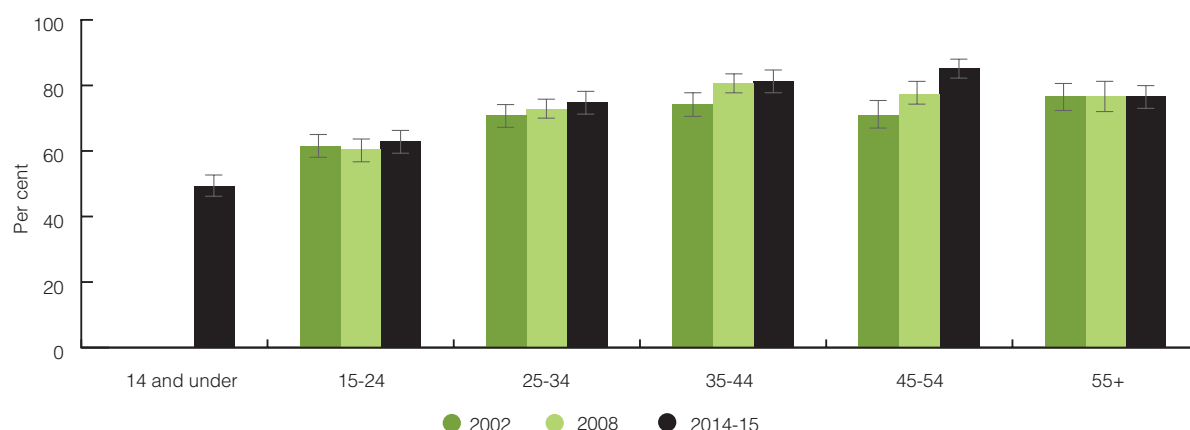


5.8 Access to traditional lands and waters

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.

The proportion of Aboriginal and Torres Strait Islander adults that recognised traditional homelands increased from 70 per cent in 2002 to 74 per cent in 2014-15. Recognition was higher in remote areas (89 per cent) than non-remote areas (70 per cent), though the proportion in non-remote areas has increased since 2002 (63 per cent).

Proportion of Aboriginal and Torres Strait Islander Australians who recognise homelands/traditional country, by age, 2002, 2008 and 2014-15^{a,b}



^a Data for those aged less than 15 years was only available in 2014-15.

^b Error bars represent 95 per cent confidence intervals around each proportion.

Source: Figure 5.8.1 in the main report.



Image of Bruce Thomas, East Kimberley Cattle Pty Ltd in Warmun WA, photo taken by Rod McColm, courtesy the Department of Agriculture and Food WA.

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 which contribute to overcoming 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.

The proportion of Aboriginal and Torres Strait Islander women who gave birth and attended at least one antenatal visit in the first trimester, increased from 50 per cent in 2011 to 52 per cent in 2013.

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.

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.

The **Aboriginal Maternity Group Practice Program** (WA) aims to improve timely access to existing antenatal and maternity services, with employment of Aboriginal staff and provision of holistic care. A 2012 evaluation found that babies born to program participants, compared to those not in the program, were less likely to be born pre-term, require resuscitation at birth, or require a longer hospital stay.

See box 6.1.3 in the main report for further detail on these case studies.



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 48 per cent in 2013. In 2013, after adjusting for differences in population age structures, the smoking rate for Aboriginal and Torres Strait Islander mothers was almost four times the rate for non-Indigenous mothers.

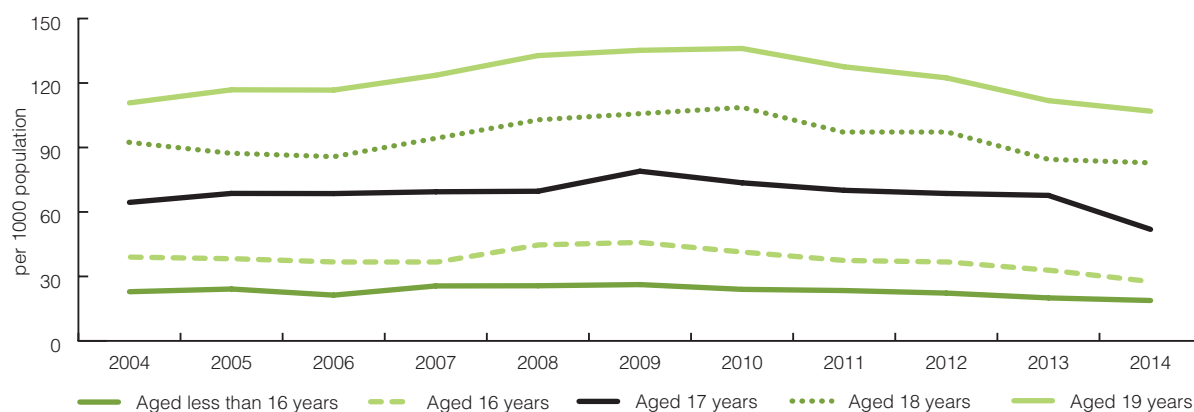


6.3 Teenage birth rate

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

The Aboriginal and Torres Strait Islander teenage birth rate is at its lowest level since reporting began in 2004, with a rate of 57 births per 1000 women aged 15–19 years in 2014. The non-Indigenous teenage birth rate is also at its lowest level over this period, with a rate of 10 births per 1000 women of this age in 2014.

Teenage birth rate for Aboriginal and Torres Strait Islander females, by single year of age, 2004 to 2014



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. A 2012 evaluation found that, between 2009 and 2012, 92 parents attended the group at least once, with 31 regular attendees. Participation in the group led to improved access to services which resulted in increased early detection of treatable childhood conditions, empowerment and social connectedness (see box 6.3.3 in the main report for further detail).



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.

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 2013.

For all jurisdictions combined in 2013, 11 per cent of Aboriginal and Torres Strait Islander mothers had low birthweight babies, compared with 5 per cent of non-Indigenous mothers.

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. The last data collection for this program found an increase in the proportion of normal birthweight babies from 82 per cent in 2007-08 to 84 per cent in 2010-11 (see box 6.4.3 in the main report for further detail).



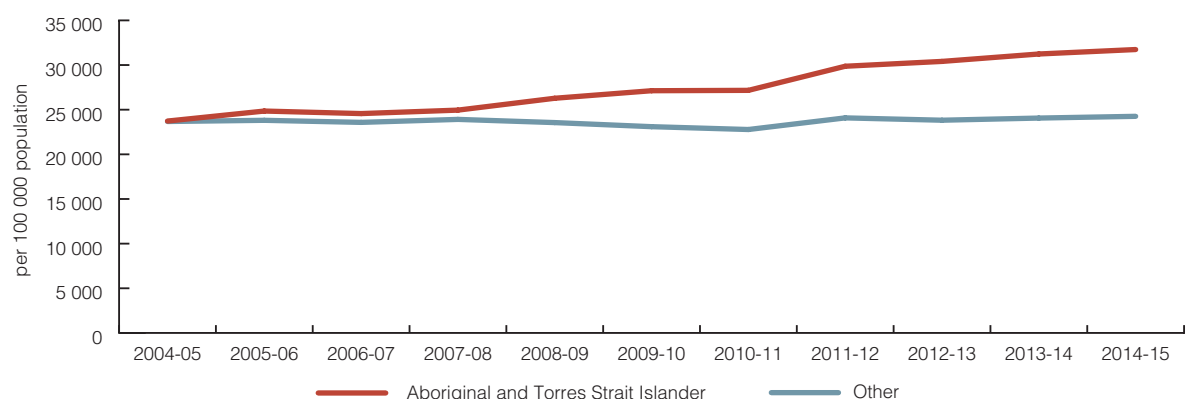
6.5 Early childhood hospitalisations

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 2014-15, (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 31 700 per 100 000 population. Rates for other children fluctuated over the period with no clear trend, 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 2014-15^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 2014-15 (for NSW, Victoria, Queensland, WA, SA and the NT combined), potentially preventable hospitalisation rates increased 13 per cent for Aboriginal and Torres Strait Islander 0-4 year olds and decreased 6 per cent for other children, leading to a widening of the gap.

From 2003-2007 to 2010-2014 (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 32 deaths per 100 000 population) and non-Indigenous children (from 16 to 10 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.



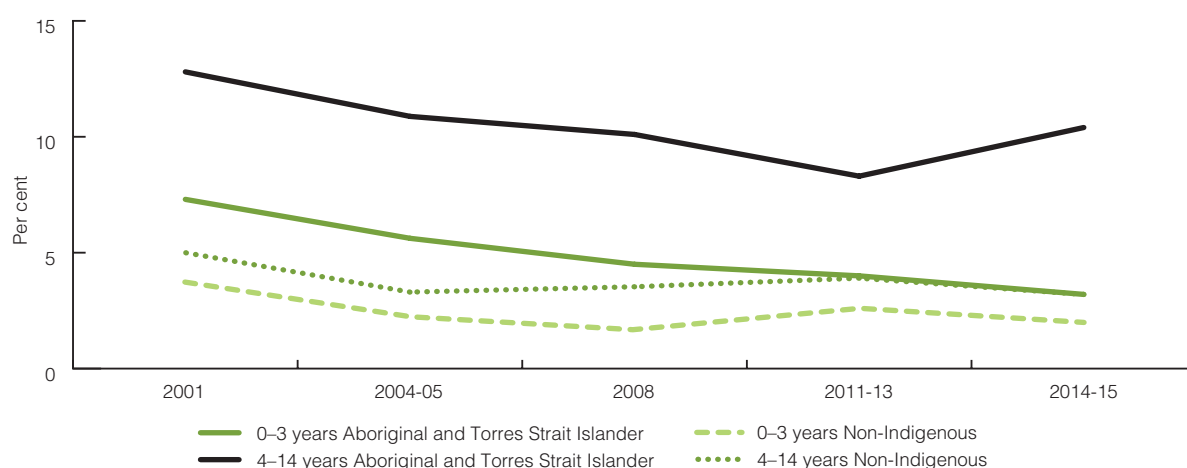
6.7 Ear health

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 8 per cent in 2014-15. However, this rate is still three times the rate for non-Indigenous children.

In 2014-15, the hospitalisation rate for Aboriginal and Torres Strait Islander 0-14 year olds for ear and hearing problems was 8 per 1000 population, similar to the rate for other children (7 per 1000 population), but with significant variation by age.

Prevalence of hearing conditions in children aged 0-14 years, 2001 to 2014-15^a



^a Relative standard errors and 95 per cent confidence intervals should be considered when interpreting these data, and are available in table 6A.7.1.

Source: Figure 6.7.1 in the main report.

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 (see box 6.7.3 in the main report).



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 2015, the proportions of Aboriginal and Torres Strait Islander children classified as developmentally 'on track' increased across all domains of the Australian Early Development Census (from 48–61 to 59–63 per cent). These proportions remain lower than those for non-Indigenous children (between 76–86 per cent) but the gap has narrowed across all domains since 2009 (up to 7 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 (see box 6.8.3 in the main report for further detail).



Image courtesy of Care for Kids' Ears, Department of Health.

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.

DG

7.1 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.

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 1–2 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.

DG

7.2 School engagement

Attendance alone is not enough to ensure improved educational outcomes.

Research suggests that school engagement is made up of three main elements: attendance, interest and motivation/effort. Data on attendance is reported in section 4.5 in this report.

There is currently no nationally-agreed definition of school engagement and hence no agreed measure.

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 (secondary schools) and Education Engagement Strategies (primary and secondary schools). A 2010 evaluation found that staff considered the program was having a moderate (positive) impact on school engagement (although the degree and nature of improvement varied between schools).

The promising **Students Hairdressing Integrating Education** (SHINE) program (Geraldton, WA) targets year 9 Aboriginal female students who have low attendance and are at risk of not completing school. The program is a workplace simulation coordinated by a teacher with relevant qualifications, and is completed in addition to normal school requirements. The program has reported improved attendance and behaviour at school and has won a number of awards.

See box 7.2.2 in the main report for further detail on these case studies.

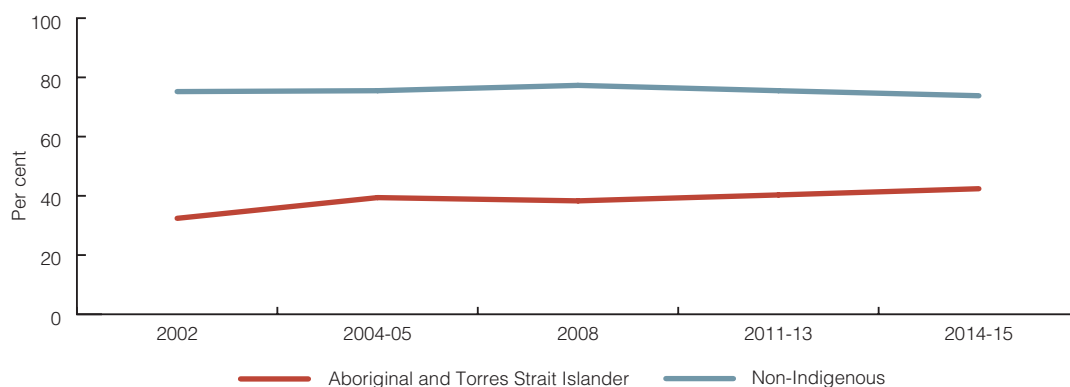


7.3 Transition from school to work

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 42 per cent in 2014–15. The non-Indigenous rate was stable (around 74 per cent), 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 2014–15^a



^aRelative standard errors and 95 per cent confidence intervals should be considered when interpreting these data, and are available in table 7A.3.2.

Source: Figure 7.3.2 in the main report.



Photo courtesy of the AIME Program.

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 15 years and older reporting their health as excellent or very good decreased from 44 per cent in 2008 to 40 per cent in 2014-15
- 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. (Changes should be interpreted with care as they may reflect changes to access and/or need.)

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 2014-15, 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 three times the rate
- for acute conditions, more than twice the rate
- for vaccine preventable conditions almost six times the rate.

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



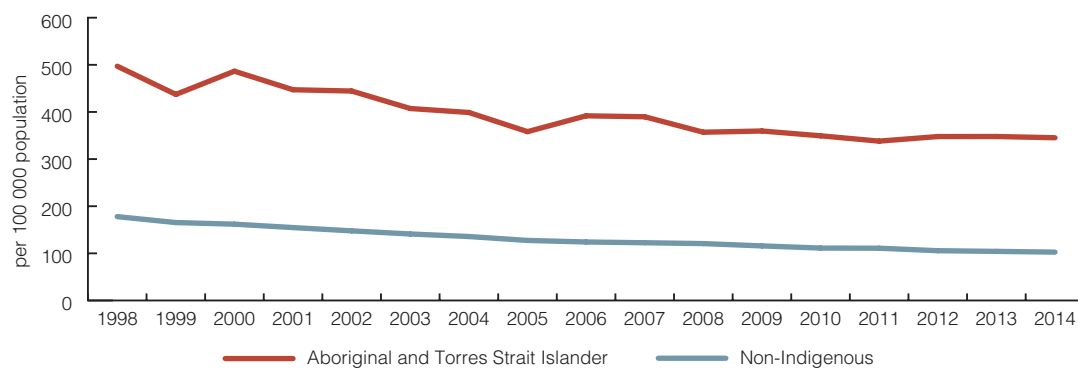
8.3 Potentially avoidable deaths

Reducing potentially avoidable deaths is a key contributor to increasing 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.

Between 1998 and 2014, 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 319 to 243 deaths per 100 000 population.

For the period 2010–2014, around 60 per cent of Aboriginal and Torres Strait Islander deaths were potentially avoidable (6182 deaths, of which 22 per cent were from heart disease), compared with half of non-Indigenous deaths (86 232 deaths).

Age standardised mortality rates for potentially avoidable deaths for people aged less than 75 years, NSW, Queensland, WA, SA and the NT, 1998 to 2014^a



^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.



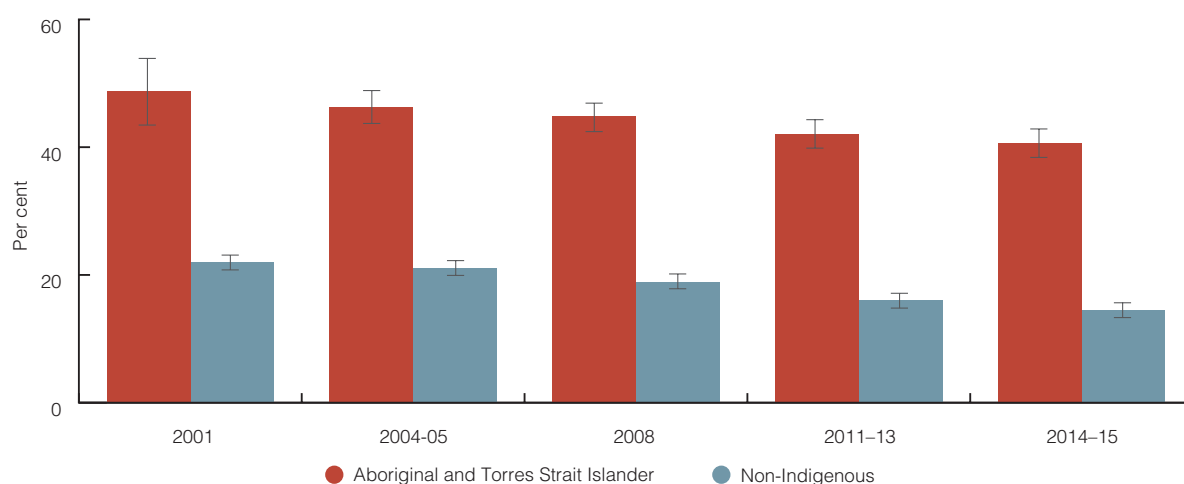
8.4 Tobacco consumption and harm

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 2014-15, the proportion of Aboriginal and Torres Strait Islander adults who were current daily smokers decreased from 51 per cent to 41 per cent.

After adjusting for differences in population age structures, the decline was similar for non-Indigenous adults over this period, with the gap relatively stable around 26 percentage points.

Age standardised rates of current daily smokers aged 18 years and over, 2001 to 2014-15^a



^aError bars represent 95 per cent confidence intervals around each estimate.

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 population age structures this was 1.2 times the proportion for non-Indigenous adults in 2011-12.

Supplementary data on children's fruit and vegetable intake in 2014-15 show that 70 per cent of Aboriginal and Torres Strait Islander children reported adequate daily intake of fruit (74 per cent for non-Indigenous children), and less than 10 per cent of all children reported adequate daily vegetable intake.

There is no trend data for body mass index (BMI) as the measured BMI data in 2012-13 is not comparable with BMI data from previous surveys which was based on self-reported height and weight.

8.6 Oral health

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

Accurate data on dental health are relatively old. Supplementary data for Aboriginal and Torres Strait Islander children show that in 2014-15:

- 28 per cent reported they had teeth or gum problems
- of those with problems, 72 per cent reported having a dental check up in the last 12 months, with cost the main reason for those that didn't.

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.

The proportion of Aboriginal and Torres Strait Islander adults who reported high/very high levels of psychological distress increased from 27 per cent in 2004-05 to 33 per cent in 2014-15.

After adjusting for population age structures, the proportion of Aboriginal and Torres Strait Islander adults experiencing high/very high psychological distress in 2014-15 was almost three times the proportion for non-Indigenous adults.



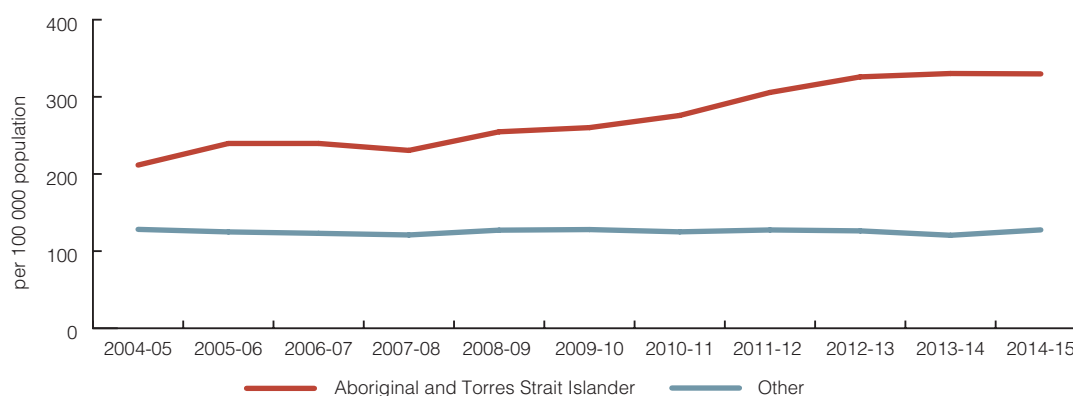
8.8 Suicide and self-harm

Suicide by Aboriginal and Torres Strait Islander Australians is 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 hospitalisation rate for intentional self-harm for Aboriginal and Torres Strait Islander Australians increased by 56 per cent from 2004-05 to 2014-15, while the rate for other Australians remained relatively stable
- the suicide death rate for Aboriginal and Torres Strait Islander Australians in 2010-2014 was twice the rate for non-Indigenous Australians.

Age standardised hospitalisation rates for intentional self-harm, NSW, Victoria, Queensland, WA, SA and the NT, 2004-05 to 2014-15^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 (see box 8.8.3 in the main report for further detail).

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.



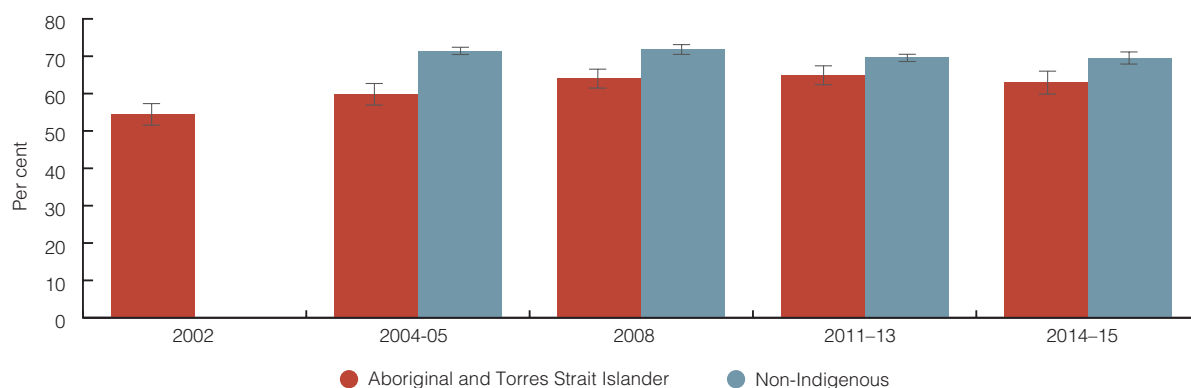
9.1 Employment by full time/part time status, sector and occupation

The type of employment undertaken can affect rates of pay, job satisfaction, security and opportunities for advancement.

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 63 per cent in 2014–15 (70 per cent for non-Indigenous Australians in 2014–15)
- the proportion aged 15–64 years in professional or managerial positions increased from 16 per cent in 2001 to 20 per cent in 2011 (35 per cent for non-Indigenous Australians in 2011).

Proportion of employed people aged 18–64 years in full time employment, 2002 to 2014–15^{a, b, c}



^a Includes CDEP employment up to and including 2011–13. ^b There is no non-Indigenous comparator available for 2002.

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

Source: Figure 9.1.1 in the main report.

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 2014–15, 17 students graduated with a certificate II/III hospitality or tourism qualification and were employed at the Centre and elsewhere (see box 9.1.3 in the main report for further detail).



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.

In 2015, native title had been determined to exist in 28 per cent of Australia (up from 5 per cent in 2004) and registered Indigenous Land Use Agreements covered 28 per cent of Australia.

Indigenous Land Corporation data show that, in February 2016, 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.

In 2014-15, 10 per cent of employed Aboriginal and Torres Strait Islander adults were self-employed – an increase from 6 per cent in 2011-13.

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 focuses on technical support, governance development and business management mentoring, to increase economic benefits to Aboriginal pastoral and agricultural producers. In 2014-15, the ILS contributed to improved land management practices for 44 properties and increased annual income for 12 properties (see box 9.2.3 in main report for further detail).

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 around 1030 registered Indigenous suppliers (see box 9.2.4 in main report for further detail).

The national **Indigenous Procurement Policy** commenced on 1 July 2015, with the aim of stimulating Indigenous entrepreneurship and business development. In the first 11 months, the Government awarded 1070 contracts with a total value of \$229 million to 284 Indigenous businesses. This compares to \$6.2 million in 2012-13. (see box 9.2.4 in main report for further detail).



Image of Robin Yeeda (Lamboos Station -Ngunjiwirri Aboriginal Corporation – Station Manager) and Haydn Sale (Yougawalla Station – Station Manager), at Lamboos Station, Halls Creek WA, photo taken by Krisma May, courtesy of the Department of Agriculture and Food WA.



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 21 per cent in 1994 to 27 per cent in 2002, and has remained at a similar level since (29 per cent in 2014-15). The proportion for non-Indigenous Australians decreased from 74 to 69 per cent between 2002 and 2014-15 (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 2014-15, 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 43 per cent, with a corresponding decrease in the proportions on CDEP/other cash income (from 15 to 3 per cent). The proportion of non-Indigenous Australians whose main source of income was employee income fluctuated over this period with no clear trend (61 per cent in 2014-15).

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

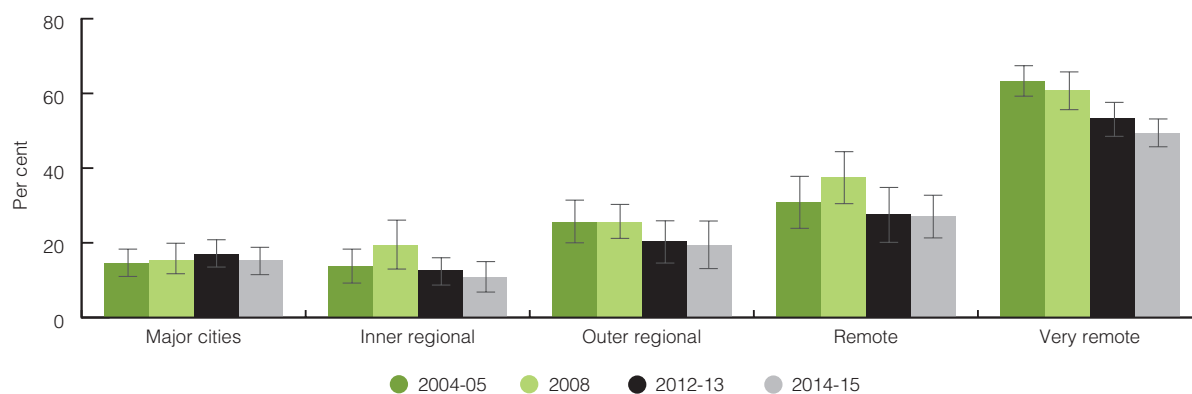
Better, less cramped living conditions are linked to positive effects on health, education and family relationships.

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 21 per cent in 2014-15, including a decrease in overcrowding in very remote areas from 63 to 49 per cent.

The proportion of Aboriginal and Torres Strait Islander adults reporting overcrowding as a stressor decreased from 21 per cent in 2002 to 7 per cent in 2014-15.

Proportion of Aboriginal and Torres Strait Islander people living in overcrowded households, by remoteness area, 2004-05 to 2014-15^{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 Aboriginal and Torres Strait Islander 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 2014-15, hospitalisations for Aboriginal and Torres Strait Islander Australians increased for most selected diseases.

For NSW, Queensland, WA, SA and the NT combined, from 2003-2007 to 2010-2014, the death rate for Aboriginal and Torres Strait Islander Australians from diseases associated with poor environmental health decreased by 19 per cent, but was still 1.7 times the non-Indigenous rate in 2010-2014.

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 small sample size may limit applicability to the broader population. Despite this limitation, the Central Australian Rural Practitioners Association Standard treatment manual (2014) has been updated to feature the program's model of care (see box 10.2.3 in the main report for further detail).



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, before increasing to 82 per cent (similar to 2008).

Data on access to water, sewerage and electricity services in discrete Aboriginal and Torres Strait Islander 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 to Aboriginal and Torres Strait Islander wellbeing, affecting Aboriginal and Torres Strait Islander Australians, their families and the broader community.

In 2014-15, 15 per cent of Aboriginal and Torres Strait Islander Australians aged 15 years and over reported exceeding lifetime alcohol risk guidelines (the main measure for this indicator). This was similar to the proportion in 2002 (though lower than 2008).

The proportion who reported not consuming alcohol in the previous 12 months (40 per cent), was similar to the proportion in 2002. The proportion who reported exceeding single occasion risk guidelines in the previous two weeks (31 per cent) was lower than the proportion in 2002 (35 per cent).



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.

For Aboriginal and Torres Strait Islander adults in 2014-15:

- 31 per cent reported use of illicit substances in the previous 12 months (main measure for this indicator), an increase from 23 per cent in 2002
- around two-thirds (69 per cent) of adults reported not using illicit substances in the previous 12 months.

Things that work

Low aromatic fuel was introduced in the NT and WA in 2006 and has since been introduced in Queensland and SA to reduce petrol sniffing. The most recent (2011–2014) evaluation found that for the 17 (out of 53) communities with comparable time series data, the prevalence of sniffing had declined by 88 per cent from 2005-07 to 2013-14 (from 647 to 78 people) (see box 11.2.3 in the main report for further detail).

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.

Across jurisdictions in 2014-15, diversion rates for Aboriginal and Torres Strait Islander young people aged 10–17 years are around two-fifths to two-thirds (0.4 to 0.7 times) the rates for non-Indigenous young people.

Nationally comparable data are not currently available.

Things that work

The **Tiwi Islands Youth Development and Diversion Unit** (NT) is a 12-week diversion program engaging Tiwi youth (typically first-time offenders) in prevention activities that aim to benefit the offender, victim and community. A 2011 evaluation found the re-offending rate for program participants in the year following the program was below what would be expected for this population without the intervention (see box 11.3.3 in the main report for further detail).

11.4 Repeat offending

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

On 30 June 2015, 77 per cent of Aboriginal and Torres Strait Islander prisoners had a known prior imprisonment, compared with 50 per cent of non-Indigenous prisoners. These proportions have remained relatively unchanged since 2000.

In 2014-15, 53 per cent of Aboriginal and Torres Strait Islander young people returned to youth justice supervision, similar to 2013-14 and 1.6 times the rate of non-Indigenous young people.

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 (see box 11.4.3 in the main report for further detail).



11.5 Community functioning

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

Whilst there is no overall measure of community functioning, outcomes for 2014-15 are not significantly different to those for 2008, for the six themes that make up community functioning: connectedness to country; land and history; culture and identity; resilience; leadership; having a role, structure and routine; feeling safe; and vitality.

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 (see box 11.5.3 in main report for further detail).



Image courtesy of Family Wellbeing Program, Central Coast Primary Care, (Ngurrumpa Culture Camp).

12 Outcomes for Torres Strait Islander people

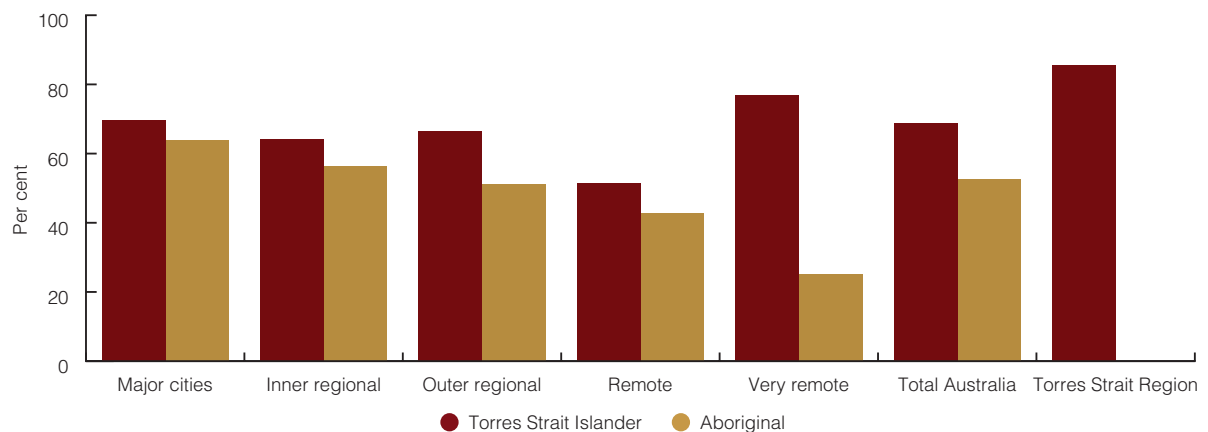
Torres Strait Islander people are a culturally distinct group of Indigenous Australians. The relatively small number of Torres Strait Islander people limits the ability to report comprehensively on outcomes, but data are available for some indicators.

Outcomes for Torres Strait Islander people

In 2014-15, for many indicators, national outcomes for Torres Strait Islander people were similar to those for Aboriginal Australians. However, the proportion of Torres Strait Islander people aged 20–24 years with year 12 or above (80 per cent) was significantly higher than for Aboriginal Australians (60 per cent), and was similar to that for non-Indigenous Australians (88 per cent).

The 2014-15 data are from a sample survey, and as such are subject to sampling error which makes it difficult to detect differences between results for relatively small populations. For this reason, although not as recent, supplementary data from the ABS 2011 Census are also reported. In 2011, the proportion of Torres Strait Islander people in the Torres Strait Region with year 12 or above, was similar to that for non-Indigenous Australians nationally (86 per cent and 87 per cent respectively) and well above that for Aboriginal Australians across all remoteness areas.

20–24 year olds with year 12 or equivalent or AQF Certificate II or above, 2011



Source: Figure 12.1 in the main report.

As remoteness increased, outcomes for Aboriginal people decreased for many indicators (as reflected across this report). However, this was not the situation for Torres Strait Islander people, where for employment and post-school education (and particularly for year 12 or above), outcomes were similar or better in very remote areas compared to non-remote areas.

13 Measuring factors that improve outcomes

Chapter 13 in the main report presents information on the associations between different factors and improved outcomes (a change from previous editions of this report that focused on multiple factors affecting disadvantage), and an overview of recent research into factors influencing literacy and numeracy achievement in Aboriginal and Torres Strait Islander primary school students.

Measuring factors that improve outcomes

Interactions between measures of wellbeing

People with particular characteristics or in particular circumstances may have better outcomes in other areas. By identifying some of these factors Aboriginal and Torres Strait Islander people and governments may be able to more effectively target policies or programs to improve outcomes.

Nationally for Aboriginal and Torres Strait Islander Australians in 2014-15:

- there were strong associations between having a non-school qualification and employment, higher incomes, living in uncrowded households and other positive outcomes
- the proportion with a non-school qualification who were employed and had high incomes was similar in remote and non-remote areas
- those who were employed were more likely than those who were unemployed to have higher incomes, live in uncrowded households and were less likely to be a daily smoker, though for some factors these results varied by remoteness.

Factors related to primary education achievement

Recent research by the Productivity Commission analysed the factors that contributed to the literacy and numeracy achievement of Aboriginal and Torres Strait Islander primary school students.

For both Aboriginal and Torres Strait Islander students and non-Indigenous students, research in the main report shows that most of the variation in achievement is attributable to student-level characteristics (things that vary between students in a school, like demographic background) rather than school-level characteristics (things that vary between schools, like staff numbers and school fees paid). [Though school-level characteristics do seem to matter more for Aboriginal and Torres Strait Islander students in very remote areas compared to those in other areas.]

Whilst socioeconomic status explains more of the variation in achievement than any other factors in the dataset, all the factors combined only explain around one-third of the total variation in achievement (ie, there are factors that aren't accounted for in the data that explain differences in achievement).

These results support the broader literature that children have individual learning styles that aren't readily categorised in datasets. Insights from the systematic evaluation of high (and low) achieving schools could provide a cost-effective way to shed light on what works best to lift achievement of Aboriginal and Torres Strait Islander students.

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 Aboriginal and Torres Strait Islander 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 prevalence of child abuse and neglect.
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 nationally agreed measure.
School engagement	Develop a nationally agreed definition, to inform selection of measures.
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	Develop and collect nationally comparable data.
Juvenile diversions	Develop and collect nationally comparable data.
Self-employment and Indigenous business	Collect data on Indigenous businesses.
Access to clean water and functional sewerage and electricity services	Collect data on essential services in Aboriginal and Torres Strait Islander communities.

Also published by the Review of Government Services Provision:

Overcoming Indigenous Disadvantage: Key Indicators (2003, 2005, 2007, 2009, 2011, 2014)

2012 Review of the Overcoming Indigenous Disadvantage: Key Indicators report

Report on Government Services (1995, 1997–2016)

Report on Government Services: Indigenous Compendium (2003–2015)

Indigenous Expenditure Report (2010, 2012, 2014)

National Indigenous Reform Agreement Performance Information (2008-09, 2009-10, 2010-11, 2011-12, 2012-13, 2012-14, 2014-15)

All publications are available from the Review website:

www.pc.gov.au/gsp

